

TRAFFIC CRASH REPORT

10148652

TP OH-1 (Rev. 10/99)



CRASH SEVERITY
 1 FATAL
 2 BUILT
 3 UNKNOWN

PRIORITY PROPERTY
 KEY/STOP
 1 NOT STOPPED
 2 STOPPED
 3 UNSTOPPED

PROPERTY TAKEN
 OH-1
 OH-2
 OH-1P
 OTHER

04990

STATE HIGHWAY PATROL

0199

OH - ANNUAL
OH - UNKNOWN

08182005

THU

BERLIN

22

IR-80 (OHIO TURNPIKE) WESTBOUND

TYPE LOC 3

128.4 W.B.

MILEPOST 128

06

04 HOME MAPS
05 TOWNSHIP BOUNDARY
06 BILLS POST
07 CORPORATION LOTS

0105

BERNYS, IL

Address (Street, City, State, Zip Code)

BERNYS, IL

IL STATE IL #

IL #

IL #

IL #

1 HOME 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

ISSUED TAKEN TO

1995

GMC

SAFARI

RED

UNIVERSAL

TOWNS SERVICE

OWNER PHONE #

Address (Street, City, State, Zip Code)

Name (Last, First, Middle)

IL STATE IL #

IL #

IL #

IL #

1 HOME 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

ISSUED TAKEN TO

Year Make Model Color

Year Make Model Color

Year Make Model Color

Year Make Model Color

Year Make Model Color

Year Make Model Color

Year Make Model Color

Address (Street, City, State, Zip Code)

BERNYS, IL

Address (Street, City, State, Zip Code)

BERNYS, IL

- 01 FRONT - LEFT (MC DRIVER)
- 02 FRONT - MIDDLE
- 03 FRONT - RIGHT
- 04 SECOND - LEFT (MC PASSENGER)
- 05 SECOND - MIDDLE
- 06 SECOND - RIGHT
- 07 THIRD - LEFT (MC PASSENGER/BACK SEAT)
- 08 THIRD - MIDDLE
- 09 THIRD - RIGHT
- 10 SLAMMER SECTION OF CAB
- 11 UNLOADED CARGO AREA
- 12 UNLOADED CARGO AREA
- 13 TRAILER (WT)
- 14 EXTENSION
- 15 OTHER
- 16 NON-MOTORIST
- 17 UNKNOWN

- 04 SAFETY EQUIPMENT
- 04 SEATBELT
- 04 AIR BAG
- 04 AIR BAG SWITCH
- 04 EMISSION
- 04 TRAPPED
- 04 ISSUES

- 1 AIR BAG
- 2 AIR BAG SWITCH
- 3 EMISSION
- 4 TRAPPED
- 5 ISSUES

- 1 AIR BAG SWITCH
- 2 EMISSION
- 3 TRAPPED
- 4 ISSUES

- 1 EMISSION
- 2 TRAPPED
- 3 ISSUES

- 1 ISSUES
- 2 ISSUES
- 3 ISSUES
- 4 ISSUES
- 5 ISSUES
- 6 ISSUES
- 7 ISSUES
- 8 ISSUES
- 9 ISSUES
- 10 ISSUES
- 11 ISSUES
- 12 ISSUES
- 13 ISSUES
- 14 ISSUES
- 15 ISSUES
- 16 ISSUES
- 17 ISSUES

Motorist/Non-Motorist

Occupant

Wgt. 485

04

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

Reporting Agency: STATE HIGHWAY PATROL

Date/Time: 08/18/2005

<p>NAME (Last, First, Middle): [REDACTED]</p> <p>Address (Street, City, State, Zip Code): [REDACTED] BERKLYN, IL</p> <p>Phone: [REDACTED]</p>	<p>INJURED TAKEN BY:</p> <p>1 None 4 Other</p> <p>2 EMS 3 Unknown</p> <p>3 POLICE</p>
<p>NAME (Last, First, Middle): [REDACTED]</p> <p>Address (Street, City, State, Zip Code): [REDACTED] BERKLYN, IL</p> <p>Phone: [REDACTED]</p>	<p>INJURED TAKEN BY:</p> <p>1 None 4 Other</p> <p>2 EMS 3 Unknown</p> <p>3 POLICE</p>
<p>NAME (Last, First, Middle): [REDACTED]</p> <p>Address (Street, City, State, Zip Code): [REDACTED]</p> <p>Phone: [REDACTED]</p>	<p>INJURED TAKEN BY:</p> <p>1 None 4 Other</p> <p>2 EMS 3 Unknown</p> <p>3 POLICE</p>
<p>NAME (Last, First, Middle): [REDACTED]</p> <p>Address (Street, City, State, Zip Code): [REDACTED]</p> <p>Phone: [REDACTED]</p>	<p>INJURED TAKEN BY:</p> <p>1 None 4 Other</p> <p>2 EMS 3 Unknown</p> <p>3 POLICE</p>
<p>NAME (Last, First, Middle): [REDACTED]</p> <p>Address (Street, City, State, Zip Code): [REDACTED]</p> <p>Phone: [REDACTED]</p>	<p>INJURED TAKEN BY:</p> <p>1 None 4 Other</p> <p>2 EMS 3 Unknown</p> <p>3 POLICE</p>
<p>NAME (Last, First, Middle): [REDACTED]</p> <p>Address (Street, City, State, Zip Code): [REDACTED]</p> <p>Phone: [REDACTED]</p>	<p>INJURED TAKEN BY:</p> <p>1 None 4 Other</p> <p>2 EMS 3 Unknown</p> <p>3 POLICE</p>

- | | | | | | | |
|---|--|---|--|--|---|--|
| <p>06 SEATING POSITION</p> <p>01 FRONT - LEFT (MC DRIVER)</p> <p>02 FRONT - MIDDLE</p> <p>03 FRONT - RIGHT</p> <p>04 SECOND - LEFT (MC PASS)</p> <p>05 SECOND - MIDDLE</p> <p>06 SECOND - RIGHT</p> <p>07 THIRD - LEFT</p> <p>08 THIRD - MIDDLE</p> <p>09 THIRD - RIGHT</p> <p>10 BUS/COACH SECTOR OF CAB</p> <p>11 EXCLUDED - CABIN AREA</p> <p>12 EXCLUDED - CARGO AREA</p> <p>13 TRAILING UNIT</p> <p>14 EXTERIOR</p> <p>15 OTHER</p> <p>16 NON-MEMORIAL</p> <p>17 UNKNOWN</p> | <p>04 SAFETY EQUIPMENT</p> <p>01 None Used</p> <p>02 SHOULDER BELT ONLY</p> <p>03 LAP BELT ONLY</p> <p>04 SHOULDER/LAP BELT</p> <p>05 CHILD SAFETY SEAT</p> <p>06 MC HELMET USED</p> <p>07 Use UNKNOWN</p> <p>08 None-RECORDED</p> <p>09 None Used</p> <p>10 Helmet Used</p> <p>11 Protective Pant</p> <p>12 Reflective Clothing</p> <p>13 Unknown</p> <p>14 Other</p> | <p>3 AIR BAG</p> <p>1 Not Deployed</p> <p>2 Deployed-Partial</p> <p>3 Deployed-Full</p> <p>4 Deployed Both</p> <p>5 Not Applicable</p> <p>6 Unknown</p> | <p>3 AIR BAG SWITCH</p> <p>1 In On Position</p> <p>2 In Off Position</p> <p>3 Not Present</p> <p>4 Unknown</p> | <p>EMERGENCY</p> <p>1 Not Ejected</p> <p>2 Totally Ejected</p> <p>3 Partially Ejected</p> <p>4 Not Applicable</p> <p>5 Unknown</p> | <p>TRAPPED</p> <p>1 Not Trapped</p> <p>2 Extricated By Mechanical Means</p> <p>3 Pressed By Non-Mechanical Means</p> <p>4 Unknown</p> | <p>INJURED</p> <p>1 No Injury</p> <p>2 Possible</p> <p>3 Non-Incapacitating</p> <p>4 Incapacitating</p> <p>5 Fatal Injury</p> <p>6 Unknown</p> |
|---|--|---|--|--|---|--|

BLANK FOR WRITERS

Narrative

UNIT #1 WAS WESTBOUND ON IR-80 (OHIO TURNPIKE) WHEN ITS LEFT REAR TIRE CAME APART, DAMAGING ITS LEFT REAR FENDER. UNIT #1 DROVE OFF RIGHT SIDE OF ROAD WAY AND INTO DITCH. UNIT #1 THEN STRUCK RIGHT OF WAY FENCE.

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- | | |
|---|----------------------------|
| 1 | 1 |
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 NO |
| 2 REAR-END | 2 YES, DIRECTLY INVOLVED |
| 3 HEAD-ON | 3 YES, INDIRECTLY INVOLVED |
| 4 FRONT-TO-REAR | 4 UNKNOWN |
| 5 SIDEWALL | |
| 6 ANGLE | |
| 7 BACKING, SAME DIRECTION | |
| 8 BACKING, OPPOSITE DIRECTION | |
| 9 UNKNOWN | |

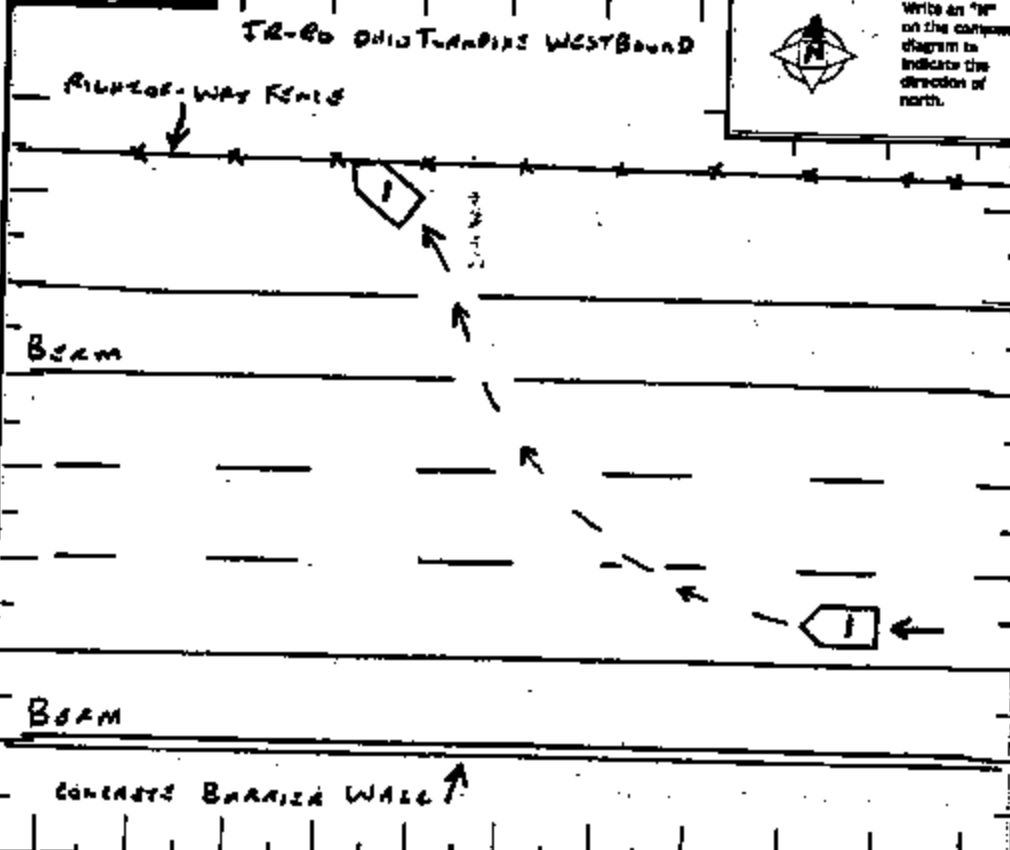
WEATHER

- | | |
|--------------------------------------|------------------------------|
| 01 | 1 |
| 02 Clear | 1 Low Visibility |
| 03 Cloudy | 2 Low Sky/Cloudcover |
| 04 Fog, Smoke, Dust | 3 Work On Shoulder Or Median |
| 05 Rain | 4 Intersection Moving Slow |
| 06 Snow, Ice, (Precipitation Detail) | 5 Other |
| 07 Sleet | |
| 08 Storm Clouds | |
| 09 Blowing Sand, Soil, Dirt, Snow | |
| 10 Other | |
| 11 Unknown | |

LIGHT CONDITIONS

- | | |
|-------------------------------|---------------------------------------|
| 1 | 1 |
| 1 Daylight | 1 Before First Work Zone Warning Sign |
| 2 Dawn | 2 Advance Warning Area |
| 3 Day | 3 Transition Area |
| 4 Dark - Limited Roadway | 4 Activity Area |
| 5 Dark - Not Limited | |
| 6 Dark - Full Roadway Lighted | |
| 7 Blank | |
| 8 Other | |
| 9 Unknown | |

Diagram



Truck/Bus

THE CRASH INVOLVED THE CRASH OF THE FOLLOWING:
 A TRUCK (BOTH VEHICLES WITH A GVWR MORE THAN 10,000 POUNDS); OR
 A TRUCK (BOTH VEHICLES WITH A MAXIMUM GROSS VEHICLE WEIGHT) OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

HS DOT

ICC MC

PLSD

TRUCK LPS#

TANKER LPS#

TRAILER LPS#

- CARGO BODY TYPE**
- 01 Not Applicable
 - 02 BUS (8-15 INCLUDING DRIVER)
 - 03 VAN/DELIVERY BOX
 - 04 GARAGE/SHED/RAIL
 - 05 POLE
 - 06 CARGO TANK
 - 07 PLATES
 - 08 DUMP
 - 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

CCOL 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

081820051410 1410 1423 1510 20 80

Officer's Name: Sgt. E. A. Weaver 1060

Checked By: Sgt. J. Cloud Date Report Filed: 08182005

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 Scene
- 2 Station
- 3 Other

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 8 10 10 1905
IN COUNTY OF EAIG	ACCIDENT LOCATION SR-80 (OTF) WB MP 127	

UNIT # 1 1995 GMC MINIVAN RED
 DAMAGE: FRONT BUMPER, RIGHT SIDE MIRROR,
 DENTS AND SCRATCHES DOWN ALL
 RIGHT SIDE, RIGHT SIDE ROCKER PANEL
 DENTED IN, RIGHT TAIL LIGHT SCRATCHED
~~THE~~ REAR BUMPER SCRATCHED AND DENTED
 LEFT REAR QUARTER PANEL DENTED, LEFT
 SIDE SCRATCHED, LEFT SIDE ROCKER
 PANEL DENTED

DAMAGE TO TOWNERS PROPERTY:

1 Fence Post, Fence Pushed Over



FIRST UNIT ON SCENE: TPA. M.W. McLAUGHLIN U-1243 - Took Photos,
 Statement, Vehicle Damage Notes.

TEMP. 80°F CLEAR SKIES, DRY ASPHALT PAVEMENT.

OFFICER'S SIGNATURE

X TPA. E. A. Weave

BADGE NUMBER

1060

