



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2022007

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	BRECKSVILLE
<input checked="" type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	RICHFIELD POLICE
<input type="checkbox"/> PRIVATE PROPERTY			NCIC*	07726
HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
1 - SOLVED	2	02	98 - ANIMAL	
2 - UNSOLVED			99 - UNKNOWN	

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
77	2	RICHFIELD	01/11/2022 07:27	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
		E	EVERETT	RD	41.202321
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
		N	BRECKSVILLE	RD	81.638094

REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1 - INTERSECTION	N - NORTH	IR - INTERSTATE ROUTE(TP)	AL - ALLEY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
2 - MILE POST	S - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
3 - HOUSE #	E - EAST	SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE	UNIT OF MEASURE	CR - NUMBERED COUNTY ROUTE	MP - MILEPOST	4
0	2	TR - NUMBERED TOWNSHIP ROUTE	OV - OVAL	
	1 - MILES		PK - PARKWAY	
	2 - FEET		TE - TERRACE	
	3 - YARDS		TL - TRAIL	
			WA - WAY	
			HE - HEIGHTS	
			PL - PLACE	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	S	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	2 - REAR-END	S - SOUTH	2 - DIVIDED FLUSH MEDIAN (>=4 FEET)
3 - IN MEDIAN	3 - HEAD-ON	E - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - ON ROADSIDE		W - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
5 - ON GORE			9 - OTHER/UNKNOWN
6 - OUTSIDE TRAFFIC WAY			
7 - ON RAMP			
8 - OFF RAMP			
9 - CROSSOVER	4 - REAR-TO-REAR		
10 - DRIVEWAY/ALLEY ACCESS	5 - BACKING		
11 - RAILWAY GRADE CROSSING	6 - ANGLE		
12 - SHARED USE PATHS OR TRAILS	7 - SIDESWIPE, SAME DIRECTION		
13 - BIKE LANE	8 - SIDESWIPE, OPPOSITE DIRECTION		
14 - TOLL BOOTH	9 - OTHER / UNKNOWN		
99 - OTHER / UNKNOWN			

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	3	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA			
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA			
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA			
	5 - OTHER	5 - TERMINATION AREA			

LIGHT CONDITION	WEATHER
2	1
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
	9 - FREEZING RAIN OR FREEZING DRIZZLE
	99 - OTHER / UNKNOWN

Unit one was traveling northbound on Brecksville Road, she went through the intersection of Brecksville Road and Everett Road, when unit two made an improper left-hand turn and failed to yield to unit one. This caused unit two to strike unit one, pushing unit one onto Everett Road into the westbound lane. Both vehicles sustained disabling damage and were towed.

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

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
01/11/2022 07:27	01/11/2022 07:29	01/11/2022 07:32	01/11/2022 08:16	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0		30	SHELBY NOFFSINGER	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CSRS)
			OFFICER'S BADGE NUMBER*	
			743	
			CHECKED BY OFFICER'S NAME*	
			CHECKED BY OFFICER'S BADGE NUMBER*	

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) KRACKER CAROLYN J  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 330-495-2084  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 9833 HOCKING ST NW MASSILLON OH 44646  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # FPZ8451 VEHICLE IDENTIFICATION # 19XFB2F57CE077415 VEHICLE YEAR 2012 VEHICLE MAKE HOND  
 INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 945112598 COLOR GRY / VEHICLE MODEL CIV

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR 1 2 3  
 TOWED BY: COMPANY NAME WORLD HAZARDOUS MATERIAL CLASS # PLACARD ID #

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

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 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

CARGO BODY TYPE: 1 NO CARGO BODY TYPE / NOT APPLICABLE 2 BUS 3 VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 LOGGING 5 INTERMODAL CONTAINER CHASSIS 6 CARGO VAN/ENCLOSED BOX 7 GRAIN/CHIPS/GRAVEL 8 POLE 9 CARGO TANK 10 FLAT BED 11 DUMP 12 CONCRETE MIXER 13 AUTO TRANSPORTER 14 GARBAGE/REFUSE 99 OTHER / UNKNOWN

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

NON-MOTORIST LOCATION AT IMPACT: 1 INTERSECTION - MARKED CROSSWALK 2 INTERSECTION - UNMARKED CROSSWALK 3 INTERSECTION - OTHER 4 MIDBLOCK - 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

ACTION: 1 NON-COLLISION 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

CONTRIBUTING CIRCUMSTANCES: 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

SEQUENCE OF EVENTS: 1 20 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

COLLISION WITH FIXED OBJECT - STRUCK: 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 MEDIUM CABLE BARRIER 34 MEDIUM GUARDRAIL BARRIER 35 MEDIUM CONCRETE BARRIER 36 MEDIUM 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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**DAMAGE**

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

**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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN  
 1

**TRAFFIC**

TRAFFICWAY FLOW: 1 ONE-WAY 2 TWO-WAY  
 TRAFFIC CONTROL: 1 ROUNDABOUT 2 SIGNAL 3 FLASHER 4 STOP SIGN 5 YIELD SIGN 6 NO CONTROL  
 2

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

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

UNIT SPEED: 40  
 POSTED SPEED: 45  
**DETECTED SPEED**  
 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  
 1

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) SHEPARD TANYA T  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 330-607-8433  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 3916 SAWBRIDGE DR UNIT 12 RICHFIELD OH 44286  
 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 # JBV1054 VEHICLE IDENTIFICATION # JTDBR32E830010952 VEHICLE YEAR 2003 VEHICLE MAKE TOYT  
 INSURANCE VERIFIED INSURANCE COMPANY OHIO INSURANCE INSURANCE POLICY # 16310691917308 COLOR WHI / VEHICLE MODEL COA  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. TOWED BY: COMPANY NAME WORLD HAZARDOUS MATERIAL CLASS # PLACARD ID #

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY  
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**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

ACTION 1 NON-COLLISION 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

**TRAFFIC**

TRAFFICWAY FLOW 1 ONE-WAY 2 TWO-WAY 2

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

CONTRIBUTING CIRCUMSTANCES 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

# OF THROUGH LANES ON ROAD 3

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

SEQUENCE OF EVENTS 1 20 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

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 1 TO 3

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

COLLISION WITH FIXED OBJECT - STRUCK 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 MEDIUM CABLE BARRIER 34 MEDIUM GUARDRAIL BARRIER 35 MEDIUM CONCRETE BARRIER 36 MEDIUM 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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT SPEED 20

POSTED SPEED 40

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 2022007

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> KRACKER CAROLYN J				<b>DATE OF BIRTH</b> 07/21/1960		<b>AGE</b> 61	<b>GENDER</b> F		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 9833 HOCKING ST NW MASSILLON OH 44646					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-495-2084					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 2	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> RN600860		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>	
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: 1 VALUE: 1		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4	

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> SHEPARD QUIN DOUGLAS				<b>DATE OF BIRTH</b> 04/01/2004		<b>AGE</b> 17	<b>GENDER</b> M		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 3916 SAWBRIDGE DR UNIT 12 RICHFIELD OH 44286					<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-907-3579					
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 2	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> VC704715		<b>OFFENSE CHARGED</b> 4511.36		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> TURNING AT INTERSECTIONS			<b>CITATION NUMBER</b> RV58910	
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: 1 VALUE: 1		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b> / /		<b>AGE</b>	<b>GENDER</b>		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<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"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>	
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE: VALUE:		<b>DRUG TEST(S)</b> 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
<b>INJURED TAKEN BY</b>	6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-PASSENGER	<b>ALCOHOL TEST TYPE</b>
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	7-EXCEPT TRACTOR-TRAILER	7-OTHER DISTRACTION INSIDE THE VEHICLE	1-NONE
2-EMS	8-THIRD-MIDDLE	1-NOT EJECTED	H-HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	2-BLOOD
3-POLICE	9-THIRD-RIGHT SIDE	2-PARTIALLY EJECTED	M-MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS	9-OTHER / UNKNOWN	3-URINE
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	3-TOTALLY EJECTED	P-PASSENGER	10-LIMITED TO DAYLIGHT ONLY	<b>CONDITION</b>	4-BREATH
<b>SAFETY EQUIPMENT</b>	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4-NOT APPLICABLE	N-TANKER	11-LIMITED TO EMPLOYMENT	1-APPARENTLY NORMAL	5-OTHER
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q-MOTOR SCOOTER	12-LIMITED-OTHER	2-PHYSICAL IMPAIRMENT	<b>DRUG TEST TYPE</b>
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)	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1-NONE
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	4-ILLNESS	2-BLOOD
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	3-FREED BY NON-MECHANICAL MEANS	T-DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	3-URINE
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		X-TANKER / HAZMAT	16-OUTSIDE MIRROR	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4-OTHER
6-CHILD RESTRAINT SYSTEM - REAR FACING				17-PROSTHETIC AID	9-OTHER / UNKNOWN	<b>DRUG TEST RESULT(S)</b>
7-BOOSTER SEAT				18-OTHER		1-AMPHETAMINES
8-HELMET USED						2-BARBITURATES
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3-BENZODIAZEPINES
10-REFLECTIVE CLOTHING						4-CANNABINOIDS
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						5-COCAINE
99-OTHER / UNKNOWN						6-OPiates / OPIOIDS
						7-OTHER
						8-NEGATIVE RESULTS

LOCAL REPORT NUMBER 2022007	REPORTING AGENCY RPD	DATE OF CRASH M 1   D 11   Y 22
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, <u>Carolyn Kracker</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>S. Noffsinger #743</u> OFFICER'S NAME	AT <u>Bucksull &amp; Everett</u> LOCATION

I was going straight thru an green light and a car turned in front of me thru

Were you wearing your seat belt?  
Yes

Are you injured?  
Right chest hurts, Headache, and arm hurt

How fast were you going?  
33 mph

Progressive # 945 112598

ADDRESS OF WITNESS <u>4833 Hocking St NW Massillon OH 44644</u>	PHONE <u>330-495-2084</u>
SIGNATURE OF WITNESS <u>X [Signature]</u>	OFFICER'S SIGNATURE <u>X [Signature] #743</u>

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2027007	REPORTING AGENCY KPD	DATE OF CRASH 1   11   22
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Quin Stephens PRINTED #743 OFFICER'S NAME S. Noffsinger OFFICER'S NAME AT BRUCEVILLE RD & EVERETT LOCATION

I was driving southbound on Clarksville Mass Rd and slowed to turn left into Everett to school. The light was green and my seat belt was on. The next thing I remember is a car fastly approaching, making contact, and my air bag deploying.

MOI 330-607 8433

VEHICLE INFORMATION

YEAR 2003	MAKE Ford	MODEL Cor.	COLOR white	LIC. PLATE JBU1054	STATE OH
ESTIMATED SPEED (MPH): <u>20</u>		Air Bag Deployed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SAFETY RESTRAINT USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Insurance Co: <u>Ohio Insurance</u>			Policy: <u>1631 06 913173 08</u>		
ADDRESS OF WITNESS: <u>2916 Southridge Dr Unit 12</u>			PHONE NUMBER: <u>3309673579</u>		
SIGNATURE OF WITNESS: 			OFFICER SIGNATURE: #743		