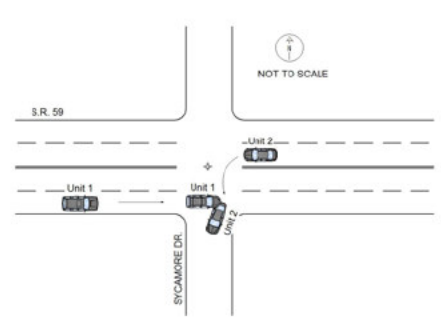


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* STPD		NCIC* 0 7 7 1 2		LOCAL REPORT NUMBER* 2 0 2 3 - 0 0 0 2 0 8 4 4	
COUNTY* 1		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Stow		CRASH DATE / TIME* 11/27/2023 / 19:40	
ROUTE TYPE S R		ROUTE NUMBER 0 0 0 5 9		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME SYCAMORE	
ROUTE TYPE D R		ROUTE NUMBER 0 0 0 5 9		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SYCAMORE	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE	
DISTANCE FROM REFERENCE 0 1		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		ROADWAY <input type="checkbox"/> 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 0 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 0 1		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - 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		NARRATIVE UNIT #1 WAS TRAVELING EASTBOUND ON S.R. 59 IN THE RIGHT LANE NEAR SYCAMORE DR. UNIT #2 WAS TRAVELING WESTBOUND ON S.R.59, STOPPED IN THE LEFT LANE AT SYCAMORE DR TO MAKE A LEFT TURN TO TRAVEL SOUTHBOUND ON SYCAMORE DR. UNIT #2 FAILED TO YIELD RIGHT OF WAY WHEN MAKING A LEFT TURN, CAUSING UNIT #1 TO STRIKE UNIT #2. A THIRD PARTY WITNESSED THE ACCIDENT.					
CRASH REPORTED DATE / TIME 11/27/2023 / 19:40		DISPATCH DATE / TIME 11/27/2023 / 19:46		ARRIVAL DATE / TIME 11/27/2023 / 19:46		SCENE CLEARED DATE / TIME 11/27/2023 / 20:11	
TOTAL TIME ROADWAY CLOSED 0 2 5		OTHER INVESTIGATION TIME 0 2 0		TOTAL MINUTES 0 4 5		OFFICER'S NAME* WIKE, SAMANTHA	
OFFICER'S BADGE NUMBER* 0 0 0 7 6 1		CHECKED BY OFFICER'S NAME* GINTHER, JOHN		CHECKED BY OFFICER'S BADGE NUMBER* 0 0 0 7 1 5		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION TO AN EXISTING REPORT SENT TO IDPS)	



OWNER

VEHICLE

EVENT(S)

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) HAAG, THOMAS J	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) [REDACTED]
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 2939 SILVER LAKE BLVD Stow OH 44224		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # HFDZNTS	VEHICLE IDENTIFICATION # 1FM5K8HT0JGA77890
VEHICLE YEAR 2018	VEHICLE MAKE FORD	VEHICLE MODEL EXPLORE
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 992074095
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01
TYPE OF USE		US DOT #
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		TOWED BY: COMPANY NAME
UNITTYPE 03		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD ID #
# OF TRAILING UNITS		CLASS # PLACARD ID #
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 AUTONOMOUS MODE LEVEL		
SPECIAL FUNCTION 01		
CARGO BODY TYPE 01		
VEHICLE DEFECTS		
NON-MOTORIST LOCATION AT IMPACT		
ACTION 3		
CONTRIBUTING CIRCUMSTANCES 01		
SEQUENCE OF EVENTS 1 2 0		
EVENTS		
COLLISION WITH FIXED OBJECT - STRUCK		
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2023-00020844	
DAMAGE	
DAMAGE SCALE 3 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 2 5	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **LESEURE, JAMES KEVIN**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **2762 OAK PARK BLVD CUYAHOGA FALLS OH 44221**

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # JBZ6285 VEHICLE IDENTIFICATION # 4T1FA38P38U148945 VEHICLE YEAR 2008 VEHICLE MAKE **Toyota**

INSURANCE VERIFIED INSURANCE COMPANY **USAA** INSURANCE POLICY # **CIC0050596487104** COLOR **Gra** VEHICLE MODEL **SOLARA**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 02 US DOT #

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

HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

UNIT TYPE 01

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER/UNKNOWN

AUTONOMOUS MODE LEVEL

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 4

CONTRIBUTING CIRCUMSTANCES 02

SEQUENCE OF EVENTS

EVENTS

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

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

HAZARDOUS MATERIAL

HAZARDOUS MATERIAL CLASS # PLACARD ID #

HAZARDOUS MATERIAL PLACARD

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

HAZARDOUS MATERIAL

HAZARDOUS MATERIAL CLASS # PLACARD ID #

HAZARDOUS MATERIAL PLACARD

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

HAZARDOUS MATERIAL

HAZARDOUS MATERIAL CLASS # PLACARD ID #

HAZARDOUS MATERIAL PLACARD

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

VEHICLE MODEL

HAZARDOUS MATERIAL

HAZARDOUS MATERIAL CLASS # PLACARD ID #

HAZARDOUS MATERIAL PLACARD

LOCAL REPORT NUMBER

2023-00020844

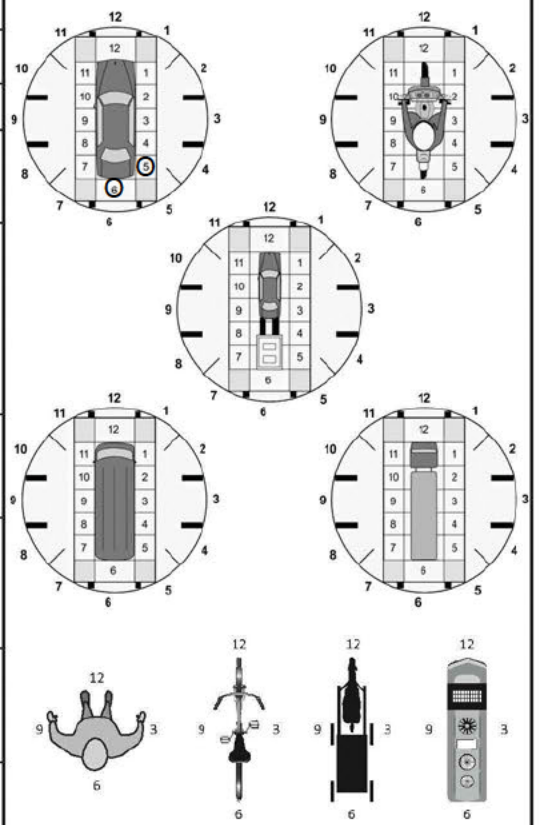
DAMAGE

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

05 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

1-12 - REFER TO UNIT DIAGRAM

13 - TOP

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

2 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 3 TO 2

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

UNIT SPEED 015

POSTED SPEED 35

DETECTED SPEED

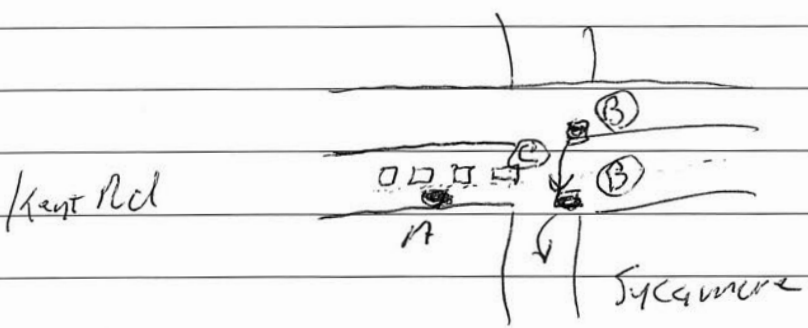
1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

LOCAL REPORT NUMBER 23-20844	REPORTING AGENCY Stow Police	DATE OF CRASH M 11 D 27 Y 23
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Grey Mosico PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
ofc. Wika #761 OFFICER'S NAME AT Kent Rd @ Sycamore Dr LOCATION

ENST Car was waiting to turn left at Holy Family,
 3 cars were behind hit in left lane.
Car B driving west turned left onto Sycamore
 and did not see Car A
 Car B hit the gas but was to late
~~Car A~~ CAR A hit the rear of Car B and
 the bumper was tore off.



I checked with both Parties and everyone said no Injuries

3820 Compton Ct. Stow
ADDRESS OF WITNESS

Grey Mosico SIGNATURE OF WITNESS X
forwath W. #761 OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER 23-20844	REPORTING AGENCY Stow Police	DATE OF CRASH M 11 D 27 Y 23
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Lucy Tritten HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ofc. Wilk #761 AT Intersection at Kent - Sycamore
OFFICER'S NAME LOCATION

Kristian was trying to make a left turn onto Sycamore, & another car was doing the same at the other side of intersection. He couldn't see the person going forward, and said person hit the back of Kristian's car.

ADDRESS OF WITNESS 4258 Newdromet rd

SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature] #761</u>
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LOCAL REPORT NUMBER 23-20844	REPORTING AGENCY STOW POLICE	DATE OF CRASH M 11 D 27 23
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kristian Leseure HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Off. WILK #761 AT Kent Rd e Sycamore Dr
OFFICER'S NAME LOCATION

Turning left at the intersection of Sycamore and Kent, there was another person turning left from the opposite direction so visib. was partially obstructed. I go to turn left and as I am turning left a car from the opposite direction hit my vehicle.

ADDRESS OF WITNESS
2762 Oak Park Blvd

SIGNATURE OF WITNESS
X Kristian Leseure

OFFICER'S SIGNATURE
X [Signature] #761

LOCAL REPORT NUMBER 23-20844	REPORTING AGENCY STOW POLICE	DATE OF CRASH M 11 D 27 Y 23
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

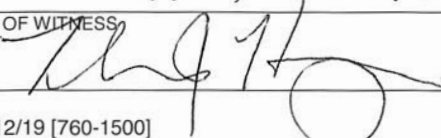
I, Thomas J. Haag PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

ofc. Wika #761 OFFICER'S NAME AT Kent Rd + Sycamore Stow, OH LOCATION

I WAS DRIVING EAST ON KENT RD IN THE RIGHT LANE, AS I APPROACHED THE TRAFFIC LIGHT AT SYCAMORE, A CAR IN THE LEFT LANE (TRAVELLING EAST) WAS STOPPED TO TAKE A LEFT ON SYCAMORE. THIS LEFT A BLIND SPOT FOR THE TRAVELLING WEST, TAKING A LEFT TO GO SOUTH ON SYCAMORE. THE CAR GUNNED THE GAS TO TAKE A LEFT IN FRONT OF ME. THERE WAS ~~NO~~ NO TIME TO STOP AND MY FRONT ~~BUMPER~~ BUMPER HIT THE BACK QUARTER PANEL OF THE TURNING CAR.

BOTTOM LINE: THEY TOOK A LEFT IN FRONT OF ME WHILE I HAD RIGHT-OF-WAY

ADDRESS OF WITNESS 2939 SILVER LAKE BLVD SILVER LAKE, OH

SIGNATURE OF WITNESS
X 

OFFICER'S SIGNATURE
X 