10194660

OH-1 (Rev.10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT # * 10-91-0315

CRASH SEVERITY: 3 (1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN)

PRIVATE PROPERTY: (X IF YES)

HIT/SKIP: 1 (1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED)

PHOTOS TAKEN: (X IF YES) X — OH-2: X, OH-3: X, OH-1P: , OTHER:

COUNTY * 0HP91

REPORTING AGENCY * STATE HIGHWAY PATROL

UNITS: 2

UNIT ERROR: 98 02 (98 = ANIMAL, 99 = UNKNOWN)

DATE OF CRASH * 05/22/07

TIME OF CRASH: 2107

DAY OF WEEK: TUE

CITY *: X

VILLAGE *:

TWP *:

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: NORTH ROYALTON

COUNTY # *: 18

LATITUDE:

LONGITUDE:

CRASH OCCURRED ON

PREFIX:

CRASH LOCATION: IR80 (OHIO TURNPIKE)

TYPE LOC: 3

TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED STREET, 3 NUMBERED ROUTE

LOCAL INFORMATION: 167.0 EASTBOUND

AT/REFERENCE

DIST REFERENCE: AT

DR:

PREFIX:

REFERENCE: MILEPOST 167

REF POINT: 00

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION, 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

Motorist/Non-Motorist

A

UNIT #:

OF OCC.:

NAME (LAST, FIRST, MIDDLE): [redacted] Y

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] JACKSON MI [redacted]

SOCIAL SECURITY NUMBER:

DATE OF BIRTH: [redacted]

AGE:

SEX:

HOME PHONE #: [redacted]

WORK PHONE #:

DL STATE: MI

DL #: [redacted]

LP STATE: OH

LP #: [redacted]

INJURED TAKEN BY: (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

TRANSPORTED BY:

INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] E. LIVERPOOL OH [redacted]

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2007	INTERNATIONAL	9400	WHITE	AMERICAN HOME		[redacted]

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? (X IF YES)
4513.02	UNSAFE VEHICLE	X6519772	

B

UNIT #:

OF OCC.:

NAME (LAST, FIRST, MIDDLE): [redacted] Y

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] TOLEDO OH [redacted]

SOCIAL SECURITY NUMBER:

DATE OF BIRTH: [redacted]

AGE:

SEX:

HOME PHONE #: [redacted]

WORK PHONE #:

DL STATE: OH

DL #: [redacted]

LP STATE: OH

LP #: [redacted]

INJURED TAKEN BY: (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

TRANSPORTED BY:

INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2002	CHRYSLER	SEBRING	MAROON	PROGRESSIVE		

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? (X IF YES)

Occupant

C

UNIT #:

NAME (LAST, FIRST, MIDDLE): [redacted]

HOME PHONE #: [redacted]

DATE OF BIRTH:

AGE:

SEX:

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] WATERVILLE OH [redacted]

INJURED TAKEN BY: (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

TRANSPORTED BY:

INJURED TAKEN TO:

D

UNIT #:

NAME (LAST, FIRST, MIDDLE):

HOME PHONE #:

DATE OF BIRTH:

AGE:

SEX:

ADDRESS (STREET, CITY, STATE, ZIP CODE):

INJURED TAKEN BY: (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

TRANSPORTED BY:

INJURED TAKEN TO:

	SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A	01	04	5	1	1	1	1
B	01	04	1	1	1	1	1
C	03	04	1	1	1	1	1
D							

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

BLANK FOR WITNESS

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 FRONT/SIDE, 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 MEANS, 3 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN

INJURIES: 1 NO INJURY, 2 POSSIBLE, 3 NON-INCAPACITATING, 4 INCAPACITATING, 5 FATAL INJURY, 6 UNKNOWN

SUPPLEMENT * ("X" IF YES):

HSY7001

844

TOP COPY - ODPS BOTTOM COPY - AGENCY

Unit Numbers

A: 01 | B: 02

Non-Motorist Location

A: | B:

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

Type Of Unit

A: 13 | B: 03

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

In Emergency Response

A: | B:

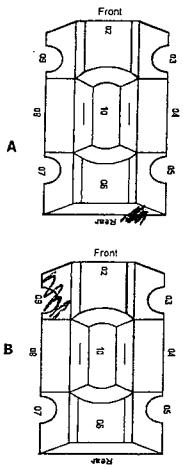
1 No
2 Yes
3 Unknown

Damage Scale

A: 2 | B: 2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

A: 07 | B: 09

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

Point of Impact

A: 01 | B: 09

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

A: 2 | B: 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

A: | B:

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

A: 01 | B: 04

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

Contributing Circumstances

A: 19 | B: 01

Motorist
01 None
02 Failure To Yield
03 Ran Red 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/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

A: 11 | B:

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

	A	B
1	05	23
2		
3		
4		

Non-Collision
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

First Harmful Event

A: 1 | B: 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A: 1 | B: 1

Of the Sequence of Events – Which one is the Most Harmful Event (1-4)

Speed Detected

A: 1 | B: 1

1 Stated
2 Estimated Speed

Speed

A: 65
B: 65

Posted Speed

A: 65 | B: 65

Traffic Control

A: 12 | B: 12

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

Direction

	From	To
A	4	3
B	4	3

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

A: 1 | B: 1

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

Alcohol/Drug Suspected

A: 1 | B: 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A: 1 | B: 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

A: 1 | B: 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A:
B:

Drug Test Status

A: 1 | B: 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

A: 1 | B: 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

	A	B
1		
2		

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

01

01 Not An Intersection
02 Four-Way Intersection
03 T-Intersection
04 Y-Intersection
05 Traffic Circle/Roundabout
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

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary: 01 | Secondary:

01 Dry
02 Wet
03 Snow
04 Ice
05 Sand, Mud, Dirt, Oil, Gravel
06 Water (Standing, Moving)
07 Slush
08 Debris**
09 Rut, Holes, Bumps, Uneven Pavement **
10 Other
11 Unknown

**Secondary Road Conditions ONLY

Supplement (X" If Yes):

Local Report # *: 10-91-03115

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Narrative

BOTH UNITS #1 AND #2 WERE GOING EASTBOUND ON IR 80 (OHIO TURNPIKE) UNIT #2 WAS ATTEMPTING TO OVERTAKE UNIT #1. EXHAUST STACK FROM UNIT #1 CAME OFF AND STRUCK UNIT #2.

MANNER OF COLLISION OR IMPACT: 1

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

WEATHER: 01

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: PRIMARY 5 / SECONDARY

1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK – LIGHTED ROADWAY
5 DARK – NOT LIGHTED
6 DARK – UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

SCHOOL BUS RELATED: 1

1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED: 1

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:

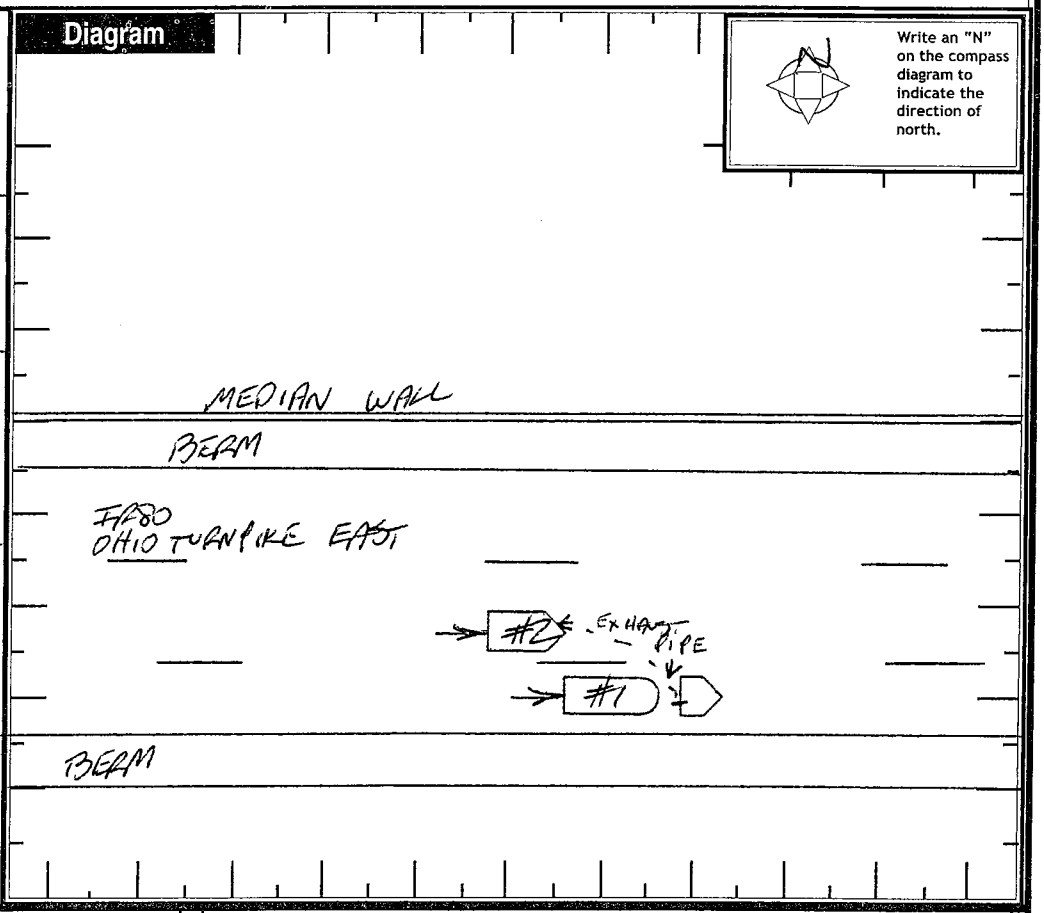
1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

WORKERS PRESENT:

1 NO
2 YES
3 UNKNOWN

Diagram

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



Truck/Bus

UNIT #:

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.

AND

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 # | PLACARD? | CDS

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

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
05222007	2111	2111	2211	2311	60	180

OFFICER'S NAME*: TPR R. T. ABEL

BADGE # *: 844

CHECKED BY: 1028

DATE REPORT FILED *: 05262007

REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST)

REPORT TAKEN AT: 3 (1 SCENE, 2 STATION, 3 OTHER)

SUPPLEMENT (X IF YES) *:

LOCAL REPORT # *: 10-91-0315

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OHIO TRAFFIC CRASH REPORT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (OSP Rev. 1/05)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-91-0315	Ohio State Highway Patrol	M 05 D 22 Y 2007
IN COUNTY OF	CRASH LOCATION	
Cuyahoga	IR 80 at milepost 167 eastbound	

Report taken at interchange 173 on IR 80, Ohio Turnpike.

Driver of Unit#2 stated he was driving eastbound on the Ohio Turnpike attempting to overtake a commercial tractor trailer when something from the commercial vehicle came off and struck the left front of his vehicle. He pulled to the side of the road and noticed the damage. He noticed the truck stopped approximately one-fourth mile behind him. He followed the commercial vehicle and observed it go into the 170 service plaza. The driver of Unit #2 continued to exit 173 and reported the crash. Driver of Unit #2 described the commercial vehicle as a flatbed trailer with Indiana trailer plates. The trailer had a soft sided vinyl covering with lettering on it.

I transported the driver back to the service plaza and located Unit #1. Driver of Unit #1 stated he was driving on IR 80, Ohio Turnpike and saw something fly off his truck in his mirror and stopped and noticed his exhaust stack had come off. He stated he saw another vehicle approximately one-fourth of a mile east stopped on the berm but did not think the vehicle was involved in the crash. He then continued to the 170 service plaza to stop for the night.

Damage to Unit #1: Exhaust stack approximately four feet in length came off vehicle.

Damage to Unit #2: Left front fender moderate damage.

No adverse weather or roadway conditions.

Safety Department for Unit#1 advised the exhaust stack had been replaced in March of 2007.

Vehicle was considered unsafe due to fact that exhaust stack came off. Examination of the vehicle showed the exhaust stack came off approximately 2 inches above the bracket. The driver of Unit #1 stated the stack was attached in at his last stop in Indiana.

Report was taken at exit 173 on Ohio Turnpike and Towpath service plaza on Ohio Turnpike.

	OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
	X	844	1

HSY 7002 T (OSP)

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-91-0315	STATE HIGHWAY PATROL	M 05 D 22 Y 07

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

1 OF 2

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

TPR P. ABEL (OFFICERS NAME) AT TOWPATH PLAZA (LOCATION)

I WAS TRAVELING EAST ON I-80 TURNPIKE AT 65 MPH WHEN I SAW AN OBJECT OUT OF MY LEFT MIRROR FLY IN THE AIR AND MADE A CRACK SOUND. IT LOOKED LIKE A TIRE RECAP HAD COME OFF. I STARTED GEARING DOWN AND PULLED OVER ON THE RIGHT SHOULDER, PUT ON MY 4 WAYS, AND CLIMBED OUT MY PASSENGER DOOR TO SEE WHAT TIRE IT WAS. I FOUND ALL MY TIRES WERE STILL IN TACT. I LOOKED QUICKLY AROUND THE REST OF THE TRUCK AND TRAILER AND SAW NOTHING OUT OF SORT. I THOUGHT IT MAY HAVE BEEN FROM ANOTHER TRUCK. I STARTED BACK ONTO THE HIGHWAY AND NOTICED MY TRUCK SOUNDED LOUDER THAN USUAL, AND PULLED OFF AT THE NEXT REST PLAZA A SHORT DISTANCE AWAY TO INVESTIGATE, AND NOTICED THE STACK WAS MISSING OFF MY MUFFLER. I CALLED MY COMPANY TO ASK WHAT TO DO NEXT.

Q. WHERE WERE YOU COMING FROM?

A. PICKED LOAD UP IN CHICAGO IN THE MORNING STOPPED IN INDIANA FOR 1/2 HOUR THEN DID WALK AROUND AND STACK WAS STILL ON. AFTER I PULLED TO SIDE AND GOT BACK IN I COULD TELL A HUGE DIFFERENCE IN SOUND FROM ENGINE AND THOUGHT SMOKE STACK IS GONE.

ADDRESS OF WITNESS	[redacted] JACKSON, MI [redacted]	PHONE	[redacted]
SIGNATURE OF WITNESS	[redacted]	OFFICERS SIGNATURE	

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-91-0315	STATE HIGHWAY PATROL	M 05 D 22 Y 07

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

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

5-26-07 1500

TPR RJ ABEL (OFFICERS NAME) AT HIRAM POST, VIA PHONE (LOCATION)

Q. HAD THE VEHICLE HAD ANY MAINTENANCE PERFORMED LATELY?

A. NO. I PERFORMED A WALKAROUND IN INDIANA MY LAST STOP AND SIDE WAS STILL ON. AS SOON AS I PULLED AWAY FROM 167 EAST I COULD TELL A HUGE DIFFERENCE IN SOUND.

Q. HOW LONG WERE YOU STOPPED IN INDIANA?

A. 30 MIN.

Q. WERE YOU WEARING A SEATBELT?

A. YES

ADDRESS OF WITNESS	[redacted] JACKSON MI [redacted]		PHONE [redacted]
SIGNATURE OF WITNESS	[redacted]	OFFICERS SIGNATURE	

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-9I-0315	STATE HIGHWAY PATROL	M 05 D 22 Y 07

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

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

TPR PT ABEL (OFFICERS NAME) AT EXIT 173. (LOCATION)

I WAS TRAVELING EASTBOUND ON THE OHIO TURNPIKE (I-80) IN THE MIDDLE LANE, JUST BEFORE THE 167.5 MILE MARKER. WHEN A PIECE OF DEBRIS FLEW OFF OF A TRACTOR-TRAILER. WITH A BLUE COVERING ON THE TRAILER OWNED BY PGT TRUCKING. I PULLED OFF TO THE SIDE OF THE ROAD AND NOTICED THE DAMAGE AND NOTICED THAT THE TRUCK HAD ALSO. TRUCK ONCE AGAIN ENTERED THE ROADWAY AND I DID AS WELL. I PULLED UP BEHIND THE TRUCK AND TOOK THE INFORMATION THAT I GAVE TO THE HIGHWAY PATROL. PULLED OFF AT I-77 TURNPIKE EXIT AND WAITED FOR PATROL.

Q WERE YOU OVERTAKING THE TRUCK?

A YES I WAS TO THE LEFT REAR OF HIS BUMPER.

Q WHAT DAMAGE DID THE TRUCK HAVE?

A. NO I WAS PAST HIM.

Q. DID YOU SEE ANYONE GET OUT OF THE TRUCK?

A. I COULDN'T TELL. AFTER THE CRASH I PULLED OVER THEN THE TRUCK PASSED ME AND PULLED OVER ABOUT 1/4 MILE EAST OF ME.

Q. DID THE TRUCK PULL INTO THE TO PLAZA?

A YES.

Q WHAT WAS THE DESCRIPTION OF THE TRUCK?

A TRACTOR TRAILER WITH PGT ON MUDFLAPS FLATBED TRAILER

ADDRESS OF WITNESS	[redacted], TOLEDO, OH [redacted]		PHONE [redacted]
SIGNATURE OF WITNESS	[redacted]	OFFICERS SIGNATURE	

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