

TRAFFIC CRASH REPORT

02/01/01 10026615 VEH. FIRE P OH-1 (Rev. 10/99)



10-90-663

CRASH SEVERITY
1 FATAL
2 INJURY
3 FDD
4 PROPERTY DAMAGE ONLY

PRIVATE PROPERTY
Hwy/Scp
1 Not Hwy/Scp
2 State
3 Unknwn

PRIVATE TAGS
OH-2 OH-3 OH-4 OH-5
X X X

0HP90

STATE HWY PATROL

01 01

90 = Annual
00 = Unknown

10102002

Day of Week

THU

Name (of City, Village or Township)

GROTON

22

Latitude

Longitude

CRASH LOCATION
IR 80 (OHIO TURNPIKE) EASTBOUND
TYPE LOC 3
TYPE LOCATION POINT INFO
1 Home Street 2 Numbered Route
3 Highway Street
110.1E

CRASH LOCATION
MILE # 110
Reference Point Info
01 State Loc
02 Intersection 3 County
03 County Line
04 Home Number
05 Township Number
06 Mile Post
07 Corporation List
08 Place Name
09 Highway
10 Street or Route and Reference

0102

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

FENVILLE, MI

Home Phone #

Work Phone #

DL STATE MI LP STATE MI ISSUED TAKEN BY 1 None 2 EMS 3 POLICE 4 Other 5 Unknown TRANSPORTED BY N/A INURED TAKEN TO

OWNER NAME (P SAME, WRITE "SAME") SAME ADDRESS (Street, City, State, Zip Code)

Year 1992 Make CHEV Model CHEYENNE Color RED Insurance Company STATEFARM Toward Service CHARLES Owner Phone #

Vehicle Number Vehicle Description

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Home Phone #

Work Phone #

DL STATE DL # LP STATE LP # ISSUED TAKEN BY 1 None 2 EMS 3 POLICE 4 Other 5 Unknown TRANSPORTED BY INURED TAKEN TO

OWNER NAME (P SAME, WRITE "SAME") ADDRESS (Street, City, State, Zip Code)

Year Make Model Color Insurance Company Toward Service Owner Phone #

Vehicle Number Vehicle Description

Name (Last, First, Middle)

Home Phone #

Address (Street, City, State, Zip Code)

FENVILLE, MI

Name (Last, First, Middle)

Home Phone #

Address (Street, City, State, Zip Code)

ISSUED TAKEN BY
1 None 4 Other
2 EMS 5 Unknown
3 POLICE

TRANSPORTED BY
N/A

INURED TAKEN TO

ISSUED TAKEN BY
1 None 4 Other
2 EMS 5 Unknown
3 POLICE

TRANSPORTED BY

INURED TAKEN TO

- SEATING POSITION
- 01 FRONT - LEFT (DRIVER)
 - 02 FRONT - MIDDLE
 - 03 FRONT - RIGHT
 - 04 SECOND - LEFT (MC PASS)
 - 05 SECOND - MIDDLE
 - 06 SECOND - RIGHT
 - 07 THIRD - LEFT (MC PASSENGER/REAR CAB)
 - 08 THIRD - MIDDLE
 - 09 THIRD - RIGHT
 - 10 SLEEPER SECTION OF CAB
 - 11 UNLOCATED CARGO AREA
 - 12 UNLOCATED CARGO AREA
 - 13 TRAILER UNIT
 - 14 UNKNOWN
 - 15 OTHER
 - 16 NON-MOTORIST
 - 17 UNKNOWN

- SAFETY EQUIPMENT
- 01 NONE USED
 - 02 SHOULDER BELT ONLY
 - 03 LAP BELT ONLY
 - 04 SHOULDER/LAP BELT
 - 05 CHILD SAFETY SEAT
 - 06 MC HELMET USED
 - 07 Use Unknown
 - 08 NONE USED
 - 09 HELMET USED
 - 10 PROTECTIVE PADS
 - 11 REFLECTIVE CLOTHING
 - 12 LIGHTS
 - 13 OTHER
 - 14 UNKNOWN

- AIR BAG
- 1 NOT DEPLOYED
 - 2 DEPLOYED-FRONT
 - 3 DEPLOYED-SIDE
 - 4 DEPLOYED BOTH FRONT/REAR
 - 5 NOT APPLICABLE
 - 6 UNKNOWN

- AIR BAG SECTION
- 1 Not Present
 - 2 In On Position
 - 3 In Off Position
 - 4 Unknown

- ERUCTION
- 1 NOT ERUCTION
 - 2 TOTALLY ERUCTION
 - 3 PARTIALLY ERUCTION
 - 4 NOT APPLICABLE
 - 5 UNKNOWN

- TRAPPED
- 1 NOT TRAPPED
 - 2 ENTRAPPED BY STRUCTURE
 - 3 HELD BY DEFORMING METALS
 - 4 PILED BY NON-MECHANICAL METALS
 - 5 UNKNOWN

- INJURIES
- 1 NO INJURY
 - 2 POSSIBLE
 - 3 MINOR
 - 4 INCAPACITATING
 - 5 FATAL INJURY
 - 6 UNKNOWN

SLASH FOR WITNESS

03

8877801

VEHICLE NUMBER	DAMAGE AREA	PART-CRASH ACTIONS	SEQUENCE OF EVENTS	POINTED SPEED	DRIVE TEST STATUS
01		01	02	65	1
NON-MOTORIST LOCATION		01			
01					
02					
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TYPE OF SHIRT					
07	02				
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10-90-663

Narrative

UNIT #1 TRAVELING EASTBOUND AT MILE #112 ON THE OHIO TURNPIKE. THE DRIVER OF UNIT #1 THEN NOTICED SMOKE COMING FROM THE TIRE FRONT OF THE VEHICLE. UNIT #1 THEN ADDED OIL TO EXTINGUISH THE FIRE IN THE ENGINE.

NUMBER OF COLLISION OR IMPACT - SCHOOL BUS RELATED

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-REAR
 3 REAR-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDEWIP, SAME DIRECTION
 8 SIDEWIP, OPPOSITE DIRECTION
 9 UNKNOWN

WEATHER

- 01 CLEAR
 02 CLOUDY
 03 FOG, BRIS, SMOG
 04 RAIN
 05 SLEET, HAIL (PRECIPITATION FROM CLOUDS)
 06 SNOW
 07 SCATTER CLOUDS
 08 BLOTTING SUN, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

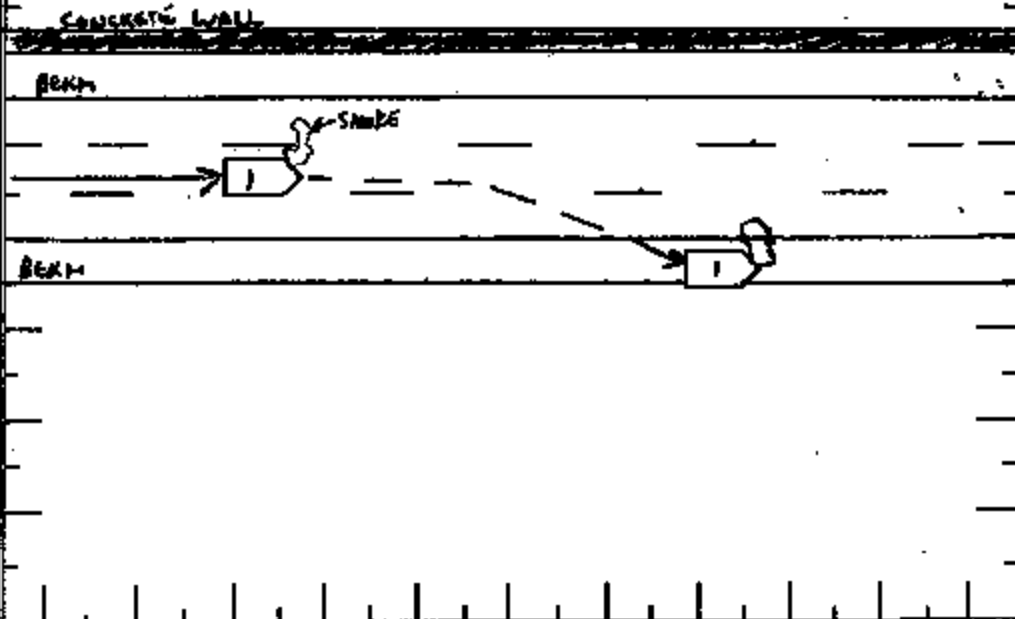
LIGHT CONDITIONS

- 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTS PRESENT
 5 DARK - NO LIGHTS
 6 DARK - UNKNOWN LIGHTS
 7 BLANK
 8 OTHER
 9 UNKNOWN

- 1 No
 2 Yes, DIRECTLY INVOLVED
 3 Yes, INDIRECTLY INVOLVED
 4 UNKNOWN
- WORK ZONE RELATED**
- 1 No
 2 Yes
 3 UNKNOWN
- TYPE OF WORK ZONE**
- 1 Lane Closure
 2 Lane Shift/Overrun
 3 Work On Shoulder Or Roadway
 4 Intermittent Mobile Work
 5 Other
- LOCATION OF CRASH IN WORK ZONE**
- 1 Before First Work Zone
 2 Within Work Zone
 3 After Last Work Zone
 4 Transition Area
 5 Activity Area
 6 Workzone Present
- 1 No
 2 Yes
 3 UNKNOWN

Diagram

OHIO TURNPIKE EASTBOUND LANES



Write an "N" in the compass diagram to indicate the direction of north.

Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (OTHER VEHICLE) WITH A DEFLECTING TIRE TUBE PUNCTURE OR
 A TRUCK (OTHER VEHICLE) WITH A BUCKLEUP OR SAFETY PLACARD OR
 A BUS DEFECTED FOR AT LEAST 6 DEFECTS, INCLUDING DRIVER.

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DAMAGE OR BEING UNABLE TO DRIVE OR BEING UNABLE TO DRIVE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

Company Phone

ADDRESS (STREET, CITY, ST, ZIP CODE)

UM DOT

ICC IC

PLCC

TRUCK LP BY

TRUCK LP YEAR

TRUCK LP #

- Cargo Body Type**
- 01 Not Applicable
 02 Box (8-15 Inclusive Cycles)
 03 Van/Enclosed Box
 04 Semi/Trailer/Tractor

- 05 Flat
 06 Cargo Tank
 07 Flatbed
 08 Dump

- 09 Concrete Mixer
 10 Auto Transporter
 11 Garbage/Refuse
 12 Other
 13 Unknown

Weight (GVWR)

- 1 Less Than 10,000
 2 10,001 - 25,000
 3 More Than 25,000

CDL Class

- 1 Class A
 2 Class B
 3 Class C
 4 Class D
 5 Class E

Hazardous Materials Placard

- 1 No
 2 Yes
 3 Unknown

Hazardous Materials Reference

- 1 No
 2 Yes
 3 Not Applicable
 4 Unknown

Police Action

DISPATCH

ARRIVED

DEPART

OTHER

10102002 0005

0005

0016

0055

30

85

Officer's Name

Checked By

Date Report Filed

1248

10152002

REPORT TAKEN BY

- 1 POLICE AGENT
 2 MOTORIST

REPORT TAKEN AT

- 1 HOME
 2 STREET
 3 OTHER

10-70-663

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-90-663	REPORTING AGENCY STATE HWY PATROL	DATE OF ACCIDENT M 10 10 10 1902
IN COUNTY OF ERN	ACCIDENT LOCATION OHIO TURNPIKE EAST BOUND MILE #110	
UNIT # 1 VIN# 1GCEK1Y23NE152406		
DAMAGE: ENGINE DAMAGE FROM FIRE, OTHER MECHANICAL DAMAGE TO BE DETERMINED BY MECHANIC.		
CAUSE: GREAT TWP. FIRE DEPARTMENT RESPONDED TO SCENE AND ADVISED AN OIL LEAK OCCURRED IN THE EXHAUST MANIFOLD WHICH MAY HAVE CAUSED THE FIRE.		
INJURIES: NO INJURIES OCCURRED AS RESULT OF FIRE.		
WEATHER + ROAD CONDITIONS DRY CLEAR NIGHT APPROXIMATELY 57°F DRY ASPHALT.		
* ULTIMATELY FIRE WAS EXTINGUISHED BY AN UNRELATED MOTORIST WITH A FIRE EXTINGUISHER.		
OFFICER'S SIGNATURE		BADGE NO.

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 12-90-663

REPORTING AGENCY STATE HWY PATROL

DATE OF CRASH M 10 10 10 1902

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

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO [REDACTED] (OFFICER'S NAME) AT [REDACTED] (LOCATION) SCENE

X Driving east on 80/90. Vehicle ahead and stop ahead to advise that my vehicle was smoking. Water was - when stop to investigate. Small fire transmission fluid. After fire under seat found a truck. Driver look at was under wheel also. Truck driver was extinguisher to put off fire.

Q: HAVE YOU HAD ANY RECENT WORK DONE ON YOUR VEHICLE?
A: ABOUT SIX MONTHS AGO I HAD THE AUTOS AND BRAKES WORKED ON.
Q: WAS ANYONE INJURED?
A: NO
Q: HOW SOON DID YOU NOTICE THE SMOKE BEFORE YOU STOPPED?
A: WITHIN SECONDS.
Q: HOW WAS THE FIRE PUT OUT?
A: WE TRIED WITH WATER BUT A TRUCK DRIVER STOPPED WHO HAD A FIRE EXTINGUISHER.

ADDRESS OF WITNESS [REDACTED]
SIGNATURE OF WITNESS [REDACTED]
OFFICER'S SIGNATURE [REDACTED]
HSY 7003