

TRAFFIC CRASH REPORT



10-90-0603 3

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

REPORTING AGENCY *

GHP 90 STATE HIGHWAY PATROL

01 01 98 = ANIMAL
09 17 2006 99 = UNKNOWN

DAY OF WEEK
1320 SUN

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
X OXFORD 22

LATITUDE LONGITUDE

CRASH OCCURRED ON
PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
IR 80 OHIO TURNPIKE WB 3 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION
112.5 WB

AT / REFERENCE
DIST REFERENCE DR PREFIX REFERENCE REF POINT
.5 E Millpost 112 08

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

NAME (LAST, FIRST, MIDDLE)

Address (STREET, CITY, STATE, ZIP CODE)
Monroe MI

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 #
2003 FORD F-250 RED FARMERS CHARLIES

OFFENSE CHARGED OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

Address (STREET, CITY, STATE, ZIP CODE)

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)

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 #
Monroe MI

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

- | | | | | | | |
|---|-------------------------|----------------------------|-----------------------|---------------------|-----------------------|----------------------|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| 01 FRONT - LEFT (MC DRIVER) | 01 NONE USED | 1 NOT-DEPLOYED | 1 NOT PRESENT | 1 NOT EJECTED | 1 NOT TRAPPED | 1 NO INJURY |
| 02 FRONT - MIDDLE | 02 SHOULDER BELT ONLY | 2 DEPLOYED-FRONT | 2 IN ON POSITION | 2 TOTALLY EJECTED | 2 EXTRICATED BY MEANS | 2 POSSIBLE |
| 03 FRONT - RIGHT | 03 LAP BELT ONLY | 3 DEPLOYED-SIDE | 3 IN OFF POSITION | 3 PARTIALLY EJECTED | 3 FREED BY MEANS | 3 NON-INCAPACITATING |
| 04 SECOND - LEFT (MC PASS) | 04 SHOULDER/LAP BELT | 4 DEPLOYED BOTH FRONT/SIDE | 4 UNKNOWN | 4 NOT APPLICABLE | 4 UNKNOWN | 4 INCAPACITATING |
| 05 SECOND - MIDDLE | 05 CHILD SAFETY SEAT | 5 NOT APPLICABLE | | 5 UNKNOWN | | 5 FATAL INJURY |
| 06 SECOND - RIGHT | 06 MC HELMET USED | 6 UNKNOWN | | | | 6 UNKNOWN |
| 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) | 07 USE UNKNOWN | | | | | |
| 08 THIRD - MIDDLE | 08 NONE USED | | | | | |
| 09 THIRD - RIGHT | 09 HELMET USED | | | | | |
| 10 SLEEPER SECTION OF CAB | 10 PROTECTIVE PADS | | | | | |
| 11 ENCLOSED CARGO AREA | 11 REFLECTIVE CLOTHING | | | | | |
| 12 UNENCLOSED CARGO AREA | 12 LIGHTING | | | | | |
| 13 TRAILING UNIT | 13 OTHER | | | | | |
| 14 EXTERIOR | 14 UNKNOWN | | | | | |
| 15 OTHER | | | | | | |
| 16 NON-MOTORIST | | | | | | |
| 17 UNKNOWN | | | | | | |

BLANK FOR WITNESS

1296

Narrative

UNIT 1 WAS IN STRAIGHT IN THE RIGHT LANE. PASSENGER SIDE TIRE ON UNIT 1 TRAILER BLEW CAUSING DAMAGE TO THE TRAILER. UNIT PULLED TO RIGHT BERM AND STOPPED.

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

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

- 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

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 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

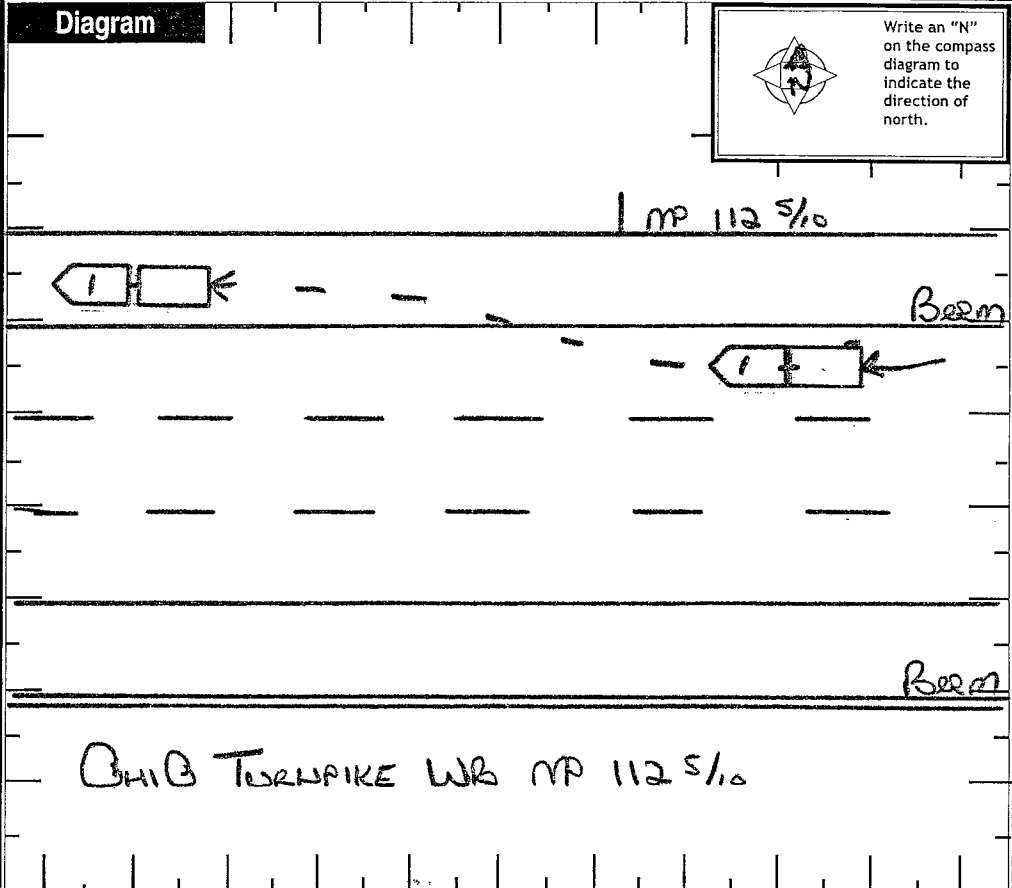
WORKERS PRESENT

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



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



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
N
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.

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

09 17 2006 1325

1325

1330

1350

20

40

OFFICER'S NAME*

CHECKED BY

DATE REPORT FILED*

DET CURRAN

1296

Curran

09 18 2006

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

10-90-0603

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0603	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 17 1Y 06
IN COUNTY OF ERIE	CRASH LOCATION OHIO TURNPIKE WB MP 112 5/10	

TRAILER - 2001 FOREST RIVER SANDPIPER,
28' 5TH WHEEL CAMPER,
MI PLATE [REDACTED]

OWNER SAME AS UNIT 1

INSURANCE - SAME AS UNIT 1

DAMAGE, RIGHT REAR TIRE, TRIM AROUND WHEEL
WELL, SMALL DENTS FENDER WELL

CHARLIE'S TOWING RESPONDED TO SCENE AND
PUT ON THE SPARE TIRE + UNIT 1
CONTINUED ON.

OFFICER'S SIGNATURE

X

J. T. CUREAN

BADGE NUMBER

1266