



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2023047

PHOTOS TAKEN     OH-2     OH-3  
 SECONDARY CRASH     OH-1P     OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION **RICHFIELD**  
 REPORTING AGENCY NAME\* **RICHFIELD POLICE**    NCIG\* **07726**

HIT/SKIP: 1 - SOLVED, 2 - UNSOLVED  
 NUMBER OF UNITS: **2**  
 UNIT IN ERROR: 01 98 - ANIMAL, 99 - UNKNOWN

COUNTY\* **77**    LOCALITY\* **2** (1-CITY, 2-VILLAGE, 3-TOWNSHIP)  
 LOCATION: CITY, VILLAGE, TOWNSHIP\* **RICHFIELD**

CRASH DATE / TIME\* **04/17/2023 07:05**  
 CRASH SEVERITY: 5 (1-FATAL, 2-SERIOUS INJURY SUSPECTED, 3-MINOR INJURY SUSPECTED, 4-INJURY POSSIBLE, 5-PROPERTY DAMAGE ONLY)

ROUTE TYPE: **IR**    ROUTE NUMBER: **271**    PREFIX: **N** (N-NORTH, S-SOUTH, E-EAST, W-WEST)  
 LOCATION ROAD NAME: **271**    ROAD TYPE: **HW**

LATITUDE DECIMAL DEGREES: **41.218983**

ROUTE TYPE:    ROUTE NUMBER:    PREFIX:    REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #): **9**    ROAD TYPE: **MP**

LONGITUDE DECIMAL DEGREES: **81.647462**

REFERENCE POINT: 2 (1-INTERSECTION, 2-MILE POST, 3-HOUSE #)  
 DIRECTION FROM REFERENCE: **S** (N-NORTH, S-SOUTH, E-EAST, W-WEST)  
 ROUTE TYPE: **IR** (IR-INTERSTATE ROUTE(TP), US-FEDERAL US ROUTE, SR-STATE ROUTE, CR-NUMBERED COUNTY ROUTE, TR-NUMBERED TOWNSHIP ROUTE)  
 ROAD TYPE: AL-ALLEY, AV-AVENUE, BL-BOULEVARD, CR-CIRCLE, CT-COURT, DR-DRIVE, HE-HEIGHTS, HW-HIGHWAY, LA-LANE, MP-MILEPOST, OV-OVAL, PK-PARKWAY, PL-PLACE, RD-ROAD, SQ-SQUARE, ST-STREET, TE-TERRACE, TL-TRAIL, WA-WAY

INTERSECTION RELATED:  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES: **2**  
 ROADWAY:  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT: 1 (1-ON ROADWAY, 2-ON SHOULDER, 3-IN MEDIAN, 4-ON ROADSIDE, 5-ON GORE, 6-OUTSIDE TRAFFIC WAY, 7-ON RAMP, 8-OFF RAMP, 9-CROSSOVER, 10-DRIVEWAY/ALLEY ACCESS, 11-RAILWAY GRADE CROSSING, 12-SHARED USE PATHS OR TRAILS, 13-BIKE LANE, 14-TOLL BOOTH, 99-OTHER / UNKNOWN)

MANNER OF CRASH COLLISION/IMPACT: 7 (1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT, 2-REAR-END, 3-HEAD-ON, 4-REAR-TO-REAR, 5-BACKING, 6-ANGLE, 7-SIDESWIPE, SAME DIRECTION, 8-SIDESWIPE, OPPOSITE DIRECTION, 9-OTHER / UNKNOWN)

DIRECTION OF TRAVEL: **S** (N-NORTH, S-SOUTH, E-EAST, W-WEST)  
 MEDIAN TYPE: 3 (1-DIVIDED FLUSH MEDIAN (<4 FEET), 2-DIVIDED FLUSH MEDIAN (≥4 FEET), 3-DIVIDED, DEPRESSED MEDIAN, 4-DIVIDED, RAISED MEDIAN (ANY TYPE), 9-OTHER/UNKNOWN)

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE: 4 (1-LANE CLOSURE, 2-LANE SHIFT/CROSSOVER, 3-WORK ON SHOULDER OR MEDIAN, 4-INTERMITTENT OR MOVING WORK, 5-OTHER)

LOCATION OF CRASH IN WORK ZONE: 3 (1-BEFORE THE 1ST WORK ZONE WARNING SIGN, 2-ADVANCE WARNING AREA, 3-TRANSITION AREA, 4-ACTIVITY AREA, 5-TERMINATION AREA)

CONTOUR: 2 (1-STRAIGHT LEVEL, 2-STRAIGHT GRADE, 3-CURVE LEVEL, 4-CURVE GRADE, 9-OTHER/UNKNOWN)

CONDITIONS: 1 (1-DRY, 2-WET, 3-SNOW, 4-ICE, 5-SAND, MUD, DIRT, OIL, GRAVEL, 6-WATER (STANDING, MOVING), 7-SLUSH, 9-OTHER/UNKNOWN)

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

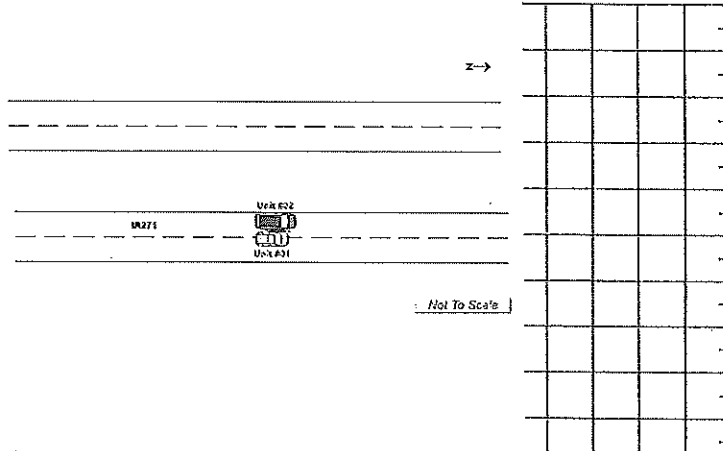
LIGHT CONDITION: 1 (1-DAYLIGHT, 2-DAWN/DUSK, 3-DARK - LIGHTED ROADWAY, 4-DARK - ROADWAY NOT LIGHTED, 5-DARK - UNKNOWN ROADWAY LIGHTING, 9-OTHER / UNKNOWN)

WEATHER: 2 (1-CLEAR, 2-CLOUDY, 3-FOG, SMOG, SMOKE, 4-RAIN, 5-SLEET, HAIL, 6-SNOW, 7-SEVERE CROSSWINDS, 8-BLOWING SAND, SOIL, DIRT, SNOW, 9-FREEZING RAIN OR FREEZING DRIZZLE, 99-OTHER / UNKNOWN)

Driver of Unit #01 stated that while Northbound on IR271 was coming up to exit 9 and was going to merge into exit lane but there was vehicle in the lane next to him so he swerved back into the lane of travel making contact with Unit #02. Driver of Unit #02 stated the same.



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



CRASH REPORTED DATE / TIME <b>04/17/2023 07:05</b>		DISPATCH DATE / TIME <b>04/17/2023 07:08</b>		ARRIVAL DATE / TIME <b>04/17/2023 07:12</b>		SCENE CLEARED DATE / TIME <b>04/17/2023 07:44</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED <b>0</b>	OTHER INVESTIGATION TIME <b>30</b>	TOTAL MINUTES <b>66</b>	OFFICER'S NAME* <b>JOEL MEISTER</b>		CHECKED BY OFFICER'S NAME* <b>MICHAEL TESTA</b>		SUPPLEMENT (CORRECTION OR ADDITION TO MAIN REPORT) (12-24-2015 REP 011 10/11/15)		
			OFFICER'S BADGE NUMBER* <b>715</b>		CHECKED BY OFFICER'S BADGE NUMBER* <b>717</b>				

OWNER UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) CLARK LISA M OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 440-667-7200

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 5603 BONETA RD MEDINA OH 44256 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JCG7061 VEHICLE IDENTIFICATION # ZACNJC1XLPL77000 VEHICLE YEAR 2020 VEHICLE MAKE JEEP

INSURANCE VERIFIED STATE FARM INSURANCE COMPANY INSURANCE POLICY # 1841443SFP35 COLOR UNK / VEHICLE MODEL LBV

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

HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID # PLACARD

UNIT TYPE 1-PASSENGER CAR 7-MOTORCYCLE 2-WHEELED 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 23-PEDESTRIAN / SKATER

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

SPECIAL FUNCTION 1-NONE 2-TAXI 3-ELECTRONIC RIDE SHARING 4-SCHOOL TRANSPORT 5-BUS-TRANSIT/COMMUTER

CARGO BODY TYPE 1-NONE 2-BUS 3-VEHICLE TOWING ANOTHER MOTOR VEHICLE 4-LOGGING

VEHICLE DEFECTS 1-TURN SIGNALS 2-HEAD LAMPS 3-TAIL LAMPS 4-BRAKES 5-STEERING 6-TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 1-INTERSECTION-MARKED CROSSWALK 2-INTERSECTION-UNMARKED CROSSWALK 3-INTERSECTION-OTHER 4-NOBLOCK-MARKED CROSSWALK 5-TRAVEL LANE-OTHER LOCATIONS

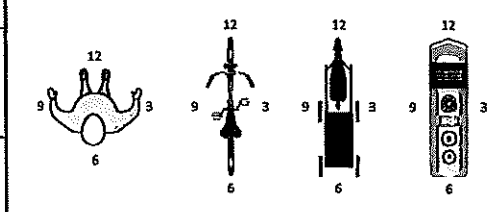
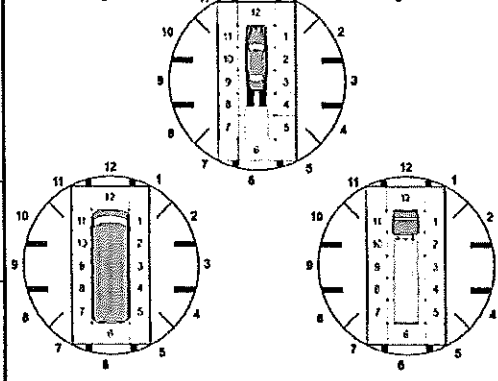
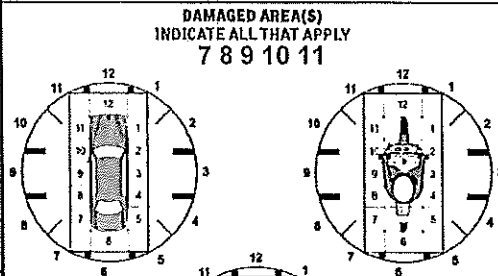
ACTION 1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 1-NONE 2-FAILURE TO YIELD 3-RAH RED LIGHT 4-RAH STOP SIGN 5-UNSAFE SPEED 6-IMPROPER TURN

SEQUENCE OF EVENTS 1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-IMMERSION 4-JACKKNIFE 5-CARGO/EQUIPMENT LOSS OR SHIFT

FIRST HARMFUL EVENT MOST HARMFUL EVENT

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



INITIAL POINT OF CONTACT 0-NONE 1-12-REFER TO UNIT DIAGRAM 14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN

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

# OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 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 75 POSTED SPEED 70 DETECTED SPEED 1-1 2-2 3-3

**UNIT #** 02 **OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)**  
CEROVAC JASON ANDREW **OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)**  
330-336-7872

**OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)**  
8901 RAWIGA RD SEVILLE OH 44273

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

**LP STATE** OH **LICENSE PLATE #** 073YBP **VEHICLE IDENTIFICATION #** 5TDKK3DC0CS195740 **VEHICLE YEAR** 2012 **VEHICLE MAKE** TOYT

**INSURANCE VERIFIED** **INSURANCE COMPANY** METROPOLITAN **INSURANCE POLICY #** GA6044140010 **COLOR** GRY / **VEHICLE MODEL** SNA

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY: COMPANY NAME**

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR**  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.  **HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **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) 99 - UNKNOWN OR HITSKIP

**# 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 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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

**VEHICLE DEFECTS** 1  
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  
1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN / CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - JUMP BLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE - OTHER LOCATION

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

**CONTRIBUTING CIRCUMSTANCES** 1  
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 / JACCA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING / FALLING / SPILLING 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO AVOID 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONG WAY 21 - WORK ZONE MAINTENANCE EQUIPMENT  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**SEQUENCE OF EVENTS** 20  
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 MOTOR VEHICLE  
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 - PARKED MOTOR VEHICLE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE

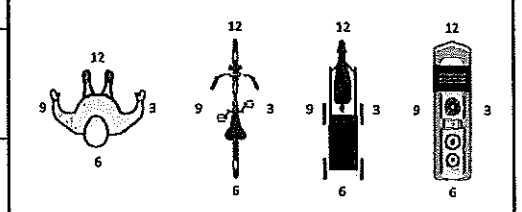
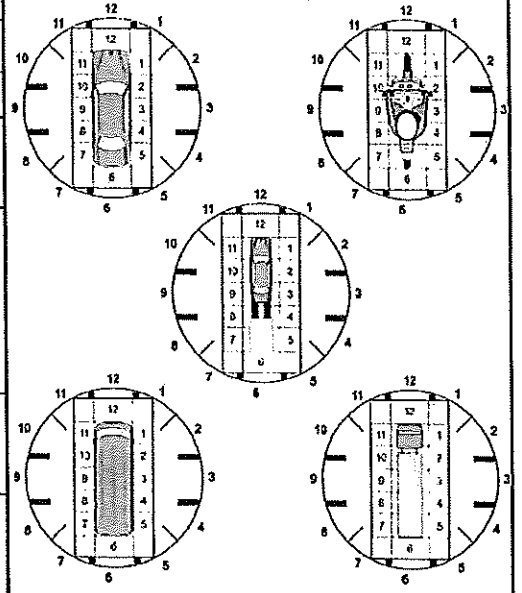
**COLLISION WITH FIXED OBJECT - STRUCK** 1  
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 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 - MAIL BOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

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

**LOCAL REPORT NUMBER**  
2023047

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

**DAMAGED AREA(S) INDICATE ALL THAT APPLY**  
1 2 3 4 5



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

**INITIAL POINT OF CONTACT**  
2 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

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

**# OF THROUGH LANES ON ROAD** 2  
**RAIL GRADE CROSSING** 1  
1 - NOT INVOLVED  
2 - INVOLVED-PASSIVE CROSSING  
3 - INVOLVED-ACTIVE 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** 75  
**POSTED SPEED** 70  
**DETECTED SPEED** 1  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2023047

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> CLARK PAUL HOWARD		<b>DATE OF BIRTH</b> 09/11/1974		<b>AGE</b> 48	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 5603 BONETA RD MEDINA OH 44256			<b>CONTACT PHONE - INCLUDE AREA CODE</b> 440-667-7200							
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>				
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 8	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: 1		<b>DRUG TEST(S)</b> STATUS: 1, TYPE: 1, RESULT: 1	

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> CEROVAC JANICE K		<b>DATE OF BIRTH</b> 04/27/1971		<b>AGE</b> 51	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 8901 RAWIGA RD SEVILLE OH 44273			<b>CONTACT PHONE - INCLUDE AREA CODE</b> 330-336-7872							
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>				
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: 1		<b>DRUG TEST(S)</b> STATUS: 1, TYPE: 1, RESULT: 1	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b> / /		<b>AGE</b>	<b>GENDER</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>				
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	

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

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2023047	REPORTING AGENCY Kirkwood Police	DATE OF CRASH 04   17   2023
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Janice Cerovac HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Pt. A. Pedule #712 AT 271 N @ Exit 9  
OFFICER'S NAME LOCATION

I was in the left lane, when I saw two cars cutting each other off. About three cars in front of me. Then they both got over in the right lane to exit the freeway.

As I drove by, one of the cars swirved left, which hit me and did damage to my whole passenger side.

No air bags came out and I am fine. Just shaken up.

I was traveling 271 Northbound towards Twinsburg. This happened right before the exit ~~10~~ 77.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
x 2012	x Toyota	x Sienna	x Grey	x CT3YBP	x OH
ESTIMATED SPEED (MPH): x 75		Air Bag Deployed- YES / NO <input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO		SAFETY RESTRAINT USED: YES / NO <input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
Insurance Co: Metropolitan			Policy: GA6044140010		
ADDRESS OF WITNESS: x 8901 Rawiga				PHONE NUMBER: x 330-336-7872	
SIGNATURE OF WITNESS: x Janice K. Cerovac				OFFICER SIGNATURE: Pt. A. Pedule #712	

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2023047	REPORTING AGENCY RICHFIELD	DATE OF CRASH 04   17   2023
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Paul Clark Jr. HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Master #715 AT 271 N G Exit 9  
OFFICER'S NAME LOCATION

I was traveling north on 271 in left lane traffic. Someone merged in front of me, causing me to brake. Car behind me swerved near grass in median. They wound up in front of me and threw something at my car. I slowed down as did he. I got in exit lane (176) as did he. I swerved to avoid him and made contact with someone passing me on my left.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2020	JEEP	Renegade	Gray	JG67061	OH/D
ESTIMATED SPEED (MPH): 35		Air Bag Deployed- YES / <input checked="" type="radio"/> NO		SAFETY RESTRAINT USED: <input checked="" type="radio"/> YES / NO	
Insurance Co: State Farm			Policy: 1841443-SFP-35		
ADDRESS OF WITNESS: 5603 Boneta Rd. Medina			PHONE NUMBER: 440-667-7200		
SIGNATURE OF WITNESS: <i>[Signature]</i>			OFFICER SIGNATURE: <i>[Signature]</i> #715		