

10240461

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
10-0531-91

CRASH SEVERITY  
3 1 FATAL 2 PDO 3 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HITS/UP  
1 NOT HITS/UP 2 BOWLED 3 UNBOWLED

PHOTOS TAKEN  
X IF YES

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

N.C.C. #  
OHP91

REPORTING AGENCY  
Ohio State Highway Patrol

DATE  
2008 AUG 28 01:03

DATE OF CRASH  
06152008

TIME OF CRASH  
1450

DAY OF WEEK  
SUN

CITY VILLAGE TWP  
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
Streetsboro

COUNTY #  
67

LATITUDE  
41:15:14.94

LONGITUDE  
81:21:54.36

CRASH OCCURRED AT  
PREFIX CRASH LOCATION  
IR0080

TYPE LOC  
3

TYPE LOCATION POINT USED  
1 NAMED STREET 2 NUMBERED ROUTE  
Exit 187 Employee Lot

DIST REFERENCE DR PREFIX REFERENCE  
2M E 187

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 # # OF OCC.  
A 0101 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Cleveland, Ohio

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

DL STATE DL # LP STATE LP # 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 MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1993 PONT Grand Prix WHI AIG Interstate

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES  
4513.02 Unsafe vehicles, prohibition against operation; inspection by state highway patrol Y119086

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

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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

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/SEAT)  
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 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 POSITION  
3 IN OFF POSITION  
4 UNKNOWN

EJECTION  
1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN

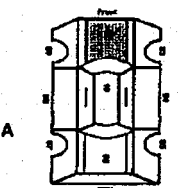
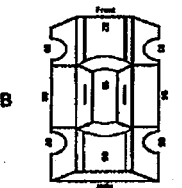
TRAPPED  
1 NOT TRAPPED  
2 EXTRACTED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

INJURIES  
1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN

SUPPLEMENT \* X IF YES

Motorist/Non-Motorist

Occupant

<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>B</td></tr> <tr><td>3</td><td>7</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	A	B	3	7																	<b>POSTED SPEED</b> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>
A	B																								
3	7																								
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>MOTORIST</b> 01 MOVEMENT 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> 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	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN																				
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	<b>MOST DAMAGED AREA</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>NON-MOTORIST</b> 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	<b>COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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	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/DO NOT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>																				
<b>TYPE OF UNIT</b> <input type="text" value="0"/> <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="2"/> <input type="text"/> <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>COLLISION WITH FIXED OBJECT</b> 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	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> <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 PANEL/VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BO-S-TAIL) 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	<b>ACTION</b> <input type="text" value="3"/> <input type="text"/>	<b>MOTORIST</b> 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/PULLING 21 OTHER IMPROPER ACTION 22 UNKNOWN	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/>																				
<b>NON-MOTORIST</b> 35 ANIMAL WILDLIFE 36 ANIMAL W/BOGUY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text" value="1"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/>	<b>OCURRENCE</b> <input type="text" value="1"/>																				
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text"/>	<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE</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	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>																				
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE</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	<b>SPEED</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONDITION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
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**Narrative**

Unit #1 was entering IR 80 at the 187 Gate eastbound. Unit #1 lost its brakes, drove into the employee parking lot, and struck a pole.

**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

**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

**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

**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

**TYPE OF WORK ZONE**

- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/MOVING WORK
- 5 OTHER

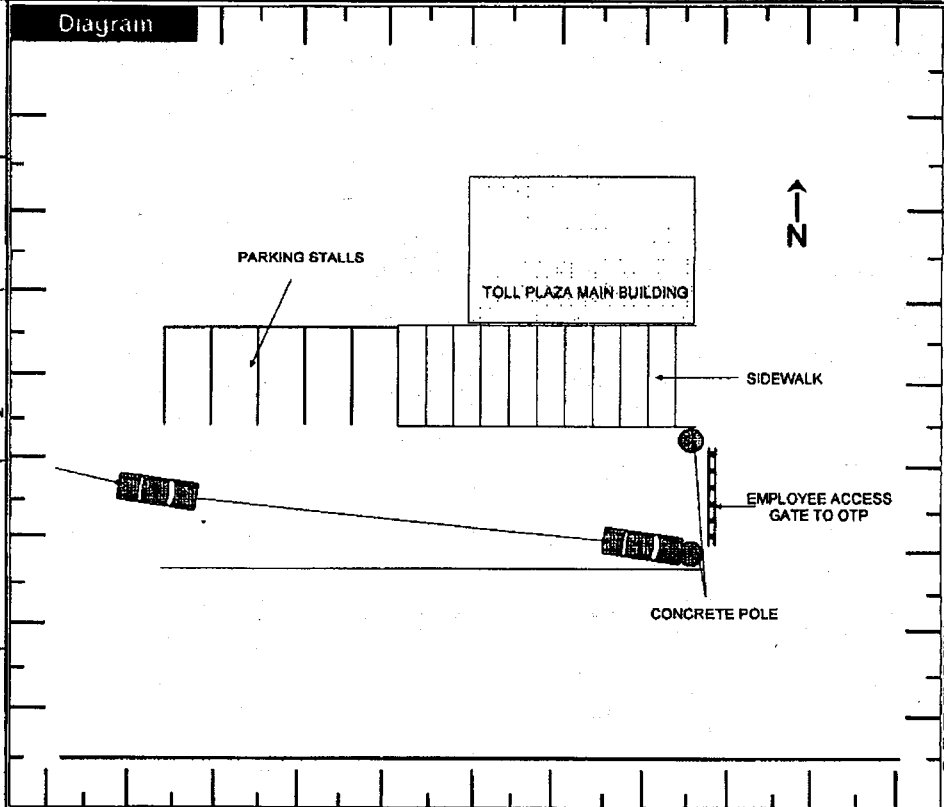
**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 1 NO
- 2 YES
- 3 UNKNOWN

**Diagram**



**Truck/Bus**

UNIT #

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)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT  ICC MC  PUCCO  TRAILER LP ST.  TRAILER LP YEAR  TRAILER LP #  PLACARD #  DIA

**CARGO BODY TYPE**

- 01 NOT APPLICABLE
- 02 BUS B-13 INCLUDING DRIVER
- 03 VAN/ENCLOSED BOX
- 04 GRABBER/CARGO
- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

**WEIGHT (GVWR)**

- 1 LESS THAN 10,000
- 2 10,001 - 20,000
- 3 MORE THAN 20,000

**CDL CLASS**

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 5 CLASS D

**HAZARDOUS MATERIALS PLACARD**

- 1 NO
- 2 YES
- 3 UNKNOWN

**HAZARDOUS MATERIALS RELEASED**

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

**Police Action**

DATE CRASH REPORTED **06152008** TIME REG CALL **1455** DISPATCH **1455** ARRIVED **1510** CLEARED **1540** OTHER **60** TOTAL MINUTES **0105**

OFFICER'S NAME **Nagy, Jonathan** BADGE # **1806** CHECKED BY **LDBRODE** DATE REPORT FILED **06162008**

REPORT TAKEN BY **1** 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT **1** 1 SCENE 2 STATION 3 OTHER SUPPLEMENT "X" IF YES LOCAL REPORT # **10-0531-91**

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

**OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER <b>10-0531-91</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>06/15/2008</b>
IN COUNTY OF <b>Portage</b>	ACCIDENT LOCATION <b>IR0080</b>	

**ROAD**

- CONCRETE SURFACE
- DRY
- NO VISIBLE PAVEMENT DEFECTS

**WEATHER**

- DAYLIGHT
- CLOUDY
- NO ADVERSE CONDITIONS

**INJURIES**

- UNIT #1
- DRIVER: NONE

**VEHICLE INFORMATION**

- UNIT #1: 1993 PONTIAC GRAND PRIX, COUPE
- COLOR: WHITE
- RP: [REDACTED] OH
- VIN: 1G2WJ14T5PF [REDACTED]
- DAMAGE ANALYSIS
- CONTACT DAMAGE
- FRONT BUMPER
- GRILLE
- HOOD

**NOTES**

- UNIT #1 STRUCK A BARRIER POST PROTECTING THE EMPLOYEE ACCESS GATE TO THE OHIO TURNPIKE.
- DRIVER OF UNIT #1 LEFT THE SCENE WITH THE VEHICLE AND THE WRECKER.

OFFICERS SIGNATURE

BADGE NO.

**1806**



10/1

LOCAL REPORT NUMBER 10-531-91	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6   D 15   Y 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

1.  [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
 TTR JP NABY AT SCENE  
OFFICER'S NAME LOCATION

Q: WHAT HAPPENED?

A: I WAS APPROACHING THE I-80 ON TOLL BOOTH, AND I WAS TURNING THE HEAD BEFORE THE BOOTH, WHEN MY BRAKES GAVE OUT. I MANEUVERED TO SLOW THE CAR'S ~~TO~~ SPEED AS MUCH AS POSSIBLE. I THEN ~~VIEWED~~ VIEWED RIGHT INTO THE EMPLOYEE PARKING AREA, AND I STRUCK A CEMENT ~~POLE~~ POLE AT ±10 MPH.

Q: HAVE YOU EVER HAD BRAKE PROBLEMS BEFORE?

A: NO, THE FLUID LEVEL WAS FINE

Q: WHEN WERE YOUR BRAKES LAST CHANGED?

A: I HAVE NO IDEA.

Q: ARE YOU INSURED?

A: NO.

Q: DID YOU HAVE YOUR SEATBELT ON?

A: YES.

ADDR  [REDACTED] CLEVELAND, OH [REDACTED] [REDACTED]  
 SIGNA  [REDACTED] OFFICER'S SIGNATURE  
 X [REDACTED] TTR JP NABY