

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 2 - 0 0 0 0 1 0 1 5

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

LOCAL INFORMATION

REPORTING AGENCY NAME\*

STPD

NCIC\*

0 7 7 1 2

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

NUMBER OF UNITS

0 2

UNIT IN ERROR

98 - ANIMAL  
99 - UNKNOWN

COUNTY\*    LOCALITY\*  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP\*

Stow

CRASH DATE / TIME\*

0 1 2 2 2 0 2 2 / 1 1 5 5

CRASH SEVERITY

- 5
- 1 - FATAL
  - 2 - SERIOUS INJURY SUSPECTED
  - 3 - MINOR INJURY SUSPECTED
  - 4 - INJURY POSSIBLE
  - 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE    ROUTE NUMBER    PREFIX  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

LOCATION ROAD NAME

HUDSON

ROAD TYPE

D R

LATITUDE DECIMAL DEGREES

4 1 . 1 6 3 5 8 7

ROUTE TYPE    ROUTE NUMBER    PREFIX  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

3485

ROAD TYPE

LONGITUDE DECIMAL DEGREES

- 8 1 . 4 7 7 2 1 9

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

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
- AV - AVENUE
- BL - BOULEVARD
- CR - CIRCLE
- CT - COURT
- DR - DRIVE
- HE - HEIGHTS
- HW - HIGHWAY
- LA - LANE
- MP - MILEPOST
- OV - OVAL
- PK - PARKWAY
- PI - PIKE
- PL - PLACE
- RD - ROAD
- SQ - SQUARE
- ST - STREET
- TE - TERRACE
- TL - TRAIL
- WA - WAY

INTERSECTION RELATED

- WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES

ROADWAY

ROADWAY DIVIDED

DISTANCE FROM REFERENCE    DISTANCE UNIT OF MEASURE  
1 - MILES  
2 - FEET  
3 - YARDS

LOCATION OF FIRST HARMFUL EVENT  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFIC WAY  
7 - ON RAMP  
8 - OFF RAMP  
9 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESS  
11 - RAILWAY GRADE CROSSING  
12 - SHARED USE PATHS OR TRAILS  
13 - BIKE LANE  
14 - TOLL BOOTH  
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT  
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR  
5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION  
8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL

- 1 - NORTH
- 2 - SOUTH
- 3 - EAST
- 4 - WEST

MEDIAN TYPE

- 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
- 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
- 3 - DIVIDED, DEPRESSED MEDIAN
- 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
- 9 - OTHER/UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE

- 1 - LANE CLOSURE
- 2 - LANE SHIFT/CROSSOVER
- 3 - WORK ON SHOULDER OR MEDIAN
- 4 - INTERMITTENT OR MOVING WORK
- 5 - OTHER

LOCATION OF CRASH IN WORK ZONE

- 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
- 2 - ADVANCE WARNING AREA
- 3 - TRANSITION AREA
- 4 - ACTIVITY AREA
- 5 - TERMINATION AREA

CONTOUR

- 1 - STRAIGHT LEVEL
- 2 - STRAIGHT GRADE
- 3 - CURVE LEVEL
- 4 - CURVE GRADE
- 9 - OTHER/UNKNOWN

CONDITIONS

- 1 - DRY
- 2 - WET
- 3 - SNOW
- 4 - ICE
- 5 - SAND, MUD, DIRT, OIL, GRAVEL
- 6 - WATER (STANDING, MOVING)
- 7 - SLUSH
- 9 - OTHER/UNKNOWN

SURFACE

- 1 - CONCRETE
- 2 - BLACKTOP, BITUMINOUS, ASPHALT
- 3 - BRICK/BLOCK
- 4 - SLAG, GRAVEL, STONE
- 5 - DIRT
- 9 - OTHER/UNKNOWN

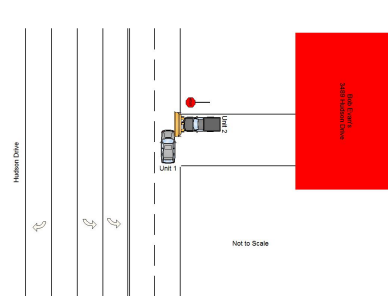
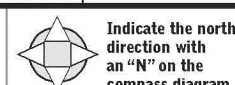
LIGHT CONDITION  
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

WEATHER

- 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 northbound on Hudson Drive, approaching 3489 Hudson Drive (Bob Evans). Unit #2 had a snowplow attached to the front and was at the stop sign, waiting to exit 3489 Hudson Drive and make a left turn (southbound) onto Hudson Drive. Unit #2 failed to yield the right of way to Unit #1, striking Unit #1.**



CRASH REPORTED DATE / TIME  
0 1 2 2 2 0 2 2 / 1 1 5 5

DISPATCH DATE / TIME  
0 1 2 2 2 0 2 2 / 1 1 5 7

ARRIVAL DATE / TIME  
0 1 2 2 2 0 2 2 / 1 2 0 0

SCENE CLEARED DATE / TIME  
0 1 2 2 2 0 2 2 / 1 3 0 4

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
0 0 0

OTHER INVESTIGATION TIME  
0 0 0

TOTAL MINUTES  
0 6 7

OFFICER'S NAME\*  
**BALOG, BRETT**  
OFFICER'S BADGE NUMBER\*  
0 0 0 7 4 9

CHECKED BY OFFICER'S NAME\*  
**BREZNAK, JEFFREY**  
CHECKED BY OFFICER'S BADGE NUMBER\*  
0 0 0 7 1 1

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OSPS)

**OWNER**

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)  
**CAMPBELL, DONNA LOUISE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER)  
**1959 PILGRIM ST Akron OH 44305**

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

OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER)  
[REDACTED]

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 # **HLB9385** VEHICLE IDENTIFICATION # **J N 1 B J 1 C R X H W 1 2 7 3 2 4** VEHICLE YEAR **2 0 1 7** VEHICLE MAKE **Nissan**

INSURANCE VERIFIED  INSURANCE COMPANY **HANOVER** INSURANCE POLICY # **ANW-H594515** COLOR **Sil** VEHICLE MODEL **ROGUE**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD \_\_\_\_\_

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 3**

# OF TRAILING UNITS \_\_\_\_\_

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

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

TRAFFIC CONTROL: **6**

TRAFFICWAY FLOW: **2**

# OF THROUGH LANES ON ROAD: **4**

RAIL GRADE CROSSING: **1**

UNIT / NON-MOTORIST DIRECTION  
FROM **2** TO **1**

UNIT SPEED: **0 2 5**

DETECTED SPEED: **1**

POSTED SPEED: **3 5**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

AUTONOMOUS MODE LEVEL: **0**

SPECIAL FUNCTION **0 1**

CARGO BODY TYPE **0 1**

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION **4**

PRE-CRASH ACTIONS **0 1**

CONTRIBUTING CIRCUMSTANCES **0 1**

SEQUENCE OF EVENTS

**1 2 0**

**2**

**3**

**4**

**5**

**6**

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

**EVENTS**

**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** MEDIAN CABLE BARRIER

**34** MEDIAN GUARDRAIL BARRIER

**35** MEDIAN CONCRETE BARRIER

**36** MEDIAN OTHER BARRIER

**37** TRAFFIC SIGN POST

**38** OVERHEAD SIGN POST

**39** LIGHT / LUMINARIES SUPPORT

**40** UTILITY POLE

**41** OTHER POST, POLE OR SUPPORT

**42** CULVERT

**43** CURB

**44** DITCH

**45** EMBANKMENT

**46** FENCE

**47** MAILBOX

**48** TREE

**49** FIRE HYDRANT

**50** WORK ZONE MAINTENANCE EQUIPMENT

**51** WALL

**52** BUILDING

**53** TUNNEL

**54** OTHER FIXED OBJECT

**99** OTHER / UNKNOWN

**OWNER**

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) **KROON, BRIAN J**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) **510 LOURDES DR CUYAHOGA FALLS OH 44223**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**DAMAGE**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **614ZHJ** VEHICLE IDENTIFICATION # **1GCVKRE C6FZ2 19492** VEHICLE YEAR **2015** VEHICLE MAKE **Chevrolet**  
 INSURANCE VERIFIED  INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **944787844** COLOR **Gra** VEHICLE MODEL **SILVERA**  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS **0 1** US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 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** **0 4**

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL **0**

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**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

**SPECIAL FUNCTION** **1 8**

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE** **0 1**

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW** **2**

1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL** **4**

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

**VEHICLE DEFECTS**

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT

**NON-MOTORIST LOCATION AT IMPACT**

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

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

**RAIL GRADE CROSSING** **1**

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

**CONTRIBUTING CIRCUMSTANCES** **0 2**

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 17 - DRIVERLESS 21 - IMPROPER CROSSING  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**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  
 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 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

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

**UNIT / NON-MOTORIST DIRECTION**

**FROM 3 TO 2**

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

**UNIT SPEED** **0 0 5**

**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 2 - 0 0 0 0 1 0 1 5

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> CAMPBELL, DONNA LOUISE		<b>DATE OF BIRTH</b> 1 2 1 3 1 9 7 0		<b>AGE</b> 0 5 1	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1959 PILGRIM ST Akron OH 44305				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> D	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> KROON, BRIAN J		<b>DATE OF BIRTH</b> 1 0 3 0 1 9 7 0		<b>AGE</b> 0 5 1	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 510 LOURDES DR CUYAHOGA FALLS OH 44223				<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 331.22	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Right of Way from Priv		<b>CITATION NUMBER</b> 151616			
<b>OL CLASS</b> D	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE: VALUE:		<b>DRUG TEST(S)</b> 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	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER  <b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER  <b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		
SAFETY EQUIPMENT	TRAPPED		GENDER	DRUG TEST RESULT(S)		
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 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS			



LOCAL REPORT NUMBER 22-01015	REPORTING AGENCY Stow PD	DATE OF CRASH M 01   D 22   Y 22
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Donna L Campbell HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ofc. Balog 744 AT Hudson Drive @ 3489  
OFFICER'S NAME LOCATION

I was traveling north on Hudson Drive going to the car wash behind Speedway gas station. I was in the right hand lane as I approached towards Bob Evans restaurant there was a plow truck or I should say a pickup truck with plow equipment and I see he is coming out on the road and I try to stop but it seemed like he did not see me and next thing I know is the truck plow hit my right front wheel ~~and~~ section. I was able to pull in to Bob Evans but tire is scapping front metal crushed down.

1959 PILGRIM ST., AKRON, OH 44305

ADDRESS OF WITNESS

Donna L Campbell SIGNATURE OF WITNESS

X Donna L Campbell

OFFICER'S SIGNATURE

X [Signature] 744

PHONE

LOCAL REPORT NUMBER 22-01015	REPORTING AGENCY Stow PD	DATE OF CRASH M 01   D 22   Y 22
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Brian J Krzon PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Ofc. Balog <sup>749</sup> OFFICER'S NAME AT Hudson Dr @ 3489 LOCATION

01/22/22, 1200 Sat - I was at the stop sign at Bob Evans entrance waiting for traffic to pass, I noticed a grey Nissan Rouge with its turn signal on turning right into the entrance, she started to turn in, the traffic behind her started to slow. As she's turning in I start to pull out, in that second she changes her mind and turns in front of me. I may have been going 1 mile an hour. I back up in to a spot at Bob Evans. Exited my vehicle she was standing in the road. I asked her if she was ok and why she changed her mind, she said she was fine and said the car "just would not go". I said lets get you and the car out of the road and that I'd call police. She got in her vehicle and pulled into the parking lot next to me.

Brian J Krzon  
01/22/22

P.S. If there is any dispute, there are multiple cameras on all businesses at Location

ADDRESS OF WITNESS 510 Lourdes Dr Cuyahoga Falls Ohio 44223	PHONE [REDACTED]
SIGNATURE OF WITNESS X <u>Brian J Krzon</u>	OFFICER'S SIGNATURE X <u>Ofc. Balog</u> 749