



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2022010

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  
**1**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**01**

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

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**RICHFIELD**

CRASH DATE / TIME\*  
**01/17/2022 12:27**

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

ROUTE TYPE  
**IR**  
 ROUTE NUMBER  
**271**  
 PREFIX  
**S**

LOCATION ROAD NAME  
**I-271**  
 ROAD TYPE  
**HW**

LATITUDE DECIMAL DEGREES  
**41.226790**

ROUTE TYPE  
 ROUTE NUMBER  
 PREFIX

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**10**  
 ROAD TYPE  
**MP**

LONGITUDE DECIMAL DEGREES  
**81.631125**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**2**  
 DIRECTION FROM REFERENCE  
**S**  
 DISTANCE FROM REFERENCE  
**200**

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  
 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  
**4**  
 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  
**1**

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

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**

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  
**3**

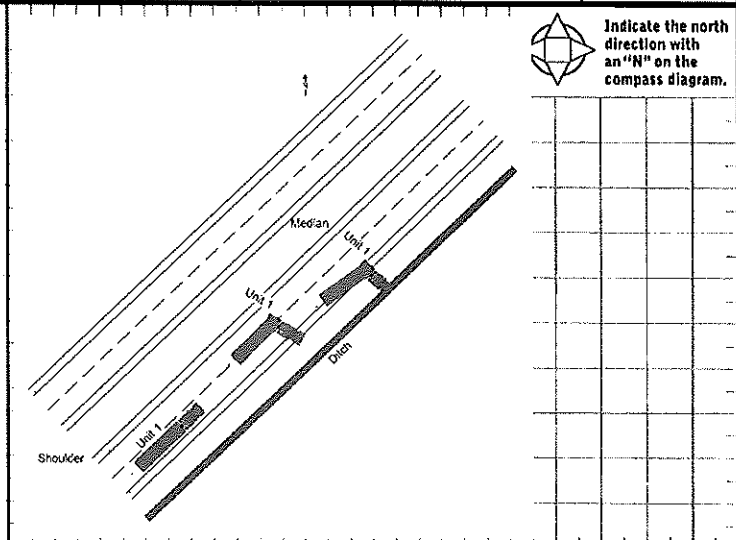
SURFACE  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN  
**2**

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  
**6**

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

Unit #1 was southbound on Interstate 271 in the right lane. Unit #1 attempted to move to the left lane. As Unit #1 was changing lanes, the vehicle drove off the right side of the road, struck a ditch, causing the unit to jackknife.



CRASH REPORTED DATE / TIME  
**01/17/2022 12:27**

DISPATCH DATE / TIME  
**01/17/2022 12:27**

ARRIVAL DATE / TIME  
**01/17/2022 12:30**

SCENE CLEARED DATE / TIME  
**01/17/2022 14:02**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
**240**

OTHER INVESTIGATION TIME  
**30**

TOTAL MINUTES  
**125**

OFFICER'S NAME\*  
**MORGAN MILLER**  
 OFFICER'S BADGE NUMBER\*  
**746**

CHECKED BY OFFICER'S NAME\*  
**PAUL FISTER**  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
**701**

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SEND TO 6330)

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER) **HOVERSTEN MICHAEL WILLIAM** OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) **831-419-6224**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **495 THIN EDGE RD SANTA CRUZ CA 95065**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **PENSKE TRUCK LEASING 2675 MORGANTOWN RD** COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE **610-775-6000**

**VEHICLE**

LP STATE **IN** LICENSE PLATE # **2683255** VEHICLE IDENTIFICATION # **3AKJHHR2KSKE1542** VEHICLE YEAR **2019** VEHICLE MAKE **FRHT**

INSURANCE VERIFIED INSURANCE COMPANY **GENERAL** INSURANCE POLICY # **WS466973** COLOR **YEL /** VEHICLE MODEL **CAS**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE **US DOT # 3243700** TOWED BY: COMPANY NAME **WORLD**

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR **3** HAZARDOUS MATERIAL CLASS # PLACARD ID #

1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

**UNIT TYPE**

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

# OF TRAILING UNITS **1**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1 - YES 2 - NO 9 - OTHER / UNKNOWN **0** AUTONOMOUS MODE LEVEL

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

**SPECIAL FUNCTION**

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - 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 - 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 - GRAINCHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE  
 11 - DUMP 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**

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

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

**ACTION**

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

**CONTRIBUTING CIRCUMSTANCES**

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

**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 **44** 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 **4** 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 **4** 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 **4** 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE

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

**FIRST HARMFUL EVENT** **2** **MOST HARMFUL EVENT** **3**

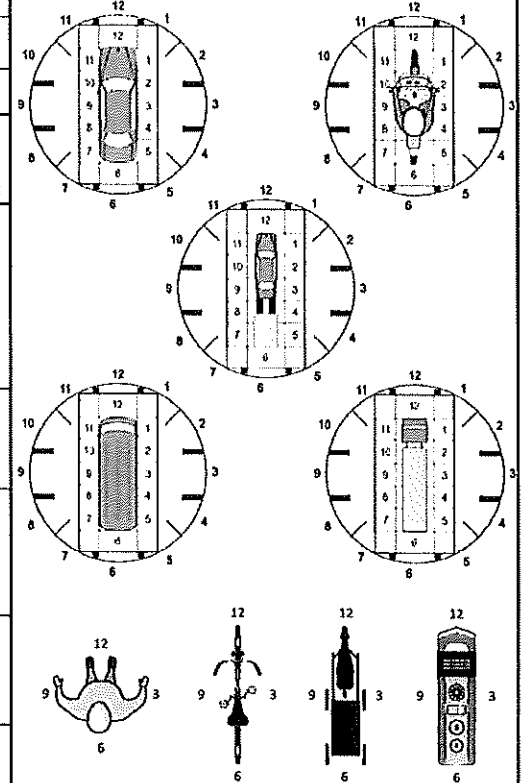
LOCAL REPORT NUMBER  
**2022010**

**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY  
**2 10**



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

**INITIAL POINT OF CONTACT**

**2** 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 - ROUNDABOUT 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 **1** TO **2**

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

**UNIT SPEED**

**45**

**POSTED SPEED**

**70**

**DETECTED SPEED**

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2022010**

|  |   |                                   |  |   |   |  |  |                           |  |                     |
|--|---|-----------------------------------|--|---|---|--|--|---------------------------|--|---------------------|
| <b>UNIT #</b><br>01  | <b>NAME: LAST, FIRST, MIDDLE</b><br>HOVERSTEN MICHAEL WILLIAM |                                   |  | <b>DATE OF BIRTH</b><br>11/22/1982  |   | <b>AGE</b><br>39                                 | <b>GENDER</b><br>M                       |                           |  |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>495 THIN EDGE RD SANTA CRUZ CA 95065 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>831-419-6224  |   |  |  |                           |  |                     |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                                       | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>NONE |   | <b>SAFETY EQUIPMENT USED</b><br>4             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1             | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1                                     | <b>TRAPPED</b><br>1 |
| <b>OL STATE</b><br>CA  | <b>OPERATOR LICENSE NUMBER</b><br>D1209615                    |                                   | <b>OFFENSE CHARGED</b><br>4511.202                             |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b><br>FAILURE TO CONTROL |  |                           | <b>CITATION NUMBER</b><br>RT-58979                       |                     |
| <b>OL CLASS</b><br>1   | <b>ENDORSEMENT</b>  | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                               | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1                            | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                           | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UP TO 4 |                     |

|  |                                  |                                   |  |   |   |  |  |                      |  |                |
|--|----------------------------------|-----------------------------------|--|---|---|--|--|----------------------|--|----------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |  | <b>DATE OF BIRTH</b><br>//  |   | <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><br><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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                      | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UP TO 4 |                |

|  |                                  |                                   |  |   |   |  |  |                      |  |                |
|--|----------------------------------|-----------------------------------|--|---|---|--|--|----------------------|--|----------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |  | <b>DATE OF BIRTH</b><br>//  |   | <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><br><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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b>                                 | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                      | <b>DRUG TEST(S)</b><br>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 NEEDED 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                           |

TRAFFIC CRASH WITNESS STATEMENT

|                                |                         |                              |
|--------------------------------|-------------------------|------------------------------|
| LOCAL REPORT NUMBER<br>2022010 | REPORTING AGENCY<br>KPD | DATE OF CRASH<br>Jan 17 2022 |
|--------------------------------|-------------------------|------------------------------|

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Mike Hoversten HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

off. M. WILL AT SCENE  
OFFICER'S NAME LOCATION

I was going an estimated speed of 45 mph. I was just switching lanes to get into the less affected lane. ~~The~~ I was in the right lane getting into the left lane when I hit some snow or ice and then the truck began sliding around from the left to the right until I completely lost control of the vehicle.

VEHICLE INFORMATION

| YEAR | MAKE         | MODEL    | COLOR  | LIC. PLATE | STATE   |
|------|--------------|----------|--------|------------|---------|
| 2019 | Freightliner | CASCADIA | YELLOW | 2683555    | Indiana |

ESTIMATED SPEED (MPH): 45 mph      Air Bag Deployed- YES (NO)      SAFETY RESTRAINT USED: (YES) NO

Insurance Co: GENERAL      Policy: WS460973

ADDRESS OF WITNESS: 495 Thin Edge Rd, Santa Cruz, CA      PHONE NUMBER: (831) 419-6224

SIGNATURE OF WITNESS: X [Signature]      OFFICER SIGNATURE: off. M. WILL #1746