

# 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

10-90-0618 3

0HP90

REPORTING AGENCY \*  
STATE HWY PATROL

2008 DEC -9 AM 8:40

98 - ANNUAL  
99 - UNKNOWN  
09212006

DAY OF WEEK  
1810 THU

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
WASHINGTON

LATITUDE LONGITUDE  
72

CRASH OCCURRED ON  
PREFIX CRASH LOCATION TYPE LOC  
IR80 E.B (OHIO TURNPIKE)

AT / REFERENCE  
DIST REFERENCE DR PREFX REFERENCE REF POINT REFERENCE POINT USED  
.3M E 87 06 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE

NAME (LAST, FIRST, MIDDLE)  
0101  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
ELYRIA OH

DL STATE DL # LP STATE LP # INJURED TAKEN BY  
OH OH 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1999 HUNDAI ELANTRA WHITE ALLSTATE MADISONS

OFFENSE CHARGED OFFENSE DESCRIPTION  
NAME (LAST, FIRST, MIDDLE)  
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP # INJURED TAKEN BY  
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)

NAME (LAST, FIRST, MIDDLE) HOME PHONE #  
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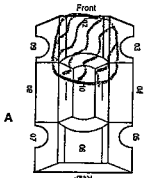
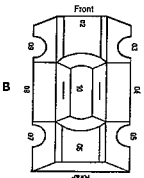
NAME (LAST, FIRST, MIDDLE) HOME PHONE #  
ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME (LAST, FIRST, MIDDLE) HOME PHONE #  
ADDRESS (STREET, CITY, STATE, ZIP CODE)

- 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  
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  
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 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

0747

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
01		01	06	65	1
<b>Non-Motorist Location</b>		<b>MOTORIST</b> 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 <b>Non-Motorist</b> 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLACING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN			1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
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				12	1
<b>Type Of Unit</b>	<b>MOST DAMAGED AREA</b>				<b>DRUG TEST TYPE</b> 1 NONE 2 BLOOD 3 URINE 4 OTHER
02	10				<b>DRUG TEST 1&amp;2 RESULT</b> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 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 MOTORCYCLED 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 <b>Non-Motorist</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON MOTORIST 42 UNKNOWN	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	<b>CONTRIBUTING CIRCUMSTANCES</b> 19		43	<b>DIRECTION</b> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN
		<b>MOTORIST</b> 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/ STOPPED OR PARKED ILLEGALLY 12 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 <b>Non-Motorist</b> 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 WRONGS SIDE OF THE ROAD 32 OTHER 33 UNKNOWN			<b>CONDITION</b> 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
					<b>TYPE OF INTERSECTION</b> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 06 FIRE-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
					<b>OCURRENCE</b> 1 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN
					<b>ALCOHOL/DRUG SUSPECTED</b> 1 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HDD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN
					<b>ROAD CONTOUR</b> 1 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
					<b>ROAD CONDITIONS</b> 01 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
					<b>ALCOHOL TEST STATUS</b> 1 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
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					<b>ALCOHOL TEST RESULT</b> 1 1 STATED 2 ESTIMATED SPEED
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**Narrative**

UNIT #1 WAS EASTBOUND ON IR80 IN THE LEFT LANE WHEN THE HOOD FLEW UP STRIKING THE WINDSHIELD AND THE TOP DOING DAMAGE.

#1 THEN PULLED TO INSIDE BERM.

**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                  |  |
| 5 BACKING   | <b>WORK ZONE RELATED</b>   |  |
| 6 ANGLE   |                            |  |
| 7 SIDESWIPE, SAME DIRECTION                       |                            |  |
| 8 SIDESWIPE, OPPOSITE DIRECTION                   |                            |  |
| 9 UNKNOWN   |                            |  |

**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**

- |                           |
|---------------------------|
| 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 |

**TYPE OF WORK ZONE**

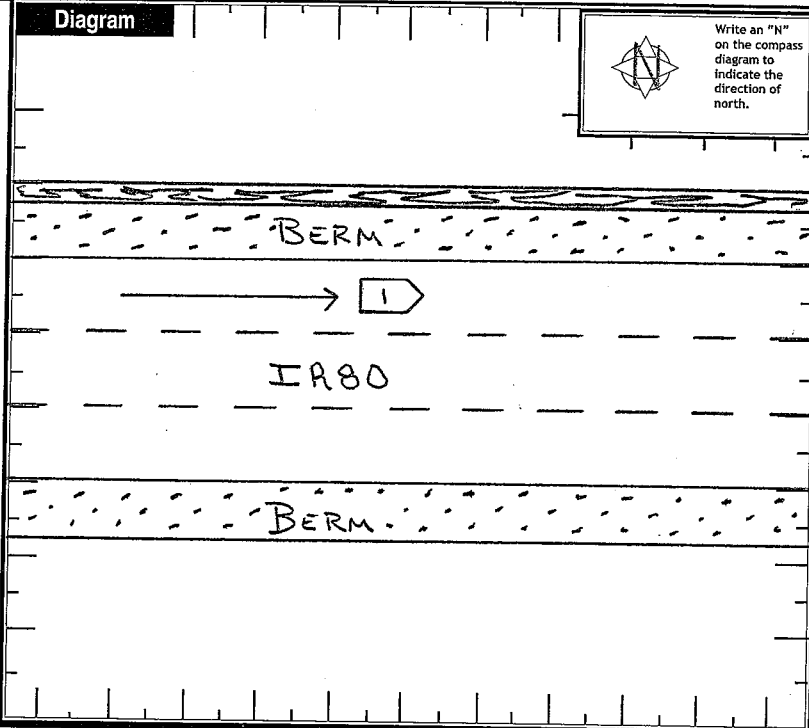
- |                              |
|------------------------------|
| 1 LANE CLOSURE               |
| 2 LANE SHIFT/CROSSOVER       |
| 3 WORK ON SHOULDER OR MEDIUM |
| 4 INTERMITTENT/MOVING WORK   |
| 5 OTHER                      |

**LOCATION OF CRASH IN WORK ZONE**

- |                                       |
|---------------------------------------|
| 1 BEFORE FIRST WORK ZONE WARNING SIGN |
| 2 ADVANCE WARNING AREA                |
| 3 TRANSITION AREA                     |
| 4 ACTIVITY AREA                       |
| <b>WORKERS PRESENT</b>                |

- |           |
|-----------|
| 1 NO      |
| 2 YES     |
| 3 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.

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 # \_\_\_\_\_

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

**Police Action**

DISPATCH 092120061816 ARRIVED 18161823 CLEARED 190030 OTHER 74  
 OFFICER'S NAME\* TOP MIKE WEBER CHECKED BY SGT CURRAN DATE REPORT FILED\* 09222006  
 REPORT TAKEN BY 1 POLICE AGENCY REPORT TAKEN AT 1 SCENE  
 2 MOTORIST 2 STATION  
 3 OTHER

10-90-0618

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0618	REPORTING AGENCY STATE HWY PATROL	DATE OF CRASH M 9 10 21 19 06
IN COUNTY OF SANDUSKI	CRASH LOCATION IR 90 EB @ 87.3 MA	

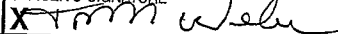
VEH DAMAGE:

HOOD, WINDSHIELD + TOP OF CAR.  
(DENTED) (CRACKED) (DENTED)

MADISON TOWING ARRIVED AT THE SCENE &  
SECURED THE HOOD SO THE VEHICLE COULD  
BE DRIVEN HOME.

NO FIELD SKETCH DONE

OFFICER'S SIGNATURE



BADGE NUMBER

247

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0618	REPORTING AGENCY STATE Hwy PATROL	DATE OF CRASH M9 10/21/06
-----------------------------------	--------------------------------------	------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X [REDACTED] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
TR Michael WETER (OFFICERS NAME) AT Scene (LOCATION)

X I was driving my 1999 Hyundai eastbound on the turnpike when my hood popped up. I was in the left lane and pulled into the median where I received help.  
 My hood and top of roof was damaged  
 My windshield was damaged  
 I have not had any mechanical work done lately.

ADDRESS OF WITNESS X [REDACTED]	PHONE X [REDACTED]
SIGNATURE OF WITNESS X [REDACTED]	OFFICERS SIGNATURE TR Michael Weter