

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

10-89-04473

REPORTING AGENCY *
OH 89 STATE HIGHWAY PATROL

98 = ANIMAL
99 = UNKNOWN
4010012006

DAY OF WEEK: 2106 SUN
NAME (OF CITY, VILLAGE OR TOWNSHIP) *: FULTON
LATITUDE: 26
LONGITUDE:

CRASH OCCURRED ON: I-80 (OHIO TURNPIKE)
TYPE LOC: 3
TYPE LOCATION POINT USED: 2 NUMBERED STREET
LOCAL INFORMATION: 45.0 WB

AT/REFERENCE: AT
DIST REFERENCE: 45
DR: WB
PREFIX: WB
REFERENCE: WB
REF POINT: 06

NAME (LAST, FIRST, MIDDLE): [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] STOTT'S CITY, MO
DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]
HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

DL STATE: MO
DL #: [REDACTED]
LP STATE: MO
LP #: [REDACTED]
INJURED TAKEN BY: [REDACTED]
TRANSPORTED BY: [REDACTED]
INJURED TAKEN TO: [REDACTED]

OWNER NAME (IF SAME, WRITE "SAME"): SAME
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]
YEAR: 2004
MAKE: DODGE
MODEL: RAM
COLOR: BLUE
INSURANCE COMPANY: MENDOTA
TOWING SERVICE: X-PRESS
OWNER PHONE #: [REDACTED]

OFFENSE CHARGED: [REDACTED]
OFFENSE DESCRIPTION: [REDACTED]
CITATION #: [REDACTED]

Unit #: 8
NAME (LAST, FIRST, MIDDLE): [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] 10175402
DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]
HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

DL STATE: [REDACTED]
DL #: [REDACTED]
LP STATE: [REDACTED]
LP #: [REDACTED]
INJURED TAKEN BY: [REDACTED]
TRANSPORTED BY: [REDACTED]
INJURED TAKEN TO: [REDACTED]

OWNER NAME (IF SAME, WRITE "SAME"): [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]
YEAR: [REDACTED]
MAKE: [REDACTED]
MODEL: [REDACTED]
COLOR: [REDACTED]
INSURANCE COMPANY: [REDACTED]
TOWING SERVICE: [REDACTED]
OWNER PHONE #: [REDACTED]

OFFENSE CHARGED: [REDACTED]
OFFENSE DESCRIPTION: [REDACTED]
CITATION #: [REDACTED]

Unit #: 9
NAME (LAST, FIRST, MIDDLE): [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] STOTT'S CITY, MO
DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]
HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

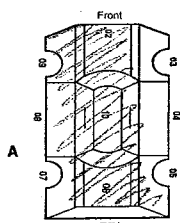
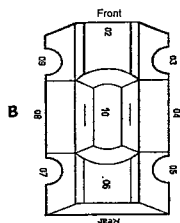
INJURED TAKEN BY: [REDACTED]
TRANSPORTED BY: [REDACTED]
INJURED TAKEN TO: [REDACTED]

Unit #: 01
NAME (LAST, FIRST, MIDDLE): [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] STOTT'S CITY, MO
DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]
HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

SEATING POSITION: 01A
SAFETY EQUIPMENT: 04A
AIR BAG: 1A
AIR BAG SWITCH: 1A
EJECTION: 1A
TRAPPED: 1A
INJURIES: 1A

Motorist/Non-Motorist

Occupant

UNIT NUMBERS <div style="font-size: 2em; font-weight: bold; text-align: center;">01</div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="font-size: 2em; font-weight: bold; text-align: center;">01</div> 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	SEQUENCE OF EVENTS <div style="font-size: 2em; font-weight: bold; text-align: center;">08 33 01</div>	POSTED SPEED <div style="font-size: 2em; font-weight: bold; text-align: center;">65</div>	DRUG TEST STATUS <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>
NON-MOTORIST LOCATION 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	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	CONTRIBUTING CIRCUMSTANCES <div style="font-size: 2em; font-weight: bold; text-align: center;">19</div> 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	TRAFFIC CONTROL 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	DRUG TEST TYPE <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	
TYPE OF UNIT <div style="font-size: 2em; font-weight: bold; text-align: center;">11</div>	MOST DAMAGED AREA <div style="font-size: 2em; font-weight: bold; text-align: center;">19</div>	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	DRIRECTION FROM TO FROM TO <div style="font-size: 2em; font-weight: bold; text-align: center;">34</div>	DRUG TEST 1&2 RESULT <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	
MOTORIST 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	POINT OF IMPACT <div style="font-size: 2em; font-weight: bold; text-align: center;">12</div>	CONDITION <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	TYPE OF INTERSECTION <div style="font-size: 2em; font-weight: bold; text-align: center;">01</div>	ALCOHOL/DRUG SUSPECTED <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	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
NON-MOTORIST 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	ACTION <div style="font-size: 2em; font-weight: bold; text-align: center;">3</div>	ALCOHOL TEST STATUS <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	OCURRENCE <div style="font-size: 2em; font-weight: bold; text-align: center;">4</div>	ALCOHOL TEST STATUS <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	ROAD CONTOUR <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>
IN EMERGENCY RESPONSE <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	ALCOHOL TEST TYPE <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	ROAD CONDITIONS PRIMARY SECONDARY <div style="font-size: 2em; font-weight: bold; text-align: center;">01</div>	ALCOHOL TEST TYPE <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	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 **SECONDARY ROAD CONDITIONS ONLY
DAMAGE SCALE <div style="font-size: 2em; font-weight: bold; text-align: center;">5</div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="font-size: 2em; font-weight: bold; text-align: center;">06</div>	SPEED DETECTED <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	ALCOHOL TEST RESULT <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div>	SPEED <div style="font-size: 2em; font-weight: bold; text-align: center;">55</div>	LOCAL REPORT # <div style="font-size: 2em; font-weight: bold; text-align: center;">10-89-0447</div>

Narrative

UNIT #1 WAS WESTBOUND ON THE OHIO TURNPIKE. THE VEHICLE UNIT #1 WAS TOWING BLEW A TIRE CAUSING THEM LOSE CONTROL, RUN OFF THE RIGHT SIDE OF THE ROAD. THE TOW VEHICLE AND UNIT #1 ENTERED THE NORTHSIDE DITCH, AND THE TOW VEHICLE OVERTURNED THEN CAME TO FINAL REST ON IT'S WHEELS

MANNER OF COLLISION OR IMPACT

- 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

SCHOOL BUS RELATED

- 1**
- 1 NO
 - 2 YES, DIRECTLY INVOLVED
 - 3 YES, INDIRECTLY INVOLVED
 - 4 UNKNOWN

WORK ZONE RELATED

- 1**
- 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

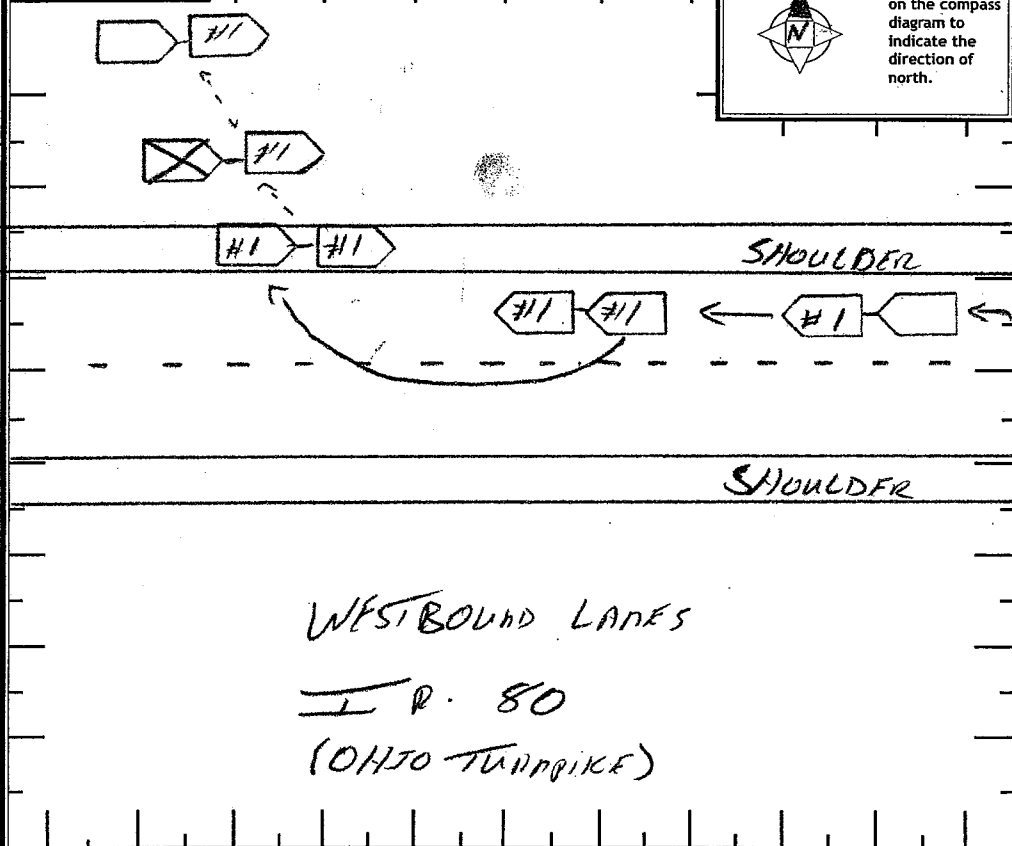
LOCATION OF CRASH IN WORK ZONE

- 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

Diagram



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

WEATHER

- 01**
- 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

- 5**
- 1 DAYLIGHT
 - 2 DAWN
 - 3 DUSK
 - 4 DARK - LIGHTED ROADWAY
 - 5 DARK - NOT LIGHTED
 - 6 DARK - UNKNOWN LIGHTING
 - 7 GLARE
 - 8 OTHER
 - 9 UNKNOWN

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 AND D

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.

UNIT #

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 #	PLACARD #	# DIA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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				
	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		

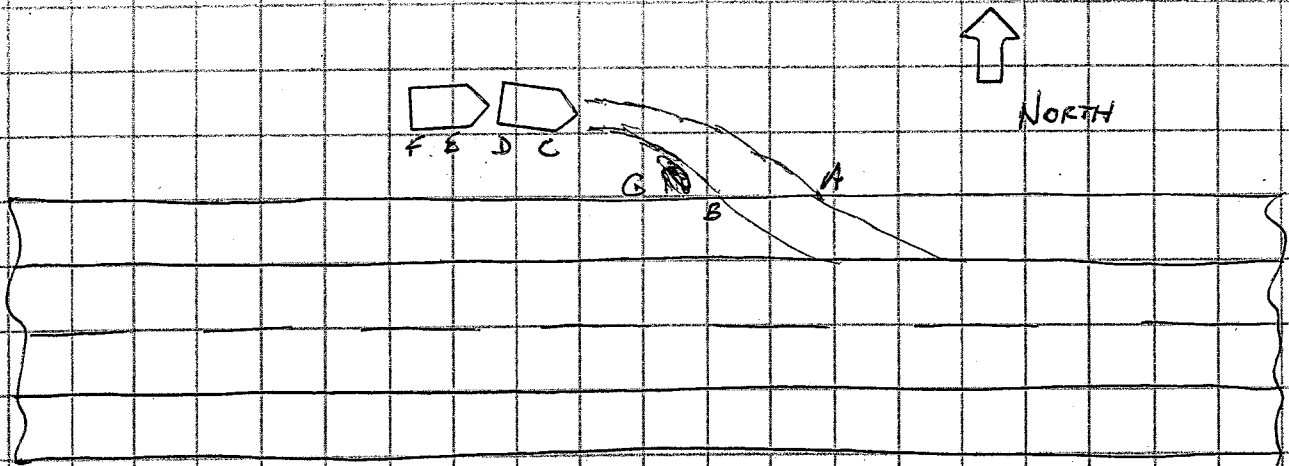
Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
10012006	2106	2106	2113	2230	45	129
OFFICER'S NAME #	BADGE # *	CHECKED BY	DATE REPORT FILED *			
TRP. T.S. VACULIK	690	SGT CAMPBELL 127	10032006			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT "X" IF YES	LOCAL REPORT # #			
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>	10-89-0447			

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-89-0447	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 1 Y 06
IN COUNTY OF FULTON	CRASH LOCATION OHIO TURNPIKE 45 MILE POST	



	FROM ZERO	FROM EDGE	DESCRIPTION
A	37	0	TIRE MARK OFF PAVEMENT
B	50	0	TIRE MARK OFF PAVEMENT
C	137	16	RIGHT FRONT TOW VEH
D	152	20	RIGHT REAR TOW VEH
E	156	25	RIGHT FRONT TRAIL VEH.
F	168	24	RIGHT REAR TRAIL VEH.
G	87	2	Gauge

POINT ZERO IS 105 FT EAST OF THE 45 MILE POST.
 ALL EDGE MEASUREMENTS ARE FROM THE NORTH EDGE OF L&B LINES PAVEMENT.

OFFICER'S SIGNATURE X SGT S.P. Bahi	BADGE NUMBER 131
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LOCAL REPORT NUMBER 10-89-0447	REPORTING AGENCY STATE Highway PATROL	DATE OF CRASH M 10 10 1 10 06
IN COUNTY OF Fulton	CRASH LOCATION OHIO TURNPIKE 45 MILE POST.	

UNIT #1 - 2004 DODGE RAM, PICK-UP
 BLUE IN COLOR. RP- [REDACTED]
 VIN-3D7M48C510 [REDACTED]
 NO DISCERNABLE DAMAGE

TOWED VEHICLE - 2000 FORD F-250 PICK-UP
 WHITE IN COLOR RP- MO [REDACTED]
 VIN-1FTJX20F9YC [REDACTED]
 SEVER DAMAGE TO ENTIRE VEHICLE

OWNER INFORMATION -

[REDACTED]
 [REDACTED] STOTTS, CITY MO
 MENDOTA INSURANCE CO. [REDACTED]

TURNPIKE DAMAGE - MILE POST SIGN
 CRASH AND 505

OHIO TURNPIKE COMMISSION:

682 PROSPECT ST. BEREA, OH 44017
 PHONE # - 440 234 2051

OFFICER'S SIGNATURE

X 192 T. J. [REDACTED]

BADGE NUMBER

690

LOCAL REPORT NUMBER 10-89-0447	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 10 1 1986
IN COUNTY OF FULTON	CRASH LOCATION OHIO TURNPIKE 45 MILE POST	

ON SCENE

X-PROCESS TOWING AND RECOVERY
TO REMOVE VEHICLES

OHIO TURNPIKE MAINTENANCE FOR TRAFFIC CONTROL

SGT. S.O. BABICH U-131

SGT. J.S. VACULIK U-680

OFFICER'S SIGNATURE

J.S. Vaculik

BADGE NUMBER

680

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89.0447	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 / D 1 / Y 06
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(PRINTED)

J.P.R. J.S. VACULIK

(OFFICERS NAME)

AT

SCENE

(LOCATION)

I was driving West on Interstate 80 in between 55-60 mph when I heard a loud noise and then felt my truck being pulled into the ditch.

Q ARE YOU INJURED AT ALL

A NO

Q HOW LONG HAVE YOU BEEN DRIVING TONIGHT

A 7-8 HRS.

Q EVERYBODY WEARING THEIR SEATBELLS

A YES.

Q DID YOU KNOW YOU BLEW A TIRE

A NO, I JUST HEARD A LOUD NOISE

ADDRESS OF WITNESS [REDACTED] Stalls City MO [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE J.P.R. J.S. VACULIK