

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

LOCAL INFORMATION **2 0 2 5 - 0 0 0 1 9 8 0 4**
 REPORTING AGENCY NAME* **STPD** NCIC* **0 7 7 1 2**
 HIT/SKIP NUMBER OF UNITS UNIT IN ERROR
 1 - SOLVED **0 2** 98 - ANIMAL
 2 - UNSOLVED **0 2** 99 - UNKNOWN

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

CRASH DATE / TIME* CRASH SEVERITY
1 1 1 9 2 0 2 5 / 0 9 0 0 **2**
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE LATITUDE DECIMAL DEGREES
S R **0 0 0 0 8** **41.185274;-81.477857** **4 1 . 2 0 2 9 2 1**

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE LONGITUDE DECIMAL DEGREES
 9.4 **M P** **- 8 1 . 4 8 3 3 8 2**

REFERENCE POINT DIRECTION FROM REFERENCE ROUTE TYPE ROAD TYPE INTERSECTION RELATED
2 1 - NORTH IR - INTERSTATE ROUTE (TP) AL - ALLEY HW - HIGHWAY RD - ROAD WITHIN INTERSECTION OR ON APPROACH
 2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUARE WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
 3 - HOUSE # 3 - EAST SR - STATE ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET
 4 - WEST 4 - WEST CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRACE
 TR - NUMBERED TOWNSHIP ROUTE DR - DRIVE PI - PIKE WA - WAY

DISTANCE FROM REFERENCE DISTANCE UNIT OF MEASURE ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT DIRECTION OF TRAVEL MEDIAN TYPE
0 1 **6** **2** **4**
 1 - ON ROADWAY 9 - CROSSOVER 1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 2 - SOUTH 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 3 - EAST 3 - DIVIDED, DEPRESSED MEDIAN
 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS 4 - WEST 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 5 - ON GORE 13 - BIKE LANE 9 - OTHER/UNKNOWN
 6 - OUTSIDE TRAFFIC WAY 14 - TOLL BOOTH
 7 - ON RAMP 99 - OTHER / UNKNOWN
 8 - OFF RAMP

WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE CONTOUR CONDITIONS SURFACE
 WORKERS PRESENT 1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN **1** **1** **2**
 LAW ENFORCEMENT PRESENT 2 - LANE SHIFT/CROSSOVER 2 - ADVANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE
 ACTIVE SCHOOL ZONE 3 - WORK ON SHOULDER OR MEDIAN 3 - TRANSITION AREA 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, ASPHALT
 4 - INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA 3 - CURVE LEVEL 3 - SNOW 3 - SNOW 3 - BRICK/BLOCK
 5 - OTHER 5 - TERMINATION AREA 4 - CURVE GRADE 4 - ICE 4 - ICE 4 - SLAG, GRAVEL, STONE
 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 5 - SAND, MUD, DIRT, OIL, GRAVEL 5 - DIRT 5 - DIRT 5 - DIRT
 6 - WATER (STANDING, MOVING) 6 - WATER (STANDING, MOVING) 6 - WATER (STANDING, MOVING) 9 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN
 7 - SLUSH 7 - SLUSH 7 - SLUSH
 9 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN

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

NARRATIVE
Unit 1 was traveling southbound on SR 8 in the center lane. Unit 2 was traveling southbound on SR 8 in the left lane. Unit 2 crossed over the marked lane and struck Unit 1, causing Unit 1 to run off the road to the left and strike the concrete median.

SR 8 S SR 8 N **Not To Scale**

CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY
1 1 1 9 2 0 2 5 / 0 9 0 4 **1 1 1 9 2 0 2 5 / 0 9 0 5** **1 1 1 9 2 0 2 5 / 0 9 1 3** **1 1 1 9 2 0 2 5 / 1 0 0 0** POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS)

TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME* CHECKED BY OFFICER'S NAME*
0 4 7 **0 2 5** **0 8 0** **GIBSON, JOSHUA** **GINTHER, JOHN**
 OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*
0 0 0 7 7 7 **0 0 0 7 1 5**

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
OHIO DEPT ADMINISTRATIVE SERVI

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
4200 SURFACE RD COLUMBUS OH 43228

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
6144666511

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # 323127 VEHICLE IDENTIFICATION # 1FBAX2Y84RKB74598 VEHICLE YEAR 2024 VEHICLE MAKE **FORD**

INSURANCE VERIFIED INSURANCE COMPANY **STATE OF OHIO** INSURANCE POLICY # **NA** COLOR **WHI** VEHICLE MODEL **TRANSIT**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 US DOT #

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

TOWED BY: COMPANY NAME **Joe's** HAZARDOUS MATERIAL CLASS # PLACARD ID #

MATERIAL RELEASED PLACARD

UNIT TYPE

02

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 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

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 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 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

4

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

4

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
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 19 - STANDING
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 20 - OTHER NON-MOTORIST
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 21 - STANDING OUTSIDE DISABLED VEHICLE
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES

01

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 99 - OTHER IMPROPER ACTION
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - IMPROPER START FROM A PARKED POSITION
 6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

20

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
 31 - 5

EVENTS

09

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

COLLISION WITH FIXED OBJECT - STRUCK

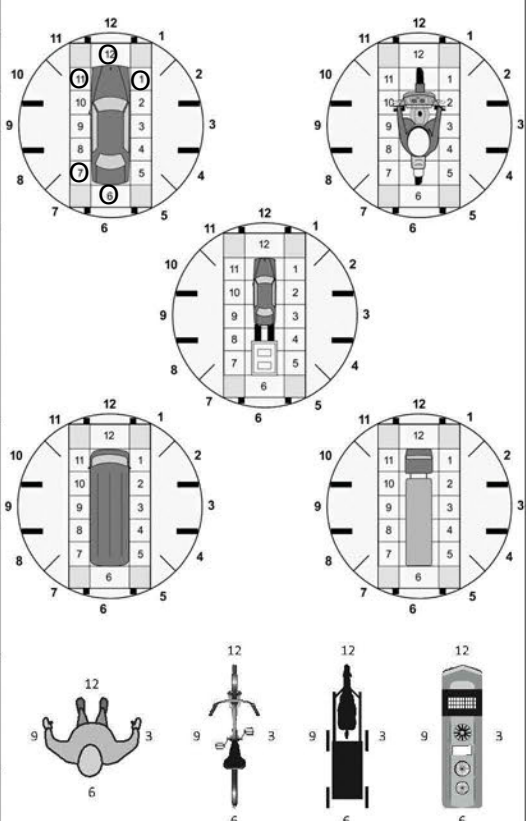
1 **FIRST HARMFUL EVENT** 3 **MOST HARMFUL EVENT**

LOCAL REPORT NUMBER
2025-00019804

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

07

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

EVENT(S)

01

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TRAFFIC

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

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

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

4

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1 **FIRST HARMFUL EVENT** 3 **MOST HARMFUL EVENT**

UNIT SPEED
065

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

POSTED SPEED
65

OWNER

VEHICLE

EVENT(S)

UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) DEZSI, STEPHEN JOHN	OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER) 2 1 6 6 4 4 5 9 0 8
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 12050 LAKE AVE 205 LAKEWOOD OH 44107		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # KNL2473	VEHICLE IDENTIFICATION # 3GNKDCRJ5RS290520	VEHICLE YEAR 2024	VEHICLE MAKE Chevrolet																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 6190-4069-64	COLOR WHI	VEHICLE MODEL BLAZER																														
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME Joe's																															
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DAMAGE	
DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR 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 type="checkbox"/> - 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	
TRAFFIC	
TRAFFICWAY FLOW 1 2 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 6 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 6 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 5 - 0 0 0 1 9 8 0 4

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE SHURTZ, BRIAN KEITH		DATE OF BIRTH 0 7 0 7 1 9 7 6		AGE 0 4 9	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 1184 DARTMOUTH DR PAINESVILLE OH 44077				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 3 5 3 6 0 8 6							
INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) SFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Akron General Medical		SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	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		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		1	1	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE DEZSI, STEPHEN CODY, Sr		DATE OF BIRTH 1 2 0 2 1 9 9 0		AGE 0 3 4	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 1132 MAIN ST GRAFTON OH 44044				CONTACT PHONE - INCLUDE AREA CODE 2 1 6 6 4 4 5 9 0 8							
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY (NAME) SFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) No transport Necessary		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 331.08	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Driving in Marked Lane		CITATION NUMBER 153715				
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 1	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

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	OL ENDORSEMENT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	N - TANKER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			X - TANKER / HAZMAT	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
7 - BOOSTER SEAT			GENDER	18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED			F - FEMALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			M - MALE			3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING			U - OTHER / UNKNOWN			4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

From: brian.shurtz@drc.ohio.gov
To: [Gibson, Joshua](#); [PDRecords](#)
Subject: Statement for accident from 11/19/25
Date: Monday, November 24, 2025 10:29:26 AM

On 11/19/25 I was traveling on Route 8 South in a State of Ohio Ford Transit Transport Van in route to conduct a transport of two supervisees. I was traveling in the center lane when the state vehicle was struck from behind by another vehicle and then forced into the center median wall. I activated my assigned body worn camera and began to radio for assistance. My personal cell phone auto dialed 911. Police and ambulance responded. I was transported by ambulance to Akron General Cleveland Clinic Hospital where I was diagnosed with a concussion and chest wall contusion.

Brian Shurtz
Brian Shurtz
Parole/Transportation Officer
330-353-6086



LOCAL REPORT NUMBER 25-19804	REPORTING AGENCY Stow PD	DATE OF CRASH M 11 D 19 Y 25
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

PRINTED
Off. Gibson AT SR 8 S @ 7.4 mile

OFFICER'S NAME LOCATION

I just switched from mid to left lane on route 8, after about 5 seconds I am looking at the middle rear light of van, no signal no light lit up, my passenger front hits the driver rear of the van, after contact the van spun in front of me I turned right to avoid more contact he then flew left into guard rail & limped to right shoulder

JJK

ADDRESS OF WITNESS 1132 S. Main St Grafton OH 44044	PHONE 216 644 5980
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i> #777