

10201487 Fire

TRAFFIC CRASH REPORT



10-89-0314 3

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 5 UNKNOWN

PRIVATE PROPERTY HIT/SKIP
1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN
X
OH-2 X OH-3 X OH-1P OTHER

REPORTING AGENCY *
OH 889 STATE HWY PATROL 2007 11 01 11:30 AM 8:30 - ANIMAL 07072007 3
99 - UNKNOWN

DAY OF WEEK NAME (OF CITY, VILLAGE OR TOWNSHIP) * LATITUDE LONGITUDE
0905 SAT X BRIDGEWATER 86

CRASH OCCURRED ON
PREF# CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
1180 (OHIO TURNPIKE) 3 01 STATE LINE 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION
04 HOUSE NUMBER 06 PLACE NAME W/O REFERENCE
05 TOWNSHIP BOUNDARY 08 DRIVEWAY
09 MALE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

AV REFERENCE DIST REFERENCE IPR PREFIX REFERENCE REF DOWN
.JME 11 06
0103 NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
NORTH WILKES BORO, NC

DL STATE DL LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
NC NC

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
MILLERS CREEK, NC

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1993 CHEVROLET STATIONWAGON WHITE TRIPSON/NATIONAL HUTCHS

OFFENSE CHARGED OFFENSE DESCRIPTION

Name (Last, First, Middle)
Address (Street, City, State, Zip Code)

DL STATE DL # LP STATE LP # 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)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION

01 NAME (LAST, FIRST, MIDDLE) HOME PHONE # 03202000 07 M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
N. WILKES BORO, NC

01 NAME (LAST, FIRST, MIDDLE) HOME PHONE # 06072006 01 F

ADDRESS (STREET, CITY, STATE, ZIP CODE)
CREEK CHURCH RD N. WILKES BORO, NC

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 MOTORIST	6 1 NOT-DEPLOYED	1 1 NOT PRESENT	1 1 NOT EJECTED	1 1 NOT TRAPPED	1 1 NO INJURY
02 FRONT - MIDDLE	01 NONE USED	2 DEPLOYED-FRONT	2 2 IN ON POSITION	2 2 TOTALLY EJECTED	2 2 EXTRICATED BY	2 2 POSSIBLE
03 FRONT - RIGHT	02 SHOULDER BELT ONLY	3 DEPLOYED-SIDE	3 3 IN OFF POSITION	3 3 PARTIALLY EJECTED	3 3 MECHANICAL	3 3 NON-
04 SECOND - LEFT (MC PASS)	03 LAP BELT ONLY	4 DEPLOYED BOTH	4 UNKNOWN	4 4 NOT APPLICABLE	4 4 NON-MECHANICAL	4 4 INCAPACITATING
05 SECOND - MIDDLE	04 SHOULDER/LAP BELT	5 NOT APPLICABLE		5 UNKNOWN	5 5 FATAL INJURY	5 5 UNKNOWN
06 SECOND - RIGHT	05 CHILD SAFETY SEAT	6 UNKNOWN				
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	06 MC RELEASED					
08 THIRD - MIDDLE	07 USE UNKNOWN					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

Motorist/Non-Motorist

Occupant

Narrative

UNIT #1 WAS TRAVELING EASTBOUND ON THE OHIO TURNPIKE WHEN THE DRIVER NOTICED SMOKE EMITTING FROM THE DASHBOARD AREA OF THE VEHICLE. UNIT #1 WAS ATTEMPTING TO PULL OVER ONTO THE SHOULDER WHEN THE VEHICLE CAUGHT FIRE AND BECAME FULLY ENGULFED IN FLAMES AFTER ALL PATROLS LEFT THE VEHICLE.

MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- | | |
|---|----------------------------|
| 1 | 1 |
| 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 | WORK ZONE RELATED |
| 6 ANGLE | |
| 7 SIDESWIPE, SAME DIRECTION | 1 |
| 8 SIDESWIPE, OPPOSITE DIRECTION | 1 NO |
| 9 UNKNOWN | 2 YES |
| | 3 UNKNOWN |

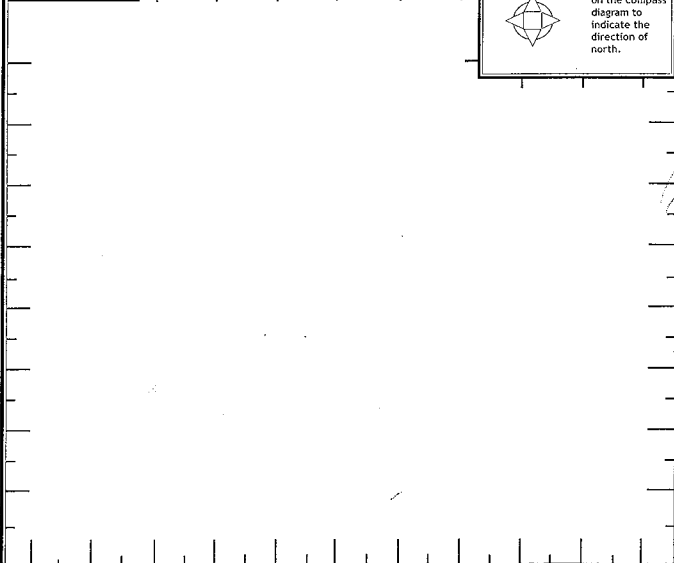
WEATHER

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAL (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 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 AIC	PUCD	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #

CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	1 LESS THAN 10,000	1 CLASS A	1 NO	1 NO
	03 VAN/ENCLOSURE BODY	07 FLATBED	11 GARBAGE/REFUSE	2 10,001 - 25,000	2 CLASS B	2 YES	2 YES
	04 GRAN/CHIPS/GRAVEL	08 DUMP	12 OTHER	3 MORE THAN 25,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
			13 UNKNOWN		4 CLASS M		4 UNKNOWN

Police Action

DISPATCH: 07072007 0906 0906

ARRIVED: 0914

CLEARED: 1030

OTHER: 60

OFFICER'S NAME: TPR. Tommy Alexander 921

CHECKED BY: 131

DATE REPORT FILED: 07082007

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER

10-89-0314

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-89-0314	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 07 10 07 11 07
IN COUNTY OF WILLIAMS	CRASH LOCATION OHIO TURNPIKE EASTBOUND 11.1 MP.	

OHIO TURNPIKE DAMAGE

BUCKET PAVEMENT AND GRASS

11.1 MILEPOST (SOUTH SHOULDER)

OWNER: OHIO TURNPIKE COMMISSION
 682 PROSPECT ST.
 BEREA, OH
 44017

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 921
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-0314

REPORTING AGENCY STATE HIGHWAY PATROL

DATE OF CRASH 10/16/87

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

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TRK Tommy Alexander AT OHIO TURNPIKE EASTBOUND (OFFICERS NAME) (LOCATION) 11.1 mi

I was going E. Bound on 80/90 Toll Road (Ohio). The car started smoking under dash, I stopped car and turned it off then black smoke started coming out. So got my kids out son and daughter and a couple in another car stopped to help. The car started flaming and blowing up fire.

Q WHEN DID YOU FIRST NOTICE THE CAR SMOKING?

A. Before I got on the Toll Road (Ohio) a couple miles before.

Q HOW LONG WERE YOU DRIVING AFTER YOU NOTICED THE SMOKE?

A. About five miles give or take a few.

Q WERE THERE ANYONE HURT?

A. No

Q WHAT WAS YOUR APPROXIMATE SPEED WHEN YOU NOTICED THE SMOKE?

A. 55 miles per hour.

[Handwritten scribbles]

ADDRESS OF WITNESS N. Wilkesboro, NC SIGNATURE OF WITNESS [REDACTED] OFFICERS SIGNATURE TRK T.A. 4921 PHONE [REDACTED]

