

10229538

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-0284-90

CRASH SEVERITY
3 1 FATAL 3 FDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HT/STIP
1 NOT HT/STIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1F OTHER
X X

N.C.A.C. #
OHP90

REPORTING AGENCY
Ohio State Highway Patrol

UNIT #
01

UNIT ERROR
01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH
04142008

2008 MAY 22 AM 8:00

TIME OF CRASH
1245

DAY OF WEEK
MON

CITY VILLAGE TWP
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)
Olmstead Falls

COUNTY #
18

LATITUDE
41:21:24.98

LONGITUDE
81:53:24.25

PREFIX CRASH LOCATION
IR 0080

TYPE LOC
3

TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

DRY REFERENCE OR PREFIX/REFERENCE
.3m W 158

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 # # OF OCC.
A 01 01 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)
Middleburg Heights, Ohio

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX
F

HOME PHONE #

WORK PHONE #

DL STATE DL #
OH

LP STATE LP #
OH

INJURED TAKEN BY
1 HOME 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)
Middleburg Heights, Ohio

YEAR MAKE
2007 MAZD

MODEL COLOR
323 BLK

INSURANCE COMPANY
PROGRESSIVE

TOWING SERVICE
RICH'S

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE DL #

LP STATE LP #

INJURED TAKEN BY
1 HOME 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)

YEAR MAKE
MODEL COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT # NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY
1 HOME 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY
1 HOME 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

BEATING 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 BLENDUP 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 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

UNIT NUMBERS 0 1		DAMAGE AREA A B		PRE-CRASH ACTIONS 0 1		SEQUENCE OF EVENTS 0 9 3 2		POSTED SPEED 6 5		DRUG TEST STATUS 1	
NON-MOTORIST LOCATION 				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 IMBROSION 04 JACQUETTE 05 CAR/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 REPAIRATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUMBLEY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH FIXED OBJECT, 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 IMMOVABLE OBJECT 24 UNKNOWN IMMOVABLE 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/ILLUMINATED 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 1 2 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 PREVENT MARKINGS 13 CROSSWALK LINES 14 WALK/DO NOT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER		DRUG TEST TYPE 1 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	
TYPE OF UNIT 0 3 MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 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 MOTORCYCLED 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 WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN		MOST DAMAGED AREA 0 8 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		CONTRIBUTING CIRCUMSTANCES 1 9 MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNEASE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/TAILGATE 09 IMPROPER LANE CHANGE 10 DROVE OFF ROAD 11 IMPROPER PARKING 12 IMPROPER BACKING 13 IMPROPER START FROM PARKED POSITION 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/ASLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/OVERLOADING 22 OTHER IMPROPER ACTION 23 UNKNOWN NON-MOTORIST 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 32 WRONG SIDE OF ROAD 33 OTHER		DIRECTION FROM TO FROM TO 3 4 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN		DRUG TEST 1&2 RESULT 1 1 NONE 2 MARIJUANA 3 COCAINE 4 OPATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING			
POINT OF IMPACT 0 8 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		ACTION 3 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN		VEHICLE DEFECT CODE ONLY IF "1" SELECTED ABOVE 0 5 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS		CONDITION 1 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN		TYPE OF INTERSECTION 0 1 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 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			
EMERGENCY RESPONSE 1 1 NO 2 YES 3 UNKNOWN		STRIKING VEHICLE: OVERSIDE/UNDERIDE 1 1 NO UNDERIDE OR OVERSIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE OTHER VEHICLE 7 UNKNOWN		ALCOHOL/DRUG SUSPECTED 1 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HSD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN		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 3 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE			
DAMAGE SCALE 4 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN		ROAD CONDITION PRIMARY SECONDARY 0 1 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		ALCOHOL TEST TYPE 1 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER		ALCOHOL TEST RESULT 		SUPPLEMENT # "X" IF YES 1 0 - 0 2 8 4 - 9 0			

Narrative

Unit # 1 was traveling westbound on IR80 in the left lane. Unit # 1 went off the left side of the roadway striking the barrier wall. Unit # 1 came to rest on the left berm.

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 SIDEWIDE, SAME DIRECTION
- 8 SIDEWIDE, OPPOSITE DIRECTION
- 9 UNKNOWN

WEATHER

0 1

- 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

- 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

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

LOCATION OF CRASH IN WORK ZONE

1

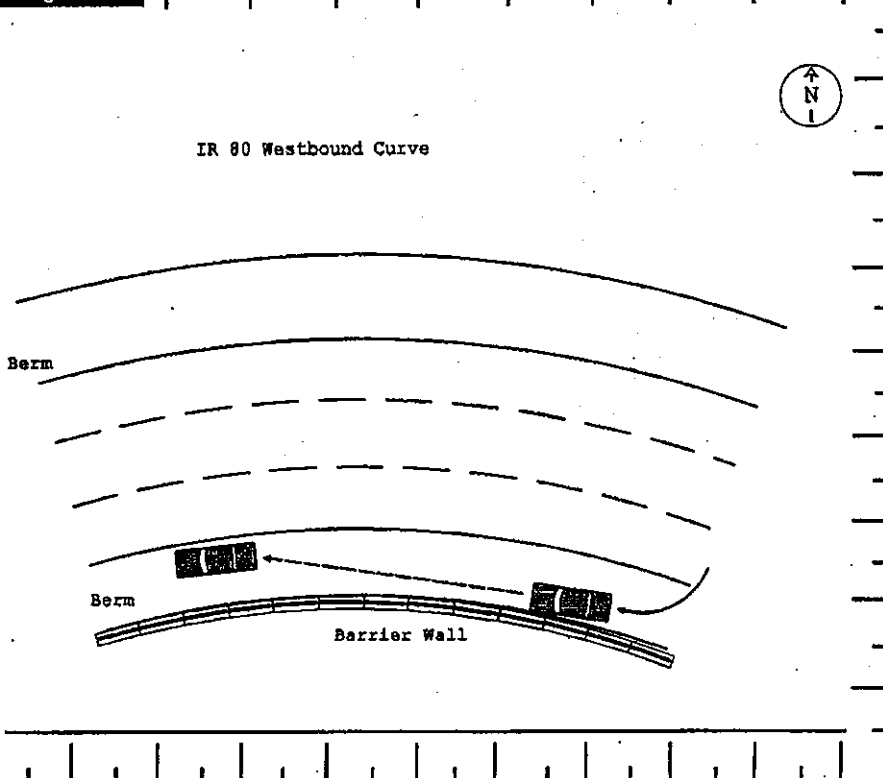
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



Truck/Bus

UNIT #

1

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.

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

1

- 01 NOT APPLICABLE
- 02 BUS (8-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRABBER/GRABBER

- 05 POLE
- 06 CARGO TANK
- 07 PLATED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

WEIGHT (GVWR)

1

- 1 LESS THAN 10,000
- 2 10,001 - 20,000
- 3 MORE THAN 20,000

CDL CLASS

1

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 5 CLASS D

HAZARDOUS MATERIALS PLACARD

1

- 1 NO
- 2 YES
- 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED

1

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

Police Action

DATE CRASH REPORTED

0 4 1 4 2 0 0 8

TIME REC CALL

1 2 4 8

DISPATCH

1 2 4 8

ARRIVED

1 2 5 9

CLEARED

1 3 5 0

OTHER

3 0

TOTAL MINUTES

0 0 9 2

OFFICER'S NAME *

Bacsi, Steven

BADGE # *

0 4 9 3

CHECKED BY

TJMYERS

DATE REPORT FILED *

0 4 1 5 2 0 0 8

REPORT TAKEN BY

1

1 POLICE AGENCY
2 MOTORIST

REPORT TAKEN AT

1

1 SCENE
2 STATION
3 OTHER

SUPPLEMENT *
"X" IF YES

LOCAL REPORT # *

1 0 - 0 2 8 4 - 9 0

OH-2 (REV. 1/82)

HSY 7002



OHIO DEPARTMENT
OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 10-0284-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MAY 01 8 1908
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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
TROOPER S.T. BACST OFFICER'S NAME AT SCENE 157.7 MILES LOCATION

I was driving W^{est} on I-80 from home going to a doctor's appointment. I was in the far left lane traveling at about 70 mph when the car veered sharply to the left. As a result, my car slammed into the concrete divider. I came to a stop and then a passer by stopped and advised for a trooper.

Q. WERE YOU INJURED?

A. NO

Q. DID YOU HAVE YOUR SEAT BELT ON?

A. YES

Q. WERE THERE ANY OTHER VEHICLES INVOLVED?

A. NO

ADDRESS OF WITNESS Middleburg Hts, OH	PHONE [REDACTED]
SIGNATURE OF WITNESS X [REDACTED]	OFFICER'S SIGNATURE X [REDACTED]



10-0284-90



20080414