

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

LOCAL INFORMATION REPORTING AGENCY NAME* STPD NCIC* 07712

HIT/SKIP 1-SOLVED 2-UNSOLVED NUMBER OF UNITS 02 UNIT IN ERROR 02

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

LOCATION: CITY, VILLAGE, TOWNSHIP* LOCATION ROAD NAME DARROW ROAD TYPE RD

CRASH DATE / TIME* 05072022/1556 CRASH SEVERITY 5

ROUTE TYPE SR ROUTE NUMBER 00091 PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) BEECH ROAD TYPE RD

LATITUDE DECIMAL DEGREES 41.161643 LONGITUDE DECIMAL DEGREES -81.441094

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

DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST

INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH [X] WITHIN INTERCHANGE AREA [] NUMBER OF APPROACHES 3

ROUTE TYPE IR US SR CR TR ROUTE TYPE AL AV BL CR CT DR HE ROAD TYPE HW LA MP OV PK PI PL HIGHWAY LANE MILEPOST OVAL PARKWAY PIKE PLACE

ROADWAY ROADWAY DIVIDED []

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

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

DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (>=4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN

WORK ZONE RELATED [] WORKERS PRESENT [] LAW ENFORCEMENT PRESENT [] ACTIVE SCHOOL ZONE [] WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER

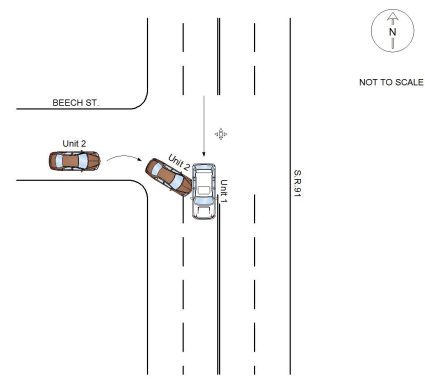
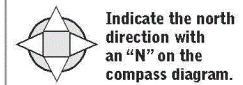
LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA

CONTOUR 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 02 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN

NARRATIVE UNIT #1 WAS TRAVELING SOUTHBOUND ON S.R. 91 NEAR BEECH ST IN THE LEFT LANE. UNIT #2 WAS TRAVELING EASTBOUND ON BEECH ST. UNIT #2 MADE AN IMPROPER RIGHT TURN TO TRAVEL SOUTHBOUND ON S.R.91. IN DOING SO, UNIT #2 WENT INTO THE LEFT LANE, STRIKING UNIT #1.



CRASH REPORTED DATE / TIME 05072022/1556 DISPATCH DATE / TIME 05072022/1558 ARRIVAL DATE / TIME 05072022/1623 SCENE CLEARED DATE / TIME 05072022/1639 REPORT TAKEN BY [X] POLICE AGENCY [] MOTORIST [] SUPPLEMENT OFFICER'S NAME* WIKE, SAMANTHA OFFICER'S BADGE NUMBER* 000761 CHECKED BY OFFICER'S NAME* CORFMAN, JACOB CHECKED BY OFFICER'S BADGE NUMBER* 000716

2 0 2 2 - 0 0 0 0 6 6 8 1

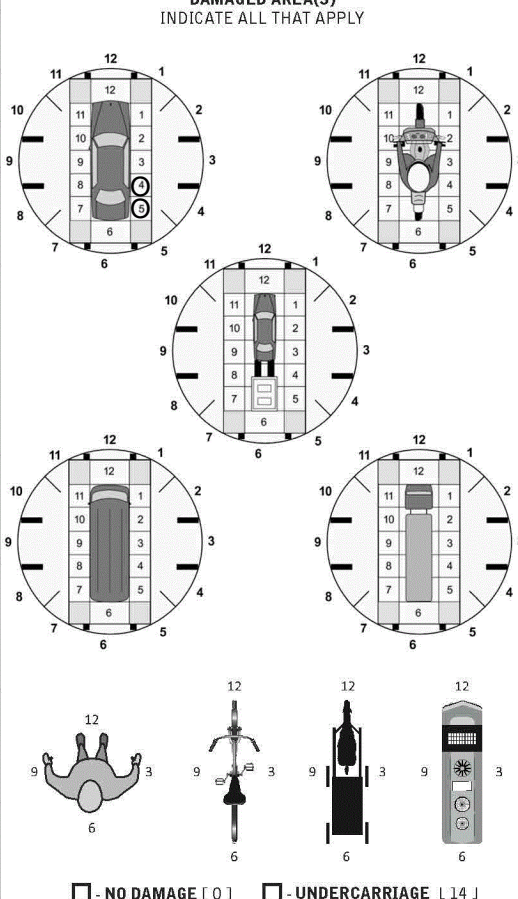
OWNER

UNIT # 01, OWNER NAME: HAY, LISA G, OWNER ADDRESS: 3324 SARATOGA BLVD Stow OH 44224, OWNER PHONE: [REDACTED]

DAMAGE SCALE: 2 - MINOR DAMAGE, 3 - FUNCTIONAL DAMAGE, 9 - UNKNOWN

VEHICLE

LP STATE OH, LICENSE PLATE # JGP5056, VEHICLE IDENTIFICATION # 5 XYP6 DHC1 MG1 3 7 6 6 2, VEHICLE YEAR 2021, VEHICLE MAKE Kia, VEHICLE MODEL TELLURI, INSURANCE COMPANY GRANGE, POLICY # 4291866, COLOR Whi, VEHICLE MODEL TELLURI



EVENT(S)

ACTION: 4 - STRUCK, CONTRIBUTING CIRCUMSTANCES: 01 - FAILURE TO YIELD, SEQUENCE OF EVENTS: 1 - OVERTURN/ROLLOVER, EVENTS: 1 - OVERTURN/ROLLOVER

INITIAL POINT OF CONTACT: 05 - REFER TO UNIT DIAGRAM, TRAFFICWAY FLOW: 2 - TWO-WAY, TRAFFIC CONTROL: 2 - SIGNAL

EVENT(S)

COLLISION WITH FIXED OBJECT - STRUCK: 25 - IMPACT ATTENUATOR, 31 - GUARDRAIL END, 37 - TRAFFIC SIGN POST, 43 - CURB, 50 - WORK ZONE MAINTENANCE EQUIPMENT

UNIT / NON-MOTORIST DIRECTION: FROM 1 TO 2, UNIT SPEED: 030, POSTED SPEED: 35

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE () (SAME AS DRIVER)
CHRISTMAN, NELSON JON

OWNER ADDRESS: STREET, CITY, STATE, ZIP () (SAME AS DRIVER)
839 SUNSETVIEW BLVD Tallmadge OH 44278

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2022 - 00006681

DAMAGE

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

VEHICLE

LP STATE OH LICENSE PLATE # EMS2047 VEHICLE IDENTIFICATION # 2G1WC5E34C1240350 VEHICLE YEAR 2012 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY NATIONWIDE INSURANCE POLICY # 9234J001702 COLOR Go! VEHICLE MODEL CRUZE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT #

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

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

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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

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

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

- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

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 3

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 05 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 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

INITIAL POINT OF CONTACT

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

CONTRIBUTING CIRCUMSTANCES 06

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

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 2
1 - ONE-WAY 2 - TWO-WAY 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
6 - IMPROPER TURN 12 - IMPROPER BACKING

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1

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

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 STRUCTURE 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

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 2

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

UNIT SPEED 025 DETECTED SPEED 1
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 35

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 0 2 2 - 0 0 0 0 6 6 8 1

| | | | | | | | | | | | |
|--|---|-----------------------------------|--|----------------------------------|---|--|--------------------------------|---------------------------|------------------------|-----------------------|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE HAY, DOUGLAS EDWARD | | | | DATE OF BIRTH 1 1 0 7 1 9 5 9 | | AGE 0 6 2 | GENDER M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 3324 SARATOGA BLVD Stow OH 44224 | | | | | CONTACT PHONE - INCLUDE AREA CODE [REDACTED] | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE OH | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST | | DRUG TEST(S) | |
| | | | | | | STATUS | | TYPE | | RESULT SELECT UP TO 4 | |
| | | | | | | 1 | | 1 | | 1 | |

| | | | | | | | | | | | |
|--|--|-----------------------------------|--|----------------------------------|---|--|--------------------------------|---------------------------|----------------------------------|-----------------------|--|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE WEGNER, JILL E | | | | DATE OF BIRTH 0 4 2 7 1 9 7 9 | | AGE 0 4 3 | GENDER F | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 839 SUNSETVIEW BLVD Tallmadge OH 44278 | | | | | CONTACT PHONE - INCLUDE AREA CODE [REDACTED] | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE OH | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 331.10 | | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION Turning at Intersectio | | | CITATION NUMBER 152314 | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST | | DRUG TEST(S) | |
| | | | | | | STATUS | | TYPE | | RESULT SELECT UP TO 4 | |
| | | | | | | 1 | | 1 | | 1 | |

| | | | | | | | | | | | |
|--|--------------------------------------|-----------------------------------|--|-----------------------------|---|--|-------------------------|----------------------|------------------------|-----------------------|--|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | |
| | | | | | | STATUS | | TYPE | | RESULT SELECT UP TO 4 | |

| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|---|---|--------------------------------|------------------------------------|--------------------------------------|--|--|
| 1 - FATAL | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 1 - CLASS A | 1 - ALCOHOL INTERLOCK DEVICE | 1 - NOT DISTRACTED | 1 - NONE GIVEN |
| 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | 2 - CDL INTRASTATE ONLY | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED |
| 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 3 - CLASS C | 3 - CORRECTIVE LENSES | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | 4 - TEST GIVEN, RESULTS KNOWN |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - MC MOPED ONLY | 5 - EXCEPT CLASS A BUS & CLASS B BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | | | EJECTION | | | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | | 1 - NOT EJECTED | | | 1 - NONE |
| 2 - EMS | | | 2 - PARTIALLY EJECTED | | | 2 - BLOOD |
| 3 - POLICE | | | 3 - TOTALLY EJECTED | | | 3 - URINE |
| 9 - OTHER / UNKNOWN | | | 4 - NOT APPLICABLE | | | 4 - BREATH |
| SAFETY EQUIPMENT | | | TRAPPED | | | 5 - OTHER |
| 1 - NONE USED | | | 1 - NOT TRAPPED | | | DRUG TEST TYPE |
| 2 - SHOULDER BELT ONLY USED | | | 2 - EXTRICATED BY MECHANICAL MEANS | | | 1 - NONE |
| 3 - LAP BELT ONLY USED | | | 3 - FREED BY NON-MECHANICAL MEANS | | | 2 - BLOOD |
| 4 - SHOULDER & LAP BELT USED | | | | | | 3 - URINE |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | | | 4 - OTHER |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | | | DRUG TEST RESULT(S) |
| 7 - BOOSTER SEAT | | | | | | 1 - AMPHETAMINES |
| 8 - HELMET USED | | | | | | 2 - BARBITURATES |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | 3 - BENZODIAZEPINES |
| 10 - REFLECTIVE CLOTHING | | | | | | 4 - CANNABINOIDS |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 5 - COCAINE |
| 99 - OTHER / UNKNOWN | | | | | | 6 - OPIATES / OPIOIDS |
| | | | | | | 7 - OTHER |
| | | | | | | 8 - NEGATIVE RESULTS |
| | | | | | | CONDITION |
| | | | | | | 1 - APPARENTLY NORMAL |
| | | | | | | 2 - PHYSICAL IMPAIRMENT |
| | | | | | | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) |
| | | | | | | 4 - ILLNESS |
| | | | | | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. |
| | | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL |
| | | | | | | 9 - OTHER / UNKNOWN |



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
 2 0 2 2 - 0 0 0 0 6 6 8 1

| | | | | | | | | | |
|-------------------------------|--|---|--|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| OCCUPANT | UNIT # 02 | NAME: LAST, FIRST, MIDDLE WEGNER, JOSHUA STEVEN | | | DATE OF BIRTH 05092007 | | AGE 014 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 839 SUNSETVIEW BLVD Tallmadge OH 44278 | | | | CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] [] | | | | |
| INJURIES TAKEN BY 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |

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

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

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

| 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 |
| INJURED TAKEN BY | | | 9 - DEPLOYMENT UNKNOWN |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | EJECTION |
| 2 - EMS | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJECTED |
| 3 - POLICE | 8 - HELMET USED | 8 - THIRD - MIDDLE | 2 - PARTIALLY EJECTED |
| 9 - OTHER / UNKNOWN | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | 3 - TOTALLY EJECTED |
| GENDER | | | 4 - NOT APPLICABLE |
| F - FEMALE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | TRAPPED |
| M - MALE | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED |
| U - OTHER / UNKNOWN | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 2 - EXTRICATED BY MECHANICAL MEANS |
| | | 13 - TRAILING UNIT | 3 - FREED BY NON-MECHANICAL MEANS |
| | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | |
| | | 15 - NON-MOTORIST | |
| | | 99 - OTHER / UNKNOWN | |

| | | | | | | |
|----------------|---|----------------------------------|--|-------------------|---|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE HERMAN, HAYDEN FISHER | DATE OF BIRTH 04142004 | | AGE 018 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 677 E STEELS CORNERS RD Stow OH 44224 | | | | CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] [] | |

| | | | | | | |
|----------------|--|----------------------|--|------------|--|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | |

| | | | | | | |
|----------------|--|----------------------|--|------------|--|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | |

| | | |
|---------------------------------------|--|----------------------------------|
| LOCAL REPORT NUMBER 22-6681 | REPORTING AGENCY Stow Police | DATE OF CRASH 05/07/22 |
|---------------------------------------|--|----------------------------------|

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

I, Jill Eloise Wegner PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
ofc. Wike # 761 OFFICER'S NAME AT Darrow Road LOCATION

made right In a stopped vehicle.
 moved to the right hand lane.

| | |
|---|---|
| ADDRESS OF WITNESS 839 Sunset View Blvd, Tallmadge OH 44278 | PHONE [REDACTED] |
| SIGNATURE OF WITNESS X Joe Claude Wegner | OFFICER'S SIGNATURE X [Signature] Wike #761 |

| | | |
|--------------------------------|---------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 22-6681 | REPORTING AGENCY STOW POLICE | DATE OF CRASH M 05 D 07 Y 22 |
|--------------------------------|---------------------------------|-------------------------------------|

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

I, Hayden Herman PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
ofc. WIKE #761 OFFICER'S NAME AT WYNDOW RD @ BEECH ST. LOCATION

I was in the left lane on 91 south and a white Kia Telluride was in front of me also in the left lane when a tan chevy made a right hand turn into the farther lane (left lane) hitting the side of the Kia Telluride. The light was green for me and the Kia Telluride that were traveling south on 91. The tan chevy was turning right off of Beech St. onto 91 and hit the Kia.

| | |
|--|---|
| ADDRESS OF WITNESS 677 E. Steaks Corners Rd, Stow, OH | PHONE [REDACTED] |
| SIGNATURE OF WITNESS X <u>Hayden F. Herman</u> | OFFICER'S SIGNATURE X <u>Jamonte Wike #761</u> |

| | | |
|---------------------------------------|--|--|
| LOCAL REPORT NUMBER <u>22-6681</u> | REPORTING AGENCY <u>Stow Police</u> | DATE OF CRASH M <u>05</u> D <u>07</u> Y <u>22</u> |
|---------------------------------------|--|--|

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

I, Doug Hays PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ofc. Wika #761 OFFICER'S NAME AT 91 S. between beech st and graham LOCATION

I was headed south on 91 between Graham and 59 when a gold chevy turned out of beech st right on red. I was in left lane going south. The gold chevy turned right on red and crossed into my lane and struck right side and rear of my car. I had a witness in a white Mercedes C300 behind me who saw the incident and stopped and filled out a report,

| | |
|--|---|
| ADDRESS OF WITNESS <u>3324 Sarasota Blvd Stow</u> | PHONE [REDACTED] |
| SIGNATURE OF WITNESS X <u>[Signature]</u> | OFFICER'S SIGNATURE X <u>[Signature] Wika #761</u> |



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|-------------------------------------|---------------------------------|-----------------------------------|
| LOCAL REPORT NUMBER Stow 22-6681 | REPORTING AGENCY Stow Police | DATE OF CRASH M 5 D 7 Y 22 |
|-------------------------------------|---------------------------------|-----------------------------------|

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

I, Joshua Steven Wegner HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ofc. Wike #761 AT intersection ~~at~~
OFFICER'S NAME LOCATION

at beach

she tried to make a right and crashed into the
 white Kia

| | |
|---|--|
| ADDRESS OF WITNESS 839 Sunset View Blvd | OFFICER'S SIGNATURE Janelle Wike #761 |
| SIGNATURE OF WITNESS X Joshua S. Wegner | X |