



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020011

|  |                                |  |                        |
|--|--------------------------------|--|------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2  | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION 271  |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER           | REPORTING AGENCY NAME* |
| <input type="checkbox"/> PRIVATE PROPERTY        |                                |  | RICHFIELD POLICE       |
|  |                                |  | NCIC* 07726            |

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

|            |  |   |
|------------|--|---|
| COUNTY* 77 | LOCALITY* 3<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>RICHFIELD |
|------------|--|---|

|  |   |
|--|---|
| CRASH DATE / TIME*<br>01/18/2020 10:36 | CRASH SEVERITY<br>5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
|--|---|

|               |                  |  |                        |              |                                    |
|---------------|------------------|--|------------------------|--------------|------------------------------------|
| ROUTE TYPE IR | ROUTE NUMBER 271 | PREFIX S<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST | LOCATION ROAD NAME 271 | ROAD TYPE HW | LATITUDE DECIMAL DEGREES 41.230838 |
|---------------|------------------|--|------------------------|--------------|------------------------------------|

|            |              |  |   |              |                                     |
|------------|--------------|--|---|--------------|-------------------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>11 | ROAD TYPE MP | LONGITUDE DECIMAL DEGREES 81.617586 |
|------------|--------------|--|---|--------------|-------------------------------------|

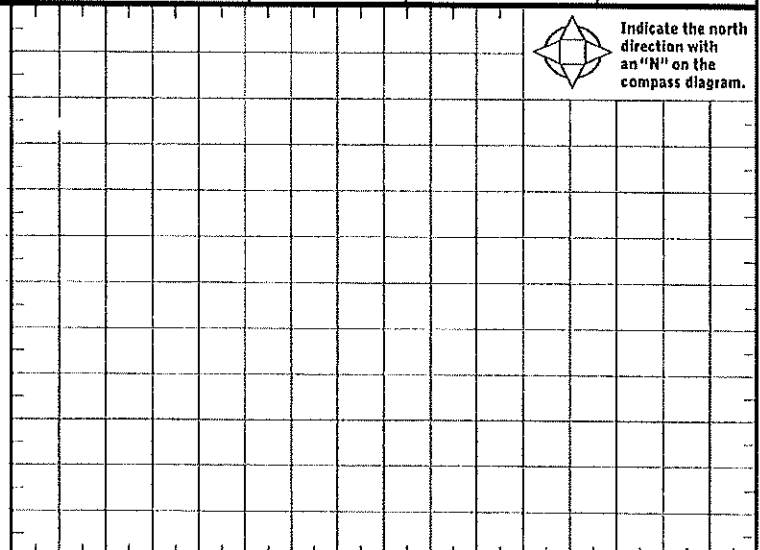
|  |   |  |  |   |                      |
|--|---|--|--|---|----------------------|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>2 | DIRECTION<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST<br>S    | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE<br>100   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>2 |  |  | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED  |                      |

|  |  |  |   |
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| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>2 | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>1 | DIRECTION OF TRAVEL<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST<br>S | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN<br>4 |
|--|--|--|---|

|   |  |   |              |                 |              |
|---|--|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>2 | CONDITIONS<br>2 | SURFACE<br>2 |
|---|--|---|--------------|-----------------|--------------|

|   |  |
|---|--|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1 | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br>6 |
|---|--|

Unit 1 was traveling South on Interstate 271. UNit 1 lost control and spun 180 degrees and struck the face of a guardrail. After striking the guardrail Unit 1 spun 180 degrees and continued going South on Interstate 271. Unit 1 sustained minor damage to the back left rear of the vehicle.



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|--|--|---|--|--|
| CRASH REPORTED DATE / TIME<br>01/18/2020 10:36 | DISPATCH DATE / TIME<br>01/18/2020 10:39 | ARRIVAL DATE / TIME<br>01/18/2020 10:42 | SCENE CLEARED DATE / TIME<br>01/18/2020 11:09                      | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT) (SEE 312.0243) |
| TOTAL TIME ROADWAY CLOSED                      | OTHER INVESTIGATION TIME<br>60           | TOTAL MINUTES<br>90                     | OFFICER'S NAME*<br>MICHAEL TESTA<br>OFFICER'S BADGE NUMBER*<br>724 | CHECKED BY OFFICER'S NAME*<br><br>CHECKED BY OFFICER'S BADGE NUMBER*<br>104  |

LOCAL REPORT NUMBER  
 2020011

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) CIANCIBELLO MARK  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 440-539-1280  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
 7515 JOHNNYCAKE RIDGE MENTOR OH 44060  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

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

2

**VEHICLE**

LP STATE OH LICENSE PLATE # HDN9545 VEHICLE IDENTIFICATION # 5XYZU3LB5DG054775 VEHICLE YEAR 2013 VEHICLE MAKE HYUN  
 INSURANCE VERIFIED [X] INSURANCE COMPANY GRANGE INSURANCE POLICY # 1892134 COLOR SIL / VEHICLE MODEL SFE  
 TYPE OF USE: [ ] COMMERCIAL [ ] GOVERNMENT [ ] IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED [ ] HIT/SKIP UNIT [ ] #OCCUPANTS 1  
 US DOT # 1 VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
 TOWED BY: COMPANY NAME  
 HAZARDOUS MATERIAL: [ ] MATERIAL RELEASED CLASS # PLACARD 10 #, [ ] PLACARD

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

7

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

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

7

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL: 0

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

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 - GARBAGE/REFUSE, 99 - OTHER / UNKNOWN

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

NON-MOTORIST LOCATION AT IMPACT: 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

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

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

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

CONTRIBUTING CIRCUMSTANCES: 1 - NONE, 2 - FAILURE TO YIELD, 3 - 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

# OF THROUGH LANES ON ROAD: 2, RAIL GRADE CROSSING: 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING

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

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

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, 36 - 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

FIRST HARMFUL EVENT: 1, MOST HARMFUL EVENT: 2

UNIT SPEED: 55, POSTED SPEED: 65, DETECTED SPEED: 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020011

|              |   |                             |           |             |
|--------------|---|-----------------------------|-----------|-------------|
| UNIT #<br>01 | NAME: LAST, FIRST, MIDDLE<br>CIANCIBELLO MARK | DATE OF BIRTH<br>06/28/1972 | AGE<br>47 | GENDER<br>M |
|--------------|---|-----------------------------|-----------|-------------|

|  |   |
|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>7515 JOHNNYCAKE RIDGE MENTOR OH 44060 | CONTACT PHONE - INCLUDE AREA CODE<br>440-539-1280 |
|--|---|

|               |                  |                   |   |                            |  |                       |                    |               |              |
|---------------|------------------|-------------------|---|----------------------------|--|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|------------------|-------------------|---|----------------------------|--|-----------------------|--------------------|---------------|--------------|

|                |                                     |                 |  |                     |                 |
|----------------|-------------------------------------|-----------------|--|---------------------|-----------------|
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>RS149179 | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------------|-------------------------------------|-----------------|--|---------------------|-----------------|

|               |             |                            |                           |  |                |                                   |  |  |   |  |  |
|---------------|-------------|----------------------------|---------------------------|--|----------------|-----------------------------------|--|--|---|--|--|
| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE |  |  | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |  |  |
|---------------|-------------|----------------------------|---------------------------|--|----------------|-----------------------------------|--|--|---|--|--|

|        |                           |                     |     |        |
|--------|---------------------------|---------------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH<br>// | 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<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|--|---------------------|-----------------|

|          |             |                            |                      |  |           |                                   |  |  |   |  |  |
|----------|-------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|---|--|--|
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST<br>STATUS TYPE VALUE |  |  | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |  |  |
|----------|-------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|---|--|--|

|        |                           |                     |     |        |
|--------|---------------------------|---------------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH<br>// | 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<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|--|---------------------|-----------------|

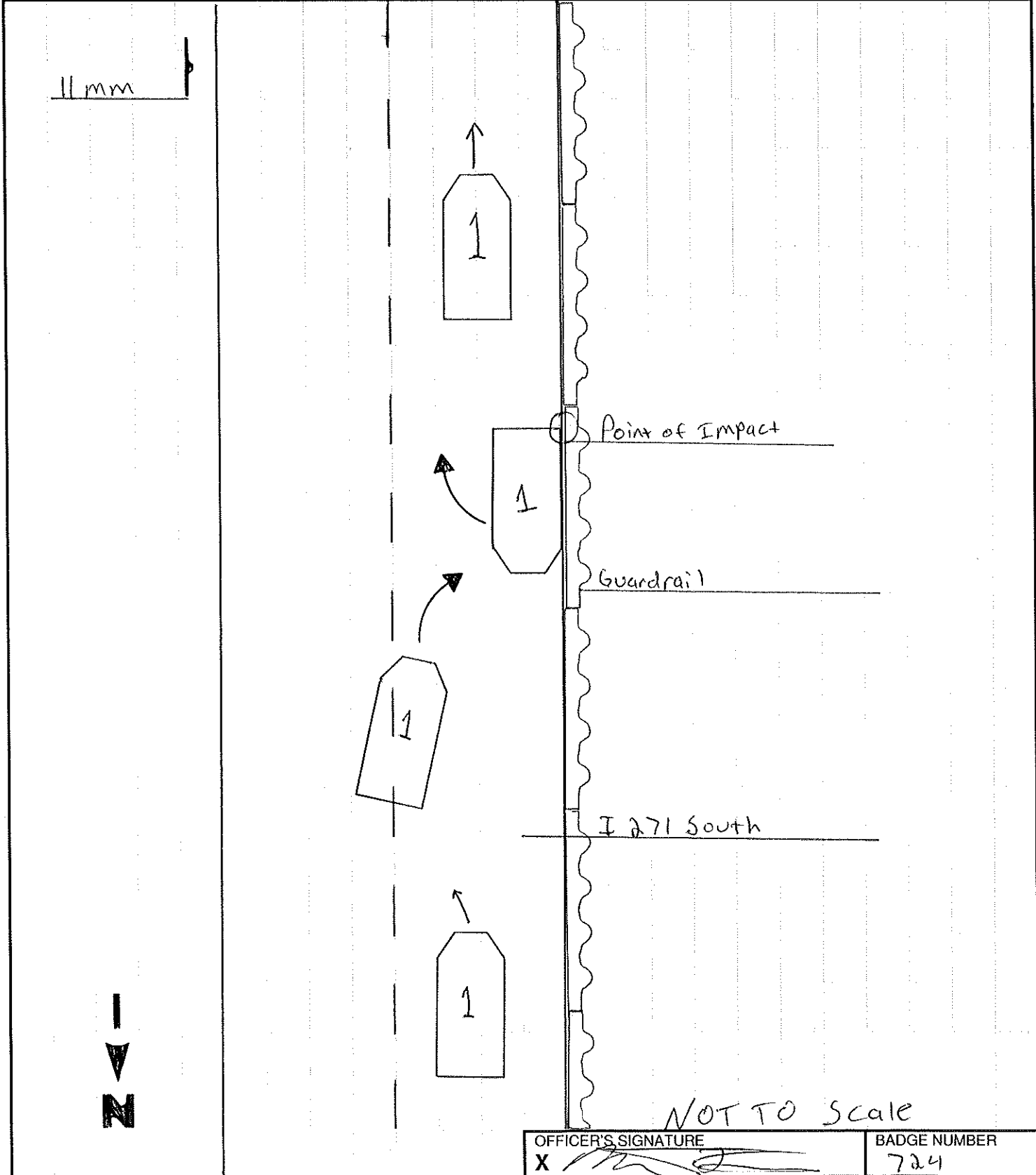
|          |             |                            |                      |  |           |                                   |  |  |   |  |  |
|----------|-------------|----------------------------|----------------------|--|-----------|-----------------------------------|--|--|---|--|--|
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST<br>STATUS TYPE VALUE |  |  | DRUG TEST(S)<br>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                |
| <b>INJURED TAKEN BY</b>                     | 6-SECOND-RIGHT SIDE  | 9-DEPLOYMENT UNKNOWN             | 6-NO VALID OL              | 6-EXCEPT CLASS A & CLASS B BUS   | 6-PASSENGER  | <b>ALCOHOL TEST TYPE</b>                     |
| 1-NOT TRANSPORTED / TREATED AT SCENE        | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                  | <b>OL ENDORSEMENT</b>      | 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  | <b>CONDITION</b>   | 4-BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                     | 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  | <b>TRAPPED</b>                   | Q-MOTOR SCOOTER            | 12-LIMITED-OTHER   | 2-PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                        |
| 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) | 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 | S-SCHOOL BUS               | 14-MILITARY VEHICLES ONLY  | 4-ILLNESS  | 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   | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3-URINE                                      |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99-OTHER / UNKNOWN   |                                  | X-TANKER / HAZMAT          | 16-OUTSIDE MIRROR  | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4-OTHER                                      |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                  |                            | 17-PROSTHETIC AID  | 9-OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                   |
| 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<br>2020011 | REPORTING AGENCY<br>Richfield P.D. | DATE OF CRASH<br>M 01   D 18   Y 20 |
|--------------------------------|------------------------------------|-------------------------------------|

|                        |  |
|------------------------|--|
| IN COUNTY OF<br>Summit | CRASH LOCATION<br>I 271 South near 11 mm |
|------------------------|--|



TRAFFIC CRASH WITNESS STATEMENT

|                                |                                    |                            |
|--------------------------------|------------------------------------|----------------------------|
| LOCAL REPORT NUMBER<br>2020011 | REPORTING AGENCY<br>Richfield P.D. | DATE OF CRASH<br>01 18 120 |
|--------------------------------|------------------------------------|----------------------------|

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

I, Mark Ciarcibello PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
M. Testa #724 OFFICER'S NAME AT 271 South LOCATION

was driving and hit a patch of snow/ice and spun out and hit the guardrail on the side of the freeway with the rear driver side of my vehicle

DL # RS149179

VEHICLE INFORMATION

| YEAR                             | MAKE    | MODEL   | COLOR                  | LIC. PLATE   | STATE |
|----------------------------------|---------|---|------------------------|--|-------|
| 2013                             | Hyundai | Scout PC  | Blue                   | HDN9595  | OH    |
| ESTIMATED SPEED (MPH): <u>55</u> |         | Air Bag Deployed- YES <input type="radio"/> NO <input checked="" type="radio"/> |                        | SAFETY RESTRAINT USED: <input checked="" type="radio"/> YES / NO <input type="radio"/> |       |
| Insurance Co: <u>Grange</u>      |         |   | Policy: <u>1892134</u> |  |       |

|   |  |
|---|--|
| ADDRESS OF WITNESS:<br><u>Mark Ciarcibello 7515 Johnny Lake Ridge</u> | PHONE NUMBER:<br><u>440 539 1280</u>       |
| SIGNATURE OF WITNESS:<br><u>Mark Ciarcibello</u>                      | OFFICER SIGNATURE:<br><u>M. Testa #724</u> |