



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020115

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

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

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
 2  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
 02

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

CRASH DATE / TIME\*  
 10/24/2020 17:09  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
 4

ROUTE TYPE IR ROUTE NUMBER 77 PREFIX N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 LOCATION ROAD NAME 177 ROAD TYPE HW  
 LATITUDE DECIMAL DEGREES 41.234947

ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
 144 ROAD TYPE MP  
 LONGITUDE DECIMAL DEGREES 81.627739

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 2  
 DIRECTION  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 N  
 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 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  
 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 - 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  
 7

DIRECTION OF TRAVEL  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 N  
 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  
 3

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

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

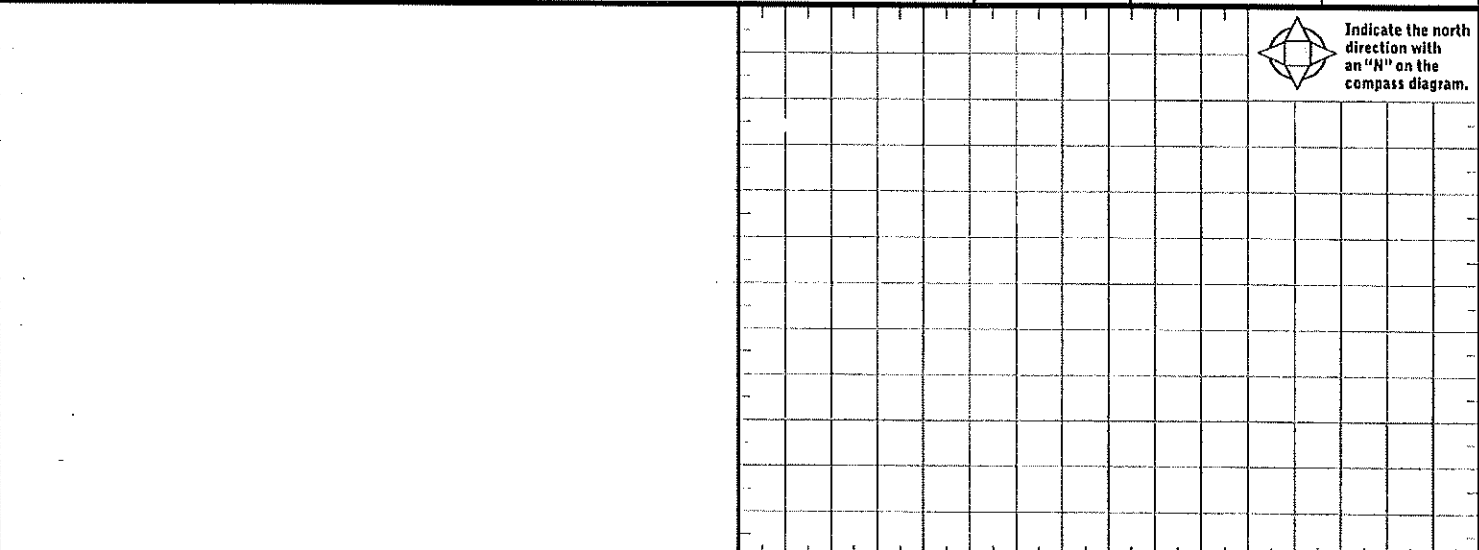
CONDITIONS  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN  
 1

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  
 2

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  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN



CRASH REPORTED DATE / TIME  
 10/24/2020 17:09

DISPATCH DATE / TIME  
 10/24/2020 17:11

ARRIVAL DATE / TIME  
 10/24/2020 17:16

SCENE CLEARED DATE / TIME  
 10/24/2020 18:10

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OSP)

TOTAL TIME ROADWAY CLOSED  
 000

OTHER INVESTIGATION TIME  
 0045

TOTAL MINUTES  
 104

OFFICER'S NAME\*  
 THOMAS RANDOLPH  
 OFFICER'S BADGE NUMBER\*  
 723

CHECKED BY OFFICER'S NAME\*  
 DAVE POLAK  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
 704

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 2020115	REPORTING AGENCY RICHFIELD POLICE	DATE OF ACCIDENT M 10 D 24 Y 2020
IN COUNTY OF SUMMIT	ACCIDENT LOCATION N I 77	
<p>Unit #2 was traveling on the I-77 on-ramp from I-271 NB and was attempting to merge. While attempting to safely merge, Unit #2 did not see Unit #1's vehicle and during Unit #2's attempt to conduct his lane change onto I-77 NB, the operators rear driver side trailer fender came into contact with Unit #1's front passenger side fender. The two units then came to a stop around the 145.2 mile-marker and waited for police to arrive.</p> <p>Once on scene, the operator of Unit #1 advised that her passenger had urinated herself and was in need of an EMS unit. While waiting, I spoke with the passenger who advised that she had gotten scared and would just like for an EMS unit to respond. She did not advise or give notice to any other major injury when speaking with her. The passenger was ultimately checked and released on scene by our EMS unit(s).</p> <p>Both Unit #1 and Unit #2's information was obtained along with written statements from each operator. Unit #1's operator did not advise to me of any injury while on scene. Unit #1's vehicle sustained minimal damage from the incident. The operator of Unit #1 claimed that her steering was off from the collision and requested a tow truck for her vehicle. The operator arranged the tow herself.</p> <p>Unit #1 sustained no damage to his trailer's driver side fender. BWC activated.</p>		
	OFFICER'S SIGNATURE X	BADGE NUMBER

HSY 7002 4/07

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER  
**DAILEY RUBY L** OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER  
**216-331-8341**

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  
**11900 CROMWELL AVE DN CLEVELAND OH 44120**

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

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **LONNI3** VEHICLE IDENTIFICATION # **5XXGT4L33JG245460** VEHICLE YEAR **2018** VEHICLE MAKE **KIA**

INSURANCE VERIFIED INSURANCE COMPANY **GEICO** INSURANCE POLICY # **6003900054** COLOR **MAR /** VEHICLE MODEL **OPT**

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

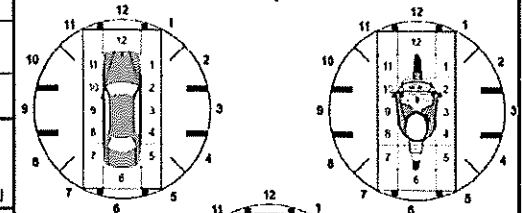
**1**

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **2** VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

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

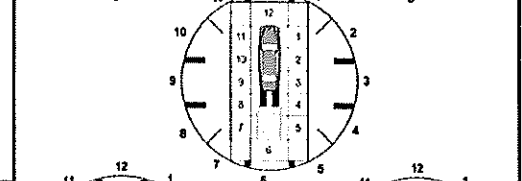


UNIT TYPE

**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 - AUTO CYCLE 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 \_\_\_\_\_

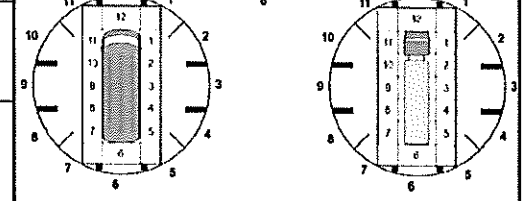


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

**2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

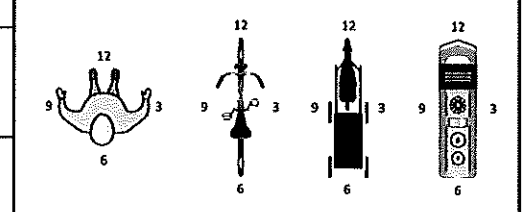
**0** 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



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

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

VEHICLE DEFECTS

**1**

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**

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

**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

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 **1** 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  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**TRAFFIC**

TRAFFICWAY FLOW

**1** 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

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

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 / ACGA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT 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  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

# OF THROUGH LANES ON ROAD

**2**

RAIL GRADE CROSSING

**1** 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS

**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

**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

**COLLISION WITH FIXED OBJECT - STRUCK**

**1**

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 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

**1** FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

UNIT SPEED

**60**

POSTED SPEED

**65**

DETECTED SPEED

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

<b>OWNER</b>	<b>UNIT #</b> 02	<b>OWNER NAME: LAST, FIRST, MIDDLE</b> (SAVE AS DRIVER) WADSWORTH DYLAN SCOTT	<b>OWNER PHONE: INCLUDE AREA CODE</b> (SAME AS DRIVER) 234-817-5818			
	<b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> (SAME AS DRIVER) 1696 GLENWOOD DR TWINSBURG OH 44087					
<b>VEHICLE</b>	<b>LP STATE</b> MI	<b>LICENSE PLATE #</b> DB79740	<b>VEHICLE IDENTIFICATION #</b> 1GTW7BFG7J1333331	<b>VEHICLE YEAR</b> 2018	<b>VEHICLE MAKE</b> GMC	
	<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> EVEREST NATIONAL	<b>INSURANCE POLICY #</b> EN4CA00286191	<b>COLOR</b> GRN /	<b>VEHICLE MODEL</b> SAV	
	<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GOVERNMENT</b>	<input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>	<b>US DOT #</b>	<b>TOWED BY: COMPANY NAME</b>	
	<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 2	<b>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> CLASS # PLACARD ID #	
	<b>TYPE OF USE</b> <input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGOVAN <input type="checkbox"/> VAN (9-15 SEATS)		<input type="checkbox"/> <b>MOTORCYCLE 2-WHEELED</b> <input type="checkbox"/> <b>MOTORCYCLE 3-WHEELED</b> <input type="checkbox"/> <b>AUTOCYCLE</b> <input type="checkbox"/> <b>MOPED OR MOTORIZED BICYCLE</b> <input type="checkbox"/> <b>ALL TERRAIN VEHICLE (ATV/UTV)</b>	<input type="checkbox"/> <b>GOLF CART</b> <input type="checkbox"/> <b>SNOWMOBILE</b> <input type="checkbox"/> <b>SINGLE UNIT TRUCK</b> <input type="checkbox"/> <b>SEM-TRACTOR</b> <input type="checkbox"/> <b>FARM EQUIPMENT</b> <input type="checkbox"/> <b>MOTORHOME</b>	<input type="checkbox"/> <b>LIMO (LIVERY VEHICLE)</b> <input type="checkbox"/> <b>BUS (6+ PASSENGERS)</b> <input type="checkbox"/> <b>OTHER VEHICLE</b> <input type="checkbox"/> <b>HEAVY EQUIPMENT</b> <input type="checkbox"/> <b>ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b>	<input type="checkbox"/> <b>PEDESTRIAN / SKATER</b> <input type="checkbox"/> <b>WHEELCHAIR (ANY TYPE)</b> <input type="checkbox"/> <b>OTHER NON-MOTORIST</b> <input type="checkbox"/> <b>BICYCLE</b> <input type="checkbox"/> <b>TRAIN</b> <input type="checkbox"/> <b>UNKNOWN OR HIT/SKIP</b>
	<b>UNIT TYPE</b> 5		<b># OF TRAILING UNITS</b> 1			
	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 1-YES 2-NO 9-OTHER/UNKNOWN		<b>AUTONOMOUS MODE LEVEL</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
	<b>SPECIAL FUNCTION</b> 1		<b>VEHICLE DEFECTS</b> 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			
	<b>CARGO BODY TYPE</b> 99		<b>VEHICLE TOWING ANOTHER MOTOR VEHICLE</b> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/AGRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
	<b>VEHICLE LOCATION AT IMPACT</b> 1		<b>NON-MOTORIST LOCATION AT IMPACT</b> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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			
<b>ACTION</b> 3		<b>PRE-CRASH ACTIONS</b> 1 - NON-CONTACT 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				
<b>CONTRIBUTING CIRCUMSTANCES</b> 2		<b>SEQUENCE OF EVENTS</b> 1 - NONE 2 - FAILURE TO YIELD 3 - RAN 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				
<b>NON-COLLISION</b> 20		<b>COLLISION WITH FIXED OBJECT - STRUCK</b> 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 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 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN 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				

<b>LOCAL REPORT NUMBER</b> 2020115	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b> 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<input checked="" type="checkbox"/> <b>NO DAMAGE</b> ( 0 ) <input type="checkbox"/> <b>TOP</b> ( 13 ) <input type="checkbox"/> <b>UNIT NOT AT SCENE</b> ( 16 ) <input type="checkbox"/> <b>UNDERCARRIAGE</b> ( 14 ) <input type="checkbox"/> <b>ALL AREAS</b> ( 15 )	
<b>INITIAL POINT OF CONTACT</b> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
<b>UNIT / NON-MOTORIST DIRECTION</b> FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> 63	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 65	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020115

UNIT # 01	NAME: LAST, FIRST, MIDDLE DAILEY RUBY L	DATE OF BIRTH 07/04/1983	AGE 37	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 11900 CROMWELL AVE DN CLEVELAND OH 44120		CONTACT PHONE - INCLUDE AREA CODE 216-331-8341		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4
OL STATE OH	OPERATOR LICENSE NUMBER SA370712	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
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
		ALCOHOL TEST		DRUG TEST(S)
		STATUS	TYPE	VALUE
		1	1	1

UNIT # 02	NAME: LAST, FIRST, MIDDLE WADSWORTH DYLAN SCOTT	DATE OF BIRTH 02/02/1996	AGE 24	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1696 GLENWOOD DR TWINSBURG OH 44087		CONTACT PHONE - INCLUDE AREA CODE 234-817-5818		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4
OL STATE OH	OPERATOR LICENSE NUMBER TZ696455	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
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
		ALCOHOL TEST		DRUG TEST(S)
		STATUS	TYPE	VALUE
		1	1	1

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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED
		ALCOHOL TEST		DRUG TEST(S)
		STATUS	TYPE	VALUE
		1	1	1

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 & CLASS B BUS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>		<b>EJECTION</b>		<b>ALCOHOL TEST TYPE</b>		
1-NOT TRANSPORTED / TREATED AT SCENE		1-NOT EJECTED		1-NONE		
2-EMS		2-PARTIALLY EJECTED		2-BLOOD		
3-POLICE		3-TOTALLY EJECTED		3-URINE		
9-OTHER / UNKNOWN		4-NOT APPLICABLE		4-BREATH		
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>		<b>DRUG TEST TYPE</b>		
1-NONE USED		1-NOT TRAPPED		1-NONE		
2-SHOULDER BELT ONLY USED		2-EXTRICATED BY MECHANICAL MEANS		2-BLOOD		
3-LAP BELT ONLY USED		3-FREED BY NON-MECHANICAL MEANS		3-URINE		
4-SHOULDER & LAP BELT USED				4-OTHER		
5-CHILD RESTRAINT SYSTEM - FORWARD FACING				<b>CONDITION</b>		
6-CHILD RESTRAINT SYSTEM - REAR FACING				1-APPARENTLY NORMAL		
7-BOOSTER SEAT				2-PHYSICAL IMPAIRMENT		
8-HELMET USED				3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				4-ILLNESS		
10-REFLECTIVE CLOTHING				5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		
99-OTHER / UNKNOWN				9-OTHER / UNKNOWN		
				<b>DRUG TEST RESULT(S)</b>		
				1-AMPHETAMINES		
				2-BARBITURATES		
				3-BENZODIAZEPINES		
				4-CANNABINOIDS		
				5-COCAINE		
				6-OPiates / OPIOIDS		
				7-OTHER		
				8-NEGATIVE RESULTS		



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2020115

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> BAILEY RASHONA JONEICE	<b>DATE OF BIRTH</b> 11/22/1988	<b>AGE</b> 31	<b>GENDER</b> F
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4070 PARK FULTON OVAL APT CLEVELAND OH 44144	<b>CONTACT PHONE - INCLUDE AREA CODE</b> 440-339-1429
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<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b> RICHFIELD FIRE	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> NONE	<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 3	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
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<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> HINDI WESAM A	<b>DATE OF BIRTH</b> 12/02/1988	<b>AGE</b> 31	<b>GENDER</b> M
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4334 PORTER RD NORTH OLMSTED OH 44070	<b>CONTACT PHONE - INCLUDE AREA CODE</b> 216-210-7050
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<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 3	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
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<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>
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<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>
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<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
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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>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>
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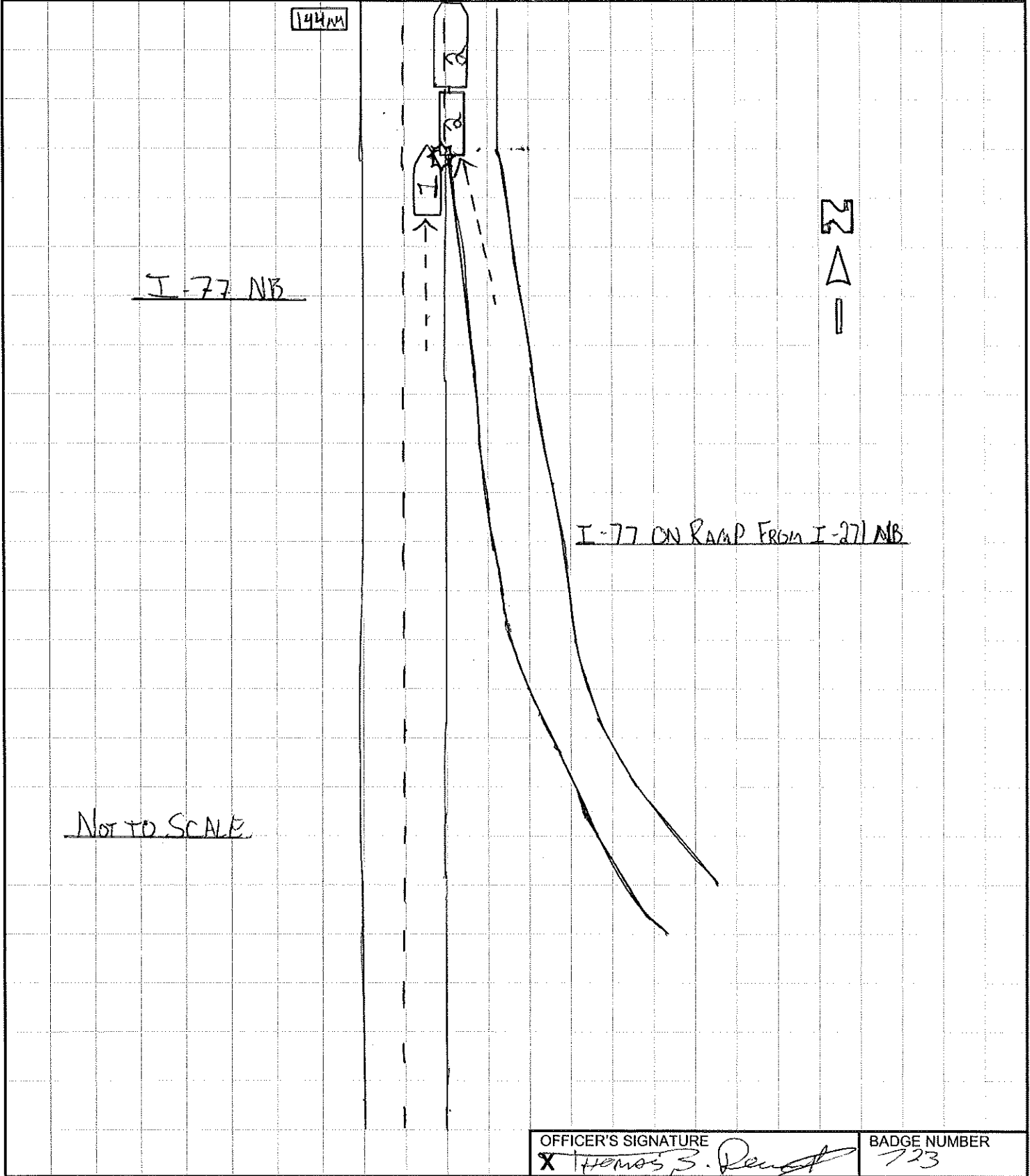
<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>
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<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
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<b>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>
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LOCAL REPORT NUMBER <i>2020115</i>	REPORTING AGENCY <i>RICHFELD</i>	DATE OF CRASH <i>M 10 10 24 2020</i>
IN COUNTY OF <i>Summit</i>	CRASH LOCATION <i>I-77 NEAR 149 mm</i>	





TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2020115	REPORTING AGENCY KIRKWOOD	DATE OF CRASH 10/24/2020
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DYLAN WADSWORTH HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Thomas B. Buent AT I 77 NEAR 145.2  
OFFICER'S NAME LOCATION

I WAS MERGING FROM INTERSTATE 271 TO INTERSTATE 77  
 WHEN MERGING A 2018 KIA OPTIMA WAS IN MY BLIND SPOT THE DRIVER  
 SIDE TRAILER WHEELWELL STRUCK THE PASSENGER SIDE FRONT WHEELWELL.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2018	GMC	2500	GRN	DB 79740	MI

ESTIMATED SPEED (MPH): 63	Air Bag Deployed- YES / <input checked="" type="checkbox"/> NO	SAFETY RESTRAINT USED: <input checked="" type="checkbox"/> YES / NO
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Insurance Co: EVEREST NATIONAL INSURANCE COMPANY Policy EV4CA00286-191

ADDRESS OF WITNESS: <u>1696 GLENWOOD DR. TWINSBURG OH</u>	PHONE NUMBER: <u>234-817-5818</u>
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SIGNATURE OF WITNESS: <u>[Signature]</u>	OFFICER SIGNATURE: <u>Thomas Buent</u>
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T.L: MAKE - QUAL  
 YR - 2019  
 VIN - 550FD02020KS000244

TRF 6771





# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <u>2020115</u>	REPORTING AGENCY <u>KECHFELED</u>	DATE OF CRASH <u>10/24/2020</u>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, RUBY CONCRETA DADLEY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
THOMAS B. PELLETT AT I 77 NEAR 145.2  
OFFICER'S NAME LOCATION

I WAS DRIVING NORTH BOUND ON 77 NEAR 145 AND A TRUCK WITH A TRAILER HIT MY CAR ON THE RIGHT BACK SIDE AND WENT ALL THE WAY TO THE FRONT AS I BLEW THE HORN HE NEARLY YIELDED OR STOPPED I HAD MY COUSIN IN THE PASSENGER SIDE SHE UNLATCHED ON HERSELF AND I CALLED 911 THE DISPATCH STATED THAT HELP WAS ALREADY ON THE WAY

### VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
<u>2018</u>	<u>KIA</u>	<u>OPTIMA</u>	<u>MAROON</u>	<u>LOMNT3</u>	<u>OHIO</u>

ESTIMATED SPEED (MPH): 00      Air Bag Deployed- YES /  NO      SAFETY RESTRAINT USED:  YES / NO

Insurance Co: GEICO      Policy: LO003900054

ADDRESS OF WITNESS: 3422 WEST 60th CLEVELAND, OHIO      PHONE NUMBER: (216) 331-8341

SIGNATURE OF WITNESS: [Signature]      OFFICER SIGNATURE: THOMAS B PELLETT