





# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020025

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* <b>RICHFIELD POLICE</b>		NCIC* <b>07726</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS <b>02</b>		UNIT IN ERROR 01 - ANIMAL 99 - UNKNOWN		
COUNTY* <b>77</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>3</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>RICHFIELD</b>		CRASH DATE / TIME* <b>02/14/2020 14:20</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>3</b>				
ROUTE TYPE <input type="checkbox"/>	ROUTE NUMBER <input type="checkbox"/>	PREFIX <input type="checkbox"/> N - NORTH <input type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST	LOCATION ROAD NAME <b>I-271</b>			ROAD TYPE <b>HW</b>	LATITUDE DECIMAL DEGREES <b>41.234465</b>					
ROUTE TYPE <input type="checkbox"/>	ROUTE NUMBER <input type="checkbox"/>	PREFIX <input type="checkbox"/> N - NORTH <input type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>11</b>			ROAD TYPE <b>MP</b>	LONGITUDE DECIMAL DEGREES <b>81.602620</b>					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>2</b>		DIRECTION FROM REFERENCE <input type="checkbox"/> N - NORTH <input checked="" type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST	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    HW - HIGHWAY    RD - ROAD AV - AVENUE    LA - LANE    SQ - SQUARE BL - BOULEVARD    MP - MILEPOST    ST - STREET CR - CIRCLE    OV - OVAL    TE - TERRACE CT - COURT    PK - PARKWAY    TL - TRAIL DR - DRIVE    PI - PIKE    WA - WAY HE - HEIGHTS    PL - PLACE			INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES				
DISTANCE FROM REFERENCE <b>5</b>		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS <b>1</b>						ROADWAY <input checked="" type="checkbox"/> 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			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON <b>2</b>			4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL <input checked="" type="checkbox"/> N - NORTH <input type="checkbox"/> S - SOUTH <input type="checkbox"/> E - EAST <input type="checkbox"/> W - WEST		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 <b>2</b>		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 <b>2</b>	CONDITIONS <b>1</b>		SURFACE <b>2</b>			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>1</b>			WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL <b>2</b>			6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		
<div style="text-align: right;">  <p>Indicate the north direction with an "N" on the compass diagram.</p> </div>												
CRASH REPORTED DATE / TIME <b>02/14/2020 14:20</b>		DISPATCH DATE / TIME <b>02/14/2020 14:22</b>		ARRIVAL DATE / TIME <b>02/14/2020 14:30</b>		SCENE CLEARED DATE / TIME <b>02/14/2020 15:31</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST				
TOTAL TIME ROADWAY CLOSED <b>90</b>	OTHER INVESTIGATION TIME <b>30</b>	TOTAL MINUTES <b>98</b>	OFFICER'S NAME* <b>ANTHONY PADULA</b>			CHECKED BY OFFICER'S NAME* 			<input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION TO ORIGINAL REPORT ONLY)			
			OFFICER'S BADGE NUMBER* <b>716</b>			CHECKED BY OFFICER'S BADGE NUMBER* <b>704</b>						

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 2020025	REPORTING AGENCY RICHFIELD POLICE	DATE OF ACCIDENT M 02 D 14 Y 2020
IN COUNTY OF SUMMIT	ACCIDENT LOCATION I-271	

Unit 2 was disabled, with a right rear flat tire, on the right shoulder on IR271S about a half a mile North of the 11 mile-marker. Unit 2 was waiting on assistance.  
 Unit 1 came out of the right hand curve onto the straight away of IR271S.  
 Unit 1 then left the lane of travel to the left and made contact with the right front to the left rear of Unit 2 pushing Unit 2 about 20 ft. from point of impact.  
 Unit 1 then came back into the right lane and spun ninety degrees and the rear of Unit 1 made contact with the guard-rail face and came to final rest about 108 ft. from point of impact.

Driver of Unit 1 was transported to Ahuja Medical Center

*O.K. Per...* #704

OFFICER'S SIGNATURE X	BADGE NUMBER
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**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER  
**GRUTTADAURIA ELVERA**

OWNER PHONE: INCLUDE AREA CODE (X) SAME AS DRIVER  
**216-904-7595**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER  
**5324 GOLFWAY LN LYNDHURST OH 44124**

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

LP STATE **OH** LICENSE PLATE # **ETG** VEHICLE IDENTIFICATION # **1HGCM56815A191412** VEHICLE YEAR **2005** VEHICLE MAKE **HOND**

INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # \_\_\_\_\_ COLOR **BLK /** VEHICLE MODEL **ACC**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

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

UNIT TYPE: **1** (Passenger Car)

# of TRAILING UNITS: \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2** (Yes)

SPECIAL FUNCTION: **1** (None)

CARGO BODY TYPE: **1** (No cargo body type / not applicable)

VEHICLE DEFECTS: \_\_\_\_\_

VEHICLE

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 - 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 HITS/SKIP

NON-MOTORIST LOCATION AT IMPACT: **1** (Intersection - Marked Crosswalk)

ACTION: **3** (Striking)

CONTRIBUTING CIRCUMSTANCES: **22** (None)

SEQUENCE OF EVENTS: **20** (1 - Overturn/Rollover)

VEHICLE IDENTIFICATION # **1HGCM56815A191412**

VEHICLE YEAR **2005** VEHICLE MAKE **HOND** VEHICLE MODEL **ACC**

VEHICLE WEIGHT GVWR/GCWR: **1** (1 - <10K LBS.)

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

VEHICLE DEFECTS: \_\_\_\_\_

VEHICLE IDENTIFICATION # **1HGCM56815A191412**

VEHICLE YEAR **2005** VEHICLE MAKE **HOND** VEHICLE MODEL **ACC**

VEHICLE WEIGHT GVWR/GCWR: **1** (1 - <10K LBS.)

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

VEHICLE DEFECTS: \_\_\_\_\_

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VEHICLE DEFECTS: \_\_\_\_\_

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HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

VEHICLE DEFECTS: \_\_\_\_\_

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VEHICLE DEFECTS: \_\_\_\_\_

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HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

VEHICLE DEFECTS: \_\_\_\_\_

VEHICLE IDENTIFICATION # **1HGCM56815A191412**

VEHICLE YEAR **2005** VEHICLE MAKE **HOND** VEHICLE MODEL **ACC**

VEHICLE WEIGHT GVWR/GCWR: **1** (1 - <10K LBS.)

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD

VEHICLE DEFECTS: \_\_\_\_\_

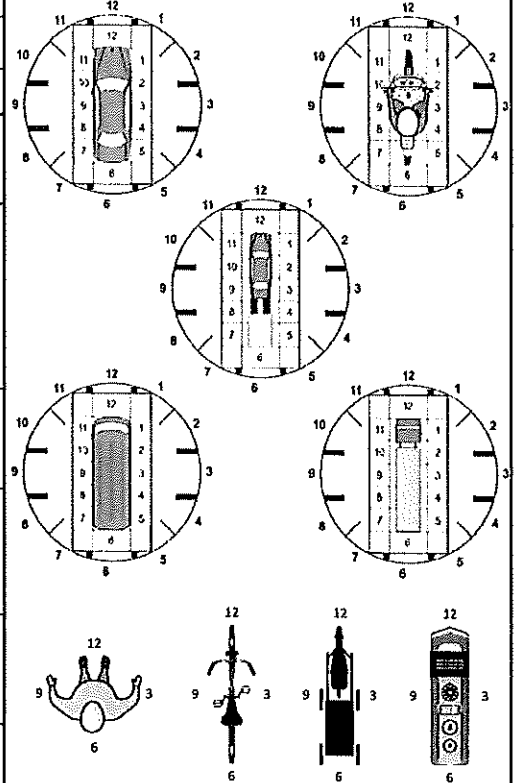
LOCAL REPORT NUMBER  
**2020025**

**DAMAGE**

DAMAGE SCALE

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

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY  
**1 2 3 6 7 12**



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]

TOP [ 13 ]  ALL AREAS [ 15 ]

UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

**1** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW: **2** (One-way)

TRAFFIC CONTROL: **6** (Signal)

# of THROUGH LANES ON ROAD: **02**

RAIL GRADE CROSSING: **1** (Not involved)

**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: \_\_\_\_\_

POSTED SPEED: **65**

DETECTED SPEED: **3** (Stated / Estimated Speed)

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (S) (SAME AS DRIVER)  
LISA HUNTER CYNTHIA DE

OWNER PHONE: INCLUDE AREA CODE (S) (SAME AS DRIVER)  
216-314-8140

OWNER ADDRESS: STREET, CITY, STATE, ZIP (S) (SAME AS DRIVER)  
9515 GAYLORD AVE CLEVELAND OH 44105

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

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 # HFQ4107 VEHICLE IDENTIFICATION # 1FTFW1ET1DFC55244 VEHICLE YEAR 2013 VEHICLE MAKE FORD

INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE POLICY # 4368878296 COLOR GRN / VEHICLE MODEL F15

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 02

US DOT # 1 TOWED BY: COMPANY NAME WORLD

HAZARDOUS MATERIAL CLASS # PLACARD ID #

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

# OF TRAILING UNITS

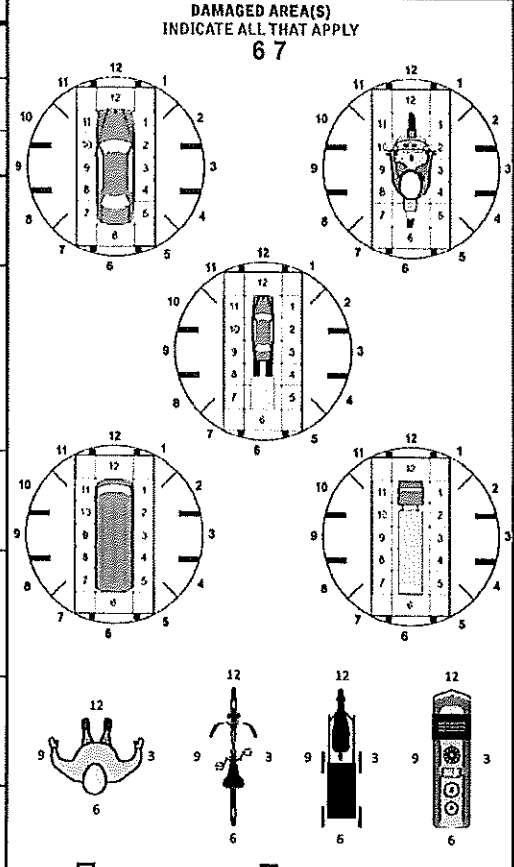
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
1 - YES 2 - NO 9 - OTHER / UNKNOWN

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

SPECIAL FUNCTION 1  
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - 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  
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

VEHICLE DEFECTS 6  
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

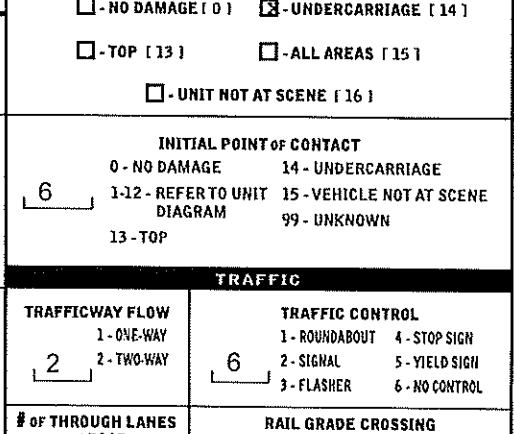


**EVENT(S)**

NON-MOTORIST LOCATION AT IMPACT  
1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIA/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 4  
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 10 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  
9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 1  
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - OPERATING DEFECTIVE EQUIPMENT 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  
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  
4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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  
00

POSTED SPEED  
65

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020025

UNIT # 01	NAME: LAST, FIRST, MIDDLE GRUTTADAURIA ELVERA				DATE OF BIRTH 03/13/1936		AGE 83	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 5324 GOLFWAY LN LYNDHURST OH 44124					CONTACT PHONE - INCLUDE AREA CODE 216-904-7595				
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) VALLEY FIRE DISTRICT	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RG996281		OFFENSE CHARGED 4513.263	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION SEAT BELT LAW			CITATION NUMBER RT57731	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

UNIT # 02	NAME: LAST, FIRST, MIDDLE LISA HUNTER CYNTHIA DE				DATE OF BIRTH 06/29/1956		AGE 63	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 9515 GAYLORD AVE CLEVELAND OH 44105					CONTACT PHONE - INCLUDE AREA CODE 216-314-8140				
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) BATH FIRE DEPT.	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) METRO HOSPITAL	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RH510529		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH / /		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1-FATAL	1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN
2-SUSPECTED SERIOUS INJURY	2-FRONT-MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED
3-SUSPECTED MINOR INJURY	3-FRONT-RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TALKING ON HANDS-FREE COMMUNICATION DEVICE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4-POSSIBLE INJURY	4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TALKING ON HAND-HELD COMMUNICATION DEVICE	4-TEST GIVEN, RESULTS KNOWN
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A & CLASS B BUS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN, RESULTS UNKNOWN
6-SECOND-RIGHT SIDE	6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-PASSENGER	
7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)			7-EXCEPT TRACTOR-TRAILER	7-OTHER DISTRACTION INSIDE THE VEHICLE	
8-THIRD-MIDDLE	8-THIRD-MIDDLE			8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	
9-THIRD-RIGHT SIDE	9-THIRD-RIGHT SIDE			9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER / UNKNOWN	
10-SLEEPER SECTION OF TRUCK CAB	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-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-PASSENGER IN UNENCLOSED CARGO AREA			12-LIMITED-OTHER		
13-TRAILING UNIT	13-TRAILING UNIT			13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14-MILITARY VEHICLES ONLY		
15-NON-MOTORIST	15-NON-MOTORIST			15-MOTOR VEHICLES WITHOUT AIR BRAKES		
99-OTHER / UNKNOWN	99-OTHER / UNKNOWN			16-OUTSIDE MIRROR		
				17-PROSTHETIC AID		
				18-OTHER		



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2020025

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	02	ADAMS MARSHA S			06/23/1963		56	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
9402 GAYLORD AVENUE CLEVELAND OH 44105					216-341-0591				
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	RICHFIELD FIRE	METRO HOSPITAL	3	<input type="checkbox"/>	3	1	1	1

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					<input type="checkbox"/>				

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					<input type="checkbox"/>				

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					<input type="checkbox"/>				

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	

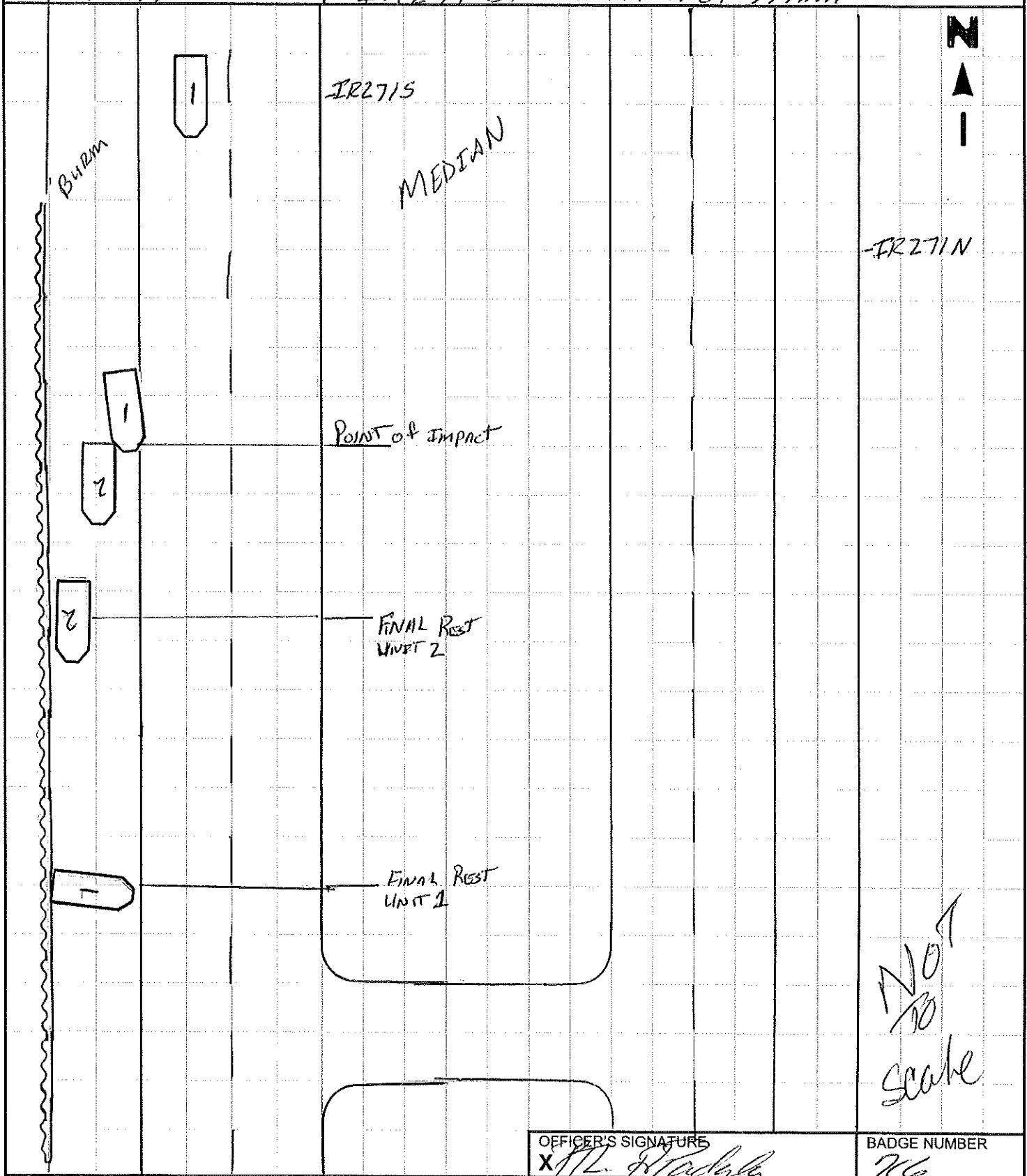
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		

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

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



LOCAL REPORT NUMBER <i>2020025</i>	REPORTING AGENCY <i>Richfield Police</i>	DATE OF CRASH <i>MO2   014   2020</i>
IN COUNTY OF <i>Summit</i>	CRASH LOCATION <i>IR271 S. 1/2 mile N of 11mm</i>	



OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>76</i>
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