

ADVERTISING MATERIAL



Lardiere McNair
& Stonebrook, Ltd.

A Legal Professional Association

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Charles H. McClenaghan, Esq.*
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**Also Admitted in Florida +Also Admitted in Illinois*

Call us now to schedule your free consultation: (614) 534-1355

Tyler Bridges
943 Fairfield Ave
Lancaster, OH 43130

July 14, 2026

RE: Your Recent Automobile Accident

We're sorry to hear about your recent automobile accident. The purpose of this letter is to provide you information about your potential case, our firm, and to enclose our contact information if you should choose to contact us. We obtained your information from the Ohio Department of Public Safety website.

All the money in the world is not going to make up for a serious injury. However, our firm can help you navigate a sea of insurance companies, creditors, and medical bills. You deserve to be compensated for your injuries, but insurance companies are motivated to pay lower settlements to stay in business. Our team of professionals is experienced in forcing the insurance company to pay what is fair. If not, we are prepared to advocate for you in trial. Our team would be happy to handle all of the tasks associated with your potential personal injury case. We pride ourselves on:

- ✓ **Emphasis on Results** – We understand that you're hiring us for a reason.
- ✓ **Communication** – The key to any successful attorney-client relationship is quality communication. We'll make ourselves available, and keep you up to date about your case.
- ✓ **Fair Fees** – We will take your case on a 25% contingency fee. This means that you'll owe no legal fees until the completion of your case, and we'll take 25% of the settlement/award value, plus any agreed upon costs that we advance on your behalf.
- ✓ **Experience** – Our lawyers have over eighty years of combined legal experience.
- ✓ **Trial Tested** – If the insurance companies won't give a fair settlement, we've proven in the past that we can get results at trial as well.

Our representation for personal injury cases includes services that most accident victims don't even think about, including:

1. Comprehensive review of insurance policies;
2. Determination of all sources of insurance coverage;

3. Gathering evidence from the crash;
4. Taking witness statements;
5. Analyzing fault;
6. Analyzing subrogation;
7. Navigating med pay to your greatest benefit;
8. Negotiating with insurance companies;
9. Negotiating your medical bills and liens;
10. Presenting your evidence in a demand letter;
11. Putting companies on notice of your claim;
12. Reviewing Medical Records and Bills;
13. Evaluating Underinsured Motorist Coverage

If you would like to set up a no-obligation free half-hour initial consultation, please give us a call at (614) 534-1355 and our staff would be happy to assist you. We are also ready to meet with you by phone or by various methods of video conferencing including Skype, Zoom and Facetime.

Sincerely,

LARDIERE MCNAIR, LLC

By: _____



DARREN A. MCNAIR, ESQ.

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UNDERSTANDING YOUR RIGHTS*

If you have been in an accident, or a family member has been injured or killed in a crash or some other incident, you have many important decisions to make. It is important for you to consider the following:

- 1 **Make and keep records** — If your situation involves a motor vehicle crash, regardless of who may be at fault, it is helpful to obtain a copy of the police report, learn the identity of any witnesses, and obtain photographs of the scene, vehicles, and any visible injuries. Keep copies of receipts of all your expenses and medical care related to the incident.
- 2 **You do not have to sign anything** — You may not want to give an interview or recorded statement without first consulting with an attorney, because the statement can be used against you. If you may be at fault or have been charged with a traffic or other offense, it may be advisable to consult an attorney right away. However, if you have insurance, your insurance policy probably requires you to cooperate with your insurance company and to provide a statement to the company. If you fail to cooperate with your insurance company, it may void your coverage.
- 3 **Your interests versus interests of insurance company** — Your interests and those of the other person's insurance company are in conflict. Your interests may also be in conflict with your own insurance company. Even if you are not sure who is at fault, you should contact your own insurance company and advise the company of the incident to protect your insurance coverage.
- 4 **There is a time limit to file an insurance claim** — Legal rights, including filing a lawsuit, are subject to time limits. You should ask what time limits apply to your claim. You may need to act immediately to protect your rights.
- 5 **Get it in writing** — You may want to request that any offer of settlement from anyone be put in writing, including a written explanation of the type of damages which they are willing to cover.
- 6 **Legal assistance may be appropriate** — You may consult with an attorney before you sign any document or release of claims. A release may cut off all future rights against others, obligate you to repay past medical bills or disability benefits, or jeopardize future benefits. If your interests conflict with your own insurance company, you always have the right to discuss the matter with an attorney of your choice, which may be at your own expense.
- 7 **How to find an attorney** — If you need professional advice about a legal problem but do not know an attorney, you may wish to check with relatives, friends, neighbors, your employer, or co-workers who may be able to recommend an attorney. Your local bar association may have a lawyer referral service that can be found in the Yellow Pages or on the Internet.
- 8 **Check a lawyer's qualifications** — Before hiring any lawyer, you have the right to know the lawyer's background, training, and experience in dealing with cases similar to yours.
- 9 **How much will it cost?** — In deciding whether to hire a particular lawyer, you should discuss, and the lawyer's written fee agreement should reflect: (a) How is the lawyer to be paid? If you already have a settlement offer, how will that affect a contingent fee arrangement? (b) How are the expenses involved in your case, such as telephone calls, deposition costs, and fees for expert witnesses, to be paid? Will these costs be advanced by the lawyer or charged to you as they are incurred? Since you are obligated to pay all expenses even if you lose your case, how will payment be arranged? (c) Who will handle your case? If the case goes to trial, who will be the trial attorney?

This information is not intended as a complete description of your legal rights, but as a checklist of some of the important issues you should consider.

*THE SUPREME COURT OF OHIO, WHICH GOVERNS THE CONDUCT OF LAWYERS IN THE STATE OF OHIO, NEITHER PROMOTES NOR PROHIBITS THE DIRECT SOLICITATION OF PERSONAL INJURY VICTIMS. THE COURT DOES REQUIRE THAT, IF SUCH A SOLICITATION IS MADE, IT MUST INCLUDE THE ABOVE DISCLOSURE.

ADVERTISING MATERIAL

DIRECTIONS TO LARDIERE MCNAIR & STONEBROOK, Ltd., LPA.

3740 Ridge Mill Drive,

Hilliard, OH 43026

From the North

Take I-270 W

Take exit 13 for Cemetery Rd

Turn left onto Cemetery Rd

Turn left onto Ridge Mill Drive

Our office will be on the left

From the South

Take I-270 W

Take exit 13b for Cemetery Rd

Turn right on to Cemetery Rd

Turn left onto Ridge Mill Drive

Our office will be on the left

From the East

Take I-670 W

Merge onto I-70 W

Take exit 93 to merge onto I-270 N

Take exit 13b to turn right onto Cemetery Rd

Turn left on to Ridge Mill Drive

Our office will be on the left

From the West

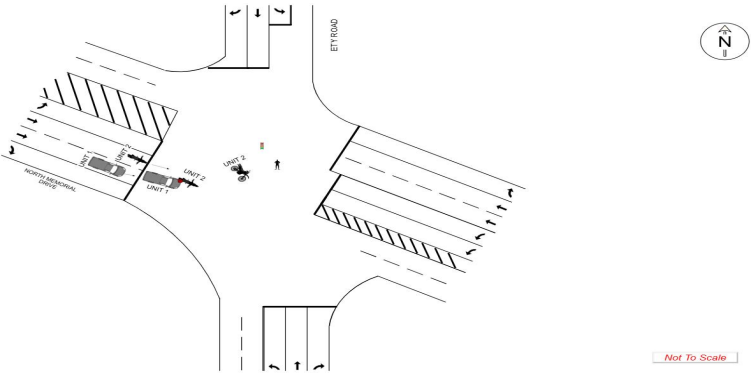
Take I-70 E

Take the exit onto I-270 N

Take exit 13B to turn right onto Cemetery Rd

Turn left on to Ridge Mill Drive

Our office will be on the left

Ohio Department of Public Safety		TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT		LOCAL REPORT NUMBER * 2026-00036105		
☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH -2 ☒ OH -3 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY		LOCAL INFORMATION		
		REPORTING AGENCY NAME * LANCASTER POLICE DEPARTMENT		NCIC * 02301		
COUNTY* 23	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Lancaster		CRASH DATE / TIME* 07/10/2026 16:43	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 2	
LOCATION ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	LOCATION ROAD NAME MEMORIAL	ROAD TYPE DR	LATITUDE DECIMAL DEGREES 39.741530	
REFERENCE ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ETY	ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -82.638958	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		
DISTANCE FROM REFERENCE 38.52	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2			ROADWAY ☐ ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 2		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN	
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG , GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 1				
NARRATIVE UNIT 1 AND UNIT 2 WAS DRIVING EASTBOUND ON NORTH MEMORIAL DRIVE. UNIT 2 WAS IN THE LEFT LANE. UNIT 1 WAS IN THE RIGHT LANE. UNIT 1 MADE AN IMPROPER LANE CHANGE, REAR ENDING UNIT 2, WHICHED CAUSED UNIT 2 TO SKID ON ITS LEFT SIDE AND CAME TO A RESTING POINT.						
CRASH REPORTED DATE / TIME 07/10/2026 16:43		DISPATCH DATE / TIME 07/10/2026 16:43		ARRIVAL DATE / TIME 07/10/2026 16:44		SCENE CLEARED DATE / TIME 07/10/2026 17:58
TOTAL TIME ROADWAY CLOSED 75		OTHER INVESTIGATION TIME 45		TOTAL MINUTES 120		OFFICER'S NAME* Yeshak, Feben
		OFFICER'S BADGE NUMBER* 1863		CHECKED BY OFFICER'S NAME* Callander, Michael		CHECKED BY OFFICER'S BADGE NUMBER* 1094
						REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

OWNER	UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) CHAPMAN, CONNOR, LEE	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 2880 TOWNSHIP ROAD 187, JUNCTION CITY, OH, 43748			
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	

LP STATE OH	LICENSE PLATE # KXZ1711	VEHICLE IDENTIFICATION # 1FTYR44U94PA70798	VEHICLE YEAR 2004	VEHICLE MAKE FORD
☒ INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 3510767-SFP-35	COLOR WHI	VEHICLE MODEL RANGER
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 3	HAZARDOUS MATERIAL ☐ MATERIAL CLASS # ☐ RELEASED ☐ PLACARD PLACARD ID #	
UNIT TYPE 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP				
# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION				
AUTONOMOUS MODE LEVEL 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION				
SPECIAL FUNCTION 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL				
CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE				
VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT				
NON-MOTORIST LOCATION 1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE				
ACTION 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 18 - APPROACHING OR LEAVING VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 19 - STANDING 6 - STRUCK 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST 9 - OTHER / UNKNOWN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE				
CONTRIBUTING CIRCUMSTANCES 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE 6 - IMPROPER TURN 7 - LEFT OF CENTER				
SEQUENCE OF EVENTS 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 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 6 - EQUIPMENT FAILURE 30 - GUARDRAIL FACE 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL				
COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT				
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT				

LOCAL REPORT NUMBER 2026-00036105	
DAMAGE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14] ☐ TOP [13] ☐ ALL AREAS [15] ☐ UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2 # OF THROUGH LANES ON ROAD 6 TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 20 POSTED SPEED 50 DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

OWNER	UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) BRIDGES, TYLER, W	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 943 FAIRFIELD AVE, LANCASTER, OH, 43130				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # YFZ51	VEHICLE IDENTIFICATION # JH2RC534X7M000009	VEHICLE YEAR 2007	VEHICLE MAKE HONDA
	☒ INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 874373211	COLOR BLK	VEHICLE MODEL OTHER/UNKNOWN
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME ESTEPS	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL ☐ MATERIAL ☐ RELEASED ☐ PLACARD CLASS # PLACARD ID #	
	UNIT TYPE 7		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		
	# OF TRAILING UNITS		1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION AUTONOMOUS MODE LEVEL 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION		
	SPECIAL FUNCTION 1		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL		
	CARGO BODY TYPE 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE		
	VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT		
EVENTS (6)	NON-MOTORIST LOCATION		1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE		
	ACTION 4		1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST 9 - OTHER / UNKNOWN 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION		
	CONTRIBUTING CIRCUMSTANCES 1		1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE 6 - IMPROPER TURN 7 - LEFT OF CENTER		
	SEQUENCE OF EVENTS				
	EVENTS				
	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 2 1 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 3 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
	COLLISION WITH FIXED OBJECT - STRUCK				
	4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 49 - FIRE HYDRANT 37 - TRAFFIC SIGN POST 44 - DITCH 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL				
	1 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT				

LOCAL REPORT NUMBER 2026-00036105	
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 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 6	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 3	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

Motorist / Non-Motorist

LOCAL REPORT NUMBER 2026-00036105										
UNIT # 1	NAME: LAST, FIRST, MIDDLE CHAPMAN, CONNOR, LEE				DATE OF BIRTH 03/31/2010		AGE 16	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 2880 TOWNSHIP ROAD 187, JUNCTION CITY, OH, 43748					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.08		LOCAL CODE ☒	OFFENSE DESCRIPTION RIVE IN MARKED LANES		CITATION NUMBER 002301W0018630710260		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULTS SELECT UP TO 4	
UNIT # 2	NAME: LAST, FIRST, MIDDLE BRIDGES, TYLER, WAYNE				DATE OF BIRTH 09/27/2002		AGE 23	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 943 FAIRFIELD AVE, LANCASTER, OH, 43130					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) LANCASTER FIRE	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MOUNT CARMEL EAST		SAFETY EQUIPMENT USED 8	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 3	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS 4	ENDORSEMENT M	RESTRICTION SELECT UP TO 3 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULTS SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4	
INJURIES										
1 - FATAL										
2 - SUSPECTED SERIOUS INJURY										
3 - SUSPECTED MINOR INJURY										
4 - POSSIBLE INJURY										
5 - NO APPARENT INJURY										
INJURIES TAKEN BY										
1 - NOT TRANSPORTED /TREATED AT SCENE										
2 - EMS										
3 - POLICE										
9 - OTHER / UNKNOWN										
SAFETY EQUIPMENT										
1 - NONE USED										
2 - SHOULDER BELT ONLY USED										
3 - LAP BELT ONLY USED										
4 - SHOULDER & LAP BELT USED										
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING										
6 - CHILD RESTRAINT SYSTEM - REAR FACING										
7 - BOOSTER SEAT										
8 - HELMET USED										
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)										
10 - REFLECTIVE CLOTHING										
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										
99 - OTHER / UNKNOWN										
SEATING POSITION										
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)										
2 - FRONT - MIDDLE										
3 - FRONT - RIGHT SIDE										
4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)										
5 - SECOND - MIDDLE										
6 - SECOND - RIGHT SIDE										
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)										
8 - THIRD - MIDDLE										
9 - THIRD - RIGHT SIDE										
10 - SLEEPER SECTION OF TRUCK CAB										
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)										
12 - PASSENGER IN UNENCLOSED CARGO AREA										
13 - TRAILING UNIT										
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)										
15 - NON-MOTORIST										
99 - OTHER / UNKNOWN										
AIR BAG										
1 - NOT DEPLOYED										
2 - DEPLOYED FRONT										
3 - DEPLOYED SIDE										
4 - DEPLOYED BOTH FRONT/SIDE										
5 - NOT APPLICABLE										
9 - DEPLOYMENT UNKNOWN										
EJECTION										
1 - NOT EJECTED										
2 - PARTIALLY EJECTED										
3 - TOTALLY EJECTED										
4 - NOT APPLICABLE										
TRAPPED										
1 - NOT TRAPPED										
2 - EXTRICATED BY MECHANICAL MEANS										
3 - FREED BY NON-MECHANICAL MEANS										
OL CLASS										
1 - CLASS A										
2 - CLASS B										
3 - CLASS C										
4 - REGULAR CLASS (OHIO = D)										
5 - M/C MOPED ONLY										
6 - NO VALID OL										
OL ENDORSEMENT										
H - HAZMAT										
M - MOTORCYCLE										
P - PASSENGER										
N - TANKER										
Q - MOTOR SCOOTER										
R - THREE-WHEEL MOTORCYCLE										
S - SCHOOL BUS										
T - DOUBLE & TRIPLE TRAILERS										
X - TANKER / HAZMAT										
GENDER										
F - FEMALE										
M - MALE										
U - OTHER / UNKNOWN										
OL RESTRICTION(S)										
1 - ALCOHOL INTERLOCK DEVICE										
2 - CDL INTRASTATE ONLY										
3 - CORRECTIVE LENSES										
4 - FARM WAIVER										
5 - EXCEPT CLASS A BUS										
6 - EXCEPT CLASS A & CLASS B BUS										
7 - EXCEPT TRACTOR-TRAILER										
8 - INTERMEDIATE LICENSE RESTRICTIONS										
9 - LEARNER'S PERMIT RESTRICTIONS										
10 - LIMITED TO DAYLIGHT ONLY										
11 - LIMITED TO EMPLOYMENT										
12 - LIMITED - OTHER										
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										
14 - MILITARY VEHICLES ONLY										
15 - MOTOR VEHICLES WITHOUT AIR BRAKES										
16 - OUTSIDE MIRROR										
17 - PROSTHETIC AID										
18 - OTHER										
DRIVER DISTRACTION										
1 - NOT DISTRACTED										
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)										
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE										
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE										
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE										
6 - PASSENGER										
7 - OTHER DISTRACTION INSIDE THE VEHICLE										
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE										
9 - OTHER / UNKNOWN										
CONDITION										
1 - APPARENTLY NORMAL										
2 - PHYSICAL IMPAIRMENT										
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)										
4 - ILLNESS										
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.										
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										
9 - OTHER / UNKNOWN										
TEST STATUS										
1 - NONE GIVEN										
2 - TEST REFUSED										
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4 - TEST GIVEN, RESULTS KNOWN										
5 - TEST GIVEN, RESULTS UNKNOWN										
ALCOHOL TEST TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - BREATH										
5 - OTHER										
DRUG TEST TYPE										
1 - NONE										
2 - BLOOD										
3 - URINE										
4 - OTHER										
DRUG TEST RESULT(S)										
1 - AMPHETAMINES										
2 - BARBITURATES										
3 - BENZODIAZEPINES										
4 - CANNABINOIDS										
5 - COCAINE										
6 - OPIATES / OPIOIDS										
7 - OTHER										
8 - NEGATIVE RESULTS										

						LOCAL REPORT NUMBER 2026-00036105				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	1	CHAPMAN, COLE, MATTHEW				11/12/2011		14	M	
	ADDRESS: STREET, CITY, STATE, ZIP 127 S MANLEY HILL RD, SHAWNEE, OH, 43782					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5	1			4		3	1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	1	CRANE, CARSON, JOSEPH				05/13/2009		17	M	
	ADDRESS: STREET, CITY, STATE, ZIP 4983 HOPEWELL INDIAN RD, GLENFORD, OH, 43739					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5	1			4		2	1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES		SAFETY EQUIPMENT USED			SEATING POSITION		AIR BAG USAGE			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED			2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED			3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED			4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING			6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
2 - EMS		8 - HELMET USED			8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)			9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)		3 - TOTALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			12 - PASSENGER IN UNENCLOSED CARGO AREA		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN			13 - TRAILING UNIT		TRAPPED			
M - MALE					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED			
U - OTHER / UNKNOWN					15 - NON-MOTORIST		2 - EXTRICATED BY MECHANICAL MEANS			
					99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	SLAGELL, JEFFREY, SCOTT					02/14/1963		63	M	
	ADDRESS: STREET, CITY, STATE, ZIP 3865 BIS RD SW, LANCASTER, OH, 43130					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	KISKER, DAKODA, MATTHEW					08/23/2005		20	M	
	ADDRESS: STREET, CITY, STATE, ZIP 101 1/2 W MAIN ST APT 3, BREMEN, OH, 43107					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	SLAGELL, DEBORAH, LYNN					08/03/1963		62	F	
	ADDRESS: STREET, CITY, STATE, ZIP 3865 BIS RD SW, LANCASTER, OH, 43130					CONTACT PHONE - INCLUDE AREA CODE				

						LOCAL REPORT NUMBER 2026-00036105				
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
		INJURIES	SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
		1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
		INJURED TAKEN BY					EJECTION			
		1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN					1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
		GENDER					TRAPPED			
		F - FEMALE M - MALE U - OTHER / UNKNOWN					1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE DELONG, NANCY. S					DATE OF BIRTH 11/18/1975		AGE 50	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 860 PUMP STATION RD, SUGAR GROVE, OH, 43155					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

Crash 2026-00036105 — Search Record

Table-row metadata from the Ohio crash retrieval results page, plus the search context.

Identification

Local Report Number: 2026-00036105
Document Number: 20268126919

Crash Details

Crash Date: 07/10/2026
Add Date: 07/10/2026
Location: MEMORIAL
Agency: LANCASTER POLICE DEPARTMENT
Jurisdiction: Lancaster
Severity: Serious Injury Suspected

Coordinates (from PDF)

Latitude: 39.74153
Longitude: -82.638958

Scrape Context

Search County: Fairfield
Search Agency: <any>
Scraped At: 2026-07-14T08:34:52.963
Session ID: 20260714_083412
Source PDF: C:/Programs_And_Projects/crash-code/crashes/pdf/2026-07-10/crash_2026-00036105.pdf

Crash 2026-00036105 — Aerial View

Date / Time: 07/10/2026 16:43

Agency: LANCASTER POLICE DEPARTMENT

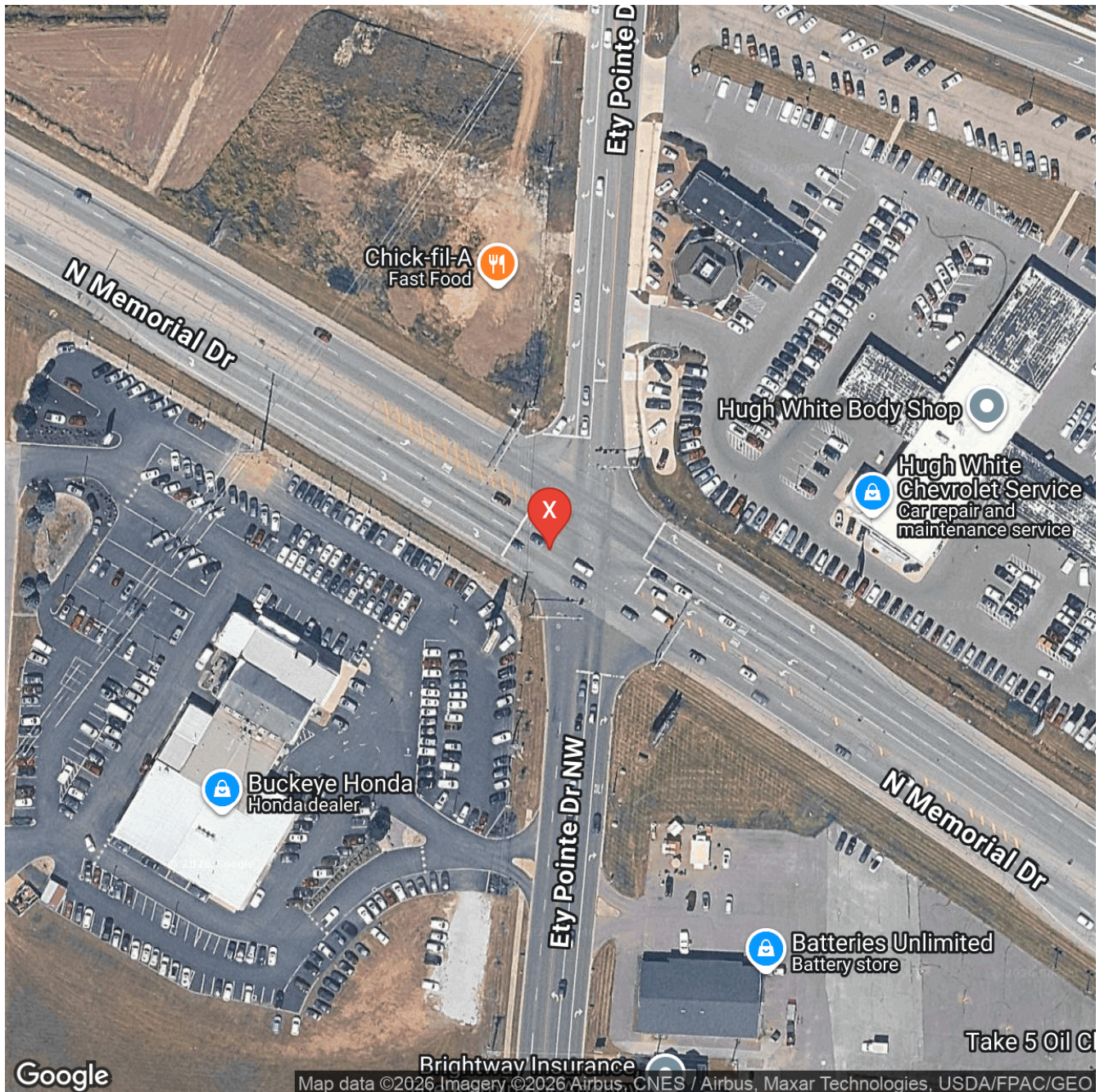
Location: MEMORIAL

Jurisdiction: Lancaster

Severity: Serious Injury Suspected

Latitude / Longitude: 39.74153 , -82.638958

Document #: 20268126919





Lardiere McNair
& Stonebrook, Ltd.
A Legal Professional Association

Check us out on Google

5.0 ★★★★★ 96 Google reviews



Tina reed
2 reviews

★★★★★ 10 months ago

I was represented better than I could have ever imagined by Chad Stonebrook and the attorneys at Lardiere & McNair. Chad meticulously documented my case after being involved in a car that caused health problems for two years. My case was settle outside of court through mediation because their excellent legal skills. Lardiere and McNair also negotiated my medical bills down so low that I was able receive 3 times the amount in pain and suffering than I thought I would receive. Lardiere and McNair are your go to attorneys if you ever need legal counsel.



Michele Popovich
2 reviews

★★★★★ a year ago

Chad Stonebrook and the law firm handled my auto accident case in a professional and courteous manner. Kept me informed and answered my questions in a timely manner. Worked hard getting resolution on all my outstanding medical bills. I would have no problem recommending Chad and the firm to anyone in a similar situation.



Elizabeth Walker
2 reviews

★★★★★ a year ago -

My experience with Lardiere McNair beyond exceeded my expectations for a legal team. I had thought my accident was the end of me, and with incredible medical debt I was constantly stressed, but Chad and his team not only insured me they'd take great care of me and my case, they followed through. Every step of the way I was updated by someone on the case, and I was always informed of any information coming from the opposing legal party as well. Every time I had to go to the office to meet with them, it was very professional and welcoming. They always answered my questions quickly and with decent explanation. Driving the extra couple miles, and researching a little longer to find Lardiere McNair was well worth it. I would recommend this business to anyone needing a trustworthy and wholesome legal team to defend them.



John Robson
4 reviews

★★★★★ 5 months ago -

We couldn't have been happier working with Chad! Excellent job guiding us on getting through a challenging time. Would highly recommend using Lardiere McNair LLC and Chad Stonebrook!



Anthony Lee
8 reviews

★★★★★ a year ago

I had Mr. Chad Stonebrook as an attorney for my daughter's car accident March/April 2018. We have settled the case and got our indemnification from other party in March 2019. After he represented our case, his office took care of every correspondences and almost all the medical payments. His office kept us posted on the progress during this time at the timely manner. I recommend Chad and his office.

[Call \(614\) 534-1355 to setup a consultation](tel:(614)534-1355)