

|  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |  |
|--|--|---|--|---|--|--|--|---|--|--|--|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-2<br><input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY   | <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>STPD</b>  |  | NCIC*<br><b>07712</b>  |  | LOCAL REPORT NUMBER*<br><b>2023-00022521</b>  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br><b>0 2</b>   |  | NUMBER OF UNITS<br><b>0 2</b>                       |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>0 1</b> |  |
| COUNTY*<br><b>1</b>  |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br><b>1</b>  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Stow</b>   |  | CRASH DATE / TIME*<br><b>12282023 / 1836</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<br><b>3</b>  |  |  |  |   |  |  |  |
| ROUTE TYPE<br><b>3</b>   |  | ROUTE NUMBER<br><b>3</b>  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>3</b>  |  | LOCATION ROAD NAME<br><b>STEELS CORNERS</b>  |  | ROAD TYPE<br><b>R D</b>   |  | LATITUDE DECIMAL DEGREES<br><b>41.181483</b>   |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |  |  |
| ROUTE TYPE<br><b>3</b>   |  | ROUTE NUMBER<br><b>3</b>  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>3</b>  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>HUDSON</b>   |  | ROAD TYPE<br><b>D R</b>   |  | LONGITUDE DECIMAL DEGREES<br><b>-81.473410</b>   |  |   |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br><b>1</b>  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>4</b>  |  | 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 checked="" type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><b>4</b> |  |  |  |   |  |  |  |
| DISTANCE FROM REFERENCE<br><b>0 . 0</b>  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br><b>2</b>  |  | 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<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN<br><b>0 1</b> |  | 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<br><b>6</b>                          |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>2</b>   |  | 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<br><b>2</b> |  |   |  |  |  |
| <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>  |  | CONDITIONS<br><b>2</b>  |  | SURFACE<br><b>2</b>  |  |   |  |  |  |
| LIGHT CONDITION<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<br><b>3</b> |  | WEATHER<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<br><b>0 1</b> |  |   |  |  |  |   |  |  |  |   |  |  |  |

NARRATIVE

**UNIT 1 WAS TRAVELING NORTHBOUND ON HUDSON DRIVE AND WAITING TO TURN WESTBOUND ONTO EAST STEELS CORNERS ROAD. UNIT 2 WAS TRAVELING SOUTHBOUND ON ALLEN ROAD TOWARDS THE INTERSECTION OF EAST STEELS CORNERS/HUDSON DRIVE. ALLEN ROAD AND HUDSON DRIVE BOTH HAD GREEN LIGHTS WITH NO TURN ARROW. UNIT 1 FAILED TO YIELD TO TRAFFIC, BEGAN TO TURN WEST ONTO EAST STEELS CORNERS. UNIT 2 STRUCK UNIT 1 AS UNIT 2 WAS**



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

|  |  |  |  |  |  |   |  |   |  |
|--|--|--|--|--|--|---|--|---|--|
| CRASH REPORTED DATE / TIME<br><b>12282023 / 1836</b> |  | DISPATCH DATE / TIME<br><b>12282023 / 1838</b>           |  | ARRIVAL DATE / TIME<br><b>12282023 / 1839</b>                          |  | SCENE CLEARED DATE / TIME<br><b>12282023 / 1920</b> |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0 4 1</b>            |  | OTHER INVESTIGATION TIME<br><b>0 9 0</b>                 |  | TOTAL MINUTES<br><b>1 3 1</b>  |  | OFFICER'S NAME*<br><b>WONNER, EDWARD</b>            |  | CHECKED BY OFFICER'S NAME*<br><b>CORFMAN, JACOB</b>   |  |
| OFFICER'S BADGE NUMBER*<br><b>0 0 0 7 4 5</b>        |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>0 0 0 7 1 6</b> |  | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS) |  |   |  |   |  |

**OWNER**

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **DAVIS, MONA M**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**326 EDITH AVE Akron OH 44312**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) [REDACTED]  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

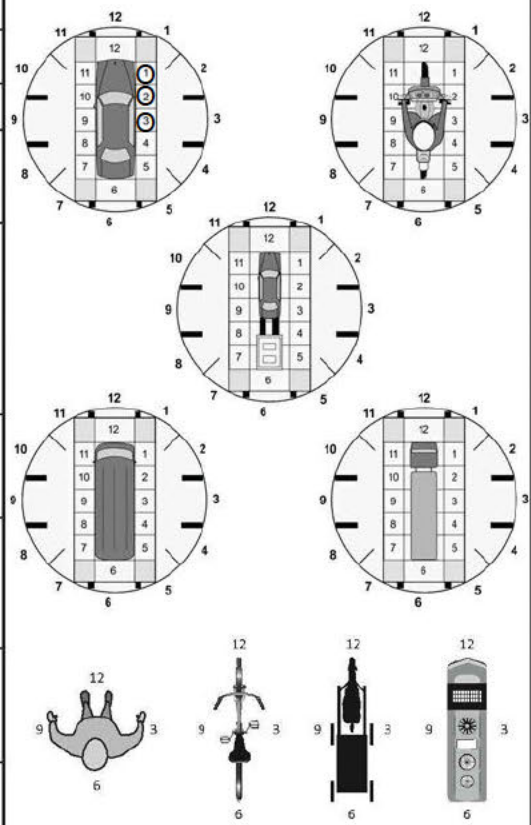
**DAMAGE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # KFL2854 VEHICLE IDENTIFICATION # ZACNJDB15MPM63572 VEHICLE YEAR 2021 VEHICLE MAKE Jeep (a)  
 INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826443288 COLOR Gre VEHICLE MODEL RENEGAD  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 0 4 VEHICLE WEIGHT GVWR/GWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



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

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  
 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 4 PRE-CRASH ACTIONS 0 6  
 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

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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

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

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 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

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

# OF THROUGH LANES ON ROAD 2 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 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT  
 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 42 - CULVERT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION  
 FROM 2 TO 4  
 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 0 1 0 POSTED SPEED 3 5 DETECTED SPEED 1  
 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**HARRIS, LAKETA LATOY**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  
**3041 8TH ST CUYAHOGA FALLS OH 44221**

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 # HMK4331 VEHICLE IDENTIFICATION # 5NPE1T46F58H325855 VEHICLE YEAR 2008 VEHICLE MAKE Hyundai

INSURANCE VERIFIED INSURANCE COMPANY GRANGE INSURANCE POLICY # 5211515 COLOR Sil VEHICLE MODEL SONATA

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GWR  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

US DOT # TOWED BY: COMPANY NAME

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 (ANYTYPE)  
 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 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 18 - SNOW REMOVAL 19 - TOWING  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 9 - OTHER / UNKNOWN  
 4 - SCHOOL TRANSPORT 5 - BUS - OTHER 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 19 - OTHER / UNKNOWN

VEHICLE DEFECTS  
01  
 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  
01  
 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 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION

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 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 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

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  
120

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

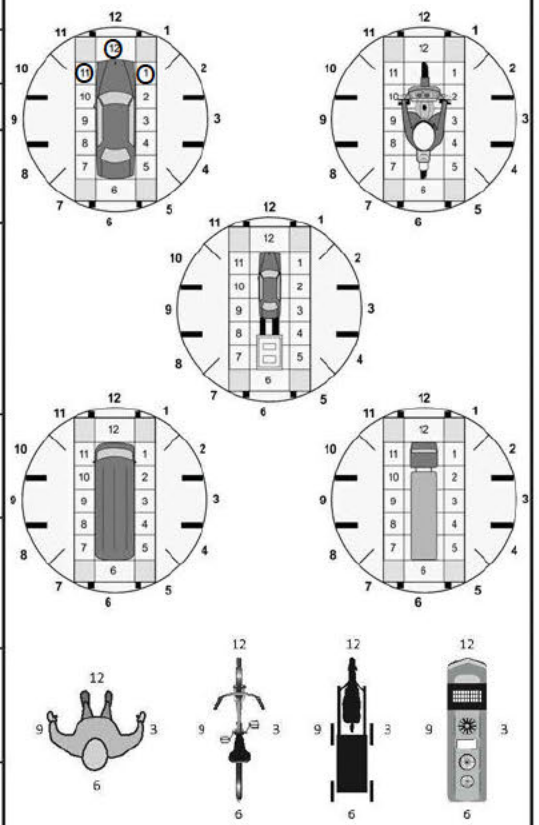
COLLISION WITH FIXED OBJECT - STRUCK  
1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
4 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
5 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
6 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  
2023-00022521

DAMAGE  
 DAMAGE SCALE  
4 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  
12 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 6 RAIL GRADE CROSSING  
1 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION  
 FROM 1 TO 2  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED 035 DETECTED SPEED 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

POSTED SPEED 35



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 - 0 0 0 2 2 5 2 1

|  |  |                          |  |   |  |                                |                                  |                      |                     |  |
|--|--|--------------------------|--|---|--|--------------------------------|----------------------------------|----------------------|---------------------|--|
| <b>UNIT #</b><br>0 1                                   | <b>NAME: LAST, FIRST, MIDDLE</b><br>[REDACTED] |                          | <b>DATE OF BIRTH</b><br>[REDACTED]                     |   | <b>AGE</b><br>0 1 6                                  | <b>GENDER</b><br>M             |                                  |                      |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>[REDACTED] |  |                          |  | <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>4        | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |  |
| <b>OL STATE</b><br>O H                                 | <b>OPERATOR LICENSE NUMBER</b>                 |                          | <b>OFFENSE CHARGED</b><br>331.16                       | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Right of Way at Inters |                                | <b>CITATION NUMBER</b><br>153868 |                      |                     |  |
| <b>OL CLASS</b>  | <b>ENDORSEMENT</b>                             | <b>RESTRICTION</b>       | <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>              |                      | <b>DRUG TEST(S)</b> |  |

|   |  |                                 |   |   |  |                                |                           |                      |                     |  |
|---|--|---------------------------------|---|---|--|--------------------------------|---------------------------|----------------------|---------------------|--|
| <b>UNIT #</b><br>0 2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>HARRIS, LAKETA LATOY |                                 | <b>DATE OF BIRTH</b><br>0 1 0 5 1 9 7 6                                       |   | <b>AGE</b><br>0 4 7                              | <b>GENDER</b><br>F             |                           |                      |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3041 8TH ST CUYAHOGA FALLS OH 44221 |  |                                 |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |  |                                |                           |                      |                     |  |
| <b>INJURIES</b><br>4  | <b>INJURED TAKEN BY</b><br>2                             | <b>EMS AGENCY (NAME)</b><br>SFD | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>Akron City Hospital | <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>2 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |  |
| <b>OL STATE</b><br>O H  | <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>                                       | <b>RESTRICTION</b>              | <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>       |                      | <b>DRUG TEST(S)</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"/> 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>                        | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b> |                 |                     |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>          |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>    |                 | <b>DRUG TEST(S)</b> |  |

| 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   | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN  | EJECTION  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                             | OL ENDORSEMENT  | 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  | ALCOHOL TEST TYPE   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER |  |
| SAFETY EQUIPMENT   | 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  | TRAPPED   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                        | GENDER  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  | DRUG TEST TYPE  | 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 3 - 0 0 0 2 2 5 2 1

|                 |   |  |                              |  |                             |
|-----------------|---|--|------------------------------|--|-----------------------------|
| <b>OCCUPANT</b> | UNIT #<br>01  | NAME: LAST, FIRST, MIDDLE<br>DAVIS, MONA M | DATE OF BIRTH<br>01051951    | AGE<br>072   | GENDER<br>F                 |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>326 EDITH AVE Akron OH 44312 |  |                              | CONTACT PHONE - INCLUDE AREA CODE                                      |                             |
|                 | INJURIES<br>3   | INJURED TAKEN BY<br>2                      | EMS AGENCY (NAME)<br>STOW FD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>Akron City Hospital | SAFETY EQUIPMENT USED<br>04 |
|                 | <input type="checkbox"/>  | DOT-COMPLIANT MC HELMET                    | SEATING POSITION<br>03       | AIR BAG USAGE<br>4   | EJECTION<br>1               |
|                 |   |  |                              |  | TRAPPED<br>1                |

|                 |  |  |                           |   |                             |
|-----------------|--|--|---------------------------|---|-----------------------------|
| <b>OCCUPANT</b> | UNIT #<br>01   | NAME: LAST, FIRST, MIDDLE<br>OLSON, KALLEN O | DATE OF BIRTH<br>07242013 | AGE<br>010                                      | GENDER<br>M                 |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>1701 BOBWHITE TRL STOW OH 44224 |  |                           | CONTACT PHONE - INCLUDE AREA CODE               |                             |
|                 | INJURIES<br>5  | INJURED TAKEN BY<br>1                        | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>04 |
|                 | <input type="checkbox"/>   | DOT-COMPLIANT MC HELMET                      | SEATING POSITION<br>04    | AIR BAG USAGE<br>5                              | EJECTION<br>1               |
|                 |  |  |                           |   | TRAPPED<br>1                |

|                 |  |   |                           |   |                             |
|-----------------|--|---|---------------------------|---|-----------------------------|
| <b>OCCUPANT</b> | UNIT #<br>01   | NAME: LAST, FIRST, MIDDLE<br>OLSON, KASHTON A | DATE OF BIRTH<br>08082018 | AGE<br>005                                      | GENDER<br>M                 |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>1701 BOBWHITE TRL STOW OH 44224 |   |                           | CONTACT PHONE - INCLUDE AREA CODE               |                             |
|                 | INJURIES<br>4  | INJURED TAKEN BY<br>1                         | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>04 |
|                 | <input type="checkbox"/>   | DOT-COMPLIANT MC HELMET                       | SEATING POSITION<br>06    | AIR BAG USAGE<br>5                              | EJECTION<br>1               |
|                 |  |   |                           |   | TRAPPED<br>1                |

|                 |                                   |                           |                   |   |                          |
|-----------------|-----------------------------------|---------------------------|-------------------|---|--------------------------|
| <b>OCCUPANT</b> | 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"/>          |                           |                   |   | <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                 |
| <b>INJURED TAKEN BY</b>                |   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    |
| 2 - EMS                                | 7 - BOOSTER SEAT                              | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 8 - HELMET USED                               | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 10 - REFLECTIVE CLOTHING                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     |
| M - MALE                               | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    | 99 - OTHER / UNKNOWN                          | 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> | NAME: LAST, FIRST, MIDDLE<br>JARRELLS, ANGELA MARIE                      | DATE OF BIRTH<br>09071989 | AGE<br>034 | GENDER<br>F                       |
|                | ADDRESS: STREET, CITY, STATE, ZIP<br>9335 GERALD DR STREETSBORO OH 44241 |                           |            | CONTACT PHONE - INCLUDE AREA CODE |


|                |  |                           |            |                                   |
|----------------|--|---------------------------|------------|-----------------------------------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE<br>MCCLAIN, DANA P                     | DATE OF BIRTH<br>11161969 | AGE<br>054 | GENDER<br>M                       |
|                | ADDRESS: STREET, CITY, STATE, ZIP<br>3339 AVIS RD Akron OH 44312 |                           |            | CONTACT PHONE - INCLUDE AREA CODE |

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

CONTINUING SOUTHBOUND FROM ALLEN ROAD TO HUDSON DRIVE.

|   |                             |                                     |
|---|-----------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br><del>23</del> 23-27521 | REPORTING AGENCY<br>Stow PD | DATE OF CRASH<br>M 12   D 28   Y 23 |
|---|-----------------------------|-------------------------------------|

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

I,  \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

PTL E. Warner # 745 AT 1701 Bobwhite Trl.  
OFFICER'S NAME LOCATION

I pulled into the turn lane with a green light and I was looking out on coming lanes when a car had pulled across the street in front of me when I was turning and ~~it~~ hit the front right side of the car.



OFFICER'S SIGNATURE  
X PTL  #745

|                                 |                             |                                     |
|---------------------------------|-----------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>23-22521 | REPORTING AGENCY<br>Stow PD | DATE OF CRASH<br>M 12   D 28   Y 23 |
|---------------------------------|-----------------------------|-------------------------------------|

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

I, DANA Meclain HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

PTL E. Wanner # 745 AT Steels Corners Rd / Hudson Dr.  
OFFICER'S NAME LOCATION

I WAS coming from Friday stopped  
 at the left light to TURN Right waiting for  
 the light when a silver car came through  
 the Intersection section hitting a Blue car  
 that was turning waiting to turn

|  |  |  |
|--|--|--|
| ADDRESS OF WITNESS<br>3339 Avs Road Akron Ohio 44312 | SIGNATURE OF WITNESS<br>X <u>Dana</u> 330-860-4865 | OFFICER'S SIGNATURE<br>X <u>PTL E. Wanner</u> #745 |
|--|--|--|

|                                 |                             |                                     |
|---------------------------------|-----------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>23-22521 | REPORTING AGENCY<br>Stow PD | DATE OF CRASH<br>M 12   D 28   Y 23 |
|---------------------------------|-----------------------------|-------------------------------------|

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

I, Angela Jarrells PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Ptl E. Wanner # 745 OFFICER'S NAME AT Steels Corners Rd/Hudson Dr. LOCATION

We were traveling on hudson drive waiting at the light going towards the city of hudson both directions on hudson were red the crossing rd (Allen) was green the Jeep was turning on to Hudson from Allen north when they were struck by the silver hundai. I crossed traffic + called 911 and began helping occupants (the 2 small boys) that were passengers of the Jeep.



|  |  |
|--|--|
| ADDRESS OF WITNESS<br>9335 Gerald Dr Streetsboro, OH 44241 | OFFICER'S SIGNATURE<br>X <u>[Signature]</u> #745 |
| SIGNATURE OF WITNESS<br>X <u>[Signature]</u>               |  |