



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2020075

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

HIT/SKIP	NUMBER OF UNITS	UNITS IN ERROR
1 - SOLVED	01	01
2 - UNSOLVED		98 - ANIMAL
		99 - UNKNOWN

COUNTY* 77	LOCALITY* 2	LOCATION: CITY, VILLAGE, TOWNSHIP* RICHFIELD
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CRASH DATE / TIME* 07/03/2020 19:49	CRASH SEVERITY 2
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ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREE
			BERKLEY DRIVE	DR	41.266933

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

ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREE
			4801		81.632885

REFERENCE POINT 3	DIRECTION W	ROUTE TYPE	ROAD TYPE
1 - INTERSECTION	N - NORTH	IR - INTERSTATE ROUTE(TP)	AL - ALLEY
2 - MILE POST	S - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE
3 - HOUSE #	E - EAST	SR - STATE ROUTE	BL - BOULEVARD
	W - WEST	CR - NUMBERED COUNTY ROUTE	CR - CIRCLE
		TR - NUMBERED TOWNSHIP ROUTE	CT - COURT
			DR - DRIVE
			HE - HEIGHTS
			PL - PLACE
			RD - ROAD
			LA - LANE
			SQ - SQUARE
			MP - MILEPOST
			ST - STREET
			TE - TERRACE
			OV - OVAL
			PK - PARKWAY
			TL - TRAIL
			PI - PIKE
			WA - WAY

INTERSECTION RELATED
<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
<input type="checkbox"/> WITHIN INTERCHANGE AREA
NUMBER OF APPROACHES
ROADWAY
<input type="checkbox"/> ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 1	MANNER OF CRASH COLLISION/IMPACT 1	DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	N - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	2 - REAR-END	S - SOUTH	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
3 - IN MEDIAN	3 - HEAD-ON	E - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - ON ROADSIDE		W - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
5 - ON GORE			9 - OTHER/UNKNOWN
6 - OUTSIDE TRAFFIC WAY			
7 - ON RAMP			
8 - OFF RAMP			
9 - CROSSOVER	4 - REAR-TO-REAR		
10 - DRIVEWAY/ALLEY ACCESS	5 - BACKING		
11 - RAILWAY GRADE CROSSING	6 - ANGLE		
12 - SHARED USE PATHS OR TRAILS	7 - SIDESWIPE, SAME DIRECTION		
13 - BIKE LANE	8 - SIDESWIPE, OPPOSITE DIRECTION		
14 - TOLL BOOTH	9 - OTHER / UNKNOWN		
99 - 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

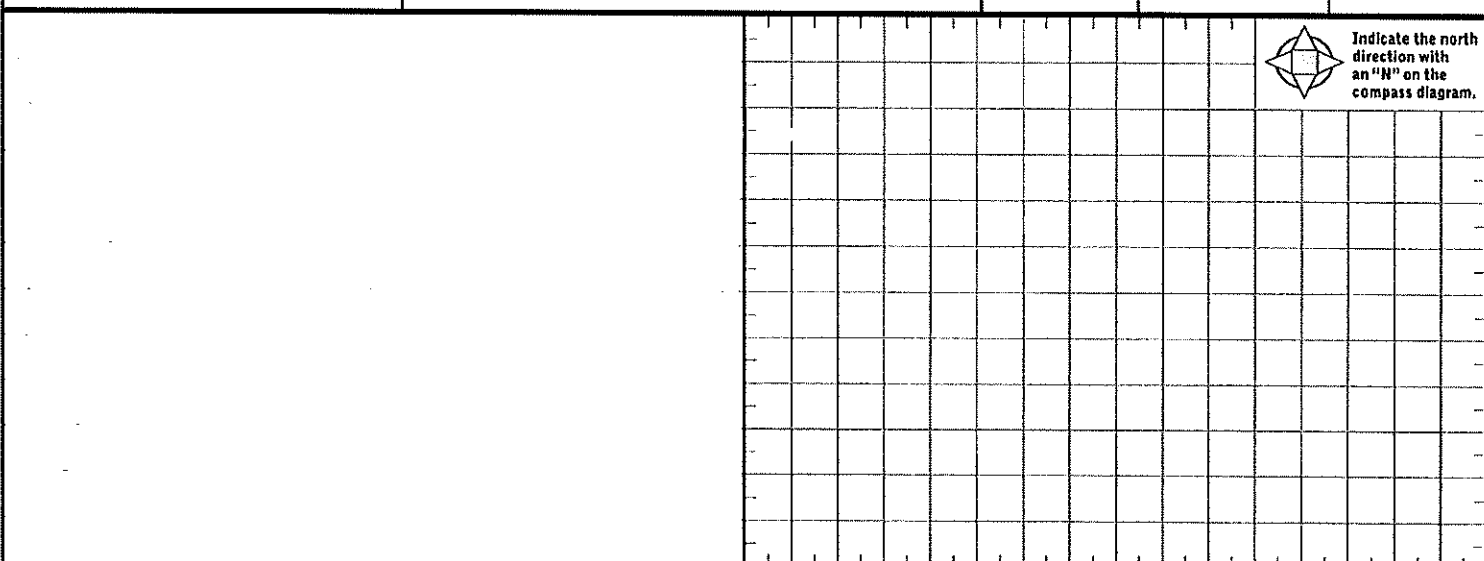
WORK ZONE TYPE
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHER

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 1
1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
	6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
	7 - SLUSH	
	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 1
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 07/03/2020 19:49	DISPATCH DATE / TIME 07/03/2020 19:49	ARRIVAL DATE / TIME 07/03/2020 19:54	SCENE CLEARED DATE / TIME 07/03/2020 20:16	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* JACOB TOTTEN	CHECKED BY OFFICER'S NAME* DAVE POLAK
			OFFICER'S BADGE NUMBER* 742	CHECKED BY OFFICER'S BADGE NUMBER* 704
				<input type="checkbox"/> MOTORIST
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT)

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 2020075	REPORTING AGENCY RICHFIELD POLICE	DATE OF ACCIDENT M 07 D 03 Y 2020
IN COUNTY OF SUMMIT	ACCIDENT LOCATION BERKLEY DRIVE	
<p>On July 3, 2020 at 7:50pm myself and other units were dispatched to a single unit motorcycle crash near 4801 Berkley rd. The rider, Nick Mentor, was riding his blue Yamaha YZ450F south down Berkley. Mr. Mentor seemed to be traveling at, what appeared to be, a high rate of speed due to the observation of skid marks and pavement divots in the street caused by the pegs of the motorcycle. The motorcycle skidded, on its left side, down the street approximately 110 feet. The impact and length of skid caused serious injury of Mr. Mentor's left foot as well as various scratches and lacerations.</p> <ul style="list-style-type: none"> <li>- No insurance was obtained on the motorcycle</li> <li>- No phone number was obtained</li> <li>- Pictures were taken</li> <li>- Body cameras were activated</li> </ul>		
	OFFICER'S SIGNATURE X	BADGE NUMBER

HSY 7002 4/07

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) MENTER NICHOLAS JAMES	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 7906 FITZWATER RD BRECKSVILLE OH 44141		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE YAMA
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR BLU / SIL	VEHICLE MODEL YZA
<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				

DAMAGED AREA(S) INDICATE ALL THAT APPLY	
5	

UNIT TYPE 7	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGOVAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SHOWMOBILE 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
# OF TRAILING UNITS					
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN				
1	SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER				
1	CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS				
1	VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				

INITIAL POINT OF CONTACT	
5	0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN
TRAFFIC	
2	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY
6	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
2	# 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 1 TO 2	
3	UNIT SPEED
3	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EOR 3 - UNDETERMINED
35	POSTED SPEED

1	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				
2	ACTION 1 - NON-COLLISION 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN				
5	CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				
10	SEQUENCE OF EVENTS 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT				
2	FIRST HARMFUL EVENT				
2	MOST HARMFUL EVENT				

NON-COLLISION	
11	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE
16	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
22	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	
31	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM OTHER BARRIER
37	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT
43	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
50	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020075

UNIT # 01	NAME: LAST, FIRST, MIDDLE MENTER NICHOLAS JAMES				DATE OF BIRTH 04/22/1994		AGE 26	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 7906 FITZWATER RD BRECKSVILLE OH 44141					CONTACT PHONE - INCLUDE AREA CODE 330-998-3268					
INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) RICHFIELD FIRE	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) AGMC MAIN		SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 4	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER TT146184		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		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	

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 MOPEO ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
6 - NO APPARENT INJURY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	
7 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>		8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	<b>ALCOHOL TEST TYPE</b>
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	2 - BLOOD
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT		3 - URINE
<b>SAFETY EQUIPMENT</b>		4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	<b>CONDITION</b>	
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1 - APPARENTLY NORMAL	4 - OTHER
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	2 - PHYSICAL IMPAIRMENT	
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	<b>DRUG TEST TYPE</b>
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR	4 - ILLNESS	1 - NONE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BLOOD
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	18 - OTHER	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - URINE
7 - BOOSTER SEAT					9 - OTHER / UNKNOWN	4 - OTHER
8 - HELMET USED						<b>DRUG TEST RESULT(S)</b>
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						1 - AMPHETAMINES
10 - REFLECTIVE CLOTHING						2 - BARBITURATES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						3 - BENZODIAZEPINES
99 - OTHER / UNKNOWN						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



LOCAL REPORT NUMBER <b>2020 075</b>	REPORTING AGENCY <b>Richfield PD</b>	DATE OF CRASH M <b>07</b>   D <b>03</b>   Y <b>20</b>
IN COUNTY OF <b>Summit</b>	CRASH LOCATION <b>4801 — BERKLEY</b>	

