

TRAFFIC CRASH REPORT



CRASH SEVERITY
1 FATAL
2 INJURY
3 PDO
4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X

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

10-90-0994 3

REPORTING AGENCY *

OH P 90

OHIO STATE PATROL

0199

98 = ANIMAL
99 = UNKNOWN

11062005
10

DAY OF WEEK

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

LATITUDE

LONGITUDE

1354

SUN

X

OXFORD

22

CRASH OCCURRED ON

PREX CRASH LOCATION

TYPE LOC

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

LOCAL INFORMATION

112.5 WB

AT REFERENCE

DIST REFERENCE DR PREFIX REFERENCE

Wm 12

REF POINT

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)

MIDLAND, MI

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 #

1997 JEEP

Gr. Cherokee

Blue

STATE FARM

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)

MIDLAND, MI

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

3 FREED BY

NON-MECHANICAL

4 UNKNOWN

MEANS

INJURIES

1 NO INJURY

2 POSSIBLE

3 NON-

INCAPACITATING

4 INCAPACITATING

5 FATAL INJURY

6 UNKNOWN

BLANK FOR WITNESS

HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENCY

[illegible]

Narrative

UNIT #1 WAS WESTBOUND ON THE OHIO TURNPIKE IN THE CENTER LANE.
UNIT #1 LOST THE OVERHEAD MOON-ROOF WINDOW, LEAVING THE INTERIOR EXPOSED TO
THE ELEMENTS. THE REMAINS OF THE MOONROOF WERE LOCATED.

MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- 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

- 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

WEATHER

- 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

- 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

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

Diagram



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

OHIO TURNPIKE 1-80 WB 112.5 mi

Shoulder

#1

Shoulder

Median Wall

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

DISPATCH

ARRIVED

CLEARED

OTHER

1 062005 / 354

1354

1410

1430

30

66

OFFICER'S NAME *

TPA P. DUNPHY

CHECKED BY

SGT. A. WALKER

DATE REPORT FILED *

11072005

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

10-90-0994

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0974	REPORTING AGENCY OHIO STATE PATROL	DATE OF ACCIDENT M 11 10 6 105
IN COUNTY OF ERIE	ACCIDENT LOCATION 1-80 WB- OF 112.5.	

UNIT #1 INFORMATION:

- MOON ROOF WINDOW PANE LOST - BRACKETS / GUIDES ON VEH
APPEARED BROKEN IN PLACES. ~ LOCATED FRAME AT 112.5 WB.

#1 PASSENGER NOTED THAT DEALER PERFORMED SERVICE ON MOON ROOF
IN JUNE WAS A "COMPLETE REPLACEMENT" INCLUDING TRACKS AND
MOTOR.

INSURANCE: State Farm

exp. 3/12/06

~ WEATHER - HIGH WINDS WEST / SOUTH WEST 20-30 MPH EST.

CLOUDY, MODERATE TRAFFIC.

NO TRUCK DAMAGE.

OFFICER'S SIGNATURE

X [Signature]

BADGE NUMBER

125

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-90-0994	REPORTING AGENCY	OHIO STATE PAROLE	DATE OF CRASH	M 11 10 6 1905
---------------------------	------------	---------------------	-------------------	---------------	----------------

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED]		HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
(PRINTED)			
Tpr. Dwyer		AT	SCENE
(OFFICER'S NAME)		(LOCATION)	
I was driving in the center lane when a gust of wind took the moon roof off. It was completely closed since it was raining and I gradually moved over to the side of the road. At one point in time the moon roof <u>wasn't working</u>. We had not used it at all this weekend. ↑ This occurred not today, but some time ago - I'm unsure when - perhaps the end of summer a couple months ago.			
ADDRESS OF WITNESS SIGNATURE OF		OFFICER'S SIGNATURE	
[REDACTED]		[REDACTED]	
		PHONE [REDACTED]	