



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2020045

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

COUNTY* 77	LOCALITY* 2	LOCATION: CITY, VILLAGE, TOWNSHIP* RICHFIELD	HIT/SKIP 2	NUMBER OF UNITS 2	UNIT IN ERROR 01
CRASH DATE/TIME* 04/23/2020 15:52			CRASH SEVERITY 5		

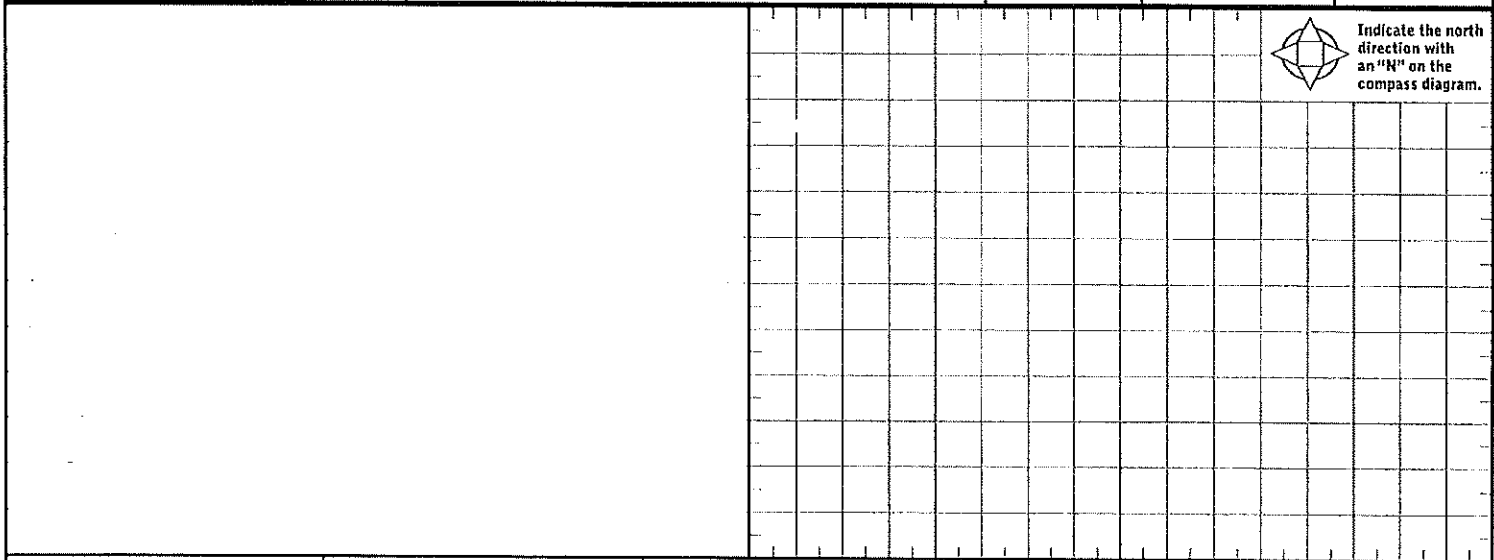
ROUTE TYPE	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	LOCATION ROAD NAME BRECKSVILLE ROAD	ROAD TYPE RD	LATITUDE DECIMAL DEGREE 41.275978
ROUTE TYPE	ROUTE NUMBER	PREFIX N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5219 BRECKSVILLE	ROAD TYPE	LONGITUDE DECIMAL DEGREE 81.625051

REFERENCE POINT 3	DIRECTION N - NORTH S - SOUTH E - EAST W - WEST	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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE 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
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					

LOCATION OF FIRST HARMFUL EVENT 99	MANNER OF CRASH COLLISION/IMPACT 6	DIRECTION OF TRAVEL N	MEDIAN TYPE 9
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	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	N - NORTH S - SOUTH E - EAST W - WEST	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

<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 1	CONDITIONS 1	SURFACE 2
			1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN

LIGHT CONDITION 1	WEATHER 2
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	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



CRASH REPORTED DATE / TIME 04/23/2020 15:52	DISPATCH DATE / TIME 04/23/2020 15:58	ARRIVAL DATE / TIME 04/23/2020 17:32	SCENE CLEARED DATE / TIME 04/23/2020 18:03	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME 0100	TOTAL MINUTES 225	OFFICER'S NAME* THOMAS RANDOLPH OFFICER'S BADGE NUMBER* 723	CHECKED BY OFFICER'S NAME* DAVE POLAK CHECKED BY OFFICER'S BADGE NUMBER* 704
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CSFD)

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 2020045	REPORTING AGENCY RICHFIELD POLICE	DATE OF ACCIDENT M 04 D 23 Y 2020
IN COUNTY OF SUMMIT	ACCIDENT LOCATION BRECKSVILLE ROAD	

Unit #2 advised that they had been hit by Unit #1, while parked at the Pilot gas station. Unit #2 stated that they did not see the incident happen because they were inside the Pilot gas station and after Unit #1 hit him, Unit #1 left the scene.

Near-by witness(es) were spoken with and it was found through their provided information who hit Unit #1.

A video provided by a witness shows Unit #1 hitting Unit #2, then driving away. Unit #1's DOT number and MC number can be read from the video provided. Using information from the video, a search online gave further information into who the possible owner/driver of Unit #1 was. From a youtube video it was found that the possible owner/driver is a Mikhail A. Shevchenko and that the truck was possibly bearing licenses plate #172827H (Illinois). Snapshots of the youtube video and snapshots from the video the witness provided will be included in this report.

A statement was also obtained from a witness who saw the incident happen. This information provided matches the vehicle shown in the youtube video with the same DOT and MC number.

An attempt to call Mikhail A. Shevchenko (708-576-1666) was made but he did not answer. At this time, there is no further police action to be conducted.

OFFICER'S SIGNATURE X <i>Thomas B. P...</i>	BADGE NUMBER 225
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HSY 7002 4/07

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE () SAVE AS DRIVER
 OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER
 708-576-1666

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

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

DAMAGE

DAMAGE SCALE

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

LP STATE IL LICENSE PLATE # 172827H VEHICLE IDENTIFICATION # 1FT8W3DTXKED11139 VEHICLE YEAR 2019 VEHICLE MAKE FORD

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR BLK / VEHICLE MODEL

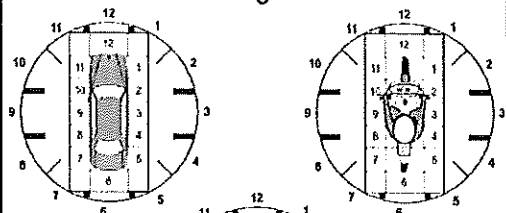
DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

8

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # 3344331 TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD CLASS # PLACARD ID #



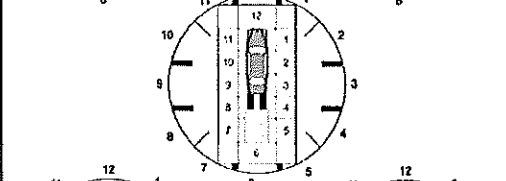
UNIT TYPE: 4 PASSENGER CAR, 2 PASSENGER VAN (MINIVAN), 3 SPORT UTILITY VEHICLE, 4 PICK UP, 5 CARGO VAN, 6 VAN (9-15 SEATS)

7-MOTORCYCLE 2-WHEELED, 8-MOTORCYCLE 3-WHEELED, 9-AUTOCYCLE, 10-MOPED OR MOTORIZED BICYCLE, 11-ALL TERRAIN VEHICLE (ATV/UTV)

12-GOLF CART, 13-SNOWMOBILE, 14-SINGLE UNIT TRUCK, 15-SEM-TRACTOR, 16-FARM EQUIPMENT, 17-MOTORHOME

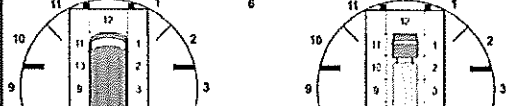
18-LIMO (LIVERY VEHICLE), 19-BUS (16+ PASSENGERS), 20-OTHER VEHICLE, 21-HEAVY EQUIPMENT, 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23-PEDESTRIAN / SKATER, 24-WHEELCHAIR (ANY TYPE), 25-OTHER NON-MOTORIST, 26-BICYCLE, 27-TRAIN, 99-UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

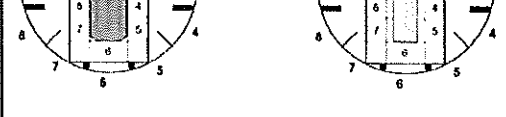


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 1-YES 2-NO 9-OTHER/UNKNOWN

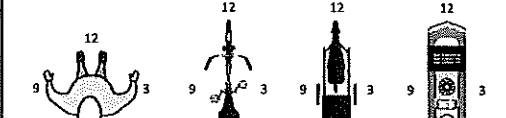
AUTONOMOUS MODE LEVEL: 9



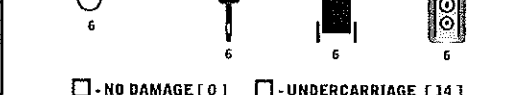
SPECIAL FUNCTION: 19 1-NONE, 2-TAXI, 3-ELECTRONIC RIDE SHARING, 4-SCHOOL TRANSPORT, 5-BUS-TRANSIT/COMMUTER, 6-BUS-CHARTER/TOUR, 7-BUS-INTERCITY, 8-BUS-SHUTTLE, 9-BUS-OTHER, 10-AMBULANCE, 11-FIRE, 12-MILITARY, 13-POLICE, 14-PUBLIC UTILITY, 15-CONSTRUCTION EQUIPMENT, 16-FARM, 17-MOWING, 18-SNOW REMOVAL,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



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



VEHICLE DEFECTS: 1-TURN SIGNALS, 2-HEAD LAMPS, 3-TAIL LAMPS, 4-BRAKES, 5-STEERING, 6-TIRE BLOWOUT, 7-WORN OR SLICK TIRES, 8-TRAILER EQUIPMENT DEFECTIVE, 9-MOTOR TROUBLE, 10-DISABLED FROM PRIOR ACCIDENT, 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: 3 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: 8 0-NO DAMAGE, 1-12-REFER TO UNIT DIAGRAM, 13-TOP, 14-UNDERCARRIAGE, 15-VEHICLE NOT AT SCENE, 99-UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 99 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-HOT DISCERNIBLE, 23-OPENING DOOR INTO ROADWAY, 99-OTHER IMPROPER ACTION

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

TRAFFIC CONTROL: 6 1-ROUNDBOUT, 2-SIGNAL, 3-FLASHER, 4-STOP SIGN, 5-YIELD SIGN, 6-NO CONTROL

SEQUENCE OF EVENTS: 20 1-OVERTURN/ROLLOVER, 2-FIRE/EXPLOSION, 3-IMMERSION, 21 4-JACKKNIFE, 5-CARGO/EQUIPMENT LOSS OR SHIFT

NON-COLLISION: 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

OF THROUGH LANES ON ROAD: 1

RAIL GRADE CROSSING: 1-NOT INVOLVED, 2-INVOLVED-ACTIVE CROSSING, 3-INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM 2 TO 1

COLLISION WITH FIXED OBJECT - STRUCK: 4 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: 1

UNIT SPEED: 5

POSTED SPEED:

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

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) LOGISTICS CORP JOVIK OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 201-937-6641

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 3916 BERGEN TPKE REAR UNION TOWN NJ 07087

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP VILLACIS TRANSPORT. 3916 BERGEN TPKE UNION COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 201-937-6641

LP STATE NJ LICENSE PLATE # AW610J VEHICLE IDENTIFICATION # 1FUJGLD56ELFP8824 VEHICLE YEAR 2014 VEHICLE MAKE FRHT

INSURANCE VERIFIED INSURANCE COMPANY UNITED STATES INSURANCE POLICY # CL1898720A COLOR WHI / VEHICLE MODEL UNK

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 VEHICLE WEIGHT GVWR/GCWR 2 2 2 2

1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD CLASS # PLACARD ID #

UNIT TYPE 15

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)

7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)

12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE

23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HITSKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 1

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER

6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE

11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT

16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL

21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL

8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 1

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

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

ACTION 4 PRE-CRASH ACTIONS 10

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 1

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

1 21 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE

16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 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

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 - MAIL BOX 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 1 MOST HARMFUL EVENT 1

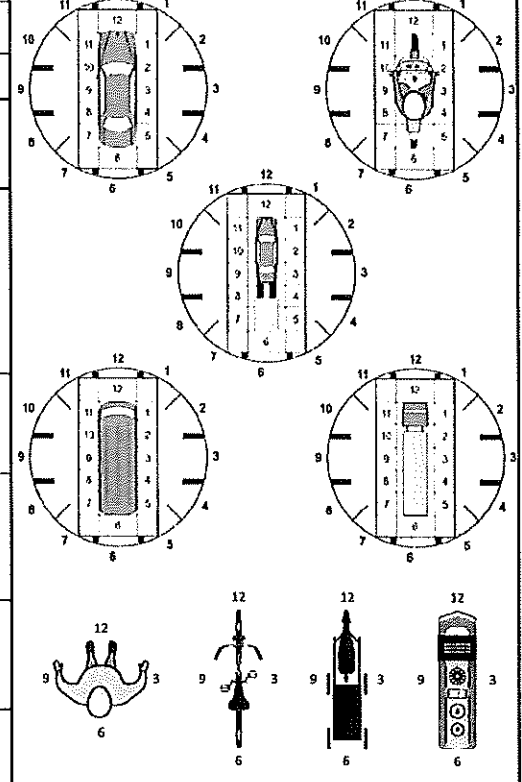
LOCAL REPORT NUMBER 2020045

DAMAGE

DAMAGE SCALE 4

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

DAMAGED AREA(S) INDICATE ALL THAT APPLY 10 11 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

TRAFFIC

TRAFFICWAY FLOW 1

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 1

RAIL GRADE CROSSING 1

1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 1

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

UNIT SPEED 0

POSTED SPEED 0

DETECTED SPEED 3

1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EOR 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2020045

UNIT # 01	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE 708-576-1666					
INJURIES 5	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 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	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 9	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1

UNIT # 02	NAME: LAST, FIRST, MIDDLE VILLACIS-HOLGUN J.C.			DATE OF BIRTH 05/06/1972		AGE 47	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 1240 COLLEGE AVE 1 BRONX NY 10456				CONTACT PHONE - INCLUDE AREA CODE 201-937-6641					
INJURIES 5	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 1	EJECTION 4	TRAPPED 1
OL STATE NY	OPERATOR LICENSE NUMBER 414099096		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	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	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	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	M - 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	H - 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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2020045

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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

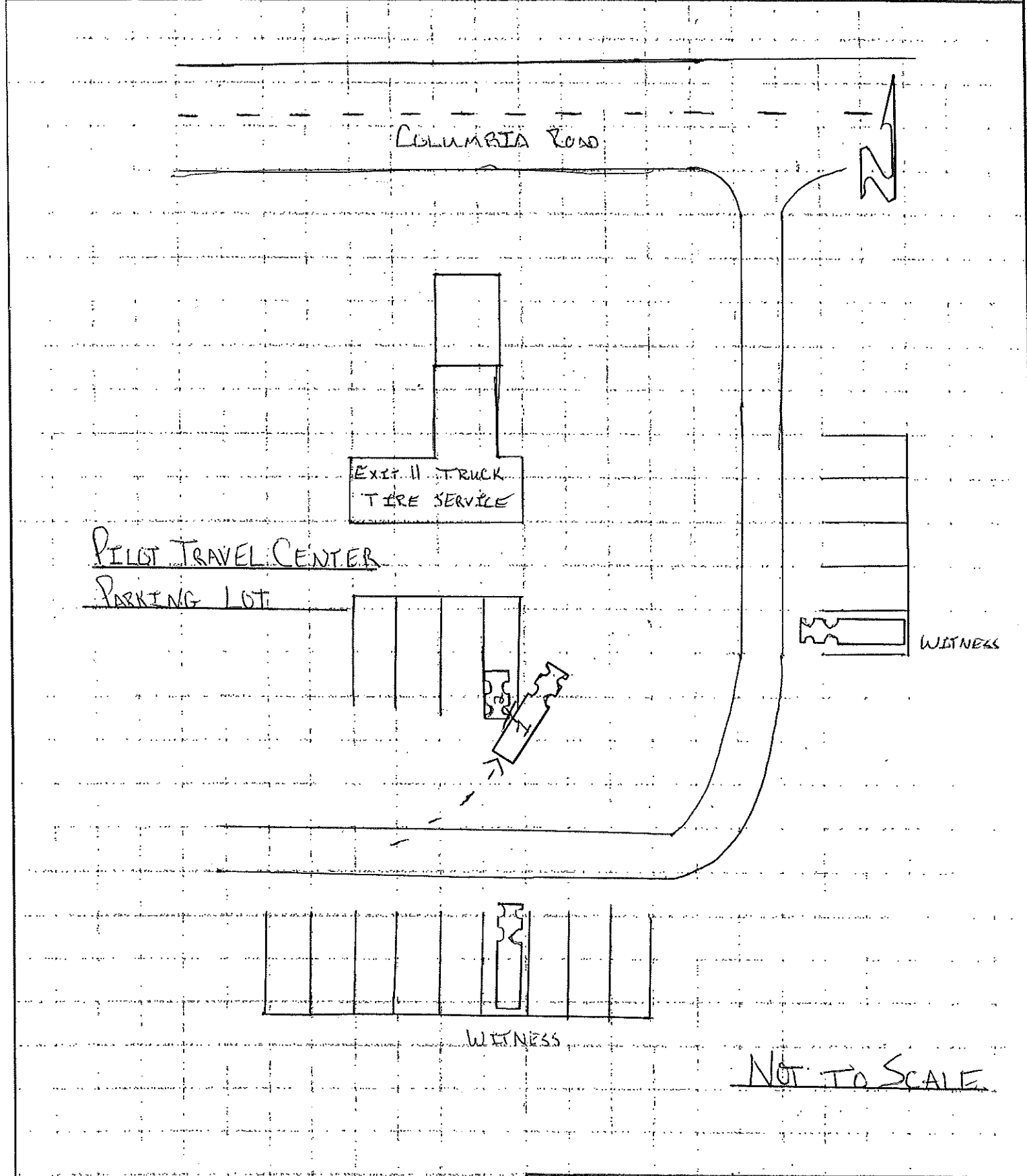
INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY 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
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
2 - EMS	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
3 - POLICE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
9 - OTHER / UNKNOWN	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	TRAPPED
		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	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	MAMAD KHAMID	10/03/1981		M
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
4818 SE ANTELOPE HILLS DR GRESHAM OR 97080				

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	AID JAMES ROY	08/01/1975	44	M
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
5000 LEON DRIVE LAKE CHARLES LA 70605		337-912-8116		

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

LOCAL REPORT NUMBER 2020045	REPORTING AGENCY RICHZELCO	DATE OF CRASH M 4 10 23 1Y 20
IN COUNTY OF Summit	CRASH LOCATION PILOT GAS STATION	



OFFICER'S SIGNATURE X Thomas B. Randolph Jr	BADGE NUMBER 723
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Richfield Police Department

Voluntary Statement

I make the following statement of my own free will and accord, without any threats of violence having been made against me, or any promise of special consideration to be shown me by any person or persons, and having been advised of my right to decline to make a statement, I understand and agree that this statement may be used against me in a court of law.

X James A. id

Saw a black dully pulling a trailer with 3 Automobiles on it hit the white truck backed up and hit it again than Drove off fast without stopping
The dully ~~had~~ driver looked too be a white male

THOMAS B. RANFOLPH #
Date: 04-23-2000 (Witness)
Place: PLOT GAS STATION
Officer: RANFOLPH
Report # 2020045

X James A. id
Name: JAMES R. AZO (Signature)
Address: 5000 LEON DR.
City, State, Zip: LAKE CHARLES, LA 70605-4355
Phone: 337-912-8116
Dob: 08-01-75
DLN: LOUISIANA 006075417