

TRAFFIC CRASH REPORT

10166930

OH-1 (Rev.10/99)



10-90-0468

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

REPORTING AGENCY *

OHP 90

STATE HIGHWAY PATROL

01 01

98 - ANIMAL
99 - UNKNOWN

07142006

DAY OF WEEK

1120 FRI

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

X BERLIN

LATITUDE LONGITUDE

22

CRASH OCCURRED ON

1R 80 OHIO TURNPIKE WESTBOUND

TYPE LOC 3

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

LOCAL INFORMATION
123.8 WB

AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE
.2 W MILE 124

REF POINT 06

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

LOCAL INFORMATION
04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
05 TOWNSHIP BOUNDARY 09 DRIVEWAY
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

NAME (LAST, FIRST, MIDDLE)

01 01

ADDRESS (STREET, CITY, STATE, ZIP CODE)

CLYDE, OHIO

HOME PHONE #

WORK PHONE #

DL STATE DL #

OH.

LP STATE LP #

OH.

INJURED TAKEN BY 1

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)

MONROEVILLE, OHIO

YEAR

1999

FRHTL.

MODEL

CONVENT

COLOR

MRN.

INSURANCE COMPANY

MOTORISTS MUTUAL

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

4513.263

OFFENSE DESCRIPTION

SEAT BELT

X 275574

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)

YPSILANTI

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

- 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

BLANK FOR WITNESS

HSY7001

TOP COPY - ODPS BOTTOM COPY - AGENCY

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

10

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

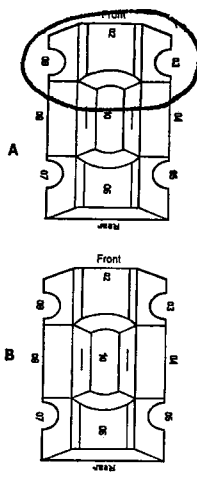
- 1 No
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE

4

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 SEVERE
- 6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

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

POINT OF IMPACT

02

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT CENTER
- 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-COLLISION
- 2 NON-COLLISION
- 3 STRIKING
- 4 STRUCK
- 5 BOTH STRIKING AND STRUCK
- 6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERIDE

- 1 NO UNDERIDE OR OVERRIDE
- 2 UNDERIDE, COMPARTMENT INTRUSION
- 3 UNDERIDE, NO COMPARTMENT INTRUSION
- 4 UNDERIDE, 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 INATTENTIVE
- 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

06

- 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

3

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

3

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

34

- 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

1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

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

4

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR

2

- 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

10-90-0468

Narrative

UNIT #1 WESTBOUND ON THE OHIO TURNPIKE WHEN THE RIGHT FRONT STEER TIRE BLEW-OUT, UNIT #1 WENT OFF THE RIGHT SIDE OF THE ROADWAY STRUCK A DITCH CONTINUED ON THROUGH THE RIGHT-OF-WAY FENCE ACROSS A FIELD STRUCK ANOTHER FENCE AND SEVERAL TREES BEFORE COMING TO REST IN A WOODED AREA.

<p>MANNER OF COLLISION OR IMPACT</p> <p>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</p>		<p>SCHOOL BUS RELATED</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>		<p>Diagram</p>
<p>WEATHER</p> <p>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</p>		<p>WORK ZONE RELATED</p> <p>1 NO 2 YES 3 UNKNOWN</p>		
<p>LIGHT CONDITIONS</p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN</p>		<p>TYPE OF WORK ZONE</p> <p>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER</p>		
<p>LOCATION OF CRASH IN WORK ZONE</p> <p>1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>		<p>WORKERS PRESENT</p> <p>1 NO 2 YES 3 UNKNOWN</p>		

<p>Truck/Bus</p> <p>01</p>	<p>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.</p>	<p>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.</p>
<p>COMPANY (FROM SHIPPING PAPERS)</p> <p>_____</p>	<p>COMPANY PHONE</p> <p>_____</p>	
<p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p> <p>_____ MONROEVILLE, OHIO _____</p>		

<p>US DOT</p> <p>N/A</p>	<p>ICC MC</p> <p>N/A</p>	<p>PUCO</p> <p>N/A</p>	<p>TRAILER LP ST.</p> <p></p>	<p>TRAILER LP YEAR</p> <p></p>	<p>TRAILER LP #</p> <p></p>	
<p>CARGO BODY TYPE</p> <p>01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL</p> <p>08</p>	<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP</p>	<p>09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p>Weight (GVWR)</p> <p>3</p> <p>1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</p>	<p>CDL Class</p> <p>1</p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D</p>	<p>Hazardous Materials Placard</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>Hazardous Materials Released</p> <p>1</p> <p>1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN</p>

Police Action

DISPATCH: 071420061122 | ARRIVED: 1122 | CLEARED: 1127 | OTHER: 1222 | 120 | 180

OFFICER'S NAME: TPR. R.A. KISNER | CHECKED BY: SGT. A. WALKER | DATE REPORT FILED: 07172006

REPORT TAKEN BY: 1 POLICE AGENCY | REPORT TAKEN AT: 1 SCENE

10-90-0468

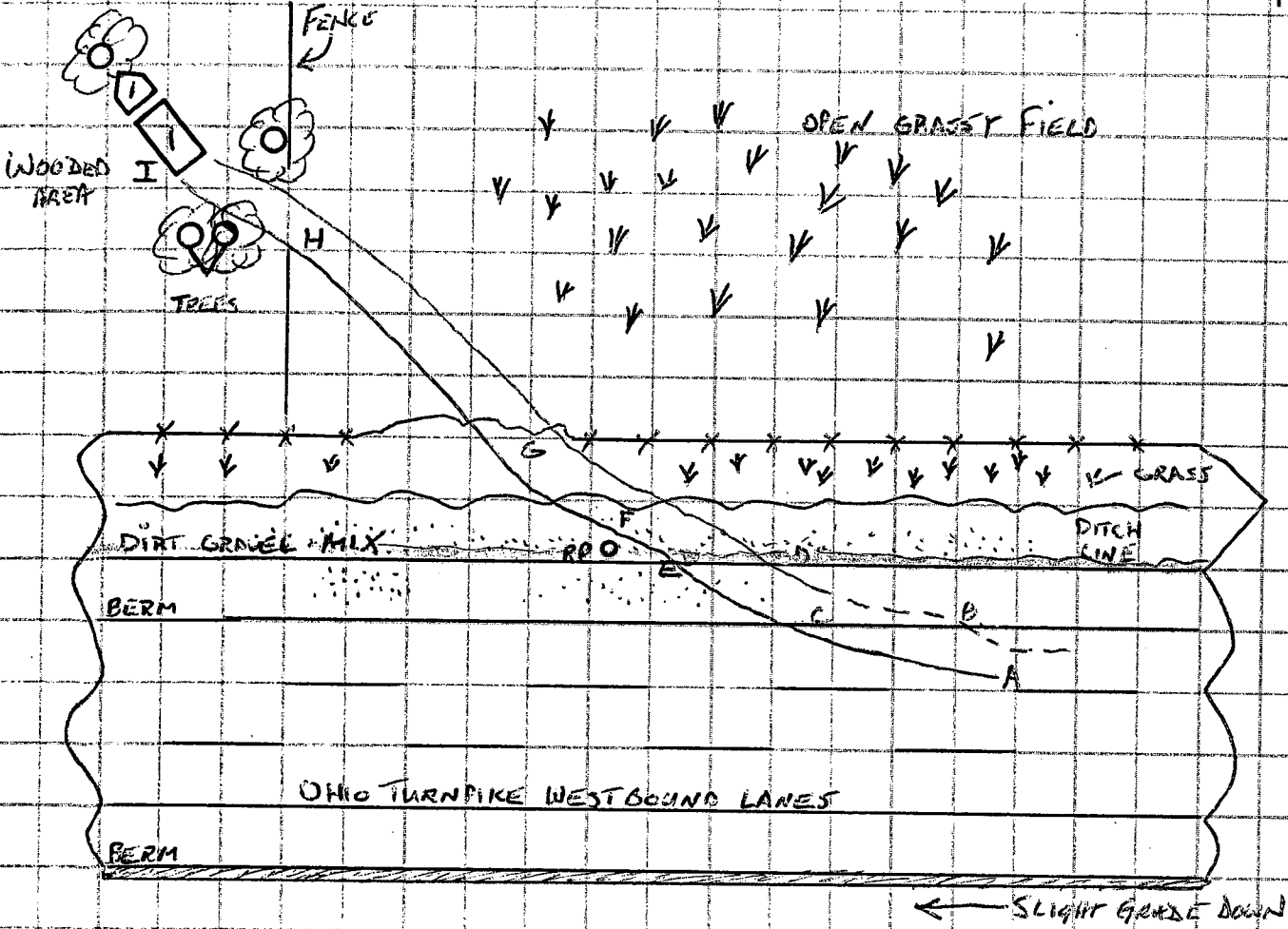
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OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 10-90-0468	REPORTING AGENCY STATE HWY PATROL	DATE OF CRASH M 7 10 14 11 06
IN COUNTY OF ERIE	CRASH LOCATION OHIO TURNPIKE WESTBOUND MILEPOST 123.8	

RP 15 MILEPOST 123.8

POINT "O" IS EDGE LINE OF ROADWAY 3 1/2' OF RP



FIELD SKETCH BY TROOPER E. LOPEZ UNIT 1248

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1248
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OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0468	REPORTING AGENCY STATE HWY PATROL	DATE OF CRASH M 7 10 14 1970
IN COUNTY OF ERIC	CRASH LOCATION OHIO TURNPIKE WESTBOUND MILEPOST 123.8	

AE	FE	DESCRIPTION
A 164 1/2 E	4 S	LEFT TIRE SKID MARK
B 160 E	10 S	RIGHT FRONT TIRE ON WHITE LINE
C 106 E	10 S	LEFT FRONT TIRE ON WHITE LINE
D 90 E	0	RIGHT FRONT TIRE OFF ROAD
E 65 E	3 1/2 S	LEFT FRONT TIRE OFF ROAD
F 0	16 N	CONTACT WITH DITCH
G 80 W	60 N	STRUCK RIGHT OF WAY FENCE
H 157 W	145 N	CONTACT WITH SECOND FENCE IN FIELD
I 186 W	108 N	UNIT #1 FINAL REST IN WOODS

TURNPIKE DAMAGE - TWO FENCE POST, 30 FEET OF RIGHT OF WAY FENCE.

INJURIES

DRIVER OF UNIT #1 WAS TREATED AT SCENE BY NORTH CENTRAL EMS.

OFFICER'S SIGNATURE
X *[Signature]*

BADGE NUMBER
1248

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10.90.468	REPORTING AGENCY STATE HIGH PATROL	DATE OF CRASH M 7 10 14 1966
IN COUNTY OF ERIE	CRASH LOCATION OHIO T.P. W.B.	

PROPERTY OWNER - CELL PHONE [REDACTED]

[REDACTED] BERLIN HS OHIO [REDACTED]

DOB [REDACTED]
SSN [REDACTED]

DAMAGE 130 FT FENCE & WIRE + NEW POSTS
WIRES PULLED ON ADDITIONAL FENCE - 900 FEET

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1191
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LOCAL REPORT NUMBER 10-90-0468	REPORTING AGENCY STATE Hwy. Patrol	DATE OF CRASH M7 10/4/06
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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
 (PRINTED)
 T. HICKS JR. AT SCENE 11:45 AM
 (OFFICER'S NAME) (LOCATION)

Written by officer at Larry's request:

I was W.B. on the Turnpike at approx 65 mph, in the right lane when the right front steer tire blew out, I put on the brakes and it pulled me off the right side of the road into the ditch, into a fence and then thru a field into some trees. I was not wearing my seat belt and hit my head on the roof of the truck, I was bounced around in the cab.

ADDRESS OF WITNESS	[REDACTED] Clyde Ohio [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	[REDACTED]	OFFICER'S SIGNATURE T. Hicks