10047787 P1

MED. XING (TIRE) W N OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY

LOCAL REPORT NUMBER	CRASH SEVERITY	PRIVATE PROPERTY	HIT/SKIP	PHOTOS TAKEN	OH-1	OH-1	OH-2P	OTHER
10-90-425	2 (1 FATAL, 1 SERIOUS) 3 PDO 4 UNKNOWN		1 HIT/SKIP 2 SOLVED 3 UNSOLVED	X	X	X		

REPORTING AGENCY #	REPORTING AGENCY	DAY OF CRASH	HOUR OF CRASH	DAY OF WEEK	CRASH DATE
OHP90	STATE HIGHWAY PATROL	04	01 (AM/PM)	SUN	06/12/03

COUNTY	CITY, VILLAGE OR TOWNSHIP	LOCATION	LOCATION
1444	WASHINGTON	72	

PREFIX	CRASH LOCATION	TYPE LOC	TYPE LOCATION POINT USED	
	IR-80 (OHIO TURNPIKE)	3	1 HARD STREET 2 NUMBERED ROUTE 3 NUMBERED RAMP	85.4 W

DIST FROM REFERENCE	DIR	PREFIX	REFERENCE	REF POINT
.4	W		85 MILEPOST	06

REFERENCE POINT USED: 01 STATE LINE; 02 INTERSECTION; 03 COUNTY LINE; 04 HARD DRIVE; 05 TOWNSHIP BOUNDARY; 06 MILE POST; 07 CORPORATION LINE; 08 PLACE NAME W/O REFERENCE; 09 DRIVEWAY; 10 STREET OR BRIDGE W/O REFERENCE

Motorist/Non-Motorist

UNIT # 0101 — NAME (LAST, FIRST, MIDDLE): [redacted] — Y

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] BROOKLYN, NY. [redacted]

[redacted] 48 M — HOME PHONE # [redacted] — WORK PHONE # [redacted]

DL STATE [redacted] DL # [redacted] — LP STATE [redacted] — LP # [redacted] — INJURED TAKEN BY: 1 — 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): [redacted] — ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] OAKLAND, CA [redacted]

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWED BY/GARAGE	OWNER PHONE #
1999	KENWORTH	T2000	RED	FIRST WESTERN	MADISONS	[redacted]

OFFENSE CHARGED: 4513.02 — OFFENSE DESCRIPTION: UNSAFE VEHICLE — 5579366

UNIT # 0203 — NAME (LAST, FIRST, MIDDLE): [redacted] — Y

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] IDA, MI. [redacted]

[redacted] 49 M — HOME PHONE # [redacted] — WORK PHONE # [redacted]

DL STATE [redacted] DL # [redacted] — LP STATE [redacted] — LP # [redacted] — INJURED TAKEN BY: 1 — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): SAME — ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWED BY/GARAGE	OWNER PHONE #
1996	FORD	THUNDERBIRD	GOLD	LIBERTY	MADISONS	[redacted]

OFFENSE CHARGED: — OFFENSE DESCRIPTION:

Occupant

OCCUPANT # 01 — NAME (LAST, FIRST, MIDDLE): [redacted] — HOME PHONE # [redacted] 48 F

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] IDA, MI. [redacted]

INJURED TAKEN BY: 1 — TRANSPORTED BY — INJURED TAKEN TO

OCCUPANT # 01 — NAME (LAST, FIRST, MIDDLE): [redacted] — HOME PHONE # [redacted] 72 F

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] LAS VEGAS, NV. [redacted]

INJURED TAKEN BY: 1 — TRANSPORTED BY — INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT USED	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT – LEFT (MC DRIVER)	04 01 NONE USED	1 NOT DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT – MIDDLE	02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE INJURY
03 FRONT – RIGHT	03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING INJURY
04 SECOND – LEFT (MC PASS.)	04 SHOULDER/LAP BELT	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 NOT TRAPPED	4 INCAPACITATING INJURY
05 SECOND – MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN	5 UNKNOWN	5 FATAL INJURY
06 SECOND – RIGHT	06 MC HELMET USED	6 UNKNOWN				6 UNKNOWN
07 THIRD – LEFT (MC PASSENGER/SIDE CAR)	07 USE UNKNOWN					
08 THIRD – MIDDLE	NON-MOTORIST					
09 THIRD – RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 RIDING	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

OCCUPANT #	SEATING POSITION	SAFETY EQUIPMENT USED	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01	01	04	1	1	1	1	1
02	01	04	1	1	1	1	1
03	03	04	1	1	1	1	1
04	01	03	1	1	1	1	1

BLANK FOR WITNESS — 24

HSTF001 — TOP COPY - OCPS — BOTTOM COPY - AGENCY

RECEIVED NOV - 6 2003 OSP

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY

OH-1 (Rev. 10/99)

10-90-425

CRASH SEVERITY: 2 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)

PRIVATE PROPERTY: (X = Yes)

HIT/SKIP: 1 (1 Hit/Run, 2 Solved, 3 Unsolved)

PHOTOS TAKEN: X (X = Yes)

OH-2: X | OH-3: X | OH-1P: | OTHER: X

OHP 0

REPORTING AGENCY #: STATE HIGHWAY PATROL

OF UNITS: 04

UNIT SPEED: 01

DATE OF CRASH: 04/02/2003

TIME OF CRASH: 1445

DAY OF WEEK: SAT

CITY: | VILLAGE: | TWP: X | NAME (IF CITY, VILLAGE OR TOWNSHIP): WASHINGTON

COUNTY: 72

LATITUDE: | LONGITUDE:

PREFIX: | CRASH LOCATION: I-80 (OHIO TURNPIKE)

TYPE LOC: 3

TYPE LOCATION POINT USED: 1 Named Street, 2 Numbered Route, 3 Numbered Street

REFERENCE POINT USED: 01 State Line, 02 Intersection, 03 Street, 04 Mile Post, 05 County Line, 06 Railroad, 07 Township Boundary, 08 Hundredth Mile Post, 09 Driveway, 10 Street Or Route Not Numbered

CITY REFERENCE: 14 | DIR: W | PREFIX: | REFERENCE: 85 MILE POST | REF POINT: 6

Occupant

SEATING: 01 | AGE: 07 | SEX: 01

NAME (LAST, FIRST, MIDDLE): [redacted] Y

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] ODON IN. [redacted]

HOME PHONE: [redacted] | WORK PHONE:

DOB: 4 9 | SEX: F

DL STATE: [redacted] | DL #: [redacted]

INJURED TAKEN BY: 2 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)

TRANSPORTED BY: WOODVILLE EMS | INJURED TAKEN TO: FREMONT HOSPITAL

OWNER NAME (IF SAME, WRITE "SAME"): SAME | ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 2001 | MAKE: OLDS | MODEL: AURORA | COLOR: GOLD | INSURANCE COMPANY: NONE | TOWED BY: MADISONS | OWNER PHONE #:

DAMAGE CLASSIFIED: | DAMAGE DESCRIPTION: | LOCAL USE: | DOT REPORTABLE (X = YES):

Motorist/Non-Motorist

SEATING: 04 | AGE: 01 | SEX:

NAME (LAST, FIRST, MIDDLE): [redacted] Y

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] SPRING HILL, ME [redacted]

HOME PHONE: [redacted] | WORK PHONE:

DOB: 3 4 | SEX: M

DL STATE: [redacted] | DL #: [redacted] | LP STATE: [redacted] | LP #: [redacted]

INJURED TAKEN BY: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)

TRANSPORTED BY: | INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): AVIS | ADDRESS (STREET, CITY, STATE, ZIP CODE): RENTAL CAR AGENCY MT PLEASANT PA 15666

YEAR: 2003 | MAKE: FORD | MODEL: E.A. | COLOR: SIL | INSURANCE COMPANY: AVIS LEASING | TOWED BY: AVIS | OWNER PHONE #: [redacted]

DAMAGE CLASSIFIED: | DAMAGE DESCRIPTION: | LOCAL USE: | DOT REPORTABLE (X = YES):

WET

NAME (LAST, FIRST, MIDDLE): [redacted] | HOME PHONE #: [redacted] | [redacted] | 35 | F

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] NEW LONDON OH

INJURED TAKEN BY: | TRANSPORTED BY: | INJURED TAKEN TO:

NAME (LAST, FIRST, MIDDLE): | HOME PHONE #:

ADDRESS (STREET, CITY, STATE, ZIP CODE):

INJURED TAKEN BY: | TRANSPORTED BY: | INJURED TAKEN TO:

SEATING POSITION: 01 | SAFETY EQUIPMENT: 04 | AIR BAG: 2 | AIR BAG SWITCH: 1 | EJECTION: 1 | TRAPPED: 1 | INJURIES: 1

SEATING POSITION: 01 | SAFETY EQUIPMENT: 04 | AIR BAG: 1 | AIR BAG SWITCH: 1 | EJECTION: 1 | TRAPPED: 1 | INJURIES: 1

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 Extrication, 15 Other, 16 Non-Motorist, 17 Unknown

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 Not Unknown; NON-MOTORIST: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

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, 9 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

BLANK FOR NARRATIVE

TOP COPY - ODPS | BOTTOM COPY - AGENCY

Unit Numbers

01 02

Non-Motorist Location

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 Including Median, Sidewalk, Island)
12 Around 10 Feet Of Pavement (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

13 02

Motorist

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 Tank Vehicle Or Combined Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Combo Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
11 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-Motorist

35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other Non-Motorist
42 Unknown

En Route Emergency Response

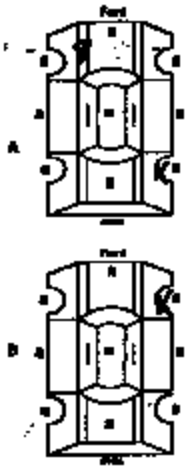
1 No
2 Yes
3 Unknown

Damage Scale

3 4

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
9 Severe
0 Unknown

Damage Area



Most Damaged Area

05 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 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Point Of Impact

01 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 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Action

3 4

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
9 Unknown

Extrication Vehicle: Extrication/ Unbarred

1

1 No Unbarred Or Occupied
2 Barred/Occ. Compartment Intrusion
3 Barred/Occ. No Compartment Intrusion
4 Barred/Occ. Compartment Attempted Unbarred
5 Overhead, Motor Vehicle In Transport
6 Overhead, Other Vehicle
7 Barred/Occ

Pre-Crash Actions

42 15 01

Motorist

01 Motorist Reportedly Standing Alone
02 Driving
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 Decelerating
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

19 01

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 Entry
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 "1.9" Selected Above

09

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

01 05 23

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 w/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 Concrete Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaire 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

1 1

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

Most Harmful Event

1 1

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

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

58

65

Posted Speed

55 65

Traffic Control

12 12

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
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

3 4 3 4

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

Condition

1 1

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
9 Unknown

Alcohol / Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Involved
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
9 Unknown

Alcohol Test Status

1

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

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Results

Drug Test Status

1 1

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

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Results

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
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 Circle/Roundabout
06 Five-Point, Or More
07 On Ramp
08 Off Ramp
09 Crossover
10 Driveway/Alley
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occupants

1

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 Grade

Road Conditions

01

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 Condition Only

10 - 90 - 425

Unit Numbers

0 3 | 0 4

Non-Motorist Location

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 (Not Not Included)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Included, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Outside Trafficway)
13 Driver Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

0 2 | 0 2

Motorist
01 Non-Contact
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 Combination Unit
17 Tractor/Triple
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 Tram
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others
Non-Motorist
35 Animal, Ridden
36 Animal, Harness
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other Non-Motorist
42 Unknown

In Emergency Response

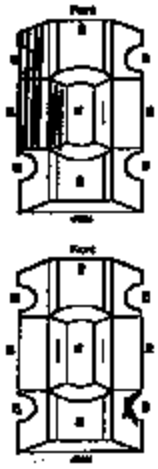
1 No
2 Yes
3 Unknown

Damage Scale

4 4

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

Damage Area



Most Damaged Area

0 8 | 0 5

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 8 | 0 5

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

4 4

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
9 Unknown

Steering Vehicle: Overrides / Underrides

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 Override

Pre-Crash Actions

0 1 | 0 1

Motorist
01 Movements 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 Negotiating
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

Conspicuity Circumstances

0 1 | 0 1

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 Following Too Close/Tailgating
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 Pursuit/Police
19 Operating Defective Equipment
20 Load Shifted/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 Inattention
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

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

2 3 | 2 3

Most Harmful Event

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 w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Rider
18 Animal – Drawn
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/Luminaire 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 Impact Fixed Object
48 Unknown

Fixed Harmful Event

1 1

Of The Sequence Of Events – Which One Is The First Harmful Event (1-4)

1 1

Most Harmful Event

1 1

Of The Sequence Of Events – Which One Is The Most Harmful Event (1-4)

1 1

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

6 9

0 7

Posted Speed

6 5 | 6 5

Traffic Control

1 2 | 1 2

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

Direction

4 | 3 4

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

Condition

1 1

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/Drugs Suspected

1 1

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

Alcohol Test Status

1 1

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

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

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

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test(s) Result

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

Type Of Intersection

0 1

01 Not At 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/Alleyway
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occupant Count

1

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 Grade

Road Conditions

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

1 0 - 9 0 - 4 2 5

Narrative

UNIT # 1, 2 & 4 WERE TRAVELING WEST ON THE TURNPIKE IN THE RIGHT LANE. UNIT # 3 WAS TRAVELING EAST IN THE MIDDLE LANE. UNIT # 1 RIGHT REAR TRAILER TIRES BROKE OFF STRIKING UNIT'S 2, 3, & 4. UNIT'S 1, 2, 3 & 4 CAME TO REST IN THEIR RESPECTIVE BERMS.

Number of Collision or Impact	1
School Bus Related	1
Work Zone Related	1
Weather	01
Type of Work Zone	
Location of Crash in Work Zone	
Workers Present	
Light Conditions	1

Diagram

ONE TURNPIKE WEST + EAST BOUND

95.4 MILE POST

MEDIAN WALL

MIDDLE EAST BOUND LANE

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

Truck/Bus

01

OAKLAND, FL

DS DOT	[redacted]	ICC MC	[redacted]	PUCO		Trailer LP St.	[redacted]	Trailer LP Year	94	Trailer LP #	[redacted]

Cargo Body Type	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
03	3	1	1	1

Police Action

0 6 0 2 0 0 3 1 4 4 4

Dispatch	Arrived	Cleared	Other
1449	1518	1656	90

222

Officer's Name#: TPR. DALE 1449

Checked By: SGT BALLSTADT #0

Date Report Filed #: 06/01/2003

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

Report Taken At: 1 (1 Scene, 2 Station, 9 Other)

10-90-425

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

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-90 415	STATE HIGHWAY PATROL	M 6 D 1 Y 03
IN COUNTY OF SANDUSKY	ACCIDENT LOCATION I-90 OTP 85.4 EAST & WEST	

UNIT # 1: 1999 KENWORTH [redacted] VIN: 1XKDD9EX1XJ830443

INSURANCE: FIRST WESTERN DAMAGE: BOTH WHEELS OFF OF RIGHT

INJURY: NONE REAR AXLE (5TH)

1994 UTIL TRAILER [redacted] VIN: 1GYVS2129RM126412

LOAD: MEAT DAMAGE TO LOAD: UNKNOWN LOAD WEIGHT: 41,565 #'S

(CBUS) TOTAL WEIGHT: 77,040 #'S.

1557 HRS: U-TURN 5TH S. EDWARDS ENGAGES UNIT # 1.

UNIT # 2: 1996 FORD THUNDERBIRD [redacted] VIN: 1FALP62W4TH133904

DAMAGE: RIGHT FRONT TIRE & UNDERCARRIAGE.

INJURIES: NONE

UNIT # 3: 2001 ONEIDA MUSTANG [redacted] VIN: KLATB52731K616342

DAMAGE: LEFT FRONT CORNER PANEL, DOOR & WINDOW

INJURIES: BRUISES & SCRATCHES. WAS TREATED & RELEASED

BY FREMONT MEMORIAL HOSPITAL

UNIT # 4: 2003 PONTIAC GRAND-AM [redacted] VIN: 1G2NF52E93M601711

DAMAGE: RIGHT REAR TIRE. INJURIES: NONE

AXEL RENTAL COMPANY WAS NOTIFIED.

* NO MEASUREMENTS TAKEN, ALL VEHICLES DRIVE & PARKED ON SCENE FROM ORIGINAL CRASH SCENE.

* CONTRIBUTING CIRCUMSTANCE & SEQUENCE OF EVENTS - TWO RIGHT REAR TRAILER TIRES CAME OFF UNIT # 1. ONE TIRE CAUSED DAMAGE TO UNIT'S 2 & 4 ANOTHER TIRE BOUNCED OVER MEDIAN STRUCK UNIT # 3 IN EASTBOUND TRAFFIC

OFFICERS SIGNATURE [signature] BADGE NO. 1449

HSY 7002

OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
BEREA DISTRICT 10
PHONE 440-234-2095 ext 231
Return certification to agency listed on back

DRIVER VEHICLE EXAMINATION REPORT
Report Number: OH1600000460
Inspection Date: 06/01/2003
Start Time: 4:11 PM End Time: 4:50 PM
Insp. Level: 2-Walk-Around

[redacted]
OAKLAND, IA [redacted]
Phone#: [redacted] Fax#
USDOT#: [redacted] ICC# [redacted]
State#:

Driver: [redacted]
License#: [redacted] State: NY
Date of Birth: [redacted]
CoDriver:
License#: State:
D[illegible]

Location: O[illegible]
Highway: [illegible]
County: S[illegible]

Shipper: [illegible] CASING CORP
Bill of Lading:
Cargo: M[illegible]

VEHICLE IDENTIFICATION

Unit		
1	[redacted]	
2	[redacted]	

BRAKE ADJUSTMENTS: N[illegible]

VIOLATIONS

Section Code	St	Unit	O	Verify
396.3(a)(1)		2	Y	5579366 U
393.19		1	N	

SEPERATED FROM UNIT #2
as required-RIGHT TURN SI[illegible]

Haz Mat: No HM Transported

Special Checks: Traffic Enforcement; Post Crash

Miscellaneous:
Seal Broken for Inspection: N, If so, orig. seal: N, Replacement Seal: N, Photo Ref #: N, RSN Code: ACCI, Paper Report Number: N

* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9, I hereby declare vehicles with defects followed by an 'Y' in the 'Out of Service' column in the violations discovered section of this report OUT OF SERVICE. No person shall remove the out of service stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report.

NOTE TO MOTOR CARRIERS: Please sign the below certification and return this report to the address which appears on the reverse side of this report within fifteen (15) days. Failure to return this report with the required certification can result in penalties up to $500.

RETURN SIGNED CERTIFICATIONS TO THE AGENCY LISTED ON THE REVERSE SIDE OF THIS INSPECTION.

Signature Of Repairer X: _____ Facility: _____ Date: _____

CARRIER CERTIFICATION: The undersigned certifies that [illegible] action taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. False certifications of the required repairs are required to be prosecuted with penalties up $10,000.

RETURN SIGNED CERTIFICATIONS TO THE AGENCY LISTED ON THE REVERSE SIDE OF THIS INSPECTION.

Signature Of Motor Carrier X: _____ Date: _____

Report Prepared By: EDWARDS, S.A.
Badge #: 1600
Copy Received By: [redacted]

OHIO TRAFFIC CRASH WITNESS STATEMENT UNIT # 1 **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90-415	STATE HIGHWAY PATROL	M 6 D 1 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

Lt B. WHITTOW (OFFICERS NAME) AT CROSS COUNTY @ 151 (LOCATION)

AS TOLD TO LT B WHITTOW!

I WAS WESTBOUND ON THE OHIO TURNPIKE. I WAS TOLD BY SOMEBODY THAT MY TIRE WAS BLOWN AND I PULLED OFF THE SIDE OF THE ROAD.

Q (What) WHAT WAS YOUR APPROXIMATE SPEED?
A ABOUT 50-60 MPH.
Q. WHICH LANE WERE YOU TRUCKING IN?
A. THE RIGHT LANE.
Q WHEN DID YOU KNOW YOU HAD A PROBLEM?
A ABOUT 1/4 TO 1/2 MILE PAST WHERE I AM.
Q DID YOU DO A WALK AROUND INSPECTION ON YOUR TRUCK BEFORE STARTING OUT TODAY?
A YES, OF COURSE.
Q WHAT TIME?
A AROUND 1000 THIS MORNING.
Q DID YOU NOTICE A PROBLEM WITH YOUR TRAILER?
A. NO, EVERYTHING APPEARED OK.
Q HAS YOU HAD WORK DONE ON YOUR TRAILER?
A YES. ABOUT A COUPLE OF DAYS AGO.

ADDRESS OF WITNESS [redacted] BROOKLYN, NY [redacted] PHONE [redacted]

SIGNATURE OF WITNESS X [redacted] OFFICER SIGNATURE [redacted]

HSY 7003

OHIO TRAFFIC CRASH WITNESS STATEMENT UB 1 **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90 415	STATE HIGHWAY PATROL	M 6 D 1 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

SGT WARLEY (OFFICERS NAME) AT I-80 CRASH (LOCATION)

Q WHAT WAS DONE TO THE TRAILER?

A. THEY CHANGED BOOKS ON THE TRAILER

Q WERE YOU A SEAT BELT?

A. YES

Q ARE YOU HURT?

A. NO

ADDRESS OF WITNESS [redacted] PHONE [redacted]

SIGNATURE OF WITNESS [redacted] OFFICERS SIGNATURE

HSY 7003

OHIO TRAFFIC CRASH WITNESS STATEMENT Unit 2 OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-70-425	State Highway Patrol	M 6 D 1 Y 05

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

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

Sgt B. Whaley 1532 (OFFICERS NAME) AT Westbound Ohio Turnpike Center (LOCATION)

I was Westbound on Turnpike in right Lane and came upon tractor trailer on Right berm. As I approached I moved to the center lane and came in contact with debris which was in that lane. The debris was lost from the wheel of a tractor trailer which was now on the berm. The debris became lodged under under my vehicle and blew out the right front tire in the process

Q) WHAT TYPE OF DEBRIS WAS IT?
A. A Brake Shoe.
Q) WHICH LANE WAS IT IN?
A. The center Lane.
Q) WHAT WAS YOUR APPROXIMATE SPEED?
A. 65 - 70 mph
Q) WHAT TYPE OF EVASIVE ACTIONS DID YOU TAKE?
A. I DID NOT HAVE TIME TO TAKE EVASIVE ACTIONS.
Q) WAS THERE OTHER TRAFFIC INVOLVED?
A NOT TO MY KNOWLEDGE.
Q) WERE YOU WEARING YOUR SEAT BELT?
A. YES.
Q. WHAT DAMAGE DID YOU OBTAIN?)

ADDRESS OF WITNESS [redacted] Ida, MI [redacted] PHONE [redacted]

SIGNATURE OF WITNESS [redacted] OFFICERS SIGNATURE Sgt B. Whaley

HSY 7003

OHIO TRAFFIC CRASH WITNESS STATEMENT OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90 415	STATE HIGHWAY PATROL	M 6 D 1 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 SGT WHITE (OFFICERS NAME) AT I-80 OFF (LOCATION)

Q Blown Right Front Tire and Rim along with under carriage damage.

Q Are you hurt?

A. No

3

ADDRESS OF WITNESS [redacted] Ida, Mi. [redacted] PHONE [redacted]

SIGNATURE OF WITNESS [redacted]

OFFICER'S SIGNATURE

HSY 7003

OHIO TRAFFIC CRASH WITNESS STATEMENT UNIT # 3 **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90-465	STATE HIGHWAY PATROL	M 6 D 1 Y 05

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

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

TFR DAEL (OFFICERS NAME) AT FREMONT HOSPITAL 925 HWY (LOCATION)

I WAS TRAVELING EASTBOUND ON THE TURNPIKE AND I SEEN FULT BEC TIRE BOUNCING ON THE ROAD & I REMEMBER HITTING THE CAR, THE IMPACT, ALL I CAN REMEMBER IS THE CAR GOING OUT OF CONTROL & TRYING TO GET CONTROL OF THE CAR. I DON'T EVEN REMEMBER THE AIRBAGS GOING OFF.

Q: WERE YOU INJURED? A: JUST A LOT OF BUDGES ON THE LEFT SIDE, SCRAPES, SORE NECK.

Q: SEATBELT ON? A: YES

Q: WHAT LANE WERE YOU IN? A: BECAUSE I'M THINKING THAT'S THE ONE I WAS IN.

Q: AT WHAT SPEED WERE YOU TRAVELING? A: IT WAS SLOW AROUND

Q: [redacted] WHO IS YOUR INSURANCE PROVIDER? A: WELL, BOAS, WE HAD STATE FARM BUT WERE MOVING.

ADDRESS OF WITNESS [redacted] OGDEN, UT [redacted] PHONE [redacted]

SIGNATURE OF WITNESS [redacted] OFFICERS SIGNATURE

HSY 7003

OHIO TRAFFIC CRASH WITNESS STATEMENT

474

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10 90 415	STATE HIGHWAY PATROL	M 6 D 1 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 R DAVIS (OFFICERS NAME) AT I-90 OTP 85 (LOCATION)

I WAS DRIVING WESTBOUND ON THE OHIO TURNPIKE BETWEEN MILE MARKERS 86 & 85. THERE WAS [redacted] DEBRIS IN THE RIGHT LANE WITH AN 18 WHEELER OFF TO THE SIDE OF THE ROAD. I COULD NOT SWITCH TO THE MIDDLE LANE DUE TO TRAFFIC. I WENT OVER THE DEBRIS AND IT PUNCTURED THE BACK PASSENGER TIRE.

Q: WILL YOU PROSECUTE? A: NO

Q: WHAT LANE WERE YOU IN? A: RIGHT LANE

Q: AT WHAT SPEED WERE YOU TRAVELING? A: 60MPH ABOUT THAT

ADDRESS OF WITNESS	[redacted] STERLING HEIGHTS, MI [redacted]		PHONE [redacted]
SIGNATURE OF WITNESS	[redacted]	OFFICERS SIGNATURE	

HSY 7003

OHIO TRAFFIC CRASH WITNESS STATEMENT WITNESS OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90-425	STATE HIGHWAY PATROL	M 6 D 1 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

TIR PAUL (OFFICERS NAME) AT I-90 OFF RS 4 EAST (LOCATION)

I WAS traveling I80 eastbound center lane 3 cars Ahead of me. When OUT of the blue a semi (X-lg tire wheel) flew over from the west bound side, over the concrete barrier. Just missing two of the vehicles it came down to slam the golden colored car ([redacted]) on the passenger Side. the drivers car was pushed into my lane in A swirving motion. As She swirved I did to to Avoid hitting her & the wheel that was now heading to hit my van. Driver regained composure of her vehicle pulling to the Side. We followed to ck the same.

ADDRESS OF WITNESS [redacted] New London OH PHONE [redacted]

SIGNATURE OF WITNESS [redacted] OFFICERS SIGNATURE

HSY 7003