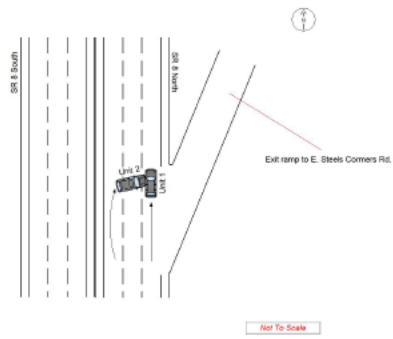


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME* STPD		NCIC* 0 7 7 1 2		LOCAL REPORT NUMBER* 2 0 2 5 - 0 0 0 0 6 8 6 8		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 0 2		NUMBER OF UNITS 0 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 2			
COUNTY* 7 7		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Stow		CRASH DATE / TIME* 0 4 2 1 2 0 2 5 / 1 5 5 1		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 3									
ROUTE TYPE S R		ROUTE NUMBER 0 0 0 0 8		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		LOCATION ROAD NAME 41.181187;-81.477914		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 4 1 . 1 8 1 1 8 7		LONGITUDE DECIMAL DEGREES - 8 1 . 4 7 7 9 1 4					
ROUTE TYPE R D		ROUTE NUMBER 3		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) STEELS CORNERS		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 4 1 . 1 8 1 1 8 7						LONGITUDE DECIMAL DEGREES - 8 1 . 4 7 7 9 1 4	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		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		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED									
DISTANCE FROM REFERENCE 1 0 0		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		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 0 1		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 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		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 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN							
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		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 0 4		NARRATIVE Unit 1 was traveling north on SR 8 North in the right lane while Unit 2 was also traveling north in the left lane. Unit 2 lost control of its vehicle, which began to turn clockwise. Unit 2 then struck the driver's side of Unit 1.				Indicate the north direction with an "N" on the compass diagram.									
CRASH REPORTED DATE / TIME 0 4 2 1 2 0 2 5 / 1 5 5 1				DISPATCH DATE / TIME 0 4 2 1 2 0 2 5 / 1 5 5 2				ARRIVAL DATE / TIME 0 4 2 1 2 0 2 5 / 1 5 5 8				SCENE CLEARED DATE / TIME 0 4 2 1 2 0 2 5 / 1 7 0 2				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 IDPS)	
TOTAL TIME ROADWAY CLOSED 0 0 0		OTHER INVESTIGATION TIME 0 2 0		TOTAL MINUTES 0 9 0		OFFICER'S NAME* GABEL, DYLAN		CHECKED BY OFFICER'S NAME* GINTHER, JOHN		OFFICER'S BADGE NUMBER* 0 0 0 7 6 0		CHECKED BY OFFICER'S BADGE NUMBER* 0 0 0 7 1 5		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 IDPS)			



OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)
RIDENOUR, LAURA KAY

OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER)
3303541266

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)
2639 MAYFAIR RD Akron OH 44312

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2025-00006868

LP STATE OH LICENSE PLATE # JBN4546 VEHICLE IDENTIFICATION # JTDKN3DU4B5304642 VEHICLE YEAR 2011 VEHICLE MAKE Toyota

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 2820731SFP35 COLOR GRY VEHICLE MODEL PRIUS

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 02

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

DAMAGE

DAMAGE SCALE

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

UNIT TYPE 01

OF TRAILING UNITS _____

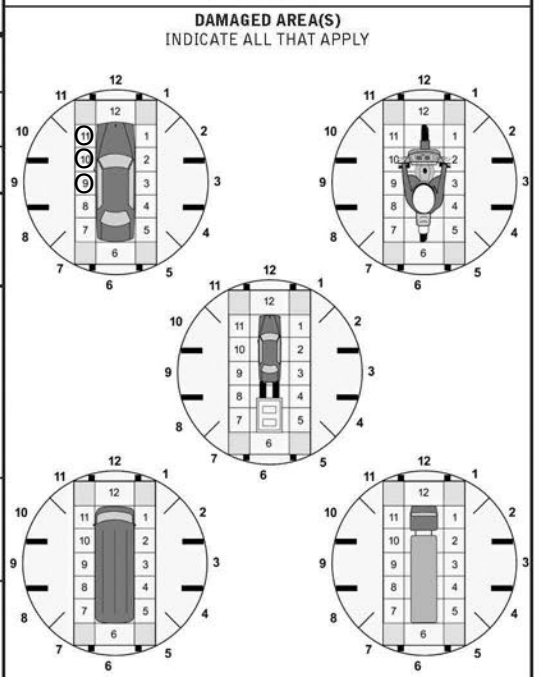
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS



NON-MOTORIST LOCATION AT IMPACT

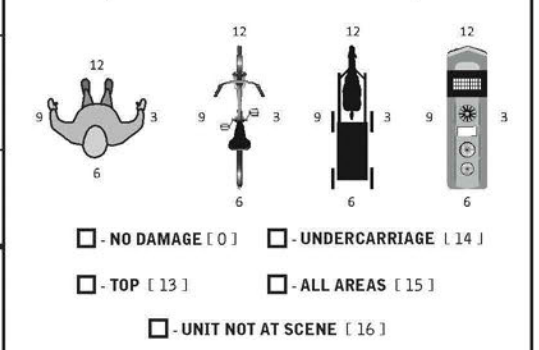
ACTION 4

PRE-CRASH ACTIONS 01

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

EVENTS



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

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

UNIT SPEED 050

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

POSTED SPEED 65

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)
SPENCER, TIFFANY LYNN

OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)
3 3 0 9 5 7 8 5 1 7

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)
703 TALLKRON DR Akron OH 44305

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 0 6 8 6 8

DAMAGE

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

VEHICLE

LP STATE O H LICENSE PLATE # JYB5871 VEHICLE IDENTIFICATION # 3 C 4 P D C A B 3 H T 6 2 2 2 6 9 VEHICLE YEAR 2 0 1 7 VEHICLE MAKE Dodge

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 984120435 COLOR BLK VEHICLE MODEL JOURNEY

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT #

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

TOWED BY: COMPANY NAME JOHNNYS TOWING HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 0 3

OF TRAILING UNITS

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
1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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

SPECIAL FUNCTION 0 1

CARGO BODY TYPE 0 1

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 3

CONTRIBUTING CIRCUMSTANCES 9 9

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

TRAFFIC

TRAFFICWAY FLOW 1 TRAFFIC CONTROL 6

OF THROUGH LANES ON ROAD 3 RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1

UNIT SPEED 0 5 0 DETECTED SPEED 1

POSTED SPEED 6 5

EVENT(S)

1 1 3 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 2 0 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 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 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

4 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT

5 5 - CARGO/ EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 21 - PARKED MOTORVEHICLE

6 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

2 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 5 - 0 0 0 0 6 8 6 8

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE RIDENOUR, LAURA KAY		DATE OF BIRTH 1 2 2 7 1 9 7 0		AGE 0 5 4	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 2639 MAYFAIR RD Akron OH 44312				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 3 5 4 1 2 6 6						
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 OH	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 TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE SPENCER, TIFFANY LYNN		DATE OF BIRTH 0 4 1 9 1 9 8 8		AGE 0 3 7	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 703 TALLKRON DR Akron OH 44305				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 9 5 7 8 5 1 7						
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 OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control; We		CITATION NUMBER SC0002686			
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 TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

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 STATUS TYPE VALUE		DRUG TEST(S) 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						DRUG TEST RESULT(S)	
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						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 6 8 6 8

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE RIDENOUR, HAROLD SILAS			DATE OF BIRTH 03041936		AGE 089	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 2450 IGLEHEART RD Akron OH 44312				CONTACT PHONE - INCLUDE AREA CODE 3306996463				
	INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) STOW FD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) AGMC NORTH	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 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

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

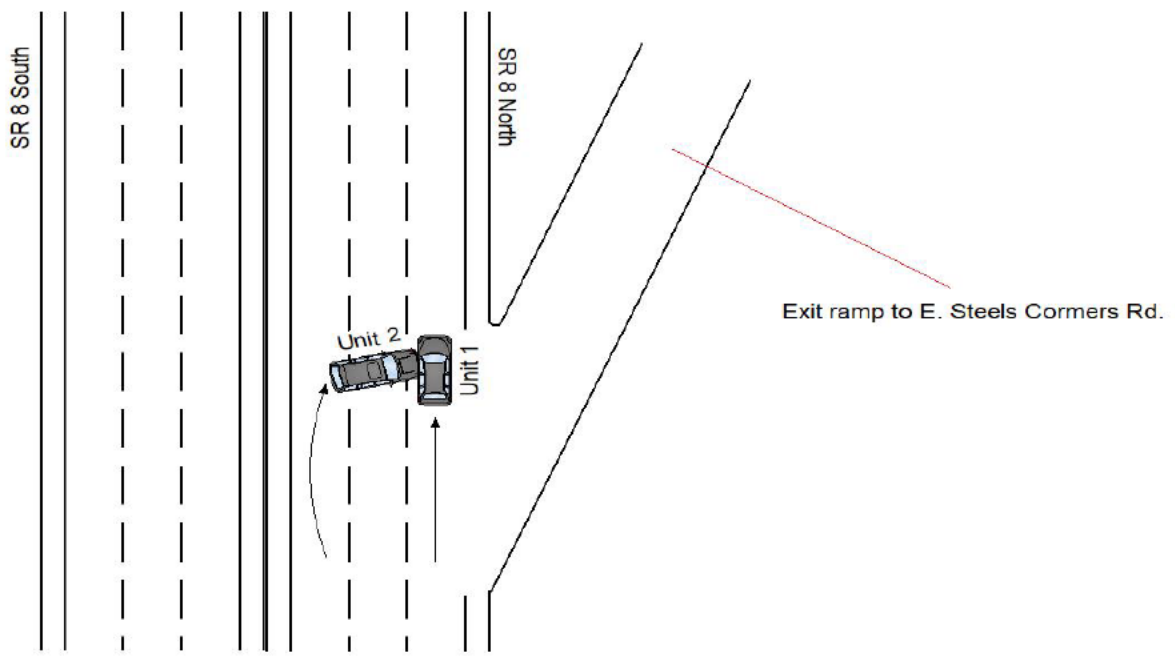
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT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

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		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	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		



Not To Scale

LOCAL REPORT NUMBER 25-06868	REPORTING AGENCY Stow PD	DATE OF CRASH M 4 D 21 Y 25
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Tiffany Spencer PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Off. Gabel 760 OFFICER'S NAME AT ON SCENE LOCATION

I was in the line driving, going 50 because it was raining I slide and try to pull myself out of it and hit the lady in the car.

ADDRESS OF WITNESS 703 Tallkron Drive Akron OH	PHONE 330 957 8517
SIGNATURE OF WITNESS X <i>Tiffany Spencer</i>	OFFICER'S SIGNATURE X <i>Off. DL Gabel 760</i>