

TRAFFIC CRASH REPORT



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

10-90-0789

2

1

X

X X X

REPORTING AGENCY *
O.H.P. 90 STATE HIGHWAY PATROL

01 01 98 = ANIMAL
99 = UNKNOWN

11022007

DATE OF CRASH: 1253 DAY OF WEEK: FRI TIME: X NAME (OF CITY, VILLAGE OR TOWNSHIP) * BROWNHELM LATITUDE: 41.17.748 LONGITUDE: 82.16.627

CRASH OCCURRED ON: IR/90 (OHIO TURNPIKE) WESTBOUND TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION: 137.1 WB
AT/REFERENCE: DIST REFERENCE DR PREFIX REFERENCE: I ME MILEPOST 137 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

NAME (LAST, FIRST, MIDDLE): 0102 ADDRESS (STREET, CITY, STATE, ZIP CODE): ELYRIA, OH

DL STATE: OH DL #: LP STATE: OH LP #: 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): ELYRIA, OH HOME PHONE #: WORK PHONE #: YEAR: 1998 MAKE: SUZUKI MODEL: ESTEEM COLOR: SILVER INSURANCE COMPANY: PERMANENT GEN. TOWING SERVICE: CHARLIE'S 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:

OWNER NAME (IF SAME, WRITE "SAME"): ADDRESS (STREET, CITY, STATE, ZIP CODE): HOME PHONE #: WORK PHONE #:

YEAR: MAKE: MODEL: COLOR: INSURANCE COMPANY: TOWING SERVICE: OWNER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION: NAME (LAST, FIRST, MIDDLE): HOME PHONE #:

Address (STREET, CITY, STATE, ZIP CODE): ELYRIA, OH INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: LIFECARE INJURED TAKEN TO: AMHERST HOSPITAL

NAME (LAST, FIRST, MIDDLE): WIT ADDRESS (STREET, CITY, STATE, ZIP CODE): UNIONTOWN, OH HOME PHONE #:

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

1385

3

Motorist/Non-Motorist

Occupant

BLANK FOR WITNESS

Narrative UNIT #1 WAS TRAVELING WESTBOUND ON THE OHIO TURNPIKE IN THE CENTER LANE AT THE 137 MILEPOST WHEN THE LEFT REAR TIRE BLEW OUT. UNIT #1 THEN LOST CONTROL AND HIT THE GUARDRAIL FACE TWICE AND CAME TO REST IN THE DITCH.

MANNER OF COLLISION OR IMPACT 1

SCHOOL BUS RELATED 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

WEATHER 01

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

WORK ZONE RELATED 1

1 NO
 2 YES
 3 UNKNOWN

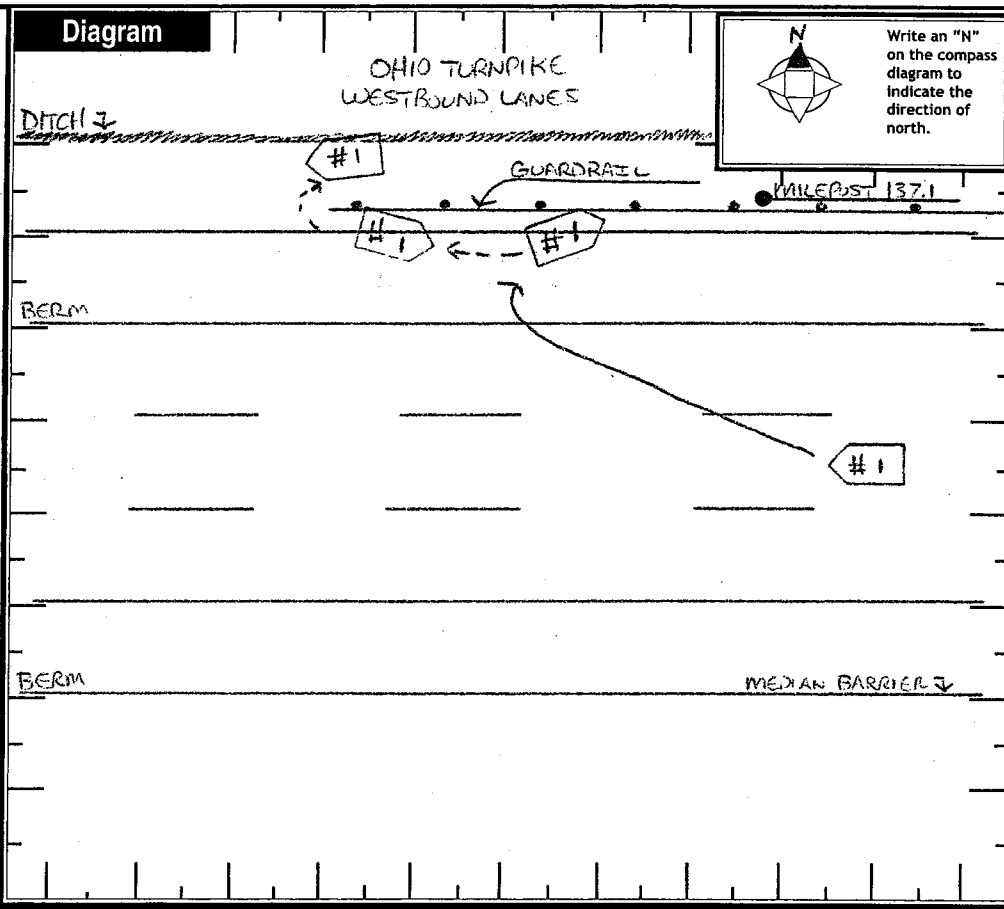
TYPE OF WORK ZONE

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

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN



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.

A AND 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

DISPATCH 110220071254 ARRIVED 1254 CLEARED 1356 OTHER 30 92

OFFICER'S NAME* IR M. RAMSEY

CHECKED BY 1385

DATE REPORT FILED* 11052007

REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER

10-90-0789

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0789	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 11 10 2 1Y07
IN COUNTY OF LORAIN	CRASH LOCATION IR/80 (OHIO TURNPIKE) WESTBOUND MILEPOST 137.1	

DAMAGE ANALYSIS

UNIT #1 98' SUZUKI ESTEEM VIN# J52GB3157W5 [REDACTED]

DAMAGE: FRONT BUMPER KNOCKED OFF, HOOD DENTED, BOTH TIRES ON LEFT SIDE FLAT, SCRATCHES AND DENTS ON BOTH DOORS ON LEFT SIDE, FRONT LEFT HEADLIGHT BROKEN, LEFT TAIL LIGHT BROKEN, LEFT FRONT QUARTER PANEL DENTED, LEFT REAR QUARTER PANEL DENTED, TRUNK DENTED, LEFT SIDE OF REAR BUMPER SCRATCHED AND DENTED.

INSURANCE: PERMANENT GENERAL

POLICY # [REDACTED] PHONE # [REDACTED]

COMMENTS: GUARDRAIL DAMAGE, THIS AREA ALSO TO BE CHECKED BY TURNPIKE MAINT. FOR FURTHER DAMAGE. FOR FURTHER INFO CONTACT: OHIO TURNPIKE COMMISSION
682 PROSPECT ST. BEREA, OH. 44017 (440)234-2081.
CHILD THAT WAS TRANSPORTED WAS TREATED FOR MINOR INJURY AND RELEASED

OFFICER'S SIGNATURE

X

BADGE NUMBER

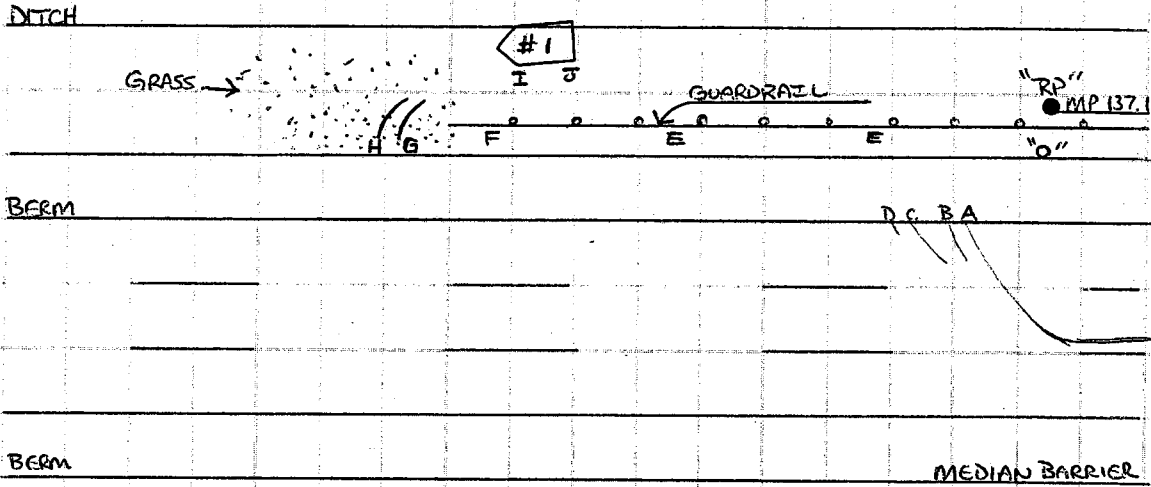
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OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-90-0789	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 11 10 2 1 07
IN COUNTY OF LORAIN	CRASH LOCATION IR/80 (OHIO TURNPIKE) WESTBOUND MILEPOST 137.1	

NOT TO SCALE



OHIO TURNPIKE IR/80
WESTBOUND LANES

OFFICER'S SIGNATURE

X *Al. M. Bennett*

BADGE NUMBER

1385

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-90-0789	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 11 10 2 19 07
IN COUNTY OF LORAIN	ACCIDENT LOCATION IR/80 (OHIO TURNPIKE) WESTBOUND MILEPOST 137.1	

BASELINE DESCRIPTION: NORTH EDGE OF PAVEMENT

REFERENCE POINT (RP) DESCRIPTION: 137.1 MILEPOST

"RP" TO BASELINE (0 POINT): 2^o DIRECTION FROM RP: S

"0" POINT TO:	ALONG BASELINE	DIREC.	FROM BASELINE	DIREC.	EXPLANATION OF MEASUREMENTS
A	254 ^Z	W	10 ⁶	S	TIRE SKID CROSSES WHITE EDGELINE
B	264 ^B	W	10 ⁶	S	TIRE SKID CROSSES WHITE EDGELINE
C	287 ^{ll}	W	10 ⁶	S	TIRE SKID CROSSES WHITE EDGELINE
D	292 ^Z	W	10 ⁶	S	TIRE SKID CROSSES WHITE EDGELINE
E	295 ^z	W	0		VEHICLE STRIKES GUARDRAIL FACE
F	310 ^l	W	0		VEHICLE STRIKES GUARDRAIL FACE
G	377 ⁴	W	2 ^o	N	TIRE RUT MARK IN GRASS
H	379 ⁹	W	2 ^z	N	TIRE RUT MARK IN GRASS
I	374 ^Z	W	24 ¹⁰	*N	FINAL REST OF LEFT FRONT TIRE
J	366 ^z	W	25 ^{ll}	N	FINAL REST OF LEFT REAR TIRE
K					
L					
M					
N					
O					
P					
Q					
R					
S					
T					
U					
V					
W					
X					
Y					
Z					
AA					
BB					
CC					

OFFICERS SIGNATURE
R. M. Ramsey

BADGE NO.
1385

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0789	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 11 10 2 1907
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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
Off. M. Ramsey (OFFICERS NAME) AT SCENE OHIO TURNPIKE W33 MILEPOST 137.1 (LOCATION)

I was driving westbound towards Toledo to go visit my family out there. I was driving about 70-73 mph. and my back left tire blew out. I felt the car shaking a little before that and tried to get over to far right lane and my tire blew already. I tried to control the vehicle as long as I could and it starting spinning into the guard rail, then off the road.

- Q. WHAT LANE WERE YOU IN? @ MIDDLE LANE
- Q. DID YOU HAVE A SEATBELT ON? @ YES
- Q. WAS YOUR DAUGHTER IN A SAFETY SEAT? @ YES
- Q. IS ANYONE HURT? @ I'M NOT HURT MY DAUGHTER HIT HER HEAD
- Q. HOW OLD ARE THOSE TIRES? @ LAST SUMMER
- Q. ANY PROBLEMS BEFORE THIS? @ OTHER SIDE HAD A SLOW LEAK

ADDRESS OF WITNESS [REDACTED] ELYRIA OH [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICERS SIGNATURE Off. M. Ramsey

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-90-0789	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 11 / D 2 / Y 07
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I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 (PRINTED)

Al. M. Ramsey AT SCENE OHIO TURNPIKE WBS MILEPOST 137.1
 (OFFICERS NAME) (LOCATION)

I was in the ~~left~~ right hand lane. The car was ahead of me in the middle lane. I saw a puff of smoke from the left rear. Not seeing anything on the road, I figured the tire had blown. She lost control and came across the right lane into the guard rail.

ADDRESS OF WITNESS <i>Uniontown, OH</i>	DOB <input type="checkbox"/>	PHONE <input type="checkbox"/>
SIGNATURE OF WITNESS <input type="checkbox"/>	OFFICERS SIGNATURE <i>Al. M. Ramsey</i>	