

TRAFFIC CRASH REPORT



10-89-0413 3

OWNER: SUBMITTER
1 FPM 1 FPD
2 NAME 2 ADDRESS

PROPERTY: 100 Highway
200000 200000

PERMIT: TYPE: 004 005 0010 0000
X X X

0HP89

OHIO STATE HIGHWAY PATROL 2000

DECLI 01 01 01

09092006

1615 SAT

X JEFFERSON

86

CRASH LOCATION	TYPE LOCATION	PLANT LINE
IR-80 (OHIO TURNPIKE)	3	1. Roadway 2. Shoulder 3. Median 4. Interchange 5. Bridge 6. Overpass 7. Tunnel 8. Other
CRASH TYPE	CRASH SEVERITY	CRASH SEVERITY
1. Collision 2. Rollover 3. Fire 4. Other	1. Minor 2. Moderate 3. Major 4. Fatal	1. Minor 2. Moderate 3. Major 4. Fatal

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01 01

Name (Last, First, Middle)

[Redacted Name]

Address (Street, City, State, Zip Code)

E. LIVERPOOL, OHIO

11121957 48 M

PLATE	MAKE	MODEL	COLOR	INSURANCE COMPANY	DRIVER	OWNER
1988	FORD	F-250	GRAY	STATE FARM	HUTCH'S	

10175391

Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

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03

271

narrative

UNIT #1 WAS TRAVELING WESTBOUND ON THE OHIO TURNPIKE. UNIT #1

PULLED ONTO THE NORTH SHOULDER AND OBSERVED SMOKE COMING FROM THE ENGINE COMPARTMENT. WHEN I ARRIVED, THE ENGINE COMPARTMENT WAS ON FIRE AND SPREADING INTO THE DRIVER'S COMPARTMENT.

Vehicle of Collision or Location: **Vehicle: Blue Chevrolet**

1. No Collision Reported
2. Two Trains Involved
3. Flaming
4. Smoke
5. No Fire
6. No Fire
7. No Fire
8. No Fire
9. No Fire
10. No Fire

1. No
2. Yes, Minor Involvement
3. Yes, Moderate Involvement
4. Unknown

West Side Shoulder

1. No
2. Yes
3. Unknown

Type Of Work Zone

1. Lane Closure
2. Lane Shift/Change
3. Work In Progress On Road
4. Work In Progress Off Road
5. Other

Location Of Crash In Work Zone

1. Downstream From Work Zone
2. Upstream From Work Zone
3. Within Work Zone
4. At Work Zone
5. Unknown

1. No
2. Yes
3. Unknown

Diagram

OHIO TURNPIKE WESTBOUND LANES

SHOULDER

SHOULDER

SHOULDER

SHOULDER



Write an "N" on the diagram to indicate the direction of north.

Truck Data

Do Check All That Apply to the Type of Incident

1. Check () if vehicle was involved in a collision with another vehicle.
2. Check () if vehicle was involved in a collision with a structure or object.
3. Check () if vehicle was involved in a collision with a person.
4. Check () if vehicle was involved in a collision with a fire.

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4. Check () if vehicle was involved in a collision with a fire.

Company (Name, Address, Phone)

Company Phone

Location (State, City, St, Zip Code)

Vehicle

ECR

PLCD

TRAILER

TRAILER TYPE

Vehicle Body Type

1. Box
2. Flatbed
3. Tank
4. Other

1. Box
2. Flatbed
3. Tank
4. Other

1. Box
2. Flatbed
3. Tank
4. Other

Weight (Gross)

1. Less Than 10,000
2. 10,000 - 15,000
3. More Than 15,000

CLD Class

1. Class A
2. Class B
3. Class C
4. Class D

Hazardous Materials Placed

1. No
2. Yes
3. Unknown

Emergency Materials Released

1. No
2. Yes
3. Unknown
4. Pending

Police Action

09092006

Dispatch

Arrival

Clearance

Time

1617

1713

60

116

Dispatched By

TPR P. R. MOHRE

271

Created By

SGT. LAMBERTS

Incident File #

09102006

Report Form 10

1. Police Agency

Report Date: 10/20/06

1. Name

2. Date

10-89-0413

The City - Office Report Date - Report

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-89-0413	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 09 10 09 14 06
IN COUNTY OF WILLIAMS	CRASH LOCATION OHIO TURNPIKE 14.6 MILEPOST WESTBOUND	
* TRAILER INFORMATION: 1999 WILLOWOOD [®] FIFTH-WHEEL CAMPER		
TRAILER COLOR: WHITE		
VIN: 1RKHWDKXP7 PLATE: [REDACTED]		
DAMAGE: LIGHT DAMAGE TO THE FRONT OF THE TRAILER		
OWNER: [REDACTED] PH: [REDACTED]		
* UNITS ON SCENE: TFR P.R. MOHRE OHIO TURNPIKE MAINTENANCE MONTAIGNE FIRE DEPARTMENT		
OFFICER'S SIGNATURE X [Signature]		BADGE NUMBER 271

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-89-0413	REPORTING AGENCY	OHIO STATE HIGHWAY PATROL	DATE OF CRASH	M 9 10 9 11 06
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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
TPR. P.R. MOHRE (OFFICER'S NAME) AT OHIO TURNPIKE 14.6 MI WB (LOCATION)

I SEEN SMOKE COMING FROM UNDER TRUCK WHILE
TRAVELING ON SHOULDER PULLED TO SIDE OF ROAD
AND THE TRUCK WAS ON FIRE. I TRIED TO PUT IT
OUT

Q: ARE YOU INSURED?

A: NO

Q: WERE THERE ANY PASSENGERS IN YOUR VEHICLE?

A: NO

ADDRESS OF WITNESS	[REDACTED]	East Liverpool OH	PHONE	[REDACTED]
SIGNATURE OF WITNESS	[REDACTED]	OFFICER'S SIGNATURE	TPR. P.R. MOHRE	