

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 | 0 | 2 | 6 | 0 | 1 | 4 | 0

PHOTOS TAKEN OH2 OH3
 SECONDARY CRASH OH-IP OTHER
 Private Property

LOCAL INFORMATION
 I-77 SB / 142 MM
 REPORTING AGENCY NAME*
 Richfield Police Department

HITS/KIP
 1 - Solved
 2 - Unsolved
 NUMBER OF UNITS
 0 | 1
 UNIT IN ERROR
 89 - ANNUAL
 99 - UNKNOWN
 0 | 1

COUNTY*
 7 | 7
 LOCALITY*
 2
 LOCATION: CITY, VILLAGE, TOWNSHIP*
 RICHFIELD

CRASH DATE/TIME*
 10 | 2 | 2 | 2 | 10 | 2 | 6 | 10 | 9 | 3 | 2
 CRASH SEVERITY
 5
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE
 1 | R
 ROUTE NUMBER
 7 | 7
 PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME
 I-77 S
 ROAD TYPE
 H | W

LATITUDE DECIMAL DEGREES
 4 | 1 | . 2 | 3 | 4 | 6 | 2 | 0

ROUTE TYPE
 ROUTE NUMBER
 PREFIX
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
 142
 ROAD TYPE
 M | P

LONGITUDE DECIMAL DEGREES
 8 | 1 | . 6 | 2 | 8 | 1 | 6 | 8

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 2
 DIRECTION
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 2
 ROUTE TYPE
 IR - INTERSTATE ROUTE (IF)
 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
 PI - PIKE
 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
 ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
 0 | 1
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFICWAY
 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
 1
 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
 1
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE
 1
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (>4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER / UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

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

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

CONTOUR
 1
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER / UNKNOWN

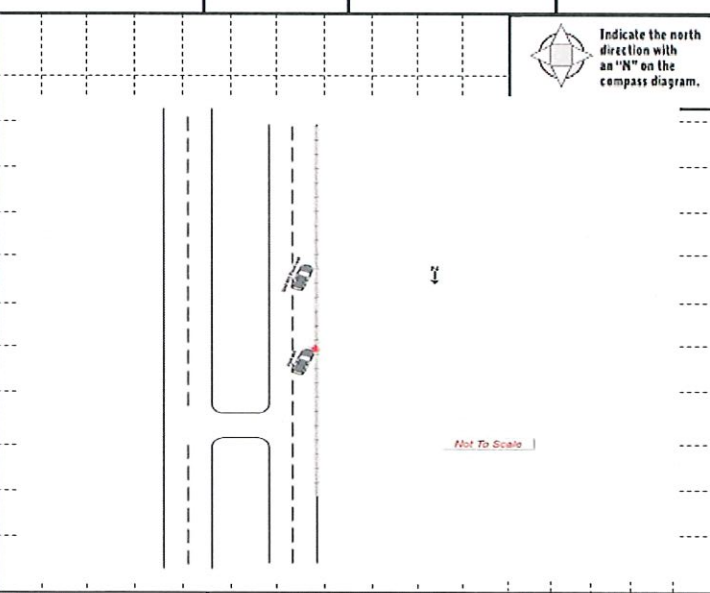
CONDITIONS
 2
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER / UNKNOWN

SURFACE
 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK, 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
 6
 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

NARRATIVE
 UNIT 1 WAS SOUTHBOUND ON I-77 AROUND THE 142 MM IN THE LEFT LANE. DRIVER STATED SHE ENCOUNTERED SOME SLUSH/SLICK PATCH AT THE EDGE OF THE ROAD AND LOST CONTROL. THE VEHICLE THEN VEERED RIGHT INTO THE CONCRETE BARRIER ALONG THE EDGE OF THE ROAD, COMING TO REST IN THE RIGHT THRU-LANE.



CRASH REPORTED DATE/TIME
 10 | 2 | 2 | 2 | 10 | 2 | 6 | 10 | 9 | 3 | 2

DISPATCH DATE/TIME
 10 | 2 | 2 | 2 | 10 | 2 | 6 | 10 | 9 | 3 | 3

ARRIVAL DATE/TIME
 10 | 2 | 2 | 2 | 10 | 2 | 6 | 10 | 9 | 4 | 3

SCENE CLEARED DATE/TIME
 10 | 2 | 2 | 2 | 10 | 2 | 6 | 11 | 0 | 1 | 5

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
 3 | 0

OTHER INVESTIGATION TIME
 3 | 0

TOTAL MINUTES
 7 | 2

OFFICER'S NAME*
 William Sprit
 OFFICER'S BADGE NUMBER*
 7 | 1 | 8

CHECKED BY OFFICER'S NAME*
 Michael Testa
 CHECKED BY OFFICER'S BADGE NUMBER*
 7 | 0 | 5

SUPPLEMENT (CORRECTION - ADDITION)
 TO BE REPORTED BY UNIT

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver **DUNCAN PATRICIA DENISE** OWNER PHONE: INCLUDE AREA CODE () Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver **1603 GUM GROVE RD CLARKSVILLE OH 45113**

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

LP STATE **OH** LICENSE PLATE # **HDF1464** VEHICLE IDENTIFICATION # **3CZRU6H14MM738926** VEHICLE YEAR **2021** VEHICLE MAKE **Honda**

INSURANCE VERIFIED INSURANCE COMPANY **Erie Insurance Co** INSURANCE POLICY # **Q055707469** VEHICLE COLOR **GRY** VEHICLE MODEL **HR-V**

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

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR 1- ≤10K LBS. 2- 10,001-26K LBS. 3- >26K LBS. HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____

UNIT TYPE **03** # OF TRAILING UNITS _____

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 ROOF OR ANIMAL-DRAWN VEHICLE 27-TRAIN
 6-VAN (9-15 SEATS) 17-MOTORHOME 99-UNKNOWN OR HIT/SKIP

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

SPECIAL FUNCTION **01**

1-NONE 6-BUS-CHARTER/TOUR 11-FIRE 16-FARM 21-MAIL CARRIER
 2-TAXI 7-BUS-ITINERARY 12-MILITARY 17-KNOCKING 99-OTHER/UNKNOWN
 3-ELECTRIC RIDE SHARING 8-BUS-SHUTTLE 13-POLICE 18-SNOW REMOVAL
 4-SCHOOL TRANSPORT 9-BUS-OTHER 14-PUBLIC UTILITY 19-TOWING
 5-BUS TRANSIT/COMPUTER 10-AMBULANCE 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL

CARGO BODY TYPE **01**

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-LOGS/ST 6-CARGO VAN/ENCLOSED BOX 7-GRANITE/PSGRAVEL 9-CARGO TANK 10-FLAT BED 13-AUTO TRANSPORTER
 14-GARBAGE REFUSE 15-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-MEDIA/CROSSING ISLAND 12-FIRST RESPONDER AT INCIDENT SCENE
 2-INTERSECTION-UNMARKED 4-OBLOCK-MARKED CROSSWALK 7-SHOULDER/ROADSIDE 10-DRIVEWAY ACCESS 14-GARBAGE REFUSE 99-OTHER/UNKNOWN
 5-TRAVEL LANE-OTHER LOCATION 8-SIDEWALK 11-SHARED USE PATHS OR TRAILS

ACTION **01** PRE-CRASH 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-STRUCK 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 99-OTHER/UNKNOWN
 5-BOTH STRUCK & STRUCK 5-MAKING RIGHT TURN 11-SLOWING OR STOPPED IN TRAFFIC 17-PUSHING VEHICLE
 9-OTHER/UNKNOWN 6-MAKING LEFT TURN 12-DRIVERLESS

CONTRIBUTING CIRCUMSTANCES **05**

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/ACIA 14-STOPPED OR PARKED ILLEGALLY 18-OPERATING DEFECTIVE EQUIPMENT 22-NOT DISCERNABLE
 3-RAIN RED LIGHT 9-IMPROPER LANE CHANGING 15-SWERVING TO AVOID 19-LOAD SHIFTING/FALLING/SPILLING 23-OPENING DOOR INTO ROADWAY
 4-RAIN STOP SIGN 10-IMPROPER PASSING 16-WRONG WAY 20-IMPROPER CROSSING 99-OTHER IMPROPER ACTION
 5-UNSAFE SPEED 11-DROVE OFF ROAD 17-IMPROPER BACKING
 6-IMPROPER TURN 12-IMPROPER BACKING

SEQUENCE OF EVENTS

1- OVERTURN/Rollover 2- FIRE/EXPLOSION 3- IMVENSION 4- JACKKNIFE 5- CARGO/EQUIPMENT LOSS OR SHFT

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 21- PARKED MOTOR VEHICLE

22- WORK ZONE MAINTENANCE EQUIPMENT 23- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24- OTHER MOVABLE OBJECT

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- LIGHTING FIXTURES/SUPPORT 40- UTILITY POLE 41- OTHER POST, POLE OR SUPPORT 42- CULVERT

43- CURB 44- DITCH 45- EVBANKMENT 46- FENCE 47- MAILBOX 48- TREE 49- FIRE HYDRANT

50- WORKZONE MAINTENANCE EQUIPMENT 51- WALL 52- BUILDING 53- TUNNEL 54- OTHER FIXED OBJECT 55- OTHER/UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER **20260140**

DAMAGE

DAMAGE SCALE

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

4

DAMAGED AREA(S) INDICATE ALL THAT APPLY

-NO DAMAGE [9] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

12 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-ROUNDBOUT 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- ACTIVE CROSSING 3-INVOLVED- PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM **1** TO **2**

1-NORTH 5-NORTHEAST 2-SOUTH 6-NORTHWEST 3-EAST 7-SOUTHEAST 4-WEST 8-SOUTHWEST

UNIT SPEED **60** DETECTED SPEED **1** 1-STATE/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED

POSTED SPEED **60**



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 6 0 1 4 0

| | | | | | |
|---|--|----------------------------|--|---|--|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE DUNCAN LIZA DELANEY | | DATE OF BIRTH 04232002 | AGE 23 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 1603 GUM GROVE RD CLARKSVILLE OH 45113 | | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED 333.08 | LOCAL CODE | OFFENSE DESCRIPTION Reasonable Control | CITATION NUMBER RV-62278 |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 9 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION 1 |
| ALCOHOL TEST | | DRUG TEST(S) | | | |
| STATUS 1 | TYPE 1 | VALUE 1 | 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 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG | CONDITION |
| ALCOHOL TEST | | DRUG TEST(S) | | | |
| STATUS | TYPE | VALUE | 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 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG | CONDITION |
| ALCOHOL TEST | | DRUG TEST(S) | | | |
| STATUS | TYPE | VALUE | 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 - COL. INTRASTATE ONLY | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED |
| 3 - SUSPECTED MAJOR 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 | 6 - NO VALID OL | 6 - EXCEPT CLASS A | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | | 7 - EXCEPT TRACTOR-TRAILER | 1 - NONE | 1 - NONE |
| 2 - EMS | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | OL ENDORSEMENT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 2 - BLOOD | 2 - BLOOD |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | H - HAZMAT | 9 - LEARNER'S PERMIT RESTRICTIONS | 3 - URINE | 3 - URINE |
| 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | M - MOTORCYCLE | 10 - LIMITED TO DAYLIGHT ONLY | 4 - BREATH | 4 - BREATH |
| SAFETY EQUIPMENT | | 4 - NOT APPLICABLE | P - PASSENGER | 11 - LIMITED TO EMPLOYMENT | 5 - OTHER | 5 - OTHER |
| 1 - NONE USED | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | TRAPPED | | 12 - LIMITED - OTHER | DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 1 - NOT TRAPPED | Q - MOTOR SCOOTER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS OR OTHER ADAPTIVE DEVICES) | 1 - NONE | 1 - NONE |
| 3 - LAP BELT ONLY USED | 13 - TRAILING UNIT | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE | 14 - MILITARY VEHICLES ONLY | 2 - BLOOD | 2 - BLOOD |
| 4 - SHOULDER & LAP BELT USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 3 - FREED BY NON-MECHANICAL MEANS | S - SCHOOL BUS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 3 - URINE | 3 - URINE |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 15 - NON-MOTORIST | | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR | 4 - OTHER | 4 - OTHER |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 99 - OTHER / UNKNOWN | | X - TANKER / HAZMAT | 17 - PROSTHETIC AD | DRUG TEST RESULT(S) | |
| 7 - BOOSTER SEAT | | | | 18 - OTHER | 1 - AMPHETAMINES | 1 - AMPHETAMINES |
| 8 - HELMET USED | | | GENDER | | 2 - BARBITURATES | 2 - BARBITURATES |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | | | F - FEMALE | | 3 - BENZODIAZEPINES | 3 - BENZODIAZEPINES |
| 10 - REFLECTIVE CLOTHING | | | M - MALE | | 4 - CANNABINOIDS | 4 - CANNABINOIDS |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | U - OTHER / UNKNOWN | | 5 - COCAINE | 5 - COCAINE |
| 99 - OTHER / UNKNOWN | | | | | 6 - OPIATES / OPIOIDS | 6 - OPIATES / OPIOIDS |
| | | | | | 7 - OTHER | 7 - OTHER |
| | | | | | 8 - NEGATIVE RESULTS | 8 - NEGATIVE RESULTS |

TRAFFIC CRASH WITNESS STATEMENT

| | | |
|---------------------------------|--------------------------------------|-------------------------------|
| LOCAL REPORT NUMBER 20260140 | REPORTING AGENCY RICHFIELD POLICE | DATE OF CRASH 02 22 20 |
|---------------------------------|--------------------------------------|-------------------------------|

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

I, Liza Duncan PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
M. Meisner OFFICER'S NAME AT Richfield LOCATION
of the highway

I was driving in left lane going 60 mph. There was a bit of snow on the ground and I hit some ice, and my car hit a slick spot. I lost control of the vehicle and my car hit the barrier on the right side of the right hand lane.

VEHICLE INFORMATION

| | | | | | |
|---|---------------|----------------------------|---|---------------------------------|-------------|
| YEAR 2021 | MAKE HONDA | MODEL HR-V | COLOR GRAY | LIC. PLATE HDF1464 | STATE OH |
| ESTIMATED SPEED (MPH): 60 | | Air Bag Deployed- YES / NO | | SAFETY RESTRAINT USED: YES / NO | |
| Insurance Co: Erie Ins Co | | | Policy: Q05 5707469 | | |
| ADDRESS OF WITNESS: 1603 Gwm Grove Rd. Clarksville, OH | | | | PHONE NUMBER: 437-725-4032 | |
| SIGNATURE OF WITNESS: <u>Liza Duncan</u> | | | OFFICER SIGNATURE: <u>[Signature]</u> # 75 | | |