

TRAFFIC CRASH REPORT



CRASH SEVERITY

1 FATAL 2700
2 MAJOR 2700

PROPERTY

Not/Check

1 Not Insured
2 Insured
3 Property

PHOTO TAKEN

X

OH-1 OH-2 OH-3 OH-4

10-88-249

3

05

0 H P 89

STATE HIGHWAY PATROL

02

01

06082003

DAY OF WEEK

SUN

NAME (or City, Village or Township) of

SPRINGFIELD

LATITUDE

LONGITUDE

PLATE COUNTRY LOCATION TYPE LOG TYPE LOCATION POINT USED
IR80 (ONTO TURNPIKE) 2 HAWKINS STREET 58.9 E

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOURS NEEDED
05 TOWNSHIP BOUNDARY
06 BILL POST
07 CORPORATION LINE
08 PLACE NAME VIO PERMANENT
09 DRAINAGE
10 STREET OR ROUTE VIO PERMANENT

0101

10046444

Y

ADDRESS (STREET, CITY, STATE, ZIP CODE)

OAK HARBOR, OH

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 None 4 Other 2 EMB 5 UNKNOWN 3 POLICE TRANSFERRED BY MAILED TAKEN TO

Driver Name (if male, write "Same")

SAME

Address (Street, City, State, Zip Code)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNSHIP SERVICE DRIVER POINT #

1996 FORD EXPLORER GREEN STATE FARM NONE

Driver Name (if male, write "Same") Driver Description

0205

OREGON, OH

2003 NOV -5

Y

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 None 4 Other 2 EMB 5 UNKNOWN 3 POLICE TRANSFERRED BY MAILED TAKEN TO

Driver Name (if male, write "Same")

SAME

Address (Street, City, State, Zip Code)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNSHIP SERVICE DRIVER POINT #

1999 CHEVROLET VENTURE GOLD NATIONWIDE NONE

Driver Name (if male, write "Same") Driver Description

02

OREGON, OH

37 F

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 None 4 Other 2 EMB 5 UNKNOWN 3 POLICE TRANSFERRED BY MAILED TAKEN TO

Driver Name (if male, write "Same")

OREGON, OH

11 M

Surviving Position	Surviving Equipment	Age Sex	Age Sex	Trapped	Downfall
01 Front - Left (JAC Driver)	01 None Used	1 Not Employed	1 Not Present	1 Not Trapped	1 No Injury
02 Front - Right	02 Shoulder Belt Only	2 Employed - Front	2 In On Position	2 Extruded by Mechanical	2 Possible
03 Second - Left (JAC Pass)	03 Lap Belt Only	3 Employed - Side	3 In Off Position	3 Partially Extruded	3 Non-Injury
04 Second - Right	04 Shoulder Lap Belt	4 Employed - Rear	4 Unknown	4 Not Applicable	4 Injury
05 Third - Left	05 Child Safety Seat	5 Not Applicable	5 Unknown	5 Unknown	5 Injury
06 Third - Right	06 No Child Seat	6 Unknown	6 Unknown	6 Unknown	6 Unknown
07 Third - Left (JAC Passenger)	07 No Child Seat	7 Unknown	7 Unknown	7 Unknown	7 Unknown
08 Third - Right	08 None Used	8 Unknown	8 Unknown	8 Unknown	8 Unknown
09 Fourth - Left	09 None Used	9 Unknown	9 Unknown	9 Unknown	9 Unknown
10 Fourth - Right	10 None Used	10 Unknown	10 Unknown	10 Unknown	10 Unknown
11 Unoccupied Seated Area	11 None Used	11 Unknown	11 Unknown	11 Unknown	11 Unknown
12 Unoccupied Seated Area	12 None Used	12 Unknown	12 Unknown	12 Unknown	12 Unknown
13 Unoccupied Seated Area	13 None Used	13 Unknown	13 Unknown	13 Unknown	13 Unknown
14 Unoccupied Seated Area	14 None Used	14 Unknown	14 Unknown	14 Unknown	14 Unknown
15 Unoccupied Seated Area	15 None Used	15 Unknown	15 Unknown	15 Unknown	15 Unknown
16 Unoccupied Seated Area	16 None Used	16 Unknown	16 Unknown	16 Unknown	16 Unknown
17 Unoccupied Seated Area	17 None Used	17 Unknown	17 Unknown	17 Unknown	17 Unknown

Motorist/Non-Motorist

Occupant

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

LOCAL REPORT #

REGISTRATION #

REPORTING AGENCY #

DATE OF CRASH

10-09-049

OH P 89

STATE HIGHWAY PATROL

06 08 2003

E	02	NAME (Last, First, Middle)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
					13	M

ADDRESS (Street, City, State, Zip Code)	INSURED TAKEN BY	TRANSPORTED BY	INSURED TAKEN TO
OREGON, OH	1 None 4 Other 2 None 5 Unknown 3 Police		

F	02	NAME (Last, First, Middle)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
					16	M

ADDRESS (Street, City, State, Zip Code)	INSURED TAKEN BY	TRANSPORTED BY	INSURED TAKEN TO
OREGON, OH	1 None 4 Other 2 None 5 Unknown 3 Police		

G		NAME (Last, First, Middle)	HOME PHONE #	DATE OF BIRTH	AGE	SEX

ADDRESS (Street, City, State, Zip Code)	INSURED TAKEN BY	TRANSPORTED BY	INSURED TAKEN TO
	1 None 4 Other 2 None 5 Unknown 3 Police		

H		NAME (Last, First, Middle)	HOME PHONE #	DATE OF BIRTH	AGE	SEX

ADDRESS (Street, City, State, Zip Code)	INSURED TAKEN BY	TRANSPORTED BY	INSURED TAKEN TO
	1 None 4 Other 2 None 5 Unknown 3 Police		

I		NAME (Last, First, Middle)	HOME PHONE #	DATE OF BIRTH	AGE	SEX

ADDRESS (Street, City, State, Zip Code)	INSURED TAKEN BY	TRANSPORTED BY	INSURED TAKEN TO
	1 None 4 Other 2 None 5 Unknown 3 Police		

J		NAME (Last, First, Middle)	HOME PHONE #	DATE OF BIRTH	AGE	SEX

ADDRESS (Street, City, State, Zip Code)	INSURED TAKEN BY	TRANSPORTED BY	INSURED TAKEN TO
	1 None 4 Other 2 None 5 Unknown 3 Police		

K		NAME (Last, First, Middle)	HOME PHONE #	DATE OF BIRTH	AGE	SEX

ADDRESS (Street, City, State, Zip Code)	INSURED TAKEN BY	TRANSPORTED BY	INSURED TAKEN TO
	1 None 4 Other 2 None 5 Unknown 3 Police		

06. CRASHING POSITION 01 FLOOR - LEFT (MC DOWN) 02 FLOOR - MIDDLE 03 FLOOR - RIGHT 04 SECOND - LEFT (MC FARE) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 08 THIRD - MIDDLE (MC FARE/BACK CASE) 09 THIRD - RIGHT 10 BACKSEAT BEHIND 2ND CAR 11 BACKSEAT CHINA AREA 12 UNDERNEATH CHINA AREA 13 TRUNK AREA 14 UNKNOWN 15 OTHER 16 UNKNOWN 17 UNKNOWN	04. SAFETY EQUIPMENT 01 SEAT BELT 02 SEATBELT ONLY 03 LAP BELT ONLY 04 SEATBELT/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 MC UNKNOWN 08 OTHER 09 PASSENGER 10 PASSENGER 11 PASSENGER 12 PASSENGER 13 PASSENGER 14 PASSENGER 15 PASSENGER 16 PASSENGER 17 PASSENGER	5. AIR BAG 1 Not Deployed 2 Deployed-Partial 3 Deployed-Full 4 Deployed-Both 5 Not Applicable 6 Unknown	3. AIR BAG DEPLOYED 1 In Cr Position 2 In Cr Position 3 Not Present 4 Unknown	1. EJECTION 1 Not Ejected 2 Partially Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1. TRAPPED 1 Not Trapped 2 Ejected By Mechanical Means 3 Ejected By Non-Mechanical Means 4 Unknown	1. SPONSOR 1 No Injury 2 Possible Injury 3 Non-Injury 4 Non-Injury 5 Fatal Injury 6 Unknown
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UNIT NUMBER

01 02

NON-MOTORIST LOCATION

- 1) MISSING OR UNKNOWN AT INTERSECTION
- 2) INTERSECTION NO CROSSWALK
- 3) NON-INTERSECTION CROSSWALK
- 4) INTERSECTION ACCESS CROSSWALK
- 5) IN ROADWAY
- 6) SIDE OF ROADWAY
- 7) MEDIAN (SIDE OF ROADWAY)
- 8) ISLAND
- 9) SHOULDER
- 10) SIDEWALK
- 11) WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12) BEYOND 10 FEET OF ROADWAY (UNKNOWN TRAFFIC)
- 13) OTHER TRAFFIC
- 14) BASED ON PATH OF TRAIL
- 15) UNKNOWN

TYPE OF UNIT

06 05

MOTORIST

- 1) BUS-COMPACT
- 2) COMPACT
- 3) MID SIZE
- 4) FULL SIZE
- 5) MINIVAN
- 6) SPORT UTILITY VEHICLE
- 7) PICKUP
- 8) PASSENGER
- 9) SINGLE UNIT TRUCK
- 10) TRUCK, 2 AXLES, 6 TIRES
- 11) SINGLE UNIT TRUCK, 4 AXLES
- 12) TRUCK TRAILER (BOTH)
- 13) TRUCK/DOUBLE TRAILER
- 14) TRUCK/DOUBLE SHORT
- 15) TRUCK/DOUBLE LOW
- 16) FIVE WHEELS ON CONVERTER DOLLY
- 17) TRUCK/DOUBLE
- 18) BICYCLE
- 19) MOTORCYCLE
- 20) BICYCLE
- 21) CATCHER BUS
- 22) PUBLIC BUS
- 23) CYCLE BUS
- 24) POLICE VEHICLE
- 25) FIRE TRUCK
- 26) AMBULANCE/FIRE
- 27) TAXI
- 28) MOTOR HOME
- 29) TRAILER
- 30) FARM VEHICLE
- 31) FARM EQUIPMENT
- 32) SHOULDER
- 33) CONSTRUCTION EQUIPMENT
- 34) ALL OTHERS

NON-MOTORIST

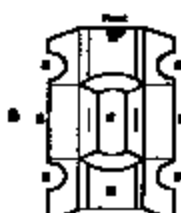
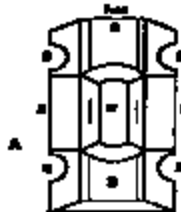
- 1) AMBULANCE
- 2) JUNKY TRUCK
- 3) BICYCLE
- 4) MOTORCYCLE
- 5) OTHER NON-MOTORIST
- 6) UNKNOWN
- 7) BASED ON PATH OF TRAIL

DAMAGE SCALE

1 2

- 1) NONE
- 2) NON-FUNCTIONAL DAMAGE
- 3) FUNCTIONAL DAMAGE
- 4) DAMAGED EQUIPMENT
- 5) STRUCK
- 6) UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

1 2 02

- 1) NONE
- 2) COVER FRONT
- 3) FRONT FRONT
- 4) FRONT SIDE
- 5) FRONT REAR
- 6) FRONT CENTER
- 7) LEFT REAR
- 8) LEFT SIDE
- 9) LEFT FRONT
- 10) TOP AND WINDSHIELD
- 11) UNDERCARRIAGE
- 12) LOWER TRAILER
- 13) TOTAL (ALL AREAS)
- 14) OTHER
- 15) UNKNOWN

POINT OF IMPACT

01 02

- 1) NONE
- 2) CENTER FRONT
- 3) FRONT FRONT
- 4) FRONT SIDE
- 5) FRONT REAR
- 6) FRONT CENTER
- 7) LEFT REAR
- 8) LEFT SIDE
- 9) LEFT FRONT
- 10) TOP AND WINDSHIELD
- 11) UNDERCARRIAGE
- 12) LOWER TRAILER
- 13) TOTAL (ALL AREAS)
- 14) OTHER
- 15) UNKNOWN

ACTION

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

PRE-CRASH ACTIONS

01 01

MOTORIST

- 1) MANEUVERED EXCESSIVELY
- 2) SWAYED AHEAD
- 3) SWAYED
- 4) CHANGING LANE
- 5) OVERLANE/PAUSE
- 6) TURNING RIGHT
- 7) TURNING LEFT
- 8) MOVING U-TURN
- 9) CHANGING TRAFFIC LANE
- 10) LAYING TRAFFIC LANE
- 11) PAUSE
- 12) STOPPED/STOPPED IN TRAFFIC
- 13) OTHER
- 14) UNKNOWN

NON-MOTORIST

- 1) STOPPED/STOPPED IN TRAFFIC
- 2) SWAYED, PAUSE, JERKED, FLINCHED, CYCLED
- 3) WORKING
- 4) FROZEN VEHICLE
- 5) APPROACHING/LEAVING VEHICLE
- 6) PLACING/WORKING ON VEHICLE
- 7) STANDING
- 8) OTHER
- 9) UNKNOWN

CONTRIBUTING CIRCUMSTANCES

19 01

MOTORIST

- 1) NONE
- 2) FAILURE TO YIELD
- 3) RAN RED LIGHT, ON STOP SIGN
- 4) EXCEEDED SPEED LIMIT
- 5) URGENT DRIVE
- 6) IMPROPER TURN
- 7) LEFT OF CENTER
- 8) FOLLOWING TOO CLOSELY
- 9) IMPROPER LANE CHANGE
- 10) DRIVE OFF ROAD
- 11) IMPROPER PASS
- 12) STRAYED ON PARKED LEGALLY
- 13) OPERATING VEHICLE IN DANGEROUS MANNER
- 14) BEHAVIOR TO AVOID (RAN TO WALK, SLOWLY, SWAYED, VEHICLE, CLIMB, NON-MOTORIST IN ROADWAY, ETC)
- 15) FAILURE TO CONTROL
- 16) VISION OBSTRUCTION
- 17) DANGEROUS
- 18) FATALITY
- 19) OPERATING EQUIPMENT
- 20) LOAD (SUPPORT/FULLY/EMPTY)
- 21) OTHER IMPROPER ACTION
- 22) UNKNOWN

NON-MOTORIST

- 1) NONE
- 2) IMPROPER GROUND
- 3) DANGEROUS
- 4) LIVED AHEAD EXCESSIVELY IN ROADWAY
- 5) FAILURE TO YIELD RIGHT OF WAY
- 6) MOVING TRAILER (DANGEROUS)
- 7) BICYCLE
- 8) FAILURE TO CHASE TRAFFIC SIGN, SIGNAL, OR OTHER
- 9) WRONG SIDE OF THE ROAD
- 10) OTHER
- 11) UNKNOWN

VEHICLE DRIVER

COULD ONLY BE "1" SELECTED ABOVE

08

- 1) TIRE SIGNALS
- 2) HEAD LAMPS
- 3) TAIL LAMPS
- 4) BRAKES
- 5) STEERING
- 6) TIRE SIGNALS
- 7) TURN ON SLICK TIRE
- 8) TAIL LAMPS
- 9) MOTOR TRUCKS
- 10) SIGNALS FROM PAIR CLASH
- 11) OTHER DEFECTS

SEQUENCE OF EVENTS

06 23

NON-COLLISION

- 1) OTHER/UNKNOWN
- 2) FOLLOWER
- 3) FOLLOWER
- 4) FOLLOWER
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- 100) FOLLOWER

COLLISION

- 1) IMPACT ATTENTION/DRIVER CHANGES
- 2) IMPACT OVERHANG STRUCTURE
- 3) IMPACT PIER ON AIRWAY
- 4) IMPACT PIER
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COLLISION WITH OTHER VEHICLE

- 1) IMPACT ATTENTION/DRIVER CHANGES
- 2) IMPACT OVERHANG STRUCTURE
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COLLISION WITH OTHER VEHICLE

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COLLISION WITH OTHER VEHICLE

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COLLISION WITH OTHER VEHICLE

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- 2) IMPACT OVERHANG STRUCTURE
- 3) IMPACT PIER ON AIRWAY
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Narrative

UNIT #1 WAS EASTBOUND ON THE OHIO TURNPIKE WHEN THE LEFT SIDE TRAILER WHEEL SHEARED OFF ONTO THE ROADWAY. UNIT #2 WAS ALSO EASTBOUND ON THE OHIO TURNPIKE WHEN IT STRUCK DEBRIS ON THE ROADWAY FROM UNIT #1.

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED

1

1

- 1 Not Collided Between Two Vehicles in Transport
2 Front-End
3 Rear-End
4 Head-On
5 Head-On/Right
6 Side/Side
7 Angle
8 Rearward, Same Direction
9 Rearward, Opposite Direction
0 Unknown

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

WORK ZONE RELATED

1

- 1 No
2 Yes
3 Unknown

TYPE OF WORK ZONE

1

- 1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Interchange/Overpass Work
5 Other

LOCATION OF CHAIN IN WORK ZONE

1

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

WORKERS PRESENT

1

- 1 No
2 Yes
3 Unknown

WEATHER

02

- 01 Clear
02 Cloudy
03 Fog, Smoke, Rain
04 Rain
05 Sleet, Hail, Freezing Rain (Drizzle)
06 Snow
07 Severe Conditions
08 Unknown Rain, Fog, Dry, Snow
09 Other
10 Unknown

LIGHT CONDITIONS

1

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

Diagram

OHIO TURNPIKE EASTBOUND
MILEPOST 58.9



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

GRASS MEDIAN

SHOULDER

SHOULDER

SOUTH DITCH

DEBRIS



Truck/Bus

THE CHAIN 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 MATERIAL PLACARD; OR
A BUS DESIGNED FOR AT LEAST 15 PERSONS, INCLUDING DRIVER.

A
N
D

THE CHAIN RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE THAT TOOK BLUE TAG DAMAGE DAMAGE OR REQUIRED INTERFERING ASSISTANCE BEYOND ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

DISPATCH FROM

ADDRESS (RURAL, CITY, ST, ZIP CODE)

VEHICLE

VEHICLE

VEHICLE

VEHICLE

VEHICLE

VEHICLE

CARGO BODY TYPE

- 01 Not Applicable
02 Box (4-8 INCLUDING DRIVER)
03 Van/Enclosed Box
04 Over-the-Road

- 05 Pole
06 Cargo Tank
07 Flatbed
08 Dump

- 09 Concrete Mixer
10 Auto Transporter
11 Cleanup/Service
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 N
5 Class D

Hazardous Materials Placard

- 1 No
2 Yes
3 Unknown

Hazardous Materials Released

- 1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

060820031312

Device

1312

Agency

1345

Claims

1457

Other

20

125

Officer's Name

T.M. T. S. CAMPBELL

Checked By

Sgt. K.E. Thomas

Run Report Filed

06102003

Report Taken By

- 1 Police Agent
2 Non-Police

Report Taken At

- 1 Home
2 Street
3 Other

10-89-249

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	10-89-849	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF ACCIDENT	M 6 10 B 103
IN COUNTY OF	LUCAS	ACCIDENT LOCATION	OHIO TURNPIKE EASTBOUND MILEPOST 58.9		

VEHICLE DAMAGE ANALYSIS:

UNIT #1: SUSTAINED DAMAGE TO THE LEFT SIDE WHEEL
ON THE TRAILER.

UNIT #2: SUSTAINED DAMAGE TO THE FRONT BUMPER
AND GRILL.

INSURANCE INFORMATION:

UNIT #2: NATIONWIDE POLICY # 9134C391116

UNIT #1: STATE FARM POLICY # 8100481-F16-35D

TRAILER AND LOAD FROM UNIT #1:

2003 HOME MADE TRAILER OH REGISTRATION AG32RU.

LOAD: 2 - HONDA 300 EX ATV'S (UNIT DAMAGED)

#1 VIN# JH3TET906TK102454 (RIGHT SIDE OF TRAILER)

#2 VIN# JH3TET908TK102410 (LEFT SIDE OF TRAILER)

OFFICER'S SIGNATURE	BADGE NO.
1272 Campbell	127

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH3 REV 1/82

LOCAL REPORT NUMBER 10-89-249	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6 10 8 Y 83
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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

Tpr. T. S. CAMPBELL
(OFFICER'S NAME)

AT

SCENE (1430 HOURS)

(LOCATION)

I WAS TRAVELING EAST BOUND ON 80 IN THE RIGHT HAND LANE COMING UP TO THE EXIT 59 AND FELT A BAD VIBRATION. STARTED SLOWING DOWN TO PULL OFF THE ROAD AND THE TRAILER DROPPED, LOOKED IN THE REAR VIEW MIRROR AND SAW THE TIRE BOUNCE INTO THE TAN VAN. WE BOTH IMMEDIATELY STOPPED. THE LUG NUTS WERE ALL MISSING FROM THE TRAILER ON THE LEFT SIDE ALONG WITH THE TIRE.

Q. HAD YOU EVER HAD ANY PROBLEMS WITH THE TRAILER PRIOR TO THE CRASH?

A. "NO."

Q. DID YOU INSPECT THE TRAILER PRIOR TO DRIVING THIS AFTERNOON?

A. "YES, I CHECKED THE LIGHTS AND TIRES WERE Airedup."

Q. APPROXIMATELY HOW FAST WERE YOU TRAVELING WHEN YOU FELT THE VIBRATION?

A. "BETWEEN 60-65 MPH."

Q. WERE YOU INJURED?

A. "NO."

Q. WERE YOU WEARING YOUR SEATBELT? A. "YES."

ADDRESS
OF
WITNESSSIGNATURE
OF
WITNESS

HSY 7003

PHONE

OFFICER'S SIGNATURE

T. S. Campbell

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-B9-249	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6 10 8 1903
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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

TAN T. C. CAMPBELL

(OFFICER'S NAME)

AT

SCENE (1355 HOURS)

(LOCATION)

I WAS TRAVELING E ON OHIO TURNPIKE APPROX 60 MPH JUST W OF MILE MARKER 59. I WAS FOLLOWING A VEHICLE WITH A TRAILER WHEN HIS LEFT WHEEL + TIRE CAME OFF THE TRAILER. I HIT THE WHEEL ALMOST DEAD CENTER OF MY FRONT BUMPER. THIS HAPPENED AT APPROX 1:15 PM I IMMEDIATELY PULLED OVER.

Q. WHAT LANE WERE YOU TRAVELING IN WHEN THE CRASH OCCURRED?

A. "THE RIGHT HAND LANE, SLOW LANE."

Q. APPROXIMATELY HOW LONG WERE YOU TRAVELING BEHIND THE OTHER VEHICLE?

A. "MAYBE 10 SECONDS. I NOTICED THE VEHICLE WAS TRAVELING SLOWER AND WAS GOING TO CHANGE LANES WHEN THE CRASH OCCURRED."

Q. DID YOU NOTICE THE TRAILER SWAYING AROUND AT ALL?

A. "NO, I DIDN'T NOTICE IT AT ALL."

Q. WERE YOU OR ANY OF YOUR PASSENGERS INJURED?

A. "NO."

Q. WOULD YOU LIKE TO ADD ANYTHING TO YOUR STATEMENT?

A. "NO, THAT'S ABOUT EVERYTHING I KNOW."

ADDRESS
OF
WITNESSSIGNATURE
OF
WITNESS

HSY 7003

OREGON OH

OFFICER'S SIGNATURE

[Signature]