

# TRAFFIC CRASH REPORT



CRASH SEVERITY  
 1 FATAL 2 FATAL 3 POLICE  
 1 FATAL 2 FATAL 3 POLICE

PHOTOGRAPH PROPERTY  
 1 Motor Vehicle  
 2 Other  
 3 Unchecked

PHOTOS TAKEN  
 YES  
 NO

10-91-0702

10 46464

OH-1 (Rev. 10/99)

OFFICER AGENCY # OHP 91 STATE HIGHWAY PATROL 01 01  
 CRASH DATE 09 02 2005

DIR OF VEH. 0330 PRI X SHALERSVILLE 67

CRASH LOCATION IR 80 (OH50 TURNPIKE) EB TYPE LOC 3  
 TYPE LOCATION POINT USED 1 SHALERSVILLE 2 RICHMOND ROUTE 3 HANCOCK STREET  
 COUNTY 67 MP 190.6 EB

CRASH TYPE 4 MW MILEPOST 191 AIR PORT 06  
 REFERENCE POINT USED 01 STRIKE LINE 02 INTERSECTION 2 DIVERGE 03 COUNTY LINE  
 04 ROAD NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORNER/LAW

DRIVER NAME (LAST, FIRST, MIDDLE) 0102 CROFT, DEREK L.  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) ALLIANCE OH.

PHONE (HOME, CITY, STATE, ZIP CODE) 0225193520 M

DL STATE OH LP STATE OH  
 LICENSE TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

INSURANCE NAME (OF OWNERS, MAKE, MODEL) MAGNUM EXPRESS INC. ADDRESS (STREET, CITY, STATE, ZIP CODE) 5304 S. CLEVELAND AVE. CANTON OH 44707

YEAR 1996 MAKE INTL MODEL SEMI COLOR WHE INSURANCE COMPANY CONTINENTAL TOWNSHIP RIVER'S OTHER PHONE # 330-484-8428

OWNER CONTACTED  
 DRIVER CONTACTED

NAME (LAST, FIRST, MIDDLE)  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

PHONE (HOME, CITY, STATE, ZIP CODE)

DL STATE OH LP STATE OH  
 LICENSE TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

INSURANCE NAME (OF OWNERS, MAKE, MODEL)  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNSHIP OTHER PHONE #

OWNER CONTACTED  
 DRIVER CONTACTED

NAME (LAST, FIRST, MIDDLE) (UNID)  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) MASSILLON OH

PHONE (HOME, CITY, STATE, ZIP CODE)

DL STATE OH LP STATE OH  
 LICENSE TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

INSURANCE NAME (OF OWNERS, MAKE, MODEL)  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNSHIP OTHER PHONE #

OWNER CONTACTED  
 DRIVER CONTACTED

NAME (LAST, FIRST, MIDDLE)  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

PHONE (HOME, CITY, STATE, ZIP CODE)

Motorist/Non-Motorist  
 Motorist/Non-Motorist  
 Occupant

2005 DEC 28 PM 11:53

- 01 FRONT - LEFT (DRIVER)
- 02 FRONT - MIDDLE
- 03 FRONT - RIGHT
- 04 SECOND - LEFT (NO SEAT)
- 05 SECOND - MIDDLE
- 06 SECOND - RIGHT
- 07 THIRD - LEFT (NO PASSENGER SEAT)
- 08 THIRD - MIDDLE
- 09 THIRD - RIGHT
- 10 BLANK SECTION OF CAR
- 11 ENCLOSED CANO AREA
- 12 UNENCLOSED CANO AREA
- 13 TRUCK CAB
- 14 OTHER
- 15 OTHER
- 16 UNKNOWN
- 17 UNKNOWN

- 04 SAFETY EQUIPMENT
- 01 NONE
- 02 SEATBELT ONLY
- 03 LAP BELT ONLY
- 04 SHOULDER BELT ONLY
- 05 COMB SAFETY SEAT
- 06 NOT INSTALLED
- 07 UNKNOWN
- 08 NONE USED
- 09 EMBLANT USED
- 10 PROTECTIVE PADS
- 11 REFLECTIVE CLOTHING
- 12 LIGHTS
- 13 OTHER
- 14 UNKNOWN

- 5 AIR BAG
- 1 NOT ON SEAT
- 2 DEPLOYED - FRONT
- 3 DEPLOYED - SIDE
- 4 DEPLOYED - BOTH
- 5 NOT APPLICABLE
- 6 UNKNOWN

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

- 1 SEVERITY
- 2 TOTALLY EXHAUSTED
- 3 PARTIALLY EXHAUSTED
- 4 NOT APPLICABLE
- 5 UNKNOWN

- 1 SEVERITY
- 2 NOT TRAPPED
- 3 EXTRACTED BY MECHANICAL
- 4 EXTRACTED BY OTHER
- 5 UNKNOWN

- 1 NO INJURY
- 2 POSSIBLE
- 3 MINOR
- 4 MODERATE
- 5 FATAL INJURY
- 6 UNKNOWN

24



**Narrative**

UNIT #1 WAS EAST BOUND ON THE OHIO TURNPIKE. A PIECE OF THE DRIVE SHAFT CAME OFF THE TRACTOR AND STRUCK THE TRAILER CAUSING DAMAGE TO THE TRAILER

**NUMBER OF COLLISION OR IMPACT**

1

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 2 BUMPED
- 3 HEAD-ON
- 4 REAR-TO-REAR
- 5 ENDING ...
- 6 JUCKE
- 7 SQUARED, SAME DIRECTION
- 8 SQUARED, OPPOSITE DIRECTION
- 9 UNKNOWN

**SCHOOL BUS RELATED**

1

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

**WORK ZONE RELATED**

1

- 1 NO
- 2 YES
- 3 UNKNOWN

**TYPE OF WORK ZONE**

- 1 LESS CLOSED
- 2 LESS OPEN/CLOSED
- 3 WORK ON SHOULDER OR MEDIAN
- 4 IMPROVED/MAINTENANCE WORK
- 5 OTHER

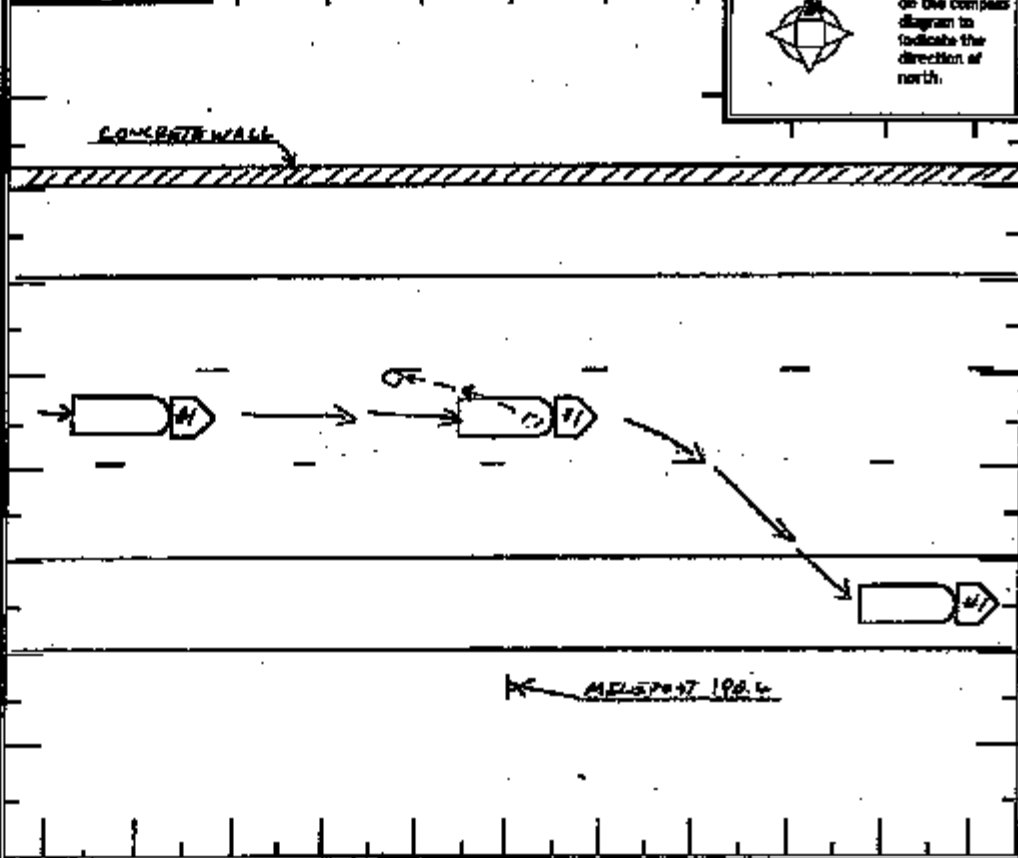
**LOCATION OF CRASH IN WORK ZONE**

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 AFTER FIRST WORK ZONE WARNING SIGN
- 3 THROUGH WORK ZONE
- 4 AFTER WORK ZONE

**WORKERS PRESENT**

- 1 NO
- 2 YES
- 3 UNKNOWN

**Diagram**



**WEATHER**

01

- 01 CLEAR
- 02 CLOUDY
- 03 Fog, Smoke, Mist
- 04 RAIN
- 05 SLEET, SLE, (Specify Rain Direction)
- 06 SNOW
- 07 SCATTER CLOUDS
- 08 BLUISH GRAY, DRizzle, DRIZZ
- 09 OTHER
- 10 UNKNOWN

**LIGHT CONDITIONS**

5

- 1 DUSK
- 2 DAWN
- 3 DARK
- 4 DARK - LIMITED ROADWAY
- 5 DARK - NO LIGHTING
- 6 DARK - UNKNOWN LIGHTING
- 7 BLAZE
- 8 OTHER
- 9 UNKNOWN

**Truck/Bus**

Unit #

01

THIS CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A TRUCK (WITH VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR  
 A TRUCK (WITH VEHICLE) WITH A GROSS VEHICLE WEIGHT RATING OR  
 A TRUCK (WITH VEHICLE) WITH A GROSS VEHICLE WEIGHT RATING OR  
 A TRUCK (WITH VEHICLE) WITH A GROSS VEHICLE WEIGHT RATING OR

AND

THIS CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A PASSENGER OR  
 AN ALBERTA REGISTERED TRANSPORTATION FOR HIRE VEHICLE OR  
 AT LEAST ONE VEHICLE WAS TOWED ONE OR MORE TIMES OR

COMPANY (FROM BUSINESS PERMIT)  
**MAGNUM EXPRESS INC**

COMPANY PHONE  
**330-484-8428**

ADDRESS (BUSINESS, CITY, ST, ZIP CODE)  
**6304 S. CLEVELAND AVE. CANTON OH. 44707**

UP/DN: **576775**    ICG MC: **280032**    PUCC:    TRAILER ID: **OH**    TRAILER TIRE: **06**    TRAILER LP: **TW3913**

CRASH BODY TYPE: **03**    WEIGHT (GVWR): **3**    CDL CLASS: **1**    HAZARDOUS MATERIALS PLACARD: **1**    HAZARDOUS MATERIALS ATTENDED: **1**

**Police Action**

Officer's Name: **TPR. L. SPROCKETT**    Badge #: **1019**    Checked By: **SGT. MAYOS**    Date Report Filed: **09032005**

Report Taken By: **1**    Report Taken At: **1**    Dispatch: **10-91-0702**

LOCAL REPORT NUMBER 10-91-0702	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 09 ED 02 1985
IN COUNTY OF PORTAGE	ACCIDENT LOCATION DREO TURNPIKE, EASTBOUND, MP 190.6	
<p>UNIT #1</p> <p>- 1996 INTERNATIONAL</p> <p>VIN # 2H5FMA [REDACTED]</p> <p>OHIO REG. PUY 7815</p> <p>- DAMAGE - UNIVERSAL JOINT BETWEEN DRIVE AXLES BROKE OFF</p> <p>- TRAILER - 1992 UTILITY</p> <p>VIN # 1UYV52 [REDACTED]</p> <p>OHIO REG. TMT 3913</p> <p>- DAMAGE - FUEL TANK OF REFER UNIT DENTED AND CRACKED</p> <p>- INSURANCE COMPANY - CONTINENTAL CASUALTY CO.</p> <p>POLY # 251660073</p> <p>NO DAMAGE TO TURNPIKE PROPERTY</p> <p>VEHICLE PART LOCATED IN ROADWAY BY TFR. W.L. HEAD 0-1335 AND REMOVED</p>		
OFFICER'S SIGNATURE X <i>J. J. [Signature]</i>		BADGE NUMBER 1019

LOCAL REPORT NUMBER 10-91-0702	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH 10/9/02 1105
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
 TPR. L. SPROCKETT (OFFICER'S NAME) AT SCENE (LOCATION)

I [REDACTED] was traveling East Bound on I 80. At the 190 mile marker when I heard a loud bang from under my tractor I proceeded to the emergency lane to check out my vehicle and found that my rear drive shaft had come loose and put a hole in my trailer fuel tank.

Q WAS ANYONE INJURED?  
 A NO.

Q WHAT TIME DID THE CRASH OCCUR?  
 A AROUND 3:30 A.M.

Q WHAT LANE WERE YOU IN?  
 A MIDDLE LANE

Q HOW FAST WERE YOU GOING?  
 A 65 MPH.

Q WHERE ARE YOU COMING FROM?  
 A CLEVELAND OH.

Q WHERE ARE YOU GOING?  
 A THE PA BORDER TO SWITCH TRAILERS WITH ANOTHER DRIVER.

Q DID YOU DO A PRE-TRIP INSPECTION?  
 A YES, EVERYTHING LOOKED O.K.

ADDRESS OF WITNESS ALLIANCE OH [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICER'S SIGNATURE [Signature]

LOCAL REPORT NUMBER 10-91-0702	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH 10/9/02/05
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I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
 (PRINTED)

TPR L. SPROCKETT AT SCENE  
 (OFFICERS NAME) (LOCATION)

Q DID YOU HAVE ANY MECHANICAL PROBLEMS WITH THE TRUCK PRIOR TO THIS?

A. NO, JUST TIRES.

Q. DO YOU USUALLY DRIVE THIS TRUCK?

A. YES.

Q, DID YOUR VEHICLE STRIKE ANYTHING ELSE?

A NO.

ADDRESS OF WITNESS 1073 PARKSIDE DR. ALLIANCE, OH. 44681	PHONE 330-821-2119
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICERS SIGNATURE <i>[Signature]</i>