

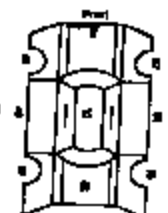
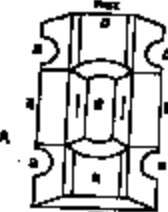
UNIT NUMBER

01 02

SCN-MOTORIST LOCATION

1. INTERSECTION NO. 01
2. INTERSECTION NO. 02
3. INTERSECTION NO. 03
4. INTERSECTION NO. 04
5. INTERSECTION NO. 05
6. INTERSECTION NO. 06
7. INTERSECTION NO. 07
8. INTERSECTION NO. 08
9. INTERSECTION NO. 09
10. INTERSECTION NO. 10
11. INTERSECTION NO. 11
12. INTERSECTION NO. 12
13. INTERSECTION NO. 13
14. INTERSECTION NO. 14
15. INTERSECTION NO. 15

DAMAGE AREA



MOST DAMAGED AREA

01 02

PRE-CRASH ACTIONS

1. NONE
2. NONE
3. NONE
4. NONE
5. NONE
6. NONE
7. NONE
8. NONE
9. NONE
10. NONE
11. NONE
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19. NONE
20. NONE
21. NONE
22. NONE
23. NONE
24. NONE
25. NONE
26. NONE
27. NONE
28. NONE

SEQUENCE OF EVENTS

05 23

PORTED SPEED

65 65

DRUG TEST STATUS

1. NONE
2. TEST REQUIRED
3. TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
4. TEST GIVEN, RESULTS KNOWN
5. TEST GIVEN, RESULTS UNKNOWN
6. UNKNOWN

DRUG TEST TYPE

1. BAC
2. BAC
3. BAC
4. BAC

DRUG TEST 18.2 RESULT

1. NONE
2. ZEROLINE
3. COCAINE
4. CANNABIS
5. AMPHETAMINE
6. PCP
7. OTHER
8. UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

01. NOT AN INTERSECTION
02. FOUR-WAY INTERSECTION
03. T-INTERSECTION
04. Y-INTERSECTION
05. TRAFFIC CIRCLE/ROUNDABOUT
06. FREEWAY, ON RAMP
07. ON RAMP
08. ON RAMP
09. CUL-DE-SAC
10. DRIVEWAY/ALLEY
11. FREEWAY OFF-RAMP
12. SHARED-USE PATH ON TRAIL
13. UNKNOWN

OCCURRENCE

1. ON ROADWAY
2. ON SHOULDER
3. IN MEDIAN
4. ON FREEWAY
5. ON GATE
6. OUTSIDE TRAFFICWAY
7. UNKNOWN

ROAD CONTOUR

1. STRAIGHT LEVEL
2. STRAIGHT GRADE
3. CROWNED
4. CROWNED

ROAD CONDITIONS

01

01. DRY
02. WET
03. SNOW
04. ICE
05. SAND, GRASS, DIRT, OR GRAVEL
06. WATER (STANDING, FLOWING)
07. SLUSH
08. OIL
09. PLY, HOLES, RUMPS, UNIFORM
10. OTHER
11. UNKNOWN

**Secondary Road Conditions Only

TRAFFIC CONTROL

1 2 1 2

01. NO CONTROL
02. STOP SIGN
03. YIELD SIGN
04. TRAFFIC SIGNAL
05. TRAFFIC SIGNAL
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DIRECTION

3 4 3 4

1. NORTH
2. SOUTH
3. EAST
4. WEST
5. NORTHWEST
6. SOUTHWEST
7. SOUTHEAST
8. NORTHWEST
9. SOUTHWEST
10. UNKNOWN

CONVENTION

1. APPARENTLY NORMAL
2. PHYSICAL IMPAIRMENT
3. DRUGS
4. ALCOHOL
5. FELL ASLEEP, FARTING, PICKING, ETC.
6. UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL
7. OTHER
8. UNKNOWN

ALCOHOL/DRUG SUSPECTED

1. NONE
2. YES - ALCOHOL SUSPECTED
3. YES - DRUGS SUSPECTED
4. YES - DRUGS SUSPECTED
5. YES - ALCOHOL/DRUGS SUSPECTED
6. UNKNOWN

ALCOHOL TEST STATUS

1. NONE
2. TEST REQUIRED
3. TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
4. TEST GIVEN, RESULTS KNOWN
5. TEST GIVEN, RESULTS UNKNOWN
6. UNKNOWN

ALCOHOL TEST TYPE

1. BAC
2. BAC
3. BAC
4. BAC
5. BAC

ALCOHOL TEST RESULT

1. NONE
2. BAC
3. BAC
4. BAC
5. BAC

FAST HAZARDOUS EVENT

01 01

OF THE SEVERITY OF INJURY - WHICH ONE IS THE FAST HAZARDOUS EVENT (1-4)

MOST HAZARDOUS EVENT

01 01

OF THE SEVERITY OF INJURY - WHICH ONE IS THE MOST HAZARDOUS EVENT (1-4)

SPEED DETECTED

1 1

1. STATED

2. ESTIMATED SPEED

SPEED

40

55

VEHICLE DAMAGE CODE ONLY IF "19" SELECTED ABOVE

08

01. TIRE DAMAGE
02. HEAD LAMP
03. TAIL LAMP
04. BRAKE
05. STEERING
06. TIRE DAMAGE
07. WORK ON SUECH TIRE
08. TAILER EQUIPMENT
09. DEFECTIVE
10. MOTOR THROAT
11. DAMAGED FROM FRONT CRASH
12. OTHER DEFECT

STANDING VEHICLE: CRASHING/UNDERSIDE

01 02

1. NO DAMAGE OR CRASH
2. DAMAGE, CONTAMINATED
3. DAMAGE, NO CONTAMINATED
4. DAMAGE, CONTAMINATED
5. DAMAGE, CONTAMINATED
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100. DAMAGE, CONTAMINATED

10-90-0203

Narrative

UNIT #1 AND #2 INTERCHANGED ON THE ON-HIGHWAY
 FROM THE TRAILER OF UNIT #1 CAME OFF THE TRAILER
 INTO THE ROADWAY. UNIT #7 SEVERE THE LANE IN THE ROADWAY.
 BOTH UNITS CAME TO A STOPPED FINAL REST ON THE ROAD.

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- 1 Not Collision Between
 Two Vehicles In Transport
 2 Rear-End
 3 Head-On
 4 Rear-To-Side
 5 Sideswipe
 6 Angle
 7 Squared, Same Direction
 8 Squared, 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

WEATHER

01

- 01 Clear
 02 Cloudy
 03 Fog, Smoke, Dust
 04 Rain
 05 Sleet, Ice (Freezing Rain Excluded)
 06 Snow
 07 Sleet/Cloudy
 08 Snowing, Rain, Sleet, Ice, Snow
 09 Other
 10 Unknown

LIGHT CONDITIONS

01

- 1 Daylight
 2 Dawn
 3 Dusk
 4 Dark - Limited Roadway
 5 Dark - Not Limited
 6 Dark - Unknown Lightness
 7 Other
 8 Unknown

WORK ZONE RELATED

- 1 No
 2 Yes
 3 Unknown

TYPE OF WORK ZONE

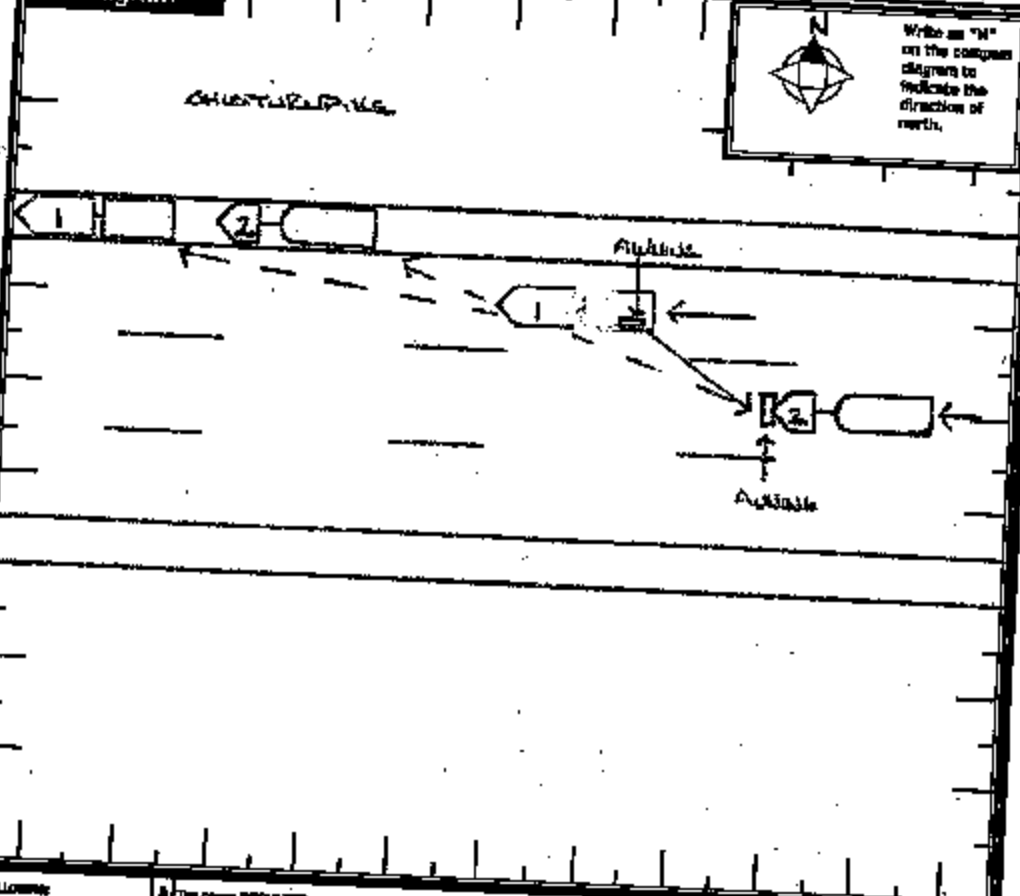
- 1 Lane Closing
 2 Lane Shift/Changeover
 3 Work On Shoulder Or Median
 4 Interchange Moving Work
 5 Other

LOCATION OF CRASH IN WORK ZONE

- 1 Before First Work Zone
 2 Within Work Zone
 3 After Work Zone
 4 Unknown

- 1 No
 2 Yes
 3 Unknown

Diagram



Truck/Bus

01

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (BOTH VEHICLES) WITH A GVWR MORE THAN 10,000 POUNDS OR
 A TRUCK (BOTH VEHICLES) WITH A GROSS VEHICLE WEIGHT PLACED ON
 A BUS DESIGNED FOR AT LEAST 15 PASSENGERS, 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 IMMOBILIZING DAMAGE OR REQUIRED INTERVENEING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPED PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

COUNTRY PHONE

US DOT

ICC NO

PUDO

TRUCK LP SE

TRUCK LP YEAR

TRUCK LP P

CRASH BODY TYPE

- 01 Not Applicable
 02 Box (8-12 Wheeling Drives)
 03 Van/Enclosed Box
 04 Other/Other/Other

- 05 Pole
 06 Cargo Tank
 07 Flatbed
 08 Dump

- 09 Donor/Donor
 10 Auto Transporter
 11 Garbage/Refuse
 12 Other
 13 Unknown

Weight (GVWR)

- 1 Less Than 10,000
 2 10,001 - 20,000
 3 More Than 20,000

CCD 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 Manifested

- 1 No
 2 Yes
 3 Not Applicable
 4 Unknown

Police Action

03222007 0928

0928

0928

1100

30

122

REPORT TAKEN BY

- 1 POLICE AGENCY
 2 MOTORIST

REPORT TAKEN AT

- 1 HOME
 2 STATION
 3 OTHER

Sgt. A. Walker

03242007

10-90-0208

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 10-90-0208	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 10 22 1007
IN COUNTY OF LOBBIN	CRASH LOCATION 1280 OHIO TURNPIKE MD 145	

UNIT #1

1994 GMC SIERRA - RED

VIN # 1GTEK1421022

INSURANCE

WESTFIELD INSURANCE CO

POLICY #

EXPIRED 11/9/00

DAMAGE

NONE

TRAILER

1999 CUST

VIN # BT91

UNLOADED WEIGHT 4000 GVWR 6000

UNIT #2

2000 VOLVO - RED

VIN # 4VHND41H5N

INSURANCE

AAA RISK RETENTION GROUP

POLICY #

DAMAGE

FRONT BUMPER

TRAILER

2003 GREAT DANE - RED

MS 479966

VIN # 1L2AAG235

OFFICER'S SIGNATURE

X T. J. WILKINS

BADGE NUMBER

1041

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-90-0208	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF CRASH	3/22/87
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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

TERRILL WITASSE
(OFFICER'S NAME)AT CHATTAHOOCHEE HIDEAWAY TRAIL
(LOCATION)

I was west bound on I-80 turnpike.
As I was driving the pick-up truck with
a trailer loaded with Awnings. A gust of
wind ripped the boards off of the
trailer loose, ejecting one of the
awnings. When it (awning) flew off
a semi struck it. All parties pulled
off the highway.

Q: ARE YOU INJURED? NO

Q: WERE YOU WEARING YOUR SEATBELT? YES

Q: HOW FAST WERE YOU DRIVING? 40

Q: HOW WERE THE AWNINGS SECURED TO THE
TRAILER? SCREWED DOWNQ: HOW MANY SCREWS PER AWNING? I DON'T KNOW
I DIDN'T PUT THEM ON[REDACTED]
Strothers, Ohio [REDACTED]ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESSStrothers Ohio [REDACTED]
OFFICER'S SIGNATURE

TERRILL WITASSE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-20-0208	REPORTING AGENCY	OHIO STATE HIGHWAY DEPT	DATE OF CRASH	M 3 10 22 PM
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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
[REDACTED] (OFFICER'S NAME) AT [REDACTED] (LOCATION)

I WAS driving in middle lane heading west on the Ohio turnpike approx. at the 145 mile marker, when a truck carrying a metal and canvas sign blew off his trailer and hit my semi.

Q: ARE YOU INJURED? NO

Q: WERE YOU WEARING YOUR SEATBELT? YES

Q: HOW FAST WERE YOU DRIVING? 55

Q: HOW CLOSE WERE YOU TO THE OTHER VEHICLE? THE OTHER VEHICLE WAS IN THE RIGHT LANE AND THE SIGN HIT ME MAYBE 10 FT.

ADDRESS
OF
WITNESS

W. OLKHOFF

PHONE

SIGN
OF
WITNESS

OFFICER'S SIGNATURE

HS

[REDACTED]