10146454

OH-1 (Rev. 10/99)

OHIO TRAFFIC CRASH REPORT

Report Number	Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
10-90-0613	3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)		1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)	X	X	X	X	

Agency	Reporting Agency	# Units	Unit Error	Crash Date
OHP90	STATE HWY PATROL	02	99 (98 = Animal, 99 = Unknown)	06/21/2005

10

Time	Day of Week				Name (of city, village or township)	County #	Latitude	Longitude
1715	TUE	X			ELYRIA	47		

Prefix	Crash Location	Type Loc	Type Location Point Used (1 Named Street, 2 Numbered Street, 3 Numbered Route)	
	IR80 EB	3		145.0 E.B.

Dist Reference	Dir	Prefix	Reference	Ref Point	Reference Point Used
AT			145	06	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

Motorist/Non-Motorist

Unit A — 01 04 — Name (Last, First, Middle): [redacted] Y

Address (Street, City, State, Zip Code): [redacted] NOVI MI [redacted]

	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	12/2/1970	34	F	[redacted]	

DL State	DL #	LP State	LP #	Injured Taken By		Transported By	Injured Taken To
MI	V632[redacted]	MI	[redacted]		1 None 4 Other, 2 EMS 5 Unknown, 3 Police		

Owner Name (if same, write "Same"): SAME — Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2005	CHRYL	TOWN + COUNTRY	BLU	CITIZEN'S		

Offense Charged	Offense Description	Citation #

Unit B — 02 01 — Name (Last, First, Middle): [redacted] Y

Address (Street, City, State, Zip Code): [redacted] CLEVELAND OH [redacted]

	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	04/25/1949		M	[redacted]	

DL State	DL #	LP State	LP #	Injured Taken By		Transported By	Injured Taken To
OH	[redacted]	MI	[redacted]		1 None 4 Other, 2 EMS 5 Unknown, 3 Police		

Owner Name (if same, write "Same"): [redacted] — Address (Street, City, State, Zip Code): [redacted] WARREN MI [redacted]

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1995	FRT	CONV	RED	CHEROKEE INS	Richs	[redacted]

Offense Charged	Offense Description	Citation #

Occupant

01 — Name (Last, First, Middle): [redacted] — Home Phone #: — Date of Birth: 07/23/1958 — Age: 46 — Sex: M

Address (Street, City, State, Zip Code): SAME AS # A — Injured Taken By: 1 None 4 Other, 2 EMS 5 Unknown, 3 Police — Transported By: — Injured Taken To:

01 — Name (Last, First, Middle): [redacted] — Home Phone #: — Date of Birth: 08/10/1996 — Age: 08 — Sex: M

Address (Street, City, State, Zip Code): SAME AS # A — Injured Taken By: 1 None 4 Other, 2 EMS 5 Unknown, 3 Police — Transported By: — Injured Taken To:

Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
01	04	1	1	1	1	1
01	04	1	1	1	1	1
03	04	1	1	1	1	1
04	04	1	1	1	1	1

Seating Position: 01 Front – Left (M/C Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (M/C Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (M/C 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. Blank for Witness.

Safety Equipment: Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child 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 Front/Side, 5 Not Applicable, 6 Unknown.

Air Bag Switch: 1 Not Present, 2 Sw On Position, 3 Sw 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.

24

HSY7060 — Top Copy - ODPS Bottom Copy - Agency

TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

CR-1-7 (Rev. 11/99)

LOCAL REPORT # * 10-90-0613 | ICIS # * OHP90 | REPORTING AGENCY * STATE HWY. PATROL | DATE OF CRASH * 06/12/05

E

UNIT # 01 | NAME (LAST, FIRST, MIDDLE) [redacted] | HOME PHONE # | DATE OF BIRTH [redacted] | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) SAME [redacted]

INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO

F

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO

G

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO

H

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO

I

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO

J

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE | TRANSPORTED BY | INJURED TAKEN TO

K

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

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	SAFETY EQUIPMENT USED	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
E	02	03	1	1	1	1	1
F							
G							
H							
I							
J							
K							

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 CHILD 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 FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN

AIR BAG SWITCH: 1 IN ON POSITION 2 IN OFF POSITION 3 NOT PRESENT 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

SUPPLEMENT "1" = YES

HBT 8555 | TOP COPY - CORS | BOTTOM COPY - AGENCY

Unit Numbers

01 | 02

Non-Motorist Location

(blank) | (blank)

01 Marked Crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Non Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

05 | 13

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck, 2 Axles, 6 Tires
10 Single Unit Truck, 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized 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 Tandem
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others
Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

(blank) | (blank)

1 No
2 Yes
3 Unknown

Damage Scale

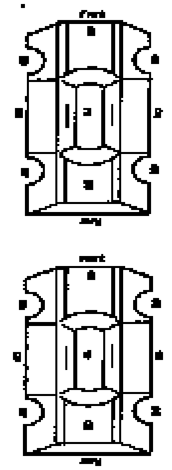
2 | 1

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

Damage Area

A

B



Most Damaged Area

11 | 01

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 Windows
11 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Point Of Impact

11 | 01

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 Windows
11 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Action

4 | 2

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

(blank) | (blank)

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

01 | 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown
Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

01 | 19

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Driving Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Equipment Failure
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown
Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect
Code Only If '19' Selected Above

(blank) | 11

01 Turn Signals
02 Head Lamps
03 Tail Lamps
04 Brakes
05 Steering
06 Tire Blowout
07 Worn Or Slick Tires
08 Trailer Equipment Defective
09 Motor Trouble
10 Disabled From Prior Crash
11 Other Defects

Sequence Of Events

A	B
12	06
(blank)	(blank)
(blank)	(blank)
(blank)	(blank)

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision
Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown Movable Object
Collision With Fixed Object
25 Impact Attenuator/Crash Cushion
26 Bridge Overhead Structure
27 Bridge Pier Or Abutment
28 Bridge Parapet
29 Bridge Rail
30 Guardrail Face
31 Guardrail End
32 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 | 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 | 1

Of the Sequence of Events – Which one is the Most Harmful Event (1-4)

Speed Detected

1 | 1

1 Stated
2 Estimated Speed

Speed

65
61

Posted Speed

65 | 65

Traffic Control

12 | 12

01 No Controls
02 Stop Sign
03 Yield Sign
04 Traffic Signal
05 Traffic Flashers
06 School Zone
07 Railroad Crossbucks
08 Railroad Flashers
09 Railroad Gates
10 Construction Barricade
11 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

From	To	From	To
4	3	4	3

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

1 | 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 | 1

1 None
2 Yes – Alcohol Suspected
3 Yes - HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 | 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
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

(blank)
(blank)

Drug Test Status

1 | 1

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

Drug Test Type

1 | 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

(blank) | (blank)

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type Of Intersection

01

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

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary	Secondary
01	(blank)

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

Supplement Attached: (blank)

Local Report #: 10-90-0613

Narrative

UNIT# 1 WAS EASTBOUND ON IR80 IN MIDDLE LANE.
UNIT# 2 WAS EASTBOUND IN THE RIGHT LANE.
#2 DRIVESHAFT CAME LOOSE CAUSING PIECES OF METAL
TO STRIKE THE UNDERCARRIAGE OF #1 VEHICLE.

Manner of Collision or Impact: 1
1 Not Collision Between Two Vehicles in Transport
2 Rear-End
3 Head-On
4 Rear-to-Rear
5 Backing
6 Angle
7 Sideswipe, Same Direction
8 Sideswipe, Opposite Direction
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

Weather: 01
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

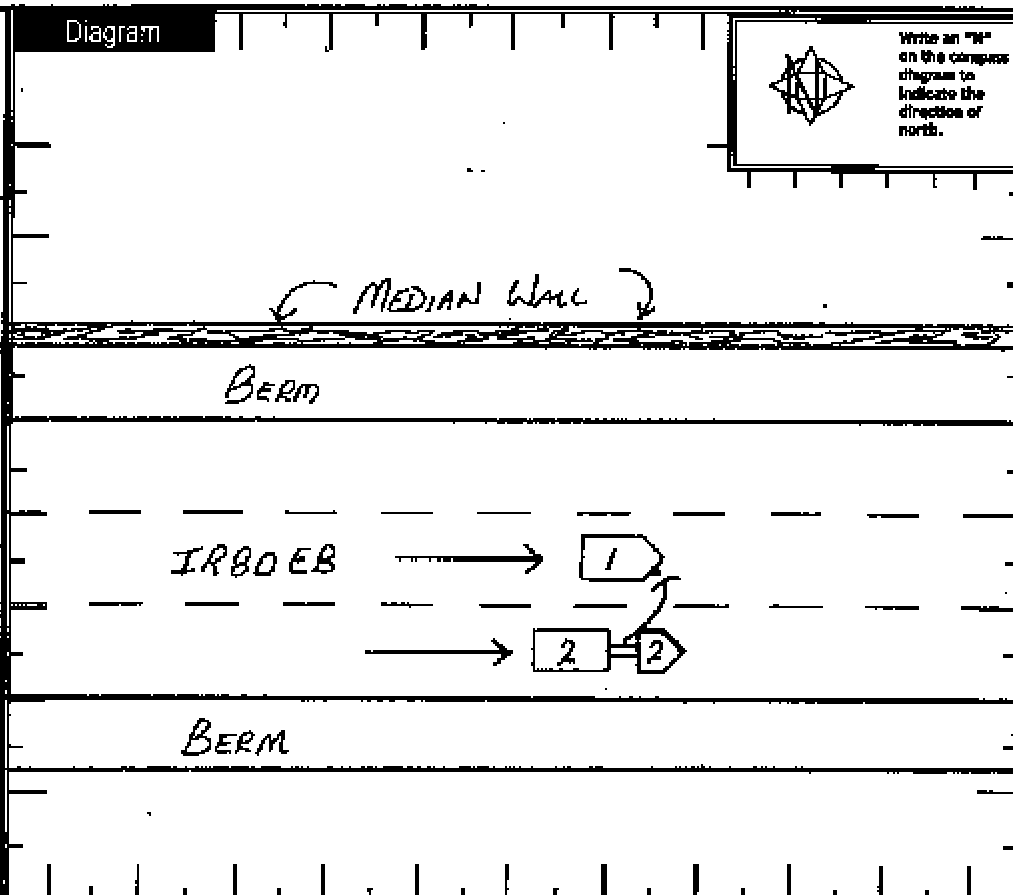
Type of Work Zone:
1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Location of Crash in Work Zone:
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Light Conditions: Primary 1 Secondary
1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Workers Present:
1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

Unit # 02

The crash involved one or more of the following: A truck (whose vehicle) with a GVWR more than 10,000 pounds; or A truck (whose vehicle) with a hazardous materials placard; or A bus designed for at least 9 persons, including driver.

AND 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 immediate assistance before proceeding under its own power.

[redacted] [redacted]

Address (Street, City, State, Zip Code) [redacted] WARREN MI [redacted]

US DOT	ICC/MC	PUCO	Trailer LP St.	Trailer LP Year	Trailer LP #	Placard #	# Cha.
1162977			ME	2005	0887028		

Cargo Body Type: 03
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR): 3
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class: 1
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard: 1
1 No
2 Yes
3 Unknown

Hazardous Material Released: 1
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported	Time Reported	Dispatch	Arrived	Cleared	Other	Total Minutes
06212005	1729	1729	1729	1859	30	120

Officer's Name *	Badge # *	Checked By	Date Report Filed *
TPR MIKE WEBER	0747	SGT A L. DECHOUDINS	06232005

Report Taken By: 1 (1 Police Agency, 2 Motorist)

Report Taken At: 1 (1 Scene, 2 Station, 3 Other)

Supplement "X" if Yes *

Local Report # * 10-90-0613

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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRITIVE CONTINUATION OH - 2

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-90-613	STATE HWY PATROL	M 6 10 21 1995
IN COUNTY OF LORAIN	ACCIDENT LOCATION IRR 90 EB @ 145 MP	

DAMAGE TO UNIT #1

FRONT PLASTIC GRILL FERRING BROKE. PLASTIC WHEEL WELL LINER ON LEFT FRONT TORE LOOSE. LEFT REAR TIRE FLATTENED. VEHICLE WAS DRIVEN FROM SCENE.

#1 HAD WATER LEAKING FROM VEHICLE. RICKS TOWING CAME TO SCENE & DETERMINED THAT IT WAS CONDENSATION FROM THE AIR CONDITIONER.

DAMAGE TO UNIT #2

DRIVE SHAFT. (DRIVE SHAFT DID NOT COME COMPLETELY OFF).

OFFICER'S SIGNATURE X [signature] BADGE NUMBER 747

HSY 7002 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-90-613	STATE HWY PATROL	M 6 D 21 Y 05
IN COUNTY OF LORAIN	ACCIDENT LOCATION IRBD EB AT 145 MP	

TRAILER INFO UNIT #2

[redacted]

VIN- LV1GV402[redacted]

REL (ME) [redacted]

OWNER: [redacted]

PORTLAND ME [redacted]

TRAILER LOADED WITH POWDER

NO DAMAGE TO TRAILER OR LOAD

OFFICER'S SIGNATURE X T. M. Weber

BADGE NUMBER 747

#1

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90-613	STATE HWY PATROL	M 6 /D21/05

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

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

SGT ESHORT (OFFICERS NAME) AT SCENE (LOCATION)

CONCERNING THE CRASH I WAS INVOLVED IN. I WAS E/B ON I 96 EB, IN THE Middle @ LEFT LANE GOING ABOUT 65 MPH. THE RED SEMI WAS ALSO E/B IN THE RIGHT LANE. I SAW AN OBJECT FLYING TOWARDS US, MISSED THE FIRST OBJECT AND THE SECOND OBJECT WENT UNDER MY VEHICLE. I TRIED TO SWERVE, BUT COULDN'T AVOID IT. I SAW THE OBJECT COME THE SEMI. THE VAN STARTED TO SWERVE, I REGAINED CONTROL. I THEN PULLED OVER.

Q INJURED?

A. NO.

Q DO YOU KNOW WHAT THE OBJECT WAS?

A. IT LOOKED LIKE A LADDER.

ADDRESS OF WITNESS [redacted] Novi, Mi [redacted] PHONE [redacted]

SIGNATURE OF WITNESS [redacted] OFFICERS SIGNATURE Tr Michael Esh

HSY 7003 1/82

#2

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90-613	STATE HWY PATROL	M 6 /D 21/Y 05

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

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

TPR Michael Weber (OFFICERS NAME) AT Scene (LOCATION)

X I WOULD NOT LIKE TO GIVE A STATEMENT — COMPANY LIABILITY —

ADDRESS OF WITNESS X	438 Fairway Dr., CLEVELAND 44135
PHONE X	216-941-3529
SIGNATURE OF WITNESS X	Charles A Spegal
OFFICERS SIGNATURE	Tpr M. Weber

HSY 7003 1/82