



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2022089

PHOTOS TAKEN
 SECONDARY CRASH
 PRIVATE PROPERTY

LOCAL INFORMATION I-77
 REPORTING AGENCY NAME* RICHFIELD POLICE
 NCIC* 07726

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED

NUMBER OF UNITS
 02

UNIT IN ERROR
 01 98 - ANIMAL
 99 - UNKNOWN

COUNTY* 77 LOCALITY* 2
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP* RICHFIELD

CRASH DATE / TIME* 05/24/2022 09:57
 CRASH SEVERITY 5
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE IR ROUTE NUMBER 271 PREFIX N - NORTH
 S - SOUTH
 E - EAST
 W - WEST LOCATION ROAD NAME I-271 ROAD TYPE HW
 LATITUDE DECIMAL DEGREES 41.229040

ROUTE TYPE IR ROUTE NUMBER 77 PREFIX N - NORTH
 S - SOUTH
 E - EAST
 W - WEST REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 77 ROAD TYPE HW
 LONGITUDE DECIMAL DEGREES 81.627101

REFERENCE POINT 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE # 1

DIRECTION FROM REFERENCE S
 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 HW - HIGHWAY RD - ROAD
 AV - AVENUE LA - LANE SQ - SQUARE
 BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

DISTANCE FROM REFERENCE 20
 DISTANCE UNIT OF MEASURE 2
 1 - MILES
 2 - FEET
 3 - YARDS

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 1

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 1
 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

MANNER OF CRASH COLLISION/IMPACT 1
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
 2 - REAR-END
 3 - HEAD-ON
 4 - REAR-TO-REAR
 5 - BACKING
 6 - ANGLE
 7 - SIDESWIPE, SAME DIRECTION
 8 - SIDESWIPE, OPPOSITE DIRECTION
 9 - OTHER / UNKNOWN

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

MEDIAN TYPE 2
 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

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 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 4
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN

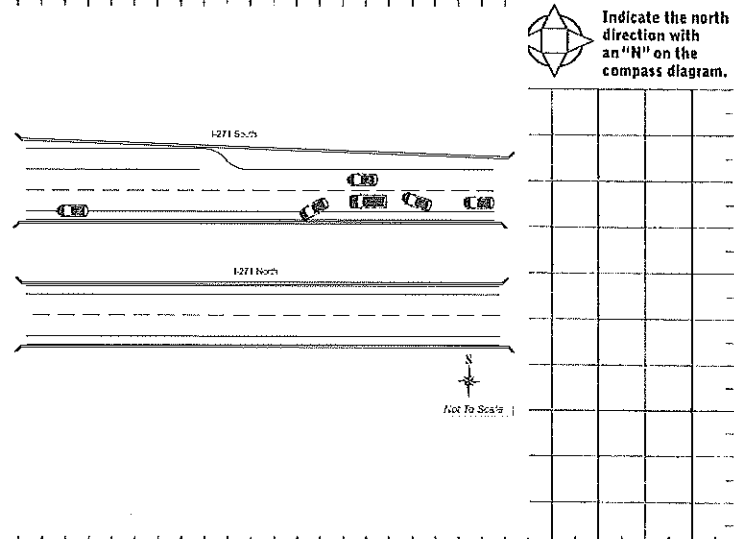
CONDITIONS 1
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN

SURFACE 1
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 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

Unit #1 was traveling south on I-271 in the left lane in the area of I-77. Unit #1 slowed in anticipation to change from the left lane to the far right lane and take the ramp to I-77 south. Unit #2 was in the left lane of I-271 when Unit #1 was slowed. Unit #2 swerved into the right lane lost control traveled of the left side of the roadway striking the concrete bridge parapet coming to rest in the left lane.



CRASH REPORTED DATE / TIME 05/24/2022 09:57		DISPATCH DATE / TIME 05/24/2022 09:59		ARRIVAL DATE / TIME 05/24/2022 10:03		SCENE CLEARED DATE / TIME 05/24/2022 11:18		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 30	OTHER INVESTIGATION TIME 60	TOTAL MINUTES 139	OFFICER'S NAME* RUDOLPH PRHNE		Checked by OFFICER'S NAME* #717		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO CSRS)		
			OFFICER'S BADGE NUMBER* 713		Checked by OFFICER'S BADGE NUMBER*				

OWNER

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE I SAME AS DRIVER
PERONI VICTOR ANDREW

OWNER ADDRESS: STREET, CITY, STATE, ZIP I SAME AS DRIVER
8335 PROCTOR RD PAINESVILLE OH 44077

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

DAMAGE

DAMAGE SCALE

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

LP STATE **OH** LICENSE PLATE # **HIX3112** VEHICLE IDENTIFICATION # **3FMCR9B64MRB30163** VEHICLE YEAR **2021** VEHICLE MAKE **FORD**

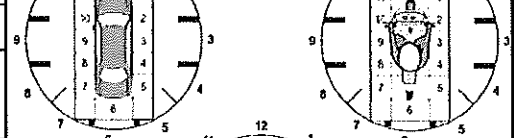
INSURANCE VERIFIED INSURANCE COMPANY **STATEFARM** INSURANCE POLICY # **D34 7175-D22-35** COLOR **GRY /** VEHICLE MODEL **BRC**

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **02** VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.

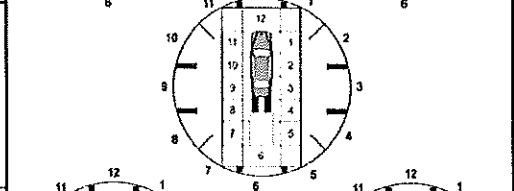
HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD



UNIT TYPE

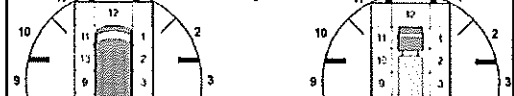
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - 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) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS



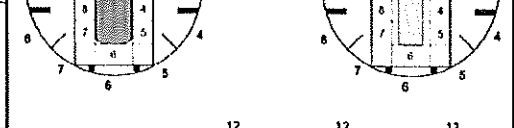
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 1 - YES 2 - NO 9 - OTHER / UNKNOWN

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



SPECIAL FUNCTION

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



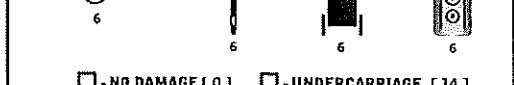
CARGO BODY TYPE

1 - 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 - 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 - MIDDLEBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIUM 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

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

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

CONTRIBUTING CIRCUMSTANCES

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

TRAFFIC

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

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

SEQUENCE OF EVENTS

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

OF THROUGH LANES ON ROAD **02**

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

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

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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM 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 **1** MOST HARMFUL EVENT **1**

UNIT SPEED **50**

POSTED SPEED **70**

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

UNIT # 02 **OWNER NAME:** LAST, FIRST, MIDDLE (SAVE AS DRIVER) **WOODS DIVINE QUINCY**
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAVE AS DRIVER) **21504 BEACHWOOD AVE CLEVELAND OH 44105**
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

LP STATE OH **LICENSE PLATE #** JFA4629 **VEHICLE IDENTIFICATION #** 1C3CDFB4FD119422 **VEHICLE YEAR** 2015 **VEHICLE MAKE** DODG
 INSURANCE VERIFIED **INSURANCE COMPANY** GO AUTO INSURACNE **INSURANCE POLICY #** 3002148 **COLOR** GRY / **VEHICLE MODEL** DAR

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY: COMPANY NAME** WORLD
 INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVW/GCWR** 1
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.
 MATERIAL RELEASED **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

UNIT TYPE 1
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
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 6 - VAN (9-15 SEATS) 17 - MOTORHOME

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

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NON-MOTORIST LOCATION AT IMPACT
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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 TRAFFIC LANE 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 15
 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 / ACOA 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 11 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 **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

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 - 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 3 **MOST HARMFUL EVENT** 3

LOCAL REPORT NUMBER
 2022089

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY
 8 9 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 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
 1-12 - REFER TO UNIT DIAGRAM 13 - TOP

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

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

UNIT SPEED 70 **POSTED SPEED** 70
DETECTED SPEED 1
 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2022089

UNIT # **01** NAME: LAST, FIRST, MIDDLE
KELLY STACEY ELAINE

DATE OF BIRTH **10/25/1957** AGE **64** GENDER **F**

ADDRESS: STREET, CITY, STATE, ZIP
6419 CAMBRIDGE PARK DR MENTOR OH 44060

CONTACT PHONE - INCLUDE AREA CODE
440-781-1714

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RS982546		OFFENSE CHARGED 333.04	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION SLOW SPEED			CITATION NUMBER RV59113		
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 1 TYPE 1 VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # **02** NAME: LAST, FIRST, MIDDLE
WOODS DIVINE QUINCY

DATE OF BIRTH **06/04/1998** AGE **23** GENDER **M**

ADDRESS: STREET, CITY, STATE, ZIP
12504 BEACHWOOD AVE CLEVELAND OH 44105

CONTACT PHONE - INCLUDE AREA CODE
216-269-0669

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 3	EJECTION 4	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER UM752715		OFFENSE CHARGED 335.07A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION DUS			CITATION NUMBER RV59114		
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 1 TYPE 1 VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # NAME: LAST, FIRST, MIDDLE
//

DATE OF BIRTH AGE GENDER

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

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

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1-FATAL	1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN
2-SUSPECTED SERIOUS INJURY	2-FRONT-MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED
3-SUSPECTED MINOR INJURY	3-FRONT-RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TALKING ON HANDS-FREE COMMUNICATION DEVICE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4-POSSIBLE INJURY	4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT/SIDE	4-REGULAR CLASS (OHIO-D)	4-FARM WAIVER	4-TALKING ON HAND-HELD COMMUNICATION DEVICE	4-TEST GIVEN, RESULTS KNOWN
5-NO APPARENT INJURY	5-SECOND-MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE
1-NOT TRANSPORTED / TREATED AT SCENE	6-SECOND-RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	7-EXCEPT TRACTOR-TRAILER	6-PASSENGER	1-NONE
2-EMS	7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)			8-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER DISTRACTION INSIDE THE VEHICLE	2-BLOOD
3-POLICE	8-THIRD-MIDDLE			9-LEARNER'S PERMIT RESTRICTIONS	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	3-URINE
9-OTHER / UNKNOWN	9-THIRD-RIGHT SIDE			10-LIMITED TO DAYLIGHT ONLY	9-OTHER / UNKNOWN	4-BREATH
SAFETY EQUIPMENT			TRAPPED			DRUG TEST TYPE
1-NONE USED	10-SLEEPER SECTION OF TRUCK CAB	1-NOT TRAPPED	H-HAZMAT	11-LIMITED TO EMPLOYMENT	1-OTHER / UNKNOWN	5-OTHER
2-SHOULDER BELT ONLY USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2-EXTRICATED BY MECHANICAL MEANS	M-MOTORCYCLE	12-LIMITED-OTHER	CONDITION	
3-LAP BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	3-FREED BY NON-MECHANICAL MEANS	P-PASSENGER	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1-APPARENTLY NORMAL	2-BLOOD
4-SHOULDER & LAP BELT USED	13-TRAILING UNIT		H-TANKER	14-MILITARY VEHICLES ONLY	2-PHYSICAL IMPAIRMENT	3-URINE
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		Q-MOTOR SCOOTER	15-MOTOR VEHICLES WITHOUT AIR BRAKES	3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	4-OTHER
6-CHILD RESTRAINT SYSTEM - REAR FACING	15-NON-MOTORIST		R-THREE-WHEEL MOTORCYCLE	16-OUTSIDE MIRROR	4-ILLNESS	DRUG TEST RESULT(S)
7-BOOSTER SEAT	99-OTHER / UNKNOWN		S-SCHOOL BUS	17-PROSTHETIC AID	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	1-AMPHETAMINES
8-HELMET USED			T-DOUBLE & TRIPLE TRAILERS	18-OTHER	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2-BARBITURATES
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			X-TANKER / HAZMAT		9-OTHER / UNKNOWN	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
2022089

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	01	PERONI DEBBRA			10/26/1955		66	F	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
8335 PROCTOR RD LEROY TWP OH 44077				440-863-9688					
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

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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

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
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

WITNESS	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

WITNESS	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

WITNESS	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

LOCAL REPORT NUMBER 2022089	REPORTING AGENCY RICHFIELD POLICE	DATE OF CRASH 5 24 22
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DIVINE WOODS PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
ROBERT PATRICK OFFICER'S NAME AT I-271 SB @ I-77 LOCATION

The person ahead of me was slowing down almost to a complete stop in the middle of the road, I had to SWERVE to the next lane to stop myself from REAR ending them.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2015	DODGE	DART	GRY	JFA 4629	OHIO

ESTIMATED SPEED (MPH): 60	Air Bag Deployed- YES / NO	SAFETY RESTRAINT USED: YES / NO
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Insurance Co: GO AUTO INS	Policy: 3002148
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ADDRESS OF WITNESS: 12504 BEACHWOOD AVENUE	PHONE NUMBER: 216-264-0609
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SIGNATURE OF WITNESS: D Divine Woods	OFFICER SIGNATURE: Robert Patrick 713
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*Driver

LOCAL REPORT NUMBER 2022089	REPORTING AGENCY Richfield P.D.	DATE OF CRASH M 05 D 24 Y 22
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Stacey E. Kelly PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
~~Stacey E. Kelly~~ ^{jm 710} J. Michael OFFICER'S NAME AT 271 S.B. @ 77 S.B. Ramp LOCATION

I was driving my friends vehicle, we were in the far left lane attempting to slow down and change lanes, I had my turn signal on.

The car behind approached EXTREMELY FAST.

He went into the lane to the right of me then tried to get back in the fast lane in front of me. In doing so he hit the wall. We were wearing seat belts

ADDRESS OF WITNESS 6419 Cambridge Park Dr Mentor, OH 44060	PHONE 440.781.1714
SIGNATURE OF WITNESS X Stacey E. Kelly	OFFICER'S SIGNATURE X J. Michael 710

LOCAL REPORT NUMBER 2022089	REPORTING AGENCY RICHFIELD POLICE	DATE OF CRASH 5 24 22
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, BRIAN A Leisure PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Russell Paine OFFICER'S NAME AT I-271 SB @ I-77 LOCATION

Driving on I-271 near exit 10, saw the gray Bronco in the left lane, with right turn signal on to try to merge across to exit 10 off ramp, the Bronco then stopped in the left lane to attempt to cross, and the Dodge dad had to swerve to go around the Bronco cause it stopped in lane, wanting to cross lanes to exit, the driver of the Dodge dad had no choice but swerve around the Bronco at the last second, came left and hit the wheel. it is the blond haired driver of the Bronco that caused the entire accident

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE

ESTIMATED SPEED (MPH):	Air Bag Deployed- YES / NO	SAFETY RESTRAINT USED: YES / NO
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Insurance Co:	Policy:
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ADDRESS OF WITNESS: 153 Thornapple Ct Howland OH 43028	PHONE NUMBER: 740-610-8537
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SIGNATURE OF WITNESS: <u>Brian Leisure</u>	OFFICER SIGNATURE: <u>Russell Paine 763</u>
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY Richfield P.D.	DATE OF CRASH M05 024 Y22
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Debra Peroni PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.H. J. Michel 710 OFFICER'S NAME AT 271 S.B. @ 775 B. Ramp LOCATION

I, Debra Peroni, was a passenger in my vehicle. While attempting to change lanes, a vehicle going fast was behind us. (I saw this in my passenger mirror.) I just knew we were going to be rear ended. The other driver tried to pass us on the right & attempted to get back in front of us. During so, he hit the wall.

Handwritten initials: jmu 710

HIX 3112 Grey Ford Bronco

RP576967
217-62-9385

ADDRESS OF WITNESS 8335 Proctor Rd. Lorain, Oh 44077	PHONE 440-853-9688
SIGNATURE OF WITNESS X Debra Peroni	OFFICER'S SIGNATURE X jmu 710