10047757 N

OH-1 (Rev. 1/99)

OHIO TRAFFIC CRASH REPORT

Local Report # * 10-89-320

Crash Severity: 3 — 1 Fatal 2 Injury 3 PDO (circled 3 PDO)

Private Property "X" if yes: X

Hit/Skip: 1 — 1 Not Hit/Skip 2 Solved 3 Unsolved

Photos Taken "X" if yes: X

OH-2: X OH-3: X OH-1P: Other:

18

N.C.I.C. # * OHP89

Reporting Agency * STATE HIGHWAY PATROL

Units 01

Unit Error 99 — 98 = Animal 99 = Unknown

Date of Crash * 07072003

Time of Crash 2003

Day of Week MON

City * ☐ Village * ☐ Twp * ☒

Name (of city, village or township) * PERRYSBURG

County # * 87

Latitude:

Longitude:

Prefix:

Crash Location: IR-80 (OHIO TURNPIKE)

Type Loc: 3

Type Location Point Used: 1 Named Street 2 Numbered Street 3 Numbered Route

64.2 W

Dist Reference: 0.2 M Dir: E Prefix: Reference: 64

Ref Point: 06

Reference Point Used: 01 State Line 02 Intersection 2 Streets 03 County Line 04 House Number 05 Township Boundary 06 Mile Post 07 Corporation Limit 08 Place Name w/O Reference 09 Driveway 10 Street or Route w/o Direction

Motorist/Non-Motorist

A Unit # 01 # of Occ. 01

Name (Last, First, Middle): [redacted] Y

Address (Street, City, State, Zip Code): [redacted] HUDSON, OH. [redacted]

Social Security Number:

Date of Birth: [redacted]

Age: 29 Sex: M

Home Phone #: [redacted] Work Phone #:

DL State / DL #: [redacted]

LP State / LP #: [redacted]

Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By:

Injured Taken To:

Owner Name (if same, write "Same"): SAME

Address (Street, City, State, Zip Code):

Year: 1993 Make: HONDA Model: CIVIC EX Color: RED

Insurance Company: STATE FARM

Towing Service: XPRESS TOWING

Owner Phone #: [redacted]

Offense Charged:

Offense Description:

Citation #:

Local Code? "X" if Yes:

B Unit # # of Occ.

Name (Last, First, Middle):

Address (Street, City, State, Zip Code):

Social Security Number:

Date of Birth: Age: Sex:

Home Phone #: Work Phone #:

DL State: DL #: LP State: LP #:

Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By:

Injured Taken To:

Owner Name (if same, write "Same"):

Address (Street, City, State, Zip Code):

Year: Make: Model: Color: Insurance Company: Towing Service: Owner Phone #:

Offense Charged: Offense Description: Citation #: Local Code? "X" if Yes:

2003 JUL 15 AM [illegible]

Occupant

C Unit #: Name (Last, First, Middle): Home Phone #: Date of Birth: Age: Sex:

Address (Street, City, State, Zip Code):

Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By: Injured Taken To:

D Unit #: Name (Last, First, Middle): Home Phone #: Date of Birth: Age: Sex:

Address (Street, City, State, Zip Code):

Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown

Transported By: Injured Taken To:

	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
A	01	04	1	1	1	1	1
B							
C							
D							

Seating Position:
- 01 Front – Left (MC Driver)
- 02 Front – Middle
- 03 Front – Right
- 04 Second – Left (MC Pass)
- 05 Second – Middle
- 06 Second – Right
- 07 Third – Left (MC Passenger/Side Car)
- 08 Third – Middle
- 09 Third – Right
- 10 Sleeper Section Of Cab
- 11 Enclosed Cargo Area
- 12 Unenclosed Cargo Area
- 13 Trailing Unit
- 14 Exterior
- 15 Other
- 16 Non-Motorist
- 17 Unknown

Blank for Witness

Safety Equipment — Motorist:
- 01 None Used
- 02 Shoulder Belt Only
- 03 Lap Belt Only
- 04 Shoulder/Lap Belt
- 05 Child Safety Seat
- 06 MC Helmet Used
- 07 Use Unknown

Non-Motorist:
- 08 None Used
- 09 Helmet Used
- 10 Protective Pads
- 11 Reflective Clothing
- 12 Lighting
- 13 Other
- 14 Unknown

24

Air Bag:
- 1 Not Deployed
- 2 Deployed-Front
- 3 Deployed-Side
- 4 Deployed Both Front/Side
- 5 Not Applicable
- 6 Unknown

Air Bag Switch:
- 1 Not Present
- 2 In On Position
- 3 In Off Position
- 4 Unknown

Ejection:
- 1 Not Ejected
- 2 Totally Ejected
- 3 Partially Ejected
- 4 Not Applicable
- 5 Unknown

Trapped:
- 1 Not Trapped
- 2 Extricated By Mechanical Means
- 3 Freed By Non-Mechanical Means
- 4 Unknown

Injuries:
- 1 No Injury
- 2 Possible
- 3 Non-Incapacitating
- 4 Incapacitating
- 5 Fatal Injury
- 6 Unknown

Supplement "X" if Yes: ☐

HSY7001

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Unit Number

0 1 A | B

Non-Motorist Location

A | B

01 Marked Crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Path Or Trails
15 Unknown

Type Of Unit

0 2 A | B

Motorized
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Convertible Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others
Non-Motorized
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

A | B

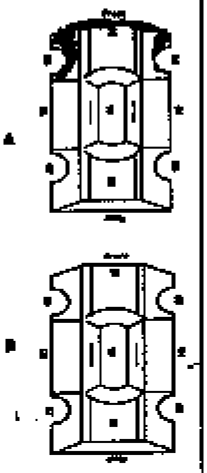
1 No
2 Yes
3 Unknown

Damage Scale

3 A | B

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

0 9 A | B

01 None
02 Center Front
03 Right Front
04 Right Side
05 Right Rear
06 Rear Center
07 Left Rear
08 Left Side
09 Left Front
10 Top And Windows
11 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Point of Impact

0 3 A | B

01 None
02 Center Front
03 Right Front
04 Right Side
05 Right Rear
06 Rear Center
07 Left Rear
08 Left Side
09 Left Front
10 Top And Windows
11 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Action

2 A | B

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle Override/ Underride

A | B

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

0 1 A | B

Motorist
01 Movement, Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown
Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

1 9 A | B

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigued/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown
Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If "19" Selected Above

0 5 A | B

01 Turn Signals
02 Head Lamps
03 Tail Lamps
04 Brakes
05 Steering
06 Tire Blowout
07 Worn Or Slick Tires
08 Trailer Equipment Defective
09 Motor Trouble
10 Disabled From Prior Crash
11 Other Defects

Sequence Of Events

A	B
0 6 1	1
0 8 2	2
4 0 3	3
4	4

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision
Collision With (Person, Vehicle, Or Object Not Fixed)
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown Movable Object
Collision With Fixed Object
25 Impact Attenuator/Crash Cushion
26 Bridge Overhead Structure
27 Bridge Pier Or Abutment
28 Bridge Parapet
29 Bridge Rail
30 Guardrail Face
31 Guardrail End
32 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaires Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

3 A | B

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

3 A | B

Of the Sequence of Events – Which one is the Most Harmful Event (1-4)

Speed Detected

1 A | B

1 Stated
2 Estimated Speed

Speed

6 5 A
B

Posted Speed

6 5 A | B

Traffic Control

1 2 A | B

01 No Controls
02 Stop Sign
03 Yield Sign
04 Traffic Signal
05 Traffic Flashers
06 School Zone
07 Railroad Crossbucks
08 Railroad Flashers
09 Railroad Gates
10 Construction Barricade
11 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
16 Traffic Control Device Inoperative, Missing, Obscured
15 Other

Direction

From	To	From	To
3 A	4	B	

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

1 A | B

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol / Drug Suspected

1 A | B

1 None
2 Yes – Alcohol Suspected
3 Yes - HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 A | B

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 A | B

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A
B

Drug Test Status

1 A | B

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 A | B

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A: 1 | 2
B: 1 | 2

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown At Time Of Reporting

Type of Intersection

0 1

01 Not An Intersection
02 Four-Way Intersection
03 T-Intersection
04 Y-Intersection
05 Traffic Circle/Roundabout
06 Five-Point, Or More
07 On Ramp
08 Off Ramp
09 Crossover
10 Driveway/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

4

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contours

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary	Secondary*
0 1	

01 Dry
02 Wet
03 Snow
04 Ice
05 Sand, Mud, Dirt, Oil, Gravel
06 Water (Standing, Moving)
07 Slush
08 Debris*
09 Rut, Holes, Bumps, Uneven Pavement*
10 Other
11 Unknown
* "Secondary Road Conditions ONLY

Supplement "X" If Yes

Local Report # &

1 0 – 8 9 – 3 2 0

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Narrative

UNIT #1 WAS TRAVELING WESTBOUND ON IR-80. UNIT #1 SUFFERED A BROKEN ROD ON THE RIGHT STEERING AXLE, CAUSING THE VEHICLE TO RUN OFF THE RIGHT SIDE OF THE ROAD. UNIT #1 THEN STRUCK A DITCH.

Manner of Collision or Impact

1

1 Not Collision Between Two Vehicles in Transport
2 Rear-End
3 Head-On
4 Rear-to-Rear
5 Backing
6 Angle
7 Sideswipe, Same Direction
8 Sideswipe, Opposite Direction
9 Unknown

Weather

02

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions

Primary: 1
Secondary: ☐

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related

1

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 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/Moving Work
5 Other

Location Of Crash In Work Zone

☐

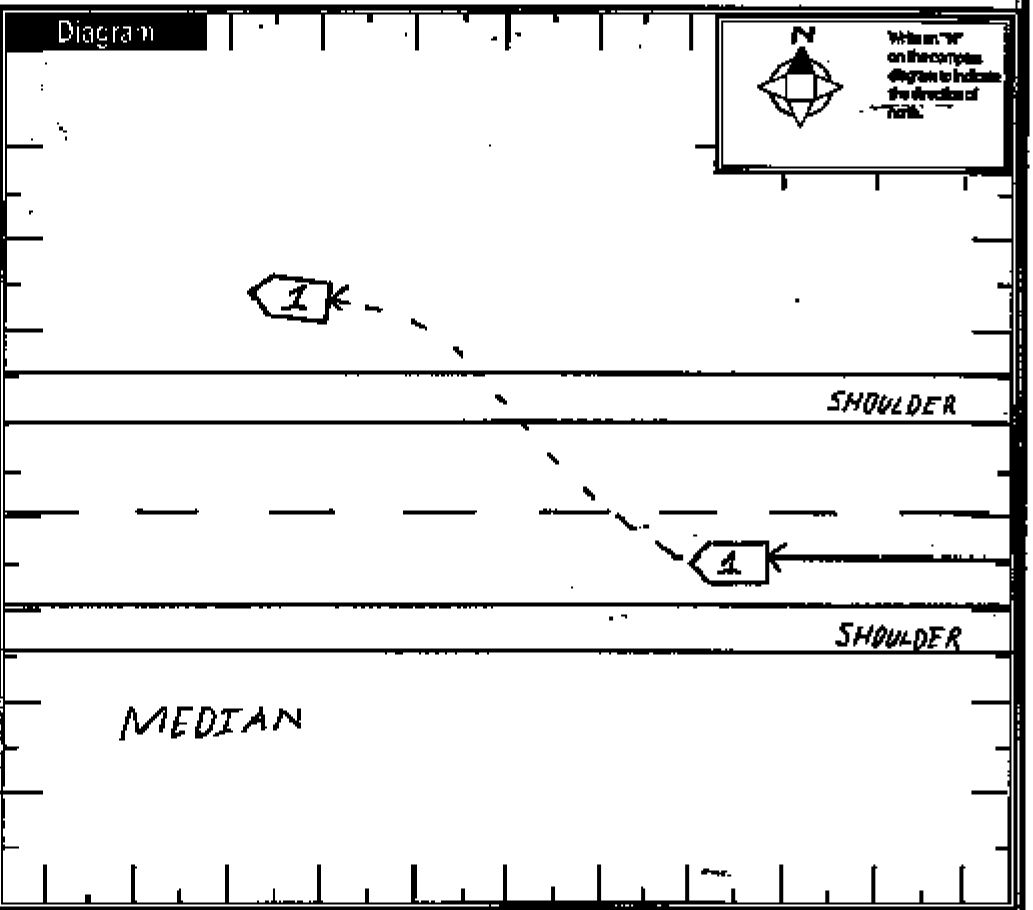
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

☐

1 No
2 Yes
3 Unknown

Diagram


N
Write an "N" on the compass diagram to indicate the direction of north.
1
SHOULDER
1
SHOULDER
MEDIAN

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 9 persons, including driver.

AND

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 disabling damage or required wrecker assistance before proceeding under its own power.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT	ICC MC	PUCO	Trailer LP St.	Trailer LP Year	Trailer LP #	Placard #	# Cl.

Cargo Body Type ☐☐

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR) ☐

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class ☐

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard ☐

1 No
2 Yes
3 Unknown

Hazardous Material Released ☐

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
07072003	2003	2003	2006	2114	17	88

Officer's Name *	Badge # *	Checked By	Date Report Filed *
TPR. B. BEVAN	1752	33	07092003

Report Taken By: 1 (1 Police Agency, 2 Motorist)

Report Taken At: 1 (1 Scene, 2 Station, 3 Other)

Supplement "X" if Yes: ☐

Local Report # *: 10-89-320

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OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-89-320

REPORTING AGENCY OHIO STATE HIGHWAY PATROL.

DATE OF ACCIDENT M 7 D 7 YY 03

IN COUNTY OF WOOD

ACCIDENT LOCATION IR-80 MP 64.2 WB

NO INJURIES REPORTED.

NO DAMAGE TO TURNPIKE PROPERTY.

XPRESS TOWING NEEDED TO REMOVE VEHICLE FROM SCENE.

MAINTENANCE NOT REQUIRED.

OFFICERS SIGNATURE M. B. Baran

BADGE NO. 1752

HSY 7002

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/8**

LOCAL REPORT NUMBER 10-89-320	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 7 D 7 Y 03

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

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

TPR. B. BEVAN (OFFICERS NAME) AT MP 64.2 W IR-80 (LOCATION)

X I was driving on I-80 Ohio Turn-pike just after the 64 exit, in the left hand lane. All of a sudden I heard a loud bang/crack/or snap, kind of like I hit a huge pot-hole, or I blew out a tire. The steering wouldn't respond and I slid, braking hard all the way, across the right lane over the burm and into the ditch on the right side of the road.

Q. WHEN DID YOU FIRST REALIZE SOMETHING WAS WRONG WITH THE VEHICLE?

A. RIGHT AFTER I HEARD THE CRASH OR BANG. IT WAS LIKE AN INSTANT. - [redacted]

Q. WHAT HAPPENED IMMEDIATELY FOLLOWING THE CRASH?

A. I WALKED AROUND MY VEHICLE TO SEE IF ANY TIRES WERE BLOWN OUT, AND THAT'S WHEN I NOTICED MY RIGHT FRONT TIRE WAS PERPENDICULAR TO MY CAR. - [redacted]

Q. WHERE ARE YOU HEADED?

A. DAVISON, MI. FOR BUSINESS. - [redacted]

Q. WHERE ARE YOU COMING FROM?

A. WORK IN CLEVELAND, OH. - [redacted]

Q. WERE YOU WEARING YOUR SEATBELT AT THE TIME OF THE CRASH?

A. YES, I WAS. - [redacted]

ADDRESS OF WITNESS X [redacted] Hudson, OH [redacted]	PHONE X [redacted]
SIGNATURE OF WITNESS X [redacted]	OFFICERS SIGNATURE Tpr. B. Bevan U-1792

HSY 7003

STATE OF OHIO
HP 25D
10-0156-75
Rev. 09-01-94
OHP 1567

DEPARTMENT OF PUBLIC SAFETY

OHIO STATE HIGHWAY PATROL
Vehicle Inventory / Custody Report

Page 1 of 1
Initial Court Date __/__/__

REPORT # 10-89-320
DATE 7/17/03
TIME 2045
LOCATION IR-80 MP 64.2 W
VYR 1993
VMA HONDA
VMO CIVIC
VST OH
VCO RED
ODOMETER 212847
VIN 1HGEJ1152PL035412
LIC [redacted]
STATE OH
DRIVER — LAST FIRST MI [redacted]
ADDRESS [redacted] HUDSON, OH [redacted]
WORK # HOME # [redacted]
OWNER SAME
ADDRESS
WORK #
HOME #

REASONS FOR CUSTODY
☐ Pretrial retention
☐ # __ OMVI
☐ DUS
☐ Wrongful Entrustment
☐ Forfeiture Eligibility
☐ Abandoned - Hazardous
☐ Abandoned - 48 hours
☐ Evidence
☐ Felony
☒ Crash
☐ Other ____

☐ Rent/lease over 30 days
☐ Rent/lease to 30 days - Notify within 24 hours
☐ Owner unverified
☐ Borrowed

LOCATION
P1 - Front Pass.
P2 - Rear Pass.
G - Glove box
T - Trunk/Cargo
E - Engine

☐ AM
☒ Cass/AM/FM
☐ Radar Detec
☐ CB
☐ AM/FM
☐ CD/AM/FM
☐ Laser Detec
☐ C. Phone
1 # Cassettes/CDs

__ Total Keys
__ Key - Ignition
__ Key - Trunk
__ Key - Gascap
__ Key - Wheels
__ # Hubcaps

FUEL
E ½ F

CIRCLE DAMAGE

Est. Value $ ____
Condition ____
Seats Wheels
Glass Antenna
Undercarriage
☐ Photos ☐ Driveable

LOC	INVENTORY/REMARKS	LOC	INVENTORY/REMARKS
P1	1 BTL. MULTI-VITAMIN	P2	2 NECK TIES
P1	4 BOOKS ON TAPE	P2	1 PR. JOGGING SHOES
P1	ASSORTED LEGAL PAPERS	P2	1 BOOK ON TAPE
P1	1 FLATHEAD SCREWDRIVER	T	1 BLUE GOLF BAG W/ CLUBS
P1	1 HONDA MANUEL	T	1 SUITCASE
P1	1 OHIO MAP	T	1 BUCKET RADISHES
P1	1 IBM LAPTOP W/ CASE	T	1 PR. BLACK BOOTS
G	ASSORTED PAPERS	T	1 BTL. QUAKER STATE OIL
P1	2 TUPERWARE CONTAINERS-GREEN	T	1 BTL. ZERTEX COOLANT
P1	1 COFFEE MUG	P1	$1.50 IN CHANGE
P2	2 BLK SUITS		
P2	1 UMBRELLA		
P1	1 BRN. LEATHER BRIEFCASE		

Report By TPR. B. BEVAN U-1752 7/17/03 Time 2100
Supervisor U-33
Witness __/__/__ Time ____
Tow By Loc. XPRESS TOWING
☐ Owner request (Tow service acknowledges vehicle inventory)

RELEASE OF PROPERTY
☐ Plates ____ (SIGNATURE) __/__/__ Time ____ U- ____
☐ Vehicle ____ (SIGNATURE) __/__/__ Time ____ U- ____

CONDITIONS FOR RELEASE ☐ HP-60 Needed
PROOF OF OWNERSHIP

VEHICLE IMMOBILIZATION ☐ Pre-Trial Retention ☐ Court-Ordered (Order Received __/__/__ Time ____) ☐ BMV-Ordered
__/__/__ Time ____ Location ____ Device # ____ U- ____
Immobilization Device Removed
__/__/__ Time ____ U- ____
Plates Impounded
__/__/__ Time ____
☐ Plates Mailed to BMV __/__/__

TIV # ____
__/__/__ U- ____
Canceled
__/__/__ U- ____

SHERIFF NOTIFIED
____
__/__/__ Time ____
U- ____ Mag # ____

[redacted]
7/17/03 Time 2100
U-1752 PS 89

FOLLOW-UP
____ NIF ____ NIF
____ NIF ____ NIF
Letter Sent __/__/__

POST COPY - WHITE WRECKER COPY - CANARY OWNER/DRIVER COPY - PINK