

10157480

OH-1 (Rev. 12/99)

TRAFFIC CRASH REPORT


 CRASH SEVERITY
 1 FATAL
 2 FATAL
 3 FATAL
 4 FATAL
 5 FATAL
 6 FATAL
 7 FATAL
 8 FATAL
 9 FATAL
 10 FATAL

 FATALITY
 1 Not Injured
 2 Injured
 3 Injured
 4 Injured
 5 Injured
 6 Injured
 7 Injured
 8 Injured
 9 Injured
 10 Injured

 FATALITY
 1 Not Injured
 2 Injured
 3 Injured
 4 Injured
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 7 Injured
 8 Injured
 9 Injured
 10 Injured

0HP91

STATE HIGHWAY PATROL

01 01

04012006

1520 SAT

X BOSTON

77

TR 80 (OHIO TURNPIKE W/2)

3

TYPE LOCATION POINT LINE
1 NAMED STREET
2 NAMED ROUTE
3 NAMED HIGHWAY

177.5 W.O.

SME

M.P. 177

06

REFERENCE POINT LINE
01 Street Line
02 Intersection 1 Street
03 County Line
 04 Home Number
 05 Turnoff Direction
 06 Mile Post
 07 Intersection Line
 08 Road Name
 09 Direction
 10 Street On Route Info
 11 Direction

01 01

NAME (Last, First, Middle)

AKRON, OH

M. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

L.P. State

TRACY STRONG

1992

ALMAA

LEGEND

BLK

GRANGE INS.

RECH'S

 01 Not Injured
 02 Injured
 03 Injured
 04 Injured
 05 Injured
 06 Injured
 07 Injured
 08 Injured
 09 Injured
 10 Injured

NAME (Last, First, Middle)

NAME (Last, First, Middle)

ADDRESS (Street, City, State, Zip Code)

 1 Not Injured
 2 Injured
 3 Injured
 4 Injured
 5 Injured
 6 Injured
 7 Injured
 8 Injured
 9 Injured
 10 Injured

TRANSPORTED BY

INJURED TRUCK TO

NAME (Last, First, Middle)

NAME (Last, First, Middle)

ADDRESS (Street, City, State, Zip Code)

 1 Not Injured
 2 Injured
 3 Injured
 4 Injured
 5 Injured
 6 Injured
 7 Injured
 8 Injured
 9 Injured
 10 Injured

TRANSPORTED BY

INJURED TRUCK TO

- 01 Front - Left (MC Bumper)
-
- 02 Front - Middle
-
- 03 Front - Right
-
- 04 Bumper - Left (MC Bumper)
-
- 05 Bumper - Middle
-
- 06 Bumper - Right
-
- 07 Tire - Left
-
- 08 Tire - Middle
-
- 09 Tire - Right
-
- 10 Bumper - Left (MC Bumper)
-
- 11 Bumper - Middle
-
- 12 Bumper - Right
-
- 13 Tire - Left
-
- 14 Tire - Middle
-
- 15 Tire - Right
-
- 16 Bumper - Left (MC Bumper)
-
- 17 Bumper - Middle
-
- 18 Bumper - Right

- 01 Front - Left (MC Bumper)
-
- 02 Front - Middle
-
- 03 Front - Right
-
- 04 Bumper - Left (MC Bumper)
-
- 05 Bumper - Middle
-
- 06 Bumper - Right
-
- 07 Tire - Left
-
- 08 Tire - Middle
-
- 09 Tire - Right
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-
- 12 Bumper - Right
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- 14 Tire - Middle
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- 15 Tire - Right
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-
- 17 Bumper - Middle
-
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E. State

W. State

0085

THE COPY - COPY BOTTOM COPY - COPY

Narrative

UNIT 1 WAS WESTBOUND ON OHIO TURNPIKE.
UNIT 1 LEFT FRONT WHEEL AND WHEEL
ASSEMBLY BROKE FREE, STRIKING LEFT FRONT
FENDER OF UNIT 1.

Diagram



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

BRIDGE WALL ✓

PAVED BERM

PAVED BERM

BRIDGE WALL →

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- | | |
|---|----------------------------|
| 1 | 1 |
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRAFFIC | 1 NO |
| 2 REAR-END | 2 YES, EXACTLY REAR-END |
| 3 SIDE-IMPACT | 3 YES, EXACTLY SIDE-IMPACT |
| 4 FRONT-TO-REAR | 4 UNKNOWN |
| 5 COLLISION | |
| 6 JAMMED | |
| 7 COLLISION, SAME DIRECTION | |
| 8 COLLISION, OPPOSITE DIRECTION | |
| 9 UNKNOWN | |

WORK ZONE RELATED

- | | |
|---|-----------|
| 1 | 1 NO |
| 2 | 2 YES |
| 3 | 3 UNKNOWN |

WEATHER

02

- | | |
|------------------------------------|-----------------------------|
| 01 CLEAR | 1 LOW CLOUDS |
| 02 CLOUDY | 2 LOW MIST/FOG |
| 03 FOG, SMOG, SMOKES | 3 MIST/FOG ON HIGHWAY |
| 04 FOG | 4 INTERMITTENT/INTERMITTENT |
| 05 SLEET, HAIL (INCLUDE HAIL SIZE) | 5 OTHER |
| 06 SNOW | |
| 07 SEVERE WEATHER | |
| 08 UNKNOWN | |
| 09 OTHER | |
| 10 UNKNOWN | |

LOCATION OF CRASH IN WORK ZONE

- | | |
|---|--------------------------|
| 1 | 1 BEFORE FIRST WORK ZONE |
| 2 | 2 WITHIN WORK ZONE |
| 3 | 3 AFTER LAST WORK ZONE |
| 4 | 4 UNKNOWN |

LIGHT CONDITIONS

- | | |
|---|-------------------------|
| 1 | 1 DAYLIGHT |
| 2 | 2 DARK |
| 3 | 3 DAWN |
| 4 | 4 DUSK - LIMITED VISION |
| 5 | 5 DUSK - NO VISION |
| 6 | 6 DUSK - UNKNOWN VISION |
| 7 | 7 DARK |
| 8 | 8 OTHER |
| 9 | 9 UNKNOWN |

- | | |
|---|-----------|
| 1 | 1 NO |
| 2 | 2 YES |
| 3 | 3 UNKNOWN |

Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (BOTH VEHICLES) WITH A GROSS WEIGHT EXCEEDING 10,000 POUNDS OR
A TRUCK (BOTH VEHICLES) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS ORIGINALLY DESIGNED FOR AT LEAST 8 PASSENGERS, INCLUDING DRIVER.

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:

- | | |
|---|---|
| A | A FATALITY; OR |
| N | AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR |
| D | AT LEAST ONE VEHICLE NOT STOPPED DUE TO DRAGGING HAZARD OR OBSTRUCTING TRAFFIC OR OTHER PROHIBITIVE REASON TO STOP. |

COMPANY (FROM SAFETY PLACARD)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

VEHICLE

MAKE

MODEL

YEAR

WEIGHT

TYPE

TYPE

CARGO BODY TYPE

- | | |
|----|--------------------------------|
| 01 | 01 NOT APPLICABLE |
| 02 | 02 BUS (15-18 INCLUSIVE SEATS) |
| 03 | 03 VAN/DELIVERY BUS |
| 04 | 04 CARGO/HAULER |

- | | |
|----|---------------|
| 05 | 05 FLAT |
| 06 | 06 CARGO TANK |
| 07 | 07 FLATBED |
| 08 | 08 OTHER |

- | | |
|----|---------------------|
| 09 | 09 CONCRETE MIXER |
| 10 | 10 AUTO TRANSPORTER |
| 11 | 11 CARGO/HAULER |
| 12 | 12 OTHER |
| 13 | 13 UNKNOWN |

WEIGHT (GVWR)

- | | |
|---|--------------------|
| 1 | 1 LESS THAN 10,000 |
| 2 | 2 10,001 - 25,000 |
| 3 | 3 MORE THAN 25,000 |

CRASH CLASS

- | | |
|---|-----------|
| 1 | 1 CLASS A |
| 2 | 2 CLASS B |
| 3 | 3 CLASS C |
| 4 | 4 CLASS D |
| 5 | 5 CLASS E |

Hazardous Materials Placard

- | | |
|---|-----------|
| 1 | 1 YES |
| 2 | 2 YES |
| 3 | 3 UNKNOWN |

Hazardous Materials Released

- | | |
|---|------------------|
| 1 | 1 NO |
| 2 | 2 YES |
| 3 | 3 NOT APPLICABLE |
| 4 | 4 UNKNOWN |

Police Action

0 0120061520

1520

1529

1612

20

72

Officer's Name

TPR. A.M. DOLES

85

Officer's Name

Sgt. J. Artman

Date Report Filed

04022006

Report Taken By

1 POLICE OFFICER
2 MAYOR

Report Taken At

1 HOME
2 STATION
3 OTHER

Top Copy - OPRs Bottom Copy - Admin

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
[REDACTED]	STATE HIGHWAY PATROL	M 04 10 01 11 06
IN COUNTY OF	ACCIDENT LOCATION	
SUMMIT	OHIO TURNPIKE - M.P. 177.5	

UNIT 1

VIN - JH4KA7675 [REDACTED]

DAMAGE - LEFT FRONT WHEEL AND
WHEEL ASSEMBLY (DISENGAGED),
LEFT FRONT FENDER (DENTS,
SCRATCHES)

OFFICER'S SIGNATURE

X *Tm A.M. Doh*

BADGE NUMBER

83