

|   |  |  |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|--|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>Stow Police</b><br>NCIC*<br><b>07712</b>   |  | LOCAL REPORT NUMBER*<br><b>2021-00002301</b>   |  |  |  |  |  |   |  |
| COUNTY*<br><b>77</b>  |  | LOCALITY*<br>1-CITY<br><b>1</b><br>2-VILLAGE<br>3-TOWNSHIP   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Stow</b>  |  | CRASH DATE / TIME*<br><b>02202021/1756</b>   |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><b>5</b>                               |  |   |  |
| ROUTE TYPE<br><input type="checkbox"/> 1-NORTH<br><input type="checkbox"/> 2-SOUTH<br><input type="checkbox"/> 3-EAST<br><input type="checkbox"/> 4-WEST  |  | ROUTE NUMBER<br><input type="checkbox"/> 1-NORTH<br><input type="checkbox"/> 2-SOUTH<br><input type="checkbox"/> 3-EAST<br><input type="checkbox"/> 4-WEST           |  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   |  | LOCATION ROAD NAME<br><b>FISHCREEK</b>   |  | ROAD TYPE<br><b>R D</b>  |  | LATITUDE DECIMAL DEGREES<br><b>41.179918</b>  |  |
| ROUTE TYPE<br><input type="checkbox"/> 1-NORTH<br><input type="checkbox"/> 2-SOUTH<br><input type="checkbox"/> 3-EAST<br><input type="checkbox"/> 4-WEST  |  | ROUTE NUMBER<br><input type="checkbox"/> 1-NORTH<br><input type="checkbox"/> 2-SOUTH<br><input type="checkbox"/> 3-EAST<br><input type="checkbox"/> 4-WEST           |  | PREFIX<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>MAPLEPARK</b>  |  | ROAD TYPE<br><b>R D</b>  |  | LONGITUDE DECIMAL DEGREES<br><b>-81.418171</b>  |  |
| REFERENCE POINT<br>1- INTERSECTION<br><b>1</b><br>2- MILE POST<br>3- HOUSE #  |  | DIRECTION FROM REFERENCE<br>1- NORTH<br><b>2</b><br>2- SOUTH<br>3- EAST<br>4- WEST   |  | 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<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><b>3</b> |  |   |  |
| DISTANCE FROM REFERENCE<br><b>25</b>  |  | DISTANCE UNIT OF MEASURE<br>1- MILES<br><b>2</b><br>2- FEET<br>3- YARDS  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |  |  |  |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1- ON ROADWAY<br><b>04</b><br>2- ON SHOULDER<br>3- IN MEDIAN<br>4- ON ROADSIDE<br>5- ON GORE<br>6- OUTSIDE TRAFFIC WAY<br>7- ON RAMP<br>8- OFF RAMP<br>9- CROSSOVER<br>10- DRIVEWAY/ALLEY ACCESS<br>11- RAILWAY GRADE CROSSING<br>12- SHARED USE PATHS OR TRAILS<br>13- BIKE LANE<br>14- TOLL BOOTH<br>99- OTHER / UNKNOWN |  |  |  | MANNER OF CRASH COLLISION/IMPACT<br>1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br><b>1</b><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 |  |  |  | DIRECTION OF TRAVEL<br>1- NORTH<br><input type="checkbox"/> 2- SOUTH<br><input type="checkbox"/> 3- EAST<br><input type="checkbox"/> 4- WEST   |  | MEDIAN TYPE<br>1- DIVIDED FLUSH MEDIAN (<4 FEET)<br><input type="checkbox"/> 2- DIVIDED FLUSH MEDIAN (>4 FEET)<br><input type="checkbox"/> 3- DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4- DIVIDED, RAISED MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9- OTHER/UNKNOWN |  |
| <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>1- LANE CLOSURE<br>2- LANE SHIFT/CROSSOVER<br><input type="checkbox"/> 3- WORK ON SHOULDER OR MEDIAN<br>4- INTERMITTENT OR MOVING WORK<br>5- OTHER |  | LOCATION OF CRASH IN WORK ZONE<br>1- BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2- ADVANCE WARNING AREA<br><input type="checkbox"/> 3- TRANSITION AREA<br><input type="checkbox"/> 4- ACTIVITY AREA<br><input type="checkbox"/> 5- TERMINATION AREA   |  | CONTOUR<br><b>2</b><br>1- STRAIGHT LEVEL<br>2- STRAIGHT GRADE<br>3- CURVE LEVEL<br>4- CURVE GRADE<br>9- OTHER/UNKNOWN  |  | CONDITIONS<br><b>1</b><br>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                      |  | SURFACE<br><b>2</b><br>1- CONCRETE<br>2- BLACKTOP, BITUMINOUS, ASPHALT<br>3- BRICK/BLOCK<br>4- SLAG, GRAVEL, STONE<br>5- DIRT<br>9- OTHER/UNKNOWN   |  |
| LIGHT CONDITION<br><b>1</b><br>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  |  |  |  | WEATHER<br><b>01</b><br>1- CLEAR<br>2- CLOUDY<br>3- FOG, SMOG, SMOKE<br>4- RAIN<br>5- SLEET, HAIL<br>6- SNOW<br>7- SEVERE CROSSWINDS<br>8- BLOWING SAND, SOIL, DIRT, SNOW<br>9- FREEZING RAIN OR FREEZING DRIZZLE<br>99- OTHER / UNKNOWN                                     |  |  |  |  |  |   |  |
| NARRATIVE<br><b>UNIT #1 WAS TRAVELING NORTHBOUND ON FISHCREEK ROAD APPROACHING MAPLEPARK ROAD. A VEHICLE IN FRONT OF UNIT #2 BEGAN BRAKING FOR THE INTERSECTION, AND UNIT #1 DROVE INTO A DITCH TO AVOID REAR-ENDING THEM.</b>  |  |  |  |  |  | <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>MAPLEPARK ROAD</p> <p>FISHCREEK ROAD</p> <p>UNIT #1</p> <p>UNIT #2</p> <p>NOT TO SCALE</p>  |  |  |  |   |  |
| CRASH REPORTED DATE / TIME<br><b>02202021/1756</b>  |  | DISPATCH DATE / TIME<br><b>02202021/1758</b>   |  | ARRIVAL DATE / TIME<br><b>02202021/1833</b>  |  | SCENE CLEARED DATE / TIME<br><b>02202021/1900</b>  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |   |  |
| TOTAL TIME ROADWAY CLOSED<br><b>020</b>   |  | OTHER INVESTIGATION TIME<br><b>000</b>   |  | TOTAL MINUTES<br><b>062</b>  |  | OFFICER'S NAME*<br><b>Paxton, Taylor N</b>   |  | CHECKED BY OFFICER'S NAME*<br><b>Ginther, John L</b>   |  |   |  |
| <b>020</b>  |  | <b>000</b>   |  | <b>062</b>   |  | OFFICER'S BADGE NUMBER*<br><b>758</b>  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>715</b>   |  |   |  |
| <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)   |  |  |  |  |  |  |  |  |  |   |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) BERKENSTOCK, JOHN, D OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) [REDACTED]

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 2619 SHORT ST, Lakemore, OH 44250

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**VEHICLE**

LP STATE OH LICENSE PLATE # HLC5834 VEHICLE IDENTIFICATION # 1C3CCBB1FN715227 VEHICLE YEAR 2015 VEHICLE MAKE Chrysler

INSURANCE VERIFIED  INSURANCE COMPANY STATED NONE  INSURANCE POLICY # \_\_\_\_\_ COLOR BLK VEHICLE MODEL 200

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD \_\_\_\_\_

UNIT TYPE 01 # OF TRAILING UNITS \_\_\_\_\_

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 29 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - PARTIAL AUTOMATION 4 - HIGH 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 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 01

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 01

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 - MIDDLEBLOCK - 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 2 PRE-CRASH ACTIONS 01

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 08

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

SEQUENCE OF EVENTS 08 EVENTS 08

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 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

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 - 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 2 MOST HARMFUL EVENT 2

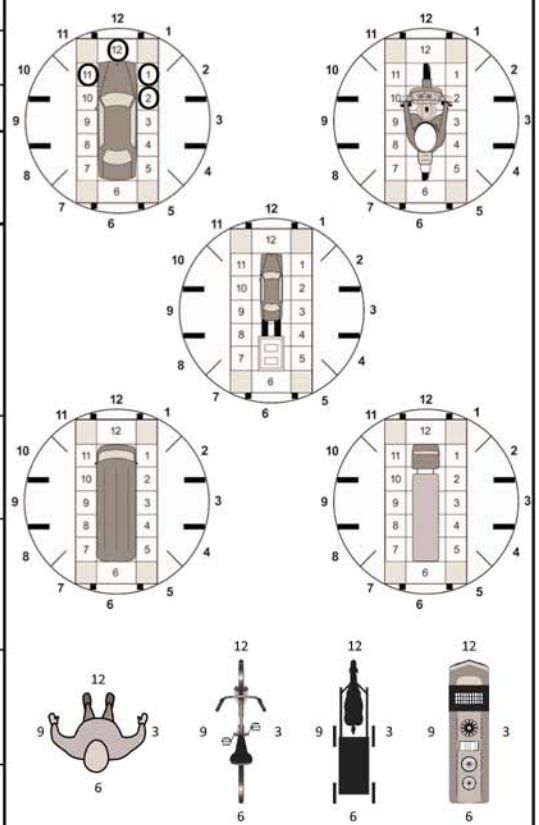
LOCAL REPORT NUMBER 2021-00002301

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 12

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

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6

1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

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 040 DETECTED SPEED 1

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

POSTED SPEED 35

# MOTORIST / Non-MOTORIST

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

|   |  |                          |  |   |  |                                |                                  |                      |                     |                    |                  |               |
|---|--|--------------------------|--|---|--|--------------------------------|----------------------------------|----------------------|---------------------|--------------------|------------------|---------------|
| <b>UNIT #</b><br>0 1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>BERKENSTOCK, JOHN, D |                          | <b>DATE OF BIRTH</b><br>0 5 0 1 1 9 7 7                |   | <b>AGE</b><br>4 3                                      | <b>GENDER</b><br>M             |                                  |                      |                     |                    |                  |               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>2619 SHORT ST ,Lakemore ,OH 44250 |  |                          |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED] |                                |                                  |                      |                     |                    |                  |               |
| <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>OH   | <b>OPERATOR LICENSE NUMBER</b>                           |                          | <b>OFFENSE CHARGED</b><br>333.03A                      | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Assured Clear Distan     |                                | <b>CITATION NUMBER</b><br>141249 |                      |                     |                    |                  |               |
| <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>STATUS</b><br>1               | <b>TYPE</b><br>1     | <b>VALUE</b>        | <b>STATUS</b><br>1 | <b>TYPE</b><br>1 | <b>RESULT</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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |               |             |               |
|  |                                  |                          |  |   |  |                         | <b>STATUS</b>          | <b>TYPE</b>     | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULT</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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |               |             |               |
|  |                                  |                          |  |   |  |                         | <b>STATUS</b>          | <b>TYPE</b>     | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULT</b> |

|  |   |   |   |   |  |  |
|--|---|---|---|---|--|--|
| <b>INJURIES</b>  | <b>SEATING POSITION</b>   | <b>AIR BAG</b>  | <b>OL CLASS</b>   | <b>OL RESTRICTION(S)</b>  | <b>DRIVER DISTRACTION</b>  | <b>TEST STATUS</b>   |
| 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 / UNSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN      |
| <b>INJURED TAKEN BY</b>  | <b>EJECTION</b>   |   | <b>OL ENDORSEMENT</b>   |   | <b>ALCOHOL TEST TYPE</b>   |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   | 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 |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b>  | <b>TRAPPED</b>  |   | <b>GENDER</b>   |   | <b>DRUG TEST TYPE</b>  |  |
| 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 | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |
|  |   |   |   | <b>CONDITION</b>  |  | <b>DRUG TEST RESULT(S)</b>   |
|  |   |   |   | 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   |  | 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 |



|                                 |  |                                      |
|---------------------------------|--|--------------------------------------|
| LOCAL REPORT NUMBER<br>21-02301 | REPORTING AGENCY<br>Stow PD                    | DATE OF CRASH<br>MO2   D 20   Y 2021 |
| IN COUNTY OF<br>Summit          | CRASH LOCATION<br>Fishcreek Rd / Maplepark Rd. |                                      |

victim:

City of Stow  
3760 Darrow Road  
(330) 689-2700

Property:

Vehicle drove into ditch  
and struck concrete.  
Possible damage to ditch  
In front of Partridge Run Apartments.

|   |                       |
|---|-----------------------|
| OFFICER'S SIGNATURE<br>X OFC. <i>Pantor</i> | BADGE NUMBER<br># 758 |
|---|-----------------------|