

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 2 - 0 0 0 0 6 6 7 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    NUMBER OF UNITS  
 2 - UNSOLVED    **0 2**  
 UNIT IN ERROR  
 98 - ANIMAL    **0 2**  
 99 - UNKNOWN

COUNTY\*    LOCALITY\*  
**1**  
 LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Stow**

CRASH DATE / TIME\*  
**05/07/2022 / 1324**  
 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  
**GRAHAM**  
 ROAD TYPE  
**R D**

LATITUDE DECIMAL DEGREES  
**41.166483**

ROUTE TYPE    ROUTE NUMBER    PREFIX  
**1** - NORTH  
**2** - SOUTH  
**3** - EAST  
**4** - WEST  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**3227 Graham Road**  
 ROAD TYPE

LONGITUDE DECIMAL DEGREES  
**-81.398214**

REFERENCE POINT  
**3**  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 DIRECTION FROM REFERENCE  
**4**  
 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

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES  
 ROADWAY  
 ROADWAY DIVIDED

DISTANCE FROM REFERENCE  
**5 0 .**  
 DISTANCE UNIT OF MEASURE  
**2**  
 1 - MILES  
 2 - FEET  
 3 - YARDS  
 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

LOCATION OF FIRST HARMFUL EVENT  
**0 1**  
 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  
**6**  
 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  
**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**  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN

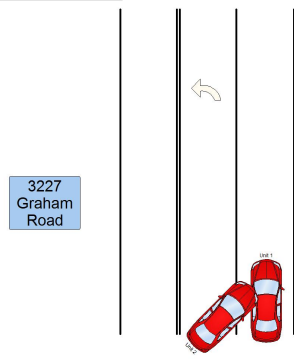
WEATHER  
**0 2**  
 1 - CLEAR    6 - SNOW  
 2 - CLOUDY    7 - SEVERE CROSSWINDS  
 3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW  
 4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE  
 5 - SLEET, HAIL    99 - OTHER / UNKNOWN

NARRATIVE

**Unit #1 was east bound on Graham Road. Unit #2 was exiting 3227 Graham Road and struck Unit #1. Unit #2 was citing for failing to yield while exiting private property. A OH-3 was obtained from both parties.**



Not To Scale



CRASH REPORTED DATE / TIME    DISPATCH DATE / TIME    ARRIVAL DATE / TIME    SCENE CLEARED DATE / TIME  
**05/07/2022 / 1324**    **05/07/2022 / 1326**    **05/07/2022 / 1329**    **05/07/2022 / 1426**

TOTAL TIME ROADWAY CLOSED    OTHER INVESTIGATION TIME    TOTAL MINUTES  
**0 0 0**    **0 2 0**    **0 8 0**

OFFICER'S NAME\*    CHECKED BY OFFICER'S NAME\*  
**FRISINA, ROBERT**    **BREZNAK, JEFFREY**

OFFICER'S BADGE NUMBER\*    CHECKED BY OFFICER'S BADGE NUMBER\*  
**0 0 0 7 4 2**    **0 0 0 7 1 1**

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

OWNER

VEHICLE

EVENT(S)

**UNIT #** 01 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**01** **HOUCK, SETH**  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**1632 ACKERS AVE LAKEMORE OH 44250**  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** JNV2699 **VEHICLE IDENTIFICATION #** 4S3BMB6XC3033666 **VEHICLE YEAR** 2012 **VEHICLE MAKE** Subaru  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** **INSURANCE POLICY #** **COLOR** Red **VEHICLE MODEL** LEGACY

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 02 **VEHICLE WEIGHT GVWR/GWR**  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD**

**UNIT TYPE** 01  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 29 - UNKNOWN OR HIT/SKIP

**# OF TRAILING UNITS** 2  
**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 0 **AUTONOMOUS MODE LEVEL**  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**SPECIAL FUNCTION** 01  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE** 01  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**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  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

**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

**ACTION** 5 **PRE-CRASH ACTIONS** 01  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 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** 01  
 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 12 - IMPROPER BACKING

**SEQUENCE OF EVENTS** 20  
**EVENTS**  
 1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2      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     

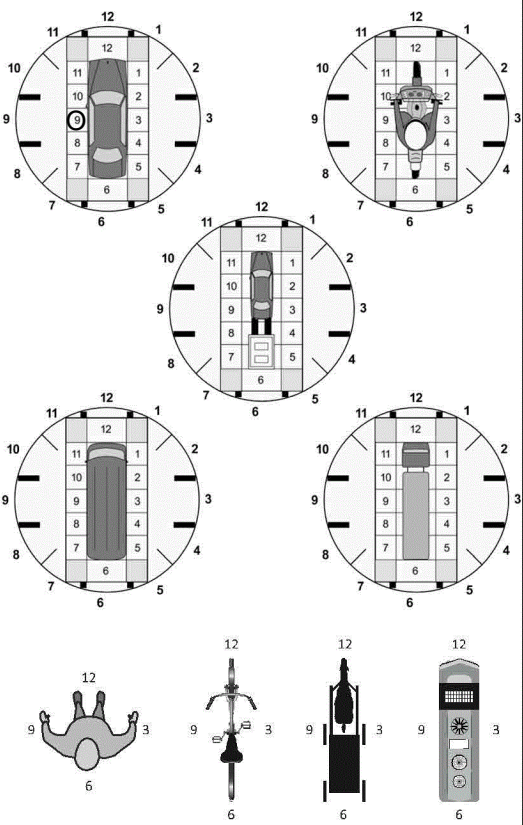
**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 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

**LOCAL REPORT NUMBER**  
2022-00006675

**DAMAGE**  
**DAMAGE SCALE**  
3 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**  
09 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** 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD** 3 **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** 035 **DETECTED SPEED** 2  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
**POSTED SPEED** 35

**OWNER**

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**TURNER, TODD M**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**4761 BLUESTEM LN Stow OH 44224**

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**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **JDX1254** VEHICLE IDENTIFICATION # **3 N1 AB7 AP5 EY2 6 8 2 7 1** VEHICLE YEAR **2 0 1 4** VEHICLE MAKE **Nissan**

INSURANCE VERIFIED INSURANCE COMPANY **Erie** INSURANCE POLICY # **Q017607295** COLOR **Red** VEHICLE MODEL **SENTRA**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **0 3** 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 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

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

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** **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 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN



**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

**ACTION** **5**

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 6** 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

**INITIAL POINT OF CONTACT**

**1 2**

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

**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 21 - IMPROPER TURN

**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

**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

**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 - 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

**COLLISION WITH FIXED OBJECT - STRUCK**

**1** **1**

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

**# OF THROUGH LANES ON ROAD** **3**

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

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

**UNIT / NON-MOTORIST DIRECTION**

**FROM 1 TO 3**

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

**UNIT SPEED** **0 1 5**

**POSTED SPEED** **3 5**

**DETECTED SPEED** **2**

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

# MOTORIST / Non-MOTORIST

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

|   |  |                                   |  |   |  |                                |   |                      |   |  |
|---|--|-----------------------------------|--|---|--|--------------------------------|---|----------------------|---|--|
| <b>UNIT #</b><br>0 1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>FRIEND, KOURTNEY MONAE |                                   |  | <b>DATE OF BIRTH</b><br>1 1 0 1 1 9 9 8   |  | <b>AGE</b><br>0 2 3            | <b>GENDER</b><br>F                                  |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1632 ACKERS AVE LAKEMORE OH 44250 |  |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |  |                                |   |                      |   |  |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b>                                    | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1   |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b>                             |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <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><br>0 2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>TURNER, ALLISON NICOLE |                                   |  | <b>DATE OF BIRTH</b><br>1 2 2 9 2 0 0 5   |  | <b>AGE</b><br>0 1 6            | <b>GENDER</b><br>F                                  |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4761 BLUESTEM LN Stow OH 44224 |  |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |  |                                |   |                      |   |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                                    | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET     | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                           | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1   |  |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                             |                                   | <b>OFFENSE CHARGED</b><br>331.22                       | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Right of Way from Priv |                                | <b>CITATION NUMBER</b><br>151040                    |                      |   |  |
| <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><br><input type="checkbox"/>   | <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   | EJECTION  |   | OL ENDORSEMENT  | ALCOHOL TEST TYPE   |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   |   |  |  |
| SAFETY EQUIPMENT   | TRAPPED   |   | GENDER  | DRUG TEST TYPE  |  |  |
| 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   |   |  |  |
| CONDITION  |   |   |   |   |  |  |
| 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  |   |   |   |   |  |  |
| DRUG TEST RESULT(S)  |   |   |   |   |  |  |
| 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   |   |   |   |   |  |  |



# OCCUPANT / WITNESS ADDENDUM

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

|                      |  |   |  |                                     |   |                                |                           |                      |                     |
|----------------------|--|---|--|-------------------------------------|---|--------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b>      | <b>UNIT #</b><br>02  | <b>NAME: LAST, FIRST, MIDDLE</b><br>Turner, Jermemy M |  |                                     | <b>DATE OF BIRTH</b><br>1 0 1 1 2 0 0 7                 |                                | <b>AGE</b><br>0 1 4       | <b>GENDER</b><br>M   |                     |
|                      | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4761 BLUESTEM LN Stow OH 44224 |   |  |                                     | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>            |                                |                           |                      |                     |
| <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"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>0 3 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

|                      |   |  |  |                                     |   |                                |                           |                      |                     |
|----------------------|---|--|--|-------------------------------------|---|--------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b>      | <b>UNIT #</b><br>01   | <b>NAME: LAST, FIRST, MIDDLE</b><br>Friend, Willow R |  |                                     | <b>DATE OF BIRTH</b><br>0 7 2 8 2 0 1 5                 |                                | <b>AGE</b><br>0 0 6       | <b>GENDER</b><br>F   |                     |
|                      | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1632 ACKERS AVE LAKEMORE OH 44250 |  |  |                                     | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>            |                                |                           |                      |                     |
| <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 7 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>0 4 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

|                      |  |  |  |                                     |   |                                |                           |                      |                     |
|----------------------|--|--|--|-------------------------------------|---|--------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b>      | <b>UNIT #</b><br>02  | <b>NAME: LAST, FIRST, MIDDLE</b><br>MILETTI, ROCCO A |  |                                     | <b>DATE OF BIRTH</b><br>0 3 2 8 2 0 0 7                 |                                | <b>AGE</b><br>0 1 5       | <b>GENDER</b><br>M   |                     |
|                      | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4724 BLUESTEM LN Stow OH 44224 |  |  |                                     | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>            |                                |                           |                      |                     |
| <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"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b><br>0 6 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |

|                 |  |                                  |  |                              |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |  |                              | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |  |                              | <b>CONTACT PHONE - INCLUDE AREA CODE</b>                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

| 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                 |
| <b>INJURED TAKEN BY</b>               |   |  |                                    |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             |
| 2 - EMS                               | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    |
| 3 - POLICE                            | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |
| 9 - OTHER / UNKNOWN                   | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              |
| <b>GENDER</b>                         |   |  |                                    |
| F - FEMALE                            | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |
| M - MALE                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| U - OTHER / UNKNOWN                   | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     |
|                                       |   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |
|                                       |   | 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   |                                    |

|                |  |                      |  |            |  |
|----------------|--|----------------------|--|------------|--|
| <b>WITNESS</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>WITNESS</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>WITNESS</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> |



|                                 |                               |                                       |
|---------------------------------|-------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER<br>22-06675 | REPORTING AGENCY<br>Stow P.D. | DATE OF CRASH<br>M 05   D 07   Y 2022 |
|---------------------------------|-------------------------------|---------------------------------------|

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

I, Kourtney Friend PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Off. R. Frisina #742 OFFICER'S NAME AT 3227 Graham Road LOCATION

I was driving down graham road on the right side of the road going toward kent, I saw a red nissan coming from my right about to hit me so I spend up in an attempt to clear her way but I wasn't fast enough after she hit me I did my best to control my ~~car~~ car to park. I stopped got out & made sure everyone was okay. Then we pulled into the school parking lot to get out of the busy road & call police.

|   |  |
|---|--|
| ADDRESS OF WITNESS<br>1637 Ackers Ave 44250         | PHONE<br>[REDACTED]                              |
| SIGNATURE OF WITNESS<br>X <u>Kourtney my Friend</u> | OFFICER'S SIGNATURE<br>X <u>Off. Robert #742</u> |



|                                 |                               |                                     |
|---------------------------------|-------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>22-06675 | REPORTING AGENCY<br>Stow P.D. | DATE OF CRASH<br>M 05   D 07   Y 22 |
|---------------------------------|-------------------------------|-------------------------------------|

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

I, Allison Turner HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Pt. R. Frisina #742 AT 3227 Graham Road  
OFFICER'S NAME LOCATION

I was turning left onto Graham Road from Stow High School. After looking to make sure the road was clear a SUV pulled up ~~to~~ on my right blocking my view. I turned left assuming it was clear. When pulling out another car heading East was in the lane, as they tried to speed up I hit them on the back left side of the door.

|  |   |
|--|---|
| ADDRESS OF WITNESS                     | PHONE   |
| SIGNATURE OF WITNESS<br>X <u>ATI</u> ✓ | OFFICER'S SIGNATURE<br>X <u>Pt. R. Frisina #742</u> |