

TRAFFIC CRASH REPORT



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 X

10-89-0356 3

REPORTING AGENCY *

OH P 8 9

OHIO STATE HIGHWAY PATROL

01-99

98 = ANIMAL
99 = UNKNOWN

08062006

10

2339

DAY OF WEEK

SUN

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

SWANTON

48

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

I.R. 80 OHIO TURNPIKE

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

51.2 EB.

AT / REFERENCE

DIST REFERENCE

.2m

DR

E

PREFIX

REFERENCE

51 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

NAME (LAST, FIRST, MIDDLE)

0104

10/69097

ADDRESS (STREET, CITY, STATE, ZIP CODE)

MONCLOVA OH

HOME PHONE #

WORK PHONE #

01171968 38 M

DL STATE

OH

DL #

#

LP STATE

OH

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")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SAME

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FORD

F-150

MAROON

GENERAL CASUALTY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE

OH

DL #

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LP STATE

OH

LP #

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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)

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FORD

F-150

MAROON

GENERAL CASUALTY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

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ADDRESS (STREET, CITY, STATE, ZIP CODE)

PERRYSBURG OH

INJURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

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0702199314 F

ADDRESS (STREET, CITY, STATE, ZIP CODE)

MONCLOVA OH

INJURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

01

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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

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

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

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

LOCAL REPORT # *

10-89-0356

N.C.I.C. # *

0HP89

REPORTING AGENCY *

OHIO STATE HIGHWAY PATROL

DATE OF CRASH *

08062006

E	UNIT #	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE	SEX
	01		09231994	13	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		
MONCLONA OHIO			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		
			TRANSPORTED BY		
			INJURED TAKEN TO		

F	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY			
			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
			TRANSPORTED BY			
			INJURED TAKEN TO			

G	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY			
			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
			TRANSPORTED BY			
			INJURED TAKEN TO			

H	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY			
			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
			TRANSPORTED BY			
			INJURED TAKEN TO			

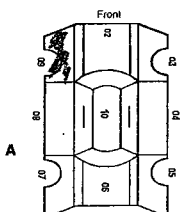
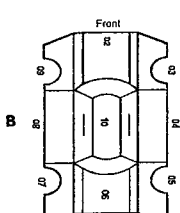
I	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY			
			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
			TRANSPORTED BY			
			INJURED TAKEN TO			

J	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY			
			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
			TRANSPORTED BY			
			INJURED TAKEN TO			

K	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY			
			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			
			TRANSPORTED BY			
			INJURED TAKEN TO			

06 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	04 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	1 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
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BLANK FOR WITNESS

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
01	 	01	12	65	1
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 07 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					
VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 11 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					
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					
SEQUENCE OF EVENTS 12 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					
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 4 BREATH 2 BLOOD 5 OTHER 3 URINE					
ALCOHOL TEST RESULT 1 1 NONE 2 ESTIMATED SPEED 3 SPEED 65					
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 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/ROUNDOABOUT 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					

Narrative

UNIT #1 WAS EAST BOUND ON IR 80 WHEN THE LEFT FRONT TIRE FELL OFF. UNIT #1 PULLED OFF THE SIDE OF THE ROAD.

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

- 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

LIGHT CONDITIONS

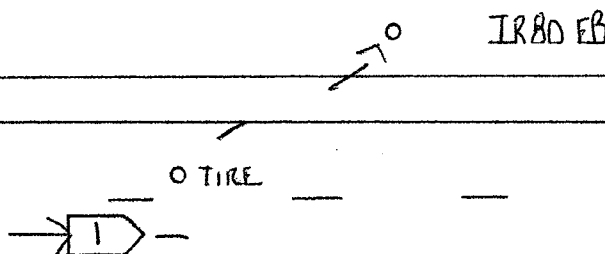
- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 GLARE
- 8 OTHER
- 9 UNKNOWN

- 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.

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)

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

OFFICER'S NAME*

TPR. BO SCHMUTZ

DISPATCH

ARRIVED

CLEARED

OTHER

080620062339

2339

2344

0039

60

120

CHECKED BY

DATE REPORT FILED *

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

TOP COPY - ODPS BOTTOM COPY - AGENCY

10890356

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10 89-0356	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 8 D 6 Y 6
IN COUNTY OF LUCAS	CRASH LOCATION IR 80 OHIO TURNPIKE	

NO FIELD SKETCH

UNIT #1 DAMAGE: LEFT FRONT TIRE TORE OFF LEFT FRONT SPRING BENT,
UNDERCARRIAGE DAMAGED

UNIT #1 DRIVER STATED HE HAD JUST GOT NEW TIRES PUT ON THE
VEHICLE

OFFICER'S SIGNATURE

X *Timothy J. Smith*

BADGE NUMBER

1690

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-0356	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 8 / D 6 / Y 6
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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)

TROOPER BO SCHMUTZ AT SCENE
(OFFICERS NAME) (LOCATION)

While driving down Ohio Turnpike heard rattling noise, soon
after left front tire came off forcing vehicle to merge to the
right while traveling 65 m.p.h. Pumped brakes to make a good
stop and move vehicle to right shoulder.

Q. HOW FAST WERE YOU GOING
A. 65

Q. ARE YOU INJURED?
A. NO

Q. DID YOU HAVE YOUR SEATBELT ON
A. YES

Q. WHAT TIME DID THIS HAPPEN
A. 2340

ADDRESS OF WITNESS SIGNATURE OF WITNESS [REDACTED] MONROVIA, Ohio [REDACTED]
OFFICER'S SIGNATURE BO M. SCHMUTZ
PHONE [REDACTED]