

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2022181

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

LOCAL INFORMATION 77 S MM 145
 REPORTING AGENCY NAME* RICHFIELD POLICE
 NCIC* 07726

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

COUNTY* 77 LOCALITY* 2
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP* RICHFIELD

CRASH DATE / TIME* 12/20/2022 05:11
 CRASH SEVERITY 4
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE IR ROUTE NUMBER 77 PREFIX S
 N - NORTH
 S - SOUTH
 E - EAST
 W - WEST
 LOCATION ROAD NAME 77
 ROAD TYPE HW
 LATITUDE DECIMAL DEGREES 41.258700

ROUTE TYPE ROUTE NUMBER PREFIX S
 N - NORTH
 S - SOUTH
 E - EAST
 W - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 145.8
 ROAD TYPE MP
 LONGITUDE DECIMAL DEGREES 81.633172

REFERENCE POINT 2
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 DIRECTION S
 N - NORTH
 S - SOUTH
 E - EAST
 W - WEST
 DISTANCE FROM REFERENCE 100
 UNIT OF MEASURE 2
 1 - MILES
 2 - FEET
 3 - YARDS

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES 0

LOCATION OF FIRST HARMFUL EVENT 2
 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

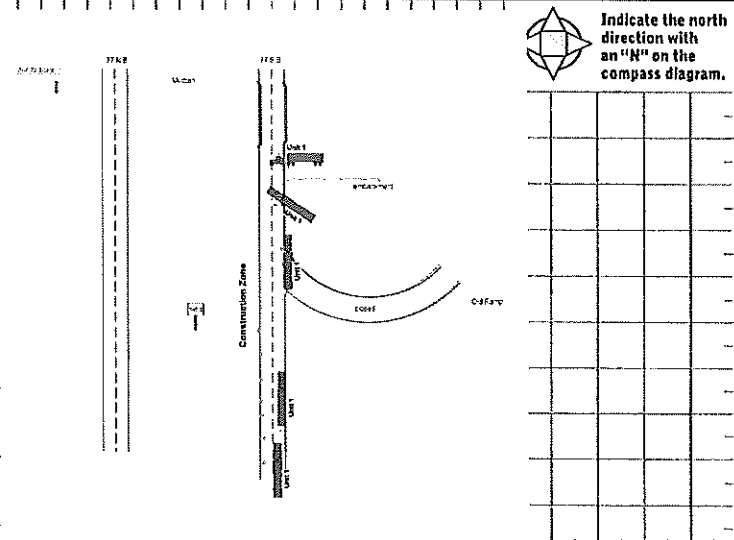
MANNER OF CRASH COLLISION/IMPACT 1
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
 2 - REAR-END
 3 - HEAD-ON
 4 - REAR-TO-REAR
 5 - BACKING
 6 - ANGLE
 7 - SIDESWIPE, SAME DIRECTION
 8 - SIDESWIPE, OPPOSITE DIRECTION
 9 - OTHER / UNKNOWN
 DIRECTION OF TRAVEL S
 N - NORTH
 S - SOUTH
 E - EAST
 W - WEST
 MEDIAN TYPE 4
 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 2
 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 4
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
 4 - ACTIVITY AREA
 5 - TERMINATION AREA

CONTOUR 1
 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 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER/UNKNOWN

LIGHT CONDITION 3
 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 01 was traveling on interstate 77 southbound. While in the right hand lane, unit 01 ran off the road to the right hand side striking a guardrail face. Unit 01 continued approximatley 100 feet into a construction zone striking multiple construction barrels and sign. Unit 01 also struck a second guardrail and a light pole this caused unit 01 to rollover on the passanger side coming to rest 50 feet from the bridge.



CRASH REPORTED DATE / TIME 12/20/2022 05:11	DISPATCH DATE / TIME 12/20/2022 05:13	ARRIVAL DATE / TIME 12/20/2022 05:17	SCENE CLEARED DATE / TIME 12/20/2022 19:38	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 840	OTHER INVESTIGATION TIME 60	TOTAL MINUTES 925	OFFICER'S NAME* DOUGLAS MCARTOR OFFICER'S BADGE NUMBER* 721	CHECKED BY OFFICER'S NAME* MICHAEL TESTA CHECKED BY OFFICER'S BADGE NUMBER* 717



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2022181

UNIT # 01	NAME: LAST, FIRST, MIDDLE AUSTIN DENZEL R	DATE OF BIRTH 03/24/1987	AGE 35	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 4471 GRANADA BLVD APT 205 WARRENSVILLE OH 44128	CONTACT PHONE - INCLUDE AREA CODE 216-242-8302
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INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) NONE	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 331.08	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION DRIVING IN MARKED LANES	CITATION NUMBER RV-59044						
OL CLASS 1	ENDORSEMENT P	RESTRICTION SELECT UP TO 3 5	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	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS 1	DRUG TEST(S) TYPE 1	DRUG TEST(S) RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH //	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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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	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS	DRUG TEST(S) TYPE	DRUG TEST(S) RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH //	AGE	GENDER
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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		
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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	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS	DRUG TEST(S) TYPE	DRUG TEST(S) 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 & CLASS B 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 DL	7 - EXCEPT TRACTOR-TRAILER	ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		8 - INTERMEDIATE LICENSE RESTRICTIONS	1 - NONE	
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	OL ENDORSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS	2 - BLOOD	
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY	3 - URINE	
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT	4 - BREATH	
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	5 - OTHER	
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	1 - NONE	
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - BLOOD	
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	17 - PROSTHETIC AID	4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				18 - OTHER	DRUG TEST RESULT(S)	
7 - BOOSTER SEAT					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	



LOCAL REPORT NUMBER 2022181	REPORTING AGENCY RICHTER	DATE OF CRASH M 12 D 20 Y 22
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Denzel Austin Sr HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

D. McAfee # 721 AT 77 South
OFFICER'S NAME LOCATION

I was driving on 77 South towards Akron when I came upon the on ramp in a construction zone and it was tight and clipped a construction cone and went off into the guardrail and hit the bridge with the tractor and the trailer is hanging off the hill.

ADDRESS OF WITNESS 4471 GRANADA BLVD APT 205 WARRENS, OH 44129	PHONE 216-242-8552
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <u>[Signature]</u> # 721



LOCAL REPORT NUMBER 2022101	REPORTING AGENCY RICHFIELD	DATE OF CRASH M 12 D 20 Y 22
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kelly Hawkins HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

AT 77^s ext 143 Brecksville
OFFICER'S NAME LOCATION

While I was driving down 77^s coming into the construction zone I witness a semi trailer backend starting ~~the~~ ^{to} roll over. I immediately pulled over. Called 911 then went to assist another gentlemen (who had stopped) help the truck driver out of the rolled over truck. Police showed up and I stayed to issue my statement. This all happened around 5:06am heading south on 77 just past the Brecksville Rd exit 143. on Dec 20 2022.

ADDRESS OF WITNESS 11539 Lloyd St NW Canal Fulton, Ohio 44614	PHONE 330-618-9027
SIGNATURE OF WITNESS X <u>Kelly Hawkins</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> #721