

10209415 MEDIAN

TRAFFIC CRASH REPORT



10-91-0648

CRASH SEVERITY 3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

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

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

REPORTING AGENCY * OHP 91 STATE HIGHWAY PATROL 91: 481 98 = ANIMAL 99 = UNKNOWN 10042007

DAY OF WEEK 1737 THU X NAME (OF CITY, VILLAGE OR TOWNSHIP) * NORTH ROYALTON 18 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION IR 80 (OLD TURNPIKE E/B) TYPE LOC 3 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION M.P. 166.4 EB

AT/REFERENCE DIST REFERENCE DR PREFIX REFERENCE .4 ME MILEPOST 166 REF POINT 06 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE LOCAL INFORMATION 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE 07 CORPORATION LIMIT

Address (STREET, CITY, STATE, ZIP CODE) HUDSON, OH

DL STATE OH LP STATE 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 2004 MAKE MITSUBISHI MODEL GALANT COLOR BLU INSURANCE COMPANY PROGRESSIVE TOWING SERVICE N/A OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # WORK PHONE #

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

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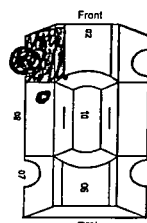
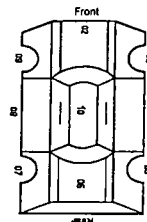
Table with columns: SEATING POSITION, SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURIES. Includes handwritten entries like '01', '04', '24', '85'.

Motorist/Non-Motorist

Occupant

BLANK FOR WITNESS

HSY7001

<p>UNIT NUMBERS</p> <p>01</p> <p>NON-MOTORIST LOCATION</p> <p>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</p>	<p>DAMAGE AREA</p>  <p>DAMAGE AREA</p>  <p>MOST DAMAGED AREA</p> <p>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</p>	<p>PRE-CRASH ACTIONS</p> <p>01</p> <p>MOTORIST</p> <p>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</p> <p>NON-MOTORIST</p> <p>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</p>	<p>SEQUENCE OF EVENTS</p> <p>06 09 32</p> <p>NON-COLLISION</p> <p>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 HIGHWAY SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULTVERT 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</p>	<p>POSTED SPEED</p> <p>65</p> <p>TRAFFIC CONTROL</p> <p>12</p> <p>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</p> <p>DIRECTION</p> <p>FROM TC TO</p> <p>4 3</p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	<p>DRUG TEST STATUS</p> <p>1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>1</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1&2 RESULT</p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>03</p> <p>MOTORIST</p> <p>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</p>	<p>POINT OF IMPACT</p> <p>09</p> <p>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</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>19</p> <p>MOTORIST</p> <p>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</p> <p>NON-MOTORIST</p> <p>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</p>	<p>FIRST HARMFUL EVENT</p> <p>3</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>3</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<p>CONDITION</p> <p>1</p> <p>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</p> <p>ALCOHOL/DRUG SUSPECTED</p> <p>1</p> <p>1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN</p>	<p>TYPE OF INTERSECTION</p> <p>01</p> <p>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</p> <p>OCCURRENCE</p> <p>3</p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p>
<p>IN EMERGENCY RESPONSE</p> <p>1 No 2 Yes 3 UNKNOWN</p> <p>DAMAGE SCALE</p> <p>4</p> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>ACTION</p> <p>3</p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN</p> <p>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</p> <p>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</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>06</p> <p>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</p>	<p>SPEED DETECTED</p> <p>1</p> <p>1 STATED 2 ESTIMATED SPEED</p> <p>SPEED</p> <p>70</p>	<p>ALCOHOL TEST STATUS</p> <p>1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE</p> <p>1</p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p>	<p>ROAD CONTOUR</p> <p>4</p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</p> <p>ROAD CONDITIONS</p> <p>01</p> <p>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</p> <p>**SECONDARY ROAD CONDITIONS ONLY</p>

10-91-0648

Narrative

UNIT 1 WAS EASTBOUND ON OHIO TURNPIKE.
 UNIT 1 HAD TIRE BLOWOUT. UNIT 1 LOST
 CONTROL, DROVE OFF LEFT SIDE OF ROADWAY,
 AND STRUCK WALK.

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

TYPE OF WORK ZONE

- 1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/MOVING WORK
 5 OTHER

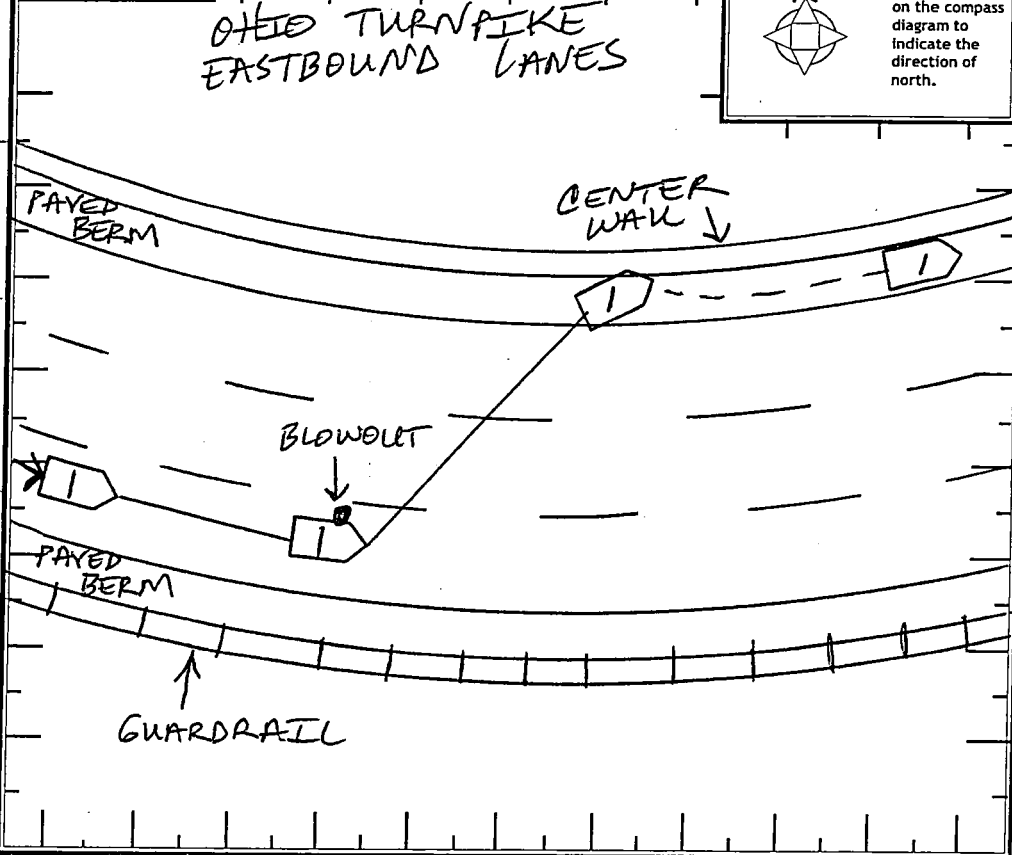
LOCATION OF CRASH IN WORK ZONE

- 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

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.

A
N
D

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, 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

Weight (GVWR): 1 LESS/EQUAL 10,000, 2 10,001 - 26,000, 3 MORE THAN 26,000

CDL Class: 1 CLASS A, 2 CLASS B, 3 CLASS C, 4 CLASS M, 5 CLASS D

Hazardous Materials Placard: 1 NO, 2 YES, 3 UNKNOWN

Hazardous Materials Released: 1 NO, 2 YES, 3 NOT APPLICABLE, 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 10042007 TIME REP CALL: 1737 DISPATCH: 1737 ARRIVED: 1741 CLEARED: 1830 OTHER: 20 TOTAL MINUTES: 73

OFFICER'S NAME: TPR. A.M. DOVES BADGE #: 85 CHECKED BY: 470 DATE REPORT FILED: 10082007

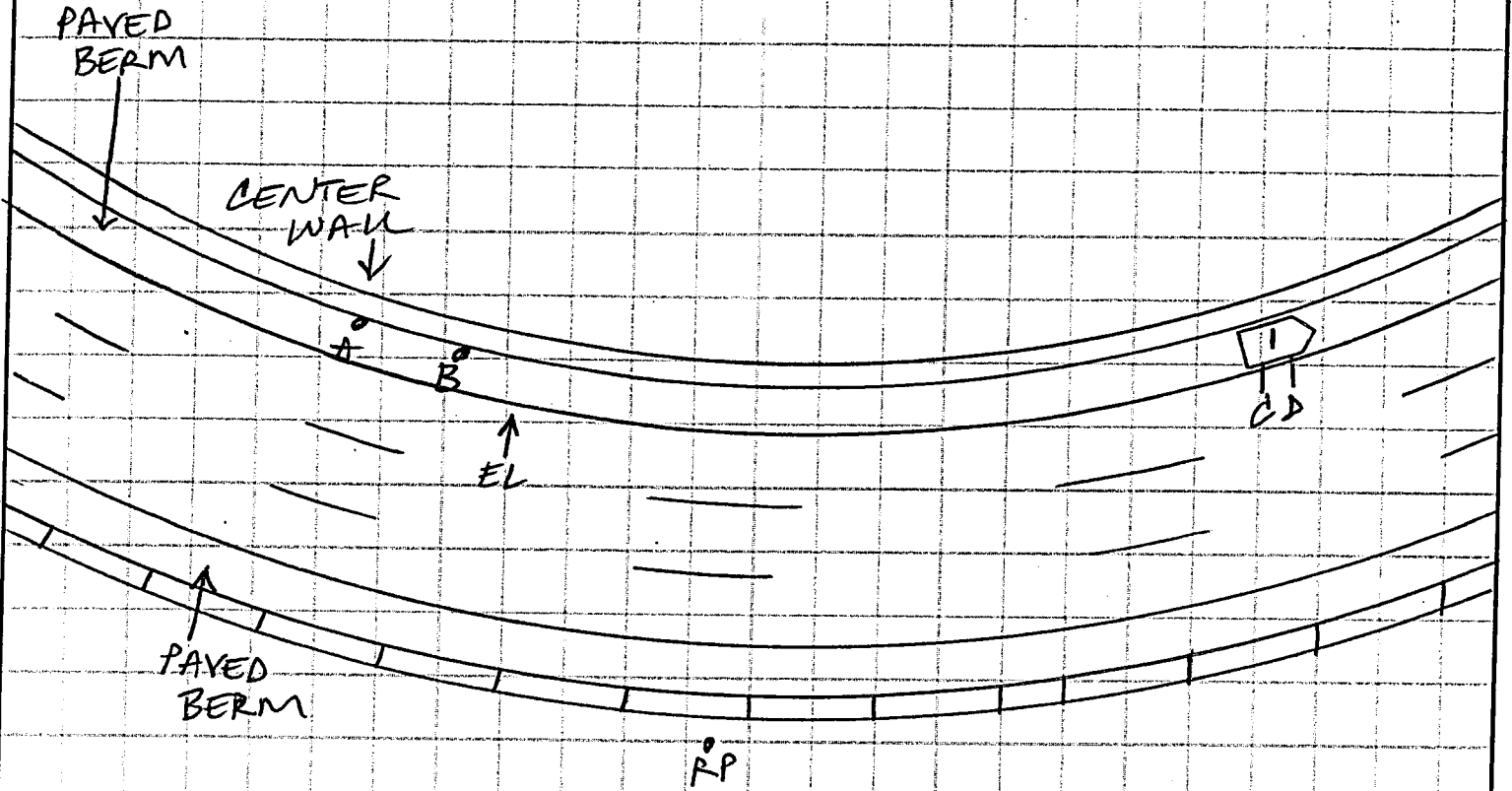
REPORT TAKEN BY: 1 POLICE AGENCY, 2 MOTORIST REPORT TAKEN AT: 1 SCENE, 2 STATION, 3 OTHER

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-91-0648	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 4 Y 07
IN COUNTY OF CUYAHOGA	CRASH LOCATION OHIO TURNPIKE - M.P. 166.4 E/B	

OHIO TURNPIKE
EASTBOUND LANES



	N	E	W	S	DESCRIPTION
A	14 1/2		199 8		UNIT 1 - TIRE MARK - FIRST STRUCK WALL
B	14 1/2		165 1/2		UNIT 1 - SCRAPES ON CENTER WALL
C	6 6	274 9			UNIT 1 - FINAL REST - RR TIRE
D	6 1/2	283 3			UNIT 1 - FINAL REST - RF TIRE

RP TO EL - 46 1/4

RP - M.P. 166.4 DELINEATOR POST

EL - YELLOW PAINTED LINE
NORTH EDGE OF ROADWAY

OFFICER'S SIGNATURE X Jpn A.M. DOR	BADGE NUMBER 85
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LOCAL REPORT NUMBER 10-91-0648	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 4 Y 07
IN COUNTY OF CUYAHOGA	CRASH LOCATION OHIO TURNPIKE - M.P. 166.4 E/B	

UNIT 1

VEN-4A3AB46F34E [REDACTED]

DAMAGE- LEFT FRONT TIRE (FLAT, HOLES),
FRONT BUMPER (SCRATCHES),
LEFT FRONT FENDER (SCRATCHES),
LEFT SIDEVIEW MIRROR (SCRATCHES)

* THERE WERE THREE HOLES IN THE
SIDEWALL OF LEFT FRONT TIRE.

TIRE TREAD ON LEFT FRONT TIRE
WAS 5/32. HOLES DID NOT TOUCH
TIRE TREAD.

OFFICER'S SIGNATURE

X *[Signature]*

BADGE NUMBER

85

LOCAL REPORT NUMBER 10-91-0648	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M/10/04/07
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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
TPR. A.M. DOLES (OFFICERS NAME) AT OHIO TURNPIKE - M.P. 166 (LOCATION)

- Q. HOW FAST WERE YOU DRIVING?
A. 70 MPH
- Q. WHICH LANE WERE YOU DRIVING IN?
A. FAR RIGHT.
- Q. WHY DID YOU DRIVE INTO THE WALL?
A. I THINK I PRESSED MY BRAKES TOO HARD AND MY TIRE BLEW.
- Q. WERE ANY OTHER VEHICLES INVOLVED?
A. NO.
- Q. WERE YOU INJURED?
A. NO.
- Q. WERE YOU WEARING A SEATBELT?
A. YES.
- Q. DID YOU HEAR A LOUD NOISE BEFORE YOU LOST CONTROL?
A. NO.
- Q. DID YOU FEEL YOU LOST STEERING?
A. YES.

ADDRESS OF WITNESS: [REDACTED] HUDSON, OH [REDACTED] PHONE: [REDACTED]

SIGNATURE OF WITNESS: [REDACTED] OFFICERS SIGNATURE: TPR A.M. DOLES