

TRAFFIC CRASH REPORT



LOCAL REPORT # *

10-91-0565

CRASH SEVERITY

3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

X IF YES

HIT/SKIP

1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN

X IF YES

OH-2 OH-3 OH-1P OTHER

X X

N.O.I.C. *

0 H P 91

REPORTING AGENCY *

STATE HIGHWAY PATROL

UNITS

02

UNIT ERROR

01

98 = ANIMAL 99 = UNKNOWN

DATE OF CRASH *

09062006

TIME OF CRASH

1345

DAY OF WEEK

WED

CITY *

X

VILLAGE *

TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

BRECKSVILLE

COUNTY # *

18

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

IR 80 (OHIO TURNPIKE)

EB

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

LOCAL INFORMATION

171-8, EB

AT/REFERENCE

DIST REFERENCE

02M W

OR

PREFIX REFERENCE

MILEPOST 172

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

UNIT #

01

OF OCC.

01

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DUNCANSVILLE PA

DATE OF BIRTH

HOME PHONE #

WORK PHONE #

DL STATE

PA

DL #

LP STATE

PA

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)

CLARKS SUMMIT PA

YEAR

2001

MAKE

KENWORTH

MODEL

T-2000

COLOR

MAROON

INSURANCE COMPANY

ACCIDENTAL FIRE/CASUALTY RICH

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

UNIT #

0201

NAME (LAST, FIRST, MIDDLE)

10175381

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE

OH

DL #

LP STATE

OH

LP #

9038

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)

LOWELLVILLE OH

YEAR

2006

MAKE

FORD

MODEL

F-150

COLOR

RED

INSURANCE COMPANY

UNITED STATES FIRE

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

CAMPBELL OH

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

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

4 DEPLOYED BOTH

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

0844

UNIT NUMBERS

01 02

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

13 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

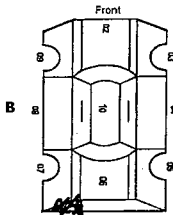
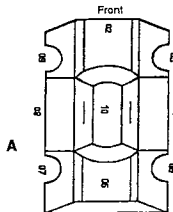
- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE

4 2

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

DAMAGE AREA



MOST DAMAGED AREA

12 07

- 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

01 07

- 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

ACTION

1 4

- 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 10

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 01

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

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

SEQUENCE OF EVENTS

06 23

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 1

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

MOST HARMFUL EVENT

1 1

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

SPEED DETECTED

1 1

- 1 STATED
2 ESTIMATED SPEED

SPEED

45

0

POSTED SPEED

50 50

TRAFFIC CONTROL

12 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

4 3 4 3

- 1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION

1 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

- 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

- 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

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

1 1

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 2

- 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/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

1

- 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

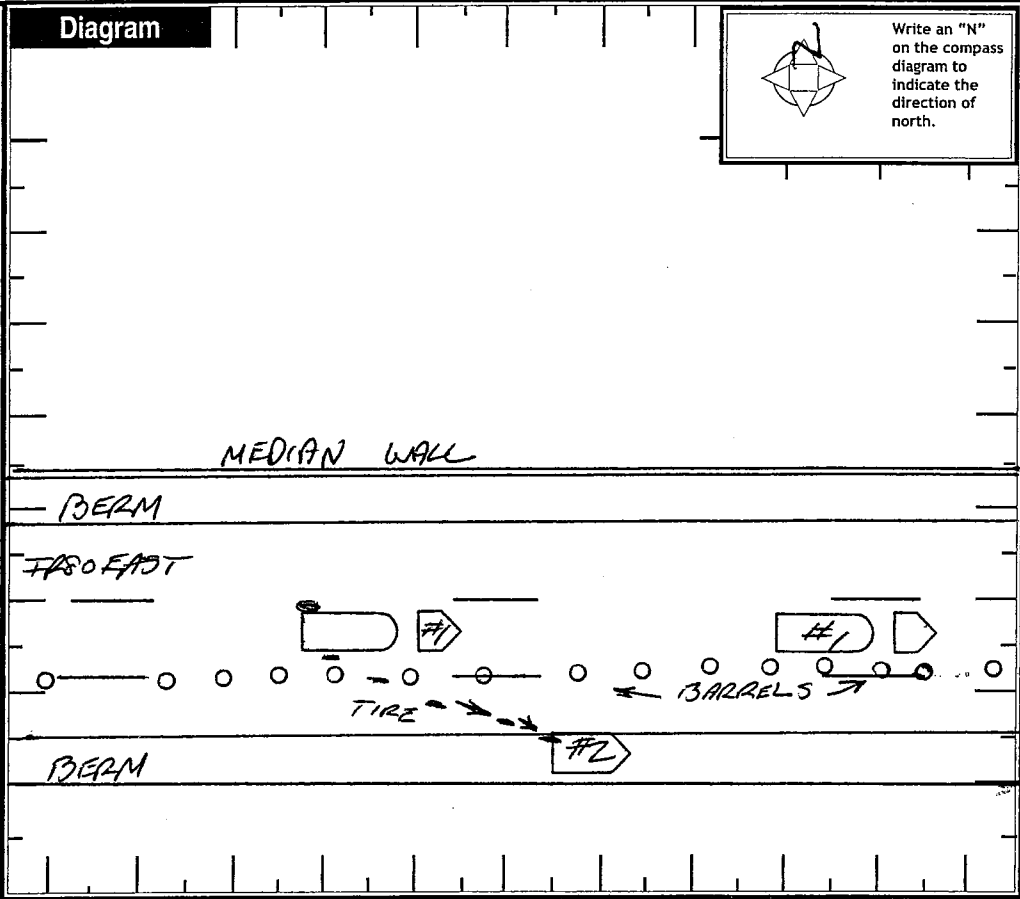
- 01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OIL, GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS**
09 RUT, HOLES, BUMPS, UNEVEN
PAVEMENT**
10 OTHER
11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

10-91-0565

Narrative UNIT #1 WAS GOING EASTBOUND ON I-80 (OHIO TURNPIKE). UNIT #2 WAS PARKED ON BEAM OF I-80 EASTBOUND (OHIO TURNPIKE). UNIT #1 TRAILER TIRE CAME OFF AND STRUCK UNIT #2 REAR BUMPER.

MANNER OF COLLISION OR IMPACT ☐ 1 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 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 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	WORK ZONE RELATED ☐ 2 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY ☐ 1 SECONDARY ☐ 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE ☐ 1 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 ☐ 4 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT ☐ 2 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # ☐ 01 US DOT ☐ 819315 ICC MC ☐ PUCO ☐ TRAILER LP St. ☐ PA TRAILER L ☐ 2006 CARGO BODY TYPE ☐ 03 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	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) ☐ ADDRESS (STREET, CITY, ST, ZIP CODE) ☐ CLARKS SUMMIT PA ☐ COMPANY PHONE ☐		
Weight (GVWR) ☐ 3 1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	CDL Class ☐ 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	Materials Placard ☐ 1 1 NO 2 YES 3 UNKNOWN
		Hazardous Materials Released ☐ 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 09062006 1347

DISPATCH: 1347 ARRIVED: 1357 CLEARED: 1507 OTHER: 60

OFFICER'S NAME: TPR PT ABEL

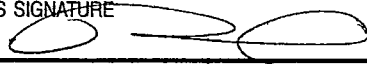
CHECKED BY: 844 1028

DATE REPORT FILED: 09082006

REPORT TAKEN BY: 1 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 1 SCENE 2 STATION 3 OTHER

10-91-0565

LOCAL REPORT NUMBER 10-91-0565	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 09 D 06 Y 06
IN COUNTY OF CUYAHOGA	CRASH LOCATION I-80 2/10 MILE WEST OF MILEPOST 172	
X BOTH UNITS REMOVED FROM FINAL REST PRIOR TO MY ARRIVAL X DAMAGE TO UNIT #1: NO DAMAGE TO POWER UNIT DAMAGE TO TRAILER: LEFT FRONT TANDEM TIRE AND RIM CAME OFF CAUSING DAMAGE TO INNER RIM ASSEMBLY. - TRAILER INFO: 98 GREAT DANE BOX TRAILER RA REGISTRATION: [REDACTED] - LOAD: 42,000 LBS OF BEEF NO DAMAGE TO LOAD. X DAMAGE TO UNIT #2: LEFT REAR QUARTER PANEL AND REAR BUMPER DENTED, TAILGATE DENTED. X UNIT #2 WAS A CONSTRUCTION VEHICLE PARKED ON SOUTH BERM OF I-80 EAST FOR TRAFFIC CONTROL. X NO DAMAGE TO TURNPIKE PROPERTY. X ASSISTED AT SCENE: TPR D. BIONCI X RICH'S TOWING FOLLOWED UNIT #1 ON RIGHT BERM TO EXIT 173 FOR REPAIRS.		
OFFICER'S SIGNATURE X 		BADGE NUMBER 544

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-91-0565	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF CRASH M	9/6/86
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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)

TAR D.S. BIONCI

(OFFICERS NAME)

AT SCENE 1421

(LOCATION)

I was traveling east bound in the middle lane (right lane closed due to construction). I looked in the rear view mirror and saw my tire wobbling then it started rolling down the road. The tire struck a parked construction pickup. I got off the road onto the shoulder as soon as I could. All the lug nuts were broke off and tire and rim were gone.

Q WHEN DID YOU FIRST SEE THE TIRE WOBBLING?

A A FEW SECONDS BEFORE IT CAME OFF.

Q DID YOU HAVE TIME TO STOP BEFORE THE TIRE CAME OFF?

A NO, I STOPPED AS SOON AS I COULD.

Q DID YOU SEE THE TIRE STRIKE THE PICKUP?

A I SAW A CLOUD OF DUST AND FIGURED IT MUST HAVE HIT IT.

Q DID YOU DO A PRETRIP INSPECTION?

A YES, EVERYTHING WAS FINE.

Q WHERE ARE YOU COMING FROM?

A EUROPA, IL AND GOING TO NY CITY.

Q HAVE THE TRAILER HAD ANY MAINTENANCE LATELY?

A TO MY KNOWLEDGE IT HADNT HAD ANY MAINTENANCE.

Q ARE YOU INJURED?

A NO

Q WHEN DID YOU NOTICE SOMETHING WRONG WITH THE TRAILER?

A RIGHT BEFORE IT CAME OFF I NOTICED IT WOBBLING.

ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESS

[REDACTED]

Don Comsolle RA

OFFICERS SIGNATURE

TAR D.S. BIONCI

PHONE

[REDACTED]

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-910565	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MO 9/10/06
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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)

TODD P. ABDEL

AT

SCENE

(OFFICER'S NAME)

(LOCATION)

Q WHEN DID YOU PICK THE TRAILER UP?

A THE NIGHT OF 9-5-06 AURORA IL.

Q WERE YOU WEARING A SEATBELT?

A YES.

Q WHERE WAS THE TRUCK YOUR TIRE STRUCK PARKED AT?

A RIGHT BERM.

Q HOW FAST WERE YOU GOING?

A 45 MPH

ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESS

Duncansville Pa

OFFICER'S SIGNATURE

PHONE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-91-0565	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF CRASH	M 9 / D 6 / Y 06
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I, [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPL D.S. BIONCI (OFFICERS NAME) AT SCENE ON 9/6/06 AT 4:17 (LOCATION)

Q Zone Truck was parked in a closed Lane, East Bound when something struck the Back Left of the Bumper, Looked Back & saw A semi-trucks tire rolling across the turnpike. Got out & the Back Left Bumper was smashed in.

Q WERE YOU IN THE VEHICLE AT THE TIME?

A: YES, IT WAS RUNNING

Q DID YOU SEE THE TIRE COMING AT ALL?

A: NO, NOT UNTIL I LOOKED BACK AND SAW IT AFTER HIT ME.

Q WHERE WERE YOU PARKED AT

A: PARTIALLY ON THE RIGHT PERM. WITH HAZARD LIGHTS ON AND CONSTRUCTION BOARD ON

Q DID YOU SEE TIRE BEFORE IT STRUCK YOU?

A: NO. FELT IT LOOKED IN MIRROR AND SEEN IT ROLL ACROSS LANES OF TRAFFIC AND HIT MEDIAN WALL

Q WERE YOU WEARING A SEATBELT?

A: NO.

Q ARE YOU INSURED?

A: NO.

ADDRESS OF WITNESS	[REDACTED]	Campbell, OH	[REDACTED]	PHONE	[REDACTED]
SIGNATURE OF WITNESS	[REDACTED]	OFFICERS SIGNATURE	TPL D.S. Bionci		