

Narrative

UNIT #1 CAR ENTERING THE TURNPIKE AT EXIT NR 2
 UPON STOPPING AT THE TOLL PLAZA HE NOTICED THE SMELL
 OF BURNING RUBBER.
 UNIT #1 TOLLED TO THE RIGHT OVERN WHERE THE
 VEHICLE BUST INTO FLAMES.

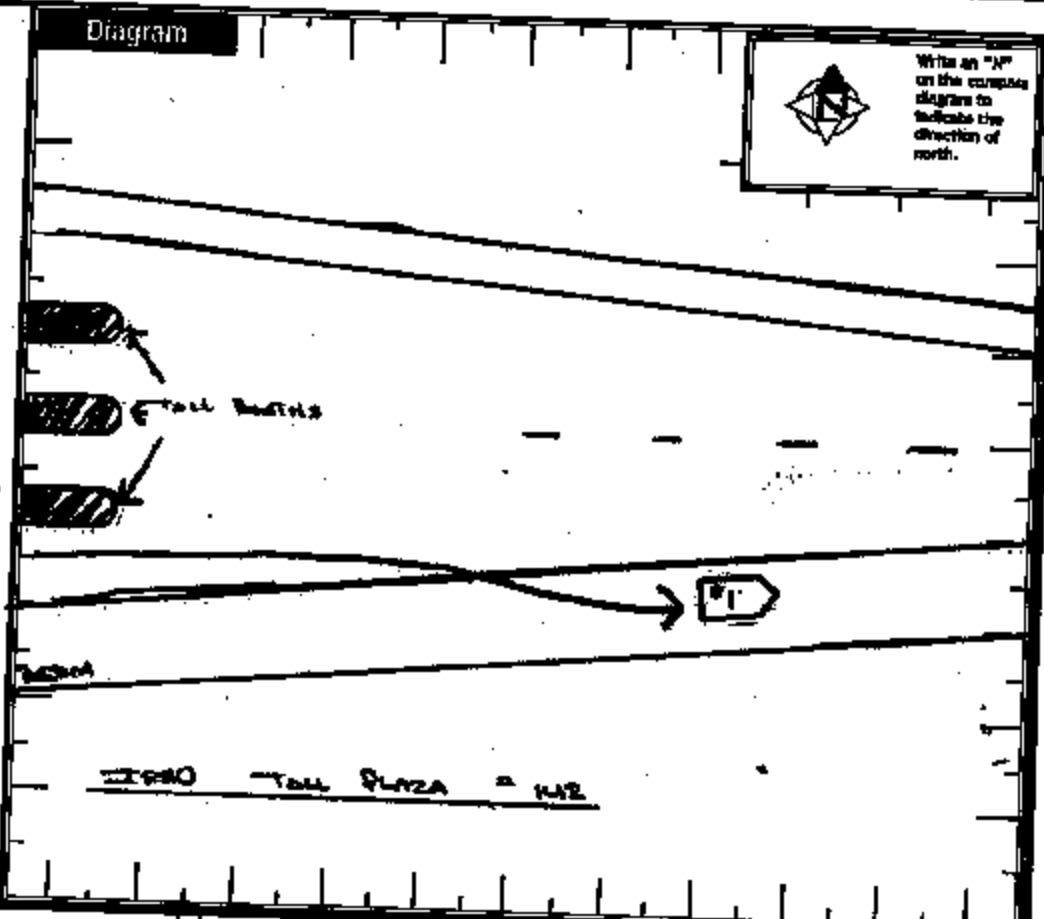
PLACES OF COLLISION OR IMPACT SCHOOL BUS RELATED

- | | |
|---|--------------------------|
| 1 NO COLLISION BETWEEN TWO VEHICLES IN TURNPIKE | 1 NO |
| 2 STRUCK | 2 YES, DIRECTLY BEHIND |
| 3 REAR-ON | 3 YES, INDIRECTLY BEHIND |
| 4 HEAD-ON | 4 BEHIND |
| 5 SIDE-TO-SIDE | |
| 6 BACK-ON | |
| 7 OTHER | |
| 8 UNKNOWN, SAME INCIDENT | |
| 9 UNKNOWN, DIFFERENT INCIDENT | |
| 1 UNKNOWN | |

- Work Zone Related**
- | |
|-----------|
| 1 NO |
| 2 YES |
| 3 UNKNOWN |
- Type Of Work Zone**
- | |
|-----------------------------------|
| 1 Lane Closed |
| 2 Lane Shift/Overpass |
| 3 Work On Road/Overpass Or Bridge |
| 4 Detour/Work Ahead Work |
| 5 Other |

- Location Of Crash In Work Zone**
- | |
|--------------------------|
| 1 Before First Work Zone |
| 2 Within Work Zone |
| 3 After Work Zone |
| 4 Agency Area |
| 5 Unknown |
- Work Zone Related**
- | |
|-----------|
| 1 NO |
| 2 YES |
| 3 UNKNOWN |

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (OR BUS) WITH A GVWR MORE THAN 10,000 POUNDS OR
 A TRUCK (NOT ON WHEELS) WITH A PASSENGER SEATING CAPACITY OF
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY OR
 AN INJURY REQUIRING TRANSPORTATION FOR MEDICAL TREATMENT; OR
 AN UNLAWFUL VEHICLE WAS TOWED AWAY TO CORRECT VIOLATION OR REQUIRED OPERATIONAL ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Vehicle Papers) _____
 Address (Street, City, St, Zip Code) _____
 Country From _____

UN DOT	ICCIC	PLAZ	TRUCK LE	TRUCK LP	TRUCK LP

CRASH BODY TYPE

01 Not Applicable	06 Pole	09 Concrete/Block	Weight (GVWR)	01L Class	Material Placed	Material Retained
02 Box (9-15 Inclusive Length)	07 Cable Tank	10 Auto Transporter	1 Less Than 10,000	1 Class A	1 No	1 No
03 Tank/Storage Box	08 Flatbed	11 Garbage/Refuse	2 10,000 - 20,000	2 Class B	2 Yes	2 Yes
04 Crane/Crane/Grapple	09 Dump	12 Other	3 More Than 20,000	3 Class C	3 Unknown	3 Not Applicable
		13 Unknown		4 Class D		4 Unknown

Police Action

646720671022 1023 1028 1123 30 90

Officer's Name: Trapper S.J. Baez 0993

Report Taken By: Sgt. A. Walker Data Report Filed: 04072007

Report Taken At: 1 1. Home 2. Station 3. Other

10-98-0246

LOCAL REPORT NUMBER 10-90-02-14	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT MAY 10 07 1987
IN COUNTY OF LOANES	ACCIDENT LOCATION TOLL PLAZA EXBT 142 IR50	

VEHICLE INFORMATION

DAMAGE TOTALS

INVESTIGATION NOTES

1987 BUICK LESABRE

1987 BUICK LESABRE

1987 BUICK LESABRE

1987 BUICK LESABRE

SEVERE DAMAGE TO VEHICLE

DRIVER INJURED

OFFICER'S SIGNATURE
 X Yves S. J. Boese
 BADGE NUMBER
 475

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0240	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH May 10, 1987
-----------------------------------	--	-------------------------------

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

I, [REDACTED], HEREBY MAKE THIS VOLUNTARY STATEMENT TO

[REDACTED]
(OFFICERS NAME)AT [REDACTED] EXIST 412
(LOCATION)

Was driving west on 90 to Toledo, stopped at the toll booth to get a ticket for the turnpike. As I pulled away from the booth I noticed smoke and smelled burning plastic. I exited the vehicle and told one of the toll booth attendants I thought that the vehicle was on fire. The attendant called for a fire truck and other emergency vehicles.

The highway patrol attempted to cover the hood and extinguish the fire but was unsuccessful as the hood release no longer functioned.

The fire department showed up and put out the fire.

Q. WERE YOU INJURED?

A. NO

Q. HAVE YOU HAD ANY WORK DONE TO THE VEHICLE RECENTLY?

A. NO

Q. HOW FAST WERE YOU GOING WHEN YOU NOTICED THE SMOKE?

A. I WAS STOPPED.


ADDRESS OF WITNESS
SIGNATURE OF WITNESS

Cleveland OH

OFFICER'S SIGNATURE

PHONE

SUPPLEMENT OF CONTRIBUTING CIRCUMSTANCES INDICATING OPERATION OF DEFECTIVE EQUIPMENT AND VEHICLE DEFECT LISTED AS "OTHER DEFECTS."

<p>PLANS OF COLLISION OR DEFECT</p> <p><input type="checkbox"/> 1 Not Collision Involvement 2 Front-End 3 Side-End 4 Rear-End 5 Other</p> <p>Vehicle</p> <p><input type="checkbox"/> 01 Class 02 Class 03 For, Make, Model 04 Year 05 Make, Model, Package-Body 06 Year 07 Special Equipment 08 Make, Model, Year, Package 09 Class 10 Other</p> <p>Linear Construction</p> <p><input type="checkbox"/> 1 Overall 2 Date 3 Date - License Renewal 4 Date - Air License 5 Date - Vehicle License 6 Date 7 Other 8 Other 9 Unknown</p>	<p>Scene, Etc. Related</p> <p><input type="checkbox"/> 1 No 2 Yes, County/Division 3 Yes, Interstate/Division 4 Other</p> <p>Work Zone Related</p> <p><input type="checkbox"/> 1 No 2 Yes 3 Unknown</p> <p>Type of Work Zone</p> <p><input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Reversible 3 Work Zone/Shoulder Closure 4 Intermediate/Work Zone 5 Other</p> <p>Location of Collision or Work Zone</p> <p><input type="checkbox"/> 1 Roadway Portion Where Work Occurred 2 Adjacent Work Area 3 Transition Area 4 Access Area</p> <p>Work Zone Project</p> <p><input type="checkbox"/> 1 No 2 Yes 3 Unknown</p>	<p style="font-size: 2em; font-weight: bold;">0498</p>	<p style="text-align: center;">Write an "X" on the compass diagram to indicate the direction of north.</p> 
---	---	--	--

<p>DEFINITIONS</p> <p>DEFECTIVE EQUIPMENT - A VEHICLE (ORIGIN VEHICLE) WHICH OPERATES UNDER THE LICENSE PERMIT OF A DRIVER (ORIGIN DRIVER) WHILE OPERATING ON THE PUBLIC HIGHWAY OR A ROAD OR HIGHWAY FOR AT LEAST 90 DAYS, INCLUDING OVERNIGHT.</p> <p>DEFECTIVE EQUIPMENT - A VEHICLE WHICH OPERATES UNDER THE LICENSE PERMIT OF A DRIVER (ORIGIN DRIVER) WHILE OPERATING ON THE PUBLIC HIGHWAY OR A ROAD OR HIGHWAY FOR AT LEAST 90 DAYS, INCLUDING OVERNIGHT.</p> <p>DEFECTIVE EQUIPMENT - A VEHICLE WHICH OPERATES UNDER THE LICENSE PERMIT OF A DRIVER (ORIGIN DRIVER) WHILE OPERATING ON THE PUBLIC HIGHWAY OR A ROAD OR HIGHWAY FOR AT LEAST 90 DAYS, INCLUDING OVERNIGHT.</p>	<p>DEFINITIONS</p> <p>DEFECTIVE EQUIPMENT - A VEHICLE (ORIGIN VEHICLE) WHICH OPERATES UNDER THE LICENSE PERMIT OF A DRIVER (ORIGIN DRIVER) WHILE OPERATING ON THE PUBLIC HIGHWAY OR A ROAD OR HIGHWAY FOR AT LEAST 90 DAYS, INCLUDING OVERNIGHT.</p> <p>DEFECTIVE EQUIPMENT - A VEHICLE WHICH OPERATES UNDER THE LICENSE PERMIT OF A DRIVER (ORIGIN DRIVER) WHILE OPERATING ON THE PUBLIC HIGHWAY OR A ROAD OR HIGHWAY FOR AT LEAST 90 DAYS, INCLUDING OVERNIGHT.</p> <p>DEFECTIVE EQUIPMENT - A VEHICLE WHICH OPERATES UNDER THE LICENSE PERMIT OF A DRIVER (ORIGIN DRIVER) WHILE OPERATING ON THE PUBLIC HIGHWAY OR A ROAD OR HIGHWAY FOR AT LEAST 90 DAYS, INCLUDING OVERNIGHT.</p>
--	--

CLASS	TYPE	MAKE	YEAR	MAKE/TYPE	MAKE/TYPE	MAKE/TYPE	MAKE/TYPE	MAKE/TYPE	MAKE/TYPE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Color Body Type	Weight (Pounds)	EXD. Class	Registration	Inspection
<input type="checkbox"/> 01 Not Applicable 02 One (2-16 Inclusive Inches) 03 Not Applicable 04 Other/Unknown	<input type="checkbox"/> 1 Less Than 60,000 2 60,001 - 80,000 3 More Than 80,000	<input type="checkbox"/> 1 Class A 2 Class B 3 Class C 4 Class D 5 Class E	<input type="checkbox"/> 1 No 2 Yes 3 Unknown	<input type="checkbox"/> 1 No 2 Yes 3 Not Applicable 4 Unknown

DATE	TIME	TYPE	CLASS	MAKE	YEAR	MAKE/TYPE	MAKE/TYPE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver's Name: TR. S.J. BACST **Acc. #:** 0498 **Driver's License #:** 04162007

Report Made By: 1 Police Officer 2 Member **Reporting Station:** 1 Home 2 Station 3 Other

Reported By: 1 Driver 2 Other **Case Reference:** 10-90-0246