
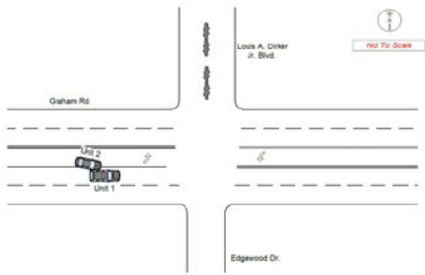


|                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                           |  |                                                                                                                                                                                        |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY                                                  |  | OH-2 <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/><br>OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                             |  | LOCAL INFORMATION<br><b>202307077</b>                                                                                                                                             |  | <b>2 0 2 3 - 0 0 0 0 7 0 7 7</b>                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                           |  |                                                                                                                                                                                        |  |                                              |  |
| COUNTY* <b>1</b><br>LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP                                                                                                                   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Stow</b>                                                                                                                                                                                                   |  | REPORTING AGENCY NAME*<br><b>STPD</b>                                                                                                                                             |  | NCIC*<br><b>0 7 7 1 2</b>                                                                                                                                                                                                                                                                                      |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                    |  | NUMBER OF UNITS<br><b>0 2</b>                                                                                                                                                          |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX                                                                                                                                                       |  | 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>41.166732</b>                                                                                                                              |  | CRASH DATE / TIME*<br><b>04202023 / 1517</b>                                                                                                                                           |  |                                              |  |
| ROUTE TYPE<br>ROUTE NUMBER<br>PREFIX                                                                                                                                                       |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                      |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>Louis A. Dirker Jr.</b>                                                                                                       |  | ROAD TYPE<br><b>B L</b>                                                                                                                                                                                                                                                                                        |  | LONGITUDE DECIMAL DEGREES<br><b>-81.442336</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                                           |  |                                              |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                        |  | 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES <b>4</b>    |  |                                              |  |
| DISTANCE FROM REFERENCE<br><b>1</b>                                                                                                                                                        |  | 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 |  | 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                                      |  | 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 |  | 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                                |  |                                              |  |
| LIGHT CONDITION<br><b>1</b><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 |  | WEATHER<br><b>0 1</b><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 |  |                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                           |  |                                                                                                                                                                                        |  |                                              |  |

|                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                                                                                                               |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| NARRATIVE<br><b>Unit #1 was eastbound on Graham Rd. near Louis A. Dirker Jr. Blvd. in the left straight lane. Unit #2 was eastbound on Graham Rd. in the lane to turn left onto Louis A. Dirker Jr. Blvd. Unit #2 merged into the lane to her right before it was safe to do so striking unit #1 in the left side.</b> |  |  |  |  <p>Indicate the north direction with an "N" on the compass diagram.</p> |  |  |  |
|                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                               |  |  |  |

|                                                                |  |                                                          |  |                                                         |  |                                                               |  |                                                                                                           |  |
|----------------------------------------------------------------|--|----------------------------------------------------------|--|---------------------------------------------------------|--|---------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|
| CRASH REPORTED DATE / TIME<br><b>0 4 2 0 2 0 2 3 / 1 5 1 7</b> |  | DISPATCH DATE / TIME<br><b>0 4 2 0 2 0 2 3 / 1 5 3 3</b> |  | ARRIVAL DATE / TIME<br><b>0 4 2 0 2 0 2 3 / 1 5 3 5</b> |  | SCENE CLEARED DATE / TIME<br><b>0 4 2 0 2 0 2 3 / 1 6 3 0</b> |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0 0 0</b>                      |  | OTHER INVESTIGATION TIME<br><b>0 0 0</b>                 |  | TOTAL MINUTES<br><b>0 5 7</b>                           |  | OFFICER'S NAME*<br><b>BURGESS, JUSTIN</b>                     |  | CHECKED BY OFFICER'S NAME*<br><b>MILLER, STEPHEN</b>                                                      |  |
|                                                                |  |                                                          |  | OFFICER'S BADGE NUMBER*<br><b>0 0 0 7 5 3</b>           |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>0 0 0 7 0 5</b>      |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO IDPS)           |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**SMITH, AMANDA F**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  
**4384 N NORMAN DR 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

**VEHICLE**

LP STATE OH LICENSE PLATE # DAK7863 VEHICLE IDENTIFICATION # KMHRB8A32LU042493 VEHICLE YEAR 2020 VEHICLE MAKE Hyundai

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 917993771 COLOR Unk VEHICLE MODEL VENUE

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 US DOT #

VEHICLE WEIGHT GVWR/GWWR  
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 03

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

AUTONOMOUS MODE LEVEL

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  | 14 - GARBAGE/REFUSE  |
|                                         |                                          |                                  | 11 - DUMP      | 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            |                                        |
|                                       | 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               | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST                |
| 4 - STRUCK                 | 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                    |                                              |                                        |

PRE-CRASH ACTIONS 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 |
| 4 - RAN STOP SIGN    | 10 - IMPROPER PASSING          | 16 - WRONG WAY                             | 20 - IMPROPER CROSSING              | 99 - OTHER IMPROPER ACTION     |
| 5 - UNSAFE SPEED     | 11 - DROVE OFF ROAD            |                                            |                                     |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING          |                                            |                                     |                                |

CONTRIBUTING CIRCUMSTANCES 01

SEQUENCE OF EVENTS

EVENTS

|                                     |                         |                                                      |                                |                                                                                     |
|-------------------------------------|-------------------------|------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------|
| 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 - MOTORVEHICLE IN TRANSPORT |                                                                                     |
|                                     |                         |                                                      | 21 - PARKED MOTORVEHICLE       |                                                                                     |

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 |                                      |

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED 040

DETECTED SPEED 1

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

POSTED SPEED 35

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

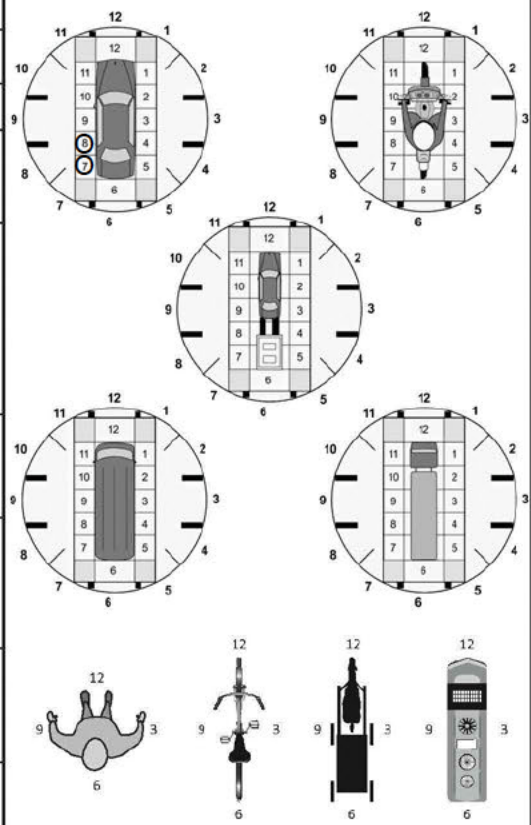
LOCAL REPORT NUMBER  
2023-00007077

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

08

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

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 4

RAIL GRADE CROSSING 1

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

UNIT SPEED 040

DETECTED SPEED 1

POSTED SPEED 35

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **DISANTO, JENNIFER R**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**5 E WASHINGTON ST SALINEVILLE OH 43945**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 OWNER PHONE: INCLUDE AREA CODE  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # JYP7810 VEHICLE IDENTIFICATION # 1N4AL21E97N478910 VEHICLE YEAR 2007 VEHICLE MAKE Nissan  
 INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 3521290-SFP-35 COLOR Gal VEHICLE MODEL ALTIMA  
 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. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 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 99 - UNKNOWN OR HIT/SKIP  
 # OF TRAILING UNITS \_\_\_\_\_  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN  
 1 - YES 2 - NO 9 - OTHER / 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 18 - SNOW REMOVAL 19 - TOWING  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE  
 CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN  
 VEHICLE DEFECTS 01 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

**EVENT(S)**

NON-MOTORIST LOCATION AT IMPACT 01 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN  
 ACTION 03 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN  
 CONTRIBUTING CIRCUMSTANCES 09 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS 20  
 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK 1  
 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  
 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
2023-00007077

**DAMAGE**

DAMAGE SCALE 3  
 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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**  
01 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**TRAFFIC**

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

# OF THROUGH LANES ON ROAD 4  
 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 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 005  
 POSTED SPEED 35  
 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED





|                                       |                                              |                                                         |
|---------------------------------------|----------------------------------------------|---------------------------------------------------------|
| LOCAL REPORT NUMBER<br><i>23-7077</i> | REPORTING AGENCY<br><i>STOW POLICE DEPT.</i> | DATE OF CRASH<br>M <i>4</i>   D <i>20</i>   Y <i>23</i> |
|---------------------------------------|----------------------------------------------|---------------------------------------------------------|

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

I, *Kennedy Anderson* PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
*Pt. J. BUEGEN #759* OFFICER'S NAME AT *GRAHAM RD. / DIETZ BLVD* LOCATION  
 I was *East Bound on Graham Rd.* I went to get  
 into the right lane and lightly side-swiped her.  
 I did not see her in the lane.

*JB 759*

|                                                   |                                                    |
|---------------------------------------------------|----------------------------------------------------|
| ADDRESS OF WITNESS<br><i>1448 Graham Rd</i>       | PHONE<br>[REDACTED]                                |
| SIGNATURE OF WITNESS<br><i>X Kennedy Anderson</i> | OFFICER'S SIGNATURE<br><i>X Pt. J. Buegen #759</i> |

|                                |                                       |                                    |
|--------------------------------|---------------------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>23-7077 | REPORTING AGENCY<br>STOW POLICE DEPT. | DATE OF CRASH<br>M 4   D 20   Y 23 |
|--------------------------------|---------------------------------------|------------------------------------|

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

I, Amanda Smith HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

PH. J. BURGESS #753 AT GRAHAM RD / DIETZ BLVD.  
OFFICER'S NAME LOCATION

Driving east on graham Rd in left thru lane and driver in left turn lane cut over hitting my rear drivers side door panel.

JB 753

|                                                       |                                                     |
|-------------------------------------------------------|-----------------------------------------------------|
| ADDRESS OF WITNESS<br>4384 N Norman Dr Stow, OH 44224 | PHONE<br>[REDACTED]                                 |
| SIGNATURE OF WITNESS<br>X <u>[Signature]</u>          | OFFICER'S SIGNATURE<br>X <u>PH. J. BURGESS #753</u> |