



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020027

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

LOCAL INFORMATION IR-77

REPORTING AGENCY NAME\* RICHFIELD POLICE

NCIC\* 07726

HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

NUMBER OF UNITS  
02

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN  
01

COUNTY\* 77 LOCALITY\* 2

LOCATION: CITY, VILLAGE, TOWNSHIP\* RICHFIELD

CRASH DATE / TIME\* 02/16/2020 14:15

CRASH SEVERITY  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY  
5

ROUTE TYPE IR ROUTE NUMBER 77 PREFIX S

LOCATION ROAD NAME I-77 ROAD TYPE HW

LATITUDE DECIMAL DEGREES 41.222827

ROUTE TYPE ROUTE NUMBER PREFIX S

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 143 ROAD TYPE MP

LONGITUDE DECIMAL DEGREES 81.627074

REFERENCE POINT 2

DIRECTION N - NORTH

ROUTE TYPE IR - INTERSTATE ROUTE (TP)

ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD

INTERSECTION RELATED

WITHIN INTERSECTION OR ON APPROACH

WITHIN INTERCHANGE AREA

ROADWAY

ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 1

MANNER OF CRASH COLLISION/IMPACT 1

DIRECTION OF TRAVEL S

MEDIAN TYPE 3

WORK ZONE RELATED

WORKERS PRESENT

LAW ENFORCEMENT PRESENT

ACTIVE SCHOOL ZONE

WORK ZONE TYPE 3

LOCATION OF CRASH IN WORK ZONE 3

CONTOUR 1

CONDITIONS 1

SURFACE 2

LIGHT CONDITION 1

WEATHER 2

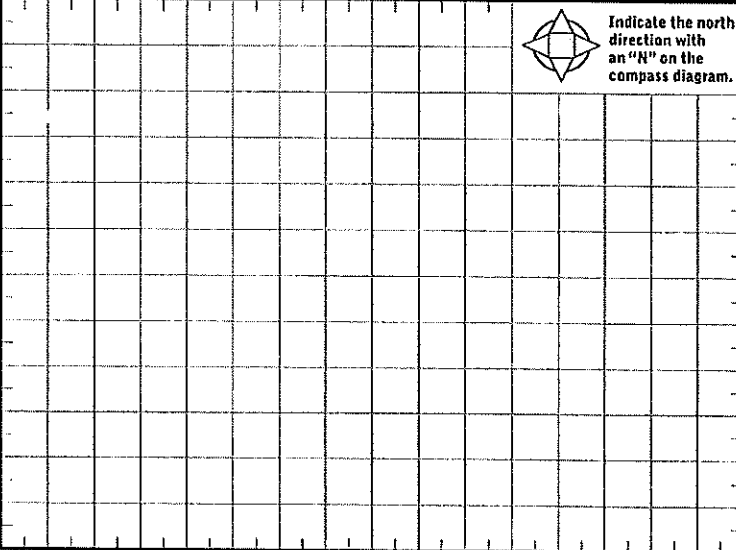
1 - STRAIGHT LEVEL

1 - DRY

1 - CONCRETE

Unit 1 was traveling south in the left lane and Unit 2 was traveling south in the right lane prior to the crash. Unit 1's right front tire and wheel separated from Unit 1, traveled southbound, struck Unit 2's left rear door and continued down the highway before coming to rest on the right median. Unit 1 lost control after the right front tire separated and came to rest in the center median. Highland Towing took Unit 1, however failed to get the right front Ford tire and wheel.

UNIT DRIVER INSURANCE: Founders / ITFR148337 / Agent 216-321-2000



CRASH REPORTED DATE / TIME 02/16/2020 14:18

DISPATCH DATE / TIME 02/16/2020 14:22

ARRIVAL DATE / TIME 02/16/2020 14:31

SCENE CLEARED DATE / TIME 02/16/2020 16:35

REPORT TAKEN BY [X] POLICE AGENCY

TOTAL TIME ROADWAY CLOSED 60

OTHER INVESTIGATION TIME 194

OFFICER'S NAME\* ROBERT GILBERT

OFFICER'S BADGE NUMBER\* 714

CHECKED BY OFFICER'S NAME\* [Signature]

CHECKED BY OFFICER'S BADGE NUMBER\* 704

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) JOHNSON RICHARD S  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 24284 HALBURTON RD BEACHWOOD OH 44122  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

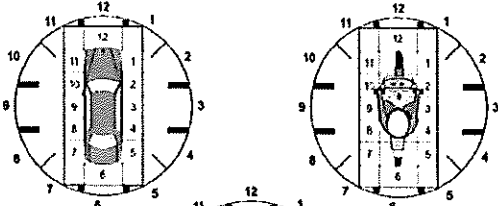
**DAMAGE**

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

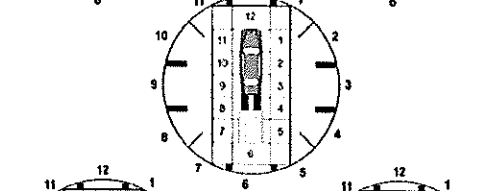
LP STATE OH LICENSE PLATE # GWT6724 VEHICLE IDENTIFICATION # 1FMZU83W13UC10156 VEHICLE YEAR 2003 VEHICLE MAKE FORD  
 INSURANCE VERIFIED INSURANCE COMPANY NATIONWIDE INSURANCE POLICY # 9234J094471 COLOR SIL / SIL VEHICLE MODEL EXP

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY  
 2

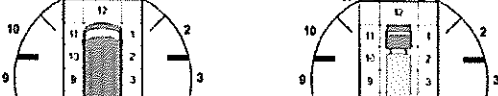
TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01  
 US DOT # VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
 HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #



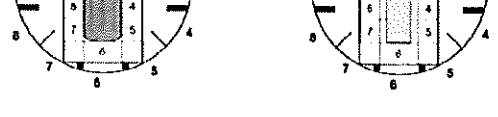
UNIT TYPE: 3  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (6+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE 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 - CARGOVAN 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



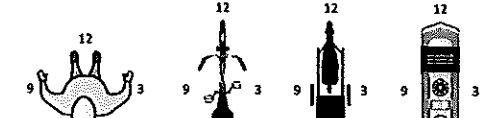
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL: 2  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN



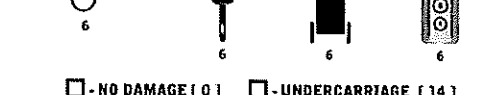
SPECIAL FUNCTION: 1  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC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



CARGO BODY TYPE: 1  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGOVAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE  
 11 - DUMP 99 - OTHER / UNKNOWN



VEHICLE DEFECTS: 99  
 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



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

NON-MOTORIST LOCATION AT IMPACT: 1  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LAKE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

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

ACTION: 2  
 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

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

CONTRIBUTING CIRCUMSTANCES: 18  
 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 / ACDR 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 12 - IMPROPER BACKING

# OF THROUGH LANES ON ROAD: 02  
 RAIL GRADE CROSSING: 1  
 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS: 6  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE

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

COLLISION WITH FIXED OBJECT - STRUCK: 1  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAVE AS DRIVER) MCNUTT JENNIFER MARIE  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 440-623-8619  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 576 CONTINENTAL DR SAGAMORE HILLS OH 44067  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

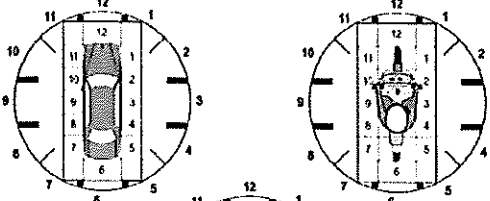
**VEHICLE**

LP STATE OH LICENSE PLATE # HGJ7889 VEHICLE IDENTIFICATION # 1C4RJFJG0EC404778 VEHICLE YEAR 2014 VEHICLE MAKE JEEP  
 INSURANCE VERIFIED INSURANCE COMPANY USAA INSURANCE POLICY # 006085682C COLOR GRY / VEHICLE MODEL GCH

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

8

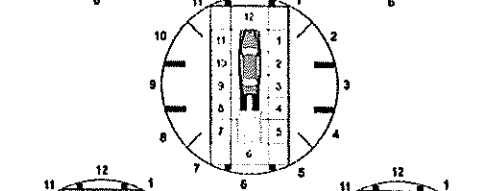
COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 02  
 US DOT # VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 HAZARDOUS MATERIAL  
 MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #



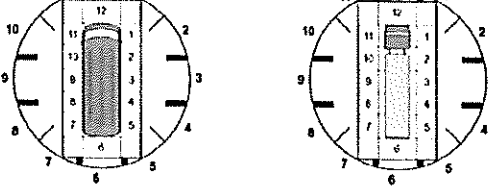
**UNIT TYPE**

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) 99 - UNKNOWN OR HITSKIP

# OF TRAILING UNITS

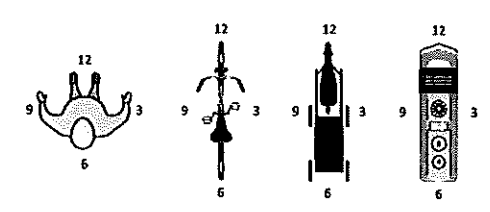


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION



**SPECIAL FUNCTION**

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



**CARGO BODY TYPE**

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

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

**VEHICLE DEFECTS**

1 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

**NON-MOTORIST LOCATION AT IMPACT**

1 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**ACTION**

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

**INITIAL POINT OF CONTACT**

8 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

1 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / AODA 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

**TRAFFIC**

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

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

**SEQUENCE OF EVENTS**

23 1 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM 18 - ANIMAL - BEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 21 - PARKED MOTOR VEHICLE

**# OF THROUGH LANES ON ROAD**  
 02

**RAIL GRADE CROSSING**  
 1 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST POLE OR SUPPORT 47 - MAIL BOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

**UNIT / NON-MOTORIST DIRECTION**

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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

**UNIT SPEED**  
 65

**POSTED SPEED**  
 65

**DETECTED SPEED**  
 1 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020027

|   |   |   |   |  |
|---|---|---|---|--|
| UNIT #<br>01  | NAME: LAST, FIRST, MIDDLE<br>DURDEN ANNALISA SOPHIA | DATE OF BIRTH<br>10/30/1982                       | AGE<br>37   | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>195 S PARDEE ST APT 406 WADSWORTH OH 44281 |   | CONTACT PHONE - INCLUDE AREA CODE<br>216-486-1338 |   |  |
| INJURIES<br>5   | INJURED TAKEN BY                                    | EMS AGENCY (NAME)                                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED<br>1   |
| <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<br>RT709272                 | 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 TYPE VALUE                   |   | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |  |
| 1   | 1   |   | 1   | 1  |

|   |  |   |   |  |
|---|--|---|---|--|
| UNIT #<br>02  | NAME: LAST, FIRST, MIDDLE<br>MCNUTT JENNIFER MARIE | DATE OF BIRTH<br>07/06/1978                       | AGE<br>41   | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>576 CONTINENTAL DR SAGAMORE HILLS OH 44067 |  | CONTACT PHONE - INCLUDE AREA CODE<br>440-623-8619 |   |  |
| 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<br>RX909132                | 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 TYPE VALUE                  |   | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |  |
| 1   | 1  |   | 1   | 1  |

|  |                                   |                                   |   |                          |
|--|-----------------------------------|-----------------------------------|---|--------------------------|
| 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  | OFFENSE DESCRIPTION      |
| CITATION NUMBER                                  |                                   |                                   |   |                          |
| OL CLASS   | ENDORSEMENT                       | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY                              | ALCOHOL / DRUG SUSPECTED |
| 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 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   | 7-OTHER DISTRACTION INSIDE THE VEHICLE   | ALCOHOL TEST TYPE                                      |
| 1-NOT TRANSPORTED / TREATED AT SCENE        | 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                         | 7-EXCEPT TRACTOR-TRAILER   | 7-EXCEPT CLASS A & CLASS B BUS   | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE  | 1-NONE   |
| 2-EMS                                       | 8-THIRD - MIDDLE   | 1-NOT EJECTED                    | 8-INTERMEDIATE LICENSE RESTRICTIONS  | 8-EXCEPT CLASS A & CLASS B BUS   | 9-OTHER / UNKNOWN  | 2-BLOOD  |
| 3-POLICE                                    | 9-THIRD - RIGHT SIDE   | 2-PARTIALLY EJECTED              | 9-LEARNER'S PERMIT RESTRICTIONS  | 9-EXCEPT CLASS A & CLASS B BUS   | 10-LIMITED TO DAYLIGHT ONLY  | 3-URINE  |
| 9-OTHER / UNKNOWN                           | 10-SLEEPER SECTION OF TRUCK CAB  | 3-TOTALLY EJECTED                | 10-LIMITED TO EMPLOYMENT   | 10-EXCEPT CLASS A & CLASS B BUS  | 11-LIMITED - OTHER   | 4-BREATH   |
| SAFETY EQUIPMENT                            | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4-NOT APPLICABLE                 | 12-LIMITED - OTHER   | 11-LIMITED TO DAYLIGHT ONLY  | 12-LIMITED - OTHER   | 5-OTHER  |
| 1-NONE USED                                 | 12-PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                          | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 12-LIMITED - OTHER   | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)   | DRUG TEST TYPE   |
| 2-SHOULDER BELT ONLY USED                   | 13-TRAILING UNIT   | 1-NOT TRAPPED                    | 14-MILITARY VEHICLES ONLY  | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14-MILITARY VEHICLES ONLY  | 1-NONE   |
| 3-LAP BELT ONLY USED                        | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2-EXTRICATED BY MECHANICAL MEANS | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   | 14-MILITARY VEHICLES ONLY  | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   | 2-BLOOD  |
| 4-SHOULDER & LAP BELT USED                  | 15-NON-MOTORIST  | 3-FREED BY NON-MECHANICAL MEANS  | 16-OUTSIDE MIRROR  | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   | 16-OUTSIDE MIRROR  | 3-URINE  |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99-OTHER / UNKNOWN   |                                  | 17-PROSTHETIC AID  | 16-OUTSIDE MIRROR  | 17-PROSTHETIC AID  | 4-OTHER  |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                  | 18-OTHER   | 17-PROSTHETIC AID  | 18-OTHER   | DRUG TEST RESULT(S)                                    |
| 7-BOOSTER SEAT                              |  |                                  |  | 18-OTHER   | 18-OTHER   | 1-APPARENTLY NORMAL                                    |
| 8-HELMET USED                               |  |                                  |  |  |  | 2-PHYSICAL IMPAIRMENT                                  |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                  |  |  |  | 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)        |
| 10-REFLECTIVE CLOTHING                      |  |                                  |  |  |  | 4-ILLNESS  |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                  |  |  |  | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.                 |
| 99-OTHER / UNKNOWN                          |  |                                  |  |  |  | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL |
|   |  |                                  |  |  |  | 9-OTHER / UNKNOWN                                      |
|   |  |                                  |  |  |  | 1-AMPHETAMINES   |
|   |  |                                  |  |  |  | 2-BARBITURATES   |
|   |  |                                  |  |  |  | 3-BENZODIAZEPINES                                      |
|   |  |                                  |  |  |  | 4-CANNABINOIDS   |
|   |  |                                  |  |  |  | 5-COCAINE  |
|   |  |                                  |  |  |  | 6-OPiates / OPIOIDS                                    |
|   |  |                                  |  |  |  | 7-OTHER  |
|   |  |                                  |  |  |  | 8-NEGATIVE RESULTS                                     |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2020027

|  |                                   |                           |  |          |                                   |                  |                   |   |                       |  |                  |               |          |         |
|--|-----------------------------------|---------------------------|--|----------|-----------------------------------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| <b>OCCUPANT</b>                            | UNIT #                            | NAME: LAST, FIRST, MIDDLE |  |          | DATE OF BIRTH                     |                  | AGE               | GENDER  |                       |  |                  |               |          |         |
|  | 02                                | MCNUTT KAITLYN M          |  |          | 05/08/2007                        |                  | 12                | F   |                       |  |                  |               |          |         |
|  | ADDRESS: STREET, CITY, STATE, ZIP |                           |  |          | CONTACT PHONE - INCLUDE AREA CODE |                  |                   |   |                       |  |                  |               |          |         |
| 576 CONTINENTAL DR SAGAMORE HILLS OH 44067 |                                   |                           |  | 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 |
|  |                                   |                           |  | 5        |                                   |                  |                   |   | 4                     |  | 3                | 1             | 1        | 1       |

|                 |                                   |                           |  |  |                                   |                   |   |                       |  |                  |               |          |
|-----------------|-----------------------------------|---------------------------|--|--|-----------------------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|
| <b>OCCUPANT</b> | 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 |

|                 |                                   |                           |  |  |                                   |                   |   |                       |  |                  |               |          |
|-----------------|-----------------------------------|---------------------------|--|--|-----------------------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|
| <b>OCCUPANT</b> | 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 |

|                 |                                   |                           |  |  |                                   |                   |   |                       |  |                  |               |          |
|-----------------|-----------------------------------|---------------------------|--|--|-----------------------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|
| <b>OCCUPANT</b> | 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 |

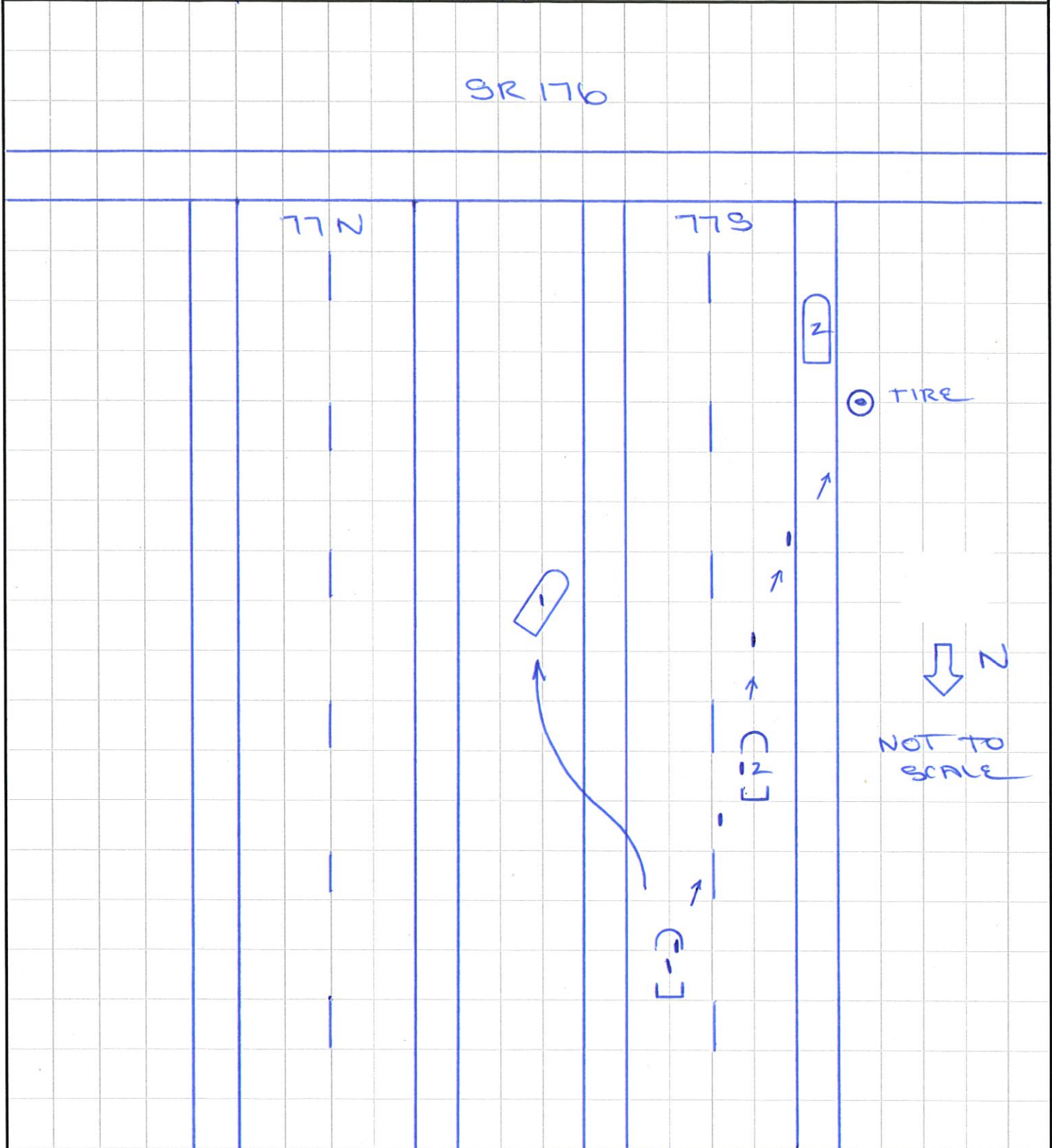
| INJURIES                               | SAFETY EQUIPMENT USED                         | SEATING POSITION   | AIR BAG USAGE                      |
|--|---|--|------------------------------------|
| 1 - FATAL                              | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   |
| 2 - SUSPECTED SERIOUS INJURY           | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 |
| 3 - SUSPECTED MINOR INJURY             | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  |
| 4 - POSSIBLE INJURY                    | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT/SIDE       |
| 5 - NO APPARENT INJURY                 | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 |
| <b>INJURED TAKEN BY</b>                |   |  |                                    |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             |
| 2 - EMS                                | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    |
| 3 - POLICE                             | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |
| 9 - OTHER / UNKNOWN                    | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              |
|  | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |
|  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
|  | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     |
|  |   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |
|  |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |
|  |   | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  |
|  |   | 99 - OTHER / UNKNOWN   |                                    |

|                |                                   |               |  |     |                                   |  |
|----------------|-----------------------------------|---------------|--|-----|-----------------------------------|--|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH |  | AGE | GENDER                            |  |
|                | ADDRESS: STREET, CITY, STATE, ZIP |               |  |     | CONTACT PHONE - INCLUDE AREA CODE |  |
|                |                                   |               |  |     |                                   |  |

|                |                                   |               |  |     |                                   |  |
|----------------|-----------------------------------|---------------|--|-----|-----------------------------------|--|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH |  | AGE | GENDER                            |  |
|                | ADDRESS: STREET, CITY, STATE, ZIP |               |  |     | CONTACT PHONE - INCLUDE AREA CODE |  |
|                |                                   |               |  |     |                                   |  |

|                |                                   |               |  |     |                                   |  |
|----------------|-----------------------------------|---------------|--|-----|-----------------------------------|--|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH |  | AGE | GENDER                            |  |
|                | ADDRESS: STREET, CITY, STATE, ZIP |               |  |     | CONTACT PHONE - INCLUDE AREA CODE |  |
|                |                                   |               |  |     |                                   |  |

|  |   |   |
|--|---|---|
| LOCAL REPORT NUMBER<br><b>2020 027</b> | REPORTING AGENCY<br><b>Richfield Police</b> | DATE OF CRASH<br>M <b>2</b>   D <b>16</b>   Y <b>20</b> |
| IN COUNTY OF<br><b>Summit</b>          | CRASH LOCATION<br><b>1RT79</b>              |   |



|  |                            |
|--|----------------------------|
| OFFICER'S SIGNATURE<br><b>X</b> <i>[Signature]</i> | BADGE NUMBER<br><b>719</b> |
|--|----------------------------|