

TRAFFIC CRASH REPORT

10051904 SH. DOUBLE

Veh. Fire

OH-1 (Rev. 10/99)



10-90-713-3

CASH BEVERLY	PRIVATE PROPERTY	HIT/SHOP	PHOTOS TAKEN	DN-2	DN-3	DN-4	Other
1 FATAL 2 MURDER	3 PDD 4 UNKNOWN	1 NOT HIT/SHOP 2 BOLTER 3 LAUNDED	x	x	x		

REPORTING AGENCY: OH P 90 STATE HIGHWAY PATROL 01 99
 CRASH DATE: 1339 DAY OF WEEK: FRI
 NAME OF CITY, TOWNSHIP OR VILLAGE: X RILEY 72
 COUNTY: 09192003
 LATITUDE: 07

CRASH LOCATION: I-80 (OHIO TURNPIKE)	TYPE LOC: 3	TYPE LOCATION POINT USED: 1 RAMPED STREET 3 NUMBERED ROUTE 24/ENGINEER STREET	ROUTE NUMBER: 97.5 E
UNIT REFERENCE: 1 S E	PROF: 97 MILEPOST	REF POINT: 6	REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 3 STREETS 03 COUNTY LINE

Motorist/Non-Motorist
 Name: [Redacted] CHICAGO, IL
 Address: [Redacted]
 Home Phone: [Redacted] Work Phone: [Redacted]

DL STATE: IL	DL I: [Redacted]	LP STATE: IL	LP I: [Redacted]	INSURED TAKEN BY: 1 None 4 Other 2 EMS 3 Unknown 3 POLICE	TRANSPORTED BY: [Redacted]	INSURED TAKEN TO: [Redacted]
OWNER NAME (IF SALES, WRITE "SALES") YELLOW TRANSPORT				ADDRESS (STREET, CITY, STATE, ZIP CODE) 3901 E. HARRISON ST. DECATUR, IL 62524		
YEAR: 2001	MAKE: FRIEIGHTHAL	MODEL: CONV	COLOR: BRANDEL	INSURANCE COMPANY: AIG	TUNING SERVICE: MARESONS	OTHER PHONE #: [Redacted]

Motorist/Non-Motorist
 Name: [Redacted]
 Address: [Redacted]

DL STATE: IL	DL I: [Redacted]	LP STATE: IL	LP I: [Redacted]	INSURED TAKEN BY: 1 None 4 Other 2 EMS 3 Unknown 3 POLICE	TRANSPORTED BY: [Redacted]	INSURED TAKEN TO: [Redacted]
OWNER NAME (IF SALES, WRITE "SALES")				ADDRESS (STREET, CITY, STATE, ZIP CODE)		
YEAR: [Redacted]	MAKE: [Redacted]	MODEL: [Redacted]	COLOR: [Redacted]	INSURANCE COMPANY: [Redacted]	TUNING SERVICE: [Redacted]	OTHER PHONE #: [Redacted]

Motorist/Non-Motorist
 Name: [Redacted]
 Address: [Redacted]

DL STATE: IL	DL I: [Redacted]	LP STATE: IL	LP I: [Redacted]	INSURED TAKEN BY: 1 None 4 Other 2 EMS 3 Unknown 3 POLICE	TRANSPORTED BY: [Redacted]	INSURED TAKEN TO: [Redacted]
OWNER NAME (IF SALES, WRITE "SALES")				ADDRESS (STREET, CITY, STATE, ZIP CODE)		
YEAR: [Redacted]	MAKE: [Redacted]	MODEL: [Redacted]	COLOR: [Redacted]	INSURANCE COMPANY: [Redacted]	TUNING SERVICE: [Redacted]	OTHER PHONE #: [Redacted]

Motorist/Non-Motorist
 Name: [Redacted]
 Address: [Redacted]

01 FRONT - LEFT (MC DRIVER)	04 SAFETY EQUIPMENT: 01 None Used 02 Shoulder Belt Only 03 Lap Belt Only 04 Shoulder/Lap Belt 05 Child Safety Seat 06 MC Belt Used 07 Use Unknown	01 None Deployed 02 Deployed-Front 03 Deployed-Side 04 Deployed Side Front/Rear 05 Not Applicable 06 Unknown	01 Not Present 02 In On Position 03 In Off Position 04 Unknown	01 Not Ejected 02 Fully Ejected 03 Partially Ejected 04 Not Applicable 05 Unknown	01 Not Trapped 02 Ejected By Mechanical Means 03 Fused By Non-Mechanical Means 04 Unknown	01 No Injury 02 Possible 03 Non-Incapacitating 04 Incapacitating 05 Fatal Injury 06 Unknown
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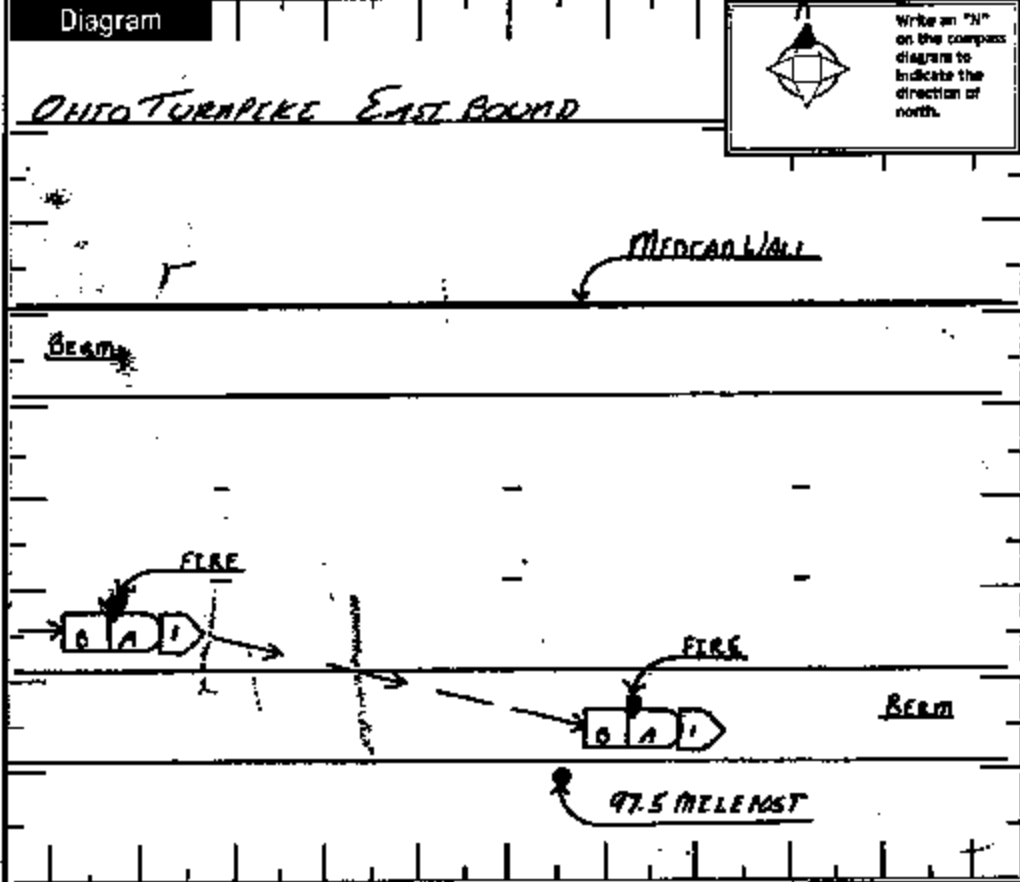
C. Safety Services

07

Narrative

UNIT # 1 WAS TRAVELING EAST IN THE RIGHT LANE OF THE TURNPIKE WHEN THE BRAKES OF THE LEFT REAR WHEELS OF TRAILER A CAUGHT FIRE. UNIT # 1 PARKED IN THE SOUTH BERM AND THE FIRE WAS EXTINGUISHED.

NUMBER OF COLLISION OR IMPACT	SCHOOL BUS RELATED
1	1
1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT	1 NO
2 RUNNING	2 YES, DIRECTLY INVOLVED
3 HAND-ON	3 YES, INDIRECTLY INVOLVED
4 REAR-TO-REAR	4 UNKNOWN
5 BACKING	WORK ZONE RELATED
6 ANGLE	
7 STOPPING, SAME DIRECTION	
8 STOPPING, OPPOSITE DIRECTION	1
9 REVERSITY	1 NO
	2 YES
WEATHER	3 UNKNOWN
0 1	TYPE OF WORK ZONE
01 CLEAR	1 LANE CLOSING
02 CLOUDY	2 LANE SHIP/CROSSOVER
03 Fog, Smoke, Snow	3 WORK ON SHOULDER OR MEDIAN
04 Rain	4 INTERMITTENT/MOVING WORK
05 Sleet, Hail, Freezing Rain/Sleet	5 OTHER
06 Snow	LOCATION OF CRASH IN WORK ZONE
07 Foggy Conditions	1 BEFORE FIRST WORK ZONE
08 Blowing Sand, Silt, Dirt, Snow	2 AFTER 1ST WORK ZONE
09 Other	3 TRANSITION AREA
10 Unknown	4 ACTIVITY AREA
LIGHT CONDITIONS	VEHICLES PRESENT
1	1 NONE
1 DAYLIGHT	2 YES
2 DAWN	3 UNKNOWN
3 DUSK	
4 DARK - LIGHT ROADWAY	
5 DARK - NOT LIGHTED	
6 DARK - UNKNOWN LIGHTING	
7 BLAZE	
8 OTHER	
9 UNKNOWN	



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 HAZARDOUS MATERIALS PLACARD; OR A BUS REGISTERED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	A N D	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR SEPARATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DAMAGE INEXCESS OF REPAIRS; OR EMERGENCY ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS)	YELLOW TRANSIT ET	Carrier Phone	7093469471
ADDRESS (STREET, CITY, ST., ZIP CODE)	3910 E. HARRISON ST. DECATUR IL. 62524		

US DOT	ICC NC	PLCC	Trailer LP ST.	Trailer LP Year	Trailer LP #
065 C16			IL	2004	
CHASSIS BODY TYPE	01 NOT APPLICABLE	02 DIE (8-15 INCLUDING DRIVER)	03 VAN/BOX/CHASSIS BOX	04 GRAB/CRANE/CRANE	05 POLE
03					
06 CARGO TANK	07 FLATBED	08 DUMP	09 CONCRETE MIXER	10 AUTO TRANSPORTER	11 GARAGE/REAR
			Weight (GVWR)	COL Class	Hazardous Materials Placard
			3	1 15,000-19,999	1 NO
				2 20,000 - 24,999	2 YES
				3 MORE THAN 25,000	3 UNKNOWN
				4 CLASS M	4 UNKNOWN
				5 CLASS D	
					Hazardous Materials Released
					1 NO
					2 YES
					3 NOT APPLICABLE
					4 UNKNOWN

Police Action

09142003 1340 1340 1344 1444 30 94

Officer's Name: TPR. DAEL 1449

Dispatcher: J. CURRAN

Date Report Filed: 09212003

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 HOME 2 STATION 3 OTHER

10-90-713

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-90-713	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 9 19 1983
IN COUNTY OF SAUNDERS	ACCIDENT LOCATION E 90 0TH RILEY TWP. 925 MR EAST.	

VEHICLE # 1: 2001 FLECHTERER [REDACTED] VIN: 1EWBAHCC412A9349

INSURANCE: ALC [REDACTED]

DAMAGE TO TRACTOR NONE INJURY: NONE

TRAILER: 2004 WADSWORTH EL [REDACTED] VIN: 1STVXV1W04L893815

DAMAGE: LEFT REAR TIRE, BRACK & AXLE

LOAD: HARDWARE REAR LOAD DAMAGE UNKNOWN 72,640 #s

* MISCAP WAS CALLED TO THE SCENE. U-1191, TPR R KISNER, COMPLETED AN INSPECTION.

* CLYDE FIRE DEPT. RESPONDED TO EXTINGUISH FIRE.

* PROBABLE CAUSE OF FIRE - NO OIL OR LACK OF FM IN THE TRAILER AXLE. THE FRICTION CAUSED THE BEARINGS TO BECOME HOT EXCESSIVE THE HEAT & FIRE.

OFFICER'S SIGNATURE

BADGE NO.

1444

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOGAL REPORT NUMBER 10-90-713	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 10 19 1903
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

T.M. B. DALL (OFFICERS NAME)

AT I-80 OFF 91.5 EAST (LOCATION)

Going EAST ON I-80 @ 50 MPH tire
 Started smoking, pulled over when it was safe
 to do a 50 mile marker 97 1/2. Mackone had
 check 30 minutes earlier. Said he adjusted
 brakes and was fine to continue

Q: WAS ANYONE INJURED? A: NO

Q: SEAT BELTS ON? A: YES

Q: WHAT LANE WERE YOU IN? A: RIGHT

Q: ANY KNOWN DAMAGE TO YOUR LOAD? A: NO.

Q: WHAT CLAS WERE YOU IN WHEN YOU FIRST NOTICED? A: 10TH

A: PREVIOUS FROM YELLOW FIRE HAD COME OUT AN HOUR BEFORE TO THE
 FIRE & CHECKED THE BRAKES. THIS WAS DUE TO SMOKE BEING
 OBSERVED EARLIER THAT DAY FROM THOSE WHEELS. THE PREVIOUS JUST
 CLOSED THE WHITE BRAKES.

ADDRESS OF WITNESS [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE [Signature]