



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2022186

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 OH-3  
 OH-1P  
 OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION 271 BRIDGE OVER 77  
 REPORTING AGENCY NAME\* RICHFIELD POLICE  
 NCIC\* 07726

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

COUNTY\* 77 LOCALITY\* 3  
 LOCATION: CITY, VILLAGE, TOWNSHIP\* RICHFIELD

CRASH DATE / TIME\* 12/24/2022 09:32  
 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 RD

LATITUDE DECIMAL DEGREES 41.228859

ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 10 ROAD TYPE MP

LONGITUDE DECIMAL DEGREES 81.627340

REFERENCE POINT 2  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 DIRECTION FROM REFERENCE N  
 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 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

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

ROADWAY  
 ROADWAY DIVIDED

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 N  
 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  
 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  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN

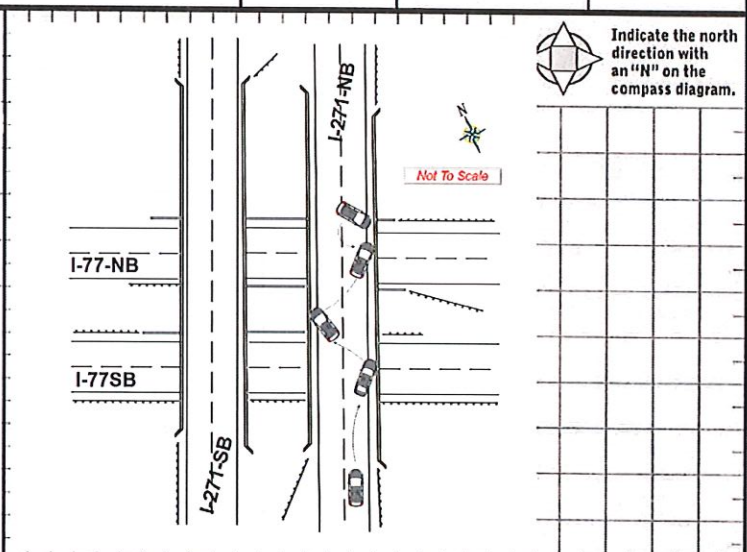
CONDITIONS 4  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

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

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

WEATHER 8  
 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 lost control on iced roadway. Unit 1 slid off the right side of the roadway and into bridge wall. Continued across two lanes and into left side bridge wall. Unit 1 then again traveled across the two lanes and into the right bridge wall again, where Unit 1 came to rest.



|  |                                |  |                                   |   |  |   |   |   |  |
|--|--------------------------------|--|-----------------------------------|---|--|---|---|---|--|
| CRASH REPORTED DATE / TIME<br>12/24/2022 09:32 |                                | DISPATCH DATE / TIME<br>12/24/2022 09:33 |                                   | ARRIVAL DATE / TIME<br>12/24/2022 09:39 |  | SCENE CLEARED DATE / TIME<br>12/24/2022 10:55 |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br>00                | OTHER INVESTIGATION TIME<br>15 | TOTAL MINUTES<br>96                      | OFFICER'S NAME*<br>JEFFREY MICHEL |   | CHECKED BY OFFICER'S NAME*<br>[Signature]  |   | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT IS OK) |   |  |
|  |                                |  | OFFICER'S BADGE NUMBER*<br>710    |   | CHECKED BY OFFICER'S BADGE NUMBER*<br>#717 |   |   |   |  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2022186

|              |   |                             |           |             |
|--------------|---|-----------------------------|-----------|-------------|
| UNIT #<br>01 | NAME: LAST, FIRST, MIDDLE<br>HENNINGER LILA GRACE | DATE OF BIRTH<br>02/28/1998 | AGE<br>24 | GENDER<br>F |
|--------------|---|-----------------------------|-----------|-------------|

|  |   |
|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>215 E JENKINS AVE COLUMBUS OH 43207 | CONTACT PHONE - INCLUDE AREA CODE<br>614-230-8556 |
|--|---|

|                       |  |                                   |  |   |  |                              |  |                        |  |  |
|-----------------------|--|-----------------------------------|--|---|--|------------------------------|--|------------------------|--|--|
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>[ ]             | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>2                | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1                                      |  |
| <b>OL STATE</b><br>OH | <b>OPERATOR LICENSE NUMBER</b><br>UR476567 | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b>  |  |                              |  | <b>CITATION NUMBER</b> |  |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>                         | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1        | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                        | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UP TO 4 |  |

|        |                           |                     |     |        |
|--------|---------------------------|---------------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH<br>// | AGE | GENDER |
|--------|---------------------------|---------------------|-----|--------|

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

|        |                           |                     |     |        |
|--------|---------------------------|---------------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH<br>// | AGE | GENDER |
|--------|---------------------------|---------------------|-----|--------|

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|-----------------------------------|-----------------------------------|

|                 |                                |                                   |  |   |  |                         |  |                        |  |  |
|-----------------|--------------------------------|-----------------------------------|--|---|--|-------------------------|--|------------------------|--|--|
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>        | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                     | <b>EJECTION</b>        | <b>TRAPPED</b>   |  |
| <b>OL STATE</b> | <b>OPERATOR LICENSE NUMBER</b> | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>  |  |                         |  | <b>CITATION NUMBER</b> |  |  |
| <b>OL CLASS</b> | <b>ENDORSEMENT</b>             | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                        | <b>DRUG TEST(S)</b><br>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                |
|   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  |  |
|   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  |
| <b>INJURED TAKEN BY</b>                       | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 1 - NONE                                       |
| 2 - EMS                                       | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  |  | 2 - BLOOD                                      |
| 3 - POLICE                                    | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   |  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   |  | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                       | 13 - TRAILING UNIT   |                                    | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 5 - OTHER                                      |
| 1 - NONE USED                                 | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | <b>TRAPPED</b>                     | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | <b>CONDITION</b>   | <b>DRUG TEST TYPE</b>                          |
| 2 - SHOULDER BELT ONLY USED                   | 15 - NON-MOTORIST  | 1 - NOT TRAPPED                    | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 1 - APPARENTLY NORMAL  | 1 - NONE                                       |
| 3 - LAP BELT ONLY USED                        | 99 - OTHER / UNKNOWN   | 2 - EXTRICATED BY MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 2 - PHYSICAL IMPAIRMENT  | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                  |  | 3 - FREED BY NON-MECHANICAL MEANS  | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    |                              | 18 - OTHER   | 4 - ILLNESS  | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    |                              |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  |
| 7 - BOOSTER SEAT                              |  |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                     |
| 8 - HELMET USED                               |  |                                    |                              |  | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                    |                              |  |  | 2 - BARBITURATES                               |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 5 - COCAINE                                    |
|   |  |                                    |                              |  |  | 6 - OPIATES / OPIODS                           |
|   |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |