

TRAFFIC CRASH REPORT

10146453

CR-1 (Rev. 10-99)



10-90-0611

CRASH SEVERITY
1 FATAL
2 BATTY
3 FPD
4 UNKNOWN

PROPERTY
1 NOT NOTED
2 SOLVER
3 UNKNOWN

VEH/VEH
1 NOT NOTED
2 SOLVER
3 UNKNOWN

PHOTOS
TAKEN
1 YES
2 NO

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0HP90

STATE HWY Patrol

01

99

06212005

1350

TUE

GROTON

22

TR80 - DHD TURNPIKE

3

TYPE LOCATION POINT USED
1 HIGHWAY
2 RAILROAD ROUTE
3 RAILROAD STREET

109.9 EB

1M3W

HD

6

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION
03 COUNTY LINE

04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MAIN ROAD
07 CORPORATION LIMIT
08 PLACE NAME TWO REFERENCE
09 DIRECTION
10 STREET OR ROUTE TWO REFERENCE

01101

FLINT ME

1231196242F

ME

E.L. HOLLINGSWORTH & Co

FLINT ME

1998

FRT

CONV

RED

WILLIS NORTH AMERICA

- SEATING POSITION
- 01 DRIVER - 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/REAR)
 - 08 THIRD - MIDDLE
 - 09 THIRD - RIGHT
 - 10 SLEEPER/REAR OF CAR
 - 11 DRIVER - CHAIR AREA
 - 12 UNOCCUPIED CHAIR AREA
 - 13 TRAILER UNIT
 - 14 EXTENSION
 - 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 HAC HELMET USED
 - 07 VAS UNKNOWN
 - 08 NON-RETRACTABLE
 - 09 NONE USED
 - 10 HELMET USED
 - 11 PROTECTIVE PADS
 - 12 REFLECTIVE CLOTHING
 - 13 LIFELINE
 - 14 OTHER
 - 15 UNKNOWN

- AIR BAG
- 1 NOT DEPLOYED
 - 2 DEPLOYED-FRONT
 - 3 DEPLOYED-ROOF
 - 4 DEPLOYED-ROOF PROTECTIVE
 - 5 NOT APPROPRIATE
 - 6 UNKNOWN

- AIR BAG SYSTEM
- 1 NOT PRESENT
 - 2 IN ON POSITION
 - 3 IN OFF POSITION
 - 4 UNKNOWN

- SEVERITY
- 1 NOT KNOWN
 - 2 TOTALLY KNOWN
 - 3 PARTIALLY KNOWN
 - 4 NOT APPROPRIATE
 - 5 UNKNOWN

- TRAPPED
- 1 NOT TRAPPED
 - 2 KNOWN BY MECHANICAL
 - 3 KNOWN BY MECHANICAL
 - 4 UNKNOWN

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

BLANK FOR WRITER

HSB7201

TOP COPY - COPS BOTTOM COPY - AGENCY

UNIT NUMBERS

01

FROM-MOTIONMENT LOCATION

- 01 INTERSECTION AT INTERSECTION
- 02 INTERSECTION NO CROSSWALK
- 03 INTERSECTION CROSSWALK
- 04 INTERSECTION CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SHOULDER
- 11 WITHIN 10 FEET OF ROADWAY (BUT SHOULDER, MEDIAN, SHOULDER, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (BUT SHOULDER, MEDIAN, SHOULDER, ISLAND)
- 13 CORNER OF ROADWAY
- 14 SHARED USE POINT ON TRAIL
- 15 UNKNOWN

TYPE OF UNIT

13

MOTIONMENT

- 01 BUS/COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 MINIVAN
- 06 SPORT UTILITY VEHICLE
- 07 PICKUP
- 08 PASSENGER
- 09 SINGLE UNIT TRUCK
- 10 3 AXLES, 5 TIRAS
- 11 SINGLE UNIT TRUCK, 3+ AXLES
- 12 TRUCK/TRACTOR
- 13 TRUCK/TRACTOR-TRAILER
- 14 TRUCK/DOUBLE TRAILER
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- 99 TRUCK/DOUBLE TRAILER

IN EMERGENCY RESPONSE

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DAMAGE AREA

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PRE-CHARGE ACTIONS

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SEQUENCE OF EVENTS

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DRUG TEST RESULTS

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DRUG TEST TYPE

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Narrative

UNIT #1 EASTBOUND ON I-80 IN THE RIGHT LANE AND BLEW THE LEFT REAR TIRE OF HIS SEMI TRACTOR CAUSING DAMAGE TO THE FIBERGLASS FERRING.

NUMBER OF COLLISION OR IMPACT

1

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
2 HEAD-ON
3 HEAD-ON
4 REAR-TO-REAR
5 BACKED
6 ANGLED
7 EXCEEDED, SAME DIRECTION
8 EXCEEDED, OPPOSITE DIRECTION
9 UNKNOWN

WEATHER

01

- 01 CLEAR
02 CLOUDY
03 FOG, BRISQ, SMOKE
04 RAIN
05 SLEET, HAIL, FREEZING RAIN, SLEET
06 SNOW
07 SKYING CLOUDS
08 CLOUDY, BRISQ, SMOKE, DUST, SMOKE
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

SCHOOL BUS RELATED

1

- 1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED

1

- 1 NO
2 YES
3 UNKNOWN

TYPE OF WORK ZONE

1

- 1 LANE CLOSURE
2 LANE SHIFT/CHANGING
3 WORK ON SHOULDER OR MEDIAN
4 INTERMITTENT MOVING WORK
5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCED WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

WORKER PRESENT

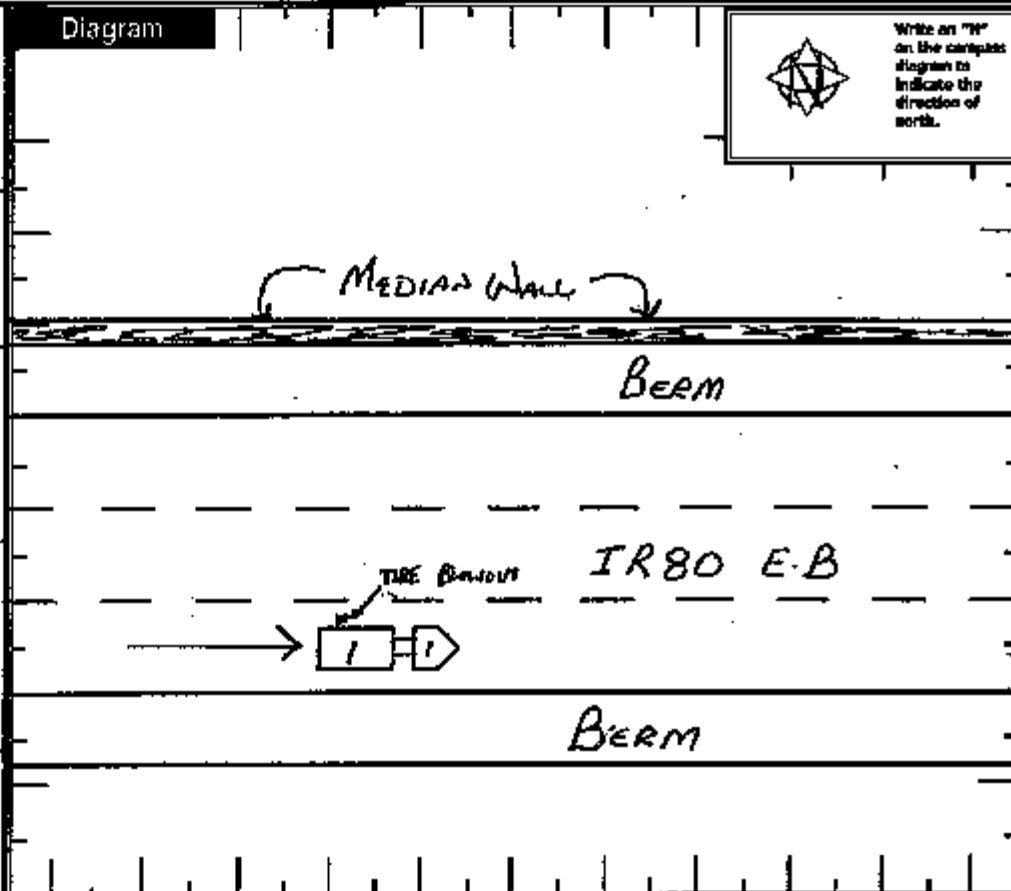
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- 1 NO
2 YES
3 UNKNOWN

Diagram



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



Truck/Bus

UNIT #

1

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 NOT TOWED DUE TO EXCESSIVE DAMAGE OR IMPAIRED RETRIEVING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPER)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC/BC

POSD

TRAILER LP ST

TRAILER LP YEAR

TRAILER LP S

PLACARD

23A

CARGO BODY TYPE

- 01 NOT APPLICABLE
02 BUS (3-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 OTHER/CHASSIS/UNK

IS POL

- 05 POL
06 CARGO TANK
07 FLATBED
08 CLAP

OR COMBINATION

- 09 AUTO TRANSPORTER
10 CARGO PREFERENCE
11 OTHER
12 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

DATE/CHAS REPORTED

T/A REP/TO

DISPATCH

ARRIVED

CLEARED

OTHER

TOTAL/ACTUAL

06212005

1350

1350

1350

1450

20

80

OFFICER'S NAME

BOOK #

CHECKED BY

DATE REPORT FILED

Tpr MIKE WEBER

0747

SGT. A. L. DECHOUDENS

06230005

REPORT TAKEN BY

- 1 POLICE AGENCY
2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
2 STATION
3 OTHER

SUPPLEMENTAL

2 IF YES

LOCAL REPORT #

10-90-0611

LOCAL REPORT NUMBER 10-90-611	REPORTING AGENCY STATE Hwy Patrol	DATE OF ACCIDENT M 6 10-21-82
IN COUNTY OF LAK	ACCIDENT LOCATION IR 80 @ 109.9 MP ED	

TRAILER INFO:

1999 MANA VAN TRAILER
VIN - 2M59216 [REDACTED]
REL - (TN) [REDACTED]

OWNER -
[REDACTED]
NASHVILLE TN [REDACTED]

NO DAMAGE TO TRAILER

OFFICER'S SIGNATURE
X Tom Welsch

BADGE NUMBER
747

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-611	REPORTING AGENCY STATE Hwy Patrol	DATE OF CRASH M 6 1021/05
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(PRINTED)

Tpr Mike Weber

(OFFICER'S NAME)

AT

Scene

(LOCATION)

I WAS Driving East on I-80/90, in the Right lane. I heard A loud Pop, and noticed parts of my tire flying in my mirror. I pulled to the shoulder to confirm that my rear tire on the ~~left~~ Drivers side had blown. The blown tire tore away the spoiler around the side of the tractor.

ADDRESS
OF
WITNESSSIGNATURE
OF
WITNESS X

Flint 142

OFFICER'S SIGNATURE

Tom Weber

PHONE