

# TRAFFIC CRASH REPORT

10231773

Fire

OH-1 (Rev. 10/99)



LOCAL REPORT #  
10-0196-89

CRASH SEVERITY  
3 1 FATAL, 3 PDO  
2 INJURY-UNKNOWN

PRIVATE PROPERTY  
X IF YES

HIT/RIP  
1 NOT HIT/RIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
X IF YES

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

M.C.I.C. #  
OHP89

REPORTING AGENCY  
Ohio State Highway Patrol

# UNITS  
01

UNIT ERROR  
99 98 = ANIMAL  
90 = UNKNOWN

DATE OF CRASH  
05162008

TIME OF CRASH  
1901

DAY OF WEEK  
FRI

CITY \* VILLAGE \* TWP \*  
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
Northwest

COUNTY # \*  
86

LATITUDE  
41:37:44.54

LONGITUDE  
84:44:51.68

CRASH ORIGINATOR  
IR0080

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

DIST REFERENCE DR 3

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 NO REFERENCE  
09 DRYWAY  
10 STREET OR ROUTE NO REFERENCE

Motorist/Non-Motorist

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 01 01 [REDACTED]  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
[REDACTED] Bremen, Indiana

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
[REDACTED] 03111972 36 M [REDACTED] [REDACTED]

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)  
Gypsum Express, LTD [REDACTED] Demotte, Indiana

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2005 PETE 379 RED Liberty Mutual INS Hutch's [REDACTED]

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

Occupant

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
C [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
D [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [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

SEATING POSITION  
01 FRONT - LEFT (DRIVER)  
02 FRONT - MIDDLE  
03 FRONT - RIGHT  
04 SECOND - LEFT (BG PASS)  
05 SECOND - MIDDLE  
06 SECOND - RIGHT  
07 THIRD - LEFT (IC PASSENGER/SEAT CAR)  
08 THIRD - MIDDLE  
09 THIRD - RIGHT  
10 BLEEPER 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 SHOULDERLAP BELT  
05 CHILD SAFETY SEAT  
06 IBC 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-REAR  
4 DEPLOYED BOTH FRONT/REAR  
5 NOT APPLICABLE  
6 UNKNOWN

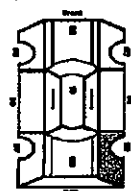
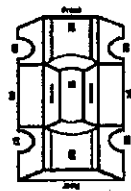
AIR BAG SWITCH  
1 1 NOT PRESENT  
2 IN ON POSITION  
3 IN OFF POSITION  
4 UNKNOWN

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

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

INJURIES  
1 1 NO INJURY  
2 POSSIBLE NON-INCAPACITATING  
3 INCAPACITATING  
4 FATAL INJURY  
5 UNKNOWN

SUPPLEMENT \* X IF YES

<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td><input type="text" value="0"/></td> <td><input type="text" value="2"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>POSTED SPEED</b> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>
<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 30 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 30 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATH OR TRAILS 15 UNKNOWN	<b>MOST DAMAGED AREA</b> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 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 PLOTTED 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/ROLLOVER 02 FIRE/EXPLOSION 03 IMBROSION 04 JACKKNIFE 05 CAR/EQUIPMENT LOCKSMITH 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 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 MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRAH 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/UMBRASIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VENT 39 CULVERT 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>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> 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 WALKDOWN WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER																
<b>TYPE OF UNIT</b> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<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/CADDA 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, RECKLESS OR AGGRESSIVE MANNER 15 SHERIVING 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/SLEEPY 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 OTHER IMPROPER ACTION 23 UNKNOWN <b>NON-MOTORIST</b> 24 IMPROPER CROSSING 25 DARTING 26 LYING ANH/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT WEARABLE DARK CLOTHING 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <tr> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<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 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (SEMI-TRAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLE 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FINE 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 <b>NON-MOTORIST</b> 35 ANIMAL W/DRIVER 36 ANIMAL W/NO DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN <b>STRIKING VEHICLE:</b> OVERRIDE/ UNDERRIDE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF "I" SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 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>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 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																
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO 2 YES 3 UNKNOWN	<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 STATED 2 ESTIMATED SPEED	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - DRUGS SUSPECTED 4 YES - ALCOHOL/DRUGS SUSPECTED 5 UNKNOWN	<b>ROAD CONDITION</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 CRASHING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ROAD CONDITION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> PRIMARY SECONDARY	<b>SPEED</b> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <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	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>ROAD CONDITION</b> 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																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 CRASHING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="9"/>	<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="9"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="9"/>																

**Narrative**

Unit #1 was westbound on the Ohio Turnpike when the driver heard a hissing noise. The driver pulled to the shoulder and noticed smoke coming from the drive axles on the tractor. The right side drive tires caught on fire. The fire was extinguished by the Edon fire Department.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWipe, SAME DIRECTION <input type="checkbox"/> 8 SIDESWipe, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN		<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN		<b>Diagram</b> 
<b>WEATHER</b> <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, FOGG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL, FREEZING RAIN, DRIZZLE <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN		<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN		<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/MOVING WORK <input type="checkbox"/> 5 OTHER		
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA		<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		

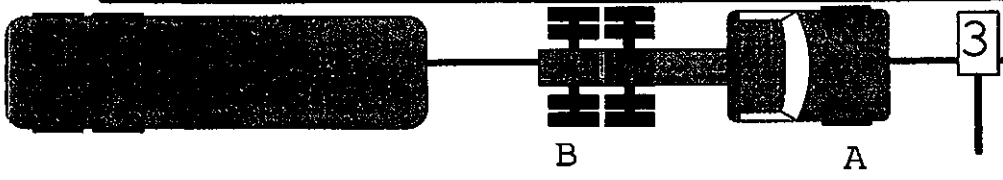
<b>Truck/Bus</b> UNIT # <input type="checkbox"/> 0 <input type="checkbox"/> 1		THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING 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) <b>Gypsum Express LTD</b>		COMPANY PHONE		ADDRESS (STREET, CITY, ST, ZIP CODE) Demotte, Indiana	
US DOT 623098	ICC MC	PUCO	TRAILER LP ST IN	TRAILER LP YEAR 2007	TRAILER LP #
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (#-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 CRANES/PERMITS	<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 GAS/GASOLINE/REFUELER <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 3 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	<b>CDL CLASS</b> <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	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN					

<b>Police Action</b>		DATE CRASH REPORTED 05 16 2008		TIME REC CALL 19 01		DISPATCH 19 01		ARRIVED 19 20		CLEARED 20 20		OTHER 65		TOTAL MINUTES 01 44	
OFFICER'S NAME * Tillman, Timothy				BADGE # * 1515		CHECKED BY SPBABICH				DATE REPORT FILED * 05 17 2008					
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 # "X" IF YES		LOCAL REPORT # * 10 - 0196 - 89									

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER <b>10-0196-89</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>05/16/2008</b>
IN COUNTY OF <b>Williams</b>	ACCIDENT LOCATION <b>IR0080</b>	



OFFICERS SIGNATURE	BADGE NO. <b>1515</b>
--------------------	--------------------------

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

**OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER <b>10-0196-89</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>05/16/2008</b>
IN COUNTY OF <b>Williams</b>	ACCIDENT LOCATION <b>IR0080</b>	

Trailer information-same owner as tractor. Vin 1R1F348257k [REDACTED]  
 2007 Fountain flatbed no damage to trailer or load of 47,000# of roof singles, driver disconnected prior to tractor catching on fire.  
 Fire was extinguished by the Edon Fire Department.  
 Hutch's towed vehicle.

**Notes**  
 Identify Reference Pt:3 Mile Post  
 Identify Point zero (Pt 0):Edge of Pavement adjacent to MP 3  
 Identify Baseline:North edge of Pavement  
 Measuring device used:Roll a Tape

PT	AE	FE	DESCRIPTION
A	4.5E0		Final Rest Right Front Tire
B	20E 0		Final Rest Right Rear Drive Tire

OFFICERS SIGNATURE	BADGE NO. <b>1515</b>
--------------------	--------------------------



LOCAL REPORT NUMBER 10-0196-89	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 5   D 16   Y 08
-----------------------------------	---	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
 T. M. Tillman AT SCENE  
OFFICER'S NAME LOCATION

Heard an air line pop and started to pull off to the side of the road. By the time I got pulled over, flames were on the passenger side front axle. The tires were burning and all rubber components under rear of trailer. Got out fire extinguish tried to put out flames, but metal was so hot that every time the rubber re-ignited. Un-hooked truck from trailer to save trailer and pulled forward. Got out of vehicle and fire dept. then arrived to put out flames.

ADDRESS OF WITNESS <span style="background-color: black; color: black;">[REDACTED]</span> Bourbon, IN <span style="background-color: black; color: black;">[REDACTED]</span>	PHONE <span style="background-color: black; color: black;">[REDACTED]</span>
SIGNATURE OF WITNESS X <span style="background-color: black; color: black;">[REDACTED]</span>	OFFICER'S SIGNATURE X T. M. Tillman