



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2023053

| | | | | |
|--|---|--------------------------------|------------------------|------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | I-77 SB / 145 MM |
| <input type="checkbox"/> SECONDARY CRASH | <input checked="" type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | RICHFIELD POLICE |
| <input type="checkbox"/> PRIVATE PROPERTY | | | NCIC* | 07726 |

| | | | | |
|---------|-------------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 77 | 2 - VILLAGE | RICHFIELD | 05/05/2023 17:00 | 5 |

| | | | | | | |
|------------|--------------|--------|--|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | N - NORTH S - SOUTH E - EAST W - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
| IR | 77 | | | I-77 | HW | 41.248657 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | N - NORTH S - SOUTH E - EAST W - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| | | | | 145 | MP | 81.629548 |

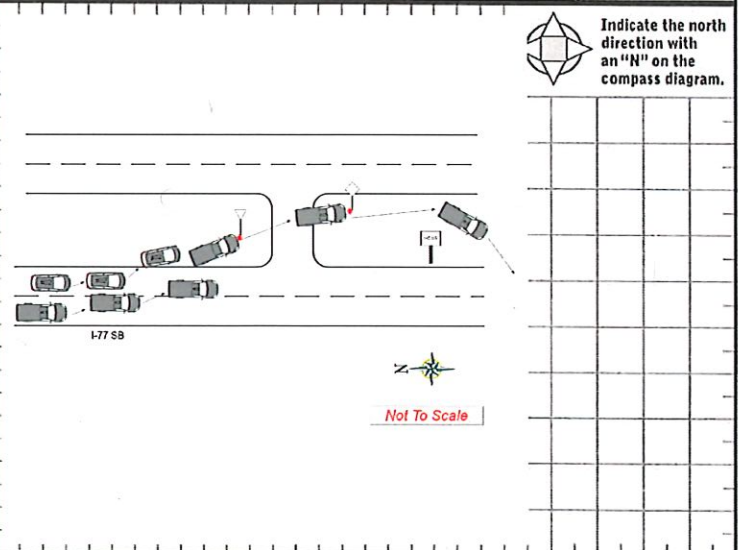
| | | | | |
|-------------------------|--------------------------|---|--|---|
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED |
| 2 - MILE POST | N | IR - INTERSTATE ROUTE(TP) | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | <input checked="" type="checkbox"/> ROADWAY DIVIDED |

| | | | |
|---------------------------------|---|---------------------|------------------------------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE |
| 3 - IN MEDIAN | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | N | 4 - DIVIDED FLUSH MEDIAN (>4 FEET) |
| 9 - CROSSOVER | 4 - REAR-TO-REAR | | 9 - OTHER/UNKNOWN |

| | | | | | |
|--|---------------------------------|---|---------|----------------------------------|-----------------------------------|
| <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 | 1 | 1 - DRY | 1 - CONCRETE |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | 2 - LANE SHIFT/CROSSOVER | 2 - ADVANCE WARNING AREA | | 2 - WET | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE | 3 - WORK ON SHOULDER OR MEDIAN | 3 - TRANSITION AREA | | 3 - SNOW | 3 - BRICK/BLOCK |
| | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA | | 4 - ICE | 4 - SLAG, GRAVEL, STONE |
| | 5 - OTHER | 5 - TERMINATION AREA | | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 5 - DIRT |
| | | | | 6 - WATER (STANDING, MOVING) | 9 - OTHER/UNKNOWN |
| | | | | 7 - SLUSH | |
| | | | | 9 - OTHER/UNKNOWN | |

| | |
|-------------------------------------|---------------------------------------|
| 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 |

Unit #01 swerved in to unit #02's lane causing unit #02 to become stuck in the median. Unit #01 also veered left in to the median striking two traffic signs while leaving the scene. Unit #01 is believed to be a red in color Toyota truck confirmed by a part of the vehicle found at the scene.



| | | | | |
|----------------------------|--------------------------|---------------------|------------------------------------|---|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY |
| 05/05/2023 17:00 | 05/05/2023 17:02 | 05/05/2023 17:05 | 05/05/2023 17:39 | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | <input type="checkbox"/> MOTORIST |
| 00 | 30 | 67 | TRAVIS HOFFMAN | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CSRS) |
| | | | OFFICER'S BADGE NUMBER* | |
| | | | 740 | |
| | | | 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)
 OWNER PHONE: INCLUDE AREA CODE () (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP () (SAME AS DRIVER)

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

VEHICLE

LP STATE _____ LICENSE PLATE # _____ VEHICLE IDENTIFICATION # _____ VEHICLE YEAR _____ VEHICLE MAKE TOYT _____

INSURANCE VERIFIED _____ INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR _____ VEHICLE MODEL _____

TYPE OF USE: 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, PLACARD

UNIT TYPE: 99
 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICK UP, 5 - CARGOVAN, 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

OF TRAILING UNITS _____

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

SPECIAL FUNCTION: 99
 1 - NONE, 2 - TAXI, 3 - ELECTRONIC RIDE SHARING, 4 - SCHOOL TRANSPORT, 5 - BUS - TRANSIT/COMPUTER, 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: 99
 1 - NO CARGO BODY TYPE / NOT APPLICABLE, 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE, 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: 99
 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: 9
 1 - INTERSECTION - MARKED CROSSWALK, 2 - INTERSECTION - UNMARKED CROSSWALK, 3 - INTERSECTION - OTHER, 4 - JAMBLOCK - MARKED CROSSWALK, 5 - TRAVEL LANE - OTHER LOCATION, 6 - BICYCLE LANE, 7 - SHOULDER / ROADSIDE, 8 - SIDEWALK, 9 - MEDIA/CROSSING ISLAND, 10 - DRIVEWAY ACCESS, 11 - SHARED USE PATHS OR TRAILS, 12 - FIRST RESPONDER AT INCIDENT SCENE, 99 - OTHER / UNKNOWN

ACTION: 9
 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - BOTH STRIKING & STRUCK, 9 - OTHER / UNKNOWN, 1 - STRAIGHT AHEAD, 2 - BACKING, 3 - CHANGING LANES, 4 - OVERTAKING/PASSING, 5 - MAKING RIGHT TURN, 6 - MAKING LEFT TURN, 7 - MAKING U-TURN, 8 - ENTERING TRAFFIC LANE, 9 - LEAVING TRAFFIC LANE, 10 - PARKED, 11 - SLOWING OR STOPPED IN TRAFFIC, 12 - DRIVERLESS, 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: 2
 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: 9
 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 - MOTORVEHICLE IN TRANSPORT, 21 - PARKED MOTORVEHICLE, 22 - WORK ZONE MAINTENANCE EQUIPMENT, 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE, 24 - OTHER MOVABLE OBJECT

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 2

LOCAL REPORT NUMBER
 2023053

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

DAMAGED AREA(S) INDICATE ALL THAT APPLY
2 10

INITIAL POINT OF CONTACT: 10
 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: 6
 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 1 TO 2
 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - OTHER / UNKNOWN

UNIT SPEED: _____
 POSTED SPEED: 65
 DETECTED SPEED: 3
 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER) GATES JESHAUN NICOLE
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 330-447-8961
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 2754 LOCH RAVEN BLVD APT COPLEY OH 44321
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

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

1

VEHICLE

LP STATE OH LICENSE PLATE # JJH6167 VEHICLE IDENTIFICATION # 5XXGT4L37JG191967 VEHICLE YEAR 2018 VEHICLE MAKE KIA
 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR MAR / VEHICLE MODEL OPT
 TYPE OF USE: COMMERCIAL, GOVERNMENT, IN EMERGENCY RESPONSE
 US DOT # TOWED BY: COMPANY NAME WORLD
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS VEHICLE WEIGHT GVWR/GCWR 1 - <=10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
 HAZARDOUS MATERIAL CLASS # PLACARD ID #

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

UNIT TYPE: 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICKUP, 5 - CARGOVAN, 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 - MOTORHOVE, 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 HITSKIP

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

SPECIAL FUNCTION: 1 - NONE, 2 - TAXI, 3 - ELECTRONIC RIDE SHARING, 4 - SCHOOL TRANSPORT, 5 - BUS - TRANSITION/COMPUTER, 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 - SLOWING, 18 - SNOW REMOVAL, 19 - TOWING, 20 - SAFETY SERVICE PATROL, 21 - MAIL CARRIER, 99 - OTHER / UNKNOWN

CARGO BODY TYPE: 1 - NO CARGO BODY TYPE / NOT APPLICABLE, 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE, 4 - LOGGING, 5 - INTERMODAL CONTAINER CHASSIS, 6 - CARGOVAN/ENCLOSED BOX, 7 - GRAIN/CHIPS/GRAVEL, 8 - POLE, 9 - CARGO TANK, 10 - FLAT BED, 11 - DUMP, 12 - CONCRETE MIXER, 13 - AUTO TRANSPORTER, 14 - CARRIAGE/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 - MEDIAN CROSSING ISLAND, 10 - DRIVEWAY ACCESS, 11 - SHARED USE PATHS OR TRAILS, 12 - FIRST RESPONDER AT INCIDENT SCENE, 99 - OTHER / UNKNOWN

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

ACTION: 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - BOTH STRIKING & STRUCK, 9 - OTHER / UNKNOWN, 1 - STRAIGHT AHEAD, 2 - BACKING, 3 - CHANGING LANES, 4 - OVERTAKING/PASSING, 5 - MAKING RIGHT TURN, 6 - MAKING LEFT TURN, 7 - MAKING U-TURN, 8 - ENTERING TRAFFIC LANE, 9 - LEAVING TRAFFIC LANE, 10 - PARKED, 11 - SLOWING OR STOPPED IN TRAFFIC, 12 - DRIVERLESS, 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

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

CONTRIBUTING CIRCUMSTANCES: 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 / JCDA, 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

TRAFFIC

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

SEQUENCE OF EVENTS: 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 - MOTORVEHICLE IN TRANSPORT, 21 - PARKED MOTORVEHICLE, 22 - WORK ZONE MAINTENANCE EQUIPMENT, 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE, 24 - OTHER MOVABLE OBJECT

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

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: 2 MOST HARMFUL EVENT: 2

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

UNIT SPEED: 65
 POSTED SPEED: 65
 DETECTED SPEED: 3
 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2023053

| | | | | | | | | | | |
|-----------------------------------|--|------------------------------|---|--|-----------------------------|--|-----------------------------------|-----------------|---|---------|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE UNKOWN UNKOWN | | | 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 99 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 99 | AIR BAG USAGE | EJECTION | TRAPPED |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE | 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 9 | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT (SELECT UP TO 4) | |

| | | | | | | | | | | |
|---|---|------------------------------|---|--|----------------------------|--|-----------------------------------|--------------------|---|--------------|
| UNIT # 02 | NAME: LAST, FIRST, MIDDLE GATES JESHAUN NICOLE | | | DATE OF BIRTH 03/03/1998 | | AGE | GENDER F | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 2754 LOCH RAVEN BLVD APT COPLEY OH 44321 | | | | CONTACT PHONE - INCLUDE AREA CODE 330-447-8961 | | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | 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 | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS 4 | 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 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 | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT | RESTRICTION (SELECT UP TO 3) | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT (SELECT UP TO 4) | |

| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|---|--|----------------------------------|----------------------------|--|--|--|
| 1-FATAL | 1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1-NOT DEPLOYED | 1-CLASS A | 1-ALCOHOL INTERLOCK DEVICE | 1-NOT DISTRACTED | 1-NONE GIVEN |
| 2-SUSPECTED SERIOUS INJURY | 2-FRONT - MIDDLE | 2-DEPLOYED FRONT | 2-CLASS B | 2-CDL INTRASTATE ONLY | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED |
| 3-SUSPECTED MINOR INJURY | 3-FRONT - RIGHT SIDE | 3-DEPLOYED SIDE | 3-CLASS C | 3-CORRECTIVE LENSES | 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4-POSSIBLE INJURY | 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4-DEPLOYED BOTH FRONT / SIDE | 4-REGULAR CLASS (OHIO - D) | 4-FARM WAIVER | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE | 4-TEST GIVEN, RESULTS KNOWN |
| 5-NO APPARENT INJURY | 5-SECOND - MIDDLE | 5-NOT APPLICABLE | 5-M/C MOPED ONLY | 5-EXCEPT CLASS A BUS & CLASS B BUS | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5-TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | 6-SECOND - RIGHT SIDE | 9-DEPLOYMENT UNKNOWN | 6-NO VALID OL | 6-EXCEPT CLASS A & CLASS B BUS | 6-PASSENGER | ALCOHOL TEST TYPE |
| 1-NOT TRANSPORTED / TREATED AT SCENE | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 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 | N-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 | CONDITION | 4-BREATH |
| SAFETY EQUIPMENT | 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 | TRAPPED | Q-MOTOR SCOOTER | 12-LIMITED-OTHER | 2-PHYSICAL IMPAIRMENT | DRUG TEST TYPE |
| 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-EXTRICATED BY MECHANICAL MEANS | S-SCHOOL BUS | 14-MILITARY VEHICLES ONLY | 4-ILLNESS | 2-BLOOD |
| 4-SHOULDER & LAP BELT USED | 15-NON-MOTORIST | 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 | 99-OTHER / UNKNOWN | | 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 | DRUG TEST RESULT(S) |
| 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 |



| | | |
|--------------------------------|----------------------------------|-------------------------------|
| LOCAL REPORT NUMBER 2023053 | REPORTING AGENCY Richfield PD | DATE OF CRASH MOS 1005 123 |
|--------------------------------|----------------------------------|-------------------------------|

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

I, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 PRINTED _____
 M. Testa #717 AT I 77 @ 145 mn
 OFFICER'S NAME LOCATION

Je'Shaun Gates - At approximately 4:55pm (5/5/23) a red (smaller in size) pickup truck began merging into the left lane w/o turning signal and at a distance that would not have cleared the distance between my car. I honked my horn but noticed the driver was not responsive to my horn, so I veered off the road slightly. The driver continued veering as well. My car stopped and the other driver continued and struck (2) of the road signs almost driving into ~~on~~ incoming traffic on the opposite side of the highway. The truck seemed to begin slowing down while still on the median. The ~~car~~ truck sat in the median for a while (about 2) minutes) then proceeded onto the highway in the original direction.

ADDRESS OF WITNESS 2754 Loch Raven Blvd. Apt C Copley, OH 44321 PHONE (330) 447-8961
 SIGNATURE OF WITNESS X Je'Shaun Gates OFFICER'S SIGNATURE X M. Testa #717