

10207167 DEBRIS

TRAFFIC CRASH REPORT



LOCAL REPORT # * 10-89-0467

CRASH SEVERITY **3** 1 FATAL 2 INJURY 3 PDO UNKNOWN

PRIVATE PROPERTY YES NO

HIT/SKIP **1** 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN YES NO

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # * 0HP8A

REPORTING AGENCY * STATE HIGHWAY DEPARTMENT 220138

UNITS 881

UNIT EXPOS 98 = ANIMAL 99 = UNKNOWN

DATE OF CRASH * 09282007

TIME OF CRASH 1850 DAY OF WEEK FRI CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE

1850 FRI [] [] * SPRINGFIELD 48 [] []

CRASH OCCURRED ON PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION

IR-80 OHIO TURNPIKE 3 1 NAMED STREET 3 NUMBERED ROUTE 56.1 EB

AT/REFERENCE DIST. REFERENCE DR PREFIX REFERENCE REF POINT REFERENCE POINT USED

AM E [] [] SG 06 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

Motorist/Non-Motorist

A UNIT # 0101 # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] HAMMOND IN.

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED] HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE PA DL # [REDACTED] LP STATE OH LP # [REDACTED] INJURED TAKEN BY [REDACTED] 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] PERRYSBURG OH

YEAR 2005 MAKE FORD MODEL F650 COLOR RED INSURANCE COMPANY CRUM AND FORSTER TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE? [REDACTED] IF YES

B UNIT # 0201 # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] GRAPEVILLE PA

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED] HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE PA DL # [REDACTED] LP STATE OK LP # [REDACTED] INJURED TAKEN BY [REDACTED] 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] TULSA OK

YEAR 2004 MAKE FORD MODEL CONV. COLOR WHT INSURANCE COMPANY ACTURA TOWING SERVICE XPRESS OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE? [REDACTED] IF YES

Occupant

C UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

D UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

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

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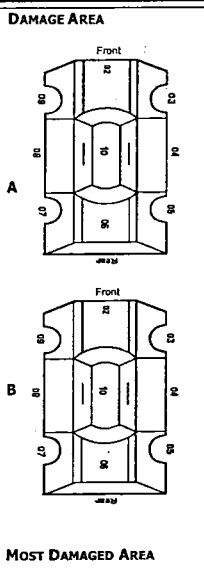
1084

SUPPLEMENT * 'X' IF YES

UNIT NUMBERS

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



PRE-CRASH ACTIONS

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

SEQUENCE OF EVENTS

<input type="text" value="06"/>	<input type="text" value="23"/>
<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>

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

POSTED SPEED
 x

TRAFFIC CONTROL

01 NO CONTROLS
 02 STOP SIGN
 03 YIELD SIGN
 04 TRAFFIC SIGNAL
 05 TRAFFIC FLASHERS
 06 SCHOOL ZONE
 07 RAILROAD CROSSBOWS
 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 FROM TO

1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTHEAST
 6 NORTHWEST
 7 SOUTHEAST
 8 SOUTHWEST
 9 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

DRUG TEST TYPE

1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

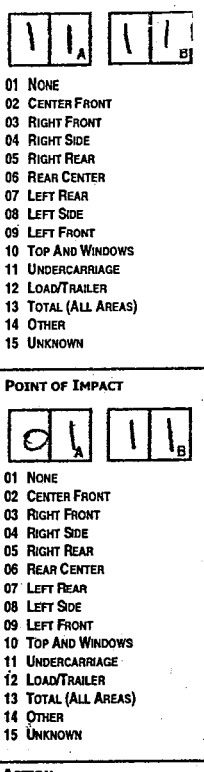
DRUG TEST 1&2 RESULT

1 NONE
 2 MARIJUANA
 3 COCAINE
 4 OPIATES
 5 AMPHETAMINES
 6 PCP
 7 OTHER
 8 UNKNOWN AT TIME OF REPORTING

TYPE OF UNIT

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 TRAM
 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



CONTRIBUTING CIRCUMSTANCES

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
 IMPROPER BACKING
 10 IMPROPER START FROM PARKED POSITION
 11 STOPPED OR PARKED ILLEGALLY
 12 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
 13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
 14 FAILURE TO CONTROL
 15 VISION OBSTRUCTION
 16 DRIVER INATTENTION
 17 FATIGUE/ASLEEP
 18 OPERATING DEFECTIVE EQUIPMENT
 19 LOAD SHIFTING/FALLING/SPILLING
 20 OTHER IMPROPER ACTION
 21 UNKNOWN

NON-MOTORIST
 22 NONE
 23 IMPROPER CROSSING
 24 DARTING
 25 LYING AND/OR ILLEGALLY IN ROADWAY
 26 FAILURE TO YIELD RIGHT OF WAY
 27 NOT VISIBLE (DARK CLOTHING)
 28 INATTENTIVE
 29 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
 30 WRONG SIDE OF THE ROAD
 31 OTHER
 32 UNKNOWN

FIRST HARMFUL EVENT

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

1 STATED
 2 ESTIMATED SPEED

SPEED

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

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

ALCOHOL 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

ALCOHOL TEST TYPE

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT

TYPE OF INTERSECTION

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

OCCURRENCE

1 ON ROADWAY
 2 ON SHOULDER
 3 IN MEDIAN
 4 ON ROADSIDE
 5 ON GORE
 6 OUTSIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR

1 STRAIGHT LEVEL
 2 STRAIGHT GRADE
 3 CURVE LEVEL
 4 CURVE GRADE

ROAD CONDITIONS
 PRIMARY SECONDARY

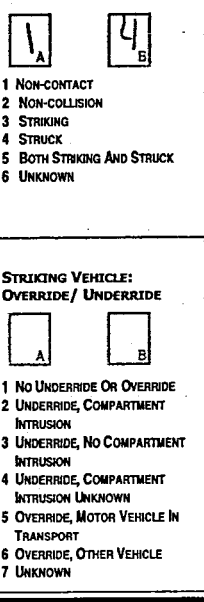
01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND, MUD, DIRT, OIL, GRAVEL
 06 WATER (STANDING, MOVING)
 07 SLUSH
 08 DEBRIS**
 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**
 10 OTHER
 11 UNKNOWN
 **SECONDARY ROAD CONDITIONS ONLY

IN EMERGENCY RESPONSE

1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE

1 NONE
 2 NON-FUNCTIONAL DAMAGE
 3 FUNCTIONAL DAMAGE
 4 DISABLING DAMAGE
 5 SEVERE
 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

SPEED

SUPPLEMENT #

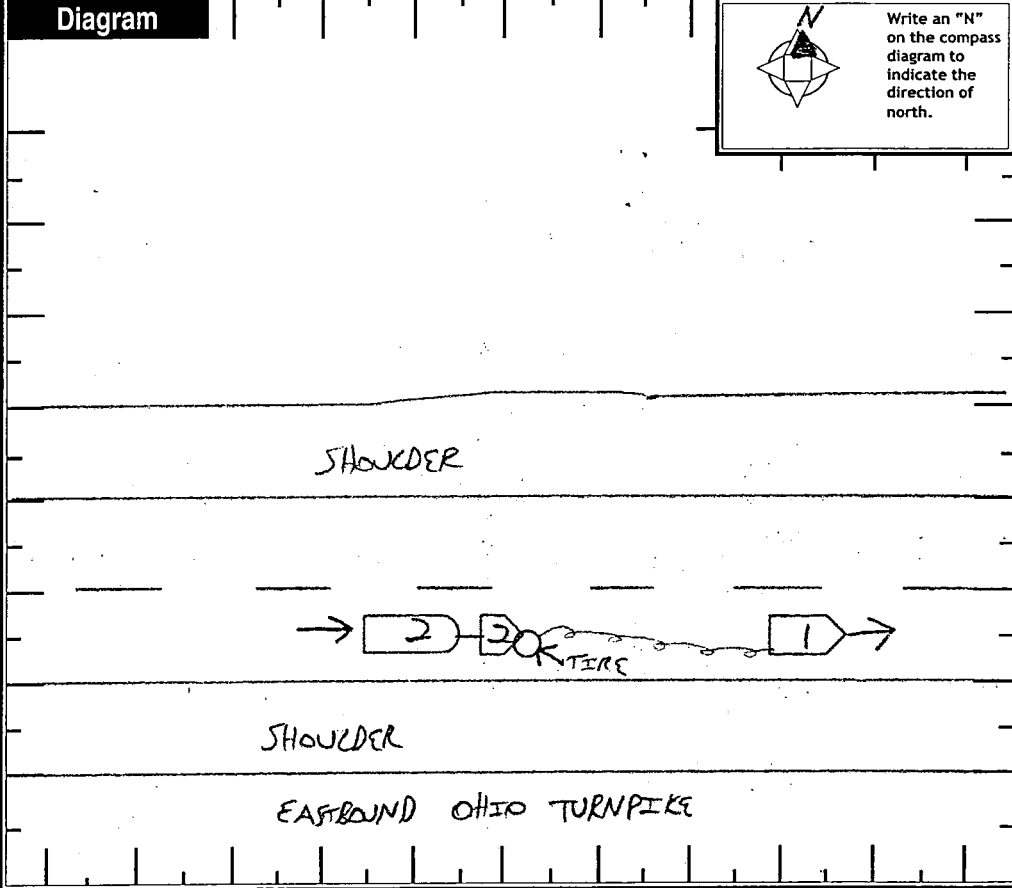
LOCAL REPORT #

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Narrative

UNIT 1 AND UNIT 2 WERE EASTBOUND ON THE OHIO TURNPIKE - UNIT 1 BLEW 2 TIRES ON THE RIGHT SIDE REAR. THE DEBRIS FROM UNIT 1 STRUCK UNIT 2 CAUSING THE AIR BRAKE LINE ON UNIT 2 TO RUPTURE RENDERING UNIT 2 UNABLE TO CONTINUE UNDER ITS OWN POWER.

<p>MANNER OF COLLISION OR IMPACT</p> <p>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</p>	<p>SCHOOL BUS RELATED</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>
<p>WEATHER</p> <p>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</p>	<p>WORK ZONE RELATED</p> <p>1 NO 2 YES 3 UNKNOWN</p>
<p>LIGHT CONDITIONS</p> <p>PRIMARY SECONDARY</p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER</p>
<p>LOCATION OF CRASH IN WORK ZONE</p> <p>1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p>1 NO 2 YES 3 UNKNOWN</p>



<p>Truck/Bus</p> <p>UNIT #</p> <p>02</p>	<p>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 9 PERSONS, INCLUDING DRIVER.</p>	<p>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.</p>
<p>COMPANY (FROM SHIPPING PAPERS)</p> <p>TULSA OK</p>	<p>COMPANY PHONE</p>	<p>ADDRESS (STREET, CITY, STATE, ZIP CODE)</p>

<p>US DOT</p> <p>34180</p>	<p>ICC MC</p>	<p>PUCO</p>	<p>TRAILER LP ST.</p> <p>OK</p>	<p>TRAILER LP YEAR</p> <p>2005</p>	<p>TRAILER LP #</p>	<p>PLACARD #</p>	<p># ETS</p>
<p>CARGO BODY TYPE</p> <p>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</p> <p>03</p>	<p>Weight (GVWR)</p> <p>1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</p> <p>3</p>	<p>CDL Class</p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D</p> <p>1</p>	<p>Hazardous Materials Placard</p> <p>1 NO 2 YES 3 UNKNOWN</p> <p>1</p>	<p>Hazardous Materials Released</p> <p>1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN</p> <p>3</p>			

Police Action

<p>DATE CRASH REPORTED</p> <p>09282007</p>	<p>TIME REG CALL</p> <p>11850</p>	<p>DISPATCH</p> <p>11850</p>	<p>ARRIVED</p> <p>11902</p>	<p>CLEARED</p> <p>2011</p>	<p>OTHER</p> <p>60</p>	<p>TOTAL MINUTES</p> <p>141</p>
<p>OFFICER'S NAME *</p> <p>TPR BUSH</p>	<p>BADGE # *</p> <p>1089</p>	<p>CHECKED BY</p> <p>131</p>	<p>DATE REPORT FILED *</p> <p>09302007</p>	<p>REPORT TAKEN BY</p> <p>1 POLICE AGENCY 2 MOTORIST</p>	<p>REPORT TAKEN AT</p> <p>1 SCENE 2 STATION 3 OTHER</p>	<p>SUPPLEMENTARY REPORT # *</p> <p>10-89-0467</p>

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-89-0467	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 10 28 11 07
IN COUNTY OF LUCAS	CRASH LOCATION OHIO TURNPIKE EASTBOUND 56-1 MILEPOST	

UNIT #1 - 2005 FORD F650 FLATBED WRECKER.

DAMAGE - BOTH RIGHT REAR TIRES. UNKNOWN DAMAGE TO RIM AND UNDERCARRIAGE

UNIT #2 LOAD - 2005 UTILITY TRAILER

OWNER - ARROW TRUCKING

DAMAGE - BROKEN AIRLINES, DAMAGED TIRE. SERVICED BY X-PRESS TOWING AT SCENE.

OFFICER'S SIGNATURE

X 

BADGE NUMBER

1084

LOCAL REPORT NUMBER 10-89-0467	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 10 28 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. S. J. ROSS AT SCENE (1915 Hours)
 (OFFICERS NAME) (LOCATION)

I was going East on I-80 and lost two back right & dual tires and stop about half-mile down on the right. I looked back and don't see any slowing car so don't think there was anything wrong.

Q How fast were you traveling?
 A 67 MPH

Q HAVE YOU HAD ANY PASTOR TIRE PROBLEMS?
 A NO

Q DO YOU NORMALLY OVERTAKE TRUCKS?
 A YES

Q WHEN WAS THE LAST TIME TIRES WERE PUT ON?
 A. JUST GOT INSPECTED LAST MONTH

Q WERE YOU WEARING YOUR SAFETY BELT?
 A. YES

Q ARE YOU INJURED?
 A. NO

Q) WHICH AXLE WERE YOU IN?
 A) RIGHT

ADDRESS OF WITNESS SIGNATURE OF WITNESS	[REDACTED] Hammond, IN [REDACTED]	PHONE [REDACTED]
	OFFICERS SIGNATURE TPR. S. J. ROSS	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-0467	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MAR 10 1989
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I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

TR. BUSH AT SCENE (1910 Hours)
(OFFICERS NAME) (LOCATION)

I was Proceeding East Bound at mm 56 ON the Ohio turnpike, a Red tow Wrecker was 20 to 30 Feet ahead of me, he Blew a tire & lost a mud Flap, The truck 2 my left moved Right over the zipper TO mis debris, I slowed & moved Right But still caught debris, Ripped air Lines OFF Brake canister & took chunk out of Tire on trlr. I immediately pulled over as Brake locked up, & tow truck continued down Berm.

- Q) WERE YOU WEARING A SEATBELT?
- A) YES
- Q) ARE YOU INSURED?
- A) NO

[Large handwritten scribbles/signatures]

ADDRESS OF WITNESS [REDACTED]	grapeville PA [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE <i>[Signature]</i>	