

TRAFFIC CRASH REPORT

10155162

OH-1 (Rev. 10/99)



CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
OH-2 OH-3 OH-1P OTHER
X X X

10-90-0119 3

REPORTING AGENCY *

OHP 90

STATE HIGHWAY PATROL

01 01

98 = ANIMAL
99 = UNKNOWN

02242006

2

DAY OF WEEK
1655 FRI

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
X BERLIN 22

LATITUDE
LONGITUDE

| | | | | |
|--|--|---|--|---------------------------------|
| CRASH OCCURRED ON PREFIX CRASH LOCATION 1R80 WESTBOUND OHIO TURNPIKE | | TYPE LOC 3 | TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET | LOCAL INFORMATION 127.0 W.B. |
| AT / REFERENCE DIST REFERENCE DN PREFIX REFERENCE AT MILEPOST 187 | REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE | 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT | 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE | |

NAME (LAST, FIRST, MIDDLE)

01 02

ADDRESS (STREET, CITY, STATE, ZIP CODE)

N. CANTON OH

HOME PHONE #
WORK PHONE #

DL STATE DL #
OH

LP STATE LP #
OH

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

TRANSPORTED BY
INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SAME

| | | | | | | |
|--------------|---------------|----------------------|---------------|-------------------------------------|---------------------------|---------------|
| YEAR 2002 | MAKE CHEVY | MODEL TRAILBLAZER | COLOR BLUE | INSURANCE COMPANY HOME-OWNER INS | TOWING SERVICE CHARLES | OWNER PHONE # |
|--------------|---------------|----------------------|---------------|-------------------------------------|---------------------------|---------------|

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

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #
WORK PHONE #

DL STATE DL #

LP STATE LP #

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

TRANSPORTED BY
INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

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

NAME (LAST, FIRST, MIDDLE)

01

ADDRESS (STREET, CITY, STATE, ZIP CODE)

N. CANTON OH

HOME PHONE #

04151950 55 M

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

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
|---------------------------------------|------------------------|------------------|-------------------|---------------------|----------------------------------|----------------------|
| 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 MEANS | 3 NON-INCAPACITATING |
| 04 SECOND-LEFT (MC PASS) | 04 SHOULDER/LAP BELT | 4 DEPLOYED BOTH | 4 UNKNOWN | 4 NOT APPLICABLE | 4 UNKNOWN | 4 INCAPACITATING |
| 05 SECOND-MIDDLE | 05 CHILD SAFETY SEAT | 5 NOT APPLICABLE | | 5 UNKNOWN | 5 FREED BY NON-MECHANICAL MEANS | 5 FATAL INJURY |
| 06 SECOND-RIGHT | 06 MC HELMET USED | 6 UNKNOWN | | | 6 UNKNOWN | 6 UNKNOWN |
| 07 THIRD-LEFT (MC PASSENGER/SIDE CAR) | 07 USE UNKNOWN | | | | | |
| 08 THIRD-MIDDLE | 08 NONE USED | | | | | |
| 09 THIRD-RIGHT | 09 HELMET USED | | | | | |
| 10 SLEEPER SECTION OF CAB | 10 PROTECTIVE PADS | | | | | |
| 11 ENCLOSED CARGO AREA | 11 REFLECTIVE CLOTHING | | | | | |
| 12 UNENCLOSED CARGO AREA | 12 LIGHTING | | | | | |
| 13 TRAILING UNIT | 13 OTHER | | | | | |
| 14 EXTERIOR | 14 UNKNOWN | | | | | |
| 15 OTHER | | | | | | |
| 16 NON-MOTORIST | | | | | | |
| 17 UNKNOWN | | | | | | |

24

601

BLANK FOR WITNESS

HSY7001

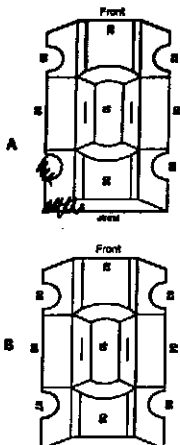
TOP COPY - ODPS BOTTOM COPY - AGENCY

Motorist/Non-Motorist

Occupant

200 APR - 4

1:03

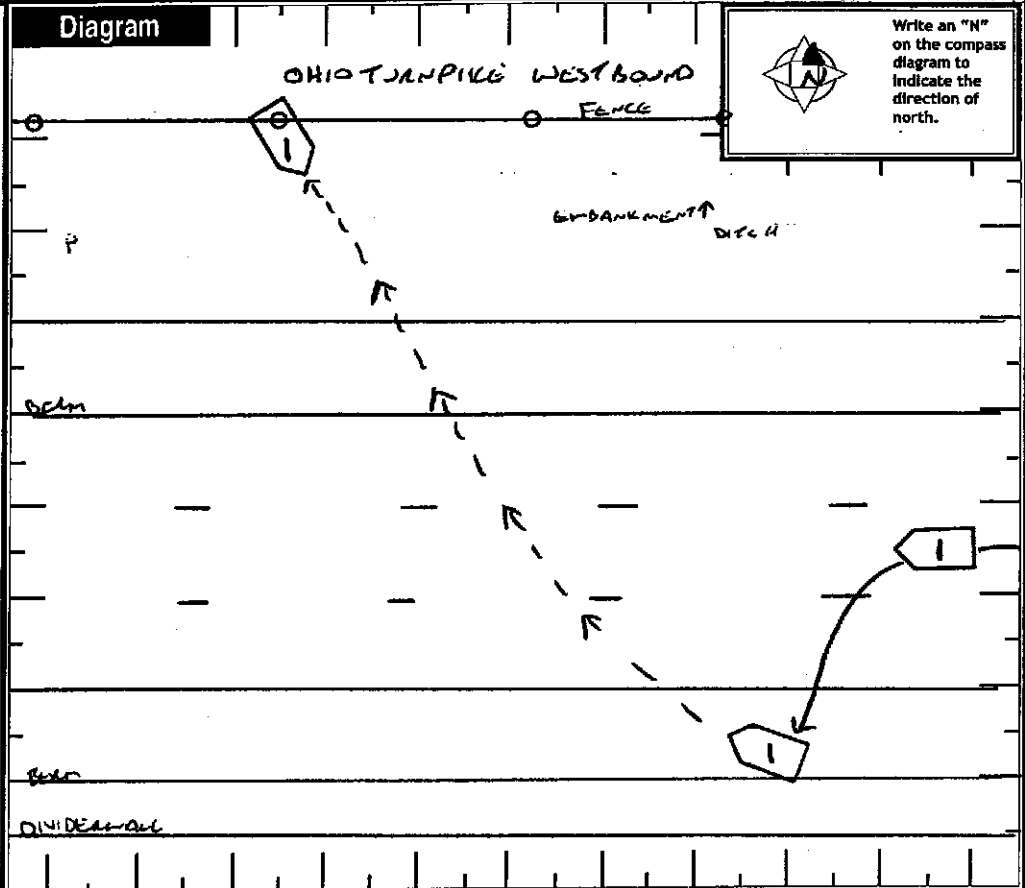
| | | | | | |
|--|---|--|--|---|--|
| UNIT NUMBERS <input type="text" value="01"/> | DAMAGE AREA  | PRE-CRASH ACTIONS <input type="text" value="01"/> MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN | SEQUENCE OF EVENTS <input type="text" value="06"/> <input type="text" value="32"/> <input type="text" value="41"/> <input type="text" value="42"/> NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSON 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | POSTED SPEED <input type="text" value="65"/> TRAFFIC CONTROL <input type="text" value="12"/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DONT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER | DRUG TEST STATUS <input type="text" value="1"/> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN DRUG TEST TYPE <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <input type="text" value="1"/> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPiates 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING |
| NON-MOTORIST LOCATION 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN | MOST DAMAGED AREA <input type="text" value="07"/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | CONTRIBUTING CIRCUMSTANCES <input type="text" value="19"/> MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/WACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN | DIRECTION <input type="text" value="34"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN | CONDITION <input type="text" value="1A"/> <input type="text" value="3"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN | TYPE OF INTERSECTION <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN |
| TYPE OF UNIT <input type="text" value="06"/> MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOXTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN | POINT OF IMPACT <input type="text" value="07"/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN | FIRST HARMFUL EVENT <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) | MOST HARMFUL EVENT <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) | ALCOHOL TEST STATUS <input type="text" value="1"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN | OCCURRENCE <input type="text" value="3"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN |
| IN EMERGENCY RESPONSE <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN | ACTION <input type="text" value="3"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="06"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS | SPEED DETECTED <input type="text" value="1"/> 1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value="65"/> | ALCOHOL TEST TYPE <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER | ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE |
| DAMAGE SCALE <input type="text" value="3"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | STRIKING VEHICLE: OVERRIDE/ UNDERRIE <input type="text" value="1"/> 1 NO UNDERRIE OR OVERRIDE 2 UNDERRIE, COMPARTMENT INTRUSION 3 UNDERRIE, NO COMPARTMENT INTRUSION 4 UNDERRIE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN | ALCOHOL TEST RESULT <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER | ROAD CONDITIONS <input type="text" value="01"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY | ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE | DRUG TEST STATUS <input type="text" value="1"/> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN |

10-90-0119

Narrative

UNIT #1 WAS TRAVELING WEST ON THE OHIO TURNPIKE. UNIT #1 HAD A TIRE BLOWOUT, LOST CONTROL AND STRUCK DIVIDER WALL. UNIT #1 THEN SPUN OFF RIGHT SIDE OF ROAD AND STRUCK EMBANKMENT THEN THE RIGHT OF WAY FENCE.

Diagram



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 |
| 5 BACKING | |
| 6 ANGLE | WORK ZONE RELATED |
| 7 SIDESWIPE, SAME DIRECTION | 1 NO |
| 8 SIDESWIPE, OPPOSITE DIRECTION | 2 YES |
| 9 UNKNOWN | 3 UNKNOWN |

WEATHER

- 02
- 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 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 CLARE
- 8 OTHER
- 9 UNKNOWN

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.

AND 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 | 05 POLE | 09 CONCRETE MIXER | Weight (GVWR) | CDL Class | Hazardous Materials Placard | Hazardous Materials Released |
| | 02 BUS (8-15 INCLUDING DRIVER) | 06 CARGO TANK | 10 AUTO TRANSPORTER | 1 LESS/EQUAL 10,000 | 1 CLASS A | 1 NO | 1 NO |
| | 03 VAN/ENCLOSED BOX | 07 FLATBED | 11 GARBAGE/REFUSE | 2 10,001 - 26,000 | 2 CLASS B | 2 YES | 2 YES |
| | 04 GRAN/CHIPS/GRAVEL | 08 DUMP | 12 OTHER | 3 MORE THAN 26,000 | 3 CLASS C | 3 UNKNOWN | 3 NOT APPLICABLE |
| | | | 13 UNKNOWN | | 4 CLASS M | | 4 UNKNOWN |
| | | | | | 5 CLASS D | | |

Police Action

DISPATCH: 022420061657 | ARRIVED: 1657 | CLEARED: 1700 | OTHER: 1800 | 30 | 93

OFFICER'S NAME: TR. FRANCOY | CHECKED BY: SGT. A. WALKER | DATE REPORT FILED: 02282006

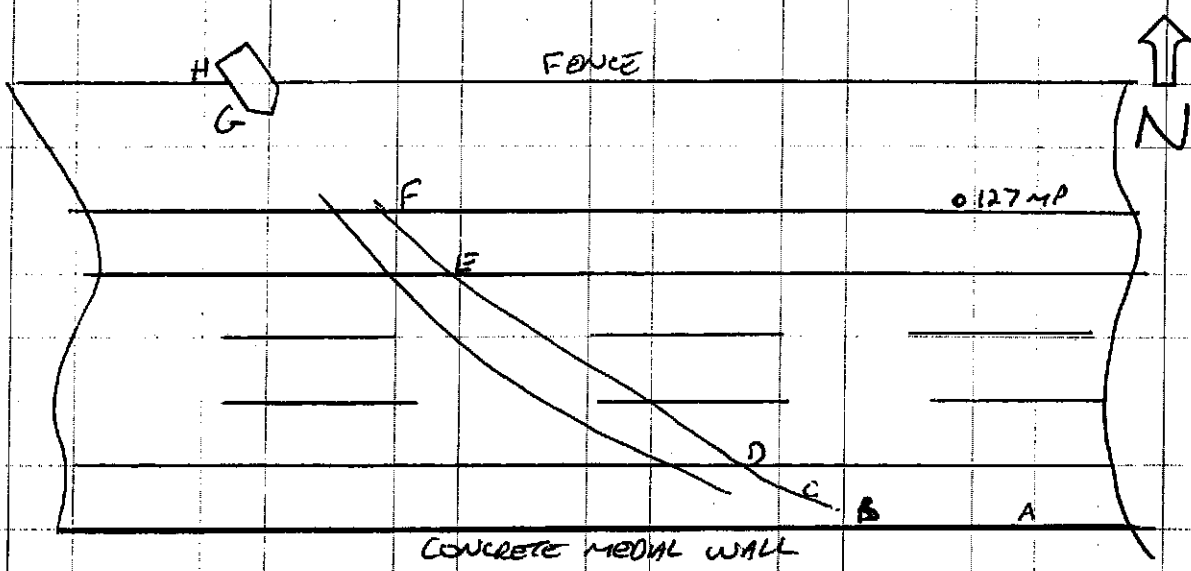
REPORT TAKEN BY: 1 POLICE AGENCY | REPORT TAKEN AT: 1 SCENE | 2 MOTORIST | 2 STATION | 3 OTHER

10-90-0119

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

| | | |
|---|--|--|
| LOCAL REPORT NUMBER 10-90-119 | REPORTING AGENCY STATE HIGHWAY PATROL | DATE OF ACCIDENT M 2 D 24 Y 06 |
| IN COUNTY OF ERIE | ACCIDENT LOCATION OHIO TURNPIKE 127 MILEPOST WESTBOUND | |



RP₁ = 127 MILEPOST
 POINT "O" = ON RIGHT EDGE LINE AT RP₁
 BASELINE = RIGHT EDGE LINE

| | F ₀ | A _{BL} | |
|---|------------------|-----------------|---|
| A | 15 ³ | 13° | UNIT 1 STRIKES WALL (TIRE MARK CLIMBING WALL) |
| B | 16 ⁴ | 13° | UNIT 1 OFF WALL |
| C | 64 ³ | 40° | START OF RIGHT TIRE MARK |
| D | 164 ⁹ | 36° | UNIT 1 CROSSES LEFT EDGE LINE |
| E | 271 ² | 0° | UNIT 1 ON BERM |
| F | 291 ⁰ | 12° | UNIT 1 OFF BERM |
| G | 401 ⁰ | 71° | RF TIRE FINAL REST |
| H | 407 ⁴ | 78 ² | RIGHT REAR TIRE FINAL REST |

NO TIRE MARKS PRIOR TO UNIT 1 STRIKING WALL

OFFICERS SIGNATURE

T. W. Mack

BADGE NO.

1403

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

| | | |
|-------------------------------|--|---------------------------------|
| LOCAL REPORT NUMBER 10-90- | REPORTING AGENCY State Highway Patrol | DATE OF CRASH M 2 10 24 1906 |
| IN COUNTY OF ERIE | CRASH LOCATION IR-80 Ohio Turnpike WESTBOUND MP 127 | |

Unit # 1 Information

Year= 2000

Make= CHEVY

Model= TRAIL BLAZER

Style= SUV 4DR

Color= BLUE

Reg = [REDACTED] - OHIO

VIN= 1GNGSL35X22 [REDACTED]

Damage: - LEFT REAR TAIL CAMP BULBS
 - LEFT REAR RIM/WHEEL DAMAGE
 - MUFFLE BROKEN OFF
 - REAR BUMPER HOUSING CRACKED

Injuries: NONE

Weather

Roadway= DRY

Temperature= 37° F AIR / 39° F ROAD

Sky= CLOUDY

Remarks=

Roadway Information

Condition= GOOD

Type= ASPHALT

Insurance Company

Name= HOME-OWNERS INSURANCE CO.

Policy #= [REDACTED]

Agent= COX AND DERVIN INSURANCE
 330-494-5923

DAMAGE TO OHIO TURNPIKE

- RUTS AND FURROWS IN DITCH/EMBANKMENT
 - RIGHT OF WAY FENCE 1 POLE / 20' OF FENCE

OFFICER'S SIGNATURE

X *[Signature]*

BADGE NUMBER

0601

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|-----------------------------------|--|---------------------------------|
| LOCAL REPORT NUMBER 10-90-0119 | REPORTING AGENCY STATE HIGHWAY PATROL | DATE OF CRASH M 2 10 24 1906 |
|-----------------------------------|--|---------------------------------|

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

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

PO FRANCESWAY AT SCENE
(OFFICERS NAME) (LOCATION)

WAS DRIVING W/ON THE OH TURN GOING 65 MPH.
 I FELT A SHARP SUDDEN PULL THAT PULLED
 MY ARMS SHARPLY TO THE LEFT WHICH
 PULLED MY VEH FROM THE CTR LANE
 INTO THE LEFT LANE. I HIT THE WALL
 SPUN AROUND AND WENT OFF THE ROAD

Q. DO YOU HAVE ANY IDEA WHY YOUR VEHICLE PULLED YOU TO THE LEFT?

A. I CAN ONLY THINK OF A TIRE BLOW OUT

Q. WHAT LANE WERE YOU ORIGINALLY IN?

A. MIDDLE

Q. WERE YOU INJURED IN ANY WAY?

A. NONE

Q. DID YOU HEAR ANY THING TO INDICATE A TIRE BLOWOUT?

A. NO.

| | |
|----------------------|--------------------|
| ADDRESS OF WITNESS | PHONE |
| SIGNATURE OF WITNESS | OFFICERS SIGNATURE |

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|-----------------------------------|--|-----------------------------|
| LOCAL REPORT NUMBER 10-90-0119 | REPORTING AGENCY STATE HIGHWAY PATROL | DATE OF CRASH M2 124 106 |
|-----------------------------------|--|-----------------------------|

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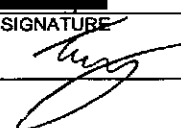
I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

TPR BRANCHAW AT SCENE
(OFFICERS NAME) (LOCATION)

Q. WHEN DID YOU START DRIVING TODAY AND WHERE FROM?
 A. CANTON AROUND 3:30P OR SO, OUR HOUSE

Q. WERE YOU TIRED OR ANY THING?
 A. NO

Q. ARE YOU ON ANY MEDICATION?
 A. I TAKE AN ANTI-DEPRESSANT FOR AN INJURY TO MY ARM. I TAKE IT AT NIGHT AND IN THE MORNING. (ULTRASAT) I TOOK SOME THIS MORNING: PREM ALIAN, BANQU ASPERIN, CRESTOR AROUND 8:30AM.

| | | | |
|--|--|--|---|
| ADDRESS OF WITNESS SIGNATURE OF WITNESS | [REDACTED] [REDACTED] | N-CANTON OH | PHONE [REDACTED] |
| | | OFFICERS SIGNATURE  | |