

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 4 - 0 0 0 1 0 6 6 4

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

LOCAL INFORMATION
 REPORTING AGENCY NAME* **STPD**
 NCIC* **0 7 7 1 2**

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS **0 2**
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
0 2

COUNTY* LOCALITY* **1** LOCATION: CITY, VILLAGE, TOWNSHIP*
Stow

CRASH DATE / TIME* **0 7 0 4 2 0 2 4 / 1 2 1 0**
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
5

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE
GRAHAM
R D

LATITUDE DECIMAL DEGREES
4 1 . 1 6 6 7 2 0

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE
ENGLEWOOD
R D

LONGITUDE DECIMAL DEGREES
8 1 . 4 5 0 1 4 0

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
1
 DIRECTION FROM REFERENCE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
1
 ROUTE TYPE
 IR - INTERSTATE ROUTE (TP)
 US - FEDERAL US ROUTE
 SR - STATE ROUTE
 CR - NUMBERED COUNTY ROUTE
 TR - NUMBERED TOWNSHIP ROUTE
 ROAD TYPE
 AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFIC WAY
 7 - ON RAMP
 8 - OFF RAMP
0 1
 9 - CROSSOVER
 10 - DRIVEWAY/ALLEY ACCESS
 11 - RAILWAY GRADE CROSSING
 12 - SHARED USE PATHS OR TRAILS
 13 - BIKE LANE
 14 - TOLL BOOTH
 99 - OTHER / UNKNOWN

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

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

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN
 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER

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

CONTOUR
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN
1

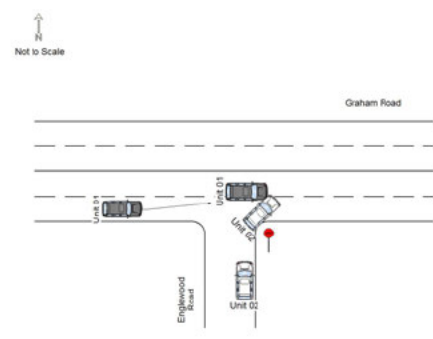
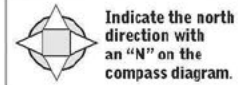
CONDITIONS
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN
1

SURFACE
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER/UNKNOWN
2

LIGHT CONDITION
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING
 9 - OTHER / UNKNOWN
1

WEATHER
 1 - CLEAR
 2 - CLOUDY
 3 - FOG, SMOG, SMOKE
 4 - RAIN
 5 - SLEET, HAIL
 6 - SNOW
 7 - SEVERE CROSSWINDS
 8 - BLOWING SAND, SOIL, DIRT, SNOW
 9 - FREEZING RAIN OR FREEZING DRIZZLE
 99 - OTHER / UNKNOWN
0 2

NARRATIVE
Unit 01 was traveling eastbound on Graham Road. Unit 02 was on Englewood Drive to turn eastbound onto Graham Road. Unit 02 turned out into the left lane and was struck by Unit 01



CRASH REPORTED DATE / TIME **0 7 0 4 2 0 2 4 / 1 2 1 3** DISPATCH DATE / TIME **0 7 0 4 2 0 2 4 / 1 2 1 6** ARRIVAL DATE / TIME **0 7 0 4 2 0 2 4 / 1 2 3 0** SCENE CLEARED DATE / TIME **0 7 0 4 2 0 2 4 / 1 2 5 8**

TOTAL TIME ROADWAY CLOSED **0 0 0** OTHER INVESTIGATION TIME **0 6 0** TOTAL MINUTES **1 0 2**

OFFICER'S NAME* **LYBERGER, DANA** OFFICER'S BADGE NUMBER* **0 0 0 7 7 2**

CHECKED BY OFFICER'S NAME* **OLESINSKI, KASEY** CHECKED BY OFFICER'S BADGE NUMBER* **0 0 0 7 1 3**

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS)

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **DESALVO, CATHERINE LOUISE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **527 BATH HILLS BLVD AKRON OH 44333**

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 # FTF1181 VEHICLE IDENTIFICATION # 7FARS6H5XRE026340 VEHICLE YEAR 2024 VEHICLE MAKE Honda

INSURANCE VERIFIED INSURANCE COMPANY National General INSURANCE POLICY # 2022947633 COLOR Gra VEHICLE MODEL CRV

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 03 VEHICLE WEIGHT GVWR/GWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 03

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (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		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 <u>0</u>
			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	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE 01

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

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN

ACTION 4

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

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			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS

EVENTS

1 <u>20</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 - MOTORVEHICLE IN TRANSPORT	
6				21 - PARKED MOTORVEHICLE	

COLLISION WITH FIXED OBJECT - STRUCK

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER

2024-00010664

DAMAGE

DAMAGE SCALE

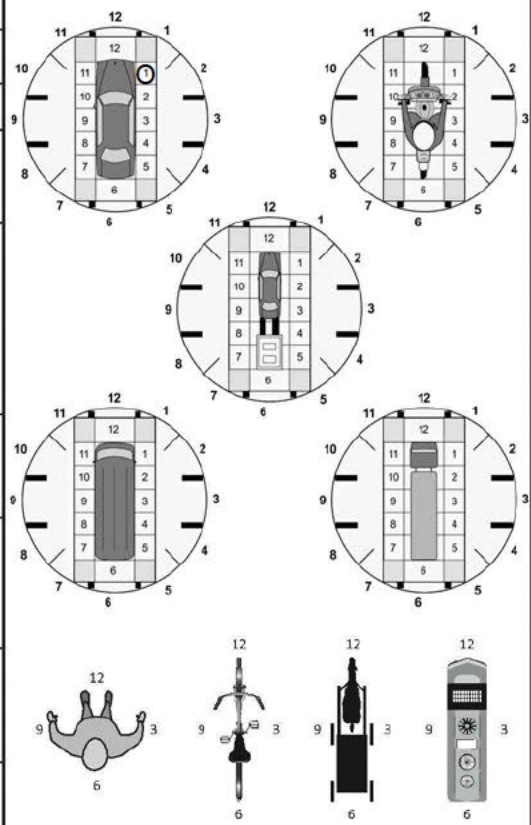
3 1 - NONE 3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

01

0 - NO DAMAGE 14 - UNDERCARRIAGE

1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE

99 - UNKNOWN

13 - TOP

TRAFFIC

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

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

1 - NOT INVOLVED

2 - INVOLVED-ACTIVE CROSSING

3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 5 - NORTHEAST

2 - SOUTH 6 - NORTHWEST

3 - EAST 7 - SOUTHEAST

4 - WEST 8 - SOUTHWEST

9 - OTHER / UNKNOWN

UNIT SPEED 035

POSTED SPEED 35

DETECTED SPEED 1

1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)
CHIARAPPA, MARIA

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)
4284 QUICK RD PENINSULA OH 44264

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 # ERQ2819 VEHICLE IDENTIFICATION # 3CZRU6H37NM745257 VEHICLE YEAR 2022 VEHICLE MAKE Honda

INSURANCE VERIFIED INSURANCE COMPANY Motorist Mutual INSURANCE POLICY # 01310662693001A COLOR Whi VEHICLE MODEL HRV

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

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

TOWED BY: COMPANY NAME

UNIT TYPE 03

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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
			0 - NO AUTOMATION
			1 - DRIVER ASSISTANCE
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5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE 01

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VEHICLE DEFECTS

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	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	

ACTION 3

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

PRE-CRASH ACTIONS 05

1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

CONTRIBUTING CIRCUMSTANCES 02

SEQUENCE OF EVENTS

EVENTS

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

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	

TRAFFICWAY FLOW 2

TRAFFIC CONTROL 4

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION FROM 2 TO 3

UNIT SPEED 009

DETECTED SPEED 1

POSTED SPEED 25

SEQUENCE OF EVENTS

EVENTS

1 20 1 - OVERTURN/ROLLOVER

2 0 2 - FIRE/EXPLOSION

3 0 3 - IMMERSION

4 0 4 - JACKKNIFE

5 0 5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 0 6 - EQUIPMENT FAILURE

7 0 7 - SEPARATION OF UNITS

8 0 8 - RAN OFF ROAD RIGHT

9 0 9 - RAN OFF ROAD LEFT

10 0 10 - CROSS MEDIAN

11 0 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

12 0 12 - DOWNHILL RUNAWAY

13 0 13 - OTHER NON-COLLISION

14 0 14 - PEDESTRIAN

15 0 15 - PEDALCYCLE

16 0 16 - RAILWAY VEHICLE

17 0 17 - ANIMAL - FARM

18 0 18 - ANIMAL - DEER

19 0 19 - ANIMAL - OTHER

20 0 20 - MOTORVEHICLE IN TRANSPORT

21 0 21 - PARKED MOTORVEHICLE

22 0 22 - WORK ZONE MAINTENANCE EQUIPMENT

23 0 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

24 0 24 - OTHER MOVABLE OBJECT

25 0 25 - IMPACT ATTENUATOR / CRASH CUSHION

26 0 26 - BRIDGE OVERHEAD STRUCTURE

27 0 27 - BRIDGE PIER OR ABUTMENT

28 0 28 - BRIDGE PARAPET

29 0 29 - BRIDGE RAIL

30 0 30 - GUARDRAIL FACE

31 0 31 - GUARDRAIL END

32 0 32 - PORTABLE BARRIER

33 0 33 - MEDIAN CABLE BARRIER

34 0 34 - MEDIAN GUARDRAIL BARRIER

35 0 35 - MEDIAN CONCRETE BARRIER

36 0 36 - MEDIAN OTHER BARRIER

37 0 37 - TRAFFIC SIGN POST

38 0 38 - OVERHEAD SIGN POST

39 0 39 - LIGHT / LUMINARIES SUPPORT

40 0 40 - UTILITY POLE

41 0 41 - OTHER POST, POLE OR SUPPORT

42 0 42 - CULVERT

43 0 43 - CURB

44 0 44 - DITCH

45 0 45 - EMBANKMENT

46 0 46 - FENCE

47 0 47 - MAILBOX

48 0 48 - TREE

49 0 49 - FIRE HYDRANT

50 0 50 - WORK ZONE MAINTENANCE EQUIPMENT

51 0 51 - WALL

52 0 52 - BUILDING

53 0 53 - TUNNEL

54 0 54 - OTHER FIXED OBJECT

99 0 99 - OTHER / UNKNOWN

1 1 1 - STATED / ESTIMATED SPEED

2 0 2 - CALCULATED / EDR

3 0 3 - UNDETERMINED

1 1 1 - NORTH 5 - NORTHEAST

2 0 2 - SOUTH 6 - NORTHWEST

3 0 3 - EAST 7 - SOUTHEAST

4 0 4 - WEST 8 - SOUTHWEST

9 0 9 - OTHER / UNKNOWN

1 1 1 - FIRST HARMFUL EVENT 1 1 1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER 2024-00010664

DAMAGE

DAMAGE SCALE 3

1 - NONE 3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY

- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE

1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE

99 - UNKNOWN

13 - TOP

TRAFFICWAY FLOW 2

TRAFFIC CONTROL 4

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION FROM 2 TO 3

UNIT SPEED 009

DETECTED SPEED 1

POSTED SPEED 25



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER												
2	0	2	4	-	0	0	0	1	0	6	6	4

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE RYBICKI, JANET KRISTER																	
	ADDRESS: STREET, CITY, STATE, ZIP 10131 LAKE BLVD PARMA OH 44130										DATE OF BIRTH 01021953	AGE 071	GENDER F						
	INJURIES 5										INJURED TAKEN BY 1		EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 06	AIR BAG USAGE 1	EJECTION 1

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE DESALVO, CATHERINE LOUISE																	
	ADDRESS: STREET, CITY, STATE, ZIP 527 BATH HILLS BLVD AKRON OH 44333										DATE OF BIRTH 01021953	AGE 071	GENDER F						
	INJURIES 5										INJURED TAKEN BY 1		EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 04	AIR BAG USAGE 1	EJECTION 1

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

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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY			
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
2 - EMS	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
3 - POLICE	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
GENDER			
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
		13 - TRAILING UNIT	1 - NOT TRAPPED
		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	

WITNESS	NAME: LAST, FIRST, MIDDLE SNYDER, BRUCE STERLING										DATE OF BIRTH 09281951	AGE 072	GENDER M						
	ADDRESS: STREET, CITY, STATE, ZIP 3064 KENT RD 402A Stow OH 44224										CONTACT PHONE - INCLUDE AREA CODE								
	INJURIES										INJURED TAKEN BY		EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

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

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

LOCAL REPORT NUMBER 24-10664	REPORTING AGENCY Stow PD	DATE OF CRASH M 7 D 4 Y 2024
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, THOMAS BURGESS PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
D. Lyberger #772 OFFICER'S NAME AT Graham Rd / Englewood Rd LOCATION

We were (Thomas driver, Catherine DeSalvo front passenger) and Janet Rybicki (rear passenger) traveling east on Graham Rd in the curb lane approaching Englewood Ave. A white Honda HRV was travelling north at the intersection with Graham Rd (Stop sign is on Englewood, but no traffic signal on Graham). She (~~or~~ lady driver in the Honda) stopped momentarily then pulled in front of our cars. We swerved to avoid the collision, but collided with her left front corner, hitting our right front corner of our vehicle. We stopped to assess damage and attempt to exchange information and insurance coverage. She got out of the vehicle, disregarded our requests, and left the scene. She travelled one street further east on Graham Rd, and I was able to take photos of the driver, car, and license plates. She turned west and left the scene on Graham Rd. There were two witnesses to the incident - Bailey 330-858-3954 and Bruce Snyder - 330-849-0313 who confirmed that the white HRV pulled into oncoming traffic causing the collision.

ADDRESS OF WITNESS:
4390 Hillside Drive, Copley 44321

SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>Dana Lyberger #772</u>
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