

10053307

VEH. FIRE

P OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



CRASH SEVERITY: 1 FATAL, 2 FATAL, 3 FOC, 4 UNKOWN. PROPERTY: X. HURT/DEAD: 1 Not Injured, 2 Slightly, 3 Unkown. FACTOR TAKEN: X. OH-2: X, OH-3: X, OH-10: , OH-11: .

10-89-395

04P89 STATE HIGHWAY PATROL 01 01 08142000

1140 THU SWANTON 48

IR-80 (OHIO TURNPIKE) 3 49.0 OAK OPENINGS

AT 49 06

0101 CHICAGO IL

06271976 27

IL IL

SAME

1983 FORD E-150 GRAY NONE X-PRESS

Motorist/Non-Motorist

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

DL STATE IL LP STATE IL

INSURED TAKEN BY 1 None, 4 Other, 2 EMS, 5 Unknown, 3 Police

Transported By

Year, Name, Model, Color, Insurance Company, Towing Service

Vehicle Damage, Damage Description

Name (Last, First, Middle), Home Phone #

Address (Street, City, State, Zip Code)

Name (Last, First, Middle), Home Phone #

Address (Street, City, State, Zip Code)

INSURED TAKEN BY 1 None, 4 Other, 2 EMS, 5 Unknown, 3 Police

Transported By

Name (Last, First, Middle), Home Phone #

Address (Street, City, State, Zip Code)

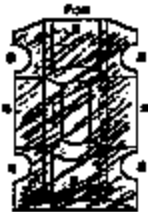
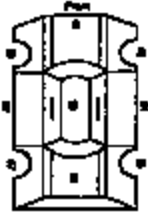
SHOOTING POSITION: 01 Front - Left (MC Driver), 02 Front - Middle, 03 Front - Right, 04 Second - Left (MC Pass), 05 Second - Middle, 06 Second - Right, 07 Third - Left (MC Passenger/Box Car), 08 Third - Middle, 09 Third - Right, 10 Seated Section Of Car, 11 Excluded Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Unknown, 15 Other, 16 Non-Motorist, 17 Unknown.

SAFETY EQUIPMENT: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 BC Helmet Used, 07 Not Used, 08 None Used, 09 Helmet Used, 10 Protective Face, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown.

AXIS BAG: 1 Not Deployed, 2 Deployed-Right, 3 Deployed-Left, 4 Deployed Both, 5 Not Applicable, 6 Unknown. EJECTION: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown. TRAPPED: 1 Not Trapped, 2 Ejected By Unknown, 3 Free By Non-Mechanism, 4 Unknown. INJURED: 1 No Injury, 2 Possible, 3 Non-Incapacitated, 4 Incapacitated, 5 Fatal Injury, 6 Unknown.

Blank for Witness

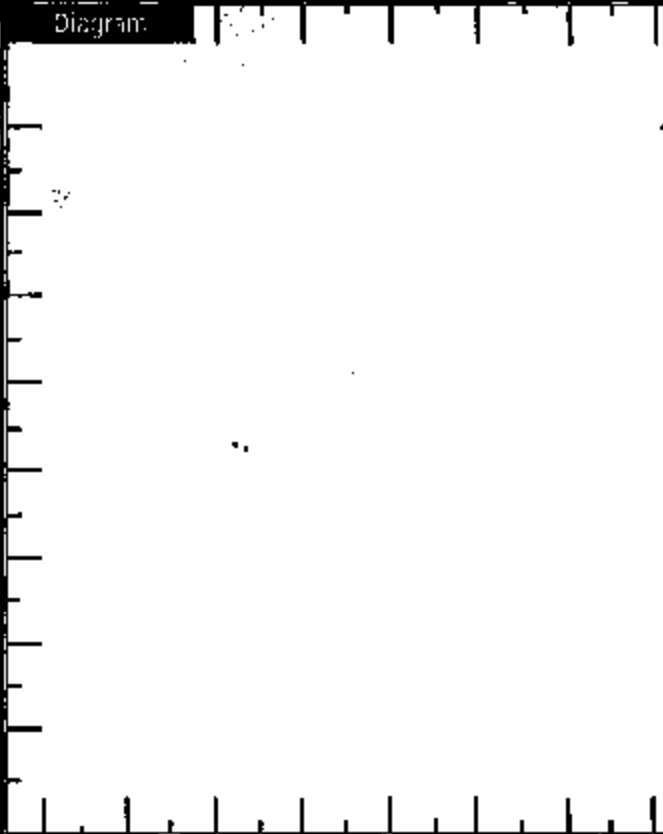
HSY7801

UNIT NUMBER	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTAL SPEED	DRIVE TEST SCORES
01		01	02	25	1
None-Motorist Location		MOTORIST 01 MOVEMENT ESPECIALLY STRAIGHT AHEAD 02 BACKWARD 03 CHANGING LANE 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 STOPPING TRAFFIC LIGHT 09 LEAVING TRAFFIC LIGHT 10 PULSED 11 SLOWING/STOPPING IN TRAFFIC 12 STOPPING 13 OTHER 14 UNKNOWN		TRAFFIC CONTROL 12	1 None 2 TEST FAILED 3 TEST OVER, CONTAMINATED SAMPLE/DENYABLE 4 TEST OVER, RESULTS KNOWN 5 TEST OVER, RESULTS UNKNOWN 6 UNKNOWN
01 MAJORS CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 SHOULDER (NOT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 50 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 50 FEET OF ROADWAY (WHEN TRAFFICWAY) 13 OTHER TRAFFICWAY 14 SHARED USE PATHS ON TRAILS 15 UNKNOWN		NON-MOTORIST 15 STOPPING/CHANGING IN STOPPED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING CYCLING 17 WORKING 18 PUSHER VEHICLE 19 APPROXIMATED/LOADED VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STOPPING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTAKE/FOLLOWER 02 PULL/COASTING 03 IMPROPER 04 JACKKNIFE 05 CHANGE/REVERSE LANE/STAY 06 STOPPING FAILURE 07 REVERSE OF LANE 08 RUN OFF ROAD RIGHT 09 RUN OFF ROAD LEFT 10 CROSS LANE/CORNER 11 DOWNHILL ROADWAY 12 OTHER SIDE-COLLISION 13 UNKNOWN SIDE-COLLISION 14 COLLISION W/ PERSON, VEHICLE, COLLISION W/ POWER 15 PEDIAN/BIKE 16 POLICE VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DOME 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PUSHER MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MISDEAD OBJECT 24 UNKNOWN MISDEAD OBJECT 25 COLLISION WITH EXTERIOR OBJECT 26 IMPACT ATTACHMENT/ANCHOR CURB/CURB 27 IMPACT OVERHEAD STRUCTURE 28 IMPACT POLE OR SUPPORT 29 BARRIERS 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 BARRIER TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/WEATHER SUPPORT 36 UTILITY POLE 37 OTHER POLE, POLE ON SUPPORT 38 CEMENT 39 DIRT 40 BRICK 41 BRICK/CONCRETE 42 ROCK 43 MASONRY 44 TREE 45 OTHER FREE OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 BARRIER FREE OBJECT 48 OTHER 49 UNKNOWN		DRIVE TEST TYPE 1 1 None 2 BLOOD 3 URINE 4 OTHER
Type Of Unit	13	CONTRIBUTION CONCURRENCE 19		34	DRUG TEST 16.2 RESULT
HOLDINGS 01 BUS-COMMERCIAL 02 COMBACT 03 MID BUS 04 FULL BUS 05 MINIBUS 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK 10 2 AXLES, 4 TIRES 11 SINGLE UNIT TRUCK & AXLES 12 TRUCK/TRACTOR 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/BOULE BUILT 15 TRACTOR/BOULE LONG 16 FIVE WHEEL OR CONVERTIBLE BULLY 17 TRACTOR/TRACTOR 18 MOTORCYCLE 19 MOTORCYCLE 20 SCHOOL BUS 21 CHASSIS BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 CONSTRUCTION EQUIPMENT 33 ALL OTHERS	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 WINDOW 11 UNDERCARRIAGE 12 LUMP/TUMBLER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	INITIALLY 01 None 02 FAILURE TO YIELD 03 RUN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY 09 REVERSED LANE CHANGE 10 DRIVE OFF ROAD 11 IMPROPER PASSING 12 SPOOKED DRIVER 13 DRIVER START FROM PAST POSITION 14 STOPPED ON PAVED SHOULDER 15 OVERTAKE VEHICLE IN ERROR, REVERSED, CHANGING, NEARLY ON ACCIDENT 16 SWITCHED TO AHEAD ONE TO YIELD, SLOWLY REVERSE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC. 17 FAILURE TO CONTROL 18 TRUCK OVERTAKING 19 OTHER INTERFERING 20 PULLING/SLIPPING 21 OTHER DRIVER EQUIPMENT 22 LOAD SHIFTER/FALLING/SPILLING 23 OTHER INTERFERING ACTION 24 UNKNOWN		DIRECTION 34 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN	DRUG TEST 16.2 RESULT 1 None 2 BLOOD 3 URINE 4 OTHER
1 No 2 Yes 3 Unknown	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 WINDOW 11 UNDERCARRIAGE 12 LUMP/TUMBLER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	VEHICLE DEFECT CHECK CHECK # "15" SELECTED ABOVE 01 TIRE DAMAGE 02 HEAD LAMP 03 TAIL LAMP 04 BRAKES 05 STEERING 06 TIRE ALIGNMENT 07 WORN OR SLACK TIGHTS 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 REPAIRS FROM PREVIOUS CLAIM 11 OTHER DEFECTS	FIRST HARMFUL EVENT 1 ON THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 ON THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 1 EXCEEDED 2 ESTIMATED SPEED SPEED 5	CONSTRUCTION 1 1 APPROXIMATELY NORMAL 2 PHYSICAL IMPAIRMENT 3 MEDICAL 4 ALIEN 5 FULL ANKLE, FINGER, FINGERED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUGS SUSPECTED 1 1 None 2 YES - ALCOHOL SUSPECTED 3 YES - MID NOT SUSPECTED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN	Type Of Interference 01 01 Not An Intersection 02 PART-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FREEWAY, OR MORE 07 ON RAMP 08 OFF RAMP 09 INTERSECTION 10 OVERLAP/ACCROSS 11 RAILWAY CROSSING 12 SHARED-USE PATHS ON TRAILS 13 UNKNOWN
DAMAGE SCALE 5	POINT OF IMPACT 01	VEHICLE DEFECT CHECK CHECK # "15" SELECTED ABOVE			Occurrence 6 1 On Roadway 2 On Shoulder 3 In Median 4 On Ramp 5 On Gown 6 OTHER TRAFFICWAY 7 UNKNOWN
STATIONING VEHICLE: OVERTAKE / UNDERPASS	1 None-CONTROL 2 NON-COLLISION 3 COLLISION 4 SLOWLY 5 BOTH STRONG AND STRUCK 6 UNKNOWN				Road Conditions 01 1 STRAIGHT LEVEL 2 BRIGHT SHADES 3 CURVE LEVEL 4 CURVE GRADE
EMERGENCY RESPONSE					Road Conditions 01 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, CL., GRAVEL 06 WATER (STREAMS, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLE, BUMP, UNUSUAL PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY
					ALCOHOL TEST TYPE 1 None 4 BILETS 2 BLOOD 5 OTHER 3 URINE ALCOHOL TEST RESULT 10-89-395

Narrative

UNIT #1 DROVE INTO THE OAK OPENING SERVICE PLAZA ON THE OHIO TURNPIKE WHEN FLAMES WERE NOTICED EMITTING FROM THE ENGINE COMPARTMENT, ENGULFING THE ENTIRE VEHICLE

- Number of Occurrences or Damage**
- 1 Not Checked/Stripped
 - 2 Not Checked/Stripped
 - 3 Not Checked/Stripped
 - 4 Not Checked/Stripped
 - 5 Not Checked/Stripped
 - 6 Not Checked/Stripped
 - 7 Not Checked/Stripped
 - 8 Not Checked/Stripped
 - 9 Not Checked/Stripped
 - 10 Not Checked/Stripped
- Special Unit Related**
- 1 No
 - 2 Yes, Specific Incident
 - 3 Yes, Specifically Incurred
 - 4 Unknown
- Weight Scale Related**
- 1 No
 - 2 Yes
 - 3 Unknown
- Vehicle**
- 01 Class
 - 02 Class
 - 03 Pkg, Make, Model
 - 04 Make
 - 05 Make, Model, Previous Make/Model
 - 06 Make
 - 07 Brand/Description
 - 08 Engine Make/Model, Year/Power
 - 09 Cyls
 - 10 Location
- Light Conditions**
- 1 Daytime
 - 2 Dawn
 - 3 Dusk
 - 4 Dark - Light Source
 - 5 Dark - No Light Source
 - 6 Dark - Unknown Location
 - 7 Moon
 - 8 Stars
 - 9 Other
 - 10 Unknown
- Location of Occurrence**
- 1 Lane Closed
 - 2 Lane Open/Obstructed
 - 3 Shoulder/Shoulder On Road
 - 4 Interchange/Overpass/Underpass
 - 5 Other
- Location of Collision or Major Event**
- 1 Shoulder
 - 2 Approach/Exit/Entrance
 - 3 Through Lane
 - 4 Access Lane
 - 5 Unknown
- Weather**
- 1 No
 - 2 Yes
 - 3 Unknown



Truck/Bus

Unit #

Company

The driver(s) involved and on duty at the time of the incident:

A. Driver (Include vehicle) with a driver name with blood alcohol or a driver (include vehicle) with a substance level placed on a law enforcement officer at the time of the incident, including driver.

Company (Name, City, St., Zip Code)

The grade indicated in this box will be the grade of the following:

A. Road/Type of

B. Major highway transportation for interstate, federal, township or city road.

C. Any other type vehicle that could be used to transport material or equipment.

Company Name

YEAR	MO	DAY	TIME (L.P.S.)	TIME (L.P.S.)	TIME (L.P.S.)

Chassis Body Type	Weight (GVWR)	CDL Class	Number of Personnel Placed	Maximum Vehicle Weight
01 Not Applicable	1 Less than 10,000	1 CLASS A	1 No	1 No
02 Bus (9-15 Passenger Seats)	2 10,001 - 14,999	2 CLASS B	2 Yes	2 Yes
03 Truck/Tractor/Trailer	3 More than 14,999	3 CLASS C	3 Unknown	3 Not Applicable
04 Other/Other/Other		4 CLASS M		4 Unknown
		5 CLASS D		

Police Action

08142003 1140 1140 1158 1240 30 90

Company Name: TTR J. HERNANDEZ

Company ID: 1133

Officer Name: SGT. LAMBERTS

Officer ID: 08172093

Phone Area: 1 PLAIN AREA

Phone Number: 10-897395

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-89-395	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT 8 10 14 1003
IN COUNTY OF LUCAS	ACCIDENT LOCATION IR-80 OAK OPENING PLAZA 49MP	

NO INJURIES

SUWANTON FIRE DEPT. RESPONDED TO THE SCENE TO EXTINGUISH FIRE

XPRESS TOWING WAS REQUIRED FOR REMOVAL OF UNIT # 1

MAINTENANCE REQUIRED TO CLEAN UP : DEBRIS

OFFICERS SIGNATURE



BADGE NO.

1133

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-395	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 8 10/14/03
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **[REDACTED]** (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
TRP. J. HERNANDEZ (OFFICER'S NAME) AT **SCENE** (LOCATION)

I was asleep in the back of my van and was woken up by my friend who shouted "get out! the van is on fire" I jumped out of the van to see flames shooting from the engine bay with the help of some people near by we pushed the van away from the pump and waited for the fire department.

Q: ARE YOU INJURED?
 A: NO

Q: WERE YOU HAVING TROUBLE WITH THE VEHICLE?
 A: NO, IT'S BEEN RUNNING REALLY SOLID, WE JUST HAD A COIL-SPARK & THE WINDSHIELD REPLACED ABOUT A MONTH AGO.

Q:

ADDRESS OF WITNESS [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICER'S SIGNATURE [Signature]