

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2023049

|  |                                |  |                        |           |
|--|--------------------------------|--|------------------------|-----------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2  | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION      | RICHFIELD |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER           | REPORTING AGENCY NAME* | RICHI     |
| <input type="checkbox"/> PRIVATE PROPERTY        |                                |  | NGIC*                  | 07726     |

|         |           |                                    |                    |                |
|---------|-----------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 77      | 2         | RICHFIELD                          | 04/25/2023 08:20   | 5              |

|            |              |        |  |   |           |                           |
|------------|--------------|--------|--|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  |
|            |              |        |  | WHEATLEY                                      | RD        | 41.220493                 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
|            |              |        |  | KINROSS LAKE                                  | PK        | 81.631582                 |

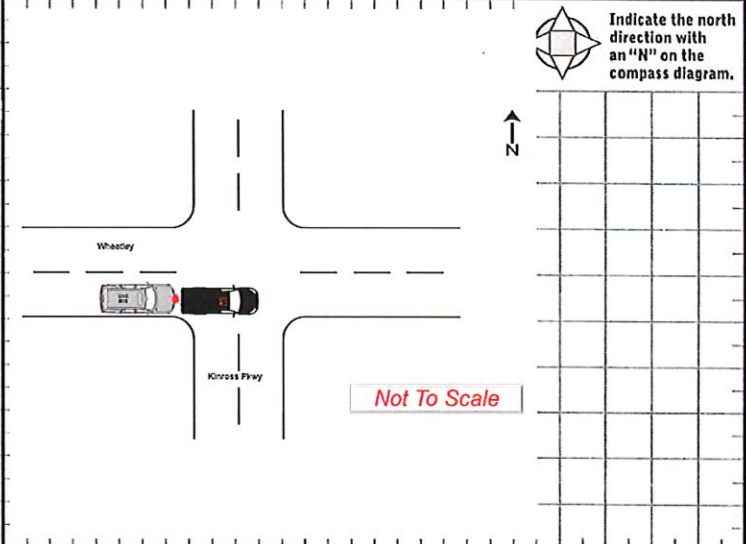
|                         |                          |                              |                |   |
|-------------------------|--------------------------|------------------------------|----------------|---|
| REFERENCE POINT         | DIRECTION FROM REFERENCE | ROUTE TYPE                   | ROAD TYPE      | INTERSECTION RELATED  |
| 1 - INTERSECTION        | N - NORTH                | IR - INTERSTATE ROUTE (TP)   | AL - ALLEY     | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
| 2 - MILE POST           | S - SOUTH                | US - FEDERAL US ROUTE        | AV - AVENUE    | <input type="checkbox"/> WITHIN INTERCHANGE AREA            |
| 3 - HOUSE #             | E - EAST                 | SR - STATE ROUTE             | BL - BOULEVARD | NUMBER OF APPROACHES  |
|                         | W - WEST                 | CR - NUMBERED COUNTY ROUTE   | CR - CIRCLE    | 4   |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP ROUTE | CT - COURT     | ROADWAY   |
| 100                     | 1 - MILES                |                              | DR - DRIVE     | <input type="checkbox"/> ROADWAY DIVIDED                    |
|                         | 2 - FEET                 |                              | HE - HEIGHTS   |   |
|                         | 3 - YARDS                |                              | PL - PLACE     |   |

|                                 |   |                     |                                       |
|---------------------------------|---|---------------------|---------------------------------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT                          | DIRECTION OF TRAVEL | MEDIAN TYPE                           |
| 1 - ON ROADWAY                  | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | W                   | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)    |
| 2 - ON SHOULDER                 | 2 - REAR-END  |                     | 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)    |
| 3 - IN MEDIAN                   | 3 - HEAD-ON   |                     | 3 - DIVIDED, DEPRESSED MEDIAN         |
| 4 - ON ROADSIDE                 |   |                     | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |
| 5 - ON GORE                     |   |                     | 9 - OTHER/UNKNOWN                     |
| 6 - OUTSIDE TRAFFIC WAY         |   |                     |                                       |
| 7 - ON RAMP                     |   |                     |                                       |
| 8 - OFF RAMP                    |   |                     |                                       |

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

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| LIGHT CONDITION                     | WEATHER                               |
| 1 - DAYLIGHT                        | 1 - CLEAR                             |
| 2 - DAWN/DUSK                       | 2 - CLOUDY                            |
| 3 - DARK - LIGHTED ROADWAY          | 3 - FOG, SMOG, SMOKE                  |
| 4 - DARK - ROADWAY NOT LIGHTED      | 4 - RAIN                              |
| 5 - DARK - UNKNOWN ROADWAY LIGHTING | 5 - SLEET, HAIL                       |
| 9 - OTHER / UNKNOWN                 | 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 she was traveling Eastbound on Wheatley Rd. when the vehicle in front of her suddenly stopped. She was unable to avoid Unit #02 and struck the rear end of Unit #02. Driver of Unit #02 stated that he was stuck from the rear suddenly.



|                            |                          |                     |                                    |  |
|----------------------------|--------------------------|---------------------|------------------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME          | REPORT TAKEN BY  |
| 04/25/2023 08:20           | 04/25/2023 08:21         | 04/25/2023 08:30    | 04/25/2023 09:48                   | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES       | OFFICER'S NAME*                    | <input type="checkbox"/> MOTORIST  |
| 0                          | 50                       | 137                 | JOEL MEISTER                       | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OHS) |
|                            |                          |                     | OFFICER'S BADGE NUMBER*            |  |
|                            |                          |                     | 715                                |  |
|                            |                          |                     | CHECKED BY OFFICER'S NAME*         |  |
|                            |                          |                     | MICHAEL TESTA                      |  |
|                            |                          |                     | CHECKED BY OFFICER'S BADGE NUMBER* |  |
|                            |                          |                     | 717                                |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) LEWIS REBECCA JANE  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 330-741-2530  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 3153 ROBERTS DR RICHFIELD OH 44286  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

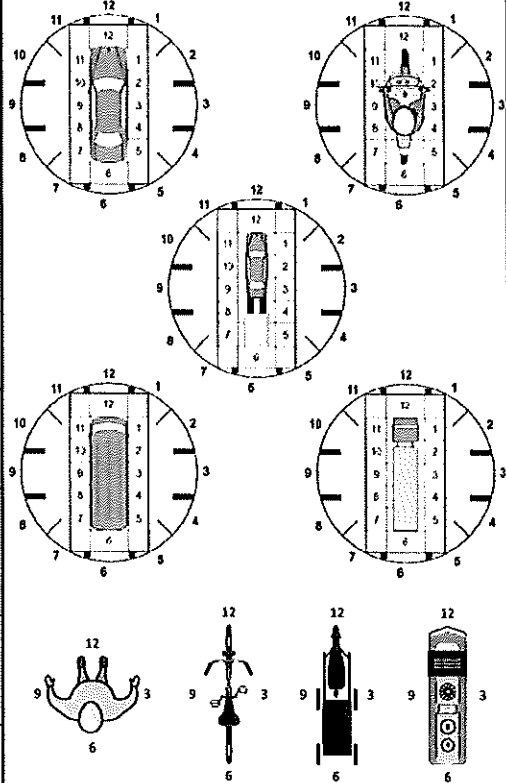
**DAMAGE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HJR9625 VEHICLE IDENTIFICATION # 2FMDK4KC0BBB43814 VEHICLE YEAR 2011 VEHICLE MAKE FORD  
 INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE POLICY # 4439361801 COLOR SIL / VEHICLE MODEL EDG  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  
 TOWED BY COMPANY NAME WORLD HAZARDOUS MATERIAL CLASS # PLACARD ID #  
 MATERIAL RELEASED  PLACARD

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY  
 1 2 10 11 12



UNIT TYPE 3  
 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 HIT/SKIP

NO DAMAGE ( 0 )  UNDERCARRIAGE ( 14 )  
 TOP ( 13 )  ALL AREAS ( 15 )  
 UNIT NOT AT SCENE ( 16 )

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 MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/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 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 99 - OTHER / UNKNOWN

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

ACTION 3  
 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

**TRAFFIC**

TRAFFICWAY FLOW 2  
 1 - ONE-WAY  
 2 - TWO-WAY

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

CONTRIBUTING CIRCUMSTANCES 8  
 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 / ACDA 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

SEQUENCE OF EVENTS  
 1 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 WHEELS 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 20 - MOTORVEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE  
 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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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

UNIT SPEED 42  
 POSTED SPEED 40  
 DETECTED SPEED 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

OWNER UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE ( ) [ ] SAVE AS DRIVER) DESCISCIO PETER OWNER PHONE: INCLUDE AREA CODE ( ) [ ] SAME AS DRIVER) 330-321-8831

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) [ ] SAME AS DRIVER) 134 WALDEN RIDGE DR HINCKLEY OH 44233 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # HLR9092 VEHICLE IDENTIFICATION # 1C6RRFFG9NN426551 VEHICLE YEAR 2022 VEHICLE MAKE DODG

INSURANCE VERIFIED [X] INSURANCE COMPANY STATE FARM INSURANCE POLICY # 2039436SFP35 COLOR BLK / VEHICLE MODEL UNK

TYPE OF USE [ ] COMMERCIAL [ ] GOVERNMENT [ ] IN EMERGENCY RESPONSE [ ] HIT/SKIP UNIT # OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR 1 - <=10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

UNIT TYPE [4] 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP

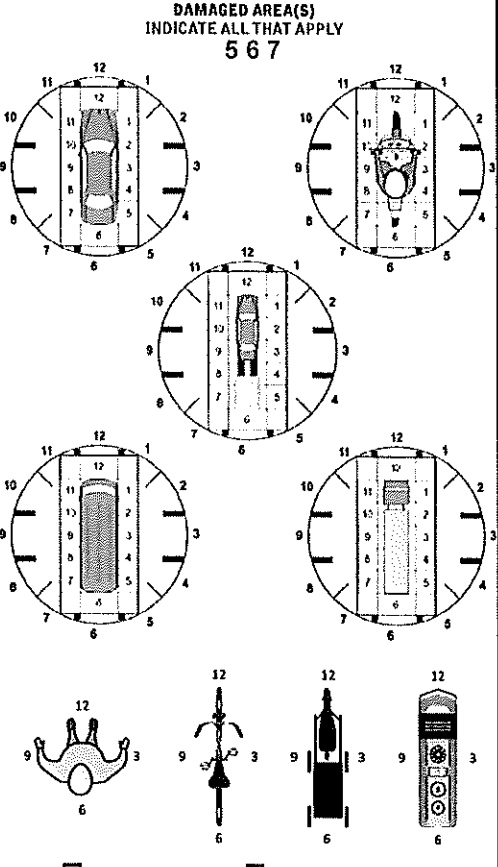
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? [2] 1-YES 2-NO 9-OTHER / UNKNOWN AUTONOMOUS MODE LEVEL [0] 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

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

DAMAGE DAMAGE SCALE [2] 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - 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 LEGAL 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 99 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT [6] 0 - NO DAMAGE 1-12 - 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 [2] 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

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

UNIT / NON-MOTORIST DIRECTION FROM [4] TO [3] UNIT SPEED [0] POSTED SPEED [40] DETECTED SPEED [1] 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

EVENT(S) SEQUENCE OF EVENTS [20] 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 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 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

FIRST HARMFUL EVENT [1] MOST HARMFUL EVENT [1] 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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2023049

|              |  |                             |           |             |
|--------------|--|-----------------------------|-----------|-------------|
| UNIT #<br>01 | NAME: LAST, FIRST, MIDDLE<br>GENTILE JESSICA MARIE | DATE OF BIRTH<br>08/19/2003 | AGE<br>19 | GENDER<br>F |
|--------------|--|-----------------------------|-----------|-------------|

|   |   |
|---|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>3153 ROBERTS DR RICHFIELD OH 44286 | CONTACT PHONE - INCLUDE AREA CODE<br>330-741-2530 |
|---|---|

|                |                         |                            |   |  |  |  |                    |  |              |
|----------------|-------------------------|----------------------------|---|--|--|--|--------------------|--|--------------|
| 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 | OFFENSE CHARGED<br>333.03  | LOCAL CODE<br><input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>SPEED   | CITATION NUMBER<br>59726                         |  |                    |  |              |
| OL CLASS<br>4  | ENDORSEMENT             | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                         | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS: 1 TYPE: 1 VALUE: 1 |                    | DRUG TEST(S)<br>STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4 |              |

|              |   |                             |           |             |
|--------------|---|-----------------------------|-----------|-------------|
| UNIT #<br>02 | NAME: LAST, FIRST, MIDDLE<br>DESCISCIO MATTHEW DANIEL | DATE OF BIRTH<br>12/15/2006 | AGE<br>16 | GENDER<br>M |
|--------------|---|-----------------------------|-----------|-------------|

|  |   |
|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>134 WALDEN RIDGE DR HINCKLEY OH 44233 | CONTACT PHONE - INCLUDE AREA CODE<br>330-321-8831 |
|--|---|

|                |                         |                            |   |  |  |  |                    |  |              |
|----------------|-------------------------|----------------------------|---|--|--|--|--------------------|--|--------------|
| 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 | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |  |                    |  |              |
| OL CLASS<br>4  | ENDORSEMENT             | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS: 1 TYPE: 1 VALUE: 1 |                    | DRUG TEST(S)<br>STATUS: 1 TYPE: 1 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                                  |                                      |               |  |         |
| OL 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  | 9-DEPLOYMENT UNKNOWN         | 6-NO VALID OL            | 6-EXCEPT CLASS A & CLASS B BUS   | 6-PASSENGER  |  |
|                            | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)  |                              |                          | 7-EXCEPT TRACTOR-TRAILER   | 7-OTHER DISTRACTION INSIDE THE VEHICLE   |  |
|                            | 8-THIRD-MIDDLE   |                              |                          | 8-INTERMEDIATE LICENSE RESTRICTIONS  | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE  |  |
|                            | 9-THIRD-RIGHT SIDE   |                              |                          | 9-LEARNER'S PERMIT RESTRICTIONS  | 9-OTHER / UNKNOWN  |  |
|                            | 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-LIMITED TO EMPLOYMENT   |  |  |
|                            | 12-PASSENGER IN UNENCLOSED CARGO AREA  |                              |                          | 12-LIMITED-OTHER   |  |  |
|                            | 13-TRAILING UNIT   |                              |                          | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  |  |
|                            | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                              |                          | 14-MILITARY VEHICLES ONLY  |  |  |
|                            | 15-NON-MOTORIST  |                              |                          | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   |  |  |
|                            | 99-OTHER / UNKNOWN   |                              |                          | 16-OUTSIDE MIRROR  |  |  |
|                            |  |                              |                          | 17-PROSTHETIC AID  |  |  |
|                            |  |                              |                          | 18-OTHER   |  |  |

TRAFFIC CRASH WITNESS STATEMENT

|                                |                                      |                               |
|--------------------------------|--------------------------------------|-------------------------------|
| LOCAL REPORT NUMBER<br>2023049 | REPORTING AGENCY<br>RICHFIELD POLICE | DATE OF CRASH<br>04   25   23 |
|--------------------------------|--------------------------------------|-------------------------------|

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

I, Jessica Gentile PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Meisner OFFICER'S NAME AT Wheatley / Kinross LOCATION  
 East of Wheatley road. was following pick up truck, cant see cars behind him well or in front. Another car turns to go to shell & he stops suddenly to turn. im only left with the pick up truck stopping quickly to match. im going too fast to slow down in enough time to not hit the truck. it was like i was brake lighted.

VEHICLE INFORMATION

| YEAR                                 | MAKE | MODEL   | COLOR              | LIC. PLATE                      | STATE |
|--------------------------------------|------|---|--------------------|---------------------------------|-------|
| 2011                                 | Ford | Edge  | SILVER             | HSR 9625                        | OHIO  |
| ESTIMATED SPEED (MPH): 42            |      | Air Bag Deployed- YES / <input checked="" type="radio"/> NO |                    | SAFETY RESTRAINT USED: YES / NO |       |
| Insurance Co: <del>GEICO</del> GEICO |      |   | Policy: 4439361801 |                                 |       |

|   |   |
|---|---|
| ADDRESS OF WITNESS:<br>3153 Roberts Drive       | PHONE NUMBER:<br>330-741-2530                 |
| SIGNATURE OF WITNESS:<br><u>Jessica Gentile</u> | OFFICER SIGNATURE:<br><u>[Signature]</u> #715 |

TRAFFIC CRASH WITNESS STATEMENT

|                                |                                      |                               |
|--------------------------------|--------------------------------------|-------------------------------|
| LOCAL REPORT NUMBER<br>7023049 | REPORTING AGENCY<br>RICHFIELD POLICE | DATE OF CRASH<br>04   25   23 |
|--------------------------------|--------------------------------------|-------------------------------|

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

I, Matthew DeSciscio PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Meisroc OFFICER'S NAME AT WHEATLEY / KINROSS LOCATION

I was traveling on wheatley and I stopped at turning car, when I was hit from the back,

VEHICLE INFORMATION

| YEAR                            | MAKE                                | MODEL | COLOR                                   | LIC. PLATE | STATE |
|---------------------------------|-------------------------------------|-------|---|------------|-------|
| 2022                            | Ram                                 | 1500  | black                                   | HLR 9092   | OHIO  |
| ESTIMATED SPEED (MPH): <u>0</u> | Air Bag Deployed- YES / <u>(NO)</u> |       | SAFETY RESTRAINT USED <u>(YES)</u> / NO |            |       |
| Insurance Co: <u>State Farm</u> | Policy: <u>2039430-SFP-35</u>       |       |   |            |       |

|  |  |
|--|--|
| ADDRESS OF WITNESS:<br><u>134-Walden Ridge Dr. #110ckley, OH 44233</u> | PHONE NUMBER:<br><u>330-321-8831</u>         |
| SIGNATURE OF WITNESS:<br><u>Matthew DeSciscio</u>                      | OFFICER SIGNATURE:<br><u>[Signature] #15</u> |