OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH REPORT

10-89-0316

CRASH SEVERITY: 1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN — 2

PRIVATE PROPERTY

HIT/SKIP: 1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED — 1

PHOTOS TAKEN — X

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

2

REPORTING AGENCY *: OH189 STATE HWY PATROL

01 01 (98 = ANIMAL, 99 = UNKNOWN)

07202006

DAY OF WEEK: 0755 THU

X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: FRANKLIN 26

LATITUDE / LONGITUDE: 10166905

CRASH OCCURRED ON

PREFIX: * | CRASH LOCATION: IR 80 (OHIO TURNPIKE) | TYPE LOC: 3

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

LOCAL INFORMATION: 23.3 EB

AT / REFERENCE

DIST REFERENCE	DR	PREFIX	REFERENCE	REF POINT
3m	E		23 EB	06

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION, 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

Y

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE): [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] BRUNSWICK, OH [redacted]

HOME PHONE #: [redacted] WORK PHONE #:

F

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
OH	[redacted]	OH	[redacted]	1		

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

OWNER NAME (IF SAME, WRITE "SAME"): [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] HINCKLEY, OH [redacted]

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2000	VOLVO	CONVERTIBLE	BLACK	GREAT AMERICAN	HUTCHS	[redacted]

OFFENSE CHARGED: 4513.02

OFFENSE DESCRIPTION: UNSAFE VEHICLE

[redacted]

NAME (LAST, FIRST, MIDDLE):

ADDRESS (STREET, CITY, STATE, ZIP CODE):

HOME PHONE # / WORK PHONE #:

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO

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

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:

Occupant

NAME (LAST, FIRST, MIDDLE): [redacted]

HOME PHONE #: [redacted]

m

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] FREWSBURG, NY

INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN — TRANSPORTED BY — INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE):

HOME PHONE #:

ADDRESS (STREET, CITY, STATE, ZIP CODE):

INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN — TRANSPORTED BY — INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01	04	5	1	1	3	

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 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

(1)

BLANK FOR WITNESS

24

0921

Unit Numbers

01

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

13

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

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

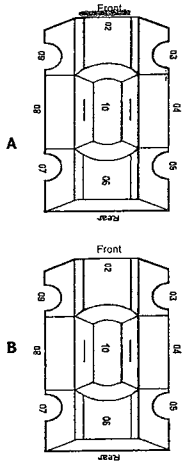
1 No
2 Yes
3 Unknown

Damage Scale

3

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

11

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

02

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

3

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1

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

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

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 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

Vehicle Defect Code Only If '19' Selected Above

05

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

06
08
40
42

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

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

First Harmful Event

1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1

Of the Sequence of events – Which one is the Most Harmful Event (1-4)

Speed Detected

1

1 Stated
2 Estimated Speed

Speed

65

Posted Speed

65

Traffic Control

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/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

43

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

1

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/Drug Suspected

1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1

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

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

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 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

1

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

10-89-0316

Top Copy - ODPS Bottom Copy - Agency

Narrative

UNIT #1 WAS TRAVELING EASTBOUND ON THE OHIO TURNPIKE, WHEN THE STEERING ARM BROKE OFF THE BALL JOINT CAUSING THE VEHICLE TO BECOME UNDRIVEABLE UNIT#1 DROVE OFF THE RIGHT SIDE OF THE ROADWAY STRIKING THE DITCH, BOUNDARY FENCE, AND COMING TO REST IN THE CORN FIELD.

CDL CLASS A

MANNER OF COLLISION OR IMPACT: 1

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

1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED: 1

1 NO
2 YES
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

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

LIGHT CONDITIONS: 1

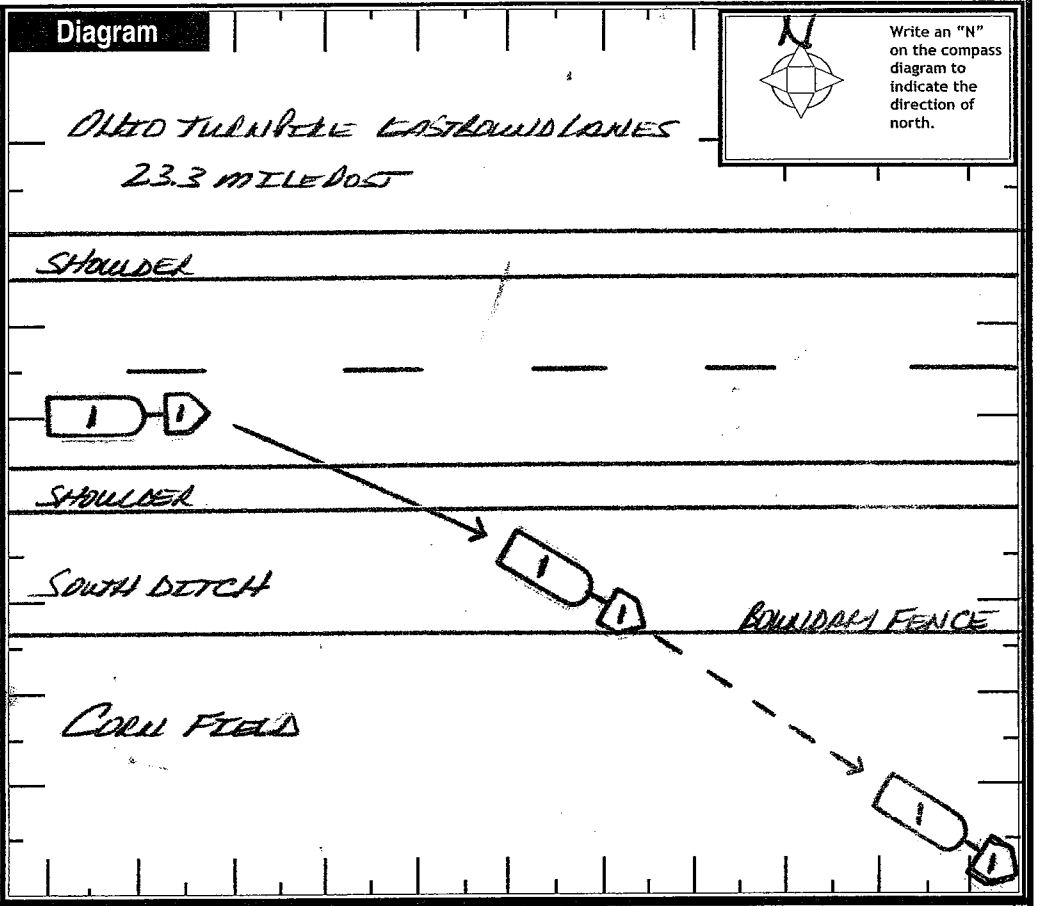
1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK – LIGHTED ROADWAY
5 DARK –NOT LIGHTED
6 DARK – UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

WORKERS PRESENT

1 NO
2 YES
3 UNKNOWN

Diagram

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



Truck/Bus

01

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): [redacted]

ADDRESS (STREET, CITY, ST, ZIP CODE): [redacted] HINCKLEY, OH [redacted]

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #
473998			OHIO	2006	[redacted]

CARGO BODY TYPE: 03

01 NOT APPLICABLE
02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL
05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

Weight (GVWR): 2

1 LESS/EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

CDL Class: 1

1 CLASS A
2 CLASS B
3 CLASS C
4 CLASS M
5 CLASS D

Hazardous Materials Placard: 1

1 NO
2 YES
3 UNKNOWN

Hazardous Materials Released: 1

1 NO
2 YES
3 NOT APPLICABLE
4 UNKNOWN

Police Action

07202006 0802

DISPATCH	ARRIVED	CLEARED	OTHER
0802	0820	1054	60

228

OFFICER'S NAME*: TPR. TOMMY ALEXANDER 921

CHECKED BY: 131

DATE REPORT FILED*: 07/23/2006

REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST)

REPORT TAKEN AT: 1 (1 SCENE, 2 STATION, 3 OTHER)

10-89-0316

TOP COPY - ODPS BOTTOM COPY - AGENCY

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-89-0316	STATE HIGHWAY PATROL	M 07 D 20 Y 06
IN COUNTY OF FULTON	CRASH LOCATION OHIO TURNPIKE 233 MP EB	

SCALE

PT	A/E	F/E	DESCRIPTION
A	250 2 W	0	UNIT #1 LEFT FRONT TIRE OFF ROADWAY
B	193 0 W	11 0 S	UNIT #1 RIGHT FRONT TIRE OFF ROAD IN DITCH
C	95 2 W	11 0 S	UNIT #1 LEFT FRONT OFF ROAD INTO DITCH
D	65 0 E	51 5 S	UNIT #1 STRUCK DITCH
E	65 0 E	58 5 S	UNIT #1 STRUCK BOUNDARY FENCE
F	314 4 E	169 2 S	FINAL REST LEFT REAR TANDEMS
G	374 0 E	197 4 S	FINAL REST LEFT FRONT TIRE (STEER)

WEATHER

VERY CLOUDY

82° DEGREES

ASPHALT

MEASUREMENTS TAKEN BY: TPR. T. ALEXANDER 4-921

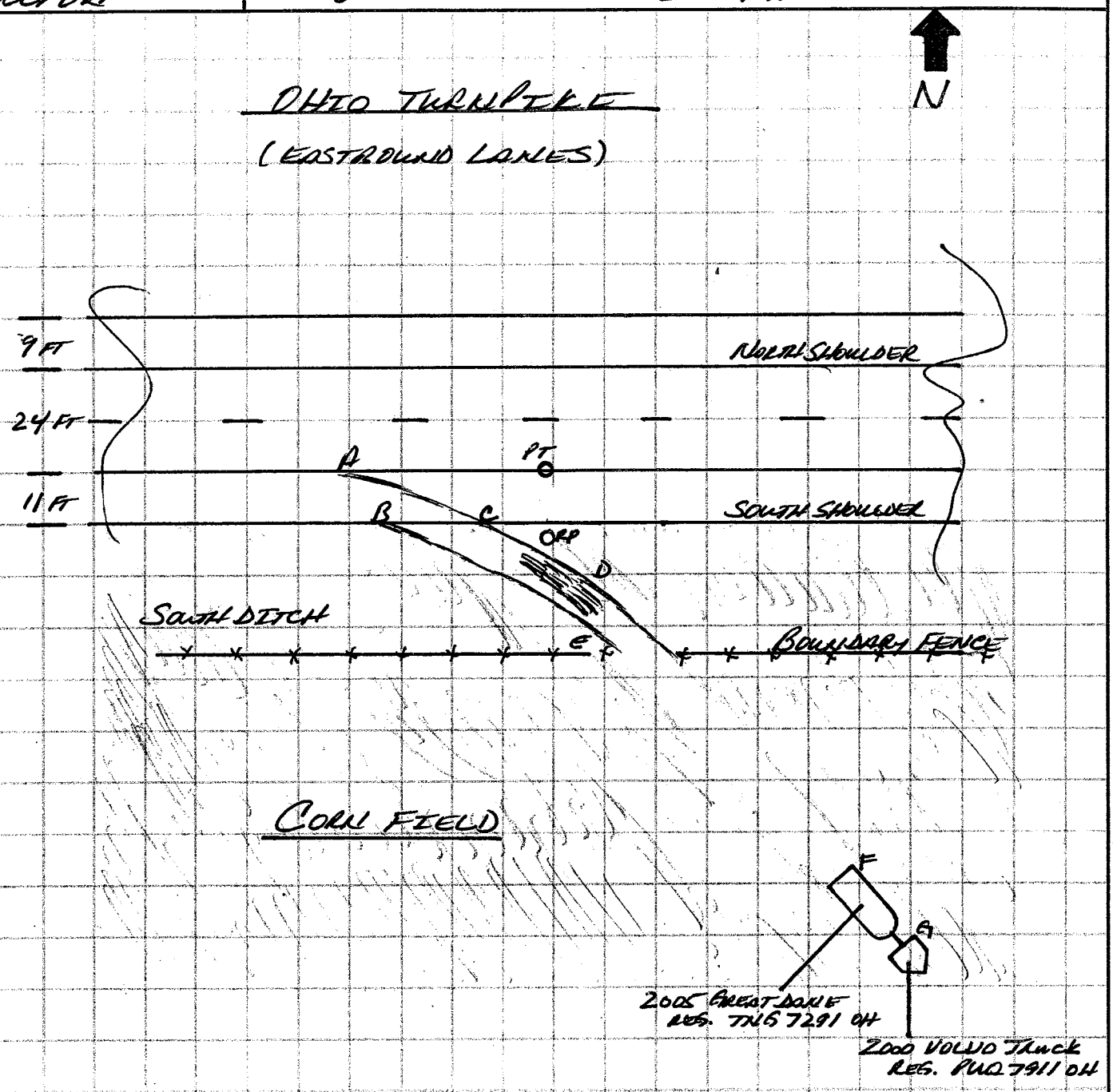
ASSISTED BY: TPR. R. SELLERS 4-337

INSPECTION BY: MCSAP UNIT TPR. SELLERS

OFFICER'S SIGNATURE	BADGE NUMBER
X TPR. T C,	921

HSY 7002 5/05

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-89-0316	STATE HIGHWAY PATROL	M 07 D 20 Y 06
IN COUNTY OF FULTON	CRASH LOCATION OHIO TURNPIKE 23.3 MP EB	



P.T.O = SOUTHBOUND EDGELINE

R.P. = 23.3 MILEPOST / 13 FT SOUTH OF EDGELINE

OFFICER'S SIGNATURE	BADGE NUMBER
X TPR. TAJ	921

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-89-0316	STATE HIGHWAY PATROL	M 07 D 22 Y 06
IN COUNTY OF FULTON	CRASH LOCATION OHIO TURNPIKE 23-3 EASTBOUND LANES	

UNIT #1 TRAILER INFORMATION

REG: [redacted] OH

TYPE: ENCLOSE BOX

YR: 2005 GREAT DANE

VIN: 1GRAA0624 5B [redacted]

OWNER: [redacted]

DAMAGE: DIRECTIONAL SIGNAL LIGHT LEFT SIDE OF TRAILER.

INS. POLICY # [redacted]

COMPANY NAME: GREAT AMERICAN INS

OHIO TURNPIKE DAMAGE

(1) BOUNDARY FENCE

(2) DITCH

OWNER: OHIO TURNPIKE COMMISSION
682 PROSPECT ST.
BEREA, OH 44017

(3) CORN FIELD * NOTIFIED OF DAMAGES

OWNER: [redacted]

ARCHBOLD OH [redacted]

OFFICER'S SIGNATURE X TPR. Twp

BADGE NUMBER 921

HSY 7002 5/05

OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
BEREA DISTRICT 10
440-234-2096 EXT.231
RETURN CERTIFICATION TO AGENCY LISTED ON BACK

DRIVER/VEHICLE EXAMINATION REPORT
Report Number: [redacted]
Inspection Date: 07/20/2006
Start Time: 08:31 AM End Time: 09:31 AM
Insp. Level: 2-Walk-Around, No HM Insp.

[redacted]
HINCKLEY, OH[redacted]
USDOT#: 00473998
MC/MX#: 222113
State#:

Phone#: [redacted]
Fax#:

Driver: [redacted]
License[redacted]
Date of Birth[redacted]
State: OH

CoDriver:
License#:
Date of Birth:
State:

Location: OHIO TURNPIKE
Highway: IR 80
County: WILLIAMS, OH

MilePost: 23
Origin: W BURLINGTON, IA
Destination: HINCKLEY, OH

Shipper: KPI CONCEPTS
Bill of Lading[redacted]
Cargo: GENERAL FREIGHT

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	License #	Company #	Vin #	GVWR	CVSA #	OOS#
1	TT	VOLV	2000	OH	[redacted]	315	4V4ND1TH1YN[redacted]	80,000		
2	ST	GDAN	2005	OH		559	1GRAA06245B[redacted]			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

Section Code	St	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.3(a)(1)		1	Y		U	N	Inspection/repair and maint parts & accssries- Ball joint connecting dra link to steering arm worn, joint failed causing traffic crash.

HazMat: No HM Transported.
Placard: No **Cargo Tank:**

Special Checks: Post Crash

State Information:
Replacement Seal: N/A; For-Hire Carrier: Y; Fatalities (Y/N): N; Driver Address [redacted]; Driver City: BRUNSWICK; Driver State: OH; Driver Zip[redacted] RSN Code[redacted]

* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9, I hereby declare vehicles with defects followed by an "Y" in the "Out of Service" column in the violations discovered section of this report OUT OF SERVICE. No person shall remove the out of service stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

* The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. False certifications of the required repairs are required to be prosecuted with penalties up to $10,000.

Signature Of Repairer X:_____ Facility:_____ Date:_____

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. NOTE TO MOTOR CARRIERS: Please sign the below certification and return this report to the address which appears on the top of this report within fifteen days. Failure to return this report with the required certification can result in penalties up to $500.

Signature Of Motor Carrier X:_____ Title:_____ Date:_____

Report Prepared By: SELLERS, R.G.
Badge #: 0337
Copy Received By: [redacted]

X_____ X_____

OH0337001611

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-89-0316	STATE HIGHWAY PATROL	M 07 D 20 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

TPR. T ALEXANDER (OFFICERS NAME) AT OHIO TURNPIKE 233 MM EB (LOCATION)

X while traveling east on the Ohio TURNpike. Had cruise set on 65mph. All of a sudden the tractor started to veer to the right tryed to get it back on the road. Would not respond tryed appling the brakes got stopped in the bean field. after going down in ditch through the corn field. I got it stopped.

Q. HAVE YOU HAD PROBLEMS WITH YOUR TRUCK PRIOR TO THE CRASH?

A. NO, NOTHING AT ALL, I BLEW A DRIVE TIRE THE 5TH OF July. LEFT FRONT DRIVE TIRE.

Q. WHEN DID YOU HAVE YOUR LAST INSPECTION?

A. I DON'T KNOW

Q. WHEN DID YOU START TO HIT YOUR BRAKES?

A. WHEN IT GOT ONTO THE BERM, WHEN THE TRACTOR STARTED TO COME OVER TO THE BERM.

Q. DID YOU HERE SOMETHING UNUSUAL BEFORE THE CRASH?

A. NO IT JUST STARTED VEERING TO THE RIGHT.

ADDRESS OF WITNESS	[redacted]	PHONE	[redacted]
SIGNATURE OF WITNESS	[redacted]	OFFICERS SIGNATURE	TPR. T ALEXANDER 4-921

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-89-0316	STATE HWY PATROL	M 07 D 20 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

TPR. T ALEXANDER (OFFICERS NAME) AT OHIO TURNPIKE EASTBOUND (LOCATION)

Q. HOW LONG HAVE YOU BEEN DRIVING TODAY?

A. I WOKE UP ABOUT 12:30 AT NIGHT, LAST NIGHT. I STARTED AT COLE STATION IN INDIANA ABOUT 6AM.

Q. WHERE WERE YOU HEADED TO?

A. HENRIETTA, OH (HOME BASE)

ADDRESS OF WITNESS [redacted] Brunswick, Oh [redacted]

PHONE [redacted]

SIGNATURE OF WITNESS [redacted]

OFFICERS SIGNATURE TPR. T ALEXANDER 4-921

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-89-0316	STATE HIGHWAY PATROL	M 07 D 20 Y 06

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

TR. T ALEXANDER (OFFICERS NAME) AT OHIO TURNPIKE 233 MP EB (LOCATION)

* WE'll TRAVELING EASTBOUND ON OHIO turnpike THE tractor trailer INFRONT of ME IN RIGHT LANE DROVE off THE ROAD TO THE RIGHT DIDN'T NOTICE ANY BRAKE LIGHTS or ATTEMPT TO BRING VEHICLE BACK ON THE ROAD.

Q. WHERE WERE YOU IN CONJUNCTION WITH THE TRACTOR TRAILER THAT DROVE INTO THE DITCH?

A. ONE TRUCK BEHIND HER IN THE RIGHT LANE AND I WAS BESIDE ~~THE~~ (SB) THAT TRUCK IN THE LEFT LANE PASSING.

Q. WHAT WAS THE DRIVER DOING WHEN YOU MADE CONTACT WITH HER?

A. SHE SAID THE TRUCK WENT OFF THE LEFT SIDE OF THE ROAD, AND SHE WAS FIGHTING TO GET IT BACK.

ADDRESS OF WITNESS [redacted] FREWSBURG NY PHONE [redacted]

SIGNATURE OF WITNESS [redacted] OFFICERS SIGNATURE TR. T ALEXANDER 4-921

HSY 7003 1/82