

TRAFFIC CRASH REPORT

10046558

N OH-1 (Rev. 10/99)



10-90-549

CRASH SEVERITY
3
1 FATAL
3 FROG
2 MAJOR

PRIVATE PROPERTY
Hwy/Scp
1 Not Marked
2 Marked
3 Unknow

PHOTOS TAKEN
X
OH1 OH2 OH3 OH4

04P90

STATE HIGHWAY

02 01

OH - AMBL

07092003

03

1012 020

TOWNSHIP

72

LATITUDE
LONGITUDE

IR-50 OHIO TURNPIKE
105 MILEPOST

TYPE LOCATION
3
REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 Streets
03 COUNTY LINE

105.7 W

0104 - [Redacted] PITTSBURGH PA

1989 MAZDA 6. Motorist/Non-Motorist

1993 BUICK REGAL LTD 6. Motorist/Non-Motorist

0204 - [Redacted] SALEM LAKE MI

1993 BUICK REGAL LTD 6. Motorist/Non-Motorist

01 - [Redacted] PITTSBURGH PA

02 - [Redacted] SALEM LAKE MI

03 - [Redacted] SALEM LAKE MI

SEATING POSITION	SAFETY EQUIPMENT	ASR	ASR AND SYSTEM	EJECTION	TRAPPED	INJURED
01 Driver - Left (No Child)	01 None Used	5	1 Not Deployed	1 Not Ejected	1 Not Trapped	1 No Injury
02 Passenger - Right	02 Shoulder Belt Only	5	2 Deployed-Front	2 Fully Ejected	2 Ejected/By	2 Possible
03 Driver - Left (No Child)	03 Lap Belt Only	5	3 Deployed-Seat	3 Partially Ejected	3 Ejected/By	3 No Injury
04 Passenger - Right	04 Shoulder/Lap Belt	5	4 Deployed-Seat	4 Not Available	4 Ejected/By	4 No Injury
05 Driver - Left	05 Child Safety Seat	5	5 Not Available	5 Not Available	5 Ejected/By	5 Fatal Injury
06 Passenger - Right	06 No Child Seat	5	6 Unknown	6 Not Available	6 Ejected/By	6 Unknown
07 Third - Middle	07 Not Used	5				
08 Third - Right	08 Not Used	5				
09 Blower Section Of Cab	09 Not Used	5				
10 Enclosed Cargo Area	10 Protective Pad	5				
11 Unenclosed Cargo Area	11 Protective Clothing	5				
12 Trunk Area	12 Unknown	5				
13 Exterior	13 Unknown	5				
14 Other	14 Unknown	5				
15 Non-Motorist						
16 Unknown						

Motorist/Non-Motorist

Occupant

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-R (Rev. 1/99)

10-90-549
OHP 90
STATE HIGHWAY ROUTE
07092003

02		6 M
Address (Street, City, State, Zip Code) REPORT MADE BY: 1 None 4 Other 2 EMS 3 Unknown 3 Police 		
<i>State Route 90</i>		
02		2 F
Address (Street, City, State, Zip Code) REPORT MADE BY: 1 None 4 Other 2 EMS 3 Unknown 3 Police 		
<i>State Route 90</i>		
01		15 F
Address (Street, City, State, Zip Code) REPORT MADE BY: 1 None 4 Other 2 EMS 3 Unknown 3 Police 		
<i>Pittsman Pa</i>		
01		13 M
Address (Street, City, State, Zip Code) REPORT MADE BY: 1 None 4 Other 2 EMS 3 Unknown 3 Police 		
<i>Pittsman Pa</i>		

SEATBELT POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INCAPACITATED
04 01 Front - L/R (No Child)	04 01 None Used	5 1 Not Deployed	3 1 In On Position	1 1 Not Ejected	1 1 Not Trapped	1 1 No Injury
06 02 Front - Rear	05 01 None Used	3 2 Deployed-From	1 2 In On Position	1 2 Partially Ejected	1 2 Ejected By Mechanical Means	1 2 Ejected
06 03 Front - Rear	05 02 Shoulder Belt Only	3 3 Deployed-From	1 3 Not Present	1 3 Partially Ejected	1 3 Ejected By Mechanical Means	1 3 Incapacitated
06 04 Second - L/R (No Child)	05 03 Lap Belt Only	3 4 Deployed-From	1 4 Not Present	1 4 Not Ejected	1 4 Ejected By Mechanical Means	1 4 Incapacitated
06 05 Second - Middle	05 04 Shoulder Belt Only	3 5 Deployed-From	1 5 Not Present	1 5 Not Ejected	1 5 Ejected By Mechanical Means	1 5 Incapacitated
06 06 Second - Rear	05 05 Child Safety Seat	3 6 Not Applicable	1 6 Not Present	1 6 Not Ejected	1 6 Ejected By Mechanical Means	1 6 Fatal Injury
06 07 Third - L/R (No Passenger/No Child)	05 06 No Child Safety Seat	3 7 Unknown	1 7 Unknown	1 7 Unknown	1 7 Unknown	1 7 Unknown
06 08 Third - Middle	05 07 No Child Safety Seat	3 8 Unknown	1 8 Unknown	1 8 Unknown	1 8 Unknown	1 8 Unknown
06 09 Third - Rear	05 08 No Child Safety Seat	3 9 Unknown	1 9 Unknown	1 9 Unknown	1 9 Unknown	1 9 Unknown
06 10 Occupant Section Of Cab	05 09 No Child Safety Seat	3 10 Unknown	1 10 Unknown	1 10 Unknown	1 10 Unknown	1 10 Unknown
06 11 Enclosed Cargo Area	05 10 No Child Safety Seat	3 11 Unknown	1 11 Unknown	1 11 Unknown	1 11 Unknown	1 11 Unknown
06 12 Enclosed Cargo Area	05 11 No Child Safety Seat	3 12 Unknown	1 12 Unknown	1 12 Unknown	1 12 Unknown	1 12 Unknown
06 13 Tractor Unit	05 12 No Child Safety Seat	3 13 Unknown	1 13 Unknown	1 13 Unknown	1 13 Unknown	1 13 Unknown
06 14 Tractor	05 13 No Child Safety Seat	3 14 Unknown	1 14 Unknown	1 14 Unknown	1 14 Unknown	1 14 Unknown
06 15 Other	05 14 No Child Safety Seat	3 15 Unknown	1 15 Unknown	1 15 Unknown	1 15 Unknown	1 15 Unknown
06 16 Non-Motorist	05 15 No Child Safety Seat	3 16 Unknown	1 16 Unknown	1 16 Unknown	1 16 Unknown	1 16 Unknown
06 17 Unknown	05 16 No Child Safety Seat	3 17 Unknown	1 17 Unknown	1 17 Unknown	1 17 Unknown	1 17 Unknown

Blank for Storage

Narrative

UNIT 1 AND 2 WERE WESTBOUND ON THE ADIA TURNPIKE. UNIT 1
 LOST LEFT REAR WHEEL WHEN AXLE BROKE. UNIT 1 STOPPED RIGHT
 SIDE OF ROADWAY AHEAD TO TAKE A BREAK. TRUCK OF UNIT 1
 OBTAINED.

LEFT REAR WHEEL OF UNIT 1 CAUSED LANE 5, SOME CONCRETE BARRIERS
 AND BRANDED WITH PART OF UNIT 2. THIS FINISHED RIGHT END OF UNIT 2.
 UNIT 2 STOPPED ON ROADSIDE WITHOUT CAUSING INCIDENT

NUMBER OF COLLISION OR IMPACT 1

SCHOOL BUS RELATED 1

WEATHER 04

LIGHT CONDITIONS 1

ROAD SURFACE 1

TYPE OF WORK ZONE

LOCATION OF CRASH IN WORK ZONE

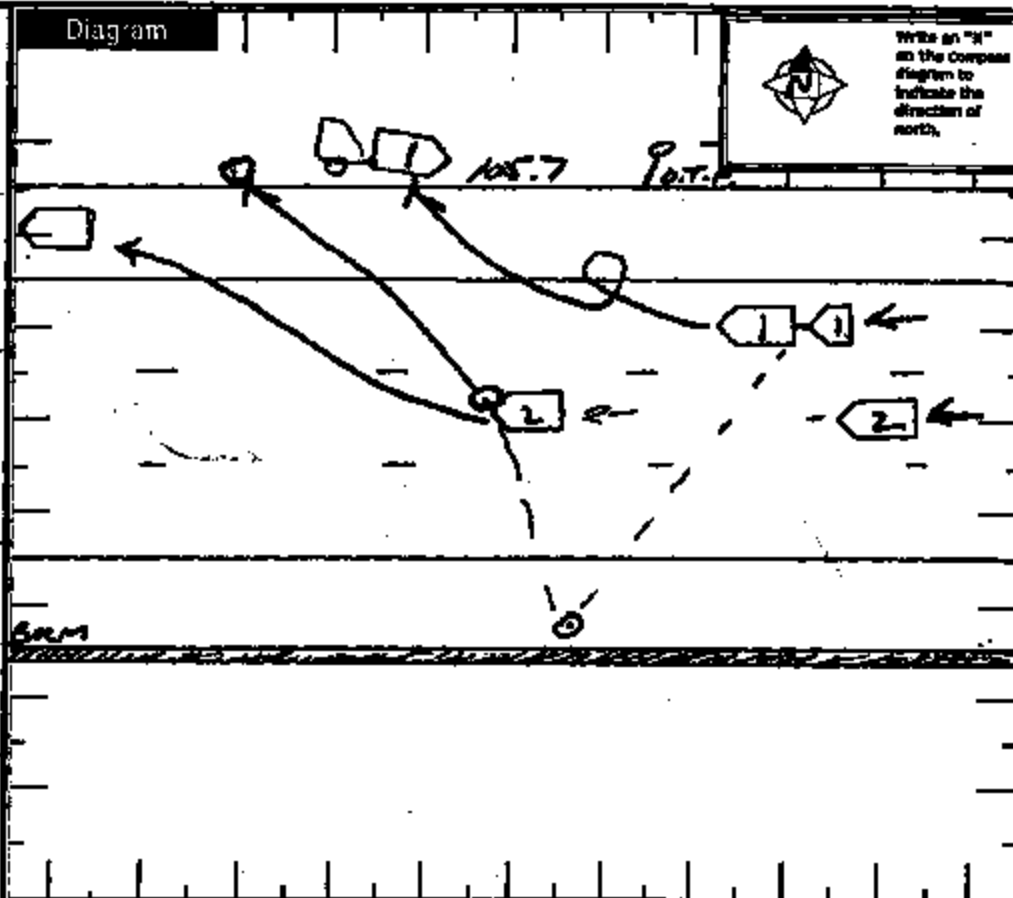
WORKING PRIORITY

WORK ZONE RELATED

TYPE OF WORK ZONE

LOCATION OF CRASH IN WORK ZONE

WORKING PRIORITY



Truck/Bus

THE CHAIN INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (OR/ON VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (OR/ON VEHICLE) WITH A RATED GROSS VEHICLE WEIGHT OR
 A TRUCK (OR/ON VEHICLE) WITH A RATED GROSS VEHICLE WEIGHT OR
 A TRUCK (OR/ON VEHICLE) WITH A RATED GROSS VEHICLE WEIGHT OR

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

Company (Print Name) _____

Address (Street, City, St, Zip Code) _____

VEHICLE	REG. NO.	PLATE	TRAILER 1	TRAILER 2	TRAILER 3	TRAILER 4

CARGO BODY TYPE

01 NOT APPLICABLE	06 POLE	09 CONTAINER BODY	Weight (GVWR)	CDL Class	Motorists Motorists Placard	Motorists Motorists Placard
02 Box (12 Inclusive Corner)	08 Cargo Tank	10 Auto Transportation	1 Less Than 10,000	1 CLASS A	1 No	1 No
03 Van/Enclosed Box	07 Flatbed	11 Dump/Tractor	2 10,001 - 20,000	2 CLASS B	2 Yes	2 Yes
04 Open/Flatbed	05 Dump	12 Dump	3 More Than 20,000	3 CLASS C	3 Unknown	3 NOT APPLICABLE
		13 Unknown		4 CLASS D		4 Unknown

Police Action

07 09 2003 10 12 10 12 10 30 11 30 10 90

Report Taken BY: TPA. J. M... 699

Report Taken AT: Sgt. B. W... 07/13/2003

1 POLICE AGENT
 2 MOTORIST

1 NONE
 2 STATION
 3 CRASH

10-90-549

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10 90-549	REPORTING AGENCY STATE WILSONVILLE POLICE	DATE OF ACCIDENT M 7 10 9 1983
IN COUNTY OF SANDUSKY	ACCIDENT LOCATION OHIO TURNPIKE, TOWNSHIPS TWP. 105.7 MB	

~ DAMAGE UNIT 1

~ BROKEN LEFT REAR AXLE, SHOCK DAMAGED UNIT
AND ATTACHED TO WHEEL. ONLY HOT. APPARENT
BRAKING FAILURE

~ TRAILER UNIT 1

~ HITCH / SAFETY CHAINS IMPACT / CONNECTED
~ DAMAGE TO LEFT SIDE OF TRAILER DUE TO ROLLOVER
~ U-Haul Corp. - 7525 5290 MIDWEST BY OKTSHO
1991 UTILITY BOX
OK TL # 792R3

~ DAMAGE UNIT 2

~ CONTACT DAMAGE TO RIGHT FRONT FENDER, RIGHT FRONT
WHEEL SCAT AND TIRE DETACHED

~ NO TURNPIKE DAMAGE

~ NO INJURY

OFFICER'S SIGNATURE

J. A. ST. MICHAEL

BADGE NO.

1578

LOCAL REPORT NUMBER 10-90-549	REPORTING AGENCY STATE Highway Patrol	DATE OF CRASH M 7 199 1989
----------------------------------	--	-------------------------------

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

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

by Sgt J. M. [REDACTED] (OFFICER'S NAME) AT [REDACTED] (LOCATION)

I was driving from Canton Ohio to go to Michigan, at about 10 miles and I saw a tree but the ~~car~~ side of the road and braced back to the middle lane where I was driving and I tried to swerve to miss the tree but it hit the passenger side of my car and dented in the side also deforming the seat. no one was hurt.

Q. DID YOU SEE WHERE THE CAR CAME FROM? A. IT CAME FROM THE LEFT & BOUNDED IN FRONT OF ME.

Q. WHEN DID YOU SEE THE CAR IN THE DISTANCE? A. AFTER I HIT THE TREE I SAW THE CAR ON THE ROAD.



ADDRESS OF WITNESS [REDACTED]	OFFICER'S SIGNATURE [Signature]
----------------------------------	------------------------------------

LOCAL REPORT NUMBER 10-90-549

REPORTING AGENCY STATE Highway Patrol

DATE OF CRASH M 7 10 9 1980

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

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

Officer J. Prater (OFFICER'S NAME)

AT 1057 4th (LOCATION)

X Theresia Burch was traveling West on I 80 towards Toledo with her family at 55 miles per hour in the far right hand lane all of the sudden, I felt the rear of the car start to sway and the car spun out of control we ended up facing the opposite direction in the ditch having lost the rear driver's wheel.

Q. WERE YOU OR ANY OF YOUR PASSENGERS INJURED? A. NO.

Q. HAVE YOU HAD ANY WORK DONE TO VEHICLE RECENTLY? A. I HAD BRAKES OIL AND TIRE CHECKED

Q. HAVE YOU HAD ANY PROBLEMS RECENTLY? A. NO

Q. WHAT IS YOUR OCCUPATION? A. HOUSEWIFE

[Large handwritten scribble]

ADDRESS OF WITNESS

[REDACTED]

Off. Prater

[REDACTED]

PHONE

SIGNATURE OF WITNESS

[REDACTED]

OFFICER'S SIGNATURE

J. Prater