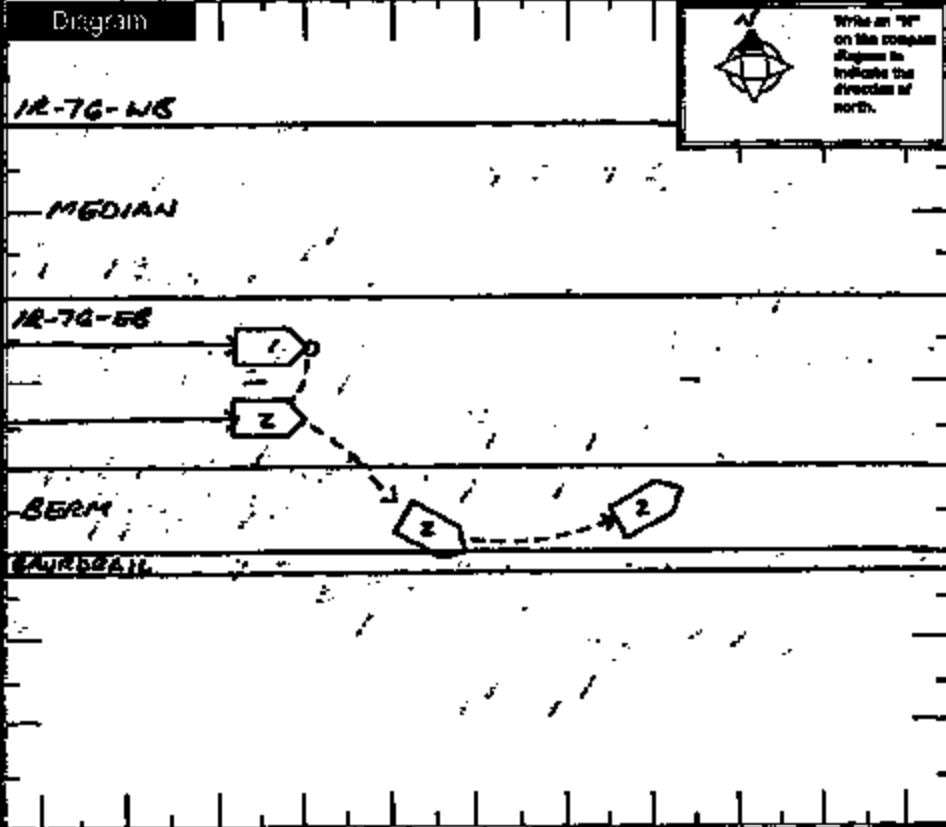


Narrative

UNIT 1 WAS EASTBOUND ON 1R76/OTP. UNIT 2 WAS EASTBOUND ON 1R76/OTP. THE LEFT FRONT WHEEL OF UNIT 2 FELL OFF AND STRUCK UNIT 1. UNIT 2 SIDED ON THE RIGHT SIDE OF THE ROADWAY AND STRUCK A GUARDRAIL.

Number of COLLISION or IMPACT 1	Severity and Related 1
1 FOR COLLISION BETWEEN TWO VEHICLES IN TRANSPORT	1 NO
2 Rollover	2 YES, SERIOUSLY INJURED
3 Head-on	3 YES, INJURED OR KILLED
4 Rear-end	4 UNKNOWN
5 Side-swipe	
6 Pedestrian	Work Zone Related
7 Animal	
8 Pedestrian, Head On Collision	
9 Pedestrian, Overlap Collision	
10 Unknown	
Location 04 /	1 No 2 Yes 3 Unknown
	Type of Work Zone
01 Clear	1 Lane Closure
02 Closure	2 Lane Shift/Compression
03 Pile, Spoil, Swale	3 Work on Adjacent or Opposite
04 Pile	4 Street/Highway Closure Work
05 Sign, Sign Placement Not Visible	5 Other
06 Sign	Location of Closure on
07 Wrong Placement	1/2 Mile Sign
08 Wrong Number, Color, Size	
09 Other	
10 Unknown	
Other Conditions	1 Special Post Work Zone
1	2 Worker Sign
2	3 Advance Warning Sign
3	4 Thruway Area
4	5 Access Area
5	6 Work Area
6	7 Other
7	8 Unknown
8	
9	
10	



Truck/Bus	THE DRIVER INVOLVED WAS OR WAS NOT WEARING A SEAT BELT: A YES (IF NOT WEARING) WITH A SEAT BELT (IF WEARING) A NO (IF NOT WEARING) WITH A SEAT BELT (IF WEARING) A YES (IF NOT WEARING) WITH A SEAT BELT (IF WEARING) AND/OR OTHER INFORMATION.	THE DRIVER INVOLVED WAS OR WAS NOT WEARING A SEAT BELT: A YES (IF NOT WEARING) WITH A SEAT BELT (IF WEARING) A NO (IF NOT WEARING) WITH A SEAT BELT (IF WEARING) A YES (IF NOT WEARING) WITH A SEAT BELT (IF WEARING) AND/OR OTHER INFORMATION.
Driver (Print Name)	Company Name	
Address (Street, City, St, Zip Code)		

PLATE	CCC INC	FICCO	TRAILER #1	TRAILER #2	TRAILER #3
Case Body Type	01 Not Applicable	02 Box (20-30 Included Chassis)	03 Tank/Trailer Box	04 Special/Other	05 Pole
Weight (GVWR)	06 10,000-14,999	07 15,000-24,999	08 25,000-34,999	09 35,000-44,999	10 45,000-54,999
CCR Class	1 Class A	2 Class B	3 Class C	4 Class D	5 Class E
Motorcycle Indicator	1 No	2 Yes	3 Unknown		
Motorcycle Indicator	1 No	2 Yes	3 Not Applicable	4 Unknown	

Police Action

112820031540 1590 1548 1643 87 150

Officer's Name: T.R. RANPS 1251

Report Taken By: 1 POLICE AGENCY 2 OTHER

Report Taken At: 1 Scene 2 Station 3 Other

Dispatch: 476

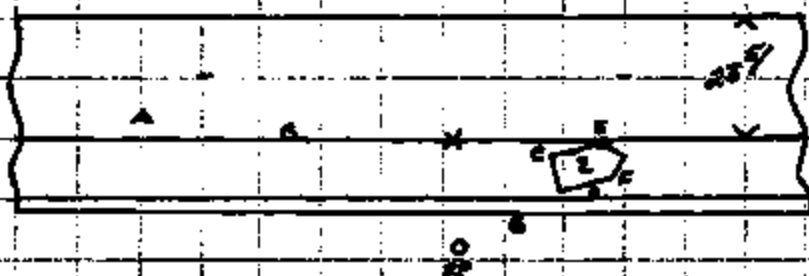
Dist Report File #: 11302003

Top Copy - ODPB Bottom Copy - Agency

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY State Patrol	DATE OF ACCIDENT M 11 D 28 Y 03
IN COUNTY OF Mahoning	ACCIDENT LOCATION OTR / 1R-76-68 MP 238.4	



RP = MP 238.4 68 POST

Weather = Rain, Cold, Cloudy

RP → X = 13 1/4 N

ROADWAY = WET, Clean, Asphalt

Baseline = Southern Edge Line

ABS. UNITS = NONE

	AB	BE	DESCRIPTION
A	74 9/16 N	4 1/8 N	START OF UNIT 2 SCRAPE FROM UNDERCARRIAGE
B	38 1/2 W	0%	SCRAPE CROSSES BASELINE
C	14 7/8 E	4 3/8 S	UNIT 2 LEFT REAR
D	15 9/16 E	10 1/8 S	UNIT 2 RIGHT REAR
E	21 1/8 E	3 9/16 S	UNIT 2 LEFT FRONT / SCRAPE ENDS
F	22 1/8 E	9 3/8 S	UNIT 2 RIGHT FRONT
G	2 1/8 E	11 5/8 S	UNIT 2 STRIKES GUARDRAIL

DAMAGE :

① TURNPIKE = 2 SECTIONS OF GUARDRAIL

② UNIT 1 = FRONT BUMPER - SCUFF FROM TIRE OF UNIT 2

③ UNIT 2 = UNDERCARRIAGE - SUSPECTED

FRONT BUMPER - METAL SCUFF

FRONT RIGHT Q. PANEL - METAL SCUFF / DENTED

FRONT RIGHT DOOR - JAMMED CLOSED

FRONT LEFT WHEEL BECKET - 1. BOTH SHEARED OFF.

OFFICER'S SIGNATURE

BADGE NO.
1251

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER

REPORTING AGENCY

State Patrol

DATE OF CRASH

M 11 10 29 Y 03

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

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

Sgt. R. Ramps (OFFICER'S NAME)

AT

Scene (LOCATION)

Q: What lane were you in?

A: Left.

Q: Where was the white car in relation to you?

A: Along side me in right lane.

Q: What happened?

A: Her left front wheel came off, and hit across the front of my car.

Q: Was anyone hurt?

A: No.

Q: Were your seat belts on?

A: Yes.

[Large handwritten scribble]

ADDRESS OF WITNESS

SIGNATURE OF WITNESS

HSY 7003

[Handwritten signature]

OFFICER'S SIGNATURE

[Handwritten signature]

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
	State Patrol	M 11 10 28 17 03

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

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

Sgt. R. Ramps (OFFICER'S NAME) AT Scene (LOCATION)

Q: What time were you in when your tire came off?

A: Right.

Q: How Fast were you going?

A: 35 mph.

Q: What Happened After your tire came off?

A: The Car went to the right, and struck the rail.

Q: Did you hit any other vehicles?

A: No.

Q: Was Anyone Hurt?

A: No.

Q: Have you had any problems with your vehicle recently?

A: No.

Q: Were your Seatbelts On?

A: Yes.

ADDRESS OF WITNESS	OFFICER'S SIGNATURE
[Redacted]	[Signature]
SIGNATURE OF WITNESS	
[Redacted]	