



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2019180

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

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
 RICHFIELD POLICE  
 NCIC\*  
 07726

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
 02  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
 02

COUNTY\*  
 77  
 LOCALITY\*  
 1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP  
 2

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
 RICHFIELD

CRASH DATE / TIME\*  
 12/06/2019 17:04

CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
 5

ROUTE TYPE  
 IR  
 ROUTE NUMBER  
 77  
 PREFIX  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST

LOCATION ROAD NAME  
 I-77  
 ROAD TYPE  
 HW

LATITUDE DECIMAL DEGREES  
 41.234838

ROUTE TYPE  
 ROUTE NUMBER  
 PREFIX  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
 144.2  
 ROAD TYPE  
 MP

LONGITUDE DECIMAL DEGREES  
 81.628145

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 2  
 DIRECTION FROM REFERENCE  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 S  
 DISTANCE FROM REFERENCE  
 200  
 DISTANCE UNIT OF MEASURE  
 1 - MILES  
 2 - FEET  
 3 - YARDS  
 2

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  
 1

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  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 S

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

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

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

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

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

Unit 01 and Unit 02 were traveling 77 southbound near milepost 144.2. Unit 01 came to a sudden stop and veered slightly to the right as traffic stopped in front of them. Unit 02 was unable to stop in time and struck Unit 01.

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

See OH-2

CRASH REPORTED DATE / TIME  
 12/06/2019 17:04  
 TOTAL TIME ROADWAY CLOSED  
 OTHER INVESTIGATION TIME  
 60

DISPATCH DATE / TIME  
 12/06/2019 17:05  
 TOTAL MINUTES  
 91  
 OFFICER'S NAME\*  
 JOHN HETZEL  
 OFFICER'S BADGE NUMBER\*  
 727

ARRIVAL DATE / TIME  
 12/06/2019 17:16  
 CHECKED BY OFFICER'S NAME\*  
 DAVID POLAK  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
 747

SCENE CLEARED DATE / TIME  
 12/06/2019 17:36

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

<b>OWNER</b>	<b>UNIT #</b> 01	<b>OWNER NAME: LAST, FIRST, MIDDLE</b> (☐ SAME AS DRIVER) JONES SCOTT E	<b>OWNER PHONE: INCLUDE AREA CODE</b> (☐ SAME AS DRIVER) 330-440-4560
	<b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> (☐ SAME AS DRIVER) 341 HIGH ST TUSCARAWAS OH 44682		
	<b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>		<b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HFV3640	<b>VEHICLE IDENTIFICATION #</b> 3GNDA23P56S510212	<b>VEHICLE YEAR</b> 2006	<b>VEHICLE MAKE</b> CHEV
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> PROGRESSIVE	<b>INSURANCE POLICY #</b> 906243343	<b>COLOR</b> SIL /	<b>VEHICLE MODEL</b> HHR

<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>US DOT #</b>	<b>TOWED BY: COMPANY NAME</b>
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 02	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤30K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>

<b>UNIT TYPE</b>	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIM0 (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 - CARGOVAN	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	

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

<b>SPECIAL FUNCTION</b>	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	

<b>CARGO BODY TYPE</b>	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 - CARGOVAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - CARGO/REFUSE
				11 - DUMP	99 - OTHER / UNKNOWN

<b>VEHICLE DEFECTS</b>	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			

<b>NON-MOTORIST LOCATION AT IMPACT</b>	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 - 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	

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

<b>CONTRIBUTING CIRCUMSTANCES</b>	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 / ACD	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	23 - OPENING DOOR INTO ROADWAY
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
	6 - IMPROPER TURN	12 - IMPROPER BACKING			

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

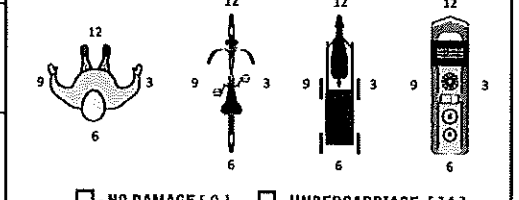
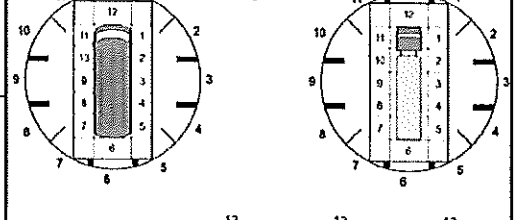
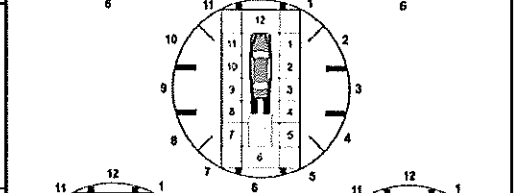
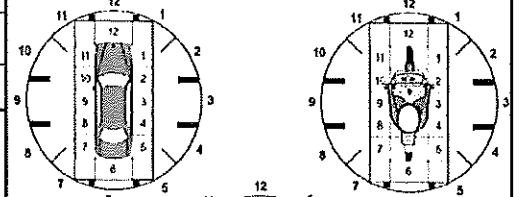
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
			49 - FIRE HYDRANT	

<b>FIRST HARMFUL EVENT</b>	1	<b>MOST HARMFUL EVENT</b>	1
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**LOCAL REPORT NUMBER**  
2019180

<b>DAMAGE</b>		
<b>DAMAGE SCALE</b>		
1 - NONE	2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE	9 - UNKNOWN	

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY  
6 7



<input type="checkbox"/> - NO DAMAGE [ 0 ]	<input type="checkbox"/> - UNDERCARRIAGE [ 14 ]
<input type="checkbox"/> - TOP [ 13 ]	<input type="checkbox"/> - ALL AREAS [ 15 ]
<input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	

<b>INITIAL POINT OF CONTACT</b>		
0 - NO DAMAGE	14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE	
13 - TOP	99 - UNKNOWN	

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

<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
02	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

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

<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
<b>POSTED SPEED</b>	
65	

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
 HOWARD JEFFREY L

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
 939 GRANDSTONE CT LEBANON OH 45036

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
 513-857-6699

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # HUC6393 VEHICLE IDENTIFICATION # KMHTC6AD6CU071785 VEHICLE YEAR 2012 VEHICLE MAKE HYUN

INSURANCE VERIFIED  INSURANCE COMPANY NATIONWIDE INSURANCE POLICY # 9234J319853 COLOR BLK / VEHICLE MODEL VEL

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT #

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

VEHICLE WEIGHT GVWR/GCWR: 1 - <30K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

#OCCUPANTS 01

UNIT TYPE: 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICK UP, 5 - CARGO VAN, 6 - VAN (9-15 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

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

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

SPECIAL FUNCTION: 1 - NONE, 2 - TAXI, 3 - ELECTRONIC RIDE SHARING, 4 - SCHOOL TRANSPORT, 5 - BUS - TRANSIT/COMMUTER, 6 - BUS - CHARTER/TOUR, 7 - BUS - INTERCITY, 8 - BUS - SHUTTLE, 9 - BUS - OTHER, 10 - AMBULANCE, 11 - FIRE, 12 - MILITARY, 13 - POLICE, 14 - PUBLIC UTILITY, 15 - CONSTRUCTION EQUIPMENT, 16 - FARM, 17 - MOWING, 18 - SNOW REMOVAL, 19 - TOWING, 20 - SAFETY SERVICE PATROL, 21 - MAIL CARRIER, 99 - OTHER / UNKNOWN

CARGO BODY TYPE: 1 - NO CARGO BODY TYPE / NOT APPLICABLE, 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE, 4 - LOGGING, 5 - INTERMODAL CONTAINER CHASSIS, 6 - 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 - CARRIAGE/REFUSE, 99 - OTHER / UNKNOWN

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

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

ACTION: 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - BOTH STRIKING & STRUCK, 9 - OTHER / UNKNOWN, 10 - STRAIGHT AHEAD, 11 - BACKING, 12 - CHANGING LANES, 13 - OVERTAKING/PASSING, 14 - MAKING RIGHT TURN, 15 - MAKING LEFT TURN, 16 - MAKING U-TURN, 17 - ENTERING TRAFFIC LANE, 18 - LEAVING TRAFFIC LANE, 19 - PARKED, 20 - SLOWING OR STOPPED IN TRAFFIC, 21 - DRIVERLESS, 22 - NEGOTIATING A CURVE, 23 - ENTERING OR CROSSING SPECIFIED LOCATION, 24 - WALKING, RUNNING, JOGGING, PLAYING, 25 - WORKING, 26 - PUSHING VEHICLE, 27 - APPROACHING OR LEAVING VEHICLE, 28 - STANDING, 29 - OTHER NON-MOTORIST, 30 - STANDING OUTSIDE DISABLED VEHICLE, 99 - OTHER / UNKNOWN

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

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

COLLISION WITH FIXED OBJECT - STRUCK: 31 - GUARDRAIL END, 32 - PORTABLE BARRIER, 33 - MEDIAN CABLE BARRIER, 34 - MEDIAN GUARDRAIL BARRIER, 35 - MEDIAN CONCRETE, 36 - MEDIAN OTHER BARRIER, 37 - TRAFFIC SIGN POST, 38 - OVERHEAD SIGN POST, 39 - LIGHT / LUMINARIES SUPPORT, 40 - UTILITY POLE, 41 - OTHER POST, POLE OR SUPPORT, 42 - CULVERT, 43 - CURB, 44 - DITCH, 45 - EMBANKMENT, 46 - FENCE, 47 - MAIL BOX, 48 - TREE, 49 - FIRE HYDRANT, 50 - WORK ZONE MAINTENANCE EQUIPMENT, 51 - WALL, 52 - BUILDING, 53 - TUNNEL, 54 - OTHER FIXED OBJECT, 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER  
 2019180

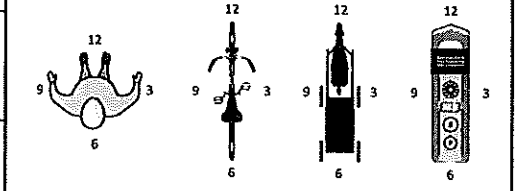
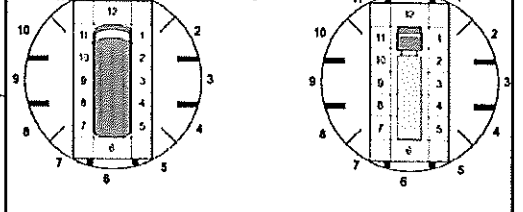
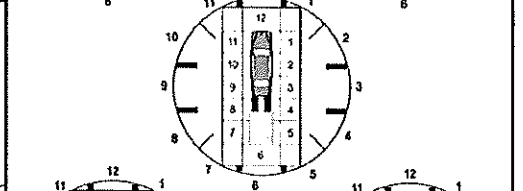
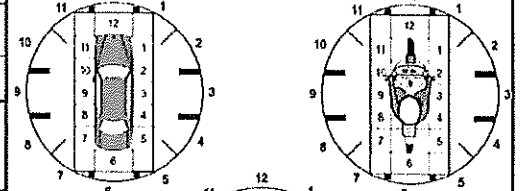
DAMAGE

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

2

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

1



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

1

TRAFFIC

TRAFFICWAY FLOW: 1 - ONE-WAY, 2 - TWO-WAY

TRAFFIC CONTROL: 1 - ROUNDABOUT, 2 - SIGNAL, 3 - FLASHER, 4 - STOP SIGN, 5 - YIELD SIGN, 6 - NO CONTROL

2

6

# OF THROUGH LANES ON ROAD: 02

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

UNIT / NON-MOTORIST DIRECTION: FROM 1 TO 2

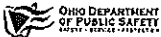
1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - OTHER / UNKNOWN

UNIT SPEED: 10

POSTED SPEED: 65

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

1



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2019180

UNIT # 01	NAME: LAST, FIRST, MIDDLE SPRING ADRIANNA MCKINSEY	DATE OF BIRTH 08/29/2000	AGE 19	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 341 HIGH ST TUSCARAWAS OH 44682		CONTACT PHONE - INCLUDE AREA CODE 330-440-4560		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4
OL STATE OH	OPERATOR LICENSE NUMBER UP856985	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
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: 1	DRUG TEST(S) STATUS: 1

UNIT # 02	NAME: LAST, FIRST, MIDDLE HOWARD PARKER DYLAN	DATE OF BIRTH 10/21/1997	AGE 22	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 939 GRANDSTONE CT LEBANON OH 45036		CONTACT PHONE - INCLUDE AREA CODE 513-857-6699		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4
OL STATE OH	OPERATOR LICENSE NUMBER UE071628	OFFENSE CHARGED 333.03 A	LOCAL CODE	OFFENSE DESCRIPTION SPEED (ASSURED CLEAR)
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3 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: 1	DRUG TEST(S) STATUS: 1

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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED
		CONDITION	ALCOHOL TEST	DRUG TEST(S)

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 & CLASS B 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		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		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		5-OTHER
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q-MOTOR SCOOTER	12-LIMITED-OTHER		DRUG TEST TYPE
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	1-NOT TRAPPED	R-THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1-APPARENTLY NORMAL	1-NONE
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2-EXTRICATED BY MECHANICAL MEANS	S-SCHOOL BUS	14-MILITARY VEHICLES ONLY	2-PHYSICAL IMPAIRMENT	2-BLOOD
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		X-TANKER / HAZMAT	16-OUTSIDE MIRROR	4-ILLNESS	4-OTHER
6-CHILD RESTRAINT SYSTEM - REAR FACING				17-PROSTHETIC AID	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	DRUG TEST RESULT(S)
7-BOOSTER SEAT				18-OTHER	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	1-AMPHETAMINES
8-HELMET USED					9-OTHER / UNKNOWN	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



# OCCUPANT / WITNESS ADDENDUM

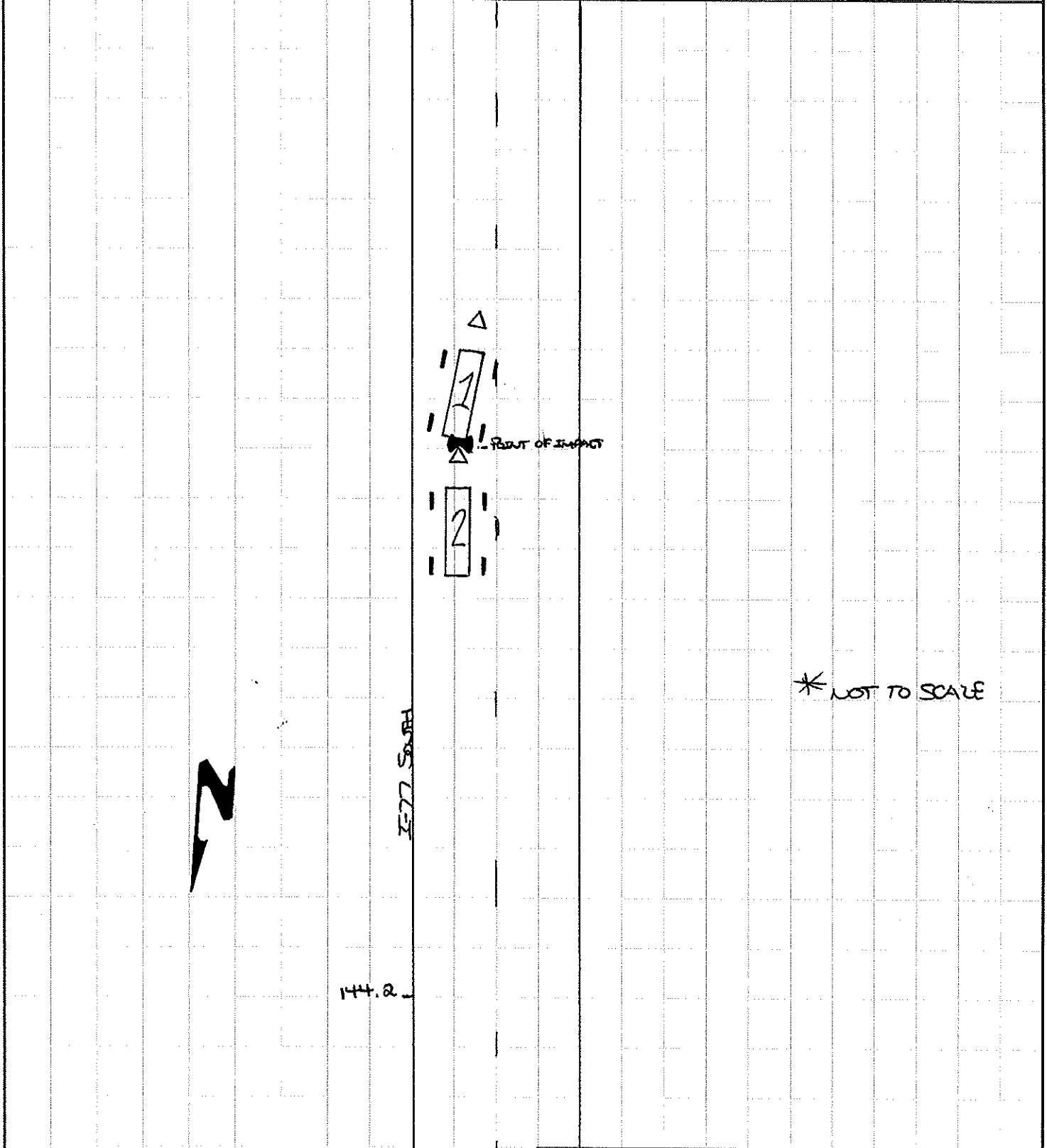
LOCAL REPORT NUMBER  
2019180

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	01	MIZER RAEANN MARIE				10/08/2000		19	F	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	961 SHARON VALLEY RD SW NEW PHILA OH 44663					330-440-3208				
OCCUPANT	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				4		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
	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			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			

LOCAL REPORT NUMBER <b>2019180</b>	REPORTING AGENCY <b>REARFIELD POLICE DEPARTMENT</b>	DATE OF CRASH <b>M 12   DOV   Y 2019</b>
IN COUNTY OF <b>Summit</b>	CRASH LOCATION <b>I-77 SOUTH 144.2</b>	



OFFICER'S SIGNATURE <b>X</b> <i>[Signature]</i>	BADGE NUMBER <b>727</b>
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# TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER <b>2019180</b>	REPORTING AGENCY <b>ZPO</b>	DATE OF CRASH <b>12   06   2019</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Adrianna Spring PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
HETZEL OFFICER'S NAME AT I-77 144.2 LOCATION

I was driving with one passenger down the highway and traffic came to a complete standstill. I was completely stopped when the car from behind rear ended me. Both me and my passenger were wearing seat belts and airbags did not go off.

### VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2006	CHEVROLET	HHR	Silver	HFV 3640	OH

ESTIMATED SPEED (MPH): 0      Air Bag Deployed- YES /  NO      SAFETY RESTRAINT USED:  YES / NO

Insurance Co: Progressive      Policy: 906243343

ADDRESS OF WITNESS: 341 High St Tuscarawas Mills      PHONE NUMBER: 330 4404560

SIGNATURE OF WITNESS: [Signature]      OFFICER SIGNATURE: [Signature]



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 0019180	REPORTING AGENCY RPD	DATE OF CRASH 12   06   2019
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Parker Howard PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
HEREZ OFFICER'S NAME AT I-77 144.2 LOCATION

I was driving down the highway, traffic came to a complete stop and without a way out, I bumped the car in front of me. after she steered her car to the right to avoid hitting the car in front of her.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2012	Hyundai	Veloster	Black	HVE 6393	OHIO

ESTIMATED SPEED (MPH): ~~40~~ 10 mph | Air Bag Deployed- YES /  NO | SAFETY RESTRAINT USED:  YES / NO

Insurance Co: Nationwide | Policy: 9234) 319853

ADDRESS OF WITNESS: 1523 Whitehall Blvd | PHONE NUMBER: 513-857-0099

SIGNATURE OF WITNESS: [Signature] | OFFICER SIGNATURE: [Signature]