

DEBRIS

TRAFFIC CRASH REPORT



10-90-0651

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X

OH-2 OH-3 OH-1P OTHER
X X

REPORTING AGENCY *

0HP90

OHIO STATE PATROL DEC-1

AM 8:40

98=ANIMAL
99=UNKNOWN

10042006

DAY OF WEEK

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

LATITUDE

LONGITUDE

1717

W5A

X

ELYRIA

47

CRASH OCCURRED ON
PREFIX CRASH LOCATION

TYPE LOC

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

LOCAL INFORMATION

AT / REFERENCE

DIST REFERENCE

DR

PREFX

REFERENCE

REF POINT

01 STATE LINE

02 INTERSECTION 2 STREETS

03 COUNTY LINE

REFERENCE POINT USED

04 HOUSE NUMBER

05 TOWNSHIP BOUNDARY

06 PLACE NAME W/O REFERENCE

07 CORPORATION LIMIT

08 DRIVEWAY

09 STREET OR ROUTE W/O REFERENCE

0.3m

W

MILEPOST 148

06

NAME (LAST, FIRST, MIDDLE)

0101

Address (STREET, CITY, STATE, ZIP CODE)

Lorain, OH

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)

Lorain, OH

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

1993

Geo

Prizm

Red

State Farm

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

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

5 FRONT/SIDE

6 NOT APPLICABLE

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 NOW

4 INCAPACITATING

5 FATAL INJURY

6 UNKNOWN

BLANK FOR WITNESS

[illegible]

Narrative

UNIT #1 WAS WESTBOUND ON THE OHIO TURNPIKE IN THE CENTER LANE.
UNIT #1 HOOD UNLATCHED AND OPENED, IMPACTING THE HOOD AND ROOF OF
THE VEHICLE. THE HOOD REMAINED ATTACHED AT THE HINGE AND WAS NOT
RELEASED ONTO THE ROADWAY.

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

- 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 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

LIGHT CONDITIONS

- 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 NO
- 2 YES
- 3 UNKNOWN

Diagram

1-80 WESTBOUND OHIO TURNPIKE 147.7MP

Shoulder-

Shoulder-

Median Wall



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.

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 - 25,000
- 3 MORE THAN 25,000

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

100490061718

DISPATCH

1718

ARRIVED

1725

CLEARED

1750

OTHER

30

62

OFFICER'S NAME*

TRP. PAUL DUNPHY

CHECKED BY

1315

DATE REPORT FILED *

10052006

REPORT TAKEN BY.

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

TOP COPY - ODPS BOTTOM COPY - AGENCY

10-90-0651

OHIO TRAFFIC CRASH REPORT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (OSP Rev. 1/05)

LOCAL REPORT NUMBER 10-90-0651	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH M 10 D 4 Y 06
IN COUNTY OF Lorain	CRASH LOCATION Ohio Turnpike Interstate 80 Westbound; Milepost 147.7	

Unit # 1 Information:

Damage Area: From release of the hood - roof and hood dented. The hood was removed by driver, unit #1, but was 'attached to the vehicle when it came to a stop' (as stated by the driver).

Old Damage - relevant to the current report, front end damage to bumper - including bungee cords supporting the latch mechanism used to retain the hood. Not relevant but present - scattered dents (small) about the remainder of the side body panels.

The hood, left by unit #1 on the left berm, was placed on the right side of the road for Ohio Turnpike Maintenance to remove, as the driver did not desire to use it for repairs.

The driver drove to gate 145 for the completion of the report - all engine compartment components were secured for vehicle safety.

Insurance Information: State Farm, Liability Coverage; Policy # [REDACTED], expiration 11-9-2006

There was no field sketch given the mobility of the vehicle and lack of physical damage to the roadway and surroundings.

OFFICER'S SIGNATURE X 	UNIT NO. 1203	PAGE NO. 1/1
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0651	REPORTING AGENCY OHIO STATE POLICE	DATE OF CRASH M 10 D 4 Y 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

*TH P. Dwyer
(OFFICER'S NAME)

AT

X145 Ohio TPK Toll Gate
(LOCATION)

I was driving on OHIO turnpike going west in center lane going 65 wearing my seatbelt. There was prior damage, the hood flew up and broke off. I was not injured the hood was latched on it's own no other assistance.

JK Old Damage was to front end near grille/bumper
hood area that could have affected the latch to hood.

ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESS

OFFICER'S SIGNATURE

PHONE