

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 2 - 0 0 0 0 6 0 7 1

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
0 2

NUMBER OF UNITS
0 2

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN
9 9

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

LOCATION: CITY, VILLAGE, TOWNSHIP*

CRASH DATE / TIME*
0 4 2 7 2 0 2 2 / 1 5 0 5

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
HUDSON

LOCATION ROAD NAME
HUDSON

ROAD TYPE
D R

LATITUDE DECIMAL DEGREES
4 1 . 1 6 6 0 5 8

ROUTE TYPE **ROUTE NUMBER** **PREFIX** 1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
3520

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
3520

ROAD TYPE

LONGITUDE DECIMAL DEGREES
- 8 1 . 4 7 9 3 2 1

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

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** **4**

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
0 1

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
6

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 (ANY TYPE)
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
1

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

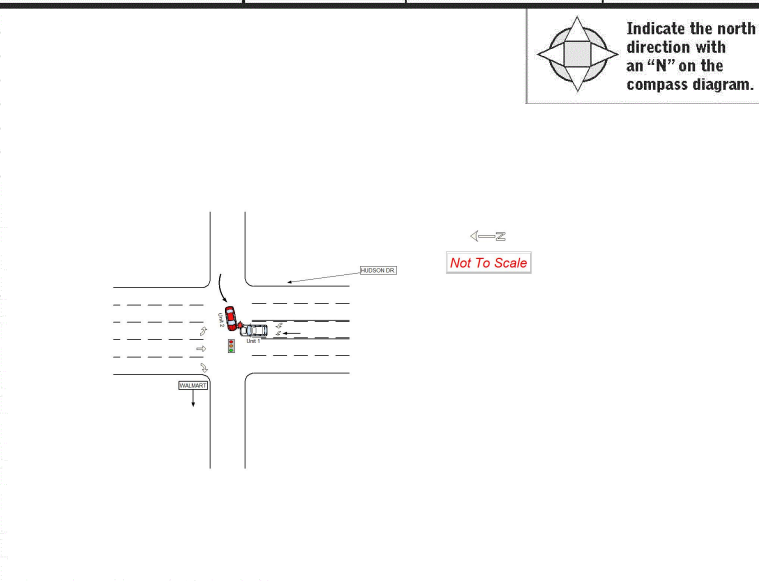
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER/UNKNOWN

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

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
0 2

NARRATIVE

UNIT 1 NORTH HUDSON DR. TURNING LEFT INTO WALMART. UNIT 2 WEST TURNING LEFT ONTO HUDSON DR. UNIT 1 AND UNIT 2 COLLIDED AT INTERSECTION. WITNESS WAS UNSURE WHAT HAPPENED. CONFLICTING STORIES RESULTED IN NO CITATION.



Indicate the north direction with an "N" on the compass diagram.

CRASH REPORTED DATE / TIME **DISPATCH DATE / TIME** **ARRIVAL DATE / TIME** **SCENE CLEARED DATE / TIME**
0 4 2 7 2 0 2 2 / 1 5 0 5 **0 4 2 7 2 0 2 2 / 1 5 0 9** **0 4 2 7 2 0 2 2 / 1 5 1 8** **0 4 2 7 2 0 2 2 / 1 6 0 0**

TOTAL TIME ROADWAY CLOSED **OTHER INVESTIGATION TIME** **TOTAL MINUTES** **OFFICER'S NAME*** **CHECKED BY OFFICER'S NAME***
0 1 0 **0 3 0** **0 8 1** **FLASCO, NICHOLAS** **CORFMAN, JACOB**

OFFICER'S BADGE NUMBER* **CHECKED BY OFFICER'S BADGE NUMBER***
0 0 0 7 6 4 **0 0 0 7 1 6**

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS)

OWNER

UNIT # **0 1** OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)
VESPOINT, THERESA MARIE

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)
3902 HILE RD Stow OH 44224

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE **OH** LICENSE PLATE # **HZF7399** VEHICLE IDENTIFICATION # **1 FMCU9 E G 9 B K B 2 8 7 6 7** VEHICLE YEAR **2 0 1 1** VEHICLE MAKE **Ford**

INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # **9620829E1435A** COLOR **Whi** VEHICLE MODEL **ESCAPE**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **0 2** US DOT #

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

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

TOWED BY: COMPANY NAME

UNIT TYPE **0 3**

OF TRAILING UNITS

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

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

SPECIAL FUNCTION **0 1**

CARGO BODY TYPE **0 1**

VEHICLE DEFECTS

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

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

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

OF THROUGH LANES ON ROAD **4**

RAIL GRADE CROSSING **1** 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

NON-MOTORIST LOCATION AT IMPACT

ACTION **9**

CONTRIBUTING CIRCUMSTANCES **2 2**

SEQUENCE OF EVENTS

EVENTS

EVENT(S)

1 **2 0**

2

3

4

5

6

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

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

UNIT / NON-MOTORIST DIRECTION

FROM **2** TO **4**

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

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)
OBERG, MARIANNE

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)
2260 BRINER AVE Akron OH 44305

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2 0 2 2 - 0 0 0 0 6 0 7 1

DAMAGE

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

VEHICLE

LP STATE OH LICENSE PLATE # HQM5973 VEHICLE IDENTIFICATION # J M 1 G L 1 V M 1 J 1 3 2 6 3 8 9 VEHICLE YEAR 2 0 1 8 VEHICLE MAKE Mazda

INSURANCE VERIFIED INSURANCE COMPANY GRANGE INSURANCE POLICY # 4671466 COLOR Red VEHICLE MODEL MAZDA 6

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 # _____

UNIT TYPE 0 1 # OF TRAILING UNITS _____

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 _____

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

EVENT(S)

NON-MOTORIST LOCATION AT IMPACT _____

ACTION 9 PRE-CRASH ACTIONS 0 6

CONTRIBUTING CIRCUMSTANCES 2 2

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

COLLISION WITH FIXED OBJECT - STRUCK

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
6 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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 2

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION
FROM 3 TO 2

UNIT SPEED 0 1 5 DETECTED SPEED 1

POSTED SPEED 3 5

LOCAL REPORT NUMBER 22-6071	REPORTING AGENCY STOW POLICE	DATE OF CRASH MOY D27 Y22
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MARIANNE OBERG HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

N. FIASCO #764 AT HUDSON DR. / WALMART
OFFICER'S NAME LOCATION

I was turning left out of Plaza onto Hudson Dr. was struck by car oncoming traffic (Hudson Drive) turning left into Walmart.

ADDRESS OF WITNESS <u>2260 BRINER AVE. AKRON, OH 44305</u>	PHONE [REDACTED]
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <i>N. Fiasco #764</i>

LOCAL REPORT NUMBER 22-6071	REPORTING AGENCY STOW POLICE	DATE OF CRASH M 04 D 27 Y 22
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Theresa Vespoint</u> <small>PRINTED</small>	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>N. FIASCO #764</u> <small>OFFICER'S NAME</small>	AT <u>HUDSON DR / WALMART</u> <small>LOCATION</small>

TURNING left on Hudson Dr to go to Walmart. Got green ~~arrow~~ arrow to turn left. woman ran red light and hit my car

ADDRESS OF WITNESS <u>3902 HILE RD. STOW, OH. 44224</u>	PHONE [REDACTED]
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICER'S SIGNATURE <u>X OFC. Nick Schum #764</u>



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 22-6071	REPORTING AGENCY STOW POLICE	DATE OF CRASH MO 04 D 27 Y 22
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Michael Andrew Kubiak HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

N. FUSCO #764 AT HUDSON DR / WALMART
OFFICER'S NAME LOCATION

At approximately 3:05 pm on 4/28 I was sitting at the red light facing south on Hudson Drive at the entrance to Wal-Mart. I was the second car in line facing south. I saw the Red Mazda coming out of the Dollar Tree parking lot turning left (south) on Hudson Dr. At that same moment I saw a white SUV that was on Hudson Dr. heading north turning left into the Wal-Mart parking lot. At this instance the left front corner of the red Mazda made contact with the right front corner of the white SUV. I heard a crunching sound and saw both cars hit. Approximate speed of the Red Mazda was 5 mph. Approximate speed of the white SUV was maybe 2mph.

My light turned green and I stopped next to the drivers window of the white SUV and asked if everyone was OK. Both occupants said "yes". I asked if they called 911, she said "I'm too flustered, can you call?" I replied yes and called 911 at 3:06 pm. The driver of the white SUV said "The lady just pulled out of the in front of us, she is at fault." I then checked to make sure the driver of the Red Mazda was OK and she replied yes.

ADDRESS OF WITNESS 3533 Bent Tree Lane Stow OH 44224	PHONE [REDACTED]
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> #764