

TRAFFIC CRASH REPORT

101166899

Fire 'die to crash

OH-1 (Rev. 10/99)



10-89-0339 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 *

OH P 8 9

OHIO STATE HIGHWAY PATROL

0 1 9 9

98 = ANIMAL
99 = UNKNOWN

0 7 3 0 2 0 0 6

DAY OF WEEK

0 4 0 0

S U N

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

X

FULTON

2 6

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

I.R. 80 OHIO TURNPIKE

TYPE LOC
3

TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

MS. 1 EB

AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE

.1m W

45 EB

REF POINT

06

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)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ORLANDO HILLS IL.

HOME PHONE #

WORK PHONE #

DL STATE DL #

IL

LP STATE LP #

IL

INJURED TAKEN BY

3 POLICE

1 NONE 4 OTHER
2 EMS 5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

1 9 9 7

MAKE

VOLVO

MODEL

SEMI

COLOR

WHITE

INSURANCE COMPANY

GREAT WEST CASUALTY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE DL #

IL

LP STATE LP #

IL

INJURED TAKEN BY

3 POLICE

1 NONE 4 OTHER
2 EMS 5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

1 9 9 7

MAKE

VOLVO

MODEL

SEMI

COLOR

WHITE

INSURANCE COMPANY

GREAT WEST CASUALTY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

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

TRANSPORTED BY

INJURED TAKEN TO

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

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

01 FRONT - LEFT (MC DRIVER)

02 FRONT - MIDDLE

03 FRONT - RIGHT

04 SECOND - LEFT (MC PASS)

05 SECOND - MIDDLE

06 SECOND - RIGHT

07 THIRD - LEFT (MC PASSENGER/SIDE CAR)

08 THIRD - MIDDLE

09 THIRD - RIGHT

10 SLEEPER SECTION OF CAB

11 ENCLOSED CARGO AREA

12 UNENCLOSED CARGO AREA

13 TRAILING UNIT

14 EXTERIOR

15 OTHER

16 NON-MOTORIST

17 UNKNOWN

SAFETY EQUIPMENT

01 NONE USED

02 SHOULDER BELT ONLY

03 LAP BELT ONLY

04 SHOULDER/LAP BELT

05 CHILD SAFETY SEAT

06 MC HELMET USED

07 USE UNKNOWN

NON-MOTORIST

08 NONE USED

09 HELMET USED

10 PROTECTIVE PADS

11 REFLECTIVE CLOTHING

12 LIGHTING

13 OTHER

14 UNKNOWN

AIR BAG

1 NOT-DEPLOYED

2 DEPLOYED-FRONT

3 DEPLOYED-SIDE

4 DEPLOYED BOTH FRONT/SIDE

5 NOT APPLICABLE

6 UNKNOWN

AIR BAG SWITCH

1 NOT PRESENT

2 IN ON POSITION

3 IN OFF POSITION

4 UNKNOWN

EJECTION

1 NOT EJECTED

2 TOTALLY EJECTED

3 PARTIALLY EJECTED

4 NOT APPLICABLE

5 UNKNOWN

TRAPPED

1 NOT TRAPPED

2 EXTRICATED BY MECHANICAL MEANS

3 FREED BY NON-MECHANICAL MEANS

4 UNKNOWN

INJURIES

1 NO INJURY

2 POSSIBLE

3 NON-INCAPACITATING

4 INCAPACITATING

5 FATAL INJURY

6 UNKNOWN

BLANK FOR WITNESS

HSY7001

TOP COPY - ODPS BOTTOM COPY - AGENCY

1690

OHIO STATE HIGHWAY PATROL

Narrative

UNIT #1 WAS EAST BOUND ON IR 80 WHEN THE RIGHT REAR TIRE BLEW. UNIT #1 PULLED OFF THE ROAD AND THE TIRE CAUGHT ON FIRE.

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 | |
| 7 SIDESWIPE, SAME DIRECTION | |
| 8 SIDESWIPE, OPPOSITE DIRECTION | |
| 9 UNKNOWN | |

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 |

LIGHT CONDITIONS

5

- | |
|---------------------------|
| 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 No |
| 2 Yes, DIRECTLY INVOLVED |
| 3 Yes, INDIRECTLY INVOLVED |
| 4 UNKNOWN |

WORK ZONE RELATED

- | |
|-----------|
| 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 |

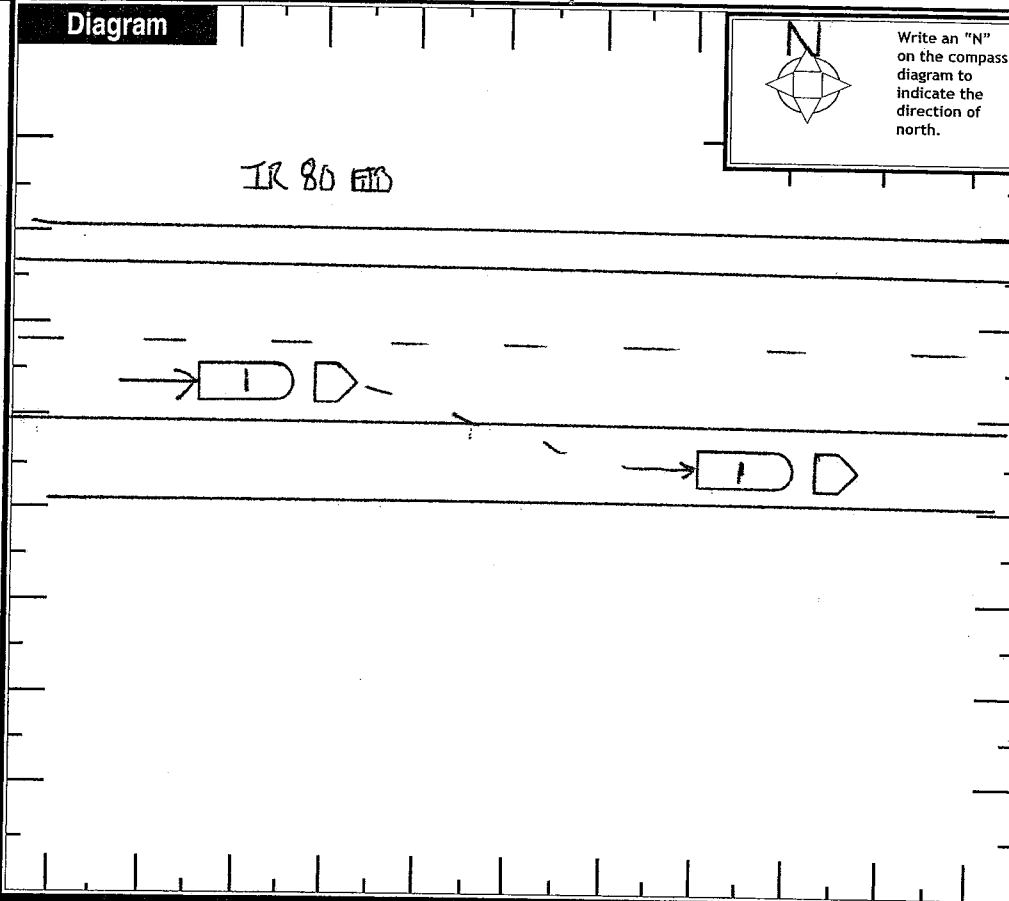
LOCATION OF CRASH IN WORK ZONE

- | |
|---------------------------------------|
| 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 |

Diagram



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.

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 (9-15 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 GRAIN/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

07302006 0422 0422 0430 0630 30 128

OFFICER'S NAME* TROOPER BO SCHMUTZ 1690

CHECKED BY SGT CAMPBELL 127

DATE REPORT FILED * 07312006

REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER

10-89-0339

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-89-0338	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 7 D 30 Y 06
IN COUNTY OF FULTON	ACCIDENT LOCATION OHIO TURNPIKE EASTBOUND MILEPOST	

UNIT # 1 : 1998 UTILITY TRAILER [REDACTED]
 VIN/ 1U4V524B7J [REDACTED]
 (DAMAGE DONE TO WIRE ON REEFER UNIT)

LOAD : 39,000 LBS OF REFRIGERATED FOODS
 (CHEESE / MEATS) (NOT DAMAGED)

OWNER : [REDACTED]
 ORLAND HILLS, FL [REDACTED]

DAMAGE ANALYSIS : TWO RIGHT SIDE TIRES

NO TURNPIKE DAMAGE

OHIO TURNPIKE MAINTENANCE ON SCENE FOR TRAFFIC CONTROL
 DELTA FIRE DEPT. ON SCENE.

INSURANCE INFORMATION : GREAT WEST CASUALTY CO.
 POLICY [REDACTED]

OFFICER'S SIGNATURE
 X Sgt T. J. Goshell

BADGE NUMBER
 122

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 80 89-0339	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 07 / D 30 / Y 06
-----------------------------------	-----------------------------------------------	-------------------------------------

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

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

TROOPER BO SCHMIDT (OFFICERS NAME) AT SCENE (LOCATION)

EAST bound on 80/90 - Blew a tire AND caught fire
Attempted to put out w/extinguisher

Q. How FAST WERE YOU GOING?

A. 55 MPH

Q. ARE YOU ARE INJURED

A. NO

Q. DID YOU HAVE YOUR SEATBELT ON?

A. YES

ADDRESS OF WITNESS [REDACTED]	ORLAND HILLS III	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICER'S SIGNATURE Trooper B.M. Schmidt	