

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2019128

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

LOCAL INFORMATION
 REPORTING AGENCY NAME*
 RICHFIELD POLICE
 NCIC*
 07726

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS
 01
 UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
 01

COUNTY* 77 LOCALITY* 3
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP*
 RICHFIELD

CRASH DATE / TIME*
 09/11/2019 06:40
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
 5

ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST
 LOCATION ROAD NAME
 I-271
 ROAD TYPE
 HW

LATITUDE DECIMAL DEGREES
 41.227646

ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
 NB RAMP TO 77
 ROAD TYPE
 HW

LONGITUDE DECIMAL DEGREES
 81.625372

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

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

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFIC WAY
 7 - ON RAMP
 8 - OFF RAMP
 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
 6
 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
 1

DIRECTION OF TRAVEL
 N - NORTH
 S - SOUTH
 E - EAST
 W - WEST
 N
 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
 4

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

Unit one exited 271 North onto the ramp for 77 north. Unit one did not navigate the curve, veered off the right side of the ramp, scrapping the right side of the vehicle on the guardrail. Unit one then came back across the ramp, went off the left side of the roadway through a ditch across the field and down a 35 foot embankment through another drainage ditch and came to final rest eight feet up the other side of the embankment.

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

See OH2

CRASH REPORTED DATE / TIME 09/11/2019 06:40
 DISPATCH DATE / TIME 09/11/2019 06:46
 ARRIVAL DATE / TIME 09/11/2019 07:02
 SCENE CLEARED DATE / TIME 09/11/2019 08:18
 REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT
 TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME TOTAL MINUTES
 OFFICER'S NAME* ANTHONY PADULA
 OFFICER'S BADGE NUMBER* 722
 CHECKED BY OFFICER'S NAME* DP
 CHECKED BY OFFICER'S BADGE NUMBER* 747

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) COOK MARVIN OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 330-421-3339

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 9790 HULBERT RD SEVILLE OH 44273

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # HTT3230 VEHICLE IDENTIFICATION # 1GCDT13E188162559 VEHICLE YEAR 2008 VEHICLE MAKE CHEV

INSURANCE VERIFIED INSURANCE COMPANY UNITED OHIO INS CO. INSURANCE POLICY # NSA1172828 00 COLOR SIL / VEHICLE MODEL COL

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME WORLD

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE

4 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)

3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST

4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE

5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN

6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

VEHICLE DEFECTS

2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH 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 - SHOW REMOVAL

4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING

5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE

1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER

2 - BUS 4 - LOGGING 6 - CARGO VAN ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER

7 - GRAIN CRIPPS GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN

2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT

3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT

1 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE

2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLE - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK

ACTION

2 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE

2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING

3 - STRIKING 9 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST

4 - STRUCK PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE

5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES

1 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY

2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / JCDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE

3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING

5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

6 - IMPROPER TURN

SEQUENCE OF EVENTS

1 8 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 9 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 24 - OTHER MOVABLE OBJECT

3 44 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN

5 - CARGO / EQUIPMENT LOSS OR SHIFT

FIRST HARMFUL EVENT 3 **MOST HARMFUL EVENT** 5

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT

27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT

28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 42 - CULVERT

29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER

30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER

DAMAGE

DAMAGE SCALE

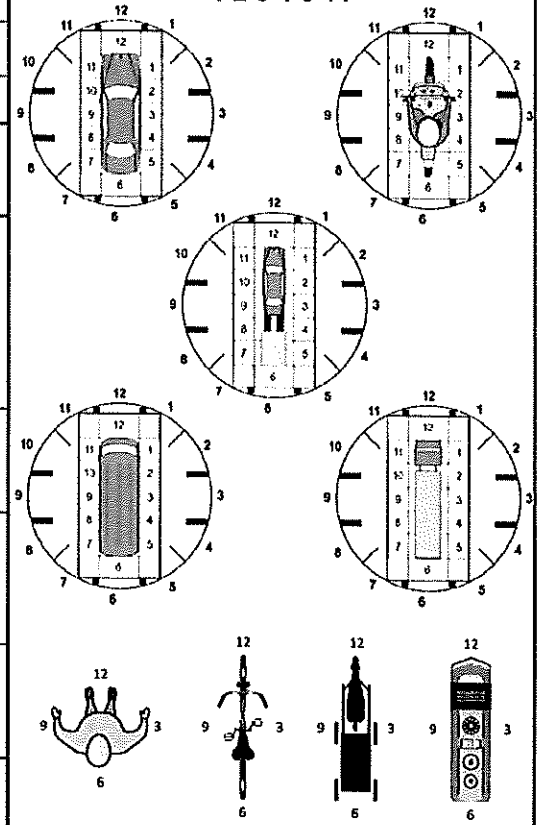
4 1 - NONE 3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY 1 2 3 4 5 11



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

11 0 - NO DAMAGE 14 - UNDERCARRIAGE

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

13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

1 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

6 1 - ROUNDABOUT 4 - STOP SIGN

2 - SIGNAL 5 - YIELD SIGN

3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD

01

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 1

1 - NORTH 5 - NORTHEAST

2 - SOUTH 6 - NORTHWEST

3 - EAST 7 - SOUTHEAST

4 - WEST 8 - SOUTHWEST

9 - OTHER / UNKNOWN

UNIT SPEED

55

POSTED SPEED

65

DETECTED SPEED

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

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2019128

| | | | | | | | | | | | |
|------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------|------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------|------------------------------------------|---------------------------|----------------------------------------------------------|---------------------|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE BRILLHART DAMION SHANE | | | DATE OF BIRTH 04/22/1997 | | AGE 22 | GENDER M | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 6807 RUFF RD WEST SALEM OH 44287 | | | | CONTACT PHONE - INCLUDE AREA CODE 330-988-4435 | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE OH | OPERATOR LICENSE NUMBER UB942389 | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS 4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | |

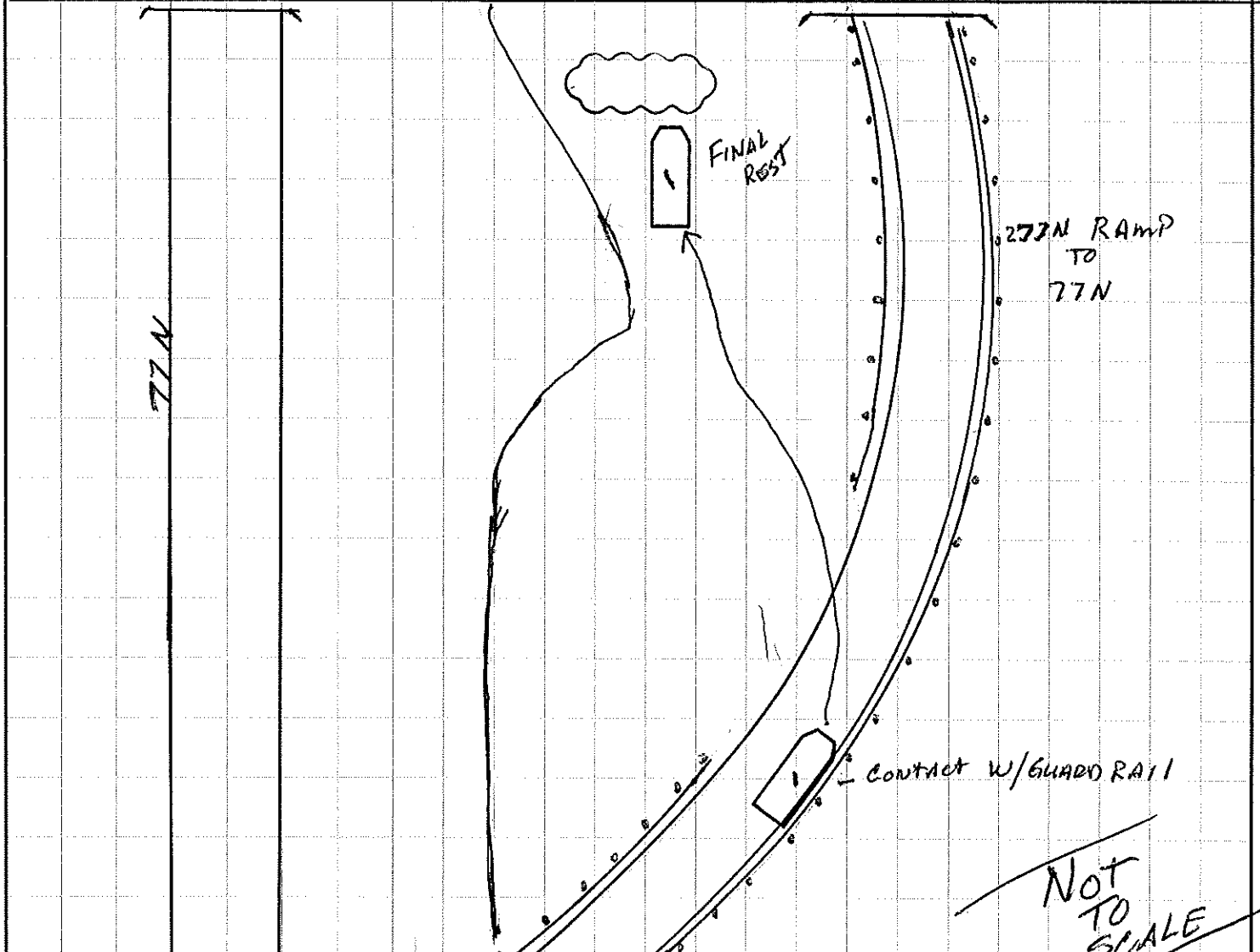
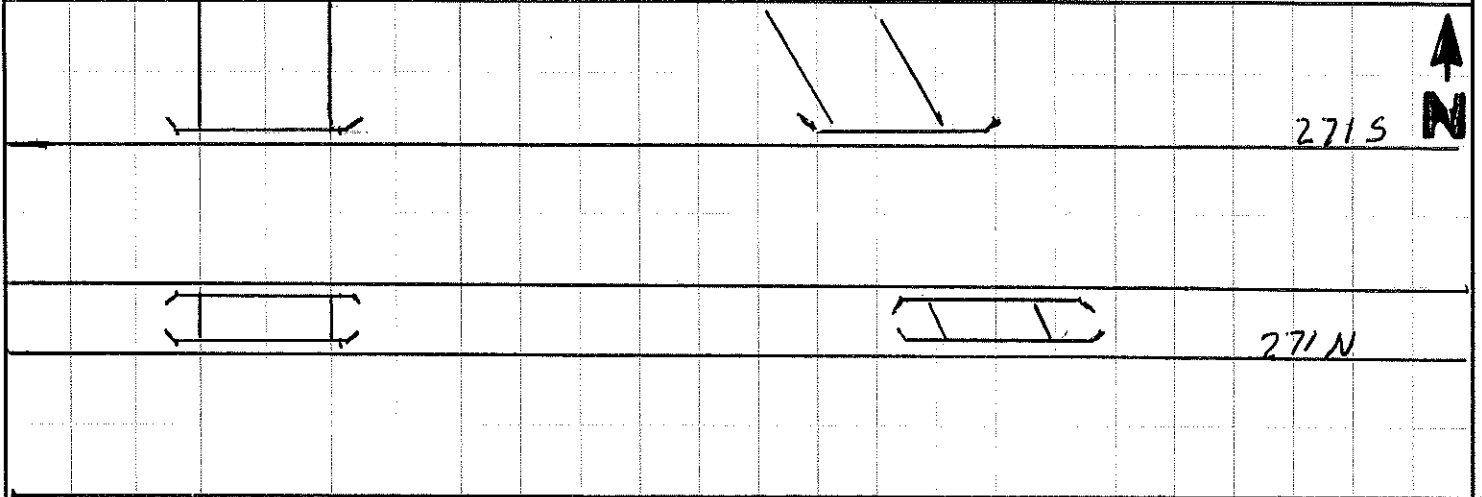
| | | | | | | | | | | | |
|------------------------------------------|----------------------------------|-----------------------------------|------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------|------------------------------------------|------------------------|----------------------------------------------------------|----------------|
| 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT 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 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | |

| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|---------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------|----------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|
| 1-FATAL | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER) | 1-NOT DEPLOYED | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | 1-NOT DISTRACTED | 1-NONE GIVEN |
| 2-SUSPECTED SERIOUS INJURY | 2-FRONT-MIDDLE | 2-DEPLOYED FRONT | 2-CLASS B | 2-CDL INTRASTATE ONLY | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED |
| 3-SUSPECTED MINOR INJURY | 3-FRONT-RIGHT SIDE | 3-DEPLOYED SIDE | 3-CLASS C | 3-CORRECTIVE LENSES | 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4-POSSIBLE INJURY | 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT/SIDE | 4-REGULAR CLASS (OHIO = D) | 4-FARM WAIVER | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE | 4-TEST GIVEN, RESULTS KNOWN |
| 5-NO APPARENT INJURY | 5-SECOND-MIDDLE | 5-NOT APPLICABLE | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5-TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | 6-SECOND-RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-PASSENGER | ALCOHOL TEST TYPE |
| 1-NOT TRANSPORTED / TREATED AT SCENE | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 7-EXCEPT TRACTOR-TRAILER | 7-OTHER DISTRACTION INSIDE THE VEHICLE | 1-NONE |
| 2-EMS | 8-THIRD-MIDDLE | 1-NOT EJECTED | H-HAZMAT | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | 2-BLOOD |
| 3-POLICE | 9-THIRD-RIGHT SIDE | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 9-LEARNER'S PERMIT RESTRICTIONS | 9-OTHER / UNKNOWN | 3-URINE |
| 9-OTHER / UNKNOWN | 10-SLEEPER SECTION OF TRUCK CAB | 3-TOTALLY EJECTED | P-PASSENGER | 10-LIMITED TO DAYLIGHT ONLY | CONDITION | 4-BREATH |
| SAFETY EQUIPMENT | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4-NOT APPLICABLE | N-TANKER | 11-LIMITED TO EMPLOYMENT | 1-APPARENTLY NORMAL | 5-OTHER |
| 1-NONE USED | 12-PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | N-TANKER | 12-LIMITED-OTHER | 2-PHYSICAL IMPAIRMENT | DRUG TEST TYPE |
| 2-SHOULDER BELT ONLY USED | 13-TRAILING UNIT | 1-NOT TRAPPED | Q-MOTOR SCOOTER | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 1-NONE |
| 3-LAP BELT ONLY USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2-EXTRICATED BY MECHANICAL MEANS | R-THREE-WHEEL MOTORCYCLE | 14-MILITARY VEHICLES ONLY | 4-ILLNESS | 2-BLOOD |
| 4-SHOULDER & LAP BELT USED | 15-NON-MOTORIST | 3-FREED BY NON-MECHANICAL MEANS | S-SCHOOL BUS | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | 3-URINE |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | 99-OTHER / UNKNOWN | | T-DOUBLE & TRIPLE TRAILERS | 16-OUTSIDE MIRROR | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 4-OTHER |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | | X-TANKER / HAZMAT | 17-PROSTHETIC AID | 9-OTHER / UNKNOWN | DRUG TEST RESULT(S) |
| 7-BOOSTER SEAT | | | | 18-OTHER | | 1-AMPHETAMINES |
| 8-HELMET USED | | | | | | 2-BARBITURATES |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | 3-BENZODIAZEPINES |
| 10-REFLECTIVE CLOTHING | | | | | | 4-CANNABINOIDS |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 5-COCAINE |
| 99-OTHER / UNKNOWN | | | | | | 6-OPiates / OPIOIDS |
| | | | | | | 7-OTHER |
| | | | | | | 8-NEGATIVE RESULTS |



| | | |
|---------------------------------------|---------------------------------------------|-------------------------------------------|
| LOCAL REPORT NUMBER 2019128 | REPORTING AGENCY Richfield Police | DATE OF CRASH MO9 D11 Y2019 |
| IN COUNTY OF Summit | CRASH LOCATION 271 N. RAMP TO 77N | |



| | |
|---------------------------------------------|----------------------------|
| OFFICER'S SIGNATURE X [Signature] | BADGE NUMBER 722 |
|---------------------------------------------|----------------------------|

TRAFFIC CRASH WITNESS STATEMENT

| | | |
|---------------------------------|--------------------------------------|---------------------------------|
| LOCAL REPORT NUMBER 2019 128 | REPORTING AGENCY Richfield Police | DATE OF CRASH 09 11 2019 |
|---------------------------------|--------------------------------------|---------------------------------|

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

I, Damion Brillhart PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ptz Paduka 722 OFFICER'S NAME AT 271N Ramp to 77W LOCATION
 Was traveling N. Bound to WORK on
271 N. I got off the exit for 77 N.
 While going around the curve I believe I drove
 across some loose gravel at which time my
 truck kicked side ways down towards the
 left hand side of the road. I went off
 the road & down a pretty steep embankment. My
 truck started to go back up the embankment
 before I finally got it stopped & ran into ~~back~~
 I had called my work to inform them I would
 not be making it in today. Then I called my brother
 to tell him what happened then the first officer was
 on the scene.

VEHICLE INFORMATION

| YEAR | MAKE | MODEL | COLOR | LIC. PLATE | STATE |
|------|-------|----------|-------|------------|-------|
| 2008 | Chery | Colorado | tan | | OH 0 |

| | | |
|------------------------|--------------------------------------------------------------|---------------------------------|
| ESTIMATED SPEED (MPH): | Air Bag Deployed- YES <input checked="" type="checkbox"/> NO | SAFETY RESTRAINT USED: YES / NO |
|------------------------|--------------------------------------------------------------|---------------------------------|

| | |
|------------------------------------------------|--------------------------------|
| Insurance Co: <u>United Ohio Insurance Co.</u> | Policy: <u>NSA 117 2828 00</u> |
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| ADDRESS OF WITNESS: <u>6807 Rube Rd W Salem Ohio</u> | PHONE NUMBER: <u>330 988 4435</u> |
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| SIGNATURE OF WITNESS: <u>X Damion Brillhart</u> | OFFICER SIGNATURE: <u>Ptz Paduka 722</u> |
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