

TRAFFIC CRASH REPORT

OHIO
PUBLIC
SAFETY
EDUCATION • SERVICE • PROTECTION

LOCAL REPORT # *

10-89-0559

CRASH SEVERITY

1 FATAL
2 INJURYPDO
UNKNOWNPRIVATE
PROPERTYX
IF YES

HIT/SKIP

1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVEDPHOTOS
TAKENX
IF YES

OH-2

OH-3

OH-1P

OTHER

N.C.I.O. # *

10 MAR 89

REPORTING AGENCY *

STATE HIGHWAY PATROL

UNITS

01

UNIT ERROR

98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *

11/16/2007

TIME OF CRASH

1517

DAY OF WEEK

FRI

CITY *

X

VILLAGE *

X

TWP *

X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

MAUMEE

COUNTY *

48

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

IR-50 (OHIO TURNPIKE)

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE

2 NUMBERED STREET

LOCAL INFORMATION

X 59

AT/REFERENCE

DIST REFERENCE

DR

5MF

PREFIX

REFERENCE

59

REF POINT

06

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

UNIT #

A

OF OCC.

0102

NAME (LAST, FIRST, MIDDLE)

[REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE)

[REDACTED] SANDUSKY OH [REDACTED]

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH

[REDACTED]

AGE

[REDACTED]

SEX

[REDACTED]

HOME PHONE #

[REDACTED]

WORK PHONE #

[REDACTED]

DL STATE

OH

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] SANDUSKY OH [REDACTED]

YEAR

1994

MAKE

GMC

MODEL

SIENNA

COLOR

GREY

INSURANCE COMPANY

PROGRESSIVE

TOWING SERVICE

XPRESS

OWNER PHONE #

[REDACTED]

OFFENSE CHARGED

[REDACTED]

OFFENSE DESCRIPTION

[REDACTED]

CITATION #

[REDACTED]

LOCAL
CODE?X
IF YES

UNIT #

B

OF OCC.

[REDACTED]

NAME (LAST, FIRST, MIDDLE)

[REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE)

[REDACTED]

SOCIAL SECURITY NUMBER

[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?X
IF YES

UNIT #

C

OF OCC.

01

NAME (LAST, FIRST, MIDDLE)

[REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE)

[REDACTED] SANDUSKY OH [REDACTED]

UNIT #

D

OF OCC.

[REDACTED]

NAME (LAST, FIRST, MIDDLE)

[REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE)

[REDACTED]

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

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

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

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

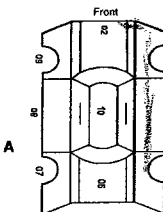
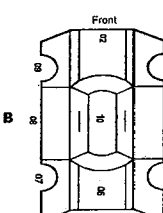
- EJECTION
- 1 NOT EJECTED
 - 2 TOTALLY EJECTED
 - 3 PARTIALLY EJECTED
 - 4 NOT APPLICABLE
 - 5 UNKNOWN

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

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

1133

SUPPLEMENT #
X IF YES

UNIT NUMBERS 01	DAMAGE AREA 	PRE-CRASH ACTIONS 09	SEQUENCE OF EVENTS 08 30	POSTED SPEED 65	DRUG TEST STATUS 1								
Non-Motorist Location 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	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	TRAFFIC CONTROL 12	DRUG TEST TYPE 1								
TYPE OF UNIT 07	MOST DAMAGED AREA 04	CONTRIBUTING CIRCUMSTANCES 2	Direction <table border="1" style="width: 100%; text-align: center;"> <tr> <th>From</th> <th>To</th> <th>From</th> <th>To</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">A</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> </table>	From	To	From	To	3	4	A	B	DRUG TEST 1&2 RESULT 1 2	TYPE OF INTERSECTION 07
From	To	From	To										
3	4	A	B										
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	POINT OF IMPACT 04	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 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 OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	OCURRENCE 2								
IN EMERGENCY RESPONSE A	ACTION 3	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE A	FIRST HARMFUL EVENT 1	ALCOHOL TEST STATUS 1	ROAD CONTOUR 4								
DAMAGE SCALE 4	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE A	VEHICLE DEFECT 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	MOST HARMFUL EVENT 1	ALCOHOL TEST TYPE 1	ROAD CONDITIONS <table border="1" style="width: 100%; text-align: center;"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; padding: 2px;">01</td> </tr> </table>	PRIMARY	SECONDARY	01	01				
PRIMARY	SECONDARY												
01	01												
01 NO 02 YES 03 UNKNOWN	01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	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 DETECTED 1	ALCOHOL TEST RESULT A	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								
TOP COPY - ODPS BOTTOM COPY - AGENCY													

Narrative

UNIT # 1 WAS EXITING THE OHIO TURNPIKE WESTBOUND LANES AT THE 59 INTERCHANGE WHEN HE RAN OFF THE RIGHT SIDE OF THE ROAD, AND DULW TURNED ON ITS RIGHT SIDE.

MANNER OF COLLISION OR IMPACT

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

- 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
☐ 2
☐ 3
☐ 4

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

WORK ZONE RELATED

☐ 1
☐ 2
☐ 3

- 1 NO
- 2 YES
- 3 UNKNOWN

TYPE OF WORK ZONE

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

- 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
☐ 2
☐ 3
☐ 4

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

☐ 1
☐ 2
☐ 3

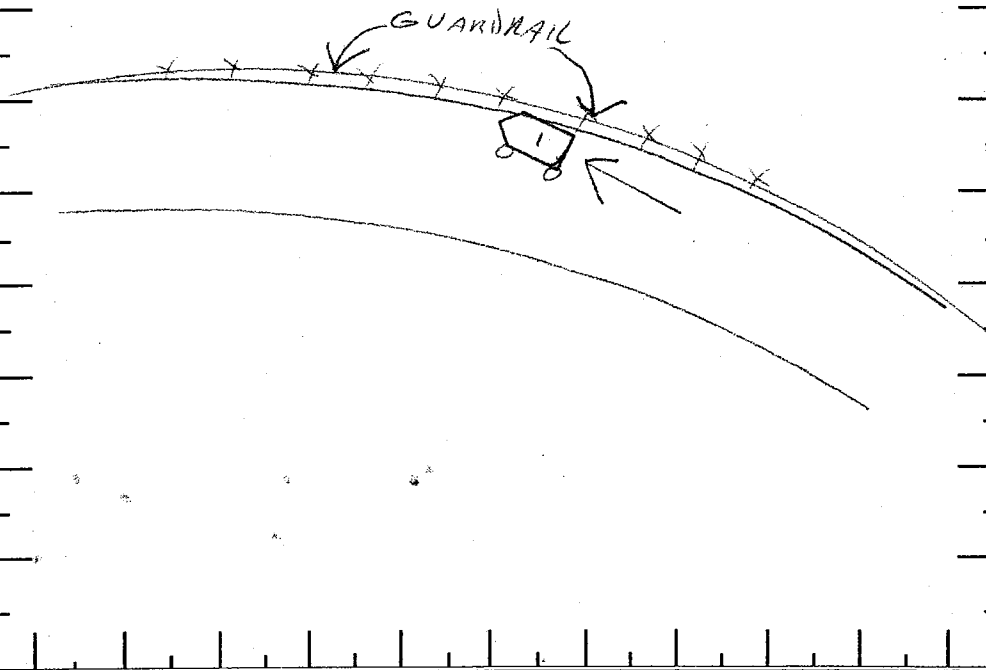
- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram

OHIO TURNPIKE
EXIT-59 WB



Write an "N" on the compass diagram to indicate the direction of north.



WEATHER

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

- 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
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

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

Truck/Bus

UNIT #

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

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.

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.

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 #

PLACARD #

DIA.

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 - 25,000
- 3 MORE THAN 25,000

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

TIME REC CALL

DISPATCH

ARRIVED

CLEARED

OTHER

TOTAL MINUTES

1/1/62007

1517

1517

1525

1619

30

92

OFFICER'S NAME *

TPA J. HERNANDEZ

BADGE # *

1133

CHECKED BY

SGT. K.E. THOMAS

DATE REPORT FILED *

1/1/72007

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

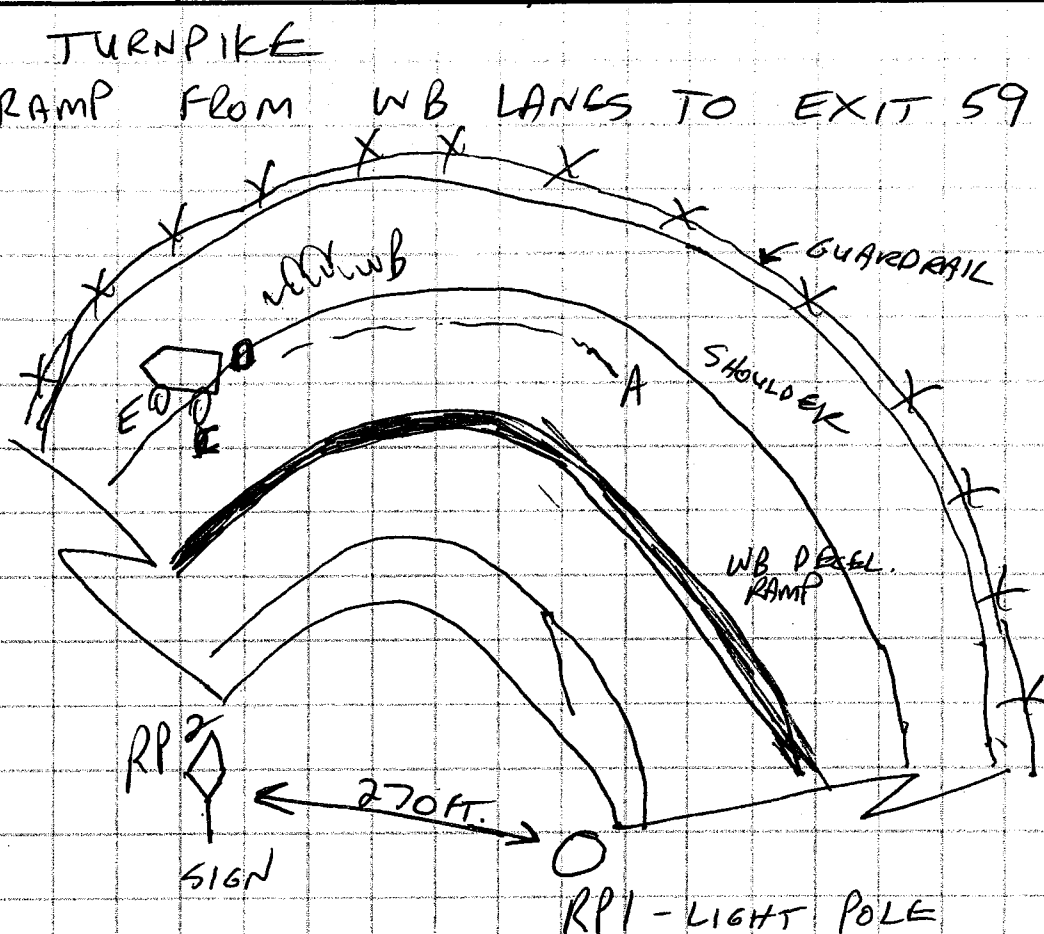
SUPPLEMENT

LOCAL REPORT # *

10-89-0559

LOCAL REPORT NUMBER	10-89-0559	REPORTING AGENCY	STATE HIGHWAY PATROL	DATE OF ACCIDENT	M 11 ID 16 Y 07
IN COUNTY OF	LUCAS	ACCIDENT LOCATION	EXIT 59, OHIO TURNPIKE		

OHIO TURNPIKE
EXIT RAMP FROM WB LANES TO EXIT 59



	FROM RPI	FROM RP2	DESCRIPTION
A	89'	275'	BEGIN SKID MARK
B	90'	252'	GOUGE MARKS ON SHOULDER
C	118'	211'	RR CORNER OF TRUCK BED
D	93'	243'	EDGE LINE BEHIND TRUCK
E	134'	205'	RF TIRE ON TRUCK

ROADWAY DRY - GUARDRAIL DAMAGE ADJACENT TO VEHICLE
OWNER - OHIO TURNPIKE COMMISSION

682 PROSPECT ST.,
BEREA, OHIO 44017
440-234-2081

OFFICER'S SIGNATURE

X

BADGE NUMBER

800

OH-3 REV 1/82

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES