

10229536

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
10-0271-90

CRASH SEVERITY  
3 1 FATAL 3 FDO  
2 INJURED 4 UNKNOWN  
708 MAY 22 AM 8:00

PRIVATE PROPERTY  
HITS/RIP  
1 NOT HITS/RIP  
2 SOLVED  
3 UNSOLVED

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

N.C.I.C. #  
OHP90

REPORTING AGENCY  
Ohio State Highway Patrol

UNITS  
01

UNIT ERROR  
01 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH  
04062008

TIME OF CRASH  
1642

DAY OF WEEK  
SUN

CITY VILLAGE TWP  
Groton

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
Groton

COUNTY #  
22

LATITUDE  
41:20:73.04

LONGITUDE  
82:43:57.01

CRASH LOCATION  
E IR 0080

TYPE LOC  
3

CRASH REFERENCE OR PREVIOUS REFERENCE  
0.05m E 112

REFERENCE POINT USED  
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 # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 01 03

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Amherst, Ohio

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
M

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)  
Elyria, Ohio

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2000 CHRY Town & Country TAN Nationwide Charles

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
B

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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C 01 F

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D 01 M

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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  
08 THIRD - MIDDLE (MC PASSENGER/SIDE CAR)  
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  
04 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 LIGHTS  
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 ON POSITION  
3 OFF POSITION  
4 UNKNOWN

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

TRAPPED  
1 NOT TRAPPED  
2 EXTRACTED 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

Motorist/Non-Motorist  
Occupant



**Narrative**

Unit # 1 was traveling eastbound on the Ohio Turnpike in the center lane. The driver of Unit # 1 felt his car start to vibrate and then his front left wheel came off. Unit # 1 was able to pull onto the right berm where he came to rest.

**MANNER OF COLLISION OR IMPACT**

- 1  1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2 REAR-END  
 3 HEAD-ON  
 4 REAR-TO-REAR  
 5 BACKING  
 6 ANGLE  
 7 SIDEWIPPE, SAME DIRECTION  
 8 SIDEWIPPE, 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 CROSSWIND  
 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  1 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 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 SITE/UTILITY/NOVING WORK  
 5 OTHER

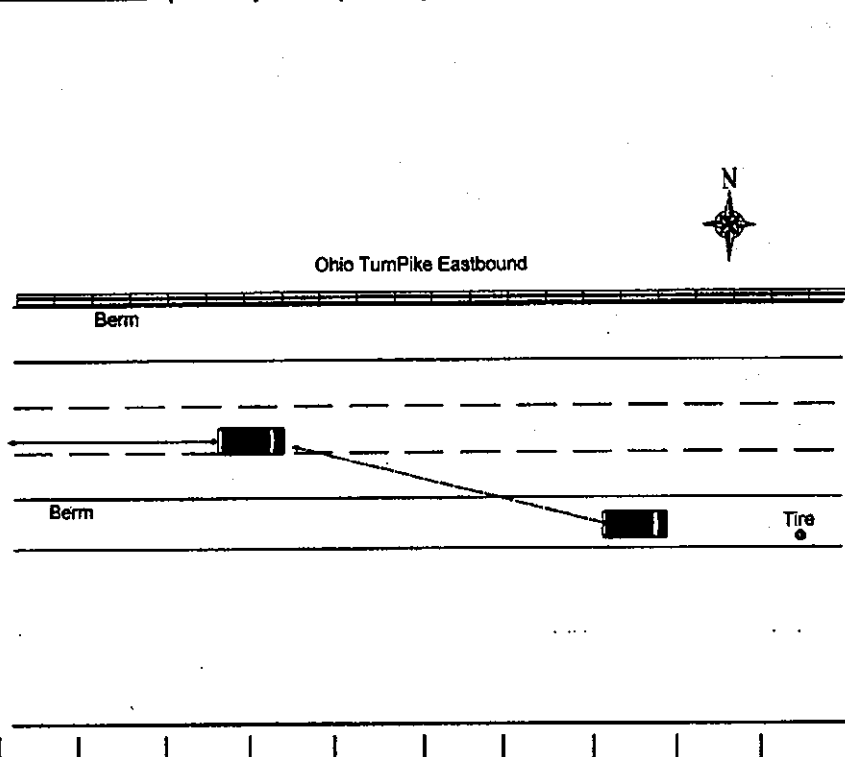
**LOCATION OF CRASH IN WORK ZONE**

- 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.

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 WRECKED 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  05 POLE  09 CONCRETE MDR  WEIGHT (GVWR)  1 LESS THAN 10,000  2 10,001 - 20,000  3 MORE THAN 20,000

02 BUS (8-14 INCLUDING DRIVER)  06 CARGO TANK  10 AUTO TRANSPORTER  COL CLASS  1 CLASS A  2 CLASS B  3 CLASS C  4 CLASS D  5 CLASS E  6 CLASS F

03 VAN/ENCLOSED BOX  07 FLATBED  11 GARAGE/REPURE  HAZARDOUS MATERIALS PLACARD  1 NO  2 YES  3 UNKNOWN

04 GARAGE/PORAVEL  08 DUMP  12 OTHER  13 UNKNOWN  HAZARDOUS MATERIALS RELEASED  1 NO  2 YES  3 NOT APPLICABLE  4 UNKNOWN

**Police Action**

DATE CRASH REPORTED  04  06  20  08

TIME REC CALL  16  42

DISPATCH  16  42

ARRIVED  16  58

CLEARED  18  10

OTHER  35

TOTAL MINUTES  01  23

OFFICER'S NAME \*  Bracy, Brain

BADGE # \*  0115

CHECKED BY  AWWALKER

DATE REPORT FILED \*  04  09  20  08

REPORT TAKEN BY  1 POLICE AGENCY  2 MOTORIST

REPORT TAKEN AT  1 RESCUE  2 STATION  3 OTHER

SUPPLEMENT \* "X" IF YES

LOCAL REPORT # \*  10 - 0271 - 90

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION****OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER <b>10-0271-90</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>04/06/2008</b>
IN COUNTY OF <b>Erie</b>	ACCIDENT LOCATION <b>E IR 0080</b>	
<b>Damage Analysis For Unit # 1:</b> <ul style="list-style-type: none"><li>- Left front Bumper dented in(Contact damage)</li><li>- Left front tire and rim damaged</li><li>- Left front tire lug nuts and rim studs broken</li></ul> <b>Vin: 1C4GP44G34E</b> <ul style="list-style-type: none"><li>- Weather: Sunny, Clear</li><li>- Road conditions: dry</li></ul>		
OFFICERS SIGNATURE		BADGE NO. <b>0115</b>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0271-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 4 10 06 1988
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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

(OFFICERS NAME) AT I-80 Mile Post 112 (LOCATION)

I was Driving when the front of the vehicle started to make a vibrating feeling so I started to pull off to the side of the road as I did the left front wheel came off I was able to pull completely off to the side

Q. WAS ANY ONE INJURED? (A) NO

Q. WERE YOU WEARING YOUR SEAT BELT? (A) Yes

Q. HOW FAST WERE YOU DRIVING? (A) 65

Q. WHAT LANE WERE YOU IN? (A) Middle

Q. WHEN DID YOU LAST HAVE THE VAN SERVICED? (A) A+C Tire FILTERS/OIL SERVICED

Q. DID YOU CHECK THE LUG NUTS RECENTLY? (A) NO

Q. WHERE WERE YOU GOING TO? (A) Home

Q. WHERE ARE YOU COMING FROM? (A) Pelee Island

[REDACTED] Amherst OH, [REDACTED]

[REDACTED] ELYRIA, OHIO [REDACTED] [REDACTED] PHONE [REDACTED]

ADDRESS OF WITNESS SIGNATURE OF WITNESS OFFICERS SIGNATURE [Signature] 4/115



10-0271-90



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