

10240465

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-0562-91

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES
2008 AUG 22 PM 4:02

HITS/SKIP
1 NOT HITS/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES

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

M.C.L.C. #
OHP91

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
02

UNIT ERROR
01 88 = ANIMAL
99 = UNKNOWN

DATE OF CRASH
06282008

TIME OF CRASH
1110

DAY OF WEEK
SAT

CITY VILLAGE TWP
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)
Braceville

COUNTY #
78

LATITUDE
41:14:00.56

LONGITUDE
80:58:36.35

CRASH OCCURRED ON
PREFIX | CRASH LOCATION
IR0080

TYPE LOC
3
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION
OTP Milepost 207.6 Eastbound

AT / REFERENCE
DIST REFERENCE DR PREFIX REFERENCE
4M W 208

REFERENCE POINT USED
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

UNIT # # OF OCC.
A 01 02 NAME (LAST, FIRST, MIDDLE)

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

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

DL STATE DL # LP STATE LP # INJURED TAKEN BY 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)
Shaker Heights, Ohio

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1993 CADI STS BLK Viking Insurance Interstate

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? # YES
4513.02 Unsafe vehicles, prohibition against operation; inspection by state highway patrol Y347596

UNIT # # OF OCC.
02 06 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)
Logansport, Indiana

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

DL STATE DL # LP STATE LP # INJURED TAKEN BY 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)
SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2003 DODG Caravan BLU West American Insurance None

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? # YES

UNIT # # OF OCC.
C 01 NAME (LAST, FIRST, MIDDLE)

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

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

DL STATE DL # LP STATE LP # INJURED TAKEN BY 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)
Warsaw, Indiana

SEATING POSITION SAFETY EQUIPMENT AIR BAG AIR BAG SWITCH EJECTION TRAPPED INJURIES
01 FRONT - LEFT (MC DRIVER) 04 MOTORIST 1 AIR BAG 1 NOT DEPLOYED 1 NOT EJECTED 1 NOT TRAPPED 1 NO INJURY
02 FRONT - MIDDLE 04 01 NONE USED 1 DEPLOYED - FRONT 1 NOT PRESENT 2 TOTALLY EJECTED 2 EXTRACTED BY MECHANICAL 2 POSSIBLE
03 FRONT - RIGHT 04 02 SHOULDER BELT ONLY 1 DEPLOYED - SIDE 1 IN ON POSITION 3 PARTIALLY EJECTED 3 MEANS 3 NON-
04 SECOND - LEFT (MC PASS) 04 03 LAP BELT ONLY 1 DEPLOYED BOTH 1 IN OFF POSITION 4 NOT APPLICABLE 4 INCAPACITATING
05 SECOND - MIDDLE 04 04 SHOULDER/LAP BELT 1 FRONT/SIDE 1 UNKNOWN 5 UNKNOWN 5 FATAL INJURY
06 SECOND - RIGHT 04 05 CHILD SAFETY SEAT 1 NOT APPLICABLE 6 UNKNOWN 6 UNKNOWN 6 UNKNOWN
07 THIRD - LEFT 04 06 MC HELMET USED 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
08 THIRD - MIDDLE (MC PASSENGER/SIDE CAR) 04 07 USE UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
09 THIRD - RIGHT 04 08 NONE USED 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
10 SLEEPER SECTION OF CAB 04 09 HELMET USED 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
11 ENCLOSED CARGO AREA 04 10 PROTECTIVE PADS 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
12 UNENCLOSED CARGO AREA 04 11 REFLECTIVE CLOTHING 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
13 TRAILING UNIT 04 12 LIGHTING 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
14 EXTERIOR 04 13 OTHER 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
15 OTHER 04 14 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
16 NON-MOTORIST 04 14 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN
17 UNKNOWN 04 14 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN 1 UNKNOWN

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/89)

LOCAL REPORT #*	N.C.I.C. #*	REPORTING AGENCY*	DATE OF CRASH†
1 0 - 0 5 6 2 - 9 1	O H P 9 1	Ohio State Highway Patrol	0 6 2 8 2 0 0 8

E	0 2	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	AGE	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) Logansport, Indiana					
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	

F	0 2	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	AGE	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) Warsaw, Indiana					
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	

C	0 2	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	AGE	SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) Logansport, Indiana					
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	

B	0 2	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	AGE	SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) Logansport, Indiana					
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	

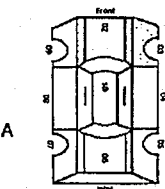
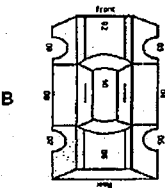
I		NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	

J		NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	

K		NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	

0 4 SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 0 5 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 0 7 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 0 9 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	0 4 SAFETY EQUIPMENT MOTORIST 01 NONE USED 0 4 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 0 4 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 0 4 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 0 4 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	5 AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 5 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 1 4 NOT APPLICABLE 5 UNKNOWN	1 TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 1 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 1 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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SUPPLEMENT "X" IF YES

UNIT NUMBERS 0 1 0 2	DAMAGE AREA  	PRE-CRASH ACTIONS 0 1 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 17 PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	SEQUENCE OF EVENTS A: 0 6 B: 2 3 NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACQUINFE 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 14 UNKNOWN W/PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 PEDAL CYCLE 17 RAILWAY VEHICLE 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 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	POSTED SPEED 6 5 6 5 TRAFFIC CONTROL 1 2 1 2 CONDITION 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	DRUG TEST STATUS 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 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT 1 1 1 1 DIRECTION FROM TO: 4 3 4 3 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN TYPE OF INTERSECTION 0 1 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 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 1 ROAD CONTOUR 2 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITION PRIMARY SECONDARY 0 1 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
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 0 4 0 5 MOTORIST 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/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 WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	MOST DAMAGED AREA 0 3 0 7 POINT OF IMPACT 0 1 0 7 ACTION 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN STRIKING VEHICLE: OVERRIDE/UNDERRIDE 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	CONTRIBUTING CIRCUMSTANCES 1 9 0 1 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/DA 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 1 1 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	FIRST HARMFUL EVENT 1 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 1 1 STATED 2 ESTIMATED SPEED SPEED 6 5 6 5	ALCOHOL/DRUG SUSPECTED 1 1 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 1 1 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 1 1 1 NONE 4 BREATH 2 BLOOD 3 URINE ALCOHOL TEST RESULT SUPPLEMENT * X IF YES LOCAL REPORT # 1 0 - 0 5 6 2 - 9 1	

Narrative

Unit #1 was traveling east on IR 80 in the center lane. Unit #2 was traveling east on IR 80 in the right lane. Unit #1 lost its right front wheel. The wheel struck Unit #2 in the rear bumper.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 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 <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram
	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 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	TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT MOVING WORK 5 OTHER	
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> 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	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	
	WORKERS PRESENT <input type="checkbox"/> 1 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.	A 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 PHONE <input type="text"/>
	COMPANY (FROM SHIPPING PAPERS) <input type="text"/>		ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAINCHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	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 <input type="text"/> 0 <input type="text"/> 6 <input type="text"/> 28 <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 8	TIME REC CALL <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 2	DISPATCH <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 2	ARRIVED <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 6	CLEARED <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4	OTHER <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 0	TOTAL MINUTES <input type="text"/> 0 <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 2
OFFICER'S NAME * Nagy, Jonathan	BADGE # * <input type="text"/> 1 <input type="text"/> 8 <input type="text"/> 0 <input type="text"/> 6	CHECKED BY CPLAND	DATE REPORT FILED * <input type="text"/> 0 <input type="text"/> 6 <input type="text"/> 28 <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 8					
REPORT TAKEN BY <input type="checkbox"/> 1 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * "X" IF YES	LOCAL REPORT # * <input type="text"/> 1 <input type="text"/> 0 <input type="text"/> - <input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 2 <input type="text"/> - <input type="text"/> 9 <input type="text"/> 1					

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0562-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/28/2008
IN COUNTY OF Trumbull	ACCIDENT LOCATION IR0080	

ROAD
 - TRAFFIC POLISHED ASPHALT
 - DRY
 - NO VISIBLE PAVEMENT DEFECTS IN THE AREA OF THE CRASH.

WEATHER
 - DAYLIGHT
 - CLOUDY
 - NO ADVERSE CONDITIONS

INJURIES
 - UNIT #1
 - DRIVER: NONE
 - PASSENGER: NONE

- UNIT #2
 - DRIVER: NONE
 - PASSENGERS: NONE

VEHICLE INFORMATION
 - UNIT #1: 1993 CADILLAC STS, SEDAN
 - COLOR: BLACK
 - RP: [REDACTED] OH
 - VIN: 1G6KY5290PU [REDACTED]
 - VEHICLE DAMAGE ANALYSIS
 - CONTACT DAMAGE
 - RF FENDER
 - RF WHEEL

- UNIT #2: 2003 DODGE CARAVAN, MINIVAN
 - COLOR: BLUE
 - RP: [REDACTED] IN
 - VIN: 1G6KY5290PU [REDACTED]
 - VEHICLE DAMAGE ANALYSIS
 - CONTACT DAMAGE
 - REAR BUMPER

NOTES
 - DRIVER AND PASSENGER OF UNIT #1 LEFT THE SCENE WITH THE WRECKER.
 - UNIT #2 WAS DRIVEN FROM THE SCENE.
 - SEQUENCE OF EVENTS UNIT #1: EQUIPMENT FAILURE IS FROM THE WHEEL SEPARATING FROM UNIT #1.
 - SEQUENCE OF EVENTS UNIT #2: OTHER MOVABLE OBJECT IS FROM UNIT #1 WHEEL STRIKING UNIT #2.
 - DRIVER OF UNIT #1 WAS ALSO CITED FOR DRIVING UNDER FRA SUSPENSION (4510.16A).
 - RF TIRE OF UNIT #1 HAD EXCESSIVE TREAD WEAR.
 - THE CHORDS FROM THE RF TIRE OF UNIT #1 WERE VISIBLE.

OFFICERS SIGNATURE	BADGE NO. 1806
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LOCAL REPORT NUMBER 10 - 562 - 91	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6 D 28 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

[REDACTED] PRINTED

TRE J. MARY AT SCENE

OFFICER'S NAME AT SCENE LOCATION

Q: WHAT HAPPENED? LOGGZ ON FRONT RIGHT PASSENGER
SIDE BROKE OFF.

Q: WHERE YOU HEADED TO?

A: WARREN OH

Q: HOW LONG HAVE YOU HAD THIS CAR?

A: MAYBE TWO WEEKS

Q: WERE THESE THE TIRES ON THE CAR?

A: YES

Q: DID YOU EVER INSPECT THE TIRES OR LUG NUTS BEFORE DEPARTURE?

A: NO, I PUT AIR IN LF TIRE

Q: ARE YOU INSURED

A: NO

Q: DID YOU HAVE YOUR SEATBELT ON?

A: YES

Q: HOW FAST WERE YOU TRAVELING?

A: 65

ADJ [REDACTED] CLEVELAND OH [REDACTED]

SIG [REDACTED] OFFICER'S SIGNATURE X TRE J. MARY



LOCAL REPORT NUMBER 10-562-91	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6 D 28 Y 08
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I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
 TRP J. NAWY OFFICER'S NAME AT SCENE LOCATION

Q: WHAT HAPPENED?
 A: TRAVELLING EASTBOUND ON TOLL RD IN FAR RT LANE APPROX 11:05 A
 CAR IN LEFT LANE LOST RT FRONT TIRE/WHEEL. WHEEL
 IMPACTED REAR LEFT CORNER OF MY VEHICLE 2003 DODGE CARAVAN.
 PULLED ONTO SHOULDER AS WHEEL AND OTHER CAR PASSED,
 PULLED UP BEHIND OTHER VEHICLE (BLACK CADILLAC STS)
 AT BRIDGE 207.6 MILE MARKER

Q: HOW FAST WERE YOU TRAVELING.

A: 65

Q: DID YOU HAVE YOUR SEATBELT ON?

A: YES

Q: ARE YOU INJURED?

A: NO

Q: WHICH LANE WERE YOU TRAVELING IN

A: RIGHT LANE

Q: WHICH PART OF THE VEHICLE STRUCK YOU?

A: TIRE

Q: WHICH LANE WAS THE OTHER VEHICLE IN?

A: CENTER LANE

ADD [REDACTED] LOGANSPOUT, IN [REDACTED] PHONE [REDACTED]
 SIGNATURE OF WITNESS [REDACTED] OFFICER'S SIGNATURE TRP J. NAWY