

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2019165

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* <b>RICHFIELD POLICE</b>		NCIC* <b>07726</b>		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS <b>1</b>		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>01</b>	
COUNTY* <b>77</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>2</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>RICHFIELD</b>		CRASH DATE / TIME* <b>11/12/2019 06:28</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>5</b>			
ROUTE TYPE <b>IR</b>		ROUTE NUMBER <b>77</b>		PREFIX N - NORTH S - SOUTH E - EAST W - WEST <b>N</b>		LOCATION ROAD NAME <b>I-77</b>		ROAD TYPE <b>HW</b>		LATITUDE DECIMAL DEGREES <b>41.254460</b>	
ROUTE TYPE <b>MP</b>		ROUTE NUMBER <b>145.4</b>		PREFIX N - NORTH S - SOUTH E - EAST W - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>145.4</b>		ROAD TYPE <b>MP</b>		LONGITUDE DECIMAL DEGREES <b>81.630685</b>	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>2</b>		DIRECTION N - NORTH S - SOUTH E - EAST W - WEST <b>S</b>		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY    HW - HIGHWAY    RD - ROAD AV - AVENUE    LA - LANE    SQ - SQUARE BL - BOULEVARD    MP - MILEPOST    ST - STREET CR - CIRCLE    OV - OVAL    TE - TERRACE CT - COURT    PK - PARKWAY    TL - TRAIL DR - DRIVE    PI - PIKE    WA - WAY HE - HEIGHTS    PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES <b>0</b> ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
DISTANCE FROM REFERENCE <b>60</b>		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS <b>3</b>		LOCATION OF FIRST HARMFUL EVENT 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 <b>2</b>		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON <b>1</b>		DIRECTION OF TRAVEL N - NORTH S - SOUTH E - EAST W - WEST <b>N</b>		MEDIAN TYPE 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 <b>4</b>	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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		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		CONTOUR <b>2</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS <b>3</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>2</b>		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL <b>6</b>		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		CRASH NARRATIVE Unit #1 was traveling north on I-77, near the 145.4. While traveling, Unit #1 lost control of her vehicle due to the road conditions and ran off the left-hand side of the road. After driving off the left-hand side of the road Unit #1 came into contact with the near-by concrete barrier, causing disabling damage to her vehicle. Unit #1 was checked and treated on scene by Richfield EMS.					
CRASH REPORTED DATE / TIME <b>11/12/2019 06:28</b>		DISPATCH DATE / TIME <b>11/12/2019 06:33</b>		ARRIVAL DATE / TIME <b>11/12/2019 06:38</b>		SCENE CLEARED DATE / TIME <b>11/12/2019 07:21</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION)			
TOTAL TIME ROADWAY CLOSED <b>731</b>		OTHER INVESTIGATION TIME		TOTAL MINUTES <b>731</b>		OFFICER'S NAME* <b>THOMAS RANDOLPH</b>		CHECKED BY OFFICER'S NAME* <b>[Signature]</b>		OFFICER'S BADGE NUMBER* <b>797</b>	



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

<b>UNIT #</b> 01	<b>OWNER NAME: LAST, FIRST, MIDDLE</b> <input checked="" type="checkbox"/> SAME AS DRIVER DODGE LAUREN CAITLAN	<b>OWNER PHONE: INCLUDE AREA CODE</b> <input type="checkbox"/> SAME AS DRIVER 330-987-3836
<b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> <input type="checkbox"/> SAME AS DRIVER 2099 23RD ST CUYAHOGA FALLS OH 44223		
<b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>		<b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HBH1784	<b>VEHICLE IDENTIFICATION #</b> 2C3LA53G07H808102	<b>VEHICLE YEAR</b> 2007	<b>VEHICLE MAKE</b> CHRY
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> ERIE INSURANCE	<b>INSURANCE POLICY #</b> Q027308145	<b>COLOR</b> WHI /	<b>VEHICLE MODEL</b> 300
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		<b>US DOT #</b>	<b>TOWED BY COMPANY NAME</b> WORLD	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b>#OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL CLASS # PLACARD ID #</b>	

<b>UNIT TYPE</b>	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 - MOPEL 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
<b># OF TRAILING UNITS</b>					

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

<b>SPECIAL FUNCTION</b>	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 - SHOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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<b>CARGO BODY TYPE</b>	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
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<b>VEHICLE DEFECTS</b>	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
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<b>NON-MOTORIST LOCATION AT IMPACT</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATIONS	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
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<b>ACTION</b>	1 - NON-COLLISION 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
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<b>CONTRIBUTING CIRCUMSTANCES</b>	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
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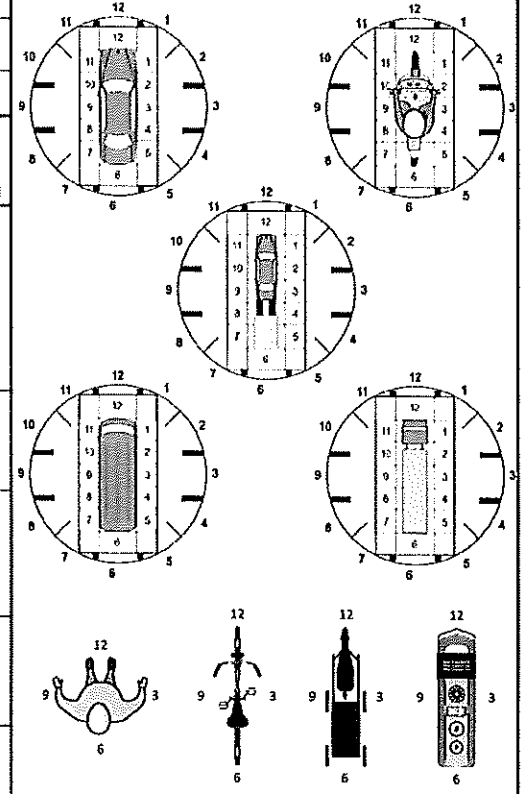
<b>SEQUENCE OF EVENTS</b>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	<b>NON-COLLISION</b> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - BEER 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
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<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	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
<b>FIRST HARMFUL EVENT</b>	1			
<b>MOST HARMFUL EVENT</b>	1			

**LOCAL REPORT NUMBER**  
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<b>DAMAGE</b>	<b>DAMAGE SCALE</b>
4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

**DAMAGED AREA(S) INDICATE ALL THAT APPLY**  
6 12



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

**INITIAL POINT OF CONTACT**

11

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

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

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
60	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	
65	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
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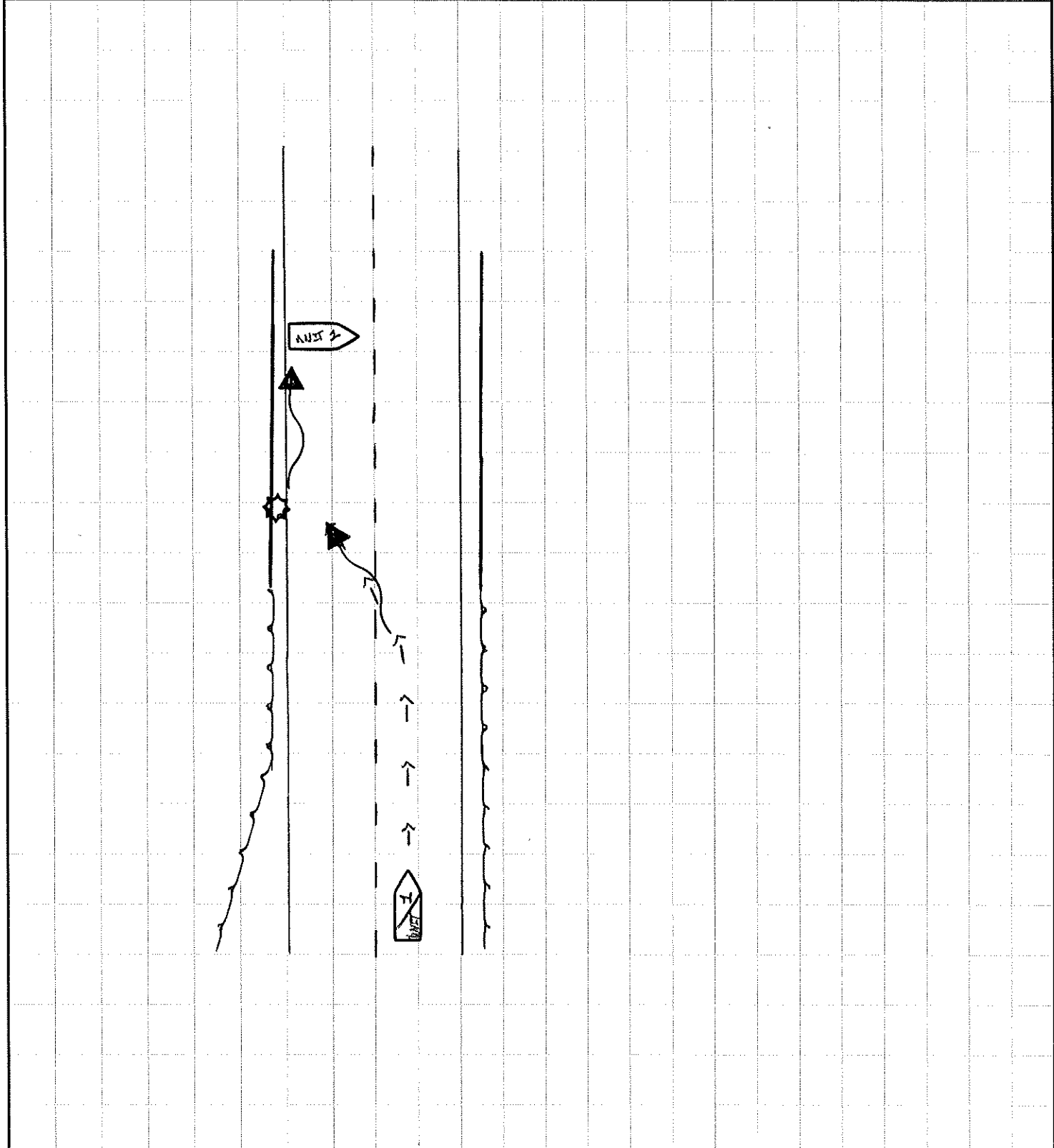
UNIT # 01	NAME: LAST, FIRST, MIDDLE DODGE LAUREN CAITLAN			DATE OF BIRTH 11/13/1988	AGE 30	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 2099 23RD ST CUYAHOGA FALLS OH 44223				CONTACT PHONE - INCLUDE AREA CODE 330-987-3836					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER TQ051158		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	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 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1

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

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

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED	1- NONE GIVEN
2- SUSPECTED SERIOUS INJURY	2- FRONT - MIDDLE	2- DEPLOYED FRONT	2- CLASS B	2- CDL INTRASTATE ONLY	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2- TEST REFUSED
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- CORRECTIVE LENSES	3- TALKING ON HANDS-FREE COMMUNICATION DEVICE	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER	4- TALKING ON HAND-HELD COMMUNICATION DEVICE	4- TEST GIVEN, RESULTS KNOWN
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A & CLASS B BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>		<b>EJECTION</b>		<b>ALCOHOL TEST TYPE</b>		
1- NOT TRANSPORTED / TREATED AT SCENE	6- SECOND - RIGHT SIDE	1- NOT EJECTED	H- HAZMAT	6- PASSENGER	1- NONE	
2- EMS	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2- PARTIALLY EJECTED	M- MOTORCYCLE	7- OTHER DISTRACTION INSIDE THE VEHICLE	2- BLOOD	
3- POLICE	8- THIRD - MIDDLE	3- TOTALLY EJECTED	P- PASSENGER	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	3- URINE	
9- OTHER / UNKNOWN	9- THIRD - RIGHT SIDE	4- NOT APPLICABLE	N- TANKER	9- OTHER / UNKNOWN	4- BREATH	
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>		<b>DRUG TEST TYPE</b>		
1- NONE USED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1- NOT TRAPPED	Q- MOTOR SCOOTER	1- APPARENTLY NORMAL	1- NONE	
2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA	2- EXTRICATED BY MECHANICAL MEANS	R- THREE-WHEEL MOTORCYCLE	2- PHYSICAL IMPAIRMENT	2- BLOOD	
3- LAP BELT ONLY USED	13- TRAILING UNIT	3- FREED BY NON-MECHANICAL MEANS	S- SCHOOL BUS	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- URINE	
4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T- DOUBLE & TRIPLE TRAILERS	4- ILLNESS	4- OTHER	
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15- NON-MOTORIST		X- TANKER / HAZMAT	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		
6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN			6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		
7- BOOSTER SEAT				7- OTHER / UNKNOWN		
8- HELMET USED						
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						
10- REFLECTIVE CLOTHING						
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						
99- OTHER / UNKNOWN						

LOCAL REPORT NUMBER <i>2019 165</i>	REPORTING AGENCY <i>RICHFIELD</i>	DATE OF CRASH <i>M 11   D 12   Y 2019</i>
IN COUNTY OF <i>SUMMIT</i>	CRASH LOCATION <i>I-77 145.4</i>	



OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>731</i>
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2019165	REPORTING AGENCY KZHPZELD	DATE OF CRASH 11   12   2009
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Lauren Dodge PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Thomas B. Smith OFFICER'S NAME AT #-77 LOCATION

~~X~~ I was driving on my way to work and I braked. I had hit ice and my vehicle couldn't stop or catch traction.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2007	CHRY	300	WHITE	HBH1784	OH

ESTIMATED SPEED (MPH): 60      Air Bag Deployed:  YES / NO      SAFETY RESTRAINT USED:  YES / NO

Insurance Co: Eire Insurance - Kern      Policy: 0027308145

ADDRESS OF WITNESS: Lauren Dodge      PHONE NUMBER: 330 987 3836

SIGNATURE OF WITNESS: Lauren Dodge      OFFICER SIGNATURE: Thomas B. Smith



OH