

10231792

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0393-90
 N.C.I.C. # OHP90
 REPORTING AGENCY Ohio State Highway Patrol
 # UNITS 01
 CRASH SEVERITY 3 (1 FATAL, 3 PDO, 2 INJURY, 1 UNKNOWN)
 PRIVATE PROPERTY X
 UNIT ERROR 01
 DATE OF CRASH 05292008
 PHOTOS TAKEN X
 OH-2 X OH-3 X OH-1P OTHER

TIME OF CRASH 1848 DAY OF WEEK THU CITY Washington COUNTY # 72
 LATITUDE 41:27:02.66 LONGITUDE 83:16:01.96

CRASH LOCATION PREFIX IR 0080 Eastbound TYPE LOC 3
 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE
 REF POINT 06
 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE
 MILEPOST 83

Motorist/Non-Motorist

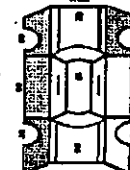
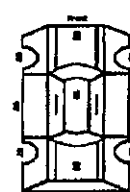
A UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) Des Plaines, Illinois
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 02111980 AGE 28 SEX M
 DL STATE IL LP STATE IL INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 TRANSPORTED BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 OWNER NAME (IF SAME, WRITE "SAME") Expressway, Auto Transport ADDRESS (STREET, CITY, STATE, ZIP CODE) 1259 South Wild Meadow, Round Lake, Illinois 60073
 YEAR 2000 MAKE FREI MODEL Conventional COLOR BLU INSURANCE COMPANY Sentry Select Ins Co. TOWING SERVICE Madison Mtrs
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

B UNIT # [REDACTED] # OF OCC. [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]
 DL STATE [REDACTED] LP STATE [REDACTED] INJURED TAKEN BY [REDACTED]
 TRANSPORTED BY [REDACTED]
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

Occupant

C UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH 10201964 AGE 43 SEX M
 ADDRESS (STREET, CITY, STATE, ZIP CODE) Cabot, Pennsylvania
 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 TRANSPORTED BY [REDACTED]
 INJURED TAKEN TO [REDACTED]
D UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 INJURED TAKEN BY [REDACTED]
 TRANSPORTED BY [REDACTED]
 INJURED TAKEN TO [REDACTED]

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/BIKE CAR) 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 BLANK FOR WITNESS	SAFETY EQUIPMENT MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 ICS HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADD 11 REFLECTIVE PADD 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 5 1 ROTATED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 6 NOT APPLICABLE 8 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 6 NOT APPLICABLE 8 UNKNOWN	TRAPPED 3 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT X IF YES
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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><input type="text" value="0"/></td><td><input type="text" value="6"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>B</td><td><input type="text" value="0"/></td><td><input type="text" value="8"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>C</td><td><input type="text" value="4"/></td><td><input type="text" value="1"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D</td><td><input type="text" value="0"/></td><td><input type="text" value="1"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	A	<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>	B	<input type="text" value="0"/>	<input type="text" value="8"/>	<input type="text"/>	<input type="text"/>	C	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	D	<input type="text" value="0"/>	<input type="text" value="1"/>	<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"/>
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NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK AS NON-INTERSECTION CROSSWALK 03 DRIVEWAY ACCESS CROSSWALK IN ROADWAY 04 NOT IN ROADWAY 05 NEARBY (BUT NOT SHOULDER) 06 ISLAND 07 SHOULDER 08 SIDEWALK 09 WITHIN 30 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 10 BEYOND 15 FEET OF ROADWAY (WITHIN TRAFFICWAY) 11 OUTSIDE TRAFFICWAY 12 SHARED PATHS OR TRAILS 13 UNKNOWN</p>	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="8"/> <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 PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/OVERLOVER 02 FIRE/EXPLOSION 03 BURNING 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/DROPT 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 W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 BICYCLE 16 RAILROAD 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/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/LUMINAIRE 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	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="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	POINT OF IMPACT <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"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/IN A DANGEROUS MANNER 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 SWERVING 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/PULLING 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	NO CONTROL 01 NO CONTROL 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 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE (OPERATIVE, MISSING, OBLISCURED) 16 OTHER	DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
MOTORIST 01 SUB-CONTACT 02 CONTACT 03 NO SIDE 04 FULL SIDE 05 REAR 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK: 2 AXLES, 4 TIRES 10 SINGLE UNIT TRUCK: 3+ AXLES 11 TRUCK/TRACTOR 12 TRUCK TRACTOR (S/STALL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVENTER DOLLY 17 TRACTOR/TWELVES 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 TAXI 28 MOTOR HOME 29 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WRECKER 36 ANIMAL WRESCUOY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 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 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	DIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	TYPE OF INTERSECTION <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 # * - -

Narrative

Unit #1 was traveling eastbound on the Ohio Turnpike at milepost 82 in the right lane. Unit #1's right front tire failed causing unit #1 to lose control and drive off the right side of the road striking a milepost, and then driving into the ditch and overturned onto the left side.

<p>MANNER OF COLLISION OR IMPACT</p> <p>1</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 REAR-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP, SAME DIRECTION 8 SIDESWIP, 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>WEATHER</p> <p>0 2</p> <p>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</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 <input type="checkbox"/></p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 BLARE 8 OTHER 9 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFT/OBSOBER 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT/MOVING WORK 5 OTHER</p>	
<p>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p> <p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>		

<p>Truck/Bus</p> <p>UNIT # 0 1</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 3 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 (FROM SHIPPING PAPERS) Expressway Auto Transport COMPANY PHONE <input type="text"/></p> <p>ADDRESS (STREET, CITY, ST, ZIP CODE) 1259 S Wild Meadow, Round Lake, Illinois 60073</p>
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US DOT	ICC MC	PUCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
1343681			IL	2003			
CARGO BODY TYPE	WEIGHT (GVWR)	COL. CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED			
1 0 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 UNENCLOSED BOX 04 GRABBER/PAPER/RAIL	3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	1 1 NO 2 YES 3 UNKNOWN	<input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC. CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 5 2 9 2 0 0 8	1 8 4 8	1 8 4 8	1 8 4 8	2 2 1 5	1 1 0	0 3 1 7
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Lopez, Edwin	1 2 4 8	TECURREAN	0 6 0 1 2 0 0 8			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT # *			
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER		1 0 - 0 3 9 3 - 9 0			

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0393-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/29/2008
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR 0080 Eastbound	

NOT TO SCALE



CEMENT BARRIER

NORTH BERM

14 ft 10 in

OHIO TURNPIKE EASTBOUND LANES

35 ft 6 in

Point Zero

SOUTH BERM

11 ft 4 in

RP Milepost 82.8

EMBANKMENT

GUARDRAIL

Unit 1

Unit 1

RIGHT OF WAY FENCE

OFFICERS SIGNATURE

BADGE NO.

1248

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0393-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/29/2008
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR 0080 Eastbound	

Unit #1

Trailer Information-

2003 Cottrell Car Hauler Trailer, Black in color
 Vin # SEDAN14463G [REDACTED] Plate # IL [REDACTED]
 Owner- Expressway Auto Transport
 14101 Lambs Lane Libertyville, IL. 60048

Load- 2008 VW Toureg Vin # WVGMB77L28D [REDACTED]
 Damage- Left and Right sides, Top, Windshield
 2008 Lexus LS 600 Vin # JTHDU46F285 [REDACTED]
 Damage- Left side, Front End
 2008 Lexus RX 400 Vin # GTGHW31U382 [REDACTED]
 Damage- Rear, Top, Middle Front, Left and Right sides
 2008 Lexus LX 570 Vin # JTJHY00W984 [REDACTED]
 Damage- Right side, Windshield, Top, Front End Rear, Left side
 2008 Infiniti EX 35 Vin # JNKAJ09F08M [REDACTED]
 Damage- Right Side, Top, Windshield, Hood, Left Side
 2009 Subaru Forester Vin # JF2SH63659H [REDACTED]
 Damage- Rear, Top, Front End, Left Side
 2008 Toyota Highlander Vin # JTEES42A882 [REDACTED]
 Damage- Front, Top, Right Rear
 2005 Subaru Outback Vin # 4S4BP61C15 [REDACTED]
 Damage- No Visible Damage
 2004 Dodge Town & Country Vin # 1D4GP25B85E [REDACTED]
 Damage- Front Bumper, Top, Windshield, Rear Bumper, Right + Left side

* All nine vehicle's were en route to Atlantic corp. 1250 Newark Turnpike Kearney, NJ. to be shipped in a container overseas to Russia. No valid proof of ownership was able to be provided. Four of the nine vehicles were trapped within the trailer.

Owner- Expressway Auto Transport

RP=82.8 MILEPOST
 POINT "0"=IS EDGE LINE ON RIGHT SIDE OF ROAD 15.6 N OF RP

AE	FE	DESCRIPTION
A- 178.0 E	3.4 N	RIGHT FRONT STEER RIM ON ROADWAY
B- 245.8 E	0	RIGHT FRONT STEER RIM ON BERM
C- 342.4 E	0	LEFT FRONT TIRE ON BERM
D- 397.10 E	11.4 S	RIGHT FRONT RIM OFF SOUTH SIDE OF ROAD
E- 506.0 E	11.4 S	LEFT FRONT TIRE OFF SOUTH SIDE OF ROAD
F- 851.7 E	91.8 S	FINAL REST OF LEFT FRONT TIRE

Unit #1

Damage- Right front wheel, right front fender, hood, right front bumper and headlight, both gas tanks, right front steps, top, entire portion of left side

Trailer Damage- Crack in center of trailer

OFFICERS SIGNATURE

BADGE NO.
1248

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0393-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/29/2008
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR 0080 Eastbound	

Injuries- None

* Investigating Officer was on stationary patrol at the 82 milepost crossover, checking the eastbound traffic. Unit #1 passed officer eastbound when a loud boom was heard by this officer. Upon investigating the noise I observed unit #1 begin to lose control drive off the right side and overturn. Evidence at the scene which consisted of tire debris and tire marks on the road support a tire failure to unit #1.

OFFICERS SIGNATURE

BADGE NO.

1248



LOCAL REPORT NUMBER 12-0393-90	REPORTING AGENCY STATE HIGH PATROL	DATE OF CRASH M 5 028 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

TRIP E. LORSA AT MP 82.9
OFFICER'S NAME LOCATION

Truck was Eastbound in front of my truck in the right lane when I noticed the truck start to swerve back and fourth then off the right side berm and layed over on side (Right steer tire blew out)

Q- How fast do you think he was going?

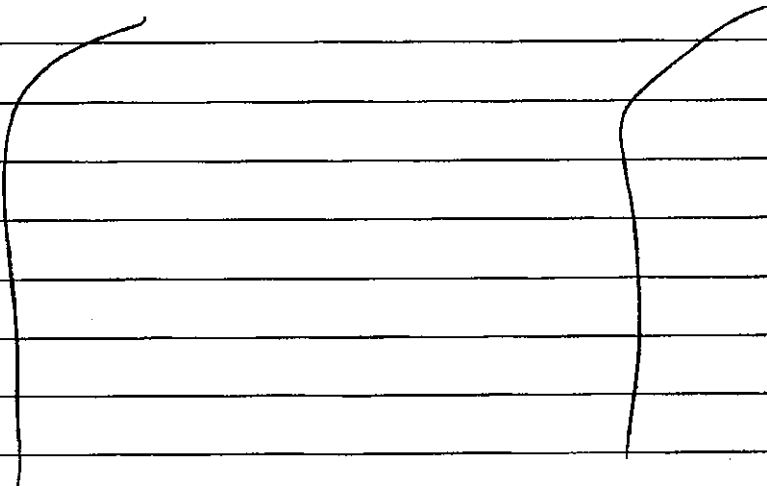
A- HE WASNT GOING 65 MPH.

Q- Did you notice any erratic driving before the crash?

A- No

Q- Did you observe the tire blowout?

A- I SEEN SMOKE AT FIRST.



10-20-64

ADDRESS OF WITNESS [REDACTED] Cabot, PA [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS X [REDACTED]	OFFICER'S SIGNATURE X <u>TRIP E. LORSA</u>



10-0393-90



20080529