

TRAFFIC CRASH REPORT



10-90-0453 3

CRASH SEVERITY
1 FATAL 3 FPD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

HIT/STOP
1 NOT HIT/STOP
2 SOLVED
3 UNRESOLVED

PHOTOS TAKEN
X

ON-1 ON-2 ON-3 ON-4 ON-5 ON-6 ON-7 ON-8 ON-9 ON-10 ON-11 ON-12 ON-13 ON-14 ON-15 ON-16 ON-17 ON-18 ON-19 ON-20 ON-21 ON-22 ON-23 ON-24 ON-25 ON-26 ON-27 ON-28 ON-29 ON-30 ON-31 ON-32 ON-33 ON-34 ON-35 ON-36 ON-37 ON-38 ON-39 ON-40 ON-41 ON-42 ON-43 ON-44 ON-45 ON-46 ON-47 ON-48 ON-49 ON-50 ON-51 ON-52 ON-53 ON-54 ON-55 ON-56 ON-57 ON-58 ON-59 ON-60 ON-61 ON-62 ON-63 ON-64 ON-65 ON-66 ON-67 ON-68 ON-69 ON-70 ON-71 ON-72 ON-73 ON-74 ON-75 ON-76 ON-77 ON-78 ON-79 ON-80 ON-81 ON-82 ON-83 ON-84 ON-85 ON-86 ON-87 ON-88 ON-89 ON-90 ON-91 ON-92 ON-93 ON-94 ON-95 ON-96 ON-97 ON-98 ON-99 ON-100

011P90

REPORTING AGENCY #

OHIO STATE HIGHWAY PATROL

2001 AUG 23 AM 11:31

IS - ANNUAL
SE - UNKNOWN

07012007

DATE OF WEEK

SUN

NAME (OF CITY, VILLAGE OR TOWNSHIP) #

BERLIN

LATITUDE

LONGITUDE

22

CRASH LOCATION

6740 TURNPIKE (SR90) E. 1/4 SECTION 10

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

CRASH LOCATION

121.9 EB

CRASH TYPE

1 M W

REFERENCE

122

NAME (LAST, FIRST, MIDDLE)

0104

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Motorist/Non-Motorist

Occupant

DL STATE

DL #

01

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Home Phone #

Work Phone #

UNIT NUMBERS	DAMAGE AREA	PRE-CHART ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
01		01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BRAKING 03 CHANGING LANE 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 STOPPED/STALLED IN TRAFFIC 12 DRIVEN/SLID 13 OTHER 14 UNKNOWN NON-INTERFERENT 15 ENTERING CROSSWALK IN STOPPED LOCATION 16 TAILGATE, FOLLOWING, JODGING, PLACING CYCLES 17 WORKING 18 PARKING VEHICLE 19 APPROACHING PARKED VEHICLE 20 PLACING/WORKING ON VEHICLE 21 STOPPED 22 OTHER 23 UNKNOWN	01 OVERSIGHT/RECKLESS 02 LACK OF ATTENTION 03 IMPROPER 04 JACUATED 05 CARELESS/IMPULSIVE LOSS/SHORT 06 EQUIPMENT FAILURE 07 SEVERATION OF UNIT 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CHASE/MECHANICAL/CLERICAL 11 DOMESTIC ROADWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT PAVED 14 PERSONNEL 15 PEDESTRIAN 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DIRT 19 ANIMAL - OTHER 20 MOVING VEHICLE IN TRAFFIC 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH POWER OBJECT 25 IMPACT WITH POWER LINE/CABLE 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 BUILDING, FACE 31 BUILDING, END 32 BUILDING, WALL 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHTS/ILLUMINATED SIGNPOST 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CREEK 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIELD OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN PAVED OBJECT 48 OTHER 49 UNKNOWN	65 TRAFFIC CONTROL 12 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSING 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAYMENT MAINTENANCE 13 CHORONALY LEAD 14 YIELD/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/USABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT 1 NONE 2 MARIJUANA 3 COCAINE 4 CANNABIS 5 AMPHETAMINE 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
02	01 MAINTAINED 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 PATH OR TRAIL 15 UNKNOWN	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 FRONT 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	01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY 09 IMPROPER LANE CHANGING 10 DROVE OFF ROAD 11 IMPROPER PASSING 12 IMPROPER BACKING 13 IMPROPER START FROM PARKED POSITION 14 STOPPED ON PARKED SIDEWALK 15 OVERTAKING VEHICLE IN STOPPED, FOLLOWING, CHANGING, NEGLIGENT OR AGGRESSIVE MANNER 16 SWEVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOVING IN ROADWAY, ETC) 17 FAILURE TO CONTROL 18 VISION OBSTRUCTION 19 DRIVER INATTENTION 20 FATIGUE/ASLEEP 21 OPERATING DEFECTIVE EQUIPMENT 22 LEAD DRIVING/FOLLOWING/SHOULDER 23 OTHER UNPAVED ACTION 24 UNKNOWN NON-INTERFERENT 25 NONE 26 IMPROPER CHANGING 27 CLIMBING 28 LYING AND/OTHERWISE IN ROADWAY 29 FAILURE TO YIELD RIGHT OF WAY 30 NOT VISIBLE (DARK CLOTHING) 31 INATTENTION 32 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 33 VIOLATION OF THE ROAD 34 OTHER 35 UNKNOWN	43 DIRECTION 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	1 NONE 2 MARIJUANA 3 COCAINE 4 CANNABIS 5 AMPHETAMINE 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
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Narrative

UNIT ONE WAS EASTBOUND IN THE RIGHT LANE,
CAUGHT FIRE, RAN OFF THE RIGHT SIDE, AND CAME TO REST
ON THE RIGHT BERM.

NUMBER OF COLLISION OR IMPACT SCHOOL BUS RELATED

- 1 NOT COLLISION BETWEEN
TWO VEHICLES IN TRAFFIC
2 HEAD-ON
3 REAR-END
4 REAR-TO-REAR
5 SLIDING
6 ANGLED
7 SIDEWIDE, SAME DIRECTION
8 SIDEWIDE, 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

TYPE OF WORK ZONE

WEATHER

01

- 01 CLEAR
02 CLOUDY
03 Fog, Smoke, Drizzle
04 Rain
05 Sleet, Hail (FROSTING BAN CRISSES)
06 Snow
07 SEVERE CLOUDINESS
08 BLUING, SMOKE, FOG, RAIN, SNOW
09 OTHER
10 UNKNOWN

LIGHT CONDITIONS

- 1 DAYLIGHT
2 DAWN
3 DUSK
4 DAWN - LIGHTER REMAINS
5 DAWN - NOT LIGHTER
6 DAWN - UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

- 1 BEFORE FIRST WORK ZONE
WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA
5 WORKERS PRESENT

- 1 No
2 Yes
3 UNKNOWN

Diagram



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

DHTD TURNPIKE EASTBOUND LANES

↓ CONCRETE WALL ↓

BERM

BERM

CAUTION

Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (NOT A VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR
A TRUCK (NOT A VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD OR
A BUS DESIGNED FOR AT LEAST 8 PASSENGERS, INCLUDING DRIVER.

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 MECHANICAL DAMAGE OR REQUIRED EMERGENCY ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPLAINT (FROM SHIPPING PAPERS)

COMPLAINT PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ACC NO

PLUG

TRAILER LP ST

TRAILER LP TRAIL

TRAILER LP F

CARGO BODY TYPE

- 01 NOT APPLICABLE
02 BUS (8-15 INCLUDING DRIVER)
03 VAN/DELIVERY BUS
04 GRANT/NEWS/GRANUL

- 05 POLE
06 CANO TANK
07 FLOWED
08 CRAP

- 09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 CARGO/REFRIGERATED
12 CRANE
13 UNKNOWN

Weight (GVWR)

- 1 LESS THAN 10,000
2 10,001 - 20,000
3 MORE THAN 20,000

COL CLASS

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

Hazardous

- Materials Placed
1 No
2 Yes
3 UNKNOWN

Hazardous

- Materials Released
1 No
2 Yes
3 NOT APPLICABLE
4 UNKNOWN

Police Action

DISPATCH

ARRIVED

CLEARED

OTHER

0701 2007 1749

1749

1800

1904

60

124

Officer's Name

Officer's ID

DATE/REPORT FIELD

T.S. HOFFMAN

1830

1315

07022007

REPORT TAKEN BY

- 1 POLICE AGENCY
2 BORDIST

REPORT TAKEN AT

- 1 HOME
2 STATION
3 OTHER

10-90-0453

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0453	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 7 10 1 1997
IN COUNTY OF ERIE	CRASH LOCATION OHIO TURNPIKE EASTBOUND MP 121.9	

UNIT ONE

GRAY/BLACK 1992 FORD ECONOLINE VAN

OHIO PLATE [REDACTED]

VIN# 1FDEE14H5N [REDACTED]

DAMAGE: COMPLETELY BURNED TO NOTHING BUT
BARE METAL COMPONENTS.ON SCENE:

TPR T.J. STATION - U-1745 - TRAFFIC/SCENE CONTROL

TPR T.J. HOFFMAN U-1830 - INVESTIGATION/PHOTOS

MILAN TOWNSHIP FIRE DEPARTMENT

BERLIN TOWNSHIP FIRE DEPARTMENT

OHIO TURNPIKE MAINTENANCE

CHARLIE'S TOWING

PROPERTY DAMAGE:

APPROXIMATELY 14' X 22' PATCH ASPHALT MELTED/CRACKED

APPROXIMATELY 40' X 40' AREA OF GRASS/TURF DAMAGE

PROPERTY OWNER: [REDACTED]

BEREA, OH

PH# [REDACTED]

OFFICER'S SIGNATURE

X

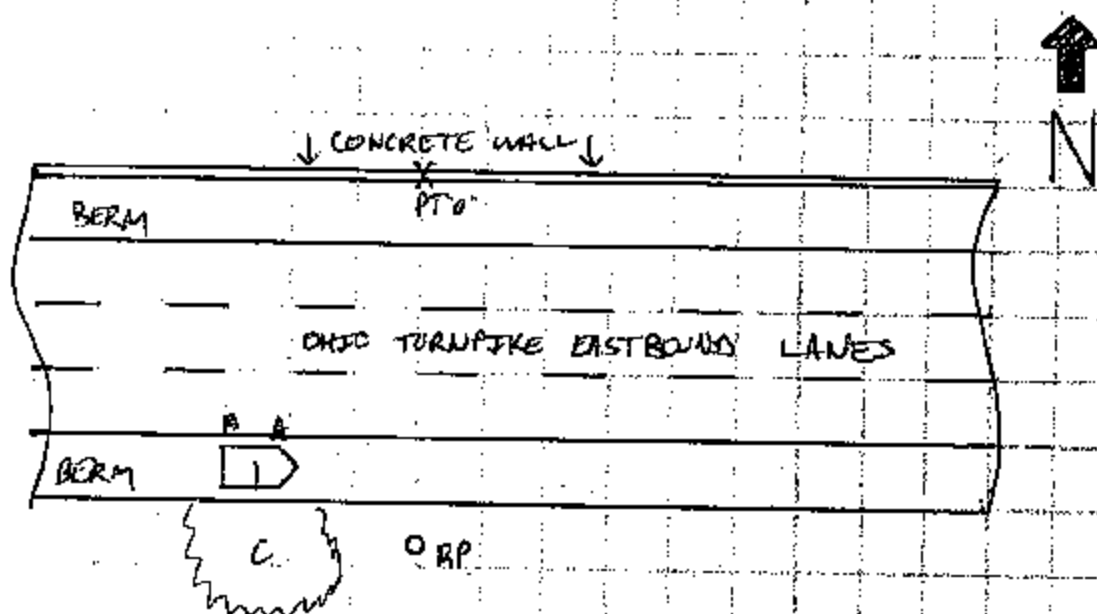
BADGE NUMBER

1830

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 10-90-0453	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 7 10 1 19 07
IN COUNTY OF ERIE	CRASH LOCATION OHIO TURNPIKE EASTBOUND MP 121.9	



RP = MILE PAST 122.0

PT 0 = CENTER MEDIAN WALL

RP + PT 0 = 66'

	AE	FE	DESCRIPTION
A	96 $\frac{2}{3}$	55 $\frac{1}{3}$	UNIT ONE LEFT FRONT CORNER FINAL REST
B	115 $\frac{4}{5}$	54 $\frac{10}{5}$	UNIT ONE LEFT REAR CORNER FINAL REST
C	102 $\frac{1}{2}$	70 $\frac{1}{3}$	AREA OF BURNED GRASS TURF DAMAGE

OFFICER'S SIGNATURE

X

BADGE NUMBER

1830

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-90-0453	REPORTING AGENCY	OHIO STATE HIGHWAY PATROL	DATE OF CRASH	M 7 / D 1 / Y 07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] ^{1 of 2} HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 (PRINTED)
 T. J. HOFFMAN
 (OFFICER'S NAME) AT OHIO TURNPIKE MP 121.9 EB
 (LOCATION)

Left
 A Commadore Rest Stop, Van began to smoke heavily. We were driving 60 mph and slowed down to 50 mph trying to figure out why the van was smoking so badly. The smoke began to come through the vents heavily. we pulled over and opened the doors on the passenger side. The children and Jequenne got out first. The front of the van burst into flames while I was on the cell phone calling Michael Johnson the van owner and my fiancé. I grabbed my purse and jumped out of the van and the van just was entirely on fire. We walked all the way toward a fence because we were not sure if there would be an explosion. I called 9-1-1 and screamed "my van is on fire!"

Q. What were you doing when the smoke started?

A. Right Lane

ADDRESS OF WITNESS	[REDACTED]	TELEPHONE	OH [REDACTED]	PHONE	[REDACTED]
SIGNATURE OF WITNESS	[REDACTED]	OFFICER'S SIGNATURE			

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-90-0453	REPORTING AGENCY	OHIO STATE HIGHWAY PATROL	DATE OF CRASH	M 7 10 1 No 2
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] 2 of 2
(PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
T.J. HOFFMAN AT OHIO TURNPIKE MP 124.7 EB
(OFFICER'S NAME) (LOCATION)

Q. Have you had any work done recently to the van?

A. Just had complete tune up last week. oil change, tires, a new aftermarket JVC stereo.

Q. Is this the first trip since the tune up last week in the van?

A. Yes, we just only drove from Toledo.

Q. How was the van running before the smoke - any noticeable problems on your trip?

A. It started fine. It started shuttering/shaking at the 2nd rest stop. We checked the oil, antifreeze, etc. no noticeable problems.

ADDRESS OF WITNESS	[REDACTED]	TOLEDO OH	[REDACTED]	PHONE	[REDACTED]
SIGNATURE OF WITNESS	[REDACTED]	OFFICER'S SIGNATURE	[REDACTED]		