

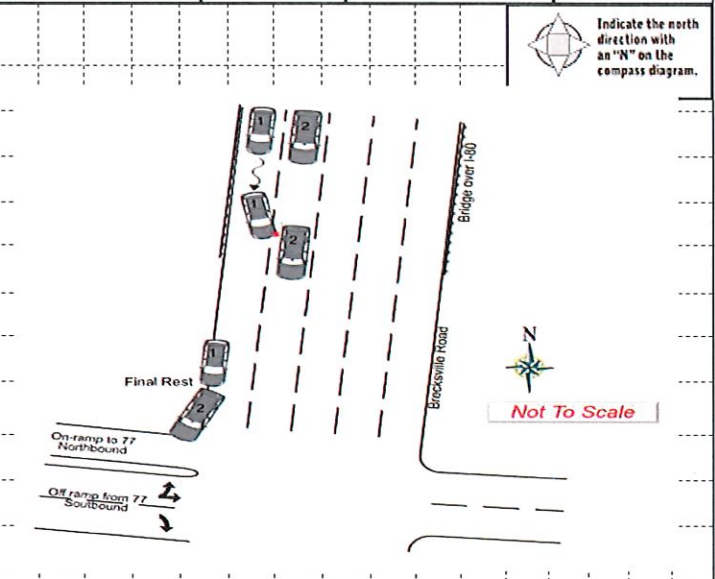
# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH2 <input type="checkbox"/> OH1P <input type="checkbox"/> Private Property	LOCAL INFORMATION <b>BRECKSVILLE RD / I-80</b> REPORTING AGENCY NAME* <b>Richfield Police Department</b>		LOCAL REPORT NUMBER <b>20236524</b>			
COUNTY* <b>77</b>		LOCALITY* <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP* <b>RICHFIELD</b>		HIT/SKIP 1 - Solved 2 - Unsolved <b>02</b>	NUMBER OF UNITS <b>02</b>	UNIT IN ERROR 93 - ANNUAL 99 - UNKNOWN <b>01</b>	
ROUTE TYPE <b>RD</b>		ROUTE NUMBER <b>77</b>	PREFIX <b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>	LOCATION ROAD NAME <b>Brecksville</b>	ROAD TYPE <b>R D</b>	CRASH DATE/TIME* <b>1220202023 10859</b>		
ROUTE TYPE <b>IR</b>		ROUTE NUMBER <b>77</b>	PREFIX <b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>I-77</b>	ROAD TYPE <b>H W</b>	LATITUDE DECIMAL DEGREES <b>41.272867</b>		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1</b>	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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY DIVIDED NUMBER OF APPROACHES <b>1</b>			
DISTANCE FROM REFERENCE <b>210</b>		DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards <b>2</b>	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIUM 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 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 <b>01</b>		MANNER OF CRASH COLLISION/IMPACT 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 <b>6</b>		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1</b>	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN <b>1</b>
<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 4 - INTERMITTENT OR MOVING WORK 5 - OTHER <b>1</b>	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 <b>1</b>		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER UNKNOWN <b>1</b>	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER UNKNOWN <b>4</b>	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER UNKNOWN <b>1</b>	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>2</b>		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 <b>1</b>		CRASH DATE/TIME <b>1220202023 10859</b>				

NARRATIVE  
 UNIT 1 WAS TRAVELING SOUTHBOUND IN THE RIGHT HAND LANE OF BRECKSVILLE ROAD. UNIT 2 WAS TRAVELING SOUTHBOUND IN THE LEFT-HAND LANE OF BRECKSVILLE ROAD. UNIT 1 AND THE VEHICLE IN FRONT OF THEM HIT A PATCH OF ICE ON THE ROADWAY. UNIT 1 ATTEMPTED TO SLOW THEIR VEHICLE, BUT COULD NOT, SO THEY TURNED INTO THE LEFT-HAND LANE, STRIKING UNIT 2.



CRASH REPORTED DATE/TIME <b>1220202023 10859</b>	DISPATCH DATE/TIME <b>1220202023 10859</b>	ARRIVAL DATE/TIME <b>1220202023 10904</b>	SCENE CLEARED DATE/TIME <b>1220202023 10930</b>	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION - ADDITION) <small>TO BE FILED WITH ORIGINAL REPORT</small>
TOTAL TIME ROADWAY CLOSED <b>26</b>	OTHER INVESTIGATION TIME <b>60</b>	TOTAL MINUTES <b>86</b>	OFFICER'S NAME* <b>Brett Lee</b>	CHECKED BY OFFICER'S NAME* 
		OFFICER'S BADGE NUMBER* <b>725</b>	CHECKED BY OFFICER'S BADGE NUMBER* <b>717</b>	

2,0,2,3,6,5,2,4

OWNER INFORMATION: UNIT # 0,1; OWNER NAME: COOLICK ELIZABETH; OWNER ADDRESS: 6868 CHAPEL HILL DR, BRECKSVILLE OH 44141

VEHICLE IDENTIFICATION: LP STATE OH, LICENSE PLATE # JLP9731, VEHICLE IDENTIFICATION # 1GKKNULS1MZ213477, VEHICLE YEAR 2021, VEHICLE MAKE GMC

INSURANCE: Farmers Insurance, POLICY # 187-365 821, VEHICLE COLOR BLK, VEHICLE MODEL Acadia

UNIT TYPE: 0,1; # OF TRAILING UNITS: 0; WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

SPECIAL FUNCTION: 0,1; CARGO BODY TYPE: 0,1; VEHICLE DEFECTS: 0,1

NON-MOTORIST LOCATION AT IMPACT: 0,1; ACTION: 3

CONTRIBUTING CIRCUMSTANCES: 1,5

SEQUENCE OF EVENTS: 1,2,0

EVENTS: 1,2,0

COLLISION WITH FIXED OBJECT - STRUCK: 1

FIRST HARMFUL EVENT: 1; MOST HARMFUL EVENT: 1

DAMAGE: DAMAGE SCALE 2

DAMAGED AREA(S): INDICATE ALL THAT APPLY. Includes diagrams of vehicle damage and checkboxes for NO DAMAGE, TOP, UNDERCARRIAGE, etc.

INITIAL POINT OF CONTACT: 1,1

TRAFFIC: TRAFFICWAY FLOW 2, TRAFFIC CONTROL 6

# OF THROUGH LANES ON ROAD: 4; RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 1 TO 2

UNIT SPEED: 20; DETECTED SPEED: 1

POSTED SPEED: 35; PAGE 1 OF 1

20236524

OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver) **VAN CURE CHAD ROBERT**  
 OWNER PHONE: INCLUDE AREA CODE ( Same As Driver)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver) **7481 BRECKSVILLE RD INDEPENDENCE OH 44131**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE **OH** LICENSE PLATE # **JWM1926** VEHICLE IDENTIFICATION # **1V2XR2CA1KC545385** VEHICLE YEAR **2019** VEHICLE MAKE **Volkswagen**  
 INSURANCE VERIFIED  INSURANCE COMPANY **State Farm** INSURANCE POLICY # **2098519-SFP-35** VEHICLE COLOR **WHI** VEHICLE MODEL **Atlas**  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS **01**  
 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS# \_\_\_\_\_ PLACARD ID# \_\_\_\_\_

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

UNIT TYPE: **01**  
 # OF TRAILING UNITS **0**  
 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 - AUTO CYCLE  
 10 - MOPED OR MOTORIZED BICYCLE  
 11 - ALL TERRAIN VEHICLE (ATV/UTV)  
 12 - GOLF CART  
 13 - SNOWMOBILE  
 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 - TRAILER  
 99 - UNKNOWN OR HIT/SKIP

INITIAL POINT OF CONTACT  
 [ 0 ] [ 3 ]  
 0 - NO DAMAGE  
 1-12 - REFER TO UNIT DIAGRAM  
 13 - TOP  
 14 - UNDERCARRIAGE  
 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN

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: **01**  
 1 - NONE  
 2 - TAXI  
 3 - ELECTRONIC RIDE SHARING  
 4 - SCHOOL TRANSPORT  
 5 - BUS TRANSIT/COMPUTER  
 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: **01**  
 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 - GRAVITY FEED GRAVEL  
 8 - POLE  
 9 - CARGO TANK  
 10 - FLAT BED  
 11 - DUMP  
 12 - CONCRETE MIXER  
 13 - AUTO TRANSPORTER  
 14 - GARBAGE/REFUSE  
 99 - OTHER/UNKNOWN

TRAFFICWAY FLOW: **2**  
 1 - ONE-WAY  
 2 - TWO-WAY  
 TRAFFIC CONTROL: **6**  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 6 - NO CONTROL

VEHICLE DEFECTS: **01**  
 1 - TURN SIGNALS  
 2 - HEAD LAMPS  
 3 - TAIL LAMPS  
 4 - BRAKES  
 5 - STEERING  
 6 - TIRE BLOWOUT  
 7 - WORK OR SICK TIRES  
 8 - TRAILER EQUIPMENT DEFECTIVE  
 9 - MOTOR TROUBLE  
 10 - DISABLED FROM PRECRASH ACCIDENT  
 99 - OTHER/UNKNOWN

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

SEQUENCE OF EVENTS: **1 2 0**  
 1 - OVERTURN/ROLLOVER  
 2 - FIRE/EXPLOSION  
 3 - INVERSION  
 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 - PEDAL CYCLE  
 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 - 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 TOWER/NAVES 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

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

UNIT SPEED: **41**  
 POSTED SPEED: **35**  
 DETECTED SPEED: **1**  
 1 - STATED/ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
 2 0 2 3 6 5 2 4

UNIT # 01	NAME: LAST, FIRST, MIDDLE COOLICK ELIZABETH		DATE OF BIRTH 06131981		AGE 42	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 6868 CHAPEL HILL DR BRECKSVILLE OH 44141			CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 333.08	LOCAL CODE	OFFENSE DESCRIPTION Failure to Control	CITATION NUMBER RV-60180					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	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: 1		DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT SELECT UP TO 4		

UNIT # 02	NAME: LAST, FIRST, MIDDLE VAN CURE CHAD ROBERT		DATE OF BIRTH 08041980		AGE 43	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 7481 BRECKSVILLE RD INDEPENDENCE OH 44131			CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER					
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3 03	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: 1		DRUG TEST(S) STATUS: 1 TYPE: 1 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	OFFENSE DESCRIPTION	CITATION NUMBER					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA 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
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	<b>DRUG TEST TYPE</b>	
<b>SAFETY EQUIPMENT</b>		4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - NONE	
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>		12 - LIMITED - OTHER	2 - BLOOD	
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - URINE	
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	4 - OTHER	
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	<b>CONDITION</b>	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	1 - APPARENTLY NORMAL	1 - AMPHETAMINES
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	17 - PROSTHETIC AID	2 - PHYSICAL IMPAIRMENT	2 - BARBITURATES
7 - BOOSTER SEAT				18 - OTHER	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - BENZODIAZEPINES
8 - HELMET USED					4 - ILLNESS	4 - CANNABINOIDS
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - COCAINE
10 - REFLECTIVE CLOTHING					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - OPIATES / OPIOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					7 - OTHER / UNKNOWN	7 - OTHER
99 - OTHER / UNKNOWN						8 - NEGATIVE RESULTS
						<b>DRUG TEST RESULT(S)</b>
						1 - AMPHETAMINES
						2 - BARBITURATES
						3 - BENZODIAZEPINES
						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 20236524	REPORTING AGENCY Richfield PD	DATE OF CRASH 12   20   23
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Chad VanCure HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
B. Lee 725 AT Brecksville Rd  
OFFICER'S NAME LOCATION

I was Driving South on Route 21 in the left lane. A vehicle from Right lane veered into the left lane and hit me on the passenger side.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2019	VW	Atlas	white	JWM 1926	OH

ESTIMATED SPEED (MPH): 41	Air Bag Deployed- YES / <input checked="" type="radio"/> NO	SAFETY RESTRAINT USED: <input checked="" type="radio"/> YES / NO
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Insurance Co: State Farm	Policy: 2098519-SFP-35
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ADDRESS OF WITNESS: 7481 Brecksville Rd Independence, OH 44131	PHONE NUMBER: 216-816-6607
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SIGNATURE OF WITNESS: 	OFFICER SIGNATURE: 725
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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 20230524	REPORTING AGENCY Richfield PD	DATE OF CRASH 12   20   23
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Elizabeth Coolick PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
B. Lee 725 OFFICER'S NAME AT Brecksville Rd LOCATION

I was traveling on right SB lane of Rt 21, trailer w/ flatbed to tow vehicle started to lose control, I tried to stop <sup>to avoid collision w/ trailer</sup> & my car veered left & hit white VW SUV. ~~which then~~

VEHICLE INFORMATION						
YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE	
20 20	GMC	Acadia	Black	JLP 9731	OH	
ESTIMATED SPEED (MPH): 20			Air Bag Deployed- YES / <input checked="" type="radio"/> NO		SAFETY RESTRAINT USED <input checked="" type="radio"/> YES / NO	
Insurance Co: Farmers Insura				Policy: 187-365 821		
ADDRESS OF WITNESS: 6868 Chapel Hill Dr. Brecksville				PHONE NUMBER: 216-903-8450		
SIGNATURE OF WITNESS: <u>E Coolick</u>				OFFICER SIGNATURE: <u>[Signature]</u> 725		