

1023 1768

Fire

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-0315-90

CRASH SEVERITY
1 FATAL 3 PDC
2 INJURY-4 UNKNOWN
3 2000 JUN 16 PM

PRIVATE PROPERTY
IF YES
16 DM

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED
16

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

N.C.I.C. #
OHP90

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
01

UNIT ERROR
01 00 = ANIMAL
00 = UNKNOWN

DATE OF CRASH
05012008

TIME OF CRASH
1713

DAY OF WEEK
THU

CITY VILLAGE TWP
Sandusky

NAME (OF CITY, VILLAGE OR TOWNSHIP)

COUNTY #
72

LATITUDE
41:24:15.62

LONGITUDE
83:07:22.08

PREFIX CRASH LOCATION
IR0080

TYPE LOC
3

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

DIST REFERENCE (OR PREFIX) REFERENCE
.1M E Mile 91

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)
Cora, Ohio

SOCIAL SECURITY NUMBER
01071986

DATE OF BIRTH

AGE
22

SEX
M

HOME PHONE #

WORK PHONE #

DL STATE
OH

DL #

LP STATE LP #
OH

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)

YEAR
1998

MAKE
CHEV

MODEL
Blazer

COLOR
DGR

INSURANCE COMPANY
State Farm

TOWING SERVICE
Madisons

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT # # OF OCC.
B

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE
OH

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)

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)
C

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 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)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

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 (MC PASSENGER/SEAT CAR)
08 THIRD - MIDDLE
09 THIRD - RIGHT
10 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTENSION
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 NON-MOTORIST
09 NONE USED
10 HELMET USED
11 PROTECTIVE PADS
12 REFLECTIVE CLOTHING
13 LIGHTING
14 OTHER
15 UNKNOWN

AIR BAG
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


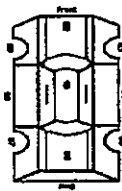
TRAPPED
1 NOT TRAPPED
2 EXTRACTED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES
1 NO INJURY
2 POSSIBLE
3 NOB
4 INCAPACITATING
5 DECAPITATING
6 FATAL INJURY
7 UNKNOWN

SUPPLEMENT X IF YES

Motorist/Non-Motorist

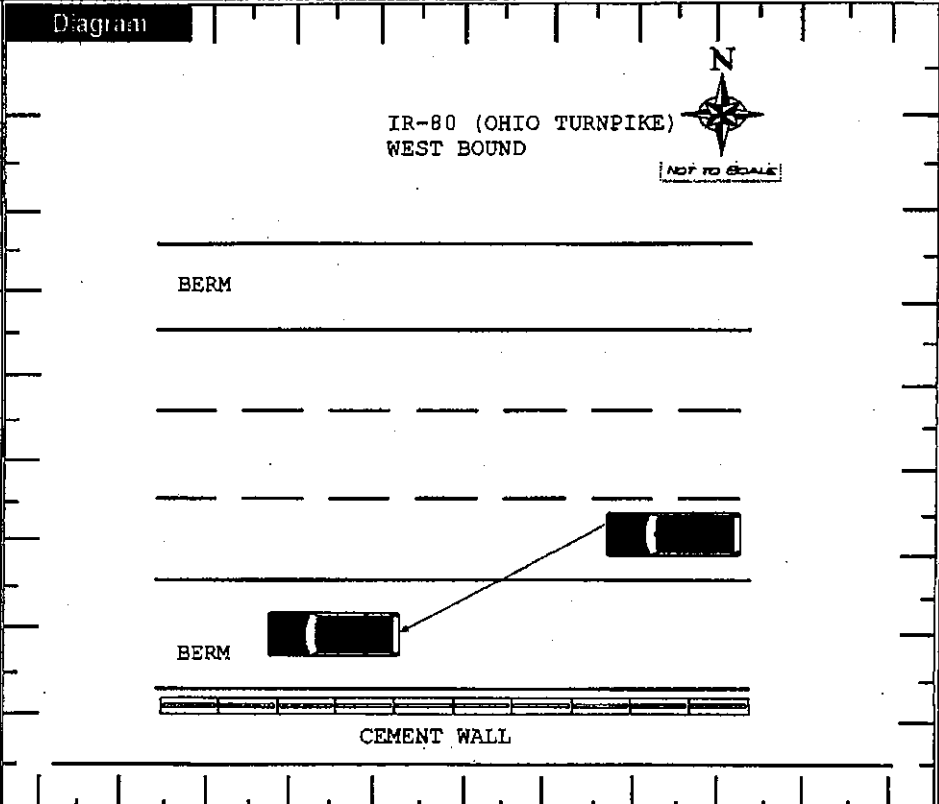
Occupant

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA  	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	POSTED SPEED <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/>
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		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		TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 OR 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 PATHS OR TRAILS 15 UNKNOWN	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	NON-MOTORIST 01 ENTERING/LEAVING IN SPECIFIED LOCATION 02 EQUIPMENT FAILURE 03 SEPARATION OF UNITS 04 RAN OFF ROAD RIGHT 05 RAN OFF ROAD LEFT 06 CROSS MEDIAN/CENTERLINE 07 DOWNHILL RUNAWAY 08 OTHER NON-COLLISION 09 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 10 PEDESTRIAN 11 BICYCLE 12 RAILWAY VEHICLE 13 ANIMAL - FARM 14 ANIMAL - DEER 15 ANIMAL - OTHER 16 MOTOR VEHICLE IN TRANSPORT 17 PARKED MOTOR VEHICLE 18 WORK ZONE MAINTENANCE EQUIPMENT 19 OTHER MOVABLE OBJECT 20 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 21 IMPACT ATTENUATOR/CRASH CUSHION 22 BRIDGE OVERHEAD STRUCTURE 23 BRIDGE PIER OR ABUTMENT 24 BRIDGE PARAPET 25 BRIDGE RAIL 26 GUARDRAIL FACE 27 GUARDRAIL END 28 MEDIAN BARRIER 29 HIGHWAY TRAFFIC SIGN POST 30 OVERHEAD SIGN POST 31 LIGHT/UMBRELLA SUPPORT 32 UTILITY POLE 33 OTHER POST, POLE OR SUPPORT 34 CULVERT 35 CURB 36 DITCH 37 EMBANKMENT 38 FENCE 39 MAILBOX 40 TREE 41 OTHER FIXED OBJECT 42 WORK ZONE MAINTENANCE EQUIPMENT 43 UNKNOWN FIXED OBJECT 44 OTHER 45 UNKNOWN	NON-COLLISION 01 OVERTURN/OVERFLOW 02 FIRE/EXPLOSION 03 INTERIOR 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/DAMAGE 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 BICYCLE 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/UMBRELLA 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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/>
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>		MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 SEDAN 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 (SHORT) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DRAWN SHORT 15 TRACTOR/DRAWN LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/IMPLEMENTS 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/EMERGENCY 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	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 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SHERVOING 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/SPILLING 22 OTHER IMPROPER ACTION 23 UNKNOWN NON-MOTORIST 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	DIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	DRUG TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 SEDAN 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 (SHORT) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DRAWN SHORT 15 TRACTOR/DRAWN LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/IMPLEMENTS 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/EMERGENCY 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	MOTORIST 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 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>
NON-MOTORIST 01 ANIMAL W/DRIVER 02 ANIMAL W/NO DRIVER 03 BICYCLE 04 PEDESTRIAN 05 PEDALCYCLIST 06 EXOTER 07 OTHER NON-MOTORIST 08 UNKNOWN	ACTION <input type="text" value="1"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="2"/> <input type="text"/>
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="1"/> <input type="text"/>		MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/>	ROAD CONDITION PRIMARY SECONDARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/>	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	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value="1"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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
			SPEED <input type="text" value="7"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	SUPPLEMENT * X IF YES <input type="text"/>	LOCAL REPORT # * <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value="0"/>

Narrative

Unit one was west bound in the left lane, caught fire, pulled to the left berm, stopped, and burned to the ground.

MANNER OF COLLISION OR IMPACT <input checked="" 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 SIDEWPE, SAME DIRECTION 8 SIDEWPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 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	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 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 <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # <input type="checkbox"/> <input type="checkbox"/>	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 <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRABBER/PILE/GRATEL	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAO/ERRERUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CGL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

Police Action

DATE CRASH REPORTED 0 5 0 1 2 0 0 8	TIME REC CALL 1 7 1 4	DISPATCH 1 7 1 4	ARRIVED 1 7 2 0	CLEARED 1 8 2 3	OTHER 1 0	TOTAL MINUTES 0 0 7 9
OFFICER'S NAME * Hoffman, Timmothy	BADGE # * 1 8 3 0	CHECKED BY TECURRAN	DATE REPORT FILED * 0 5 0 2 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 3 1 5 - 9 0			

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0315-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/01/2008
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0080	

Field Sketch Measurements

	AE	FE	Description
A	45'4" West	4'3" North	Left Front Corner Unit One Final Rest
B	26'5" West	9'2" North	Left Rear Corner Unit One Final Rest

Unit one came to rest on the left berm of the Ohio Turnpike. The fire caused damage to the pavement under unit one including melting of the asphalt.

The area destroyed measures approximately 12' wide by 21' long, including paint stripe damage.

The property damaged belongs to:

The Ohio Turnpike Commission

682 Prospect Street

Berea, OH 44017

Phone: 440-234-2081

Photos were taken while the vehicle was in flames and after the flames were extinguished by Sandusky Township Fire Department. Two fire trucks responded to extinguish the flames.

When Tpr. Hoffman arrived, the vehicle was completely engulfed. The driver was waiting just west of the burning vehicle with another patron. Ohio Turnpike Maintenance was on scene and had the left two lanes closed, allowing traffic to pass in the far right lane. Small explosions could be heard and the black smoke was low and thick, blowing north across all three west bound lanes. Tpr. Hoffman decided to temporarily stop all westbound traffic until the fire could be brought under control. The west bound traffic lanes were completely closed for approximately 15 minutes, causing a minor back up. The back up cleared within five minutes of reopening the road.

Unit One Damage:

The entire vehicle was destroyed, in and out. All tires were blown out including the spare mounted on the rear of the vehicle.

OFFICERS SIGNATURE

BADGE NO.

1830

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0315-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/01/2008
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0090	

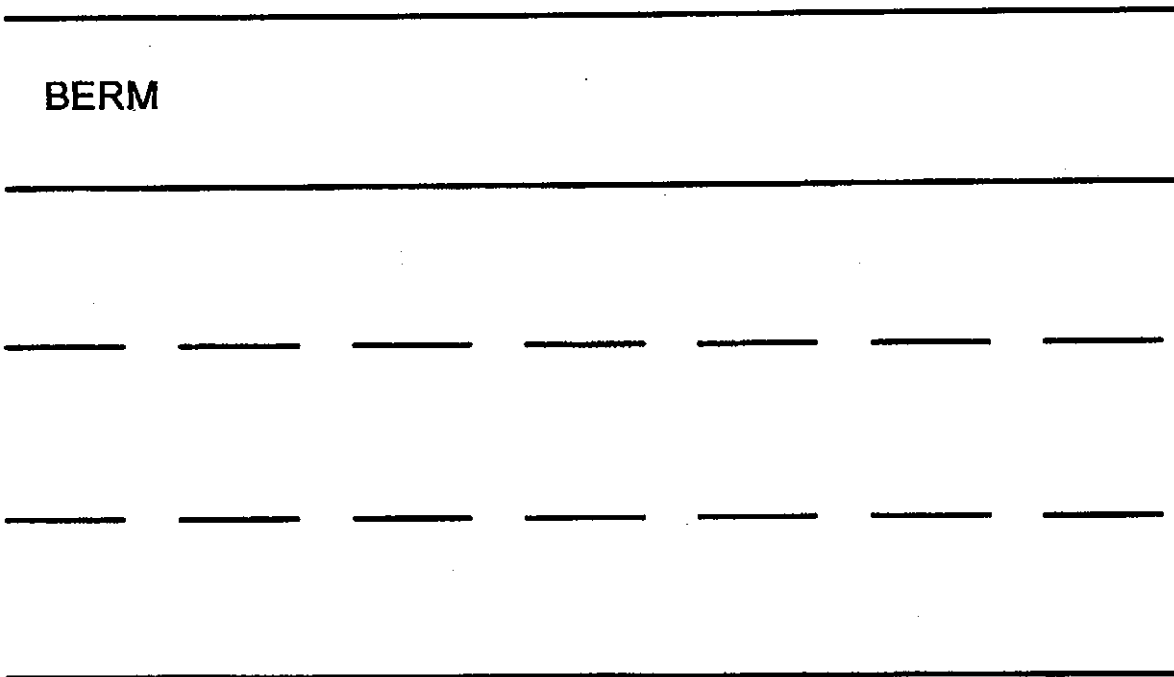
IR-80 (OHIO TURNPIKE)
WEST BOUND



NOT TO SCALE



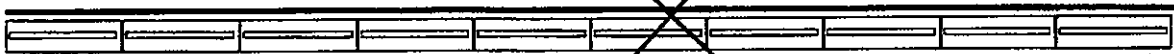
BERM



BERM



Point 0



CEMENT WALL

RP= Mile Post 91.1 West Bound
 Point "0" = Edge of center wall
 RP to PT "0" = 64'5"

OFFICERS SIGNATURE	BADGE NO. 1830
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LOCAL REPORT NUMBER 10-0315-910	REPORTING AGENCY State Highway Patrol	DATE OF CRASH M 5 D 1 Y 08
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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

T.J. Hoffman AT IRSO MP 91.1 WB
OFFICER'S NAME LOCATION

I was west bound on the Ohio Turnpike in the left most lane driving at a speed of 75 MPH with my seat belt on when I smelled and then saw smoke coming from the hood of my car. I then pulled over into the side of the road and lifted the hood to find an engine fire. I then ran away from the vehicle and called 911.

Q. Are you injured?
 A. No

Q. Have you had any recent repairs?
 A. The transmission was leaking and a friend fixed it. Also the head gasket was also leaking. The same friend put gasket sealer on it. He also put new Brier rotors, brake pads, etc on it. I've driven two weeks since then with no problems. I've been driving since Cleveland today. It gave me no problems until the smell of smoke 2-3 miles back.

ADDRESS OF WITNESS: Aurora, OH PHONE: [REDACTED]

OFFICER'S SIGNATURE: [Signature]

HSY [REDACTED]



10-0315-90



20080501