

10201495

# TRAFFIC CRASH REPORT



10-90-0464 3

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

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

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

REPORTING AGENCY \*

2007 AUG 28 AM 11:31

98 = ANIMAL  
99 = UNKNOWN

DAY OF WEEK

WED

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

FLORENCE

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

IR 30 (HAIS JUR-DICK) WB

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION

131.0WB

AT/REFERENCE

DIST REFERENCE DR PREFIX REFERENCE

AT

DR

PREFIX

REFERENCE

MP

131

REF POINT

106

REFERENCE POINT USED

01 STATE LINE

02 INTERSECTION 2 STREETS

03 COUNTY LINE

04 HOUSE NUMBER

05 TOWNSHIP BOUNDARY

08 PLACE NAME W/O REFERENCE

06 MILE POST

09 DRIVEWAY

10 STREET OR ROUTE W/O REFERENCE

07 CORPORATION LIMIT

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
[REDACTED] GLEN HAW PA [REDACTED]  
HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE PA DL # [REDACTED] LP STATE IL LP # [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

YEAR 1977 MAKE DODGE MODEL RAM COLOR BLACK INSURANCE COMPANY GLICO TOWING SERVICE CHARLIS OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED]

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE PA DL # [REDACTED] LP STATE IL LP # [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED]

NAME (LAST, FIRST, MIDDLE)

HOME PHONE # [REDACTED]

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NAME (LAST, FIRST, MIDDLE)

HOME PHONE # [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

### 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 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

BLANK FOR WITNESS

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
01	 	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	06	65	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
<b>NON-MOTORIST LOCATION</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	<b>MOST DAMAGED AREA</b> 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	<b>CONTRIBUTING CIRCUMSTANCES</b> <b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>TRAFFIC CONTROL</b> 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	<b>DIRECTION</b> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN	<b>DRUG TEST TYPE</b> 1 NONE 2 BLOOD 3 URINE 4 OTHER
<b>TYPE OF UNIT</b> 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	<b>POINT OF IMPACT</b> 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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</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	<b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 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	<b>CONDITION</b> 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	<b>DRUG TEST 1&amp;2 RESULT</b> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
<b>IN EMERGENCY RESPONSE</b> 1 NO 2 YES 3 UNKNOWN	<b>ACTION</b> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</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	<b>FIRST HARMFUL EVENT</b> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <b>MOST HARMFUL EVENT</b> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <b>SPEED DETECTED</b> 1 STATED 2 ESTIMATED SPEED <b>SPEED</b>	<b>ALCOHOL/DRUG SUSPECTED</b> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN <b>ALCOHOL TEST STATUS</b> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN <b>ALCOHOL TEST TYPE</b> 1 NONE 2 BLOOD 3 URINE <b>ALCOHOL TEST RESULT</b>	<b>TYPE OF INTERSECTION</b> 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 <b>OCCURRENCE</b> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN <b>ROAD CONTOUR</b> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE <b>ROAD CONDITIONS</b> 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
<b>DAMAGE SCALE</b> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</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	<b>SPEED</b> 67	<b>ALCOHOL TEST TYPE</b> 1 NONE 2 BLOOD 3 URINE <b>ALCOHOL TEST RESULT</b>	<b>DRUG TEST TYPE</b> 1 NONE 2 BLOOD 3 URINE 4 OTHER

10-90-0464

# TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

REPORTING AGENCY \*

[REDACTED]

[REDACTED]

[REDACTED]

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

HOME PHONE #

HOME PHONE #

HOME PHONE #

HOME PHONE #

HOME PHONE #

INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
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TRANSPORTED BY

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TRANSPORTED BY

INJURED TAKEN TO

- SEATING POSITION**
- 01 FRONT - LEFT (MC DRIVER)
  - 02 FRONT - MIDDLE
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  - 04 SECOND - LEFT (MC PASS)
  - 05 SECOND - MIDDLE
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(MC PASSENGER/SIDE CAR)
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  - 14 EXTERIOR
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  - 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
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- 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
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- TRAPPED**
- 1 NOT TRAPPED
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MECHANICAL  
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  - 3 FREED BY  
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- INJURIES**
- 1 NO INJURY
  - 2 POSSIBLE
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INCAPACITATING
  - 4 INCAPACITATING
  - 5 FATAL INJURY
  - 6 UNKNOWN

BLANK FOR  
WITNESS

**Narrative**

UNIT #1 WAS TRUCK WEST BOUND ON  
 ROAD TRUCK UNIT #1 UNIT #1  
 THRUAD SEPARATE FROM CASING.

**MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED**

- 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

- 1 No
- 2 Yes, DIRECTLY INVOLVED
- 3 Yes, INDIRECTLY INVOLVED
- 4 UNKNOWN

**WORK ZONE RELATED**

- 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

**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

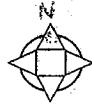
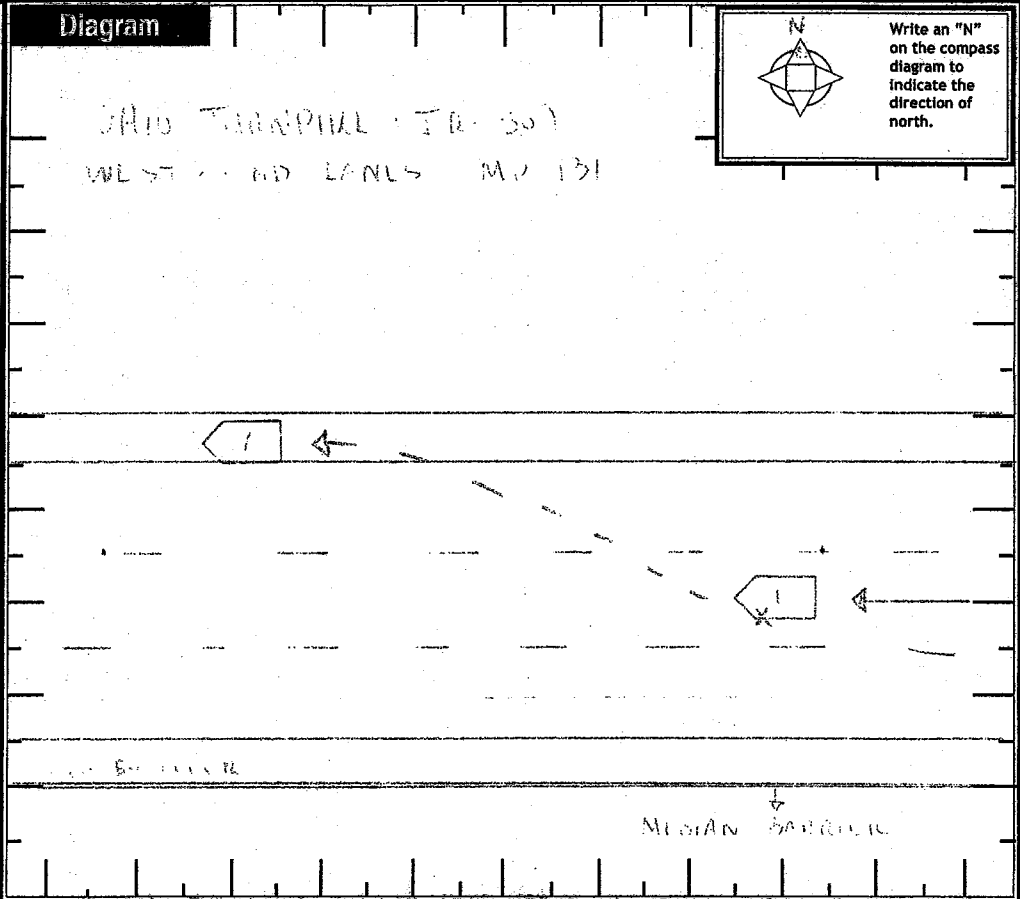
**WORKERS PRESENT**

- 1 No
- 2 Yes
- 3 UNKNOWN

**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.

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	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
01 NOT APPLICABLE	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
02 BUS (9-15 INCLUDING DRIVER)	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
03 VAN/ENCLOSED BOX	3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
04 GRAIN/CHIPS/GRAVEL		4 CLASS M		4 UNKNOWN
05 POLE		5 CLASS D		
06 CARGO TANK				
07 FLATBED				
08 DUMP				
09 CONCRETE MIXER				
10 AUTO TRANSPORTER				
11 GARBAGE/REFUSE				
12 OTHER				
13 UNKNOWN				

**Police Action**

DISPATCH: 7 0020 5020 ARRIVED: 5020 CLEARED: 0100 OTHER: 30 70  
 OFFICER'S NAME: [Signature] 194 CHECKED BY: Sgr. Reister DATE REPORT FILED: 07072007  
 REPORT TAKEN BY: 1 POLICE AGENCY REPORT TAKEN AT: 2 STATION 10090-6464

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0464	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 07 10 04 11 07
IN COUNTY OF ERIE	CRASH LOCATION OHIO TURNPIKE (TR-90) MP 131 WB	

VEHICLE DAMAGE

UNIT #1 - LEFT FRONT TIRE LOST THREAD. THERE WAS DAMAGE TO LEFT FOG LIGHT, LEFT SIDE OF FRONT BUMPER, LEFT FRONT QUARTER PANEL, LEFT FRONT CORNER OF DRIVER'S SIDE DOOR, ALSO A SCRATCH TO THE LOWER LEFT SIDE OF VEHICLE'S BED

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 194
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LOCAL REPORT NUMBER 10-90-0464	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 07 10 04 19 07
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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)  
TON H MORROW AT MILAN POST PARKING LOT  
 (OFFICERS NAME) (LOCATION)

WHILE DRIVING ON OHIO HIGHWAY 133 JUST BEFORE THE SANDUSKY PT IN THE MIDDLE LANE, THE LEFT FRONT TIRE TIED OFF. WE WERE TRAVELING AT 62 MPH AT THE TIME WHEN I HEARD A BANG AS THE TIRE BEGAN TO FLIP. THIS HAPPENED ABOUT 10:00 AM ON JULY 4TH.

- Q. ANYONE INJURED? A. NO
- Q. WERE THE OCCUPANTS WEARING THEIR SEATBELT? A. YES
- Q. WHAT LANE WERE YOU IN? A. CENTER
- Q. WHERE DID IT HAPPEN? A. SOMEWHERE AROUND 131 MP - 133 MP
- Q. HOW FAST WERE YOU GOING? A. ABOUT 65 MPH. CRUISE CONTROL
- Q. WHEN DID YOU LAST CHECK YOUR TIRES?  
A. WHEN WE LEFT PA.
- Q. DO YOU WANT TO ADD ANYTHING?  
A. NO

ADDRESS OF WITNESS <span style="background-color: black; color: black;">[REDACTED]</span> GLENSHAW PA <span style="background-color: black; color: black;">[REDACTED]</span>	PHONE <span style="background-color: black; color: black;">[REDACTED]</span>
SIGNATURE OF WITNESS <span style="background-color: black; color: black;">[REDACTED]</span>	OFFICERS SIGNATURE TON MORROW