



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2022072

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	I.R. 271 N
<input 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

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
77	3	RICHFIELD	05/01/2022 18:47	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE
IR	271	N	I-271	HW	41.230911
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE
			11	MP	81.614044

REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
2	N	IR - INTERSTATE ROUTE(TP)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
		US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
		SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES
		CR - NUMBERED COUNTY ROUTE	CR - CIRCLE	
		TR - NUMBERED TOWNSHIP ROUTE	CT - COURT	
			DR - DRIVE	
			HE - HEIGHTS	
			HW - HIGHWAY	
			LA - LANE	
			MP - MILEPOST	
			OV - OVAL	
			PK - PARKWAY	
			RD - ROAD	
			SQ - SQUARE	
			ST - STREET	
			TE - TERRACE	
			TL - TRAIL	
			WA - WAY	
			PL - PLACE	

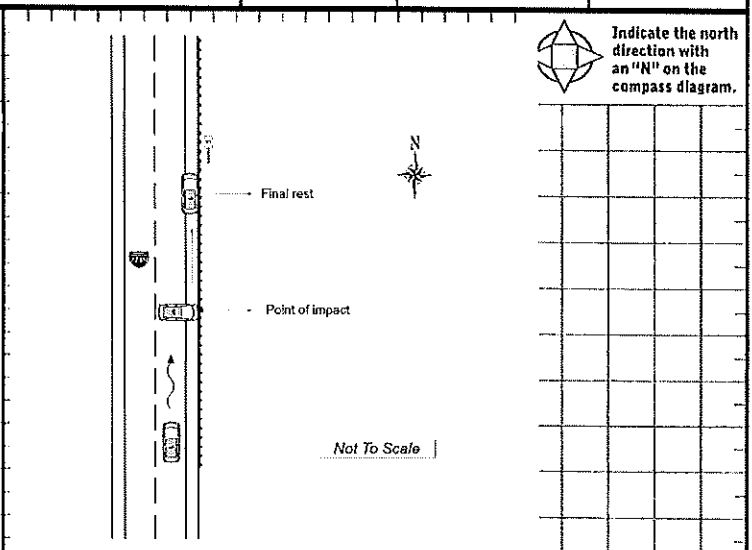
LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
6	1	N	4

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

LIGHT CONDITION	WEATHER
1	2

The driver of unit 01 stated that he was traveling Northbound on Interstate 271 near milepost 11 when he lost control on the wet pavement, went off the right side of the roadway, and the front of the vehicle made contact with the guardrail face.

Note: The tires on the vehicle had very minimal tread.



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
05/01/2022 18:47	05/01/2022 18:49	05/01/2022 18:55	05/01/2022 19:38	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
	30	78	ROBERT VIDIKA	<input type="checkbox"/> SUPPLEMENT
			OFFICER'S BADGE NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT MUST BE USED)
			741	
			CHECKED BY OFFICER'S NAME*	
			M. J. #717	
			CHECKED BY OFFICER'S BADGE NUMBER*	

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER
BERISH NEIL MICHAEL OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER
330-256-4717

OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER
19 N OVIATT ST HUDSON OH 44236

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 # GJQ3215 VEHICLE IDENTIFICATION # WDDGF54XX8R016852 VEHICLE YEAR 2008 VEHICLE MAKE MERZ

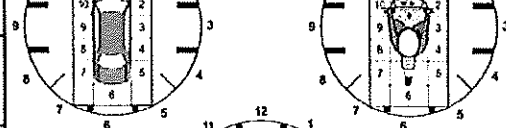
INSURANCE VERIFIED (X) INSURANCE COMPANY FARMERS INSURANCE POLICY # 191384433 COLOR SIL / VEHICLE MODEL C30

DAMAGED AREA(S)
INDICATE ALL THAT APPLY
1 11 12

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

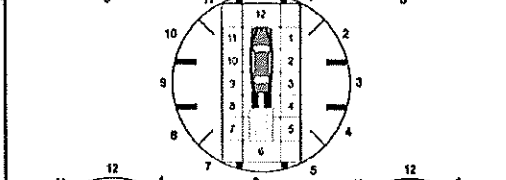
US DOT # 1 VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.

TOWED BY COMPANY NAME: WORLD HAZARDOUS MATERIAL CLASS # PLACARD ID #



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 HITS/SKIP

OF TRAILING UNITS

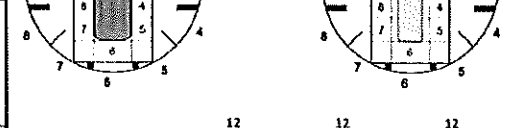


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION, 1 - DRIVER ASSISTANCE, 2 - PARTIAL AUTOMATION, 3 - CONDITIONAL AUTOMATION, 4 - HIGH AUTOMATION, 5 - FULL AUTOMATION, 9 - UNKNOWN



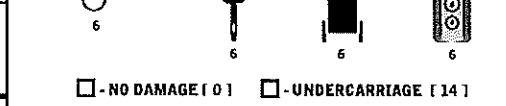
SPECIAL FUNCTION: 1 NONE, 2 TAXI, 3 ELECTRONIC RIDE SHARING, 4 SCHOOL TRANSPORT, 5 BUS - TRANSIT/COMMUTER, 6 BUS - CHARTER/TOUR, 7 BUS - INTERCITY, 8 BUS - SHUTTLE, 9 BUS - OTHER, 10 AMBULANCE, 11 FIRE, 12 MILITARY, 13 POLICE, 14 PUBLIC UTILITY, 15 CONSTRUCTION EQUIPMENT, 16 FARM, 17 MOWING, 18 SHOW 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

INITIAL POINT OF CONTACT: 0 - NO DAMAGE, 1-12 - 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 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 DISCRIBIBLE, 23 OPENING DOOR INTO ROADWAY, 99 OTHER IMPROPER ACTION

OF THROUGH LANES ON ROAD: 1 ONE-WAY, 2 TWO-WAY, 3 RAIL GRADE CROSSING: 1 NOT INVOLVED, 2 INVOLVED-ACTIVE CROSSING, 3 INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS: 1 8, 2 30, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 99

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

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: 2

UNIT SPEED: 40, POSTED SPEED: 70, DETECTED SPEED: 1 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2022072

UNIT # 01	NAME: LAST, FIRST, MIDDLE BERISH NEIL MICHAEL				DATE OF BIRTH 02/10/2000	AGE 22	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 19 N OVIATT ST HUDSON OH 44236					CONTACT PHONE - INCLUDE AREA CODE 330-256-4717						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER UQ257854		OFFENSE CHARGED 4511.202		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL			CITATION NUMBER RT-58467		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 1			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH //	AGE	GENDER				
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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	CONDITION	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	1 - APPARENTLY NORMAL	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	2 - PHYSICAL IMPAIRMENT	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	N-TANKER	12 - LIMITED - OTHER	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	4 - ILLNESS	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	9 - OTHER / UNKNOWN	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			X - TANKER / HAZMAT	17 - PROSTHETIC AID		DRUG TEST RESULT(S)
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	REPORTING AGENCY RPD	DATE OF CRASH 5 1 22
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Neil Berish PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
S. Noffinger OFFICER'S NAME AT 271 N. B @ 11MP LOCATION
 Was driving car I bought yesterday on bald tires, started raining, spun out, did a 360, & hit guard rail.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2008	Mercedes	C300	Silver	GJK 3215	OH

ESTIMATED SPEED (MPH): 40	Air Bag Deployed- YES / <input checked="" type="radio"/> NO	SAFETY RESTRAINT USED: YES / <input checked="" type="radio"/> NO
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Insurance Co: Farmers	Policy: 141 384433
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ADDRESS OF WITNESS: 19 N OVERT ST HUDSON	PHONE NUMBER: 330 256 2717
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SIGNATURE OF WITNESS: <i>[Signature]</i>	OFFICER SIGNATURE: <i>[Signature]</i>
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330 256 2690