



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | |
|--|--------------------------------|--|------------------------|---------|--------------|-----------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION | 2023034 | | |
| <input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | NCIC* | HIT/SKIP | NUMBER OF UNITS |
| <input type="checkbox"/> PRIVATE PROPERTY | RICHFIELD POLICE | | | 07726 | 1 - SOLVED | 01 |
| | | | | | 2 - UNSOLVED | 01 |

| | | | | |
|---------|-----------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 77 | 2 | RICHFIELD | 03/13/2023 05:49 | 5 |

| | | | | | |
|------------|--------------|--------|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
| IR | 77 | | I-77 | HW | 41.210864 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| | | | 144.4 | MP | 81.625569 |

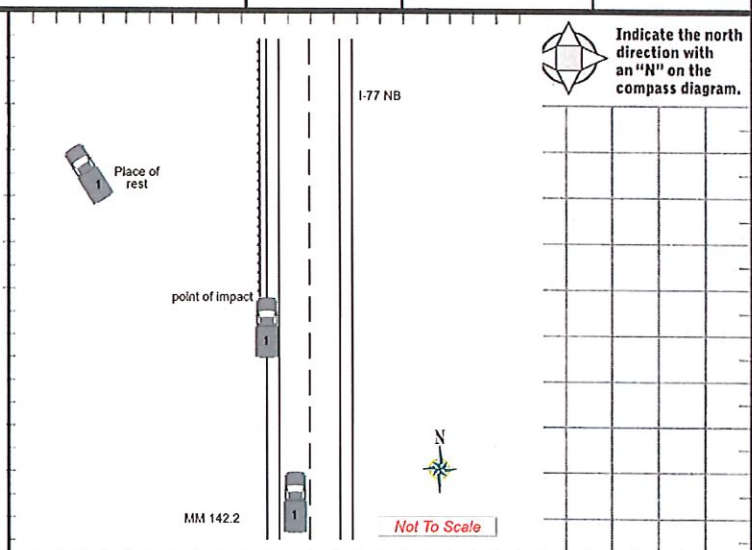
| | | | | |
|-----------------|--------------------------|------------------------------|---------------|---|
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED |
| 2 | N | IR - INTERSTATE ROUTE(TP) | AL - ALLEY | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
| | | US - FEDERAL US ROUTE | HW - HIGHWAY | <input type="checkbox"/> WITHIN INTERCHANGE AREA |
| | | SR - STATE ROUTE | RD - ROAD | NUMBER OF APPROACHES |
| | | CR - NUMBERED COUNTY ROUTE | LA - LANE | |
| | | TR - NUMBERED TOWNSHIP ROUTE | MP - MILEPOST | |
| | | | ST - STREET | |
| | | | TE - TERRACE | |
| | | | TL - TRAIL | |
| | | | WA - WAY | |
| | | | PL - PLACE | |
| | | | | <input checked="" type="checkbox"/> ROADWAY DIVIDED |

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

| | | | | | |
|--------------------------|---------------------------------|---|---------|------------|---------|
| 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 |
| 4 | 6 |

Unit #1 was traveling north on I-77 at the 142.4-mile marker. Unit #2 traveled off the left side of the roadway and struck the guardrail end continuing into the median. Unit #1 was carrying a 2021 Dodge Ram with Ohio registration JIA3153. The Ram sustained damage to the rear bumper and tailgate area.



| | | | | |
|----------------------------|--------------------------|---------------------|------------------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY |
| 03/13/2023 05:49 | 03/13/2023 05:58 | 03/13/2023 06:01 | 03/13/2023 07:16 | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | <input type="checkbox"/> MOTORIST |
| 30 | 60 | 138 | RUDOLPH PRHNE | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT) |
| | | | OFFICER'S BADGE NUMBER* | |
| | | | 713 | |
| | | | CHECKED BY OFFICER'S NAME* | |
| | | | MICHAEL TESTA | |
| | | | CHECKED BY OFFICER'S BADGE NUMBER* | |
| | | | 717 | |

| | | |
|---|--|---|
| UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) TOWING B AND B | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 216-429-1700 |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 4510 EAST 71ST CLEVELAND OH 44105 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP B AND B WRECKING 4510 EAST 71ST CLEVELAND | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 216-429-1700 |

| | | | | |
|---|--|--|---------------------------------------|-----------------------------|
| LP STATE OH | LICENSE PLATE # PLE487 | VEHICLE IDENTIFICATION # 1FDNF6AN8NDF08214 | VEHICLE YEAR 2022 | VEHICLE MAKE FORD |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY EASTERN ATLANTIC | INSURANCE POLICY # TEA340027922 | COLOR WHI / | VEHICLE MODEL F65 |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # 518331 | TOWED BY COMPANY NAME WORLD | |

| | | | | | |
|---|---|-------------------------|---|--|--|
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. 2 | <input type="checkbox"/> HAZARDOUS MATERIAL CLASS # | <input type="checkbox"/> PLACARD ID # |
| UNIT TYPE | | | | | |
| 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART | 18 - LIMV (LIVERY VEHICLE) | 23 - PEDESTRIAN / SKATER | |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED | 13 - SHOWMOBILE | 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 | | |

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| # OF TRAILING UNITS | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | AUTONOMOUS MODE LEVEL |
| 2 | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH 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 - SNOW 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 MOTORVEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE | 12 - CONCRETE MIXER |
| | 2 - BUS | 4 - LOGGING | 6 - CARGO VAN/ENCLOSED BIX | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
| | | | 7 - GRAV/CHIPS/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 - MEDIUM 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 | 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 |
| | 9 - OTHER / UNKNOWN | 6 - MAKING LEFT TURN | 12 - DRIVERLESS | | |

| | | | | | |
|-----------------------------------|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| 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 / ACOA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| | 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 19 - LOAD SHIFTING/FALLING/ SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| | 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION |
| | 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | |
| | 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | |

| | | | | | |
|---------------------------|-------------------------------------|-------------------------|--|--------------------------------|--|
| SEQUENCE OF EVENTS | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT |
| | 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 MOTORVEHICLE |
| | 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 24 - OTHER MOVABLE OBJECT |
| | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | |
| | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTORVEHICLE IN TRANSPORT | |

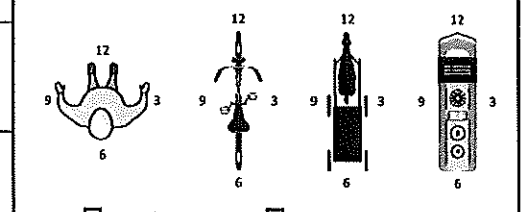
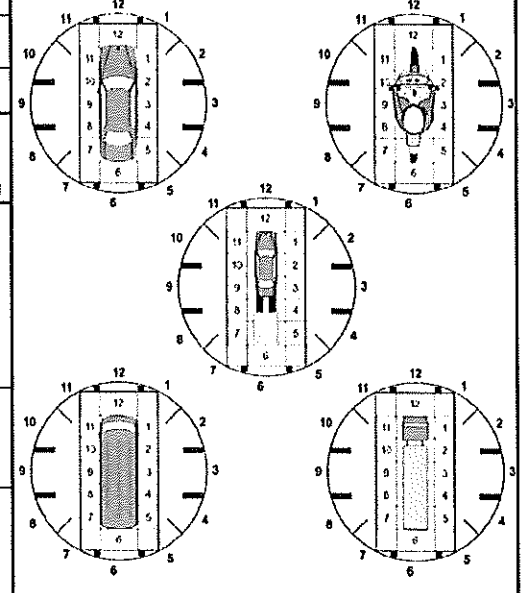
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|---|--|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| COLLISION WITH FIXED OBJECT - STRUCK | | | | | |
| 4 | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL 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 | 1 | MOST HARMFUL EVENT | 2 |
|----------------------------|---|---------------------------|---|

LOCAL REPORT NUMBER
2023034

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY
11 12



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

| | |
|---------------------------------|--|
| INITIAL POINT OF CONTACT | |
| 11 | 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN |

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

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

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

| | |
|---------------------|--|
| UNIT SPEED | DETECTED SPEED |
| 55 | 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED | |
| 65 | |



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2023034

| | | | | | | | | | | |
|---|--|-----------------------------------|--|---|--|--|---|---------------------------|---|---------------------|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE BLACKSTEN ROBERT LEE | | | | DATE OF BIRTH 01/25/1979 | | AGE 44 | GENDER M | | |
| ADDRESS: STREET, CITY, STATE, ZIP 8017 BONETA RD WADSWORTH OH 44281 | | | | | CONTACT PHONE - INCLUDE AREA CODE 330-203-8001 | | | | | |
| 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 | | OFFENSE CHARGED 333.08 | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION FAILURE TO CONTROL | | | CITATION NUMBER RV59631 | |
| OL CLASS 2 | 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: 1, TYPE: 1, VALUE: 1 | | DRUG TEST(S) STATUS: 1, TYPE: 1, 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 & CLASS B BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | | EJECTION | | OL ENDORSEMENT | | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - SECOND - RIGHT SIDE | 1 - NOT EJECTED | H - HAZMAT | 7 - EXCEPT TRACTOR-TRAILER | 6 - PASSENGER | 1 - NONE |
| 2 - EMS | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 2 - BLOOD |
| 3 - POLICE | 8 - THIRD - MIDDLE | 3 - TOTALLY EJECTED | P - PASSENGER | 9 - LEARNER'S PERMIT RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 3 - URINE |
| 9 - OTHER / UNKNOWN | 9 - THIRD - RIGHT SIDE | 4 - NOT APPLICABLE | N - TANKER | 10 - LIMITED TO DAYLIGHT ONLY | 9 - OTHER / UNKNOWN | 4 - BREATH |
| SAFETY EQUIPMENT | | TRAPPED | | 11 - LIMITED TO EMPLOYMENT | DRUG TEST TYPE | |
| 1 - NONE USED | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | 1 - NONE | 2 - BLOOD |
| 2 - SHOULDER BELT ONLY USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - BLOOD | 3 - URINE |
| 3 - LAP BELT ONLY USED | 13 - TRAILING UNIT | 3 - FREED BY NON-MECHANICAL MEANS | S - SCHOOL BUS | 14 - MILITARY VEHICLES ONLY | 3 - URINE | 4 - OTHER |
| 4 - SHOULDER & LAP BELT USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | DRUG TEST RESULT(S) | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 15 - NON-MOTORIST | | X - TANKER / HAZMAT | 16 - OUTSIDE MIRROR | 1 - AMPHETAMINES | 2 - BARBITURATES |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 99 - OTHER / UNKNOWN | | | 17 - PROSTHETIC AID | 3 - BENZODIAZEPINES | 3 - BENZODIAZEPINES |
| 7 - BOOSTER SEAT | | | | 18 - OTHER | 4 - CANNABINOIDS | 4 - CANNABINOIDS |
| 8 - HELMET USED | | | | | 5 - COCAINE | 5 - COCAINE |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 6 - OPIATES / OPIODS |
| 10 - REFLECTIVE CLOTHING | | | | | 9 - OTHER / UNKNOWN | 7 - OTHER |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 8 - NEGATIVE RESULTS |
| 99 - OTHER / UNKNOWN | | | | | | |

TRAFFIC CRASH WITNESS STATEMENT

| | | |
|---------------------------------------|---|------------------------------------|
| LOCAL REPORT NUMBER 2023034 | REPORTING AGENCY RECHERFIELD POLICE | DATE OF CRASH 03/13/2023 |
|---------------------------------------|---|------------------------------------|

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

I, Robert Blacksten PRINTED **HEREBY MAKE THIS VOLUNTARY STATEMENT TO**
Reid Doherty OFFICER'S NAME **AT I-77 NB @ 142.4** LOCATION **mm**

I was running about 55 in the fast lane. A sm. was passing me in the slow lane. Seemed like he was getting close. I got too close to side of road. Front line got sucked in & there was nothing I could do to stop it.

VEHICLE INFORMATION

| YEAR | MAKE | MODEL | COLOR | LIC. PLATE | STATE |
|-------------|-------------|------------|--------------|----------------|-----------|
| 2022 | Ford | 650 | White | PLR1873 | OH |

ESTIMATED SPEED (MPH): 55-58 **Air Bag Deployed- YES / NO** **SAFETY RESTRAINT USED: YES / NO**

Insurance Co: EASTERN ATLANTIC INS CO **Policy: TEA 340027922**

ADDRESS OF WITNESS: 8017 Boneta RD Wadsworth OH **PHONE NUMBER: (330) 203-8001**

SIGNATURE OF WITNESS: [Signature] **OFFICER SIGNATURE: [Signature]**