

TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO BUREAU OF MOTOR VEHICLE SAFETY

PHOTOS TAKEN
 SECONDARY CRASH
 PRIVATE PROPERTY
 OH-2
 OH-1P
 OTHER
 REPORTING AGENCY NAME* RICHFIELD POLICE
 LOCAL INFORMATION

COUNTY* LOCALITY* RICHFIELD
 LOCATION: CITY, VILLAGE, TOWNSHIP*
 ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST
 BRECKSVILLE
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
 ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST
 WHEATLEY

CRASH DATE / TIME* 09/11/2020 13:34
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY
 3 - MINOR INJURY
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

HITSKIP NUMBER OF UNITS 02
 UNIT IN ERROR 01
 99 - UNKNOWN
 98 - ANIMAL
 97 - UNKNOWN

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES 6
 ROADWAY DIVIDED

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 DISTANCE FROM REFERENCE 150
 DISTANCE UNIT OF MEASURE 2
 1 - FEET
 2 - FEET
 3 - YARDS

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON CORNER
 6 - OUTSIDE TRAFFIC WAY
 7 - BIKE LANE
 8 - TOLL BOOTH
 9 - OFF RAMP

MANNER OF CRASH COLLISION/IMPACT
 1 - NOT COLLISION
 2 - REAR-TO-REAR
 3 - REAR-END
 4 - HEAD-ON
 5 - BACKING
 6 - ANGLE
 7 - SIDESWIPED, SAME DIRECTION
 8 - SIDESWIPED, OPPOSITE DIRECTION
 9 - OTHER / UNKNOWN

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

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

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

WEATHER
 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

SURFACE
 1 - CONCRETE
 2 - BLACKTOP
 3 - BITUMINOUS ASPHALT
 4 - SLAG GRAVEL
 5 - DIRT
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 8 - GRAVEL
 9 - OTHER/UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

CONTOUR
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - SNOW
 4 - CURVE GRADE
 5 - SAND, MUD, DIRT
 6 - GRAVEL
 7 - SLUSH
 8 - GRAVEL
 9 - OTHER/UNKNOWN

CONDITIONS
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT
 6 - GRAVEL
 7 - SLUSH
 8 - GRAVEL
 9 - OTHER/UNKNOWN

DIRECTION OF TRAVEL
 N - NORTH
 S - SOUTH
 E - EAST
 W - WEST

MEDIAN TYPE
 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)
 2 - DIVIDED FLUSH MEDIAN (> 4 FEET)
 3 - DIVIDED, DEPRESSIONED MEDIAN (ANY TYPE)
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 5 - OTHER/UNKNOWN

LOCATION OF CRASH IN WORK ZONE
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LOCAL REPORT NUMBER* 2020101
 REPORTING AGENCY NAME* RICHFIELD POLICE
 LOCAL INFORMATION
 CRASH DATE / TIME* 09/11/2020 13:34
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY
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 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
 HITSKIP NUMBER OF UNITS 02
 UNIT IN ERROR 01
 99 - UNKNOWN
 98 - ANIMAL
 97 - UNKNOWN
 DISPATCH DATE / TIME 09/11/2020 13:34
 ARRIVAL DATE / TIME 09/11/2020 13:35
 SCENE CLEARED DATE / TIME 09/11/2020 14:38
 OFFICER'S NAME* JOEL MEISTER
 OFFICER'S BADGE NUMBER* 722
 CHECKED BY OFFICER'S NAME* DAVE POLAK
 CHECKED BY OFFICER'S BADGE NUMBER* 704
 TOTAL TIME OTHER INVESTIGATION TIME 45
 TOTAL TIME OTHER 45
 TOTAL MINUTES 108
 OFFICER'S NAME* JOEL MEISTER
 OFFICER'S BADGE NUMBER* 722
 CHECKED BY OFFICER'S NAME* DAVE POLAK
 CHECKED BY OFFICER'S BADGE NUMBER* 704
 CORRECTION (IF ADDITION) (CORRECTION (IF DELETION))
 SUPPLEMENT
 REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.

Driver of Unit #01 stated that he was traveling East bound on Broadview Rd approaching the intersection of Brecksville and Wheatly when he drove through the red light striking the front passenger side of Unit #02 causing a roll over. Witness stated that same.

OWNER NAME: LAST, FIRST, MIDDLE () HAVE AS DRIVER) OWNER ADDRESS: STREET, CITY, STATE, ZIP () MAKE AS DRIVER) OWNER PHONE: MAKE AREA CODE () MAKE AS DRIVER) 330-212-5959

OWNER # 01 BRADY CHARLES E 7542 RED FOX TRL HUDSON OH 44236 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: EXCHANGE AREA CODE

LP STATE LICENSE PLATE # OH HNW9277 INSURANCE COMPANY STATE FARM INSURANCE POLICY # 9799746A2135

INSURANCE VERIFIED [X] TYPE OF USE [] COMMERCIAL [] GOVERNMENT [] EMERGENCY [] #OCCUPANTS [] VEHICLE WEIGHT GVWR/GCWR 1 < 10K LBS. 2 10,001 - 26K LBS. 3 > 26K LBS. TOWED BY COMPANY NAME [] HAZARDOUS MATERIAL [] MATERIAL CLASS # PLACARD ID # []

VEHICLE IDENTIFICATION # JF2SJAEC1EH545097 VEHICLE YEAR 2014 VEHICLE MAKE SUBA COLOR RED / VEHICLE MODEL FOR DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - MAJOR DAMAGE 9 - UNKNOWN

VEHICLE MAKE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - MAJOR DAMAGE 9 - UNKNOWN

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

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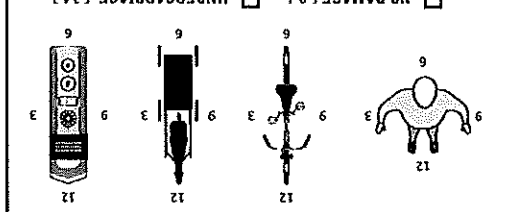
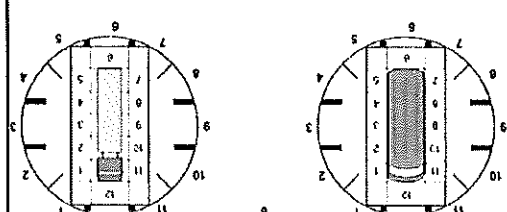
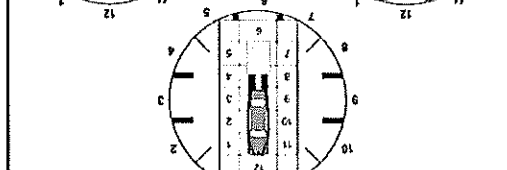
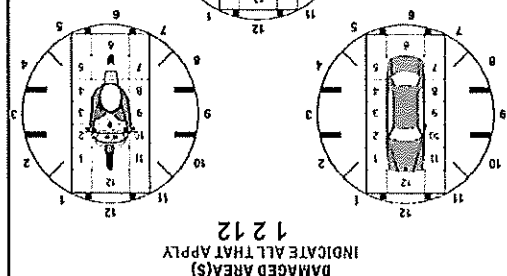
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LOCAL REPORT NUMBER 2020101

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



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

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

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UNIT

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE [] SAVE AS OWNER OWNER ADDRESS: STREET, CITY, STATE, ZIP [] SAVE AS DRIVER
 4146 EVERGREEN LN RICHFIELD OH 44286 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 OWNER PHONE: 330-472-1763 COMMERCIAL CARRIER PHONE: (INDICATE AREA CODE)

LP STATE LICENSE PLATE # FA4423 VEHICLE IDENTIFICATION # 4T3K3BB8AU030877
 INSURANCE COMPANY ERIE INSURANCE INSURANCE POLICY # G03 7107389
 TYPE OF USE [X] VERIFIED [] UNVERIFIED [] COMMERCIAL [] GOVERNMENT [] IN EMERGENCY
 #OCCUPANTS 2 VEHICLE WEIGHT GWR/GCMR 1 < 10K LBS. 2 10,001 - 26K LBS. 3 > 26K LBS.
 HAZARDOUS MATERIAL [] TOWED BY COMPANY NAME [] PLACARD []
 MATERIAL CLASS # PLACARD ID #

DAMAGED AREAS (S) INDICATE ALL THAT APPLY 1 2 3
 DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN/VN
 DAMAGE SCALE DAMAGE SCALE DAMAGE SCALE
 2020101 LOCAL REPORT NUMBER

UNIT # OF TRAILING UNITS 3 UNIT TYPE 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 MOTORCYCLED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - SOFT CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - TRAILER (EVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER NON-MOTORIST 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)

FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - BUS - SHUTTLE 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SCHOOL TRANSPORT 9 - BUS - OTHER 10 - ANBU/LANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWER 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 2 - BUS 3 - NO CARGO BODY TYPE 4 - LOGGING 5 - INTERMODAL CONTAINER 6 - CARGO VAN/ENCLOSED BOX 7 - GRANCHIP/SKRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 1 - TURN SIGNS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT 9 - MOTOR TRUCK 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

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

VEHICLE TYPE 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - BUS - SHUTTLE 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SCHOOL TRANSPORT 9 - BUS - OTHER 10 - ANBU/LANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWER 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 2 - BUS 3 - NO CARGO BODY TYPE 4 - LOGGING 5 - INTERMODAL CONTAINER 6 - CARGO VAN/ENCLOSED BOX 7 - GRANCHIP/SKRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER

VEHICLE MODEL YEAR 2010 COLOR WHI / VNZ TOY MAKE
 DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN/VN
 DAMAGE SCALE DAMAGE SCALE DAMAGE SCALE
 2020101 LOCAL REPORT NUMBER

VEHICLE EVENTS

VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
 AUTONOMOUS MODEL LEVEL 1 - YES 2 - NO 9 - OTHER / UNKNOWN
 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - BUS - SHUTTLE 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SCHOOL TRANSPORT 9 - BUS - OTHER 10 - ANBU/LANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWER 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 2 - BUS 3 - NO CARGO BODY TYPE 4 - LOGGING 5 - INTERMODAL CONTAINER 6 - CARGO VAN/ENCLOSED BOX 7 - GRANCHIP/SKRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER

LOCAL REPORT NUMBER
 2020101

UNIT #	02	NAME: LAST, FIRST, MIDDLE	ROLLINS RICHARD ALEXANDER			ADDRESS: STREET, CITY, STATE, ZIP	4146 EVERGREEN RICHFILED OH 44286			CONTACT PHONE - INCLUDE AREA CODE	330-907-1143						
INJURIES	5	INJURED	EMSAgency (NAME)	INJURED TAKEN BY	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED	4	DOT-COMPLIANT	MC HELMET	3	SEATING POSITION	3	AIR BAG USAGE	3	EJECTION	1	TRAPPED
UNIT #		NAME: LAST, FIRST, MIDDLE				ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
INJURIES		INJURED	EMSAgency (NAME)	INJURED TAKEN BY	INJURED TAKEN TO: Medical Facility (NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT	MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED
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1 - FATAL		1 - NONE USED				1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)					1 - NOT DEPLOYED						
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED				2 - FRONT - MIDDLE (MOTORCYCLE DRIVER)					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						
1 - NOT TRANSPORTED / TREATED AT SCENE		6 - CHILD RESTRAINT SYSTEM - REAR FACING				7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)					9 - DEPLOYMENT UNKNOWN						
2 - EMS		7 - BOOSTER SEAT				8 - THIRD - MIDDLE						EJECTION					
3 - POLICE		8 - HELMET USED				9 - THIRD - RIGHT SIDE					1 - NOT EJECTED						
9 - OTHER / UNKNOWN		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				10 - SLEEPER SECTION OF TRUCK CAB					2 - PARTIALLY EJECTED						
		10 - REFLECTIVE CLOTHING				11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)					3 - TOTALLY EJECTED						
		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				12 - PASSENGER IN UNENCLOSED CARGO AREA					4 - NOT APPLICABLE						
		99 - OTHER / UNKNOWN				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											
NAME: LAST, FIRST, MIDDLE	DEIGHTON KAREN		ADDRESS: STREET, CITY, STATE, ZIP			3591 W GLENCOE RD RICHFILED OH 44286			CONTACT PHONE - INCLUDE AREA CODE	443-421-2075							
NAME: LAST, FIRST, MIDDLE			ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
NAME: LAST, FIRST, MIDDLE			ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								

Wheatley Road, Broadview Road & Brecksville Road Intersection

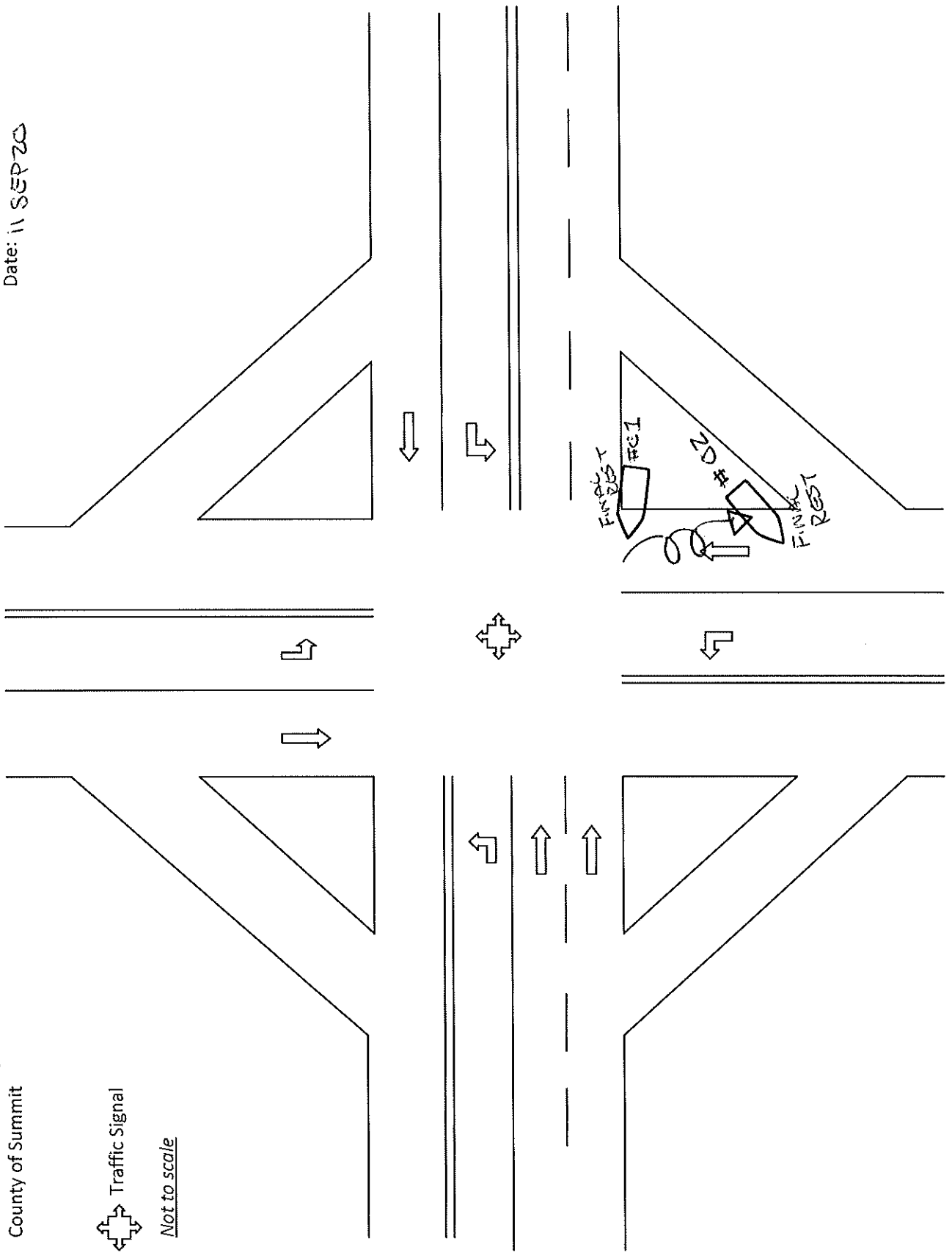
Crash # 2020101
County of Summit

Richfield Police Department
Date: 11 SEP 20



Traffic Signal

Not to scale





TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2020101	REPORTING AGENCY RICHFIELD	DATE OF CRASH 09 11 20
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

HEREBY MAKE THIS VOLUNTARY STATEMENT TO Amy L. Rollins PRINTED

OFFICER'S NAME Meister

AT BRECKSVILLE / WHEATLEY LOCATION

On Friday, September 11, 2020, my son and I were traveling southbound on Brecksville Road. As we were approaching the intersection of Wheatley and Brecksville Road, our light green, we were struck by a burgundy vehicle traveling east bound that ran the red light, striking our car on the passenger side.

PASSENGER INFO NAME - Richard Alexander Rollins "Alex"
 SSN - 472 33 7090
 PHONE - (330) 908-1143
 DOB - 7/23/97

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2010	TOYOTA	VNZ	WHITE	FAH4423	OH
ESTIMATED SPEED (MPH):			Air Bag Deployed: YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/>	SAFETY RESTRAINT USED: YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/>	

Insurance Co: ERIE INSURANCE Policy: 0037107389

ADDRESS OF WITNESS: 4140 EUGENEN LN RICHFIELD OH 44286 PHONE NUMBER: (330) 472-1743

SIGNATURE OF WITNESS: Amy L. Rollins OFFICER SIGNATURE: _____



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2020101	REPORTING AGENCY Richfield PD	DATE OF CRASH 09 11 20
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Charles Brady PRINTED
Mester OFFICER'S NAME

AT **Brecksville / WENTZLEY** LOCATION

I was traveling on I-76 approaching I-77

I was confused about where to turn to get on I-77 North
 was looking at signs as I approached intersection
 saw car approaching fast from my left. Did not have
 time to avoid the car. My car struck right side of other
 car. My car spun around, stopped in island just past
 intersection

Unit # 01 TRAILING EAST
 Unit # 02 TRAILING SOUTH

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2014	Subaru	forester	Red	HMM 9271	OH
ESTIMATED SPEED (MPH):	SAFETY RESTRAINT USED YES / NO				
30	<input checked="" type="radio"/> YES / <input type="radio"/> NO				

Insurance Co: State Farm Policy: 9799746 A2135

ADDRESS OF WITNESS: 7542 RED FOX TEL HUDSON OH 44236
 PHONE NUMBER: 330-212-5959

SIGNATURE OF WITNESS: *[Signature]*
 OFFICER SIGNATURE: *[Signature]* #122



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2020101	REPORTING AGENCY RICHFIELD POLICE	DATE OF CRASH 09 11 20
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, KAREN DEIGHTON PRINTED
 OFFICER'S NAME Meister
 LOCATION AT Beckwith / Wheeler

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

We were at Wheeler Rd / Cleveland Massillon & Traffic light. We were on a red light and stationary. A car was going through green light on Cleveland Massillon, a car went through light on 176 (Wheeler Rd). Cars collided.

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE

ESTIMATED SPEED (MPH):
 Air Bag Deployed - YES / NO
 SAFETY RESTRAINT USED: YES / NO
 Insurance Co:
 Policy:

ADDRESS OF WITNESS: 5591 W GLENCOE RD, RICHFIELD
 PHONE NUMBER: 443-4212075
 OFFICER SIGNATURE: [Signature] # 722
 SIGNATURE OF WITNESS: K Deighton