

GUARD

TP

TRAFFIC CRASH REPORT



10-89-0379

CRASH SEVERITY
1 FATAL
2 INJURY
3 PDO
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 *
OHP 89 STATE HIGHWAY PATROL 01 01 98 = ANIMAL 08232006
99 = UNKNOWN

DAY OF WEEK: 1142 WED
NAME (OF CITY, VILLAGE OR TOWNSHIP) * X PERRYSBURG 87
LATITUDE: _____ LONGITUDE: _____

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

LOCAL INFORMATION: 67.1 WB
A7 REFERENCE: DIST REFERENCE DR PREFIX REFERENCE 67 WB REF POINT 06
REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE

01 01 [REDACTED] N. CANTON, OHIO
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED] HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

LP STATE: OH LP #: [REDACTED] INJURED TAKEN BY: 2
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: PERRYSBURG INJURED TAKEN TO: ST VINCENT'S

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

YEAR: 1995 MAKE: TOYOTA MODEL: COROLLA COLOR: BLUE INSURANCE COMPANY: UNKNOWN TOWING SERVICE: XPRESS OWNER PHONE #: [REDACTED]

OFFENSE CHARGED: 4513.02A OFFENSE DESCRIPTION: UNSAFE VEHICLE CITATION #: X174141 LOCAL CODE? X IF YES

UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE): [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]

DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED] HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

DL STATE: [REDACTED] DL #: [REDACTED] LP STATE: [REDACTED] LP #: [REDACTED] INJURED TAKEN BY: [REDACTED]
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]

OWNER NAME (IF SAME, WRITE "SAME"): [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]

YEAR: [REDACTED] MAKE: [REDACTED] MODEL: [REDACTED] COLOR: [REDACTED] INSURANCE COMPANY: [REDACTED] TOWING SERVICE: [REDACTED] OWNER PHONE #: [REDACTED]

OFFENSE CHARGED: [REDACTED] OFFENSE DESCRIPTION: [REDACTED] CITATION #: [REDACTED] LOCAL CODE? [REDACTED] IF YES

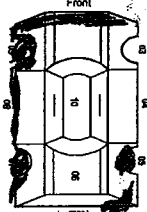
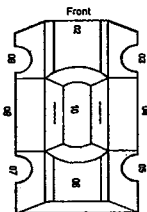
UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE): [REDACTED] HOME PHONE #: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] INJURED TAKEN BY: [REDACTED] TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

NAME (LAST, FIRST, MIDDLE): [REDACTED] HOME PHONE #: [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] INJURED TAKEN BY: [REDACTED] TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

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

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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	DAMAGE AREA   MOST DAMAGED AREA <input type="text" value="02"/> <input type="text" value=""/> <input type="text" value=""/> 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	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> 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	SEQUENCE OF EVENTS <input type="text" value="12"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="09"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="30"/> <input type="text" value=""/> <input type="text" value=""/> 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 <input type="text" value="65"/> <input type="text" value=""/> <input type="text" value=""/> TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value=""/> <input type="text" value=""/> 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	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 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 <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
TYPE OF UNIT <input type="text" value="03"/> <input type="text" value=""/> <input type="text" value=""/> 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	POINT OF IMPACT <input type="text" value="02"/> <input type="text" value=""/> <input type="text" value=""/> 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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="19"/> <input type="text" value=""/> <input type="text" value=""/> 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	FIRST HARMFUL EVENT <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> 1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value="65"/> <input type="text" value=""/> <input type="text" value=""/>	DIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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 <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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 <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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 <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	TYPE OF INTERSECTION <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> 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 OCCURRENCE <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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
IN EMERGENCY RESPONSE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE <input type="text" value="5"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="06"/> <input type="text" value=""/> <input type="text" value=""/> 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	SUPPLEMENT # <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> X" IF YES LOCAL REPORT # <input type="text" value="10-89-0379"/>		

Narrative

UNIT #1 WAS WESTBOUND ON THE OHIO TURNPIKE WHEN THE LEFT FRONT TIRE BLEW OUT, CAUSING THE DRIVER TO LOOSE CONTROL OF THE VEHICLE. UNIT #1 SUBSEQUENTLY WENT OFF THE LEFT SIDE OF THE ROAD AND INTO THE MEDIAN BEFORE STRIKING A GUARDRAIL. UNIT #1 CAME TO FINAL REST IN THE MEDIAN.

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

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

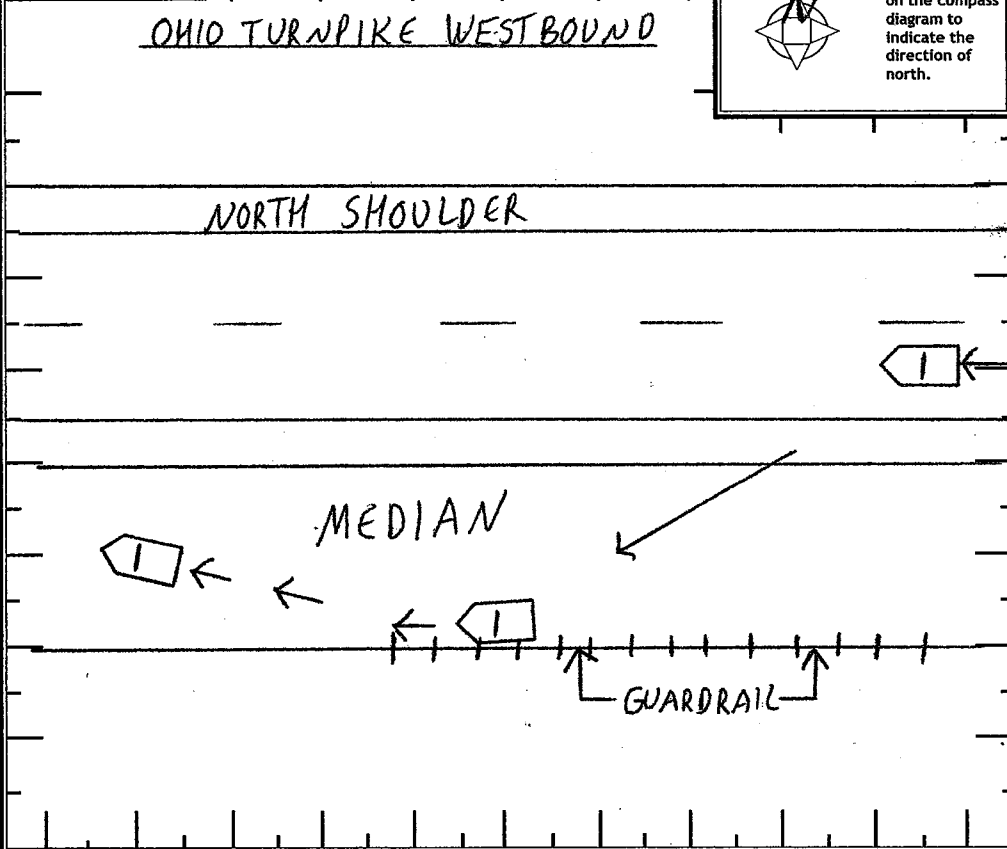
WEATHER

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

LIGHT CONDITIONS

PRIMARY 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



Truck/Bus

UNIT #

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 # PLACARD # # DIA.

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 - 25,000
 3 MORE THAN 25,000

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

DATE CRASH REPORTED: 08232006
 TIME REC CALL: 1145
 DISPATCH: 1145
 ARRIVED: 1155
 CLEARED: 1240
 OTHER: 35
 TOTAL MINUTES: 90

OFFICER'S NAME: TPR. S. GOODRUM
 BADGE #: 831
 CHECKED BY: SGT. LAMBERTS
 DATE REPORT FILED: 08272006

REPORT TAKEN BY: 1 POLICE AGENCY
 2 MOTORIST

REPORT TAKEN AT: 1 SCENE
 2 STATION
 3 OTHER

SUPPLEMENT: X IF YES

LOCAL REPORT #: 10-89-0379

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

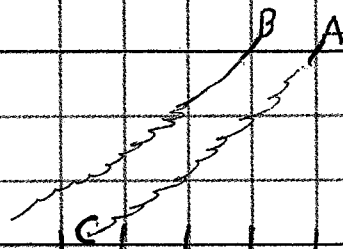
LOCAL REPORT NUMBER 10-89-0379	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 8 23 06
IN COUNTY OF WOOD	ACCIDENT LOCATION OHIO TURNPIKE 67 1/10 MILEPOST WESTBOUND	

OHIO TURNPIKE WESTBOUND LANES



R-RT

NORTH SHOULDER



Point	ALONG EDGE	FROM EDGE	DESCRIPTION
A	116'	10'	LEFT FRONT OF UNIT #1 ENTERS MEDIAN
B	155'	10'	RIGHT FRONT OF UNIT #1 ENTERS MEDIAN
C	282'	49'	UNIT #1 STRIKES GUARDRAIL
D	324'	49'	UNIT #1 OFF GUARDRAIL
E	379'	31'	FINAL REST OF RIGHT REAR OF UNIT #1
F	388'	29'	FINAL REST OF RIGHT FRONT OF UNIT #1

R.P.: 67.2 DELINEATOR POST
 O: SOUTH EDGE LINE AT 67.2

MEASUREMENTS BY TPR T. ALEXANDER
 U-921

DRY ROADWAY
 CLEAR SKIES
 LIGHT TRAFFIC

OFFICER'S SIGNATURE
 X TPR J. Goodrum

BADGE NUMBER
 831

LOCAL REPORT NUMBER 10-89-0379	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 8 D 23 Y 06
IN COUNTY OF WOOD	ACCIDENT LOCATION OHIO TURNPIKE 67 TH MILEPOST WESTBOUND	

I SPOKE WITH THE DRIVER OF UNIT #1, SUSAN P. WHITE, AT ST. VINCENT'S HOSPITAL. DUE TO MS. WHITE'S PHYSICAL CONDITION, SHE WAS NOT ABLE TO PROVIDE ME WITH A WRITTEN STATEMENT. HOWEVER, VERBALLY SHE STATED THAT SHE WAS ON THE CELL PHONE TALKING TO HER DAUGHTER AND THEN SHE DOESN'T KNOW WHAT HAPPENED.

AN EXAMINATION OF THE TIRES ON MS. WHITE'S VEHICLE REVEALED THAT ALL FOUR OF THEM WERE BALD EVEN PAST THE WEAR INDICATORS.

ON PAGE TWO OF THE OH-1 UNDER THE SEQUENCE OF EVENTS BLOCK, #1 IN THE SEQUENCE OF EVENTS INDICATES THE TIRE BLOWOUT.

TURNPIKE DAMAGE
GUARDRAIL

OWNER OF PROPERTY

BEREA, OHIO

OFFICER'S SIGNATURE

X TPR. J. Goodrum

BADGE NUMBER

831

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-0379	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 8 10 23 1986
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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 I-80 - 64-65 mm
(OFFICERS NAME) (LOCATION)

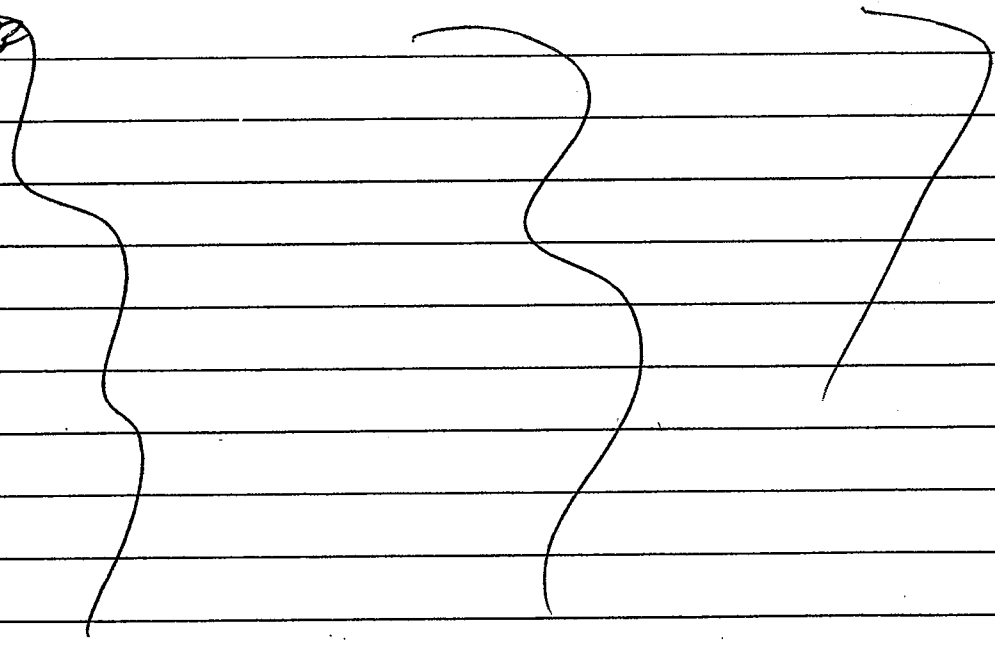
A vehicle involved in accident traveling east bound in left lane approx 65 miles per hour lost control of vehicle hit guard rail bounced off, spun around in road and stopped in median.

Q: DID YOU SEE ANOTHER CUT HER OFF?

A: NO.

Q: PRIOR TO THE CRASH, DID YOU SEE HER DOING ANY WEAVING OR ANY OTHER ERATIC DRIVING.

A: NO ~~YES~~



ADDRESS OF WITNESS [REDACTED]	ADDRESS OF CRASH Leesburg Va. [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE TPR. S. Goodrum	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-0379	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 8 10 23 1986
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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. S. GOODRUM AT OHIO TURNPIKE 67 MILEPOST
(OFFICERS NAME) (LOCATION)

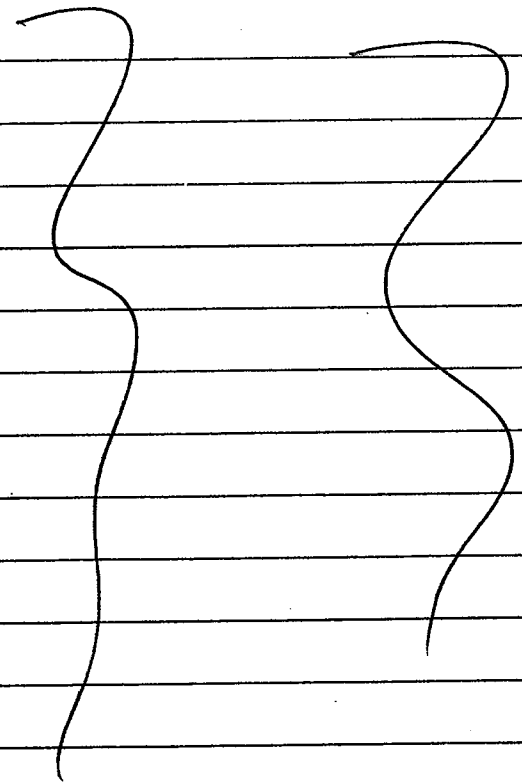
Individual was traveling east bound 80/90 @ mm 6-4-65
Witness individual loose control of her auto, crossed left lane & hit guardrail. She turned west bound guardrail & landed into median ditch

Q: DID YOU SEE ANOTHER RUN HER OFF THE ROAD?

A: NO. I DID NOT.

Q: PRIOR TO THE CRASH, DID YOU SEE THE CAR INVOLVED IN THE CRASH, EXHIBITING ANY SIGNS OF ERATIC DRIVING?

A: NO.



ADDRESS OF WITNESS SIGNATURE OF WITNESS Temperance, ME [REDACTED]	OFFICERS SIGNATURE TPR. S. Goodrum	PHONE [REDACTED]
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OHIO STATE HIGHWAY PATROL
 Vehicle Inventory / Custody Report

REPORT # 10-89-0379 DATE 8/23/06 TIME 1155 LOCATION OTP 67 MILEPOST
 VPR 95 VMA TOYOTA VNO COROLLA VST 4DR VCO BLUE ODOMETER 138176
 VIN 2T1AE09B650 LIC STATE OH
 DRIVER - LAST FIRST MI
 ADDRESS N. CANTON, OH WORK # HOME #
 OWNER SAME ADDRESS WORK # HOME #

- REASONS FOR CUSTODY
- Pretrial retention
 - # OMVI
 - DUS
 - Wrongful Entrustment
 - Forfeiture Eligibility
 - Abandoned - Hazardous
 - Abandoned - 48 hours
 - Evidence
 - Felony
 - Crash
 - Other
- Rent/lease over 30 days
 Rent/lease to 30 days - Notify within 24 hours
 Owner unverified
 Borrowed
- Est. Value \$1000.00
 Condition POOR
 Seats Wheels
 Glass Antenna
 Undercarriage
 Photos Driveable

LOCATION P1 - Front Pass. AM AM/FM
 P2 - Rear Pass. Cass/AM/FM CD/AM/FM
 G - Glove box Radar Detec Laser Detec
 T - Trunk/Cargo CB C. Phone
 E - Engine # Cassettes/CDs

6 Total Keys
 1 Key - Ignition
 Key - Trunk
 Key - Gascap
 Key - Wheels
 # Hubcaps

FUEL E 1/2 F

CIRCLE DAMAGE

LOC	INVENTORY/REMARKS	LOC	INVENTORY/REMARKS
P1	MISC. PAPERS 1 Hub cap	T	TRUNK NOT FUNCTIONAL UNABLE TO OPEN
P2	4 BAG CONTAINING BEVERAGES KIDS TOYS 1 Hub cap, GLOVES (2) 1 BLACK NOTEBOOK VIDEO TAPES, CDS, KODAK DIGITAL CAMERA, PICTURE FRAME, DUMPER SHOES 3 PAIR, MAP		- DAMAGE CENTER - LEFT SIDE - RR BUMPER DETACHED - RR TIRE
G	MISC PAPERS		
P1	COKE, BOTTLE WATER, M&M'S CANDIES, LIGHTER, GLASSES		

Report By TPR. S. GOODROM u-831 8/23/06 Time 1155 Supervisor Sgt. [Signature] u-1362

Witness [Signature] Time _____
 Tow By [Signature] Loc. _____

RELEASE OF PROPERTY

Plates SIGNATURE _____ Time _____ U- _____
 Vehicle SIGNATURE _____ Time _____ U- _____

CONDITIONS FOR RELEASE HP-60 Needed
 PROOF OF OWNERSHIP

VEHICLE IMMOBILIZATION Pre-Trial Retention Court-Ordered (Order Received _____ Time _____) BMV-Ordered

Immobilization Device Removed _____ Location _____ Plates Impounded _____ Device # _____ U- _____

Time _____ U- _____ Time _____ Plates Mailed to BMV _____

TIV # _____ SHERIFF NOTIFIED _____ OWNER NOTIFIED ST. VINCENTS HOSP _____
 Canceled _____ Time _____ 8/23/06 Time _____
 _____ U- _____ U- 831 PS _____ Letter Sent _____