

# TRAFFIC CRASH REPORT

10231791

OH-1 (Rev. 10/99)



LOCAL REPORT #  
 10 - 0391 - 90  
 N.C.J.C. #  
 OHP90

CRASH SEVERITY  
 3 1 FATAL 3 PDO  
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
 X IF YES

INTRUSION  
 1 NOT INTRUSION  
 2 BOLDED  
 3 UNBOLDED

PHOTOS TAKEN  
 X IF YES

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

REPORTING AGENCY  
 Ohio State Highway Patrol

# UNITS  
 01

UNIT ERROR  
 01 00 = ANIMAL  
 00 = UNKNOWN

DATE OF CRASH  
 05282008

TIME OF CRASH 2311 DAY OF WEEK WED CITY X VILLAGE TWP NAME OF CITY, VILLAGE OR TOWNSHIP North Ridgeville COUNTY # 47 LATITUDE 41:22:51.83 LONGITUDE 81:59:33.16

PREFIX CRASH LOCATION IRO080 TYPE LOC 3 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET Toll Plaza 151

REF POINT 06 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 BILL POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE) Matteson, Illinois

SOCIAL SECURITY NUMBER 01061962 AGE 46 SEX M HOME PHONE # WORK PHONE #

DL STATE IL DL # LP STATE IN 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") Central State, Trucking ADDRESS (STREET, CITY, STATE, ZIP CODE) 476 Thomas DR, Bensenville, Illinois 60106

YEAR 2006 MAKE FRHT MODEL Columbia COLOR WHI INSURANCE COMPANY Acuity TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED 4513.31 OFFENSE DESCRIPTION All loads to be properly secured CITATION # Y289918 LOCAL CODE? X IF YES

UNIT # 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 # 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) HOME PHONE # DATE OF BIRTH AGE SEX

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 # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

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 (PIC DRIVER)  
 02 FRONT - MIDDLE  
 03 FRONT - RIGHT  
 04 SECOND - LEFT (PIC PASS)  
 05 SECOND - MIDDLE  
 06 SECOND - RIGHT  
 07 THIRD - LEFT  
 08 THIRD - MIDDLE  
 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  
 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  
 NON-MOTORIST  
 08 NONE USED  
 09 HELMET USED  
 10 PROTECTIVE PADS  
 11 REFLECTIVE CLOTHING  
 12 LIGHTING  
 13 OTHER  
 14 UNKNOWN

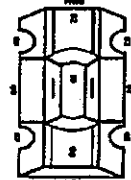
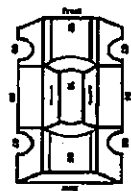
AIR BAG  
 1 NOT DEPLOYED  
 2 DEPLOYED-FRONT  
 3 DEPLOYED-SIDE  
 4 DEPLOYED BOTH FRONT/SIDE  
 5 NOT APPLICABLE  
 6 UNKNOWN

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

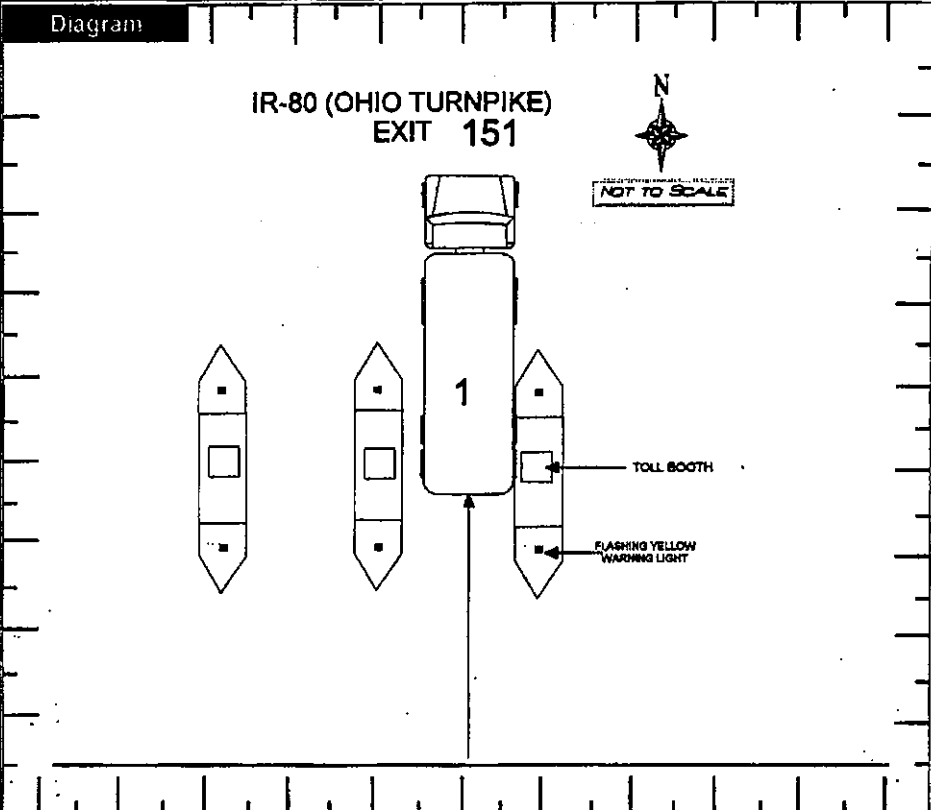
<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>4</td><td>5</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> </table>	A	4	5			B					C					D					<b>POSTED SPEED</b> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>
A	4	5																							
B																									
C																									
D																									
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="0"/> <input type="text" value="1"/> <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 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN	<b>NON-COLLISION</b> 41 OVERTURN/ROLLOVER 42 FIRE/EXPLOSION 43 IMPELSON 44 JACQUETS 45 CARGO/EQUIPMENT LOGS/SHIFT 46 EQUIPMENT FAILURE 47 SEPARATION OF UNITS 48 RAN OFF ROAD RIGHT 49 RAN OFF ROAD LEFT 50 CROSS MEDIAN/LEAVING LANE 51 DOWNHILL RUMBLEY 52 OTHER NON-COLLISION 53 UNKNOWN NON-COLLISION 54 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	<b>TRAFFIC CONTROL</b> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <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 (NOT SHOULDER) 08 ISLAND 09 SHOULDER R 10 SIDEWALK 11 WITHIN 75 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 75 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>NON-MOTORIST</b> 16 EXTENDING/REARVIEW IN SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING 18 PLAYING, CYCLING 19 WORKING 20 PURSUING VEHICLE 21 APPROACHING/LEAVING VEHICLE 22 PLAYING/WORKING ON VEHICLE 23 STUNCHED 24 OTHER 25 UNKNOWN	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 INSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/JACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER PASSING 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	01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCK 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKING 13 CROSSWALK LINES 14 WALKOFF WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE/ MISSING, OBSCURED 16 OTHER	<b>DRUG TEST TYPE</b> 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="5"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 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>COLLISION WITH FIXED OBJECT</b> 26 PEDESTRIAN 27 PEDALCYCLE 28 RAILWAY VEHICLE 29 ANIMAL - FARM 30 ANIMAL - OTHER 31 ANIMAL - OTHER 32 MOTOR VEHICLE IN TRANSPORT 33 PARKED MOTOR VEHICLE 34 WORK ZONE MAINTENANCE EQUIPMENT 35 OTHER MOVABLE OBJECT 36 UNKNOWN MOVABLE OBJECT	<b>DIRECTION</b> FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <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 (BOTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR COMBINATION DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTO/NEEDS 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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 BOWING/BLE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 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>COLLISION WITH FIXED OBJECT</b> 26 IMPACT ATTRIBUTED TO TRAIN/CUSTOMER 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN RAFTER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/TOWER/SUPPORT 37 UTILITY POLE 38 OTHER POLE, POLE OR SUPPORT 39 CULVERT 40 CURB 41 DITCH 42 EMBANKMENT 43 FENCE 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
<b>NON-MOTORIST</b> 35 ANIMAL WIPPER 36 ANIMAL WIPPER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING ANCHOR 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>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOLDRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>STRUCK VEHICLE: OVERRIDE/ UNDERIDE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="8"/> <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"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
<b>DAMAGE SCALE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONDITION</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
1 NONE 2 YES 3 UNKNOWN	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 SLOWOUT 07 WORN OR SICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	1 STATED 2 ESTIMATED SPEED	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																				
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DEBILITATING DAMAGE 5 REVERSE 6 UNKNOWN	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED/SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 DRY 2 WET 3 SNOW 4 ICE 5 SAND, BRD, DIRT, OIL, GRAVEL 6 WATER (STANDING, MOVING) 7 FLUSH 8 DEBRIS 9 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN																				
1 NONE 2 ESTIMATED SPEED	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED/SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																				
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1 NONE 2 ESTIMATED SPEED	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED/SAMPLE UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																				

SUPPLEMENT \* X IF YES LOCAL REPORT # 10-0391-90

**Narrative**

Unit #1 was traveling through Toll plaza 151 of IR80 (Ohio Turnpike). The right rear trailer door of unit #1 came unsecured and struck the side of the toll booth.

<b>MANNER OF COLLISION OR IMPACT</b> <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 SIDEWIPES, SAME DIRECTION 8 SIDEWIPES, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input checked="" 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> 4 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/STOPPING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 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 NO 2 YES 3 UNKNOWN



<b>Truck/Bus</b> UNIT # <input checked="" type="checkbox"/> 0 <input checked="" 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 6 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.
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 WAREHOUSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRANUL	<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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 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 N <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	

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 5 2 8 2 0 0 8	2 3 1 1	2 3 1 1	2 3 1 7	2 3 5 9	4 0	0 0 8 8
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Grier, Kenneth	1 4 8 8	TECURREAN	0 5 2 9 2 0 0 8			
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * "X" IF YES <input type="checkbox"/>	LOCAL REPORT # *	1 0 - 0 3 9 1 - 9 0		

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0391-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/28/2008
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	

Damage Unit # 1

could not locate specific damage related to toll booth on right trailer door, various scratches on frame of door not clearly associated with damage to toll booth.

Damage Toll Booth # 1 entrance # 2

aluminum siding on side off toll booth dented and seperated slightly from door area (mild to moderate damage)

Trailer unit #1 275622 s/t IL / Wabash / 1JJV532W06L [REDACTED] clothing items

Unit #1 drove away from impact area at booth before officer's arrival.

Insurance Policy [REDACTED] Acuity

OFFICERS SIGNATURE

BADGE NO.

1488

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0391-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 5 10 28 10 8
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I,  [REDACTED] (PRINTED) \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
 K Grier (OFFICERS NAME) AT Exit 151 (LOCATION)

I WAS Traveling West going throu toll both and door on passenger side opens up and Hit Toll both side

Q.) TRAILER Door  
A.) YES

Q.) Did you have Problems securing that Door  
A.) YES

Q.) Why?  
A.) Delivery Pick up for this load

Q.) WHAT TIME Did you Pick up load  
A.) ASPROX 1030 PM in Brook Park

Q.) How FAST were you TRAVELING  
A.) 2-5 mph

ADDRESS OF WITNESS X [REDACTED]	PHONE X [REDACTED]
SIGNATURE OF WITNESS X [REDACTED]	OFFICERS SIGNATURE MATHeson 24 K Grier



10-0391-90



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