

TRAFFIC CRASH REPORT

10231772

Fire

OH-1 (Rev. 10/99)



LOCAL REPORT #
 10-0206-89
 CRASH SEVERITY
 3 1 FATAL 3 FOD 2 INJURY 7 UNKNOWN
 PRIVATE PROPERTY
 X IF YES
 HIT&RUN
 1 NOT HIT&RUN 2 SOLVED 3 UNSOLVED
 PHOTOS TAKEN
 X IF YES
 OH-2 OH-3 OH-IP OTHER
 X X
 N.C.I.C. # A
 0HP89
 REPORTING AGENCY
 208 JUN 16 PM 3:07
 Ohio State Highway Patrol
 01
 UNIT ERROR
 01 99 = ARREST 98 = UNKNOWN
 DATE OF CRASH
 05242008

TIME OF CRASH
 1730
 DAY OF WEEK
 SAT
 CITY VILLAGE TWP
 Lake
 COUNTY #
 87
 LATITUDE
 41:31:42.84
 LONGITUDE
 83:28:10.84

CRASH LOCATION
 IR0080
 TYPE LOC
 3
 TYPE LOCATION POINT USED
 1 NAMED STREET 2 RAMPED ROUTE 3 NUMBERED STREET
 REFERENCE POINT USED
 01 STATE LINE 02 INTERSECTION 2 STRETS 03 COUNTY LINE
 54 HOUSE NUMBER 55 PLACE NAME W/O REFERENCE 56 TOWNSHIP BOUNDARY 59 DIVISORY 58 MILE POST 60 STREET OR ROUTE W/O REFERENCE 67 CORPORATION LIMIT

UNIT # # OF OCC.
 A 01 01
 NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 Sandusky, Ohio
 SOCIAL SECURITY NUMBER
 DATE OF BIRTH
 08071967
 AGE
 40
 SEX
 M
 HOME PHONE #
 WORK PHONE #
 DL STATE DL # LP STATE LP #
 OH 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")
 Rt 101, Auto Sales
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 2907 Tiffin AVE, Tiffin, Ohio 44883
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 1990 MITS Montero / Montero Sport RED State Farm

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 #
 OH 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)
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

UNIT # # OF OCC.
 C
 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 # # OF OCC.
 D
 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

SEATING POSITION
 01 FRONT - LEFT (DRIVER)
 02 FRONT - MIDDLE
 03 FRONT - RIGHT
 04 SECOND - LEFT (NO PASSENGER)
 05 SECOND - MIDDLE
 06 SECOND - RIGHT
 07 THIRD - LEFT (NO PASSENGER)
 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
 01 MOTORIST
 02 SHOULDERS ONLY
 03 LAP BELT ONLY
 04 SHOULDERLAP BELT
 05 CHILD SAFETY SEAT
 06 NO BELT 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/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 <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 <table border="1"> <tr><td>A</td><td>0</td><td>2</td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td></tr> <tr><td>F</td><td></td><td></td><td></td><td></td></tr> <tr><td>G</td><td></td><td></td><td></td><td></td></tr> <tr><td>H</td><td></td><td></td><td></td><td></td></tr> <tr><td>I</td><td></td><td></td><td></td><td></td></tr> <tr><td>J</td><td></td><td></td><td></td><td></td></tr> <tr><td>K</td><td></td><td></td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td></td><td></td><td></td><td></td></tr> <tr><td>O</td><td></td><td></td><td></td><td></td></tr> <tr><td>P</td><td></td><td></td><td></td><td></td></tr> <tr><td>Q</td><td></td><td></td><td></td><td></td></tr> <tr><td>R</td><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td><td></td><td></td></tr> <tr><td>T</td><td></td><td></td><td></td><td></td></tr> <tr><td>U</td><td></td><td></td><td></td><td></td></tr> <tr><td>V</td><td></td><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td><td></td><td></td></tr> <tr><td>Y</td><td></td><td></td><td></td><td></td></tr> <tr><td>Z</td><td></td><td></td><td></td><td></td></tr> </table>	A	0	2			B					C					D					E					F					G					H					I					J					K					L					M					N					O					P					Q					R					S					T					U					V					W					X					Y					Z					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"/>
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NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="3"/> <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 NON-MOTORIST 15 ENTERING CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING 17 WALKING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 BOMBING 04 JACKPOT 05 CARGO/EQUIPMENT LOOSE/NFT 06 EQUIPMENT FAILURE 07 SEPARATION 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 RAILROAD VEHICLE OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - PORK 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 NO TOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT 24 IMPACT ATTENUATOR/CRASH CUSHION 25 BRIDGE OVERHEAD STRUCTURE 26 BRIDGE PIER OR ABUTMENT 27 BRIDGE PARAPET 28 BRIDGE RAIL 29 GUARDRAIL FACE 30 GUARDRAIL END 31 MEDIAN BARRIER 32 HOBBIY TRAFFIC SIGN POST 33 OVERHEAD SIGN POST 34 LIGHTS/ANNUNCIATOR SUPPORT 35 UTILITY POLE 36 OTHER POST, POLE OR SUPPORT 37 CULVERT 38 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 <input type="text" value="1"/> <input type="text" value="2"/> <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"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNDERCARRIAGE 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 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 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																																																																																																																																		
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, 8 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (JOB TAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/PIPER 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 TUG 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL - HORSE 36 ANIMAL - MULE/DONKEY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 OTHER-NON MOTORIST 41 UNKNOWN	ACTION <input type="text" value="1"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF "B" 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"/>	CONDITION <input type="text" value="1"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>																																																																																																																																		
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/>	STRUCK VEHICLE: OVERRIDEN/ UNDERIDEN <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF "B" SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOST 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="1"/> <input type="text"/>																																																																																																																																		
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/>	DAMAGE SCALE <input type="text" value="5"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF "B" SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <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"/>																																																																																																																																		
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SUPPLEMENT * 'X' IF YES		LOCAL REPORT # *																																																																																																																																					
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Narrative

Unit #1 was traveling westbound on the Ohio Turnpike when it started to smoke. The driver of unit #1 pulled to the shoulder and exited the vehicle. The vehicle became fully engulfed and burned up.

MANNER OF COLLISION OR IMPACT <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 SIDESWIP, SAME DIRECTION 8 SIDESWIP, OPPOSITE DIRECTION 9 UNKNOWN		SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		Diagram
WEATHER <input type="checkbox"/> 0 <input 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 BLOWN SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN		WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLEAR 8 OTHER 9 UNKNOWN		TYPE OF WORK ZONE <input type="checkbox"/> 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 <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA		
		WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		

Truck/Bus UNIT # <input type="text"/>	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 CRASHING 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 #	# DDA
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DAMPER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAMMERCHEMICAL <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 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CDL 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: 05242008 TIME REC CALL: 1730 DISPATCH: 1730 ARRIVED: 1733 CLEARED: 1810 OTHER: 0 TOTAL MINUTES: 0040			
OFFICER'S NAME * Bush, Matthew	BADGE # * 1084	CHECKED BY CWLAMBERTS	DATE REPORT FILED * 05262008
REPORT TAKEN BY: <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT: <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * <input type="checkbox"/> X IF YES	LOCAL REPORT # * 10-0206-89

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0206-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/24/2008
IN COUNTY OF Wood	ACCIDENT LOCATION IR0080	

Unit #1 completely gutted by the fire.

Lake Twp. fire and EMS responded and extinguished the fire.

OFFICERS SIGNATURE

BADGE NO.

1084



LOCAL REPORT NUMBER 10-020689	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 5 D 21 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
 TPL BUSH OFFICER'S NAME AT 71 mile Nenton Ohio Turnpike West LOCATION

I WAS leading westbound - @ 60-65 mph and heard a small bang. I then noticed the car had stalled. I took the car off to the left of the rd. I jumped out to see when smoke was coming from within seconds the underside was in flames. I then placed a call 911 call # number later the officer pulled up and took over the situation.

ADDRESS OF WITNESS [REDACTED] [REDACTED] PHONE [REDACTED]

X [REDACTED] OFFICER'S SIGNATURE X



10-0206-89



20080524