

# TRAFFIC CRASH REPORT

10213958

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
10-89-0577

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN  
3

PRIVATE PROPERTY  
\* IF YES

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

PHOTOS TAKEN  
\* IF YES  
X

OH-2 OH-3 OH-1P OTHER  
X X X 4

LOCAL # \*  
04889

REPORTING AGENCY \*  
STATE HIGHWAY PATROL

# UNITS  
01

UNIT ERROR  
99 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
11242007

DATE OF CRASH: 1745 DAY OF WEEK: SAT COUNTY # \* 87 LATITUDE: 41°30'39.30" LONGITUDE: 83°25'29.97"

CRASH OCCURRED ON: 1R80, OHIO TURNPIKE TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE LOCAL INFORMATION: 74.0 W

AT/REFERENCE: DIST REFERENCE DR PREFIX REFERENCE: 0.0m W 74 REF POINT: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE REFERENCE POINT USED: 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

Motorist/Non-Motorist A: UNIT # 01, # OF OCC. 01, NAME (LAST, FIRST, MIDDLE) [REDACTED], ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] TOLEDO, OH, 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 3 POLICE, TRANSPORTED BY [REDACTED], INJURED TAKEN TO [REDACTED], OWNER NAME (IF SAME, WRITE "SAME") SAME, ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED], YEAR 2002, MAKE FORD, MODEL Crown Victoria, COLOR Black, INSURANCE COMPANY [REDACTED], TOWING SERVICE Madison's, OWNER PHONE # [REDACTED], OFFENSE CHARGED [REDACTED], OFFENSE DESCRIPTION [REDACTED], CITATION # [REDACTED], LOCAL CODE? [REDACTED]

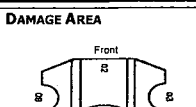
Motorist/Non-Motorist B: UNIT # [REDACTED], # OF OCC. [REDACTED], NAME (LAST, FIRST, MIDDLE) [REDACTED], ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED], SOCIAL SECURITY NUMBER [REDACTED], DATE OF BIRTH [REDACTED], AGE [REDACTED], SEX [REDACTED], HOME PHONE # [REDACTED], WORK PHONE # [REDACTED], DL STATE [REDACTED], DL # [REDACTED], LP STATE [REDACTED], LP # [REDACTED], INJURED TAKEN BY [REDACTED], 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]

Occupant

Occupant C: UNIT # [REDACTED], NAME (LAST, FIRST, MIDDLE) [REDACTED], HOME PHONE # [REDACTED], DATE OF BIRTH [REDACTED], AGE [REDACTED], SEX [REDACTED], ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED], INJURED TAKEN BY [REDACTED], TRANSPORTED BY [REDACTED], INJURED TAKEN TO [REDACTED], Occupant D: UNIT # [REDACTED], NAME (LAST, FIRST, MIDDLE) [REDACTED], HOME PHONE # [REDACTED], DATE OF BIRTH [REDACTED], AGE [REDACTED], SEX [REDACTED], ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED], INJURED TAKEN BY [REDACTED], TRANSPORTED BY [REDACTED], INJURED TAKEN TO [REDACTED]

SEATING POSITION: 01 FRONT-LEFT (MC DRIVER) 04 A, 02 FRONT-MIDDLE 04 A, 03 FRONT-RIGHT, 04 SECOND-LEFT (MC PASS) B, 05 SECOND-MIDDLE, 06 SECOND-RIGHT, 07 THIRD-LEFT (MC PASSENGER/SIDE CAR) C, 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. SAFETY EQUIPMENT: 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. SUPPLEMENT # 'X' IF YES. 1630

UNIT NUMBERS  
01



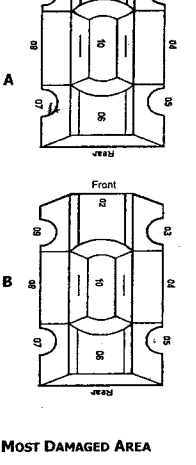
PRE-CRASH ACTIONS  
01

SEQUENCE OF EVENTS  
A: 06, B: 1

POSTED SPEED  
65

DRUG TEST STATUS  
1 NONE

- 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



- 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

- TRAFFIC CONTROL  
12  
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

- DRUG TEST TYPE  
1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

TYPE OF UNIT  
04

MOST DAMAGED AREA  
07

- CONTRIBUTING CIRCUMSTANCES  
19

- DIRECTION  
FROM TO FROM TO  
3 4

DRUG TEST 1&2 RESULT  
1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPIATES  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

- 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  
01  
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

- 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 OFFICER  
31 WRONG SIDE OF THE ROAD  
32 OTHER  
33 UNKNOWN

- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED  
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

- CONDITION  
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

- 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

- IN EMERGENCY RESPONSE  
1 NO  
2 YES  
3 UNKNOWN

- ACTION  
2  
1 NON-CONTACT  
2 NON-COLLISION  
3 STRIKING  
4 STRUCK  
5 BOTH STRIKING AND STRUCK  
6 UNKNOWN

- VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE  
11  
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

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

- ALCOHOL/DRUG SUSPECTED  
1  
1 NONE  
2 YES - ALCOHOL SUSPECTED  
3 YES - HBD NOT IMPAIRED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL / DRUGS SUSPECTED  
6 UNKNOWN

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

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

- STRIKING VEHICLE: OVERRIDE/ UNDERRIDE  
1  
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

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

- SPEED DETECTED  
1  
1 STATED  
2 ESTIMATED SPEED

- ALCOHOL TEST STATUS  
1  
1 NONE  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

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

- DRUG TEST TYPE  
1  
1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

- DRUG TEST 1&2 RESULT  
1  
1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPIATES  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

- DRUG TEST STATUS  
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 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

- ALCOHOL TEST RESULT  
1  
1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

- 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

**Narrative**

UNIT #1 WAS WESTBOUND ON THE OHIO TURNPIKE NEAR THE 74 MILEPOST, WHERE HE LOST THE LEFT REAR WHEEL.

**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

**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

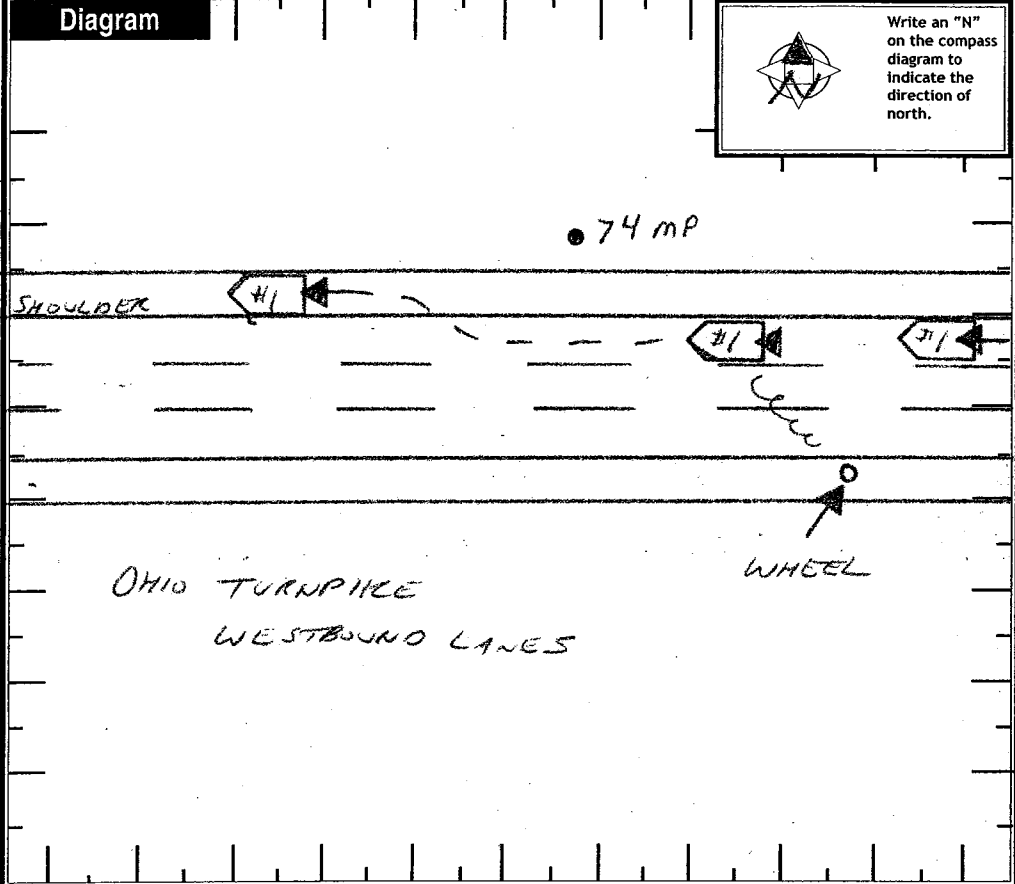
**WEATHER**

- 02 CLOUDY  
 01 CLEAR  
 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**

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

UNIT #

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: 11/24/07 TIME REC CALL: 1835 DISPATCH: 1835 ARRIVED: 1835 CLEARED: 1925 OTHER: 15 TOTAL MINUTES: 65

OFFICER'S NAME: R.E. PURPURA BADGE #: 1630 CHECKED BY: SGT ORRICK 127 DATE REPORT FILED #: 11/25/07

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT 'X' IF YES: LOCAL REPORT #: 10-89-0577

LOCAL REPORT NUMBER 10-89-0577	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 11 10 24 19 07
IN COUNTY OF LAWSON	CRASH LOCATION OHIO TURNPIKE / 74 MPWB	

## VEHICLE DAMAGE:

UNIT #1 - DAMAGE TO LEFT REAR FENDER/BUMPER,  
LEFT REAR RIM, AND POSSIBLE DAMAGE TO  
UNDER CARRIAGE/AXLE.

## OTHER:

- MADISON MOTOR'S ON SCENE TO REMOVE UNIT #1
- LOST REAR LEFT WHEEL
- DRIVER STATED HE HAD TIRES ROTATED  
EARLIER IN THE WEEK
- NO FIELD SKETCH - VEHICLE MOVED

OFFICER'S SIGNATURE

X

T. R. REHMAN

BADGE NUMBER

1630

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-89-0577	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M/1 10 24 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) [REDACTED]

TAN RE PURMAN AT SCENE

(OFFICERS NAME) (LOCATION)

on or about 1250 hrs going west bound 50/90  
 45 mph when left rear tire came off  
 right hand lane

*[A large diagonal line is drawn across the remaining lines of the form.]*

ADDRESS OF WITNESS <span style="background-color: black; color: black;">[REDACTED]</span>	PHONE <span style="background-color: black; color: black;">[REDACTED]</span>
SIGNATURE OF WITNESS <span style="background-color: black; color: black;">[REDACTED]</span>	OFFICERS SIGNATURE <u>Tan R. Purman</u>