

TRAFFIC CRASH REPORT

10051902 Veh. Fire

OH-1 (Rev. 10/95)



10-89-453

CRASH SEVERITY
1 FATAL
2 INJURY
3 POSS
4 PROPERTY

PRIVATE PROPERTY
Hwy/Exit
1 NOT TRAPPED
2 SOLVED
3 UNSOLVED

PHOTO TAKEN
CR-2 CR-3 CR-4 CR-5

0HP89

OHIO STATE HIGHWAY PATROL

01 99

MI - AREA
IN - UNKNOWN

09242003

DAY OF WEEK

NAME (OF CITY, VILLAGE OR TOWNSHIP) &

LATITUDE

LONGITUDE

1854

WED

X

MAUMEE

48

04

CRASH LOCATION

IR-80 (OHIO TURNPIKE)

TYPE LOC

1 RAMP STREET 3 RAMPING ROUTE
2 RAMPING STREET

LOCAL ROAD

60.4E

Dist. Appraiser

.4M

OR

E

Reference

60

Dist. Point

06

REFERENCE POINT USED
01 STATE LANE
02 INTERSECTION 2 OTHERS
03 COUNTY LANE

04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORNERSTONE LANE
08 PLACE NAME W/O REFERENCE
09 DIVERGE
10 STREET OR BOULEVARD W/O REFERENCE

0102

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

PHILADELPHIA, PA

DL STATE

PA

LP STATE

IL

PLACES TAKEN BY

1 None 4 Other
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

PLACES TAKEN TO

Driver Name (If same, write "Same")

SAME

Address (Street, City, State, Zip Code)

Year

1984

Make

OLDSMOBILE

Model

CUTLASS

Color

SILVER

Insurance Company

AFFIRMATIVE

Towing Service

XPRESS

Driver's License

Driver's Description

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

DL STATE

PA

LP STATE

IL

PLACES TAKEN BY

1 None 4 Other
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

PLACES TAKEN TO

Driver Name (If same, write "Same")

Address (Street, City, State, Zip Code)

Year

1984

Make

OLDSMOBILE

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Towing Service

XPRESS

Driver's License

Driver's Description

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

PHILADELPHIA, PA

Name (Last, First, Middle)

Name (Last, First, Middle)

PLACES TAKEN BY
1 None 4 Other
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

PLACES TAKEN TO

Address (Street, City, State, Zip Code)

PLACES TAKEN BY
1 None 4 Other
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

PLACES TAKEN TO

- 01 SEATBELT POSITION
- 02 FRONT - LEFT (MC DRIVER)
- 03 FRONT - MIDDLE
- 04 FRONT - RIGHT
- 05 SECOND - LEFT (MC PASS)
- 06 SECOND - MIDDLE
- 07 SECOND - RIGHT
- 08 THIRD - LEFT (MC PASSENGER/REAR CAB)
- 09 THIRD - MIDDLE
- 10 THIRD - RIGHT
- 11 SLEEPER SECTION OF CAB
- 12 EXTERIOR CABO AREA
- 13 UNRECOGNIZED CABO AREA
- 14 TRUCKS UNIT
- 15 ELECTRIC
- 16 OTHER
- 17 UNKNOWN

04

05

03

- SAFETY EQUIPMENT
- 01 NONE INSTALLED
- 02 SHOULDER BELT ONLY
- 03 LAP BELT ONLY
- 04 SHOULDER/LAP BELT
- 05 CHILD SAFETY SEAT
- 06 MC HELMET USED
- 07 USE UNKNOWN
- 08 NONE INSTALLED
- 09 NONE USED
- 10 HELMET USED
- 11 PROTECTIVE FANS
- 12 REFLECTIVE CLOTHING
- 13 LAMP
- 14 OTHER
- 15 UNKNOWN

5

5

- AIR BAG
- 1 NOT DEPLOYED
- 2 DEPLOYED - FRONT
- 3 DEPLOYED - SIDE
- 4 DEPLOYED - BOTH
- 5 FRONT/BACK
- 6 NOT APPLICABLE
- 7 UNKNOWN

5

5

- AIR BAG SWITCH
- 1 NOT PRESENT
- 2 IN ON POSITION
- 3 IN OFF POSITION
- 4 UNKNOWN

1

1

- EJECTION
- 1 NOT EJECTED
- 2 TOTALLY EJECTED
- 3 PARTIALLY EJECTED
- 4 NOT APPLICABLE
- 5 UNKNOWN

1

1

- TRAPPED
- 1 NOT TRAPPED
- 2 ESTIMATED BY MECHANICAL MEANS
- 3 FIRED BY NON-MECHANICAL MEANS
- 4 UNKNOWN

1

1

- INJURED
- 1 NO INJURY
- 2 POSSIBLE
- 3 NON-IDENTIFIABLE
- 4 IDENTIFIABLE
- 5 FATAL INJURY
- 6 UNKNOWN

1

1

C. SAFETY SERVICES

UNIT NUMBER	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTER SPEED	DRUG TEST STATUS
01		01	02	65	1
Non-Motorist Location					
01 MAJOR CRASHWALL AT INTERSECTION					
02 INTERSECTION NO CRASHWALL					
03 NON-INTERSECTION CRASHWALL					
04 DEVIANT ACCESS CRASHWALL					
05 IN ROADWAY					
06 NOT IN ROADWAY					
07 HIGHWAY (BUT NOT SHOULDER)					
08 ISLAND					
09 SHOULDER					
10 SHOULDER					
11 WITHIN 50 FEET OF ROADWAY (BUT SHOULDER, MEDIAN, SHOULDER, ISLAND)					
12 BEYOND 50 FEET OF ROADWAY (WITHIN TRAILER)					
13 CURBSIDE TRAMPOLINE					
14 TRAMPOLINE UNDER PATHS ON TRAILER					
15 UNKNOWN					
Type Of Unit					
04					
MOTORIST					
01 BUS/COMPACT					
02 COMPACT					
03 MID SIZE					
04 FULL SIZE					
05 TRUCK					
06 SHORT UTILITY VEHICLE					
07 PICKUP					
08 PASSENGER					
09 SINGLE UNIT TRUCK					
10 TRUCK TRAILER					
11 TRUCK TRACTOR (BOTTLE)					
12 TRUCK TRACTOR/TAILER					
13 TRUCK/DOUBLE/TAILER					
14 TRUCK/DOUBLE SHORT					
15 TRUCK/DOUBLE LONG					
16 FIFTH WHEEL OR CONVENTION BODY					
17 TRUCK/TAILER					
18 MOTORCYCLE					
19 MOTORCYCLE/BICYCLE					
20 SCHOOL BUS					
21 CHURCH BUS					
22 PUBLIC BUS					
23 DRIVER 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 WITHOUT					
36 ANIMAL WITH/OUT					
37 BICYCLE					
38 PEDESTRIAN					
39 PEDESTRIAN/BICYCLE					
40 SCOOTER					
41 OTHER-RIDE MOTORIST					
42 UNKNOWN					
43 UNKNOWN					
44 UNKNOWN					
45 UNKNOWN					
Emergency Response					
1 None					
2 YES					
3 UNKNOWN					
Damage Scale					
5					
1 None					
2 Non-Functional Damage					
3 Functional Damage					
4 Structural Damage					
5 Severe					
6 Unknown					
DAMAGE AREA					
1 No Damage On Damage					
2 Unknown, Compartment Intact					
3 Unknown, No Compartment Intact					
4 Unknown, Compartment Intact, Unknown					
5 Unknown, Motor Vehicle In Transport					
6 Unknown, Other Vehicle					
7 Unknown					
STRIKING VEHICLE					
Overdose/Unknown					
09					
01 Turn Right					
02 Head Lamp					
03 Tail Lamp					
04 Brake					
05 Steer					
06 Tire Blow-Out					
07 Work On Clutch					
08 Trailer Equipment					
09 Motor Trouble					
10 Dealer From Prior Crash					
11 Other Defect					
VEHICLE DEFECT					
Code Only If "10" Selected Above					
09					
01 Turn Right					
02 Head Lamp					
03 Tail Lamp					
04 Brake					
05 Steer					
06 Tire Blow-Out					
07 Work On Clutch					
08 Trailer Equipment					
09 Motor Trouble					
10 Dealer From Prior Crash					
11 Other Defect					
PRE-CRASH ACTIONS					
01					
MOTORIST					
01 MOVEMENT ESSENTIALLY STABLE					
02 ACCIDENT					
03 CHANGE LANE					
04 OVERTAKE/PASSING					
05 TURNING RIGHT					
06 TURNING LEFT					
07 BRAKE U-TURN					
08 EXTENDED TRAFFIC LINE					
09 LEAVING TRAFFIC LINE					
10 PARKED					
11 STOPPED/STOPPED IN TRAFFIC					
12 DRIVERLESS					
13 OTHER					
14 UNKNOWN					
Non-Motorist					
15 ENTERING/EXITING IN SPECIFIED LOCATION					
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING					
17 WORKING					
18 PUSHER VEHICLE					
19 APPROACHING/LEAVING VEHICLE					
20 PLYING/FORWARD ON VEHICLE					
21 STOPPING					
22 OTHER					
23 UNKNOWN					
CONTRIBUTING CIRCUMSTANCES					
1.9					
MOTORIST					
01 None					
02 FAILURE TO YIELD					
03 RAN RED LIGHT, OR STOP SIGN					
04 EXCEEDED SPEED LIMIT					
05 UNLAWFUL PASS					
06 IMPROPER TURN					
07 LEFT OF CENTER					
08 FOLLOWED TOO CLOSE/TOO CLOSE					
09 IMPROPER LANE CHANGE/DRIVE OFF ROAD					
10 IMPROPER PASSING					
11 IMPROPER START FROM PARKED POSITION					
12 STOPPED ON PARKING SPACE					
13 OPERATING VEHICLE IN IMPROPER MANNER, CARELESS, IMPROPER OR AGGRAVATED MANNER					
14 IMPROPER TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)					
15 FAILURE TO CONTROL					
16 VEHICLE DESTRUCTION					
17 DRIVER MISTAKE					
18 FATIGUE/DOLE					
19 OPERATING DEFECTIVE EQUIPMENT					
20 LEAD SHEET/FALLING/SPILLING					
21 OTHER IMPROPER ACTION					
22 UNKNOWN					
Non-Motorist					
23 None					
24 IMPROPER CROSSING					
25 OVERTAKE					
26 LANE AND/OR ILLEGALLY IN ROADWAY					
27 FAILURE TO YIELD FROM GIVE WAY					
28 NOT YIELD (DATE CUSTOMS)					
29 MISTAKE					
30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNALS, OR OFFICER					
31 WRONG SIDE OF THE ROAD					
32 OTHER					
33 UNKNOWN					
SEQUENCE OF EVENTS					
02					
Non-Collision					
01 OVERTAKE/FOLLOW					
02 FIRE/EXPLOSION					
03 IMPROPER					
04 ANCHORAGE					
05 CARGO/LOADMENT LOSS/DROPT					
06 EQUIPMENT FAILURE					
07 SEPARATION OF UNIT					
08 RAN OFF ROAD RIGHT					
09 RAN OFF ROAD LEFT					
10 CROSS MEDIAN/CENTRAL					
11 DOWNHILL RUMBLE					
12 OTHER NON-COLLISION					
13 UNKNOWN NON-COLLISION					
Collision/Hit/Explosion/Vehicle-Or-Object/Hit/Fixed					
14 Front/End					
15 Rear/End					
16 RAILWAY VEHICLE					
17 Animal - Fowl					
18 Animal - Deer					
19 Animal - Other					
20 Motor Vehicle In Transport					
21 Passenger Motor Vehicle					
22 Work Zone (Maintenance) Equipment					
23 Other Movable Object					
24 Unknown Movable Object					
Collision/Hit/Fixed/Obstacle					
25 IMPACT ATTENUATOR/CLEAR CURB					
26 BRIDGE OVERHEAD STRUCTURE					
27 BRIDGE PIER OR ANCHOR					
28 BRIDGE RAMP					
29 BRIDGE RAIL					
30 BRIDGE FACE					
31 BRIDGE END					
32 MEDIAN BARRIER					
33 HIGHWAY TRAFFIC SIGN POST					
34 OVERHEAD SIGN POST					
35 LIGHT/LUMINAIRE SUPPORT					
36 UTILITY POLE					
37 OTHER POLE, POLE OR SUPPORT					
38 CURB					
39 CHAIN					
40 DITCH					
41 ENTRANCE					
42 FENCE					
43 MAILBOX					
44 TREE					
45 OTHER FREE OBJECT					
46 WORK ZONE SIGN/TIMBER DOWNPOST					
47 UNKNOWN FREE OBJECT					
48 OTHER					
49 UNKNOWN					
FIRST HARMFUL EVENT					
1					
Of The Sequence Of Events - Which One Is The First Harmful Event (1-4)					
MOST HARMFUL EVENT					
1					
Of The Sequence Of Events - Which One Is The Most Harmful Event (1-4)					
POSTER SPEED					
65					
1					
1 GRADE					
2 ESTIMATED SPEED					
SPEED					
60					
TRAFFIC CONTROL					
12					
01 NO CONTROL					
02 STOP SIGN					
03 YIELD SIGN					
04 TRAFFIC SIGNAL					
05 TRAFFIC FLASHING					
06 SCHOOL ZONE					
07 RAILROAD CROSSING					
08 RAILROAD FLASHING					
09 RAILROAD GATES					
10 CONSTRUCTION BARRICADE					
11 POLICE OFFICER					
12 PHYSICIAN/MANAGER					
13 CHAIRSIDE LANE					
14 WALK/DO NOT WALK SIGNAL					
15 TRAFFIC CONTROL DEVICE IMPROPERLY USED, OBSOLETE					
16 OTHER					
DIRECTION					
43					
1 NORTH					
2 SOUTH					
3 EAST					
4 WEST					
5 NORTHWEST					
6 SOUTHWEST					
7 UNKNOWN					
8 UNKNOWN AT TIME OF REPORTING					
CONDITION					
1					
1 APPROPRIATE NORMAL					
2 PHYSICAL IMPAIRMENT					

Narrative

UNIT #1 WAS TRAVELING EASTBOUND ON THE OHIO TURNPIKE.

UNIT #1 PULLED ONTO THE SHOULDER WHEN THE DRIVER REALIZED THE CAR WAS SMOKING. THE VEHICLE WAS COMPLETELY ON FIRE WHEN I ARRIVED AT THE SCENE.

MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED

1 No Collision Reported
2 Two Vehicles in Transport
3 Rear-End
4 Head-On
5 Rear-Overlap
6 Backing
7 Side
8 Side/Swipe, Same Direction
9 Side/Swipe, Opposite Direction
10 Unknown

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

Work Zone Related

1 No
2 Yes
3 Unknown

Weather

01

Type Of Work Zone

01 Clear
02 Cloudy
03 Fog, Smoke, Steam
04 Rain
05 Sleet, Ice, (Frozen Rain Drizzle)
06 Snow
07 Sprink, Overcast
08 Blowing Sand, Sleet, Dry, Snow
09 Other
10 Unknown

1 Lane Closure
2 Lane Shift/Changeover
3 Work On Structure On Median
4 Interchange/ 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
5 Work Area Present

Light Conditions

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

1 No
2 Yes
3 Unknown

Diagram

OHIO TURNPIKE EASTBOUND LANES

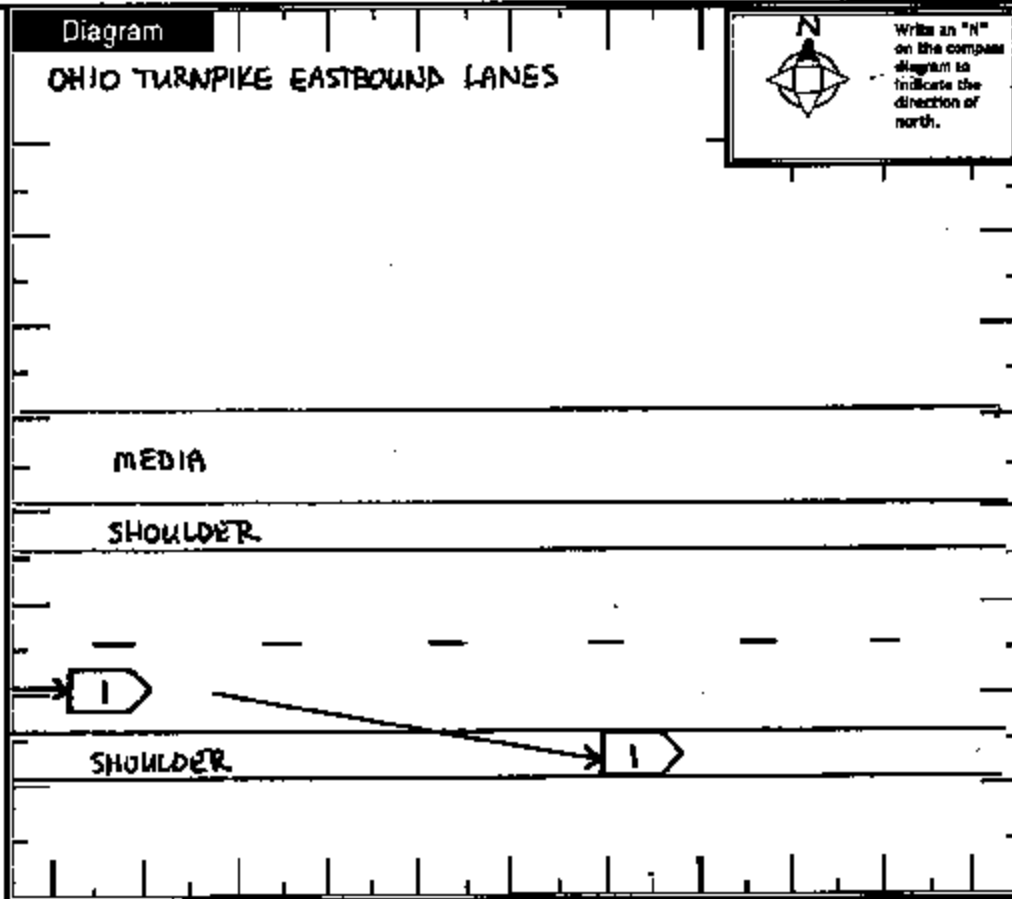


Write an "N" on the compass diagram to indicate the direction of north.

MEDIA

SHOULDER

SHOULDER



Truck/Bus

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 BEHAVIORAL MATERIALS PLACARD, OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

**A
N
D**

THE DRIVER REQUESTED 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 DAMAGE DAMAGE OR REQUIRED INTERVENE ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SERVICE PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

LD DOT	ECMC	PUCD	TRAILER LP #1	TRAILER LP Type	TRAILER LP #2	
CARGO BODY TYPE 01 Not Applicable 02 Box (8-18 INCLUDING DRIVER) 03 Van/Enclosed Box 04 Open/Chassis/Flat	95 Pole 96 Cargo Tank 97 Platform 98 Dump	01 Concrete Block 10 Auto Transporter 11 Garbage/Refuse 12 Other 13 Unknown	Weight (GVWR) 1 Less Than 10,000 2 10,001 - 20,000 3 More Than 20,000	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 Materials Refused 1 No 2 Yes 3 Not Applicable 4 Unknown

Police Action

092420031854

DISPATCH: 1854 ARRIVED: 1905 CLASSED: 1954 OTHER: 30 90

OFFICER'S NAME: TPR. P.R. MOHRE 271 DISPATCHED BY: 131 DATE REPORT FILED: 09252003

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER

10-89-453

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10.89-453	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 9 10 24 Y 03
COUNTY OF LUCAS	ACCIDENT LOCATION 60.4 EB OTP	

VEHICLE INFORMATION

UNIT# ONE
 YEAR 1984
 MAKE OLDSMOBILE
 MODEL CUTLASS SUPREME
 COLOR BROWN
 VIN
 REGISTRATION [REDACTED]

DAMAGE ANALYSIS

TOTAL LOSS

MISCELLANEOUS INFORMATION

OWNER OF TURNPIKE
 OHIO TURNPIKE COMMISSION
 [REDACTED]
 BEREA OH [REDACTED]
 [REDACTED]

ASSISTANCE WAS OBTAINED BY TURNPIKE MAINTENANCE AND THE MAUMEE FIRE DIVISION.

OFFICER'S SIGNATURE

T.P. G.T. [Signature]

BADGE NO.

578

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-59-453	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 10 21 03
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FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(PRINTED)

J. T. LANKEY

(OFFICER'S NAME)

AT

SCENE

(LOCATION)

I was driving from Chicago, IL to Philadelphia, PA in a 1984 Cutlass Supreme Oldsmobile and the check engine light came on. I pulled over onto the emergency lane and popped open the hood. The car was smoking. I didn't think anything of it but I turned the engine off and sat in the car and waited for the engine to cool down. When I realized it was getting worse I woke my daughter and ran away from the car trying to flag someone down to call the police. No one stopped on my side of the road at first but a man in a black SUV across the highway told me he called the fire dept and the police dept. He put on a glow-in-the-dark vest and helped direct traffic away from the car. The police and fire dept arrive quickly to help put out the fire and keep the ~~one~~ traffic flowing.

Q: IS ANYONE INJURED?

A: NO

Q: WERE SEATBELTS ON?

A: YES

ADDRESS OF WITNESS

SIGNATURE OF WITNESS

HSY 7003

Phila, PA

OFFICER'S SIGNATURE

T.P.C. J. T. Lankey

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-59-453

REPORTING AGENCY STATE HIGHWAY PATROL

DATE OF CRASH M 9 DAY 103

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

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

J. T. LANKEY (OFFICER'S NAME) AT SCENE (LOCATION)

Q: HOW FAST WERE YOU DRIVING WHEN YOU REALIZED SOMETHING WAS WRONG?

A: 60MPH

Q: WHEN WAS YOUR CAR LAST SERVICED?

A: MONDAY

Q: EVERYTHING CHECKED OUT OK THEN?

A: THAT I KNOW OF.

Q: WHO COMPLETED THE SERVICE?

A: SERVICE GARAGE

Q: DO YOU HAVE ANYTHING TO ADD?

A: NO

[Large handwritten scribble]

ADDRESS OF WITNESS [REDACTED]

PHILA. PA. 19139

PHONE [REDACTED]

SIGNATURE OF WITNESS [REDACTED]

OFFICER'S SIGNATURE TPR. J. T. Lankey

