

10284350

SEP 16 2009

Fire

OH-1 (Rev. 10/95)

TRAFFIC CRASH REPORT



LOCAL REPORT #
 10-0774-91
 N.C.I.C.#
 OHP91

CRASH SEVERITY
 3
 1 FATAL 3 DEAD
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 *X IF YES

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

PHOTOS TAKEN
 *X IF YES

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

REPORTING AGENCY
 Ohio State Highway Patrol

UNITS
 01

UNIT ERROR
 01 98 - ANIMAL
 99 - UNKNOWN

DATE OF CRASH
 08272009

TIME OF CRASH: 1852 DAY OF WEEK: THU CITY: X VILLAGE: TWP: X NAME: Canfield COUNTY: 50 LATITUDE: 41:02:32.05 LONGITUDE: 80:44:31.78

CRASH OCCURRED ON PREFIX: IR0076 TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NUMBERED STREET 2 NUMBERED ROUTE 3 NUMBERED STREET

REFERENCE POINT USED: 06 D1 STATE LINE D2 INTERSECTION 2 STREETS D3 COUNTY LINE

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

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] Lodi, Ohio

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: 01311950 AGE: 59 SEX: F HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

DL STATE: OH LP STATE: OH INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE TRANSPORTED BY: INJURED TAKEN TO:

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

YEAR: 1996 MAKE: JEEP MODEL: Cherokee COLOR: MAR INSURANCE COMPANY: Safe Auto TOWING SERVICE: Jeswald's OWNER PHONE #:

OFFENSE CHARGED: 4513.02 OFFENSE DESCRIPTION: Unsafe vehicle, prohibition against operation; inspection by state highway patrol CITATION #: Y922683 LOCAL CODE: *X IF YES

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

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]

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

DL STATE: [REDACTED] LP STATE: [REDACTED] INJURED TAKEN BY: [REDACTED] TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]

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

YEAR: [REDACTED] MAKE: [REDACTED] MODEL: [REDACTED] COLOR: [REDACTED] INSURANCE COMPANY: [REDACTED] TOWING SERVICE: [REDACTED] OWNER PHONE #: [REDACTED]

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

UNIT # [REDACTED] # OF OCC. [REDACTED] NAME (LAST, FIRST, MIDDLE): [REDACTED] HOME PHONE #: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] INJURED TAKEN BY: [REDACTED] TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]

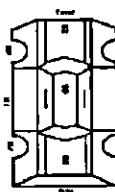
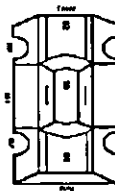
UNIT # [REDACTED] # OF OCC. [REDACTED] NAME (LAST, FIRST, MIDDLE): [REDACTED] HOME PHONE #: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: [REDACTED] SEX: [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] INJURED TAKEN BY: [REDACTED] TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]

SEATING POSITION 01 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 SECONDS DECADE) 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 LAF BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 HELMET USED 07 US UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PAD 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1A 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-FRONT & DEPLOYED-BOTH FRONT SIDE 4 NOT APPLICABLE 5 UNKNOWN	AIR BAG SWITCH 1A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1A 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1A 1 NO INJURY 2 POSSIBLE 3 NON-IMPACTING 4 IMPACTING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT *X IF YES
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Motorist/Non-Motorist

Occupant

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="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="0"/> <input type="text" value="2"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED <input type="text" value="6"/> <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"/> <p>01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTING 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</p>		NON-MOTORIST 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING LEFT 06 TURNING RIGHT 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/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/GOV. 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 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 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRA SH-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 HOVWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT COLUMN/RISER/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURVERT 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"/> <p>01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 PAULROAD CROSSBARS 08 PAULROAD FLASHERS 09 PAULROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINE 14 WALKDOWN WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER</p>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> DRUG TEST 1&2 RESULT <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="1"/> <input type="text" value="1"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>1 NONE 2 BARBITURATE 3 COCAINE 4 CANNABIS 5 AMPHETAMINE 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>	A	B	<input type="text" value="1"/> <input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK - 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK - 3 AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (EQUIPMENT) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 FOLDED VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAM 30 RAIL VEHICLE 31 RAIL EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/O DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>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</p>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEEDLE POINT OR AGGRESSIVE MANNER 14 OBEYING 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/SLEEP 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, SIGNAL, OR OFFICER 31 W/ROAD SIDE OF ROAD 32 OTHER 33 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>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</p>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUG SUSPECTED 6 UNKNOWN</p>																						
EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NO 2 YES 3 UNKNOWN</p>	ACTION <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NO CONTACT 2 NO COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN</p>	VEHICLE DEFECT CODE ONLY IF 199 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR BULKY TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS</p>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED OR IMPLEASURABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p>	ROAD CONTOUR <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</p>																						
DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 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</p>	VEHICLE DEFECT CODE ONLY IF 199 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"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p>	ROAD CONDITION <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="0"/> <input type="text" value="1"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN</p>	PRIMARY	SECONDARY	<input type="text" value="0"/> <input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Narrative

Unit#1 was westbound on IR0076 (Ohio Turnpike). Unit#1's engine compartment caught fire. Unit#1 pulled to the north berm.

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

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

- 1**
- 1 DAYLIGHT
 - 2 DAWN
 - 3 DUSK
 - 4 DARK - LIGHTED ROADWAY
 - 5 DARK - NOT LIGHTED
 - 6 DARK - UNKNOWN LIGHTING
 - 7 BLARE
 - 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 SHIFTCOVER
- 3 WORKON SHOULDER OR MEDIAN
- 4 INTERMITTENT/PROVING WORK
- 5 OTHER

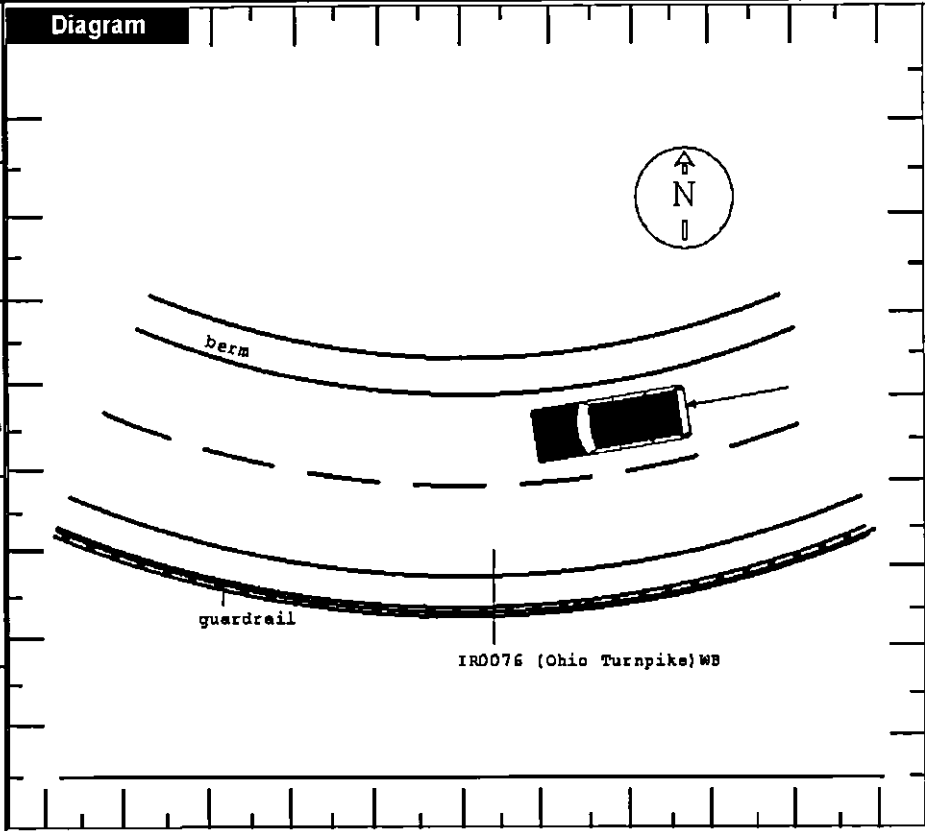
LOCATION OF CRASH IN WORK ZONE

- 1 BEFORE FIRST WORK ZONE
- 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 ITS OWN POWER.

UNIT #

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

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

CARGO BODY TYPE

- 01 NOT APPLICABLE
- 02 BUS (8-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 DRANCH/POD RAVEL
- 05 POLE
- 06 CARD/TANK
- 07 FLATBED
- 08 DUMP
- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 DARBAGE/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: **0 8 2 7 2 0 0 9** TIME REC CALL: **1 8 5 2** DISPATCH: **1 8 5 2** ARRIVED: **1 8 5 5** CLEARED: **1 8 5 6** OTHER: **0** TOTAL MINUTES: **0 0 0 4**

OFFICER'S NAME: **Homrighausen, Troy** BADGE #: **0 0 9 8** CHECKED BY: **JDRUDDLE** DATE REPORT FILED: **0 8 2 9 2 0 0 9**

REPORT TAKEN BY: **1** 1 POLICE AGENCY 2 MO TORIST
 REPORT TAKEN AT: **1** 1 SCENE 2 STATION 3 OTHER
 SUPPLEMENT * "X" IF YES: LOCAL REPORT #*: **1 0 - 0 7 7 4 - 9 1**

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER 10-0774-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/27/2009
IN COUNTY OF Mahoning	ACCIDENT LOCATION IR0076	

Damage: Unit#1; engine compartment fire damage

Conditions: daylight, cloudy, dry pavement, moderate traffic, curved graded roadway, 76 degrees, no adverse conditions.

Notes: Canfield Fire Dept. responded to the scene. The fire was already extinguished upon their arrival.
Driver of Unit#1 traveled with Jeswald's towing, no HP-25D was completed.

OFFICERS SIGNATURE

BADGE NO.

0098

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0774-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 08/27/2009
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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
(PRINTED)
Homrighausen, Troy AT IR0076
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED] Lodi, Ohio [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE