

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 6 - 0 0 0 0 5 4 4 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 3
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
0 3

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

CRASH DATE / TIME*
03162026 / 2112
 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
41.193984; -81.479079
 ROAD TYPE

LATITUDE DECIMAL DEGREES
41.202921

ROUTE TYPE ROUTE NUMBER PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
10.0
 ROAD TYPE
M P

LONGITUDE DECIMAL DEGREES
-81.483382

REFERENCE POINT
 1 - INTERSECTION
2
 2 - MILE POST
 3 - HOUSE #
 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
0 1
 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

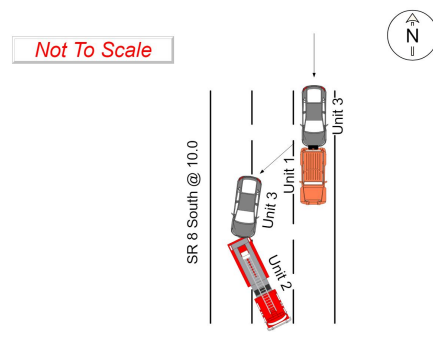
DIRECTION OF TRAVEL
2
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE
4
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER/UNKNOWN

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
2
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN
 CONDITIONS
3
 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
3
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING
 9 - OTHER / UNKNOWN
 WEATHER
0 6
 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

NARRATIVE
Unit #1 was travelling southbound on SR 8 South approaching Seasons Road in the left lane. Unit #2 was parked at an angle, blocking the right and center lanes on SR 8 South near Seasons Road. Unit #3 was in the center lane a short distance behind Unit #1. Unit #3 attempted to merge behind Unit #1, striking Unit #1 in the rear then veering to the right, striking Unit #2.



CRASH REPORTED DATE / TIME: **03162026 / 2112**
 DISPATCH DATE / TIME: **03162026 / 21133**
 ARRIVAL DATE / TIME: **03162026 / 21133**
 SCENE CLEARED DATE / TIME: **03162026 / 2155**
 REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS)
 TOTAL TIME ROADWAY CLOSED: **0 0 0**
 OTHER INVESTIGATION TIME: **0 0 0**
 TOTAL MINUTES: **0 2 2**
 OFFICER'S NAME*: **KIDD, TRISTEN**
 OFFICER'S BADGE NUMBER*: **0 0 0 7 7 3**
 CHECKED BY OFFICER'S NAME*: **SMITH, KEVIN**
 CHECKED BY OFFICER'S BADGE NUMBER*: **0 0 0 7 1 9**

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)
PHILLIPS, MARLEY ALISA

OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER)
3306473983

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)
2404 4TH ST 2 CUYAHOGA FALLS OH 44221

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

LOCAL REPORT NUMBER
2026-00005449

DAMAGE

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

VEHICLE

LP STATE OH LICENSE PLATE # U196798 VEHICLE IDENTIFICATION # 1C4HJXDN2JW331126 VEHICLE YEAR 2018 VEHICLE MAKE Jeep (a)

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 871262178 COLOR ONG VEHICLE MODEL WRANGLE

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

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.
HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____ PLACARD _____

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

UNIT TYPE 03

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

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS 01

INITIAL POINT OF CONTACT

06 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 01

ACTION 4 PRE-CRASH ACTIONS 11

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS 20

TRAFFIC

TRAFFICWAY FLOW 1 TRAFFIC CONTROL 6

OF THROUGH LANES ON ROAD 1 RAIL GRADE CROSSING 1

EVENT(S) 1

EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

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- MEDIUM CABLE BARRIER 34- MEDIUM GUARDRAIL BARRIER 35- MEDIUM CONCRETE BARRIER 36- MEDIUM 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 55- OTHER / UNKNOWN

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

UNIT SPEED 020 DETECTED SPEED 1

POSTED SPEED 65

OWNER

VEHICLE

EVENT(S)

UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) HUDSON FD	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) 3303421860
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 40 S OVIATT ST HUDSON OH 44236		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # 2016	VEHICLE IDENTIFICATION # 4S7AT4196X3027971	VEHICLE YEAR 1999	VEHICLE MAKE Spartan
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GREAT AMERICAN	INSURANCE POLICY # 3128223	COLOR RED	VEHICLE MODEL Gladiat
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 00	HAZARDOUS MATERIAL	
TYPE OF USE		TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> MATERIAL RELEASED		
<input type="checkbox"/> GOVERNMENT		<input type="checkbox"/> PLACARD		
<input type="checkbox"/> IN EMERGENCY RESPONSE		CLASS # PLACARD ID #		
VEHICLE WEIGHT GVWR/GCWR				
1 - ≤10K LBS.				
2 - 10,001 - 26K LBS.				
3 - >26K LBS.				
UNIT TYPE				
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				
# OF TRAILING UNITS				
2				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
1 - YES 2 - NO 9 - OTHER / UNKNOWN				
AUTONOMOUS MODE LEVEL				
0 - NO AUTOMATION				
1 - DRIVER ASSISTANCE				
2 - PARTIAL AUTOMATION				
3 - CONDITIONAL AUTOMATION				
4 - HIGH AUTOMATION				
5 - FULL AUTOMATION				
9 - UNKNOWN				
SPECIAL FUNCTION				
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				
CARGO BODY TYPE				
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				
VEHICLE DEFECTS				
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				

NON-MOTORIST LOCATION AT IMPACT	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
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ACTION	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
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CONTRIBUTING CIRCUMSTANCES	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
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SEQUENCE OF EVENTS	1 2 0	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
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COLLISION WITH FIXED OBJECT - STRUCK	
25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIUM CABLE BARRIER
28 - BRIDGE PARAPET	34 - MEDIUM GUARDRAIL BARRIER
29 - BRIDGE RAIL	35 - MEDIUM CONCRETE BARRIER
30 - GUARDRAIL FACE	36 - MEDIUM 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
55 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN
FIRST HARMFUL EVENT	MOST HARMFUL EVENT
1	1

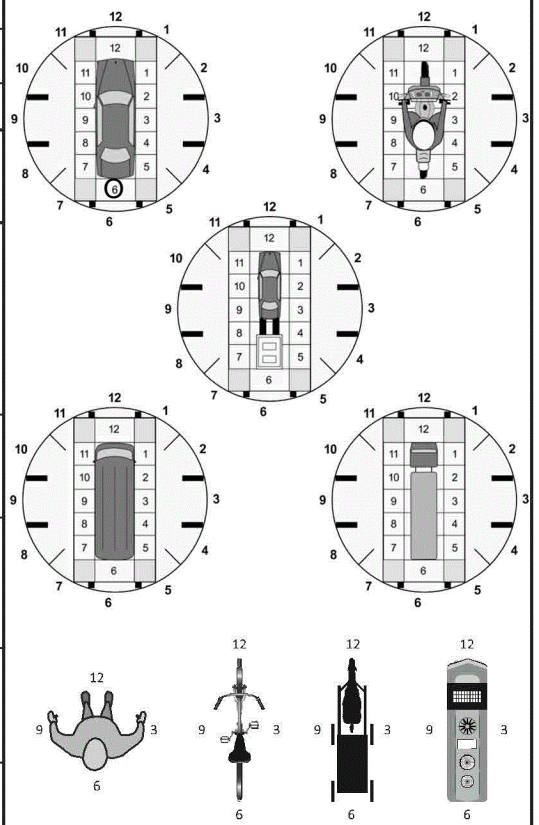
LOCAL REPORT NUMBER
2026-00005449

DAMAGE

DAMAGE SCALE

2 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	TRAFFIC CONTROL
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	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	DETECTED SPEED
000	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
65	

OWNER

UNIT # **0 3** OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER
LITTLEFIELD, JAMES KEVIN

OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER
3 3 0 6 9 0 0 2 9 5

OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER
433 WASHINGTON AVE 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 # **GHZ4104** VEHICLE IDENTIFICATION # **4 T 1 F 1 1 A K 7 L U 9 1 6 1 9 4** VEHICLE YEAR **2 0 2 0** VEHICLE MAKE **Toyota**

INSURANCE VERIFIED INSURANCE COMPANY **SAFECO** INSURANCE POLICY # **K4184582** COLOR **GRY** VEHICLE MODEL **CAMRY**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **0 1** VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

UNIT TYPE **0 1**

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 _____

VEHICLE DEFECTS **0 1**

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

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

NON-MOTORIST LOCATION AT IMPACT **0 1**

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 **0 1**

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 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

TRAFFIC

TRAFFICWAY FLOW **1** **TRAFFIC CONTROL** **6**

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

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

OF THROUGH LANES ON ROAD **1** **RAIL GRADE CROSSING** **1**

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

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 **2 1** 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 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
4 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER
5 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT
6 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT

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 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 5 5** **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 6 - 0 0 0 0 5 4 4 9

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE PHILLIPS, MARLEY ALISA		DATE OF BIRTH 0 1 2 6 2 0 0 7		AGE 0 1 9	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 2404 4TH ST 2 CUYAHOGA FALLS OH 44221				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 6 4 7 3 9 8 3						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	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 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 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4	

UNIT # 0 3	NAME: LAST, FIRST, MIDDLE LITTLEFIELD, CHERYL ANN		DATE OF BIRTH 0 7 0 2 1 9 6 9		AGE 0 5 6	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 433 WASHINGTON AVE CUYAHOGA FALLS OH 44221				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 6 9 0 0 2 6 9						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	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 O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.21A	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Assured Clear Distance		CITATION NUMBER 155237			
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 STATUS: 1, TYPE: 1, VALUE: .		DRUG TEST(S) STATUS: 1, TYPE: 1, 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 STATUS: , TYPE: , VALUE: .		DRUG TEST(S) 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 - MC 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	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			
DRUG TEST RESULT(S)						
1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS						

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER												
2	0	2	6	-	0	0	0	0	5	4	4	9

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE PHILLIPS, LANDEN GREEN				DATE OF BIRTH 09 03 2005			AGE 020	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 11831 SUMMERS RD RD CHESTERLAND OH 44026					CONTACT PHONE - INCLUDE AREA CODE 330 203 9835					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	

OCCUPANT	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	

OCCUPANT	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	

OCCUPANT	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	

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

LOCAL REPORT NUMBER 26-5449	REPORTING AGENCY Stow PD	DATE OF CRASH M 03 D 16 Y 26
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Cheryll Littlefield</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Sgt. Burgess</u> ⁷¹⁷ OFFICER'S NAME	AT <u>4200 Steels Pt.</u> LOCATION

moving from far left lane to center lane person in front slammed on brakes, I put on my brakes. Car started spinning. I tried to miss ambulance but hit the back of ambulance and went into the side on the bridge.

<u>433 Washington Ave, Cuyahoga Falls, Ohio</u> ADDRESS OF WITNESS	PHONE <u>330-490-0295</u>
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> ⁷¹⁷

LOCAL REPORT NUMBER 26-5449	REPORTING AGENCY Stow PD	DATE OF CRASH M03 D16 Y26
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Marley Phillips</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Sgt. Burgess</u> ⁷¹⁷ OFFICER'S NAME	AT <u>4200 Steels Pt.</u> LOCATION

I was driving on the bridge right after seasons rd exit on rt 8. I was going maybe 10-15 mph, I was crawling due to semi crash & ice. Out of nowhere the ford car came flying from behind & hit my right rear bumper, then she turned sideways due to collision and hit the ~~ambulance~~ ^{firetruck} stopped on the bridge, then slammed passenger side of car into guardrail.

I bought this Jeep maybe 4 hours ago, there is now a weird rattle when opening/closing rear right door, and a couple scratches on right side/corner of bumper.

ADDRESS OF WITNESS 2404 4th St Apt. 2 Cuyahoga Falls Ohio 44221	PHONE 330 647 3983
SIGNATURE OF WITNESS X Marley Phillips	OFFICER'S SIGNATURE X Sgt. Burgess 717