

TRAFFIC CRASH REPORT

10231790

OH-1 (Rev. 10/91)



LOCAL REPORT #
 10-0433-91
 N.C.C.C.#
 OHP91

CRASH SEVERITY
 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN
 3
 PRIVATE PROPERTY
 YES NO
 HIT&RUN
 1 NOT HIT&RUN
 2 INVOLVED
 3 UNINVOLVED
 1
 UNIT ERROR
 98 = ANIMAL
 99 = UNKNOWN
 01

PHOTOS TAKEN
 YES NO
 X
 OH-2 OH-3 OH-1P OTHER
 X X
 DATE OF CRASH
 05172008

TIME OF CRASH 2026 DAY OF WEEK SAT CITY VILLAGE TWP Richfield COUNTY # 77 LATITUDE 41:16:14.81 LONGITUDE 81:37:37.80

CRASH LOCATION PREFIX IR0080 TYPE LOG 3 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET Ohlo Turnpike, Exit 173

DIST REFERENCE OR PREFIX REFERENCE 2M E 173 REF POINT 06 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 MILE POST 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORNER/POINT 08 PLACE NAME W/O REFERENCE 09 DIVISION 10 STREET OR ROUTE W/O REFERENCE

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

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 08011965 AGE 42 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE OH DL # [REDACTED] LP STATE OH LP # [REDACTED] INJURED TWENTY 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 1996 MAKE CHEV MODEL S10 COLOR BLK/TAN INSURANCE COMPANY Farmers TOWING SERVICE Rich's OWNER PHONE #

OFFENSE CHARGED 4513.02 OFFENSE DESCRIPTION Unsafe vehicles, prohibition against operation; inspection by state highway patrol CITATION # Y120530 LOCAL CODE? X IF YES

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

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

DL STATE [REDACTED] DL # [REDACTED] LP STATE [REDACTED] LP # [REDACTED] INJURED TWENTY [REDACTED] 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 [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE? X IF YES

C UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) 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

D UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) 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

Motorist/Non-Motorist
Occupant

SEATING POSITION
 01 FRONT - LEFT (DRIVER)
 02 FRONT - MIDDLE
 03 FRONT - RIGHT
 04 SECOND - LEFT (PASS)
 05 SECOND - MIDDLE
 06 SECOND - RIGHT
 07 THIRD - LEFT
 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
 MOTORIST
 01 NONE USED
 02 SHOULDER BELT ONLY
 03 LAP BELT ONLY
 04 SHOULDERLAP BELT
 05 CHILD SAFETY SEAT
 06 RC 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

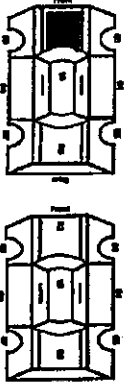
AIR BAG
 1 NOT DEPLOYED
 2 DEPLOYED-FRONT
 3 DEPLOYED-SIDE
 4 DEPLOYED-BOTH FRONT/REAR
 5 NOT APPLICABLE
 6 UNKNOWN

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 BOW
 4 INCARCERATING
 5 FATAL INJURY
 6 UNKNOWN
 SUPPLEMENT "X" IF YES

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRI-CRASH ACTIONS <input type="text" value="1"/> <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>6</td><td></td><td></td></tr> <tr><td>B</td><td>3</td><td>9</td><td></td><td></td></tr> <tr><td>C</td><td>3</td><td>7</td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td></tr> </table>	A	0	6			B	3	9			C	3	7			D					POSTED SPEED <input type="text" value="3"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/>
A	0	6																							
B	3	9																							
C	3	7																							
D																									
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 STOPPING/STOPPED IN TRAFFIC 12 UNVEILING 13 OTHER 14 UNKNOWN	NON-COLLISION 01 OVERTURN/OVERLOVER 02 FIRE/EXPLOSION 03 IMBROSION 04 JAMMED 05 CARGO/EQUIPMENT LOOSE/FIT 06 EQUIPMENT FAILURE 07 SEPARATION OF LIGHTS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUMBLE 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH MOVABLE VEHICLE OR OBJECT NOT FIXED 14 PEDESTRIAN 15 FERAL CYCLE 16 RAILWAY VEHICLE 17 ANIMAL - PORK 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	TRAFFIC CONTROL <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNOBTAINABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN																				
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="7"/> <input type="text"/> <input type="text"/>	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRAICH CURB/POST 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/ILLUMINATION 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	DIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/>																				
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 DOUBLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (CONTAI.) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE END 15 TRACTOR/DOUBLE LEND 16 FIFTH WHEEL OR CONVERTIBLE DOLLY 17 TRACTOR/TWELVE 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/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="2"/> <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 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/TAO 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 OVERTAKING TO AVOID (DUE TO VEHIC. 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 CARTING 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 SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	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 35 ANIMAL - HORSE 36 ANIMAL - WINDHOOP 37 BICYCLE 38 PEDESTRIAN 39 FERAL CYCLIST 40 WATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF "Y" SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/>	OCURRENCE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text"/>		MOST HARMFUL EVENT <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
DAMAGE SCALE <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	NO UNDERIDE OR OVERRIDE 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	VEHICLE DEFECT CODE ONLY IF "Y" SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <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 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN		VEHICLE DEFECT CODE ONLY IF "Y" SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	SPEED <input type="text" value="1"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITION 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, DE, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS ** 09 RUT, HOLE, BUMPS, UNEVEN PAVEMENT ** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY																				
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="4"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="1"/>																					

Narrative

Unit #1 was traveling eastbound in entrance lane #3 at Interchange 173. As Unit #1 attempted to slow there was an equipment failure with the braking system. Unit #1 then swerved to the right to avoid hitting the car ahead, drove onto the cement curb, and struck a pole.

<p>MANNER OF COLLISION OR IMPACT</p> <p>1</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 AMBLE 7 SIDESWPE, SAME DIRECTION 8 SIDESWPE, OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>Diagram</p> <p>OHIO TURNPIKE EXIT 173</p> <p>CEMENT CURB TOLL BOOTH CEMENT CURB</p> <p>POLE LANE #3</p> <p>Unit 1 TOLL BOOTH</p>					
<p>WEATHER</p> <p>0 2</p> <p>01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOG 04 RAIN 05 SLEET, HAIL, (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>						
<p>LIGHT CONDITIONS</p> <p>PRIMARY 1 SECONDARY</p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p>1</p> <p>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT/STOPPING WORK 5 OTHER</p>						
<p>LOCATION OF CRASH IN WORK ZONE</p> <p>1</p> <p>1 BEFORE FIRST WORK ZONE BARRIAGE SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>							
<p>WORKERS PRESENT</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>							

<p>Truck/Bus</p> <p>UNIT #</p> <p>COMPANY (FROM SHIPPING PAPERS)</p> <p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p>	<p>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.</p>	<p>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.</p> <p>COMPANY PHONE</p>
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US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# OIA
CARGO BODY TYPE	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED			
01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANCH/PERGAVEL	05 POLE 06 CARDO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED: 05172008

TIME REC CALL: 2026

DISPATCH: 2026

ARRIVED: 2032

CLEARED: 2221

OTHER: 30

TOTAL MINUTES: 0145

OFFICER'S NAME: Mercer, Brian

BADGE #: 0515

CHECKED BY: JDRUDDLE

DATE REPORT FILED: 05192008

REPORT TAKEN BY: 1 POLICE AGENCY, 2 MOTORIST

REPORT TAKEN AT: 1 SCENE, 2 STATION, 3 OTHER

SUPPLEMENT "X" IF YES

LOCAL REPORT #: 10-0433-91

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0433-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/17/2008
IN COUNTY OF Summit	ACCIDENT LOCATION IR0080	

Damage Unit#1:

- Hood, front bumper, both headlights, front grill, undercarriage

Insurance Unit #1:

- Farmers Insurance Co.
- Policy # [REDACTED]

Damage to Turnpike:

- South cement curb of lane #3 Exit 173 and utility pole on that curb in front of the booth
- Area will be checked by Turnpike for more damage
- OTP Commission
- 682 Prospect Street, Berea, OH 44017
- 440-234-2081

Notes:

- No injuries.
- I inspected the brake lines and reservoir with the mechanic from Rich's towing. Both brake lines on the left side front and rear were leaking. They showed no signs of being damaged from going up onto the curb during the crash. The fluid reservoir was very low and in fact was empty on the half designated for the rear brakes. The reservoir and leaking lines were photographed.
- Also of importance was the fact that during a conversation with the Rich's mechanic the driver of Unit #1 admitted to knowingly using the wrong type of brake line fitting when he did his brake servicing. I directly heard the conversation.

Field Sketch Notes:

- Identify Reference Pt: Southwest corner of tollbooth on north side of lane #3
- Identify Point zero (Pt 0): RP to Point "0" is 1'9"S
- Identify Baseline: Edge of curb on north side of lane #3

PT AE FE DESCRIPTION

- A 3'4"W 127"S Left Front Wheel
- B 13'11"W 11'3"S Left Rear Wheel

OFFICERS SIGNATURE

BADGE NO.

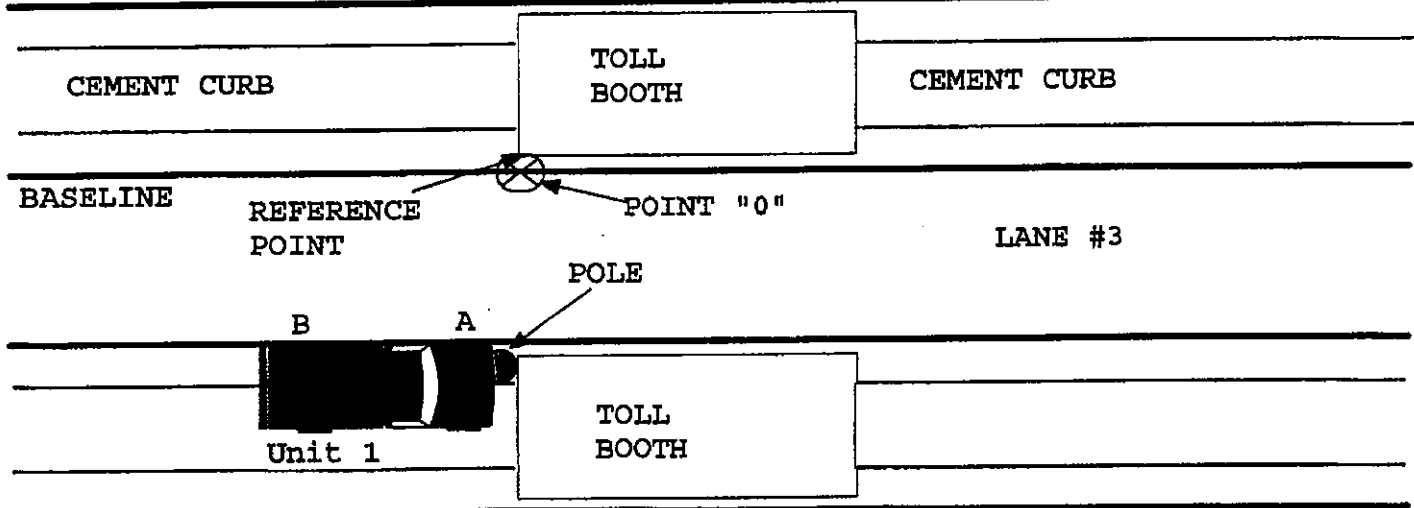
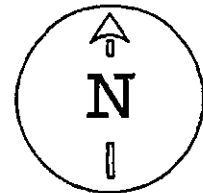
0515

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0433-01	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/17/2008
IN COUNTY OF Summit	ACCIDENT LOCATION IR0080	

OHIO TURNPIKE EXIT 173



OFFICERS SIGNATURE	BADGE NO. 0515
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