

TRAFFIC CRASH REPORT

10052209

OH-1 (Rev. 10/99)



CRASH SEVERITY

1 FATAL
2 FATAL
3 FATAL

PROPERTY

MT/SLIP

1 NOT MT/SLIP
2 SOLID
3 UNKNTD

SWITCH

1 X
2 X
3 X

ONE

ONE

ONE

ONE

0 H P 9 D

REPORTING AGENCY

STATE HIGHWAY PATROL

01 99

MI - ARMS
PA - UNKNOWN

08202003

DAY OF WEEK

WED

NAME (OF CITY, VILLAGE OR TOWNSHIP)

LATITUDE

LONGITUDE

02

0637

X

47

CRASH LOCATION

IR 80 (OHIO TURNPIKE) EASTBOUND

TYPE LOC

3

TYPE LOCATION POINT USED

1 ROAD STREET 2 ROADWAY NORTH
3 ROADWAY SOUTH

CRASH INVESTIGATION

135.8 E

CRASH DATE

02 ME

DIR

N

REF

MILOPOST 136

REF

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06

NAME (LAST, FIRST, MIDDLE)

010

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ANN ARBOR MI

HOME PHONE #

WORK PHONE #

06181936 67 M

DL STATE

DL #

LP STATE

LP #

INSURED

TAKEN BY

1 HOME 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

CRASH DATE

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

1989

MAKE

MERURY

MODEL

TOPAZ

COLOR

WHI

INSURANCE COMPANY

TOWING SERVICE

OTHER PHONE #

CRASH CHARGE

CRASH DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE

LP #

INSURED

TAKEN BY

1 HOME 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

CRASH DATE (FBI USE - "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

1989

MAKE

MERURY

MODEL

TOPAZ

COLOR

WHI

INSURANCE COMPANY

TOWING SERVICE

OTHER PHONE #

CRASH CHARGE

CRASH DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INSURED TAKEN BY
1 HOME 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INSURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INSURED TAKEN BY
1 HOME 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INSURED TAKEN TO

- SEATING POSITION
- 01 FRONT - LEFT (SAC DRIVER)
 - 02 FRONT - MIDDLE
 - 03 FRONT - RIGHT
 - 04 SECOND - LEFT (SAC PASS)
 - 05 SECOND - MIDDLE
 - 06 SECOND - RIGHT
 - 07 THIRD - LEFT
 - 08 THIRD - MIDDLE
 - 09 THIRD - RIGHT
 - 10 REAR - LEFT
 - 11 REAR - MIDDLE
 - 12 REAR - RIGHT
 - 13 REAR - MIDDLE
 - 14 REAR - RIGHT
 - 15 REAR - MIDDLE
 - 16 REAR - RIGHT
 - 17 UNKNOWN

- SAFETY EQUIPMENT
- 01 NONE USED
 - 02 SHOULDER BELT ONLY
 - 03 LAP BELT ONLY
 - 04 SHOULDER/LAP BELT
 - 05 CHAIR SAFETY BELT
 - 06 NO SAFETY BELT
 - 07 USE UNKNOWN
 - 08 NONE USED
 - 09 NONE USED
 - 10 PROTECTIVE FANS
 - 11 PROTECTIVE CLOTHING
 - 12 LIGHTING
 - 13 OTHER
 - 14 UNKNOWN

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

- TRAPPED
- 1 NOT TRAPPED
 - 2 EXTENDED BY
 - 3 MECHANICAL
 - 4 MECHANICAL
 - 5 MECHANICAL
 - 6 MECHANICAL
 - 7 MECHANICAL
 - 8 MECHANICAL
 - 9 MECHANICAL
 - 10 MECHANICAL
 - 11 MECHANICAL
 - 12 MECHANICAL
 - 13 MECHANICAL
 - 14 MECHANICAL
 - 15 MECHANICAL
 - 16 MECHANICAL
 - 17 MECHANICAL

- INJURIES
- 1 NO INJURY
 - 2 POSSIBLE
 - 3 MINOR
 - 4 MODERATE
 - 5 SEVERE
 - 6 FATAL INJURY
 - 7 FATAL INJURY
 - 8 FATAL INJURY
 - 9 FATAL INJURY
 - 10 FATAL INJURY
 - 11 FATAL INJURY
 - 12 FATAL INJURY
 - 13 FATAL INJURY
 - 14 FATAL INJURY
 - 15 FATAL INJURY
 - 16 FATAL INJURY
 - 17 FATAL INJURY

BLANK FOR
WRITERS

24

ADDITION

TOP COPY - OOPS BOTTOM COPY - ADJUST

UNIT NUMBERS

01

Motor-Motorist Location

- 01 Mainline 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 In Shoulder)
- 08 Island
- 09 Shoulder
- 10 Sidewalk
- 11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
- 12 Beyond 10 Feet Of Roadway (Within Trafficway)
- 13 Outside Trafficway
- 14 Shared-Use Paths On Trails
- 15 Unknown

Type Of Unit

03

- 01 Motorist
- 02 Sub-Compact
- 03 Compact
- 04 Mid Size
- 05 Full Size
- 06 Minivan
- 07 Sport Utility Vehicle
- 08 Pickup
- 09 Panel/Van
- 10 Single Unit Truck
- 11 2 Axles, 6 Tires
- 12 Single Unit Truck 3-Axles
- 13 Truck/Trailer
- 14 Tractor/Trailer (Bumper)
- 15 Tractor/Trailer
- 16 Tractor/Trailer Double Short
- 17 Tractor/Trailer Long
- 18 Fifth Wheel On Conventional Chassis
- 19 Tractor/Trailer
- 20 Motorcycle
- 21 Motorized Bicycle
- 22 School Bus
- 23 Church Bus
- 24 Public Bus
- 25 Other Bus
- 26 Police Vehicle
- 27 Fire Truck
- 28 Ambulance/Rescue
- 29 Taxi
- 30 Motor Home
- 31 Trailer
- 32 Farm Vehicle
- 33 Farm Implement
- 34 Snowmobile
- 35 Construction Equipment
- 36 All Other
- 37 Non-Motorist
- 38 Animal Without
- 39 Animal With Driver
- 40 Pedestrian
- 41 Bicyclist
- 42 Driver/Non-Motorist
- 43 Unknown
- 44 Emergency Response

Emergency Response

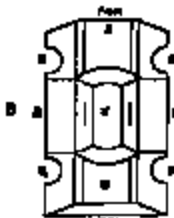
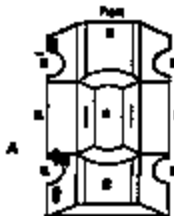
- 1 No
- 2 Yes
- 3 Unknown

Damage Scale

4

- 1 None
- 2 Non-Functional Damage
- 3 Functional Damage
- 4 Structural Damage
- 5 Severe
- 6 Destroyed

DAMAGE AREA



Most Damaged Area

08

- 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 Underside/Chassis
- 12 Load/Fuel
- 13 Total (All Areas)
- 14 Other
- 15 Unknown

Point Of Impact

08

- 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 Underside/Chassis
- 12 Load/Fuel
- 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

PRE-CRASH ACTIONS

01

- 01 Movement Emotionally
- 02 Stopped Area
- 03 Backed
- 04 Changing Lanes
- 05 Overtaking/Passing
- 06 Turned Right
- 07 Turned Left
- 08 Made U-Turn
- 09 Entered Traffic Lane
- 10 Entered Traffic Lane
- 11 Pulled
- 12 Slowed/Stopped In Traffic
- 13 Overlapped
- 14 Other
- 15 Unknown
- 16 Non-Motorist
- 17 Entered/Changed In Specimen Location
- 18 Walking, Running, Jogging, Playing, Cycling
- 19 Working
- 20 Pushing Vehicle
- 21 Assembling/Disassembling Vehicle
- 22 Playing/Working On Vehicle
- 23 Struck
- 24 Other
- 25 Unknown

Contributing Circumstances

19

- 01 Motorist
- 02 None
- 03 Failed To Yield
- 04 Ran Red Light, On Stop Sign
- 05 Exceeded Speed Limit
- 06 Unsafe Speed
- 07 Improper Turn
- 08 Left Of Center
- 09 Followed Too Closely/Too
- 10 Improper Lane Change
- 11 Drove Off Road
- 12 Improper Passing
- 13 Improper Entry From Parked Position
- 14 Strapped On/Parked Illegally
- 15 Occupied Vehicle In Driving, Pedaling, Climbing, Reclining On Accessory/Machine
- 16 Switching To Avoid (Due To Work, Support, Backup, Vehicle, Contact, Non-Support In Roadway, Etc)
- 17 Failure To Control
- 18 Vision Distraction
- 19 Driver Intoxication
- 20 Fatigue/Slowed
- 21 Operating Defective Equipment
- 22 Load Exceeding Capacity/Weighting
- 23 Other Improper Action
- 24 Unknown
- 25 Non-Motorist
- 26 None
- 27 Improper Crossing
- 28 Drifting
- 29 Lying And/Or Reclining In Roadway
- 30 Failure To Yield Right Of Way
- 31 Not Visible (Dark Clothing)
- 32 Inattentive
- 33 Failure To Obey Traffic Signs, Signals, Or Officer
- 34 Wrong Side Of The Road
- 35 Other
- 36 Unknown

Vehicle Defect Code Only If "13" Selected Above

06

- 01 Turn Signals
- 02 Head Lamps
- 03 Tail Lamps
- 04 Brakes
- 05 Steering
- 06 Tire Blowout
- 07 Work On Black Tires
- 08 Tires/Equipment
- 09 Defective
- 10 Motor Throttle
- 11 Disabled From Front
- 12 Chassis
- 13 Other Defects

SEQUENCE OF EVENTS

12
09
32

- 01 Non-Collision
- 02 Overlap/Overlap
- 03 Pile-Up/Explosion
- 04 Bumper
- 05 Jackknife
- 06 Contact/Contact Loss/Shift
- 07 Equipment Failure
- 08 Separation Of Units
- 09 Run Off Road Right
- 10 Run Off Road Left
- 11 Cross Median/Overturn
- 12 Downhill Flareout
- 13 Other Non-Collision
- 14 Unknown Non-Collision
- 15 Collision In/Out/Over/Under Vehicle
- 16 Pile-Up/Explosion
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Most Dameful Event

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- 100 Motor Vehicle In Transport

Speed Detected

1

- 1 Stated
- 2 Estimated Speed
- 3 Other
- 4 Other
- 5 Other
- 6 Other
- 7 Other
- 8 Other
- 9 Other
- 10 Other
- 11 Other
- 12 Other
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- 15 Other
- 16 Other
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- 100 Other

Speed

060

POSTED SIGN

65

Traffic Control

12

- 01 No Controls
- 02 Stop Sign
- 03 Yield Sign
- 04 Traffic Signal
- 05 Traffic Light
- 06 School Zone
- 07 Railroad Crossing
- 08 Railroad Crossing
- 09 Railroad Crossing
- 10 Railroad Crossing
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- 12 Railroad Crossing
- 13 Railroad Crossing
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- 100 Railroad Crossing

Direction

43

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

Correction

1

- 1 Apparently None
- 2 Physical Impairment
- 3 Structural
- 4 Other
- 5 Full Alcohol, Fainted, Fatigue, Etc
- 6 Under The Influence Of Medication/Drugs/Alcohol
- 7 Other
- 8 Unknown

Alcohol/Drugs Suspected

1

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

Alcohol Test Type

1

- 1 None
- 2 Blood
- 3 Urine
- 4 Breath
- 5 Other

Narrative

UNIT #1 WAS EASTBOUND ON THE OHIO TURNPIKE WHEN LEFT FRONT TIRE BLEW OUT. UNIT #1 DROVE OFF ROADWAY AND STRUCK CONCRETE BARRICADE WALL.

Number of Collision or Impact School Bus Related

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

Weather

- 01 Clear
- 02 Cloudy
- 03 Fog, Smoke, Snow
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Conditions
- 08 Blowing Rain, Fog, etc., Snow
- 09 Other
- 10 Unknown

Light Conditions

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Medium Lighting
- 7 Clear
- 8 Other
- 9 Unknown

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

Work Zone Related

- 1 No
- 2 Yes
- 3 Unknown

Type of Work Zone

- 1 Lane Closure
- 2 Lane Shift/Overhead
- 3 Work On Shoulder Or Median
- 4 Interchange Closing 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

Warning Placard

- 1 No
- 2 Yes
- 3 Unknown

Diagram

OTP CB MP 135.8

CONCRETE BARRICADE WALL



Beam



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

Truck/Bus

THE CHAIN INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (BOTH VEHICLES) WITH A GVWR MORE THAN 10,000 POUNDS OR
A TRUCK (BOTH VEHICLES) WITH A HAZARDOUS MATERIALS PLACARD, OR
A BUS DESCRIBED FOR AT LEAST 4 PERSONS, INCLUDING DRIVER.

A
H
D

THE CHAIN RESULTED IN ONE OR MORE OF THE FOLLOWING:

A FATALITY, OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT, OR
AT LEAST ONE VEHICLE NOT TOWED DUE TO DAMAGE DAMAGED OR REQUIRED STOPPING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (Full Name/Address/Phone)

Company Phone

Address (Street, City, St, Zip Code)

US DOT

ICC BC

PSCD

Trailer LP St.

Trailer LP Year

Trailer LP

Cargo Body Type

- 01 Not Applicable
- 02 BUS (9-15 SEATING DRIVEN)
- 03 VAN/ENCLOSED BOX
- 04 GRAB/CHAMP/DRIVE

- 05 Pole
- 06 Cargo Tank
- 07 Flatbed
- 08 Dump

- 09 Concrete Mixer
- 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

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 Released

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

Police Action

082020030637

Division

0637

Jurisdiction

0642

Classified

0740

Other

20

83

Reporting Name

TER. C. A. WEAVER

1060

Checked By

DET. CURRAN

Date Report Filed

0822003

Report Taken By

- 1 POLICE AGENT
- 2 MOTORIST

Report Taken At

- 1 SCENE
- 2 STATION
- 3 OTHER

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/8)

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 8 10 20 1903
IN COUNTY OF LORAIN	ACCIDENT LOCATION OTR EB MP 135.8	
UNIT #1 INFORMATION		
YEAR= 87	DAMAGE LF TIRES FLAT, LF RIM,	
MAKE= MERCURY	SCRAPED TO L. SIDE	
MODEL= TOPAZ		
STYLE/TYPE= 4 DR	INJURIES None	
COLOR= WHI		
REG. #= MKA 95		
VIN #= 1MEPM38S6KK 637961		
WEATHER		
TEMPERATURE= 65 °F		
PRECIPITATION= NONE		
REMARKS=		
ROADWAY INFORMATION		
CONDITION= Dry		
TYPE= ASPHALT		
OFFICER'S SIGNATURE T.P.A. E.A. Weaver		BADGE NO 1060

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
	STATE HIGHWAY PATROL	M 8 D 20 Y03

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

I, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

Tpr. E. A. Weaver

(OFFICER'S NAME)

AT 0TP 88 MP 135

(LOCATION)

I WAS DRIVING EAST ON THE OHIO TURNPIKE IN THE LEFT LANE,
GOING ABOUT 60 MPH. THE VAN SUDDENLY PULLED TO THE
LEFT. IT WAS PULLED INTO THE WALL, CAUSING MINOR DAMAGE.
I WAS NOT INJURED AND WAS WEARING MY SEATBELT.

ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESS

444 Arbor, MZ

OFFICER'S SIGNATURE

Tpr. E. A. Weaver