

TRAFFIC CRASH REPORT

10163684

OH-1 (REV. 10/77)



10-91-0273 3

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

REPORTING AGENCY *
OHP 91 STATE HIGHWAY PATROL

02 02 98 = ANIMAL
99 = UNKNOWN 05212006

DAY OF WEEK: 1000 SUN X
NAME (OF CITY, VILLAGE OR TOWNSHIP) *: N. ROYALTON 18
LATITUDE: _____ LONGITUDE: _____

CRASH OCCURRED ON
PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION
IR 80 (OHIO TURNPIKE) EB 3 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET MP 163.8 EB

AT/REFERENCE DIST REFERENCE DR PREFIX REFERENCE REF POINT REFERENCE POINT USED
.2 MW MILEPOST 164 06 01 STATE LINE 04 HOUSE NUMBER
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 08 PLACE NAME W/O REFERENCE
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT 09 DRIVEWAY

0101 [REDACTED]
N. RIDGEVILLE OH
HOME PHONE # [REDACTED] WORK PHONE # N/A

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

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

YEAR 2005 MAKE FORD MODEL CROWN VIC COLOR GRAY INSURANCE COMPANY CINCINNATI INSURANCE CO. TOWING SERVICE NONE OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED]

0201 [REDACTED]
AKRON OH
HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

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

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

YEAR 1995 MAKE PONTIAC MODEL FIRE BIRD COLOR RED INSURANCE COMPANY ALL STATE TOWING SERVICE NONE OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED]

NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED]
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

Address (STREET, CITY, STATE, ZIP CODE) [REDACTED]
NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED]

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]

| 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 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 | NON-MOTORIST | | | | | |
| 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

24

1019

HSY7001

TOP COPY LODPS BOTTOM COPY - AGENCY

UNIT NUMBERS

01 02

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

TYPE OF UNIT

04 03

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 (BOBTAIL)
- 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 TRAIN
- 30 FARM VEHICLE
- 31 FARM EQUIPMENT
- 32 SNOWMOBILE
- 33 CONSTRUCTION EQUIPMENT
- 34 ALL OTHERS

IN EMERGENCY RESPONSE

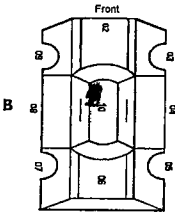
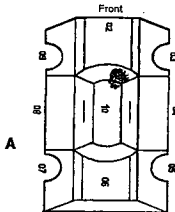
- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE

3 2

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 SEVERE
- 6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

10 10

POINT OF IMPACT

- 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

POINT OF IMPACT

10 01

- 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

ACTION

- 1 NON-CONTACT
- 2 NON-COLLISION
- 3 STRIKING
- 4 STRUCK
- 5 BOTH STRIKING AND STRUCK
- 6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE

- 1 NO UNDERRIDE OR OVERRIDE
- 2 UNDERRIDE, COMPARTMENT INTRUSION
- 3 UNDERRIDE, NO COMPARTMENT INTRUSION
- 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERRIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS

01 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

CONTRIBUTING CIRCUMSTANCES

01 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/ACDA
- 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 INATTENTIVE
- 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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

- 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

SEQUENCE OF EVENTS

23 06

NON-COLLISION

- 01 OVERTURN/ROLLOVER
- 02 FIRE/EXPLOSION
- 03 IMMERSION
- 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

FIRST HARMFUL EVENT

1 1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1 1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

1 1

SPEED

70 65

POSTED SPEED

65 65

TRAFFIC CONTROL

1 2 1 2

- 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/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION

4 3 4 3

CONDITION

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL TEST STATUS

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

DRUG TEST STATUS

1 1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

DRUG TEST TYPE

1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPIATES
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

01

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDABOUT
- 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

OCCURRENCE

1

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR

2

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS

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

10-91-0273

Narrative

UNIT #1 AND UNIT #2 WERE EAST BOUND ON THE OHIO TURNPIKE. THE LEFT SIDE T-TOP CAME OFF UNIT #2 AND STRUCK UNIT #1 CAUSING DAMAGE.

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

WEATHER

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

- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/ MOVING WORK
- 5 OTHER

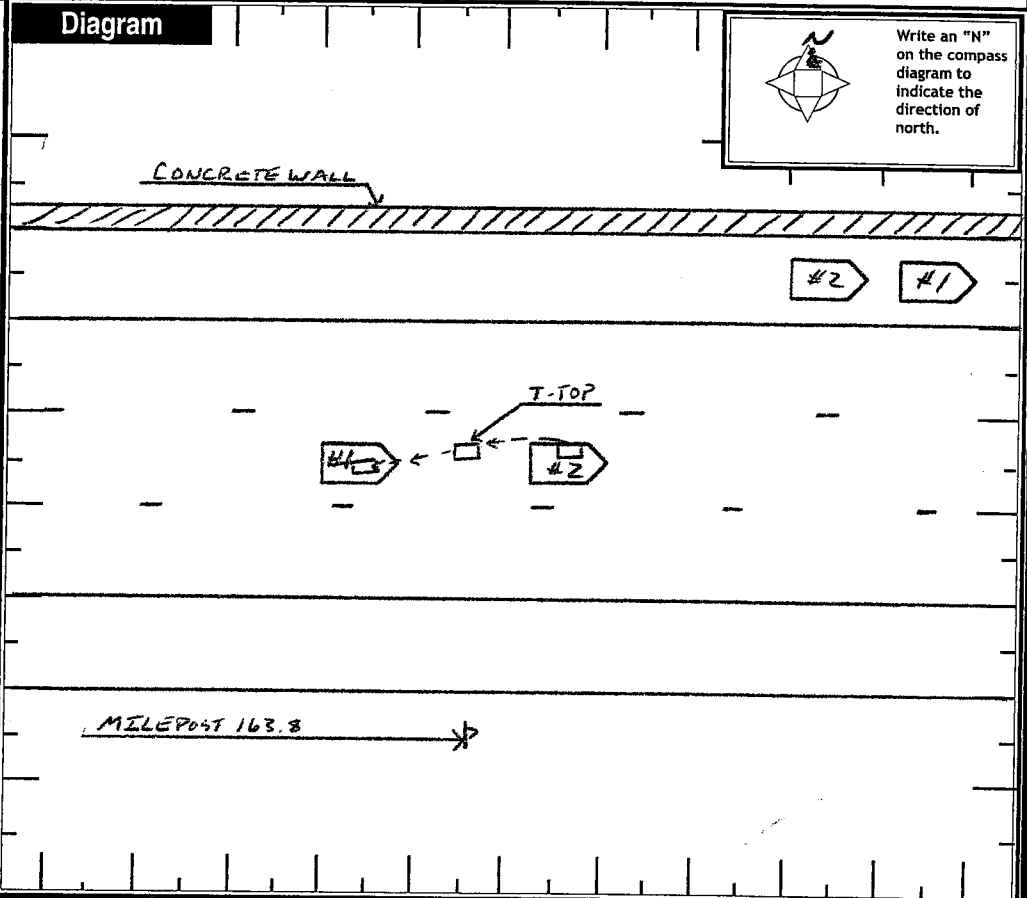
LOCATION OF CRASH IN WORK ZONE

- 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

Diagram



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 | 05 POLE |
| 02 BUS (9-15 INCLUDING DRIVER) | 06 CARGO TANK |
| 03 VAN/ENCLOSED BOX | 07 FLATBED |
| 04 GRAN/CHIPS/GRAVEL | 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

DISPATCH: 05212006 1002 ARRIVED: 1002 1003 CLEARED: 1132 OTHER: 0 90

OFFICER'S NAME*

TPR L. SPROCKETT

CHECKED BY

LT. WCT BUTTS

DATE REPORT FILED *

05232006

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

10-91-0273

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 16-91-0273

REPORTING AGENCY STATE HIGHWAY PATROL

DATE OF ACCIDENT M 05 10 21 1006

IN COUNTY OF CUYAHOGA

ACCIDENT LOCATION OHIO TURNPIKE - EAST BOUND - MP 163.8

UNIT #1

DAMAGE - WINDSHIELD SMASHED
- SCRATCHES ON ROOF

UNIT #2

DAMAGE - LEFT SIDE T-TOP CRUSHED

NO DAMAGE TO PROPERTY

DRIVER OF UNIT #2 REMOVED THE CRUSHED T-TOP FROM ROADWAY AND PLACED IT IN THE BACK OF HER CAR PRIOR TO MY ARRIVAL.

NO DEFECTS WERE OBSERVED WITH THE LEFT SIDE T-TOP FRAME ON UNIT #2. THE REMOVABLE T-TOP IT'S SELF WAS HEAVILY DAMAGED

OFFICER'S SIGNATURE X *[Signature]*

BADGE NUMBER 1019

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|-----------------------------------|--|------------------------------|
| LOCAL REPORT NUMBER 10-91-0273 | REPORTING AGENCY STATE HIGHWAY PATROL | DATE OF CRASH MOS 10/1/86 |
|-----------------------------------|--|------------------------------|

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

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR. L. SPROCKETT AT SCENE
(OFFICERS NAME) (LOCATION)

GOING EAST ON RT 80 AT W 130.
THE CAR IN FRONT OF ME ~~TOP~~ THE TOP
OF HER CAR CAME OFF AND BROKE
MY WINDSHIELD NO ONE WAS HURT
[REDACTED]

Q WHAT TIME DID THE CRASH OCCUR?

A AROUND 10:00 AM.

Q WHAT LANE WERE YOU IN?

A THE CENTER LANE

Q HOW FAST WERE YOU GOING?

A ABOUT 70 MPH

Q HOW FAR AHEAD OF YOU WAS THE RED CAR?

A 100-150 FEET

Q WHAT LANE WAS THE RED CAR IN?

A I DO NOT REMEMBER.

Q WERE THERE ANY OTHER VEHICLES INVOLVED IN THE CRASH?

A NO, I DO NOT THINK.

| | |
|---|-----------------------------------|
| ADDRESS OF WITNESS N. RIDGEVILLE OH [REDACTED] | PHONE [REDACTED] |
| SIGNATURE OF WITNESS [REDACTED] | OFFICERS SIGNATURE [Signature] |

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|-----------------------------------|--|------------------------------|
| LOCAL REPORT NUMBER 10-91-0273 | REPORTING AGENCY STATE HIGHWAY PATROL | DATE OF CRASH MAY 10 1986 |
|-----------------------------------|--|------------------------------|

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

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 TPR. L. SPROCKETT (OFFICERS NAME) AT Ohio Turnpike @ W. 130th (LOCATION)
 EASTBOUND.

I WAS driving on the turnpike and the T-Top came off the drivers side and hit another driver behind me. Then I pulled to the side of the road and the ANOTHER driver pulled over too. No one was hurt. Both cars driveable.

Q WHAT TIME DID THE CRASH OCCUR?

A ABOUT 10:15-10:20 AM.

Q WHAT LANE WERE YOU IN?

A THE MIDDLE

Q HOW FAST WERE YOU GOING?

A 65 MPH

Q WHERE ARE YOU COMING FROM?

A BEREA OH.

Q WHERE ARE YOU GOING?

A HOME TO AKRON OH

Q WHEN WAS THE LAST TIME THE T-TOPS WERE OUT?

A YESTERDAY.

Q WHO PUT THE T-TOPS ON THE VEHICLE?

A I DID.

Q HOW LONG HAVE YOU OWNED THE CAR?

A ABOUT 3 YEARS

| | |
|---|-----------------------------------|
| ADDRESS OF WITNESS [REDACTED] / AKRON OH | PHONE [REDACTED] |
| SIGNATURE OF WITNESS [REDACTED] | OFFICERS SIGNATURE [Signature] |

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|-----------------------------------|--|---------------------------------|
| LOCAL REPORT NUMBER 10-91-0273 | REPORTING AGENCY STATE HIGHWAY PATROL | DATE OF CRASH MAY 10 21 1906 |
|-----------------------------------|--|---------------------------------|

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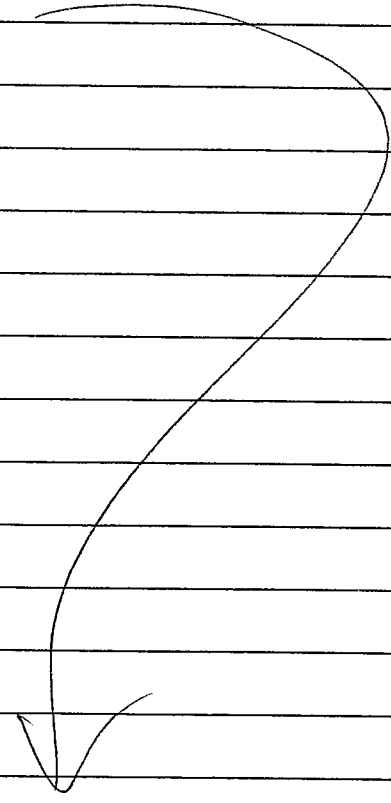
I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TRIP. L. SPROCKETT AT SCENE
(OFFICERS NAME) (LOCATION)

Q. HOW OFTEN DO YOU TAKE THE T-TOPS OUT?
 A. ONLY WHEN IT'S NICE

Q. WHEN YOU PUT THE T-TOP IN DID IT LATCHED PROPERLY?
 A. I THOUGHT IT DID, BUT I THINK SOMETHING DISTRACTED ME
 I'M NOT SURE IF I LATCHED IT, I CAN NOT REMEMBER.

Q. HAVE YOU HAD ANY PROBLEMS WITH THE T-TOPS BEFORE?
 A. NO.



| | |
|------------------------------------|-----------------------------------|
| ADDRESS OF WITNESS [REDACTED] | PHONE [REDACTED] |
| SIGNATURE OF WITNESS [REDACTED] | OFFICERS SIGNATURE [Signature] |