

OHIO TRAFFIC CRASH REPORT

Local Report #
10-89-378

CLAIM SEVERITY
1 FATAL
2 INJURY
3 PROPERTY DAMAGE ONLY
4 UNINSURED
5 UNINSURED MOTORIST
6 UNINSURED NON-RESIDENT
7 UNINSURED NON-RESIDENT MOTORIST
8 UNINSURED NON-RESIDENT MOTORIST
9 UNINSURED NON-RESIDENT MOTORIST
10 UNINSURED NON-RESIDENT MOTORIST
11 UNINSURED NON-RESIDENT MOTORIST
12 UNINSURED NON-RESIDENT MOTORIST
13 UNINSURED NON-RESIDENT MOTORIST
14 UNINSURED NON-RESIDENT MOTORIST
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16 UNINSURED NON-RESIDENT MOTORIST
17 UNINSURED NON-RESIDENT MOTORIST
18 UNINSURED NON-RESIDENT MOTORIST
19 UNINSURED NON-RESIDENT MOTORIST
20 UNINSURED NON-RESIDENT MOTORIST

PHOTO TAKEN
X YES
Y NO

CH-2 CH-3 CH-4 CH-5

REG #
0HP89

REGISTRATION AGENCY #
STATE HIGHWAY PAVED

PLATE #
01

UNIT #
01

DATE OF COLL.
10132002

TIME OF COLL. 0810 DAY OF WEEK SUN CITY # VILLAGE # TWP # NAME (OF CITY, VILLAGE OR TOWNSHIP) # DUNEL COUNTY # # LATITUDE LONGITUDE

TYPE OF COLL. IR80 OHIO TURNPIKE TYPE LOG 3 TYPE LOCATION POINT USED 32.2W

REFERENCE POINT USED AT W 32.06

DRIVER A 0101 NAME (LAST, FIRST, MIDDLE) [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) HOLLISWOOD, NY

DL # NY NJ TRANSFERRED BY

VEHICLE YEAR 1989 MAKE CHEVY MODEL SUBURBAN COLOR OLIVE GREEN INSURANCE COMPANY STATE FARM TOWNSHIP HUTCHS

VEHICLE DAMAGE

OCCUPANT B NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)

OCCUPANT C NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)

OCCUPANT D NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)

Motorist/Non-Motorist

Occupant

<p>01 A</p> <p>02 B</p> <p>03 C</p> <p>04 D</p>	<p>04 A</p> <p>05 B</p> <p>06 C</p> <p>07 D</p>	<p>5 A</p> <p>6 B</p> <p>7 C</p> <p>8 D</p>	<p>1 A</p> <p>2 B</p> <p>3 C</p> <p>4 D</p>	<p>1 A</p> <p>2 B</p> <p>3 C</p> <p>4 D</p>	<p>1 A</p> <p>2 B</p> <p>3 C</p> <p>4 D</p>	<p>1 A</p> <p>2 B</p> <p>3 C</p> <p>4 D</p>	<p>1 A</p> <p>2 B</p> <p>3 C</p> <p>4 D</p>
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SAFETY EQUIPMENT: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 No Helmet Used, 07 Use Unknown, 08 None-Registered, 09 None Used, 10 Helmet Used, 11 Protective Clothing, 12 Lanyard, 13 Other, 14 Unknown

VEHICLE DAMAGE: 01 Not Damaged, 02 Totally Destroyed, 03 Partially Destroyed, 04 Not Applicable, 05 Unknown

PERSONS: 01 Not Trapped, 02 Escaped by Mechanical Means, 03 Pinned by Non-Mechanical Means, 04 Unknown

INJURIES: 01 No Injury, 02 Possible, 03 Non-Incapacitating, 04 Incapacitating, 05 Fatal Injury, 06 Unknown

SAFETY SERVICES: e: Safety Services

VEHICLE NUMBER
01

NON-MOTORIST LOCATION
A B

- 01 MAJOR CRASHABLE AT INTERSECTION
02 INTERSECTION NO CRASHABLE
03 NON-INTERSECTION CRASHABLE
04 DEDICATED ACCESS CRASHABLE
05 IN ROADWAY
06 NOT IN ROADWAY
07 MEDIAN (BUT NOT SHOULDER)
08 ISLAND
09 SHOULDER
10 SIDEWALK
11 YELLOW 10 FEET OR ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
12 MEDIAN 20 FEET OR ROADWAY (WHEN TRAFFIC)
13 OUTSIDE TRAFFICWAY
14 SHOULDER (SEE PARTS ON TABLE)
15 UNKNOWN

TYPE OF MOTORIST
06

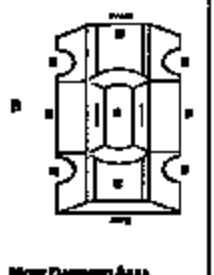
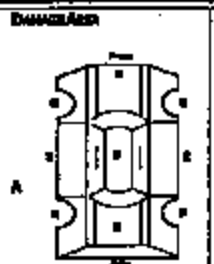
- 01 SUBCOMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PASSENGER
09 SINGLE UNIT TRUCK
10 TRUCK TRAILER
11 TRUCK TRACTOR (SEMI)
12 TRUCK TRACTOR (BOXER)
13 TRACTOR/DRUMS (SHORT)
14 TRACTOR/DRUMS (LONG)
15 FIFTH WHEEL OR CONVERTIBLE DOLLY
16 TRACTOR/WRAPPER
17 MOTORCYCLE
18 MOTORCYCLE
19 SCHOOL BUS
20 CARRIER BUS
21 PUBLIC BUS
22 OTHER BUS
23 POLICE VEHICLE
24 FIRE TRUCK
25 AMBULANCE/EMERGENCY
26 TAXI
27 MOTOR HOME
28 TRAILER
29 POWER VEHICLE
30 PUMP EQUIPMENT
31 SNOWMOBILE
32 CONSTRUCTION EQUIPMENT
33 ALL OTHERS
34 NON-MOTORIST
35 ANIMAL WAGON
36 ANIMAL WAGON
37 BICYCLE
38 PERSONAL
39 PASSENGER
40 BICYCLE
41 OTHER NON-MOTORIST
42 UNKNOWN

- 01 NOW
02 CENTER FRONT
03 REAR FRONT
04 REAR SIDE
05 REAR REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LEAD/TAILPIPE
13 TIRE (ALL AXLES)
14 OTHER
15 UNKNOWN

IN EMERGENCY RESPONSE
A B

DAMAGE SCALE
4

- 1 NONE
2 NON-FUNCTIONAL DAMAGE
3 FUNCTIONAL DAMAGE
4 CHASSIS DAMAGE
5 SEVERE
6 UNKNOWN



NEW DAMAGE AREA
02

- 01 NOW
02 CENTER FRONT
03 REAR FRONT
04 REAR SIDE
05 REAR REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LEAD/TAILPIPE
13 TIRE (ALL AXLES)
14 OTHER
15 UNKNOWN

POINT OF IMPACT
01

- 01 NOW
02 CENTER FRONT
03 REAR FRONT
04 REAR SIDE
05 REAR REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LEAD/TAILPIPE
13 TIRE (ALL AXLES)
14 OTHER
15 UNKNOWN

ACTION
2

- 1 NON-COMFORT
2 NON-COLLISION
3 STRUCK
4 STRUCK
5 BOTH STRUCK AND STRUCK
6 COLLISION

DRIVING VEHICLE OPERATOR/ OPERATOR
A B

- 1 NO DAMAGE OR OVERSIGHT
2 DAMAGE, COMPARTMENT INTERIORS
3 DAMAGE, NO COMPARTMENT INTERIORS
4 DAMAGE, COMPARTMENT INTERIORS UNKNOWN
5 DAMAGE, MOTOR VEHICLE IN TRAFFIC
6 DAMAGE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS
01

- 01 MOVEMENT ESPECIALLY STRAIGHT AHEAD
02 BRAKING
03 CHANGING LANE
04 DECELERATING/SLAMMING
05 TURNING RIGHT
06 TURNING LEFT
07 MAJOR U-TURN
08 REVERSE TRAFFIC LANE
09 LEAVING TRAFFIC LANE
10 PARKING
11 STOPPED/STAYING IN TRAFFIC
12 STOPPING
13 DYING
14 UNKNOWN
15 UNKNOWN
16 UNKNOWN
17 UNKNOWN
18 UNKNOWN
19 UNKNOWN
20 UNKNOWN
21 UNKNOWN
22 UNKNOWN
23 UNKNOWN

CONTRIBUTIVE CIRCUMSTANCES
19

- 01 NOW
02 FAILURE TO YIELD
03 RUN RED LIGHT, OR STOP SIGN EXCEEDED STOP LINE
04 UNLAWFUL TURN
05 IMPROPER TURN
06 LEFT OR CROSSING
07 FOLLOWED TOO CLOSELY/DOCKED OFF ROAD/IMPROPER POSITION
08 IMPROPER LANE CHANGE
09 IMPROPER LANE CHANGE
10 IMPROPER LANE CHANGE
11 IMPROPER BRUNT FROM PASSED POSITION
12 STOPPED ON PAVEMENT ESPECIALLY
13 OPERATING VEHICLE IN DRAINAGE, RICKLE, CRACKS, HOLES, OBSTACLE OR ACCESSIBLE SURFACE
14 OPERATING IN AREA (DUE TO WIND, SLIPPERY SURFACE, VEHICLE OBSTACLE, NON-MOVEMENT IN TRAFFIC, ETC)
15 FAILURE TO CONTROL
16 VEHICLE OBSTRUCTION
17 DRIVER IMPAIRMENT
18 FORWARD COLLISION
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD EXCEEDING RATED/CAPACITY
21 OTHER IMPROPER ACTION
22 UNKNOWN
23 UNKNOWN
24 IMPROPER CHANGING
25 DARTING
26 LEFT LANE AND/OR ILLEGALLY IN ROADWAY
27 FAILURE TO YIELD RIGHT OF WAY
28 NOT VISIBLE (BLIND CURVES)
29 IMPAIRMENT
30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNALS, OR OFFICER
31 MISSED SIGN OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODE (SEE "DEF" SELECTED ABOVE)
09

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE SLOTTING
07 WORK OR SLACK TIRE
08 TOWBAR EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 BRAKES FROM FRONT
11 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
02

01 02 03 04

- 01 OVERSIGHT/FOLLOWER
02 PAST/IMPASSION
03 IMPASSION
04 CANNOT/EXCESSIVE LANE/SHIFT
05 EQUIPMENT FAILURE
06 SEPARATION OF TRAFFIC
07 RUN OFF ROAD RIGHT
08 RUN OFF ROAD LEFT
09 CROSS LANE/INTERFERING
10 DOWNWARD RUMBLING
11 OTHER NON-COLLISION
12 UNKNOWN NON-COLLISION COLLISION IN/BEHIND, VEHICLE, OR CHASSIS NOT FOUND
13 PROXIMITY
14 PROXIMITY
15 PROXIMITY
16 RUNWAY VEHICLE
17 ANIMAL - FARM
18 ANIMAL - OTHER
19 ANIMAL - OTHER
20 MOTOR VEHICLE IN TRAFFICWAY
21 PARKED MOTOR VEHICLE
22 MOTOR VEHICLE IN TRAFFICWAY
23 OTHER MOVABLE OBJECT
24 COLLISION WITH FIXED OBJECT
25 IMPACT ATTERITION/CRASH COLLISION
26 BRIDGE OBSTRUCTION/STRUCTURE
27 BRIDGE PICK UP AND/OR
28 BRIDGE PARALLEL
29 BRIDGE RUN
30 BRIDGE FACE
31 BRIDGE END
32 BRIDGE BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT FIXTURES/SUPPORTS
36 TRAFFIC POLE
37 OTHER POST, POLE OR SUPPORT
38 CULVERT
39 CURB
40 CURB
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIELD OBJECT
46 WORK ZONE SIGN/TRAFFIC EQUIPMENT
47 UNKNOWN FENCE OBJECT
48 OTHER
49 UNKNOWN

POINT OF IMPACT
A B

- 01 NOW
02 CENTER FRONT
03 REAR FRONT
04 REAR SIDE
05 REAR REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LEAD/TAILPIPE
13 TIRE (ALL AXLES)
14 OTHER
15 UNKNOWN

POINT OF IMPACT
A B

- 1 NON-COMFORT
2 NON-COLLISION
3 STRUCK
4 STRUCK
5 BOTH STRUCK AND STRUCK
6 COLLISION

VEHICLE DEFECT CODE (SEE "DEF" SELECTED ABOVE)
09

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE SLOTTING
07 WORK OR SLACK TIRE
08 TOWBAR EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 BRAKES FROM FRONT
11 OTHER DEFECTS

POSTED SPEED
65

TRAFFIC CONTROL
12

- 01 NO CONTROL
02 STOP SIGN
03 YIELD SIGN
04 TRAFFIC SIGNAL
05 TRAFFIC SIGNALS
06 SCHOOL ZONE
07 RAILROAD CROSSING
08 RAILROAD FLASHERS
09 RAILROAD CROSS
10 CONSTRUCTION SIGNAGE
11 POLICE DIRECTOR
12 PAPER SIGN
13 CROSSWALK SIGN
14 YELLOW/RED/WHITE SIGNAL
15 TRAFFIC CONTROL DEVICE (SIGNALS, SIGNALS, SIGNALS)
16 OTHER

DIRECTION FROM TO FACE TO
3 4

- 1 NORTH
2 SOUTH
3 EAST
4 WEST
5 FORWARD
6 REVERSE
7 FORWARD
8 REVERSE
9 UNKNOWN

CONCESSION
A B

- 1 APPARENTLY NONE
2 PHYSICAL IMPAIRMENT
3 BICYCLE
4 LUNGE
5 FALL ASLEEP, FAINTED, FETTERED, ETC. UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUGS SUSPECTED
A B

- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - DRUGS SUSPECTED
4 YES - ALCOHOL/DRUGS SUSPECTED
5 UNKNOWN

ALCOHOL TEST STATUS
A B

- 1 NONE
2 TEST REQUIRED
3 TEST GIVEN, CONFIRMED SAMPLES AVAILABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE
A B

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

- 01 BAC
02 BAC
03 BAC
04 BAC
05 BAC, BAC, BAC, BAC, BAC
06 BAC (STRONG, STRONG)
07 BAC
08 BAC
09 BAC
10 BAC
11 UNKNOWN

DRUG TEST STATUS
A B

- 1 NONE
2 TEST REQUIRED
3 TEST GIVEN, CONFIRMED SAMPLES AVAILABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE
A B

- 1 BAC
2 BLOOD
3 URINE
4 OTHER

DRUG TEST RESULT
A B

- 1 NONE
2 BAC
3 BAC
4 BAC
5 BAC
6 BAC
7 BAC
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
01

- 01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CONTROLLED
06 ONE-WAY, ON MORE
07 ON RAMP
08 OFF RAMP
09 CRASHOVER
10 RAMP/OVERPASS
11 RAMP/GRAB CRASHOVER
12 BRIDGE-DECK PILE ON TABLE
13 BRIDGE

OCCURRENCE
1

- 1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON RAMPAGE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONDITION
1

- 1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS
A B

- 01 DRY
02 WET
03 SLUSH
04 ICE
05 SAND, GRASS, DIRT, CL, OTHER
06 SLIPPERY (ICE, SNOW, SLUSH)
07 SLUSH
08 DEPOSIT
09 RUT, HOLES, DIPS, UNIFORM PAVEMENT
10 OTHER
11 UNKNOWN

**Secondary Road Conditions ONLY

STREET # YES 10-89-378

Narrative

UNIT # 1 WAS WAST BOUND ON THE OVER TURNPIKE IN THE DRIVING LANE. UNIT # 1 HAD MOTOR PROBLEMS CAUSING A ENGINE FEEL. UNIT # 2 PULLED OVER TO THE SHOULDER AND PUT THE FEEL OUT. THE FEEL CAUSED DAMAGE TO THE ENGINE COMPARTMENT.

NUMBER OF COLLISION OR IMPACT

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

SCHOOL BUS RELATED

- 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/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 OBSTRUCTION MOVES WORK
 5 OTHER

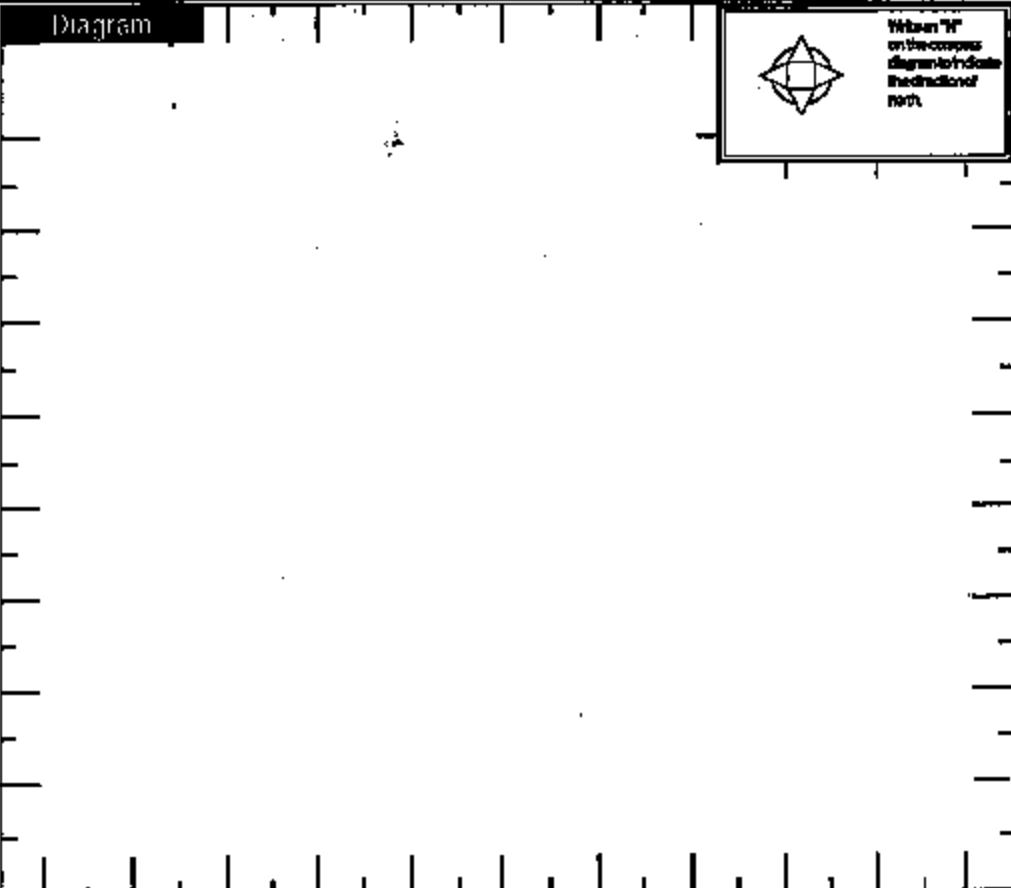
LOCATION OF CRASH IN WORK ZONE

- 1 BEFORE FIRST WORK ZONE
 2 WITHIN WORK ZONE
 3 ADVANCE WARNING AREA
 4 TRAVEL AREA
 5 ACTIVITY AREA

WORKER'S PRESENT

- 1 NO
 2 YES
 3 UNKNOWN

Diagram



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

WEATHER

01
 02

- 01 CLEAR
02 CLOUDY
03 Fog, Smog, Mist
04 Rain
05 Sleet, Hail (Precipitation Part Overcast)
06 Snow
07 WINDY CROSSWIND
08 Blowing Sand, Dust, Hail, Snow
09 Other
10 Unknown

LIGHT CONDITIONS

PRIMARY
 SECONDARY

- 1 DAYLIGHT
2 Dawn
3 Dusk
4 Dark - Lighted Roadway
5 Dark - Not Lighted
6 Dark - Unknown Lighting
7 Other
8 Other
9 Unknown

Truck/Bus

Unit #

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 DESIGNED FOR AT LEAST 8 PERSONS, 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 YEAR TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERFERE WITH PROCEEDING UNDER ITS OWN POWER.

COLLISION FROM SHIPPING PAPER(S) _____ COMPANY FROM _____
ADDRESS (STREET, CITY, ST, ZIP CODE) _____

PLATE # _____ # DV _____

CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
01 NOT APPLICABLE 02 Box (3-16 INCLUDING DRIVER) 03 VAN/ENCLOSURE BOX 04 GRAB/CRASH/DRIVE	00 CONCRETE MIXER 01 AUTO TRANSPORTER 02 GARAGE/REPAIR 03 OTHER 04 UNKNOWN	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	1 No 2 YES 3 UNKNOWN	1 No 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 10/3/2002
 TIME REPORT CALLED: 0810
 DISPATCH: 0810
 ARRIVAL: 0829
 CRASH: 0910
 DRAIN: -
 TOTAL MINUTES: 60

REPORT TAKEN BY: [Signature]
 REPORT TAKEN AT: [Signature]
 SUPERVISOR'S # (If Yes): 10-89-378

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-89-379	REPORTING AGENCY STATE HIGHWAY Patrol	DATE OF ACCIDENT M 10 13 1982
IN COUNTY OF FULTON	ACCIDENT LOCATION 1200 Ohio Turnpike 32.2MP	
<p>Tractor UNIT #1</p> <p>Pool 2 Homeless Tractor</p> <p>VIN: HMDNT02178</p> <p>Registered: [REDACTED]</p> <p>Generator</p> <p>Steel Door</p> <p>No Damage to Tractor or Load</p>		
[REDACTED]		BADGE NO. 593

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-378	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M10 1013 PM82
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 (PRINTED)
[REDACTED] AT 322. mds post.
 (OFFICER'S NAME) (LOCATION)

X Heard engine lose power, puff of smoke, pulled over, extinguished fire, oil on ground

Q Are you insured?

A NO

Q About how fast were you going?

A 50 to 55 mph.

ADDRESS OF WITNESS	[REDACTED]	PHONE
SIGNATURE OF WITNESS	[REDACTED]	OFFICER'S SIGNATURE [REDACTED]