

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

10-90-0577 3

REPORTING AGENCY *
OH P 90 STATE HIGHWAY PATROL 02 01

98 = ANIMAL
99 = UNKNOWN
09042006

DAY OF WEEK
1520 MON

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
X BROWNHELM 47

LATITUDE LONGITUDE

CRASH OCCURRED ON		TYPE LOC		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX	CRASH LOCATION			1 NAMED STREET	3 NUMBERED ROUTE	135.0 EB	
	IR80 (OHIO TURNPIKE) EASTBOUND	3		2 NUMBERED STREET			
AT / REFERENCE		REFERENCE POINT USED		04 HOUSE NUMBER		08 PLACE NAME W/O REFERENCE	
DIST REFERENCE	DR PREFIX REFERENCE	REF POINT		01 STATE LINE	02 INTERSECTION 2 STREETS	05 TOWNSHIP BOUNDARY	09 DRIVEWAY
AT	MILEPOST 135	06		03 COUNTY LINE	06 MILE POST	10 STREET OR ROUTE W/O REFERENCE	
					07 CORPORATION LIMIT		

NAME (LAST, FIRST, MIDDLE)

0101

ADDRESS (STREET, CITY, STATE, ZIP CODE)

COLLINS, OH

0175385

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
OH		OH					

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

MEDDLERBURG HTS, OH

YEAR	MAKE	MODEL	COLOR	TOWING SERVICE	OWNER PHONE #
2002	FORD	F250	RED	WESTFIELD CHARLIE'S	

OFFENSE CHARGED	OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

0204

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ASHBURN, VA

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
VA		VA					

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ROCKVILLE, MD

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2006	PONTIAC	G6	GRAY	SELF-INSURED		

OFFENSE CHARGED	OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

02

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ASHBURN, VA

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

NAME (LAST, FIRST, MIDDLE)

02

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ASHBURN VA

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

Motorist/Non-Motorist

Occupant

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

BLANK FOR WITNESS

24

1830

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

10-90-0577 DUP 90

REPORTING AGENCY *

STATE HIGHWAY PATROL

09042006

<p>02 NAME (LAST, FIRST, MIDDLE) [REDACTED]</p> <p>ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] ASHBURN, VA [REDACTED]</p>	HOME PHONE #	<p>[REDACTED]</p> <p>INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</p> <p>TRANSPORTED BY</p> <p>INJURED TAKEN TO</p>
<p>NAME (LAST, FIRST, MIDDLE) [REDACTED]</p> <p>ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]</p>	HOME PHONE #	<p>[REDACTED]</p> <p>INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</p> <p>TRANSPORTED BY</p> <p>INJURED TAKEN TO</p>
<p>NAME (LAST, FIRST, MIDDLE) [REDACTED]</p> <p>ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]</p>	HOME PHONE #	<p>[REDACTED]</p> <p>INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</p> <p>TRANSPORTED BY</p> <p>INJURED TAKEN TO</p>
<p>NAME (LAST, FIRST, MIDDLE) [REDACTED]</p> <p>ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]</p>	HOME PHONE #	<p>[REDACTED]</p> <p>INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</p> <p>TRANSPORTED BY</p> <p>INJURED TAKEN TO</p>
<p>NAME (LAST, FIRST, MIDDLE) [REDACTED]</p> <p>ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]</p>	HOME PHONE #	<p>[REDACTED]</p> <p>INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</p> <p>TRANSPORTED BY</p> <p>INJURED TAKEN TO</p>
<p>NAME (LAST, FIRST, MIDDLE) [REDACTED]</p> <p>ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]</p>	HOME PHONE #	<p>[REDACTED]</p> <p>INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</p> <p>TRANSPORTED BY</p> <p>INJURED TAKEN TO</p>
<p>NAME (LAST, FIRST, MIDDLE) [REDACTED]</p> <p>ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]</p>	HOME PHONE #	<p>[REDACTED]</p> <p>INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE</p> <p>TRANSPORTED BY</p> <p>INJURED TAKEN TO</p>

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

Narrative

UNIT ONE WAS EASTBOUND IN THE LEFT LANE WHEN A PIECE OF UNIT ONE'S POWER STEERING MECHANISM BROKE OFF AND STRUCK UNIT TWO WHO WAS ALSO EASTBOUND IN THE LEFT LANE. BOTH VEHICLES PULLED TO THE LEFT-BERM AFTER THE CRASH.

MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- | | |
|---|----------------------------|
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 NO |
| 2 REAR-END | 2 YES, DIRECTLY INVOLVED |
| 3 HEAD-ON | 3 YES, INDIRECTLY INVOLVED |
| 4 REAR-TO-REAR | 4 UNKNOWN |
- WORK ZONE RELATED**
- | | |
|---------------------------------|-----------|
| 5 BACKING | 1 NO |
| 6 ANGLE | 2 YES |
| 7 SIDESWIPE, SAME DIRECTION | 3 UNKNOWN |
| 8 SIDESWIPE, OPPOSITE DIRECTION | |
| 9 UNKNOWN | |

WEATHER

01

- | | |
|--|---------------------------------------|
| 01 CLEAR | 1 LANE CLOSURE |
| 02 CLOUDY | 2 LANE SHIFT/CROSSOVER |
| 03 FOG, SMOG, SMOKE | 3 WORK ON SHOULDER OR MEDIAN |
| 04 RAIN | 4 INTERMITTENT/ MOVING WORK |
| 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) | 5 OTHER |
| 06 SNOW | |
| 07 SEVERE CROSSWINDS | LOCATION OF CRASH IN WORK ZONE |
| 08 BLOWING SAND, SOIL, DIRT, SNOW | 1 BEFORE FIRST WORK ZONE WARNING SIGN |
| 09 OTHER | 2 ADVANCE WARNING AREA |
| 10 UNKNOWN | 3 TRANSITION AREA |
| | 4 ACTIVITY AREA |

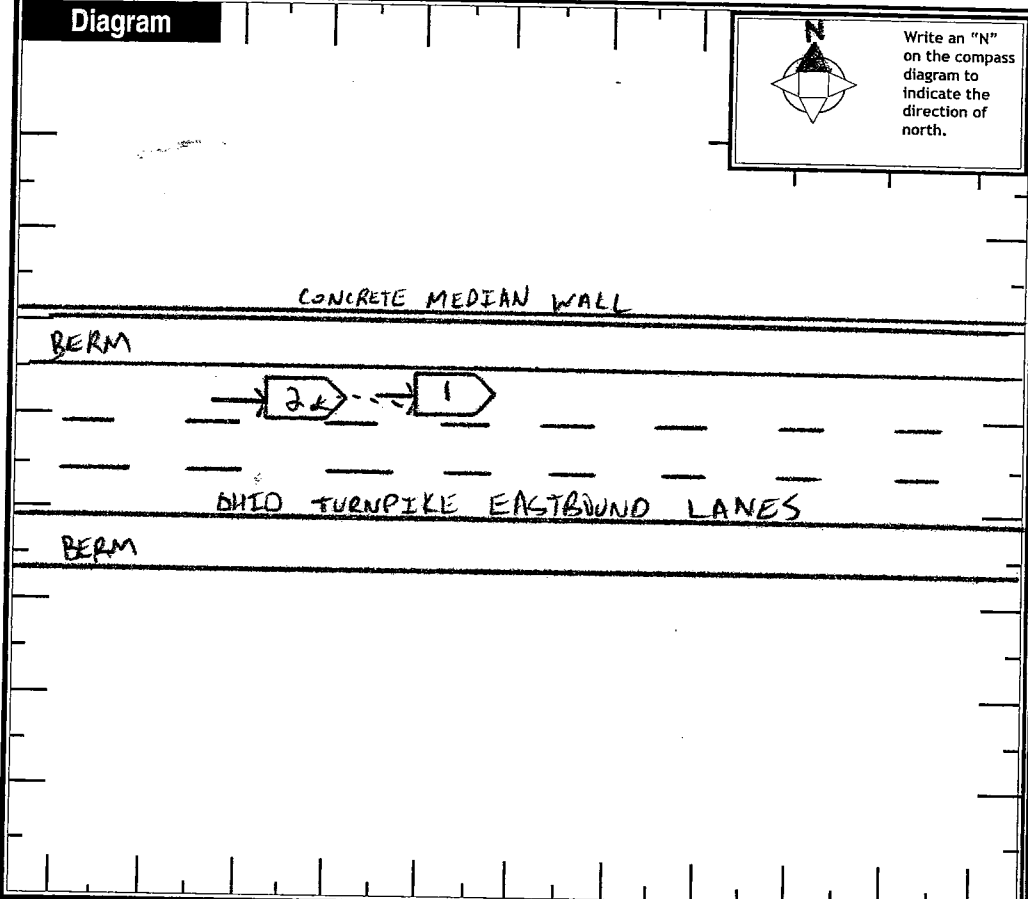
LIGHT CONDITIONS

- | | |
|---------------------------|-----------|
| 1 DAYLIGHT | 1 NO |
| 2 DAWN | 2 YES |
| 3 DUSK | 3 UNKNOWN |
| 4 DARK - LIGHTED ROADWAY | |
| 5 DARK - NOT LIGHTED | |
| 6 DARK - UNKNOWN LIGHTING | |
| 7 GLARE | |
| 8 OTHER | |
| 9 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

ICCMC _____ PUCO _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____

CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
	04 GRAIN/CHIPS/GRAVEL	08 DUMP	12 OTHER	3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
			13 UNKNOWN		4 CLASS M		4 UNKNOWN
					5 CLASS D		

Police Action

DISPATCH 090420061530 1530 ARRIVED 1540 1635 CLEARED 1635 60 OTHER 125

OFFICER'S NAME* T.J. HOFFMAN

CHECKED BY SGT. RALSTON

DATE REPORT FILED* 09062006

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER

10-90-0577

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0577	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 9 10 4 1906
IN COUNTY OF LORAIN	ACCIDENT LOCATION OHIO TURNPIKE IR 80 MP 135 EASTBOUND	



SHOULDER

BL



OHIO TURNPIKE EASTBOUND LANES

SHOULDER

RP

	AE	FE	DESCRIPTION
A	220'11"	3'5"	RIGHT REAR TIRE UNIT 2 (CONTROLLED REST)
B	232'6"	3'2"	RIGHT FRONT TIRE UNIT 2 (CONTROLLED REST)
C	251'1"	2'8"	RIGHT REAR TIRE UNIT 1 (CONTROLLED REST)
D	265'10"	3'6"	RIGHT FRONT TIRE UNIT 1 (CONTROLLED REST)

RP = MP 135

BL = NORTH FOG LINE

RP to PT "D" (BL) = 46[±]

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 700
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0577	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 9 10 4 1Y06
IN COUNTY OF LORAIN	ACCIDENT LOCATION OHIO TURNPIKE EASTBOUND MILEPOST 135	

UNIT ONE

RED 2002 FORD F550 TOW TRUCK

OHIO [REDACTED] VIN: 1FDAX56F62E [REDACTED]

DAMAGE TO POWER STEERING MECHANISM IN ENGINE COMPARTMENT.

INSURANCE: WESTFIELD INSURANCE CO.

POLICY # [REDACTED]

PHONE # 888-455-5131

UNIT TWO

GRAY 2006 PONTIAC G6 4DOOR

VIRGINIA RP [REDACTED] VIN: 1G2ZG558764 [REDACTED]

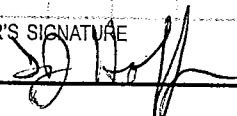
DAMAGE: CRACKED WINDSHIELD AND SCRATCHED HOOD PASSENGER SIDE.

SELF-INSURED

NOTES: UNIT ONE WAS RESPONDING TO A SERVICE CALL AT THE VERMILION VALLEY SERVICE PLAZA FIVE MILES AWAY WHEN THE CRASH OCCURRED. THE CALL WAS TO UNLOCK A CAR WITH A SMALL CHILD LOCKED INSIDE.

OFFICER'S SIGNATURE

X



BADGE NUMBER

1030

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0577	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 10 4 1982
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

T.J. HOFFMAN (OFFICERS NAME)

AT

SENE (LOCATION)

Left LANE I WAS going about 75 mph. When something Broke on the truck, THE piece that Broke was Black in color. IT WAS A VACCUM for the Power steering and the Brakes. I WAS wearing my seat Belt. A lot of smoke came from the truck. I got off the road as soon as possible. A CAR pulled up Behind me and SAID his windshield got hit with something. IT crated the windshield.

Q. How big was the piece?

A. 2" in diameter.

Q. When did you turn your overhead lights on?

A. As soon as I know there was something wrong while still in the lanes.

Q. Where were you going?

A. Vermilion Valley as soon as possible to unlock a car where a three year old kid was loked in the car.

ADDRESS OF WITNESS [REDACTED]	Collins, OH OFFICERS SIGNATURE [Signature]	PHONE [REDACTED] 1830
SIGNATURE OF WITNESS [REDACTED]		

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0577	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 104 1976
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

T. J. NOFAMAN (OFFICERS NAME) AT SCENE (LOCATION)

We were driving on 80-90E at the speed of 65mph on ~~set~~ ^{left} lane. ~~for~~ We are four people inside the car including myself. Suddenly there was a smoke coming out from the front vehicle (Tow Truck) and immediately some blueish metal kind of object hit our windshield and it got broke. There is a crack on the right (passenger) of windshield glass.

Q. Was anyone injured?

A. No.

Q. What time did this occur?

A. 3:20 PM.

Q. How many car lengths between you and the tow truck?

A. 2 Car lengths?

Q. Was anyone next to you?

A. A Semi tractor-trailer.

Q. Where did the object go that hit you?

A. I didn't see.

Q. Could you have done anything to avoid the object hitting your car?

A. No.

ADDRESS OF WITNESS [REDACTED]	Ashburn, VA - [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE <u>[Signature]</u>	1830