10240463

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT # *	CRASH SEVERITY	PRIVATE PROPERTY	HIT/SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
10-05351-91	3 (1 FATAL 3 PDO 2 INJURY 4 UNKNOWN)	'X' IF YES	1 (1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED)	'X' IF YES: X	X	X		X

2008 AUG 28 PM 4:03

N.C.I.C. # *	REPORTING AGENCY *	# UNITS	UNIT ERROR (98 = ANIMAL 99 = UNKNOWN)	DATE OF CRASH *
OHP91	Ohio State Highway Patrol	02	02	06212008

TIME OF CRASH	DAY OF WEEK	CITY *	VILLAGE *	TWP *	NAME (OF CITY, VILLAGE OR TOWNSHIP) *	COUNTY # *	LATITUDE	LONGITUDE
1540	SAT	X			Streetsboro	67	41:15:17.86	81:21:54.68

CRASH OCCURRED ON

PREFIX	CRASH LOCATION	TYPE LOC	TYPE LOCATION POINT USED (1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE)	LOCAL INFORMATION
	IR0080	3		Ohio Turnpike Exit 187 WB Deceleration Ramp

AT / REFERENCE

DIST REFERENCE	DR	PREFIX	REFERENCE	REF POINT	REFERENCE POINT USED
.2M	E		187	06	01 STATE LINE; 02 INTERSECTION 2 STREETS; 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 #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
01	01	[redacted]

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

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
			M	[redacted]	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN)	TRANSPORTED BY	INJURED TAKEN TO
OH	[redacted]	OH	[redacted]	1		

OWNER NAME (IF SAME, WRITE "SAME"): [redacted]

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

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2003	INTL	Conventional	WHI	Liberty Mutual		[redacted]

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? 'X' IF YES

B

UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
02	01	[redacted]

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

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
			M	[redacted]	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN)	TRANSPORTED BY	INJURED TAKEN TO
OH	[redacted]	OH	[redacted]	1		

OWNER NAME (IF SAME, WRITE "SAME"): SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1996	FORD	Ranger	BLK	Geico	Interstate	

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? 'X' IF YES
4513.02	Unsafe vehicles, prohibition against operation; inspection by state highway patrol	Y119123	

Occupant

C

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

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	04 (MOTORIST)	5	1	1	1	1
B	01	04	1	1	1	1	1
C							
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; 6 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

24

HSY7001 TOP COPY - CCPS BOTTOM COPY - AGENCY

UNIT NUMBERS

A: 0 1 — B: 0 2

NON-MOTORIST LOCATION

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

A: 1 3 — B: 0 7

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

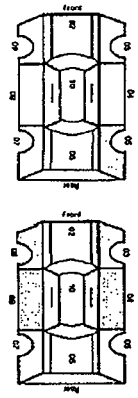
1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE

A: 2 — B: 4

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

DAMAGE AREA



MOST DAMAGED AREA

A: 0 5 — B: 0 3

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 5 — B: 0 3

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: 4 — B: 3

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

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE

A: — B: 1

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: 0 1

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: 0 1 — B: 1 9

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: — B: 0 4

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
20	06
	08
	28
	20

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: 1 — B: 3

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

MOST HARMFUL EVENT

A: 1 — B: 3

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

SPEED DETECTED

A: 1 — B: 1

1 STATED
2 ESTIMATED SPEED

SPEED

A: 20 — B: 20

POSTED SPEED

A: 65 — B: 65

TRAFFIC CONTROL

A: 12 — B: 12

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	TO	FROM	TO
5	2	5	2

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

CONDITION

A: 1 — B: 6

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: 5

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: 5

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: 3

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

A: — B:

DRUG TEST STATUS

A: 1 — B: 5

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: 3

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

A: 11 — B: 88

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

TYPE OF INTERSECTION

01

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

2

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

ROAD CONTOUR

4

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

ROAD CONDITION

PRIMARY: 01 — 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 # * 10-0535-91

TOP COPY - ODPS BOTTOM COPY - AGENCY

Narrative

Unit #1 and Unit #2 were exiting at exit 187 westbound on IR 80(Ohio Turnpike). Unit #1 was ahead of Unit #2. Unit #2 had an equipment failure and was unable to slow. Unit #2 then swerved to the right berm and got wedged between Unit #1 and the bridge wall.

MANNER OF COLLISION OR IMPACT: 7
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: 02
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

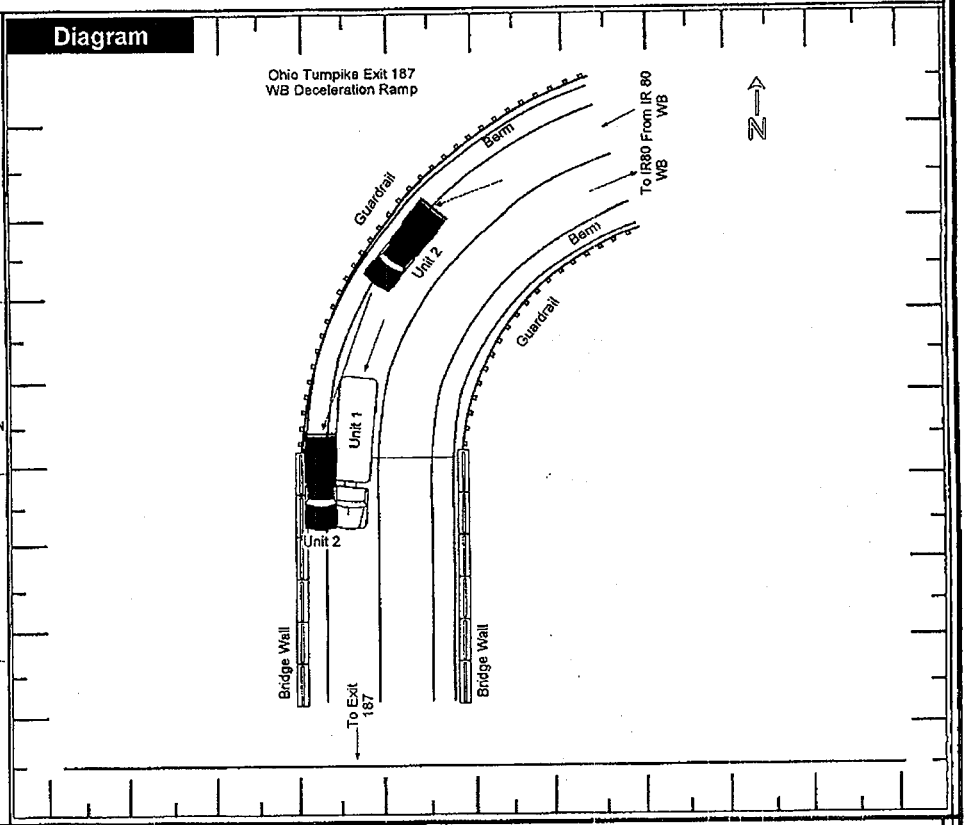
WORK ZONE RELATED: 1
1 NO
2 YES
3 UNKNOWN

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

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.

UNIT # 01

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

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
[redacted]			ME	2008	[redacted]		

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
06212008	1540	1540	1550	1811	60	0211

OFFICER'S NAME *: Mercer, Brian
BADGE # *: 0515
CHECKED BY: LDBRODE
DATE REPORT FILED *: 06232008

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 # *: 10-0535-91

TOP COPY - OOPS BOTTOM COPY - AGENCY

HIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-0535-91	Ohio State Highway Patrol	06/21/2008
N COUNTY OF	**ACCIDENT LOCATION**	
Portage	IR0080	

Unit #1 Damage:
Rearmost outer drive wheel on right side of tractor, right mud flap on tractor

Unit #1 Insurance:
Liberty Mutual
Policy #[redacted]

Unit #1 Trailer and Load:
2001 TRIM Enclosed Box; White in color
No damage to trailer
Plate # ME[redacted]
Empty at time of crash
Owned by same as tractor

Unit #2 Damage:
Right and left front quarter panels, right and left sides, both right wheels

Unit #2 Insurance:
- Geico
- Policy #[redacted]

Damage to Turnpike:
- Scraped cement wall on bridge of Exit 187 WB deceleration ramp
- Area will be checked for more damage by Turnpike
- OTP Commission, 682 Prospect Street, Berea, OH 44017 (440)234-2081

Notes:
- No injuries.
- No field sketch due to both vehicles moving from final rest prior to my arrival. There were no skids on roadway.
- The driver of Unit#2, [redacted] was also charged with OVI. He had a strong odor of an alcoholic beverage coming from his person. He admitted to drinking a 24 oz Busch beer at 2pm today. He showed a .051% BAC on the PBT at the scene. He showed four clues on HGN and two on the Walk&Turn. He also stated he smokes marijuana. He did not admit to smoking any today but said he did a few days ago.
- During the administrative inventory of [redacted]s truck, three open Busch 24 oz beer cans were found. Two were in the truck bed open with some beer still inside. The third was in the passenger compartment behind the driver's seat open with some beer still inside.
- [redacted] gave a urine sample for analysis that was sent to the OSHP crime lab.

OFFICERS SIGNATURE	BADGE NO.
	0515

OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

Page 1 of ____

VEHICLE INVENTORY/CUSTODY REPORT

Initial Court Date ___/___/___

REPORT# 10- -91 LHP080621002873 | DATE 6-21-08 | TIME | LOCATION OTP INTERCHANGE 187

VYR 96 | VMA FORD | VMO RANGER | VST PU | VCO BLK | ODOMETER 165784

VIN 1FTCR14U8TP[redacted] | LIC [redacted] | STATE OH

DRIVER LAST NAME [redacted] | DRIVER FIRST NAME [redacted] | MI [redacted] | WORK#

[redacted] CLEVELAND, OH [redacted] | [redacted]

OWNER SAME | WORK#

ADDRESS | HOME#

REASONS FOR CUSTODY
- ☐ Pretrial Retention
- ☒ # 2 OVI W/6 YRS
- ☐ 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

☐ AM ☐ AM/FM
☒ Cass/AM/FM ☐ CD/AM/FM
☐ Radar Detect ☐ Laser Detect
☐ CB ☐ C. Phone
8 / — # Cassettes/CDs

1 Total Keys
1 Key-Ignition
___ Key-Trunk
___ Key-Gascap
___ Key-Wheels
___ # Hubcaps

FUEL E ½ F

CIRCLE DAMAGE: DAMAGE ALL AREAS

Est. Value $ 500.00
Condition POOR
Seats Wheels
Glass Antenna
Undercarriage
☐ Photos ☐ Driveable

LOC	INVENTORY/REMARKS	LOC	INVENTORY/REMARKS
T	2 EMPTY 24OZ BUSCH BEER CANS	G	MISC PAPERS/PICTURES
T	1-SET JUMPER CABLES	P2	1- LITTLE PLAYMATE COOLER
T	1- FISHING POOL 1-FISHING	P2	EMPTY 1-2PK 3M 6001 FILTERS
T	BOX WITH MISC TACKLE	P2	1-OPEN/EMPTY 24OZ BUSCH BEER
T	1 BLK BAG 1-SPARE TIRE	P2	CAN 1 OPEN BAG WASTE COTTON
T	1 GRY BAG W/MISC TOOLS	P2	GLOVES 2 CASSETTE TAPES
P1	MISC CLOTHING 49 CENTS	P2	MISC CLOTHING
P1	1 KYOCERA K132 CELL PHONE		
P1	6 CASSETTES 3 PAIR SUNGLASSES		HEAVY CRASH DAMAGE
G	2-1¼ ZONE ANTI/UPSETTERS		2 FLATS RIGHT SIDE
G	1-OPEN ONE A DAY VITAMIN		
G	BOTTLE 1-OPEN BOX		
G	PRILOSEC OTC OWNERS MAN.		

Report By [signature] U- 970 6/21/08 Time 1738 Supervisor Lt WC Butts U- 25

Witness ________ ___/___/___ Time ____

Tow By X [signature] Loc. INTERSTATE

☐ Owner Request (Tow service acknowledges vehicle Inventory)

RELEASE OF PROPERTY
☐ Plates X ________ (SIGNATURE) ___/___/___ Time - ____ U - ____
☐ Vehicle X ________ (SIGNATURE) ___/___/___ Time - ____ U - ____

CONDITIONS FOR RELEASE ☐ HP-60 Needed
COURT ORDER

VEHICLE IMMOBILIZATION ☐ Pre-Trial Retention ☐ Court-Ordered (Order Received ___/___/___ Time ____) ☐ BMV-Ordered
___/___/___ Time ____ Location ____ Device # ____ U - ____

Immobilization Device Removed
___/___/___ Time ____ U - ____

Plates Impounded
___/___/___ Time ____ ☐ Plates Mailed to BMV ___/___/___

TIV # ____
___/___/___ U - ____
Canceled
___/___/___ U - ____

SHERIFF NOTIFIED
____
___/___/___ Time ____
U - ____ Msg # ____

OWNER NOTIFIED [redacted]
6/21/08 Time 1730
U- 515 PS

FOLLOW-UP
____ NIF ____ NIF
____ NIF ____ NIF
Letter Sent ___/___/___

Post Copy–White Wrecker Copy–Canary Owner/Driver Copy–Pink

HP 25D OHP 1567 9/07

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0535-91	STATE HIGHWAY PATROL	M 06 D 21 Y 08

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

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

TPR MERCER AT SCENE
OFFICER'S NAME LOCATION

I was traveling west bound on ohio Turnpike, getting off exit 187 when I thought my brakes locked up when I looked around in my mirrors I saw a small truck wedged between my tractor and the bridge wall. I stopped to make sure everything was alright and then proceeded to the lot to wait for Highway Patrol. The man in small truck said his brakes went out.

Q. WERE YOU INJURED? A. NO.
Q. DID YOU SEE THE TRUCK COMING? A. NO, I DONT KNOW WHERE HE CAME FROM.
Q. HOW FAST WERE YOU GOING? A. 20 MPH

[redacted] Romp on [redacted]

SIGNATURE OF PERSON GIVING STATEMENT
X [redacted]

OFFICER'S SIGNATURE
X TPR B.T MERCER

HSY 7003 4/07

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0535-91	STATE HIGHWAY PATROL	M 06 D 21 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

TPR MERCER (OFFICER'S NAME) AT HIRAM POST (LOCATION)

I WAS TRAVELLING HOME FROM WORK IN YOUNGSTOWN, OH AND EXITED AT EXIT 187. ONCE ON THE EXIT RAMP I ATTEMPTED TO SLOW, BUT NOTHING HAPPENED. THE BRAKE PEDAL WENT TO THE FLOOR. I THEN SWERVED ONTO THE BERM TO AVOID HITTING THE CARS IN FRONT. I THEN GOT STOPPED BY BECOMING WEDGED BETWEEN A TRACTOR TRAILER AND A BRIDGE WALL. I WAS NOT INJURED.

Q. HAVE YOU HAD ANY PROBLEMS WITH YOUR BRAKES LATELY? A. ON MONDAY THE BRAKES FELT STRANGE BUT I DIDN'T HAVE THE MONEY TO GO TO A REPAIR SHOP. THEY HAVEN'T BEEN RIGHT SINCE

Q. HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES TODAY? A. YES. ONE BUSCH 24 OUNCE BEER AT 2PM TODAY.

Q. HAVE YOU USED ANY DRUGS/MEDICATION TODAY? A. NOT TODAY, BUT I DID SMOKE MARIJUANA A FEW DAYS AGO.

Q. HOW FAST WERE YOU GOING WHEN THE CRASH OCCURRED?

A. 20-25 MPH.

AD [redacted] CLEVELAND, OH [redacted]

SIGNATURE OF WITNESS

X [redacted]

OFFICER'S SIGNATURE

X TPR BJ MERCER

HSY 7003 4/07