

TRAFFIC CRASH REPORT

10050064

OH-1 (Rev. 10/93)



CRASH SEVERITY
3 1 FATAL 3 FPD
2 MARI 4 UNKNOWN

PRIVATE PROPERTY
VEH/SECT
1 NOT INSUR
2 BLDG
3 UNINSUR

PHOTOS TAKEN
04-2 04-3 04-4 OTHER
X X

0HP89 STATE HIGHWAY PATROL 03 01 12162003

1558 TUE X MAUMEE 48

IR-80 (OHIO TURNPIKE) 3 61 06 61.4W

0101 HOWE, INDIANA

10241954 49 M

LAGRANGE, IN

4513.02 UNSAFE VEHICLE T163734

0201 QUEENS, NY

01061975 28 M

2003 VOLVO 770 BLUE

TOLLET, IN

Motorist/Non-Motorist

Occupant

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SYSTEM	EMERGENCY	TRAPPED	INJURED
01 FRONT - LEFT (MC DRIVER)	01 HEAD BELLT	1 NOT DEPLOYED	1 NOT PRESENT	1 NOT EXTENDED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EXTENDED	2 EXTENDED BY MECHANICAL	2 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED-FRONT	3 IN OFF POSITION	3 PARTIALLY EXTENDED	3 MECHANICAL	3 NON-
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT	4 DEPLOYED WITH FRONTALS	4 UNKNOWN	4 NOT APPLICABLE	4 MECHANICAL	4 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE	5 UNKNOWN	5 UNKNOWN	5 FREE BY NON-MECHANICAL	5 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	6 UNKNOWN			6 UNKNOWN	6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/3RD CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	08 NON-RETRACTING					
09 THIRD - RIGHT	09 HEAD BELLT					
10 SLIPSEAT SECTION OF CAB	10 HELMET USED					
11 ENCLOSED CAB/DOOR AREA	11 PROTECTIVE PADS					
12 UNENCLOSED CAB/DOOR AREA	12 REFLECTIVE CLIPPING					
13 TRAILER UNIT	13 LIGHTS					
14 SECTION	14 OTHER					
15 OTHER	15 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

24

TRAFFIC CRASH REPORT



CRASH SEVERITY: 1 FATAL 2 FOO 3 2 FATAL 4 BROWER
 PRIVATE PROPERTY: 1 Not Reported 2 SOLID 3 Unknown
 PHOTOS TAKEN: X
 OFF: OFF: OFF: OFF: X X

Reporting Agency: 0 HP 8 9 STATE HIGHWAY PATROL 03 01 88 Annual 89 Unknown 1 2 1 6 2 0 0 3

Date of Week: 1 5 5 8 TUE X
 Name (of city, village or township): MAUMEE 4 8
 Latitude: Longitude:

Crash Location: TD-90 (ONTO TURNPIKE) Type Loc: 3
 Reference Point Used: 1 House Street 2 Numbered Route 3 Unnumbered Street
 Reference Point Used: 01 House Number 02 Township Boundary 03 County Line 04 Intersection 2 Streets 05 County Line 06 Back Road 07 Corner/Block Line 08 Drainway 09 Street On Route No Reference

Motorist/Non-Motorist: 03 01
 Name (Last, First, Middle): [Redacted]
 Address (Street, City, State, Zip Code): [Redacted] RIDGEWOOD, NY

DL State: DL # [Redacted]
 License Taken By: 1 None 4 Other 2 EMS 3 Unknown 3 Police
 Transported By: [Redacted] Insured Taken To: [Redacted]

Other Name (if same, write "same"): [Redacted] Address (Street, City, State, Zip Code): [Redacted] TOLLET, IL

Year: 1 9 9 9 Make: VOLVO Model: 770 Color: GREEN Insurance Company: [Redacted] Towing Service: [Redacted] Owner Phone #: [Redacted]

Name (Last, First, Middle): [Redacted]
 Address (Street, City, State, Zip Code): [Redacted]

DL State: DL # [Redacted]
 License Taken By: 1 None 4 Other 2 EMS 3 Unknown 3 Police
 Transported By: [Redacted] Insured Taken To: [Redacted]

Other Name (if same, write "same"): [Redacted] Address (Street, City, State, Zip Code): [Redacted]

Year: [Redacted] Make: [Redacted] Model: [Redacted] Color: [Redacted] Insurance Company: [Redacted] Towing Service: [Redacted] Owner Phone #: [Redacted]

Name (Last, First, Middle): [Redacted]
 Address (Street, City, State, Zip Code): [Redacted]

Name (Last, First, Middle): [Redacted]
 Address (Street, City, State, Zip Code): [Redacted]

SEATING POSITION: 01 FRONT - LEFT (DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SEAT CAN) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SEATER SECTION OF CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTENSION 15 CRACK 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 INC HELMET USED 07 USE UNKNOWN 08 NONE/UNKNOWN 09 NONE USED 10 HELMET USED 11 PPE/STREET PPE 12 LIGHTS 13 OTHER 14 UNKNOWN

AIR BAG: 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED - BOTH 5 FRONT/SIDE 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 EJECTED BY MECHANICAL MEANS 3 PULLED BY NON-MECHANICAL MEANS 4 UNKNOWN

INJURIES: 1 NO INJURY 2 POSSIBLE 3 NON-INSPICUOUS 4 INSPICUOUS 5 PHYSICAL BLOW 6 UNKNOWN

Motorist/Non-Motorist

Occupant

BLANK FOR WITNESS

DATE NUMBER DAMAGE AREA FILE-CRASH ACTORS SEQUENCE OF EVENTS POSTED SPEED DRAIN TEST STATUS

01002



0101

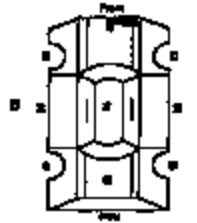
06 23

55 55

1 1

NON-MOVEMENT LOCATION

- 01 Intersect 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, Island, Sidewalk, Island)
12 Beyond 50 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown



MOST DAMAGED AREA

TYPE OF LIFT

1 3 1 3 1 2 0 3

MOTORIST

- 01 Rear Contact
02 Contact
03 No Size
04 Full Size
05 Medium
06 Sport Utility Vehicle
07 Pickup
08 Family Van
09 Single Unit Truck
10 2 Axle, 4 Tires
11 Single Unit Truck 3+ Axles
12 Truck/Trailer
13 Truck/Tractor (Front)
14 Tractor/Double Trailer
15 Tractor/Double Load
16 Farm Wheel Or Combination Dolly
17 Tractor/Trailer
18 Motorcycle
19 Motorcycle Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

CONTRIBUTING CIRCUMSTANCES

1 9 0 1

MOTORIST

- 01 None
02 Center Point
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 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown
21 None
22 Center Point
23 Right Front
24 Right Side
25 Right Rear
26 Rear Center
27 Left Rear
28 Left Side
29 Left Front
30 Top And Windows
31 Undercarriage
32 Load/Trailer
33 Total (All Areas)
34 Other
35 Unknown

- MOTORIST
01 Movement Inwardly Straight Ahead
02 Backward
03 Changing Lane
04 Depressure/Parking
05 Turned Right
06 Forward Left
07 Making U-Turn
08 Crossing Traffic Lane
09 Leaving Traffic Lane
10 Forward
11 Slowed/Stopped In Traffic
12 Stopped
13 Other
14 Unknown
NON-MOTORIST
15 Entered/Crossed In Opposite Lane(s)
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pedestrian Vehicle
19 Advanced/Leaved Vehicle
20 Playing/Working On Vehicle
21 Stopped
22 Other
23 Unknown

- NON-COLLISION
01 Obstruction/Obstacle
02 Pedestrian
03 Incurious
04 Jockeying
05 Closed/Restricted Lane/Entry
06 Incorrect Phase
07 Separation Of Lanes
08 Ran Off Road Right
09 Ran Off Road Left
10 Crossed/Strayed/Overlapped
11 Driveway, Alleyway
12 Other Non-Collision
13 Unknown Non-Collision
COLLISION IN/PROXIMITY TO COLLISION OR OBJECT NOT EXACT
14 Position
15 Penetration
16 Pedestrian Vehicle
17 Animal - Farm
18 Animal - Deer
19 Animal - Other
20 Motor Vehicle In Transport
21 Pedestrian Vehicle
22 Wrong Zone Maintenance Equipment
23 Other Movable Object
24 Unknown Movable Object
COLLISION WITH POWER OBJECT
25 Impact Attributed/Chain Collision
26 Bridge Overhead Structure
27 Bridge Pier On Alignment
28 Bridge Pier/Support
29 Bridge Rail
30 Ground/Face
31 Concrete/End
32 Metal Barrier
33 Retain Traffic Sign Post
34 Overhead Sign Post
35 Light/Support Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curve
40 Ditch
41 Embankment
42 Fence
43 Maltese
44 Tree
45 Other Field Object
46 With Zone Maintenance Equipment
47 Unknown Power Object
48 Other
49 Unknown

TRAFFIC CONTROL

1 2 1 2

- 01 No Controls
02 Stop Sign
03 Yield Sign
04 Traffic Signal
05 Traffic Planes
06 Signal Signs
07 Railroad Crossing
08 Railroad Flashers
09 Railroad Gates
10 Construction Barricade
11 Police Officer
12 Pavement Markings
13 Channelized Lanes
14 Solid/Don't Walk Signs
15 Traffic Control Device Installation, Missing, Damaged
16 None

DRIVEWAY

3 4 3 4

- 1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHWEST
8 SOUTHWEST
9 UNKNOWN

CONDITION

1 1

- 1 APPARENTLY NORMAL
2 POtholes, IMPACT
3 BUMPERS
4 KURBS
5 PAV. CRACKS, PAVED, FURNISHED, ETC
6 UNKLN THE INFLUENCE OF MOTORIST/DRIVER/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1 1

- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - DRUG SUSPECTED
4 YES - ALCOHOL / DRUG SUSPECTED
5 UNKNOWN

ALCOHOL TEST STATUS

1 1

- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/ALCOHOL
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE

1 1

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

1 1

- 1 NONE
2 ESTIMATED SPEED
3 SPEED

- 1 None
2 Test Refused
3 Test Given, Contaminated Sample/Alcohol
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

DRIVE TEST TYPE

1 1

- 1 None
2 Manual
3 Coarse
4 Other
5 Advanced
6 PIP
7 Other
8 Unknown At Time Of Reporting

DRIVE TEST I&I RESULT

- 1 None
2 Manual
3 Coarse
4 Other
5 Advanced
6 PIP
7 Other
8 Unknown At Time Of Reporting

TYPE OF INTERSECTION

0 1

- 01 Not An Intersection
02 Four-Way Intersection
03 T-Intersection
04 Y-Intersection
05 Traffic Circle/Roundabout
06 Freeway, On Ramp
07 On Ramp
08 Off Ramp
09 Crossover
10 Driveway/Access
11 Railway Grade Crossing
12 Shared-Use Paths On Trails
13 Unknown

OCCURRENCE

1

- 1 On Roadway
2 On Shoulder
3 In Median
4 On Ramp
5 On Bore
6 Outside Trafficway
7 Unknown

ROAD COURSE

4

- 1 Street Light
2 Street Grade
3 Curve Left
4 Curve Right

ROAD CONDITIONS

0 2

- 01 Dry
02 Wet
03 Snow
04 Ice
05 Sand, Mud, Dirt, Oil, Gravel
06 Water (Standing, Moving)
07 Slush
08 Debris**
09 Flat, Holes, Bumps, Uneven Pavement**
10 Other
11 Unknown

**Secondary Road Conditions Only

NON-MOTORIST

- 01 Animal, Wild
02 Animal, Domestic
03 Bicycle
04 Pedestrian
05 Pedestrian Vehicle
06 Skateboard
07 Other Non-Motorist
08 Unknown

EMERGENCY RESPONSE

- 1 No
2 Yes
3 Unknown

DAMAGE SCALE

3 2

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

ACTION

2 3

- 1 Non-Contact
2 Non-Collision
3 Swerve
4 Swerve
5 Swerve/Struck And Struck
6 Unknown

SYNCHRONOUS VEHICLES OVERLAP/ UNCONFORM

1

- 1 No Unconform Or Overlap
2 Unconform, Contact/Non-Contact
3 Unconform, No Contact/Non-Contact
4 Unconform, Contact/Non-Contact Unconform
5 Unconform, Swerve/Struck In Transport
6 Unconform, Other Vehicle
7 Unknown

VEHICLE DEFECT CODE ONLY IF "1" IS SELECTED ABOVE

0 8

- 01 Tire Failure
02 Head Lamp
03 Tail Lamp
04 Brake
05 Steering
06 Tire Movement
07 Wheel Or Hub/Tire
08 Throttle/Brake/Clutch
09 Brake
10 Damage From Prior Crash
11 Other Defect

POST HARMFUL EVENT

1 1

- 1 None
2 Test Refused
3 Test Given, Contaminated Sample/Alcohol
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

1 1

- 1 None
2 Test Refused
3 Test Given, Contaminated Sample/Alcohol
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

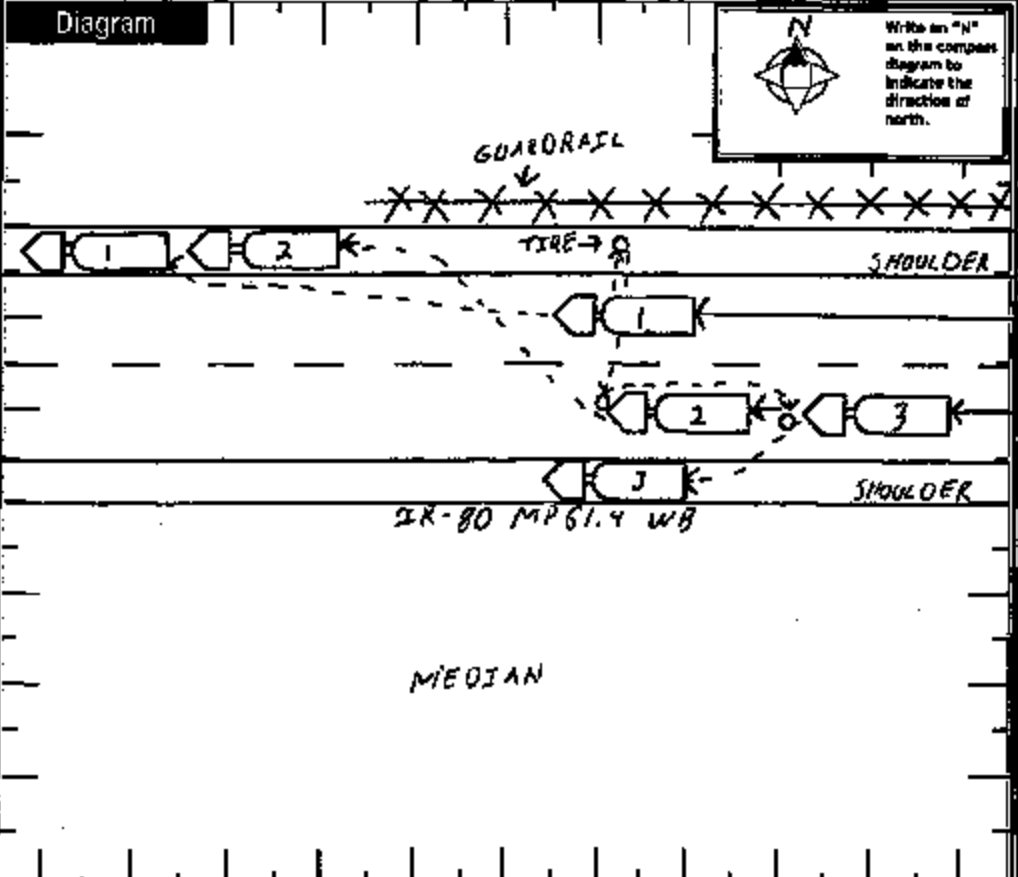
1 1

- 1 None
2 Test Refused
3 Test Given, Contaminated Sample/Alcohol
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Narrative

UNIT #1, UNIT #2, AND UNIT #3 WERE TRAVELING WESTBOUND ON TR-80. UNIT #1 SUFFERED AN EQUIPMENT FAILURE TO ITS TRAILER, CAUSING THE FIRST RIGHT TIRE ON AXLE #1 TO BREAK FREE. THE TIRE WENT OFF THE RIGHT SIDE OF THE ROAD, BOUNCED OFF A GUARDRAIL, AND WENT BACK INTO THE ROADWAY. UNIT #2 AND UNIT #3 THEN SPOKE THE TIRE.

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED	
1	1
1 NOT COLLISION RELATED TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 FRONT-TO-REAR 5 BACKING 6 SWALE 7 BUMPERS, SAME DIRECTION 8 BUMPERS, OPPOSITE DIRECTION 9 UNKNOWN	
WEATHER	
02	
01 CLEAR 02 CLOUDY 03 FOG, SMOG, BRUKE 04 RAIN 05 SLEET, HAIL, FREEZING RAIN, DRIZZLE 06 SNOW 07 SEVERE WEATHER 08 BLINDING SAND, SOIL, DIRT, SMOG 09 OTHER 10 UNKNOWN	
LANE CONDITIONS	
3	
1 DAYLIGHT 2 DAWN 3 DARK 4 DARK - LIMITED ROADWAY 5 DARK - NOT LIMITED 6 DARK - UNKNOWN LIGHTING 7 CLEAR 8 OTHER 9 UNKNOWN	
WORK ZONE RELATED	
1	
1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	
TYPE OF WORK ZONE	
1 LANE CLOSURE 2 LANE SHIFT/OVERLAY 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT MOVED WORK 5 OTHER	
LOCATION OF CRASH IN WORK ZONE	
1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCED WARNING AREA 3 TRAVELING AREA 4 ACTIVITY AREA	
WORKERS PRESENT	
1 NO 2 YES 3 UNKNOWN	



Truck/Bus	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (OR OTHER VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR A TRUCK (OR OTHER VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	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 DAMAGE TO EQUIPMENT NECESSITATING REPAIRS PRIOR TO BEING DRIVEN.
01	COMPANY (FROM SHIPPING PAPERS) LAMBRIGHTS INC.	COURSE PREFIX 1-F00-426-5284
	ADDRESS (CITY, ST., ZIP CODE) 24501 U.S. 20 W. P.O. BOX 295 LAGRANGE, TN 46761	

USE DOT 251641	ICC NO. 193794	PUCC []	TRAILER LP ST. IN	TRAILER LP YEAR 2004	TRAILER LP I 134633
03	WEIGHT (GVWR) 2	COL CLASS 1	HAZARDOUS MATERIALS PLACARD 1	HAZARDOUS MATERIALS REFERENCE 1	

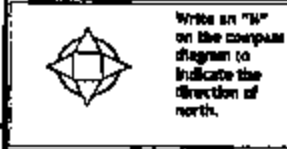
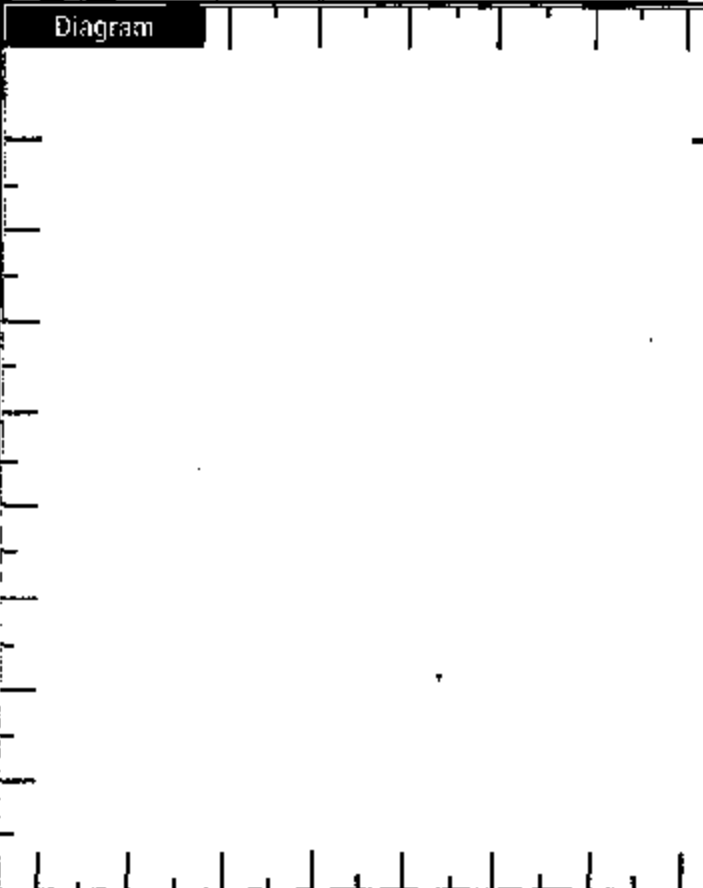
Police Action

DISPATCH: 12762003 1558 | 1558 | 1610 | 1758 | 90 | 210
 OWNER'S NAME: TPR. B. BEVAN | 1752 | DISPATCH BY: 131 | DATE REPORT FILED: 12192003

REPORT TAKEN BY: 1 POLICE AGENCY | 1 REPORT TAKEN BY: 1 SOME
 2 MOTORIST | 2 BUREAU | 3 OTHER

Narrative

NUMBER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 FRONT-TO-FRONT 5 BUCKED 6 ANGLE 7 SIDEWIP, SAME DIRECTION 8 SIDEWIP, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 No 2 Yes, DIRECTLY INVOLVED 3 Yes, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> <input type="checkbox"/> D1 CLEAR D2 CLOUDY D3 Fog, Smoke, Snow D4 Rain D5 SLEET, RAIN (PREVIOUS FLYING DEBRIS) D6 Snow D7 SEVERE CLOUDS D8 BLOWING SAND, DUST, ICE D9 OTHER D0 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 No 2 Yes 3 UNKNOWN
LIGHT CONDITIONS DAYLIGHT: <input type="checkbox"/> SEASONALITY: <input type="checkbox"/> 1 DAYLIGHT 2 DARK 3 DARK 4 DARK - LIMITED ROADWAY 5 DARK - NOT LIMITED 6 DARK - VISIBLE LIGHTING 7 CLEAR 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/OCCUPANCY 3 WORK ON SHOULDER OR MEDIAN 4 INTERNATIONAL MOBILE WORK 5 OTHER
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE MARKERS BEGIN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKZONET Present? <input type="checkbox"/> 1 No 2 Yes 3 UNKNOWN



Truck/Bus 03	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (BOTH VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR A TRUCK (BOTH VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD OR A BUS DESIGNED FOR AT LEAST 8 PASSENGERS, INCLUDING DRIVER.	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 DISABLED EQUIPMENT OR REQUIRED EXTENSIVE ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM DRIVER REPORT) TADEUSZ ZELAZEK	COMPANY PHONE 1-800-247-2607	
ADDRESS (STREET, CITY, ST, ZIP CODE) 2529 SILVER ROCK RD. JOLIET, IL 60435		

US DOT 1052218	EC MC <input type="checkbox"/>	PUCC <input type="checkbox"/>	TRAILER LP ST. IL	TRAILER LP YEAR 2004	TRAILER LP # 651625T		
03	CARGO BODY TYPE D1 NOT APPLICABLE D2 BUS (P-18 INCLUDING DRIVING) D3 VAN/ENCLOSURE BODY D4 CRANE/CRAWLER	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 COMPLETE TRAILER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	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

DISPATCH 1 2 1 8 2 0 0 3	ANSWER 1 5 5 8	CLAUDED 1 5 5 8	OTHER 1 6 1 0	DISPATCH 1 7 5 8	ANSWER 9 0	CLAUDED 2 1 0
OFFICER'S NAME TRK. B. BEVAN	DISPATCH # 1 7 5 2	OFFICER'S # 131	DATE REPORT FILED 1 2 1 9 2 0 0 3			
REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST 1	REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER 1	REPORT # 1 0 - 8 9 - 5 7 3				

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF ACCIDENT M 12 10 16 14 03
IN COUNTY OF LUCAS	ACCIDENT LOCATION IR-80 MP 61.4 WB	

NO INJURIES REPORTED.

NO DAMAGE TO TURNPIKE PROPERTY.

MAINTENANCE NEEDED TO CLEAN UP

OIL SPILL DUE TO DAMAGE TO
OILPAN OF UNIT #3.

XPRESS TOWING NEEDED TO HELP
WITH REPAIRS TO UNIT #1 AND
UNIT #3.

TPR. EDWARDS U-1600 ASSISTED
WITH PHOTOS OF UNIT #1 AND
UNIT #2 AND PERFORMED
INSPECTION OF UNIT #1.

TPR. MOHRE U-271 ASSISTED
WITH PHOTOS AND INFORMATION
GATHERING OF UNIT #3.

OFFICER'S SIGNATURE

Sgt. B. Brown

BADGE NO.

1752

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF ACCIDENT M 12 16 Y 03
IN COUNTY OF LUCAS	ACCIDENT LOCATION OHIO TURNPIKE 61.4 MP WESTBOUND	

TRACTOR/TRAILER INFORMATION

UNIT# 3

TRACTOR

YEAR 1999MAKE VOLVOMODEL 770COLOR GREENVIN 4VG7DARJ6 [REDACTED]

REGISTRATION [REDACTED]

ICC/DOT 1052218OWNER [REDACTED]
[REDACTED]JOLIET, IL [REDACTED]

DAMAGE ANALYSIS TRACTOR

OIL PAN ON ENGINEWAS RUPTURED

INSURANCE COMPANY

GREAT AMERICAN

TRAILER

YEAR 1997MAKE PINESMODEL VANCOLOR WHITEVIN 1PNV532B6V [REDACTED]

OWNER [REDACTED]

LOAD AND WEIGHT

BULK MAIL22,300 LBS

DAMAGE ANALYSIS TRAILER

AND LOAD

NO DAMAGE TO TRAILERNO DAMAGE TO LOAD

OFFICERS SIGNATURE

TPR. P.R. Mohr

BADGE NO.

271

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF ACCIDENT M 12 10 16 Y 03
IN COUNTY OF LUCAS	ACCIDENT LOCATION IR-80 MP 61.4 WJ	

Trailer Information

Unit # 1

Year: 1986

Make: WILSON

Model: _____

Registration: 134633 (IN.)

VIN: 1W19AFXEGG [REDACTED]

Owner: [REDACTED]

LAGRANGE, IN. [REDACTED]

Load: SALT

To: CLEVELAND, OH.

From: LAGRANGE, IN.

Trailer Damaged:

LOST FIRST WHEEL ON RIGHT SIDE OF

AXLE #1

Load Damaged:

IVOLINE

OFFICERS SIGNATURE

Sgt. B. Bowen

BADGE NO.

1752

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF ACCIDENT M 12 10 16 Y 03
IN COUNTY OF LUCAS	ACCIDENT LOCATION IR-80 MP 61.4 WB	

Trailer Information

Unit # 2

Year: 2016

Make: LYTELSON

Model: STOCKHOLM

Registration: [REDACTED]

VIN: 1DW1A32291 [REDACTED]

Owner: [REDACTED]

BOLEINGBROOK, FL. [REDACTED]

Load: MAIL

To: BOLEINGBROOK, FL.

From: EAST BRUNSWICK, N.J.

Trailer Damaged:

NONE

Load Damaged:

NONE

OFFICERS SIGNATURE

[Signature]

BADGE NO.

1752

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 12 10 16 YG 3
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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

TPR. B. BEVAN U-1752 AT IR-80 MP 61.4 WB
(OFFICERS NAME) (LOCATION)

DRIVING WEST ON 80-90 HEARD A THUMPING SOUND ALL OF A SUDDEN COULD NOT PULL OFF ROAD TO CHECK DUE TO GUARD RAIL. TIRE AND RIM APPEARED TO COME OFF AND WAS ROLLING ALONG (RUBBING) ON GUARD RAIL I CONTINUED WEST UNTILL I COULD PULL OFF AND CHECK TRUCK.

Q. WERE YOU INJURED IN THE CRASH?

A. NO.

Q. WHEN DID YOU FIRST HEAR THE THUMPING SOUND?

A. I'M GOING TO GUESS 10 TO SECONDS BEFORE THE WHEEL CAME OFF AND HEADED FOR THE GUARDRAIL. NOT MUCH TIME AT ALL.

Q. WHEN WAS YOUR TRUCK LAST INSPECTED?

A. I HAVE NO IDEA.

Q. DID YOU CHECK YOUR TRUCK BEFORE DEPARTING THIS MORNING?

A. YEAH, I DID.

Q. WAS THERE ANYTHING OUT OF PLACE OR DAMAGED ON YOUR TRUCK?

A. NOT THAT I'M AWARE OF.

Q. WHAT HAPPENED AFTER THE WHEEL CAME OFF?

A. I STARTED SLOWING DOWN AND STARTED TO LOOK FOR A

ADDRESS OF WITNESS [REDACTED] HOWE, IN. [REDACTED]
SIGNATURE OF WITNESS [REDACTED] OFFICERS SIGNATURE
[REDACTED] TPR. B. Bevan

LOCAL REPORT NUMBER

[REDACTED]

REPORTING AGENCY

OHIO STATE HIGHWAY PATROL

DATE OF CRASH

M 12 D 16 Y 02

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

I, [REDACTED], HEREBY MAKE THIS VOLUNTARY STATEMENT TO

X TPR. B. BEVAN U-1752 AT IR-80 MP 61.4 WJ
(OFFICER'S NAME) (LOCATION)

A PLACE TO PULL OVER. I SAW THE TIRE IN THE MIRROR. I THOUGHT IT LAYED UP AGAINST THE GUARDRAIL. -

Q. WHEN DID YOU FIND OUT THAT THE WHEEL HAD STRUCK OTHER VEHICLES?

A. AFTER I HAD PULLED OVER, I STARTED HEARING ON THE RADIO THAT OTHER TRUCKS HAD HIT THE TIRE. THEN THIS TRUCK PULLED IN BEHIND ME. -

Q. WHAT ARE YOU CARRYING?

A. SALT. -

Q. WHERE ARE YOU COMING FROM?

A. CLEVELAND, OH. -

Q. WHERE ARE YOU HEADED?

A. LAGRANGE, TN.

ADDRESS OF WITNESS

X [REDACTED]

PHONE

[REDACTED]

SIGNATURE OF WITNESS

X [REDACTED]

OFFICER'S SIGNATURE

Tpr. B. Bevan

LOCAL REPORT NUMBER

[REDACTED]

REPORTING AGENCY

OHIO STATE HIGHWAY PATROL

DATE OF CRASH

12/16/03

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

I, [REDACTED]

(PRINTED)

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR. D. BEVAN U-1752
(OFFICERS NAME)

AT IR-80 MP 61.4 WB
(LOCATION)

X (12-16-03) I was driving on the left line on I-80 W.B. (mile point 61.3) and on the top of hill suddenly something hit my front bumper.

Q. WERE YOU INJURED IN THE CRASH?

A. NO. -

Q. WHERE WERE YOU IN RELATION TO THE OTHER VEHICLE?

A. I COULDN'T SEE THE TRUCK. I WAS FIRST IN THE LEFT LANE -

Q. WHERE WAS THE WHEEL FROM UNIT #1?

A. IN THE MIDDLE OF THE LEFT LANE ON TOP OF THE HILL.

Q. WHEN DID YOU FIRST SEE THE WHEEL?

A. I DIDN'T SEE IT. SUDDENLY I SAW SOMETHING COME INTO THE LEFT LANE. I THEN HIT IT. MY FRIEND TOLD ME LATER THAT IT WAS A WHEEL THAT I HIT.

Q. WHEN DID YOU FIRST SEE UNIT #1?

A. I SAW THE TRUCK ON THE SHOULDER.

Q. WHAT DID YOU DO AFTER YOU STRUCK THE WHEEL?

A. I PARKED ON THE SHOULDER BEHIND THE TRUCK THAT LOST THE WHEEL -

ADDRESS OF WITNESS

X [REDACTED]

QUEENS NY [REDACTED]

PHONE

X

SIGNATURE OF WITNESS

X [REDACTED]

OFFICERS SIGNATURE

TPR. D. BEVAN

LOCAL REPORT NUMBER	[REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH 12/16/63
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR. D. BEAN 0-1752 AT IR-80 191 11.4 WJ
(OFFICER'S NAME) (LOCATION)

Q. WHAT ARE YOU CARRYING?

A. MAIL -

Q. WHERE ARE YOU GOING?

A. BOWLING BROOK, IL. -

Q. WHERE ARE YOU COMING FROM?

A. EAST BRUNSWICK, NJ. -

ADDRESS OF WITNESS	X [REDACTED]	QUEENS NY [REDACTED]	PHONE X
SIGNATURE OF WITNESS	X [REDACTED]	OFFICER'S SIGNATURE <u>D. B. Bean</u>	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH 12/16/03
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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
 TPR. P.R. MOHRE AT OHIO TURNPIKE 61.4 MP WESTBOUND
 (OFFICER'S NAME) (LOCATION)

I DRIVING WEST BOUND ON INTERSTATE 80 I WAS IN THE LEFT LANE (2 TWO LANES WEST BOUND) THERE WAS WHOLE TIRE WITH RIM IN THE CENTER OF THE LEFT LANE. I COULD NOT GO AROUND THE TIRE, BECAUSE THERE WAS A TRUCK & A PASSANGER VEHICLE ON MY RIGHT (RIGHT LANE).

Q: HOW FAST WERE YOU TRAVELING?

A: 50-55 MPH

Q: WERE THERE ANY PASSENGERS IN YOUR VEHICLE?

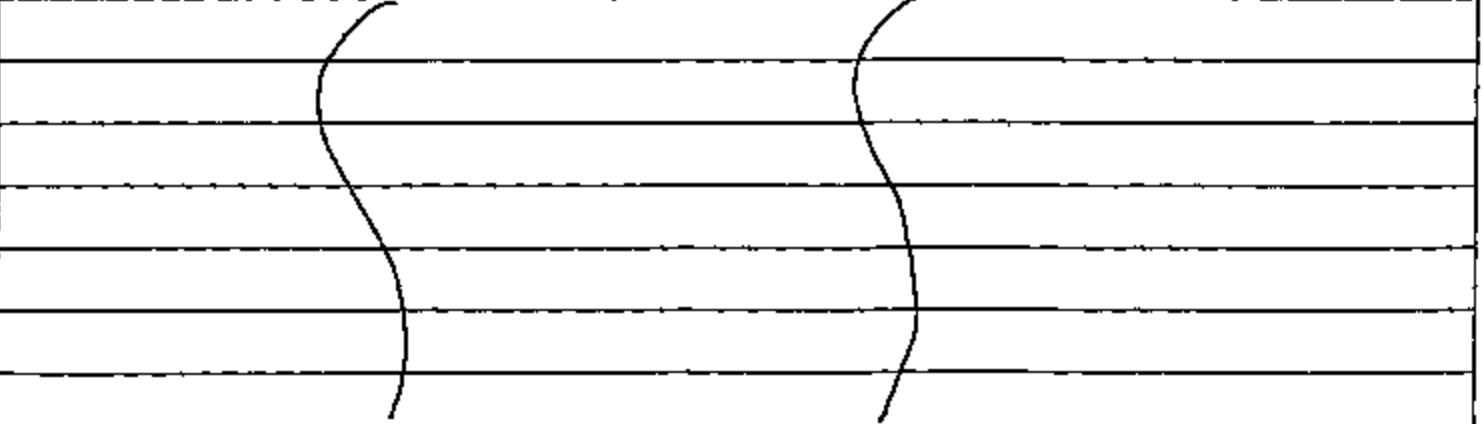
A: NO

Q: ARE YOU INJURED?

A: NO

Q: WHEN DID YOU FIRST OBSERVE THE WHEEL IN THE ROADWAY.

A: ON TOP OF THE HILL



ADDRESS OF WITNESS [REDACTED]	ADDRESS OF WITNESS RIDGEWOOD N.Y. [REDACTED]	OFFICER'S SIGNATURE TPR. P.R. Mohre U-271
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