

10229540

Median Xing

OH-1 (Rev. 10/89)

# TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0365-91	CRASH SEVERITY 3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY X IF YES	HIT/SHOP 1 NOT HIT/SHOP 2 SOLVED 3 UNRESOLVED	PHOTOS TAKEN X IF YES	OH-2 X	OH-3 X	OH-1P X	OTHER X
H.C.I.C. # OHP10	REPORTING AGENCY Ohio State Highway Patrol	UNITS 02	UNIT ERROR 02	DATE OF CRASH 04232008				

TIME OF CRASH: 0900 DAY OF WEEK: WED CITY: X VILLAGE: TWP: X NAME (OF CITY, VILLAGE OR TOWNSHIP): Braceville COUNTY: 78 LATITUDE: 41:14:30.80 LONGITUDE: 81:02:37.57

CRASH OCCURRED ON: IR0080 TYPE LOC: 3 TYPE LOCATION POINT USED: 3 LOCAL INFORMATION: Ohio Turnpike 206.3 Westbound

DIST REFERENCE (OR PREFIX) REFERENCE: 3M E 206 REF POINT: 06 REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOME NUMBER 05 TOWNSHIP BOUNDARY 06 DRIVEWAY 07 MILE POST 08 CORPORATION UNIT 09 STREET OR ROUTE W/O REFERENCE

UNIT # 0101 NAME (LAST, FIRST, MIDDLE): [Redacted] ADDRESS (STREET, CITY, STATE, ZIP CODE): [Redacted] **Y**

SOCIAL SECURITY NUMBER: [Redacted] DATE OF BIRTH: [Redacted] AGE: SEX: M HOME PHONE #: WORK PHONE #: [Redacted]

DL STATE: VA DL #: LP STATE: VA LP #: INJURED TAKEN BY: 1 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): Rapidan, Virginia

YEAR: 2007 MAKE: VOLV MODEL: Conventional COLOR: RED/BLK INSURANCE COMPANY: Mid Atlantic TOWING SERVICE: Interstate OWNER PHONE #: OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE? X IF YES

UNIT # 0200 NAME (LAST, FIRST, MIDDLE): Unknown, Unknown ADDRESS (STREET, CITY, STATE, ZIP CODE):

SOCIAL SECURITY NUMBER: [Redacted] DATE OF BIRTH: 00 AGE: 00 SEX: U HOME PHONE #: WORK PHONE #: [Redacted]

DL STATE: UNKNOWN DL #: LP STATE: UNKNOWN LP #: INJURED TAKEN BY: 1 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):

YEAR: UNKN MAKE: Unkn MODEL: Unknown COLOR: Unknown INSURANCE COMPANY: Unknown TOWING SERVICE: OWNER PHONE #: OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE? X IF YES

UNIT # C NAME (LAST, FIRST, MIDDLE): [Redacted] HOME PHONE #: [Redacted] DATE OF BIRTH: [Redacted] AGE: 41 SEX: M ADDRESS (STREET, CITY, STATE, ZIP CODE): Perry, Michigan INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:


UNIT # D NAME (LAST, FIRST, MIDDLE): [Redacted] HOME PHONE #: [Redacted] DATE OF BIRTH: [Redacted] AGE: [Redacted] SEX: [Redacted] ADDRESS (STREET, CITY, STATE, ZIP CODE): INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:

MULTIPLER-VIOLENT

Occupant

SEATING POSITION 01 FRONT - LEFT (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 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 5 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/REAR 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
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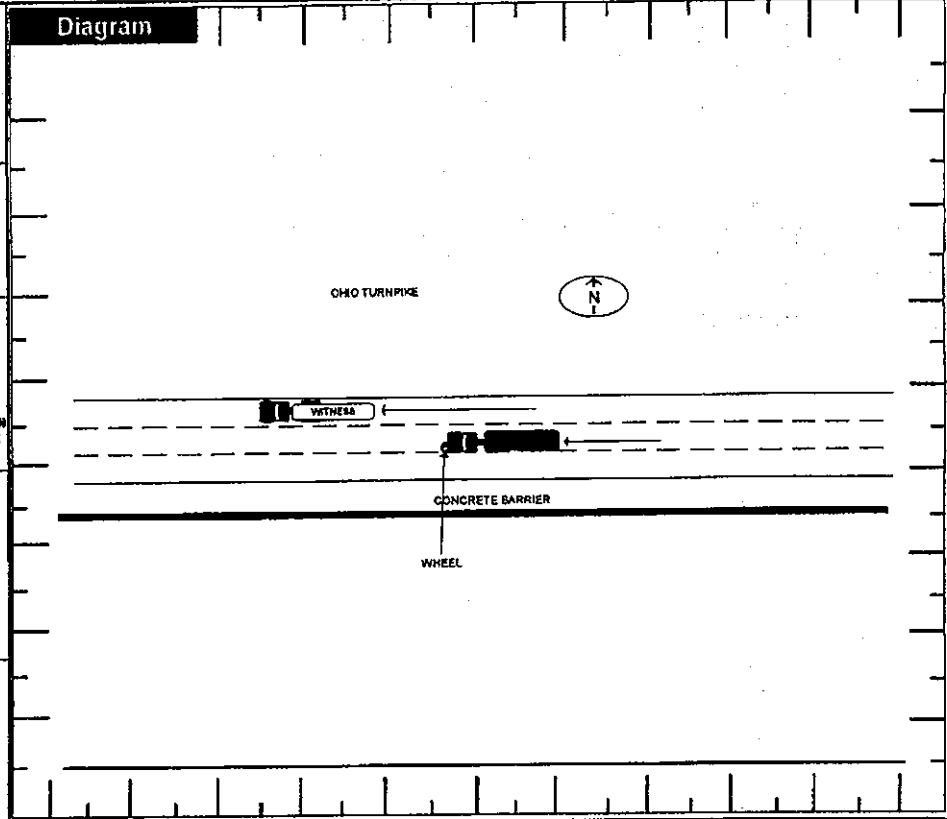
24

<b>UNIT NUMBERS</b> 0 1 0 2	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> 0 1 1 4	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>2</td><td>3</td><td>0</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	2	3	0	6													<b>POSTED SPEED</b> 6 5 6 5	<b>DRUG TEST STATUS</b> 1 1
2	3	0	6																		
<b>NON-MOTORIST LOCATION</b> 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 50 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 50 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	<b>MOST DAMAGED AREA</b> 0 9 1 5	<b>MOTORIST</b> 01 MOVEMENT 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHPRT 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 14 COLLISION W/DEBRIS ON VEHICLE OR OBJECT NOT FIXED	<b>TRAFFIC CONTROL</b> 1 2 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 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	<b>DRUG TEST TYPE</b> 1 1 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST (1&amp;2) RESULT</b> <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> </table>	1	1	1	1												
1	1	1	1																		
<b>TYPE OF UNIT</b> 1 3 4 2		<b>CONTRIBUTING CIRCUMSTANCES</b> 0 1 1 9		<b>DIRECTION</b> FROM TO FROM TO 3 4 4 3	<b>TYPE OF INTERSECTION</b> 0 1																
<b>MOTORIST</b> 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: AXLES, 4 TIRES 10 SINGLE UNIT TRUCK: 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (SIBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE W/HT 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 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL W/HERD 36 ANIMAL W/SOLOGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> 0 9 0 1 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	<b>MOTORIST</b> 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/TAILOA 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 DISTRACTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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 SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>COLLISION WITH EXTERIOR OBJECT</b> 24 UNKNOWN MOVABLE 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/STREETLIGHT 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	<b>CONDITION</b> 1 8 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 <b>ALCOHOL/DRUG SUSPECTED</b> 1 6 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - H/D NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	<b>OCURRENCE</b> 1 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN <b>ROAD CONTOUR</b> 2 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																
<b>IN EMERGENCY RESPONSE</b> 1 1	<b>ACTION</b> 4 2 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<b>VEHICLE DEFECT</b> CODE ONLY IF "I" SELECTED ABOVE 1 1	<b>FIRST HARMFUL EVENT</b> 1 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> 1 1 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNOBTAINABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>ROAD CONDITION</b> PRIMARY SECONDARY 0 1																
<b>DAMAGE SCALE</b> 4 6 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRUCK VEHICLE: OVERRIDE/ UNDERIDE</b> 1 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	<b>VEHICLE DEFECT</b> 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	<b>MOST HARMFUL EVENT</b> 1 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <b>SPEED DETECTED</b> 1 1 STATED 2 ESTIMATED SPEED <b>SPEED</b> 6 5	<b>ALCOHOL TEST TYPE</b> 1 1 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER <b>ALCOHOL TEST RESULT</b> . . . . . . . . . .	<b>DRUG TEST (1&amp;2) RESULT</b> 1 1 1 1 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING																
SUPPLEMENT * 'X' IF YES LOCAL REPORT # " 1 0 - 0 3 6 5 - 9 1																					

**Narrative**

Unit #1 was westbound in the center lane, and Unit #2 was eastbound on the Ohio Turnpike. Unit #2 lost a tire / rim which traveled over the median / concrete barrier. The tire then struck Unit #1.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 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	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> 0 <input type="checkbox"/> 2 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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY <input type="checkbox"/> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFTS/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



<b>Truck/Bus</b> UNIT # <input type="checkbox"/> 0 <input type="checkbox"/> 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 3 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/VEHICLE SHIPPING PAPERS: [REDACTED]	COMPANY PHONE: [REDACTED]	
ADDRESS (STREET, CITY, ST, ZIP CODE): [REDACTED] <b>Rapidan, Virginia</b> [REDACTED]		
US DOT: [REDACTED]	ICC MC: [REDACTED]	PUCO: [REDACTED]
TRAILER LP ST: <b>VA</b>	TRAILER LP YEAR: <b>2006</b>	TRAILER LP #: [REDACTED]
PLACARD #: [REDACTED]	# DIA: [REDACTED]	
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 0 <input type="checkbox"/> 3 01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 CRAIN/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D
	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

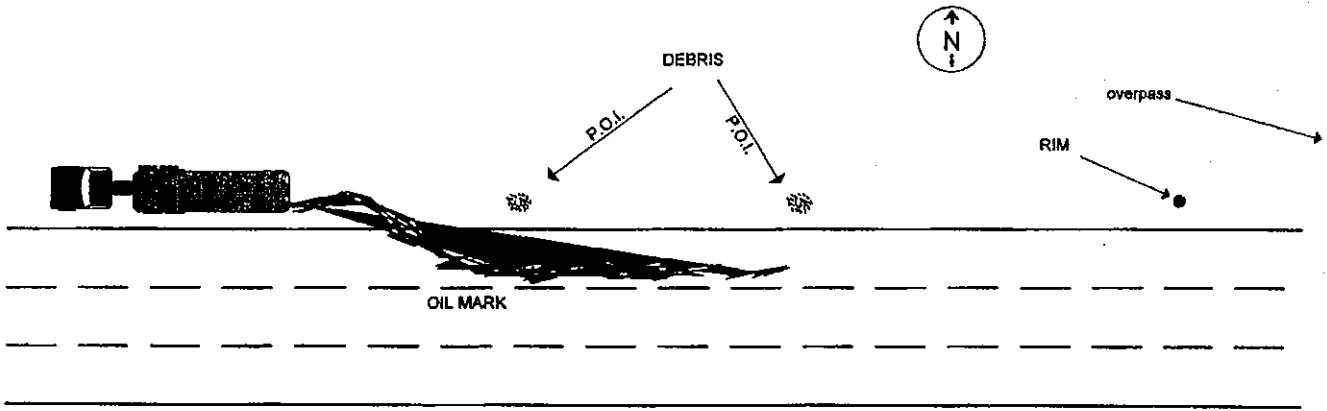
**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
04232008	0901	0901	0920	1044	30	0133
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Shaw, Bion	0698	CPLAND	04292008			
REPORT TAKEN BY <input type="checkbox"/> 1	REPORT TAKEN AT <input type="checkbox"/> 1	SCENE <input type="checkbox"/> 1	SUPPLEMENT * "X" IF YES	LOCAL REPORT # *		
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER			10-0365-91		

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0365-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 04/23/2008
IN COUNTY OF Trumbull	ACCIDENT LOCATION IR0080	



OFFICERS SIGNATURE	BADGE NO. 0698
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## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0365-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 04/23/2008
IN COUNTY OF Trumbull	ACCIDENT LOCATION IR0080	

Roadway - Dry, level asphalt.

Visibility - Daylight, cloudy, no view obstructions.

Temperature - No adverse weather, approximate. 70 deg.

Unit# 1 was moved to the berm of the roadway upon my arrival on scene.

Driver #1 and witness only reported seeing the wheel coming over median barrier from eastbound traffic, but could not identify a vehicle it came from. There were no disabled vehicles reported in the area at the time of the crash. The wheel I located around the area of the crash appeared to be from a trailer(possibly a boat trailer).

**Damage to Unit#1**

- I observed damage to the front lower bumper, functional damage to fog lights, disabling damage was observed to the undercarriage, there was oil leaking from underneath, and I could also see some parts that were hanging or dented underneath.

The rim was discovered in the area of the overpass labeled 206.3 in the westbound lanes. The rim was bent, and had oil all over it which appeared to be what Unit#1 struck.

OFFICERS SIGNATURE

BADGE NO.

0698

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0365-91	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH MAY 19 3 1988
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

[REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(PRINTED)

TRU. B SHAW  
(OFFICERS NAME)

AT

SCENE  
(LOCATION)

I WAS ON OHIO TURNPIKE WEST BOUND ABOUT MP. 207 I WAS IN CENTRAL LANE A TIRE CAME OVER THE WALL FROM THE EAST BOUND SIDE AND HIT THE FRONT OF MY TRUCK.

Q) DID YOU GET INJURED? NO

Q) DO YOU HAVE YOUR SEAT BELT ON? YES

Q) WHAT DIRECTION DID THE TIRE COME FROM? SOUTH

Q) HOW FAST WERE YOU GOING? ABOUT 65MPH

Q) DID YOU SEE THE VEHICLE THE TIRE CAME FROM?

NO

Q) DID YOU DRIVE OFF THE ROAD WAY AFTER THE CRASH? YES - I DROVE MAYBE 1/4 - 1/2 MILE BEFORE I STOPPED

Q) DID YOU SEE WHERE TIRE WENT? YES IT KEPT ON ROLLING AND CAME BACK THERE UP AGAINST THE WALL.

ADDRESS OF WITNESS SIGNATURE OF WITNESS

[REDACTED]

LURAY VA

OFFICERS SIGNATURE

TRU. B SHAW

PHONE

[REDACTED]

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0365-091	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M4 1023 1984
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPA B SHAW AT SCENE

(OFFICERS NAME) (LOCATION)

X I was on Ohio Turnpike going West Bound just before 270 mile marker. I was in Right hand lane Battlefield Farms truck was in center lane. a tire from East Bound jumped the center wall and missed me and hit Battlefield front end causing damage to front end and oil pan.

Q) WAS THE OTHER SEMI-TRUCK IN FRONT OR BEHIND YOU?

A) BEHIND ME

Q) HOW DID YOU SEE THE OTHER TRUCK GETTING STUCK?

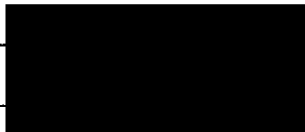
A) IN MY MIRROR

Q) HOW FAST WERE YOU GOING?

A) 65 MPH

Q) DID YOU SEE WHAT VEHICLE THE TIRE CAME FROM?

A) NO



ADDRESS OF WITNESS Perry, Wis	PHONE [REDACTED]
SIGNATURE OF WITNESS [REDACTED]	OFFICER'S SIGNATURE TPA B SHAW