

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|--|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY | | LOCAL INFORMATION 25-00451 | | LOCAL REPORT NUMBER* 2 0 2 5 - 0 0 0 0 0 4 5 1 | | | | | | | | | |
| <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER | | REPORTING AGENCY NAME* STPD | | NCIC* 0 7 7 1 2 | | HIT/SKIP 1 - SOLVED 2 2 - UNSOLVED | | NUMBER OF UNITS 0 2 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 2 | | | |
| COUNTY* 7 7 | | LOCALITY* 1 - CITY 1 2 - VILLAGE 3 - TOWNSHIP | | LOCATION: CITY, VILLAGE, TOWNSHIP* Stow | | CRASH DATE / TIME* 01092025 / 0834 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5 | | | | | |
| ROUTE TYPE S R | | ROUTE NUMBER 0 0 0 8 | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LOCATION ROAD NAME 41.193984; -81.479079 | | ROAD TYPE | | LATITUDE DECIMAL DEGREES 4 1 . 1 9 3 5 5 7 | | | |
| ROUTE TYPE | | ROUTE NUMBER | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 10.0 | | ROAD TYPE M P | | LONGITUDE DECIMAL DEGREES - 8 1 . 4 7 9 0 1 0 | | | |
| REFERENCE POINT 1 - INTERSECTION 2 2 - MILE POST 3 - HOUSE # | | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | 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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED | | | | | |
| LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 0 6 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | | | | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 1 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 | | | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 2 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 4 | | | |
| <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 1 - STRAIGHT LEVEL 1 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | CONDITIONS 1 - DRY 2 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | SURFACE 1 - CONCRETE 2 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | | | |
| LIGHT CONDITION 1 - DAYLIGHT 1 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | | | WEATHER 1 - CLEAR 0 1 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 | | | | | | | | | |
| NARRATIVE Unit #1 was southbound on SR 8 in the middle lane. Unit #2, a semi, was said to be southbound on SR 8 in the left lane. Unit #1 states Unit #2 began to switch into her lane. Unit #1 had to swerve to avoid a collision. In doing so, Unit #1 went off the right side of the roadway, struck a speed limit sign post with the left side of the vehicle and then the rear undecarriage struck an embankment. Unit #2 continued on without stopping. (Highway camera footage was unavailable) | | | | | | <p style="text-align: right;">Indicate the north direction with an "N" on the compass diagram.</p> | | | | | | | |
| CRASH REPORTED DATE / TIME 0 1 0 9 2 0 2 5 / 0 8 3 4 | | DISPATCH DATE / TIME 0 1 0 9 2 0 2 5 / 0 8 3 6 | | ARRIVAL DATE / TIME 0 1 0 9 2 0 2 5 / 0 8 3 9 | | SCENE CLEARED DATE / TIME 0 1 0 9 2 0 2 5 / 0 9 4 4 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO DOP) | | | | | |
| TOTAL TIME ROADWAY CLOSED 0 1 5 | | OTHER INVESTIGATION TIME 0 8 3 | | TOTAL MINUTES 0 8 3 | | OFFICER'S NAME* HADDIX, BRIAN | | CHECKED BY OFFICER'S NAME* GINTHER, JOHN | | | | | |
| | | | | OFFICER'S BADGE NUMBER* 0 0 0 7 3 6 | | CHECKED BY OFFICER'S BADGE NUMBER* 0 0 0 7 1 5 | | | | | | | |

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)
MOORE, JENNIFER SUE

OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)
3309780485

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
1338 AVONDALE RD SOUTH EUCLID OH 44121

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # T130615 VEHICLE IDENTIFICATION # 1GND513S232126620 VEHICLE YEAR 2003 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR TAN VEHICLE MODEL TRAIL B

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME Joe's

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 04

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

UNIT TYPE 03

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

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 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 99 - OTHER / UNKNOWN

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 3

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTIONS 01

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

CONTRIBUTING CIRCUMSTANCES 15

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

SEQUENCE OF EVENTS

1 08

2 37

3 45

EVENTS

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 2 MOST HARMFUL EVENT 2

LOCAL REPORT NUMBER

2025-00000451

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

10

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

TRAFFIC

TRAFFICWAY FLOW

1 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

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

OF THROUGH LANES ON ROAD 3

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 065

POSTED SPEED 65

DETECTED SPEED

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

OWNER

VEHICLE

EVENT(S)

| | | |
|--|--|---|
| UNIT # 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input checked="" type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 |
| TYPE OF USE | | US DOT # |
| HAZARDOUS MATERIAL | | VEHICLE WEIGHT GVWR/GCWR |
| <input type="checkbox"/> MATERIAL RELEASED | | 1 - ≤10K LBS. |
| <input type="checkbox"/> PLACARD | | 2 - 10,001 - 26K LBS. |
| | | 3 - >26K LBS. |
| UNIT TYPE | | |
| 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 | | |
| # OF TRAILING UNITS | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | |
| 0 - NO AUTOMATION | | |
| 1 - DRIVER ASSISTANCE | | |
| 2 - PARTIAL AUTOMATION | | |
| 3 - CONDITIONAL AUTOMATION | | |
| 4 - HIGH AUTOMATION | | |
| 5 - FULL AUTOMATION | | |
| 9 - UNKNOWN | | |
| SPECIAL FUNCTION | | |
| 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 | | |
| 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 | | |
| 99 - OTHER / UNKNOWN | | |
| 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 | | |
| 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 | | |
| CONTRIBUTING CIRCUMSTANCES | | |
| 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 | | |
| SEQUENCE OF EVENTS | | |
| 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 | | |
| EVENTS | | |
| 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 | | |
| MOST HARMFUL EVENT | | |

| | |
|---|--|
| LOCAL REPORT NUMBER 2025 - 00000451 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 9 | 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| | |
| | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input checked="" type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT | |
| 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC | |
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 3 | 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 | DETECTED SPEED |
| 065 | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED | |
| 65 | |

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 5 - 0 0 0 0 0 4 5 1

| | | | | | | | | | | | | |
|--|---|-----------------------------------|--|---|--|--------------------------------|-------------------------------------|----------------------|---------------------|--------------------|------------------|------------------------------|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE MOORE, JENNIFER SUE | | DATE OF BIRTH 0 9 2 7 1 9 8 7 | | AGE 0 3 7 | GENDER F | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1338 AVONDALE RD SOUTH EUCLID OH 44121 | | | | CONTACT PHONE - INCLUDE AREA CODE 3 3 0 9 7 8 0 4 8 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 4510.11 | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION Driving Under Suspensi | | CITATION NUMBER SC0011640 | | | | | |
| OL CLASS | 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 | | DRUG TEST(S) | | | |
| | | | | | | | STATUS 1 | TYPE 1 | VALUE | STATUS 1 | TYPE 1 | RESULT SELECT UP TO 4 |

| | | | | | | | | | | | | |
|--|--------------------------------------|-----------------------------------|--|---|--|-------------------------|------------------------|-----------------|---------------------|---------------|-------------|------------------------------|
| 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | |
| | | | | | | | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 |

| | | | | | | | | | | | | |
|--|--------------------------------------|-----------------------------------|--|---|--|-------------------------|------------------------|-----------------|---------------------|---------------|-------------|------------------------------|
| 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | |
| | | | | | | | STATUS | TYPE | VALUE | STATUS | TYPE | 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 | DRUG TEST TYPE | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER |
| | | 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 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 | 4 | 5 | 1 |

| | | | | | | | | | | | |
|-----------------|--|--|--------------------------|--|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|--|
| OCCUPANT | UNIT # 01 | NAME: LAST, FIRST, MIDDLE MOORE, KYLER | | | | DATE OF BIRTH 04042022 | | | AGE 002 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 1338 AVONDALE RD SOUTH EUCLID OH 44121 | | | | | CONTACT PHONE - INCLUDE AREA CODE 3309780485 | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 05 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 06 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |

| | | | | | | | | | | | |
|-----------------|--|--|--------------------------|--|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|--|
| OCCUPANT | UNIT # 01 | NAME: LAST, FIRST, MIDDLE MOORE, GENEVIEVE | | | | DATE OF BIRTH 04202019 | | | AGE 005 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP 1338 AVONDALE RD SOUTH EUCLID OH 44121 | | | | | CONTACT PHONE - INCLUDE AREA CODE 3309780485 | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 07 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 04 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |

| | | | | | | | | | | | |
|-----------------|--|--|--------------------------|--|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|--|
| OCCUPANT | UNIT # 01 | NAME: LAST, FIRST, MIDDLE MOORE, DARRELL KEITH | | | | DATE OF BIRTH 04051983 | | | AGE 041 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 823 NANCY AVE NILES OH 44446 | | | | | CONTACT PHONE - INCLUDE AREA CODE 3306461618 | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |

| | | | | | | | | | | | |
|-----------------|--|----------------------------------|--------------------------|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|--|
| 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |

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

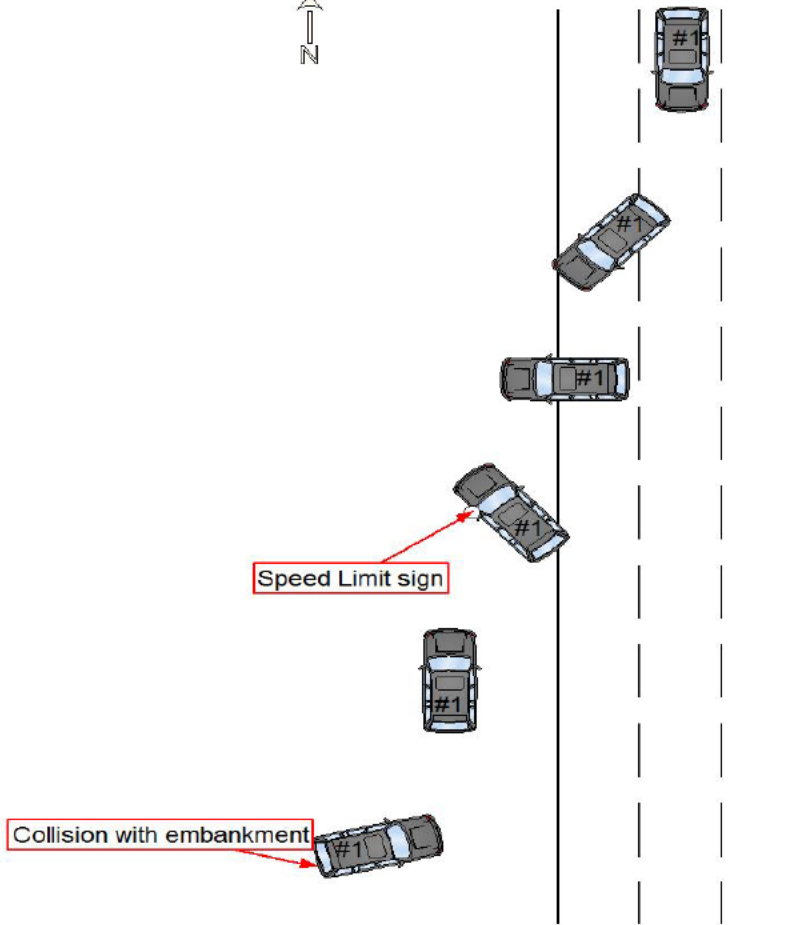
| | | | | | | | | | | | |
|----------------|--|--|--|--|----------------------|--|--|------------|---------------|--|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | | AGE | GENDER | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
|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

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

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



SR 8 South
10.0MP



Not To Scale

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION


OH-2 (Rev. 1/82)

| | | |
|---------------------------------|--|------------------------------------|
| LOCAL REPORT NUMBER 25-00451 | REPORTING AGENCY Stow PD | DATE OF ACCIDENT M 1 10 9 11 25 |
| IN COUNTY OF Summit | ACCIDENT LOCATION SR 8 south 10.0 mp Stow, OH 44224 | |

Owner of damaged sign: Ohio Department of Transportation
2088 S Arlington Rd
Akron, OH 44306
330-786-3100

(ODOT was notified 1/10/25)

OFFICERS SIGNATURE



BADGE NO.

736