

# TRAFFIC CRASH REPORT

10148639

OH-1 (Rev. 10-03)



CRASH SEVERITY 1 FATAL 2 MAJOR 3 MINOR 4 OTHER	PRIVATE PROPERTY 1 NOT HIT/IMP 2 COLLIDED 3 LANDED	VEH/PROP 1 NOT HIT/IMP 2 COLLIDED 3 LANDED	PHOTOS TAKEN X	OH-1 X	OH-2 X	OH-3 X	OTHER
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Reporting Agency: **0 N P 9 1 State Highway Patrol** 01 01 08142005

Day of Week: **1355 SUN** X **Richfield** 77

CRASH LOCATION: **OHIO TURNPIKE / I-90 / EXIT 173** Type Loc: **3** Type Location: **3** POINT USED: **MP 173.2 EB**

CRASH REFERENCE: **02 ME E** Reference Point Used: **01** HOUSE NUMBER: **06** PLACE NAME AND REFERENCE: **MP 173.2 EB**

Address (Street, City, State, Zip Code): **010 [Redacted] H ROYALTON, OH**

OH State: **OH** License By: **OH**

Vehicle Name (If Same, Write "Same"): **[Redacted]** Address (Street, City, State, Zip Code): **[Redacted]**

Year: **1998** Make: **Ford** Model: **Trucks** Color: **Green** License Company: **Lincoln General** Dealer: **Rich's** VIN: **1G4855710**

Driver Name (Last, First, Middle): **[Redacted]** Home Phone # **[Redacted]**

Address (Street, City, State, Zip Code): **[Redacted]**

OH State: **OH** License By: **[Redacted]**

Vehicle Name (If Same, Write "Same"): **[Redacted]** Address (Street, City, State, Zip Code): **[Redacted]**

Year: **[Redacted]** Make: **[Redacted]** Model: **[Redacted]** Color: **[Redacted]** License Company: **[Redacted]** Dealer: **[Redacted]** VIN: **[Redacted]**

Driver Name (Last, First, Middle): **[Redacted]** Home Phone # **[Redacted]**

Address (Street, City, State, Zip Code): **[Redacted]**

OH State: **OH** License By: **[Redacted]**

Vehicle Name (If Same, Write "Same"): **[Redacted]** Address (Street, City, State, Zip Code): **[Redacted]**

Year: **[Redacted]** Make: **[Redacted]** Model: **[Redacted]** Color: **[Redacted]** License Company: **[Redacted]** Dealer: **[Redacted]** VIN: **[Redacted]**

Driver Name (Last, First, Middle): **[Redacted]** Home Phone # **[Redacted]**

Address (Street, City, State, Zip Code): **[Redacted]**

OH State: **OH** License By: **[Redacted]**

Vehicle Name (If Same, Write "Same"): **[Redacted]** Address (Street, City, State, Zip Code): **[Redacted]**

Year: **[Redacted]** Make: **[Redacted]** Model: **[Redacted]** Color: **[Redacted]** License Company: **[Redacted]** Dealer: **[Redacted]** VIN: **[Redacted]**

Driver Name (Last, First, Middle): **[Redacted]** Home Phone # **[Redacted]**

Address (Street, City, State, Zip Code): **[Redacted]**

Motorist/Non-Motorist  
Occupant

2006 JAN 15 AM 9:00

<b>SEATING POSITION</b>	<b>SAFETY EQUIPMENT</b>	<b>AIR BAG</b>	<b>AIR BAG SWITCH</b>	<b>EJECTION</b>	<b>TRAPPED</b>	<b>INJURIES</b>
01 FRONT - LEFT (MC Driver)	01 None Used	1 Not-Deployed	1 Not Present	1 Not Ejected	1 Not Trapped	1 No Injury
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 Deployed-Front	2 In On Position	2 Totally Ejected	2 Escorted By	2 Possible
03 FRONT - RIGHT	03 LAP BELT ONLY	3 Deployed-Side	3 In Off Position	3 Partially Ejected	3 Mechanical	3 Non-
04 SECOND - LEFT (MC Pass)	04 SHOULDER/LAP BELT	4 Deployed-Rear	4 Unknown	4 Not Applicable	4 None	4 Incapacitated
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 Not Applicable		5 Unknown	5 Freed By	5 Incapacitated
06 SECOND - RIGHT	06 MC HELMET USED				6 Non-Mechanical	6 Fatal Injury
07 THIRD - LEFT (MC Passenger/Back Seat)	07 Use Unknown				7 Unknown	7 Broken
08 THIRD - MIDDLE	08 None-Used					
09 THIRD - RIGHT	09 None-Used					
10 SUSPENSION SYSTEM OF CAR	10 None-Used					
11 BELLEROS - CREEPER AREA	11 Protective Felt					
12 UNDERLOOR CREEPER AREA	12 Reflective Clothing					
13 TAILING BAR	13 Latching					
14 EYEBOAR	14 Other					
15 OTHER	15 Unknown					
16 Non-Motorist						
17 Unknown						

BLANK FOR WITNESSES **03**



**Narrative**

UNIT 1 WAS LASTBOUND ON 10-80/OTR. UNIT 1 CRASHED AT EXIT 173. UNIT 1 SUFFERED AN ENGINE FAILURE WHILE EXITING, LANDED OFF THE LEFT SIDE OF THE ROAD, AND STRUCK 4 HIGHWAY SIGNS AND POLES.

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

- |   |                          |
|---|--------------------------|
| 1   | 1                        |
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 NO                     |
| 2 HEAD-ON   | 2 YES, DIRECTLY IN FRONT |
| 3 REAR-ON   | 3 YES, DIRECTLY BEHIND   |
| 4 REAR-TO-SIDE                                    | 4 UNKNOWN                |
| 5 BACK-ON   |                          |
| 6 ANGLE   |                          |
| 7 SIDEWIDE, SAME DIRECTION                        |                          |
| 8 SIDEWIDE, OPPOSITE DIRECTION                    |                          |
| 9 UNKNOWN   |                          |

**WEATHER**

02

- 01 CLEAR
- 02 CLOUDY
- 03 Fog, Smoke, Snow
- 04 Rain
- 05 Sleet, Ice, (FALLING RAIN DRIZZLE)
- 06 Snow
- 07 SEVERE WEATHER
- 08 Blowing Sand, Silt, Dust, Snow
- 09 Other
- 10 Unknown

**LIGHT CONDITIONS**

1

- 1 DAYLIGHT
- 2 Dawn
- 3 Dusk
- 4 DARK - LIMITED ROADWAY
- 5 DARK - NOT LIMITED
- 6 DARK - UNKNOWN LIGHTING
- 7 Cloud
- 8 Other
- 9 UNKNOWN

**SCHOOL BUS RELATED**

- 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**

- 1 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 INTERMITTENT MOVING WORK
- 5 Other

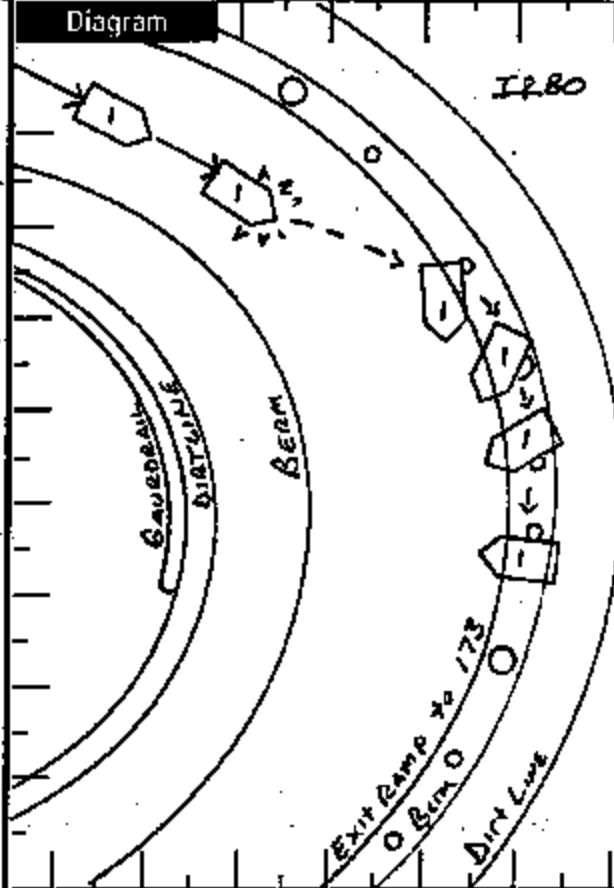
**LOCATION OF CRASH IN WORK ZONE**

- 1 Beyond Flag Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

**WORKING PRESENT**

- 1 No
- 2 Yes
- 3 Unknown

**Diagram**



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

○ - Arrow Signs  
○ - Utility Poles

**Truck/Bus**

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
A TRUCK (EXCEPT VEHICLE WITH A GVWR MORE THAN 10,000 POUNDS); OR  
A TRUCK (EXCEPT VEHICLE) WITH A HAZARDOUS MATERIAL PLACARD; OR  
A BUS OPERATED 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 WAS TOWED DUE TO EXCESSIVE DAMAGE OR PROHIBITED OPERATING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (FROM SHIPPING PAPER)

Company Name

Address (Street, City, St., Zip Code)

HS DOT

ICC MC

PLCD

TRAILER LP ST.

TRUCK LP Year

TRUCK LP #

**Cargo Body Type**

- 01 NOT APPLICABLE
- 02 BUS (8-15 INCLUDING DRIVER)
- 03 Van/Box/Box
- 04 GRABBER/GRABER

- 05 POLE
- 06 CARGO TANK
- 07 PLATEAU
- 08 Other

- 09 Concrete Mixer
- 10 AUTO TRANSPORTER
- 11 Garbage/Refuse
- 12 Other
- 13 Unknown

**Weight (GVWR)**

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

**ICM Class**

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 5 CLASS D

**Hazardous Materials Placed**

- 1 No
- 2 Yes
- 3 Unknown

**Hazardous Materials Released**

- 1 No
- 2 Yes
- 3 NOT APPLICABLE
- 4 UNKNOWN

**Police Action**

08142005 1359 1359 1407 1515 46 122

Officer's Name: Tpr. R. Ramps

Dispatch: 1359    Activity: 1407    Clear: 1515    Other: 46

Checked By: SGT. A.L. MATOS

DATE REPORT MADE: 08/15/2005

Report Taken By: 1 POLICE AGENCY    Report Taken At: 1 SCENE

2 MOTORIST    2 STATION    3 OTHER

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
	State Highway Patrol	M 8 10 14 1905
IN COUNTY OF	ACCIDENT LOCATION	
Summit	OTP/80 EB MP 175.2 / GATE 173	

Damage: UNIT 1: ① LEFT Rear Door / Left Rear Quarter /  
LEFT Rear Bumper = Scratched / Dented.  
② Right Side Running Panel = 1 Large Dent.  
③ Suspected Undercarriage Damage.

OTP: ① 1 Arrow Sign = Destroyed  
② 3 Utility Sign Posts = Destroyed.  
③ 25 ft. Sod Damage.

Ohio Turnpike Commission  
682 Prospect Av.  
Berea Oh. 44017

Tpr. D. Bianci: 1st Arriving Officer.

Sketch: None. Vehicle Moved from Rest.

OFFICER'S SIGNATURE

X

BADGE NUMBER

1251

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
[REDACTED]	STATE HIGHWAY PATROL	8/14/05

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

I, [REDACTED] (PRINTED) \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR D. S. BIONCI  
(OFFICER'S NAME)AT SCENE ON 8-14-05 1430 HRS  
(LOCATION)

X Driving on OHIO TURNPIKE, got off on Brecksville exit going 30 mph. Service engine and battery were blinking in vehicle. Car stalled and spun. Vehicle would not start back up. Another vehicle pulled over to see if I was alright, they drove me to the toll booth.

Q: When the car stalled, did the steering lock up?

A: Yes.

Q: Were you able to control the vehicle when it stalled?

A: No. I couldn't turn the steering wheel.

Q: Are you injured?

A: No.

Q: Was your Seatbelt on?

A: Yes.

Q: Was the road dry when the crash occurred?

A: Yes.

ADDRESS OF WITNESS  
SIGNATURE OF WITNESS

[REDACTED]

N. Royalton, OH 44133

PHONE [REDACTED]

OFFICER'S SIGNATURE

[Signature]