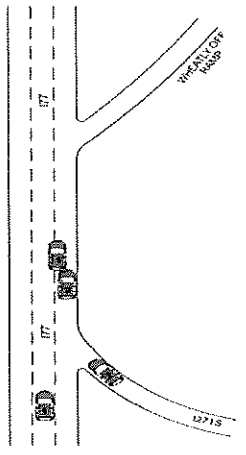
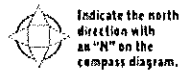


# TRAFFIC CRASH REPORT

\* DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH2 <input type="checkbox"/> OH1P <input type="checkbox"/> Private Property	<input checked="" type="checkbox"/> OH3 <input type="checkbox"/> OTHER	LOCAL INFORMATION <b>I-77 SB / 143.6 MM</b>		LOCAL REPORT NUMBER <b>20240487</b>		
REPORTING AGENCY NAME * <b>Richfield Police Department</b>				NCIC * <b>07726</b>		HITS/KIP 1 - Solved 2 - Unsolved <b>02</b>	NUMBER OF UNITS <b>02</b>	UNIT IN ERROR 88 - AIC/MAL 99 - UNKNOWN <b>01</b>
COUNTY * <b>77</b>	LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP * <b>2</b>	LOCATION CITY, VILLAGE, TOWNSHIP * <b>RICHFIELD</b>		CRASH DATE/TIME * <b>08092024 1538</b>		CRASH SEVERITY <b>3</b> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
ROUTE TYPE <b>R</b>	ROUTE NUMBER <b>77</b>	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DEC-MIN DEGREES <b>41.234620</b>	ROADWAY <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <b>1</b> <input checked="" type="checkbox"/> ROADWAY DIVIDED		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>143.6</b>	ROAD TYPE <b>MP</b>	LONGITUDE DEC-MIN DEGREES <b>81.628168</b>			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>2</b>	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>2</b>	ROUTE TYPE IR - INTERSTATE ROUTE (IP) 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 checked="" type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <b>1</b>				
DISTANCE FROM REFERENCE <b>100</b>	DISTANCE LAST OF MEASURE 1 - Miles 2 - Feet 3 - Yards <b>2</b>	LOCATION OF FIRST HARMFUL EVENT <b>01</b> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 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		MANNER OF CRASH COLLISION/IMPACT <b>6</b> 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 <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE <b>4</b> 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	
<input checked="" type="checkbox"/> WORK ZONE RELATED <input checked="" 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 OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER <b>3</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>4</b>	CONTOUR <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER UNKNOWN	CONDITIONS <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER UNKNOWN	SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER UNKNOWN			
LIGHT CONDITION <b>1</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER <b>1</b> 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	NARRATIVE UNIT 2 WAS TRAVELING SOUTH FROM I271 ONTO I77 SOUTH TO TAKE THE WHEATLEY RD EXIT RAMP. UNIT 1 WAS TRAVELING SOUTH ON I77 AND TRIED TO MERGE TO THE RIGHT TO TAKE THE WHEATLEY RD EXIT RAMP STRIKING UNIT 2. BOTH UNITS CAME TO A REST AT THE 143.6 MILEPOST IN THE RIGHT LANE.						



CRASH REPORTED DATE/TIME <b>08092024 1538</b>	DISPATCH DATE/TIME <b>08092024 1542</b>	ARRIVAL DATE/TIME <b>08092024 1546</b>	SCENE CLEARED DATE/TIME <b>08092024 1627</b>	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED <b>0</b>	OTHER INVESTIGATION TIME <b>41</b>	TOTAL MINUTES <b>41</b>	OFFICER'S NAME * <b>Cynthia Kilgore</b>	CHECKED BY OFFICER'S NAME * <b>Michael Testa</b>
		OFFICER'S BADGE NUMBER * <b>727</b>	CHECKED BY OFFICER'S BADGE NUMBER * <b>705</b>	<input type="checkbox"/> SUPPLEMENT (CORRECTION / ADDITION)

2,0,2,4,0,4,8,7

OWNER

UNIT # 01, OWNER NAME: PATEL ASHISH RAJANIKANT, OWNER ADDRESS: 7046 SUNSET STRIP AVE NW, NORTH CANTON OH 44720

DAMAGE SCALE: 2 (None), 3 - FUNCTIONAL DAMAGE, 4 - DISABLING DAMAGE

VEHICLE

LP STATE OH, LICENSE PLATE # HXF6750, VEHICLE IDENTIFICATION # 5XYZU3LB1HG489962, VEHICLE YEAR 2017, VEHICLE MAKE Hyundai

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

UNIT TYPE 03, SPECIAL FUNCTION 01, CARGO BODY TYPE 01, VEHICLE DEFECTS 01, NON-MOTORIST LOCATION AT IMPACT 01

INITIAL POINT OF CONTACT: 06 (NO DAMAGE), 14 (UNDERCARRIAGE), 15 (VEHICLE NOT AT SCENE)

ACTION 03, PRE-CRASH ACTION 03, CONTRIBUTING CIRCUMSTANCES 09

TRAFFIC: TRAFFICWAY FLOW 1 (ONE-WAY), TRAFFIC CONTROL 6 (SIGNAL)

SEQUENCE OF EVENTS: 1 (OVERTURN/ROLL OVER), 2 (FIRE/EXPLOSION), 3 (INVERSION)

RAIL GRADE CROSSING: 1 (NOT INVOLVED), 2 (INVOLVED - ACTIVE CROSSING)

EVENTS: 1 (OVERTURN/ROLL OVER), 2 (FIRE/EXPLOSION), 3 (INVERSION), 4 (JACKKNIFE)

UNIT / NON-MOTORIST DIRECTION: FROM 1 (SOUTH) TO 2 (NORTH)

EVENTS: 4 (JACKKNIFE), 5 (CARGO/EQUIPMENT LOSS OR SHIFT), 6 (EQUIPMENT FAILURE)

COLLISION WITH FIXED OBJECT - STRUCK: 25 (IMPACT ATTENUATOR), 31 (GUARDRAIL END), 37 (TRAFFIC SIGN POST)

UNIT SPEED: 0, POSTED SPEED: 0, DETECTED SPEED: 3 (STATED/ESTIMATED SPEED)



# Richfield Police Department

## Voluntary Statement

I make the following statement of my own free will and accord, without any threats of violence having been made against me, or any promise of special consideration to be shown me by any person or persons, and having been advised of my right to decline to make a statement, I understand and agree that this statement may be used against me in a court of law.

I William Moss was heading down I775 by exit 243 towards Richfield and I witnessed the red Santafe merge into what he thought was a lane for traffic and the Silver Santafe rear end him. The red Santafe had his turn signal on and was half way into the lane when he got hit. Everyone appeared medically okay, with no complaints of pain or injuries. I can be reached at 330-907-3545 for any questions.

*CKL*

Date: 08/07/2024

Place:

Officer: C. Kilgore #727

Report# 20240487

*William Moss*

Name: William Moss (Signature)

Address: 3716 Martin Ave

City, State, Zip: Worton, OH, 44203

Phone: 330 907 3545

Dob: 05/11/1994

DLN: TU 453077



# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 20240487	REPORTING AGENCY Richfield	DATE OF CRASH 8/9/24
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Domestic County HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
C. Kilgore #727 AT Richfield exit  
OFFICER'S NAME LOCATION

I was on the Richfield exit heading off when the vehicle in front of me was swerving to the right lane onto the exit slowly and didn't accelerate which made me honk and brake then I hit him near right side of car and fear

### VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2014	Honda	Scalp	Grey	JJ04655	OH

ESTIMATED SPEED (MPH):	Air Bag Deployed: <input checked="" type="radio"/> YES / <input type="radio"/> NO	SAFETY RESTRAINT USED: <input checked="" type="radio"/> YES / <input type="radio"/> NO
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Insurance Co: <u>Progressive</u>	Policy <u>045648405</u>
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ADDRESS OF WITNESS: <u>3608 E 15th Clev OH 44105</u>	PHONE NUMBER: <u>514-246-5314</u>
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SIGNATURE OF WITNESS: <u>[Signature]</u>	OFFICER SIGNATURE: <u>C. Kilgore #727</u>
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# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>20240487</b>	REPORTING AGENCY <b>Richfield</b>	DATE OF CRASH <b>08/09/2024</b>
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Samuel Kumar M. Patel PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
C. Kilgore OFFICER'S NAME AT 77/Whentley LOCATION

I was driving to 77 South. I hit  
 Tube Eric 143 Northman car behind  
 just hit me. car: Licenses: 224.  
 4635.

### VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LIC. PLATE	STATE
2017	HYUNDA	SONATA	Red	HXT6750	OH

ESTIMATED SPEED (MPH): \_\_\_\_\_ . Air Bag Deployed: YES /  NO SAFETY RESTRAINT USED:  YES / NO

Insurance Co: SELECTIVE INSURANCE Policy: F-5395283

ADDRESS OF WITNESS: 9308 Cherry Tree Dr. Apt 311 PHONE NUMBER: 216-921-9216

SIGNATURE OF WITNESS: \_\_\_\_\_ OFFICER SIGNATURE: [Signature] #727