



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2019157

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	IR 77 S
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	RICHFIELD POLICE
<input type="checkbox"/> PRIVATE PROPERTY			NCIC*	07726

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
77	2	RICHFIELD	10/26/2019 13:27	2

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE
IR	77	S	I-77	HW	41.259209
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE
			145.8	MP	81.633151

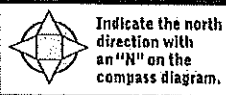
REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
2	S	IR - INTERSTATE ROUTE (TP)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
		US - FEDERAL US ROUTE	HW - HIGHWAY	<input type="checkbox"/> WITHIN INTERCHANGE AREA
		SR - STATE ROUTE	LA - LANE	NUMBER OF APPROACHES
		CR - NUMBERED COUNTY ROUTE	RD - ROAD	1
		TR - NUMBERED TOWNSHIP ROUTE	LA - LANE	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			ROADWAY
5	3			<input checked="" type="checkbox"/> ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1	6	S	4

WORK ZONE RELATED	WORKERS PRESENT	LAW ENFORCEMENT PRESENT	ACTIVE SCHOOL ZONE	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	2	2

LIGHT CONDITION	WEATHER
1	4

CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
10/26/2019 13:27		10/26/2019 13:27		10/26/2019 13:33		10/26/2019 14:31		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST
60		180		244		THOMAS RANDOLPH		<input type="checkbox"/> SUPPLEMENT
				OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S NAME*		(CORRECTION IN ADDITION TO AN EXISTING REPORT IS NOT PERMITTED)
				731		PAUL FISTER		
						CHECKED BY OFFICER'S BADGE NUMBER*		
						713		



## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 2019157	REPORTING AGENCY RICHFIELD POLICE	DATE OF ACCIDENT M 10 D 26 Y 2019
IN COUNTY OF SUMMIT	ACCIDENT LOCATION S I-77	
<p>Unit #1 entered onto the southbound on-ramp of I-77 from on Brecksville Rd./State route 21. While traveling on this on-ramp to I-77 SB, Unit #1 lost control of his vehicle in the area of the on-ramp where it begins to meet with the two southbound traveling lanes of I-77. Unit #1 stated in his witness statement that he was going 25mph but due to the loss of control and amount of damage sustained, it is believed that Unit #1 was traveling at speeds of around 35-45 mph (The recommended speed for the I-77 SB on-ramp is 25mph).</p> <p>After Unit #1 lost control of his vehicle, he made contact with Unit #2 (from the rear) who was traveling in the right lane on I-77 SB. This contact into Unit #2 made Unit #2 spin out of control and turn 180 degrees, into the left lane.</p> <p>Unit #2 was rotating 90 degrees from the right lane into the left lane, Unit #3 who was traveling behind Unit #2 in the left lane, came into contact with Unit #2's driver side (T-bone style).</p> <p>After Unit #1 collided with Unit #2, Unit #1 continued southbound and spin out of control, facing the wrong way in the approaching southbound on-ramp lane.</p> <p>After Unit #2 was hit by Unit #1 and then Unit #3, they continued into left lane guard rail. Unit #2 then spun 180 degrees on the left side of the road and came to a rest on the left side of the road, on the guard rail. After Unit #3 made contact with Unit #2, they continued southbound in the left lane and came to a rest on the left shoulder of the road and waited for assistance.</p> <p>Unit #1 and Unit #2 both sustained disabling damage. Unit #3 sustained functional damage to his front bumper.</p>		
	OFFICER'S SIGNATURE X	BADGE NUMBER

HSY 7002 4/07

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
**MICKEY MARIA DENAZE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**4409 ALPHA AVE NEWBURGH HTS OH 44105**

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)  
**216-882-6839**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **HVX6286** VEHICLE IDENTIFICATION # **2FAPF74W34X112639** VEHICLE YEAR **2004** VEHICLE MAKE **FORD**

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR **WHI /** VEHICLE MODEL **VIC**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY COMPANY NAME **WORLD**

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS **3** VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

UNIT TYPE: 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICKUP, 5 - CARGO VAN, 6 - VAN (19-15 SEATS), 7 - MOTORCYCLE 2-WHEELED, 8 - MOTORCYCLE 3-WHEELED, 9 - AUTOCYCLE, 10 - MOPED OR MOTORIZED BICYCLE, 11 - ALL TERRAIN VEHICLE (ATV/UTV), 12 - GOLF CART, 13 - SNOWMOBILE, 14 - SINGLE UNIT TRUCK, 15 - SEMI-TRACTOR, 16 - FARM EQUIPMENT, 17 - MOTORHOME, 18 - LIMO (LIVERY VEHICLE), 19 - BUS (16+ PASSENGERS), 20 - OTHER VEHICLE, 21 - HEAVY EQUIPMENT, 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23 - PEDESTRIAN / SKATER, 24 - WHEELCHAIR (ANY TYPE), 25 - OTHER NON-MOTORIST, 26 - BICYCLE, 27 - TRAIN, 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS \_\_\_\_\_

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY  
**1 5 6 10 11 12**

INITIAL POINT OF CONTACT: **10** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**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: **02**

RAIL GRADE CROSSING: **1** 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM **1** TO **2**

UNIT SPEED: **35** DETECTED SPEED: **1** 1 - STATED/ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED

POSTED SPEED: **25**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: **0** 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION: **1** 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 EQUIPMENT, 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL, 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE: **1** 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING, 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/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** 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 AT IMPACT: **1** 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: **3** 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN, 8 - PRE-CRASH ACTIONS: 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

**EVENT(S)**

CONTRIBUTING CIRCUMSTANCES: **5** 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 / ACCA 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: **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 - PEDAL CYCLE, 16 - RAILWAY VEHICLE 17 - ANIMAL - FARJ 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

**2** FIRST HARMFUL EVENT **2** MOST HARMFUL EVENT

COLLISION WITH FIXED OBJECT - STRUCK: 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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 35 - MEDIUM 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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER  
STAI HILARY A

OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER  
614-226-5981

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  
5769 AUTUMN HILL CT COLUMBUS OH 43235

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HGU9958 VEHICLE IDENTIFICATION # JTMWFREVXHD108437 VEHICLE YEAR 2017 VEHICLE MAKE TOYT

INSURANCE VERIFIED INSURANCE COMPANY AMERICAN INSURANCE POLICY # ACPA-002189103 COLOR BLU / VEHICLE MODEL RAV

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

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

TOWED BY: COMPANY NAME WORLD HAZARDOUS MATERIAL  MATERIAL CLASS #  PLACARD ID #  PLACARD

**UNIT TYPE**

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION  
2 - PARTIAL 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 SKATING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT / COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**

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

**VEHICLE DEFECTS**

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

**NON-MOTORIST LOCATION AT IMPACT**

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

**ACTION**

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

**CONTRIBUTING CIRCUMSTANCES**

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

**SEQUENCE OF EVENTS**

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

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

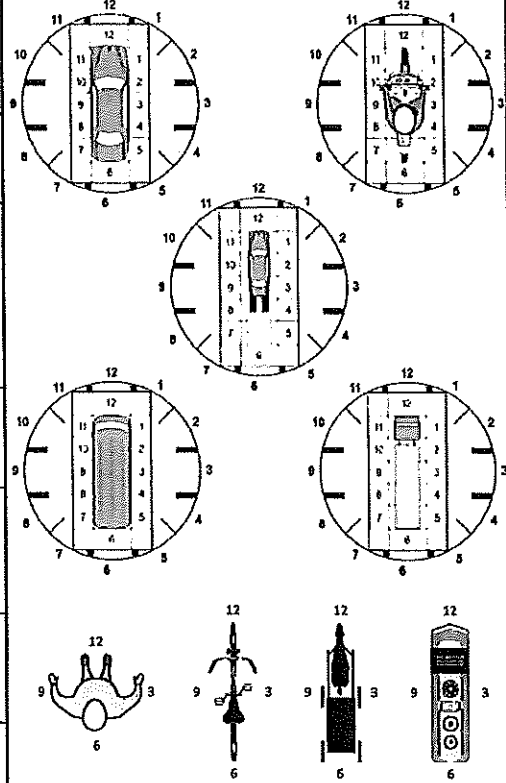
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
2019157

**DAMAGE**

DAMAGE SCALE  
4 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  
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 02

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

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

UNIT SPEED 65

POSTED SPEED 65

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

**OWNER**

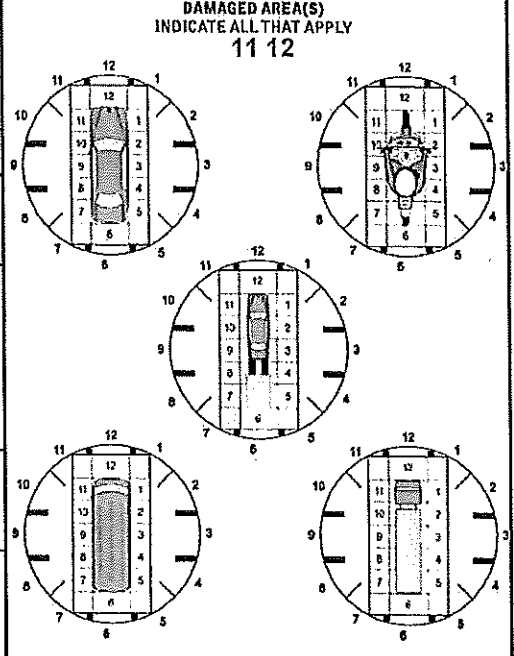
UNIT # 03 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) WARNE WILLIAM W  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 740-297-9903  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
 4125 ARCH HILL RD ZANESVILLE OH 43701  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP B & H HOME BUILDERS 4125 ARCH HILL RD.  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 740-297-9903

**DAMAGE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # PKR6650 VEHICLE IDENTIFICATION # 1FDSW35F32EB38056  
 VEHICLE YEAR 2002 VEHICLE MAKE FORD  
 INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 00703009  
 COLOR RED / VEHICLE MODEL F35  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 2  
 US DOT # 1 HAZARDOUS MATERIAL CLASS # PLACARD ID #  
 1 - <=10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  
 MATERIAL RELEASED  PLACARD

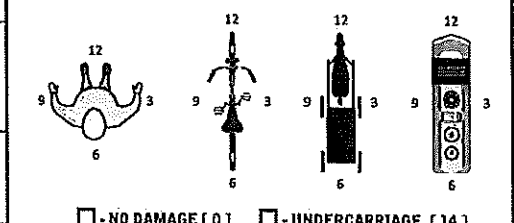


**UNIT TYPE** 4  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - 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) 37 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL 0  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**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 EQUIPMENT 20 - SAFETY SERVICE PATROL



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

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

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

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

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

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - 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 / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO AVOID 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONG WAY 21 - IMPROPER CROSSING  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

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

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**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 02

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

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 2 TO 1  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** 65  
**POSTED SPEED** 65

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2019157

UNIT # 01	NAME: LAST, FIRST, MIDDLE MAMICH DYLAN CHRISTOPHER	DATE OF BIRTH 07/25/1999	AGE 20	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 5057 BLACK RD BRECKSVILLE OH 44141	CONTACT PHONE - INCLUDE AREA CODE 330-659-6913
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INJURIES 3	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 2	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UV091082	OFFENSE CHARGED 4511.202	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 54391
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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		
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UNIT # 02	NAME: LAST, FIRST, MIDDLE STAI HILARY A	DATE OF BIRTH 06/15/1963	AGE 56	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP 5769 AUTUMN HILL CT COLUMBUS OH 43235	CONTACT PHONE - INCLUDE AREA CODE 614-226-5981
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) BATH FIRE DEPT.	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) AGMC MAIN	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 2
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OL STATE OH	OPERATOR LICENSE NUMBER RK502668	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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		
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UNIT # 03	NAME: LAST, FIRST, MIDDLE WARNE WILLIAM W	DATE OF BIRTH 07/03/1966	AGE 53	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 4125 ARCH HILL RD ZANESVILLE OH 43701	CONTACT PHONE - INCLUDE AREA CODE 740-297-9903
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INJURIES 5	INJURED TAKEN BY 2	EMS AGENCY (NAME) FAIRLAWN FD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) AGMC MAIN	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RJ971828	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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		
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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- MC MOPED ONLY	5- EXCEPT CLASS A BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN
	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	7- OTHER DISTRACTION INSIDE THE VEHICLE	
	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7- EXCEPT TRACTOR-TRAILER	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	
	8- THIRD - MIDDLE			8- INTERMEDIATE LICENSE RESTRICTIONS	9- OTHER / UNKNOWN	
	9- THIRD - RIGHT SIDE			9- LEARNER'S PERMIT RESTRICTIONS		
	10- SLEEPER SECTION OF TRUCK CAB			10- LIMITED TO DAYLIGHT ONLY		
	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11- LIMITED TO EMPLOYMENT		
	12- PASSENGER IN UNENCLOSED CARGO AREA			12- LIMITED - OTHER		
	13- TRAILING UNIT			13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		
	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14- MILITARY VEHICLES ONLY		
	15- NON-MOTORIST			15- MOTOR VEHICLES WITHOUT AIR BRAKES		
	99- OTHER / UNKNOWN			16- OUTSIDE MIRROR		
				17- PROSTHETIC AID		
				18- OTHER		



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2019157

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	01	RUSSELL TRAVIS BAKER			08/09/2019		0	M	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
5057 BLACK RD BRECKSVILLE OH 44141					330-573-4866				
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
4	2	INDEPENDANCE FD	METRO HOSPITAL	6	<input type="checkbox"/>	5	1	1	1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	01	MICKEY NICOLE ANN-MARIE			06/30/1995		24	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
5057 BLACK RD BRECKSVILLE OH 44141					330-659-6913				
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
3	2	INDEPENDANCE FD	METRO HOSPITAL	4	<input type="checkbox"/>	3	1	1	1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	02	CLIFFORD DEANNA LOUISE			09/09/1963		56	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
1112 LANNING DR COLUMBUS OH 43220					614-893-0646				
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
3	2	FAIRLAWN FD	AGMC MAIN	4	<input type="checkbox"/>	3	4	1	2

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	03	MILLER JACOB MICHAEL			04/16/1995		24	M	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
11545 NELLIE LN CHANDLERSVILLE OH 43727					740-808-0551				
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
5	1			4	<input type="checkbox"/>	3	1	1	1

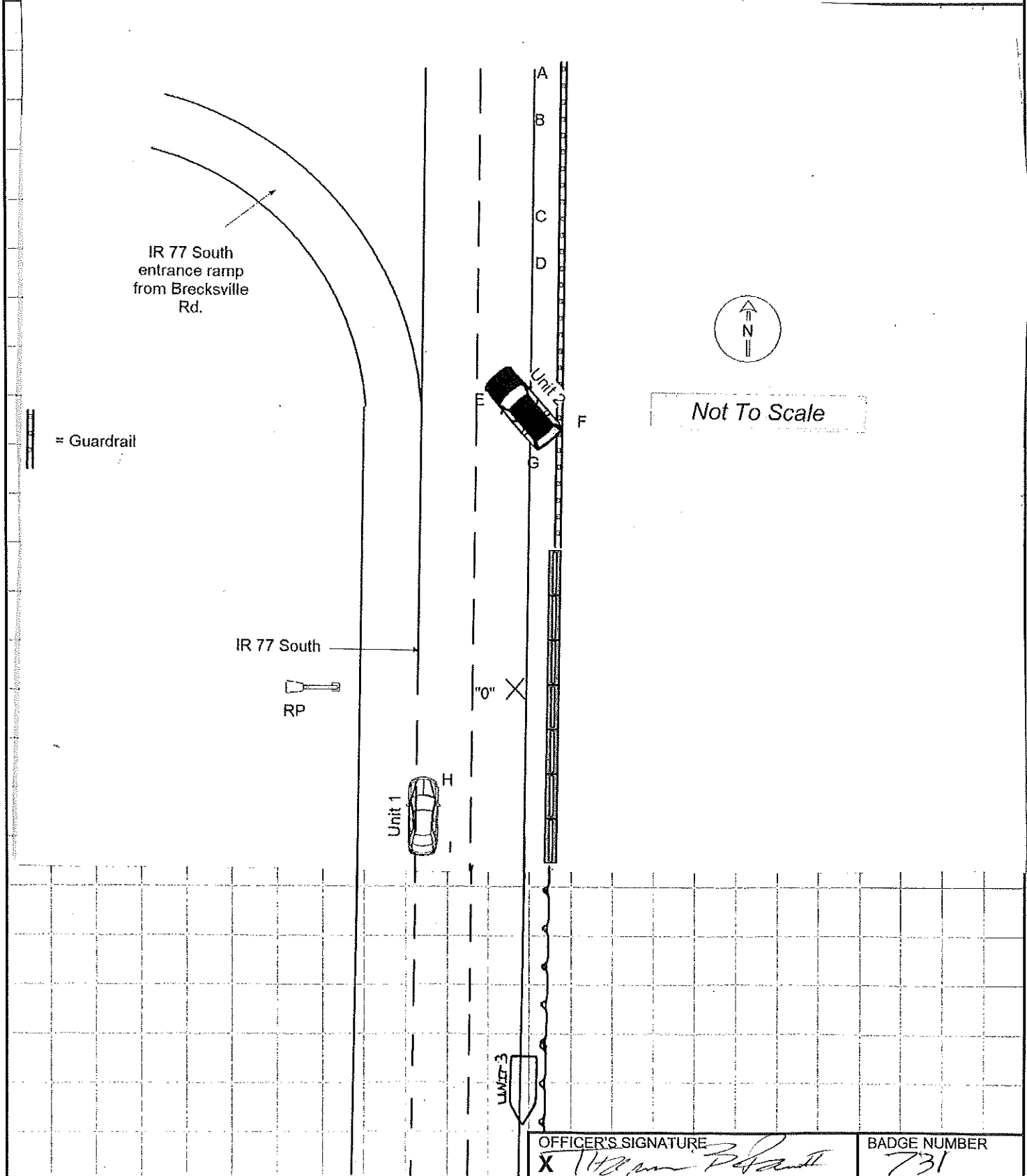
INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY 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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	STROHECKER AMEY YVONN			03/02/1975		44	F		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
178 PINK RD SLIPPERY ROCK PA 16057					724-992-8751				

WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	MURDOCK MORGAN NOEL			09/23/2001		18	F		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
178 PINK RD SLIPPERY ROCK PA 16057					724-992-5089				

WITNESS	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER <b>2019157</b>	REPORTING AGENCY <b>RICHFIELD POLICE DEPARTMENT</b>	DATE OF CRASH <b>M 10 10 26 Y 2019</b>
IN COUNTY OF <b>Summit</b>	CRASH LOCATION <b>I-77 NEAR 145.8</b>	



OFFICER'S SIGNATURE <b>X [Signature]</b>	BADGE NUMBER <b>731</b>
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LOCAL REPORT NUMBER <i>2019157</i>	REPORTING AGENCY <i>RICHFIELD PD</i>	DATE OF CRASH <i>M 10   D 26   Y 19</i>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Dylan Mamich* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

*J. KALAL* AT *I 77 S/B 145 MM*  
OFFICER'S NAME LOCATION

*I came up brecksville road entrance ramp, was going 25 mph. Once I turned straight onto highway I started hydroplaning spun out and lost control.*

*Cell 9750437*

*BRISTOL WEST CASH INS CO.*

ADDRESS OF WITNESS <i>5057 Black road, Brecksville OH, 44141</i>	PHONE <i>216-322-7554</i>
SIGNATURE OF WITNESS <i>X Dylan Mamich</i>	OFFICER'S SIGNATURE <i>X J. Kalal # 740</i>

LOCAL REPORT NUMBER <i>2019157</i>	REPORTING AGENCY <i>RICHFIELD PD</i>	DATE OF CRASH <i>M 10   D 26   Y 19</i>
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, *Nicole Mickey* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

*J. KALAL* AT *I 77 S/B 145 mm*  
OFFICER'S NAME LOCATION

*getting onto highway - coming around ramp  
 Brecksville RD entrance. my brother was going  
 25 mph once the turn connected to  
 main highway we started to hydroplane.  
 then all I remember is the car spinning  
 and we got smashed over & over again*

ADDRESS OF WITNESS <i>8057 Black RD Brecksville OH 44140</i>	PHONE <i>3305734866</i>
SIGNATURE OF WITNESS <i>X Nicole Mickey</i>	OFFICER'S SIGNATURE <i>X J. Kalal #740</i>

*BABY: TRAVIS BAKER RUSSELL 3 MONTHS*



LOCAL REPORT NUMBER <b>2019157</b>	REPORTING AGENCY <b>RICHFIELD PD</b>	DATE OF CRASH <b>M/10   D/26   Y/19</b>
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Maria Mickey HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

J. KALAL AT 77 south entrance from Rt 21  
OFFICER'S NAME LOCATION

I was following my son 77 south he just was proceeding on to 775 and I was right behind him going around 25 miles an hour and his car started to spin and he was struck by blue car so I pulled over got out and ran to his car and he was bleeding all over check my daughter and baby as well. They were shaken up. So I ran to other car to check lady who was struck by the truck. she was not looking so well I called 911 and they asked for a marking point I told them I am now entering 775 from Rt 21 in Richfield we need ambulance she starting asking for marking points.

ADDRESS OF WITNESS <b>4409 ALPHA Ave Newburgh Hts Ohio 44105</b>	PHONE <b>216 882 6839</b>
SIGNATURE OF WITNESS <b>X Maria Denny Mickey</b>	OFFICER'S SIGNATURE <b>X J. Kalal # 740</b>



LOCAL REPORT NUMBER <u>2019157</u>	REPORTING AGENCY <u>PICKFIELD PD</u>	DATE OF CRASH M/ <u>10</u>   D/ <u>26</u>   Y/ <u>19</u>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, William Warner HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

J. KALAL AT 77 South Brexol Rd Ramp  
OFFICER'S NAME LOCATION

Traveling south on <sup>Interstate</sup> 77 white car entering  
the freeway from the right lost control  
came across in front of us hitting a blue  
car, causing me to hit ~~it~~ in the blue  
car in the side

ADDRESS OF WITNESS

4125 Arch Hill Rd Zanesville OH 43701 PHONE 740-297-9903

SIGNATURE OF WITNESS

X William Warner

OFFICER'S SIGNATURE

X J. Kalal #740



LOCAL REPORT NUMBER 2019157	REPORTING AGENCY RICHFIELD PD	DATE OF CRASH M 10   D 26   Y 19
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Sacob Miller HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Thomas B. Randolph AT 77 South rexel rd ramp  
OFFICER'S NAME LOCATION

We was going south white car lost control hit blue car into our lane we locked up brakes hit blue car in side coasted to end of bridge

ADDRESS OF WITNESS 11545 Nellie lane Chandlersville OH	PHONE 740 808 0551
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> * 740

LOCAL REPORT NUMBER <b>2019157</b>	REPORTING AGENCY <b>RICHFIELD PD</b>	DATE OF CRASH M <b>10</b>   D <b>26</b>   Y <b>19</b>
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Morgan Murdock PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
J. KALAL OFFICER'S NAME AT I77 S/B 145mm LOCATION

Limited!

Only saw the white four door car run into the side of the blue car. Then saw both cars spin/fly. Then red truck had no choice but to hit the blue car.

- lady in the white car jumped out and called 911.... did not talk to her and stayed with the blue car the whole time.

- no one else stopped.

178 Pink Rd. Slippery Rock, PA 16057

ADDRESS OF WITNESS

SIGNATURE OF WITNESS

X Morgan Murdock

OFFICER'S SIGNATURE

X J. Kalal # 740

PHONE (724) 992-5089

LOCAL REPORT NUMBER <b>2019157</b>	REPORTING AGENCY <b>RICHFIELD PD</b>	DATE OF CRASH M <b>10</b>   D <b>26</b>   Y <b>19</b>
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, **Amey Strohecker** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

**J. KALAL** AT **I77 S/B 145mm**  
OFFICER'S NAME LOCATION

Limited -

coming off ramp

White 4 door car fish tailing  
 hit side of bright blue Toyota - then  
 just a mess of cars spinning -

Stopped to help - lady in white car  
 got out - called 911 (lady in white car)  
 went straight to help people in blue car  
 nobody else would stop -

Amey Strohecker  
 178 Pink Road  
 Slippery Rock, PA 16057

724-992-8751

ADDRESS OF WITNESS <b>178 Pink Rd Slippery Rock PA 16057</b>	PHONE <b>724-992-8751</b>
SIGNATURE OF WITNESS <b>X Amey Strohecker</b>	OFFICER'S SIGNATURE <b>X Ptm J. Kalal #740</b>