

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2020074

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

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

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

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

LOCATION: CITY, VILLAGE, TOWNSHIP*
RICHFIELD

CRASH DATE / TIME*
07/03/2020 10:15

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

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

LOCATION ROAD NAME
HAWKINS
 ROAD TYPE **RD**

LATITUDE DECIMAL DEGREES
41.224154

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
MEDINA LINE
 ROAD TYPE **RD**

LONGITUDE DECIMAL DEGREES
81.676418

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

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

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES **4**

DISTANCE FROM REFERENCE
15

DISTANCE UNIT OF MEASURE
 1 - MILES
 2 - FEET
 3 - YARDS
2

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
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
1

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
1

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
1

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

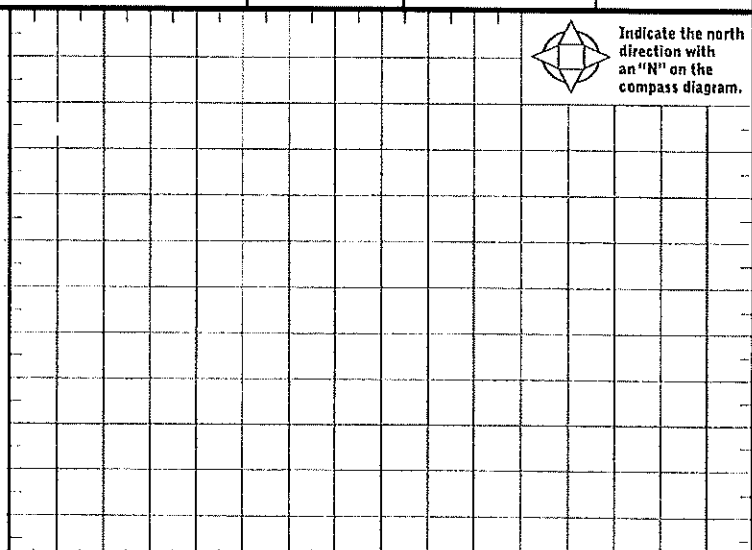
CONDITIONS
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN
1

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
1

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 2 was traveling east on Hawkins Rd and slowed down to stop at the stop sign. Unit 1 traveling eastbound behind unit 2 stopped. Unit 2 was waiting for traffic to clear. When traffic did not clear Unit 1 bumped into Unit 2 causing minor damage.



CRASH REPORTED DATE / TIME
07/03/2020 10:15

DISPATCH DATE / TIME
07/03/2020 10:16

ARRIVAL DATE / TIME
07/03/2020 10:20

SCENE CLEARED DATE / TIME
07/03/2020 10:56

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
0

OTHER INVESTIGATION TIME
60

TOTAL MINUTES
100

OFFICER'S NAME*
DOUGLAS MCARTOR
 OFFICER'S BADGE NUMBER*
744

CHECKED BY OFFICER'S NAME*
[Signature]
 CHECKED BY OFFICER'S BADGE NUMBER*
#709

SUPPLEMENT (CORRECTION TO ADDITION TO AN EXISTING REPORT SENT TO CSRS)

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE () (SAME AS DRIVER)
HACKNEY JOSEPH PAUL OWNER PHONE: INCLUDE AREA CODE () (SAME AS DRIVER)
216-337-8229

OWNER ADDRESS: STREET, CITY, STATE, ZIP () (SAME AS DRIVER)
317 E WALLINGS RD BROADVIEW HTS OH 44147

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

VEHICLE

LP STATE OH LICENSE PLATE # PKJ2417 VEHICLE IDENTIFICATION # 3C6LR5AT6HG536815 VEHICLE YEAR 2017 VEHICLE MAKE DODG

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR WHI / VEHICLE MODEL RAM

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # 1 HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD

HAZARDOUS MATERIAL CLASS # PLACARD ID #

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

UNIT TYPE: 4 (PASSENGER CAR) 1 (# OF TRAILING UNITS)

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

SPECIAL FUNCTION: 1 (NONE)

CARGO BODY TYPE: 1 (NO CARGO BODY TYPE / NOT APPLICABLE)

VEHICLE DEFECTS: 1 (TURN SIGNALS)

VEHICLE IDENTIFICATION # 3C6LR5AT6HG536815

VEHICLE YEAR 2017 VEHICLE MAKE DODG

VEHICLE MODEL RAM

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VEHICLE DEFECTS: 1 (TURN SIGNALS)

DAMAGE

DAMAGE SCALE: 2 (MINOR DAMAGE)

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY: 12

INITIAL POINT OF CONTACT: 12 (REFER TO UNIT DIAGRAM)

TRAFFICWAY FLOW: 2 (TWO-WAY)

TRAFFIC CONTROL: 4 (SIGNAL)

OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1 (NOT INVOLVED)

UNIT / NON-MOTORIST DIRECTION: FROM 4 (WEST) TO 3 (EAST)

UNIT SPEED: 2

POSTED SPEED: 45

DETECTED SPEED: 1 (STATED / ESTIMATED SPEED)

NON-MOTORIST LOCATION AT IMPACT: 1 (INTERSECTION - MARKED CROSSWALK)

ACTION: 4 (STRUCK)

CONTRIBUTING CIRCUMSTANCES: 8 (FAILURE TO YIELD)

SEQUENCE OF EVENTS: 1 (OVERTURN/ROLLOVER)

VEHICLE IDENTIFICATION #: 3C6LR5AT6HG536815

VEHICLE YEAR: 2017

VEHICLE MAKE: DODG

VEHICLE MODEL: RAM

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

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POSTED SPEED: 45

DETECTED SPEED: 1 (STATED / ESTIMATED SPEED)

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OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1 (NOT INVOLVED)

UNIT / NON-MOTORIST DIRECTION: FROM 4 (WEST) TO 3 (EAST)

UNIT SPEED: 2

POSTED SPEED: 45

DETECTED SPEED: 1 (STATED / ESTIMATED SPEED)

UNIT / NON-MOTORIST DIRECTION: FROM 4 (WEST) TO 3 (EAST)

UNIT SPEED: 2

POSTED SPEED: 45

DETECTED SPEED: 1 (STATED / ESTIMATED SPEED)

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER) MELLOTT KIM M
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 440-785-5905
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 16435 ELDERDALE DR MIDDLEBURG HTS OH 44130
 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 # FZB9495 VEHICLE IDENTIFICATION # 1FMCU0GXXEUA36536 VEHICLE YEAR 2014 VEHICLE MAKE FORD
 INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 1994497D0735C COLOR GRY / VEHICLE MODEL ECP
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
 US DOT # TOWED BY: COMPANY NAME HAZARDOUS MATERIAL CLASS # PLACARD ID #
 MATERIAL RELEASED PLACARD

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

6

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

SPECIAL FUNCTION 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE 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 - 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 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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

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

6

NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLE - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

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

TRAFFIC

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

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

OF THROUGH LANES ON ROAD 2

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

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

UNIT SPEED 0
 POSTED SPEED 35

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

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

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

COLLISION WITH FIXED OBJECT - STRUCK 33 - 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 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2020074

UNIT # 01	NAME: LAST, FIRST, MIDDLE BENEKE JOSEPH G			DATE OF BIRTH 01/01/1982		AGE 38	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 16510 SNYDER RD CHAGRIN FALLS OH 44023				CONTACT PHONE - INCLUDE AREA CODE 440-665-1274						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER SA711123		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
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 TYPE: 1 VALUE: 1		DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4	

UNIT # 02	NAME: LAST, FIRST, MIDDLE MELLOTT KIM M			DATE OF BIRTH 04/03/1966		AGE 54	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 16435 ELDERDALE DR MIDDLEBURG HTS OH 44130				CONTACT PHONE - INCLUDE AREA CODE 440-785-5905						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RU812826		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
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 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	OFFENSE DESCRIPTION			CITATION NUMBER	
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	7- OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7- EXCEPT TRACTOR-TRAILER	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	1- NONE
2- EMS	8- THIRD - MIDDLE	1- NOT EJECTED	H - HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	9- OTHER / UNKNOWN	2- BLOOD
3- POLICE	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	M - MOTORCYCLE	9- LEARNER'S PERMIT RESTRICTIONS	CONDITION	3- URINE
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	P - PASSENGER	10- LIMITED TO DAYLIGHT ONLY	1- APPARENTLY NORMAL	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	2- PHYSICAL IMPAIRMENT	5- OTHER
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12- LIMITED - OTHER	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	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)	4- ILLNESS	1- AMPHETAMINES
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	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	2- BARBITURATES
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST	3- FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3- BENZODIAZEPINES
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN		X - TANKER / HAZMAT	16- OUTSIDE MIRROR	9- OTHER / UNKNOWN	4- CANNABINOIDS
6- CHILD RESTRAINT SYSTEM - REAR FACING				17- PROSTHETIC AID		5- COCAINE
7- BOOSTER SEAT				18- OTHER		6- OPIATES / OPIOIDS
8- HELMET USED						7- OTHER
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						8- NEGATIVE RESULTS
10- REFLECTIVE CLOTHING						
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						
99- OTHER / UNKNOWN						



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2020074

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	01	OBERST RYAN Z	07/24/1987	32	M

ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
10259 INDEPENDENCE DR NORTH ROYALTON OH 44133			440-319-1963		

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

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	

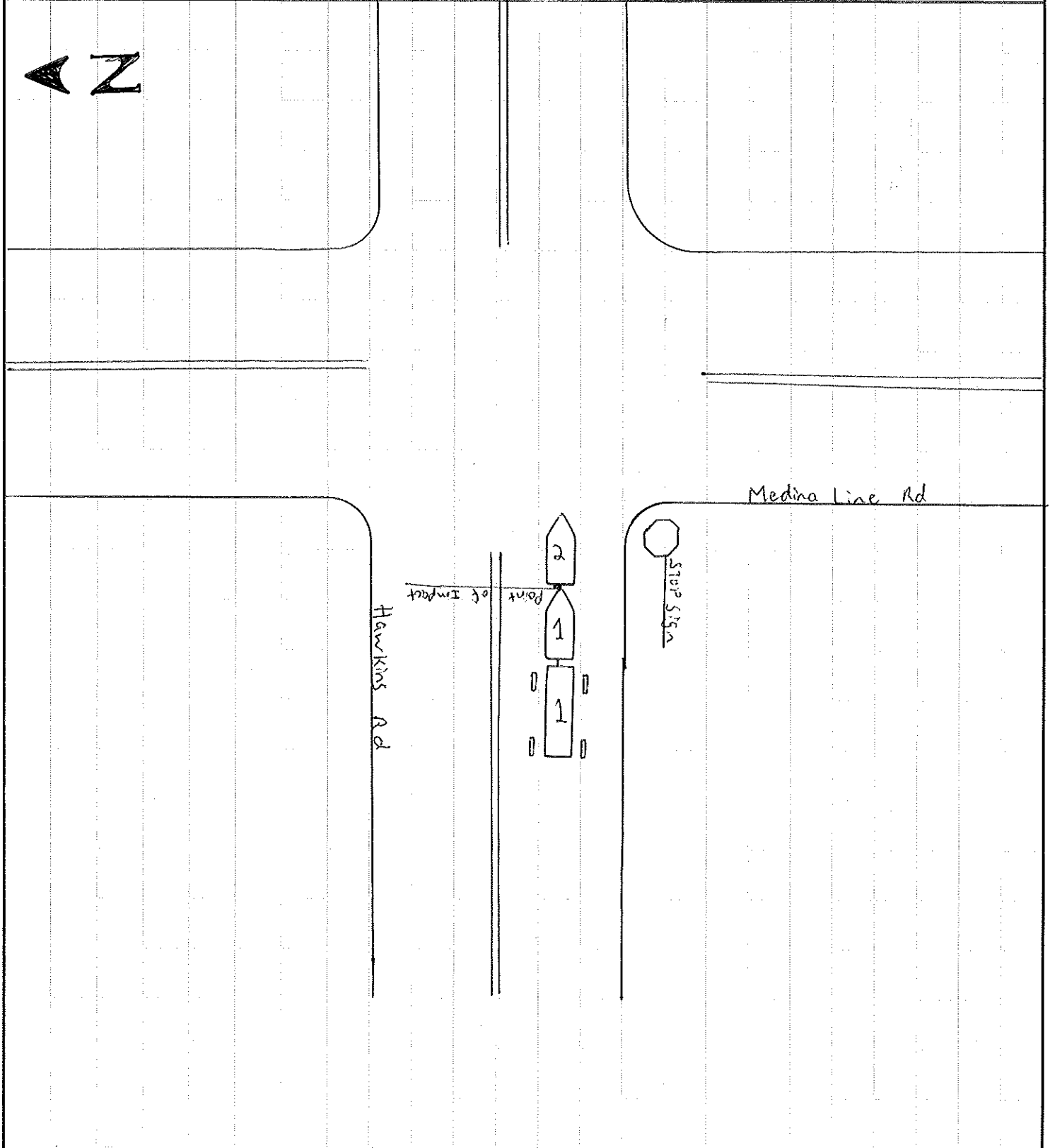
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

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 2020074	REPORTING AGENCY Richfield	DATE OF CRASH M07 D03 Y 2020
IN COUNTY OF Summit	CRASH LOCATION Hawkins Rd @ Medina Line Rd	



NOT TO Scale

OFFICER'S SIGNATURE X M-J #724	BADGE NUMBER 724
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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2020074	REPORTING AGENCY Richfield	DATE OF CRASH 07 03 2020
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Joseph G. Beneke PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

M. Testa #724 OFFICER'S NAME AT Hawkins rd @ Medina line rd LOCATION

Hedded east on Hawkins crossing Medina line.
Car crossing stop sign then halted, I hit the brakes
slide slightly 1-2 mile an hour bumped into the bumper
of a Ford Focus

Joe Hackney
216-337-8229

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2017	RAM	Dodge	White	PKJ 2417	OH

ESTIMATED SPEED (MPH): 1-2	Air Bag Deployed- YES / <input checked="" type="radio"/> NO	SAFETY RESTRAINT USED: YES / NO
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Insurance Co:	Policy:
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ADDRESS OF WITNESS: # 16510 Snyder rd Chagrin Falls OH 44024	PHONE NUMBER: # 440-665-1274
SIGNATURE OF WITNESS: <i>Joseph G. Beneke</i>	OFFICER SIGNATURE: <i>M. Testa</i> #724

LOCAL REPORT NUMBER 2020024 7/2/20	REPORTING AGENCY Richfield	DATE OF CRASH 07 03 2020
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kim M Mellott PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
M. Testa #724 OFFICER'S NAME AT Hawkins Rd @ Medina Line Rd LOCATION
Medina Line Rd
 Stopped at Hawkins east bound waiting for car to pass before I go. White truck then hit me in the rear.

VEHICLE INFORMATION						
YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE	
2011	Ford	Escape	Gray	FZB9495	OH	
ESTIMATED SPEED (MPH): Stopped			Air Bag Deployed- YES / <input checked="" type="radio"/> NO		SAFETY RESTRAINT USED: <input checked="" type="radio"/> YES / NO	
Insurance Co: St. Farm				Policy: 1A94497D0735C		
ADDRESS OF WITNESS: 116435 Eldecade Dr				PHONE NUMBER: 4407855905		
SIGNATURE OF WITNESS: Kim M Mellott				OFFICER SIGNATURE: M. Testa #724 7/2/20		