

# TRAFFIC CRASH REPORT

03052022

100420168

P OH-1 (Rev. 10/79)



10-90-387

CRASH SEVERITY  
1 FATAL  
2 BRAWL  
3  
4 UNKNOWN

PRIVATE PROPERTY  
HIGHWAY  
1 Not Insured  
2 BROWN  
3 UNINSURED

PHOTOS TAKEN  
X  
CR2 CR3 CR4 CR5

0490 HIGHWAY PATROL 01 01 05202003

1625 TUE X BERLIN 22

IR-80 (OHIO TURNPIKE WB) 3 125.1 W

MILEPOST 125

01 02

FARVIEW PARK OH

1031194260 M

OH OH

SAME GOND VITARA BLUE SILVER NATIONALWIDE CHARLIE 440.779.8362

Motorist/Non-Motorist

Address (Street, City, State, Zip Code)

OH OH

Address (Street, City, State, Zip Code)

01 30194557 F

FARVIEW PARK OH

Occupant

Address (Street, City, State, Zip Code)

SEAT POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SEAT SWITCH	REASON	REASON	REASON
01 FRONT - LEFT (DRIVER)	01 None Used	1 Not Deployed	1 Not Present	1 NOT TRAPPED	1 No Injury	1 No Injury
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 Deployed-None	2 In On Position	2 EXTENDED BY MECHANICAL SEAT	2 POSSIBLE	2 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	3 Deployed-None	3 In Off Position	3 FAMILY SEATED	3 No-RESTRICED	3 No-RESTRICED
04 REAR - LEFT (REAR PASSENGER)	04 SHOULDER/LAP BELT	4 Deployed Both	4 UNKNOWN	4 NOT APPLICABLE	4 INCRASSED BY MECH	4 INCRASSED BY MECH
05 REAR - MIDDLE	05 CHILD SEAT BY SEAT	5 NOT APPLICABLE		5 UNKNOWN	5 FATAL INJURY	5 FATAL INJURY
06 REAR - RIGHT	06 MC SEAT BY SEAT	6 UNKNOWN			6 UNKNOWN	6 UNKNOWN
07 THIRD - LEFT	07 Use Unknown					
08 THIRD - MIDDLE	08 None/Unknown					
09 THIRD - RIGHT	09 None Used					
10 REAR SEAT/SEAT OF CAB	10 Unknown					
11 Included Child Area	11 Restraint Unknown					
12 REAR SEAT/SEAT A AREA	12 Unknown					
13 TRUCK SEAT	13 Other					
14 SEAT	14 Unknown					
15 OTHER						
16 NON-SEATED						
17 UNKNOWN						

24

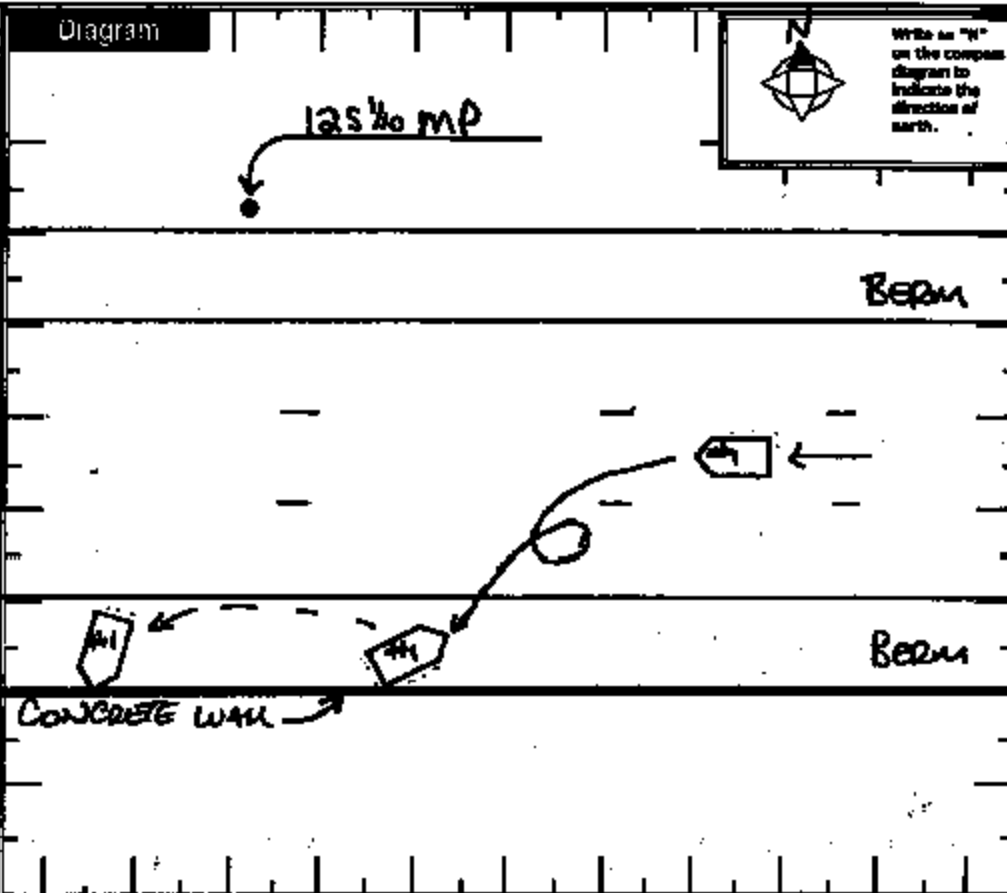


**Narrative**

UNIT #1 WAS WESTBOUND IN THE CENTER LANE THE FRONT RIGHT TIRE ROAD BROKE ON UNIT #1 CAUSING THE DRIVER TO LOSE CONTROL SPIN COUNTER CLOCKWISE AND GO OFF THE LEFT SIDE OF THE ROAD AND STRIKE THE CONCRETE DIVIDER WALL.

652 145

<p><b>Number of Collision or Impact</b></p> <p><input type="checkbox"/> 1</p> <p>1 Not Collision Between Two Vehicles in Transport 2 Head-on 3 Side-on 4 Head-to-head 5 Tail-end 6 Angle 7 Rear-end, Lane Change 8 Suspended, Offside Collision 9 Unknown</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><input type="checkbox"/> 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown</p>
<p><b>Work Zone</b></p> <p><input type="checkbox"/> 1 No 2 Yes 3 Unknown</p>	<p><b>Type of Work Zone</b></p> <p><input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Diversion 3 Work On Broken Out Road 4 Intermittent Moving Work 5 Other</p>
<p><b>Location of Crash in Work Zone</b></p> <p><input type="checkbox"/> 1 Beyond First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Unknown</p>	<p><b>Work Zone Priority</b></p> <p><input type="checkbox"/> 1 No 2 Yes 3 Unknown</p>



<p><b>Truck/Bus</b></p> <p>UNIT #</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>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.</p>	<p>A R D</p> <p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A HAZARDOUS AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED ONE TO HAZARDOUS WAREHOUSE OR REPAIRER REQUIRING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p>
<p>Company (From Shipping Papers)</p> <p>Company Name</p>		
<p>Address (Street, City, St., Zip Code)</p>		

<p>SE DOT</p> <p><input type="checkbox"/></p>	<p>REV MIC</p> <p><input type="checkbox"/></p>	<p>FUCO</p> <p><input type="checkbox"/></p>	<p>TRAILER #</p> <p><input type="checkbox"/></p>	<p>TRAILER LP YEAR</p> <p><input type="checkbox"/></p>	<p>TRAILER LP #</p> <p><input type="checkbox"/></p>	
<p><b>Cargo Body Type</b></p> <p><input type="checkbox"/> 01 Not Applicable <input type="checkbox"/> 02 Box (8-16 Inclusive Depth) <input type="checkbox"/> 03 Van/Enclosed Box <input type="checkbox"/> 04 Dump/Chassis/Cover</p>	<p><b>Roll</b></p> <p><input type="checkbox"/> 05 Full <input type="checkbox"/> 06 Convex Tank <input type="checkbox"/> 07 Flatbed <input type="checkbox"/> 08 Dump</p>	<p><b>Construction</b></p> <p><input type="checkbox"/> 09 Concrete Truck <input type="checkbox"/> 10 Auto Transporter <input type="checkbox"/> 11 Borehole/Plumber <input type="checkbox"/> 12 Crane <input type="checkbox"/> 13 Misc</p>	<p><b>Weight (Gross)</b></p> <p><input type="checkbox"/> 1 Less Than 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 More Than 20,000</p>	<p><b>Class</b></p> <p><input type="checkbox"/> 1 Class A <input type="checkbox"/> 2 Class B <input type="checkbox"/> 3 Class C <input type="checkbox"/> 4 Class M <input type="checkbox"/> 5 Class D</p>	<p><b>Hazardous Materials Placard</b></p> <p><input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown</p>	<p><b>Hazardous Materials Transported</b></p> <p><input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown</p>

**Police Action**

052020031625 1625 1642 1742 20 97

Report Made By: PO. J.R. MUEL 989

Report Made At: SUB. WILSON (76) 05202003

Report Made By:  1 Police Agency  2 Other

Report Made At:  1 Home  2 Business  3 Other

10-90-387

LOCAL REPORT NUMBER 10-90-387	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 5 10 20 1003
IN COUNTY OF ERIE	ACCIDENT LOCATION 125 1/2 MILEPOST WESTBOUND OHIO TURNPIKE	
<p>DAMAGE TO UNIT #1 1999 GENU VICTA 4DR BLUE/SILV RR BUMPER, TURN SIGNALS, WINDOW QUARTER PANEL REAR DOOR, FRONT BUMPER, BOTH HEADLIGHTS, GRILL, HOOD, BOTH FRONT FENDERS</p> <p>INSURANCE INFORMATION NATIONWIDE MUTUAL FIRE INSURANCE CO POLICY # 9239N392943 EXP 8-17-2003</p> <p>DAMAGE TO OHIO TURNPIKE PROPERTY: SCRAPE MARKS ON CONCRETE DIVIDER WALL. THIS AREA WILL BE INSPECTED BY TURNPIKE MAINTENANCE FOR DAMAGE AT A LATER TIME.</p> <p>OHIO TURNPIKE COMMISSION 692 PROSPECT ST BEREA, OH 44017 440.234.2094</p>		
OFFICER'S SIGNATURE T.R. J.R. MUELLER		REPORT NO. 787

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-387	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 5/20/03
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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)

TPR JR Miller AT Post 90

(OFFICERS NAME) (LOCATION)

X I WAS W.B. IN THE NUMBER 2 LANE AT APPROX 50 TO 55 MPH  
IT WAS RAINING VERY HARD.  
ALL AT ONCE THE CAR CUT TO THE LEFT AND WE SPUN OUT. THE  
RIGHT REAR HIT THE WALL AND THE CAR CAME AROUND AND THE FRONT  
END HIT. I WAS ABLE TO DRIVE IT AROUND AND GET  
OFF THE MAIN ROAD NEXT TO THE CENTER WALL. I FOUND  
A BROKEN TIRE ROD AND WHEN I PICKED UP THE PARTS.  
WE BOTH HAD OUR BELTS ON - THE AIR BAGS DID NOT DEPLOY

5-20-03 [REDACTED]

ADDRESS OF WITNESS SIGNATURE OF WITNESS <span style="background-color: black; color: black;">[REDACTED]</span>	PHONE <span style="background-color: black; color: black;">[REDACTED]</span> OFFICERS SIGNATURE TPR JR Miller
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