

# TRAFFIC CRASH REPORT

10/14/86 38

-FIRE-

OH-1 (Rev. 10/79)



[Redacted]

CRASH SEVERITY  
1 FATAL  
2 FOL  
3 MURDER

PRIVATE PROPERTY  
Hwy/Shop  
1 Not Part of  
2 Shared  
3 Involves

PROPERTY TAKEN  
OH-1 OH-2 OH-3 OH-4 OH-5

OH P 8 9

REPORTING AGENCY  
STATE HIGHWAY PATROL

01 01

MI - Annual  
MO - Unknown

LATITUDE  
LONGITUDE

2254

DAY OF WEEK  
MON

X

NAME (OF CITY, VILLAGE OR TOWNSHIP)

ROSSFORD

87

CRASH LOCATION  
IR-50 (OHIO TURNPIKE)  
TYPE LOC 3  
TYPE LOCATION POINT USED  
1 ROAD STREET 2 RAMPED ROUTE  
3 MAINLINE STREET

DATE  
04 SEP

CRASH TIME  
5m E  
MILE POINT 64  
MILE POINT 06  
REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION  
03 COUNTY LINE

04 FLOW NUMBER  
05 FLOWER DIRECTION  
06 MILE POST  
07 COMPOUND LANE  
08 PLACE NAME  
09 DIRECTION  
10 STREET OR ROUTE  
11 ROADWAY

NAME (LAST, FIRST, MIDDLE)

0101

[Redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HUDSON, OH, [Redacted]

HOME PHONE #

WORK PHONE #

DL STATE

OH

LP STATE

OH

ISSUED

TAKEN BY

1 None  
2 EMS  
3 POLICE  
4 Other  
5 Unknown

TRANSPORTED BY

ISSUED TAKEN TO

OWNER NAME (IF SALES, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE OWNER PHONE #  
1995 CHEVROLET CAVALIER WHITE GEICO XPRESS

VEHICLE CHARGES  
VEHICLE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE

DL

LP STATE

LP

ISSUED

TAKEN BY

1 None  
2 EMS  
3 POLICE  
4 Other  
5 Unknown

TRANSPORTED BY

ISSUED TAKEN TO

OWNER NAME (IF SALES, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE OWNER PHONE #

VEHICLE CHARGES  
VEHICLE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ISSUED TAKEN BY  
1 None  
2 EMS  
3 POLICE  
4 Other  
5 Unknown

TRANSPORTED BY

ISSUED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ISSUED TAKEN BY  
1 None  
2 EMS  
3 POLICE  
4 Other  
5 Unknown

TRANSPORTED BY

ISSUED TAKEN TO

2006 JAN 3 AM 9:00

- SEATING POSITION
- 01 FRONT - LEFT (DRIVER)
  - 02 FRONT - MIDDLE
  - 03 FRONT - RIGHT
  - 04 SECOND - LEFT (BC PASSENGER)
  - 05 SECOND - MIDDLE
  - 06 SECOND - RIGHT
  - 07 THIRD - LEFT (BC PASSENGER/3RD ROW)
  - 08 THIRD - MIDDLE
  - 09 THIRD - RIGHT
  - 10 REAR SEAT - CENTER OF CAB
  - 11 REAR SEAT - CARGO AREA
  - 12 UNRECORDED CARGO AREA
  - 13 TRAILING UNIT
  - 14 EXTENDED
  - 15 OTHER
  - 16 NON-MOTORIST
  - 17 UNKNOWN

- SAFETY EQUIPMENT
- 01 NONE USED
  - 02 SEATBELT ONLY
  - 03 LIF BELT ONLY
  - 04 SEATBELT/LIF BELT
  - 05 CHILD SAFETY SEAT
  - 06 INC HELMET USED
  - 07 USE UNKNOWN
  - 08 NON-REGISTERED
  - 09 NONE USED
  - 10 HELMET/HEAD
  - 11 PROTECTIVE PANTS
  - 12 REFLECTIVE CLOTHING
  - 13 LIGHTS
  - 14 OTHER
  - 15 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 IN ON POSITION
  - 3 IN OFF POSITION
  - 4 UNKNOWN

- DIRECTION
- 1 NOT EXERCISED
  - 2 TOTALLY EXERCISED
  - 3 PARTIALLY EXERCISED
  - 4 NOT APPLICABLE
  - 5 UNKNOWN

- TRAPPED
- 1 NOT TRAPPED
  - 2 EXTRACTED BY MECHANICAL MEANS
  - 3 FREED BY NON-MECHANICAL MEANS
  - 4 UNKNOWN

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

BLANK FOR WITHIN

03

HS3781

TOP COPY - OPR BOTTOM COPY - AGENT



**Narrative**

UNIT #1 WAS EASTBOUND ON THE OHIO TURNPIKE. UNIT #1 HAD ENGINE FAILURE WITH LOSS OF POWER FORCING UNIT #1 TO THE SOUTH SHOULDER. AFTER UNIT #1 CAME TO REST IT BURST INTO FLAMES

**NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED**

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
2 RAN-RED  
3 HEAD-ON  
4 REAR-TO-REAR  
5 BACKING  
6 ANGLE  
7 SIDEWIDE, SAME DIRECTION  
8 SIDEWIDE, OPPOSITE DIRECTION  
9 UNKNOWN

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

**WEATHER**

01 CLEAR  
02 CLOUDY  
03 FOG, SMOKE, BRIDGE  
04 RAIN  
05 SLEET, HAIL (INCLUDES RAIN ONTILES)  
06 SNOW  
07 SLEET/CRYSTALLINE  
08 DROPPED SAND, SOIL, DIRT, SNOW  
09 OTHER  
10 UNKNOWN

1 NO  
2 YES  
3 UNKNOWN

**TYPE OF WORK ZONE**

01  
02  
03  
04  
05  
06  
07  
08  
09  
10

1 LANE CLOSED  
2 LANE SHIFT/CROSSOVER  
3 WORK ON SHOULDER OR MILEAGE  
4 TEMPORARILY MOVING WORK  
5 OTHER

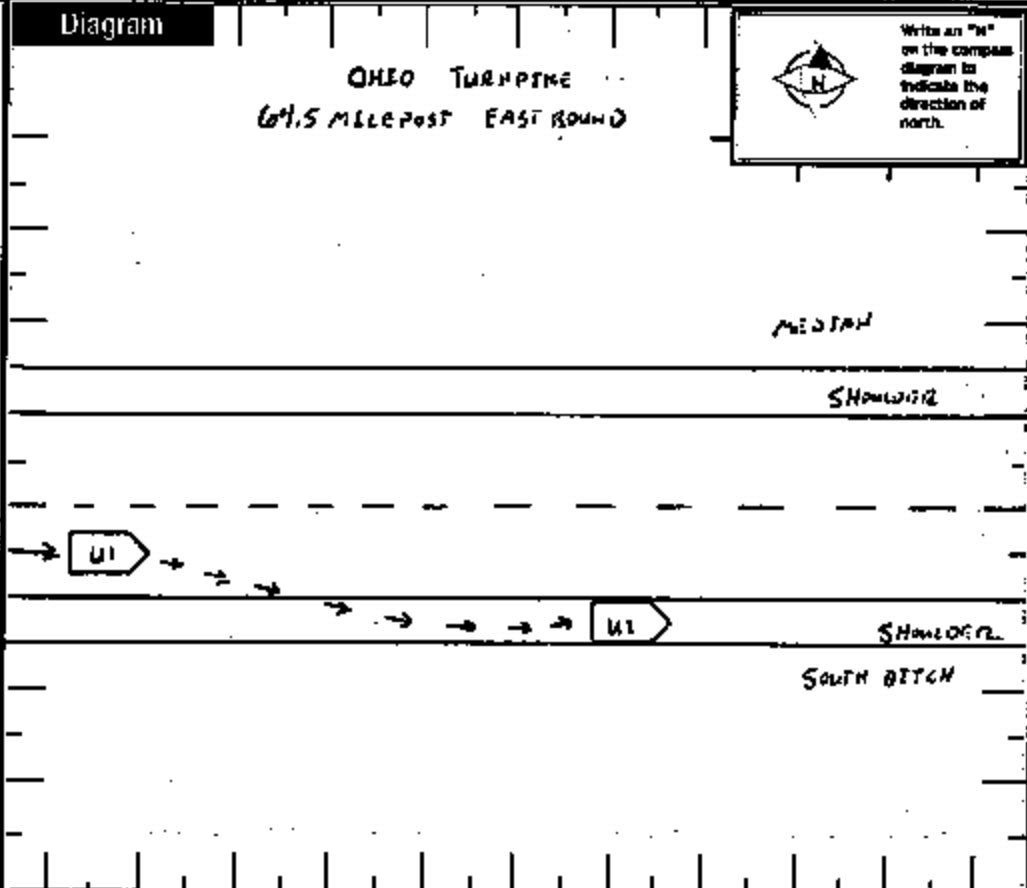
**LOCATION OF CRASH IN WORK ZONE**

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

1 NO  
2 YES  
3 UNKNOWN

**WORKERS PRESENT**

1 NO  
2 YES  
3 UNKNOWN



**Truck/Bus**

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
A TRUCK (NOT A TRUCK) WITH A GROSS WEIGHT THAN 10,000 POUNDS OR A TRUCK (NOT A TRUCK) WITH A GROSS WEIGHT THAN 10,000 POUNDS OR A BUS DESIGNED FOR AT LEAST 8 PASSENGERS, INCLUDING DRIVER.

A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
A FATALITY OR  
AN INJURY REQUIRING HOSPITALIZATION FOR IMMEDIATE MEDICAL TREATMENT, OR  
AT LEAST ONE VEHICLE WAS TOWED DUE TO EXHAUSTIVE DAMAGE OR REQUIRED SPECIAL ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company Name (From Shipping Papers)  
Company Phone

Address (Street, City, St, Zip Code)

ISDOT  
ICC MC  
RUCO  
TRAILER LP #1  
TRAILER LP YEAR  
TRAILER LP #

**CAUSED BODY TYPE**

01 NOT APPLICABLE  
02 BUS (N-15 INCLUDES DRIVER)  
03 VAN/ENCLOSED BOX  
04 OTHER/OTHER/OTHER

05 POLE  
06 CASK/TANK  
07 FLATBED  
08 DUMP

09 CONCRETE MIXER  
10 AUTO TRANSPORTER  
11 GARAGE/REFUSE  
12 OTHER  
13 UNKNOWN

**Weight (GVWR)**

1 LESS THAN 10,000  
2 10,001 - 20,000  
3 MORE THAN 20,000

**COLL. CLASS**

1 CLAIM A  
2 CLAIM B  
3 CLAIM C  
4 CLAIM D  
5 CLAIM E

**Hazardous Materials Placed**

1 NO  
2 YES  
3 UNKNOWN

**Hazardous Materials Released**

1 NO  
2 YES  
3 NOT APPLICABLE  
4 UNKNOWN

**Police Action**

DISPATCH: 081520052254  
ARRIVED: 2254  
CLEARED: 2306  
OTHER: 2345  
30  
81

OFFICER'S NAME: TROOPER C.R. HASTY  
CREATED BY: SGT. LAMBERTS  
DATE REPORT FILED: 08172005

REPORT TAKEN BY: 1 POLICE AGENCY  
2 MPO/MP  
REPORT TAKEN AT: 1 SCENE  
2 STATION  
3 OTHER

TOP COPY - COPD BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	[REDACTED]	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF ACCIDENT	M 8 10 15 05
IN COUNTY	WOOD	ACCIDENT LOCATION	64.5 MILE POST EAST BOUND OHIO TURNPIKE		

NO REPORTED INJURIES

UNIT #1 INFORMATION

- 1995 CHEVROLET CAVALIER
- O [REDACTED]
- VIN 1G1JL124 [REDACTED]
- INSURANCE COMPANY: [REDACTED]
- POLICY NUMBER: [REDACTED]
- FIRE DEPARTMENT: ROSSFORD CITY
- VEHICLE TOWED AND STORED BY XPIESS TOWING

TURNPIKE DAMAGE

- HEAT DAMAGE TO ASPHALT ROAD SURFACE

OHIO TURNPIKE COMMISSION  
 692 PERSPECT STREET  
 BEAFA, OHIO 44017

OFFICER'S SIGNATURE  
 X T.M. L.H. [Signature]

BADGE NUMBER  
 1328

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 8 10 15 1985
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TROOPER C.R. HASPY U-1328  
(OFFICER'S NAME)

AT 64.5 MILE POST EASTBOUND  
(LOCATION)

Car started to make funny noise. When there was a popping sound out of the hood of the car. Car went forward as I pulled over to the side of the road. Sucker started coming out of the front. After I turned (?) or as I noticed a flame coming out of front. Called [REDACTED]

Q. WERE YOU INJURED?

A. NO

Q. WERE YOU WEARING YOUR SEAT BELT?

A. YES

Q. HOW FAST WERE YOU GOING?

A. ABOUT 60 MPH

Q. HAVE YOU HAD PROBLEMS WITH THIS CAR BEFORE?

A. NO NOT ANYTHING RECENT

Q. WHEN WAS THE LAST TIME YOU HAD THE CAR SERVICED?

A. NO MY HUSBAND DOES ALL OF THE WORK

ADDRESS OF WITNESS  
SIGNATURE OF WITNESS

[REDACTED]  
Hudson OH [REDACTED]

OFFICER'S SIGNATURE

T.M.C.R. [Signature] 1328