

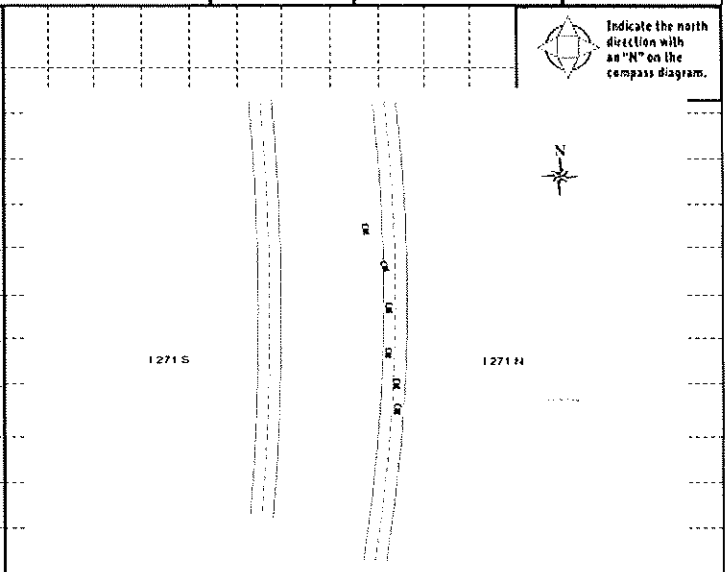
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH2 <input type="checkbox"/> OH3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OIL-IP <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property		LOCAL INFORMATION I-271 NB / 11 MM REPORTING AGENCY NAME * Richfield Police Department		2 0 2 4 0 6 2 4	
COUNTY * 7 7 LOCALITY * 3 <small>1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *</small>		LOCATION/CITY, VILLAGE, TOWNSHIP * RICHFIELD TWP		CRASH DATE/TIME * 10/01/2024 23:28	
ROUTE TYPE I R ROUTE NUMBER 2 7 1 PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		LOCATION ROAD NAME 11		ROAD TYPE H W LATITUDE DECIMAL DEGREES 4 1 . 2 2 7 6 8 0	
ROUTE TYPE ROUTE NUMBER PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 11		ROAD TYPE M P LONGITUDE DECIMAL DEGREES 8 1 . 6 2 9 3 5 5	
REFERENCE POINT 2 <small>1 - INTERSECTION 2 - MILE POST 3 - HOUSE #</small>		DIRECTION 2 <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	
DISTANCE FROM REFERENCE 2 0 0		DISTANCE UNIT OF MEASURE 2 <small>1 - Miles 2 - Feet 3 - Yards</small>		ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE	
LOCATION OF FIRST HARMFUL EVENT 0 3 <small>1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY / ALLEY ACCESS 3 - IN MEDIAN 11 - RAILWAY GRADE 4 - ON ROADSIDE CROSSINGS 5 - ON GORE 12 - SHARED USE PATHS 6 - OUTSIDE TRAFFICWAY OR TRAILS 7 - ON RAMP 13 - BIKE LANE 8 - OFF RAMP 14 - TOLL BOOTH 99 - OTHER / UNKNOWN</small>		MANNER OF CRASH COLLISION/IMPACT 1 <small>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</small>		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 	
<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 <small>1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER</small>		LOCATION OF CRASH IN WORK ZONE <small>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA</small>	
LIGHT CONDITION 4 <small>1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN</small>		WEATHER 4 <small>1 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN</small>		DIRECTION OF TRAVEL 1 <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small>	
<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 <small>1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER</small>		LOCATION OF CRASH IN WORK ZONE <small>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA</small>	
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NARRATIVE
 UNIT 01 WAS TRAVELING NORTHBOUND ON INTERSTATE 271. WHILE ATTEMPTING TO CHANGE LANES UNIT 01 LOST CONTROL HYDRO PLANING DUE TO THE RAIN. UNIT 01 LOST CONTROL RUNNING OFF THE ROADWAY TO THE LEFT INTO THE MEDIAN CAUSING DISABLING DAMAGE TO THE VEHICLE.



CRASH REPORTED DATE/TIME 10/01/2024 23:28		DISPATCH DATE/TIME 10/01/2024 23:29		ARRIVAL DATE/TIME 10/01/2024 23:33		SCENE CLEARED DATE/TIME 10/02/2024 00:02		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 4 0		OTHER INVESTIGATION TIME 4 0		TOTAL MINUTES 0		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		<input type="checkbox"/> SUPPLEMENT (CORRECTION - ADDITIONAL INFORMATION)					

OWNER: UNIT # 01, OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) LANESE NICHOLAS ANTHONY, OWNER PHONE: INCLUDE AREA CODE (Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 1850 RUSH RD WICKLIFFE OH 44092

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP, COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH, LICENSE PLATE # JXH4189, VEHICLE IDENTIFICATION # JA4AR3AU7JZ002686, VEHICLE YEAR 2018, VEHICLE MAKE Mitsubishi

INSURANCE VERIFIED, INSURANCE COMPANY Erie, INSURANCE POLICY # Q03512357, VEHICLE COLOR BLU, VEHICLE MODEL Outlander

TYPE OF USE: COMMERCIAL, GOVERNMENT, EMERGENCY RESPONSE, IN LOCKDOWN, HITSKIP UNIT, # OCCUPANTS 01

US DOT #, TOWED BY: COMPANY NAME Wayne County, HAZARDOUS MATERIAL

DAMAGED AREA(S) INDICATE ALL THAT APPLY

UNIT TYPE 01, # OF TRAILING UNITS

1-PASSENGER CAR, 2-PASSENGER VAN, 3-SPORT UTILITY VEHICLE, 4-PICK UP, 5-CARGO VAN, 6-VAN, 7-MOTORCYCLE 2-WHEELED, 8-MOTORCYCLE 3-WHEELED, 9-AUTOCYCLE, 10-MOPED OR MOTORIZED BICYCLE, 11-ALL TERRAIN VEHICLE, 12-GOLF CART, 13-SNOWMOBILE, 14-SINGLE UNIT TRUCK, 15-SEMI-TRACTOR, 16-FARM EQUIPMENT, 17-MOTORHOME, 18-LIMO, 19-BUS, 20-OTHER VEHICLE, 21-HEAVY EQUIPMENT, 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23-PEDESTRIAN/SKATER, 24-WHEELCHAIR, 25-OTHER NON MOTORIST, 26-BICYCLE, 27-TRAIN, 29-UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 2, AUTONOMOUS MODE LEVEL 0

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-AUBULANCE, 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, 29-OTHER/UNKNOWN

SPECIAL FUNCTION 01, CARGO BODY TYPE 01, VEHICLE DEFECTS

1-NO CARGO BODY TYPE, 2-BUS, 3-VEHICLE TOWING ANOTHER MOTOR VEHICLE, 4-LOGGING, 5-INTERMODAL CONTAINER CHASSIS, 6-CARGO VAN/ENCLOSED BOX, 7-GRAIN/CRUSH GRAVEL, 8-POLE, 9-CARGO TANK, 10-FLAT BED, 11-DUMP, 12-CONCRETE MIXER, 13-AUTO TRANSPORTER, 14-GARBAGE/REFUSE, 29-OTHER/UNKNOWN

INITIAL POINT OF CONTACT
1-NO DAMAGE [9], 2-TOP [13], 3-UNDERCARRIAGE [14], 4-ALL AREAS [15], 5-UNIT NOT AT SCENE [16]

NON-MOTORIST LOCATION AT IMPACT, ACTION 3, PRE-CRASH ACTION 03

1-INTERSECTION-MARKED CROSSWALK, 2-INTERSECTION-UNMARKED, 3-INTERSECTION-OTHER, 4-M-DRIVEWAY-MARKED CROSSWALK, 5-TRAVEL LANE-OTHER LOCATION, 6-BICYCLE LANE, 7-SHOULDER/ROADSIDE, 8-SIDEWALK, 9-MEDIA/CROSSING ISLAND, 10-DRIVEWAY ACCESS, 11-SHARED USE PATHS OR TRAILS, 12-FIRST RESPONDER AT INCIDENT SCENE, 29-OTHER/UNKNOWN

INITIAL POINT OF CONTACT
1-NO DAMAGE, 1-12-REFER TO UNIT DIAGRAM, 13-TOP, 14-UNDERCARRIAGE, 15-VEHICLE NOT AT SCENE, 29-UNKNOWN

CONTRIBUTING CIRCUMSTANCES 05

1-NONE, 2-FARURE 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/SPILLING, 20-IMPROPER CROSSING, 21-LYING IN ROADWAY OR LEAVING VEHICLE, 22-NOT DISCRETELY, 23-OPENING DOOR INTO ROADWAY, 29-OTHER IMPROPER ACTION

TRAFFIC
TRAFFICWAY FLOW 1, TRAFFIC CONTROL 6, # OF THROUGH LANES ON ROAD 02, RAIL GRADE CROSSING 1

SEQUENCE OF EVENTS, EVENTS, COLLISION WITH FIXED OBJECT - STRUCK

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-DOWNGRILL 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, 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/UMINARIES 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-TURNPIKE, 54-OTHER FIXED OBJECT, 59-OTHER/UNKNOWN

FIRST HARMFUL EVENT 1, MOST HARMFUL EVENT 2

UNIT / NON-MOTORIST DIRECTION
FROM 2 TO 1, UNIT SPEED 65, POSTED SPEED 70, DETECTED SPEED 1

