

TRAFFIC CRASH REPORT

10147582

OH-1 (Rev. 10/99)



CRASH SEVERITY
1 FATAL
2 FATAL
3 FATAL
4 FATAL

PROPERTY
1 NOT INSURED
2 INSURED
3 UNKNOWN

PHOTOS
TAKEN
X

CR-2 CR-3 CR-4 CR-5

OH 490

Reporting Agency

HIGHWAY PATROL

01 01

IS - ARREST
IS - UNKNOWN

Day of Week

1745 MON

Name of City, Village or Township

X RICE

Latitude

Longitude

County

IR80 EB

3

TYPE LOCATION PRISM LINES
1 ALONG STREET 3 MILEWIDE POINT
2 MILEWIDE STREET

89.4 EB

Reference Point

47E MP8A

6

REFERENCE POINT USED
01 STATE LINE
02 BOUNDARY 2 STRIPS
03 COUNTY LINE

04 CROSS NUMBER
05 TRAILER NUMBER
06 BUS POST
07 COMPOUND LINE

08 PLACE NAME AND REFERENCE
09 DEPART
10 STREET OR ROUTE NO
REFERENCE

Address

BEAVER FALLS PA

DL STATE

PA

LP STATE

PA

1 HOME 4 OTHER
2 EXC 5 UNKNOWN
3 POLICE

TRANSPORTED BY

MAILED TAKEN TO

Owner Name (if same, write "SAME")

Address (Street, City, State, Zip Code)

Year

1997

Make

DOODGE

Model

AVENGER

Color

GREEN

Insurance Company

YIKING

Towels Service

Owner Name

MADISON

Owner Name

Owner Description

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

DL STATE

IL 2

LP STATE

LP 2

MAILED TAKEN BY

1 HOME 4 OTHER
2 EXC 5 UNKNOWN
3 POLICE

TRANSPORTED BY

MAILED TAKEN TO

Owner Name (if same, write "SAME")

Address (Street, City, State, Zip Code)

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Name (Last, First, Middle)

Name Page 1

Address (Street, City, State, Zip Code)

MAILED TAKEN BY

TRANSPORTED BY

MAILED TAKEN TO

Name (Last, First, Middle)

Name Page 1

Address (Street, City, State, Zip Code)

MAILED TAKEN BY

TRANSPORTED BY

MAILED TAKEN TO

SAFETY EQUIPMENT

01 FRONT - LEFT (MC Device)

02 FRONT - MIDDLE

03 FRONT - RIGHT

04 SECOND - LEFT (MC Device)

05 SECOND - MIDDLE

06 SECOND - RIGHT

07 THIRD - LEFT

08 THIRD - MIDDLE

09 THIRD - RIGHT

10 REAR - CENTER OF CAR

11 REAR - CORNER AREA

12 UNDERLAP CORNER AREA

13 TRAILER UNIT

14 TRAILER UNIT

15 TRAILER UNIT

16 TRAILER UNIT

17 TRAILER UNIT

SAFETY EQUIPMENT

01 MORE USED

02 BROWNS BOLT DLT

03 LAP DLT DLT

04 BROWNS BOLT DLT

05 CHILD SAFETY SEAT

06 AIR HELPER USED

07 USE UNKNOWN

08 UNKNOWN

09 UNKNOWN

10 UNKNOWN

11 UNKNOWN

12 UNKNOWN

13 UNKNOWN

14 UNKNOWN

15 UNKNOWN

16 UNKNOWN

17 UNKNOWN

AIR BAG

1 NOT DEPLOYED

2 DEPLOYED FRONT

3 DEPLOYED SIDE

4 DEPLOYED FRONT

5 DEPLOYED SIDE

6 NOT APPLICABLE

7 UNKNOWN

AIR BAG SWITCH

1 NOT PRESENT

2 IN ON POSITION

3 IN OFF POSITION

4 UNKNOWN

EXCITON

1 NOT EXCITED

2 FULLY EXCITED

3 PARTIALLY EXCITED

4 NOT APPLICABLE

5 UNKNOWN

TRAPPED

1 NOT TRAPPED

2 EXTRACTED BY

RESCUERS

3 EXTRACTED BY

RESCUERS

4 EXTRACTED BY

RESCUERS

EXCITON

1 NO EXCITON

2 POSSIBLE

3 NON

EXCITON

4 EXCITON

5 EXCITON

6 EXCITON

7 EXCITON

8 EXCITON

9 EXCITON

10 EXCITON

11 EXCITON

12 EXCITON

13 EXCITON

14 EXCITON

15 EXCITON

16 EXCITON

17 EXCITON

BLANK FOR

Signature

Signature

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Signature

Signature

The City, County, State, Zip Code

UNIT NUMBER

DAMAGE AREA

PRE-CRASH ACTIONS

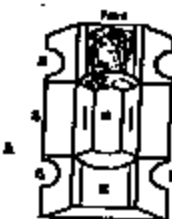
SEQUENCE OF EVENTS

POSTED SPEED

DRUG TEST STATUS

01

NON-MOTORIST LOCATION



01

HITCHHIKER

- 01 MOVEMENTS ESPECIALLY
- 02 BRUISING
- 03 CRASHING LANE
- 04 OVERLOOKING
- 05 TURNING LEFT
- 06 TURNING RIGHT
- 07 BACKING UP
- 08 STOPPING TRAFFIC
- 09 STOPPING TRAFFIC
- 10 STOPPING TRAFFIC
- 11 STOPPING TRAFFIC
- 12 STOPPING TRAFFIC
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- 22 STOPPING TRAFFIC
- 23 STOPPING TRAFFIC

12

65

TRAFFIC CONTROL

12

- 1 None
- 2 Very Slight
- 3 Very Slight, Compromised
- 4 Very Slight, Compromised
- 5 Very Slight, Compromised
- 6 Unknown

DRUG TEST TYPE

1

1 None

2 Slight

3 Slight

4 Other

DRUG TEST 1&2 RESULT

1 None

2 Slight

3 Slight

4 Other

DRUG TEST 1&2 RESULT

1 None

2 Slight

3 Slight

4 Other

DRUG TEST 1&2 RESULT

TYPE OF INTERSECTION

01

- 01 Not An Intersection
- 02 Four-Way Intersection
- 03 T-Intersection
- 04 Y-Intersection
- 05 Traffic Circle/Roundabout
- 06 Five-Way, On Ramp
- 07 On Ramp
- 08 On Ramp
- 09 On Ramp
- 10 On Ramp
- 11 On Ramp
- 12 On Ramp
- 13 On Ramp

OCCURRENCE

1 On Ramp

2 On Ramp

3 On Ramp

4 On Ramp

5 On Ramp

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10 On Ramp

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Narrative

UNIT #1 WAS TRAVELING EASTBOUND ON THE OHIO TURNPIKE. UNIT #1 SUSTAINED HOOD DAMAGE FROM A PREVIOUS ACCIDENT. UNIT #1 HOOD POPPED UP AND SHATTERED THE WINDSHIELD AS IT DROVE EASTBOUND.

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRAFFIC
2 REAR-END
3 SIDE-ON
4 FRONT-TO-REAR
5 REAR-TO-REAR
6 ANGLE
7 UNKNOWN, SAME DIRECTION
8 UNKNOWN, OPPOSITE DIRECTION
9 UNKNOWN

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

WORK ZONE RELATED

- 1 NO
2 YES
3 UNKNOWN

TYPE OF WORK ZONE

WEATHER

04

- 01 CLEAR
02 CLOUDY
03 Fog, Mist, Smoke
04 Rain
05 Sleet, Ice (Freezing Rain Drizzle)
06 Snow
07 Strong Crosswinds
08 Blowing Snow, Sleet, Ice, Rain
09 Other
10 Unknown

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

LOCATION OF CRASH IN WORK ZONE

LIGHT CONDITIONS

5

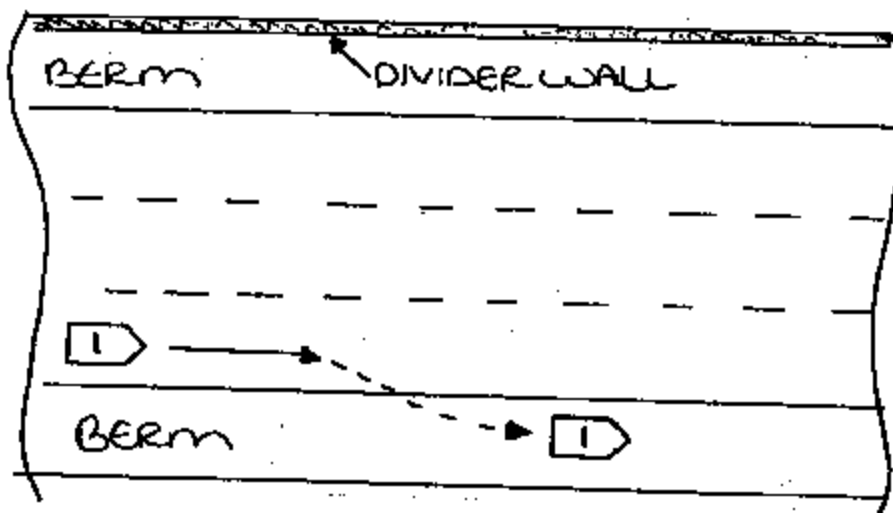
- 1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK - LIGHTED ROADWAY
5 DARK - NOT LIGHTED
6 DARK - UNKNOWN LIGHTING
7 BLAZE
8 OTHER
9 UNKNOWN

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
2 APPROACH WARNING AREA
3 THROUGH AREA
4 EXIT/ENTRY AREA
5 WORKING PRESENT

- 1 NO
2 YES
3 UNKNOWN

Diagram

OHIO TURNPIKE EASTBOUND



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 (POWER VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (POWER VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

Company (From Bureau Forms)

Address (Street, City, St, Zip Code)

A THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:

A PENALTY OR

AN ALTERNATIVE TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR

AT LEAST ONE VEHICLE WAS TOWING ONE TO BEHIND OR PROVIDING INTERIM MEDICAL ASSISTANCE BEFORE PROVIDING BACK TO OWN POWER.

Company Phone

US DOT

CCAC

PACD

TRAILER LT. ST.

TRAILER LT. YEAR

TRAILER LT. #

Coded Body Type

- 01 Not Applicable
02 Bus (2-15 INCLUSIVE SEATS)
03 Semi/Tractor Unit
04 Dump/Chassis/Body

- 05 PMA
06 Cargo Tank
07 Flatbed
08 Tank

- 09 Concrete Mixer
10 Air/Tractor Unit
11 Gasoline/Petrol
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

Dispatcher

Address

City

State

1745 1745 1820 40 75

601

Sgt. Short

111282 dcs

Report Taken By

1. Police Agency

Report Taken At

1. Date

2. Street

3. Other

Form 704-007-0076 Eastern City Traffic

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	10-90-1061	REPORTING AGENCY	HIGHWAY PATROL	DATE OF ACCIDENT	M. 11 28 05
IN COUNTY OF	SANDUSKY	ACCIDENT LOCATION	IR 80 EB 89.4 mp		

UNIT #1 INFO:

YEAR: 1997

MAKE: DODGE

MODEL: AVENGER

VIN # 4B3AL42Y5V [REDACTED]

UNIT #1 DAMAGE:HOOD (FROM PREVIOUS ACCIDENT)
WINDSHIELD

* NOTE: THERE WAS DAMAGE FROM PREVIOUS
ACCIDENT THAT CAUSED THE HOOD TO
IMPROPERLY LATCH DOWN.

CONTRIBUTING CIRCUMSTANCES

* OPERATING DEFECTIVE EQUIPMENT - DEFECTING
EQUIPMENT WAS HOOD DAMAGED FROM
PREVIOUS ACCIDENT.

SEQUENCE OF EVENTS

* OTHER NON-COLLISION - LATCHES ON HOOD
CAME UNLATCHED DUE IMPROPER SECURS-
MENT FROM PREVIOUS ACCIDENT.

OFFICER'S SIGNATURE

BADGE NO.

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL PORT NUMBER	REPORTING AGENCY	DATE OF CRASH
[REDACTED]	HIGHWAY PATROL	M11 10/28/05

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

[REDACTED] (PRINTED) _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
TPR. STATION AT SCENE
(OFFICER'S NAME) (LOCATION)

I hit a deer prior to getting on 90/90 Turnpike, I thought I had hood tied down sufficiently to limp car back home.

At about 11/11 AM 91 eastbound on turnpike hood flew up and came through windshield, I then called 911.

1. WHAT LANE WERE YOU TRAVELING IN?

.. RIGHT LANE

2. HOW FAST WERE YOU GOING?

.. 60 MPH

3. WERE YOU INJURED?

.. NO

4. WERE YOU WEARING YOUR SEATBELT?

.. YES

5. WHEN DID THE HOOD FLY UP?

.. 5:00 PM

WITNESS SIGNATURE	WITNESS SIGNATURE	PHONE
[REDACTED]	Zeliasoph, PA [REDACTED]	[REDACTED]