

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)



10-91-0563 3

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

REPORTING AGENCY *

OH P 91

STATE HIGHWAY PATROL 01 01

98 = ANIMAL 99 = UNKNOWN 09052006 3

DAY OF WEEK

2204 TUE

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

X SHALERSVILLE 67

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

IR 80 (OHIO TURNPIKE)

TYPE LOC

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE

2 NUMBERED STREET

LOCAL INFORMATION

193.6 M.P. E/B

AT/REFERENCE

DIST REFERENCE DR PREFIX REFERENCE

04 MW

194 M.P.

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)

0102

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SAN FRANCISCO, CA.

HOME PHONE #

WORK PHONE #

DL STATE DL #

CA

LP STATE LP #

CA

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)

HAYWARD CA.

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

2006

FREIGHTLINER

CONVENTIONAL

BLUE

TRANSCONTINENTAL

INTERSTATE

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE DL #

CA

LP STATE LP #

CA

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)

SAN FRANCISCO CA.

INJURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

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

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 MEANS

4 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

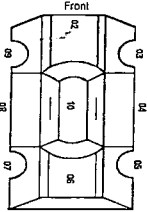
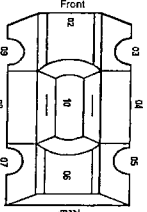
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TOP COPY - ODPS BOTTOM COPY - AGENCY

0223

Motorist/Non-Motorist

Occupant

| UNIT NUMBERS | DAMAGE AREA | PRE-CRASH ACTIONS | SEQUENCE OF EVENTS | POSTED SPEED | DRUG TEST STATUS |
|---|--|---|--------------------|--|--|
| 01 |   | 01 | 02 | 65 | 1 |
| NON-MOTORIST LOCATION | | MOTORIST | | TRAFFIC CONTROL | |
| 01 MARKED CROSSWALK AT INTERSECTION | | 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD | | 1 2 | 1 NONE |
| 02 INTERSECTION/ NO CROSSWALK | | 02 BACKING | | 01 NO CONTROLS | 2 TEST REFUSED |
| 03 NON-INTERSECTION CROSSWALK | | 03 CHANGING LANES | | 02 STOP SIGN | 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE |
| 04 DRIVEWAY ACCESS CROSSWALK | | 04 OVERTAKING/PASSING | | 03 YIELD SIGN | 4 TEST GIVEN, RESULTS KNOWN |
| 05 IN ROADWAY | | 05 TURNING RIGHT | | 04 TRAFFIC SIGNAL | 5 TEST GIVEN, RESULTS UNKNOWN |
| 06 NOT IN ROADWAY | | 06 TURNING LEFT | | 05 TRAFFIC FLASHERS | 6 UNKNOWN |
| 07 MEDIAN (BUT NOT SHOULDER) | | 07 MAKING U-TURN | | 06 SCHOOL ZONE | |
| 08 ISLAND | | 08 ENTERING TRAFFIC LANE | | 07 RAILROAD CROSSBUCKS | 1 NONE |
| 09 SHOULDER | | 09 LEAVING TRAFFIC LANE | | 08 RAILROAD FLASHERS | 2 BLOOD |
| 10 SIDEWALK | | 10 PARKED | | 09 RAILROAD GATES | 3 URINE |
| 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) | | 11 SLOWING/STOPPED IN TRAFFIC | | 10 CONSTRUCTION BARRICADE | 4 OTHER |
| 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) | | 12 DRIVERLESS | | 11 POLICE OFFICER | |
| 13 OUTSIDE TRAFFICWAY | | 13 OTHER | | 12 PAVEMENT MARKINGS | DRUG TEST 1&2 RESULT |
| 14 SHARED USE PATHS OR TRAILS | | 14 UNKNOWN | | 13 CROSSWALK LINES | 1 NONE |
| 15 UNKNOWN | | 15 ENTERING/CROSSING IN SPECIFIED LOCATION | | 14 WALK/DON'T WALK SIGNAL | 2 MARIJUANA |
| TYPE OF UNIT | | NON-MOTORIST | | 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED | 3 COCAINE |
| 13 | | 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING | | 16 OTHER | 4 OPIATES |
| MOTORIST | | 17 WORKING | | DIRECTION | 5 AMPHETAMINES |
| 01 SUB-COMPACT | | 18 PUSHING VEHICLE | | 4 3 | 6 PCP |
| 02 COMPACT | | 19 APPROACHING/LEAVING VEHICLE | | 1 NORTH | 7 OTHER |
| 03 MID SIZE | | 20 PLAYING/WORKING ON VEHICLE | | 2 SOUTH | 8 UNKNOWN AT TIME OF REPORTING |
| 04 FULL SIZE | | 21 STANDING | | 3 EAST | |
| 05 MINIVAN | | 22 OTHER | | 4 WEST | TYPE OF INTERSECTION |
| 06 SPORT UTILITY VEHICLE | | 23 UNKNOWN | | 5 NORTHEAST | 01 NOT AN INTERSECTION |
| 07 PICKUP | | CONTRIBUTING CIRCUMSTANCES | | 6 NORTHWEST | 02 FOUR-WAY INTERSECTION |
| 08 PANEL/VAN | | 01 NONE | | 7 SOUTHEAST | 03 T-INTERSECTION |
| 09 SINGLE UNIT TRUCK; | | 02 FAILURE TO YIELD | | 8 SOUTHWEST | 04 Y-INTERSECTION |
| 2 AXLES, 6 TIRES | | 03 RAN RED LIGHT, OR STOP SIGN | | 9 UNKNOWN | 05 TRAFFIC CIRCLE/ROUNDBOUT |
| 10 SINGLE UNIT TRUCK; 3+ AXLES | | 04 EXCEEDED SPEED LIMIT | | CONDITION | 06 FIVE-POINT, OR MORE |
| 11 TRUCK/TRAILER | | 05 UNSAFE SPEED | | 1 | 07 ON RAMP |
| 12 TRUCK TRACTOR (BOBTAIL) | | 06 IMPROPER TURN | | 1 APPARENTLY NORMAL | 08 OFF RAMP |
| 13 TRACTOR/SEMI-TRAILER | | 07 LEFT OF CENTER | | 2 PHYSICAL IMPAIRMENT | 09 CROSSOVER |
| 14 TRACTOR/DOUBLE SHORT | | 08 FOLLOWED TOO CLOSELY/ACDA | | 3 EMOTIONAL | 10 DRIVEWAY/ACCESS |
| 15 TRACTOR/DOUBLE LONG | | 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING | | 4 ILLNESS | 11 RAILWAY GRADE CROSSING |
| 16 FIFTH WHEEL OR CONVERTER DOLLY | | 10 IMPROPER BACKING | | 5 FELL ASLEEP, FAINTED, FATIGUED, ETC | 12 SHARED-USE PATHS OR TRAILS |
| 17 TRACTOR/TRIPLES | | 11 IMPROPER START FROM PARKED POSITION | | 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL | 13 UNKNOWN |
| 18 MOTORCYCLE | | 12 STOPPED OR PARKED ILLEGALLY | | 7 OTHER | |
| 19 MOTORIZED BICYCLE | | 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER | | 8 UNKNOWN | OCCURRENCE |
| 20 SCHOOL BUS | | 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) | | ALCOHOL/DRUG SUSPECTED | 1 |
| 21 CHURCH BUS | | 15 FAILURE TO CONTROL | | 1 NONE | 1 ON ROADWAY |
| 22 PUBLIC BUS | | 16 VISION OBSTRUCTION | | 2 YES - ALCOHOL SUSPECTED | 2 ON SHOULDER |
| 23 OTHER BUS | | 17 DRIVER INATTENTION | | 3 YES - HBD NOT IMPAIRED | 3 IN MEDIAN |
| 24 POLICE VEHICLE | | 18 FATIGUE/ASLEEP | | 4 YES - DRUGS SUSPECTED | 4 ON ROADSIDE |
| 25 FIRE TRUCK | | 19 OPERATING DEFECTIVE EQUIPMENT | | 5 YES - ALCOHOL/DRUGS SUSPECTED | 5 ON GORE |
| 26 AMBULANCE/RESCUE | | 20 LOAD SHIFTING/FALLING/SPILLING | | 6 UNKNOWN | 6 OUTSIDE TRAFFICWAY |
| 27 TAXI | | 21 OTHER IMPROPER ACTION | | ALCOHOL TEST STATUS | 7 UNKNOWN |
| 28 MOTOR HOME | | 22 UNKNOWN | | 1 | |
| 29 TRAIN | | NON-MOTORIST | | 1 NONE | ROAD CONTOUR |
| 30 FARM VEHICLE | | 23 NONE | | 2 TEST REFUSED | 2 |
| 31 FARM EQUIPMENT | | 24 IMPROPER CROSSING | | 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | 1 STRAIGHT LEVEL |
| 32 SNOWMOBILE | | 25 DARTING | | 4 TEST GIVEN, RESULTS KNOWN | 2 STRAIGHT GRADE |
| 33 CONSTRUCTION EQUIPMENT | | 26 LYING AND/OR ILLEGALLY IN ROADWAY | | 5 TEST GIVEN, RESULTS UNKNOWN | 3 CURVE LEVEL |
| 34 ALL OTHERS | | 27 FAILURE TO YIELD RIGHT OF WAY | | 6 UNKNOWN | 4 CURVE GRADE |
| NON-MOTORIST | | 28 NOT VISIBLE (DARK CLOTHING) | | ALCOHOL TEST TYPE | |
| 35 ANIMAL W/RIDER | | 29 INATTENTIVE | | 1 | 01 DRY |
| 36 ANIMAL W/BUGGY | | 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER | | 1 NONE | 02 WET |
| 37 BICYCLE | | 31 WRONG SIDE OF THE ROAD | | 2 TEST REFUSED | 03 SNOW |
| 38 PEDESTRIAN | | 32 OTHER | | 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | 04 ICE |
| 39 PEDALCYCLIST | | 33 UNKNOWN | | 4 TEST GIVEN, RESULTS KNOWN | 05 SAND, MUD, DIRT, OIL, GRAVEL |
| 40 SKATER | | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE | | 5 TEST GIVEN, RESULTS UNKNOWN | 06 WATER (STANDING, MOVING) |
| 41 OTHER-NON MOTORIST | | | | 6 UNKNOWN | 07 SLUSH |
| 42 UNKNOWN | | | | ALCOHOL TEST RESULT | 08 DEBRIS** |
| IN EMERGENCY RESPONSE | | | | 1 | 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** |
| 1 NO | | | | 1 NONE | 10 OTHER |
| 2 YES | | | | 2 BLOOD | 11 UNKNOWN |
| 3 UNKNOWN | | | | 3 URINE | **SECONDARY ROAD CONDITIONS ONLY |
| DAMAGE SCALE | | | | SPEED DETECTED | |
| 5 | | | | 1 | |
| 1 NONE | | | | 1 STATED | |
| 2 NON-FUNCTIONAL DAMAGE | | | | 2 ESTIMATED SPEED | |
| 3 FUNCTIONAL DAMAGE | | | | SPEED | |
| 4 DISABLING DAMAGE | | | | 55 | |
| 5 SEVERE | | | | | |
| 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 | | | | | |
| VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE | | | | | |
| 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 | | | | | |

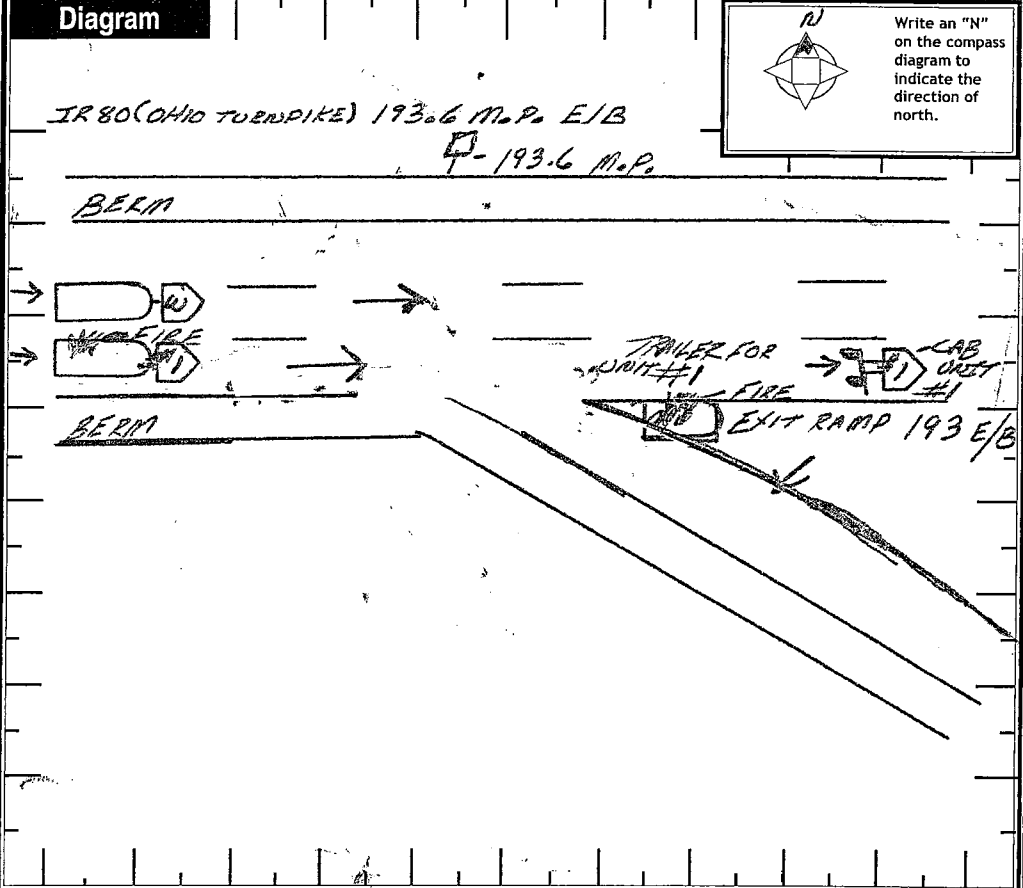
10-91-0563

Narrative

UNIT #1 WAS TRAVELING EAST ON IR 80 (OHIO TURNPIKE)

UNIT #1 WAS WAIVED DOWN BY AN UNKNOWN TRUCK DRIVER TRAVELING NEXT TO HIM. UNIT #1 DRIVER STOPPED HIS TRUCK TO CHECK HIS TRAILER. THE DRIVER OF UNIT #1 SAW HIS TRAILER WAS ON FIRE. HE THEN UNATTACHED THE TRAILER FROM THE CAB AND DROVE APPROXIMATELY 1/4 MILE EAST.

| | |
|---|---|
| MANNER OF COLLISION OR IMPACT 1 | SCHOOL BUS RELATED 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 | 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN |
| WEATHER 02 | WORK ZONE RELATED 1 |
| 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 NO 2 YES 3 UNKNOWN |
| LIGHT CONDITIONS 4 | TYPE OF WORK ZONE |
| 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 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 |



| | | |
|---|---|---|
| Truck/Bus 01 | 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 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) HAYWARD CA. | | |

| | | | | | | | |
|------------------------------|---|---|---|---|--|---|--|
| US DOT 511477 | ICC MC 261410 | PUCO | TRAILER LP ST. UT | TRAILER LP YEAR 2006 | TRAILER LP # | | |
| 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 | 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 | Hazardous Materials Placard 1 1 NO 2 YES 3 UNKNOWN | Hazardous Materials Released 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN |

Police Action

09052006 2204 2204 2214 2330 285 371

DISPATCH ARRIVED CLEARED OTHER

OFFICER'S NAME * TPR. J.M. HARRING

CHECKED BY J.B. UHMAN

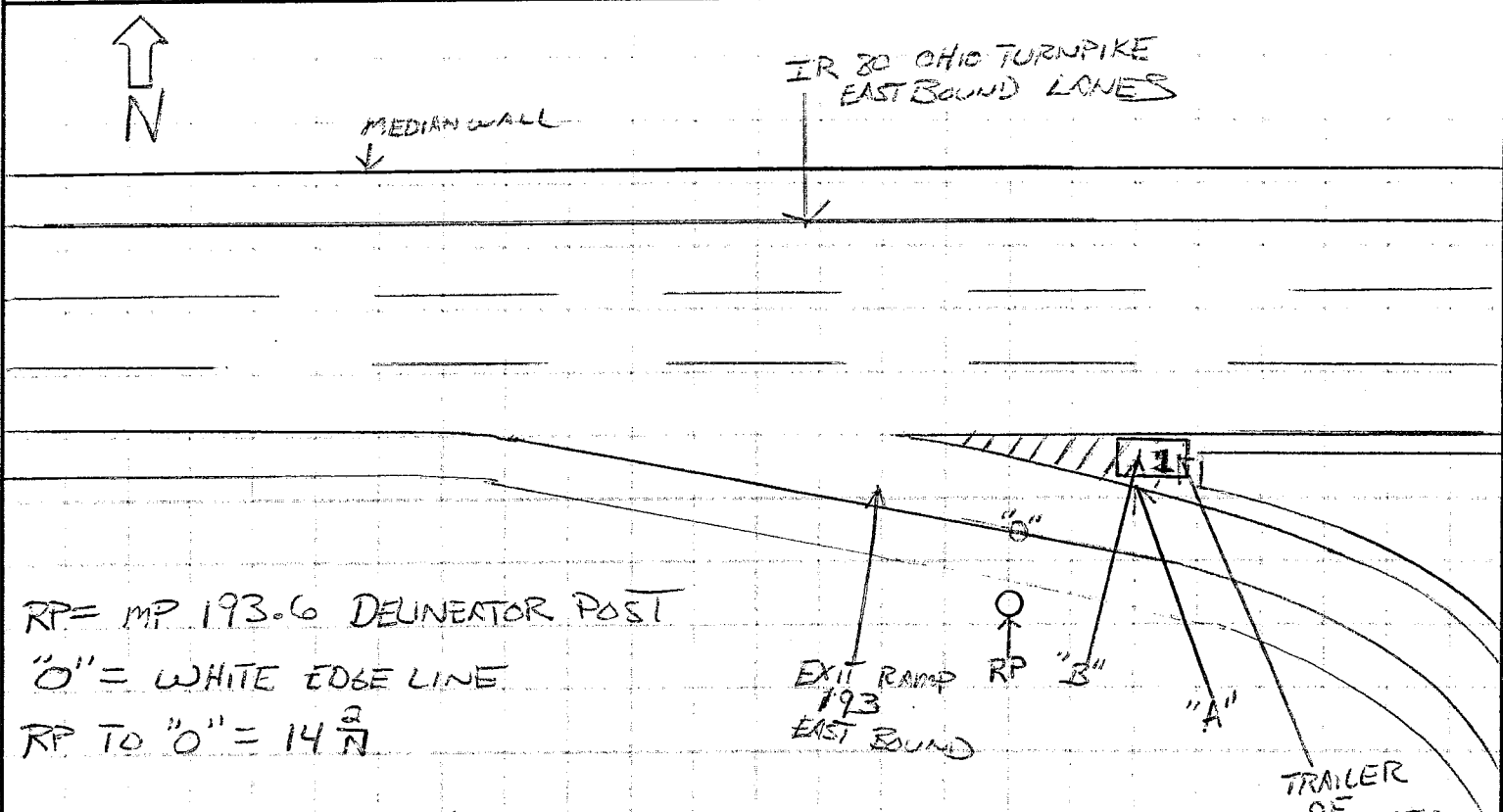
DATE REPORT FILED * 09062006

REPORT TAKEN BY 1 1 POLICE AGENCY
2 MOTORIST

REPORT TAKEN AT 1 1 SCENE
2 STATION
3 OTHER

10-91-0563

| | | |
|-----------------------------------|--|----------------------------------|
| LOCAL REPORT NUMBER 10-91-0563 | REPORTING AGENCY STATE HIGHWAY PATROL | DATE OF CRASH M 09 10 05 1906 |
| IN COUNTY OF PORTAGE | CRASH LOCATION IR 80 OHIO TURNPIKE EASTBOUND MP 193.6 | |



RP = MP 193.6 DELINEATOR POST
 "O" = WHITE EDGE LINE
 RP TO "O" = 14 ²/₃

| | RE | FE | DESCRIPTION |
|---|---------------------------------|--------------------------------|--------------------------------|
| A | 184 ⁰ / _E | 15 ⁰ / _N | SOUTH EDGE LINE OF SAFETY ZONE |
| B | 184 ⁰ / _E | 22 ³ / _N | RIGHT REAR TRAILER TANDEM |

OFFICER NOTES : SHALERSVILLE FIRE DEPT ON SCENE AT 2215

- AFTER SPEAKING W/ THE SHALERSVILLE FIRE CHIEF, IT WAS LEARNED THAT THE LEFT FRONT TRAILER BRAKE OR, BEARING CAUGHT ON FIRE CAUSING THE TRAILER TO CATCH ON FIRE.
- EAST BOUND LANES NEAR THE 193.6 WERE CLOSED DOWN, HOWEVER PATRONS WERE ABLE TO USE LEFT BERM, ALL LANES OPENED AT 0415,
- EXIT 193 DECELERATION RAMP WAS ALSO CLOSED DOWN HOWEVER, IT REOPENED AT 0230 HRS. W/ LIMITED ACCESS
- NO INJURIES -
- NO CAB DAMAGE.

1093

| | |
|--------------------------------------|----------------------|
| OFFICER'S SIGNATURE X [Signature] | BADGE NUMBER 1055 |
|--------------------------------------|----------------------|

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1

| | | |
|--|--|---|
| LOCAL REPORT NUMBER <u>10-91-0563</u> | REPORTING AGENCY <u>STATE HIGHWAY PATROL</u> | DATE OF ACCIDENT <u>MO 9 10 05 196</u> |
| IN COUNTY OF <u>PORTAGE</u> | ACCIDENT LOCATION <u>IR 80 (OHIO TURNPIKE) 193.6 M.P. E/B</u> | |

Unit # 1 Insurance Information

Policy No. : [REDACTED]

Company: TRANSCONTINENTAL

Phone: [REDACTED]

Agent: _____

TRAILER FOR Unit # 1 Damage: ENTIRE TRAILER DESTROYED BY FIRE

Ohio Turnpike Commission
682 Prospect Street
Berea, Ohio 44017
(440) 234 - 2096

Turnpike Damage: APPROXIMATELY 12' X 12'
SECTION OF ASPHALT
SCARRED FROM FIRE

3093

OFFICERS SIGNATURE

[Signature]

BADGE NO.

0223

OHIO TRAFFIC ACCIDENT -- DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/

| | | |
|--|---|--|
| LOCAL REPORT NUMBER <u>10-91-0563</u> | REPORTING AGENCY <u>STATE HIGHWAY PATROL</u> | DATE OF ACCIDENT MO <u>09</u> DO <u>05</u> YR <u>06</u> |
| IN COUNTY OF <u>PORTAGE</u> | ACCIDENT LOCATION <u>IR 90 (OHIO TURNPIKE) 193.6</u> | |

UNIT No. 1 Trailer Information:

Year: 2001

Make/Model: UTILITY

Registration/State: [REDACTED]

Vin: 1U4V525311U [REDACTED]

Owner: Co.Name [REDACTED]
 Address [REDACTED]
 City/State SALT LAKE CITY, UT [REDACTED]
 Phone [REDACTED]

Damage: ENTIRE TRAILER DESTROYED BY FIRE

Load: GENERAL FREIGHT

2013

OFFICERS SIGNATURE
[Signature]

BADGE NO.
0222

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|-----------------------------------|--|--------------------------------|
| LOCAL REPORT NUMBER 10-91-0563 | REPORTING AGENCY STATE HIGHWAY PATROL | DATE OF CRASH M 09 10 05 06 |
|-----------------------------------|--|--------------------------------|

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

I, [REDACTED] (PRINTED) _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 _____ AT SCENE
 (OFFICERS NAME) (LOCATION)

I was driving about 55 mph on I80 (EB) ~~at~~ and both I and my passenger with seat belts on. Truck drivers on road waved on me and I realize that something wrong on my back of the trailer. and I stop at the ramp ^{right away} exit 193 and go to check. The trailer is burning. and I unhook the trailer, driving my truck leaving the burning trailer and call the 911 for emergency immediaty. Thanks

Q: WERE YOU OR YOUR PASSENGER INJURED? A: NO.

Q: WHAT LAWE WERE YOU IN? A: THE RIGHT

Q: HOW LONG DID IT TAKE YOU TO PULL OVER ONCE YOU SAW THE OTHER TRUCK DRIVER WAVING YOU DOWN?

A: LESS THAN, OH I'D SAY THREE MINUETS. I DIDN'T HAVE A CB IN TRUCK

Q: DID YOU STRIKE ANYTHING IN THE ROADWAY?

A: NO.

Q: IS THERE ANY DAMAGE TO YOUR CAB?

A: NO, I GOT IT UNHOOKED IN TIME, THEN I DROVE TO A SAFE DISTANCE.

ADDRESS OF WITNESS: [REDACTED] PHONE: [REDACTED]

SIGNATURE OF WITNESS: [REDACTED]

OFFICERS SIGNATURE: [Signature] 0-223