

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>STPD</b>   |  | NCIC*<br><b>0 7 7 1 2</b>   |  | <b>2 0 2 5 - 0 0 0 0 9 1 3 5</b>   |  |
| COUNTY* <b>7 7</b> LOCALITY* <b>1</b><br><small>1 - CITY<br/>2 - VILLAGE<br/>3 - TOWNSHIP</small>   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Stow</b>  |  | CRASH DATE / TIME*<br><b>0 5 2 8 2 0 2 5 / 0 6 0 5</b>  |  | CRASH SEVERITY<br><b>5</b><br><small>1 - FATAL<br/>2 - SERIOUS INJURY SUSPECTED<br/>3 - MINOR INJURY SUSPECTED<br/>4 - INJURY POSSIBLE<br/>5 - PROPERTY DAMAGE ONLY</small>  |  |
| ROUTE TYPE <b>S R</b> ROUTE NUMBER <b>0 0 0 0 8</b> PREFIX<br><small>1 - NORTH<br/>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small>  |  | LOCATION ROAD NAME<br><b>41.196552;-81.48008</b>   |  | ROAD TYPE<br><b>M P</b>   |  | LATITUDE DECIMAL DEGREES<br><b>4 1 . 1 9 6 6 3 1</b>   |  |
| ROUTE TYPE<br><small>1 - NORTH<br/>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small>  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>10.2</b>   |  | ROAD TYPE<br><b>M P</b>   |  | LONGITUDE DECIMAL DEGREES<br><b>- 8 1 . 4 8 0 3 1 4</b>  |  |
| REFERENCE POINT<br><b>2</b><br><small>1 - INTERSECTION<br/>2 - MILE POST<br/>3 - HOUSE #</small>  |  | DIRECTION FROM REFERENCE<br><small>1 - NORTH<br/>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small>   |  | 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    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |  |
| DISTANCE FROM REFERENCE<br><small>1 - MILES<br/>2 - FEET<br/>3 - YARDS</small>  |  | DISTANCE UNIT OF MEASURE<br><small>1 - MILES<br/>2 - FEET<br/>3 - YARDS</small>  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES                                 |  | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED   |  |
| LOCATION OF FIRST HARMFUL EVENT<br><b>0 1</b><br><small>1 - ON ROADWAY    9 - CROSSOVER<br/>2 - ON SHOULDER    10 - DRIVEWAY/ALLEY ACCESS<br/>3 - IN MEDIAN    11 - RAILWAY GRADE CROSSING<br/>4 - ON ROADSIDE    12 - SHARED USE PATHS OR TRAILS<br/>5 - ON GORE    13 - BIKE LANE<br/>6 - OUTSIDE TRAFFIC WAY    14 - TOLL BOOTH<br/>7 - ON RAMP    99 - OTHER / UNKNOWN<br/>8 - OFF RAMP</small> |  | MANNER OF CRASH COLLISION/IMPACT<br><b>1</b><br><small>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</small> |  | DIRECTION OF TRAVEL<br><b>2</b><br><small>1 - NORTH<br/>2 - SOUTH<br/>3 - EAST<br/>4 - WEST</small>   |  | MEDIAN TYPE<br><b>4</b><br><small>1 - DIVIDED FLUSH MEDIAN (&lt;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</small>   |  |
| <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><small>1 - LANE CLOSURE<br/>2 - LANE SHIFT/CROSSOVER<br/>3 - WORK ON SHOULDER OR MEDIAN<br/>4 - INTERMITTENT OR MOVING WORK<br/>5 - OTHER</small>  |  | LOCATION OF CRASH IN WORK ZONE<br><small>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</small>  |  | CONTOUR<br><b>4</b><br><small>1 - STRAIGHT LEVEL<br/>2 - STRAIGHT GRADE<br/>3 - CURVE LEVEL<br/>4 - CURVE GRADE<br/>9 - OTHER/UNKNOWN</small>  |  |
| LIGHT CONDITION<br><b>1</b><br><small>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</small>  |  | WEATHER<br><b>0 4</b><br><small>1 - CLEAR    6 - SNOW<br/>2 - CLOUDY    7 - SEVERE CROSSWINDS<br/>3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW<br/>4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE<br/>5 - SLEET, HAIL    99 - OTHER / UNKNOWN</small>                                       |  | CONDITIONS<br><b>2</b><br><small>1 - DRY<br/>2 - WET<br/>3 - SNOW<br/>4 - ICE<br/>5 - SAND, MUD, DIRT, OIL, GRAVEL<br/>6 - WATER (STANDING, MOVING)<br/>7 - SLUSH<br/>9 - OTHER/UNKNOWN</small> |  | SURFACE<br><b>2</b><br><small>1 - CONCRETE<br/>2 - BLACKTOP, BITUMINOUS, ASPHALT<br/>3 - BRICK/BLOCK<br/>4 - SLAG, GRAVEL, STONE<br/>5 - DIRT<br/>9 - OTHER/UNKNOWN</small>  |  |
| NARRATIVE<br><b>Unit 1 was in the middle lane, traveling south on SR 8 near the 10.2-mile post. It lost control and struck the nearby guardrail, and in its statement, Unit 1 stated that the brakes locked up.</b>   |  |  |  | <p>Indicate the north direction with an "N" on the compass diagram.</p>   |  |  |  |
| CRASH REPORTED DATE / TIME<br><b>0 5 2 8 2 0 2 5 / 0 6 0 5</b>  |  | DISPATCH DATE / TIME<br><b>0 5 2 8 2 0 2 5 / 0 6 1 7</b>   |  | ARRIVAL DATE / TIME<br><b>0 5 2 8 2 0 2 5 / 0 6 1 7</b>   |  | SCENE CLEARED DATE / TIME<br><b>0 5 2 8 2 0 2 5 / 0 7 3 5</b>  |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0 7 8</b>   |  | OTHER INVESTIGATION TIME<br><b>0 0 6</b>   |  | TOTAL MINUTES<br><b>0 8 4</b>   |  | OFFICER'S NAME*<br><b>WILLIAMS, ALONTE</b>   |  |
| OFFICER'S BADGE NUMBER*<br><b>0 0 0 7 6 8</b>   |  | CHECKED BY OFFICER'S NAME*<br><b>CORFMAN, JACOB</b>  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>0 0 0 7 1 6</b>  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO IDPS)   |  |





# MOTORIST / Non-MOTORIST

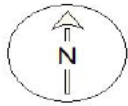
LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 0 9 1 3 5

|  |  |                          |  |   |  |                                |                                     |                      |                     |  |
|--|--|--------------------------|--|---|--|--------------------------------|-------------------------------------|----------------------|---------------------|--|
| <b>UNIT #</b><br>0 1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>WILSON, JEREMY PRESTON |                          | <b>DATE OF BIRTH</b><br>0 4 0 9 1 9 7 9                |   | <b>AGE</b><br>0 4 6                                  | <b>GENDER</b><br>M             |                                     |                      |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>815 FROST RD 2308 STREETSBORO OH 44241 |  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>4 4 0 4 1 3 7 6 0 0   |  |                                |                                     |                      |                     |  |
| <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>O H   | <b>OPERATOR LICENSE NUMBER</b>                             |                          | <b>OFFENSE CHARGED</b><br>331.34                       | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Failure to Control; We |                                | <b>CITATION NUMBER</b><br>SC0014048 |                      |                     |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>   | <b>RESTRICTION</b>       | <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>                 |                      | <b>DRUG TEST(S)</b> |  |

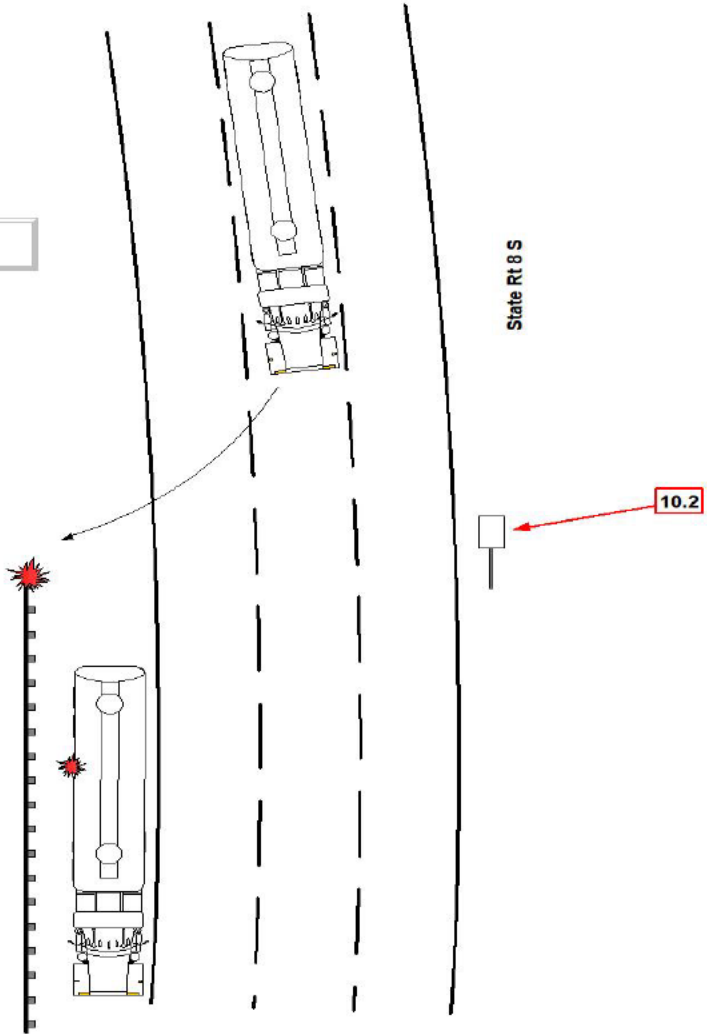
|  |                                  |                          |  |  |  |                         |                        |                 |                     |  |
|--|----------------------------------|--------------------------|--|--|--|-------------------------|------------------------|-----------------|---------------------|--|
| <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>                        | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b> |                 |                     |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>          |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |  |

|  |                                  |                          |  |  |  |                         |                        |                 |                     |  |
|--|----------------------------------|--------------------------|--|--|--|-------------------------|------------------------|-----------------|---------------------|--|
| <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>                        | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b> |                 |                     |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>          |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |  |

| 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  | DRUG TEST TYPE  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER               |  |
|  |   |   |   |   | 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 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 |



*Not To Scale*



|                                |                             |                                    |
|--------------------------------|-----------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>25-9135 | REPORTING AGENCY<br>Stow PD | DATE OF CRASH<br>M 5   D 28   Y 25 |
|--------------------------------|-----------------------------|------------------------------------|

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

I, Sarem P. Wilson HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

A. Williams AT SR 8 N @ 10.2  
OFFICER'S NAME LOCATION

I was traveling south on Rt. 8 just south of Seaman  
 and when my trailer brakes locked up and the trailer  
 started fishtailing striking the guardrail.

|                           |  |
|---------------------------|--|
| ADDRESS OF WITNESS        | PHONE  |
| SIGNATURE OF WITNESS<br>X | OFFICER'S SIGNATURE<br>X <u>[Signature]</u> #768 |