

10207177

Dutch

TRAFFIC CRASH REPORT



10-89-04323

CRASH SEVERITY
1 FATAL 3 PDD
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

REPORTING AGENCY *
STATE HIGHWAY PATROL 207 OCT 22 AM 8:07

0HP89

98 = ANIMAL
99 = UNKNOWN
09052007

DAY OF WEEK
1440 WED

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
X SPRINGFIELD 48

LATITUDE
LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION I.R. 80 OHIO TURNPIKE	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION 55.5 WB
AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE .9M E SS	REF POINT 06	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	LOCAL INFORMATION 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

Unit # 1 of 1
A 0101 NAME (LAST, FIRST, MIDDLE) [REDACTED]

Address (STREET, CITY, STATE, ZIP CODE) [REDACTED] DUNDALK BA, MD

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

DL STATE [REDACTED] DL # [REDACTED] LP STATE [REDACTED] 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] DUNDALK BA, MD

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

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

Occupant

Unit # 1 of 1
C NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED]

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

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

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

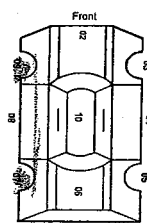
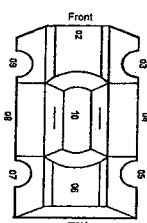
OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

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

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

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 0 02 FRONT - MIDDLE 0 03 FRONT - RIGHT 0 04 SECOND - LEFT (MC PASS) 0 05 SECOND - MIDDLE 0 06 SECOND - RIGHT 0 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 0 08 THIRD - MIDDLE 0 09 THIRD - RIGHT 0 10 SLEEPER SECTION OF CAB 0 11 ENCLOSED CARGO AREA 0 12 UNENCLOSED CARGO AREA 0 13 TRAILING UNIT 0 14 EXTERIOR 0 15 OTHER 0 16 NON-MOTORIST 0 17 UNKNOWN 0	SAFETY EQUIPMENT 01 NONE USED 0 02 SHOULDER BELT ONLY 0 03 LAP BELT ONLY 0 04 SHOULDER/LAP BELT 0 05 CHILD SAFETY SEAT 0 06 MC HELMET USED 0 07 USE UNKNOWN 0 NON-MOTORIST 08 NONE USED 0 09 HELMET USED 0 10 PROTECTIVE PADS 0 11 REFLECTIVE CLOTHING 0 12 LIGHTING 0 13 OTHER 0 14 UNKNOWN 0	AIR BAG 1 NOT DEPLOYED 1 2 DEPLOYED-FRONT 1 3 DEPLOYED-SIDE 1 4 DEPLOYED BOTH FRONT/SIDE 1 5 NOT APPLICABLE 1 6 UNKNOWN 1	AIR BAG SWITCH 1 NOT PRESENT 1 2 IN ON POSITION 1 3 IN OFF POSITION 1 4 UNKNOWN 1	EJECTION 1 NOT EJECTED 1 2 TOTALLY EJECTED 1 3 PARTIALLY EJECTED 1 4 NOT APPLICABLE 1 5 UNKNOWN 1	TRAPPED 1 NOT TRAPPED 1 2 EXTRICATED BY MECHANICAL MEANS 1 3 FREED BY NON-MECHANICAL MEANS 1 4 UNKNOWN 1	INJURIES 1 NO INJURY 1 2 POSSIBLE 1 3 NON-INCAPACITATING 1 4 INCAPACITATING 1 5 FATAL INJURY 1 6 UNKNOWN 1
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578 (24)

UNIT NUMBERS <input type="text" value="01"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>01</td><td></td></tr> <tr><td>08</td><td></td></tr> <tr><td>38</td><td></td></tr> <tr><td>40</td><td></td></tr> </table>	A	B	01		08		38		40		POSTED SPEED <input type="text" value="68"/>	DRUG TEST STATUS <input type="text" value="1"/>
A	B														
01															
08															
38															
40															
NON-MOTORIST LOCATION <input type="text" value="01"/> <ol style="list-style-type: none"> MARKED CROSSWALK AT INTERSECTION INTERSECTION/ NO CROSSWALK NON-INTERSECTION CROSSWALK DRIVEWAY ACCESS CROSSWALK IN ROADWAY NOT IN ROADWAY MEDIAN (BUT NOT SHOULDER) ISLAND SHOULDER SIDEWALK WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) OUTSIDE TRAFFICWAY SHARED USE PATHS OR TRAILS UNKNOWN 		MOTORIST <ol style="list-style-type: none"> MOVEMENTS ESSENTIALLY STRAIGHT AHEAD BACKING CHANGING LANES OVERTAKING/PASSING TURNING RIGHT TURNING LEFT MAKING U-TURN ENTERING TRAFFIC LANE LEAVING TRAFFIC LANE PARKED SLOWING/STOPPED IN TRAFFIC DRIVERLESS OTHER UNKNOWN NON-MOTORIST <ol style="list-style-type: none"> ENTERING/CROSSING IN SPECIFIED LOCATION WALKING, RUNNING, JOGGING, PLAYING, CYCLING WORKING PUSHING VEHICLE APPROACHING/LEAVING VEHICLE PLAYING/WORKING ON VEHICLE STANDING OTHER UNKNOWN 	NON-COLLISION <ol style="list-style-type: none"> OVERTURN/Rollover FIRE/EXPLOSION IMMERSION JACKKNIFE CARGO/EQUIPMENT LOSS/SHIFT EQUIPMENT FAILURE SEPARATION OF UNITS RAN OFF ROAD RIGHT RAN OFF ROAD LEFT CROSS MEDIAN/CENTERLINE DOWNHILL RUNAWAY OTHER NON-COLLISION UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED <ol style="list-style-type: none"> PEDESTRIAN PEDALCYCLE RAILWAY VEHICLE ANIMAL - FARM ANIMAL - DEER ANIMAL - OTHER MOTOR VEHICLE IN TRANSPORT PARKED MOTOR VEHICLE WORK ZONE MAINTENANCE EQUIPMENT OTHER MOVABLE OBJECT UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT <ol style="list-style-type: none"> IMPACT ATTENUATOR/CRASH CUSHION BRIDGE OVERHEAD STRUCTURE BRIDGE PIER OR ABUTMENT BRIDGE PARAPET BRIDGE RAIL GUARDRAIL FACE GUARDRAIL END MEDIAN BARRIER HIGHWAY TRAFFIC SIGN POST OVERHEAD SIGN POST LIGHT/LUMINARIES SUPPORT UTILITY POLE OTHER POST, POLE OR SUPPORT CULVERT CURB DITCH EMBANKMENT FENCE MAILBOX TREE OTHER FIXED OBJECT WORK ZONE MAINTENANCE EQUIPMENT UNKNOWN FIXED OBJECT OTHER UNKNOWN 	TRAFFIC CONTROL <input type="text" value="12"/> <ol style="list-style-type: none"> NO CONTROLS STOP SIGN YIELD SIGN TRAFFIC SIGNAL TRAFFIC FLASHERS SCHOOL ZONE RAILROAD CROSSBUCKS RAILROAD FLASHERS RAILROAD GATES CONSTRUCTION BARRICADE POLICE OFFICER PAVEMENT MARKINGS CROSSWALK LINES WALK/DON'T WALK SIGNAL TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED OTHER 	DRUG TEST TYPE <input type="text" value="1"/> <ol style="list-style-type: none"> NONE BLOOD URINE OTHER DRUG TEST 1&2 RESULT <input type="text" value="1"/> <ol style="list-style-type: none"> NONE MARIJUANA COCAINE OPiates AMPHETAMINES PCP OTHER UNKNOWN AT TIME OF REPORTING 										
TYPE OF UNIT <input type="text" value="03"/> <ol style="list-style-type: none"> SUB-COMPACT COMPACT MID SIZE FULL SIZE MINIVAN SPORT UTILITY VEHICLE PICKUP PANEL/VAN SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES SINGLE UNIT TRUCK; 3+ AXLES TRUCK/TRAILER TRUCK TRACTOR (BOBTAIL) TRACTOR/SEMI-TRAILER TRACTOR/DOUBLE SHORT TRACTOR/DOUBLE LONG FIFTH WHEEL OR CONVERTER DOLLY TRACTOR/TRIPLES MOTORCYCLE MOTORIZED BICYCLE SCHOOL BUS CHURCH BUS PUBLIC BUS OTHER BUS POLICE VEHICLE FIRE TRUCK AMBULANCE/RESCUE TAXI MOTOR HOME TRAIN FARM VEHICLE FARM EQUIPMENT SNOWMOBILE CONSTRUCTION EQUIPMENT ALL OTHERS 	MOST DAMAGED AREA <input type="text" value="08"/> <ol style="list-style-type: none"> NONE CENTER FRONT RIGHT FRONT RIGHT SIDE RIGHT REAR REAR CENTER LEFT REAR LEFT SIDE LEFT FRONT TOP AND WINDOWS UNDERCARRIAGE LOAD/TRAILER TOTAL (ALL AREAS) OTHER UNKNOWN 	CONTRIBUTING CIRCUMSTANCES <input type="text" value="19"/> <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAN RED LIGHT, OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACDA IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION FATIGUE/ASLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION UNKNOWN 	DIRECTION <table border="1"> <tr><th>FROM</th><th>TO</th><th>FROM</th><th>TO</th></tr> <tr><td>3</td><td>4</td><td></td><td></td></tr> </table> <ol style="list-style-type: none"> NORTH SOUTH EAST WEST NORTHEAST NORTHWEST SOUTHEAST SOUTHWEST UNKNOWN 	FROM	TO	FROM	TO	3	4			CONDITION <input type="text" value="1A"/> <ol style="list-style-type: none"> APPARENTLY NORMAL PHYSICAL IMPAIRMENT EMOTIONAL ILLNESS FELL ASLEEP, FAINTED, FATIGUED, ETC UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL OTHER UNKNOWN 	TYPE OF INTERSECTION <input type="text" value="01"/> <ol style="list-style-type: none"> NOT AN INTERSECTION FOUR-WAY INTERSECTION T-INTERSECTION Y-INTERSECTION TRAFFIC CIRCLE/ROUNDBOUT FIVE-POINT, OR MORE ON RAMP CROSS RAMP OFF COVER DRIVEWAY/ACCESS RAILWAY GRADE CROSSING SHARED-USE PATHS OR TRAILS UNKNOWN 		
FROM	TO	FROM	TO												
3	4														
MOTORIST <ol style="list-style-type: none"> SUB-COMPACT COMPACT MID SIZE FULL SIZE MINIVAN SPORT UTILITY VEHICLE PICKUP PANEL/VAN SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES SINGLE UNIT TRUCK; 3+ AXLES TRUCK/TRAILER TRUCK TRACTOR (BOBTAIL) TRACTOR/SEMI-TRAILER TRACTOR/DOUBLE SHORT TRACTOR/DOUBLE LONG FIFTH WHEEL OR CONVERTER DOLLY TRACTOR/TRIPLES MOTORCYCLE MOTORIZED BICYCLE SCHOOL BUS CHURCH BUS PUBLIC BUS OTHER BUS POLICE VEHICLE FIRE TRUCK AMBULANCE/RESCUE TAXI MOTOR HOME TRAIN FARM VEHICLE FARM EQUIPMENT SNOWMOBILE CONSTRUCTION EQUIPMENT ALL OTHERS 	POINT OF IMPACT <input type="text" value="07"/> <ol style="list-style-type: none"> NONE CENTER FRONT RIGHT FRONT RIGHT SIDE RIGHT REAR REAR CENTER LEFT REAR LEFT SIDE LEFT FRONT TOP AND WINDOWS UNDERCARRIAGE LOAD/TRAILER TOTAL (ALL AREAS) OTHER UNKNOWN 	MOTORIST <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAN RED LIGHT, OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACDA IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION FATIGUE/ASLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION UNKNOWN 	CONTRIBUTING CIRCUMSTANCES <input type="text" value="19"/> <ol style="list-style-type: none"> NONE FAILURE TO YIELD RAN RED LIGHT, OR STOP SIGN EXCEEDED SPEED LIMIT UNSAFE SPEED IMPROPER TURN LEFT OF CENTER FOLLOWED TOO CLOSELY/ACDA IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION FATIGUE/ASLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION UNKNOWN 	ALCOHOL/DRUG SUSPECTED <input type="text" value="1A"/> <ol style="list-style-type: none"> NONE YES - ALCOHOL SUSPECTED YES - HBD NOT IMPAIRED YES - DRUGS SUSPECTED YES - ALCOHOL / DRUGS SUSPECTED UNKNOWN 	OCCURRENCE <input type="text" value="1"/> <ol style="list-style-type: none"> ON ROADWAY ON SHOULDER IN MEDIAN ON ROADSIDE ON GOBE OUTSIDE TRAFFICWAY UNKNOWN 										
NON-MOTORIST <ol style="list-style-type: none"> ANIMAL W/RIDER ANIMAL W/BUGGY BICYCLE PEDESTRIAN PEDALCYCLIST SKATER OTHER-NON MOTORIST UNKNOWN 	ACTION <input type="text" value="3"/> <ol style="list-style-type: none"> NON-CONTACT NON-COLLISION STRIKING STRUCK BOTH STRIKING AND STRUCK UNKNOWN 	NON-MOTORIST <ol style="list-style-type: none"> NONE IMPROPER CROSSING DARTING LYING AND/OR ILLEGALLY IN ROADWAY FAILURE TO YIELD RIGHT OF WAY NOT VISIBLE (DARK CLOTHING) INATTENTIVE FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER WRONG SIDE OF THE ROAD OTHER UNKNOWN 	FIRST HARMFUL EVENT <input type="text" value="1A"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS <input type="text" value="1A"/> <ol style="list-style-type: none"> NONE TEST REFUSED TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE TEST GIVEN, RESULTS KNOWN TEST GIVEN, RESULTS UNKNOWN UNKNOWN 	ROAD CONTOUR <input type="text" value="4"/> <ol style="list-style-type: none"> STRAIGHT LEVEL STRAIGHT GRADE CURVE LEVEL CURVE GRADE 										
DAMAGE SCALE <input type="text" value="4"/> <ol style="list-style-type: none"> NONE NON-FUNCTIONAL DAMAGE FUNCTIONAL DAMAGE DISABLING DAMAGE SEVERE UNKNOWN 	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="1"/> <ol style="list-style-type: none"> NO UNDERRIDE OR OVERRIDE UNDERRIDE, COMPARTMENT INTRUSION UNDERRIDE, NO COMPARTMENT INTRUSION UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN OVERRIDE, MOTOR VEHICLE IN TRANSPORT OVERRIDE, OTHER VEHICLE UNKNOWN 	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="06"/> <ol style="list-style-type: none"> TURN SIGNALS HEAD LAMPS TAIL LAMPS BRAKES STEERING TIRE BLOWOUT WORN OR SLICK TIRES TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR CRASH OTHER DEFECTS 	MOST HARMFUL EVENT <input type="text" value="3"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST TYPE <input type="text" value="1A"/> <ol style="list-style-type: none"> NONE BLOOD URINE BREATH OTHER 	ROAD CONDITIONS <table border="1"> <tr><th>Primary</th><th>Secondary</th></tr> <tr><td>01</td><td></td></tr> </table> <ol style="list-style-type: none"> DRY WET SNOW ICE SAND, MUD, DIRT, OIL, GRAVEL WATER (STANDING, MOVING) SLUSH DEBRIS** RUT, HOLES, BUMPS, UNEVEN PAVEMENT** OTHER UNKNOWN 	Primary	Secondary	01							
Primary	Secondary														
01															
TOP COPY - ODPS BOTTOM COPY - AGENCY		SUPPLEMENT # <input type="text" value="10-89-0432"/> LOCAL REPORT #													

Narrative

UNIT #1 WAS TRAVELING WESTBOUND ON THE OHIO TURNPIKE NEAR THE 55 MILEPOST. UNIT #1 BLEW A TIRE AND LOST CONTROL. UNIT #1 WENT OFF THE LEFT SIDE OF THE ROADWAY, CAME BACK ON THE ROADWAY, ROTATED, WENT OFF THE RIGHT SIDE OF THE ROADWAY, STRUCK A CEMENT DITCH, AND STRUCK THE NORTH DITCH. UNIT #1 CAME TO FINAL REST IN THE NORTH DITCH FACING SOUTH.

MANNER OF COLLISION OR IMPACT

- 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

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

LIGHT CONDITIONS

- PRIMARY SECONDARY
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

SCHOOL BUS RELATED

- 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

- 1 NO
 2 YES
 3 UNKNOWN
 1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

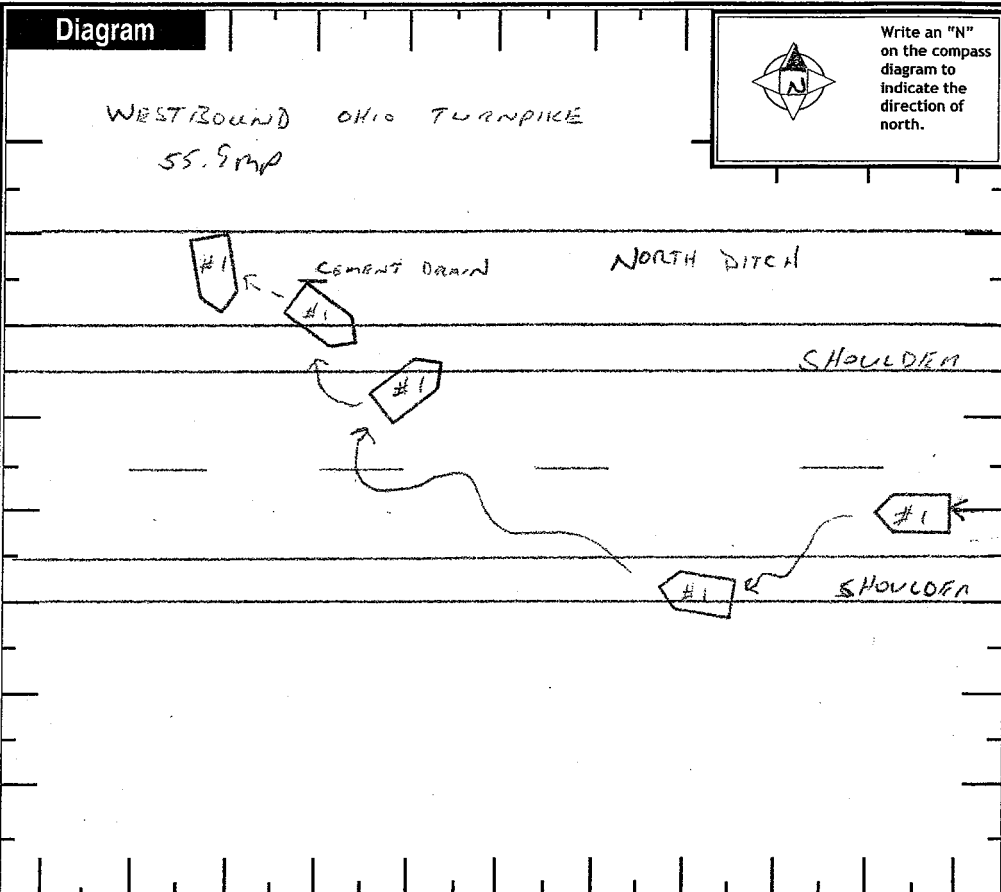
LOCATION OF CRASH IN WORK ZONE

- 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

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 9 PERSONS, INCLUDING DRIVER.

UNIT #

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

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.

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

Police Action

DATE CRASH REPORTED 09052007 1441 DISPATCH 1441 ARRIVED 1446 CLEARED 1537 OTHER 120 176

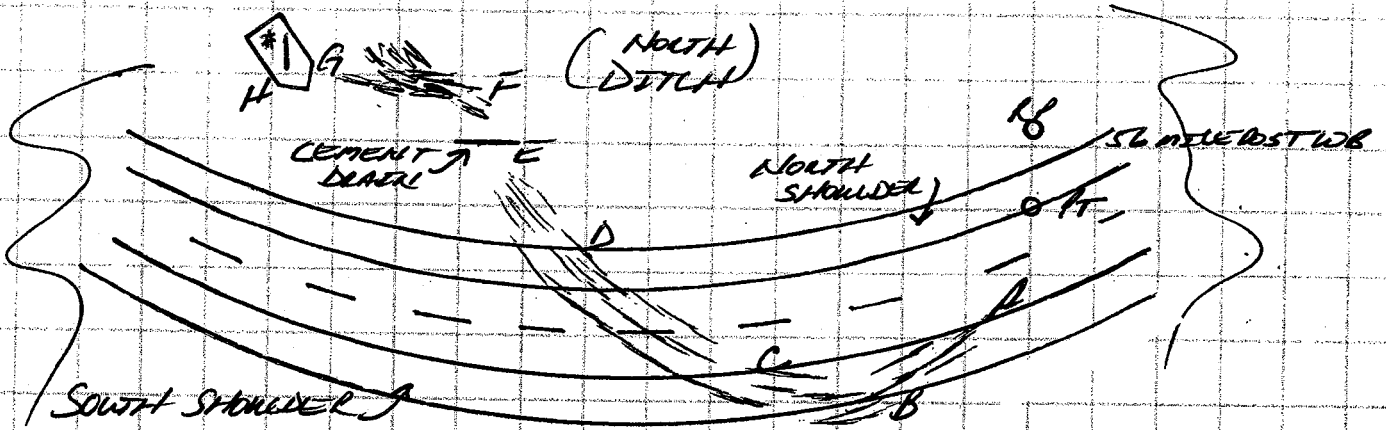
OFFICER'S NAME * J. T. LANKEY 578 CHECKED BY Sgt. K. Thomas DATE REPORT FILED * 09062007

REPORT TAKEN BY 1 POLICE AGENCY REPORT TAKEN AT 1 SCENE
 2 MOTORIST 2 STATION
 3 OTHER

10-89-0432

LOCAL REPORT NUMBER 10-89-0432	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 09 D 25 Y 27
IN COUNTY OF LUCAS	CRASH LOCATION OHIO TURNPIKE 56 MILEPOST WESTBOUND	

OHIO TURNPIKE
WESTBOUND LANES



RP = 56 MILEPOST 14 FT NORTH OF EDGE LINE

P.O. = WHITE EDGE LINE

PT	A/E	F/E	DESCRIPTION
A	95° W	23° S	UNIT #1 RAN OFF ROADWAY ONTO SOUTH SHOULDER
B	132° W	32° S	UNIT #1 OFF SOUTH SHOULDER INTO GRASS MEDIAN
C	238° W	23° S	UNIT #1 ON SOUTH SHOULDER BACK ONTO ROADWAY
D	341° W	0° S	UNIT #1 RAN OFF ROADWAY ONTO NORTH SHOULDER
E	357° W	31° S	UNIT #1 STRUCK CEMENT DRAINAGE
F	363° W	44° S	UNIT #1 STRUCK NORTH DITCH
G	491° W	46° S	FINAL REST UNIT #1 LEFT FRONT TIRE
H	500° W	44° S	FINAL REST UNIT #1 RIGHT FRONT TIRE

MEASUREMENTS TAKEN BY: T.M. ALEXANDER AND T.R. SKYDER
ROLL-A-TAKE FROM C-119

OFF
X

BADGE NUMBER
921

LOCAL REPORT NUMBER 10-89-0432	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 9 D 5 Y 07
IN COUNTY OF LUCAS	ACCIDENT LOCATION 55.9 W13 OTP	

VEHICLE INFORMATION

UNIT# ONE

YEAR 1997

MAKE PONTIAC

MODEL GRAND AM

COLOR RED

VIN 1GENES2T7V [REDACTED]

REGISTRATION [REDACTED]

DAMAGE ANALYSIS

DISABLING DAMAGE TO LEFT SIDE TIRES AND POSSIBLE DAMAGE TO REAR AXLE LEFT SIDE AND SIDE MIRROR.

MISCELLANEOUS INFORMATION

[REDACTED]

BEREA, OHIO [REDACTED]

[REDACTED]

OFFICERS SIGNATURE
TPR. G. L. [Signature]

BADGE NO.
528

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-0432	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9/15/07
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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 [REDACTED] (OFFICERS NAME) AT SCENE (LOCATION)

SMOKE CAME OUT TO THE FRONT OF THE CAR AND THEN CAN'T CONTROL THE WHEEL, I TRIED TO STOP THE CAR BUT IT'S WON'T STOP TILL I HIT THE GUTTER AND THEN I HIT THE BRAKE HARD TILL THE CAR STOP AND WENT TO THE RIGHT SIDE OF THE HIGHWAY.

Q ARE YOU INJURED

A NO

Q WAS YOUR SEAT BELT ON?

A YES

Q WHAT LANE WERE YOU TRAVELING IN?

A LEFT LN

Q HOW FAST WERE YOU TRAVELING?

A 60 MPH

Q DID YOU HEAR OR FEEL A POP BEFORE YOU OBSERVED THE SMOKE?

A NO I HAD MY RADIO ON

Q DO YOU HAVE ANYTHING TO ADD?

A No

ADDRESS OF WITNESS [REDACTED]	BALTIMORE MD [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE T.P. J. [Signature]	