

# TRAFFIC CRASH REPORT



CRASH SEVERITY

PRIVATE PROPERTY

HIT/SKIP

PHOTOS TAKEN

OH-2 OH-3 OH-1P OTHER

10-91-0077 3

1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN  
1055156

1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

X X X

REPORTING AGENCY \*

OH P 91 STATE HWY PATROL 0101

98 - ANIMAL  
99 - UNKNOWN

02142006

DAY OF WEEK

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

LATITUDE

LONGITUDE

1607 TUE

X SHALERSVILLE 67

|                    |                       |          |  |                          |                  |                   |  |
|--------------------|-----------------------|----------|--|--------------------------|------------------|-------------------|--|
| CRASH OCCURRED ON: |                       | TYPE LOG |  | TYPE LOCATION POINT USED |                  | LOCAL INFORMATION |  |
| PREFIX             | CRASH LOCATION        |          |  | 1 NAMED STREET           | 3 NUMBERED ROUTE | MILEPOST 192.3 EB |  |
|                    | IR-80 (OHIO TURNPIKE) | 3        |  | 2 NUMBERED STREET        |                  |                   |  |

|                |    |        |                 |                      |                           |                      |                                  |  |                             |  |
|----------------|----|--------|-----------------|----------------------|---------------------------|----------------------|----------------------------------|--|-----------------------------|--|
| AT / REFERENCE |    |        |                 | REFERENCE POINT USED |                           |                      | 04 HOUSE NUMBER                  |  | 08 PLACE NAME W/O REFERENCE |  |
| DIST REFERENCE | DR | PREFIX | REFERENCE       | REF POINT            | 01 STATE LINE             | 05 TOWNSHIP BOUNDARY | 09 DRIVEWAY                      |  |                             |  |
| .3M E          |    |        | MILEPOST 192 EB | 06                   | 02 INTERSECTION 2 STREETS | 06 MILE POST         | 10 STREET OR ROUTE W/O REFERENCE |  |                             |  |
|                |    |        |                 |                      | 03 COUNTY LINE            | 07 CORPORATION LIMIT |                                  |  |                             |  |

NAME (LAST, FIRST, MIDDLE)

0101

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] CLEVELAND, OH. [REDACTED]

HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

06011983 22 M

|          |          |      |                  |                 |                |                  |
|----------|----------|------|------------------|-----------------|----------------|------------------|
| DL STATE | LP STATE | LP # | INJURED TAKEN BY | 1 NONE 4 OTHER  | TRANSPORTED BY | INJURED TAKEN TO |
| OH       | OH       |      |                  | 2 EMS 5 UNKNOWN |                |                  |
|          |          |      |                  | 3 POLICE        |                |                  |

OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] CLEVELAND, OH. [REDACTED]

|      |      |        |       |                   |                |               |
|------|------|--------|-------|-------------------|----------------|---------------|
| YEAR | MAKE | MODEL  | COLOR | INSURANCE COMPANY | TOWING SERVICE | OWNER PHONE # |
| 1990 | FORD | BRONCO | GRY   | NATIONWIDE        | INTERSTATE     | [REDACTED]    |

|                 |                     |
|-----------------|---------------------|
| OFFENSE CHARGED | OFFENSE DESCRIPTION |
|                 |                     |

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

|          |      |          |      |                  |                 |                |                  |
|----------|------|----------|------|------------------|-----------------|----------------|------------------|
| DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY | 1 NONE 4 OTHER  | TRANSPORTED BY | INJURED TAKEN TO |
|          |      |          |      |                  | 2 EMS 5 UNKNOWN |                |                  |
|          |      |          |      | 3 POLICE         |                 |                |                  |

OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

|      |      |       |       |                   |                |               |
|------|------|-------|-------|-------------------|----------------|---------------|
| YEAR | MAKE | MODEL | COLOR | INSURANCE COMPANY | TOWING SERVICE | OWNER PHONE # |
|      |      |       |       |                   |                |               |

|                 |                     |
|-----------------|---------------------|
| OFFENSE CHARGED | OFFENSE DESCRIPTION |
|                 |                     |

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

INJURED TAKEN BY: 1 NONE 4 OTHER, 2 EMS 5 UNKNOWN, 3 POLICE

TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

INJURED TAKEN BY: 1 NONE 4 OTHER, 2 EMS 5 UNKNOWN, 3 POLICE

TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

|   |                         |                            |                       |                     |                                  |                      |
|---|-------------------------|----------------------------|-----------------------|---------------------|----------------------------------|----------------------|
| <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 EXTRICATED BY MECHANICAL MEANS | 2 POSSIBLE           |
| 03 FRONT - RIGHT                        | 03 LAP BELT ONLY        | 3 DEPLOYED-SIDE            | 3 IN OFF POSITION     | 3 PARTIALLY EJECTED | 3 FREED BY NON-MECHANICAL MEANS  | 3 NON-INCAPACITATING |
| 04 SECOND - LEFT (MC PASS)              | 04 SHOULDER/LAP BELT    | 4 DEPLOYED BOTH FRONT/SIDE | 4 UNKNOWN             | 4 NOT APPLICABLE    | 4 UNKNOWN                        | 4 INCAPACITATING     |
| 05 SECOND - MIDDLE                      | 05 CHILD SAFETY SEAT    | 5 NOT APPLICABLE           |                       | 5 UNKNOWN           |                                  | 5 FATAL INJURY       |
| 06 SECOND - RIGHT                       | 06 MC HELMET USED       | 6 UNKNOWN                  |                       |                     |                                  | 6 UNKNOWN            |
| 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) | 07 USE UNKNOWN          |                            |                       |                     |                                  |                      |
| 08 THIRD - MIDDLE                       | <b>NON-MOTORIST</b>     |                            |                       |                     |                                  |                      |
| 09 THIRD - RIGHT                        | 08 NONE USED            |                            |                       |                     |                                  |                      |
| 10 SLEEPER SECTION OF CAB               | 09 HELMET USED          |                            |                       |                     |                                  |                      |
| 11 ENCLOSED CARGO AREA                  | 10 PROTECTIVE PADS      |                            |                       |                     |                                  |                      |
| 12 UNENCLOSED CARGO AREA                | 11 REFLECTIVE CLOTHING  |                            |                       |                     |                                  |                      |
| 13 TRAILING UNIT                        | 12 LIGHTING             |                            |                       |                     |                                  |                      |
| 14 EXTERIOR                             | 13 OTHER                |                            |                       |                     |                                  |                      |
| 15 OTHER                                | 14 UNKNOWN              |                            |                       |                     |                                  |                      |
| 16 NON-MOTORIST                         |                         |                            |                       |                     |                                  |                      |
| 17 UNKNOWN                              |                         |                            |                       |                     |                                  |                      |

BLANK FOR WITNESS

03

1540

Motorist/Non-Motorist

Occupant

2006 APR -4

TP Fire



**Narrative**

UNIT#1 WAS EAST BOUND ON THE OHIO TURNPIKE UNIT#1 HAD AN EQUIPMENT FAILURE CAUSING A FIRE IN THE ENGINE COMPARTMENT UNIT#1 CAME TO A CONTROLLED STOP ON THE RIGHT BERM.

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

- |   |                            |
|---|----------------------------|
| 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 REAR-TO-REAR                                    | 4 UNKNOWN                  |

**WORK ZONE RELATED**

**WEATHER**

01

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

**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 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

**WORKERS PRESENT**

**1 NO**

**2 YES**

**3 UNKNOWN**

**LIGHT CONDITIONS**

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

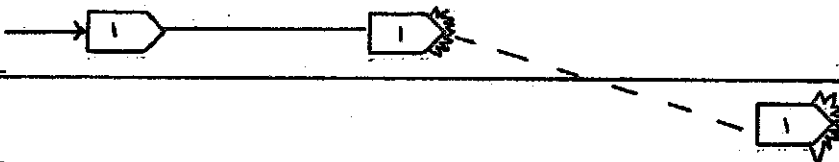
**Diagram**

OHIO TURNPIKE  
EAST BOUND LANES

MEDIAN



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 (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
A BUS DESIGNED 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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

- CARGO BODY TYPE**
- 01 NOT APPLICABLE
  - 02 BUS (9-15 INCLUDING DRIVER)
  - 03 VAN/ENCLOSED BOX
  - 04 GRAIN/CHIPS/GRAVEL
  - 05 POLE
  - 06 CARGO TANK
  - 07 FLATBED
  - 08 DUMP

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

**Weight (GVWR)**

- 1 LESS/EQUAL 10,000
- 2 10,001 - 26,000
- 3 MORE THAN 26,000

**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**

02142006 1.611 11611 11620 11651 110 50

OFFICER'S NAME\*

CHECKED BY

DATE REPORT FILED\*

TPR B. VAIL

1540

SGT. A. MATOS

02/14/2006

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

10-91-0077

|                                   |  |                                    |
|-----------------------------------|--|------------------------------------|
| LOCAL REPORT NUMBER<br>10-91-0077 | REPORTING AGENCY<br>STATE HWY PATROL                   | DATE OF ACCIDENT<br>M 7 10 14 1986 |
| IN COUNTY OF<br>PORTAGE           | ACCIDENT LOCATION<br>IR-80 (OHIO TURNPIKE) MP-192.3 EB |                                    |

1990 FORD BRONCO DAMAGE  
 - EXTENSIVE BURN DAMAGE TO ENGINE COMPARTMENT

OFFICERS NOTES

- NO INJURIES
- NO WITNESSES
- MANTUA/SHALERSVILLE TWP FIRE DEPARTMENT RESPONDED TO SCENE

TURNPIKE DAMAGE

- SCORCHED PAVEMENT TO SOUTH BERM
- OWNER: OHIO TURNPIKE COMMISSION  
682 PROSPECT ST.  
BEREA, OH 44017

OFFICER'S SIGNATURE

X [Signature]

BADGE NUMBER

1540

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                   |                                      |                            |
|-----------------------------------|--------------------------------------|----------------------------|
| LOCAL REPORT NUMBER<br>10-91-0077 | REPORTING AGENCY<br>STATE HWY PATROL | DATE OF CRASH<br>M 2/14/06 |
|-----------------------------------|--------------------------------------|----------------------------|

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

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

TPR B. VAEL (OFFICERS NAME) AT MP-1923 EB (LOCATION)

I was driving down enterstate 80 when my truck <sup>started</sup> ~~was~~ to slow down. while in the righthand lane I pulled over driving 25 mph. After I stopped I notice my truck starting to smoke. I popped the hood and I saw a small fire. I then called 911.

Q WHERE WERE YOU HEADED TO?  
PITTSBURGH, PA.

Q WHAT LANE WERE YOU IN?  
RIGHT LANE

Q ANY NEW WORK DONE ON TRUCK?  
NEW POWER STEERING PUMP

Q ANY TROUBLES WITH TRUCK BEFORE?  
NO

Q WHERE WERE YOU COMING FROM?  
HOME

|                                    |                                   |                     |
|------------------------------------|-----------------------------------|---------------------|
| ADDRESS OF WITNESS<br>[REDACTED]   | CLEVELAND, OH. [REDACTED]         | PHONE<br>[REDACTED] |
| SIGNATURE OF WITNESS<br>[REDACTED] | OFFICERS SIGNATURE<br>TPR B. VAEL |                     |