



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 X

10-91-0558 3

REPORTING AGENCY *

OHP 91

STATE HWY PATROL

01-01-91

98 = ANIMAL
99 = UNKNOWN

09032006

DAY OF WEEK

0358

SUN

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

RICHFIELD

LATITUDE

LONGITUDE

77

CRASH OCCURRED ON
PREFIX CRASH LOCATION

IR-80 (OHIO TURNPIKE)

TYPE LOC

3

TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

INFORMATION

EXH 173.0

AT/REFERENCE

DIST REFERENCE DR PREFIX REFERENCE
12M E

MILEPOST 173

REF POINT
06REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
05 TOWNSHIP BOUNDARY 09 DRIVEWAY
06 MILE POST 10 STREET OR ROUTE W/O
07 CORPORATION LIMIT REFERENCE

NAME (LAST, FIRST, MIDDLE)

0101

ADDRESS (STREET, CITY, STATE, ZIP CODE)

BROWNSTOWN, MI.

HOME PHONE #

WORK PHONE #

DL STATE

MI

DL #

LP STATE

MI

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")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

1999

MAKE

FORD

MODEL

RANGER

COLOR

ORANGE

INSURANCE COMPANY

FARMER'S

TOWING SERVICE

RICH'S.

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

10175387

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)

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

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

MOTORIST
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
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

24

1395

BLANK FOR
WITNESS

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	TRAFFIC CONTROL	DRUG TEST STATUS
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	06 39 09 30 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	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	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 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	
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	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	1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION 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 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 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 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE ALCOHOL TEST RESULT 1 UNKNOWN 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	TYPE OF INTERSECTION 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 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITIONS 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	
	MOST DAMAGED AREA 04 POINT OF IMPACT 03 ACTION 3 STRIKING VEHICLE: OVERRIDE/ UNDERRIDE 1 DAMAGE SCALE 3 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN 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 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 06 VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 06 VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 06 VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 06 VEHICLE				

Narrative

UNIT #1 WHILE ENTERING THE OHIO TURNPIKE AT INTERCHANGE 173 LOST CONTROL OF VEHICLE DUE TO A TIRE BLOW OUT. UNIT #1 STRUCK A CURB, DROVE OFF LEFT SIDE OF ROADWAY AND STRUCK GUARDRAIL.

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

04

- 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

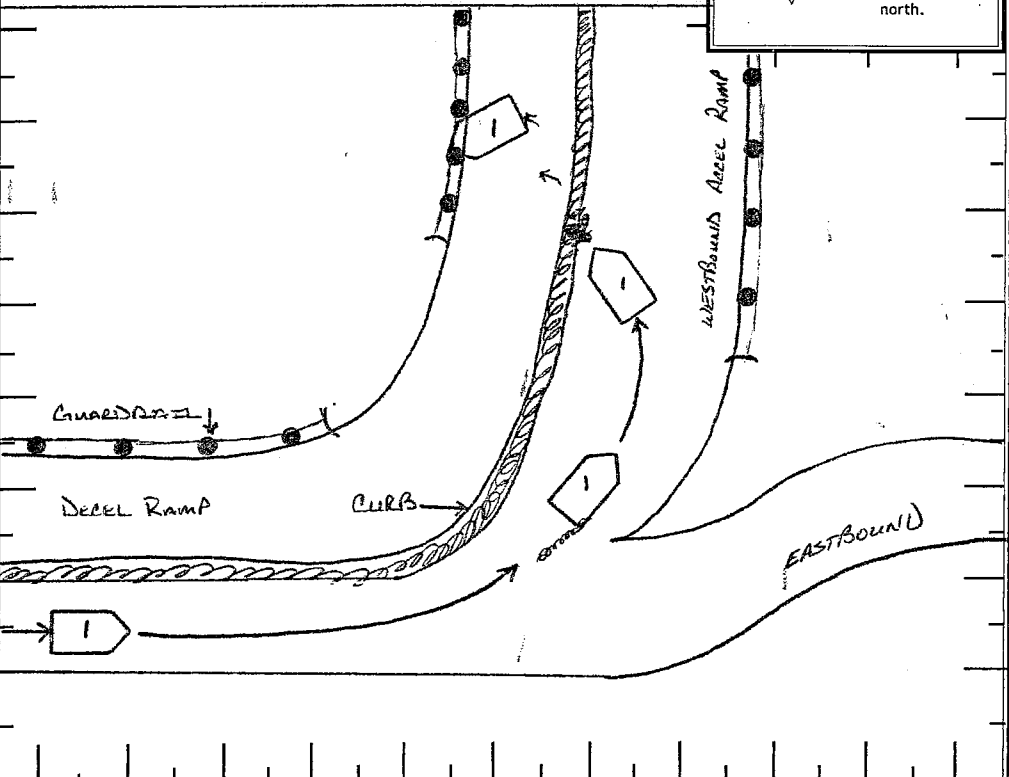
LIGHT CONDITIONS

4

- 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

OHIO TURNPIKE INTERCHANGE 173



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.

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)

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

ARRIVED

CLEARED

OTHER

09032006 0358

0358

0413

0502

60

124

OFFICER'S NAME *

IPR. W. L. HEAD.

CHECKED BY

JP. KATMAN

DATE REPORT FILED *

09042006

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

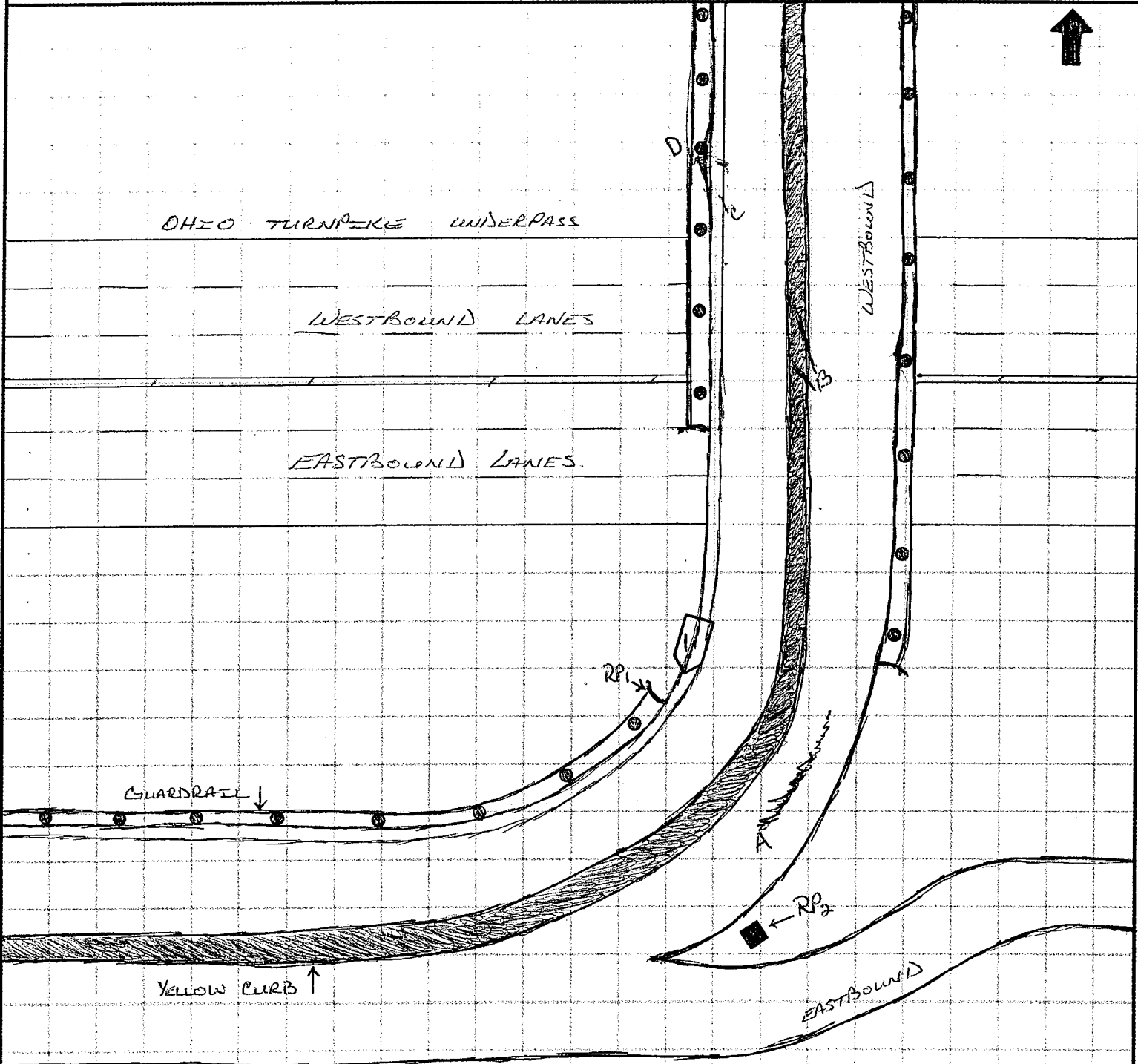
- 1 SCENE
- 2 STATION
- 3 OTHER

10-91-0558

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-91-0558	REPORTING AGENCY STATE HWY PATROL	DATE OF ACCIDENT M 9 ID 3 1906
IN COUNTY OF SUMMIT	ACCIDENT LOCATION IR-80 (INTERCHANGE-173) ACCEL RAMP.	



OFFICER'S SIGNATURE

X VPR. [Signature]

BADGE NUMBER

1395

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-91-0558	REPORTING AGENCY STATE HWY PATROL	DATE OF ACCIDENT M 9 D 3 Y 06
IN COUNTY OF Summit.	ACCIDENT LOCATION IR-80 (INTERCHANGE-173) ACCEL RAMP	

RP₁ = END OF GUARDRAIL (DECEL RAMP - SOUTH OF TURNPIKE)

RP₂ = YELLOW 30MPH RAMP SIGN

RP₁ TO RP₂ = 684

	RP ₁	RP ₂	DESCRIPTION
A	50°	52°	DEEP SCRATCH IN PAVEMENT FROM LR TIRE BLOWOUT
B	130°	166°	UNIT #1 STRIKES CURB
C	171°	217°	UNIT #1 DRIVES OFF LEFT SIDE OF ROADWAY
D	174°	222°	UNIT #1 STRIKES GUARDRAIL.

ROADWIDTH = 40°

WEATHER = 58°F LITE RAIN

2013

OFFICER'S SIGNATURE

X

BADGE NUMBER

1395

LOCAL REPORT NUMBER 10-91-0558	REPORTING AGENCY STATE HWY PATROL	DATE OF ACCIDENT M 9 D 3 Y 06
IN COUNTY OF SUMMIT	ACCIDENT LOCATION IR-80 INTERCHANGE 173 ACCEL. RAMP.	

UNIT #1

1999 FORD RANGER XL P/WP ORANGE.

LIC. # MI. [REDACTED]

VIN. # 1FTVR10C9XP [REDACTED]

INSURANCE : FARMER'S INS.

POLICY # [REDACTED]

PHONE # [REDACTED]

DAMAGED: CONTACT DAMAGE TO FRONT BUMPER, RIGHT
HEADLIGHT ASSEMBLY AND RIGHT FRONT
FENDER, FROM GUARDRAIL.

INDUCED DAMAGE TO FRONT GRILL AND HOOD
CONTACT DAMAGE TO BOTH RIGHT FRONT &
REAR TIRES WITH CURB.

DAMAGE TO PROPERTY OWNED BY:
OHIO TURNPIKE COMMISSION
682 PROSPECT STREET
BEREA, OHIO 44017
(440) 234-2096

DAMAGED: 1 SECTION OF GUARDRAIL
1 POST.

* RICH'S TOWING ON SCENE FOR VEHICLE REPAIRS. 3.053

OFFICER'S SIGNATURE

X IPR. [REDACTED]

BADGE NUMBER

1395

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-91-0558	REPORTING AGENCY	STATE HWY PATROL	DATE OF CRASH	M 9 10 3 1906
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>X</u> <u>[REDACTED]</u> (PRINTED)	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>TPR W. L. HOAD</u> (OFFICERS NAME)	AT <u>IR-80 INTERCHANGE ACCEL.</u> (LOCATION) <u>RAMP.</u>
X Driving onto the Ohio Turnpike heading North my back tire blow blew spinning my back end losing control then striking the guardrail blowing out my to passenger side tires. Q: How FAST WERE YOU GOING ? A: ABOUT 10-15 MPH. I WAS JUST DRIVING GETTING ON. Q: DID YOU RUN OVER SOMETHING IN THE ROAD ? A: NOT SURE. Q: DID YOU HEAR OR FEEL YOUR BACK TIRE BLOW OUT ? A: AS I WAS COMING AROUND THE CURVE I FELT MY BACK END POP AND IT STARTED TO SHAKE AND I WAS STARTING TO HEAD FOR THE MEDIAN SO I TRIED TO CORRECT AND CONTROL MY STEERING. THAT WHEN I GUESS DROVE OVER THE CURB AND I THINK I HIT THE GUARDRAIL. Q: DID YOU FALL ASLEEP ? A: No.	
ADDRESS OF WITNESS	X <u>[REDACTED]</u>
SIGNATURE OF WITNESS	X <u>[REDACTED]</u>
OFFICERS SIGNATURE	<u>TPR W. L. HOAD</u>
PHONE	X <u>[REDACTED]</u>