

|   |  |   |  |  |                       |  |                      |   |  |   |                              |  |   |  |
|---|--|---|--|--|-----------------------|--|----------------------|---|--|---|------------------------------|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input checked="" type="checkbox"/> PRIVATE PROPERTY   | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>STPD</b> |  | NCIC*<br><b>07712</b> |  | <b>2024-00017107</b> |   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED |   | NUMBER OF UNITS<br><b>02</b> |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>01</b> |  |
| COUNTY*<br><b>77</b>  |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br><b>1</b>  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Stow</b>  |                       | CRASH DATE / TIME*<br><b>11022024/1614</b>   |                      | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><b>2</b>        |  |   |                              |  |   |  |
| ROUTE TYPE<br><b>R D</b>  |  | ROUTE NUMBER<br><b>4525</b>   |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |                       | LOCATION ROAD NAME<br><b>KENT</b>  |                      | ROAD TYPE<br><b>R D</b>   |  | LATITUDE DECIMAL DEGREES<br><b>41.155159</b>        |                              | LONGITUDE DECIMAL DEGREES<br><b>-81.399366</b> |   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br><b>3</b>   |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>1</b>  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |                       | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                      | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |                              |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br><b>99</b>  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br><b>1</b> |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>1</b>  |                       | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN<br><b>2</b>   |                      |   |  |   |                              |  |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                  |                       | CONTOUR<br><b>9</b>  |                      | CONDITIONS<br><b>1</b>  |  | SURFACE<br><b>2</b>                                 |                              |  |   |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br><b>1</b>  |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br><b>01</b>                                    |  | CRASH REPORTED DATE / TIME<br><b>11022024/1614</b>   |                       | DISPATCH DATE / TIME<br><b>11022024/1615</b>   |                      | ARRIVAL DATE / TIME<br><b>11022024/1619</b>   |  | SCENE CLEARED DATE / TIME<br><b>11022024/1632</b>   |                              |  |   |  |
| NARRATIVE<br><b>Unit 1 was leaving a parking space making a left turn from east to south and stopped to allow a group of pedestrians to cross. Unit 2 was walking across the parking lot in front of Unit 1 from west to east. As Unit 2 crossed in front of Unit 1, Unit 1 began traveling south, and struck Unit 2.</b> |  |   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |                       |  |                      |   |  |   |                              |  |   |  |
| TOTAL TIME ROADWAY CLOSED<br><b>000</b>   |  | OTHER INVESTIGATION TIME<br><b>030</b>  |  | TOTAL MINUTES<br><b>047</b>  |                       | OFFICER'S NAME*<br><b>GABEL, DYLAN</b>   |                      | CHECKED BY OFFICER'S NAME*<br><b>SMITH, KEVIN</b>   |  |   |                              |  |   |  |
| OFFICER'S BADGE NUMBER*<br><b>000760</b>  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>000719</b>   |  |  |                       |  |                      |   |  |   |                              |  |   |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) **DEMPSEY, PATRICIA** OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) **3306879159**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) **4169 N GILWOOD DR Stow OH 44224**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**VEHICLE**

LP STATE OH LICENSE PLATE # KHR2395 VEHICLE IDENTIFICATION # 3C4NJDCN6RT120063 VEHICLE YEAR 2024 VEHICLE MAKE Jeep (a)

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 9796699076 COLOR SIL VEHICLE MODEL COMPASS

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE 03 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 3 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

CONTRIBUTING CIRCUMSTANCES 13 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

SEQUENCE OF EVENTS 14 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

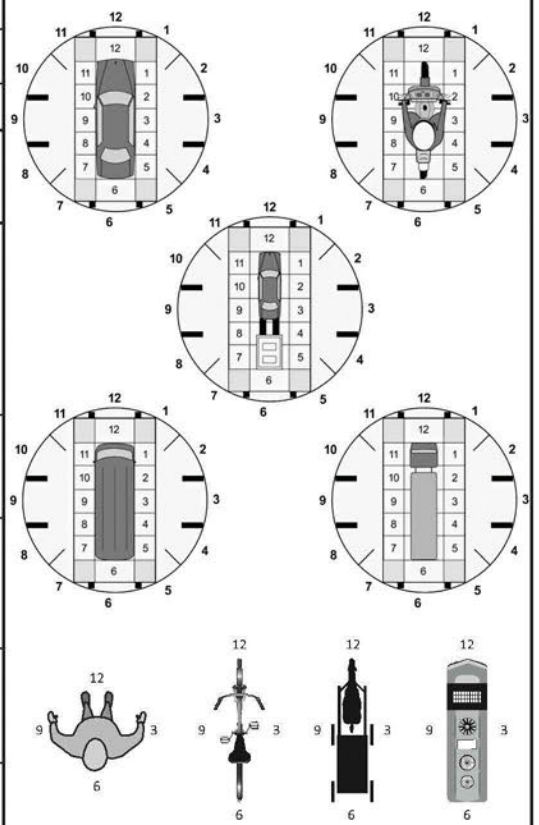
COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 2024-00017107

DAMAGE DAMAGE SCALE 1 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT 12 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY  
 TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 0 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 3 TO 2 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED 005 POSTED SPEED 15 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

OWNER

VEHICLE

EVENT(S)

|  |  |   |
|--|--|---|
| <b>UNIT #</b><br>02  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) |  |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP                                 |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |
| <b>LP STATE</b>  | <b>LICENSE PLATE #</b>   | <b>VEHICLE IDENTIFICATION #</b>   |
| <b>VEHICLE YEAR</b>  | <b>VEHICLE MAKE</b>  |   |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b>   | <b>INSURANCE POLICY #</b>   |
| <input type="checkbox"/> <b>COMMERCIAL</b>   | <input type="checkbox"/> <b>GOVERNMENT</b>   | <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>                             |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>                                  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>                                      | <b>#OCCUPANTS</b>   |
| <b>TYPE OF USE</b>   |  | <b>US DOT #</b>   |
| <b>HAZARDOUS MATERIAL</b>  |  | <b>VEHICLE WEIGHT GVWR/GCWR</b>   |
| <input type="checkbox"/> <b>MATERIAL RELEASED</b>  |  | 1 - ≤10K LBS.   |
| <input type="checkbox"/> <b>PLACARD</b>  |  | 2 - 10,001 - 26K LBS.   |
|  |  | 3 - >26K LBS.   |
| <b>UNIT TYPE</b>   |  | <b>TOWED BY: COMPANY NAME</b>   |
| 25   |  |   |
| <b># OF TRAILING UNITS</b>   |  |   |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>                       |  | <b>AUTONOMOUS MODE LEVEL</b>  |
| 1 - YES 2 - NO 9 - OTHER/ UNKNOWN  |  | 0 - NO AUTOMATION   |
|  |  | 1 - DRIVER ASSISTANCE   |
|  |  | 2 - PARTIAL AUTOMATION  |
|  |  | 3 - CONDITIONAL AUTOMATION  |
|  |  | 4 - HIGH AUTOMATION   |
|  |  | 5 - FULL AUTOMATION   |
| <b>SPECIAL FUNCTION</b>  |  |   |
| 1 - NONE   |  | 6 - BUS - CHARTER/TOUR  |
| 2 - TAXI   |  | 7 - BUS - INTERCITY   |
| 3 - ELECTRONIC RIDE SHARING  |  | 8 - BUS - SHUTTLE   |
| 4 - SCHOOL TRANSPORT   |  | 9 - BUS - OTHER   |
| 5 - BUS - TRANSIT/COMMUTER   |  | 10 - AMBULANCE  |
|  |  | 11 - FIRE   |
|  |  | 12 - MILITARY   |
|  |  | 13 - POLICE   |
|  |  | 14 - PUBLIC UTILITY   |
|  |  | 15 - CONSTRUCTION EQUIPMENT   |
|  |  | 16 - FARM   |
|  |  | 17 - MOWING   |
|  |  | 18 - SNOW REMOVAL   |
|  |  | 19 - TOWING   |
|  |  | 20 - SAFETY SERVICE PATROL  |
| <b>CARGO BODY TYPE</b>   |  |   |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE  |  | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  |
| 2 - BUS  |  | 4 - LOGGING   |
|  |  | 5 - INTERMODAL CONTAINER CHASSIS  |
|  |  | 6 - CARGO VAN/ENCLOSED BOX  |
|  |  | 7 - GRAIN/CHIPS/GRAVEL  |
|  |  | 8 - POLE  |
|  |  | 9 - CARGO TANK  |
|  |  | 10 - FLAT BED   |
|  |  | 11 - DUMP   |
|  |  | 12 - CONCRETE MIXER   |
|  |  | 13 - AUTOTRANSPORTER  |
|  |  | 14 - GARBAGE/REFUSE   |
|  |  | 99 - OTHER / UNKNOWN  |
| <b>VEHICLE DEFECTS</b>   |  |   |
| 1 - TURN SIGNALS   |  | 4 - BRAKES  |
| 2 - HEAD LAMPS   |  | 5 - STEERING  |
| 3 - TAIL LAMPS   |  | 6 - TIRE BLOWOUT  |
|  |  | 7 - WORN OR SLICK TIRES   |
|  |  | 8 - TRAILER EQUIPMENT DEFECTIVE   |
|  |  | 9 - MOTOR TROUBLE   |
|  |  | 10 - DISABLED FROM PRIOR ACCIDENT   |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>   |  |   |
| 99   |  |   |
| <b>ACTION</b>  |  |   |
| 4  |  |   |
| <b>CONTRIBUTING CIRCUMSTANCES</b>  |  |   |
| 01   |  |   |
| <b>SEQUENCE OF EVENTS</b>  |  |   |
| 20   |  |   |
| <b>EVENTS</b>  |  |   |
| 1  |  |   |
| 2  |  |   |
| 3  |  |   |
| 4  |  |   |
| 5  |  |   |
| 6  |  |   |
| <b>FIRST HARMFUL EVENT</b>   |  | <b>MOST HARMFUL EVENT</b>   |
| 1  |  | 1   |

|  |                                      |
|--|--------------------------------------|
| <b>LOCAL REPORT NUMBER</b>   |                                      |
| 2024 - 00017107  |                                      |
| <b>DAMAGE</b>  |                                      |
| <b>DAMAGE SCALE</b>  |                                      |
| 1 - NONE                      3 - FUNCTIONAL DAMAGE  |                                      |
| 2 - MINOR DAMAGE        4 - DISABLING DAMAGE   |                                      |
| 9 - UNKNOWN  |                                      |
| <b>DAMAGED AREA(S)</b>   |                                      |
| INDICATE ALL THAT APPLY  |                                      |
|  |                                      |
|  |                                      |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |                                      |
| <b>INITIAL POINT OF CONTACT</b>  |                                      |
| 0 - NO DAMAGE            14 - UNDERCARRIAGE  |                                      |
| 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE  |                                      |
| 13 - TOP                    99 - UNKNOWN   |                                      |
| <b>TRAFFIC</b>   |                                      |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>               |
| 1 - ONE-WAY  | 1 - ROUNDABOUT    4 - STOP SIGN      |
| 2 - TWO-WAY  | 2 - SIGNAL            5 - YIELD SIGN |
|  | 3 - FLASHER          6 - NO CONTROL  |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>           |
| 2  | 1 - NOT INVOLVED                     |
|  | 2 - INVOLVED-ACTIVE CROSSING         |
|  | 3 - INVOLVED-PASSIVE CROSSING        |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |                                      |
| FROM 4 TO 3  |                                      |
| 1 - NORTH    5 - NORTHEAST   |                                      |
| 2 - SOUTH    6 - NORTHWEST   |                                      |
| 3 - EAST      7 - SOUTHEAST  |                                      |
| 4 - WEST     8 - SOUTHWEST   |                                      |
| 9 - OTHER / UNKNOWN  |                                      |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>                |
|  | 1 - STATED / ESTIMATED SPEED         |
|  | 2 - CALCULATED / EDR                 |
|  | 3 - UNDETERMINED                     |
| <b>POSTED SPEED</b>  |                                      |
| 15   |                                      |

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 2 0 2 4 - 0 0 0 1 7 1 0 7

|   |   |                                   |  |   |  |                                |   |                      |   |  |
|---|---|-----------------------------------|--|---|--|--------------------------------|---|----------------------|---|--|
| <b>UNIT #</b><br>0 1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>DEMPSEY, PATRICIA |                                   | <b>DATE OF BIRTH</b><br>0 9 2 2 1 9 7 3                |   | <b>AGE</b><br>0 5 1                              | <b>GENDER</b><br>F             |   |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4169 N GILWOOD DR Stow OH 44224 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>3 3 0 6 8 7 9 1 5 9   |  |                                |   |                      |   |  |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b>                               | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1   |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                        |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                | <b>CITATION NUMBER</b>                              |                      |   |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b><br>SELECT UP TO 2                  | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4 |  |

|   |   |                                   |   |   |  |                         |   |                 |   |  |
|---|---|-----------------------------------|---|---|--|-------------------------|---|-----------------|---|--|
| <b>UNIT #</b><br>0 2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>CONLEY, MARCIA LYNN |                                   | <b>DATE OF BIRTH</b><br>0 1 0 8 1 9 5 2                                       |   | <b>AGE</b><br>0 7 2                              | <b>GENDER</b><br>F      |   |                 |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>5707 HEATHER RD COLUMBUS OH 43230 |   |                                   |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>6 1 4 7 7 8 3 5 9 0   |  |                         |   |                 |   |  |
| <b>INJURIES</b><br>2  | <b>INJURED TAKEN BY</b><br>2                            | <b>EMS AGENCY (NAME)</b><br>SFD   | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>Akron City Hospital | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                                | <b>EJECTION</b> | <b>TRAPPED</b>  |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                          |                                   | <b>OFFENSE CHARGED</b>  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b>                              |                 |   |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b><br>SELECT UP TO 2                    | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>   | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b><br>STATUS: 1, TYPE: 1, VALUE: . |                 | <b>DRUG TEST(S)</b><br>STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4 |  |

|  |                                      |                                   |  |   |  |                         |   |                 |   |  |
|--|--------------------------------------|-----------------------------------|--|---|--|-------------------------|---|-----------------|---|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>     |                                   | <b>DATE OF BIRTH</b>                                   |   | <b>AGE</b>                                       | <b>GENDER</b>           |   |                 |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                      |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                         |   |                 |   |  |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>              | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                              | <b>EJECTION</b> | <b>TRAPPED</b>  |  |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>       |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b>                            |                 |   |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b><br>SELECT UP TO 2 | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS: , TYPE: , VALUE: . |                 | <b>DRUG TEST(S)</b><br>STATUS: , TYPE: , RESULT: SELECT UP TO 4 |  |

| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |   |                |   |
|--|---|---|---|---|--|--|---|----------------|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - MC MOPED ONLY<br>6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |   |                |   |
| INJURED TAKEN BY   | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN  | EJECTION  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                             | OL ENDORSEMENT  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT  | ALCOHOL TEST TYPE  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   |                |   |
| SAFETY EQUIPMENT   | 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN  | TRAPPED   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                        | GENDER  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  | CONDITION  | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN | DRUG TEST TYPE | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER |
|  |   |   |   |   |  | DRUG TEST RESULT(S)  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS  |                |   |





|                                 |                             |                                    |
|---------------------------------|-----------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>24-17107 | REPORTING AGENCY<br>Stow PD | DATE OF CRASH<br>M 11   D 2   Y 24 |
|---------------------------------|-----------------------------|------------------------------------|

**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Patricia Dempsey PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Off. GABEL 760 OFFICER'S NAME AT ON SCENE LOCATION

I was leaving the parking lot and saw the group of ladies on the curb ready to cross to go to their car. I stopped and waved them to pass. I thought they had all passed but the sun glare prevented me from seeing the lady at the front corner of my car as I started to go. I stopped as soon as I heard & saw her. Got out to see if she was ok. One of her family members called 911 & another cut her clothing away from her body while we waited.

|   |   |
|---|---|
| ADDRESS OF WITNESS<br>4169 N Gilwood Dr. Stow, OH 44224 | PHONE<br>330-687-9159                   |
| SIGNATURE OF WITNESS<br>X Patricia Dempsey              | OFFICER'S SIGNATURE<br>X Off. Gabel 760 |

STOW POLICE DEPARTMENT  
NARRATIVE SUPPLEMENT

INCIDENT NUMBER

24-17107

VICTIM

MARCIA CONLEY

OFFENSE

INCIDENT DATE  
AND TIME

11-2-24 1614

I saw the lady leaving in her vehicle  
and I witnessed her hit the woman with her  
car out of the window.

Kayla Adams

Kayla Adams

REPORTING OFFICER

Off. GABEL

APPROVING OFFICER

UNIT #

760

UNIT #

DATE

11-2-24

DATE