

TRAFFIC CRASH REPORT

0210010710026614 VEH. FIRE P-047 (REV. 10/79)



10-91-627

| | | | | |
|---|---|---|-------------------|------------------------------|
| CRASH SEVERITY 1 FATAL 2 BURN 3 INJURY 4 UNKOWN | PROPERTY 1 NONE 2 EMB 3 POLICE | VEH/BIKE 1 NOT HELD 2 BURNED 3 DAMAGED | PHOTOS TAKEN X | CH-1 CH-2 CH-3 CH-4 |
|---|---|---|-------------------|------------------------------|

ONP 91

STATE HIGHWAY PATROL

01 01

96 = ANNUAL
99 = UNKNOWN

10062002

1845 SUN

BROADVIEW HEIGHTS

LATITUDE: 169.0 E
LONGITUDE:

| | | | | | | | |
|------------------------------------|---------------|--|---|--------------------|-----------------------|-----------------|----------------------|
| ROAD NAME IR-80 (OHIO TURNPIKE) | TYPE LOC 3 | TYPE LOCATION 1 NAMED STREET 2 NUMBERED STREET | POINT USED 01 STATE LINE 02 INTERSECTION 2 STRETS 03 COUNTY LINE | ROAD NUMBER 169 | ROAD TYPE ADVEPOST | ROAD CODE 06 | ROAD NAME 169.0 E |
|------------------------------------|---------------|--|---|--------------------|-----------------------|-----------------|----------------------|

Name (Last, First, Middle): [REDACTED]
Address (Street, City, State, Zip Code): [REDACTED] AKRON, OHIO

DL STATE: OH | DL #: [REDACTED] | LP STATE: OH | LP #: [REDACTED]
Issued: [REDACTED] | Validity: 1 NONE, 4 OTHER, 2 EMB, 5 UNKNOWN, 3 POLICE

Year: 1986 | Make: DODGE | Model: RAM | Color: BLUE | Insurance Company: SAFE AUTO | Driver's License: RICH'S

Name (Last, First, Middle): [REDACTED]
Address (Street, City, State, Zip Code): [REDACTED] AKRON, OHIO

DL STATE: OH | DL #: [REDACTED] | LP STATE: OH | LP #: [REDACTED]
Issued: [REDACTED] | Validity: 1 NONE, 4 OTHER, 2 EMB, 5 UNKNOWN, 3 POLICE

Year: [REDACTED] | Make: [REDACTED] | Model: [REDACTED] | Color: [REDACTED] | Insurance Company: [REDACTED]

Name (Last, First, Middle): [REDACTED]
Address (Street, City, State, Zip Code): [REDACTED]

Name (Last, First, Middle): [REDACTED]
Address (Street, City, State, Zip Code): [REDACTED] AKRON, OHIO

Name (Last, First, Middle): [REDACTED]
Address (Street, City, State, Zip Code): [REDACTED] AKRON, OHIO

| SAFETY POSITION | SAFETY EQUIPMENT | SEAT BELT | SEAT BELT SWITCH | EXCUSED | TREATED | INJURIES |
|---------------------------------------|------------------|-----------------|-------------------|---------------------|-------------------------|-----------------|
| 01 FRONT - LEFT (DRIVER) | 01 SEATBELT | 1 NOT WEARED | 1 NOT PRESENT | 1 NOT EXCUSED | 1 NOT TREATED | 1 NO INJURY |
| 02 FRONT - MIDDLE | 01 SEATBELT | 2 WEARED FRONT | 2 IN ON POSITION | 2 TOTALLY EXCUSED | 2 EXCUSED BY MECHANICAL | 2 POSSIBLE |
| 03 FRONT - RIGHT | 01 SEATBELT | 3 DEPLOYED-BELT | 3 IN OFF POSITION | 3 PARTIALLY EXCUSED | 3 MECHANICAL | 3 NON-EXCUSED |
| 04 SEATBELT - LEFT (PASS) | 01 SEATBELT | 4 DEPLOYED BOTH | 4 UNKNOWN | 4 NOT APPLICABLE | 4 NONE | 4 INCAPACITATED |
| 05 SEATBELT - MIDDLE | 01 SEATBELT | 5 NOT WEARED | | 5 UNKNOWN | 5 NONE | 5 FATAL INJURY |
| 06 SEATBELT - RIGHT | 01 SEATBELT | 6 WEARED | | | 6 UNKNOWN | 6 UNKNOWN |
| 07 THIRD - LEFT (PASSenger/Size CLAS) | 01 SEATBELT | | | | | |
| 08 THIRD - MIDDLE | 01 SEATBELT | | | | | |
| 09 THIRD - RIGHT | 01 SEATBELT | | | | | |
| 10 SEATBELT SEATBELT OR CH | 01 SEATBELT | | | | | |
| 11 UNLOADED CARGO AREA | 01 SEATBELT | | | | | |
| 12 UNLOADED CARGO AREA | 01 SEATBELT | | | | | |
| 13 TAILWIND UNIT | 01 SEATBELT | | | | | |
| 14 SEATBELT | 01 SEATBELT | | | | | |
| 15 OTHER | 01 SEATBELT | | | | | |
| 16 NON-MOTORIST | 01 SEATBELT | | | | | |
| 17 UNKNOWN | 01 SEATBELT | | | | | |

c: Safety Services

2

Motorist/Non-Motorist

Occupant

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM


OH-1-P (Rev. 11/99)

POLICE REPORT # 10-91-627 STATE # OH P 91 REPORTING AGENCY # State Highway Patrol COUNTY # 10062002

| | | | | |
|--|----------------------------|---|---|---|
| NAME (LAST, FIRST, MIDDLE) 01 [REDACTED] | HOME PHONE # [REDACTED] | INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY BROADVIEW HOSPITAL EMS | INJURED TAKEN TO S.E. ARLY MOUNT HOSPITAL |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] <u>Akron, OH</u> | | | | |
| NAME (LAST, FIRST, MIDDLE) 01 [REDACTED] | HOME PHONE # [REDACTED] | INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY NIA | INJURED TAKEN TO [REDACTED] |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] <u>Akron, OH</u> | | | | |
| NAME (LAST, FIRST, MIDDLE) 01 [REDACTED] | HOME PHONE # [REDACTED] | INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY [REDACTED] | INJURED TAKEN TO [REDACTED] |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] <u>Akron, OH</u> | | | | |
| NAME (LAST, FIRST, MIDDLE) 01 [REDACTED] | HOME PHONE # [REDACTED] | INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY [REDACTED] | INJURED TAKEN TO [REDACTED] |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] <u>Akron, OH</u> | | | | |

| SEATBELT POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | ERUCTION | TRAPPED | INJURED |
|-------------------------------|-----------------------------|------------------------------|---------------------|-----------------------|-------------------------------------|-----------------------|
| 06 01 Front - Left (MC Drive) | 01 01 Seat Used 5 | 1 Not Deployed 3 | 1 In On Position 1 | 1 Not Ejected 1 | 1 Not Trapped 3 | 1 Not Injured 3 |
| 05 02 Front - Middle | 02 02 Shoulder Belt Only 5 | 2 Deployed-Front 3 | 2 In Off Position 1 | 2 Fully Ejected 1 | 2 Ejected By Mechanism 3 | 2 Possible 3 |
| 04 03 Front - Right | 03 03 Lap Belt Only 5 | 3 Deployed-Rear 3 | 3 Not Present 4 | 3 Partially Ejected 1 | 3 Pressed By Non-Mechanical Means 1 | 3 Non-Incapacitated 4 |
| 05 04 Second - Left (MC Pass) | 04 04 Shoulder/Lap Belt 5 | 4 Deployed Both Front/Rear 3 | 4 Unknown 1 | 4 Not Applicable 1 | 4 Unknown 1 | 4 Incapacitated 1 |
| 05 05 Second - Middle | 05 05 Child Safety Seat 5 | 5 Not Applicable 3 | | | | 5 Fatal Injury 1 |
| 05 06 Second - Right | 06 06 MC Heavy Use 5 | 6 Unknown 3 | | | | 6 Unknown 1 |
| 04 07 Third - Left | 07 07 Use Unknown 5 | | | | | |
| 04 08 Third - Middle | 08 08 None Used 5 | | | | | |
| 04 09 Third - Right | 09 09 Helmet Used 5 | | | | | |
| 07 10 Blower Section Of Car | 10 10 Protective Pads 5 | | | | | |
| 07 11 Enclosed Cargo Area | 11 11 Reflective Clothing 5 | | | | | |
| 07 12 Unenclosed Cargo Area | 12 12 Lintless 5 | | | | | |
| 07 13 Trailing Unit | 13 13 Other 5 | | | | | |
| 07 14 Extender | 14 14 Unknown 5 | | | | | |
| 07 15 Other | | | | | | |
| 07 16 Non-Extender | | | | | | |
| 07 17 Unknown | | | | | | |

BLACK FOR OTHERS

| VEHICLE NUMBERS | DAMAGE AREA | PRE-CRASH ACTIONS | SEQUENCE OF EVENTS | POSTED SPEED | DRIVE TEST STATUS |
|---|--|--|--|--|---|
| 01 |  | 11 | 02 | 50 | 1 |
| NON-IMPACT LOCATION | | MOTORIST M MOVEMENT DIRECTIONALLY SIGHT AREA 02 STOPPING 03 CHANGE LANE 04 CHANGING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 BRAKE/UP-FLIP 08 EXCEEDED TRAFFIC LAW 09 LEAVING TRAFFIC LAW 10 FASTER 11 MISAPPROPRIATE IN TRAFFIC 12 OVERTAKING 13 DOWN 14 UNKNOWN NON-MOTORIST 15 EXCEEDED CLEARANCE IN APPROXIMATE LOCATION 16 YIELDING, PASSING, JAMMING, PULLING, CYCLING 17 YIELDING 18 PIONEER VEHICLE 19 APPROXIMATELY LOCATED VEHICLE 20 PLEASANT/IMPASSIVE ON VEHICLE 21 UNKNOWN 22 OTHER 23 UNKNOWN | NON-COLLISION 01 OVERTAKING/FOLLOWING 02 PULLING/STOPPING 03 MISAPPROPRIATE FALLING 04 JAMMING 05 JAMMING 06 CHANGE/REVERSING LANE/SHIFT 07 MISAPPROPRIATE FALLING 08 MISAPPROPRIATE FALLING 09 RUN OFF ROAD RIGHT 10 RUN OFF ROAD LEFT 11 OPEN ROAD/CHANGING LANE 12 MISAPPROPRIATE FALLING 13 OTHER NON-COLLISION 14 UNKNOWN NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT DRIVEN 15 PERSONS 16 PEDESTRIAN 17 PASSENGER VEHICLE 18 ANIMAL - FARM 19 ANIMAL - DOMESTIC 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PASSED MOTOR VEHICLE 23 WHEEL ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT WITH SIGN/STRUCTURE/CURB 26 BRIDGE OR OVERPASS STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PAVEMENT 29 BRIDGE RAIL 30 OTHER 31 GUARDRAIL END 32 BRUSH BUSHING 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINATION SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CURB 40 OTHER 41 MISAPPROPRIATE 42 FENCE 43 BUILDING 44 TREE 45 OTHER FIXED OBJECT 46 WHEEL ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | TRAFFIC CONTROL 12 01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC PLACEMENT 06 SCHOOL ZONE 07 RAILROAD CROSSING 08 RAILROAD PLACEMENT 09 RAILROAD CROSSING 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 FORWARD MOVEMENT 13 CHANGING LANE 14 UNLAWFUL TRAFFIC SIGNAL 15 TRAFFIC CONTROL DEVICE IMPROPERLY PLACED, OBLIQUED 16 OTHER | DRIVE TEST TYPE 1 NONE 2 TEST RETURN 3 TEST DRIVE, COMPREHENSIVE SAMPLE/UNUSUAL 4 TEST DRIVE, ROUTINE EXAM 5 TEST DRIVE, ROUTINE EXAM 6 UNKNOWN DRIVE TEST TYPE 1 1 NONE 2 BLOOD 3 URINE 4 OTHER DRIVE TEST 2ND RESULT 1 NONE 2 BLOOD 3 URINE 4 OTHER TYPE OF INSTRUMENTAL 01 01 NOT AN INSTRUMENTAL 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC SIGNAL/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CHANGING 10 EXCEEDED CLEARANCE 11 MISAPPROPRIATE CLEARANCE 12 SHARED-USE PAVEMENT OR TRAILS 13 UNKNOWN OCURRENCE 4 1 ON ROADWAY 2 ON SHOULDER 3 IN MIDDLE 4 ON ROADSIDE 5 ON GOLF 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 1 1 STRAIGHT LINE 2 STRAIGHT GRADE 3 CURVE LINE 4 CURVE GRADE ROAD CONDITIONS 01 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, GRIT, OR OTHER 06 WATER (STREAMS, PONDS) 07 SLUSH 08 OIL/GREASE 09 RUT, SCALP, RAMP, UNIFORM PAVEMENT 10 OTHER 11 UNKNOWN *Secondary Road Conditions ONLY |
| 08 | | 13 | 19 | 43 | 1 |
| MOTORIST 01 NON-CONTACT 02 CONTACT 03 NO SIGN 04 FULL SIZE 05 MEDIUM 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SPECIAL UNIT TRUCK 10 3 AXLES, 6 TIRES 11 SINGLE WHEEL TRUCK IN LINE 12 TRUCK/TRAILER 13 TRUCK/TRUCK (BOWTIE) 14 TRUCK/SEMI-TRUCK 15 TRUCK/DOUBLE TRAILER 16 FORTY WHEEL OR CONVENTION DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 BICYCLES 20 SCOOTER, MOPED 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/EMERGENCY 27 TAXI 28 BUSES HOME 29 TRUCK 30 FARM VEHICLE 31 FARM EQUIPMENT 32 BICYCLES 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-INSTRUMENTAL 35 ANIMAL, WILDLIFE 36 ANIMAL, WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDESTRIAN 40 BLOOD 41 OTHER NON-IMPACT 42 UNKNOWN DRIVE TEST STATUS 1 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE 5 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 SEVERE DAMAGE 5 CRASH 6 UNKNOWN | CONTINGENT CIRCUMSTANCES 19 MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RUN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL STOP 06 IMPROPER TURN 07 LEFT IN CENTER 08 FOLLOWING TOO CLOSE/INADVERTENTLY 09 MISAPPROPRIATE LANE CHANGING 10 DRIVE OFF ROAD 11 IMPROPER PASSING 12 IMPROPER LANE 13 APPROXIMATE START FROM PARALLEL POSITION 14 STOPPED OR PARKED ILLEGALLY 15 OVERTAKING VEHICLE IN ERGONIC, RETARDING, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 16 SWITCHING TO ADJACENT LANE TO STOP, SURVEY, SURPASS, YIELD, OVERTAKE, NON-MANEUVER IN ROADWAY, ETC. 17 FAILURE TO CONTROL 18 VIOLATION CONSTRUCTION 19 BRAKING INTERFERED 20 FAILURE/DURABLE 21 OPERATING DEFECTIVE EQUIPMENT 22 EQUIP DEFECTIVE/FALLING/BLOCKING 23 OTHER IMPROPER ACTION 24 UNKNOWN NON-MOTORIST 25 NONE 26 IMPROPER CLEARANCE 27 DARTING 28 OTHER AND/OR ILLEGALLY IN ROADWAY 29 FAILURE TO YIELD RIGHT OF WAY 30 HOT WHEELS (DRIVE CLOSING) 31 MISAPPROPRIATE 32 FAILURE TO OBTAIN TRAFFIC SIGNAL, SIGNALS, OR GREEN 33 WHEELS OFF OF THE ROAD 34 OTHER 35 UNKNOWN VEHICLE DEFECT CODE ONLY IF "2" SELECTED ABOVE 09 01 TIRE SERVICE 02 HEAD LAMP 03 TAIL LAMP 04 BRAKE 05 STEERING 06 TIRE BLOWOUT 07 WHEEL OR HUB TIGHT 08 TAILLIGHT BURNOUT/DISCONNECT 09 MOTOR TRUCK 10 DAMAGE FROM FRONT CRASH 11 OTHER DEFECTS | POINT OF IMPACT 01 01 NONE 02 CENTER FRONT 03 FRONT FRONT 04 FRONT SIDE 05 FRONT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDSHIELD 11 UNKNOWN 12 LEAD/TAILOFF 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN ACTION 2 1 NON-CONTACT 2 NON-COLLISION 3 ERGONIC 4 STRIKE 5 BOTH STRIKES AND OTHER 6 UNKNOWN | POINT OF IMPACT 1 1 APPARENTLY NORMAL 2 PHYSICAL IMPACT 3 ERGONIC 4 KICKED 5 FULL ASLEEP, FARTING, DISTRACTION, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUGS SUSPECTED 1 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HEROIN SUSPECTED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS 1 1 NONE 2 TEST RETURN 3 TEST DRIVE, COMPREHENSIVE SAMPLE/UNUSUAL 4 TEST DRIVE, ROUTINE EXAM 5 TEST DRIVE, ROUTINE EXAM 6 UNKNOWN ALCOHOL TEST TYPE 1 1 NONE 4 BLOOD 2 BLOOD 5 URINE 3 URINE ALCOHOL TEST RESULT 0 1 STOPS 2 ESTIMATED SPEED SPEED 0 | | |

10-91-627

Narrative

Unit #1 Was Entangled On I-80 Unit #4 Ran Out Of Fuel And Pulled Over The Route Being Walked According To Report The Engine Fire Caused To The Engine Compartment Fire Damaged The Engine Module

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED

1 Not Collision Between Two Vehicles Or Transport
2 Rear-End
3 Head-On
4 Rear-To-Rear
5 Backing
6 Angle
7 Secondary, Same Direction
8 Secondary, Opposite Direction
9 Unknown

WEATHER

01

LIGHT CONDITIONS

1 Daylight
2 Dawn
3 Dusk
4 Dark - Limited Roadway
5 Dark - Not Limited
6 Dark - Unknown Lighting
7 Clear
8 Other
9 Unknown

SCHOOL BUS RELATED

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

WORK ZONE RELATED

2

1 No
2 Yes
3 Unknown

TYPE OF WORK ZONE

3

1 Lane Closing
2 Lane Shift/Overpass
3 Work On Shoulder Or Barrier
4 Interchange/Movng Work
5 Other

LOCATION OF CRASH IN WORK ZONE

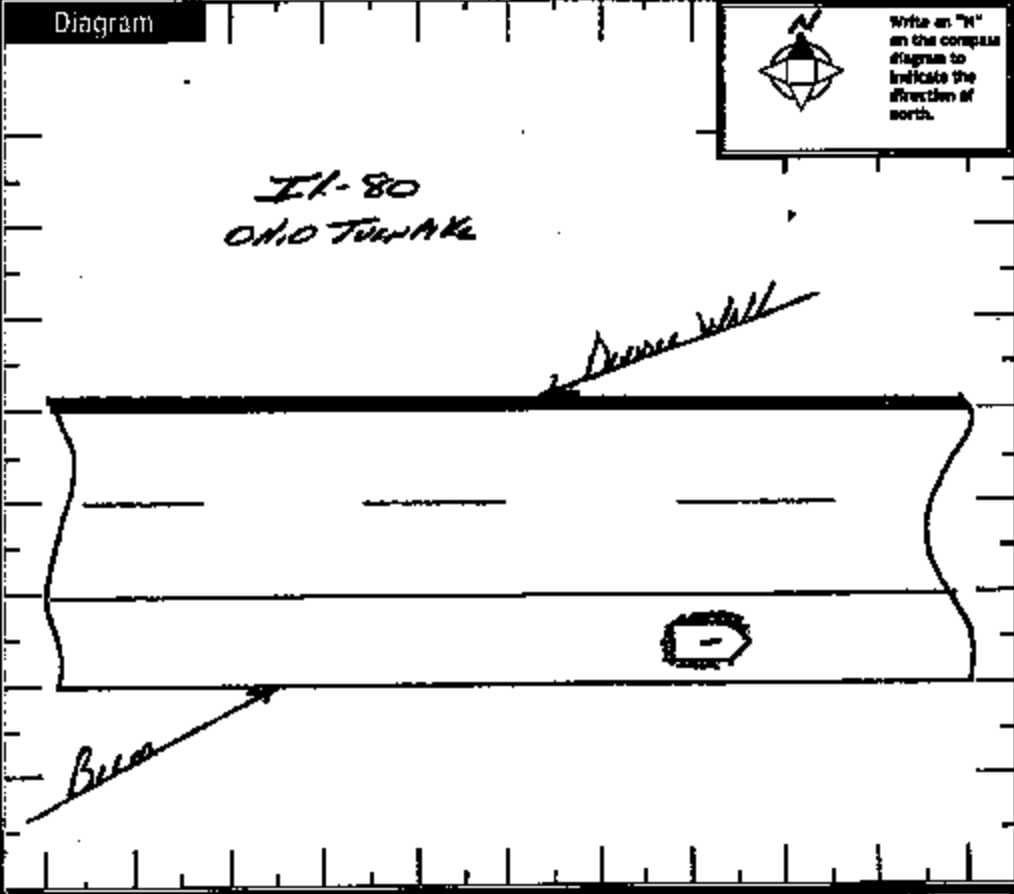
4

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

WORKZONES PRESENT

1

1 No
2 Yes
3 Unknown



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR A BUS OPERATED FOR AT LEAST 2 PERSONS, INCLUDING DRIVER.

A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
B AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
D AT LEAST ONE VEHICLE WAS TOWED DUE TO DAMAGED DAMAGE OR REQUIRING REPAIRS UNLESS OTHERWISE REPORTED PROCEEDING UNDER ITS OWN POWER.

Company (From Insurance Papers) _____

Company Name _____

Address (Street, City, St, ZIP Code) _____

UN DOT _____

ICC MC _____

PUDO _____

TRAILER PL G# _____

TRAILER PL YEAR _____

TRAILER PL # _____

CARGO BODY TYPE

| | | | | | | |
|--------------------------------|---------------|---------------------|--------------------|-----------|-----------------------------|------------------------------|
| 01 Not Applicable | 05 Pole | 08 Concrete Mixer | Weight (GROSS) | COL Class | Hazardous Materials Placard | Hazardous Materials Released |
| 02 Bus (9-16 Including Driver) | 06 Cargo Tank | 09 Auto Transporter | 1 Less Than 10,000 | 1 Class A | 1 No | 1 No |
| 03 Van/Tractor/Box | 07 Flatbed | 10 Garbage/Refuse | 2 10,001 - 20,000 | 2 Class B | 2 Yes | 2 Yes |
| 04 Open/Cover/Cover | 08 Dump | 12 Other | 3 More Than 20,000 | 3 Class C | 3 Unknown | 3 Not Applicable |
| | | 13 Driveway | | 4 Class D | | 4 Unknown |

Police Action

Dispatch: 100620021835 1835 1835 2000 60 145

Address: _____ 1412

City: _____ 10092002

Report Taken By: 1 Police Agency 2 Motorist Report Taken At: 1 Scene 2 Station 3 Other

10-91-627

TOP COPY - COPS BOTTOM COPY - ARMY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

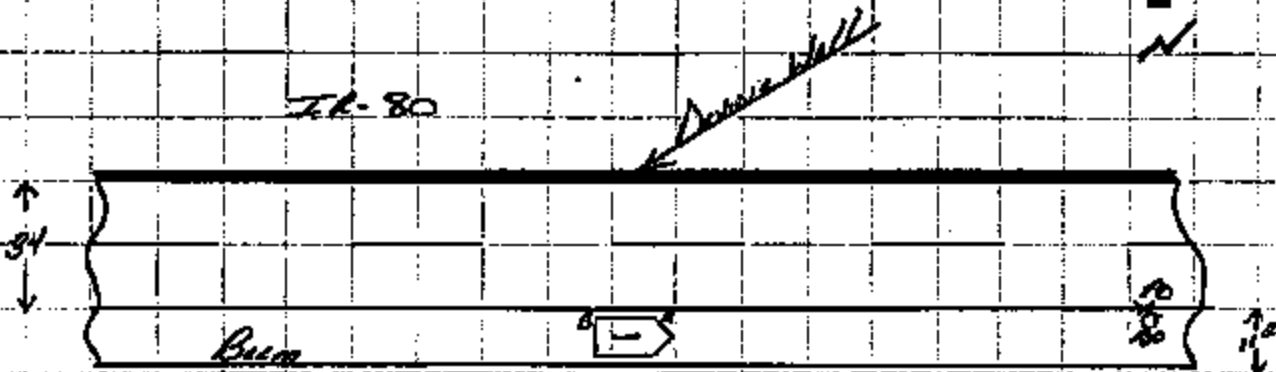
OH-2 (Rev. 1/82)

| | | |
|----------------------------------|---|-----------------------------------|
| LOCAL REPORT NUMBER 10-91-627 | REPORTING AGENCY STON HILLWAY POLICE | DATE OF ACCIDENT M 10 D 6 Y 02 |
| IN COUNTY OF Cuyahoga | ACCIDENT LOCATION IL-80 EB O.T.P. | |

RP- 169 miles east

RD- South Edge Of Roadway Of IL-80

RP to PD = 3'



AE FL DISCREPANCY

A 159° 0' W/E Tire Unit #1

B 163° 6' L/R Tire Unit #1

Unit #1 - 1986 Dodge Ram Van Blue

Entire Vehicle Damaged By Fire

NOTE - Injured Passengers Were Injured Running From The Vehicle. All Treated And Released.

OFFICERS SIGNATURE

BADGE NO.

| | | |
|----------------------------------|--|---------------------------------|
| LOCAL REPORT NUMBER 10-91-627 | REPORTING AGENCY State Highway Patrol | DATE OF CRASH M 10 10 6 1982 |
|----------------------------------|--|---------------------------------|

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

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(PRINTED)

AT

(LOCATION)

I pulled off the road due to running out of gas. The police trooper took my sister to get gas and when she got back we put the gas in and my mom put the gas in the carburetor. I pumped the gas and then there was a pop and the engine started to fire.

| | | | |
|----------------------|------------|------------|------------|
| ADDRESS OF WITNESS | [Redacted] | Akron, OH | PHONE |
| SIGNATURE OF WITNESS | [Redacted] | [Redacted] | [Redacted] |