OH-1 (Rev.10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

10-90-0613

CRASH SEVERITY: 1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN — 2

PRIVATE PROPERTY

HIT/SKIP: 1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED — 1

PHOTOS TAKEN — OH-2: X, OH-3: X, OH-1P: , OTHER: X — K

REPORTING AGENCY * — OHP 90 — OHIO STATE PATROL

2006 DEC -1 AM 8:40

98 = ANIMAL, 99 = UNKNOWN

09192006

DAY OF WEEK: 2011 — T U E

NAME (OF CITY, VILLAGE OR TOWNSHIP) * — X — BROWNHELM — 47

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX / CRASH LOCATION: 12-80 WESTBOUND (OHIO TURNPIKE) — TYPE LOC: 3

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

LOCAL INFORMATION: 134.4WO

AT / REFERENCE

DIST REFERENCE: .1 M — DR: W — PREFIX: — REFERENCE: MILE POST 135 — REF POINT: 06

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE, 04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT, 08 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE): 01 01 [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] UNIONTOWN OH [redacted]

1 1 / 8 / 1960 — 45 — M

HOME PHONE # [redacted] / WORK PHONE #

DL STATE: OH — DL #: [redacted] — LP STATE: OH — LP #: [redacted] — INJURED TAKEN BY: 2 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) — TRANSPORTED BY: LIFE CARE — INJURED TAKEN TO: AMHERST HOSPITAL

OWNER NAME (IF SAME, WRITE "SAME"): SAME — ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1997	FORD	ECONOLINE	SILVER	AUTO OWNERS INS CO	CHARLIE'S	[redacted]

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, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) / 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

Occupant

NAME (LAST, FIRST, MIDDLE) / HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) / INJURED TAKEN BY (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) / TRANSPORTED BY / INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) / HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) / INJURED TAKEN BY (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) / TRANSPORTED BY / INJURED TAKEN TO

SEATING POSITION — 01
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 — 04
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 — 2
1 NOT-DEPLOYED, 2 DEPLOYED-FRONT, 3 DEPLOYED-SIDE, 4 DEPLOYED BOTH FRONT/SIDE, 5 NOT APPLICABLE, 6 UNKNOWN

AIR BAG SWITCH — 1
1 NOT PRESENT, 2 IN ON POSITION, 3 IN OFF POSITION, 4 UNKNOWN

EJECTION — 1
1 NOT EJECTED, 2 TOTALLY EJECTED, 3 PARTIALLY EJECTED, 4 NOT APPLICABLE, 5 UNKNOWN

TRAPPED — 3
1 NOT TRAPPED, 2 EXTRICATED BY MECHANICAL MEANS, 3 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN

INJURIES — 3
1 NO INJURY, 2 POSSIBLE INJURY, 3 NON-INCAPACITATING, 4 INCAPACITATING, 5 FATAL INJURY, 6 UNKNOWN

BLANK FOR WITNESS — 24

0

1203

HSY7001 — TOP COPY - ODPS BOTTOM COPY - AGENCY

Unit Numbers

01

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

Type Of Unit

08

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

In Emergency Response

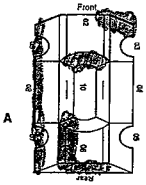
1 No
2 Yes
3 Unknown

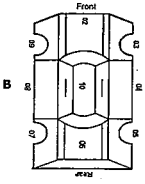
Damage Scale

5

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

13

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

03

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

3

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

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

Pre-Crash Actions

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

Contributing Circumstances

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

Vehicle Defect Code Only If '19' Selected Above

06

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

Sequence Of Events

06
08
40
01

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

First Harmful Event

1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

3

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1

1 Stated
2 Estimated Speed

Speed

67

Posted Speed

65

Traffic Control

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

Direction

34

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

1

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

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

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

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1

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

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

Type of Intersection

01

01 Not An Intersection
02 Four-Way Intersection
03 T-Intersection
04 Y-Intersection
05 Traffic Circle/Roundabout
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

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

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

** Secondary Road Conditions Only

10-90-0613

Top Copy - ODPS Bottom Copy - Agency

Narrative

UNIT #1 WAS WESTBOUND ON THE OHIO TURNPIKE IN THE CENTER LANE. UNIT #1 LEFT REAR TIRE BLEW, AND CONTROL OF THE VEHICLE WAS LOST. UNIT #1 RAN OFF THE RIGHT SIDE OF THE ROAD STRIKING THE DITCH, THEN ROLLING OVER ONTO ITS SIDE.

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

WEATHER

02

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

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

LIGHT CONDITIONS

5

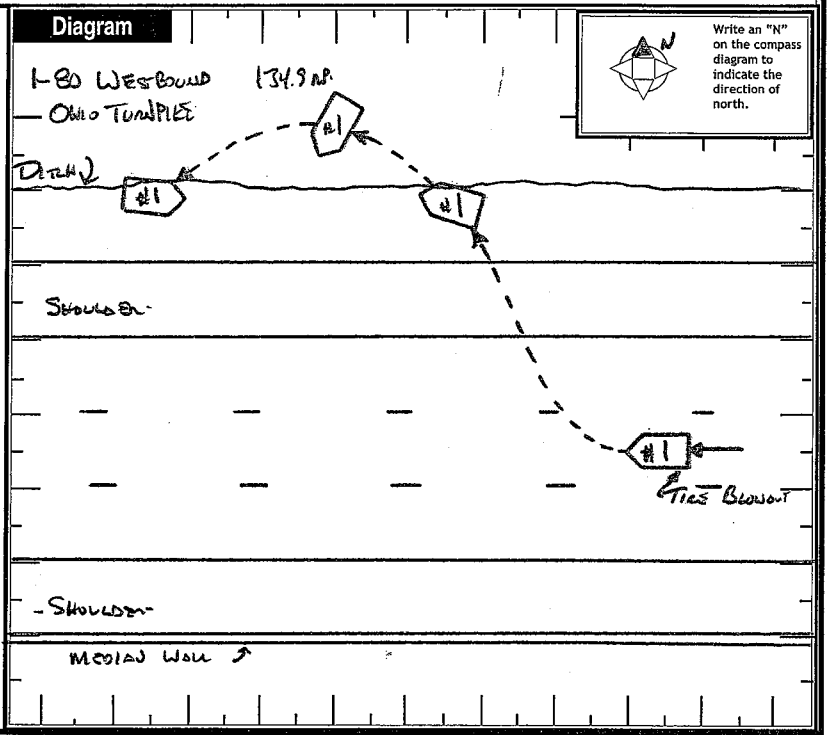
1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK – LIGHTED ROADWAY
5 DARK – NOT LIGHTED
6 DARK – UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

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



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.

AND

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
2012	2014	2205	45

09192006 2012 158

OFFICER'S NAME*: TPR P. DUNLAP 1203

CHECKED BY: J.T. CURRAN

DATE REPORT FILED*: 09/21/2006

REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST)

REPORT TAKEN AT: 1 (1 SCENE, 2 STATION, 3 OTHER)

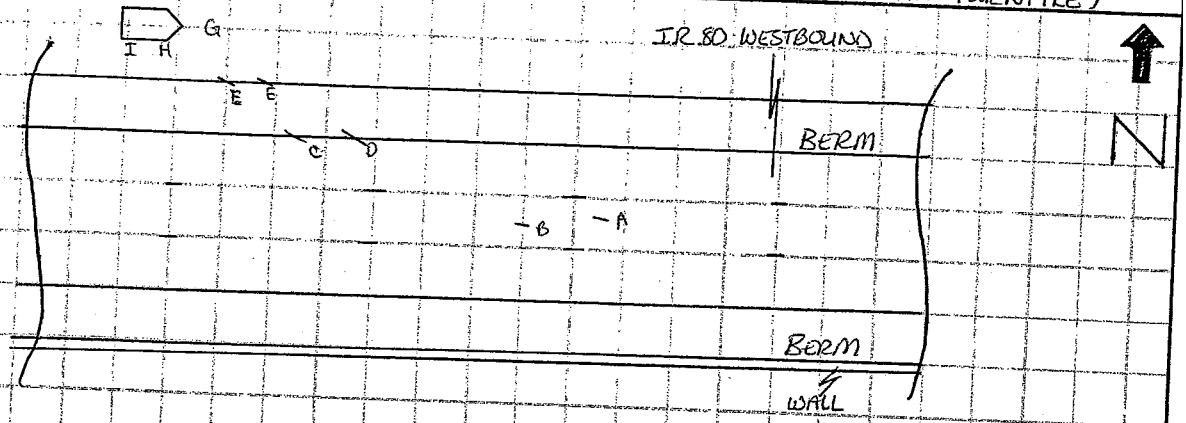
10-90-0613

TOP COPY - ODPS BOTTOM COPY - AGENCY

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90-0613	OHIO STATE HIGHWAY PATROL	M 9 D 19 Y 06
IN COUNTY OF ERIE	CRASH LOCATION I.R. 80 M.P. #134.9 WESTBOUND (OHIO TURNPIKE)	



	AE	FE	DESCRIPTIONS
A	54 3	13 11	RIGHT TIRE MARK
B	84 5	18 3	LEFT RIM MARK FROM TIRE BLOW OUT
C	160 4	0	RIGHT TIRE CROSSES WHITE LINE
D	180 0	0	LEFT TIRE CROSSES WHITE LINE
E	195 10	11 10	RIGHT SIDE OFF RIGHT BERM
F	211 8	11 10	LEFT SIDE OFF RIGHT BERM
G	228 7	30 0	STRIKES EMBANKMENT OVER TURNING
H	254 0	22 5	FINAL REST OF LEFT FRONT TIRE
I	266 6	23 2	FINAL REST OF LEFT REAR TIRE

RP = M.P. 134 9

RP to POINT "0" = 13°

POINT "0" = WHITE NORTH FOG LINE OF I.R 80

ROAD CONDITIONS = DRY, ASPHALT, CLEAN SURFACE

WEATHER CONDITIONS = DRY, CLEAR, NIGHT, 53°

OFFICER'S SIGNATURE X TPR. William Brady

BADGE NUMBER 115

ISY 7002 5/05

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-90-0613	OHIO STATE PATROL	M 9 D 19 Y 06
IN COUNTY OF LORAIN	ACCIDENT LOCATION I-80 WB 134.9 MP	

UNIT #1 INFORMATION

→ LEFT REAR TIRE BLOW OUT - TREAD SEPARATED AND BLOWN; LT 235 85 R16

→ VEHICLE DAMAGE - INITIAL IMPACT RIGHT FRONT BUMPER, RIGHT SIDE GLASS ON ACCESS DOORS, FRONT WINDSHIELD - SPIDER WEB CRACKING ON RIGHT SIDE; LEFT SIDE - WAS IN DITCH AT FINAL REST - DENTS, ETC. INTERIOR - FROM LOAD SHIFTING, DITCH WATER, AND VEHICLE FLUIDS LEAKING, FRONTAL AIR BAG DEPLOYMENT, FRONT HOOD, GRILL.

→ INSURANCE - AUTO OWNERS INS. CO #18998 / JONES & WERNER AGENCY 330.867.4434

POLICY # [redacted] EXPIRES: 10-30-2006

→ INJURY - MINOR CUT, BRUISES AND SCRAPES. NO MARKS FROM SEAT BELT EVIDENT ON DRIVER AS HE SHOWED HIS STOMACH/CHEST WHILE AT HOSPITAL. LORAIN LIFE CARE TRANSPORT TO AMHERST HOSPITAL WHERE #1 WAS LATER RELEASED.

→ REGARDING SEAT BELT USAGE / SPIDER WEB MARKING ON RT. SIDE WINDSHIELD:
- #1 STATED [SOMEONE] HAD TO UNBUCKLE HIS SEATBELT TO FREE HIM FROM THE TRAPPED POSITION - A TRUCK DRIVER AND ASSISTING OFFICERS WALKER, BRADY WERE EARLY ARRIVALS ON SCENE. #1 BELIEVES THE TRUCK DRIVER WAS ONE WHO FREED HIM FROM VEHICLE.

→ LOAD - EXPEDITED DELIVERY SERVICES, "UPPER CONTROL ARMS" NEEDED TO GET TO DESTINATED A.S.A.P. CO-WORKERS ATTEMPTED TO SECURE SHIPMENT FROM VAN VIA CHARLIES TOWING SVC

OFFICER'S SIGNATURE X T.A. Dunphy BADGE NUMBER 1203

16-90-0613

STATE OF OHIO
HP 25D
10-0156-75
Rev. 04-15-05
OHP 1567

DEPARTMENT OF PUBLIC SAFETY

OHIO STATE HIGHWAY PATROL

Page 1 of 1

Vehicle Inventory / Custody Report

Initial Court Date ___/___/___

REPORT #	DATE	TIME	LOCATION
16-90-0613	9/19/06	2100	I-80 WB. 134.9 MP OTP

YR	MA	MO	ST	CO	ODOMETER
1997	FORD	ECONOLINE	ICP-VAN	SILVER	320548

VIN: 1FBJS31L2VH[redacted] LIC: [redacted] STATE: OH

DRIVER — LAST: [redacted] FIRST: MI:

ADDRESS: [redacted] / UNIONTOWN, OH [redacted] WORK #: HOME #:

OWNER: * SAME *

ADDRESS: WORK #: HOME #:

REASONS FOR CUSTODY
- ☐ Pretrial retention
- ☐ # ___ OVI
- ☐ DUS
- ☐ Wrongful Entrustment
- ☐ Forfeiture Eligibility
- ☐ Abandoned - Hazardous
- ☐ Abandoned - 48 hours
- ☐ Evidence
- ☐ Felony
- ☑ Crash 613
- ☐ Other ___

- ☐ Rent/lease over 30 days
- ☐ Rent/lease to 30 days - Notify within 24 hours
- ☐ Owner unverified
- ☐ Borrowed

LOCATION
P1 - Front Pass.
P2 - Rear Pass.
G - Glove box
T - Trunk/Cargo
E - Engine

☐ AM ☐ AM/FM
☐ Cass/AM/FM ☒ CD/AM/FM
☐ Radar Detec ☐ Laser Detec
☐ CB ☐ C. Phone
+9 # Cassettes/CDs

2 Total Keys
___ Key - Ignition
___ Key - Trunk
___ Key - Gascap
___ Key - Wheels
___ # Hubcaps

FUEL: E ½ F

CIRCLE DAMAGE

Est. Value $ ___
Condition WORKED
Seats Wheels
Glass Antenna
Undercarriage
☑ Photos ☐ Driveable

LOC	INVENTORY/REMARKS	LOC	INVENTORY/REMARKS
T.	TAN BRIEFCASE, GRAY DUFFLE BAG W/		
	CLOTHING ITEMS; YELLOW TOW STRAP,		
	RATCHET STRAPS,		
	NUMEROUS "UPPER CONTROL ARMS"		TOW TO CHARLIE'S OF NORWICH [redacted]
	→ SKILL TOOL AND DIE - TROYSIGN KNIF		
	PACKAGE MISC GRAY PLASTIC PINS;		
R	AMERITECH PAGER, LASER DETECTOR		
	3-CD'S VISOR		
	UNBUCKLED SEAT BELT DRIVER SIDE		
T.	FOAM MATTRESS PAD W/ SHEET		

Report By DUNPHY U-1703 9/19/06 Time 2100 Supervisor SGT CHRISTY U-12K

Witness ___ ___/___/___ Time ___

Tow By CHARLIE'S TOW Inc.

☐ Owner request
(Tow service acknowledges vehicle inventory)

RELEASE OF PROPERTY

☐ Plates ___ SIGNATURE ___/___/___ Time ___ U-___

☐ Vehicle ___ SIGNATURE ___/___/___ Time ___ U-___

CONDITIONS FOR RELEASE ☐ HP-60 Needed

Proof Ownership

VEHICLE IMMOBILIZATION ☐ Pre-Trial Retention ☐ Court-Ordered (Order Received ___/___/___ Time ___) ☐ BMV-Ordered

___/___/___ Time ___ Location ___ Device # ___ U-___

Immobilization Device Removed ___/___/___ Time ___ U-___

Plates Impounded ___/___/___ Time ___ ☐ Plates Mailed to BMV ___/___/___

TIV #	SHERIFF NOTIFIED	OWNER NOTIFIED	FOLLOW-UP
___/___/___ U-___	___/___/___ Time ___	Jeffrey Jabbour	___ NIF ___ NIF
Canceled	U-___ Msg # ___	9/19/06 Time ___	___ NIF ___ NIF
___/___/___ U-___		U-1703 PS ___	Letter Sent ___/___/___

POST COPY - WHITE WRECKER COPY - CANARY OWNER/DRIVER COPY - PINK

#1

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-90-0613	OHIO STATE PATROL	M 9 D 29 Y 06

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

I, [redacted] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

T.A. Dupp (OFFICERS NAME) AT Ashland Hospital Emergency Room #1 (LOCATION)

I WAS DRIVING MY 1997 FORD VAN WESTBOUND ON OHIO TURNPIKE IN CENTER OR LEFT LANE, AT 67 – 70 MPH – I HEARD A "THUMP" AND BACK WHEEL BLOW – I WAS TRYING TO GET OFF ROAD – BACK END OF VAN WAS BEGINNING TO FISHTAIL. I NEXT REMEMBER SEEING THE DITCH – THEN ALL BLACK, ITEMS ON TOP OF ME – HEARD TRUCKS GOING BY. I WAS WEARING MY SEAT BELT. WHOEVER FREES ME HAS TO UNLATCH THE BELT – BOTH AIRBAGS DEPLOYED. I HAVE A LASER DOPPLER – JUST PURCHASED FOR $2.5. INJURIES OF INJURY – SOME SCRAPES AND BRUISES – MINOR SMALL CUTS.

ADDRESS OF WITNESS	[redacted] UNIONTOWN, OH	[redacted]	PHONE [redacted]
SIGNATURE OF WITNESS	[redacted]	OFFICERS SIGNATURE	N [redacted] W

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