



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                    |  |                                                                                                                                                                                        |  |                                                                                                                                                                           |  |                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY                                                                |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER                                                                                                                                                 |  | LOCAL INFORMATION 2213535<br>REPORTING AGENCY NAME*<br><b>RICHFIELD POLICE</b>                                                                                                                                                                                            |  | NCIC*<br><b>07726</b>                                                                                                                                                                                                                                                                                          |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                             |  | NUMBER OF UNITS<br><b>1</b>                                                                                                                                                            |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>01</b>                                                                                                                 |  |                                                                                                                                                         |  |
| COUNTY*<br><b>77</b>                                                                                                                                                                          |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br><b>2</b>                                                                                                                                                                                  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>RICHFIELD</b>                                                                                                                                                                                                                    |  | CRASH DATE / TIME*<br><b>10/12/2022 21:16</b>                                                                                                                                                                                                                                                                  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><b>5</b>                                           |  |                                                                                                                                                                                        |  |                                                                                                                                                                           |  |                                                                                                                                                         |  |
| ROUTE TYPE<br><input type="checkbox"/> LOCATION                                                                                                                                               |  | ROUTE NUMBER<br><input type="checkbox"/> LOCATION                                                                                                                                                                                                 |  | PREFIX<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST<br><input type="checkbox"/> LOCATION                                                                                                                                                                             |  | LOCATION ROAD NAME<br><b>BRECKSVILLE</b>                                                                                                                                                                                                                                                                       |  | ROAD TYPE<br><b>RD</b>                                                                                                                                                                             |  | LATITUDE DECIMAL DEGREES<br><b>41.262123</b>                                                                                                                                           |  | LONGITUDE DECIMAL DEGREES<br><b>81.629156</b>                                                                                                                             |  |                                                                                                                                                         |  |
| ROUTE TYPE<br><input type="checkbox"/> REFERENCE                                                                                                                                              |  | ROUTE NUMBER<br><input type="checkbox"/> REFERENCE                                                                                                                                                                                                |  | PREFIX<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST<br><input type="checkbox"/> REFERENCE                                                                                                                                                                            |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>BOSTON MILLS</b>                                                                                                                                                                                                                                           |  | ROAD TYPE<br><b>RD</b>                                                                                                                                                                             |  | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><b>5</b> |  |                                                                                                                                                                           |  |                                                                                                                                                         |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br><b>1</b>                                                                                                               |  | DIRECTION FROM REFERENCE<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST<br><b>E</b>                                                                                                                                                            |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                       |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED                                                                                                                                     |  |                                                                                                                                                                                        |  |                                                                                                                                                                           |  |                                                                                                                                                         |  |
| DISTANCE FROM REFERENCE<br><b>64</b>                                                                                                                                                          |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br><b>2</b>                                                                                                                                                                        |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST<br><b>N</b>                                                                                                                                                                                                                              |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN<br><b>4</b> |  |                                                                                                                                                                                        |  |                                                                                                                                                                           |  |                                                                                                                                                         |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br><b>4</b> |  | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN<br><b>1</b>                                                            |  | WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                          |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                                                                               |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                        |  | CONTOUR<br><b>4</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                                                             |  | CONDITIONS<br><b>2</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN |  | SURFACE<br><b>2</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br><b>3</b>    |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br><b>4</b> |  | CRASH REPORTED DATE / TIME<br><b>10/12/2022 21:16</b>                                                                                                                                                                                                                     |  | DISPATCH DATE / TIME<br><b>10/12/2022 21:18</b>                                                                                                                                                                                                                                                                |  | ARRIVAL DATE / TIME<br><b>10/12/2022 21:18</b>                                                                                                                                                     |  | SCENE CLEARED DATE / TIME<br><b>10/12/2022 23:11</b>                                                                                                                                   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                 |  |                                                                                                                                                         |  |
| TOTAL TIME ROADWAY CLOSED<br><b>60</b>                                                                                                                                                        |  | OTHER INVESTIGATION TIME<br><b>60</b>                                                                                                                                                                                                             |  | TOTAL MINUTES<br><b>173</b>                                                                                                                                                                                                                                               |  | OFFICER'S NAME*<br><b>BRETT LEE</b>                                                                                                                                                                                                                                                                            |  | CHECKED BY OFFICER'S NAME*<br>                                                                                                                                                                     |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT)                                                                                                     |  |                                                                                                                                                                           |  |                                                                                                                                                         |  |
| OFFICER'S BADGE NUMBER*<br><b>742</b>                                                                                                                                                         |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>#717</b>                                                                                                                                                                                                 |  | CRASH DESCRIPTION<br>Unit 1 was driving northbound on Brecksville Road near Boston Mills Road. Unit 1 drifted east where it left the right side of the road, entering a ditch, where it came to final rest. Unit 1 sustained minimal disabling damage.                    |  | SCENE DIAGRAM<br>                                                                                                                                                                                                                                                                                              |  | INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.                                                                                                                                   |  |                                                                                                                                                                                        |  |                                                                                                                                                                           |  |                                                                                                                                                         |  |

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **WISE MARY MARTHA** OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) **330-523-0195**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **3479 BOSTON MILLS RD RICHFIELD OH 44286**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **HNR2267** VEHICLE IDENTIFICATION # **5FNRL38718B073716** VEHICLE YEAR **2008** VEHICLE MAKE **HOND**

INSURANCE VERIFIED INSURANCE COMPANY **GEICO** INSURANCE POLICY # **4413-45-52-80** COLOR **GRY /** VEHICLE MODEL **ODY**

COMMERCIAL TYPE OF USE  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # **1** TOWED BY COMPANY NAME **WORLD**

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **1** VEHICLE WEIGHT GVWR/GCWR **1** HAZARDOUS MATERIAL  MATERIAL RELEASED  PLACARD

UNIT TYPE **2**

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/KIP

# 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 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOVACTION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION **1**

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**

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 - MEDIUM CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - STANDING 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 16 - OTHER / UNKNOWN

ACTION **2**

1 - NON-COLLISION 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTIONS **1**

1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN

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 **11**

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 **8** 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT

2 **44** 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN

3 **1** 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 - 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

FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **2**

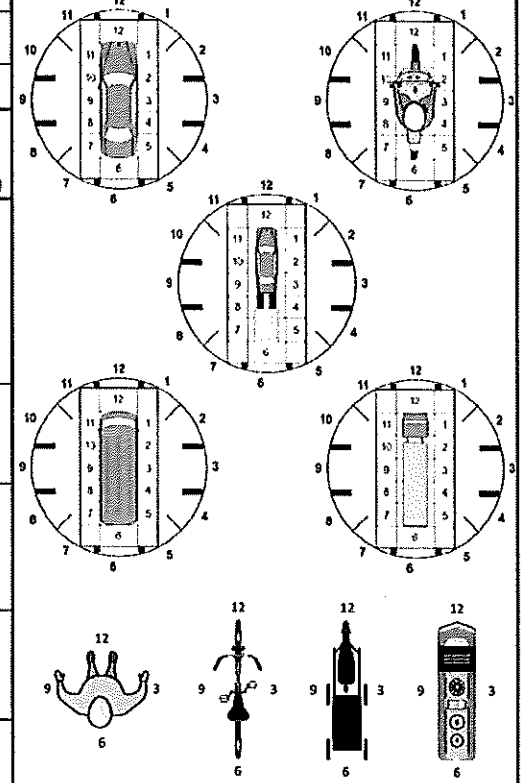
LOCAL REPORT NUMBER  
**2022156**

DAMAGE

DAMAGE SCALE **2**

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

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



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]

TOP [ 13 ]  ALL AREAS [ 15 ]

UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT **12**

0 - NO DAMAGE 1 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW **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

# OF THROUGH LANES ON ROAD **4**

RAIL GRADE CROSSING **1**

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

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 **35**

POSTED SPEED **35**

DETECTED SPEED **2**

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2022156

|              |                                               |                             |           |             |
|--------------|-----------------------------------------------|-----------------------------|-----------|-------------|
| UNIT #<br>01 | NAME: LAST, FIRST, MIDDLE<br>WISE MARY MARTHA | DATE OF BIRTH<br>01/21/1964 | AGE<br>58 | GENDER<br>F |
|--------------|-----------------------------------------------|-----------------------------|-----------|-------------|

|                                                                              |                                                   |
|------------------------------------------------------------------------------|---------------------------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP<br>3479 BOSTON MILLS RD RICHFIELD OH 44286 | CONTACT PHONE - INCLUDE AREA CODE<br>330-523-0195 |
|------------------------------------------------------------------------------|---------------------------------------------------|

|                |                                     |                             |                                                   |                                                                                                                                                   |                                                  |                                          |                    |                                                          |              |
|----------------|-------------------------------------|-----------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|--------------------|----------------------------------------------------------|--------------|
| INJURIES<br>5  | INJURED TAKEN BY                    | EMS AGENCY (NAME)           | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED<br>4                                                                                                                        | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1                    | AIR BAG USAGE<br>1 | EJECTION<br>1                                            | TRAPPED<br>1 |
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>RH438468 | OFFENSE CHARGED<br>333.01A1 | LOCAL CODE<br><input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>OVI                                                                                                                        | CITATION NUMBER<br>59230                         |                                          |                    |                                                          |              |
| DL CLASS<br>4  | ENDORSEMENT                         | RESTRICTION SELECT UP TO 3  | DRIVER DISTRACTED BY<br>1                         | ALCOHOL / DRUG SUSPECTED<br><input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>6                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>2 1 |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

|        |                           |                     |     |        |
|--------|---------------------------|---------------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH<br>// | 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<br><input type="checkbox"/>          | OFFENSE DESCRIPTION                                                                                                                    | CITATION NUMBER                                  |                                   |               |                                                   |         |
| DL CLASS | ENDORSEMENT             | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION                                        | ALCOHOL TEST<br>STATUS TYPE VALUE |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |         |

|        |                           |                     |     |        |
|--------|---------------------------|---------------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH<br>// | 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<br><input type="checkbox"/>          | OFFENSE DESCRIPTION                                                                                                                    | CITATION NUMBER                                  |                                   |               |                                                   |         |
| DL CLASS | ENDORSEMENT             | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION                                        | ALCOHOL TEST<br>STATUS TYPE VALUE |               | DRUG TEST(S)<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 MOPED ONLY           | 5-EXCEPT CLASS A & CLASS B BUS                                                   | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE                                         | 5-TEST GIVEN, RESULTS UNKNOWN                |
| 6-SECOND-RIGHT SIDE                                                                  | 6-SECOND-RIGHT SIDE                                                                  | 9-DEPLOYMENT UNKNOWN         | 6-NO VALID OL              | 6-EXCEPT CLASS A & CLASS B BUS                                                   | 6-PASSENGER                                                                        | 6-BLOOD                                      |
| 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)                                              | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)                                              |                              |                            | 7-EXCEPT TRACTOR-TRAILER                                                         | 7-OTHER DISTRACTION INSIDE THE VEHICLE                                             | 7-URINE                                      |
| 8-THIRD-MIDDLE                                                                       | 8-THIRD-MIDDLE                                                                       |                              |                            | 8-INTERMEDIATE LICENSE RESTRICTIONS                                              | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE                                            | 8-BREATH                                     |
| 9-THIRD-RIGHT SIDE                                                                   | 9-THIRD-RIGHT SIDE                                                                   |                              |                            | 9-LEARNER'S PERMIT RESTRICTIONS                                                  | 9-OTHER / UNKNOWN                                                                  | 9-OTHER                                      |
| 10-SLEEPER SECTION OF TRUCK CAB                                                      | 10-SLEEPER SECTION OF TRUCK CAB                                                      |                              |                            | 10-LIMITED TO DAYLIGHT ONLY                                                      |                                                                                    |                                              |
| 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                              |                            | 11-LIMITED TO EMPLOYMENT                                                         |                                                                                    |                                              |
| 12-PASSENGER IN UNENCLOSED CARGO AREA                                                | 12-PASSENGER IN UNENCLOSED CARGO AREA                                                |                              |                            | 12-LIMITED-OTHER                                                                 |                                                                                    |                                              |
| 13-TRAILING UNIT                                                                     | 13-TRAILING UNIT                                                                     |                              |                            | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |                                                                                    |                                              |
| 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                              |                            | 14-MILITARY VEHICLES ONLY                                                        |                                                                                    |                                              |
| 15-NON-MOTORIST                                                                      | 15-NON-MOTORIST                                                                      |                              |                            | 15-MOTOR VEHICLES WITHOUT AIR BRAKES                                             |                                                                                    |                                              |
| 99-OTHER / UNKNOWN                                                                   | 99-OTHER / UNKNOWN                                                                   |                              |                            | 16-OUTSIDE MIRROR                                                                |                                                                                    |                                              |
|                                                                                      |                                                                                      |                              |                            | 17-PROSTHETIC AID                                                                |                                                                                    |                                              |
|                                                                                      |                                                                                      |                              |                            | 18-OTHER                                                                         |                                                                                    |                                              |