

10194656

Median X-ing

OH-1 (Rev.10/99)

TRAFFIC CRASH REPORT

OHIO
PUBLIC
SAFETY
EDUCATION • SERVICE • PROTECTION

10-90-0306 3

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWNPRIVATE
PROPERTYHIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVEDPHOTOS
TAKEN

OH-2 OH-3 OH-1P OTHER

X

X

X

OHP90

REPORTING AGENCY *

STATE HIGHWAY PATROL

2007 JUN 26 AM 9:01

98 = ANIMAL
99 = UNKNOWN

05072007

DAY OF WEEK

MON X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

ELYRIA

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

OHIO TURNPIKE (I-280 EASTBOUND)

TYPE LOC

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE

2 NUMBERED STREET

LOCAL INFORMATION

147.2 EB

AT/REFERENCE

DIST REFERENCE DR

-2M E

PREFIX

REFERENCE

147

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

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

BOYNE CITY MI

HOME PHONE #

WORK PHONE #

DL STATE

DL #

MI

LP STATE

LP #

MI

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)

SAME

YEAR

2002

MAKE

FORD

MODEL

FOCUS

COLOR

BLUE

INSURANCE COMPANY

WESTFIELD

TOWING SERVICE

INSC. CO.

RICH'S

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

CLEVELAND OH

HOME PHONE #

WORK PHONE #

DL STATE

DL #

OH

LP STATE

LP #

OH

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)

SAME

YEAR

1997

MAKE

JEEP

MODEL

WRANGLER

COLOR

RED

INSURANCE COMPANY

NATIONWIDE

TOWING SERVICE

RICH'S

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

S LONDON, OH

INJURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

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

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

1 NOT-DEPLOYED

2 DEPLOYED-FRONT

3 DEPLOYED-SIDE

4 DEPLOYED BOTH

5 NOT APPLICABLE

6 UNKNOWN

AIR BAG SWITCH

1 NOT PRESENT

2 IN ON POSITION

3 IN OFF POSITION

4 UNKNOWN

EJECTION

1 NOT EJECTED

2 TOTALLY EJECTED

3 PARTIALLY EJECTED

4 NOT APPLICABLE

5 UNKNOWN

TRAPPED

1 NOT TRAPPED

2 EXTRICATED BY

MECHANICAL

3 FREED BY

NON-MECHANICAL

4 UNKNOWN

INJURIES

1 NO INJURY

2 POSSIBLE

3 NON-

INCAPACITATING

4 INCAPACITATING

5 FATAL INJURY

6 UNKNOWN

BLANK FOR
WITNESS

HSV7001

TOP COPY - OHP BOTTOM COPY - AGENCY

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
01 02		01 01	23 06	65 65	1 1
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	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	TRAFFIC CONTROL 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	DRUG TEST TYPE 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN		
TYPE OF UNIT 02 06 02 11 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	MOST DAMAGED AREA 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	CONTRIBUTING CIRCUMSTANCES 01 19 MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RED RAN 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/ 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/ASLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 OTHER IMPROPER ACTION 23 UNKNOWN NON-MOTORIST 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 32 WRONG SIDE OF THE ROAD 33 OTHER 34 UNKNOWN	DIRECTION 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	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	
POINT OF IMPACT 02 01 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 4 2 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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 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	CONDITION 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	TYPE OF INTERSECTION 01 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 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
IN EMERGENCY RESPONSE 1 NO 2 YES 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE 11	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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 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	ALCOHOL/DRUG SUSPECTED 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN	DRUG TEST STATUS 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
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Narrative

UNIT 2 WAS TRAVELING EASTBOUND ON THE OHIO TURNPIKE AT MILEPOST 147.2 WHEN LEFT FRONT TIRE SEPARATED FROM THE VEHICLE. THE TIRE THEN BOUNCED OVER THE MEDIAN WALL LANDING IN THE WESTBOUND LANES AT MILEPOST 147.2 STRIKING UNIT 1 WHICH WAS TRAVELING IN THE CENTER LANE. THE TIRE THEN BOUNCED BACK OVER THE MEDIAN WALL INTO THE EASTBOUND LANES AND LANDING IN THE SOUTH DITCH OF THE EASTBOUND LANES.

MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- | | |
|---|----------------------------|
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 NO |
| 2 REAR-END | 2 YES, DIRECTLY INVOLVED |
| 3 HEAD-ON | 3 YES, INDIRECTLY INVOLVED |
| 4 REAR-TO-REAR | 4 UNKNOWN |
| 5 BACKING | |
| 6 ANGLE | |
| 7 SIDESWIPE, SAME DIRECTION | |
| 8 SIDESWIPE, OPPOSITE DIRECTION | |
| 9 UNKNOWN | |

WORK ZONE RELATED

- | |
|-----------|
| 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

- | |
|---------------------------------------|
| 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 |

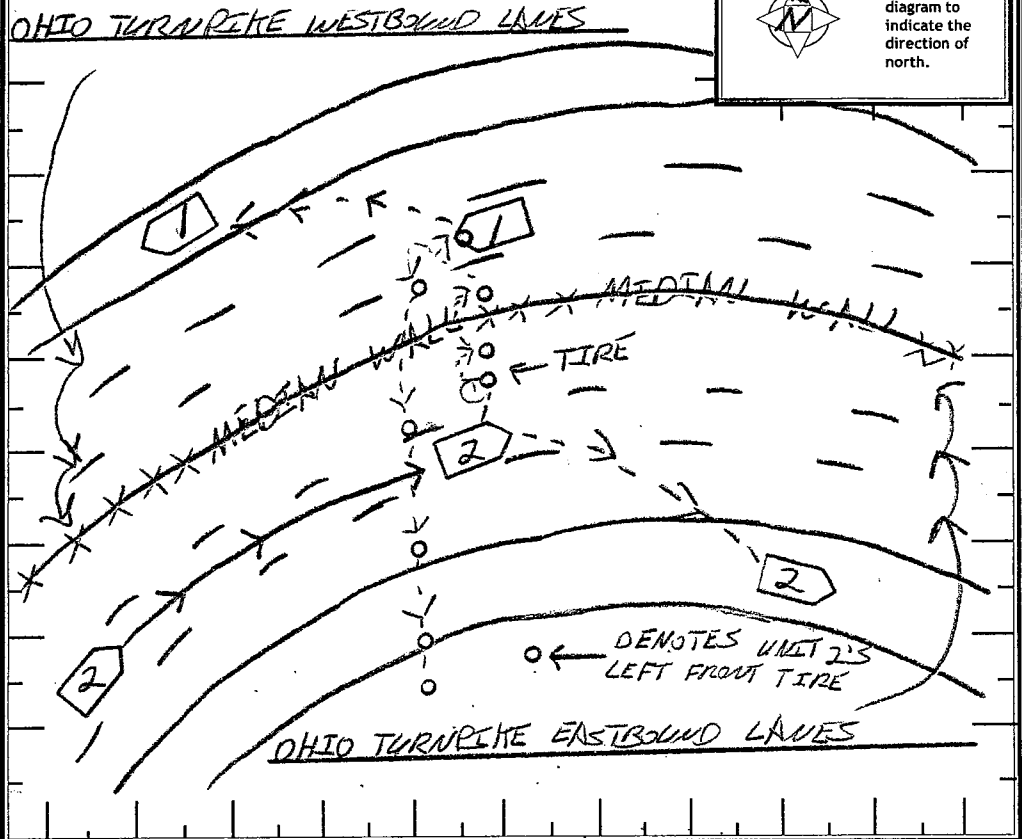
WEATHER

- | |
|--|
| 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 |

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 |

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 - 25,000 |
| 3 MORE THAN 25,000 |

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

05072007 1627 1627 1635 1750 80 163

OFFICER'S NAME *

TPR BEYER

CHECKED BY

SGT. RALSTON

DATE REPORT FILED *

05102007

REPORT TAKEN BY

- | |
|-----------------|
| 1 POLICE AGENCY |
| 2 MOTORIST |

REPORT TAKEN AT

- | |
|-----------|
| 1 SCENE |
| 2 STATION |
| 3 OTHER |

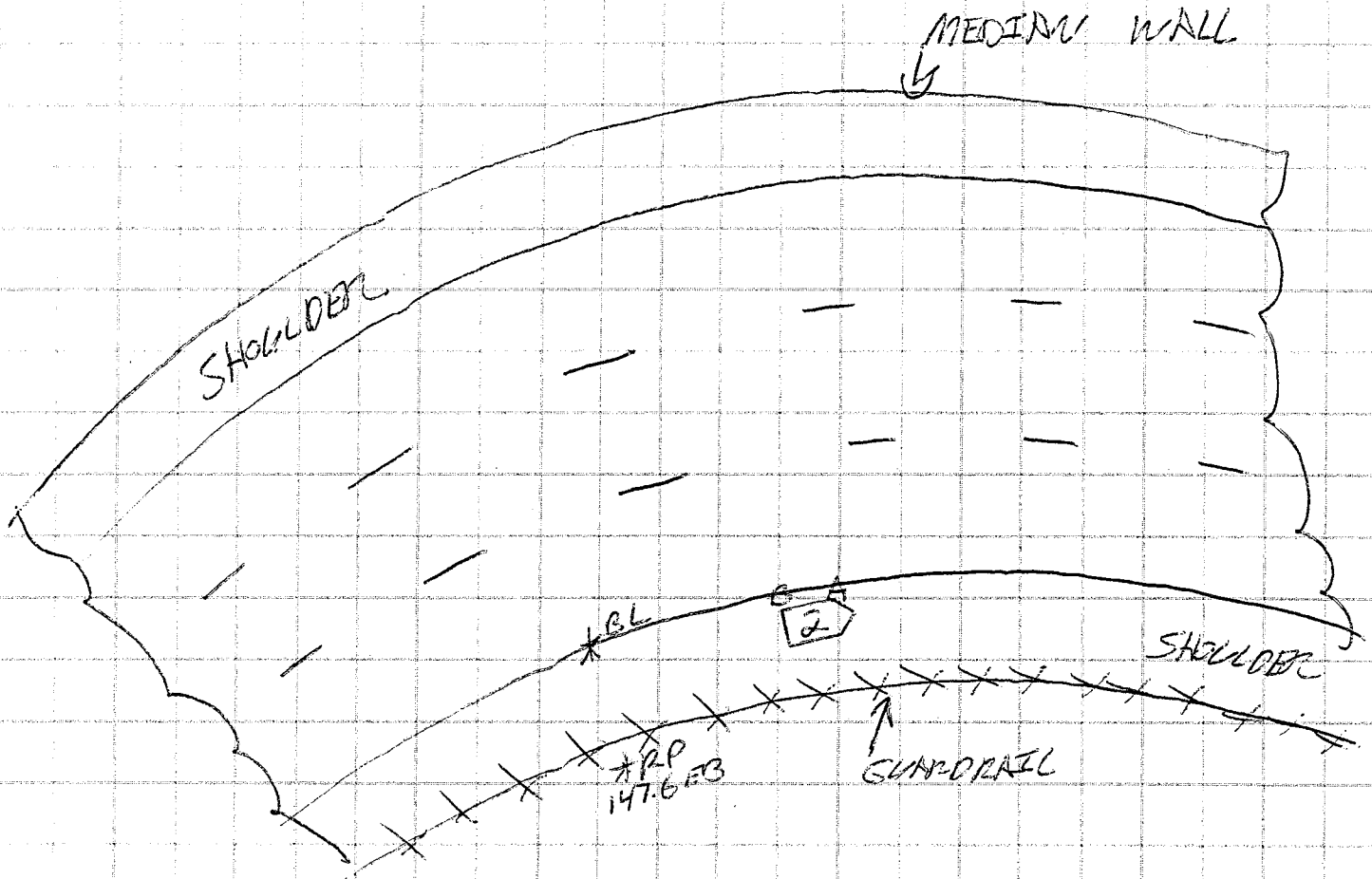
10-90-0306

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0306	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 5 D 7 Y 07
IN COUNTY OF LORAIN	CRASH LOCATION OHIO TURNPIKE MP 147.2 EB	

PAGE 1 OF OH-2'S



	AE	FE	DESCRIPTION
A	180'10"	1'6"	LEFT FRONT TIRE UNIT 2 (CONTROLLED REST)
B	172'1"	1'4"	LEFT REAR TIRE UNIT 2 (CONTROLLED REST)

DISTANCE FROM RP TO BL = 14'

OFFICER'S SIGNATURE

X [Signature]

BADGE NUMBER

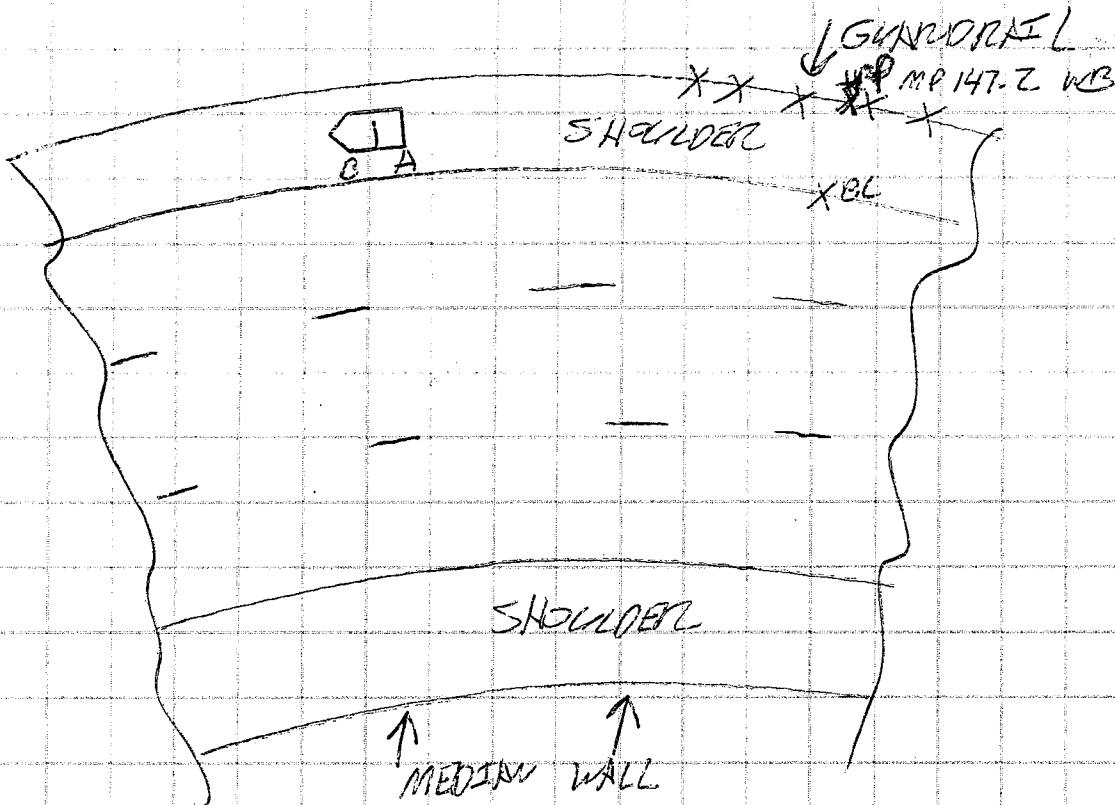
700

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0306	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 5 D 7 Y 07
IN COUNTY OF LOKAIN	CRASH LOCATION OHIO TURNPIKE MP 147.2 WESTBOUND	

PAGE 2 OF OH-2'S



	AE	FE	DESCRIPTION
A	3986"	5'1"	UNIT 1 FINAL REST LEFT FRONT TIRE
B	413'	6'2"	UNIT 1 FINAL REST LEFT FRONT TIRE
DISTANCE FROM RP TO BL=14'1"			

OFFICER'S SIGNATURE

X

BADGE NUMBER

700

LOCAL REPORT NUMBER	10-90-0306	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF CRASH	M 5 D 7 Y 07
IN COUNTY OF	LOZAIN	CRASH LOCATION	OHIO TURNPIKE MILEPOST 147.2 EB		

PAGE 3 OF OH'2'S

UNIT 1 DAMAGE

HEAVY FRONT END DAMAGE TO VEHICLE.
HOOD & MOTOR DAMAGE WITH WINDSHIELD
SHATTERED.

UNIT 2 DAMAGE

LEFT FRONT TIRE FELL OFF CAUSING BRAKE DAMAGE
TO LEFT FRONT.

UNIT 1 INSURANCE INFO

WESTFIELD INSURANCE COMPANY

[REDACTED]

UNIT 2 INSURANCE INFO

NATIONWIDE INSURANCE

[REDACTED]

NOTE

UNIT 1'S FIELD SKETCH WAS DONE ON THE WESTBOUND
LANES OF TRAVEL AND UNIT 2'S OF THE EASTBOUND LANES.

NOTE

UNIT 2'S HEAVY ALUMINUM CAST TIRE AND RIM FELL OFF
BANKING FROM EB LANES OF TRAVEL TO WB LANES CROSSING
AN APPROXIMATELY 6' HIGH MEDIAN WALL TWICE. IT CROSSED
ONCE INITIALLY AFTER IT FELL OFF UNIT 2. IT THEN LANDED ON UNIT 1
HOOD/WINDSHIELD AND LASTLY BOUNCED BACK X

OFFICER'S SIGNATURE

TPR [Signature]

BADGE NUMBER

700

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0306	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 5 10 7 1907
IN COUNTY OF LORAIN	CRASH LOCATION OHIO TURNPIKE MILEPOST 147.2 E3	

PAGE 4 OF OH-2'S

CONTINUED FROM PAGE 3

TO THE EASTBOUND LANES OF TRAFFIC AND COMING TO
REST IN THE SOUTH DITCH. WHEN I ARRIVED WITH UNIT 2
I FOUND HIM CARRYING HIS TIRE/RIM BACK TO HIS
VEHICLE SO IT COULD NOT BE INCLUDED IN THE FIELD
SKETCH. I ALSO OBSERVED AND PHOTOGRAPHED BLUE PAINT
TRANSFER ON ~~THE~~ THE TREADS OF THE TIRE FROM THE
HOOD OF UNIT 1.

OFFICER'S SIGNATURE

X

T.M. Boyle

BADGE NUMBER

700

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-90-0306	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF CRASH	M 5 10 7 1907
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(PRINTED)

TRIC BEVEL

(OFFICERS NAME)

AT MP 147 WB ON OHIO TURNPIKE

(LOCATION)

~~While~~ While driving west bound on I-80 near mile marker 147 (abbe exit) the semi in front of me swerved to miss a tire rolling down the road which proceeded to hit my car. I was traveling at a speed around 65-70 mph when the tire hit the hood of my car deploying my airbags. I drove about another 100 yards before pulling to the side of the road. I believe I was traveling in the center lane when the tire hit my car. The semi drive in front of me which was not involved also pulled to the side of the road until an officer arrived.

Q - ARE YOU INSURED?

A. NO.

Q - WERE YOU WEARING YOUR SEATBELT?

A YES.

Q - DID YOU SEE WHERE THE TIRE CAME FROM BEFORE IT STRUCK YOU?

A. NO & JUST BEFORE IT WAS ABOUT TO HIT ME

ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESS

Boone City mi

OFFICERS SIGNATURE

PHONE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-90-0306	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF CRASH	M 5 10 7 1907
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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
(PRINTED)TPR C.H. BEYER
(OFFICERS NAME)AT MILEPOST 147.6 EB OHIO TURNPIKE
(LOCATION)

I was driving East on R/SO at 68 mph in the center lane when I noticed a rattle in the front of the vehicle, in which time I ^{shook} slowed down when my Drivers side front wheel fell off my 97 Jeep Wrangler. I then slid for a good distance and stopped in the first driving lane.

Q. ARE YOU INJURED?

A. NO

Q. WERE YOU WEARING YOUR SEATBELT?

A. YES

Q. DID YOU SEE WHERE YOUR TIRE WENT ONCE IT FELL OFF YOUR JEEP?

A. NO

ADDRESS
OF
WITNESS
SIGNATURE
OF
WITNESS

Cleveland OH

PHONE

OFFICERS SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-90-0306	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF CRASH	M 5 10 7 1987
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

(PRINTED)		HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
TPK BEVEL (OFFICERS NAME)		AT MP 147 WB ON OHIO TURNPIKE (LOCATION)	
I WAS DRIVING WEST ON I-80 MILE MARKER 148 A TRUCK TIRE BOUNCING ON THE ROAD. THE TIRE HIT THE MEDIAN WALL BOUNCED HIGH SO I COULD DRIVE UNDER THE TIRE. THERE WAS A SMALL BLUE CAR BEHIND ME, WHEN THE TIRE CAME DOWN IT HIT THE FRONT END OF HIS VEHICLE. I SLOWED DOWN TO THE SHOULDER & STOPPED TO CHECK ON THE DRIVER. WE CALLED THE POLICE DID YOU SEE THE TIRE COME FROM THE EASTBOUND SIDE TO THE WESTBOUND SIDE OF TRAFFIC? A. I HEARD CB TRAFFIC ABOUT A TIRE IN THE AIR & THE NEXT THING I SAW WAS A TIRE FLYING OVER THE MEDIAN WALL FROM EAST TO WESTBOUND SIDE. IT HIT THE GROUND WEST IN THE AIR OVER MY TRACTOR/TRAILER AND STRUCK THE CAR BEHIND ME A BLUE FORD.			
ADDRESS OF WITNESS		LONDON ONTARIO CANADA.	
SIGNATURE OF WITNESS		OFFICERS SIGNATURE TPK BEVEL	

MAY 10 1987

519-889-3530