

|  |  |  |  |   |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY   |  | <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER  |  | LOCAL INFORMATION<br><b>2026-00007578</b>  |  | LOCAL REPORT NUMBER*<br><b>2026-00007578</b>   |  |  |  |
| REPORTING AGENCY NAME*<br><b>STPD</b>  |  | NCIC*<br><b>07712</b>  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br><b>2</b>  |  | NUMBER OF UNITS<br><b>02</b>   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>01</b>  |  |  |  |
| COUNTY*<br><b>77</b>   |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br><b>1</b>   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Stow</b>   |  | CRASH DATE / TIME*<br><b>04132026 / 2043</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>ROUTE NUMBER<br>PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | LOCATION ROAD NAME<br><b>GRAHAM</b>  |  | ROAD TYPE<br><b>R D</b>   |  | LATITUDE DECIMAL DEGREES<br><b>41.166355</b>   |  | CRASH SEVERITY (continued)   |  |  |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>3227</b>   |  | ROAD TYPE   |  | LONGITUDE DECIMAL DEGREES<br><b>-81.398138</b>   |  |  |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br><b>3</b>  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |  |  |
| DISTANCE FROM REFERENCE<br>DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  | LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<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><b>01</b>   |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<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<br><b>6</b> |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>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>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>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>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  |  |  |  |
| LIGHT CONDITION<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<br><b>3</b>   |  | WEATHER<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<br><b>01</b> |  | 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   |  |  |  |  |  |  |  |
| NARRATIVE<br><p><b>Unit Two was in the left-turn lane on Graham Road near 3227. Unit Two admittedly changed lanes to the right lane as the left-lane came to an end. Unit Two stated they cut Unit One off, but there was no collision. Unit Two stated that Unit One then left their lane, overtook Unit Two to the left, and sideswiped Unit Two before fleeing the scene. Unit One was described as a dark-colored SUV with no other information.</b></p> |  |  |  |   |  | <p>Indicate the north direction with an "N" on the compass diagram.</p>  |  |  |  |  |  |

|  |  |   |  |  |  |   |  |   |  |
|--|--|---|--|--|--|---|--|---|--|
| CRASH REPORTED DATE / TIME<br><b>04132026 / 2043</b> |  | DISPATCH DATE / TIME<br><b>04132026 / 2046</b>      |  | ARRIVAL DATE / TIME<br><b>04132026 / 2050</b>                          |  | SCENE CLEARED DATE / TIME<br><b>04132026 / 2107</b> |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br><b>000</b>              |  | OTHER INVESTIGATION TIME<br><b>000</b>              |  | TOTAL MINUTES<br><b>021</b>  |  | OFFICER'S NAME*<br><b>BEGANOVIC, ELDIR</b>          |  | CHECKED BY OFFICER'S NAME*<br><b>BURGESS, JUSTIN</b>  |  |
| OFFICER'S BADGE NUMBER*<br><b>000762</b>             |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>000717</b> |  | SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO GDPS) |  |   |  |   |  |

|   |  |   |  |
|---|--|---|--|
| <b>OWNER</b>  | <b>UNIT #</b><br>01  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE (X SAME AS DRIVER)   | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( ) SAME AS DRIVER   |
|   | <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  |   |  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |  |
| <b>LP STATE</b>   | <b>LICENSE PLATE #</b>   | <b>VEHICLE IDENTIFICATION #</b>   | <b>VEHICLE YEAR</b> <b>VEHICLE MAKE</b>  |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b>   | <b>INSURANCE POLICY #</b>   | <b>COLOR</b> <b>VEHICLE MODEL</b>  |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> | <b>TYPE OF USE</b>   | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME  |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b>                          | <b>#OCCUPANTS</b><br>01  | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL RELEASED</b> <b>CLASS #</b> <b>PLACARD ID #</b><br><input type="checkbox"/> <b>PLACARD</b>   |
| <b>UNIT TYPE</b><br>99  | 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  |
| <b># OF TRAILING UNITS</b>  | 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)   99 - UNKNOWN OR HIT/SKIP  |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</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   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  |
| <b>CARGO BODY TYPE</b><br>01  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE   3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE   5 - INTERMODAL CONTAINER CHASSIS   8 - POLE   12 - CONCRETE MIXER   | 2 - BUS   4 - LOGGING   6 - CARGO VAN/ENCLOSED BOX   9 - CARGO TANK   13 - AUTOTRANSPORTER  | 7 - GRAIN/CHIPS/GRAVEL   10 - FLAT BED   14 - GARBAGE/REFUSE   99 - OTHER / UNKNOWN  |
| <b>VEHICLE DEFECTS</b>  | 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  |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>  | 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   13 - POLICE   14 - PUBLIC UTILITY   15 - CONSTRUCTION EQUIPMENT   20 - SAFETY SERVICE PATROL | 3 - SIDEWALK   8 - SIDEWALK   11 - SHARED USE PATHS OR TRAILS   99 - OTHER / UNKNOWN   |
| <b>ACTION</b><br>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   |
| <b>PRE-CRASH ACTIONS</b><br>04  | 4 - STRUCK   4 - OVERTAKING/PASSING   5 - MAKING RIGHT TURN   6 - MAKING LEFT TURN   | 10 - PARKED   11 - SLOWING OR STOPPED IN TRAFFIC   12 - DRIVERLESS  | 16 - WORKING   17 - PUSHING VEHICLE   99 - OTHER / UNKNOWN   |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>10   | 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  |
| <b>SEQUENCE OF EVENTS</b>   | 4 - RAN STOP SIGN   5 - UNSAFE SPEED   6 - IMPROPER TURN   | 10 - IMPROPER PASSING   11 - DROVE OFF ROAD   12 - IMPROPER BACKING   | 20 - IMPROPER CROSSING   |
| <b>EVENTS</b>   | 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   8 - RAN OFF ROAD RIGHT   12 - DOWNHILL RUNAWAY   13 - OTHER NON-COLLISION   14 - PEDESTRIAN   15 - PEDALCYCLE  | 3 - IMMERSION   9 - RAN OFF ROAD LEFT   10 - CROSS MEDIAN   17 - ANIMAL - FARM   18 - ANIMAL - DEER   19 - ANIMAL - OTHER   20 - MOTOR VEHICLE IN TRANSPORT   21 - PARKED MOTORVEHICLE   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   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   |
| <b>FIRST HARMFUL EVENT</b><br>1   | <b>MOST HARMFUL EVENT</b><br>1   | 50 - WORK ZONE MAINTENANCE EQUIPMENT   51 - WALL   52 - BUILDING   53 - TUNNEL   54 - OTHER FIXED OBJECT   99 - OTHER / UNKNOWN   |  |

|   |   |
|---|---|
| <b>LOCAL REPORT NUMBER</b><br>2026-00007578   |   |
| <b>DAMAGE</b>   |   |
| <b>DAMAGE SCALE</b><br>9 1 - NONE   3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE   4 - DISABLING DAMAGE<br>9 - UNKNOWN   |   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY   |   |
|   |   |
|   |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input checked="" type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| <b>INITIAL POINT OF CONTACT</b><br>0 - NO DAMAGE   14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM   15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |   |
| <b>TRAFFIC</b>  |   |
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY   2 - TWO-WAY   | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT   4 - STOP SIGN<br>2 - SIGNAL   5 - YIELD SIGN<br>3 - FLASHER   6 - NO CONTROL |
| <b># OF THROUGH LANES ON ROAD</b><br>2  | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING         |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM 4 TO 3<br>1 - NORTH   5 - NORTHEAST<br>2 - SOUTH   6 - NORTHWEST<br>3 - EAST   7 - SOUTHEAST<br>4 - WEST   8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| <b>UNIT SPEED</b><br>3 5  | <b>DETECTED SPEED</b><br>3 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                     |
| <b>POSTED SPEED</b><br>3 5  |   |

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**QUINN, BROOKLYN MARIE**

OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)  
3 3 0 6 7 6 3 8 5 4

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  
**1238 VANTAGE WAY STREETSBORO OH 44241**

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

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 7 5 7 8

**VEHICLE**

LP STATE OH LICENSE PLATE # V218503 VEHICLE IDENTIFICATION # 5 XXG6 4 J 2 4 RG2 4 0 9 5 8 VEHICLE YEAR 2 0 2 4 VEHICLE MAKE Kia

INSURANCE VERIFIED INSURANCE COMPANY ALL STATE INSURANCE POLICY # 954344694 COLOR WHI VEHICLE MODEL K5

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE 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.

**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

**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 ]

**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 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**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 1  
 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**  
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 19 - STANDING  
 3 - STRIKING 0 1 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

**CONTRIBUTING CIRCUMSTANCES**  
0 1  
 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

**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

**EVENT(S)**  
1 2 0

**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  
 21 - PARKED MOTORVEHICLE

**EVENTS**  
 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**  
 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

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

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

**UNIT SPEED**  
0 3 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 6 - 0 0 0 0 7 5 7 8

|   |   |                                   |  |   |                                     |  |   |                           |   |                     |
|---|---|-----------------------------------|--|---|-------------------------------------|--|---|---------------------------|---|---------------------|
| <b>UNIT #</b><br>0 2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>QUINN, BROOKLYN MARIE |                                   | <b>DATE OF BIRTH</b><br>0 2 2 5 2 0 0 7                |   | <b>AGE</b><br>0 1 9                 | <b>GENDER</b><br>F                               |   |                           |   |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1238 VANTAGE WAY STREETSBORO OH 44241 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>3 3 0 6 7 6 3 8 5 4   |                                     |  |   |                           |   |                     |
| <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>                                 | <b>LOCAL CODE</b>   | <b>OFFENSE DESCRIPTION</b>          |  | <b>CITATION NUMBER</b>                            |                           |   |                     |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b><br>SELECT UP TO 2                      | <b>RESTRICTION</b> SELECT UP TO 3 | <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><br>STATUS: 1 TYPE: 1 VALUE: . |                           | <b>DRUG TEST(S)</b><br>STATUS: 1 TYPE: 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>   | <b>OFFENSE DESCRIPTION</b>   |  | <b>CITATION NUMBER</b>                   |                      |  |                |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b><br>SELECT UP TO 2 | <b>RESTRICTION</b> SELECT UP TO 3 | <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><br>STATUS TYPE VALUE |                      | <b>DRUG TEST(S)</b><br>STATUS TYPE 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>   | <b>OFFENSE DESCRIPTION</b>   |  | <b>CITATION NUMBER</b>                   |                      |  |                |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b><br>SELECT UP TO 2 | <b>RESTRICTION</b> SELECT UP TO 3 | <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><br>STATUS TYPE VALUE |                      | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UP TO 4 |                |

| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|---|---|---|---|--|--|
| 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 / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY   | <b>EJECTION</b>   |   | OL ENDORSEMENT  | <b>CONDITION</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 - 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 | <b>ALCOHOL TEST TYPE</b>  |  |  |
| SAFETY EQUIPMENT   | <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>DRUG TEST RESULT(S)</b>   |  |
| 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |   |   |   |   |  |  |
| 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>2026-00007578 | REPORTING AGENCY<br>Stow PD | DATE OF CRASH<br>M 4   D 13   Y 26 |
|--------------------------------------|-----------------------------|------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brooklyn Quinn HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Beganovic AT Stow Kings Mill / Graham  
OFFICER'S NAME LOCATION

I got over in the lane make safe  
 merg - the whip around me proly going  
 to and tried to ~~me~~ push me  
 off the ~~act~~ Road

ADDRESS OF WITNESS  
~~123~~ 1238 Vantage way

SIGNATURE OF WITNESS  
 X Brooklyn Quinn

OFFICER'S SIGNATURE  
 X [Signature]