

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY	<input type="checkbox"/> OH2 <input checked="" type="checkbox"/> OH3 <input type="checkbox"/> OH1P <input type="checkbox"/> OTHER	LOCAL INFORMATION 1-77 NB / 145 MM REPORTING AGENCY NAME * Richfield Police Department	NCIC * 0 7 7 2 6	LOCAL REPORT NUMBER * 2 0 2 4 0 2 9 4
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COUNTRY * 7 7	LOCALITY * 2	LOCATION: CITY, VILLAGE, TOWNSHIP * RICHFIELD	CRASH DATE/TIME * 0 5 1 8 2 0 2 4 1 1 8 0 4	CRASH SEVERITY 5
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ROUTE TYPE J R	ROUTE NUMBER 7 7	PREFIX 	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME 77	ROAD TYPE H W	LATITUDE DECIMAL DEGREES 4 1 . 2 3 9 7 7 7
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ROUTE TYPE 	ROUTE NUMBER 	PREFIX 	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 145	ROAD TYPE M P	LONGITUDE DECIMAL DEGREES 8 1 . 6 3 8 1 7 8
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REFERENCE POINT 2	DIRECTION 2	ROUTE TYPE IR - INTERSTATE ROUTE (TP)	ROAD TYPE AL - ALLEY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
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DISTANCE FROM REFERENCE 3 0 0	DISTANCE UNIT OF MEASURE 2	ROUTE TYPE US - FEDERAL US ROUTE	ROAD TYPE AL - ALLEY	NUMBER OF APPROACHES
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LOCATION OF FIRST HARMFUL EVENT 0 4	MANNER OF CRASH COLLISION/IMPACT 1	DIRECTION OF TRAVEL 1	MEDIAN TYPE 4
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WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 2	LOCATION OF CRASH IN WORK ZONE 4	CONTOUR 1	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1	WEATHER 1	SURFACE 2
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NARRATIVE UNIT 01 WAS TRAVELING NORTHBOUND ON INTERSTATE 77. UNIT 01 LOST CONTROL OF THE VEHICLE NEAR MILE MARKER 145. UNIT 01 RAN OFF THE ROADWAY TO THE RIGHT STRIKING A SIGN COMING TO REST APPROXIMATELY 30 FEET OFF THE ROADWAY.	<p>Indicate the north direction with an "N" on the compass diagram.</p>
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CRASH REPORTED DATE/TIME 0 5 1 8 2 0 2 4 1 1 8 0 4	DISPATCH DATE/TIME 0 5 1 8 2 0 2 4 1 1 8 0 8	ARRIVAL DATE/TIME 0 5 1 8 2 0 2 4 1 1 8 1 4	SCENE CLEARED DATE/TIME 0 5 1 8 2 0 2 4 1 1 9 0 2	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 4 0	OTHER INVESTIGATION TIME 6 0	TOTAL MINUTES 1 0 8	OFFICER'S NAME * Douglas McArtor	CHECKED BY OFFICER'S NAME * Michael Testa
		OFFICER'S BADGE NUMBER * 7 2 1	CHECKED BY OFFICER'S BADGE NUMBER * 7 0 5	SUPPLEMENT (CORRECTION / ADDITION)

OWNER: UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) **BUDIMLIC ETHAN** OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)
1 MATTHIAS CRES MARYHILL ON NOB2B0
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE ON LICENSE PLATE # ctwf513 VEHICLE IDENTIFICATION # YV4S2Z5192X171274792 VEHICLE YEAR 2007 VEHICLE MAKE Volvo
 INSURANCE VERIFIED INSURANCE COMPANY Belairdirect INSURANCE POLICY # E61-5182 VEHICLE COLOR GRN VEHICLE MODEL XC70
 TYPE OF USE: COMMERCIAL GOVERNMENT EMERGENCY RESPONSE INTERLOCK DEVICE EQUIPPED HITSKIP UNIT # OCCUPANTS 02 US DOT # _____ TOWED BY: COMPANY NAME _____
 VEHICLE WEIGHT GVWR/GCWR: 1-<10K LBS. 2-10,001-26K LBS. 3->26K LBS. HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS# _____ PLACARD ID# _____
 UNIT TYPE: 01 1-PASSENGER CAR 7-MOTORCYCLE 2-WHEELED 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 23-PEDESTRIAN SKATER
 2-PASSENGER VAN (W/NOVIA) 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 6-VAN (9-15 SEATS) 11-ALL TERRAIN VEHICLE (ATV/UTV) 17-MOTORHOME 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27-TRAIN
 59-UNKNOWN OR HITSKIP
 # OF TRAILING UNITS _____

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 0-NO AUTOMATION 1-DRIVER ASSISTANCE 3-CONDITIONAL AUTOMATION 9-UNKNOWN
 1-YES 2-NO 9-OTHER/UNKNOWN 2-PARTIAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION
 SPECIAL FUNCTION: 01 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-MOVING 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-CRANES/SIGRAVEL 8-POLE 9-CARGO TANK 10-FLAT BED 11-DUMP 12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-DAMAGE 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 3-INTERSECTION-OTHER 4-MIDBLOCK-MARKED CROSSWALK 5-TRAVEL LANE-OTHER LOCATION 6-BICYCLE LANE 7-SHOULDER/ROADSIDE 8-S-DEWALK 9-MEDIAN CROSSING ISLAND 10-DRIVEWAY ACCESS 11-SHARED USE PATHS OR TRAILS 12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER/UNKNOWN
 ACTION: 4 1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER/UNKNOWN
 PRE-CRASH ACTION: 01 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
 CONTRIBUTING CIRCUMSTANCES: 11 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/AGDA 9-IMPROPER LANE CHANGING 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/PULLING 20-IMPROPER CROSSING 21-LYING IN ROADWAY 22-NOT DISCERNABLE 23-OPENING DOOR INTO ROADWAY 99-OTHER/IMPROPER ACTION

INITIAL POINT OF CONTACT
11 0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 13-TOP 14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN

SEQUENCE OF EVENTS: 108 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-DOWNSHILL 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

TRAFFIC
 TRAFFICWAY FLOW: 1 1-ONEWAY 2-TWOWAY
 TRAFFIC CONTROL: 6 1-ROUNDBOUNT 2-SIGNAL 3-FLASHER 4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL
 # OF THROUGH LANES ON ROAD: 2
 RAIL GRADE CROSSING: 1 1-NOT INVOLVED 2-INVOLVED - ACTIVE CROSSING 3-INVOLVED - PASSIVE CROSSING

EVENTS
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COLLISION WITH FIXED OBJECT - STRUCK
4 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/UTILITY 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
COLLISION WITH OTHER VEHICLE
1 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION
 FROM 2 TO 1
 1-NORTH 2-SOUTH 3-EAST 4-WEST 5-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST
UNIT SPEED
60
POSTED SPEED
60
DETECTED SPEED
1 1-STATED/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 0 2 4 0 2 9 4

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE BUDIMLIC ANNELISE	DATE OF BIRTH 0 1 0 1 1 9 0 0	AGE	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 42 MILDRED GILLES AYR ON N0B1E0			CONTACT PHONE - INCLUDE AREA CODE	

INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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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
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INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MAJOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER/UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

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NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 20240294	REPORTING AGENCY BIRCHFIELD	DATE OF CRASH 5 19 2020
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ethan Budimlic PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

D. McAmis # 721 OFFICER'S NAME AT 77 W mm 145 LOCATION

Missed my exit then checked gps, then my wheel hit the mud (there was no shoulder) the mud/curb of road forced my wheel to turn into ditch.

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2007	Volvo	XC70	green	CTWF513	OH10

ESTIMATED SPEED (MPH): <u>60</u>	Air Bag Deployed- YES / <input checked="" type="radio"/> NO	SAFETY RESTRAINT USED: <input checked="" type="radio"/> YES / NO
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Insurance Co: <u>belairdirect</u>	Policy: <u>EG1-5192</u>
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ADDRESS OF WITNESS: <u>42 wildred Gillies Ave, ON</u>	PHONE NUMBER: <u>226 591 3241</u>
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SIGNATURE OF WITNESS: <u>Ethan Budimlic</u>	OFFICER SIGNATURE: <u>[Signature] # 721</u>
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