



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020041

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

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

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

COUNTY\* **77** LOCALITY\* **2** LOCATION: CITY, VILLAGE, TOWNSHIP\* **RICHFIELD**

CRASH DATE / TIME\* **04/15/2020 19:30**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE **SR** ROUTE NUMBER **176** PREFIX **W** LOCATION ROAD NAME **BROADVIEW ROAD** ROAD TYPE **RD**

LATITUDE DECIMAL DEGREES **41.242793**

ROUTE TYPE **ST** ROUTE NUMBER **714** PREFIX **W** REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) **HIGH STREET** ROAD TYPE **ST**

LONGITUDE DECIMAL DEGREES **81.656898**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**1**

DIRECTION FROM REFERENCE  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
**W**

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  
**0**

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  
**2**

MANNER OF CRASH COLLISION/IMPACT  
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
 2 - REAR-END  
 3 - HEAD-ON  
 4 - REAR-TO-REAR  
 5 - BACKING  
 6 - ANGLE  
 7 - SIDESWIPE, SAME DIRECTION  
 8 - SIDESWIPE, OPPOSITE DIRECTION  
 9 - OTHER / UNKNOWN  
**1**

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

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  
**2**

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  
**0**

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  
**0**

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  
**2**

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  
**2**

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  
**4**

9 - OTHER/UNKNOWN

Diagram area with handwritten "OH-2" and a compass rose. The compass rose indicates North direction.

CRASH REPORTED DATE / TIME: 04/15/2020 19:33  
 DISPATCH DATE / TIME: 04/15/2020 19:37  
 ARRIVAL DATE / TIME: 04/15/2020 19:42  
 SCENE CLEARED DATE / TIME: 04/15/2020 20:55

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO ORIGINAL REPORT)

TOTAL TIME ROADWAY CLOSED: 30  
 OTHER INVESTIGATION TIME: 108  
 TOTAL MINUTES: 108  
 OFFICER'S NAME\*: **ROBERT GILBERT**  
 OFFICER'S BADGE NUMBER\*: **714**  
 CHECKED BY: **[Signature]**  
 CHECKED BY OFFICER'S BADGE NUMBER\*: **714**

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 2020041	REPORTING AGENCY RICHFIELD POLICE	DATE OF ACCIDENT M 04 D 15 Y 2020
IN COUNTY OF SUMMIT	ACCIDENT LOCATION BROADVIEW ROAD	
<p>Another motorist / witness while traveling south on Broadview Road, observed the black Infiniti make an improper right turn onto High Street, missing the utility pole, however striking the wooden HIGH STREET sign and coming short of knocking over the Hight Street STOP sign. The motorist / witness then followed the black Infiniti to a red house on the north side of High Street and called police. I found plastic head light evidence in the area of Ohio Edison pole RF-194 and the downed HIGH STREET sign crash scene. The triangle piece of clear head light plastic with a jagged / zipper edge fit perfectly into the black Infinity's left head light assembly in the open garage at the suspect's home.</p>		
	OFFICER'S SIGNATURE X	BADGE NUMBER

O.K. Per #704

HSY 7002 4/07

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER  
**STEFAN ALLAN M** OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  
**4259 HIGH ST RICHFIELD OH 44286**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # CIY9098 VEHICLE IDENTIFICATION # JN1BV7AR7EM695581 VEHICLE YEAR 2014 VEHICLE MAKE INFI

INSURANCE VERIFIED INSURANCE COMPANY AMERICAN SELECT INSURANCE POLICY # WNP8102257 COLOR BLK / VEHICLE MODEL Q45

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

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

**UNIT TYPE**

1 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) 31 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS

**VEHICLE DEFECTS**

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

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 SHIPS / GRAVEL 10 - FLAT BED 14 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN

**NON-MOTORIST LOCATION AT IMPACT**

1 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  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

**ACTION**

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

**CONTRIBUTING CIRCUMSTANCES**

11 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 / ACOA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - HOT 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 12 - IMPROPER BACKING

**SEQUENCE OF EVENTS**

8 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 - OTHER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE  
 3 -

**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  
 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 - COLVERT 48 - TREE 55 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

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

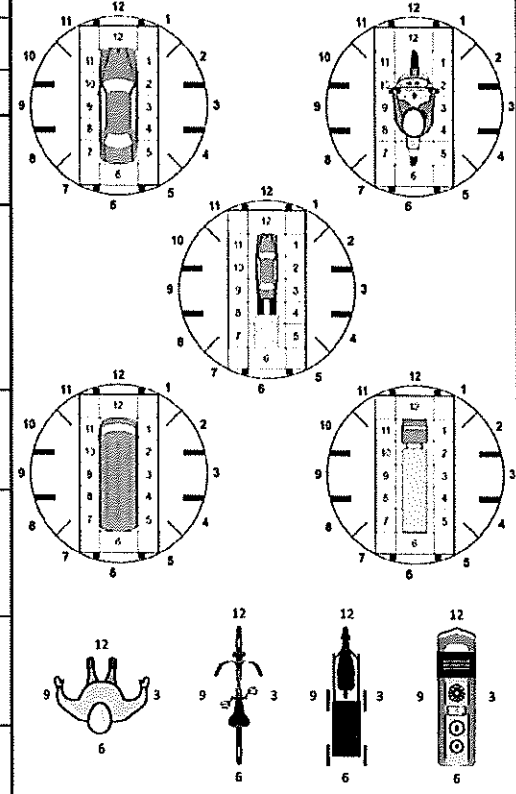
LOCAL REPORT NUMBER  
**2020041**

**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY  
**11**



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

**INITIAL POINT OF CONTACT**

11 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW**  
2 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 3

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

**UNIT SPEED**  
10

**POSTED SPEED**  
30

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020041

UNIT # 01	NAME: LAST, FIRST, MIDDLE STEFAN ALLAN M				DATE OF BIRTH 09/24/1972		AGE 47	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 4259 HIGH ST RICHFIELD OH 44286					CONTACT PHONE - INCLUDE AREA CODE 216-215-4497					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 99	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RS826857		OFFENSE CHARGED 4511.202		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL			CITATION NUMBER RV57542	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS: 1 TYPE: 1 VALUE: 1		DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4	

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

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

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2020041

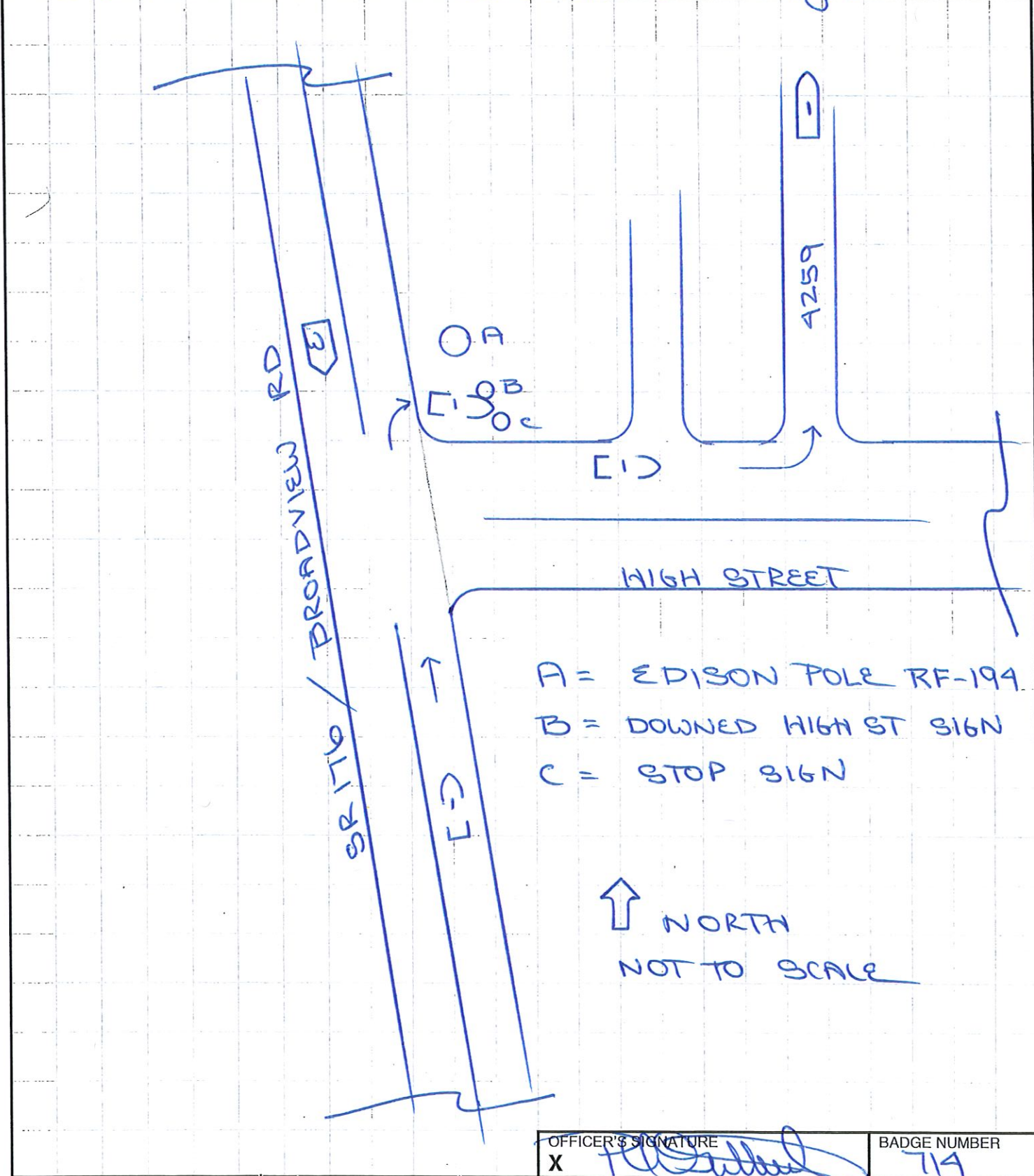
<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT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

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
	RYLAND DAVID JOHN	08/31/1993	26	M
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
10051 DEER RUN BRECKSVILLE OH 44141		440-539-3759		
<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 <b>2020 041</b>	REPORTING AGENCY <b>Richfield Police</b>	DATE OF CRASH <b>M 9   D 15   Y 20</b>
IN COUNTY OF <b>Summit</b>	CRASH LOCATION <b>Broadview @ High</b>	





TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>2020 041</b>	REPORTING AGENCY <b>Richfield Police</b>	DATE OF CRASH <b>9   15   20</b>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, David Ryland HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

AT Hawkins  
LOCATION

I WAS DRIVING SOUTH ON BROADVIEW RD. AND SAW A BLACK MOTOR VEHICLE TURNING ON TO HIGH ST. THE CAR WENT INTO THE DITCH AND HIT THE HIGH ST. SIGN AND KNOCKED IT DOWN. I TURNED AROUND AND FOLLOWED THE CAR BACK TO THE HOUSE THAT HE PULLED INTO. THE HOUSE WAS A RED HOUSE. THE CAR WAS A BLACK INFINITI.


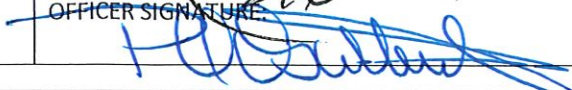
VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE

ESTIMATED SPEED (MPH):	Air Bag Deployed- YES / NO	SAFETY RESTRAINT USED: YES / NO
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Insurance Co:	Policy: <b>4405393759</b>
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ADDRESS OF WITNESS: <b>TJ591072</b>	PHONE NUMBER: <b>2166448378</b>
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SIGNATURE OF WITNESS: 	OFFICER SIGNATURE: 
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