

10284349

SEP 16 2009

Fire

OH-1 (Rev. 10/93)

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-0730-90

CRASH SEVERITY
3 1 FATAL 0 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
*X IF YES

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

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

N.C.I.C.#
OHP90

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
01

UNIT ERROR
01 99=ANIMAL 99=UNKNOWN

DATE OF CRASH
08112009

TIME OF CRASH: 1345 DAY OF WEEK: TUE CITY: Amherst COUNTY: 47 LATITUDE: 41:22:40.60 LONGITUDE: 82:13:20.17

CRASH OCCURRED ON: PREFIX: IRC080 TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED ROUTE 3 NUMBERED STREET LOC - L INFORMATION: WV

REFERENCE: DIST REFERENCE: 8M OR PREFIX: E REFERENCE: 139 REF POINT: 06 REFERENCE POINT USED: 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 NO REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE NO REFERENCE

A UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE)
[REDACTED] Winter Haven, Florida [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: 10061951 AGE: 57 SEX: M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE: FL DL # [REDACTED] LP STATE: FL LP # [REDACTED] INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY: INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): SAME ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 1986 MAKE: CHEV MODEL: C7000 COLOR: YEL INSURANCE COMPANY: ALLIED INS TOWING SERVICE: OWNER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION # LOCAL CODE: *X IF YES

B UNIT # [REDACTED] # OF OCC. [REDACTED] 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

C UNIT # [REDACTED] 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 # [REDACTED] 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:

Motorist/Non-Motorist

Occupant

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 IN SEEN/90 DEGR)
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
03 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
08 NONE USED
09 HELMET USED
10 PROTECTIVE PAD
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

AIR BAG
5 1 NOT DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH
1 1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

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

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


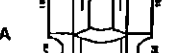
INJURIES
1 1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

SUPPLEMENT *X IF YES

HSV7001

TOP COPY - OHP BOTTOM COPY - AG ECT

CAD Incident Number: LHP090811002088

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="1"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td><input type="text" value="0"/></td><td><input type="text" value="2"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>B</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>C</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>E</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>F</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>G</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>H</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>I</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>J</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>K</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>L</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>M</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>N</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>O</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>P</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Q</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>R</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	A	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	H	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	J	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	K	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	O	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Q	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED <input type="text" value="2"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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-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	NON-COLLISION 01 OVERTURN/ROLL-OVER 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-MEDIA CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT, NOT FIXED 14 PEDESTRIAN 15 PEDAL CYCLE 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 COLLISION WITH FIXED OBJECT 24 IMPACT ATTENUATOR/CRASH CUSHION 25 BRIDGE OVERHEAD STRUCTURE 26 BRIDGE PIER OR ABUTMENT 27 BRIDGE PARAPET 28 BRIDGE RAIL 29 GUARDRAIL FACE 30 GUARDRAIL END 31 GUARDRAIL BARRIER 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINAIRE 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	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"/> <input type="text"/> <input type="text"/>																																																																																										
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	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 (BOBTALE) 13 TRACTOR SEMI-TRAILER 14 TRACTOR/DRAWN BEHIND 15 TRACTOR/DRAWN LUND 16 FTWHEEL OR CONVERTER DOLLY 17 TRACTOR/TROPLES 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 WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <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 OFF CENTER 08 FOLLOWED TOO CLOSELY/AGDA 09 IMPROPER LANE CHANGE 10 DROVE OFF ROAD 11 IMPROPER PASSING 12 IMPROPER BACKING 13 IMPROPER START FROM PARKED POSITION 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 15 ATTEMPTING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/SLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 OTHER IMPROPER ACTION 23 UNKNOWN NON-MOTORIST 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGN, SIGNAL, OR OFFICER 32 WALKING SIDE OF ROAD 33 OTHER 34 UNKNOWN	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																																										
POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ACTION <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '1'S SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																																																																																										
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/UNDERIDE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '1'S SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																																										
DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '1'S SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '1'S SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITION PRIMARY SECONDARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																																																																																										
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TOP COPY - O/P BOTTOM COPY - AGENCY

SUPPLEMENT * "X" IF YES LOCAL REPORT # * - -

Narrative

UNIT 1 PULLED INTO THE PARKING AREA OF THE VERMILION VALLEY SERVICE PLAZA AND HIS ENGINE STALLED. WHEN THE DRIVER OF UNIT 1 ATTEMPTED TO RESTART THE ENGINE IT STARTED TO SMOKE AND CAUGHT FIRE. THE FIRE WAS PUT OUT BY THE DRIVER WITH A FIRE EXTINGUISHER.

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 SIDE SWIPE, SAME DIRECTION
 8 SIDE SWIPE, 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

TYPE OF WORK ZONE

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

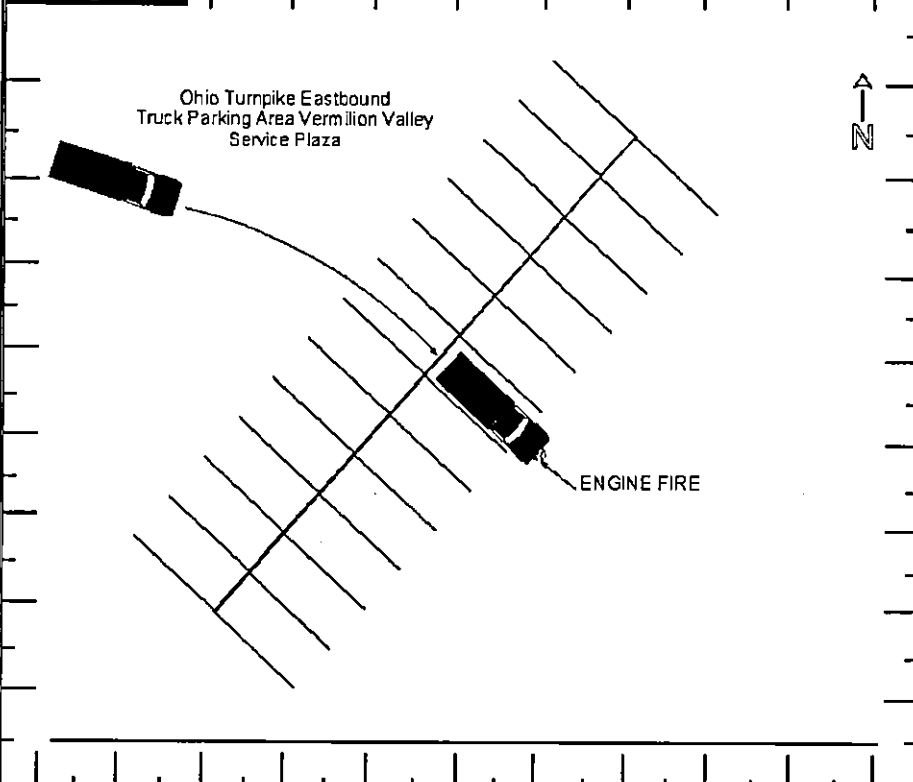
LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN

Diagram



WEATHER

0 2

01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN OR ZEPHYRUS)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS

1

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

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 15 PERSONS, INCLUDING DRIVER.

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

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

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

CARGO BODY TYPE 01 NOT APPLICABLE 05 POLE 09 CONCRETE MIXER WEIGHT (GVWR) 1 LESS THAN 10,000 COL CLASS 1 CLASS A HAZARDOUS MATERIALS PLACARD 1 NO HAZARDOUS MATERIALS RELEASED 1 NO

02 BUS (15 INCLUDING DRIVER) 06 GAR/TANK 10 AUTO TRANSPORTER 2 10,001 - 25,000 2 CLASS B 2 YES 2 YES

03 VAN/ENCLOSED BOX 07 FLATBED 11 GAR/BAG/REFUSE 3 CLASS C 3 UNKNOWN 3 NOT APPLICABLE

04 GRANCHIP/GRAVEL 08 DUMP 12 OTHER 4 CLASS D 4 UNKNOWN 4 UNKNOWN

13 UNKNOWN 5 CLASS D

Police Action

DATE CRASH REPORTED TIME REC CALL DISPATCH ARRIVED CLEARED OTHER TOTAL MINUTES

0 8 1 1 2 0 0 9 1 3 5 1 1 3 5 1 1 3 5 7 1 4 1 5 6 0 0 0 8 4

OFFICER'S NAME BADGE # CHECKED BY DATE REPORT FILED

Mack, William 1 4 0 3 RDRANDALL 0 8 1 2 2 0 0 9

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT 1 BENE 2 SATON 3 OTHER SUPPLEMENT # "X" IF YES LOCAL REPORT #

1 1 1 0 - 0 7 3 0 - 9 0

TOP COPY - COPS BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0730-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/11/2009
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	

UNIT 1 DAMAGE: ENGINE WIRING AND HOUSES. HOOD PAINT BURNED.

UNIT 1 WAS NOT TOWED FROM THE SCENE BECAUSE DRIVER OF UNIT 1 SAID HE WOULD MAKE REPAIRS AND HAVE THE VEHICLE REMOVED SHORTLY WITH THE HELP FROM A FRIEND WHO WAS ON HIS WAY.

NO TURNPIKE DAMAGE OBSERVED.

AMHERST FIRE DEPT RESPONDED BUT THE FIRE HAD ALREADY BEEN PUT OUT BY UNIT 1 DRIVER.

OFFICERS SIGNATURE

BADGE NO.

1403

