



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"/> OH-IP <input type="checkbox"/> Private Property | <input checked="" type="checkbox"/> OH3 <input type="checkbox"/> OTHER | LOCAL INFORMATION BRECKSVILLE RD / BOSTON MILLS RD | | 2 0 2 5 0 0 5 0 | | | |
| COUNTY* 7 7 | | LOCALITY* 2 | | LOCATION: CITY, VILLAGE, TOWNSHIP* RICHFIELD | | CRASH DATE/TIME* 0 1 1 6 2 0 2 5 1 0 9 2 9 | | CRASH SEVERITY <input checked="" type="checkbox"/> 5 | |
| ROUTE TYPE S R | | ROUTE NUMBER 2 1 | | PREFIX 2 | | LOCATION ROAD NAME BRECKSVILLE | | ROAD TYPE R D | |
| ROUTE TYPE (Blank) | | ROUTE NUMBER (Blank) | | PREFIX (Blank) | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Boston Mills Rd | | ROAD TYPE R D | |
| REFERENCE POINT <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE # | | DIRECTION <input checked="" type="checkbox"/> 2 | | 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 NUMBER OF APPROACHES ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED | |
| DISTANCE FROM REFERENCE 1 5 0 | | DISTANCE UNIT OF MEASURE <input checked="" type="checkbox"/> 3 | | LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 0 1 | | MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 5 | | DIRECTION OF TRAVEL <input checked="" type="checkbox"/> 1 | |
| <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 <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER | | LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA | | CONTOUR <input checked="" type="checkbox"/> 4 | | CONDITIONS <input checked="" type="checkbox"/> 3 | |
| LIGHT CONDITION <input checked="" type="checkbox"/> 1 | | WEATHER <input checked="" type="checkbox"/> 6 | | SURFACE <input checked="" type="checkbox"/> 2 | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER UNKNOWN | | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER UNKNOWN | |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | 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 | | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER UNKNOWN | | | |
| NARRATIVE | | | | | | | | | |
| | | | | | | | | | |
| CRASH REPORTED DATE/TIME 0 1 1 6 2 0 2 5 1 0 9 2 9 | | DISPATCH DATE/TIME 0 1 1 6 2 0 2 5 1 0 9 3 0 | | ARRIVAL DATE/TIME 0 1 1 6 2 0 2 5 1 0 9 3 9 | | SCENE CLEARED DATE/TIME 0 1 1 6 2 0 2 5 1 1 0 0 2 1 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | |
| TOTAL TIME ROADWAY CLOSED 7 | | OTHER INVESTIGATION TIME 4 5 | | TOTAL MINUTES 7 7 | | OFFICER'S NAME* William Sprit | | CHECKED BY OFFICER'S NAME* Michael Testa | |
| OFFICER'S BADGE NUMBER* 7 1 8 | | CHECKED BY OFFICER'S BADGE NUMBER* 7 0 5 | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION) | | | | | |

| | | |
|---------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER 20250050 | REPORTING AGENCY Richfield Police Department | DATE OF CRASH M 01 D 16 Y 2025 |
| IN COUNTY OF 77 | CRASH LOCATION SR 21 2 BRECKSVILLE RD BRECKSVILLE RD / BOSTON MILLS RD | |

Units 1 and 2 were northbound on Brecksville Rd passing Townsend Rd. Operator of Unit 1 observed a tractor/trailer at the base of the hill ahead, not appearing to be moving. As conditions were severe snow, he suspected if he stopped he might not be able to ascend this same hill. There is a lane divider beginning at this same location that was snowed over, not particularly distinguishable as a concrete divider due to conditions. Unit 1, followed by Unit 2, veered left into the other lanes to go round the stuck-semi. As Unit 1 attempted to regain proper lane position after passing the truck, he made contact with the divider and assessed that it was not *just* snow as it had appeared, so he slowed to a halt as did Unit 2, likely tucked in close to Unit 1. Unit 1 began to back-up to attempt return to the proper side of the road. Unit 1 operator did not observe Unit 2 had followed him and struck its front while backing causing damage to front of Unit 2. Damage to Unit 1's rear negligible.

| | |
|---------------------------------|---------------------|
| OFFICER'S SIGNATURE X | BADGE NUMBER 718 |
|---------------------------------|---------------------|

UNIT # 01 **OWNER NAME: LAST, FIRST, MIDDLE** SERVICES INC ABUNDANT Same As Driver
OWNER PHONE: INCLUDE AREA CODE Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP PO BOX 1212 BATH OH 44210 Same As Driver

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP Abundant Services 131 Melody Dr Copley OH 44321 **COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE**

LP STATE OH **LICENSE PLATE #** PHH2602 **VEHICLE IDENTIFICATION #** 2FZXEMDB81AH54634 **VEHICLE YEAR** 2001 **VEHICLE MAKE** Sterling

INSURANCE VERIFIED **INSURANCE COMPANY** Seibert Keck Ins **INSURANCE POLICY #** 4816012903 **VEHICLE COLOR** RED **VEHICLE MODEL** Other/Unkno

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE **US DOT #** **HAZARDOUS MATERIAL** MATERIAL RELEASED PLACARD **CLASS #** **PLACARD ID #**

INTERLOCK DEVICE EQUIPPED **HITSKIP UNIT** **# OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/CAR** 2 **HAZARDOUS MATERIAL** MATERIAL RELEASED PLACARD **CLASS #** **PLACARD ID #**

UNIT TYPE 21 1- PASSENGER CAR 7- MOTORCYCLE 2-WHEELED 12- GOLF CART 18- LIMO (LIVERY VEHICLE) 23- PEDESTRIAN SKATER
 2- PASSENGER VAN (MINIVAN) 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 26- BICYCLE
 4- PICK UP 10- MOPED OR MOTORIZED BICYCLE 15- SEMI-TRACTOR 21- HEAVY EQUIPMENT 22- ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27- TRAIN
 5- CARGO VAN 6- VAN (8-15 SEATS) 11- ALL TERRAIN VEHICLE (ATV/UTV) 17- MOTORHOVE 59- UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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/GOV VEHICLE 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 29- OTHER/UNKNOWN

CARGO BODY TYPE 11 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- GRAVICH/PSGRAVEL 8- POLE 9- CARGO TANK 10- FLAT BED 11- DUMP 12- CONCRETE MIXER 13- AUTO TRANSPORTER 14- GARBAGE/REFUSE 59- OTHER/UNKNOWN

VEHICLE DEFECTS 11 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 59- OTHER/UNKNOWN

DAMAGE

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

INITIAL POINT OF CONTACT
 06 0- NO DAMAGE 1-12- REFER TO UNIT DIAGRAM 13- TOP 14- UNDERCARRIAGE 15- VEHICLE NOT AT SCENE 59- UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 1 1- ONE-WAY 2- TWO-WAY

TRAFFIC CONTROL 6 1- ROUNDABOUT 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

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

UNIT SPEED 5

DETECTED SPEED 1 1- STATED/ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED

POSTED SPEED 40

NON-MOTORIST LOCATION AT IMPACT 01 1- INTERSECTION- MARKED CROSSWALK 2- INTERSECTION- UNMARKED 3- INTERSECTION- OTHER 4- M-DLOCK- 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 59- OTHER/UNKNOWN

ACTION 3 1- NON-CONTACT 2- NON-COLLISION 3- STRIKING 4- STRUCK 5- BOTH STRIKING & STRUCK 9- OTHER / UNKNOWN 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 OR STANDING 19- OTHER NON-MOTORIST 21- STANDING OUTSIDE DISABLED VEHICLE 59- OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 17 1- NONE 2- FAILURE TO YIELD 3- RED HEAD LIGHT 4- RAN STOP SIGN 5- UNSAFE SPEED 6- IMPROPER TURN 7- LEFT OF CENTER 8- FOLLOWING TOO CLOSE/ACDA 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 22- NOT DISCERNABLE 23- OPENING DOOR INTO ROADWAY 59- OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

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 MEDIAI 11- CROSS CENTERLINE- OPPOSITE DIRECTION OF TRAVEL 12- DOWNWELL RURALWAY 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 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 FIXTURES 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 59- OTHER/UNKNOWN

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (☐ Same As Driver) **NAYMON WALTER**
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ Same As Driver) **4089 BRUSH RD RICHFIELD OH 44286**
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE **OH** LICENSE PLATE # **KAK6960** VEHICLE IDENTIFICATION # **1FMDE5BH4PLB12436** VEHICLE YEAR **2023** VEHICLE MAKE **Ford**
 INSURANCE VERIFIED INSURANCE COMPANY **Westfield** INSURANCE POLICY # **WNE0397110** VEHICLE COLOR **DGR** VEHICLE MODEL **Bronco**
 TYPE OF USE: COMMERCIAL GOVERNMENT EMERGENCY RESPONSE INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

UNIT TYPE **03** # OF TRAILING UNITS _____
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMOUSINE/VEHICLE 23 - PEDESTRIAN/SKATER
 2 - PASSENGER VAN (11-15 SEATS) 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 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 6 - VAN (9-15 SEATS) 12 - MOTORHOME 17 - MOTORHOME 59 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**
 1 - YES 2 - NO 9 - OTHER/UNKNOWN
 0 - NO AUTONOMY 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTONOMY 9 - UNKNOWN
 1 - PARTIAL AUTONOMY 2 - PARTIAL AUTONOMY 4 - HIGH AUTONOMY 5 - FULL AUTONOMY

SPECIAL FUNCTION **01**
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 59 - OTHER/UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE **01**
 1 - NO CARGO BODY TYPE /NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAVITY PS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARAGE REFUSE 59 - OTHER/UNKNOWN

VEHICLE DEFECTS **01**
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SUCK TIRES 9 - MOTOR TROUBLE 59 - OTHER/UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT **01**
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED 4 - M-OBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 13 - GARBAGE REFUSE 59 - OTHER/UNKNOWN
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION **4** PRE-CRASH ACTION **11**
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 59 - OTHER/UNKNOWN
 9 - OTHER/UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT
12 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 59 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES **01**
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACC 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCRERNABLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 59 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

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

OF THROUGH LANES ON ROAD **2** **RAIL GRADE CROSSING** **1**
 1 - NOT INVOLVED
 2 - INVOLVED - ACTIVE CROSSING
 3 - INVOLVED - PASSIVE CROSSING

SEQUENCE OF EVENTS
EVENTS
120 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE
 3 - INVERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 51 - WALL
 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 52 - BUILDING
 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

COLLISION WITH FIXED OBJECT - STRUCK
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT ALUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 59 - OTHER/UNKNOWN
 49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

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

UNIT SPEED **0** **DETECTED SPEED**
 1 - STATED/ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

POSTED SPEED **40**



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 5 0 0 5 0

| | | | | | | | | | |
|---|---|----------------------------|--|--|---|--|---|---------------|--------------|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE PIGNATO ANTHONY JOSEPH | | | DATE OF BIRTH 06121984 | AGE 40 | GENDER M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 3253 N MARTADALE DR AKRON OH 44333 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | DOT-COMPLIANT MC HELMET <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED 331.13 | LOCAL CODE ■ | OFFENSE DESCRIPTION Improper Backing | CITATION NUMBER RV-61279 | | | | |
| OL CLASS 1 | 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 DRUGS | 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 NAYMON WALTER | | | DATE OF BIRTH 08171943 | AGE 81 | GENDER M | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4089 BRUSH RD RICHFIELD OH 44286 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | DOT-COMPLIANT MC HELMET <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER | | | | |
| 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 DRUGS | 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 | 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 DRUGS | 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 & CLASS B BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 9 - DEPLOYMENT UNKNOWN | EJECTION | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 1 - NONE |
| 2 - EMS | 8 - THIRD - MIDDLE | EJECTION | 1 - NOT EJECTED | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 2 - BLOOD |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | 1 - NOT EJECTED | 2 - PARTIALLY EJECTED | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 3 - URINE |
| 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | 3 - TOTALLY EJECTED | 10 - LIMITED TO DAYLIGHT ONLY | DRUG TEST TYPE | 4 - BREATH |
| SAFETY EQUIPMENT | | 3 - TOTALLY EJECTED | 4 - NOT APPLICABLE | 11 - LIMITED TO EMPLOYMENT | 1 - NONE | 5 - OTHER |
| 1 - NONE USED | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | TRAPPED | 12 - LIMITED - OTHER | 2 - BLOOD | 3 - URINE |
| 2 - SHOULDER BELT ONLY USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 1 - NOT TRAPPED | 1 - NOT TRAPPED | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - URINE | 4 - OTHER |
| 3 - LAP BELT ONLY USED | 13 - TRAINING UNIT | 2 - EXTRICATED BY MECHANICAL MEANS | 2 - EXTRICATED BY MECHANICAL MEANS | 14 - MILITARY VEHICLES ONLY | CONDITION | DRUG TEST RESULT(S) |
| 4 - SHOULDER & LAP BELT USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 3 - FREED BY NON-MECHANICAL MEANS | 3 - FREED BY NON-MECHANICAL MEANS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 1 - APPARENTLY NORMAL | 1 - AMPHETAMINES |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 15 - NON-MOTORIST | GENDER | GENDER | 16 - OUTSIDE MIRROR | 2 - PHYSICAL IMPAIRMENT | 2 - BARBITURATES |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 99 - OTHER / UNKNOWN | F - FEMALE | F - FEMALE | 17 - PROSTHETIC AID | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3 - BENZODIAZEPINES |
| 7 - BOOSTER SEAT | | M - MALE | M - MALE | 18 - OTHER | 4 - ILLNESS | 4 - CANNABINOIDS |
| 8 - HELMET USED | | U - OTHER / UNKNOWN | U - OTHER / UNKNOWN | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 5 - COCAINE |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 6 - OPIATES / OPIOIDS |
| 10 - REFLECTIVE CLOTHING | | | | | 7 - OTHER / UNKNOWN | 7 - OTHER |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 8 - NEGATIVE RESULTS |
| 99 - OTHER / UNKNOWN | | | | | | |



Unit 1

OH-3

TRAFFIC CRASH WITNESS STATEMENT

| | | |
|--|--------------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 20250050 | REPORTING AGENCY Richfield | DATE OF CRASH 1 16 25 |
|--|--------------------------------------|-------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **A. Pignato** HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
Sprk #718 AT **Brecksville Rd**
OFFICER'S NAME LOCATION

A Semi was stopped on the hill, worried I would lose traction I went to pass him. There was a divider that looked like snow. When I went to cross back I hit the divider. Realizing I was on the wrong side of the Road I backed up and hit a car that followed me.

Abundant Services Truck - 131 Melody Dr, Copley, OH 44321

VEHICLE INFORMATION

| YEAR | MAKE | MODEL | COLOR | LIC. PLATE | STATE |
|------|----------|-------|-------|------------|-------|
| 2001 | Sterling | TK | White | PHH 2602 | Ohio |

ESTIMATED SPEED (MPH): 5 mph Air Bag Deployed- YES / NO SAFETY RESTRAINT USED: YES / NO

Insurance Co: Seibert Keck Ins. Partners Policy: 4816012903

ADDRESS OF WITNESS: 3053 Martindale Dr. Akron OH 44333 PHONE NUMBER: 330 322 2157

SIGNATURE OF WITNESS: Tom Pignato OFFICER SIGNATURE: [Signature] #718

Unit 2

TRAFFIC CRASH WITNESS STATEMENT

| | | |
|---------------------------------|----------------------------------|---------------------------|
| LOCAL REPORT NUMBER 20250050 | REPORTING AGENCY Richfield Pd | DATE OF CRASH 11/16/25 |
|---------------------------------|----------------------------------|---------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, WALTER W. NAYMON HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
Sgt #718 AT 21 NORTH BAY QUALITY EXX
OFFICER'S NAME LOCATION

FOLLOWED A TRUCK AROUND ANOTHER TRUCK THAT WAS STUCK ON THE HILL, HE STOPPED AS I DID AND HE BACKED INTO ME.

VEHICLE INFORMATION

| YEAR | MAKE | MODEL | COLOR | LIC. PLATE | STATE |
|------|------|--------|-------|------------|-------|
| 2027 | FORD | BRONCO | GREEN | KAK 6960 | OH |

ESTIMATED SPEED (MPH): STOPPED Air Bag Deployed- YES / (NO) SAFETY RESTRAINT USED (YES) / NO

Insurance Co: WESTFIELD Policy: WNE 039711D

ADDRESS OF WITNESS: 4089 BROUGH RD. PHONE NUMBER: 216 401 4988

SIGNATURE OF WITNESS: [Signature] OFFICER SIGNATURE: [Signature] #718