



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2020099

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

COUNTY* 77	LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* RICHFIELD	CRAH DATE / TIME* 09/09/2020 00:34	CRAH SEVERITY 2 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
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ROUTE TYPE	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME BLACK	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 41.272507
ROUTE TYPE	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) COLUMBIA	ROAD TYPE	LONGITUDE DECIMAL DEGREES 81.608270

REFERENCE POINT 3 1- INTERSECTION 2- MILE POST 3- HOUSE #	DIRECTION E N - NORTH S - SOUTH E - EAST 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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 0
DISTANCE FROM REFERENCE 20	DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS					ROADWAY <input type="checkbox"/> ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 4 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 1 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	DIRECTION OF TRAVEL N N - NORTH S - SOUTH E - EAST W - WEST	MEDIAN TYPE 2 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
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<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 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
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LIGHT CONDITION 4 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 1 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
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Unit 1, traveling at a high rate of speed northbound on black road. The operator lost control of his motorcycle while attempting to make a right hand turn onto Columbia road. Unit 1, came to final rest in a ditch just east of 2837 Columbia road.



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

CRAH REPORTED DATE / TIME 09/09/2020 00:34	DISPATCH DATE / TIME 09/09/2020 00:36	ARRIVAL DATE / TIME 09/09/2020 00:39	SCENE CLEARED DATE / TIME 09/09/2020 01:39	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* DOUGLAS MCARTOR OFFICER'S BADGE NUMBER* 744	CHECKED BY OFFICER'S NAME* DAVE POLAK CHECKED BY OFFICER'S BADGE NUMBER* 704
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DSPS)

UNIT # 01 **OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)** EVANS JACK BRENDON **OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)** 330-414-6450
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 7681 OXGATE CT HUDSON OH 44236
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE**

LP STATE OH **LICENSE PLATE #** CTY35 **VEHICLE IDENTIFICATION #** 1HD1EML11NY120351 **VEHICLE YEAR** 1992 **VEHICLE MAKE** HD
 INSURANCE VERIFIED **INSURANCE COMPANY** ALLSTATE **INSURANCE POLICY #** 980555187 **COLOR** RED / **VEHICLE MODEL** FXS

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY: COMPANY NAME** INTERSTATE TOWING
 INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR** 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

UNIT TYPE 7 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 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION 9-UNKNOWN

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 11-DUMP 10-FLAT BED 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN

VEHICLE DEFECTS 99 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

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-MIDBLOCK - MARKED CROSSWALK 7-SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS 13-OTHER / UNKNOWN
 5-TRAIL LANE - OTHER LOCATION 8-SIDEWALK 11-SHARED USE PATHS OR TRAILS 99-OTHER / UNKNOWN

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 13 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 11-SLOWING OR STOPPED IN TRAFFIC 16-WORKING 21-STANDING OUTSIDE DISABLED VEHICLE
 5-BOTH STRIKING & STRUCK 6-MAKING LEFT TURN 12-DRIVERLESS 17-PUSHING VEHICLE 99-OTHER / UNKNOWN
 9-OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 5 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 / ACGA 9-IMPROPER LANE CHANGE 14-STOPPED OR PARKED ILLEGALLY 18-OPERATING DEFECTIVE EQUIPMENT 22-NOT DISCERNIBLE
 3-RAN RED LIGHT 9-IMPROPER LANE CHANGE 10-IMPROPER PASSING 15-SWERVING TO AVOID 19-LOAD SHIFTING/FALLING/ SPILLING 23-OPENING DOOR INTO ROADWAY
 4-RAN STOP SIGN 11-DROVE OFF ROAD 12-IMPROPER BACKING 16-WRONG WAY 20-IMPROPER CROSSING 99-OTHER IMPROPER ACTION
 5-UNSAFE SPEED 13-DRIVE OFF ROAD
 6-IMPROPER TURN 12-IMPROPER BACKING

SEQUENCE OF EVENTS 1 44 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

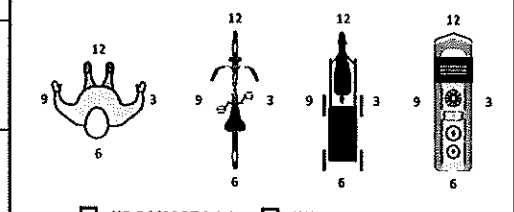
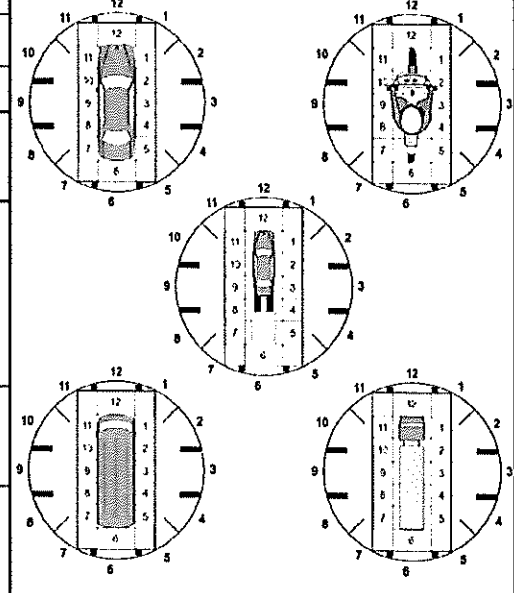
COLLISION WITH FIXED OBJECT - STRUCK 4 25-IMPACT ATTENUATOR / CRASH CUSHION 31-GUARDRAIL END 37-TRAFFIC SIGN POST 43-CURB 50-WORK ZONE MAINTENANCE EQUIPMENT
 26-BRIDGE OVERHEAD STRUCTURE 32-PORTABLE BARRIER 38-OVERHEAD SIGN POST 44-DITCH 51-WALL
 27-BRIDGE PIER OR ABUTMENT 33-MEDIAN CABLE BARRIER 39-LIGHT / 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

LOCAL REPORT NUMBER 2020099

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 10 11 12



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

INITIAL POINT OF CONTACT
 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-ROUNDBOUT 4-STOP SIGN 2-SIGNAL 5-YIELD SIGN 3-FLASHER 6-NO CONTROL

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

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

UNIT SPEED 95 **DETECTED SPEED** 1 1-STATED / ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED
POSTED SPEED 35



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2020099

UNIT # 01	NAME: LAST, FIRST, MIDDLE EVANS BLAKE THOMAS	DATE OF BIRTH 11/24/1989	AGE 30	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 257 VERNON ST 320 OAKLAND CA 44236	CONTACT PHONE - INCLUDE AREA CODE 330-603-5505
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) RICHFIELD FIRE	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) AGMC MAIN	SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 5	EJECTION 3	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER SZ768413	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 9	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
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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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	

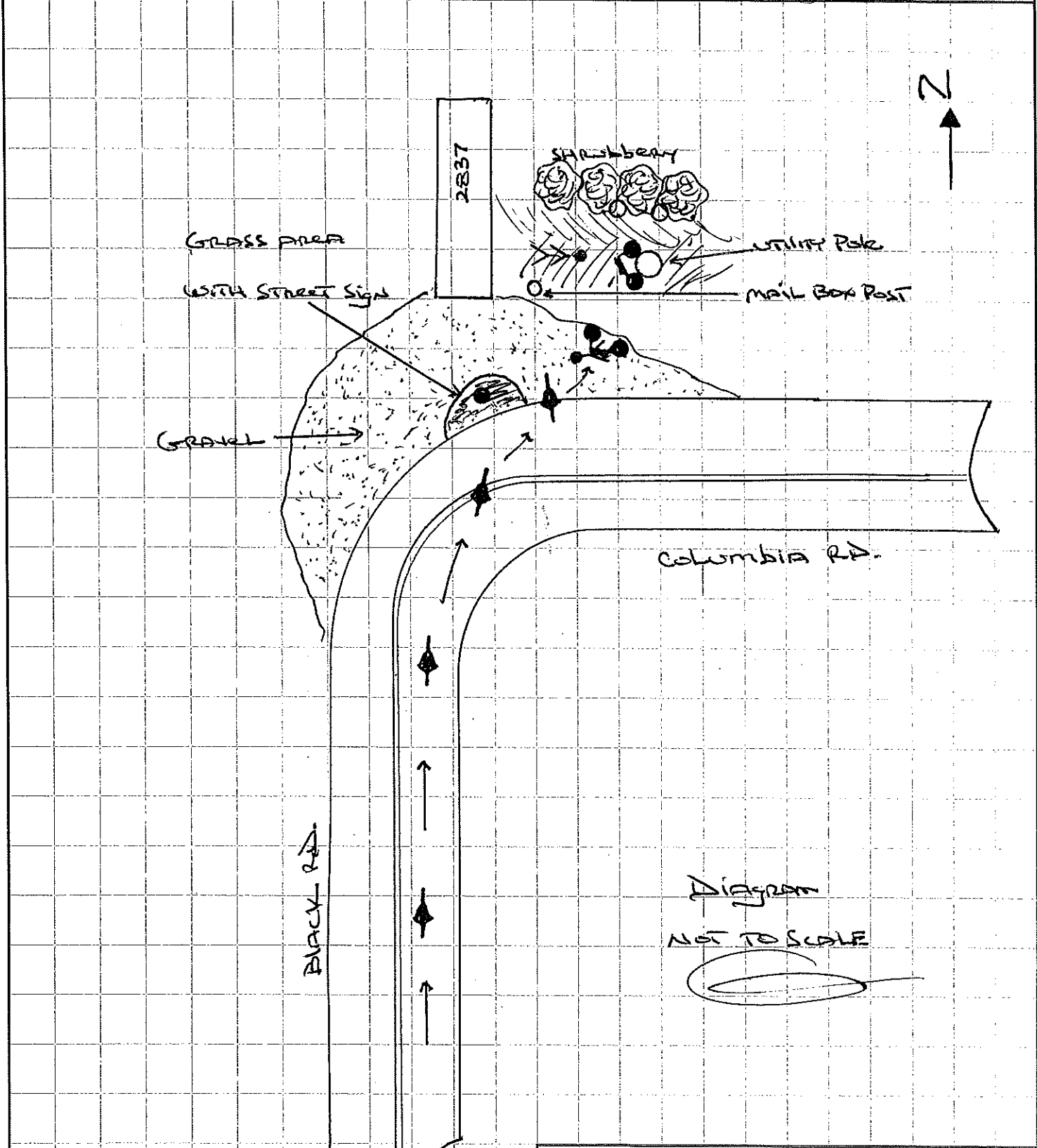
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH //	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL 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	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	9 - OTHER / UNKNOWN	
	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS		
	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 - LIMITED TO EMPLOYMENT		
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER		
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HARD CONTROLS, OR OTHER ADAPTIVE DEVICES)		
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY		
	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		
	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR		
				17 - PROSTHETIC AID		
				18 - OTHER		

LOCAL REPORT NUMBER <i>2020099</i>	REPORTING AGENCY <i>Richfield PD</i>	DATE OF CRASH <i>MA 10 9 20</i>
IN COUNTY OF <i>Summit</i>	CRASH LOCATION <i>Columbia Rd @ Black Rd</i>	



OFFICER'S SIGNATURE <i>X Ok per #704</i>	BADGE NUMBER
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