



**Ohio Attorney General's Office  
Bureau of Criminal Investigation  
Investigative Report**



2024-0431

Officer-Involved Critical Incident- 6042 Huntley Rd,  
Columbus

Investigative Activity: Records Received, Document Review, Police Report Review  
Activity Date: 4/23/2024  
Activity Location: BCI  
Authoring Agent: SA Matt Collins, #151

**Narrative:**

On Monday, March 11, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matt Collins (SA Collins) received documents from City of Columbus-Division of Police (CPD) Sgt. Terry McConnell. The records which were requested included any reports pertaining to the February 7, 2024, officer-involved shooting, except for any statements made by the involved officers. SA Collins reviewed the documents and noted the following:

The documents included copies of complaints related to the incident involving CPD officers (2/7/2024), domestic violence (2/5/2024), as well as documents related to the theft of a vehicle from Lancaster Police Department (2/7/2024).

The documents are attached to this investigative report. Please refer to the attachment for further details.

# Case Report: [REDACTED]

|                   |                            |                    |       |                      |     |      |               |     |            |               |
|-------------------|----------------------------|--------------------|-------|----------------------|-----|------|---------------|-----|------------|---------------|
| Subject           | 150 - Domestic Violence    | Suspect(s)         |       |                      |     |      |               |     |            |               |
| Disposition       | 1 - Exception/Clearance    | Name               | Alias | Address              | Sex | Race | Date Of Birth | Age | Phone      | Email Address |
| Entered On        | 2/5/2024 11:18:58 PM       | Graham, Holly Lynn |       | 1025 Suger Grove Rd; | F   | W    | 01/02/1992    | 32  |            |               |
| Entered By        | 2019118 - STAAB, AUSTIN K  |                    |       |                      |     |      |               |     |            |               |
| Reported On       | 2/5/2024 9:58:00 PM        | Arrestees          |       |                      |     |      |               |     |            |               |
| Reporting Officer | 2019118 - STAAB, AUSTIN K  | Name               | Alias | Address              | Sex | Race | Date Of Birth | Age | Phone      | Email Address |
| Occurred On       | Monday 2/5/2024 9:58:00 PM |                    |       |                      |     |      |               |     |            |               |
| Or Between        |                            | Victims            |       |                      |     |      |               |     |            |               |
| Location          | 5415 Ravine Bluff Ct       | Name               | Alias | Address              | Sex | Race | Date Of Birth | Age | Phone      | Email Address |
| City,State,Zip    | Columbus, OH 43231         | [REDACTED]         |       | [REDACTED]           | M   | W    | 05/27/1971    | 52  | [REDACTED] |               |
| Location Name     |                            |                    |       |                      |     |      |               |     |            |               |
| Zone              | 1                          | Witnesses          |       |                      |     |      |               |     |            |               |
| Precinct          | 1                          | Name               | Alias | Address              | Sex | Race | Date Of Birth | Age | Phone      | Email Address |
| Cruiser District  | 14 District                | Others             |       |                      |     |      |               |     |            |               |
| Call Source       | Dispatch                   | Name               | Alias | Address              | Sex | Race | Date Of Birth | Age | Phone      | Email Address |
| Clearance Basis   | U - Referred To Prosecutor |                    |       |                      |     |      |               |     |            |               |
| EXCL Date         |                            |                    |       |                      |     |      |               |     |            |               |
| Unit Case #       |                            |                    |       |                      |     |      |               |     |            |               |

| Offenses                                               |                        |                            |           |
|--------------------------------------------------------|------------------------|----------------------------|-----------|
| Offense                                                | Location               | Hate/Bias                  | Weapons   |
| 291925.13C - Domestic Violence (No weapon / No injury) | 02 - Multiple Dwelling | N - No Bias/Not Applicable | 99 - None |

| Property |             |        |              |       |               |         |      |            |         |            |       |            |
|----------|-------------|--------|--------------|-------|---------------|---------|------|------------|---------|------------|-------|------------|
| Property | Description | Status | Manufacturer | Model | Serial Number | Caliber | Year | Body Style | License | Reg. State | Color | Disosition |

Report Narrative

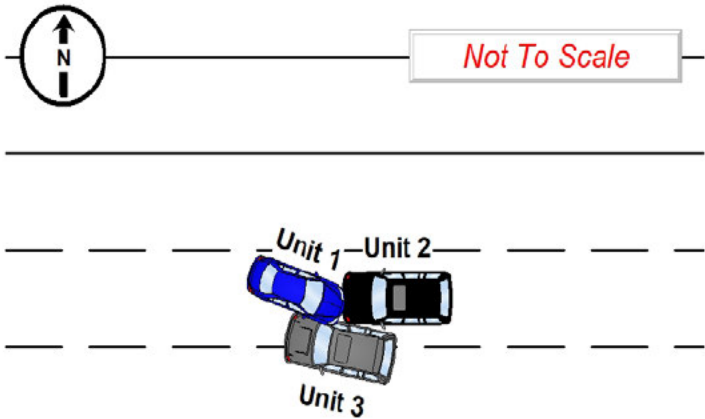
On the above stated date, time, and location officers received a call concerning a person being put in a "choke hold" by her boyfriend. Officers circulated the area and conducted multiple call backs but could not find the caller. A PremierOne search of the callers phone number gave an address of [REDACTED] Officers knocked on the address and met listed victim who stated his girlfriend, suspect 1, was going crazy and did not want her back at his place. Victim stated that he believed the suspect was using crack or methamphetamine or both and had not slept in 5-6 days causing her to have mental issues. Victim stated that the suspect threatened to stab him with a knife that she was brandishing, unless he stopped the electricity. Victim stated that he put the suspect in a "choke hold" as a form of self defense from the threat of an edged weapon. Officers were unable to find listed suspect during the run.

Officers attempted to contact CPD DV detectives which went unanswered. Officers could not determine a primary physical aggressor and referred the victim to the prosecutors office. Officers provided the report number and victim rights to the victim.

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                            |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3                                                                                                                                                                                |  | LOCAL INFORMATION 13                                                                                                                                                        |  | LOCAL REPORT NUMBER *                                                                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER                                                                                                                                                                              |  | REPORTING AGENCY NAME *<br>Columbus Police Department                                                                                                                       |  | NCIC *<br>COP00                                                                                                                                                                                                                                                                                                |  |
| COUNTY*<br>25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1                                                                                                                                                                                  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Columbus                                                                                                                              |  | CRASH DATE / TIME*<br>02/07/2024 16:01                                                                                                                                                                                                                                                                         |  |
| ROUTE TYPE<br>SR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | ROUTE NUMBER<br>161                                                                                                                                                                                                                        |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    |  | LATITUDE DECIMAL DEGREES<br>40.087642                                                                                                                                                                                                                                                                          |  |
| ROUTE TYPE<br>IR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | ROUTE NUMBER<br>71                                                                                                                                                                                                                         |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                    |  | LONGITUDE DECIMAL DEGREES<br>-82.986321                                                                                                                                                                                                                                                                        |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3                                                                                                                                                            |  | 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 |  |
| DISTANCE FROM REFERENCE<br>200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2                                                                                                                                                                        |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES             |  | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                 |  |
| 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>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<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>3     |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4                                                                                                  |  | 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>4                                                                                                                  |  |
| <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>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN<br>1                                                                                                                                                                                          |  |
| 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>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 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>1 |  | CONDITIONS<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<br>1        |  | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN<br>2                                                                                                                                                             |  |
| NARRATIVE<br>Unit #1, an entered stolen vehicle from Lancaster, Ohio Police Department (report #246821) was traveling Eastbound in the Westbound lanes of SR 161, fleeing officers from a critical incident at 975 E. Dublin Granville Rd. Unit #2 and Unit #3 were both traveling Westbound on SR 161 just East of IR 71. Unit #1 drove head-on into Unit #2 and Unit #3 just East of the IR 71 Overpass. Driver #1 was transported to Riverside Medical Center by Columbus Fire Department Medic 806. See medical report for injury information. Driver #2 and Driver #3 were treated at scene by Clinton Township Fire Medic 61 for minor injuries. No transports were made. Columbus Police Critical Incident Response Team and Ohio BCI responded to the scene for investigation. |  |                                                                                                                                                                                                                                            |  |  <p>SR 161 Westbound 200 Feet East of IR 71</p>                                         |  |                                                                                                                                                                                                                                                                                                                |  |
| CRASH REPORTED DATE / TIME<br>02/07/2024 16:01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DISPATCH DATE / TIME<br>02/07/2024 16:01                                                                                                                                                                                                   |  | ARRIVAL DATE / TIME<br>02/07/2024 16:01                                                                                                                                     |  | SCENE CLEARED DATE / TIME<br>02/07/2024 18:00                                                                                                                                                                                                                                                                  |  |
| TOTAL TIME ROADWAY CLOSED<br>180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER INVESTIGATION TIME<br>120                                                                                                                                                                                                            |  | TOTAL MINUTES<br>239                                                                                                                                                        |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                                                                                                                      |  |
| OFFICER'S NAME*<br>BARRETT, ROBERT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | OFFICER'S BADGE NUMBER*<br>1555                                                                                                                                                                                                            |  | CHECKED BY OFFICER'S NAME*<br>LISATH, ROY                                                                                                                                   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>5222                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                            |  |                                                                                                                                                                             |  | <input checked="" type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)                                                                                                                                                                                                  |  |

|                                                     |                                                                                     |                                                                             |                                                                            |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| OWNER                                               | UNIT #                                                                              | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
|                                                     | 1                                                                                   | PETERS, ANTHONY                                                             |                                                                            |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) |                                                                             |                                                                            |
|                                                     | 1903 E MAIN ST APT 1A, LANCASTER, OH, 43130                                         |                                                                             |                                                                            |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                     | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                 |                                                                            |

|                                                                                                                        |                                             |                                                          |                                                                                                      |              |               |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------|---------------|
| VEHICLE                                                                                                                | LP STATE                                    | LICENSE PLATE #                                          | VEHICLE IDENTIFICATION #                                                                             | VEHICLE YEAR | VEHICLE MAKE  |
|                                                                                                                        | OH                                          | HCG9829                                                  | 2T1BURHE5FC310905                                                                                    | 2015         | TOYOTA        |
|                                                                                                                        | <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY                                        | INSURANCE POLICY #                                                                                   | COLOR        | VEHICLE MODEL |
|                                                                                                                        |                                             |                                                          |                                                                                                      | BLU          | COROLLA       |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                             | US DOT #                                                 | TOWED BY: COMPANY NAME                                                                               |              |               |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              |                                             | VEHICLE WEIGHT GVWR/GCWR                                 | PRO TOW - IMPOUND LOT                                                                                |              |               |
| # OCCUPANTS                                                                                                            |                                             | 1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. | HAZARDOUS MATERIAL CLASS # PLACARD ID #                                                              |              |               |
|                                                                                                                        |                                             |                                                          | <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |              |               |

|         |                                                               |                                                                                                               |                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                         |                                                                                                                                           |
|---------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| VEHICLE | UNIT TYPE                                                     | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
|         | # of TRAILING UNITS                                           |                                                                                                               |                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                         |                                                                                                                                           |
|         | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? |                                                                                                               |                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                         |                                                                                                                                           |
|         | 1 - YES 2 - NO 9 - OTHER / UNKNOWN                            |                                                                                                               |                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                         |                                                                                                                                           |

|         |                                                                                                          |                                                                                                           |                                                                                                         |                                                                                              |                                                                                            |                                           |
|---------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------|
| VEHICLE | SPECIAL FUNCTION                                                                                         | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP. | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |
|         | CARGO BODY TYPE                                                                                          | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE            | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX                           | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED                        | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE           | 99 - OTHER / UNKNOWN                      |
|         | VEHICLE DEFECTS                                                                                          | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                      | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT                                                          | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE                                   | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT                                     | 99 - OTHER / UNKNOWN                      |
|         | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER |                                                                                                           |                                                                                                         |                                                                                              |                                                                                            |                                           |

|         |                            |                                                                                                                                           |                                                                                                                                                                                      |                                                                                                                                                                              |                                                                                                                                                                    |                                                                |
|---------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| VEHICLE | NON-MOTORIST LOCATION      | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER                                  | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE                                                                                              | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND                                                                                                          | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE                                                                  | 99 - OTHER / UNKNOWN                                           |
|         | ACTION                     | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                   | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST | 21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
|         | CONTRIBUTING CIRCUMSTANCES | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING                                                   | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION                        | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE              | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |
|         | SEQUENCE OF EVENTS         |                                                                                                                                           |                                                                                                                                                                                      |                                                                                                                                                                              |                                                                                                                                                                    |                                                                |

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

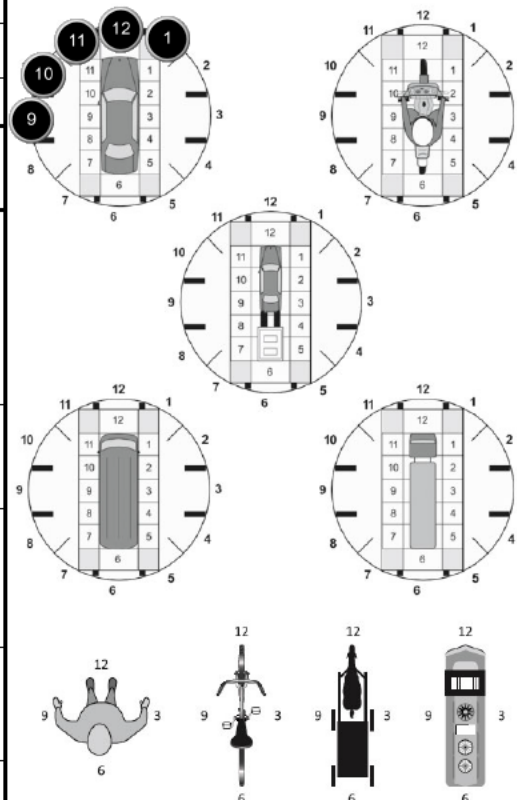
## DAMAGE

## DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE  
4 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

## TRAFFIC

|                            |                                                                                         |
|----------------------------|-----------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW            | TRAFFIC CONTROL                                                                         |
| 1 - ONE-WAY<br>2 - TWO-WAY | 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING                                                                     |
| 2                          | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING       |

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

45

## POSTED SPEED

45

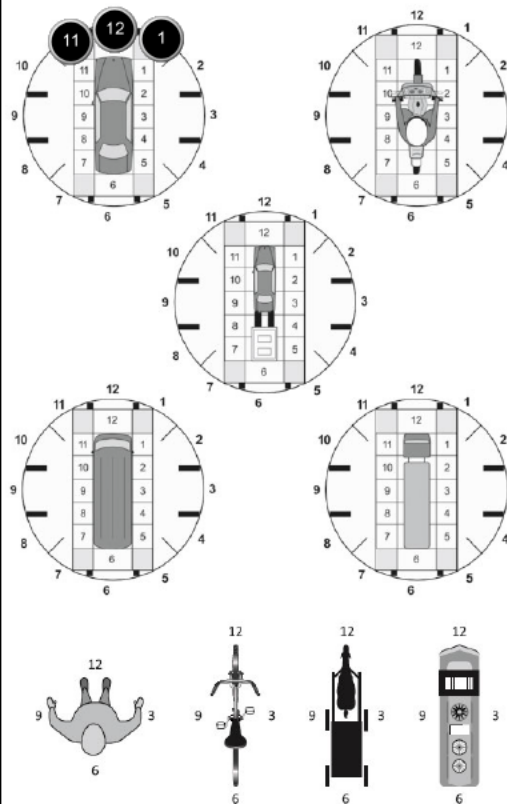
## DETECTED SPEED

1 - STATED / ESTIMATED SPEED

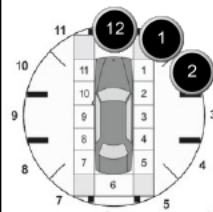
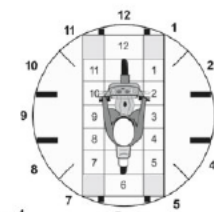
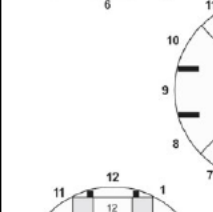
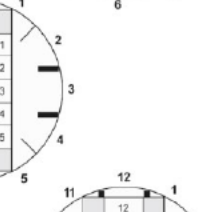
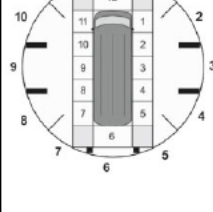
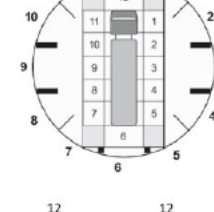
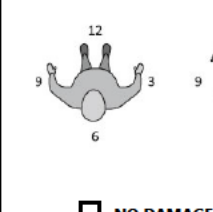
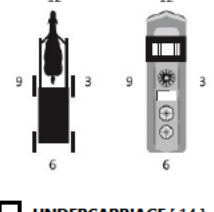
1 2 - CALCULATED / EDR

3 - UNDETERMINED

|                                                     |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------|
| OWNER                                               | UNIT #<br>2                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>BROOKS, RALPH, LAWANN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                          |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>3234 MANCHESTER WAY DR, WESTERVILLE, OH, 43081  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                                                       | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
| VEHICLE                                             | LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>ITWSGOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE IDENTIFICATION #<br>5XYPG4A31KG530923                                                                                                                                                                                                                                                                                                                                                                | VEHICLE YEAR<br>2019                                                                                                   | VEHICLE MAKE<br>KIA      |
|                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                | INSURANCE COMPANY<br>STATE FARM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INSURANCE POLICY #<br>3503601SFP 35                                                                                                                                                                                                                                                                                                                                                                          | COLOR<br>BLK                                                                                                           | VEHICLE MODEL<br>SORENTO |
|                                                     | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                     | TOWED BY: COMPANY NAME<br>PRO TOW - IMPOUND LOT                                                                        |                          |
|                                                     | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | # OCCUPANTS                                                                                                                                                                                                                                                                                                                                                                                                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |                          |
|                                                     | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
|                                                     | UNIT TYPE<br>3                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
|                                                     | # OF TRAILING UNITS                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
|                                                     | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                          |
|                                                     | SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL |                                                                                                                        |                          |
|                                                     | CARGO BODY TYPE<br>1                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN<br>2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>10 - FLAT BED 14 - GARBAGE/REFUSE                                                                          |                                                                                                                        |                          |
| VEHICLE DEFECTS                                     |                                                                                                                                       | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
| NON-MOTORIST LOCATION                               |                                                                                                                                       | 1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN<br>2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS<br>3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
| ACTION<br>4                                         |                                                                                                                                       | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN<br>3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE<br>4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
| CONTRIBUTING CIRCUMSTANCES<br>1                     |                                                                                                                                       | 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY<br>2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION<br>3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY<br>4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 22 - NOT DISCERNIBLE<br>5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |
| SEQUENCE OF EVENTS                                  |                                                                                                                                       | EVENTS<br>1 20 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>2 20 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT<br>3 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 23 - OTHER MOVABLE OBJECT<br>4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING<br>5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES 46 - FENCE 53 - TUNNEL<br>6 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL<br>1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                          |

|                                                                                                                                                                                                                              |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER                                                                                                                                                                                                          |                                                                                                                 |
| DAMAGE                                                                                                                                                                                                                       |                                                                                                                 |
| DAMAGE SCALE<br>1 - NONE 3 - FUNCTIONAL DAMAGE<br>4 2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                     |                                                                                                                 |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                   |                                                                                                                 |
|                                                                                                                                          |                                                                                                                 |
| <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]<br><input type="checkbox"/> UNIT NOT AT SCENE [ 16 ] |                                                                                                                 |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE 14 - UNDERCARRIAGE<br>12 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                           |                                                                                                                 |
| TRAFFIC                                                                                                                                                                                                                      |                                                                                                                 |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>2                                                                                                                                                                           | TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL<br>6 |
| # OF THROUGH LANES ON ROAD<br>2                                                                                                                                                                                              | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br>1   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                |                                                                                                                 |
| UNIT SPEED<br>45                                                                                                                                                                                                             | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED<br>1                 |
| POSTED SPEED<br>45                                                                                                                                                                                                           |                                                                                                                 |

|                                                     |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| OWNER                                               | UNIT #<br>3                                                                                                                                                            | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br>PIERRE, JODERNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)<br>[REDACTED]                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                      |                       |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br>440 BROADMEADOWS BLVD APT 105, COLUMBUS, OH, 43214                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                      |                       |
| VEHICLE                                             | LP STATE<br>OH                                                                                                                                                         | LICENSE PLATE #<br>JTJ5930                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE IDENTIFICATION #<br>2HNYD2H30CH529573                                                                                                                                                                                                                                                                                                                                                    | VEHICLE YEAR<br>2012                                                                                                                                                                                                                                                                                 | VEHICLE MAKE<br>ACURA |
|                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                                                 | INSURANCE COMPANY<br>GEICO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INSURANCE POLICY #<br>6097835695                                                                                                                                                                                                                                                                                                                                                                 | COLOR<br>GRY                                                                                                                                                                                                                                                                                         | VEHICLE MODEL<br>MDX  |
|                                                     | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | US DOT #                                                                                                                                                                                                                                                                                                                                                                                         | TOWED BY: COMPANY NAME<br>PRO TOW - IMPOUND LOT                                                                                                                                                                                                                                                      |                       |
|                                                     | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                                                                     | <input type="checkbox"/> HIT/SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | # OCCUPANTS                                                                                                                                                                                                                                                                                                                                                                                      | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD                                                                                                                                                                           |                       |
|                                                     | TYPE OF USE                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE WEIGHT GVWR/GCWR                                                                                                                                                                                                                                                                                                                                                                         | CLASS # PLACARD ID #                                                                                                                                                                                                                                                                                 |                       |
|                                                     | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 - ≤ 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.                                                                                                                                                                                                                                                                                                                                        | 1 - ≤ 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.                                                                                                                                                                                                                                            |                       |
|                                                     | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME                                                                                                                                                                                                                                                                        | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |                       |
|                                                     | # OF TRAILING UNITS                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                      |                       |
|                                                     | 1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                      |                       |
|                                                     | SPECIAL FUNCTION                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                      |                       |
| CARGO BODY TYPE                                     |                                                                                                                                                                        | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN / ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| VEHICLE DEFECTS                                     |                                                                                                                                                                        | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| NON-MOTORIST LOCATION                               |                                                                                                                                                                        | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| ACTION                                              |                                                                                                                                                                        | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN                            |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| CONTRIBUTING CIRCUMSTANCES                          |                                                                                                                                                                        | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING / FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| SEQUENCE OF EVENTS                                  |                                                                                                                                                                        | EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| 1 20                                                |                                                                                                                                                                        | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT                             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| 4                                                   |                                                                                                                                                                        | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| 5                                                   |                                                                                                                                                                        | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |
| 1                                                   |                                                                                                                                                                        | FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                      |                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |
| DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |
| DAMAGE SCALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |
| 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |
|         |                                                                                   |
| <input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |
| <input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |
| <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |
| INITIAL POINT OF CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |
| 0 - NO DAMAGE 14 - UNDERCARRIAGE 11-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| TRAFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |
| TRAFFICWAY FLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TRAFFIC CONTROL                                                                   |
| 1 - ONE-WAY 2 - TWO-WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6                                                                                 |
| # OF THROUGH LANES ON ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RAIL GRADE CROSSING                                                               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING       |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |
| FROM 3 TO 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |
| 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |
| UNIT SPEED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DETECTED SPEED                                                                    |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 - STATED / ESTIMATED SPEED                                                      |
| POSTED SPEED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 2 - CALCULATED / EDR 3 - UNDETERMINED                                           |
| 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |

PAGE 5 OF 6

# OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT NUMBER |                                          |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                                                             |                      |                 |
|---------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|
| <b>OCCUPANT</b>     | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DATE OF BIRTH</b>                             |                                                                                                                                             | <b>AGE</b>           | <b>GENDER</b>   |
|                     | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                                                                                                                                             |                      |                 |
|                     | <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</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                                                                                                     | <b>AIR BAG USAGE</b> | <b>EJECTION</b> |
| <b>OCCUPANT</b>     | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DATE OF BIRTH</b>                             |                                                                                                                                             | <b>AGE</b>           | <b>GENDER</b>   |
|                     | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                                                                                                                                             |                      |                 |
|                     | <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</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                                                                                                     | <b>AIR BAG USAGE</b> | <b>EJECTION</b> |
| <b>OCCUPANT</b>     | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DATE OF BIRTH</b>                             |                                                                                                                                             | <b>AGE</b>           | <b>GENDER</b>   |
|                     | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                                                                                                                                             |                      |                 |
|                     | <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</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                                                                                                     | <b>AIR BAG USAGE</b> | <b>EJECTION</b> |
| <b>OCCUPANT</b>     | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DATE OF BIRTH</b>                             |                                                                                                                                             | <b>AGE</b>           | <b>GENDER</b>   |
|                     | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                                                                                                                                             |                      |                 |
|                     | <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</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>                                                                                                                     | <b>AIR BAG USAGE</b> | <b>EJECTION</b> |
|                     |                                          | <b>INJURIES</b>                                                                                                          | <b>SAFETY EQUIPMENT USED</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                        | <b>SEATING POSITION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  | <b>AIR BAG USAGE</b>                                                                                                                        |                      |                 |
|                     |                                          | 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<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 (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                                                        | 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 SUCH AS A 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 |                      |                 |
|                     |                                          | <b>INJURED TAKEN BY</b>                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | <b>EJECTION</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                                                       |                      |                 |
|                     |                                          | <b>GENDER</b>                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | <b>TRAPPED</b>                                                                                                                              |                      |                 |
|                     |                                          | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                  |                      |                 |
| <b>WITNESS</b>      | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DATE OF BIRTH</b>                             |                                                                                                                                             | <b>AGE</b>           | <b>GENDER</b>   |
|                     | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                                                                                                                                             |                      |                 |
|                     | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DATE OF BIRTH</b>                             |                                                                                                                                             | <b>AGE</b>           | <b>GENDER</b>   |
| <b>WITNESS</b>      | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                                                                                                                                             |                      |                 |
|                     | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DATE OF BIRTH</b>                             |                                                                                                                                             | <b>AGE</b>           | <b>GENDER</b>   |
|                     | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                                                                                                                                             |                      |                 |

## OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

|                                        |                                                       |                                    |
|----------------------------------------|-------------------------------------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>[REDACTED]      | REPORTING AGENCY<br><b>Columbus Police Department</b> | DATE OF CRASH<br><b>02/07/2024</b> |
| IN COUNTY OF<br><b>Franklin County</b> | ACCIDENT LOCATION<br><b>161</b>                       |                                    |

## SCALE DIAGRAM MEASUREMENTS:

REFERENCE POINT: WOODEN UTILITY POLE NORTHWEST CORNER OF INTERSECTION

BASELINE: NORTH SIDE FOG LINE OF SR 161

RP TO BL: 28' 8" S

|    |           |           |                                   |
|----|-----------|-----------|-----------------------------------|
| #1 | 25' 6" W  | 14' 9" S  | RR TIRE OF KIA SORENTO            |
| #2 | 34' 8" W  | 14' 9" S  | RF TIRE OF KIA SORENTO            |
| #3 | 37' 0" W  | 19' 9" S  | RR TIRE OF ACURA MDX              |
| #4 | 38' 3" W  | 11' 11" S | LF TIRE OF TOYOTA COROLLA         |
| #5 | 46' 4" W  | 17' 0" S  | RF TIRE OF ACURA MDX              |
| #6 | 47' 0" W  | 9' 6" S   | LF TIRE OF TOYOTA COROLLA         |
| #7 | 48' 10" W | 3' 5" S   | BLOOD DEBRIS AND MEDICAL SUPPLIES |

LANE WIDTHS 12' 0" S LANE 3 24' 6" S LANE 2 37' 2" S LANE 1

TOYOTA COROLLA (UNIT #1) GAUGE: 5' 0" AXLE TO AXLE: 8' 10"

KIA SORENTO (UNIT #2) GAUGE: 5' 5" AXLE TO AXLE: 9' 1"

ACURA MDX (UNIT #3) GAUGE: 5' 7" AXLE TO AXLE: 9' 0"

|                    |                          |
|--------------------|--------------------------|
| OFFICERS SIGNATURE | BADGE NO.<br><b>1555</b> |
|--------------------|--------------------------|

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

|                                                             |                                                |                             |
|-------------------------------------------------------------|------------------------------------------------|-----------------------------|
| LOCAL REPORT NUMBER<br>[REDACTED]                           | REPORTING AGENCY<br>Columbus Police Department | Date Of Crash<br>02/07/2024 |
| IN COUNTY OF<br>Franklin County                             | ACCIDENT LOCATION<br>161                       |                             |
| <div>OFFICERS SIGNATURE</div> <div>BADGE NO.<br/>1555</div> |                                                |                             |

# P240085351

## 10 - 48A, 02/05/2024

[Print](#)

|                       |                                             |               |            |
|-----------------------|---------------------------------------------|---------------|------------|
| <b>Location</b>       | <u>2819 E DUBLIN GRANVILLE RD : APT 404</u> | <b>Apt</b>    |            |
| <b>Cross Streets</b>  | NORTHLAND PLAZA DR / OAK KNOLL DR           | <b>County</b> | FRANKLIN   |
| <b>District</b>       | 184                                         | <b>Zone</b>   | 01         |
| <b>Caller</b>         | VERIZON -DIANA CLAY                         | <b>Phone</b>  | [REDACTED] |
| <b>Contact Caller</b> | IF NEEDED                                   |               |            |

|            |             |            |            |            |
|------------|-------------|------------|------------|------------|
| <b>Rec</b> | <b>Disp</b> | <b>Enr</b> | <b>Arr</b> | <b>Clr</b> |
| 22:27:04   | 22:33:34    | 22:33:40   | 22:43:18   | 03:23:17   |

[To Bottom](#)

2227 : SEE HAZARD FOR CODE 01/09/2020  
2227 : FW 30's SHORT HAIR BLK LEATHER JACKET BLU JEANS... HAS ALOT OF PIERCINGS  
2227 : SEE HAZARD FOR CODE 01/09/2020  
2227 : UNK WEAPONS  
2228 : MS T174 5351 WHATS SHE DOING  
2231 : Duplicate Event:Location = 2819 E DUBLIN GRANVILLE RD CBUS FRA, Cross Street 1 = NORTHLAND PLAZA DR, Cross Street 2 = OAK KNOLL DR, Caller Name = VERIZON, Caller Ph Number = [REDACTED]  
Caller Address = 5751 CLEVELAND AVE - E COLUMBUS, Call Source = ANI/ALI, Alarm Level = 0  
2231 : SEE HAZARD FOR CODE 01/09/2020  
2231 : End of Duplicate Event data  
2232 : ANOTHER CALL SAID THE FEM IS NOW WONDERING AROUND  
2232 : NOTHING ADDTL  
2235 : CALLER DOES NOT KNOW THE FEM AND WILL NOT OPEN THE DOOR TO TALK WITH HER, SHE

SHOULDN'T BE HERE DOES NOT KNOW WHY SHE IS THERE

2244 : Duplicate Event:Location = 2819 E DUBLIN GRANVILLE RD CBUS FRA, Cross Street 1 = NORTHLAND PLAZA DR, Cross Street 2 = OAK KNOLL DR, Caller Name = VERIZON, Caller Ph Number = XXXXXXXXXX  
Caller Address = 5751 CLEVELAND AVE - E COLUMBUS, Call Source = ANI/ALI, Alarm Level = 0

2244 : SEE HAZARD FOR CODE 01/09/2020

2244 : End of Duplicate Event data

2244 : ANOTHER CALL WHILE TALKING TO HER AND OFFICERS ARE ON SCENE

2300 : 181C -- OUT OF A 17 HAPPENED AT 5415 RAVINE BLUFF

2300 : 181C -- CHANGED LOCATION TO 5415 RAVINE

2300 : OUT OF 240085309

2305 : Alarm Timer Extended: 0

2309 : 0

2327 : 184C -- CODE 3

2354 : 184C -- CHANGED LOCATION TO @HQ:FEM B MIL 624

0010 : 184C -- EMI 636

0019 : Alarm Timer Extended: 0

0106 : 184C -- CHANGED LOCATION TO @CLERKS: PIKE BMI 636

0125 : 184C -- EMI 642

0141 : Alarm Timer Extended: 0

0156 : 184C -- REF TO PIKE

0156 : 184C -- CHANGED LOCATION TO @GRANT: W/ FEM BMI 642

0216 : Alarm Timer Extended: 0

## Units

181C

184C

To Top

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Search

About

Contact

© 2024

IN THE FRANKLIN COUNTY MUNICIPAL COURT

2024 FEB -8 A 12:43

City of Columbus/State of Ohio v. HOLLY LYNN GRAHAM  
Person Named in Complaint

Juvenile

Incident Report Number: 240089488

FRANKLIN COUNTY  
MUNICIPAL COURT  
FORUM TRACK

ORC-CCC Section/Offense(s): Felonious Assault-Serious Physical Harm to a Peace Officer - 2903.11A1

Criminal Case Number 24 CRA 2224

**AFFIDAVIT IN SUPPORT OF PROBABLE CAUSE**

I, Det. Ronald Lemmon #235, do hereby swear or affirm that I have the following cause to believe the individual named committed the alleged offense(s) for the reason(s) stated in this Affidavit in Support of Probable Cause:

X I have personal knowledge of the facts listed in the statement of facts as I was involved in the underlying investigation and/or arrest.

I have knowledge of the facts listed in statement of facts based on my review of available Columbus Division of Police Reports, which were completed by Columbus Division of Police Officers acting in their official capacity and as a part of their official duties.

**Summary Statement of Facts in Support of Probable Cause:**

On February 7, 2024, at 3:51 p.m., Columbus Police Officers attempted to stop a 2015 Toyota Corolla, Ohio Reg. - HCG9829 at the intersection of North Meadows Blvd. and E. Dublin Granville Rd., which was reported as a stolen vehicle out of Lancaster Ohio; Report # 246821.

The vehicle's driver refused to comply with Officers and fled the area. Officers followed the vehicle and eventually attempted to stop the vehicle via Stop Sticks when it attempted to exit the Shell gas station at the corner of Huntley Rd. and E. Dublin Granville Rd. The vehicle was able to avoid the Stop Sticks and fled to the strip mall in front of 6042 Huntley Rd.

Officers again attempted to stop the vehicle from exiting the parking lot via Stop Sticks, though the vehicle stopped and reversed back into the lot. Officers on foot approached the vehicle, at which time it suddenly accelerated forward, striking a Columbus Police Patrol Sergeant, causing him to land on the hood of the vehicle. The vehicle continued out of the parking lot with the Columbus Police Patrol Sergeant still on the hood, continuing across the service road between the parking lot and E. Dublin Granville Rd., down into a ditch and then out onto the w/b lanes of E. Dublin Granville Rd. At that time, the vehicle stopped and the Columbus Police Patrol Sergeant was thrown off of the hood and into the w/b lanes of E. Dublin Granville Rd. traffic.

The vehicle then fled e/b in the w/b lanes of E. Dublin Granville Rd., where it eventually struck two vehicles traveling w/b, at the intersection of E. Granville Rd. and I-71. Officers then arrested the driver as she exited the vehicle. The driver was then found to be HOLLY L. GRAHAM.

Signature of Affiant:

[Signature] 235

Sworn to and subscribed before me this 7th day of February, 2024.

By:

[Signature] #2494  
Clerk's Signature

M. GASAWAY #2494  
Clerk's Printed Name

# Franklin County Municipal Court

Lori M. Tyack, Clerk of Court 375 S. HIGH ST., COLUMBUS, OHIO 43215

State of Ohio

County of Franklin

City of Columbus

V:

Holly Lynn Graham

DEFENDANT

OTHER JURISDICTION

2024 FEB -8 A 12:44

FRANKLIN COUNTY  
MUNICIPAL COURT  
LORI M. TYACK

## COMPLAINT

Complainant, being duly sworn, states that the above named defendant, at Franklin County / Columbus, Ohio, on or about the 7th day of February, 2024 did:

knowingly cause or attempt to cause serious physical harm to a Peace Officer, to wit: a Patrol Sergeant of the Columbus Division of Police, by means of purposely striking the Patrol Sergeant with a 2015 Toyota Corolla, Ohio Reg. - HCG9829.

in violation of section 2903.11A1

☐ City Code

☒ O.R.C. , a

☐ Misdemeanor

☒ Felony of the

First

degree.

Complainant

SIGNATURE

R. Lemmon

PRINT FULL NAME

235

BADGE NUMBER

Columbus Police Department - Homicide Team 1

ADDRESS OR AGENCY & ASSIGNMENT

CITY

STATE

ZIP CODE

Sworn to and subscribed before me, this

7th day of FEBRUARY, 2024

Lori M. Tyack

Clerk of the Franklin County Municipal Court

By

CLERK/DEPUTY CLERK/NOTARY PUBLIC/PEACE OFFICER

Notary Seal & Expiration Date

## ARREST WARRANT

To any law enforcement officer of the State of Ohio:

You are hereby commanded to arrest the above named defendant and bring him/her before the Franklin County Municipal Court without unnecessary delay, to answer to the complaint hereon, WHEN APPLICABLE, IN ACCORDANCE TO CRIMINAL RULE #4, THE WARRANT HAS BEEN ISSUED BEFORE THE DEFENDANT HAS APPEARED AND THE BAIL PROVISION CRIMINAL RULE 46 SHALL APPLY. ARRAIGNMENT COURT IS HELD IN COURTROOM 4C AT 9:00 AM., MONDAY THROUGH FRIDAY.

State

By

DEPUTY

Lori M. Tyack

Clerk of the Franklin County Municipal Court

Control #

DATE

Complaint Number

UM158151

Issuing Officer R. Lemmon

Badge Number 235

Case No

☒ WARRANT ☐ SUMMONS

☐ MISDEMEANOR CITATION

Charge: Felonious Assault-Serious Physical Harm to a Peace Officer

Section Number 2903.11A1

☐ City Code ☒ O.R.C.

Offense Date

02/07/2024

Offense Time

3:59 PM

Offense Location 6042 Huntley Rd.

Suspect Cruiser Dist

Name Graham

Holly

Lynn

Street 5145 Ravine Bluff Ct.

City Columbus State OH Zip 43231

SEX F RACE W HGT 5-05 WGT 125 HAIR Brown EYES Brown

DOB 01/02/1992 SS.#

DL/I.D.# 80634C

☐ SUMMONS: Read Notice #1 on reverse side.

You MUST appear in courtroom 4C ☐ or 15C ☐ on the date and time indicated. I personally served the Defendant a copy of this Summons on \_\_\_\_\_ Signature \_\_\_\_\_

Type of SUMMONS Service Requested:

☐ Personal ☐ Certified Mail

☐ CITATION: Read Notice #2 on reverse side.

Court appearance is OPTIONAL. You may contest this citation by appearing in COURTROOM 4C ☐ COURTROOM 15C ☐ on the date and time indicated.

COURT DATE & TIME

S L AT E:D PM  
MONTH DAY YEAR TIME

X

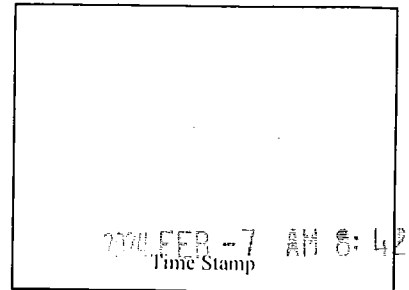
This is not an admission of guilt. An ARREST WARRANT will be issued if you do not properly respond to this charge.

8/01

ORIGINAL/COURT COPY



FRANKLIN COUNTY MUNICIPAL COURT  
375 South High Street  
Columbus, Ohio 43215  
614-645-8186



Name: HOLLY GRAHAM Phone #: 740-785-8738  
Address: 5415 RAVINE BLUFF CT, COLUMBUS, OH 43231  
Case Number(s): 10189-20-1 1/2

Officers Call 614-645-8449 for Court Date and Court Room #

# SUMMONS TO APPEAR

YOU ARE HEREBY SUMMONED TO APPEAR IN COURT ROOM 4C LOCATED ON THE 4<sup>th</sup> FLOOR  
in the Franklin County Municipal Court Building, 375 South High Street on 2/9/2024 9:00 AM to answer to the  
charge(s) listed below: Date Time

| Description            | Ohio Rev. Code or City Code | Degree of Offense |
|------------------------|-----------------------------|-------------------|
| DRUG ABUSE INSTRUMENTS | NEA 513.04                  | M-2               |
| PARAPHERNALIA          | NEA 513.12                  | M-4               |

Failure to Appear at Said Time and Place May Subject You to Arrest.

## ☒ Return of Executed Warrant - Execution by Issuance of Summons

I received this warrant on the 6<sup>th</sup> day of FEBRUARY, 2024 at 2:58 O'Clock A.M. On the 6<sup>th</sup> day of FEBRUARY, 2024, I executed the warrant by issuing the named defendant a summons by personal service/residence service/certified mail/other (specify) PERSONAL which ordered him/her to appear at the Franklin County Municipal Court, 375 S. High Street, Columbus, Ohio on the 9<sup>th</sup> day of FEBRUARY, 2024 at 9:00 o'clock A.M. The summons was endorsed upon the warrant and accompanied by a copy of the complaint.

[Signature] #2746  
Executing Officer & Title

2-6-2024  
Date

ORIGINAL (White - Page 1): Scan and e-mail to [ec@fcmcclerk.com](mailto:ec@fcmcclerk.com). Send hard Copy to Court Liaison  
COPY (Yellow - Page 2) Issue to Defendant

IN THE FRANKLIN COUNTY MUNICIPAL COURT  
COLUMBUS, OHIO

STATE OF OHIO,  
CITY OF COLUMBUS/ \_\_\_\_\_,

Plaintiff,

v.

Holly Graham  
Defendant.

Case No. 20/10189

FILED  
Franklin County Municipal Court

JAN 02 2024

LORI M. TYACK, CLERK  
By hc  
Deputy Clerk

ORDER-IN ENTRY

- ☒ Defendant failed to appear for ARRAIGNMENT as required. Pursuant to R.C. 2937.43, a warrant is hereby issued for the arrest of the defendant. Bond set for entire case at \$ 2000 ☒ cash or surety ☐ appearance ☐ NTBSA ☐ NO BOND. ☐ Recite Summons NOT authorized; Law Enforcement shall execute warrant by arrest.
- ☐ Defendant failed to comply with a sentence previously imposed by this court. A warrant is issued for the arrest of Defendant, and Defendant to be held for enforcement of \_\_\_\_\_ days/ \_\_\_\_\_ fine.
- ☐ DECLARATION OF FORFEITURE. Pursuant to R.C. 2935.27(D) or 4510.22(A), the Court declares the forfeiture of the defendant's driver's license or commercial driver's license. The Clerk is directed to notify the Registrar of Motor Vehicles of the forfeiture.
- ☐ REGISTRATION AND OPERATOR LICENSE BLOCK. Pursuant to R.C. 4503.13 and 4507.091, the Clerk is directed to notify the Registrar of Motor Vehicles of the issuance of the warrant.
- ☐ Bail forfeited. Surety to be notified pursuant to R.C. 2937.36. Clerk to send copy of this Entry to Prosecution.
- ☐ Warrant to issue upon filing of Statement of Violations. Defendant to be held without bond for community control violation hearing. Recite Summons NOT authorized; Law Enforcement shall execute warrant by arrest.
- ☐ Defendant may post bond or pay fines/costs in full to lift the warrant. File to be referred to Judge.

Further,

JAN 02 2024

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge



## Preliminary Investigation

Case Report Number: [REDACTED]

Case Report Date: **2/7/2024 3:59:00 PM**

### Case Report

#### Administrative

|                             |                                   |                             |             |
|-----------------------------|-----------------------------------|-----------------------------|-------------|
| Case Number                 | [REDACTED]                        | Verification Level          |             |
| Case Report Number          | [REDACTED]                        | Latitude                    |             |
| Subject                     | 262 - Felony Assault              | Longitude                   |             |
| Disposition                 | Arrest                            | Jurisdiction                |             |
| Entered On                  | 2/7/2024 11:16:31 PM              | Grid                        | Zone 1      |
| Entered By                  | LEMMON, RONALD JR A               | Sector                      | 1 Pct       |
| Reported On                 | 2/7/2024 3:59:00 PM               | Map                         | 12 District |
| Reporting Officer           | LEMMON, RONALD JR A               | Census/Geo Code             |             |
| Reporting Agency            | CPD - Columbus Division Of Police | Call Source                 |             |
| Report Type                 |                                   | Related Cases               | 240089375   |
| Assisted By                 |                                   | Means                       |             |
| Occurred On (Date and Time) | Wednesday 2/7/2024 3:59:00 PM     | Other Means                 |             |
| Or Between (Date and Time)  |                                   | Motives                     |             |
| Location                    | 6042 Huntley Rd                   | Other Motives               |             |
| CSZ                         | Columbus, OH 43229                | Vehicle Activity            |             |
| Location Name               |                                   | Direction Vehicle Traveling |             |
| Target                      | An Individual                     | Cross Street                |             |
| Verification                |                                   | Notified                    |             |

#### For Exceptional Clearances

Clearance Basis

Exceptional Clearance Date

Narrative

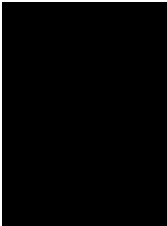
Police Involved Situation. B.C.I. Investigating

Offense

|                         |                        |                                         |                                     |
|-------------------------|------------------------|-----------------------------------------|-------------------------------------|
| Offense                 | Felonious Assault      | Method of Entry For Motor Vehicle Theft |                                     |
| Code Section            |                        | Method of Entry For Burglary/B&E        |                                     |
| IBR Code                | 13A                    | Method of Entry For Burglary/B&E        |                                     |
| ORC Code                | 290311                 | Method of Operation                     |                                     |
| IBR Group               | A                      | Direction of Entry                      |                                     |
| Crime Against           | Person                 | Using                                   | Not Applicable                      |
| Location Type           | Parking Lot            | Weapons                                 | Motor Vehicle (When Used As Weapon) |
| Secondary Location Type | Other Outside Location | Criminal Activity                       | No Gang Involvement                 |
| Completed               | Yes                    | Type Security                           |                                     |
| Hate/Bias               | No Bias/Not Applicable | Tools                                   |                                     |
| Domestic Violence       | No                     |                                         |                                     |
| Premises Entered        |                        |                                         |                                     |
| Entry                   |                        |                                         |                                     |

Offenders

Arrestee Name: Graham, Holly Lynn



Aliases

|       |
|-------|
| Alias |
|-------|

Alerts

Addresses

| Address Type | Address              | CSZ                 | County         | Country                  |
|--------------|----------------------|---------------------|----------------|--------------------------|
| H - Home     | 1025 Sugar Grove Rd  | Lancaster, OH 43130 | 23 - Fairfield | United States of America |
| H - Home     | 5415 Ravine Bluff Ct | Columbus, OH 43231  | 25 - Franklin  | United States of America |

Phones

| Phone Type | Phone Number   |
|------------|----------------|
| M - Mobile | (740) 438-8383 |

Emails

## Email Address

|             |          |                     |                          |
|-------------|----------|---------------------|--------------------------|
| Sex         | Female   | POB                 |                          |
| Race        | White    | DLN                 | REDACTED                 |
| Ethnicity   |          | DL State            | Ohio                     |
| DOB         | 1/2/1992 | DL Country          | United States of America |
| Age         | 32       | SSN                 |                          |
| Eye Color   | Brown    | Scars/Marks/Tattoos |                          |
| Hair Color  | Brown    | Attire              |                          |
| Hair Style  |          | Employer/School     |                          |
| Hair Length |          | Employer Address    |                          |
| Facial Hair |          | Employer CSZ        |                          |
| Complexion  |          | Occupation/Grade    |                          |
| Teeth       |          | MO                  |                          |
| Build       |          | Other MO            |                          |
| Height      | 5' 5"    | Habitual Offender   |                          |
| Weight      | 125      | Status              |                          |
| Resident    | Resident |                     |                          |

## Arrest Information

|                         |                                    |                      |  |
|-------------------------|------------------------------------|----------------------|--|
| Arrest For              | 290311.13A - Felonious Assault     | Released Location    |  |
| Arrest Number           | 80634C                             | Released By          |  |
| Arrest Type             | Crime In Progress (On View Arrest) | Release Reason       |  |
| Armed With              | None                               | Held For             |  |
| Multi-Clearance         | Count Arrestee                     | Fingerprints         |  |
| Multi-Clearance Offense |                                    | Photos               |  |
| FBI Number              |                                    | Miranda Read         |  |
| State Number            |                                    | Miranda Waived       |  |
| Arrest Date             | 2/7/2024                           | Number of Warrants   |  |
| Arrest Location         | E. Dublin Granville Rd. & I-71     | Juvenile Dispo.      |  |
| Force Level             | 08 - Level 8                       | Adult Present (Name) |  |
| Date/Time Booked        |                                    | Detention Name       |  |
| Booked Location         |                                    | Notified Name        |  |
| Date/Time Released      |                                    |                      |  |

Notes

Victims

Name: Police

Victim Type Police Officer (in the line of duty)  
Victim of 290311.13A - Felonious Assault

Aliases

Alias

Alerts

Addresses

| Address Type | Address | CSZ | County | Country |
|--------------|---------|-----|--------|---------|
|--------------|---------|-----|--------|---------|

Phones

| Phone Type | Phone Number |
|------------|--------------|
|------------|--------------|

Emails

Email Address

|             |              |                    |                    |
|-------------|--------------|--------------------|--------------------|
| Sex         | Unknown      | DL State           |                    |
| Race        | Unknown      | DL Country         |                    |
| Ethnicity   |              | SSN                |                    |
| DOB         |              | Attire             |                    |
| Age         | 00           | Employer/School    |                    |
| Eye Color   |              | Employer Address   |                    |
| Hair Color  |              | Employer CSZ       |                    |
| Facial Hair |              | Occupation/Grade   |                    |
| Complexion  |              | Testify            |                    |
| Height      |              | Injury             | Other Major Injury |
| Weight      |              | Victim             | PIS 2024-0001      |
| Resident    | Not Reported | Investigative Case |                    |
| POB         |              | Number             |                    |
| DLN         | REDACTED     |                    |                    |

Offender Relationships

| Offender               | Relationship |
|------------------------|--------------|
| A - Graham, Holly Lynn | Stranger     |

Circumstances Assault On Law Enforcement Officer(s)  
Just. Hom. Circ.

LEOKA Info

Type  
Assignment

Felonious Action  
One Officer Vehicle - Assisted

Activity  
ORI-Other Jurisdiction

Traffic Pursuits and Stops

Notes

Witnesses \_\_\_\_\_

Other Entities \_\_\_\_\_

Properties \_\_\_\_\_