

TRAFFIC CRASH REPORT

10146436

OH-1 (Rev.10/99)



10-89-0192

CRASH SEVERITY
1 FATAL
2 INJURY
3 PDO
4 UNKNOWN

PRIVATE PROPERTY
HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
OH-2 OH-3 OH-1P OTHER
X X X

REPORTING AGENCY *

OHP 89

STATE HIGHWAY PATROL

01 99

98 = ANIMAL
99 = UNKNOWN

05242005

DAY OF WEEK

TUE

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

DOVER

LATITUDE

LONGITUDE

CRASH OCCURRED ON

CRASH LOCATION
I.R. 80 OHIO TURNPIKE

TYPE LOC
3

TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

34.4 WB.

AT / REFERENCE

DIST REFERENCE OR PREFIX REFERENCE
.4M E 34

REF POINT
06

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

OBERLIN, OHIO

HOME PHONE #

WORK PHONE #

01171985 20 M

DL STATE DL #

LP STATE LP #

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

U HAUL

4055 NORTH BROADWAY CHICAGO NORTH, IL 60657

YEAR MAKE MODEL COLOR

1998 FORD

F350

WHITE ORANGE

INSURANCE COMPANY

PROGRESSIVE

TOWING SERVICE

HUTCHS

OWNER PHONE #

773 871 7155

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE DL #

LP STATE LP #

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING 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/SIDE CAR)
- 08 THIRD - MIDDLE
- 09 THIRD - RIGHT
- 10 SLEEPER SECTION OF CAB
- 11 ENCLOSED CARGO AREA
- 12 UNENCLOSED CARGO AREA
- 13 TRAILING UNIT
- 14 EXTERIOR
- 15 OTHER
- 16 NON-MOTORIST
- 17 UNKNOWN

SAFETY EQUIPMENT

- MOTORIST
- 01 NONE USED
- 02 SHOULDER BELT ONLY
- 03 LAP BELT ONLY
- 04 SHOULDER/LAP BELT
- 05 CHLD SAFETY SEAT
- 06 MC HELMET USED
- 07 USE UNKNOWN
- NON-MOTORIST
- 08 NONE USED
- 09 HELMET USED
- 10 PROTECTIVE PADS
- 11 REFLECTIVE CLOTHING
- 12 LIGHTING
- 13 OTHER
- 14 UNKNOWN

AIR BAG

- 1 NOT-DEPLOYED
- 2 DEPLOYED-FRONT
- 3 DEPLOYED-SIDE
- 4 DEPLOYED BOTH
- 5 NOT APPLICABLE
- 6 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 EXTRICATED BY MECHANICAL MEANS
- 3 FREED BY NON-MECHANICAL MEANS
- 4 UNKNOWN

INJURIES

- 1 NO INJURY
- 2 POSSIBLE
- 3 NON-INCAPACITATING
- 4 INCAPACITATING
- 5 FATAL INJURY
- 6 UNKNOWN

BLANK FOR WITNESS

24

1

Narrative

UNIT #1 WAS TRAVELING WESTBOUND ON THE OHIO TURNPIKE NEAR THE 34.4 MILEPOST. AS A RESULT OF THE LEFT FRONT WHEEL SHEARING OFF, UNIT #1 LOST CONTROL, WENT OFF THE LEFT SIDE OF THE ROADWAY, AND STRUCK A GUARDRAIL.

MANNER OF COLLISION OR IMPACT - SCHOOL BUS RELATED

- | | | |
|---------------------------------------------------|----------------------------|--|
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 NO | |
| 2 REAR-END | 2 YES, DIRECTLY INVOLVED | |
| 3 HEAD-ON | 3 YES, INDIRECTLY INVOLVED | |
| 4 REAR-TO-REAR | 4 UNKNOWN | |
| 5 BACKING | WORK ZONE RELATED | |
| 6 ANGLE | 1 NO | |
| 7 SIDESWIPE, SAME DIRECTION | 2 YES | |
| 8 SIDESWIPE, OPPOSITE DIRECTION | 3 UNKNOWN | |
| 9 UNKNOWN | 3 UNKNOWN | |

WEATHER

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

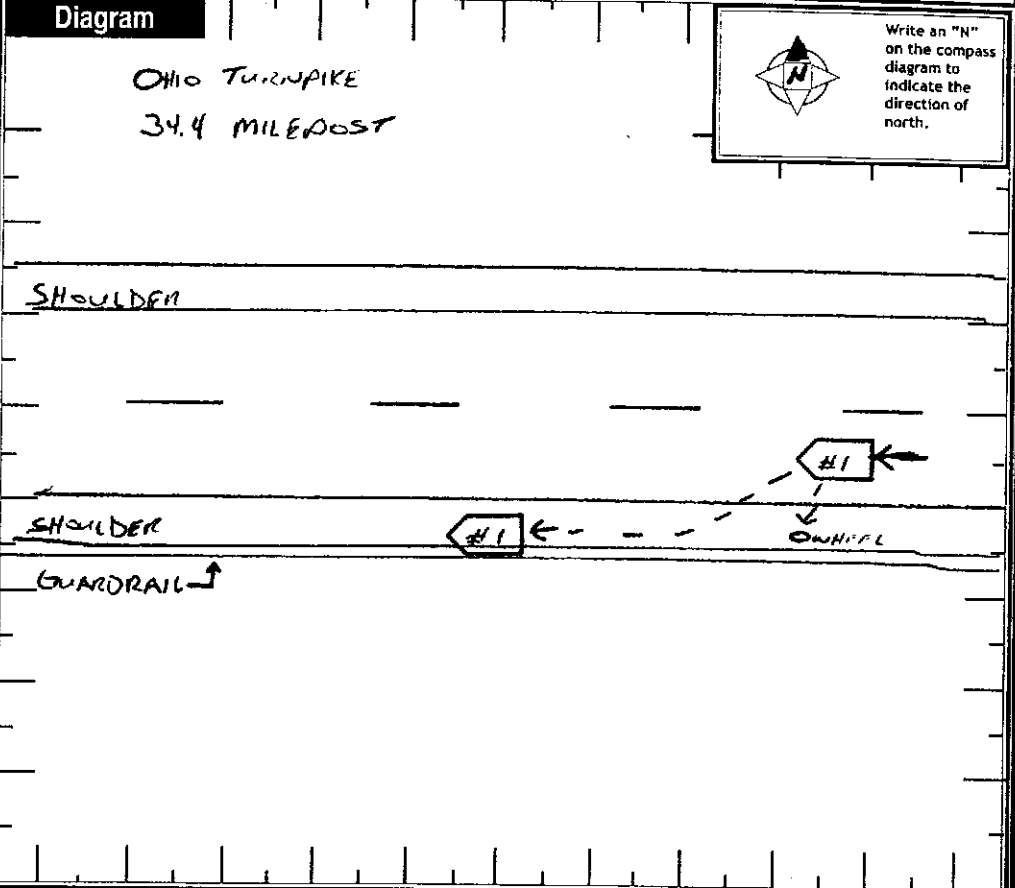
LIGHT CONDITIONS

- 1
- | |
|---------------------------|
| 1 DAYLIGHT |
| 2 DAWN |
| 3 DUSK |
| 4 DARK - LIGHTED ROADWAY |
| 5 DARK - NOT LIGHTED |
| 6 DARK - UNKNOWN LIGHTING |
| 7 GLARE |
| 8 OTHER |
| 9 UNKNOWN |

WORK ZONE RELATED

- 1
- | | |
|---------------------------------------|--|
| 1 LANE CLOSURE | |
| 2 LANE SHIFT/CROSSOVER | |
| 3 WORK ON SHOULDER OR MEDIAN | |
| 4 INTERMITTENT/ MOVING 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 | |
| WORKERS PRESENT | |
| 1 NO | |
| 2 YES | |
| 3 UNKNOWN | |

Diagram



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

Truck/Bus

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

A
N
D

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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #

CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	1 LESS/EQUAL 10,000				
03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	12 OTHER	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
04 GRAB/CHIPS/GRAVEL	08 DUMP	13 UNKNOWN		3 MORE THAN 25,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
					4 CLASS M		4 UNKNOWN
					5 CLASS D		

Police Action

05 24 2005 16 49 16 49 16 59 17 37 15 63

DISPATCH ARRIVED CLEARED OTHER

OFFICER'S NAME* J. T. LANKEY 578

CHECKED BY SGT. LAMBERTS DATE REPORT FILED # 05 29 2005

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER

10-89-0192

LOCAL REPORT NUMBER 10-89-0192	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 5 10 24 14 05
IN COUNTY OF FULTON	ACCIDENT LOCATION 34.4 WB OTP	

VEHICLE INFORMATION

UNIT# ONE
 YEAR 1998
 MAKE FORD
 MODEL F350
 COLOR WHITE/ORANGE
 VIN 1FDWE32S1WH [REDACTED]
 REGISTRATION (AZ) [REDACTED]

DAMAGE ANALYSIS

FRONT LEFT WHEEL SHEARED OFF SCRATCHES AND DENTS TO LEFT SIDE OF VEHICLE FROM SIDE SWIPING GUARDRAIL.

MISCELLANEOUS INFORMATION

OHIO TURNPIKE COMMISSION
 682 PROSPECT ST
 BEREA, OHIO 44017
 440 234 2081

GUARDRAIL STRUCK AT 34.11 MILEPOST INSIDE SHOULDER GOUGE ON SHOULDER NEXT TO GUARDRAIL

OFFICERS SIGNATURE
 TPR. J. T. [Signature]
 BADGE NO. 578

LOCAL REPORT NUMBER 10-89-0192	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MS 10/24/05
-----------------------------------	------------------------------------------	------------------------------

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

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
J. T. LANKEY (OFFICERS NAME) AT SCENE (LOCATION)

~~X~~ ~~Q: HOW DID THE CRASH OCCUR?~~ The U-Haul truck went out of control it felt like the wheel had come off I was in the far left lane on the two lane High way and when the vehicle got out of control I hit the guard rail. (It was the front left wheel). I then regained control of the vehicle and proceeded to pull over to the side of the road, ~~and~~ and then the wheel rolled about 50 yards.

Q: ARE YOU INJURED?
A: ~~NO~~ I HAVE A LITTLE PAIN IN MY LOWER BACK
Q: DO YOU NEED EMS?
A: NO
Q: WAS YOUR SEATBELT ON?
A: YES
Q: HOW FAST WERE YOU TRAVELING?
A: 60 MPH
Q: DO YOU HAVE ANYTHING TO ADD?
A: NO

ADDRESS OF WITNESS [REDACTED] Oberlin, OH [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE TPA. J. T. Lankey