10240457

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT #: 10-05177-91

CRASH SEVERITY: 3 (1 FATAL 3 PDO 2 INJURY 4 UNKNOWN)

PRIVATE PROPERTY: "X" IF YES

HIT/SKIP: 1 (1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED)

PHOTOS TAKEN: "X" IF YES — OH-2: X; OH-3: X; OH-1P: ; OTHER: X

2008 AUG 28 PM 4:05

N.C.I.C. #: OHP91

REPORTING AGENCY: Ohio State Highway Patrol

UNITS: 01

UNIT SPEED: 01

DATE OF CRASH: 06/12/2008

TIME OF CRASH: 1320

DAY OF WEEK: THU

CITY: X

VILLAGE:

TWP:

NAME (OF CITY, VILLAGE OR TOWNSHIP): North Royalton

COUNTY: 18

LATITUDE: 41:19:54.91

LONGITUDE: 81:46:23.65

LOCATION OF CRASH

PREFIX: — CRASH LOCATION: IR0080

TYPE LOC: 3

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

LOCAL SPECIFICATION: Ohio Turnpike Milepost 164.5 Eastbound

AT REFERENCE

DIST REFERENCE: .5 M — DIR: E — PREFIX: — REFERENCE: 164

REF POINT: 06

REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 03 COUNTY LINE 04 HOUSE 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

Motorist/Non-Motorist

A

UNIT #: 01 — # OF OCC.: 01

NAME (LAST, FIRST, MIDDLE): [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] Uniontown, Ohio [redacted]

SOCIAL SECURITY NUMBER: — DATE OF BIRTH: — AGE: — SEX: M

HOME PHONE #: [redacted] — WORK PHONE #:

DL STATE: OH [redacted] — LP STATE: IL — LP: [redacted]

INJURED TAKEN BY: 1 (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN)

TRANSPORTED BY: — INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): [redacted] — ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] Aurora, Ohio [redacted]

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2002	MACK	C800	BRO	Liberty Mutual	Rich's	[redacted]

OFFENSE CHARGED: — OFFENSE DESCRIPTION: — CITATION #: — LOCAL CODE? "X" IF YES:

B

UNIT #: — # 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 TAKEN BY: — (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) — 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:

Occupant

C

UNIT #: — [redacted] — HO[redacted] — DATE OF BIRTH: — AGE: — SEX: M

[redacted] Allegan, Michigan [redacted]

INJURED TAKEN BY: (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) — TRANSPORTED BY: — INJURED TAKEN TO:

D

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

ADDRESS (STREET, CITY, STATE, ZIP CODE): — INJURED TAKEN BY: (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) — TRANSPORTED BY: — INJURED TAKEN TO:

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A: 01	A: 04	A: 1	A: 1	A: 1	A:	A: 1
B:	B:	B:	B:	B:	B:	B:
C:	C:	C:	C:	C:	C:	C:
D:	D:	D:	D:	D:	D:	D:

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/SIDE 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 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

SUPPLEMENT "X" IF YES:

H8Y7001 — TOP COPY - ODPS — BOTTOM COPY - AGENCY

UNIT NUMBERS
A: 0 1 | B:

NON-MOTORIST LOCATION
A: | B:

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 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

TYPE OF UNIT
1 3

MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
10 SINGLE UNIT TRUCK; 3+ AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BOBTAIL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
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 TRAIN
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS

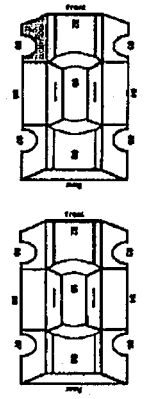
NON-MOTORIST
35 ANIMAL W/RIDER
36 ANIMAL W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE
A: 1 | B:

1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
A: 3 | B:

1 NONE
2 NON-FUNCTIONAL DAMAGE
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN

DAMAGE AREA


MOST DAMAGED AREA
A: 0 9 | 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

POINT OF IMPACT
A: 0 9 | 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

ACTION
A: 3 | B:

1 NON-CONTACT
2 NON-COLLISION
3 STRIKING
4 STRUCK
5 BOTH STRIKING AND STRUCK
6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE
A: 1 | B:

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

PRE-CRASH ACTIONS
A: 0 1 | B:

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

CONTRIBUTING CIRCUMSTANCES
A: 1 9 | B:

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/ACDA
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 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

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

VEHICLE DEFECT CODE ONLY (IF "19" SELECTED ABOVE
A: 1 1 | B:

01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS

	A	B
1	0 9	
2	3 2	
3		
4		

NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
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

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/LUMINARIES 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

FIRST HARMFUL EVENT
A: 2 | B:

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT
A: 2 | B:

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED
A: 1 | B:

1 STATED
2 ESTIMATED SPEED

SPEED
A: 6 5 | B:

POSTED SPEED
A: 6 5 | B:

TRAFFIC CONTROL
A: 1 2 | B:

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 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED
16 OTHER

DIRECTION
FROM: 4 | TO: 3 | FROM: | TO:

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION
A: 1 | B:

1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 ILLNESS
5 FELL ASLEEP, FAINTED, FATIGUE, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED
A: 1 | B:

1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBD NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL/DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL TEST STATUS
A: 1 | B:

1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE
A: 1 | B:

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A:
B:

DRUG TEST STATUS
A: 1 | B:

1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE
A: 1 | B:

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1 & 2 RESULT
A: 1 1 | B:

1 NONE
2 MARIJUANA
3 COCAINE
4 OPIATES
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
0 1

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

OCCURRENCE
3

1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR
2

1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITION
PRIMARY: 0 1 | SECONDARY:

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:

LOCAL REPORT # *: 10-05177-91

TOP COPY - ODPS BOTTOM COPY - AGENCY

Narrative

Unit #1 was eastbound on IR-80 (Ohio Turnpike) in the middle lane. The axle of Unit #1 broke,forcing Unit #1 off the left side of the roadway, striking the median wall.

MANNER OF COLLISION OR IMPACT: 1

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
2 REAR-END
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

WORK ZONE RELATED: 1

1 NO
2 YES
3 UNKNOWN

WEATHER: 01

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

TYPE OF WORK ZONE:

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:

1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

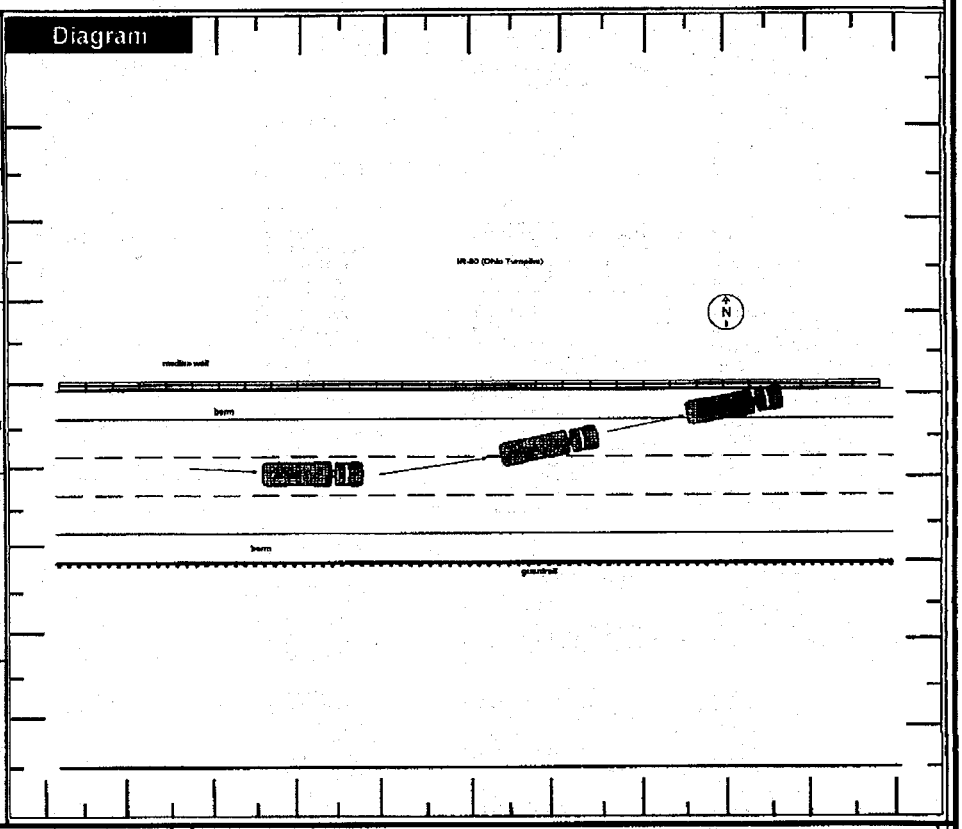
LIGHT CONDITIONS: PRIMARY: 1 SECONDARY:

1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK - LIGHTED ROADWAY
5 DARK - NOT LIGHTED
6 DARK - UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

WORKERS PRESENT:

1 NO
2 YES
3 UNKNOWN

Diagram



Truck/Bus

UNIT #: 01

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 IT'S OWN POWER.

COMPANY (FROM SHIPPING PAPERS): [redacted]
COMPANY PHONE: [redacted]
ADDRESS (STREET, CITY, ST, ZIP CODE): [redacted] Aurora, Ohio [redacted]

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
021800		489-1	IL	2005			

CARGO BODY TYPE: 03

01 NOT APPLICABLE
02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL
05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

WEIGHT (GVWR): 3
1 LESS/EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

CDL CLASS: 1
1 CLASS A
2 CLASS B
3 CLASS C
4 CLASS M
5 CLASS D

HAZARDOUS MATERIALS PLACARD: 1
1 NO
2 YES
3 UNKNOWN

HAZARDOUS MATERIALS RELEASED: 1
1 NO
2 YES
3 NOT APPLICABLE
4 UNKNOWN

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06122008	1324	1324	1333	1435	60	0131

OFFICER'S NAME*: Finsen, Lewis
BADGE #*: 1412
CHECKED BY: LDBRODE
DATE REPORT FILED*: 06162008

REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST)
REPORT TAKEN AT: (1 SCENE, 2 STATION, 3 OTHER)
SUPPLEMENT (X" IF YES)
LOCAL REPORT # *: 10-05173-91

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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-0517-91	Ohio State Highway Patrol	06/12/2008
IN COUNTY OF	ACCIDENT LOCATION	
Cuyahoga	IR0080	

Damage Unit#1- L/F headlight,L/F fender, L/F bumper,hood,grill and axle.

Inspection of Unit#1 was conducted by commercial vehicle inspector OSHP U-0775. He confirmed that Unit#1 did crash as a result of a vehicle defect.

Unit#1 was moved off the roadway prior to my arrival.

OFFICERS SIGNATURE	BADGE NO.
	1412

HSY 7002

OHIO STATE HIGHWAY PATROL
Motor Carrier Enforcement
District 10 Berea
Telephone: (440) 234-2096 ext 1285
Return certification to agency listed below

DRIVER/VEHICLE EXAMINATION REPORT
Report Number: OH0775004541
Inspection Date: 06/12/2008
Start Time: 01:33 PM **End Time:** 03:09 PM
Insp. Level: I-Full, No HM Insp.

[redacted]
ATLANTA, GA [redacted]
USDOT#: [redacted] **Phone#:** [redacted]
MC/MX#: [redacted] **Fax#:**
State#:

Driver: [redacted]
License#: [redacted] **State:** OH
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:

Location: OHIO TURNPIKE
Highway: IR 80
County: CUYAHOGA, OH

MilePost: 164
Origin: MIDDLEBURG HTS, OH
Destination: AKRON, OH

Shipper: UNITED PARCEL SERVICE INC
Bill of Lading: NONE
Cargo: EMPTY (UNDER DISPATCH)

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	License #	Company #	Vin #	GVWR	CVSA #	OOS#
1	TT	MACK	2002	IL	[redacted]	P397380	1M1AA09Y82W[redacted]			Y
2	ST	KENT	2006	IN		UPOZ872205	1KKVA45206L[redacted]			

BRAKE ADJUSTMENTS

Axle #	1	2	3	4
Right	1 1/4	1 3/8	1	1 3/8
Left	INOP	1 3/8	1	1 1/4
Chamber	C-20	C-30	C-30	C-30

VIOLATIONS

Section Code	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.207(a)	**F**	**1**	**Y**		**U**	**N**	**Axle positioning parts defective/missing. AXLE 1L SPRING TO AXLE CLAMP U-BOLTS LOOSE WITH HAND PRESSURE. UPPER & LOWER CLIP PLATES SLID 5" REARWARD.**
393.207(a)	**F**	**1**	**Y**		**U**	**Y**	**Axle positioning parts defective/missing. AXLE 1R SPRING TO AXLE CLAMP U-BOLTS TWISTED TOWARD LEFT SIDE OF VEHICLE.**
393.209(e)	**F**	**1**	**Y**		**U**	**Y**	**Power steering violations. AXLE 1L. GEAR BOX TOP FASTENERS SHEARED OFF.**
393.209(e)	**F**	**1**	**Y**		**U**	**Y**	**Power steering violations. AXLE 1L. STEERING FLUID LEAKING ONTO THE PAVEMENT.**
393.203(e)	F	1	N		N	Y	Cab front bumper unsecured/protrude. LEFT 1/3RD DAMAGED, PROTRUDES BACK TOWARD CAB.
393.9H	F	1	N		N	Y	Inoperable head lamp. LEFT LAMP SEPARATED FROM VEHICLE.
393.9(a)	F	1	N		N	Y	Inoperable required lamp. LEFT FRONT SIDE AMBER MARKER SEPARATED FROM VEHICLE.
393.9TS	F	1	N		N	Y	Inoperative turn signal. LEFT FRONT SIGNAL LAMP SEPARATED FROM VEHICLE.
393.45	**F**	**1**	**Y**		**U**	**Y**	**Brake hose adequacy. AXLE 1L BRAKE CHAMBER AIR HOSE SEPARATED FROM CHAMBER ALLOWING AN AUDIBLE AIR LEAK.**

HazMat: No HM Transported. **Placard:** No **Cargo Tank:**

Special Checks: Post Crash

State Information:
FMCSA Credentials Verified-Y/N: N; CDL Verified (Y/N): Y; FMCSA OOS Order Issued(Y/N): N; For-Hire Carrier: Y; Reason Code: CRAS; Fatalities (Y/N): N; Crash Report #: 10-517-91; Driver Address: [redacted] Driver City: UNIONTOWN; Driver State: OH; Driver Zip: [redacted] Photos Taken (Y/N): Y;

Report Prepared By:
TROOPER F. M. BENETT
X T. M. Benett

Badge #:
0775

Copy Received By:
[redacted]
X

OH0775004541

OHIO STATE HIGHWAY PATROL
Motor Carrier Enforcement
District 10 Berea
Telephone: (440) 234-2096 ext 1285
Return certification to agency listed below

DRIVER/VEHICLE EXAMINATION REPORT
Report Number: OH0775004541
Inspection Date: 06/12/2008
Start Time: 01:33 PM **End Time:** 03:09 PM
Insp. Level: I-Full, No HM Insp.

[redacted]
ATLANTA, GA [redacted]
USDOT#: [redacted] **Phone#:** [redacted]
MC/MX#: [redacted] **Fax#:**
State#:

Driver: [redacted]
License#: [redacted] **State:** OH
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:

* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9, I hereby declare vehicles with defects followed by an "Y" in the "Out of Service" column in the violations discovered section of this report OUT OF SERVICE. No person shall remove the out of service stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

Signature Of Repairer X:_____ Facility:_____ Date:_____

All violations of the FHMR and FMCSR or Title 49 of the Ohio Revised Code will be reviewed by the PUCO's Transportation Department to determine whether civil forfeitures should be assessed against any responsible parties in accordance with the penalty provisions of Title 49 of the Ohio Revised Code. If civil forfeitures are assessed, you will receive a separate notice by mail. These penalties may be assessed to motor carriers, shippers, and/or drivers.

ATTENTION DRIVER: This report must be sent to the motor carrier whose name appears at the top of this inspection report within 24 hours. If the inspection report cannot be delivered within 24 hours the driver must mail or fax the inspection report to the motor carrier.

ATTENTION MOTOR CARRIER: The motor carrier must examine this report and repair all the vehicle defects/violations noted above -AND- The motor carrier must sign the Certification of Repairs below and return the signed form to: Public Utilities Commission of Ohio-TASD; 180 E. Broad St.; Columbus, Oh; 43215-3793 -OR- Fax (614) 752-9274 within 15 days of the inspection. If "No Violations Were Discovered" then you do not need to return this report. Failure to return this report with the required certification can result in penalties of up to $500.

MOTOR CARRIER CERTIFICATION OF COMPLETED REPAIRS: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Federal Motor Carrier Safety & Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. A false certification of repairs is required to be prosecuted with penalties up to $10,000.

Signature Of Motor Carrier X:_____ Title:_____ Date:_____

Report Prepared By: TROOPER F. M. BENETT
Badge #: 0775
Copy Received By: GILBERT BROWN
X Tpr Benett
X_____

OH0775004541

OHIO STATE HIGHWAY PATROL
Motor Carrier Enforcement
District 10 Berea
Telephone: (440) 234-2096 ext 1285
Return certification to agency listed below

DRIVER/VEHICLE EXAMINATION REPORT
Report #: OH0775004541
Date: 06/12/2008
Start Time: 01:33 PM **End Time:** 03:09 PM
Insp. Level: I-Full, No HM Insp.

[redacted]
ATLANTA, GA [redacted]
Phone#: [redacted] **Fax#:**
USDOT#: [redacted] **MC/MX#:** [redacted]
State#:

Driver: [redacted]
License#: [redacted] **State:** OH
Date of Birth:
CoDriver:
License#: **State:**
Date of Birth:

Inspection Notes

INVOLVED IN ONE VEHICLE CRASH ON TURNPIKE. INVESTIGATED BY TPR FINSEN 1412/91/10. DRIVER WAIVED THE MIRANDA WARNINGS I READ TO HIM. DRIVER FOOT PEDAL COVERS HAVE GOOD TREAD. CRASH DAMAGE TO UNIT 1: STEERING BOX TOP FASTENERS SHEARED OFF. STEERING FLUID LEAKING ONTO PAVEMENT. LEFT HEAD, FRONT SIDE MARKER AND TURN SIGNAL LAMPS COMPONENT SEPARATED FROM UNIT. AXLE 1L SPRING TO AXLE CLAMP U-BOLT SPACER FELL OUT, FOUND ON PAVEMENT IN FRONT OF AXLE 3L. SPACER NOT DAMAGED. SPRING TO AXLE CLAMP U-BOLT ON AXLE 1L WERE LOOSE PRIOR TO CRASH. AXLE 1L BRAKE CHAMBER AIR HOSE PULLED FROM CHAMBER ALLOWING AN AIR LEAK. BRAKE INOPERATIVE. DAMAGE TO UNIT 2: NONE.

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0517-91	STATE HIGHWAY PATROL	M 06 D 12 Y 08

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

I, [redacted] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

T. L. P FINSIN (OFFICERS NAME) AT SCENE (LOCATION)

HEADING EAST APPOX. 1 MILE OF 71 RAMP IN MIDDLE LANE, CRUISE ON 65 MPH TRUCK DOVE TO LEFT, TRAILOR BEGIN TO FISH TAIL LEFT, PAX LEFT LANE OPEN. TRIED TO MOVE TRUCK & TRAILOR AWAY FROM ON COMING TRAFFIC. AND ONTO LEFT MEDIAN

Q. WAS YOU INJURED?

A. NO.

Q. WAS YOU WEARING YOUR SEATBELT?

A. YES

Q. DID YOU NOTICE ANYTHING WRONG W/ THE TRUCK PRIOR TO THE CRASH?

A. NO.

Q. DO YOU KNOW IF IT'S BEEN WORKED ON RECENTLY?

A. I DON'T KNOW.

Q. DID YOU MAKE CONTACT W/ ANY OTHER VEHICLES?

A. NO.

Q. DID YOU FEEL THAT YOU LOST STEERING?

A. LIMITED

ADDRESS OF WITNESS	[redacted] UNIONTOWN, OH [redacted] PHONE
SIGNATURE OF WITNESS	[redacted] OFFICERS SIGNATURE T. L. P 1112

HSY 7003 1/82

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

OH-3

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0517-91	STATE HIGHWAY PATROL	M 06 D 12 Y 08

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

I, [redacted] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TFC. W.E. MACH (OFFICER'S NAME) AT SCENE (LOCATION)

I WAS EASTBOUND BEHIND A UPS TRUCK, I STARTED PASSING HIM ON THE LFT AND THE FRONT OF HIS TRUCK JUST DOVE DOWN AND STARTED SMOKING. HE SKIDDED OFF THE LEFT SIDE IN FRONT OF ME AND HIT THE WALL.

Q: WERE ANYOTHER VEHICLES INVOLVED?

A: NO.

Q: DID THE DRIVER SAY ANYTHING TO YOU?

A: NO, HE WAS JUST SHOOK UP

ADDRESS OF WITNESS: [redacted] ALLEGAN, MI [redacted] [redacted]

SIGNATURE X [redacted]

OFFICER'S SIGNATURE X T.W.E. Mach

HSY 7 [redacted] 18-68