

TRAFFIC CRASH REPORT

10231793

OH-1 (Rev. 10/79)



LOCAL REPORT # 10-0473-91
 CRASH SEVERITY 2 (1 FATAL, 3 PDO, 2 INJURY, 4 UNKNOWN)
 PRIVATE PROPERTY X
 HET/RUP 1 (1 NOT HET/RUP, 2 INVOLVED, 3 UNINVOLVED)
 PHOTOS TAKEN X
 OH-2 X OH-3 X OH-1P OTHER
 N.C.I.C. # OHP91
 REPORTING AGENCY Ohio State Highway Patrol
 # UNITS 01
 UNIT ERROR 01 (99 = ANIMAL, 99 = UNKNOWN)
 DATE OF CRASH 05312008

TIME OF CRASH 1853 DAY OF WEEK SAT CITY VILLAGE TWP X NAME (OF CITY, VILLAGE OR TOWNSHIP) Braceville COUNTY # 78 LATITUDE 41:14:23.14 LONGITUDE 80:59:13.78

CRASH OCCURRED ON PREFIX IRO080 TYPE LOS 3 TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED ROUTE 3 NUMBERED STREET 4 OTHER LOCATION POINT
 COUNTY # 78 LOCATION POINT USED 06 HOUR NUMBER 04 PLACE NAME W/O REFERENCE 06 PLACE NAME W/O REFERENCE
 DIST REFERENCE .1M DR E PREFIX REFERENCE 207 REF POINT 06 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUR NUMBER 05 TOWNSHIP BOUNDARY 06 MILE 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) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) Pittsburgh, Pennsylvania

SOCIAL SECURITY NUMBER 01151948 AGE 60 SEX M HOME PHONE # WORK PHONE #
 DL STATE PA DL # LP STATE PA LP # INJURED TOWNSHIP 2 (1 NONE, 4 OTHER, 2 EMS, 3 UNKNOWN, 3 POLICE) TRANSPORTED BY Braceville Twp. INJURED TAKEN TO Trumbull Memorial
 OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)
 YEAR 1989 MAKE CHEV MODEL Celebrity COLOR WHI INSURANCE COMPANY Nationwide TOWING SERVICE Interstate OWNER PHONE #
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # B # OF OCC. 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 TOWNSHIP 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


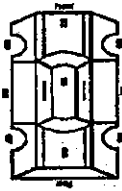
UNIT # C # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH 06061947 AGE 60 SEX
 ADDRESS (STREET, CITY, STATE, ZIP CODE) Streetsboro, Ohio
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE

UNIT # D # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE

SEATING POSITION 01 FRONT - LEFT (DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PAS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER) 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 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 LINED 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 IS ON POSITION 3 IS 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
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Motorist/Non-Motorist

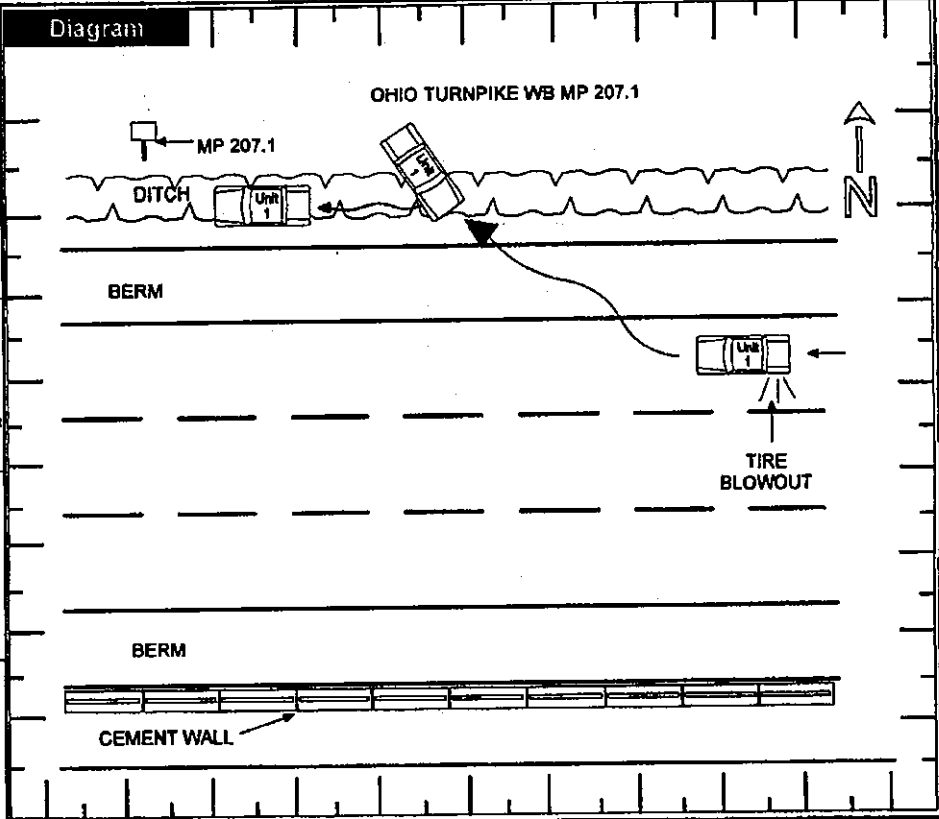
Occupant

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>6</td><td></td><td></td></tr> <tr><td>B</td><td>0</td><td>8</td><td></td><td></td></tr> <tr><td></td><td>4</td><td>1</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	A	0	6			B	0	8				4	1								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"/>
A	0	6																							
B	0	8																							
	4	1																							
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 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN	NON-COLLISION 01 OVERTURN/OVERFLOW 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOOSE/FIT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTRAL LINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	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"/>																				
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 SHOULDERS) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="7"/> <input type="text"/> <input type="text"/>	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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	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 <table border="1"> <tr><td>A</td><td>1</td><td>1</td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td></tr> </table>	A	1	1			B														
A	1	1																							
B																									
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="7"/> <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/CADDA 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, INOLIGENT OR AGGRESSIVE MANNER 14 ENDEAVORING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NONMOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN	COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH 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/UMMANS SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER 48 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"/>																				
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 (BOBTAIL) 13 TRACTOR/REAR-TRAILER 14 TRACTOR/DUAL BODY 15 TRACTOR/DUAL BODY 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 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 SHERMAN 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	ACTION <input type="text" value="2"/> <input type="text"/>	NON-MOTORIST 35 ANIMAL WRECKER 36 ANIMAL WRECKOY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	NON-MOTORIST 30 EQUIPMENT FAILURE 31 SEPARATION OF UNITS 32 RAN OFF ROAD RIGHT 33 RAN OFF ROAD LEFT 34 CROSS MEDIAN/CENTRAL LINE 35 DOWNHILL RUNAWAY 36 OTHER NON-COLLISION 37 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/>	OCCURRENCE <input type="text" value="1"/> <input type="text"/>																				
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text"/>	STRIKING VEHICLE: OVERRID E/ UNDERRIDE <input type="text" value="1"/> <input type="text"/>	VEHICLE DEFECT CODE (ONLY IF "1" 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"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="2"/> <input type="text"/>																				
DAMAGE SCALE <input type="text" value="4"/> <input type="text"/>	VEHICLE DEFECT CODE (ONLY IF "1" SELECTED ABOVE) <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE (ONLY IF "1" SELECTED ABOVE) <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="3"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/>	ROAD CONDITION <table border="1"> <tr><td>PRIMARY</td><td>0</td><td>1</td><td></td><td></td></tr> <tr><td>SECONDARY</td><td></td><td></td><td></td><td></td></tr> </table>	PRIMARY	0	1			SECONDARY														
PRIMARY	0	1																							
SECONDARY																									
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DRABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, 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 BLOWOUT 07 WORK OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value="1"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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																				
SUPPLEMENT * X IF YES <input type="text"/> <input type="text"/> <input type="text"/> <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="7"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="1"/>	SUPPLEMENT * X IF YES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPEED <input type="text" value="6"/> <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"/>	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="7"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="1"/>																				

Narrative

Unit #1 was westbound in the right lane. Unit #1 suffered a tire blowout, lost control, spun off the right side of the roadway, and struck an embankment.

MANNER OF COLLISION OR IMPACT 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-TO-REAR 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER 0 2 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	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY 1 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	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 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.	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) <input type="text"/>	COMPANY PHONE <input type="text"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		
US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCO <input type="text"/>
TRAILER LP #1 <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP #2 <input type="text"/>
PLACARD # <input type="text"/>	DIA. <input type="text"/>	
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANCHIP/BOX/RAMPAL	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 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		

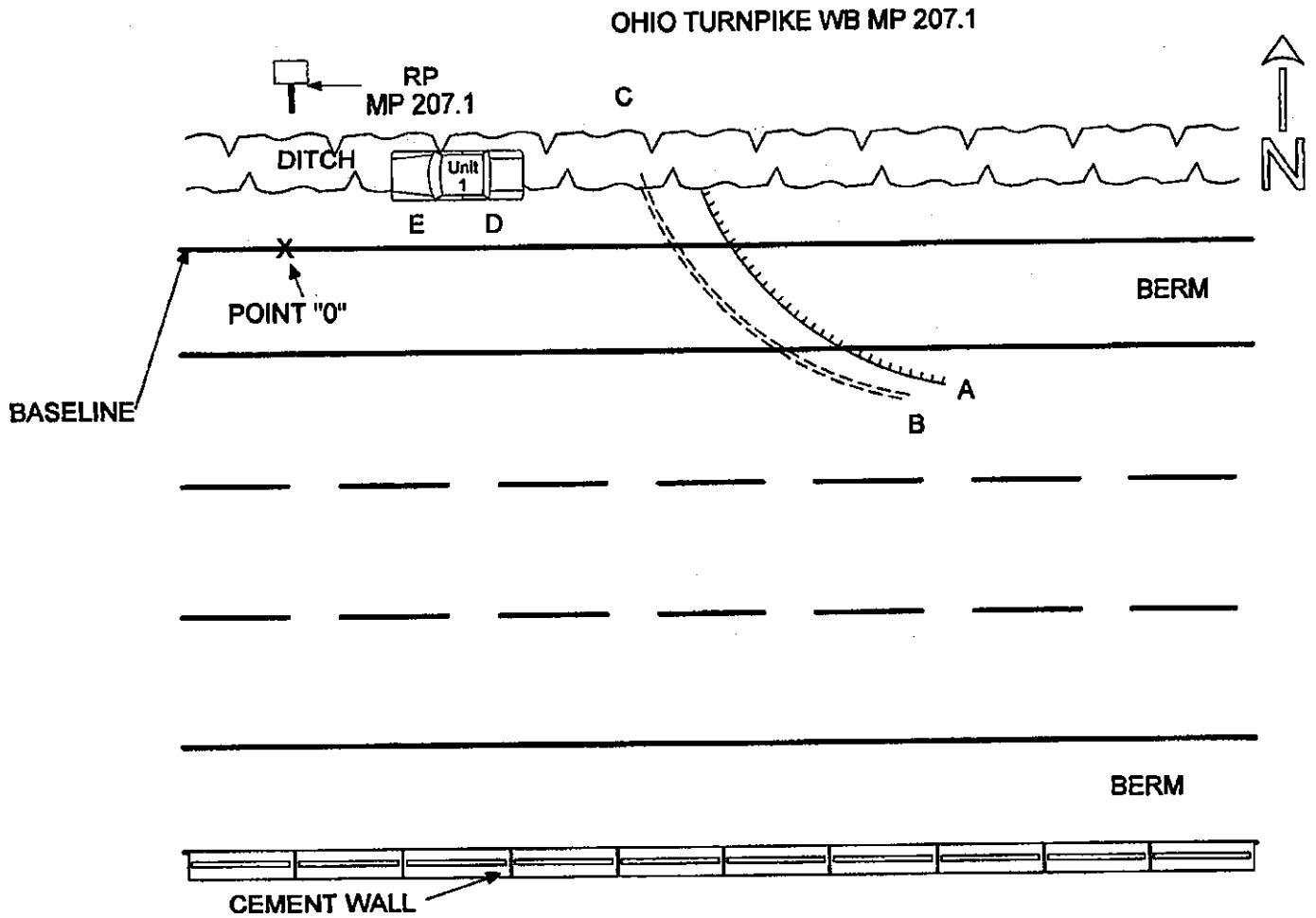
Police Action

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

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0473-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/31/2008
IN COUNTY OF Trumbull	ACCIDENT LOCATION IR0080	



OFFICERS SIGNATURE	BADGE NO. 0515
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0473-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/31/2008
IN COUNTY OF Trumbull	ACCIDENT LOCATION IR0080	

Field Sketch Notes:

- Reference Pt: 207.1 Milepost
- RP to Point "0": 4'4"S
- Baseline: North edge of roadway of westbound lanes
- Roadway: Dry asphalt
- Weather: Mostly sunny, warm, daylight

PT AE FE DESCRIPTION

PT	AE	FE	DESCRIPTION
A	214'0"E	14'7"S	Start LF yaw
B	199'1"E	16'8"S	Start LR skid and scrape
C	84'3"E	17'1"N	Point of Impact with embankment
D	80'8"E	6'11"N	Unit #1 LR wheel
E	49'7"E	5'5"N	Unit #1 LF wheel

Damage Unit #1:

- Trunk, rear bumper, both rear quarter panels, rear window, both tail lights, both rear wheels, undercarriage

Insurance Unit #1:

- Nationwide
- Policy # [REDACTED]

Injuries Unit #1:

- Sore right shoulder and neck, pain in right hip and lower back

Damage to Turnpike:

- Sod damage
- Area will be checked for more damage by Turnpike
- OTP Commission, 682 Prospect St., Berea, OH 44017

Notes:

- I inspected all four tires on [REDACTED] vehicle. The LR definitely appeared to have suffered a side wall blowout. The other three tires all appeared in good condition with plenty of tread depth.

OFFICERS SIGNATURE

BADGE NO.

0515

Vehicle Inventory / Custody Report Initial Court Date / /

REPORT # 10-0473-91	DATE 05/31/08	TIME 1853	LOCATION OTR-WB MP 209.1
VIN 16LAW51R3LG	VMA CHEVY	VMD CELEBRITY	VST V1012
VCO WHT/WHT	ODOMETER 146643	LC 	STATE PA
DRIVER - LAST 		MI C	
ADDRESS 		WORK # 	
OWNER SAME		HOME # 	
ADDRESS 		WORK # 	

REASONS FOR CUSTODY

Pretrial retention
 # OMVI
 DUS
 Wrongful Entrustment
 Forfeiture Eligibility
 Abandoned - Hazardous
 Abandoned - 48 hours
 Evidence
 Felony
 Crash
 Other

Rent/lease over 30 days
 Rent/lease to 30 days - Notify within 24 hours
 Owner unverified
 Borrowed

LOCATION P1 - Front Pass. P2 - Rear Pass. G - Glove box T - Trunk/Cargo E - Engine	<input type="checkbox"/> AM <input checked="" type="checkbox"/> Cass AM/FM <input type="checkbox"/> Radar Detec <input type="checkbox"/> CB	<input type="checkbox"/> AM/FM <input type="checkbox"/> CD/AM/FM <input type="checkbox"/> Laser Detec <input type="checkbox"/> C. Phone # Cassette/CDs	7 Total Keys 1 Key - Ignition 1 Key - Trunk 1 Key - Gascap 1 Key - Wheels # Hubcaps	FUEL E 1/2 F	CIRCLE DAMAGE 	Est. Value \$ <u>500.00</u> Condition <u>CRASHED</u> Seats Glass Undercarriage <input checked="" type="checkbox"/> Photos <input type="checkbox"/> Drivable
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LOC	INVENTORY/REMARKS	LOC	INVENTORY/REMARKS
6	MISCELLANEOUS PAPERS		
P1	QUEEN UMISWELLA		
P2	COLEMAN COLEMAN		
F	TRUNK SUFFERED TOO MUCH DAMAGE TO OPEN		

Report By TRIP BY MENCHER 515 5/31/08 Time 2000 Supervisor *[Signature]*

Witness _____ Time _____

Tow By *[Signature]* # Loc 1191 HAZARD RD

RELEASE OF PROPERTY

Plates _____ Time _____ U. _____

Vehicle _____ Time _____ U. _____

CONDITIONS FOR RELEASE HP-60 Needed
PROOF OF OWNERSHIP

VEHICLE IMMOBILIZATION Pre-Trial Retention Court-Ordered (Order Received _____ Time _____) BMV-Ordered

Immobilization Device Removed _____ Time _____ Location _____ Plates Impounded _____ Device # _____ U. _____

_____ Time _____ U. _____ _____ Time _____ Plates Mailed to BMV _____

TIV # _____	SHERIFF NOTIFIED _____	OWNER NOTIFIED <u>IN PERSON</u>	LOW-UP
_____ U. _____	_____ Time _____	<u>05/31/08</u> Time <u>1809</u>	_____ NIF _____ NIF
Cancelled _____	_____ Mag # _____	U. <u>515</u> PS _____	_____ NIF _____ NIF
_____ U. _____			Letter Sent _____



LOCAL REPORT NUMBER 10-0473-91	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH OCT 31 108
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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
TPR MENCER AT TRUMBULL HOSPITAL
OFFICER'S NAME LOCATION

I WAS TRAVELING WESTBOUND ON THE TURNPIKE IN THE RIGHT LANE AT ABOUT 65 MPH. I BEGAN TO FEEL A VIBRATION IN THE STEERING WHEEL, THEN ALL OF A SUDDEN THE LEFT REAR TIRE BLEW OUT. THAT CAUSED ME TO LOSE CONTROL AND SPIN OFF THE ROADWAY INTO THE DITCH.

Q. WERE YOU INJURED? A. MY RIGHT SHOULDER AND RIGHT SIDE OF NECK ARE SORE, PAIN IN RIGHT HIP AND LOWER BACK ALSO.
 Q. DID YOU HAVE ANY PROBLEMS WITH THE LEFT REAR TIRE/WHEEL LATELY? A. NO. I JUST HAD THE CAR INSPECTED AND THE TIRE WERE ALL GOOD.

ADDRESS OF WITNESS [REDACTED]	PHONE [REDACTED]
SIGNATURE X [REDACTED]	OFFICER'S SIGNATURE X TPR JST MENCER

LOCAL REPORT NUMBER 10-0473-91	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M05 D 31 Y08
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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 [REDACTED] AT SCENE
OFFICER'S NAME TPV MERCEUR LOCATION (with husband)

X I was traveling west on turnpike in right lane when I heard what sounded like a "Cherry" bomb go off. Next thing I know and saw was a white car ahead of us loose control, spin around and end up in the ditch. There was only one person (male) in car. I called 911 - we parked and ran to see if he was hurt. He was shaken up and was complaining of his neck and hip hurting. Officers, medics showed up and transported him to Trumbull Mem. hospital.

Q. WHAT LANE WAS THE CAR IN BEFORE CRASHING? A. RIGHT.

Q. WHAT DO YOU THINK THE LOUD NOISE WAS? A. I WASN'T SURE UNTIL I SAW THE CAR LOSE CONTROL AND THEN I FIGURED IT MUST HAVE BEEN A BLOWN TIRE.

Q. DID ANY OTHER VEHICLES CAUSE HIM TO LOSE CONTROL? A. NO.

Q. HOW FAST WAS HE GOING? A. HE WAS GOING ABOUT THE SAME SPEED AS US WHICH WAS 65 MPH.

ADDRESS OF WITNESS [REDACTED] Streetsboro, Oh. [REDACTED] PHONE [REDACTED]

SIGNATURE OF WITNESS X [REDACTED] OFFICER'S SIGNATURE X TPV MERCEUR