

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2022078

| | | | | |
|--|--|--|------------------------|------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION | 77 S MM 145.6 |
| <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* | CRAASH DATE / TIME* | CRAASH SEVERITY |
| 77 | 2 | RICHFIELD | 05/13/2022 16:23 | 4 |

| | | | | | |
|------------|--------------|--------|--------------------|-----------|--------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
| IR | 77 | S | 77 | HW | 41.255906 |

| | | | | | |
|------------|--------------|--------|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| | | | 145.6 | MP | 81.631565 |

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

| | | | |
|---------------------------------|----------------------------------|---------------------|-------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE |
| 2 | 1 | N | 4 |

| | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------|---|---------|------------|---------|
| WORK ZONE RELATED | WORKERS PRESENT | LAW ENFORCEMENT PRESENT | ACTIVE SCHOOL ZONE | WORK ZONE TYPE | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 - LANE CLOSURE | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN | 3 | 1 | 2 |

| | |
|-----------------|---------|
| LIGHT CONDITION | WEATHER |
| 1 | 1 |

Unit 01 was traveling southbound on interstate 77 in the left hand lane. Unit 01 drove off the road to the left striking a guardrail end, causing disabling damage to the vehicle. Unit 01 faced westbound blocking both lanes of travel at final rest.

| | | | | |
|-----------------------------|--------------------------|---------------------|---------------------------|---|
| CRAASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY |
| 05/13/2022 16:23 | 05/13/2022 16:25 | 05/13/2022 16:31 | 05/13/2022 18:27 | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | <input type="checkbox"/> MOTORIST |
| 120 | 120 | 242 | DOUGLAS MCARTOR | <input type="checkbox"/> SUPPLEMENT |
| | | | OFFICER'S BADGE NUMBER* | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DSPS) |
| | | | 721 | |

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE () [SAME AS DRIVER] PERGOPOLA JA ANN
 OWNER PHONE: INCLUDE AREA CODE () [SAME AS DRIVER]
 OWNER ADDRESS: STREET, CITY, STATE, ZIP () [SAME AS DRIVER]
 7693 FERGUSON RD KENT OH 44240
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

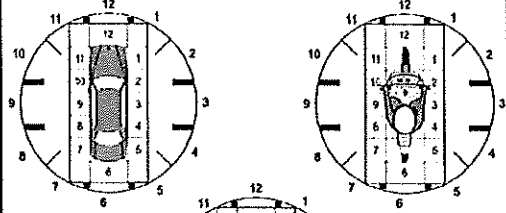
DAMAGE SCALE
 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

4

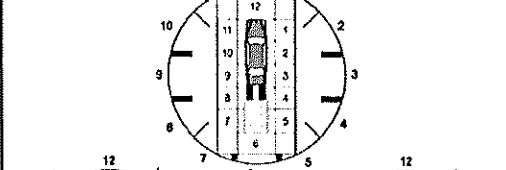
LP STATE OH LICENSE PLATE # N814353 VEHICLE IDENTIFICATION # 1GCVKREC0EZ265270 VEHICLE YEAR 2014 VEHICLE MAKE CHEV
 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR BLK / VEHICLE MODEL SLV

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY
 1 2 3 7 8 9 10 11 12

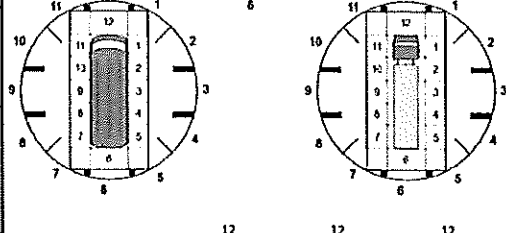
COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 2 3
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
 TOWED BY: COMPANY NAME WORLD
 HAZARDOUS MATERIAL CLASS # PLACARD ID #
 MATERIAL RELEASED PLACARD



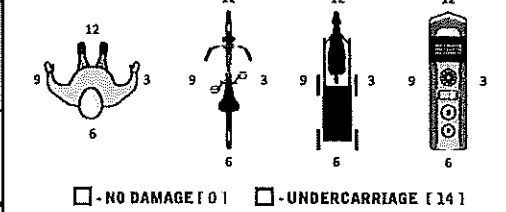
UNIT TYPE 1 2 3 4 5 6
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
 4 - PICK UP 10 - MOPEE OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGOVAN 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!
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN



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

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

VEHICLE DEFECTS 1 2 3 4 5 6 7 8 9 10 11 12
 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

INITIAL POINT OF CONTACT
 0 - NO DAMAGE 14 - UNDERCARRIAGE
 11 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 1 2 3 4 5
 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAIL 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

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

CONTRIBUTING CIRCUMSTANCES 1 2 3 4 5 6 7 8 9 10 11 12
 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 02
 RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS 1 2 3 4 5 6
 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 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
 NON-COLLISION 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
 COLLISION WITH FIXED OBJECT - STRUCK 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 / NON-MOTORIST DIRECTION
 FROM 1 TO 2
 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 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
2022078

| | | | | | | | | | | | |
|---|--|-------------------------------------|---------------------------|---|---|----------------------------|--|-----------------------|---|---------------|--------------|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE PERGOLA ANTHONY J | | | | DATE OF BIRTH 07/15/1975 | | AGE 46 | GENDER M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 12900 SUNSET CIR NW UNIONTOWN OH 44685 | | | | | CONTACT PHONE - INCLUDE AREA CODE 330-503-8441 | | | | | | |
| INJURIES 4 | INJURED TAKEN BY 2 | EMS AGENCY (NAME) RICHFIELD FIRE | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) AGMC MAIN | | SAFETY EQUIPMENT USED 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 3 |
| OL STATE OH | OPERATOR LICENSE NUMBER RQ148611 | | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS 4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 6 | ALCOHOL TEST STATUS: 5 TYPE: 2 VALUE: | | DRUG TEST(S) STATUS: 5 TYPE: 2 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 | | |

| | | | | | | | | | | | |
|-----------------------------------|---------------------------|----------------------------|----------------------|--|--|-----------------------|--|------------------|---|----------|---------|
| 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 |
| | 6-SECOND-RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-PASSENGER | |
| INJURED TAKEN BY | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7-EXCEPT TRACTOR-TRAILER | 7-OTHER DISTRACTION INSIDE THE VEHICLE | ALCOHOL TEST TYPE |
| 1-NOT TRANSPORTED / TREATED AT SCENE | 8-THIRD-MIDDLE | EJECTION | OL ENDORSEMENT | 8-INTERMEDIATE LICENSE RESTRICTIONS | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE | 1-NONE |
| 2-EMS | 9-THIRD-RIGHT SIDE | 1-NOT EJECTED | H-HAZMAT | 9-LEARNER'S PERMIT RESTRICTIONS | 9-OTHER / UNKNOWN | 2-BLOOD |
| 3-POLICE | 10-SLEEPER SECTION OF TRUCK CAB | 2-PARTIALLY EJECTED | M-MOTORCYCLE | 10-LIMITED TO DAYLIGHT ONLY | | 3-URINE |
| 9-OTHER / UNKNOWN | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3-TOTALLY EJECTED | P-PASSENGER | 11-LIMITED TO EMPLOYMENT | CONDITION | 4-BREATH |
| SAFETY EQUIPMENT | 12-PASSENGER IN UNENCLOSED CARGO AREA | 4-NOT APPLICABLE | N-TANKER | 12-LIMITED-OTHER | 1-APPARENTLY NORMAL | 5-OTHER |
| 1-NONE USED | 13-TRAILING UNIT | TRAPPED | Q-MOTOR SCOOTER | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2-PHYSICAL IMPAIRMENT | |
| 2-SHOULDER BELT ONLY USED | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1-NOT TRAPPED | R-THREE-WHEEL MOTORCYCLE | 14-MILITARY VEHICLES ONLY | 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | DRUG TEST TYPE |
| 3-LAP BELT ONLY USED | 15-NON-MOTORIST | 2-EXTRICATED BY MECHANICAL MEANS | S-SCHOOL BUS | 15-MOTOR VEHICLES WITHOUT AIR BRAKES | 4-ILLNESS | 1-NONE |
| 4-SHOULDER & LAP BELT USED | 99-OTHER / UNKNOWN | 3-FREED BY NON-MECHANICAL MEANS | T-DOUBLE & TRIPLE TRAILERS | 16-OUTSIDE MIRROR | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. | 2-BLOOD |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING | | | X-TANKER / HAZMAT | 17-PROSTHETIC AID | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 3-URINE |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING | | | | 18-OTHER | 9-OTHER / UNKNOWN | 4-OTHER |
| 7-BOOSTER SEAT | | | | | | DRUG TEST RESULT(S) |
| 8-HELMET USED | | | | | | 1-AMPHETAMINES |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | 2-BARBITURATES |
| 10-REFLECTIVE CLOTHING | | | | | | 3-BENZODIAZEPINES |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 4-CANNABINOIDS |
| 99-OTHER / UNKNOWN | | | | | | 5-COCAINE |
| | | | | | | 6-OPiates / OPIOIDS |
| | | | | | | 7-OTHER |
| | | | | | | 8-NEGATIVE RESULTS |



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2022078

| | | | | | | | | | | |
|----------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|---------|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| OCCUPANT | 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 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | | AGE | GENDER | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
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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 | |

| | | | | | | |
|---------|---------------------------------------|---------------|--|-----------------------------------|--------|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | |
| | TURCHIN BRIAN RICHMOND | 11/28/1983 | | 38 | M | |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| | 1914 ELOISE CIR NE HARTVILLE OH 44632 | | | 330-245-4119 | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | |

TRAFFIC CRASH WITNESS STATEMENT

| | | |
|--------------------------------|----------------------------------|-------------------------------|
| LOCAL REPORT NUMBER 2022078 | REPORTING AGENCY RICHFIELD PD | DATE OF CRASH 05 13 22 |
|--------------------------------|----------------------------------|-------------------------------|

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

I, Brian Turchin PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
D. Mamas # 721 OFFICER'S NAME AT 77 SB Richfield LOCATION

Driving South Bound as I came over
 Small Hill witnessed an accident with a pickup
 and guard rail. I did not see initial impact
 only debris flying everywhere. Stopped and
 helped till LEO arrived.

VEHICLE INFORMATION

| YEAR | MAKE | MODEL | COLOR | LIC. PLATE | STATE |
|---------------------------|------|----------------------------|---------|---------------------------------|-------|
| 2018 | Jeep | Grand Cherokee | White | JEP 3949 | Ohio |
| ESTIMATED SPEED (MPH): 60 | | Air Bag Deployed- YES / NO | | SAFETY RESTRAINT USED: YES / NO | |
| Insurance Co: | | | Policy: | | |

| | |
|--|--|
| ADDRESS OF WITNESS: 1914 Eloise Cir NE Hazine at 44362 | PHONE NUMBER: 330-245-4119 |
| SIGNATURE OF WITNESS: <i>[Signature]</i> | OFFICER SIGNATURE: <i>[Signature] # 721</i> |

SL 739331