



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020116

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

COUNTY* 77	LOCALITY* 2	LOCATION: CITY, VILLAGE, TOWNSHIP* RICHFIELD	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 01	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
CRASH DATE / TIME* 10/28/2020 19:52			CRASH SEVERITY 2		

ROUTE TYPE IR	ROUTE NUMBER 77	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME I-77	ROAD TYPE HW	LATITUDE DECIMAL DEGREES 41.251137
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ROUTE TYPE	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 145	ROAD TYPE MP	LONGITUDE DECIMAL DEGREES 81.629517
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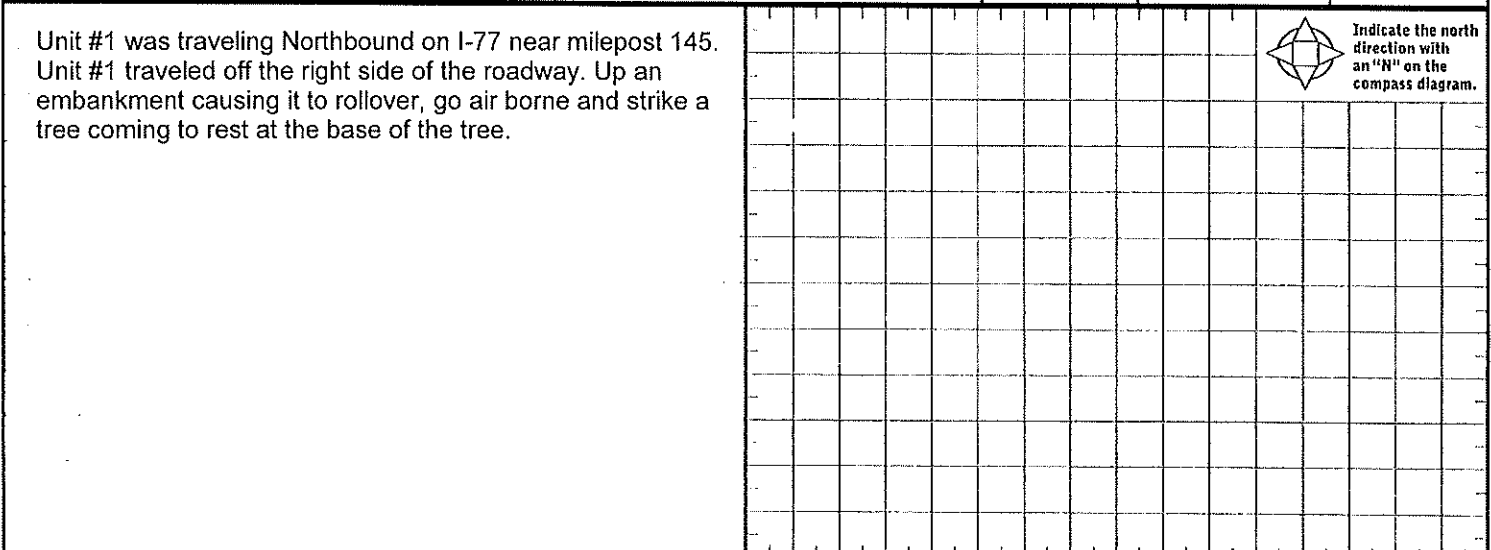
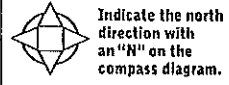
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2	DIRECTION N - NORTH S - SOUTH E - EAST W - WEST N	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE 200	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2	ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED			

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 4	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 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 2
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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 2	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4	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
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Unit #1 was traveling Northbound on I-77 near milepost 145. Unit #1 traveled off the right side of the roadway. Up an embankment causing it to rollover, go air borne and strike a tree coming to rest at the base of the tree.



CRASH REPORTED DATE / TIME 10/28/2020 19:52	DISPATCH DATE / TIME 10/28/2020 19:53	ARRIVAL DATE / TIME 10/28/2020 19:57	SCENE CLEARED DATE / TIME 10/28/2020 21:38	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 60	TOTAL MINUTES 165	OFFICER'S NAME* RUDOLPH PRHNE OFFICER'S BADGE NUMBER* 718	CHECKED BY OFFICER'S NAME* CHRIS FYFFE CHECKED BY OFFICER'S BADGE NUMBER* 703

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER  
**HARGETT MARIAH NICHOLE** OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER  
**1007 SAWYER AVE AKRON OH 44310**

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

**DAMAGE**

DAMAGE SCALE

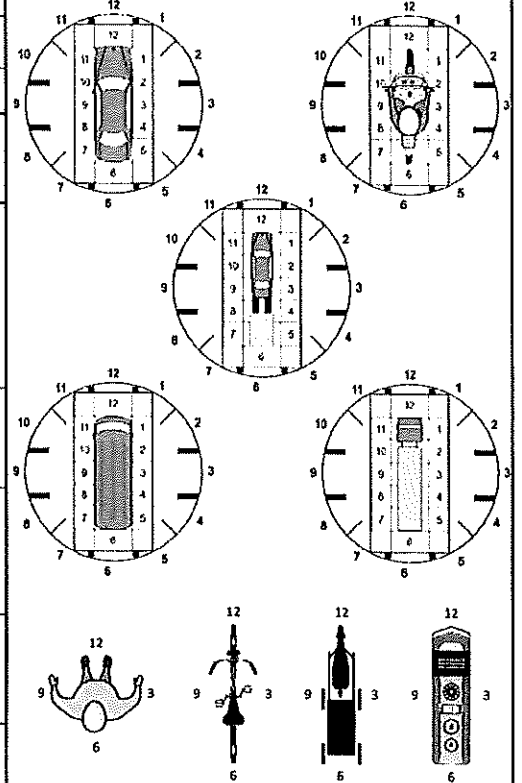
**4** 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **DAHDEEE** VEHICLE IDENTIFICATION # **WDDWJ4KBOHF422488** VEHICLE YEAR **2017** VEHICLE MAKE **MERZ**

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR **WHI /** VEHICLE MODEL **UNK**

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



TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # **1** TOWED BY: COMPANY NAME **WORLD**

HAZARDOUS MATERIAL:  MATERIAL 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) 17 - MOTORHOME 99 - UNKNOWN OR HITS/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 - SHOW 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  
 11 - DUMP 99 - OTHER / UNKNOWN

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

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

NON-MOTORIST LOCATION AT IMPACT: **1**

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIA/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - DRIVEWAY ACCESS  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 15 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION: **1**

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

INITIAL POINT OF CONTACT: **12**

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

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

SEQUENCE OF EVENTS

1 **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 - 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

# OF THROUGH LANES ON ROAD: **2**

RAIL GRADE CROSSING: **3**

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

COLLISION WITH FIXED OBJECT - STRUCK

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 49 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT: **4** MOST HARMFUL EVENT: **4**

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: **80**

POSTED SPEED: **65**

DETECTED SPEED: **1**

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020116

UNIT # 01	NAME: LAST, FIRST, MIDDLE ROSEN SEAN MICHAEL	DATE OF BIRTH 07/26/1996	AGE 24	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 2047 DARNELL DR AKRON OH 44319	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) RICHFIELD FIRE	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) METRO HOSPITAL (MAIN)	SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UD876963	OFFENSE CHARGED 4511.202	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER RV58166
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OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		
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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
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OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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		
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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
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OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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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		
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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
<b>INJURED TAKEN BY</b>		<b>EJECTION</b>		<b>ALCOHOL TEST TYPE</b>		
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND - RIGHT SIDE	1-NOT EJECTED	H-HAZMAT	7-EXCEPT TRACTOR-TRAILER	6-PASSENGER	1-NONE
2-EMS	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2-PARTIALLY EJECTED	M-MOTORCYCLE	8-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER DISTRACTION INSIDE THE VEHICLE	2-BLOOD
3-POLICE	8-THIRD - MIDDLE	3-TOTALLY EJECTED	P-PASSENGER	9-LEARNER'S PERMIT RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	3-URINE
9-OTHER / UNKNOWN	9-THIRD - RIGHT SIDE	4-NOT APPLICABLE	N-TANKER	10-LIMITED TO DAYLIGHT ONLY	9-OTHER / UNKNOWN	4-BREATH
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>		<b>CONDITION</b>		5-OTHER
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	Q-MOTOR SCOOTER	11-LIMITED TO EMPLOYMENT	1-APPARENTLY NORMAL	1-NONE
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	R-THREE-WHEEL MOTORCYCLE	12-LIMITED - OTHER	2-PHYSICAL IMPAIRMENT	2-BLOOD
3-LAP BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	S-SCHOOL BUS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3-URINE
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T-DOUBLE & TRIPLE TRAILERS	14-MILITARY VEHICLES ONLY	4-ILLNESS	4-OTHER
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST		X-TANKER / HAZMAT	15-MOTOR VEHICLES WITHOUT AIR BRAKES	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	1-AMPHETAMINES
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER / UNKNOWN			16-OUTSIDE MIRROR	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2-BARBITURATES
7-BOOSTER SEAT				17-PROSTHETIC AID	9-OTHER / UNKNOWN	3-BENZODIAZEPINES
8-HELMET USED				18-OTHER		4-CANNABINOIDS
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						5-COCAINE
10-REFLECTIVE CLOTHING						6-OPiates / OPioids
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						7-OTHER
99-OTHER / UNKNOWN						8-NEGATIVE RESULTS

LOCAL REPORT NUMBER <i>2070116</i>	REPORTING AGENCY <i>RICHFIELD POLICE</i>	DATE OF CRASH <i>M 10   DEC   Y 20</i>
IN COUNTY OF <i>Summit</i>	CRASH LOCATION <i>I-77 AT mm 145</i>	

