

# TRAFFIC CRASH REPORT

10160907

tre

OH-1 (Rev.10/99)



10-91-0460 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 91 STATE HWY. PATROL 01 01 98 = ANIMAL 07 1 72006  
99 = UNKNOWN 3

DAY OF WEEK  
1642 MON X  
NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
STONESVILLE 18  
LATITUDE  
LONGITUDE

CRASH OCCURRED ON  
PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION  
I 75/0410 TURNPIKE 3 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET Exit 161.0

AT/REFERENCE  
DIST REFERENCE DR PREFIX REFERENCE REF POINT REFERENCE POINT USED  
.2M W 162 MILEPOST 06 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)  
01 01  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
HUDSON, OH  
HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY  
OH FL 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 #  
1995 BMW 525i GREY ENCOMPASS Rich's

OFFENSE CHARGED OFFENSE DESCRIPTION  
NAME (LAST, FIRST, MIDDLE)  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
HOME PHONE # WORK PHONE #

DL STATE 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

SEATING POSITION  
01 FRONT - LEFT (MC DRIVER) 04  
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  
03

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  
0515

AIR BAG  
1 NOT-DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-SIDE  
4 DEPLOYED BOTH FRONT/SIDE  
5 NOT APPLICABLE  
6 UNKNOWN  
1

AIR BAG SWITCH  
1 NOT PRESENT  
2 IN ON POSITION  
3 IN OFF POSITION  
4 UNKNOWN  
1

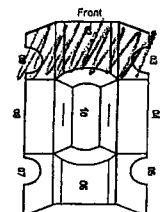
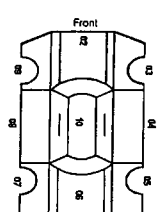
EJECTION  
1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN  
1

TRAPPED  
1 NOT TRAPPED  
2 EXTRICATED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN  
1

INJURIES  
1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN  
1

BLANK FOR WITNESS

HSY7001

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
01		01	09 02	65	1
NON-MOTORIST LOCATION		<b>MOTORIST</b> 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		TRAFFIC CONTROL 12	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
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		<b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 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	12	1 NONE 2 BLOOD 3 URINE 4 OTHER
TYPE OF UNIT	MOST DAMAGED AREA	CONTRIBUTING CIRCUMSTANCES	COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	DIRECTION	DRUG TEST TYPE
04	02	19	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	43	1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
<b>MOTORIST</b> 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, 8 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	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	<b>MOTORIST</b> 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	<b>COLLISION WITH FIXED OBJECT</b> 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	1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	1 NONE 2 BLOOD 3 URINE 4 OTHER
<b>NON-MOTORIST</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT	FIRST HARMFUL EVENT	ALCOHOL/DRUG SUSPECTED	CONDITION	TYPE OF INTERSECTION
IN EMERGENCY RESPONSE	01	2	1	1	01
1 NO 2 YES 3 UNKNOWN	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	01 NONE 02 DARTING 03 LYING AND/OR ILLEGALLY IN ROADWAY 04 FAILURE TO YIELD RIGHT OF WAY 05 NOT VISIBLE (DARK CLOTHING) 06 INATTENTIVE 07 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 08 WRONG SIDE OF THE ROAD 09 OTHER 10 UNKNOWN	1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	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	01 NOT AN INTERSECTION 02 4-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 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
DAMAGE SCALE	ACTION	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS	ROAD CONTOUR
5	1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	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	2	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 4
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE	09	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
			SPEED DETECTED	ALCOHOL TEST TYPE	ROAD CONDITIONS
			1 STATED 2 ESTIMATED SPEED	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	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
			SPEED	ALCOHOL TEST RESULT	**SECONDARY ROAD CONDITIONS ONLY
			35		

10-91-0460

**Narrative**

UNIT#1 ENTERED AT TOLL GATE #161. AS UNIT#1 PULLED AWAY FROM THE BOOTH, A MOTOR FAILURE OCCURRED. UNIT#1 DROVE PART WAY AROUND THE EAST BOUND ENTRANCE RAMP BEFORE PULLING OFF THE LEFT SIDE, UNIT#1 THEN BURST INTO FLAMES FROM UNDER THE HOOD.

**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   | <b>WORK ZONE RELATED</b>   |
| 7 SIDESWIPE, SAME DIRECTION                       | 1 NO                       |
| 8 SIDESWIPE, OPPOSITE DIRECTION                   | 2 YES                      |
| 9 UNKNOWN   | 3 UNKNOWN                  |

**WEATHER**

01

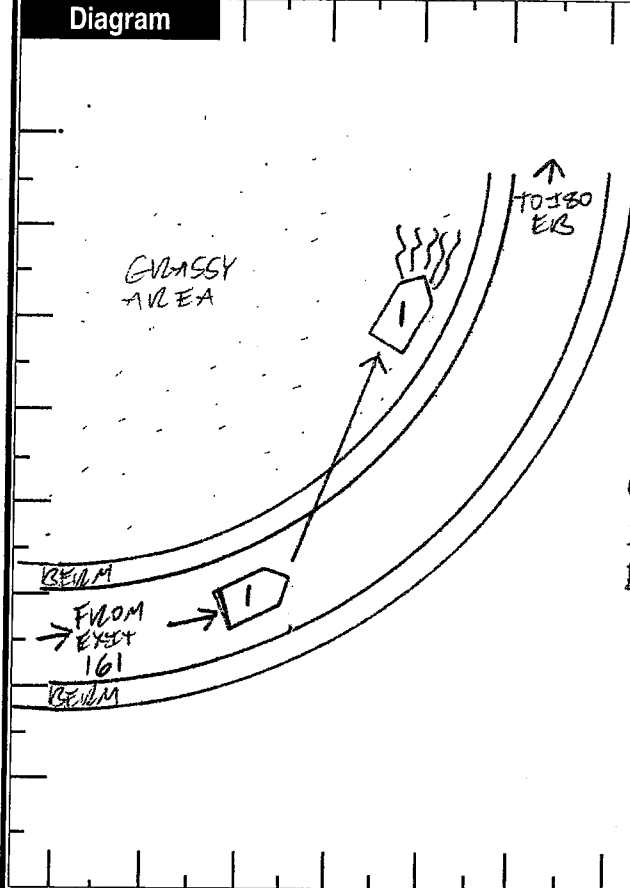
- |  |                                       |
|--|---------------------------------------|
| 01 CLEAR                               | 1 LANE CLOSURE                        |
| 02 CLOUDY                              | 2 LANE SHIFT/CROSSOVER                |
| 03 FOG, SMOG, SMOKE                    | 3 WORK ON SHOULDER OR MEDIAN          |
| 04 RAIN                                | 4 INTERMITTENT/ MOVING WORK           |
| 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) | 5 OTHER                               |
| 06 SNOW                                |                                       |
| 07 SEVERE CROSSWINDS                   | <b>LOCATION OF CRASH IN WORK ZONE</b> |
| 08 BLOWING SAND, SOIL, DIRT, SNOW      | 1 BEFORE FIRST WORK ZONE WARNING SIGN |
| 09 OTHER                               | 2 ADVANCE WARNING AREA                |
| 10 UNKNOWN                             | 3 TRANSITION AREA                     |
|  | 4 ACTIVITY AREA                       |

**LIGHT CONDITIONS**

1

- |                           |                        |
|---------------------------|------------------------|
| 1 DAYLIGHT                | 1 NO                   |
| 2 DAWN                    | 2 YES                  |
| 3 DUSK                    | 3 UNKNOWN              |
| 4 DARK - LIGHTED ROADWAY  |                        |
| 5 DARK - NOT LIGHTED      | <b>WORKERS PRESENT</b> |
| 6 DARK - UNKNOWN LIGHTING | 1 NO                   |
| 7 GLARE                   | 2 YES                  |
| 8 OTHER                   | 3 UNKNOWN              |
| 9 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.

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 #

<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER				
	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**

07172006 1642 1642 1654 1 30 30 78

DISPATCH ARRIVED CLEARED OTHER

OFFICER'S NAME \* TPV BT MEDCEN 515

CHECKED BY SB-JCAHMAN

DATE REPORT FILED \* 07192006

REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER

10-91-0460

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - :

LOCAL REPORT NUMBER 10-91-0460	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 07 10/17 14 06
IN COUNTY OF CUYAHOGA	CRASH LOCATION OHIO TURNPIKE EXIT 161	

## DAMAGE UNIT #1:

- ENTIRE FRONT OF CAR AHEAD OF WINDSHIELD DAMAGED BY FIRE

## UNIT #1 INSURANCE:

- ENCOMPASS
- POLICY # [REDACTED]

## NOTES:

- NO INJURIES OR TURNPIKE DAMAGE.
- STRONGSVILLE FIRE DEPT. HANDLED THE FIRE.
- CAUSE OF FIRE IS UNKNOWN.

OFFICER'S SIGNATURE

X

TPR 1ST MENCEN

BADGE NUMBER

515

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-91-0460	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MO 7 16 1977 ND 06
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR MENCEN  
(OFFICERS NAME)

AT SCENE  
(LOCATION)

+ Got ticket on temple noticed car losing power, went on the ramp pulled over to side, noticed smoke, opened the hood, car on fire, call 911, not injured

Q. WERE YOU INJURED? A. NO.

Q. DID YOU HAVE ANY WORK DONE ON THE CAR RECENTLY OR HAVE ANY PROBLEMS? A. NO.

Q. WHEN DID YOU NOTICE A PROBLEM WITH THE CAR? A. AS I PULLED AWAY FROM THE BOOTH I NOTICED THE CAR WAS LOSING POWER, I CONTINUED AROUND THE RAMP TO GET ON EASTBOUND. THEN I PULLED OVER ON THE RAMP CAUSE SOMETHING WAS WRONG WITH THE CAR.

ADDRESS OF WITNESS 2236 Wellington Ct. Hudson OH	PHONE 330 463-5505
SIGNATURE OF WITNESS [Signature]	OFFICERS SIGNATURE TPR MENCEN 44236