

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 5 - 0 0 0 1 6 2 7 9

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  
 NUMBER OF UNITS  
**0 2**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**0 2**

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

CRASH DATE / TIME\*  
**09 24 20 25 / 12 22**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

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

LATITUDE DECIMAL DEGREES  
**41.166719**

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

LONGITUDE DECIMAL DEGREES  
**-81.421630**

REFERENCE POINT  
 1 - INTERSECTION  
**1**  
 2 - MILE POST  
 3 - HOUSE #  
 DIRECTION FROM REFERENCE  
**2**  
 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  
 DISTANCE FROM REFERENCE  
**3 0**  
 DISTANCE UNIT OF MEASURE  
**3**  
 1 - MILES  
 2 - FEET  
 3 - YARDS

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES  
**ROADWAY**  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
**0 1**  
 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  
 MANNER OF CRASH COLLISION/IMPACT  
**2**  
 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

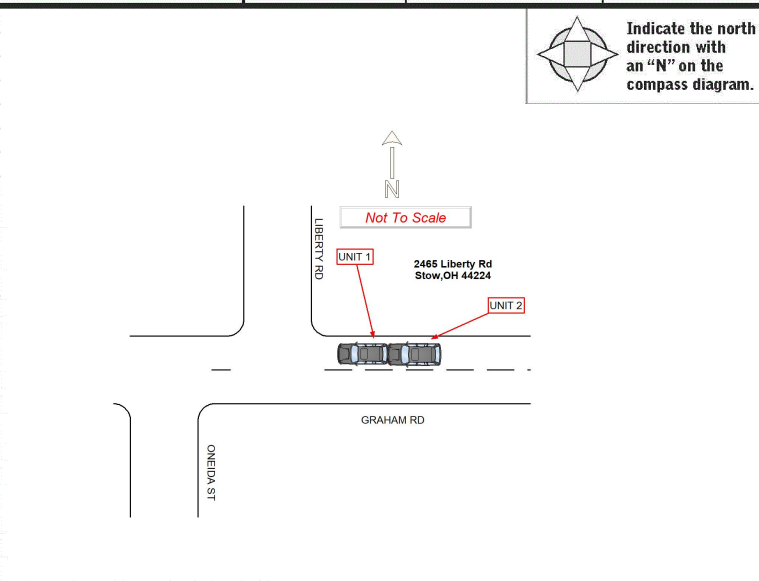
DIRECTION OF TRAVEL  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER/UNKNOWN

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  
**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**  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
 WEATHER  
**0 4**  
 1 - CLEAR    6 - SNOW  
 2 - CLOUDY    7 - SEVERE CROSSWINDS  
 3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW  
 4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE  
 5 - SLEET, HAIL    99 - OTHER / UNKNOWN

NARRATIVE  
**Unit 1 was stopped behind a vehicle in traffic at the 2400 block of Graham Rd, westbound. Unit 2 traveled close behind Unit 1 and did not brake in time to avoid a collision. As a result of not breaking in time, Unit 2 hit the rear of Unit 1.**



CRASH REPORTED DATE / TIME: **09 24 20 25 / 12 22**  
 DISPATCH DATE / TIME: **09 24 20 25 / 12 23**  
 ARRIVAL DATE / TIME: **09 24 20 25 / 12 30**  
 SCENE CLEARED DATE / TIME: **09 24 20 25 / 12 57**  
 REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OSPS)  
 TOTAL TIME ROADWAY CLOSED: **0 0 0**  
 OTHER INVESTIGATION TIME: **0 2 0**  
 TOTAL MINUTES: **0 5 4**  
 OFFICER'S NAME\*: **D'HAITI, CALERB**  
 OFFICER'S BADGE NUMBER\*: **0 0 0 7 7 8**  
 CHECKED BY OFFICER'S NAME\*: **OLESINSKI, KASEY**  
 CHECKED BY OFFICER'S BADGE NUMBER\*: **0 0 0 7 1 3**

OWNER

VEHICLE

EVENT(S)

<b>UNIT #</b> 01	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE. (☑ SAME AS DRIVER) <b>SCHODOWSKY, HALLIE LOUISE</b>	<b>OWNER PHONE:</b> INCLUDE AREA CODE. (☑ SAME AS DRIVER) 9127047488
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) 1030 COTTAGE ST ASHLAND OH 44805		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> KMZ3172	<b>VEHICLE IDENTIFICATION #</b> 3CZRZ2H35SM749040	<b>VEHICLE YEAR</b> 2025	<b>VEHICLE MAKE</b> Honda
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> Progressive	<b>INSURANCE POLICY #</b> 939466820	<b>COLOR</b> GRY	<b>VEHICLE MODEL</b> HRV
<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>US DOT #</b>	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 01	<b>HAZARDOUS MATERIAL</b>	
<b>TYPE OF USE</b>		<b>TOWED BY: COMPANY NAME</b>		
<input type="checkbox"/> <b>COMMERCIAL</b>		<input type="checkbox"/> <b>MATERIAL RELEASED</b>		
<input type="checkbox"/> <b>GOVERNMENT</b>		<input type="checkbox"/> <b>PLACARD</b>		
<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<input type="checkbox"/> <b>CLASS #</b>		
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>		<input type="checkbox"/> <b>PLACARD ID #</b>		
<input type="checkbox"/> <b>HIT/SKIP UNIT</b>		<input type="checkbox"/> <b>PLACARD ID #</b>		
<b>VEHICLE WEIGHT GVWR/GCWR</b>				
1 - ≤10K LBS.				
2 - 10,001 - 26K LBS.				
3 - >26K LBS.				
<b>UNIT TYPE</b>				
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				
<b># OF TRAILING UNITS</b>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
1 - YES 2 - NO 9 - OTHER / UNKNOWN				
<b>AUTONOMOUS MODE LEVEL</b>				
0 - NO AUTOMATION				
1 - DRIVER ASSISTANCE				
2 - PARTIAL AUTOMATION				
3 - CONDITIONAL AUTOMATION				
4 - HIGH AUTOMATION				
5 - FULL AUTOMATION				
9 - UNKNOWN				
<b>SPECIAL FUNCTION</b>				
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				
<b>CARGO BODY TYPE</b>				
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				
<b>VEHICLE DEFECTS</b>				
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				
<b>NON-MOTORIST LOCATION AT IMPACT</b>				
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				

<b>VEHICLE DEFECTS</b>				
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				
<b>NON-MOTORIST LOCATION AT IMPACT</b>				
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				
<b>ACTION</b>				
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				
<b>CONTRIBUTING CIRCUMSTANCES</b>				
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				

<b>SEQUENCE OF EVENTS</b>				
1 2 0				
2				
3				
4				
5				
6				
1				
<b>EVENTS</b>				
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				
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>				
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				

<b>TRAFFICWAY FLOW</b>				
1 - ONE-WAY				
2 - TWO-WAY				
<b>TRAFFIC CONTROL</b>				
1 - ROUNDABOUT				
2 - SIGNAL				
3 - FLASHER				
4 - STOP SIGN				
5 - YIELD SIGN				
6 - NO CONTROL				
<b># OF THROUGH LANES ON ROAD</b>				
2				
<b>RAIL GRADE CROSSING</b>				
1 - NOT INVOLVED				
2 - INVOLVED-ACTIVE CROSSING				
3 - INVOLVED-PASSIVE CROSSING				
<b>UNIT / NON-MOTORIST DIRECTION</b>				
FROM 3 TO 4				
1 - NORTH				
2 - SOUTH				
3 - EAST				
4 - WEST				
5 - NORTHEAST				
6 - NORTHWEST				
7 - SOUTHEAST				
8 - SOUTHWEST				
9 - OTHER / UNKNOWN				
<b>UNIT SPEED</b>				
0 0 0				
<b>POSTED SPEED</b>				
3 5				
<b>DETECTED SPEED</b>				
1				
1 - STATED / ESTIMATED SPEED				
2 - CALCULATED / EDR				
3 - UNDETERMINED				
<b>FIRST HARMFUL EVENT</b>				
1				
<b>MOST HARMFUL EVENT</b>				
1				

<b>LOCAL REPORT NUMBER</b>	
2025-00016279	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
3 1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
<b>DAMAGED AREA(S)</b>	
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 type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b>	
1 - ONE-WAY	
2 - TWO-WAY	
<b>TRAFFIC CONTROL</b>	
1 - ROUNDABOUT	
2 - SIGNAL	
3 - FLASHER	
4 - STOP SIGN	
5 - YIELD SIGN	
6 - NO CONTROL	
<b># OF THROUGH LANES ON ROAD</b>	
2	
<b>RAIL GRADE CROSSING</b>	
1 - NOT INVOLVED	
2 - INVOLVED-ACTIVE CROSSING	
3 - INVOLVED-PASSIVE CROSSING	
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM 3 TO 4	
1 - NORTH	
2 - SOUTH	
3 - EAST	
4 - WEST	
5 - NORTHEAST	
6 - NORTHWEST	
7 - SOUTHEAST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b>	
0 0 0	
<b>POSTED SPEED</b>	
3 5	
<b>DETECTED SPEED</b>	
1	
1 - STATED / ESTIMATED SPEED	
2 - CALCULATED / EDR	
3 - UNDETERMINED	
<b>FIRST HARMFUL EVENT</b>	
1	
<b>MOST HARMFUL EVENT</b>	
1	

**OWNER**

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)  
**LEISING, EILEEN MARGARET**

OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER)  
**3 3 0 2 1 2 1 1 2 1**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
**2972 MEIER PL CUYAHOGA FALLS OH 44221**

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

DAMAGE SCALE

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **HZF7518** VEHICLE IDENTIFICATION # **2 T 2 Z K 1 B A 5 F C 1 8 1 6 2 2** VEHICLE YEAR **2 0 1 5** VEHICLE MAKE **Lexus**

INSURANCE VERIFIED  INSURANCE COMPANY **Ohio Mutual** INSURANCE POLICY # **AAO001638006** COLOR **SIL** VEHICLE MODEL **RX350**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT #

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD



UNIT TYPE **0 3**

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

# 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 **0 1**

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 **0 1**

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

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  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION **3**

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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 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

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

CONTRIBUTING CIRCUMSTANCES **0 8**

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  
6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

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

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

SEQUENCE OF EVENTS

**1 2 0**

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

# OF THROUGH LANES ON ROAD: **2**

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

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 STRUCTURE 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN 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 **3** TO **4**

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

UNIT SPEED: **0 1 0**

POSTED SPEED: **3 5**

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 5 - 0 0 0 1 6 2 7 9

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> SCHODOWSKY, HALLIE LOUISE			<b>DATE OF BIRTH</b> 0 5 1 6 1 9 7 9		<b>AGE</b> 0 4 6	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1030 COTTAGE ST ASHLAND OH 44805				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 9 1 2 7 0 4 7 4 8 8						
<b>INJURIES</b> 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> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 VALUE: 1 1		<b>DRUG TEST(S)</b> STATUS: 1 1 RESULT: SELECT UP TO 4	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> LEISING, EILEEN MARGARET			<b>DATE OF BIRTH</b> 0 3 3 0 1 9 4 7		<b>AGE</b> 0 7 8	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2972 MEIER PL CUYAHOGA FALLS OH 44221				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 3 3 0 2 1 2 1 1 2 1						
<b>INJURIES</b> 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> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 333.03A	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Assured Clear Distance			<b>CITATION NUMBER</b> SC0013228		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 VALUE: 1 1		<b>DRUG TEST(S)</b> STATUS: 1 1 RESULT: SELECT UP TO 4	

<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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		<b>DRUG TEST(S)</b>	

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	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	CONDITION		
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 - 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	ALCOHOL TEST TYPE 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	DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS			

LOCAL REPORT NUMBER 25-16279	REPORTING AGENCY STOW PD	DATE OF CRASH M 9   D 24   Y 25
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Hallie Schodowsky HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
D'Hair #778 AT Graham Rd / Liberty Rd  
OFFICER'S NAME LOCATION

At approximately 12:21pm on 9/24/2025, I was driving westbound on Graham Rd when the car in front of me stopped to turn left onto Oneida St. I stopped to let them turn and was hit from behind while stopped.


ADDRESS OF WITNESS 1030 Cottage St. Ashland OH	PHONE 912-704-7988
SIGNATURE OF WITNESS X <u>H Schodowsky</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> #778

LOCAL REPORT NUMBER 25-16279	REPORTING AGENCY STOW PD	DATE OF CRASH M 9   D 24   Y 25
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Eileen Leising PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
D'Haiti #778 OFFICER'S NAME AT Graham Rd / Liberty Rd LOCATION

I was driving toward 91 in Stow on Graham Rd. A car was turning left onto Liberty. The vehicle ahead of me stopped. I attempted to stop also but failed & hit her rear bumper.

ADDRESS OF WITNESS 2972 Meier Place C Falls Oh 44221	PHONE 330-212-1121
SIGNATURE OF WITNESS X Eileen Leising	OFFICER'S SIGNATURE X  #778