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|---|--|-----------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION REPORTING AGENCY NAME* STPD | NCIC* 07712 | LOCAL REPORT NUMBER* 2025-00000877 |
|---|--|-----------------------|--|

| | | | | |
|--|--|---|------------------------------|---|
| COUNTY* 77 LOCALITY* 1 LOCATION: CITY, VILLAGE, TOWNSHIP* Stow | CRASH DATE / TIME* 01162025/1644 | HIT/SKIP 1 - SOLVED 2 - UNSOLVED 03 | NUMBER OF UNITS 03 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 03 |
|--|--|---|------------------------------|---|

| | | | |
|--|--|-------------------------|--|
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME FISHCREEK | ROAD TYPE R D | LATITUDE DECIMAL DEGREES 41.172725 |
|--|--|-------------------------|--|

| | | | |
|--|--|-----------|--|
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SAYBROOKE BLVD | ROAD TYPE | LONGITUDE DECIMAL DEGREES -81.410764 |
|--|--|-----------|--|

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|---|--|---|--|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1 | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY |
|---|--|---|--|

| | | |
|--------------------------------------|--|---|
| DISTANCE FROM REFERENCE 10 | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2 | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 03 |
|--------------------------------------|--|---|

| |
|---|
| ROADWAY DIVIDED <input type="checkbox"/> |
|---|

| | | | |
|--|---|---|--|
| LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 01 | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2 | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN |
|--|---|---|--|

| | | | | | |
|---|--|---|---------------------|------------------------|---------------------|
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 2 | CONDITIONS 2 | SURFACE 2 |
|---|--|---|---------------------|------------------------|---------------------|

| | |
|--|--|
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 2 | WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 02 |
|--|--|

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|---|--|
| NARRATIVE UNIT #1 WAS SOUTHBOUND ON FISHCREEK ROAD AND STOPPED TO TURN LEFT ONTO SAYBROOKE BOULEVARD. UNIT #2 WAS STOPPED IN TRAFFIC BEHIND UNIT#1. UNIT #3 WAS TRAVELING SOUTHBOUND ON FISHCREEK ROAD AND FAILED TO MAINTAIN ASSURED CLEAR DISTANCE AHEAD. UNIT #3 STRUCK UNIT#2 FROM THE REAR, CAUSING UNIT #2 TO STRIKE UNIT #1 FROM THE REAR. | <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>Not To Scale</p> |
|---|--|

| | | | |
|--|--|---|---|
| CRASH REPORTED DATE / TIME 01162025/1644 | DISPATCH DATE / TIME 01162025/1645 | ARRIVAL DATE / TIME 01162025/1655 | SCENE CLEARED DATE / TIME 01162025/1740 |
|--|--|---|---|

| | | | | |
|---|--|-----------------------------|--|---|
| TOTAL TIME ROADWAY CLOSED 055 | OTHER INVESTIGATION TIME 065 | TOTAL MINUTES 120 | OFFICER'S NAME* WONNER, EDWARD | CHECKED BY OFFICER'S NAME* SMITH, KEVIN |
|---|--|-----------------------------|--|---|

| | | |
|--|---|---|
| OFFICER'S BADGE NUMBER* 000745 | CHECKED BY OFFICER'S BADGE NUMBER* 000719 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
|--|---|---|

| |
|--|
| SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO IDPS) |
|--|

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)
HILLIARD, DARLA MARIE

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)
3305572838

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
4103 SABIN DR ROOTSTOWN OH 44272

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

VEHICLE

LP STATE OH LICENSE PLATE # KBU5541 VEHICLE IDENTIFICATION # 1GCPYFED0LZ329982 VEHICLE YEAR 2020 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 1998802SPF35 COLOR BLK VEHICLE MODEL SILVERA

TYPE OF USE: 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 PLACARD CLASS # _____ PLACARD ID # _____

UNIT TYPE 01 # OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS _____

NON-MOTORIST LOCATION AT IMPACT _____

ACTION 4 PRE-CRASH ACTIONS 11

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS _____

EVENTS 20

COLLISION WITH FIXED OBJECT - STRUCK _____

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER
2025-00000877

DAMAGE

DAMAGE SCALE 3

1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 06

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

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6

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

OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED 000 POSTED SPEED 35 DETECTED SPEED 1

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **WADE, MICHAEL DOUGLAS**
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 3302568805
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **7280 DILLMAN DR Hudson OH 44236**
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2025-00000877

VEHICLE

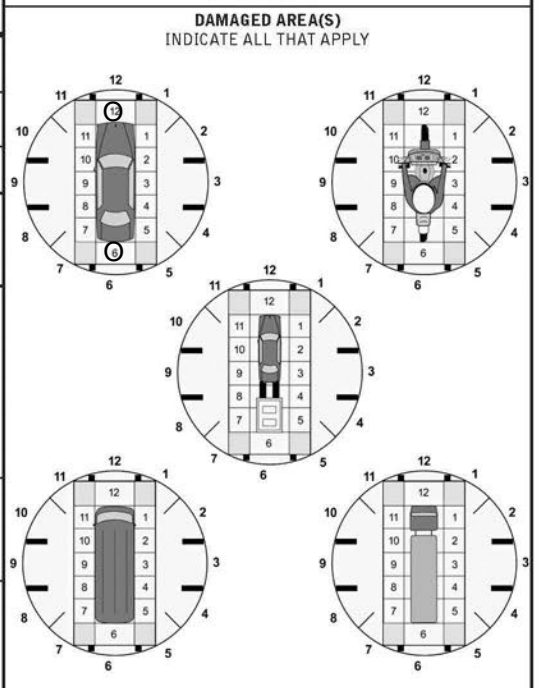
LP STATE OH LICENSE PLATE # JUR5071 VEHICLE IDENTIFICATION # JN8AY2NC5LX518651 VEHICLE YEAR 2020 VEHICLE MAKE Nissan
 INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 3425179SPF35 COLOR SIL VEHICLE MODEL PATHFIN
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD

DAMAGE

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

UNIT TYPE 01 # OF TRAILING UNITS _____

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



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0

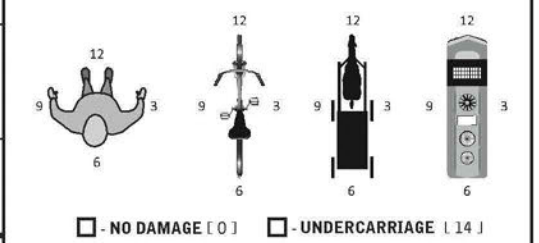
0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 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



VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

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

ACTION 5 PRE-CRASH ACTIONS 11

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

INITIAL POINT OF CONTACT

06 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 000

POSTED SPEED 35

DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER

VEHICLE

EVENT(S)

UNIT # 03 | **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **RAI, SARMILA** | **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER) 3306879568

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **385 SPAULDING ST B Akron OH 44310** | **COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP | **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

LP STATE OH | **LICENSE PLATE #** JNQ3913 | **VEHICLE IDENTIFICATION #** JTMBFREVD5000548 | **VEHICLE YEAR** 2013 | **VEHICLE MAKE** Toyota

INSURANCE VERIFIED | **INSURANCE COMPANY** PROGRESSIVE | **INSURANCE POLICY #** 97195694 | **COLOR** GRY | **VEHICLE MODEL** RAV4

COMMERCIAL | **GOVERNMENT** | **IN EMERGENCY RESPONSE** | **US DOT #** | **TOWED BY:** COMPANY NAME Joe's

INTERLOCK DEVICE EQUIPPED | **HIT/SKIP UNIT** | **#OCCUPANTS** 02 | **VEHICLE WEIGHT GVWR/GCWR** 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | **HAZARDOUS MATERIAL** **MATERIAL RELEASED** **PLACARD** **CLASS #** **PLACARD ID #**

UNIT TYPE 01 | **# OF TRAILING UNITS** | **WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2 | **AUTONOMOUS MODE LEVEL** 0

SPECIAL FUNCTION 01 | **CARGO BODY TYPE** 01 | **VEHICLE DEFECTS** | **NON-MOTORIST LOCATION AT IMPACT** | **ACTION** 3 | **CONTRIBUTING CIRCUMSTANCES** 08

SEQUENCE OF EVENTS

1 20 | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 08 | 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 | 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 24 - OTHER MOVABLE OBJECT

4 | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | 25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

5 | 5 - CARGO/ EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | 26 - BRIDGE OVERHEAD STRUCTURE

6 | 6 - IMPROPER TURN | 12 - IMPROPER BACKING | 21 - PARKED MOTORVEHICLE | 27 - BRIDGE PIER OR ABUTMENT

COLLISION WITH FIXED OBJECT - STRUCK

1 | **FIRST HARMFUL EVENT** | 1 | **MOST HARMFUL EVENT**

LOCAL REPORT NUMBER 2025-00000877

DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

INITIAL POINT OF CONTACT

1 2 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 2

RAIL GRADE CROSSING 1 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED 0 3 5

DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 3 5

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 5 - 0 0 0 0 0 8 7 7

| | | | | | | | | | | |
|--|---|-----------------------------------|--|---|--|--------------------------------|---|----------------------|---|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE HILLIARD, DARLA MARIE | | DATE OF BIRTH 1 0 0 4 1 9 7 7 | | AGE 0 4 7 | GENDER F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4103 SABIN DR ROOTSTOWN OH 44272 | | | | CONTACT PHONE - INCLUDE AREA CODE 3 3 0 5 5 7 2 8 3 8 | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS: 1 1 TYPE: 1 VALUE: . | | DRUG TEST(S) STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4 | |

| | | | | | | | | | | |
|---|--|-----------------------------------|--|---|--|--------------------------------|---|----------------------|---|--|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE WADE, LINDSAY MARY | | DATE OF BIRTH 0 9 3 0 1 9 7 7 | | AGE 0 4 7 | GENDER F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 7280 DILLMAN DR Hudson OH 44236 | | | | CONTACT PHONE - INCLUDE AREA CODE 3 3 0 2 5 6 8 8 0 5 | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS: 1 1 TYPE: 1 VALUE: . | | DRUG TEST(S) STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4 | |

| | | | | | | | | | | |
|---|---|-----------------------------------|--|---|--|--------------------------------|---|----------------------|---|--|
| UNIT # 0 3 | NAME: LAST, FIRST, MIDDLE RAI, BIKRAM | | DATE OF BIRTH 1 2 0 5 1 9 9 1 | | AGE 0 2 8 | GENDER M | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1619 CREIGHTON AVE Akron OH 44310 | | | | CONTACT PHONE - INCLUDE AREA CODE 3 3 0 6 8 7 9 5 6 8 | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 1 | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 333.03A | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Assured Clear Distance | | CITATION NUMBER SC0013158 | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS: 1 1 TYPE: 1 VALUE: . | | DRUG TEST(S) STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4 | |

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 5 - 0 0 0 0 0 8 7 7

| | | | | | | |
|-----------------|---|---|---|--|--|--|
| OCCUPANT | UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE WADE, PIPER | DATE OF BIRTH 0 9 2 4 2 0 1 4 | | AGE 0 1 0 | GENDER F |
| | ADDRESS: STREET, CITY, STATE, ZIP 7280 DILLMAN DR Hudson OH 44236 | | | | CONTACT PHONE - INCLUDE AREA CODE | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |

| | | | | | | |
|-----------------|--|--|---|--|---|--|
| OCCUPANT | UNIT # 0 3 | NAME: LAST, FIRST, MIDDLE SUNUWAR, AKASH | DATE OF BIRTH 0 1 0 1 1 9 9 1 | | AGE 0 3 4 | GENDER M |
| | ADDRESS: STREET, CITY, STATE, ZIP 254 CRANZ PL PL AKRON OH 44310 | | | | CONTACT PHONE - INCLUDE AREA CODE 3 3 0 5 9 2 4 5 7 2 | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |

| | | | | | | |
|-----------------|--|----------------------------------|--------------------------|--|--|--|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |

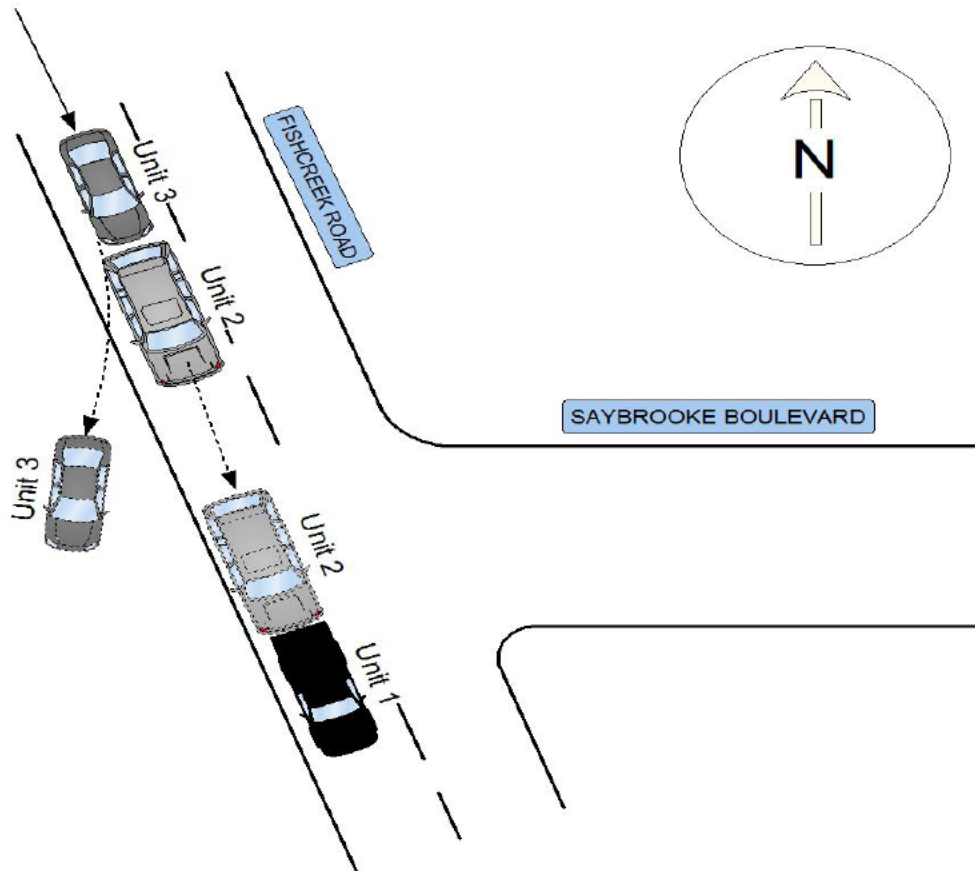
| | | | | | | |
|-----------------|--|----------------------------------|--------------------------|--|--|--|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|--|---|---|---|
| 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY | | | EJECTION |
| 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE |
| GENDER | | | TRAPPED |
| F - FEMALE M - MALE U - OTHER / UNKNOWN | | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS |

| | | | | |
|----------------|--|----------------------|------------|---------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | |
| | CONTACT PHONE - INCLUDE AREA CODE | | | |

| | | | | |
|----------------|--|----------------------|------------|---------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | |
| | CONTACT PHONE - INCLUDE AREA CODE | | | |

| | | | | |
|----------------|--|----------------------|------------|---------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | |
| | CONTACT PHONE - INCLUDE AREA CODE | | | |



Not To Scale

| | | |
|---------------------------------|-----------------------------|------------------------------------|
| LOCAL REPORT NUMBER 25-00877 | REPORTING AGENCY Stow PD | DATE OF CRASH M 1 D 16 Y 25 |
|---------------------------------|-----------------------------|------------------------------------|

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

I, X Darla Hilliard PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ptl E. Woerner #745 OFFICER'S NAME AT Fishcreek Rd/Saybrooke Blvd LOCATION

I was stopped for a car turning left on Saybrooke Blvd. When a SUV went into the back of my truck another vehicle ran into her SUV didn't seem like he even tried to stop.

* witness told us he threw something in culvert by driveway

330-557-2838

| | | |
|--|--|--|
| ADDRESS OF WITNESS 4103 Sabin Dr Rootstown Oh 44272 | SIGNATURE OF WITNESS X Darla Hilliard | OFFICER'S SIGNATURE X Ptl E. Woerner #745 |
|--|--|--|

| | | |
|---------------------------------|-----------------------------|------------------------------------|
| LOCAL REPORT NUMBER 25-00877 | REPORTING AGENCY Stow PD | DATE OF CRASH M 1 D 16 Y 25 |
|---------------------------------|-----------------------------|------------------------------------|

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

I, LINDSAY WADE PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
POLICE OFFICER #745 OFFICER'S NAME AT Fishcreek Rd/Sawtooth Blvd LOCATION

WE WERE STOPPED FOR TRAFFIC IN FRONT OF US WHEN A BLACK SUV SLAMMED IN TO THE REAR OF US WITHOUT TRYING TO STOP. HE HIT SO HARD THAT HE WENT OFF THE ROAD. OUR CAR WAS THEN PUSHED IN TO THE BLACK CHEVY TRUCK IN FRONT OF US. WITNESS STATED THAT DRIVER/PASSENGER OF 3RD CAR THREW SOMETHING INTO CULVERT BEFORE POLICE ARRIVED

ADDRESS OF WITNESS
7230 DILLMAN DR HUDSON OH 44236 330-256-8805

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature] #745

| | | |
|---------------------------------|-----------------------------|------------------------------------|
| LOCAL REPORT NUMBER 25-00877 | REPORTING AGENCY Stow PD | DATE OF CRASH M 1 D 16 Y 25 |
|---------------------------------|-----------------------------|------------------------------------|

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

I, X Bilkrum Rai PRINTED Rai HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P. E. Wagner #745 OFFICER'S NAME AT Fishcreek Rd/Saybrooke Blvd LOCATION

I am Bilkrum Rai and I was driving on fishcreek Rd on 1/16/25 at 4:45 pm. White Nissan suddenly hit hand break in front of me and I was going under speed limit. After I hit the white Nissan (JVR507E) I couldn't see nothing because of my car air bag - blow up and block my vision. after ~~the~~ - I get off the car I saw another car get involved in accident, ~~which is signed to left turn~~ which was about to make left turn in front of the white Nissan. ~~hit~~

1619 Creighton Ave Akron OH 44310
 ADDRESS OF WITNESS

| | |
|--|--|
| SIGNATURE OF WITNESS X <u>[Signature]</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> #745 330-687-9588 |
|--|--|