

# TRAFFIC CRASH REPORT

10047757



10-90-528

CRASH SEVERITY  
3  
1 Fatal  
2 Major  
3 Minor

PROPERTY  
1 Not Insured  
2 Insured  
3 Uninsured

PERSON TAKEN  
X  
OH-2 OH-3 OH-1P Other

REPORTING AGENCY  
04P90 OHIO STATE HWY PATROL 01 01 07052003

Day of Week: 0454 SAT  
Name of City, Village or Township: SANDUSKY 72

Vehicle License: E.R. 80 (OHIO TURNPIKE WESTBND.) 3  
Type Location Point Used: 1 Name Street 3 Intersect Road 2 Highway Street  
Mileage: .4 MILE MILEPOST 93

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 09 Preference 10 Street on Route 100 Reference

01 07  
Address (Street, City, State, Zip Code): FALLS CHURCH, VA.

34 M  
Name (Last, First, Middle):  
Insurance Company: GEICO  
Towing Service: MADISON'S  
Crash Phone: 824

Driver Name (or name, write "None"): AVIS RENTAL CR  
Address (Street, City, State, Zip Code): VIRGINIA BEACH VA. 23462-4415

Year: 2003  
Make: CHEVROLET  
Model: VENTURE  
Color: WHITE  
Insurance Company: GEICO  
Towing Service: MADISON'S  
Crash Phone: 824

Name (Last, First, Middle):  
Address (Street, City, State, Zip Code):  
Home Phone: 35 M

DL State: DL #  
LP State: LP #  
Name (Last, First, Middle):  
Address (Street, City, State, Zip Code):  
Home Phone: 65 M

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

01  
Name (Last, First, Middle):  
Address (Street, City, State, Zip Code): MI.  
Home Phone: 35 M

01  
Name (Last, First, Middle):  
Address (Street, City, State, Zip Code): MI.  
Home Phone: 65 M

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURED
01 FRONT - LEFT (DRIVER)	04	1 Not Deployed	1 Not Present	1 Not Ejected	1 Not Trapped	1 No Injury
02 FRONT - MIDDLE	04	2 Deployed-Front	2 In On Position	2 Totally Ejected	2 Ejected By Mechanical Means	2 Possible
03 FRONT - RIGHT	04	3 Deployed-Side	3 In On Position	3 Partially Ejected	3 Pinned By Non-Mechanical Means	3 Non-Incapacitated
04 REAR - LEFT (PASSENGER)	04	4 Deployed Both Front/Side	4 Unknown	4 Not Applicable	4 Unknown	4 Incapacitated
05 REAR - MIDDLE	04	5 Child Safety Seat	5 Not Applicable	5 Unknown	5 Unknown	5 Fatal Injury
06 REAR - RIGHT	04	6 No Helmet Used	6 Unknown	6 Unknown	6 Unknown	6 Unknown
07 TRUCK - LEFT (IC PASSENGER)	04	7 No Unknown	7 Unknown	7 Unknown	7 Unknown	7 Unknown
08 TRUCK - MIDDLE	04	8 None Used	8 Unknown	8 Unknown	8 Unknown	8 Unknown
09 TRUCK - RIGHT	04	9 Helmet/Head	9 Unknown	9 Unknown	9 Unknown	9 Unknown
10 REAR - CENTER AREA	04	10 Protective Face	10 Unknown	10 Unknown	10 Unknown	10 Unknown
11 UNRECORDED CANOE AREA	04	11 Reflective Clothing	11 Unknown	11 Unknown	11 Unknown	11 Unknown
12 TRUCK - LEFT	04	12 Lanyard	12 Unknown	12 Unknown	12 Unknown	12 Unknown
13 REAR	04	13 Other	13 Unknown	13 Unknown	13 Unknown	13 Unknown
14 Unknown	04	14 Unknown	14 Unknown	14 Unknown	14 Unknown	14 Unknown
15 Other	24	15 Unknown	15 Unknown	15 Unknown	15 Unknown	15 Unknown
16 Non-Reported	04	16 Unknown	16 Unknown	16 Unknown	16 Unknown	16 Unknown
17 Unknown	04	17 Unknown	17 Unknown	17 Unknown	17 Unknown	17 Unknown

Motorist/Non-Motorist

Occupant

NOV - 5 PM 5:08

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

DH-1-P (Rev. 11/89)

10-90-528
0499D
SOUTH HULLWAY PATROL
07052003

01	<div style="background-color: black; height: 20px; width: 100%;"></div>			04 H
	<div style="background-color: black; height: 20px; width: 100%;"></div>	FARMINGTON, CT	INJURY TAKEN BY: 1 None 4 Other 2 EMS 5 Unknown 3 Police	TRANSPORTED BY: INJURY TAKEN TO:
01	<div style="background-color: black; height: 20px; width: 100%;"></div>			75 H
	<div style="background-color: black; height: 20px; width: 100%;"></div>	FARMINGTON, CT	INJURY TAKEN BY: 1 None 4 Other 2 EMS 5 Unknown 3 Police	TRANSPORTED BY: INJURY TAKEN TO:
01	<div style="background-color: black; height: 20px; width: 100%;"></div>			60 F
	<div style="background-color: black; height: 20px; width: 100%;"></div>	FARMINGTON, CT	INJURY TAKEN BY: 1 None 4 Other 2 EMS 5 Unknown 3 Police	TRANSPORTED BY: INJURY TAKEN TO:
	<div style="background-color: black; height: 20px; width: 100%;"></div>			66 F
	<div style="background-color: black; height: 20px; width: 100%;"></div>	FARMINGTON, CT	INJURY TAKEN BY: 1 None 4 Other 2 EMS 5 Unknown 3 Police	TRANSPORTED BY: INJURY TAKEN TO:

- |   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| <p>05 SEATING POSITION</p> <ul style="list-style-type: none"> <li>01 Front - Low (MC Driver)</li> <li>02 Front - Middle</li> <li>03 Front - Right</li> <li>04 Second - Left (MC Pass)</li> <li>05 Second - Middle</li> <li>06 Second - Right</li> <li>07 Third - Left (MC Passenger/Seat Ch)</li> <li>08 Third - Middle</li> <li>09 Third - Right</li> <li>10 Backup Section Of Car</li> <li>11 Enclosed Cargo Area</li> <li>12 Unenclosed Cargo Area</li> <li>13 Third Row</li> <li>14 Other</li> <li>15 Other</li> <li>16 Non-Motorist</li> <li>17 Unknown</li> </ul> | <p>03 SAFETY EQUIPMENT</p> <ul style="list-style-type: none"> <li>01 None Used</li> <li>02 Shoulder Belt Only</li> <li>03 Lap Belt Only</li> <li>04 Shoulder/Lap Belt</li> <li>05 Child Safety Seat</li> <li>06 MC Infant Used</li> <li>07 MC Unknown</li> <li>08 Non-Mechanical</li> <li>09 None Used</li> <li>10 Helmet Used</li> <li>11 Protective Pads</li> <li>12 Reflective Clothing</li> <li>13 Lighting</li> <li>14 Other</li> <li>15 Unknown</li> </ul> | <p>5 AIR BAG</p> <ul style="list-style-type: none"> <li>1 Not Deployed</li> <li>2 Deployed-Front</li> <li>3 Deployed-Side</li> <li>4 Deployed Both Front/Side</li> <li>5 Not Applicable</li> <li>6 Unknown</li> </ul> | <p>3 AIR BAG SELECTION</p> <ul style="list-style-type: none"> <li>1 In On Position</li> <li>2 In Off Position</li> <li>3 Not Present</li> <li>4 Unknown</li> </ul> | <p>5 EJECTION</p> <ul style="list-style-type: none"> <li>1 Not Ejected</li> <li>2 Totally Ejected</li> <li>3 Partially Ejected</li> <li>4 Not Applicable</li> <li>5 Unknown</li> </ul> | <p>5 TRAPPED</p> <ul style="list-style-type: none"> <li>1 Not Trapped</li> <li>2 Ejected/By Mechanism</li> <li>3 None</li> <li>4 Pressed By Non-Mechanical Means</li> <li>5 Unknown</li> </ul> | <p>5 INJURIES</p> <ul style="list-style-type: none"> <li>1 No Injury</li> <li>2 Possible</li> <li>3 Non-Indefinite</li> <li>4 Indefinite</li> <li>5 Fatal Injury</li> <li>6 Unknown</li> </ul> |
|---|--|---|--|--|--|--|

BLANK FOR  
WITNESS

KEY 1234

UNIT NUMBER

01

NON-HISTORIC LOCATION

- 01 MAJORS CROSSING At INTERSECTION
- 02 INTERSECTION At CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 In Roadway
- 06 Not In Roadway
- 07 Median (NOT NOT BOUNDARY)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
- 12 Beyond 10 Feet Of Roadway (Other Trafficway)
- 13 Outside Trafficway
- 14 Unknown Use Pattern On Thru
- 15 Unknown

TYPE OF CRASH

05

MOTORIST

- 01 SUB-CONTACT
  - 02 CONTACT
  - 03 MID SIZE
  - 04 FULL SIZE
  - 05 BICYCLE
  - 06 SPORT UTILITY VEHICLE
  - 07 PICKUP
  - 08 PHEBUS/VAN
  - 09 SINGLE UNIT TRUCK; 2 AXLES, 8 TIRES
  - 10 SINGLE UNIT TRUCK; 3+ AXLES
  - 11 TRUCK/HAULER
  - 12 TRUCK TRAILER (SHORT)
  - 13 TRUCK/SEMI TRAILER
  - 14 TRUCK/DOUBLE TRAILER
  - 15 TRUCK/DOUBLE LONG
  - 16 PUP TRAILER OR CONVERTIBLE BODY
  - 17 TRUCK/TRAILER
  - 18 MOTORCYCLE
  - 19 MOTORCYCLE 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 BROWN HOAR
  - 29 TRAM
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SHOWTRUCK
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL WITNESS
  - 36 ANIMAL WITNESS
  - 37 BICYCLE
  - 38 FOOTSTAMP
  - 39 FOOTSTAMP
  - 40 OTHER-NON MOTORIST
  - 41 UNKNOWN

2nd EMERGENCY RESPONSE

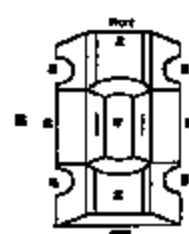
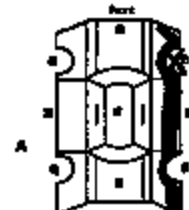
- 1 No
- 2 Yes
- 3 Unknown

DAMAGE SCALE

3

- 1 None
- 2 Non-Functional, Barred
- 3 Functional, Damaged
- 4 Debris/Damage
- 5 Severe
- 6 Unknown

DAMAGE AREA



MOST DAMAGED AREA

03

- 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 UNDERCARRIAGE
- 13 TOTAL (ALL AREAS)
- 14 Other
- 15 Unknown

POINT OF IMPACT

03

- 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 UNDERCARRIAGE
- 13 TOTAL (ALL AREAS)
- 14 Other
- 15 Unknown

ACTION

3

- 1 Non-CONTACT
- 2 Non-COLLISION
- 3 STRUCK
- 4 STRUCK
- 5 BOTH STRUCK AND STRUCK
- 6 Unknown

STRUCK VEHICLE OVERLAP / UNDERLAP

- 1 No Overlap Or Underlap
- 2 Underlap, Compartment Intrusion
- 3 Underlap, No Compartment Intrusion
- 4 Overlap, Compartment Intrusion Unknown
- 5 Overlap, Motor Vehicle In Transport
- 6 Overlap, Other Vehicle
- 7 Unknown

PRE-CRASH ACTIONS

01

- MOTORIST**
- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
  - 02 BRAKING
  - 03 CHANGING LANE
  - 04 DECELERATING/STANDING
  - 05 TURNING RIGHT
  - 06 TURNING LEFT
  - 07 MAKING U-TURN
  - 08 EXCEEDING TRAFFIC LAW
  - 09 LEAVING TRAFFIC LAW
  - 10 PARKING
  - 11 MOVEMENT STOPPED BY TRAFFIC
  - 12 DOWNSHIFTS
  - 13 OTHER
  - 14 UNKNOWN
- NON-MOTORIST**
- 15 ENTERING/EXITING IN SPECIFIC LOCATION
  - 16 WALKING, RUNNING, JUMPING, PLAYING, CYCLING
  - 17 WORKING
  - 18 PASSED VEHICLE
  - 19 APPROACHING/LEAVING VEHICLE
  - 20 PLAYING/WORKING ON VEHICLE
  - 21 STOPPING
  - 22 OTHER
  - 23 Unknown

CONTRIBUTING CIRCUMSTANCES

15

- MOTORIST**
- 01 None
  - 02 FAILURE TO YIELD
  - 03 RED LIGHT, OR STOP SIGN
  - 04 EXCEEDED SPEED LIMIT
  - 05 IMPROPER SPEED
  - 06 IMPROPER TURN
  - 07 LEFT OF CENTER
  - 08 FOLLOWING TOO CLOSELY/ACCID
  - 09 IMPROPER LANE CHANGE/ DRIVE OFF ROAD/ IMPROPER PASSING
  - 10 IMPROPER BACKUP
  - 11 IMPROPER STAY FROM FINISHED PORTION
  - 12 STOPPING ON PAVED ILLIABLY
  - 13 OVERTAKING VEHICLE IN STRONG, REDUCED, CARRIAGE, DEVELOPMENT OR ADVERSELY DAMAGED
  - 14 SWERVING TO AVOID (DUE TO WEAR, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOVEMENT IN ROADWAY, ETC)
  - 15 FAILURE TO CONTROL
  - 16 VISION OBSTRUCTION
  - 17 DRIVER INATTENTION
  - 18 PHEBUS/ALCOHOL
  - 19 OPERATING DEFECTIVE EQUIPMENT
  - 20 LONG STOPPING/FALLING/SPLITTING
  - 21 OTHER IMPROPER ACTION
  - 22 Unknown
- NON-MOTORIST**
- 23 None
  - 24 IMPROPER CROSSING
  - 25 DAMAGED
  - 26 LIVES AND/OR ILLIABLY IN ROADWAY
  - 27 FAILURE TO YIELD RIGHT OF WAY
  - 28 NOT YIELDING (DARK CLOTHING)
  - 29 INATTENTIVE
  - 30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNALS, OR OFFICER
  - 31 WRONG SIDE OF THE ROAD
  - 32 OTHER
  - 33 Unknown

VEHICLE DEFECT CODE SIMILY "AB" SELECTED ABOVE

- 01 TIRE SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE BLOWOUT
- 07 WORK ON BLACK TALLS
- 08 TRAILER EQUIPMENT
- 09 DIRECTOR
- 10 MOTOR SIGNALS
- 11 SIGNALS FROM FRONT CABIN
- 12 OTHER DEFECTS

SEQUENCE OF EVENTS

08  
30

- NON-COLLISION**
- 01 CRASH/IMPACT/STRIKE
  - 02 PHEBUS/LOSS
  - 03 IMPASSION
  - 04 JACKKNIFE
  - 05 CAR/OTHER VEHICLE LEAVING/STOP
  - 06 EQUIPMENT FAILURE
  - 07 SEPARATION OF UNIT
  - 08 RUN OFF ROAD RIGHT
  - 09 RUN OFF ROAD LEFT
  - 10 CROSS STREET/CROSSING
  - 11 DOWNHILL REVERSAL
  - 12 DRIVER NON-COLLISION
  - 13 UNEXPECTED NON-COLLISION
  - 14 COLLISION W/ PERSON, VEHICLE, OBJECT, NATURAL FORCE
  - 15 IDENTIFIED
  - 16 PHEBUS/LOSS
  - 17 RAILWAY VEHICLE
  - 18 ANIMAL - FARM
  - 19 ANIMAL - OTHER
  - 20 ANIMAL - OTHER
  - 21 MOTOR VEHICLE IN TRANSPORT
  - 22 FAILED MOTOR VEHICLE
  - 23 WRECK ZONE MAINTENANCE EQUIPMENT
  - 24 DRIVER MOVABLE OBJECT
  - 25 UNEXPECTED VEHICLE OBJECT
- COLLISION WITH POWER OBJECT**
- 26 IMPACT APPROXIMATION/DRIVER CHANGES
  - 27 BRIDGE OVERPASS STRUCTURE
  - 28 BRIDGE PIER ON ASPIRANT
  - 29 BRIDGE PAVEMENT
  - 30 BRIDGE RAIL
  - 31 GUMMERS FACE
  - 32 SANDWICH END
  - 33 MEDIAN BARRIER
  - 34 HIGHWAY TRAFFIC SIGN POST
  - 35 DRIVEWAY SIGN POST
  - 36 LIGHT/LUMINAIRE SUPPORT
  - 37 UTILITY POLE
  - 38 OTHER POST, POLE ON SUPPORT
  - 39 DRIVEWAY
  - 40 CURB
  - 41 OTHER
  - 42 OTHER
  - 43 OTHER
  - 44 OTHER
  - 45 OTHER FIELD OBJECT
  - 46 OTHER ZONE MAINTENANCE EQUIPMENT
  - 47 UNKNOWN ROAD OBJECT
  - 48 OTHER
  - 49 UNKNOWN

POST-HARSHL EVENT

2

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARSHL EVENT (1-4)

POST-HARSHL EVENT

2

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARSHL EVENT (1-4)

VEHICLE DETECTED

1

- 1 STATED
- 2 ESTIMATED SPEED

SPEED

40

POSTED SPEED

65

TRAFFIC CONTROL

12

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 STOP/STOP
- 07 RAILROAD CROSSING
- 08 RAILROAD FLASHERS
- 09 RAILROAD GATES
- 10 CONSTRUCTION BARRICADE
- 11 POLICE OFFICER
- 12 PREVENTED MAINTENANCE
- 13 CROSSWALK LIGHTS
- 14 WALKWAY/STAIR SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, CORRUPT
- 16 OTHER

DIRECTION

34

- 1 North
- 2 South
- 3 East
- 4 West
- 5 NORTHEAST
- 6 SOUTHWEST
- 7 UNKNOWN

COLLECTION

1

- 1 APPARENTLY NORMAL
  - 2 PHYSICAL IMPAIRMENT
  - 3 BICYCLIST
  - 4 LUNGE
  - 5 PULL AHEAD, PARKED, PHEBUS, ETC
  - 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
  - 7 OTHER
  - 8 UNKNOWN
- ALCOHOL / DRUGS SUSPECTED

1

- 1 None
- 2 Yes - ALCOHOL SUSPECTED
- 3 Yes - HIBI NOT SUSPECTED
- 4 Yes - DRUGS SUSPECTED
- 5 Yes - ALCOHOL / DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATE

1

- 1 None
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE

1

- 1 None
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

- 1 None
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

DRUG TEST STATUS

1

- 1 None
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

DRUG TEST TYPE

1

- 1 None
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST I.D.T. RESULT

- 1 None
- 2 MARIJUANA
- 3 COCAINE
- 4 HEROIN
- 5 AMPHETAMINE
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

01

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CONTROL ROUNDABOUT
- 06 FREE-FLOW, OR MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSSLANE
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GROUND CROSSING
- 12 DRIVEWAY/USE PATHS ON THRU
- 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 CONTOUR

1

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE CHANG

ROAD CONDITIONS

01

- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SHAD, MUD, DIRT, GRASS, GRAVEL
- 06 WATER (STANDING, FLOODING)
- 07 SLUSH
- 08 DEBRIS\*
- 09 PAVEMENT\*\*
- 10 OTHER
- 11 UNKNOWN

\* Secondary Road Conditions ONLY

10-90-528

**Narrative**

UNIT #1 WAS WESTBOUND IN THE RIGHT LANE. THE RIGHT FRONT TIRE OF UNIT #1 BLEW OUT. UNIT #1 LOST CONTROL, WENT OFF RIGHT SIDE OF ROADWAY AND STRUCK GUARDRAIL. UNIT #1 CAME TO REST AHEAD OF GUARDRAIL ON RIGHT BERM.

**NUMBER OF COLLISION OR IMPACT**  
1

**HOW DO YOU DESCRIBE THE COLLISION OR IMPACT?**

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

**WEATHER**  
02

- 01 Clear
- 02 Cloudy
- 03 Fog, Smoke, Mist
- 04 Rain
- 05 Snow, Hail (Specify Rain or Snow)
- 06 Snow
- 07 Severe Conditions
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

**LIGHT CONDITIONS**  
5

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

**WORK ZONE RELATED**

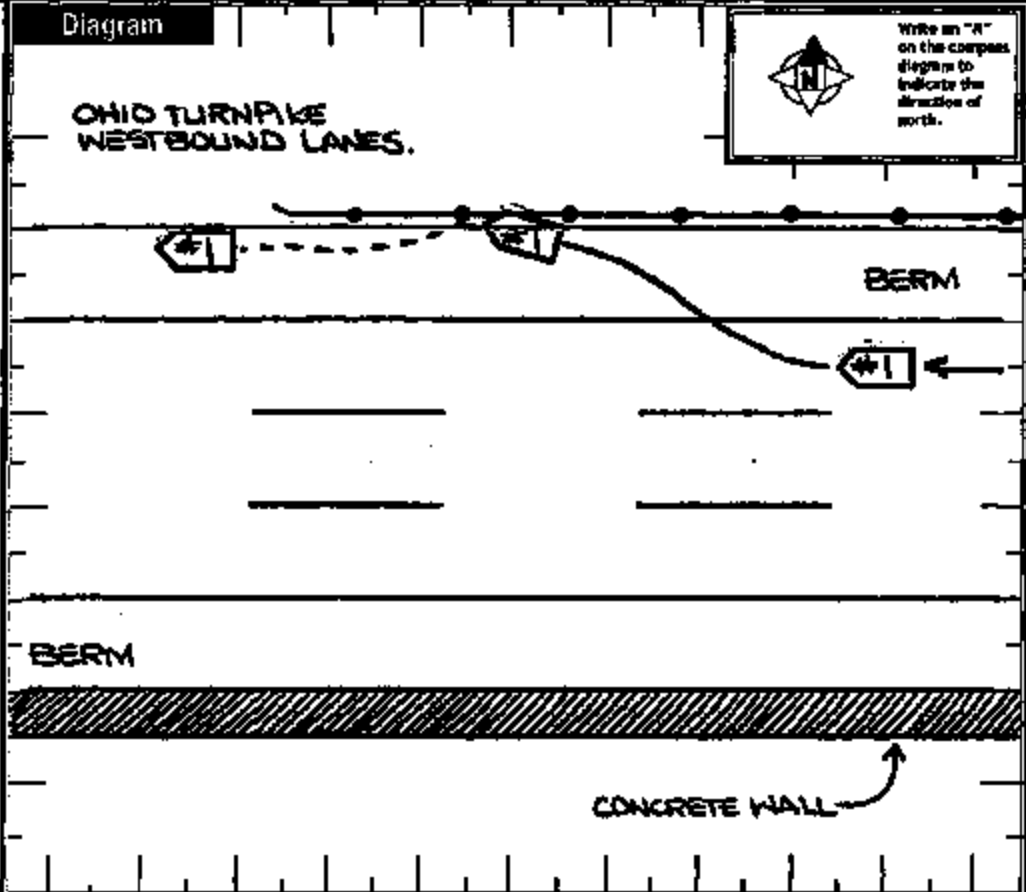
- 1 No
- 2 Yes, Directly Involved
- 3 Yes, Indirectly Involved
- 4 Unknown

**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 OR WORK ZONE**

- 1 Before First Work Zone
- 2 Within Work Zone
- 3 Advance Warning Area
- 4 Transition Area
- 5 Activity Area
- 6 Unknown



**Truck/Bus**

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A TRUCK (SECTION VEHICLES WITH A GVWR MORE THAN 10,000 POUNDS) OR  
 A TRUCK (SECTION VEHICLES) WITH A HAZARDOUS MATERIAL PLACARD OR  
 A BUS DESIGNED FOR AT LEAST 8 PASSENGERS, INCLUDING DRIVER.

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 DAMAGING DAMAGE OR REQUIRED EXTENSIVE ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Billing Papers) \_\_\_\_\_ Company Phone \_\_\_\_\_

Address (Route, City, St, Zip Code) \_\_\_\_\_

US DOT \_\_\_\_\_ NCV MC \_\_\_\_\_ PUCD \_\_\_\_\_ TRAILER LP # \_\_\_\_\_ TRAILER LP Year \_\_\_\_\_ TRAILER LP # \_\_\_\_\_

Card Body Type	Weight (GVWR)	CDL Class	Hazardous Materials Placed	Hazardous Materials Released
01 NOT APPLICABLE	1 Less Than 10,000	1 CLASS A	1 No	1 No
02 BUS (2-15 INCLUDING DRIVER)	2 10,001 - 20,000	2 CLASS B	2 Yes	2 Yes
03 VAN/ENCLOSED BOX	3 More Than 20,000	3 CLASS C	3 Unknown	3 NOT APPLICABLE
04 Semi/Tractor		4 CLASS M		4 Unknown
05 Concrete Mixer		5 CLASS D		
06 Auto Transporter				
07 Garbage/Refuse				
08 Other				
09 Unknown				

**Police Action**

07052003 0454 0454 0454 0605 30 101

Officer's Name: **TPR L.S. DESHUK** 1771

Called By: **Sgt. A. Walcott** Date Report Filed: **07062003**

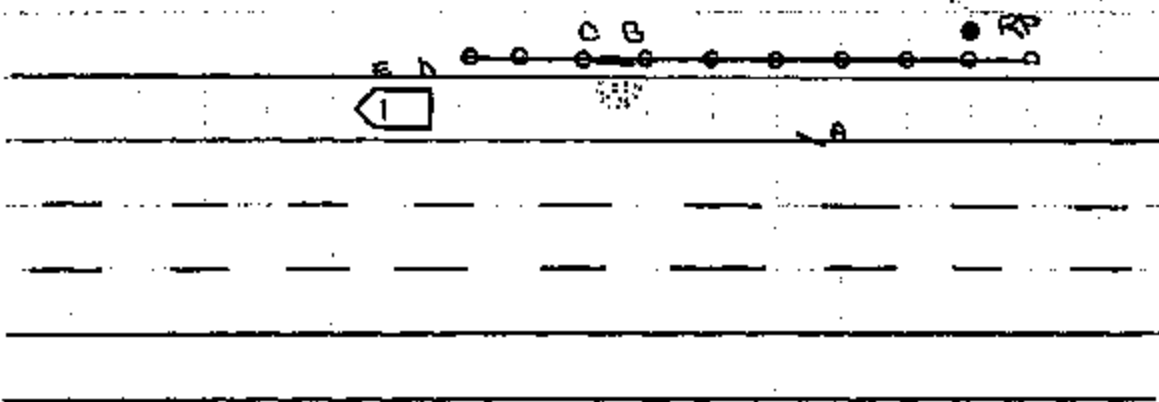
Report Taken By: **X** 1 Police Agency 2 Motorist

Report Taken At: **1** 1 Scene 2 Station 3 Other

10-90-528

TOP COPY - DDPB BOTTOM COPY - AGENCY

LOCAL REPORT NUMBER <b>10-90-528</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF ACCIDENT <b>M 7 10 5 1903</b>
IN COUNTY OF <b>SANDUSKY</b>	ACCIDENT LOCATION <b>MILEPOST 93.4 WESTBOUND OHIO TURNPIKE</b>	



	FEET Ø	FEET BASE	DESCRIPTION
A	111 <sup>10</sup> W	Ø	UNIT #1 OFF ROADWAY
B	188 <sup>4</sup> W	11 <sup>8</sup> N	UNIT #1 STRIKES GUARDRAIL
C	174 <sup>4</sup> W	11 <sup>9</sup> N	END OF GUARDRAIL DAMAGE
D	274 <sup>8</sup> W	8 <sup>6</sup> N	RIGHT REAR TIRE UNIT #1 FINAL REST
E	284 <sup>7</sup> W	9 <sup>2</sup> N	RIGHT FRONT TIRE UNIT #1 FINAL REST

ROADWAY: DRY, PAVED ASPHALT, NOT LIGHTED

RP: 93.4 MILEMARKER WESTBOUND

BASELINE = WHITE EDGE LINE OHIO TURNPIKE = 13<sup>4</sup> SOUTH OF RP

OFFICER'S SIGNATURE

TRIC WILT-ANSE

BADGE NO.

641

LOCAL REPORT NUMBER 10-90-528	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF ACCIDENT M 07 10 05 10 03
IN COUNTY OF SANDUSKY	ACCIDENT LOCATION MILE POST 93.4 WESTBOUND OHIO TURNPIKE	

## UNIT #1 INSURANCE INFORMATION:

GEICO INS. CO.

POLICY NO.:

PHONE NO.: 1-800-841-3000

EFFECTIVE DATE: 04-22-2003

EXPIRATION DATE: 10-22-2003

## UNIT #1 VEHICLE INFORMATION:

2003 CHEVY MINI-VAN

VIN NO.: 1GNDX03FX3D277277

## UNIT #1 DAMAGE ANALYSIS

RIGHT FRONT BUMPER

RIGHT FRONT FENDER

PASSENGER DOOR

SLIDING PASS. DOOR.

RIGHT REAR FENDER

RIGHT REAR BUMPER

RIGHT REAR TAIL LIGHT ASSEMBLY

RIGHT FRONT HEADLIGHT ASSEMBLY

OFFICER'S SIGNATURE

TDR L.S. DESHUK

BADGE NO.

1771

LOCAL REPORT NUMBER 10-90-528	REPORTING AGENCY OHIO STATE HWY PATROL	DATE OF ACCIDENT M 07 10 05 1903
IN COUNTY OF SANDUSKY	ACCIDENT LOCATION MILLER ST 93.4 WESTBOUND OHIO TURNPIKE	
<p>OHIO TURNPIKE DAMAGE: DAMAGE TO GUARDRAIL FACE</p> <p>THIS AREA WILL BE INSPECTED BY TURNPIKE MAINTENANCE AT A LATER DATE FOR A COMPLETE LIST OF DAMAGES.</p> <p>OHIO TURNPIKE COMMISSION 682 PROSPECT STREET BEREA, OHIO 44017 PHONE NO. : 440-234-2096</p>		
OFFICER'S SIGNATURE TR. L. S. DESHUK		SADGE NO. 1771

LOCAL REPORT NUMBER 10-90-528	REPORTING AGENCY OHIO STATE HWY PATROL	DATE OF CRASH MO 07 10 05 1903
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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

TPR. L.S. DESHUK (OFFICER'S NAME) AT MILE POST 93.4 WESTBOUND O.T.P. (LOCATION)

I WAS TRAVELING WESTBOUND IN THE RIGHT LANE  
SUDDENLY I LOST CONTROL & HIT THE GUARDRAIL ON  
THE SIDE OF THE ROAD. I DIDN'T KNOW WHAT HAPPENED.  
I CAME TO FIND OUT THAT MY FRONT TIRE BLEW OUT.  
I THEN PULLED ONTO THE SHOULDER.

Q. HOW FAST WERE YOU DRIVING?

A. 40-45 M.P.H.

Q. DID THE TIRE BLOW BEFORE YOU HIT GUARDRAIL?

A. YES.

ADDRESS OF WITNESS [REDACTED]	FALLS CHURCH, VA [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICER'S SIGNATURE TPR. L.S. DESHUK (1-177)	