

10051912

N OH-1 (Rev. 10/89)

TRAFFIC CRASH REPORT



10-91-579

CRASH SEVERITY
1 FATAL 3 FATAL
2 BLSH 3 BLSH

PROPERTY
1 NONE 2 OTHER
2 BLSH 3 UNKNOWN
3 POLICE

PHOTOS TAKEN
OH2 OH3 OH17 Other
X X X X

REPORTING AGENCY #
ONP 91 STATE HIGHWAY PATROL 01 01 99 = ARMS 00 = LICENSED 09282003

DAY OF WEEK: 1800 SUN
NAME (OF CITY, VILLAGE OR TOWNSHIP): X SPRINGFIELD 50
LATITUDE: LONGITUDE: 05

CRASH OCCURRENCE
PREFIX: CRASH LOCATION: IR-76 (OHIO TURNPIKE) TYPE LOC: 3
TYPE LOCATION POINT USED:
1 Major Street 2 Named Route
2 Intersecting Street

CRASH INFORMATION
MILEPOST: 236.5 E
MILEPOST REFERENCE:
01 STATE L.M.
02 INTERSECTION & STREET
03 COUNTY L.M.
04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME AND REFERENCE
09 DIRECTION
10 STREET OR ROUTE AND REFERENCE

ADDRESS (Street, City, State, Zip Code)
PARMA, OHIO

DRIVER INFORMATION
DL STATE: OH LP STATE: OH
INSURED TAKEN BY: 1 None 4 Other 2 EMS 5 Unknown 3 Police

OWNER NAME (If same, write "SAME")
SAME
ADDRESS (Street, City, State, Zip Code)

YEAR: 1994 MAKE: CHEVROLET MODEL: DELTA COLOR: BLUE INSURANCE COMPANY: PROGRESSIVE

CRASH CHARGE: CRASH DESCRIPTION:

NAME (Last, First, Middle)
ADDRESS (Street, City, State, Zip Code)

DRIVER INFORMATION
DL STATE: LP STATE:
INSURED TAKEN BY: 1 None 4 Other 2 EMS 5 Unknown 3 Police

OWNER NAME (If same, write "SAME")
ADDRESS (Street, City, State, Zip Code)

YEAR: MAKE: MODEL: COLOR: INSURANCE COMPANY: TOWNSHIP SERVICE: OWNER PHONE #

CRASH CHARGE: CRASH DESCRIPTION:

NAME (Last, First, Middle)
ADDRESS (Street, City, State, Zip Code)

DRIVER INFORMATION
INSURED TAKEN BY: 1 None 4 Other 2 EMS 5 Unknown 3 Police

OWNER NAME (If same, write "SAME")
ADDRESS (Street, City, State, Zip Code)

SECTION POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EMERGENCY	TRAPPED	EXTRACTED
01 Front - Left (MC Driver)	01 None Used	1 Not Deployed	1 Not Present	1 Not Marked	1 Not Trapped	1 No Blows
02 Front - Middle	02 Shoulder Belt Only	2 Deployed - Front	2 In On Position	2 Totally Ejected	2 Extricated By	2 Possible
03 Front - Right	03 Lap Belt Only	3 Deployed - Side	3 In Off Position	3 Partially Ejected	3 Mechanical	3 None
04 Second - Left (MC Pass)	04 Child Safety Seat	4 Deployed - Side	4 Unknown	4 Not Applicable	4 None	4 Incapacitated
05 Second - Middle	05 Child Safety Seat	5 Not Applicable		5 Unknown	5 None	5 Fatal Injury
06 Second - Right	06 MC Belt Only	6 Unknown			6 None	6 Unknown
07 Third - Left (MC Passenger/Bus Cox)	07 Use Restraint				7 Unknown	
08 Third - Middle	08 None Used					
09 Third - Right	09 None Used					
10 Occupant Seated On Ch	10 None Used					
11 Exposed Cargo Area	11 Protective Film					
12 Unexposed Cargo Area	12 Reflective Clothing					
13 Trunk Use	13 Locked					
14 Broken	14 Other					
15 Other	15 Unknown					
16 Non-Motorist						
17 Unknown						

Motorist/Non-Motorist

Occupant

2003 OCT 22 PM 7:22

24

UNIT NUMBER	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS					
01		01	1 2	65	1					
NON-INCIDENT LOCATION		MOVEMENT 01 MOVEMENTS INDICATED BY BOUNDARY ARROW		TRAFFIC CONTROL	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN					
01 MAJORITY CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACC OR CROSSWALK 05 IN FLOW 06 NOT IN FLOW 07 REVERSE (OUT NOT SHOULDERS) 08 ISLAND 09 SHOULDER 10 DRIVEWAY 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, DRAINAGE, ISLAND) 12 BEYOND 10 FEET OF FLOWLINE (THRU TRAFFIC) 13 DRIVEWAY TRAFFIC 14 DRIVEWAY SIDE PAVEN OR TRAIL 15 UNKNOWN		02 DROUGHT 03 CHANGING LANE 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAJORITY U-TURN 08 BETWEEN TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 STOPPED/STOPPED IN TRAFFIC 12 DIVERGENCE 13 CROSS 14 U-TURN 15 UNKNOWN NON-COLLISION 16 ENTERING/EXITING IN SPECIFIED LOCATION 17 WALKING, RUNNING, JUMPING, PLAYING, CYCLING 18 WALKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLACING/MOVING OR VEHICLE 22 STOPPING 23 OTHER 24 UNKNOWN	NON-COLLISION 01 OVERTAKING/PASSING 02 REVERSE/BACK 03 U-TURN 04 JUMPING 05 CHANGING/EXITING LANE/DRIFT 06 ENTERING/EXITING 07 REVERSE/BACK 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTRAL 11 DOWNWARD RAMPING 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ FURNITURE, VEHICLE, OR OBJECT NOT FORMED 14 PEDESTRIAN 15 PEDESTRIAN 16 PEDESTRIAN 17 PEDESTRIAN 18 ANIMAL - FARM 19 ANIMAL - OTHER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE/WORKER EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 26 IMPACT ATTENTION/TOUCH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PAVEMENT 30 BRIDGE PILE 31 OVERHEAD PILE 32 OVERHEAD PILE 33 OVERHEAD PILE 34 OVERHEAD PILE 35 OVERHEAD PILE 36 OVERHEAD PILE 37 OTHER POST, POLE OR SUPPORT 38 CABLE 39 CABLE 40 DITCH 41 EMBANKMENT 42 POLE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE/WORKER EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	65	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100					
TYPE OF UNIT	03	CONTINUING CIRCUMSTANCES	19	43	1 NONE 2 BURNED 3 COLLARED 4 OTHER 5 APPREHENDED 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING					
MAKE/MAKE	03	MOVEMENT	01 Head 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 BRAKE SPEED 06 UNKNOWN TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSE/HAD IMPROPER LANE CHANGE/ DROVE OFF ROAD 09 IMPROPER PASSING 10 IMPROPER PASSING FROM PARALLEL POSITION 11 STOPPED OR PARKED ILLEGALLY 12 OVERTAKING VEHICLE IN TRAFFIC, REAR END, CARPOOL, INCLUDING ON ADJACENT MEDIAN 13 INTENTED TO AVOID COLLISION TO WHO, SUPPORTIVE STRUCTURE, OBJECT, NON-MOVING IN ROADWAY, ETC) 14 FAILURE TO CONTROL 15 VEHICULAR OBSTRUCTION 16 DEEP IMPRESSION 17 FURNITURE/FIXTURE 18 OPERATING DEFECTIVE EQUIPMENT 19 LOAD SHIFTER/PULLER/PULLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-INCIDENT 23 NONE 24 STOPPED/STOPPED 25 DAMAGED 26 DROVE OFF/ON ILLEGALLY IN ROADWAY 27 FAILURE TO TURN RIGHT OF WAY 28 RAY VEHICLE (DARK CLOTHING) 29 IMPROPER 30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNALS, OR OFFICER 31 VIOLATION OF THE ROAD 32 OTHER 33 UNKNOWN	01 Head 02 CENTER FRONT 03 REAR FRONT 04 REAR SIDE 05 REAR REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 REAR WINDOW 12 LEAD/TAILER 13 TAIL (ALL AREA) 14 OTHER 15 UNKNOWN	POINT OF IMPACT	03	01 NONE 02 CENTER FRONT 03 REAR FRONT 04 REAR SIDE 05 REAR REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 REAR WINDOW 12 LEAD/TAILER 13 TAIL (ALL AREA) 14 OTHER 15 UNKNOWN	ACTION	2	1 NON-COLLISION 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN
EMERGENCY RESPONSE	1	VEHICLE DEFECT CODE ONLY w/ "A" SELECTED ABOVE			1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN					
1 No 2 Yes 3 Unknown	SUCCESSIVE VEHICLE Overtakes/ Underpasses	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TAILOR EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM FRONT CRASH 11 OTHER DEFECTS	PROXIMATE EVENT		DRUG TEST TYPE					
DAMAGE SCALE	3				1 None 2 FLOOD 3 None 4 Other					
1 None 2 Non-Functional Damage 3 Functional Damage 4 Severe Damage 5 Severe 6 Unknown	1 No Underwear Or Outside 2 Underwear, Contaminated Intervenor 3 Underwear, No Contaminated Intervenor 4 Underwear, Contaminated Intervenor Unknown 5 Overwear, Struck Vehicle In Transport 6 Overwear, Other Vehicle 7 Unknown		OF THE SEQUENCE OF EVENTS - WHEN ONE IS THE FACT MAJOR EVENT (1-4)		DRUG TEST RESULT					
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			PROXIMATE EVENT		DR					

Narrative

Unit #1 Was Eastbound On I-76. The Front Right Tire Of Unit #1 Came Off And Damaged The Road Side Of Unit #1.

NUMBER OF COLLISION OR IMPACT 1

SCHOOL BUS RELATED 1

1 NOT COLLISION BETWEEN TWO VEHICLES IN TURN POINT
2 HEAD-ON
3 REAR-END
4 FRONT-TO-REAR
5 BACK-TO-BACK
6 ANGLE
7 SIDEWIDE, SAME DIRECTION
8 SIDEWIDE, OPPOSITE DIRECTION
9 UNKNOWN

1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED

1 NO
2 YES
3 UNKNOWN

WEATHER

02

01 CLEAR
02 CLOUDY
03 FOG, SMOG, DRIZZLE
04 RAIN
05 SLEET, HAIL (FROSTING RAIN DRIZZLE)
06 SNOW
07 SEVERE CROSSWIND
08 BLOWING SAND, SOIL, DIRT, SNOW
09 OTHER
10 UNKNOWN

1 LANE CLOSURE
2 LANE SHIFTS/CHANGEOVER
3 WORK ON SHOULDER OR MEDIUM
4 INTERMITTENT/NOISY 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 WORKING FRONT

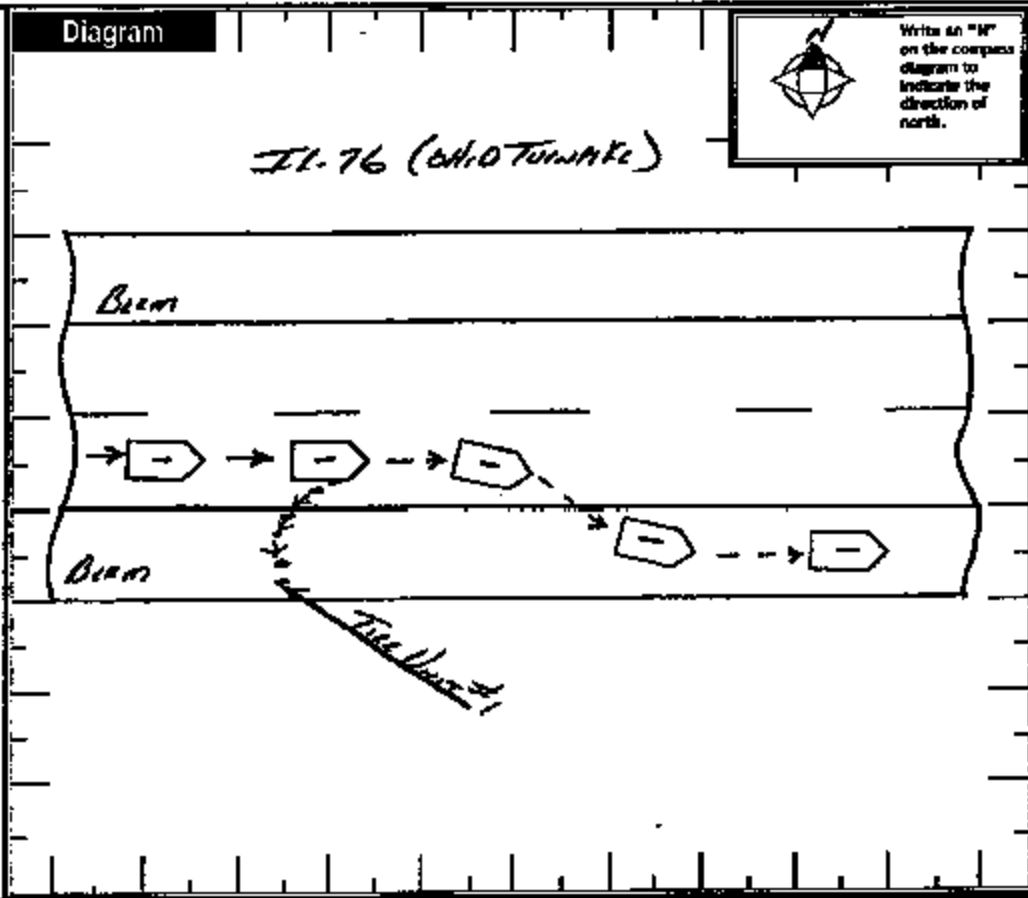
1 NO
2 YES
3 UNKNOWN

LIGHT CONDITIONS

1
1 DAYLIGHT
2 DARK
3 DUSK
4 DARK - LIMITED ROADWAY
5 DARK - NO LIGHTS
6 DARK - UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

1 NO
2 YES
3 UNKNOWN

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (WITH A VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (WITH A VEHICLE) WITH A HAZARDOUS MATERIAL PLACING; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

A 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 MECHANICAL DAMAGE OR REQUIRED INTERVENEING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Paper) _____ Company Prefix _____

Address (Street, City, St, Zip Code) _____

US DOT _____ ICC MC _____ PUCC _____ Year of LP (Yr) _____ Transfer LP Year _____ Transfer LP # _____

Cargo Body Type #1 NOT APPLICABLE #2 Box (8-15 including driver) #3 Van/Enclosed Box #4 Camp/Overhaul	#5 Pole #6 Cargo Tank #7 Flatbed #8 Dump	#9 Concrete/Brick #10 Auto Transporter #11 Garbage/Refuse #12 Other #13 Unknown	Weight (GVWR) 1 LESS THAN 10,000 2 10,001 - 25,000 3 MORE THAN 25,000	COL Class 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS E 5 CLASS D	Hazardous Materials Placed 1 No 2 Yes 3 Unknown	Hazardous Materials Included 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN
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Police Action

09282003 1945 1945 1945 2015 60 90

Officer's Name: TH. L. R. FINSEN 1412

Checked By: SGT. M. E. HILL Date Report Filed: 09292003

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 SCENE 2 SYDNEY 3 OTHER

10-91-579

For Copy - CDPS Bottom Copy - Agency

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-91-579	REPORTING AGENCY State Highway Patrol	DATE OF ACCIDENT M. 09 10 28 1983
IN COUNTY OF Montgomery	ACCIDENT LOCATION I-76 EB MP 236.5 O.T.P	

Unit #1 - 1994 Chevrolet Beretta Blue

OH: E 560Q

Damage: RIF Quarter Panel / Dented

RIF Door / Dented, Scratched

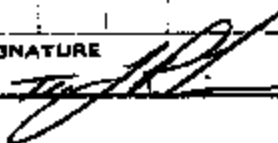
* Note: ALL LOCKERS WILL MISSING

AND 3 OUT OF FIVE BELTS

WILL ALSO BE BROKEN OFF.

Note - Tire Was Retrieved

OFFICER'S SIGNATURE



BADGE NO.

1112

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-91-579	REPORTING AGENCY Spartan Highway Patrol	DATE OF CRASH M 9 10 28 03
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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

(PRINTED)

TO [REDACTED] AT [REDACTED] [REDACTED] (OFFICER'S NAME) (LOCATION)

Driving in Right lane at 65-68 mph
 tire fell off going eastbound to PIA
 Then I got control of car + drove
 it to The Side of highway

Q. Were You Or Your Passenger Injured?
 A. No

Q. Were You Both Wearing Your Seatbelts?
 A. Yes

Q. Did You Hit Anything Prior To The Wheel Coming Off?
 A. No

Q. Have You Had Any Penalties In The Past?
 A. No

Q. Was There Any Other Vehicle Involved?
 A. No

Q. Where Did The ~~Wheel~~ ^{Tire Come Off?}
 A. Carbs Handle Feet Next.

Q. Have You Had Any Work Done To The Vehicle Recently?
 A. Best Front Tire On The 25th Were Replaced. (Spartan)

Q. By Who?
 A. West Park Auto Care

ADDRESS OF WITNESS [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICER'S SIGNATURE parma oh [REDACTED] The J.R. L. 1462