

TRAFFIC CRASH REPORT

10166904 Medication Crossing

OH-1 (Rev. 10/99)



10-91-0464

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

04P91

REPORTING AGENCY *
STATE HIGHWAY PATROL

01 01

98 = ANIMAL
99 = UNKNOWN

07202006

1855

DAY OF WEEK
THU

X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
LORDSTOWN

78

LATITUDE
LONGITUDE

CRASH OCCURRED ON
PREFIX CRASH LOCATION
IR 80 (OHIO TURNPIKE) EB

TYPE LOC
3

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

LOCAL INFORMATION
MILEPOST 215.7

AT/REFERENCE
DIST REFERENCE DR PREFIX REFERENCE
.3M W MILEPOST 216

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)

CHARLEROI, PA.

HOME PHONE #

WORK PHONE #

DL STATE
PA

DL #

LP STATE
PA

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")
SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR
1996

MAKE
CHRYSLER

MODEL
CONCORDE

COLOR
RED

INSURANCE COMPANY
TRAVELERS

TOWING SERVICE
JESWALD'S

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE
PA

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)

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

Motorist/Non-Motorist

Occupant

- 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
- MOTORIST
- 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 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

24

0393

BLANK FOR WITNESS

HSY7001

TOP COPY - ODPS BOTTOM COPY - AGENCY

Narrative

UNIT #1 WAS EASTBOUND ON THE OHIO TURNPIKE IN THE RIGHT LANE. THE LEFT FRONT TIRE AND R/A CAME OFF OF UNIT #1 CAUSING DAMAGE TO UNIT #1. THE TIRE WENT ACROSS THE WESTBOUND LANES AND COULD NOT BE LOCATED.

MANNER OF COLLISION OR IMPACT

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDESWIPE, SAME DIRECTION
 8 SIDESWIPE, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED

1 No
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 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

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

WORK ZONE RELATED

1 No
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

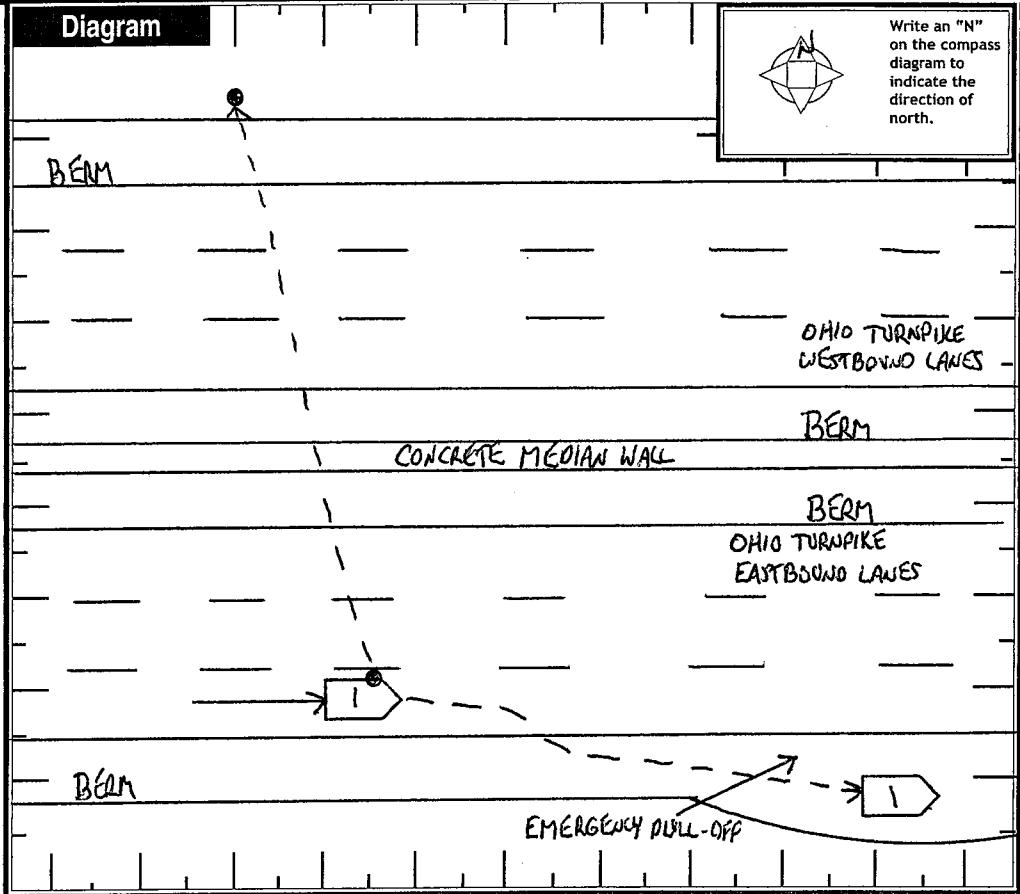
1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

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



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 THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
N AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
D 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	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
01 NOT APPLICABLE	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
02 BUS (9-15 INCLUDING DRIVER)	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
03 VAN/ENCLOSED BOX	3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
04 GRAIN/CHIPS/GRAVEL		4 CLASS M		4 UNKNOWN
05 POLE		5 CLASS D		
06 CARGO TANK				
07 FLATBED				
08 DUMP				
09 CONCRETE MIXER				
10 AUTO TRANSPORTER				
11 GARBAGE/REFUSE				
12 OTHER				
13 UNKNOWN				

Police Action

DISPATCH: 072020061858 | ARRIVED: 1858 | CLEARED: 1901 | OTHER: 2000 | 62

OFFICER'S NAME*: TPR. CP. BARNES | CHECKED BY: 1028 | DATE REPORT FILED*: 07212006

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

10-91-0464

TOP COPY - ODPS BOTTOM COPY - AGENCY

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-91-0464	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 7 10 20 1906
IN COUNTY OF TRUMBULL	CRASH LOCATION OHIO TURNPIKE EB MP. 215.7	

WEATHER CONDITIONS - CLOUDY, APPROX 80°

ROAD CONDITIONS - DRY

UNIT #1

1996 CHRY CONCORDE 4DR

RED IN COLOR

PA REGISTRATION

CONTACT DAMAGE - LEFT FRONT TIRE AND RIM CAME OFF OF VEHICLE CAUSING LEFT FRONT FENDER TO BE DENTED, SCRATCHES TO LEFT FRONT DOOR.

LEFT FRONT TIRE COULD NOT BE LOCATED. ALL LUG NUTS WERE TORN OFF.

NO FIELD SKETCH DONE: UNIT #1 DROVE VEHICLE TO THE EMERGENCY PULL-OFF AT MILEPOST 216 ON THE OHIO TURNPIKE.

THE DRIVER OF UNIT #1 HAD THE FRONT TIRE ROD REPAIRED APPROX 1 1/2^{MONTHS} AGO FROM TIME OF THE CRASH.

OFFICER'S SIGNATURE

X TPR C. Barnes

BADGE NUMBER

393

LOCAL REPORT NUMBER 10-91-0464	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 7 / 20 / 06
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
TPR MD HELMICK (OFFICERS NAME) AT SCENE (LOCATION)

Q: WHAT HAPPENED? EARLY MORNING TODAY I WAS ON MY
 A: WAY TO WORK AND HEARD A THUMPING NOISE IN MY FRONT END. AFTER WORK I HEADED BACK DOWN THE DIKE HEADING TOWARDS PITTSBURGH. RIGHT ABOUT A 1/2 MILE FROM MILE MARKER 216 EB MY LEFT SIDE OF CAR STARTED TO SHAKE AS I WAS GOING 60 MPH AN HOUR. AS BEST AS I CAN REMEMBER I WAS IN THE ~~THE~~ RIGHT LANE WHEN MY FRONT LEFT TIRE SNAPPED OFF AND I WENT TO THE SIDE OF THE ROAD, PULLED OFF AND WAITED TILL THE STATE POLICE CAME AS MY CELL PHONE WOULD NOT CONNECT TO THE 990 SYSTEM. HAD THIS CAR WORKED ON OVER A MONTH AND A HALF AGO BY A LICENSED MECHANIC AND WAS IN TIP TOP SHAPE UP UNTILL THIS EARLY AM HOURS.

ADDRESS OF WITNESS [REDACTED]	[REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE CHARLEROI, A.	OFFICERS SIGNATURE TPR MD HELMICK