

TRAFFIC CRASH REPORT

REF # 10193188

MED LANT

OH-1 (Rev. 10/79)



10-89-0144 3

CRASH SEVERITY
1 FATAL
2 MAJOR
3 MOD
4 MINOR

PRIVATE PROPERTY
PROPERTY
1 Not Insured
2 Single
3 Unknown

PAYOR TAKEN
OH-2 OH-3 OH-4 OH-5
X X

04P89

STATE HIGHWAY PATROL

01 01

04022007

1812 MON

X SWANSON 48

IR 80 / OHIO TURNPIKE 3 51.5 EB

01 01 MILE POST 51

09201961 45 M AURORA MO

1995 KENWORTH CONVENTIONAL RED

JOHN MO

01 04

01 04

01 04

01 04

24 437

Motorist/Non-Motorist

Occupant

- 01 SEATING POSITION
- 02 FRONT - LEFT (DRIVER)
- 03 FRONT - MIDDLE
- 04 FRONT - RIGHT
- 05 REAR - LEFT (SEC PASS)
- 06 REAR - MIDDLE
- 07 REAR - RIGHT
- 08 THIRD - LEFT
- 09 THIRD - MIDDLE
- 10 THIRD - RIGHT
- 11 SEATED - DRIVER OR CH
- 12 SEATED - PASSENGER
- 13 UNSEATED - DRIVER OR CH
- 14 UNSEATED - PASSENGER
- 15 UNSEATED - OTHER
- 16 UNSEATED - UNKNOWN
- 17 UNKNOWN

- SAFETY EQUIPMENT
- 01 NONE USED
- 02 SHOULDER BELT ONLY
- 03 LAP BELT ONLY
- 04 SHOULDER LAP BELT
- 05 CHILD SEAT
- 06 NONE USED
- 07 USE UNKNOWN
- NON-MOTORIST
- 08 NONE USED
- 09 HELMET USED
- 10 PROTECTIVE FLAME
- 11 PROTECTIVE CLOTHING
- 12 UNKNOWN
- 13 OTHER
- 14 UNKNOWN

- Acc. Dev
- 1 NOT BELTED
- 2 DELETED-PROST
- 3 DELETED-SEC
- 4 DELETED-BOTH
- 5 NOT APPLICABLE
- 6 UNKNOWN

- Acc. Side Position
- 1 NOT PRESENT
- 2 IN CR POSITION
- 3 IN CR POSITION
- 4 UNKNOWN

- REASON
- 1 NOT LISTED
- 2 TOTALLY LISTED
- 3 PARTIALLY LISTED
- 4 NOT APPLICABLE
- 5 UNKNOWN

- TRAPPED
- 1 NOT TRAPPED
- 2 ESCAPED BY
- 3 ESCAPED BY
- 4 ESCAPED BY
- 5 UNKNOWN

- DAMAGE
- 1 NO DAMAGE
- 2 POSSIBLE
- 3 NON-
- 4 NONPROPORTIONAL
- 5 FATAL INJURY
- 6 UNKNOWN

VEHICLE NUMBERS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> Non-Motorized Lockdown <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 01 BARRICADE OR ROADBLOCK AT INTERSECTION 02 INTERSECTION NO CLOSURE 03 NON-INTERSECTION CLOSURE 04 OBSTRUCTED ACCESS CLOSURE 05 IN ROADWAY 06 NOT IN ROADWAY 07 BARRICADE (NOT NON-MOTORIZED) 08 ISLAND 09 BARRIQUADE 10 BARRIQUADE 11 WITHIN 10 FEET OF ROADWAY (NOT BARRIQUADE, ISLAND, BARRIQUADE, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (NOT BARRIQUADE, ISLAND, BARRIQUADE, ISLAND) 13 OBSTRUCTED ROADWAY 14 BARRIQUADE USE PAVES ON TRAILS 15 BARRIQUADE	DAMAGE AREA Most Damaged Area <input type="text" value="08"/> <input type="text" value=""/> <input type="text" value=""/>	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> MOTORIST 01 MOVEMENTS ESSENTIALLY STOPPED AHEAD 02 BRAKING 03 CHANGING LANE 04 CONTINUING FORWARD 05 TURNING RIGHT 06 TURNING LEFT 07 BRAKING 2-TIME 08 STOPPING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 STOPPING/STOPPED IN TRAFFIC 12 DROPPING 13 OTHER 14 UNKNOWN NON-MOTORIST 15 BARRIQUADE/CLOSURE IN ROADWAY 16 WALLS, BARRIERS, JUNCTION, PLAYING CYCLIST 17 WORKING 18 PARKING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/STAYING ON VEHICLE 21 STOPPING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="06"/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value="09"/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value="41"/></td> <td><input type="text" value=""/></td> </tr> </table> NON-COLLISION 01 OVERTAKING/FOLLOWING 02 PULLING AHEAD 03 BRIDGING 04 JAMMING 05 CLOSING/REMOVING LAKE/BOAT 06 IMPROPER LANE 07 STOPPING ON LANE 08 BAR OFF ROAD RIGHT 09 BAR OFF ROAD LEFT 10 CROSSING/REVERSING 11 BARRIQUADE ROADWAY 12 OTHER NON-COLLISION 13 BARRIQUADE NON-COLLISION 14 COLLISION 2ND/3RD/4TH VEHICLE ON COLLECTIVE CITY STREET 14 BARRIQUADE 15 BARRIQUADE 16 POLICE VEHICLE 17 ANIMAL - FEAR 18 ANIMAL - OTHER 19 ANIMAL - OTHER 20 MOVING VEHICLE IN TRAFFIC 21 PARKING MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVING OBJECT 24 UNKNOWN/UNRECOGNIZABLE OBJECT COLLISION WITH OTHER OBJECT 25 IMPACT AT INTERSECTION/CONCERN 26 BRUSH/DRYWOOD/STUMP 27 BRUSH/FALL ON ROADWAY 28 BRUSH/FALL ON ROADWAY 29 BRUSH/FALL ON ROADWAY 30 BRUSH/FALL ON ROADWAY 31 BRUSH/FALL ON ROADWAY 32 BRUSH/FALL ON ROADWAY 33 BRUSH/FALL ON ROADWAY 34 BRUSH/FALL ON ROADWAY 35 BRUSH/FALL ON ROADWAY 36 BRUSH/FALL ON ROADWAY 37 BRUSH/FALL ON ROADWAY 38 BRUSH/FALL ON ROADWAY 39 BRUSH/FALL ON ROADWAY 40 BRUSH/FALL ON ROADWAY	<input type="text" value="06"/>	<input type="text" value=""/>	<input type="text" value="09"/>	<input type="text" value=""/>	<input type="text" value="41"/>	<input type="text" value=""/>	POINTED SPEED <input type="text" value="65"/> <input type="text" value=""/> <input type="text" value=""/> TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value=""/> <input type="text" value=""/> 01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC SIGNAL 06 OTHER SIGN 07 ROADWORK CLOSURE 08 ROADWORK FLAGGER 09 ROADWORK BARRIQUADE 10 CONSTRUCTION BARRIQUADE 11 POLICE OFFICER 12 FLAGGER/EMPLOYEE 13 COUNTESS/LANE 14 UNLAWFUL VEHICLE SIGNAL 15 TRAFFIC CONTROL DEVICE IMPROPERLY MAINTAINED/CHANGED 16 OTHER	DRUG TEST RESULTS <input type="text" value="1"/> <input type="text" value=""/> 1 NONE 2 TEST REQUIRED 3 TEST GIVEN, CONTAMINATED/SAMPLE UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST I.D. RESULT <input type="text" value="1"/> <input type="text" value=""/> 1 NONE 2 MARIJUANA 3 COCAINE 4 HEROIN 5 AMPHETAMINE 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
<input type="text" value="06"/>	<input type="text" value=""/>										
<input type="text" value="09"/>	<input type="text" value=""/>										
<input type="text" value="41"/>	<input type="text" value=""/>										
TYPE OF CRASH <input type="text" value="13"/> <input type="text" value=""/> <input type="text" value=""/> MOTORIST 01 SIDE-COMPACT 02 CONTACT 03 END SIDE 04 PULL BACK 05 BRUSH 06 OTHER UNITARY VEHICLE 07 PICKUP 08 PICKUP 09 PICKUP 10 PICKUP 11 TRUCK/TRACTOR 12 TRUCK/TRACTOR (OTHER) 13 TRACTOR/DOUBLE TRAILER 14 TRACTOR/DOUBLE TRAILER 15 TRACTOR/DOUBLE TRAILER 16 FIVE WHEEL ON 17 TRACTOR/TRACTOR 18 MOTORCYCLE 19 MOTORCYCLE 20 SCOOTER/BIKE 21 SCOOTER/BIKE 22 PAVED BIKE 23 OTHER BIKE 24 POLICE VEHICLE 25 FIVE WHEEL 26 AMBULANCE/RESCUE 27 TAXI 28 BUSES 29 TRUCK 30 FARM VEHICLE 31 FARM EQUIPMENT 32 BARRIQUADE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 BICYCLIST 39 PERSONALITY 40 OTHER 41 OTHER/MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="08"/> <input type="text" value=""/> <input type="text" value=""/> 01 NONE 02 CENTER FRONT 03 FRONT FRONT 04 FRONT SIDE 05 FRONT SIDE 06 FRONT SIDE 07 REAR CENTER 08 LEFT REAR 09 LEFT REAR 10 LEFT REAR 11 TOP AND WINDSHIELD 12 UNDERNEATH 13 LOWER/UNDER 14 TOTAL (ALL AREAS) 15 OTHER 16 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="19"/> <input type="text" value=""/> <input type="text" value=""/> MOTORIST 01 NONE 02 FAILING TO YIELD 03 FAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 IMPROPER SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWING TOO CLOSE/TAILORED 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER POSITION 10 IMPROPER POSITION 11 IMPROPER POSITION 12 IMPROPER POSITION 13 IMPROPER POSITION 14 IMPROPER POSITION 15 IMPROPER POSITION 16 IMPROPER POSITION 17 IMPROPER POSITION 18 IMPROPER POSITION 19 IMPROPER POSITION 20 IMPROPER POSITION 21 IMPROPER POSITION 22 IMPROPER POSITION 23 IMPROPER POSITION 24 IMPROPER POSITION 25 IMPROPER POSITION 26 IMPROPER POSITION 27 IMPROPER POSITION 28 IMPROPER POSITION 29 IMPROPER POSITION 30 IMPROPER POSITION 31 IMPROPER POSITION 32 IMPROPER POSITION 33 IMPROPER POSITION 34 IMPROPER POSITION 35 IMPROPER POSITION 36 IMPROPER POSITION 37 IMPROPER POSITION 38 IMPROPER POSITION 39 IMPROPER POSITION 40 IMPROPER POSITION	PEDESTRIAN EVENT <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPRINKLER DETECTED <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 EXISTING SPEED SPRINKLER <input type="text" value="65"/> <input type="text" value=""/> <input type="text" value=""/>	CONNECTION <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPACT 3 PHYSICAL 4 SLIPPERY 5 FELL AWAY, FAULTED, INTERFERED, ETC. 6 UNDER THE INFLUENCE OF ALCOHOL/DRUGS/OTHER ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HEROIN SUSPECTED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 TEST REQUIRED 3 TEST GIVEN, CONTAMINATED/SAMPLE UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 BLOOD 2 URINE 3 OTHER ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	EXPLANATION <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 ON ROADWAY 2 ON SHOULDER 3 IN WHEEL 4 ON ROADWAY 5 ON GROUND 6 OTHER TRAFFICWAY 7 UNKNOWN ROAD CONDITION <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> 1 SPURRY LEVEL 2 SPURRY BRIDGE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITIONS <table border="1"> <tr> <th>Priority</th> <th>Secondary</th> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text" value=""/></td> </tr> </table>	Priority	Secondary	<input type="text" value="01"/>	<input type="text" value=""/>		
Priority	Secondary										
<input type="text" value="01"/>	<input type="text" value=""/>										
IN EMERGENCY FLAGGING <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NO 2 YES 3 UNKNOWN CHALLENGE SCALE <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DAMAGE BARRIQUADE 5 SEVERE 6 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKED AND STRUCK 6 UNKNOWN STRUCK VEHICLE OVERLAP/ UNDERLAP <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NO OVERLAP OR UNDERLAP 2 OVERLAP, COMPARTMENT INTERFERED 3 OVERLAP, NO COMPARTMENT INTERFERED 4 OVERLAP, COMPARTMENT INTERFERED UNKNOWN 5 OVERLAP, MOTOR VEHICLE IN TRAFFIC 6 OVERLAP, OTHER VEHICLE 7 UNKNOWN	VEHICLE DAMAGE CODE ONLY IF "19" SELECTED ABOVE <input type="text" value="06"/> <input type="text" value=""/> <input type="text" value=""/> 01 TIRE DAMAGE 02 HEAD LAMP 03 TAIL LAMP 04 BUMPERS 05 STRUTS 06 TIRE BLOWOUT 07 WORK ON LOCK TIRE 08 TIRE/BLINDSPOT DETECTOR 09 MOTOR TRAILER 10 DOUBLE FLOW FROM FRONT 11 OTHER DAMAGE	PEDESTRIAN EVENT <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPRINKLER DETECTED <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 EXISTING SPEED SPRINKLER <input type="text" value="65"/> <input type="text" value=""/> <input type="text" value=""/>	CONNECTION <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPACT 3 PHYSICAL 4 SLIPPERY 5 FELL AWAY, FAULTED, INTERFERED, ETC. 6 UNDER THE INFLUENCE OF ALCOHOL/DRUGS/OTHER ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HEROIN SUSPECTED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 TEST REQUIRED 3 TEST GIVEN, CONTAMINATED/SAMPLE UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 BLOOD 2 URINE 3 OTHER ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	EXPLANATION <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 ON ROADWAY 2 ON SHOULDER 3 IN WHEEL 4 ON ROADWAY 5 ON GROUND 6 OTHER TRAFFICWAY 7 UNKNOWN ROAD CONDITION <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> 1 SPURRY LEVEL 2 SPURRY BRIDGE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITIONS <table border="1"> <tr> <th>Priority</th> <th>Secondary</th> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text" value=""/></td> </tr> </table>	Priority	Secondary	<input type="text" value="01"/>	<input type="text" value=""/>		
Priority	Secondary										
<input type="text" value="01"/>	<input type="text" value=""/>										
CHALLENGE SCALE <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DAMAGE BARRIQUADE 5 SEVERE 6 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKED AND STRUCK 6 UNKNOWN STRUCK VEHICLE OVERLAP/ UNDERLAP <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NO OVERLAP OR UNDERLAP 2 OVERLAP, COMPARTMENT INTERFERED 3 OVERLAP, NO COMPARTMENT INTERFERED 4 OVERLAP, COMPARTMENT INTERFERED UNKNOWN 5 OVERLAP, MOTOR VEHICLE IN TRAFFIC 6 OVERLAP, OTHER VEHICLE 7 UNKNOWN	VEHICLE DAMAGE CODE ONLY IF "19" SELECTED ABOVE <input type="text" value="06"/> <input type="text" value=""/> <input type="text" value=""/> 01 TIRE DAMAGE 02 HEAD LAMP 03 TAIL LAMP 04 BUMPERS 05 STRUTS 06 TIRE BLOWOUT 07 WORK ON LOCK TIRE 08 TIRE/BLINDSPOT DETECTOR 09 MOTOR TRAILER 10 DOUBLE FLOW FROM FRONT 11 OTHER DAMAGE	PEDESTRIAN EVENT <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPRINKLER DETECTED <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 EXISTING SPEED SPRINKLER <input type="text" value="65"/> <input type="text" value=""/> <input type="text" value=""/>	CONNECTION <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPACT 3 PHYSICAL 4 SLIPPERY 5 FELL AWAY, FAULTED, INTERFERED, ETC. 6 UNDER THE INFLUENCE OF ALCOHOL/DRUGS/OTHER ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HEROIN SUSPECTED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 TEST REQUIRED 3 TEST GIVEN, CONTAMINATED/SAMPLE UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 BLOOD 2 URINE 3 OTHER ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	EXPLANATION <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 1 ON ROADWAY 2 ON SHOULDER 3 IN WHEEL 4 ON ROADWAY 5 ON GROUND 6 OTHER TRAFFICWAY 7 UNKNOWN ROAD CONDITION <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> 1 SPURRY LEVEL 2 SPURRY BRIDGE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITIONS <table border="1"> <tr> <th>Priority</th> <th>Secondary</th> </tr> <tr> <td><input type="text" value="01"/></td> <td><input type="text" value=""/></td> </tr> </table>	Priority	Secondary	<input type="text" value="01"/>	<input type="text" value=""/>		
Priority	Secondary										
<input type="text" value="01"/>	<input type="text" value=""/>										

Narrative

UNIT #1 WAS EAST BOUND ON IR 80.
 UNIT #1'S LEFT FRONT TIRE BLEW OUT, PULLING
 UNIT # OFF THE LEFT SIDE OF THE ROAD INTO THE
 CENTER MEDIAN.

PHASE OF COLLISION OR IMPACT SCHOOL BUS RELATED

- 1 MET COLLISION BETWEEN TWO VEHICLES IN TRAFFIC
- 2 REAR END
- 3 HEAD-ON
- 4 REAR-TO-REAR
- 5 SLACK
- 6 ANGLE
- 7 STOPPING, SAME DIRECTION
- 8 STOPPING, 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, SMOG, BRISQ
- 04 FOG
- 05 GUSTY, HAL. (FROST/RAIN/DRIZZLE)
- 06 SNOW
- 07 SEVERE CLOUDS
- 08 BLOTTED SUN/SUN., DRY SHOW
- 09 CLAR
- 10 UNKNOWN

TYPE OF WORK ZONE

- 1 LANE CLOSURE
- 2 LANE SHIFTS/CHANGES
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT STOP/WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 AFTER FIRST WARNING SIGN
- 3 THROUGHOUT WORK ZONE
- 4 AFTER LAST WARNING SIGN
- 5 UNKNOWN

LIGHT CONDITIONS

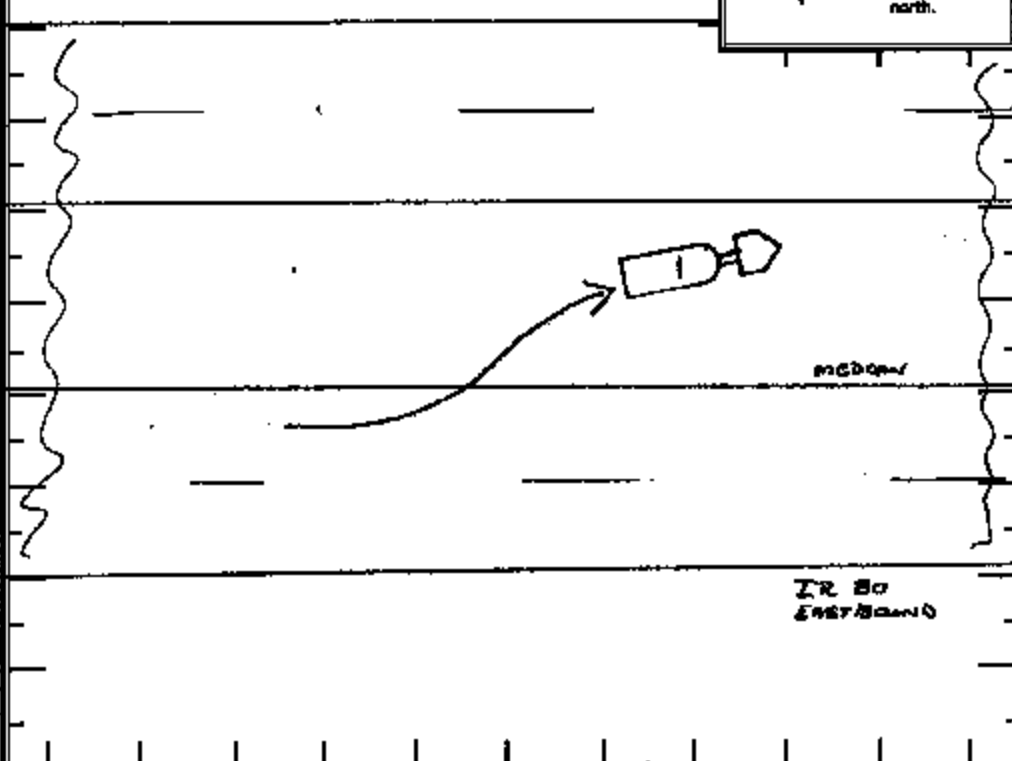
1

- 1 DAYLIGHT
- 2 DAWN
- 3 DARK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 BLIND
- 8 OTHER
- 9 UNKNOWN

Diagram



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



Truck/Bus

01

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 RIGID/SEMI TRAILER PLACING ON
 A BUS DESIGNED FOR AT LEAST 8 PASSENGERS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY OR
 AN ALBERTA REQUIRES TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE TOWED TO THE CRASH SITE OR INCURRED REPAIRS OR DAMAGE REQUIRING ASSISTANCE BEFORE RECOVERING TO THE ROAD.

ADDRESS (CITY, CTRY, ST, ZIP CODE)

MANCHESTER NY

IN DOT

0661569

PLC NO.

PLCD

REGISTRATION

TRAILER LP NO.

TRAILER LP #

ME

2006

CHASSIS TYPE

03

- 01 NOT APPLICABLE
- 02 Box (4-10 INCL. DRIVEN)
- 03 VAN/DELIVERY BOX
- 04 Dump/Chassis/Box

- 05 PULS
- 06 CURED TANK
- 07 FLATBED
- 08 CRAN

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 CEMENT/MIXER
- 12 OTHER
- 13 UNKNOWN

Weight (GVWR)

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

3

CDL Class

- 1 Class A
- 2 Class B
- 3 Class C
- 4 Class M
- 5 Class D

1

Materials Placed

- 1 No
- 2 Yes
- 3 Unknown

1

Hazardous Materials Released

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

1

Police Action

040220071812 1812 1812 2040 59 200

Officer's Name

TPR B.M. SNYDER

0437

Checked By

Sgt. LAMBERTS

Date/Report File #

04052007

Report Taken By

- 1 POLICE AGENCY
- 2 MOTORIST

Report Taken At

- 1 HOME
- 2 STATION
- 3 OTHER

10-89-0144

10-89-0144	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 4 10 2 11 07
IN COUNTY OF LUCAS	CRASH LOCATION IR 80 0.5 EAST OF TRIPLE POST 51	

TRAILER INFORMATION: 2006 GREAT DANE UNIT # [REDACTED]

VIN: 1GRAA0G2X [REDACTED]

OWNER: [REDACTED]
[REDACTED]
ST LOUIS MO [REDACTED]

CARGO INFORMATION: ALUMINUM HARDWARE - 7,894 LBS

* NO DAMAGE TO CARGO

SHIPPED TO: AJAY GLASS & MIRROR CO INC.
7 W. AV. MANCHESTER NY 14504

DAMAGE TO UNIT #1: LEFT HEADLIGHT, FRONT BUMPER,
LEFT FRONT TIRE

TURNPIKE DAMAGE: SIDE DAMAGE TO CENTER MEDIAN

OWNER: OHIO TURNPIKE COMMISSION
682 PROSPECT STREET
BETEA OHIO 44017

OFFICER'S SIGNATURE

X [REDACTED] P.M. SNYDER

BADGE NUMBER

437

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-0144	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 4 10 2 1987
-----------------------------------	--	--------------------------------

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

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

TPR B.M. SNYDER AT SCENE
(OFFICER'S NAME) (LOCATION)

Was going East on I 80 at 65 mph in left hand lane
 left front steering Tyer blow out, truck pull to left into
 the medallay and came to a stop. Had my seat belt on.

- Q) ARE YOU HURT?
 A) No.
- Q) HOW OLD WAS THE TIRE?
 A) ~~was~~ with in 6 months
- Q) DID YOU HIT ANYTHING TO CAUSE THE TIRE TO BLOW?
 A) No

ADDRESS OF WITNESS 170 Avate	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICER'S SIGNATURE TPR B.M. SNYDER