

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 5 - 0 0 0 1 6 0 5 2

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION
REPORTING AGENCY NAME*
STPD
NCIC*
0 7 7 1 2

HIT/SKIP
1 - SOLVED
2 - UNSOLVED
0 1

NUMBER OF UNITS
0 1

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN
0 1

COUNTY* 7 7 **LOCALITY*** 1
1 - CITY
2 - VILLAGE
3 - TOWNSHIP
LOCATION: CITY, VILLAGE, TOWNSHIP*
Stow

CRASH DATE / TIME*
09 21 20 25 / 02 22

CRASH SEVERITY
1 - FATAL
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE ONLY
1

ROUTE TYPE **ROUTE NUMBER** **PREFIX** 1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
LOCATION ROAD NAME
HUDSON
ROAD TYPE
D R

LATITUDE DECIMAL DEGREES
4 1 . 1 9 6 4 3 8

ROUTE TYPE **ROUTE NUMBER** **PREFIX** 1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
4830
ROAD TYPE

LONGITUDE DECIMAL DEGREES
- 8 1 . 4 5 8 1 5 9

REFERENCE POINT
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #
3

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
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA **NUMBER OF APPROACHES**

ROADWAY
 ROADWAY DIVIDED

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
9 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED USE PATHS OR TRAILS
13 - BIKE LANE
14 - TOLL BOOTH
99 - OTHER / UNKNOWN
0 2

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
1

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 (ANY TYPE)
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
9 - OTHER/UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 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
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - OTHER/UNKNOWN

CONDITIONS
1
1 - DRY
2 - WET
3 - SNOW
4 - ICE
5 - SAND, MUD, DIRT, OIL, GRAVEL
6 - WATER (STANDING, MOVING)
7 - SLUSH
9 - OTHER/UNKNOWN

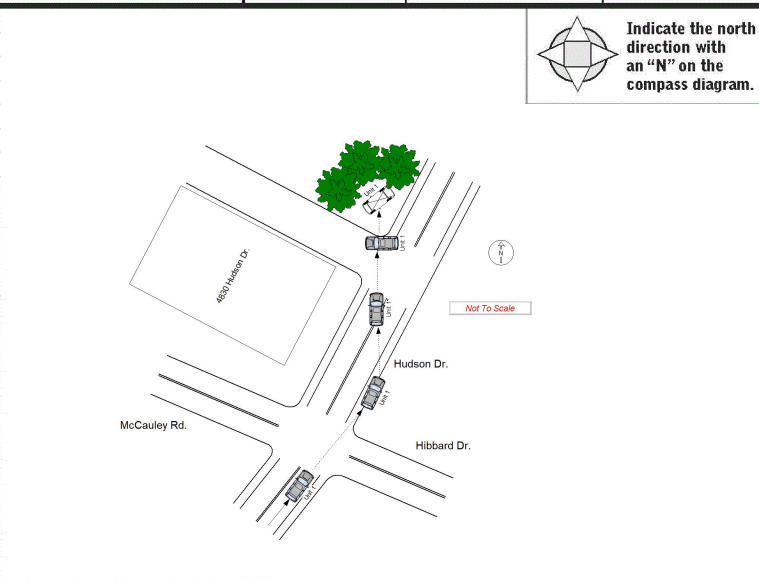
SURFACE
2
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER/UNKNOWN

LIGHT CONDITION
1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWN
3

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 1

NARRATIVE

Unit 1 was traveling northbound on Hudson Dr. After passing north of Hibbard Dr., Unit 1 swerved off the right side of the road. Unit 1 then overcorrected, swerving across the centerline, before skidding sideways and overturning into a culvert. The driver of Unit 1 was pronounced deceased at the scene of the crash.



CRASH REPORTED DATE / TIME
0 9 2 1 2 0 2 5 / 0 2 2 4

DISPATCH DATE / TIME
0 9 2 1 2 0 2 5 / 0 2 2 5

ARRIVAL DATE / TIME
0 9 2 1 2 0 2 5 / 0 2 3 0

SCENE CLEARED DATE / TIME
0 9 2 1 2 0 2 5 / 0 5 4 8

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
1 8 0

OTHER INVESTIGATION TIME
0 2 7

TOTAL MINUTES
2 3 0

OFFICER'S NAME*
GIBSON, JOSHUA
OFFICER'S BADGE NUMBER*
0 0 0 7 7 7

CHECKED BY OFFICER'S NAME*
SMITH, KEVIN
CHECKED BY OFFICER'S BADGE NUMBER*
0 0 0 7 1 9

SUPPLEMENT
(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS)

OWNER

VEHICLE

EVENT(S)

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) BOYLE, HOPE ANN	OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER) 3302810831
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) 904 5TH ST SW CANTON OH 44707		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # KLT8178	VEHICLE IDENTIFICATION # JF1SG65607H712420	VEHICLE YEAR 2007	VEHICLE MAKE Subaru
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR WHI	VEHICLE MODEL Foreste
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL	
TYPE OF USE		US DOT #	CLASS # PLACARD ID #	
<input type="checkbox"/> PASSENGER CAR		<input type="checkbox"/> 1 - ≤10K LBS.	<input type="checkbox"/> MATERIAL RELEASED	
<input type="checkbox"/> PASSENGER VAN (MINIVAN)		<input type="checkbox"/> 2 - 10,001 - 26K LBS.	<input type="checkbox"/> PLACARD	
<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> 3 - >26K LBS.		
<input type="checkbox"/> PICK UP		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART
<input type="checkbox"/> CARGO VAN		2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE
<input type="checkbox"/> VAN (9-15 SEATS)		3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK
		4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR
		5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT
		6 - VAN (9-15 SEATS)		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

UNIT TYPE 01	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL		
		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

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

CARGO BODY TYPE 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER			
	2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER			
	7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			

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

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

ACTION 03	1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE			
	2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING			
	3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST			
	4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE			
	5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN			
	9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS			

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

SEQUENCE OF EVENTS	EVENTS			
1 08	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
2 11	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM
3 09	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER
4 01	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER
5 42	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT
6 1				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				
4 01	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
5 42	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
6 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE
				49 - FIRE HYDRANT
				50 - WORK ZONE MAINTENANCE EQUIPMENT
				51 - WALL
				52 - BUILDING
				53 - TUNNEL
				54 - OTHER FIXED OBJECT
				99 - OTHER / UNKNOWN

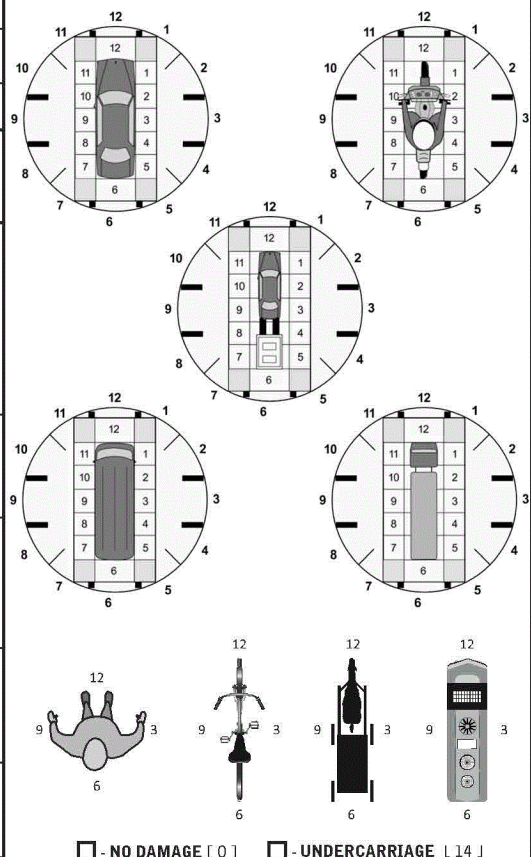
LOCAL REPORT NUMBER
2025 - 00016052

DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

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

TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
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# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

UNIT SPEED 3 5	DETECTED SPEED 3 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 1 6 0 5 2	

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE BOYLE, HOPE ANN		DATE OF BIRTH 0 3 0 1 1 9 8 6		AGE 0 3 9	GENDER F					
ADDRESS: STREET, CITY, STATE, ZIP 904 5TH ST SW CANTON OH 44707				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 2 8 1 0 8 3 1							
INJURIES 1	INJURED TAKEN BY 9	EMS AGENCY (NAME) SFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Not applicable		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 3	EJECTION 1	TRAPPED 2	
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 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9	ALCOHOL TEST		DRUG TEST(S)		
						STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4			
						1 1		1 1			

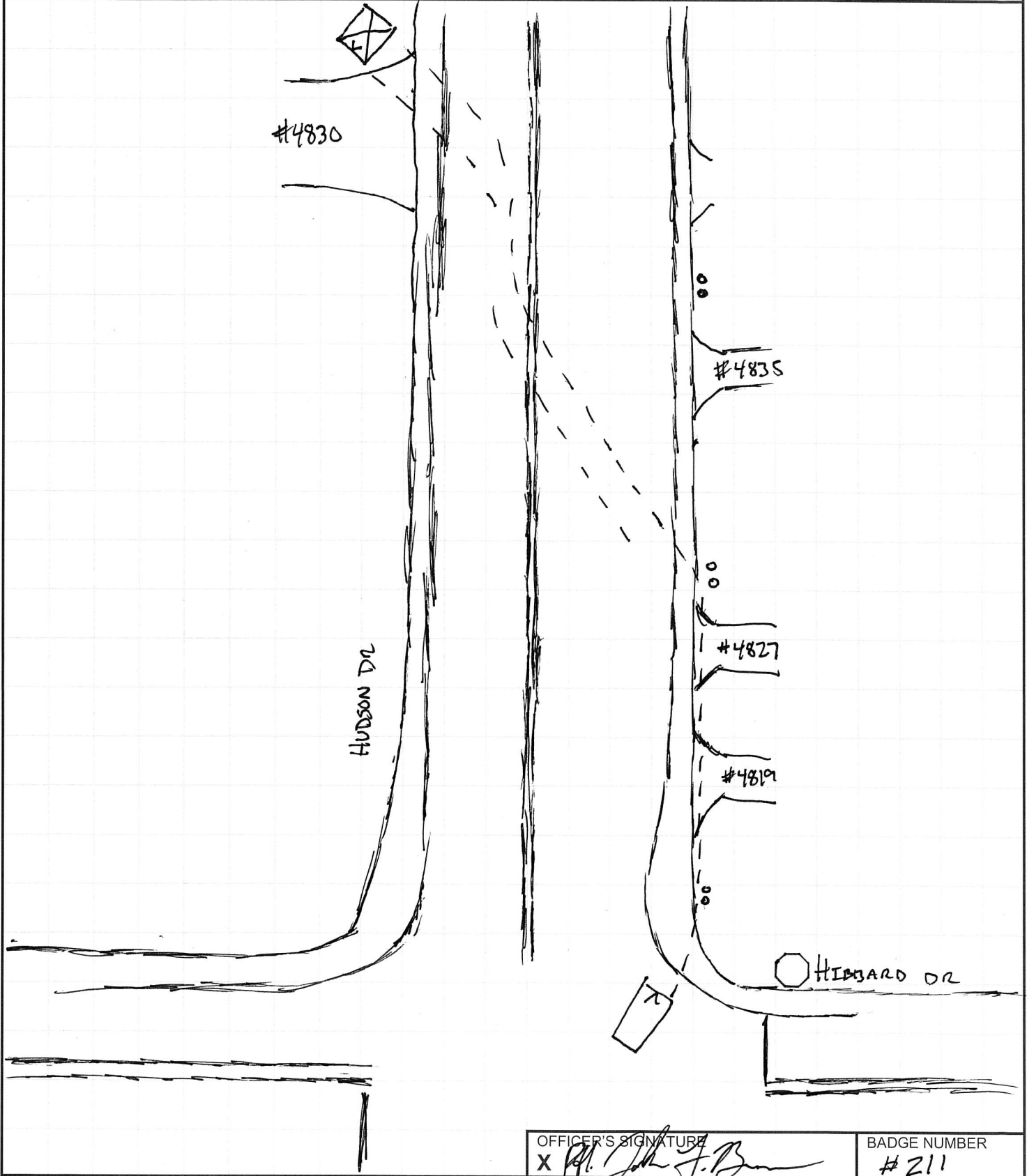
UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	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		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 - M/C 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	EJECTION		OL ENDORSEMENT		ALCOHOL TEST TYPE	
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		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		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
SAFETY EQUIPMENT	TRAPPED		GENDER		DRUG TEST TYPE	
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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		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



LOCAL REPORT NUMBER 25-16052	REPORTING AGENCY Stow P.D.	DATE OF CRASH MO9 021 Y25
IN COUNTY OF SUMMIT	CRASH LOCATION 4830 HUDSON DR.	



OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER #211
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PUBLIC