

# TRAFFIC CRASH REPORT

10/66 9 25



10-90-0453

CRASH SEVERITY  
3 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

OHP 90

REPORTING AGENCY \*  
STATE HIGHWAY PATROL

01 01

98 = ANIMAL  
99 = UNKNOWN

07112006

DAY OF WEEK  
1404 TUE

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
X HARRIS

LATITUDE  
LONGITUDE  
62

CRASH OCCURRED ON  
CRASH LOCATION IR 80 (OHIO TURNPIKE)  
TYPE LOC 3  
TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION  
811 EB

AT/REFERENCE  
DIST REFERENCE DR PREFIX REFERENCE  
.1 M E 81 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

01 01 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
OAK FOREST, IL

HOME PHONE #  
WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY  
IL IL 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2000 TOYOTA COROLLA BLACK USAA MADISON'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

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

01 FRONT - LEFT (MC DRIVER)	04 SAFETY EQUIPMENT	1 AIR BAG	4 AIR BAG SWITCH	1 EJECTION	1 TRAPPED	1 INJURIES
02 FRONT - MIDDLE	MOTORIST	2 NOT-DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
03 FRONT - RIGHT	01 NONE USED	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY	2 POSSIBLE
04 SECOND - LEFT (MC PASS)	02 SHOULDER BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	MECHANICAL	3 NON-
05 SECOND - MIDDLE	03 LAP BELT ONLY	4 DEPLOYED BOTH	4 UNKNOWN	4 NOT APPLICABLE	MEANS	4 INCAPACITATING
06 SECOND - RIGHT	04 SHOULDER/LAP BELT	FRONT/SIDE		5 UNKNOWN	3 FREED BY	5 FATAL INJURY
07 THIRD - LEFT	05 CHILD SAFETY SEAT	5 NOT APPLICABLE			NON-MECHANICAL	6 UNKNOWN
(MC PASSENGER/SIDE CAR)	06 MC HELMET USED	6 UNKNOWN			MEANS	
08 THIRD - MIDDLE	07 USE UNKNOWN				4 UNKNOWN	
09 THIRD - RIGHT	NON-MOTORIST					
10 SLEEPER SECTION OF CAB	08 NONE USED					
11 ENCLOSED CARGO AREA	09 HELMET USED					
12 UNENCLOSED CARGO AREA	10 PROTECTIVE PADS					
13 TRAILING UNIT	11 REFLECTIVE CLOTHING					
14 EXTERIOR	12 LIGHTING					
15 OTHER	13 OTHER					
16 NON-MOTORIST	14 UNKNOWN					
17 UNKNOWN						

BLANK FOR WITNESS 24

831

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
01		01	12	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	09		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	32	12	<b>DRUG TEST TYPE</b> 1
TYPE OF UNIT	<b>MOST DAMAGED AREA</b>	<b>CONTRIBUTING CIRCUMSTANCES</b>	<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 <b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <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	43	<b>DRUG TEST RESULT</b> 1 NONE 2 BLOOD 3 URINE 4 OTHER
03	06	19			<b>DRUG TEST 1&amp;2 RESULT</b> 1 NONE 2 BLOOD 3 URINE 4 OTHER
<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, 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	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 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>TYPE OF INTERSECTION</b> 01 01 NOT AN INTERSECTION 02 FOUR-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
<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	<b>POINT OF IMPACT</b> 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>NON-MOTORIST</b> 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			<b>OCURRENCE</b> 2 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN
IN EMERGENCY RESPONSE	<b>ACTION</b> 3	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> 06	<b>FIRST HARMFUL EVENT</b> 3		<b>ROAD CONTOUR</b> 1 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
1 NO 2 YES 3 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> 1		<b>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</b>		<b>ROAD CONDITIONS</b> 02 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
<b>DAMAGE SCALE</b> 4	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	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	<b>MOST HARMFUL EVENT</b> 3	<b>ALCOHOL/DRUG SUSPECTED</b> 1 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN			<b>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b>	<b>ALCOHOL TEST STATUS</b> 1 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	
			<b>SPEED DETECTED</b> 1	<b>ALCOHOL TEST TYPE</b> 1 1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE	
			<b>SPEED</b> 70	<b>ALCOHOL TEST RESULT</b>	

10-90-0453

**Narrative**

UNIT #1 WAS EASTBOUND ON THE OHIO TURNPIKE WHEN IT'S RIGHT REAR TIRE BLEWOUT CAUSING THE VEHICLE TO ROTATE COUNTER-CLOCKWISE. UNIT #1 THEN WENT OFF THE LEFT SIDE OF THE ROAD AND STRUCK A CONCRETE MEDIAN WALL.

**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

**WEATHER**

04

- 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

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

**SCHOOL BUS RELATED**

- 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

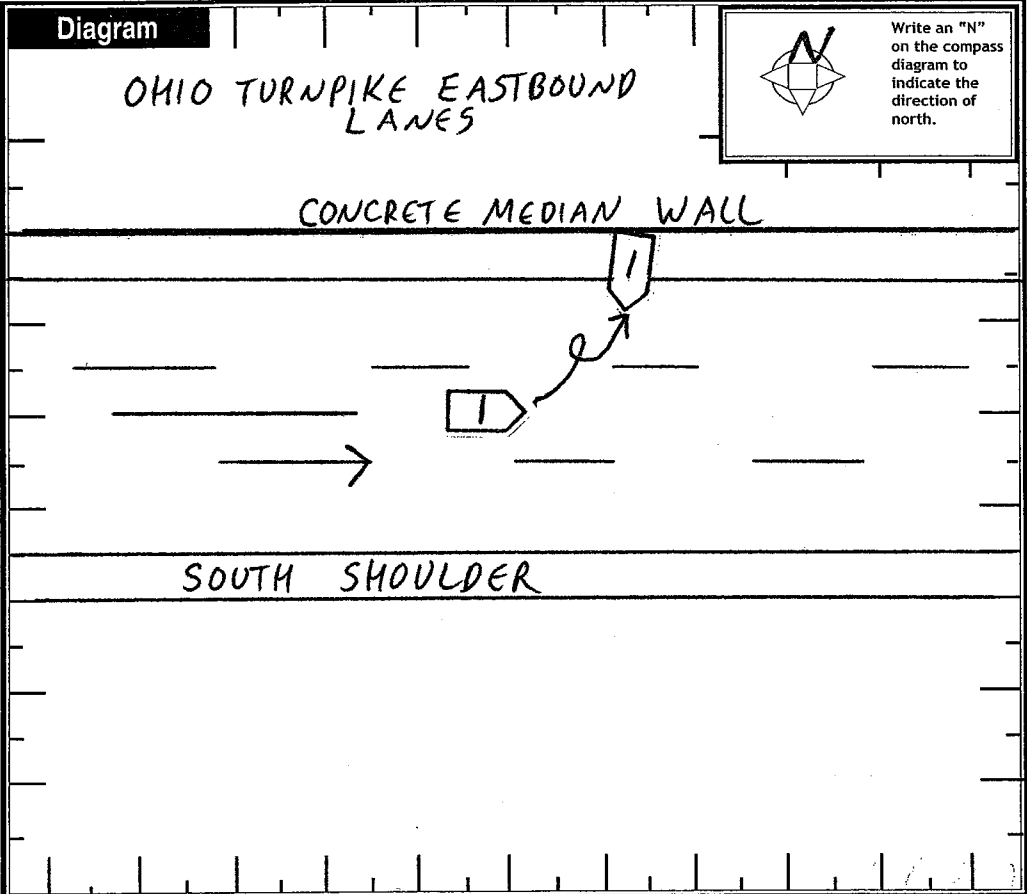
**LOCATION OF CRASH IN WORK ZONE**

- 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**



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
  - 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)**
- 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**

071120061407 1407 1411 1434 30 59

OFFICER'S NAME\*

TPR. S. GOODRUM

CHECKED BY

SGT. K.C. THOMAS

DATE REPORT FILED \*

07132006

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

10-90-0453

LOCAL REPORT NUMBER 10-90-0453	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 7 11 06
IN COUNTY OF OTTAWA	CRASH LOCATION OHIO TURNPIKE 81 <sup>1</sup> / <sub>10</sub> MILEPOST WESTBOUND	

UNIT #1 VEHICLE DAMAGE ANALYSIS

- REAR BUMPER
- RIGHT REAR TIRE
- TRUNK

UNIT #1 WAS MOVED FROM FINAL REST PRIOR TO MY ARRIVAL. THEREFORE, NO FIELD SKETCH WAS COMPLETED. ADDITIONALLY, THERE WERE NO ROADWAY MARKINGS OR OTHER PHYSICAL EVIDENCE TO BE MEASURED.

OFFICER'S SIGNATURE X TPR. J. Goodrum	BADGE NUMBER 831
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0453	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 7 10 11 1906
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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  
 (PRINTED)  
 TPR. S. GOODRUM AT OHIO TURNPIKE 81 MILEPOST.  
 (OFFICERS NAME) (LOCATION)

X I was travelling East bound down I-80 in the center lane. My tire popped and I hit a wet spot (it had been raining) the car spun and hit the center wall.

Q: HOW FAST WERE YOU GOING PRIOR TO SPINNING AROUND?

A: ABOUT 70 MPH

Q: WERE YOU WEARING YOUR SAFETY BELT?

A: YES.

Q: ARE YOU INJURED?

A: I DON'T BELIEVE SO.

*[Large wavy scribbles covering the lower middle section of the form]*

ADDRESS OF WITNESS [REDACTED]	OAK FOREST, IL [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE TPR. S. Goodrum	