

|  |  |   |  |   |                       |  |  |  |  |  |                               |  |  |  |
|--|--|---|--|---|-----------------------|--|--|--|--|--|-------------------------------|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-2<br><input checked="" type="checkbox"/> OH-3<br><input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>STPD</b> |   | NCIC*<br><b>07712</b> |  | LOCAL REPORT NUMBER*<br><b>2024-00008041</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 2</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>05212024 / 1625</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>4</b>                               |  |  |                               |  |  |  |
| ROUTE TYPE<br><b>S R</b>   |  | ROUTE NUMBER<br><b>00008</b>  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>1</b>  |                       | LOCATION ROAD NAME<br><b>41.162968;-81.471396</b>  |  | ROAD TYPE<br><b>RD</b>   |  | LATITUDE DECIMAL DEGREES<br><b>41.163064</b>   |                               | LONGITUDE DECIMAL DEGREES<br><b>-81.471781</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>1</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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><b>0</b> |  | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED   |                               |  |  |  |
| DISTANCE FROM REFERENCE<br><b>1 0 0</b>  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br><b>3</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><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>7</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>4</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><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>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>1</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<br><b>UNIT 1 WAS TRAVELING SOUTHBOUND ON STATE ROUTE 8, ON THE EXIT RAMP APPROACHING GRAHAM ROAD. UNIT 2 WAS ALSO TRAVELING SOUTHBOUND ON STATE ROUTE 8, APPROACHING GRAHAM ROAD. UNIT 2 IMPROPERLY CHANGED LANES FROM THE RIGHT SOUTHBOUND LANE INTO THE EXIT RAMP LANE AND STRUCK UNIT 1.</b> |                       |  |  |  |  |  |                               |  |  |  |
|  |  |   |  |   |                       |  |  |  |  | Indicate the north direction with an "N" on the compass diagram.   |                               |  |  |  |
| <p style="text-align: center;"><b>Not To Scale</b></p>   |  |   |  |   |                       |  |  |  |  |  |                               |  |  |  |
| CRASH REPORTED DATE / TIME<br><b>05212024 / 1625</b>   |  | DISPATCH DATE / TIME<br><b>05212024 / 1630</b>  |  | ARRIVAL DATE / TIME<br><b>05212024 / 1633</b>   |                       | SCENE CLEARED DATE / TIME<br><b>05212024 / 1709</b>  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |  |  |                               |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0 3 9</b>  |  | OTHER INVESTIGATION TIME<br><b>0 3 8</b>  |  | TOTAL MINUTES<br><b>0 7 7</b>   |                       | OFFICER'S NAME*<br><b>WONNER, EDWARD</b>   |  | CHECKED BY OFFICER'S NAME*<br><b>GINTHER, JOHN</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 5</b>  |  | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS)  |                       |  |  |  |  |  |                               |  |  |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) **TORRE, GREGORY PHILIP, Jr**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) **516 MASSILLON RD 15 Akron OH 44306**

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

OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER

2024-00008041

**VEHICLE**

LP STATE OH LICENSE PLATE # KBD8418 VEHICLE IDENTIFICATION # 1C4NJPA5GD643254 VEHICLE YEAR 2016 VEHICLE MAKE Jeep (a)

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 2896605-SFP-35 COLOR Bla VEHICLE MODEL PATRIOT

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 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

**DAMAGE**

DAMAGE SCALE

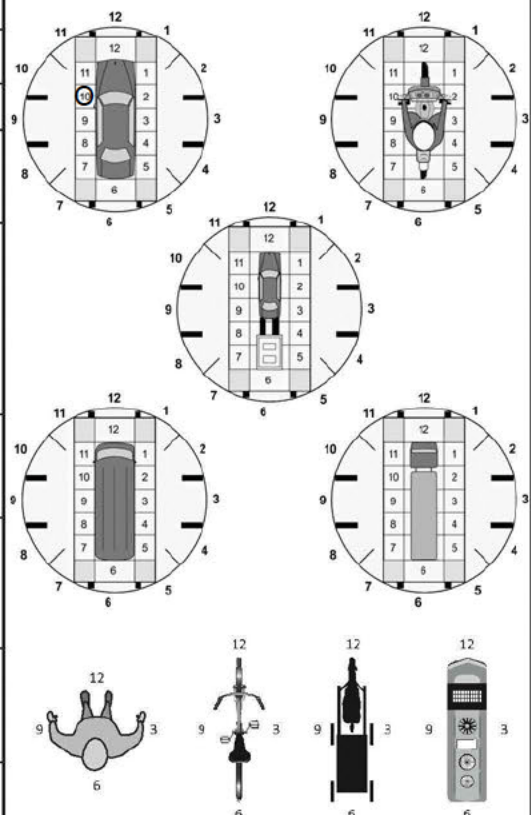
2 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

UNITTYPE 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 (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

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



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

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

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

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

CARGO BODY TYPE 01

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

VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS  
 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 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**INITIAL POINT OF CONTACT**

10 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

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  
 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

**TRAFFIC**

TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 3

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

SEQUENCE OF EVENTS

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

**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

**COLLISION WITH FIXED OBJECT - STRUCK**

4 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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

UNIT SPEED 050

POSTED SPEED 65

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

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**JACKSON, ALEXUS NICOLE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**2083 AKRON PENINSULA RD AKRON OH 44313**

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 # JYZ4903 VEHICLE IDENTIFICATION # ZACNJDBB3MPN33885 VEHICLE YEAR 2021 VEHICLE MAKE Jeep (a)

INSURANCE VERIFIED INSURANCE COMPANY AARP INSURANCE POLICY # 55100257627 COLOR Bla VEHICLE MODEL RENEGAD

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 0 2 VEHICLE WEIGHT GVWR/GWWR  
1 - ≤10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL CLASS # PLACARD ID #

MATERIAL RELEASED  PLACARD

UNIT TYPE 0 3

|                             |                                      |                        |  |                            |
|-----------------------------|--------------------------------------|------------------------|--|----------------------------|
| 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      | 3 - CONDITIONAL AUTOMATION | 9 - UNKNOWN |
| 1 - DRIVER ASSISTANCE  | 4 - HIGH AUTOMATION        |             |
| 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION        |             |

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  | 14 - GARBAGE/REFUSE  |
|   |  |                                  | 11 - DUMP      | 99 - OTHER / UNKNOWN |

VEHICLE DEFECTS 0 1

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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 0 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                 | 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 9

|                      |                                |  |                                     |                                |
|----------------------|--------------------------------|--|-------------------------------------|--------------------------------|
| 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          |  |                                     |                                |

SEQUENCE OF EVENTS

EVENTS

|              |                                     |                         |  |                                 |   |
|--------------|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 <u>2 0</u> | 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 2            | 2 - FIRE/EXPLOSION                  | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY                                | 17 - ANIMAL - FARM              | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3            | 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE OBJECT   |
| 4            | 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |   |
| 5            | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT |   |
| 6            |                                     |                         |  | 21 - PARKED MOTOR VEHICLE       |   |

COLLISION WITH FIXED OBJECT - STRUCK

|  |                               |                                  |                   |                                      |
|--|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 37 - TRAFFIC SIGN POST           | 43 - CURB         | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 38 - OVERHEAD SIGN POST          | 44 - DITCH        | 51 - WALL                            |
| 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 39 - LIGHT / LUMINARIES SUPPORT  | 45 - EMBANKMENT   | 52 - BUILDING                        |
| 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE                | 46 - FENCE        | 53 - TUNNEL                          |
| 29 - BRIDGE RAIL                       | 35 - MEDIAN CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX      | 54 - OTHER FIXED OBJECT              |
| 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 42 - CULVERT                     | 48 - TREE         | 99 - OTHER / UNKNOWN                 |
|  |                               |                                  | 49 - FIRE HYDRANT |                                      |

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

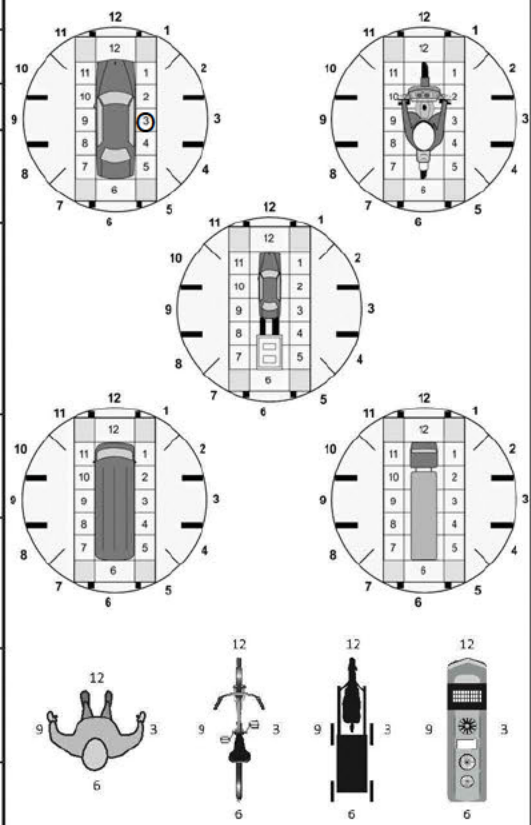
LOCAL REPORT NUMBER  
2 0 2 4 - 0 0 0 0 8 0 4 1

DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

0 3

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

TRAFFIC

TRAFFICWAY FLOW

1 1 - ONE-WAY  
2 2 - TWO-WAY

TRAFFIC CONTROL

6 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 3

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED 0 5 5

POSTED SPEED 6 5

DETECTED SPEED

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 2 0 2 4 - 0 0 0 0 8 0 4 1

|  |                                  |                          |  |  |                              |  |                              |                               |                        |                |
|--|----------------------------------|--------------------------|--|--|------------------------------|--|------------------------------|-------------------------------|------------------------|----------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>                                       | <b>GENDER</b>                |                               |                        |                |
| 0 1                                      | TORRE, GREGORY PHILIP, Jr        |                          |  | 1 1 0 2 1 9 8 5  |                              | 0 3 8  | M                            |                               |                        |                |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                              |  |                              |                               |                        |                |
| 516 MASSILLON RD 15 Akron OH 44306       |                                  |                          |  | [PHONE DIAL PATTERN]   |                              |  |                              |                               |                        |                |
| <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> |
| 4  | 1                                | SFD                      |  |  | 0 4                          | <input type="checkbox"/>                         | 0 1                          | 1                             | 1                      | 1              |
| <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> |                |
| O H                                      | [REDACTED]                       |                          |  |  | [REDACTED]                   |  |                              |                               |                        |                |
| <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>    |                |
| 4  |                                  |                          | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | 1  | STATUS: 1, TYPE: 1, VALUE: . | STATUS: 1, TYPE: 1, RESULT: 1 |                        |                |

|  |                                  |                          |  |  |                              |  |                              |                               |                        |                |
|--|----------------------------------|--------------------------|--|--|------------------------------|--|------------------------------|-------------------------------|------------------------|----------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          |  | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>                                       | <b>GENDER</b>                |                               |                        |                |
| 0 2                                      | HOLLOWAY-JACKSON, ROBIN LINNEA   |                          |  | 1 1 1 8 1 9 6 3  |                              | 0 6 0  | F                            |                               |                        |                |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                              |  |                              |                               |                        |                |
| 2083 AKRON-PENINSULA RD Akron OH 44313   |                                  |                          |  | [PHONE DIAL PATTERN]   |                              |  |                              |                               |                        |                |
| <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> |
| 5  |                                  |                          |  |  | 0 4                          | <input type="checkbox"/>                         | 0 1                          | 1                             | 1                      | 1              |
| <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> |                |
| O H                                      | [REDACTED]                       |                          | 331.14   |  | [X]                          | Signals Before Changin                           |                              |                               | SC0013087              |                |
| <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>    |                |
| 4  |                                  |                          | 1  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | 1  | STATUS: 1, TYPE: 1, VALUE: . | STATUS: 1, TYPE: 1, RESULT: 1 |                        |                |

|  |                                  |                          |  |  |                              |  |                         |                      |                        |                |
|--|----------------------------------|--------------------------|--|--|------------------------------|--|-------------------------|----------------------|------------------------|----------------|
| <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> |
|  |                                  |                          |  |  |                              | <input type="checkbox"/>                         |                         |                      |                        |                |
| <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>    |                |
|  |                                  |                          |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              |  |                         |                      |                        |                |

| 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     |
| <b>INJURED TAKEN BY</b>  | <b>EJECTION</b>   |   | <b>OL ENDORSEMENT</b>   |   | <b>ALCOHOL TEST TYPE</b>   |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |  |
| <b>SAFETY EQUIPMENT</b>  | <b>TRAPPED</b>  |   | <b>GENDER</b>   |   | <b>DRUG TEST TYPE</b>  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  |
|  |   |   |   | <b>CONDITION</b>  |  | <b>DRUG TEST RESULT(S)</b>   |
|  |   |   |   | 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   |  | 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 4 - 0 0 0 0 8 0 4 1

|  |                                  |  |  |                              |
|--|----------------------------------|--|--|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                             | <b>AGE</b>   | <b>GENDER</b>                |
| 0 2                                      | JACKSON, ALEXUS NICOLE           | 1 2 0 4 2 0 0 1                                  | 0 2 2  | F                            |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |  |                              |
| 2083 AKRON PENINSULA RD AKRON OH 44313   |                                  |  |  |                              |
| <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> |
| 5  | 1                                |  |  | 0 4                          |
|  |                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                | <b>AIR BAG USAGE</b>         |
|  |                                  |  | 0 3  | 1                            |
|  |                                  |  | <b>EJECTION</b>  | <b>TRAPPED</b>               |
|  |                                  |  | 1  | 1                            |

|  |                                  |  |  |                              |
|--|----------------------------------|--|--|------------------------------|
| <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>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>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>               |
|  |                                  |  |  |                              |

| 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>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>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>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> |               |
|  |                      |  |               |

SCANNED

|                                 |                             |                                    |
|---------------------------------|-----------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>24-08041 | REPORTING AGENCY<br>Stow PD | DATE OF CRASH<br>M 5   D 21   Y 24 |
|---------------------------------|-----------------------------|------------------------------------|

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

I, Greg Torre Jr PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Ptl E. Wanner #745 OFFICER'S NAME AT S.R. 8 SR / Graham Rd LOCATION

I was traveling south on RT 8 south from work.

traveling in the far right lane, I fully merged into the exit only lane for the Graham Rd Exit on RT 8 south. As I slowed speed, a Black Jeep flew in from the center lane at high speed and struck my driver side pushing me into the shoulder.

ADDRESS OF WITNESS

516 Massillon Rd #15 Akron

44306

PHONE

SIGNATURE OF WITNESS

X

OFFICER'S SIGNATURE

X

SCANNED

|                                 |                             |                                    |
|---------------------------------|-----------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>24-08041 | REPORTING AGENCY<br>Stow PD | DATE OF CRASH<br>M 5   D 21   Y 24 |
|---------------------------------|-----------------------------|------------------------------------|

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

I, x Robin Jackson PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Ptl E. Wanner #745 OFFICER'S NAME AT S.R. 8 SB / Graham Rd LOCATION

X  
 I was entering the exit and was bumped on the side (Right) of my car by a car that sped up trying to get off just although he was behind me.

Second car started he was in a prior accident and I did not feel well.

ADDRESS OF WITNESS  
2083 Orion Peninsula Rd Akron, OH - 44313  
 SIGNATURE OF WITNESS  
x Robin Jackson  
 OFFICER'S SIGNATURE  
x Ptl E. Wanner #745