

# 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

10-90-0556 3

REPORTING AGENCY \*  
STATE HIGHWAY PATROL 01 01

98 = ANIMAL  
99 = UNKNOWN  
08252006

DAY OF WEEK  
1853 FRI

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
X RILEY 72

LATITUDE  
LONGITUDE

CRASH OCCURRED ON  
PREFIX CRASH LOCATION  
IR80 (OHIO TURNPIKE WESTBOUND) 3  
TYPE LOC  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION  
95.5 WB

AT / REFERENCE  
DIST REFERENCE DR PREFIX REFERENCE REF POINT  
-5ME 95 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

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
CANFIELD OH

HOME PHONE #  
WORK PHONE #

03161985 21 M

DL STATE DL # LP STATE LP # INJURED  
OH SD412017 OH

TRANSPORTED BY  
INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")  
CANFIELD OH

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1994 MAZDA MRG GREEN GRANGE MUTUAL MADISON

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)

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)

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                        | 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          |
| 02 FRONT - MIDDLE                       | 02 SHOULDER BELT ONLY  | 2 DEPLOYED-FRONT           | 2 IN ON POSITION  | 2 TOTALLY EJECTED   | 2 EXTRICATED BY MEANS | 2 POSSIBLE           |
| 03 FRONT - RIGHT                        | 03 LAP BELT ONLY       | 3 DEPLOYED-SIDE            | 3 IN OFF POSITION | 3 PARTIALLY EJECTED | 3 FREED BY MEANS      | 3 NON-INCAPACITATING |
| 04 SECOND - LEFT (MC PASS)              | 04 SHOULDER/LAP BELT   | 4 DEPLOYED BOTH FRONT/SIDE | 4 UNKNOWN         | 4 NOT APPLICABLE    | 4 UNKNOWN             | 4 INCAPACITATING     |
| 05 SECOND - MIDDLE                      | 05 CHILD SAFETY SEAT   | 5 NOT APPLICABLE           |                   | 5 UNKNOWN           |                       | 5 FATAL INJURY       |
| 06 SECOND - RIGHT                       | 06 MC HELMET USED      | 6 UNKNOWN                  |                   |                     |                       | 6 UNKNOWN            |
| 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                              |                        |                            |                   |                     |                       |                      |

1829

Motorist/Non-Motorist

Occupant

# TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

10-90-0556 OHP90 REPORTING AGENCY \* STATE HIGHWAY PATROL 08252006

01 [REDACTED] [REDACTED] HOME PHONE # [REDACTED] 0415198719 M  
 [REDACTED] BOARDMAN OH INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
 2 EMS 5 UNKNOWN  
 3 POLICE

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

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

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NAME (LAST, FIRST, MIDDLE) HOME PHONE #  
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 2 EMS 5 UNKNOWN  
 3 POLICE

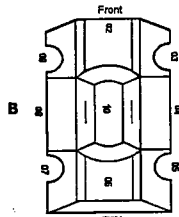
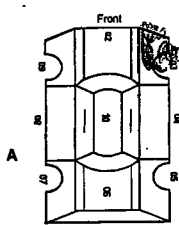
- |   |   |   |   |  |  |  |
|---|---|---|---|--|--|--|
| <p>06 SEATING POSITION</p> <ul style="list-style-type: none"> <li>01 FRONT - LEFT (MC DRIVER)</li> <li>02 FRONT - MIDDLE</li> <li>03 FRONT - RIGHT</li> <li>04 SECOND - LEFT (MC PASS)</li> <li>05 SECOND - MIDDLE</li> <li>06 SECOND - RIGHT</li>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

BLANK FOR WITNESS

UNIT NUMBERS

01

DAMAGE AREA



MOST DAMAGED AREA

03

POINT OF IMPACT

01

ACTION

d

- 1 NON-CONTACT
- 2 NON-COLLISION
- 3 STRIKING
- 4 STRUCK
- 5 BOTH STRIKING AND STRUCK
- 6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE

- 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

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 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

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

- 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

1

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

MOST HARMFUL EVENT

1

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 SOUTHWEST
- 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 NONE
- 2 BLOOD
- 3 URINE
- 4 DEBRIS\*\*
- 5 RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*
- 6 OTHER
- 7 UNKNOWN

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

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

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

02

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

10-90-0556

**Narrative**

UNIT #1 WAS TRAVELING WESTBOUND ON THE OHIO TURNPIKE IN THE LEFT LANE. UNIT #1 HAD A TIRE BLOWOUT ON THE RIGHT FRONT TIRE. UNIT #1 PULLED OVER ON THE LEFT BERM.

**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**

- 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

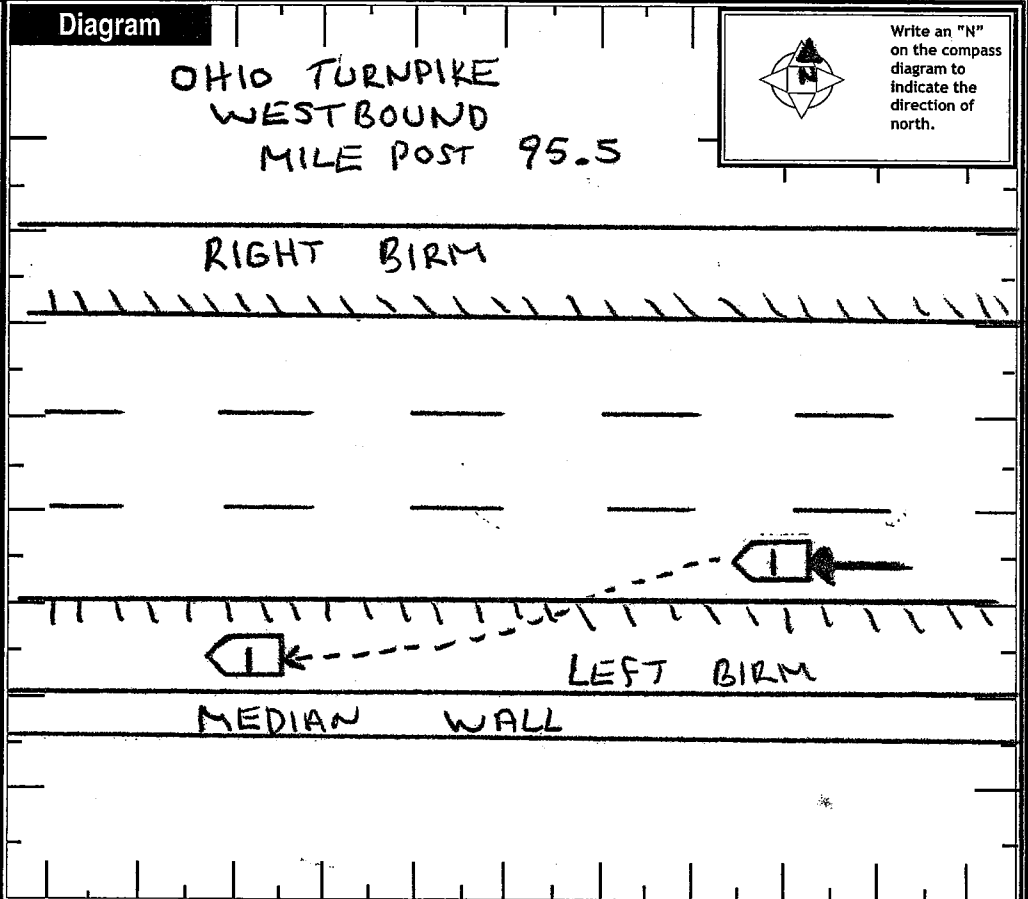
- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

**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

**Diagram**



**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 082520061853 ARRIVED 1853 CLEARED 1858 OTHER 1953 30 90

OFFICER'S NAME\*

TPC LANDER

CHECKED BY

Sgt. Ralston

DATE REPORT FILED \*

08262006

REPORT TAKEN BY

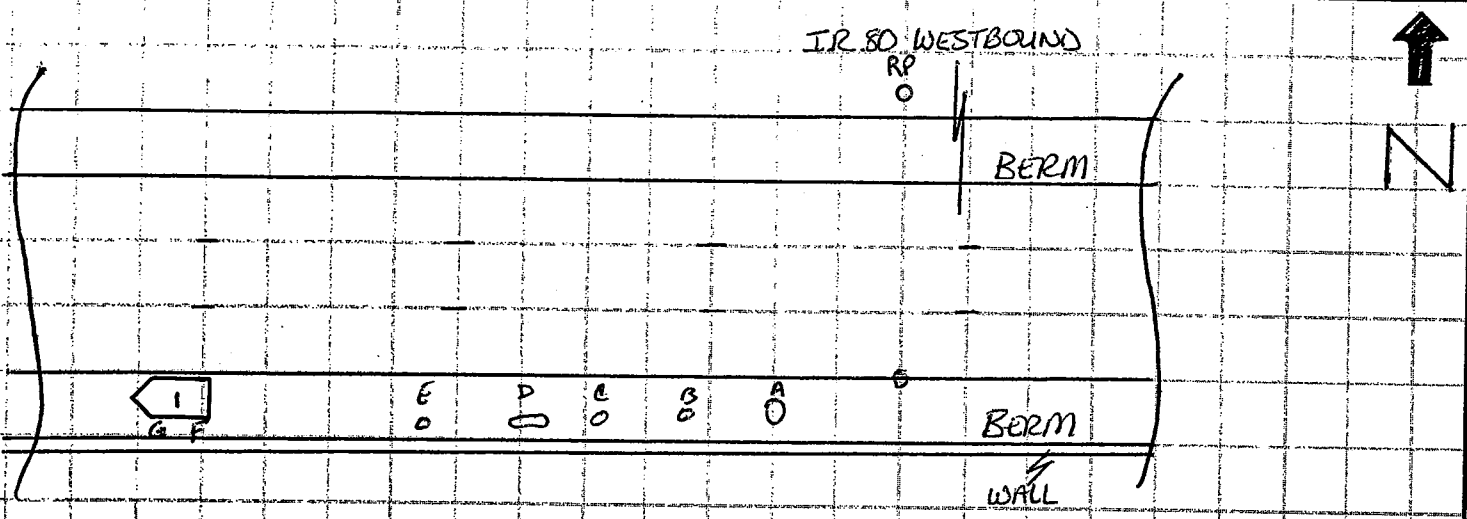
- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

10-90-0556

|                                   |  |                                  |
|-----------------------------------|--|----------------------------------|
| LOCAL REPORT NUMBER<br>10-90-055E | REPORTING AGENCY<br>DHID STATE HIGHWAY PATROL                  | DATE OF CRASH<br>M 8 10 25 10 06 |
| IN COUNTY OF<br>SANDUSKY          | CRASH LOCATION<br>I.R. 80 M.P. #95.5 WESTBOUND (OHIO TURNPIKE) |                                  |



| AE                  | FE              | DESCRIPTIONS                            |
|---------------------|-----------------|---|
| A 44 <sup>1</sup>   | 5 <sup>1</sup>  | UNIT #1'S INNER WHEEL WELL              |
| B 143 <sup>10</sup> | 5 <sup>7</sup>  | UNIT #1'S MUD GUARD                     |
| C 178 <sup>3</sup>  | 9 <sup>3</sup>  | UNIT #1'S FRONT MARKER LIGHT            |
| D 274 <sup>4</sup>  | 7 <sup>0</sup>  | UNIT #1'S RIGHT FRONT FENDER            |
| E 351 <sup>3</sup>  | 6 <sup>1</sup>  | UNIT #1'S HOSES + WIRE LOOM             |
| F 587 <sup>3</sup>  | 10 <sup>0</sup> | FINAL REST OF UNIT #1'S LEFT REAR TIRE  |
| G 595 <sup>0</sup>  | 10 <sup>3</sup> | FINAL REST OF UNIT #1'S LEFT FRONT TIRE |

RP = M.P. #95.5 W.B.  
 RP TO POINT "O" = 50<sup>3</sup>  
 POINT "O" = SOUTH YELLOW FOG LINE OF I.R. 80 W.B.  
 ROAD CONDITIONS = DRY, ASPHALT, CLEAN  
 WEATHER CONDITIONS = 80°, CLEAR, SUNNY

|  |                     |
|--|---------------------|
| OFFICER'S SIGNATURE<br>X TPR. Susan R. [Signature] | BADGE NUMBER<br>115 |
|--|---------------------|

|                                   |  |                                    |
|-----------------------------------|--|------------------------------------|
| LOCAL REPORT NUMBER<br>10-90-0556 | REPORTING AGENCY<br>STATE HIGHWAY PATROL               | DATE OF ACCIDENT<br>M 8 10 25 1906 |
| IN COUNTY OF<br>SANDUSKY          | ACCIDENT LOCATION<br>OHIO TURNPIKE WESTBOUND M.P. 95.5 |                                    |

WEATHER

SUNNY  
CLEAR

ROAD CONDITIONS

DRY ASPHALT  
MODERATE TRAFFIC

UNIT #1

GREEN 1994 MAZDA MB6 2 DOOR

LP # ET93AA

VIN # 1YVGE31D4 [REDACTED]

INSURANCE = GRANGE MUTUAL  
POLICY # [REDACTED]

DAMAGE ANALYSIS : RIGHT FRONT TIRE, RIGHT FRONT FENDER, RIGHT FRONT DOOR HAD SMALL DENT, RIGHT FRONT WHEEL WELL AND RIM

OFFICER'S SIGNATURE

X TPO [Signature]

BADGE NUMBER

1829

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                   |  |                                |
|-----------------------------------|--|--------------------------------|
| LOCAL REPORT NUMBER<br>10-90-0556 | REPORTING AGENCY<br>STATE HIGHWAY PATROL | DATE OF CRASH<br>M 8 / 25 / 05 |
|-----------------------------------|--|--------------------------------|

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

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)

TPR LANDER AT SCENE  
(OFFICERS NAME) (LOCATION)

I was traveling west on the Ohio Turnpike in the far left lane when my tire blew. It was the front right, I immediately pulled to the shoulder on the left by the cement barrier.

Q-DID YOU HAVE YOUR SEATBELT ON?

A-YES

Q-ARE YOU INJURED?

A-NO

Q-WHEN DID YOU PURCHASE THE TIRES?

A-LAST YEAR

Q-DID YOU RUN OVER ANYTHING?

A-NO

Q-HOW FAST WERE YOU GOING?

A-65

|  |                                       |                     |
|--|---------------------------------------|---------------------|
| ADDRESS OF WITNESS SIGNATURE OF WITNESS<br>[REDACTED] Canfield, OH | OFFICERS SIGNATURE<br>TPR [Signature] | PHONE<br>[REDACTED] |
|--|---------------------------------------|---------------------|