

TRAFFIC CRASH REPORT

10201170

OH-1 (Rev.10/99)



10-90-0669 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 X X X

REPORTING AGENCY *

OH P 90

STATE HIGHWAY PAT. 2007 OCT 22 AM 9: 87

98 = ANIMAL
99 = UNKNOWN

09222007

DAY OF WEEK

1027 SAT X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

NORTH RIDGEVILLE

47

LATITUDE

LONGITUDE

CRASH OCCURRED ON

IR/90 (OHIO TURNPIKE) EASTBOUND

TYPE LOC
3

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

LOCAL INFORMATION

149.2 EB

AT/REFERENCE

• ZME MILFPOST 149

REFERENCE POINT USED
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

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

LORAIN, OH.

HOME PHONE #

WORK PHONE #

DL STATE DL #

OH

LP STATE LP #

OH

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

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 #

2007 DODGE CARIVAN SILVER PROGRESSIVE NA

OFFENSE CHARGED

OFFENSE DESCRIPTION

ADDRESS (STREET, CITY, STATE, ZIP CODE)

WILLO OH

HOME PHONE #

WORK PHONE #

DL STATE DL #

OH

LP STATE LP #

OH

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

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 PONTIAC GRAND PRIX GOLD SAFE AUTO

OFFENSE CHARGED

OFFENSE DESCRIPTION

ADDRESS (STREET, CITY, STATE, ZIP CODE)

LORAIN OH

HOME PHONE #

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

TRANSPORTED BY

INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

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

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION
01 01 FRONT - LEFT (MC DRIVER)
02 01 FRONT - MIDDLE
03 01 FRONT - RIGHT
04 01 SECOND - LEFT (MC PASS)
05 01 SECOND - MIDDLE
06 01 SECOND - RIGHT
07 01 THIRD - LEFT (MC PASSENGER/SIDE CAR)
08 03 THIRD - MIDDLE
09 03 THIRD - RIGHT
10 04 SLEEPER SECTION OF CAB
11 04 ENCLOSED CARGO AREA
12 04 UNENCLOSED CARGO AREA
13 04 TRAILING UNIT
14 BLANK FOR WITNESS
15 24 EXTERIOR
16 24 NON-MOTORIST
17 24 UNKNOWN

SAFETY EQUIPMENT
01 04 NONE USED
02 04 SHOULDER BELT ONLY
03 04 LAP BELT ONLY
04 04 SHOULDER/LAP BELT
05 04 CHILD SAFETY SEAT
06 04 MC HELMET USED
07 04 USE UNKNOWN
08 04 NON-MOTORIST
09 04 HELMET USED
10 04 PROTECTIVE PADS
11 04 REFLECTIVE CLOTHING
12 04 LIGHTING
13 04 OTHER
14 04 UNKNOWN

AIR BAG
1 04 NOT-DEPLOYED
2 04 DEPLOYED-FRONT
3 04 DEPLOYED-SIDE
4 04 DEPLOYED BOTH
5 04 FRONT/SIDE
6 04 NOT APPLICABLE
7 04 UNKNOWN

AIR BAG SWITCH
1 04 NOT PRESENT
2 04 IN ON POSITION
3 04 IN OFF POSITION
4 04 UNKNOWN

EJECTION
1 04 NOT EJECTED
2 04 TOTALLY EJECTED
3 04 PARTIALLY EJECTED
4 04 NOT APPLICABLE
5 04 UNKNOWN

TRAPPED
1 04 NOT TRAPPED
2 04 EXTRICATED BY MEANS
3 04 FREED BY NON-MECHANICAL MEANS
4 04 UNKNOWN

INJURIES
1 04 NO INJURY
2 04 POSSIBLE
3 04 NON-INCAPACITATING
4 04 INCAPACITATING
5 04 FATAL INJURY
6 04 UNKNOWN

1385

Motorist/Non-Motorist

Occupant

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

REPORTING AGENCY *

STATE HIGHWAY PATROL

09222007

NAME (LAST, FIRST, MIDDLE)

 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 _____ **LORAIN OH** _____

HOME PHONE # _____
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)

 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 _____ **HOLLAND OH** _____

HOME PHONE # _____
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)

 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 _____ **TOLEDO OH** _____

HOME PHONE # _____
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)

 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # _____
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)

 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # _____
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)

 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # _____
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)

 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # _____
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

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

UNIT NUMBERS

01 02

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

TYPE OF UNIT

05 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

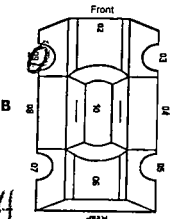
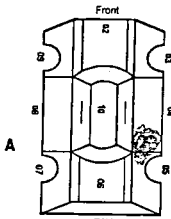
IN EMERGENCY RESPONSE

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE

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

DAMAGE AREA



MOST DAMAGED AREA

04 09

POINT OF IMPACT

04 01

ACTION

4 2

STRIKING VEHICLE: OVERRIDE/ UNDERIDE

- 1 NO UNDERIDE OR OVERRIDE
- 2 UNDERIDE, COMPARTMENT INTRUSION
- 3 UNDERIDE, NO COMPARTMENT INTRUSION
- 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERRIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS

01 01

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

01 19

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 OFF TRAFFIC
- 31 WRONG SIDE OF THE ROAD
- 32 OTHER
- 33 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

SEQUENCE OF EVENTS

23 06

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

1 1

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

MOST HARMFUL EVENT

1 1

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

SPEED DETECTED

1 1

- 1 STATED
- 2 ESTIMATED SPEED

SPEED

70 60

POSTED SPEED

65 65

TRAFFIC CONTROL

1 2 1 2

- 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

4 3 4 3

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

CONDITION

1 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

1 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

1 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

1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

1 1

DRUG TEST STATUS

1 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

1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

1 1

- 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/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

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

ROAD CONTOUR

1

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

ROAD CONDITIONS

01

- 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

10-90-0669

Narrative

UNITS #1 & #2 WERE BOTH TRAVELING EAST BOUND ON THE OHIO TURNPIKE AT THE 149 MILEPOST. UNIT #2 WAS IN THE RIGHT LANE UNIT #1 IN THE MIDDLE. UNIT #2 LOST ITS FRONT LEFT TIRE AND THE TIRE STRUCK UNIT #1. UNIT #1 CONTINUED UP TO THE 151 TOLL PLAZA AND UNIT #2 PULLED ONTO THE BERM

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

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

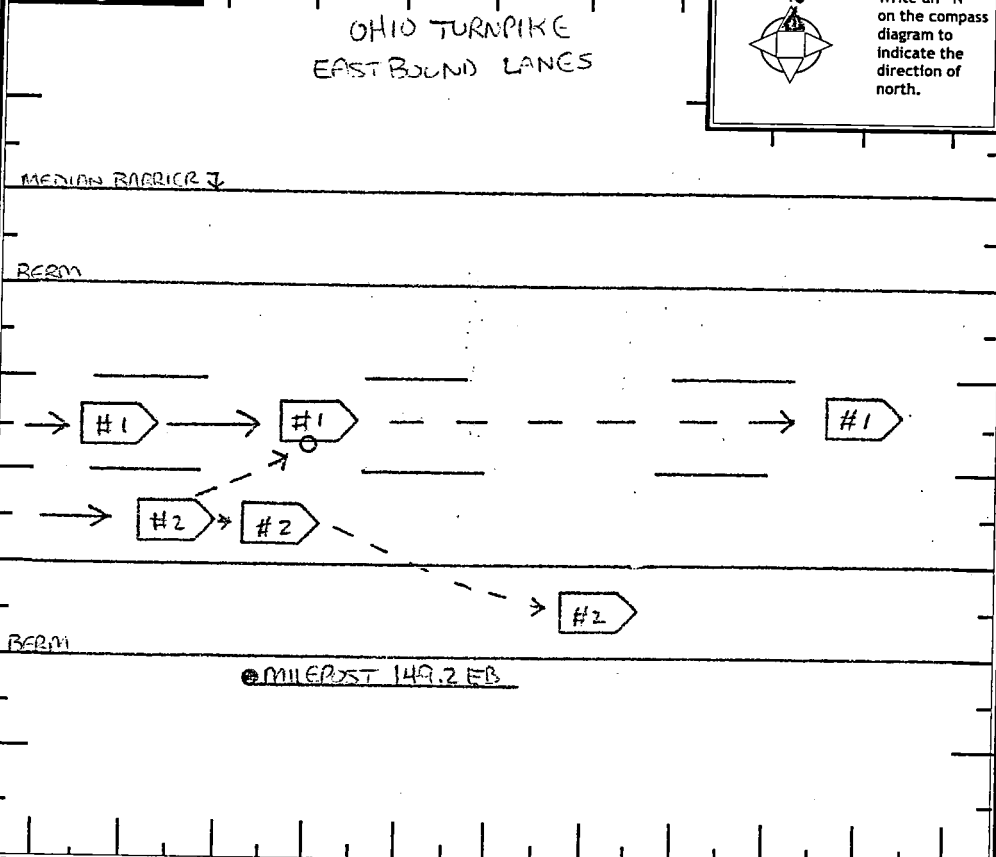
WEATHER

- 02**
- 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

- 1**
- 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



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

Police Action

DISPATCH: 09 22 20 07 10 29 1041 1043 1118 26 75

ARRIVED: 1041 1043

CLEARED: 1118

OTHER: 26 75

OFFICER'S NAME: Mr. M. Ramsey

CHECKED BY: J. L. Curran

DATE REPORT FILED: 09 24 2007

REPORT TAKEN BY: 1 POLICE AGENCY
2 MOTORIST

REPORT TAKEN AT: 1 SCENE
2 STATION
3 OTHER

10-90-0669

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0669	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 10 22 1Y07
IN COUNTY OF LORAIN	CRASH LOCATION IR/80 (OHIO TURNPIKE) MILEPOST 149.2 EB	

DAMAGE ANALYSIS

UNIT #1 07 DODGE CARIVAN VIN# 1B4GP4SR573 [REDACTED]

DAMAGE: RIGHT REAR DOOR DENTED SCRATCHED AND SCUFFED

RIGHT REAR QUARTER PANEL SCUFFED

INSURANCE: PROGRESSIVE POLICY [REDACTED]

EFFECTIVE 4/07 TO 10/07

UNIT #2 02 PONTIAC GRAND PRIX VIN# 1G2WP52K22F [REDACTED]

DAMAGE: LEFT FRONT TIRE MISSING DAMAGE TO BRAKE AND ROTOR

INSURANCE: SAFE AUTO POLICY [REDACTED]

COMMENTS: NO DAMAGE TO TURNPIKE PROPERTY

OFFICER'S SIGNATURE

X

[Handwritten Signature]

BADGE NUMBER

1385

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0669	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 09/02/07
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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)

Th M Ramsey AT IR/80 (OHIO TURNPIKE) 151 TOLL PLAZA
(OFFICERS NAME) (LOCATION)

Driving Eastbound on the turnpike I was struck by a tire that came off a car traveling in the right lane. I was in the middle lane passing the vehicle when we were struck. I saw the tire in the rear view mirror continue to bounce across the median.

Q. ~~WHAT LANE WERE~~ HOW FAST WERE YOU GOING? (A) ABOUT 70MPH

Q. ALL SEATBELTS WERE ON (A) YES

ADDRESS OF WITNESS SIGNATURE OF WITNESS	[REDACTED] LORAIN OH [REDACTED]	OFFICERS SIGNATURE <u>Th M Ramsey</u>	PHONE [REDACTED]
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0669	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH 10/22/07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

TROOPER ST. BACKS (OFFICERS NAME) AT I-75 AND I-475 AND EAST BOUND. (LOCATION)

I was traveling east on the Ohio turnpike and my car started shaking shortly after I passed the sign that said 5 miles until exit 151. The shaking grew worse so I pulled into the right lane hoping to reach the exit so I could pull over. I heard a pop and my front driver side tire flew off, bounced down the highway and went over the median. I slowed down and pulled onto the shoulder and stopped the car. After the tire went over the median, I didn't see where it went because I was trying to get onto the shoulder and stop the car.

Q. How FAST WERE YOU GOING?

A. ABOUT 60

Q. WAS ANYONE IN YOUR VEHICLE INSTRUCTED?

A. NO

Q. DID YOU SEE YOUR TIRE STRIKE ANYONE ELSE?

A. NO.

Q. HAVE YOU HAD ANY WORK DONE RECENTLY? NO

ADDRESS OF WITNESS SIGNATURE OF WITNESS	[REDACTED]	OFFICERS SIGNATURE Trooper St. Backs	PHONE [REDACTED]
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