

TRAFFIC CRASH REPORT

03051009

10042067

N OH-1 (Rev. 10/79)



10-90-343

CRASH SEVERITY
1 FATAL
2 INJURY
3 POSSIBLE INJURY

PRIVATE PROPERTY
Hwy/Equip
1 Not Highway
2 School
3 Unknow

PROPERTY TAKEN
CR-1 CR-2 CR-3 CR-4

0HP90

STATE HIGHWAY PATROL

01

NY STATE

05102003

1359

SAT

MILAN

22

TYPE LOCATION ROAD USED
1 Name Street 2 Highway Route
2 Name Street

EXIT 118

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 Sides
03 CORNER L&R
04 HOUR NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORRESPONDING L&R
08 PLACE NAME W/O REFERENCE
09 DIRECTION
10 OTHER OR BOUNDARY W/O REFERENCE

0102

MEDFORD NY

07311981 21 F

DL STATE DL # LP STATE LP # INSURANCE COMPANY 1 HOME 4 OTHER 2 BNS 5 UNKNOWN 3 POLICE

Year Make Model Color Insurance Company Towing Service Driver License #
1999 CHEVROLET CAVALIER WNS RESPONSE JUDGMENTY CHARLIE'S Spone

Official Contact Official Description

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

DL STATE DL # LP STATE LP # INSURANCE COMPANY 1 HOME 4 OTHER 2 BNS 5 UNKNOWN 3 POLICE

Official Contact Official Description

01 NELSON, PATRICIA B.

388-8452

0913190517 F

78 CENTER ST. LAKE RONKONKOMA NY 11779

Name (Last, First, Middle) Home Phone #

Address (Street, City, State, Zip Code) Insured Taken By Insured By Insured Taken To

SEATING POSITION	SAFETY EQUIPMENT	AGE SEX	AGE SEX SPECIFIC	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC Driver)	01 None Used	1 Not Devised	1 Not Present	1 Not Ejected	1 Not Trapped	1 No Injury
02 FRONT - MIDDLE	02 Shoulder Belt Only	2 Deployed-Pretest	2 In On Position	2 Partially Ejected	2 Strapped By	2 Possible
03 FRONT - RIGHT	03 Lap Belt Only	3 Deployed-Pretest	3 In On Position	3 Partially Ejected	3 Strapped By	3 Possible
04 SECOND - LEFT (MC Pass)	04 Shoulder Lap Belt	4 Deployed-Pretest	4 Unknown	4 Not Ejected	4 Not Trapped	4 No Injury
05 SECOND - MIDDLE	05 Child Safety Seat	5 Not Applicable		5 Not Ejected	5 Not Trapped	5 No Injury
06 SECOND - RIGHT	06 MC Safety Seat	6 Unknown		6 Not Ejected	6 Not Trapped	6 No Injury
07 THIRD - LEFT (MC Passenger/Child Seat)	07 Use Correct					
08 Third - MIDDLE	08 None Used					
09 Third - Right	09 None Used					
10 Support Section Of Cab	10 Protective Panel					
11 Enclosure Cargo Area	11 Reflective Clewless					
12 Unenclosed Cargo Area	12 Latched					
13 Trailing Unit	13 Driven					
14 Braked	14 Unknown					
15 Crank						
16 Non-Motorized						
17 Unknown						

24

Blank For Witness

Narrative

UNIT #1 WAS WASTING ON DECELERATION RAMP AT EXIT 118 WHEN LEFT FRONT WHEEL FELL OFF, CAUSING DAMAGE TO LEFT FRONT FENDER.

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- | | |
|---|--------------------------|
| 1 MET COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 No |
| 2 Scraped | 2 Yes, Slightly Involved |
| 3 Hit-and-run | 3 Yes, Directly Involved |
| 4 Bumped | 4 Unknown |
| 5 Backed | |
| 6 Swung | |
| 7 Rear-ended, same direction | |
| 8 Struck, opposite direction | |
| 9 Struck | |

WEATHER

02

- | | |
|--------------------------------------|------------------------------|
| 01 Clear | 1 Late Closure |
| 02 Cloudy | 2 Late Shift/Overlapped |
| 03 Fog, Mist, Smoke | 3 Work On Shoulder On Street |
| 04 Rain | 4 Intermittent Motor Work |
| 05 Snow, Hail, Freezing Rain (Sleet) | 5 Other |
| 06 Snow | |
| 07 Heavy Crosswinds | |
| 08 Blowing Snow, Ice, Dust, Sand | |
| 09 Other | |
| 10 Unknown | |

Light Conditions

- | | |
|-----------------------------|---------------------------------------|
| 1 Daylight | 1 Before First Work Zone Warning Sign |
| 2 Dawn | 2 Advance Warning Area |
| 3 Dusk | 3 Transition Area |
| 4 Dark - Limited Highway | 4 Activity Area |
| 5 Dark - Not Lighted | |
| 6 Dark - Unimproved Highway | |
| 7 Clear | |
| 8 Overcast | |
| 9 Unknown | |

Diagram

DRIVE TURNPIKE TOLL EXIT 118



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



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (EXCEPT VEHICLES WITH A GVWR MORE THAN 10,000 POUNDS OR A TRUCK (EXCEPT VEHICLES) WITH A MAXIMUM GROSS VEHICLE WEIGHT OR A SUBSEQUENT FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

A N D

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 MECHANICAL DAMAGE OR REQUIRED INTERFERING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Driver's Papers)

Company Name

Address (Street, City, St, Zip Code)

LR DOT	ECR#	PCO#	TRUCK LP BY	TRUCK LP YEAR	TRUCK LP P
					1

CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Motorist's Record	Motorist's License
01 Not Applicable	1 Less Than 10,000	1 CLASS A	1 No	1 No
02 Bus (8-15 Seating Capacity)	2 10,001 - 20,000	2 CLASS B	2 Yes	2 Yes
03 Tank/Enclosed Box	3 More Than 20,000	3 CLASS C	3 Unknown	3 Not Applicable
04 Tank/Chassis/Cab		4 CLASS D		4 Unknown
05 Pole		5 CLASS E		
06 Cargo Tank				
07 Flatbed				
08 Dump				
09 Concrete Mixer				
10 Auto Transporter				
11 Garbage/Refuse				
12 Other				
13 Unknown				

Police Action

05102003 1359 1359 1403 1430 20 51

Officer's Name: **TR. E. A. WEAVER** 1060

Checked By: **JGT** Date Report Filed: **05/14/03**

Report Taken By: 1 Police Agency 2 Motorist

Report Taken At: 1 Scene 2 Station 3 Other

10-90-343

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-93-343		REPORTING AGENCY STATE HIGHWAY PATROL						DATE OF ACCIDENT M 5 10 10 1993					
IN COUNTY OF Erie		ACCIDENT LOCATION OTR WB MP 118.6											
UNIT #1 INFORMATION													
YEAR= 99		DAMAGE LF FSWDR, LF BRK, L. DISC.											
MAKE= CHRYSLER													
MODEL= CAVALLIERE													
STYLE/TYPE= 2DR		INJURIES											
COLOR= WHI													
REG #= 8BD 8521													
VIN #= 1615 C124 5X 7108402													
WEATHER													
TEMPERATURE= 62 °F													
PRECIPITATION= N. W. S.													
REMARKS=													
ROADWAY INFORMATION													
CONDITION= Dry													
TYPE= ASPHALT													
OFFICERS SIGNATURE T. E. A. N...										BADGE NO. 1060			

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

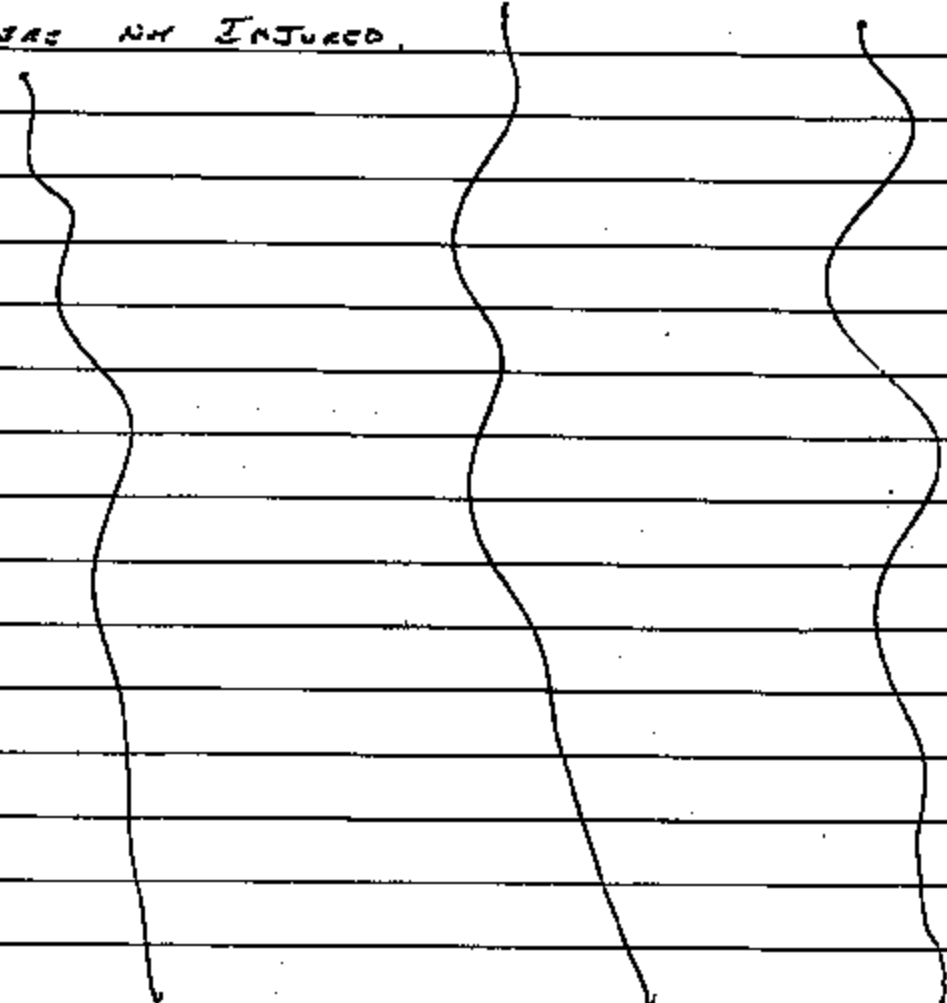
LOCAL REPORT NUMBER 10-90-343	REPORTING AGENCY STATE NY PATROL	DATE OF CRASH M 5 10/0 11 02
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TR. E. A. WEARSA AT DTP EXIT 116 (OFFICERS NAME) (LOCATION)

I WAS DRIVING HOME ON THE OHIO TURNPIKE WHEN I NOTICED A VIBRATION ON THE FRONT END. WE WENT TO A GAS STATION AND SPOKE WITH A GUY AT THE GAS STATION. HE SAID TO GO TO A SERVICE CENTER OFF EXIT 118. AS I DROVE DOWN THE RAMP TO THE EXIT, THE LEFT FRONT WHEEL SUDDENLY FELL OFF. I HAD THE TIRES ROTATED YESTERDAY BEFORE I LEFT LONG ISLAND. WE WERE NOT INJURED.



ADDRESS OF WITNESS [REDACTED]	NY [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE TR. E. A. WEARSA	