

10284353

SEP 16 2009

JTC

OH-1 (Rev. 10SS)

TRAFFIC CRASH REPORT



LOCAL REPORT #
1 0 - 0 5 8 3 - 8 9

CRASH SEVERITY
3 1 FATAL 3 PDO
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 X OH-3 X OH-1P OTHER

N.C.I.C. #
O H P 8 9

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
0 1

UNIT ERROR
0 1
98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH
0 8 0 9 2 0 0 9

TIME OF CRASH
0 1 2 9

DAY OF WEEK
S U N

CITY VILLAGE TWP
Lake

NAME OF CITY, VILLAGE OR TOWNSHIP

COUNTY #
8 7

LATITUDE
41:32:18.53

LONGITUDE
83:30:01.80

CRASH OCCURRED ON
PREFIX CRASH LOCATION
E IRO080

TYPE LOC 3
TYPE LOCATION POINT USED
1 NAMED STREET 2 NUMBERED ROUTE
3 NUMBERED STREET

LOC - L INFORMATION
EB

BY REFERENCE
DIST REFERENCE 3M

DR PREFIX REFERENCE
E 69

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 W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC.
A 0 1 0 1
NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)
Black Lick, Pennsylvania

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
0 7 1 3 1 9 7 9 3 0 M

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

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Black Lick, Pennsylvania

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1 9 9 5 GMC C1500 BLU AAA X-PRESS (248)346-3272

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

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # DATE OF BIRTH AGE SEX

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

SEATING POSITION
0 1
01 FRONT - LEFT (MC ORNER)
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 SEAT BELT 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
0 4
01 NONE USED
02 SHOULDER BELT ONLY
03 LAF 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 PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN


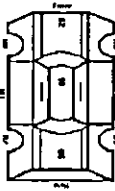
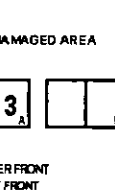
AIR BAG
1
01 NOT DEPLOYED
02 DEPLOYED - FRONT
03 DEPLOYED - SIDE
04 DEPLOYED BOTH FRONT/SIDE
05 NOT APPLICABLE
06 UNKNOWN

AIR BAG SWITCH
1
01 NOT PRESENT
02 IN ON POSITION
03 IN OFF POSITION
04 UNKNOWN

EJECTION
1
01 NOT EJECTED
02 TOTALLY EJECTED
03 PARTIALLY EJECTED
04 NOT APPLICABLE
05 UNKNOWN

TRAPPED
1
01 NOT TRAPPED
02 EXTRACTED BY MECHANICAL MEANS
03 FREED BY NON-MECHANICAL MEANS
04 UNKNOWN

INJURIES
1
01 NO INJURY
02 POSSIBLE
03 NON-INCAPACITATING
04 INCAPACITATING
05 FATAL INJURY
06 UNKNOWN

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>0</td><td>2</td><td>1</td></tr> <tr><td>B</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	A	0	2	1	B																												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"/>
A	0	2	1																																		
B																																					
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A 	MOTORIST 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	NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARE/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 WITH PERSON, VEHICLE, OR OBJECT NOT FIXED	TRAFFIC CONTROL <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 NO 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 	15 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 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINE 14 WALK DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/>																																
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="7"/> <input type="text"/> <input type="text"/>	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="3"/> <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, 8 TIRES) 10 SINGLE UNIT TRUCK (3 AXLES) 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUIPMENT) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DUBLE-SHORT 15 TRACTOR/DUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLER 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	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 CLOSE/BEYOND 09 IMPROPER LANE CHANGING/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, NEDLIGENT OR AGGRESSIVE MANNER 14 DRIVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION/OBSERVATION 17 DRIVER INATTENTION 18 FATIGUE/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/TIPPING/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 WADING SIDE OF ROAD 32 OTHER 33 UNKNOWN	DIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																
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NON-MOTORIST 35 ANIMAL WALKER 36 ANIMAL WALKER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON-MOTORIST 42 UNKNOWN	ACTION <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	MOTORIST 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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	CONDITION 1 APPROXIMATELY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC. 6 UNDER THE INFLUENCE OF MEDICATION/SORBITOL/ALCOHOL 7 OTHER 8 UNKNOWN	TYPE OF INTERSECTION 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																																
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCURRENCE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																																
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <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"/>																																
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE OTHER VEHICLE 07 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																																
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Narrative

UNIT #1 WAS TRAVELING EASTBOUND ON IR 80 (OHIO TURNPIKE) WHEN HIS VEHICLE CAUGHT ON FIRE. UNIT #1 DROVE ONTO THE BERM AND STOPPED.

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 1

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

LIGHT CONDITIONS

PRIMARY SECONDARY

5

- 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/ROAD SHOULDER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

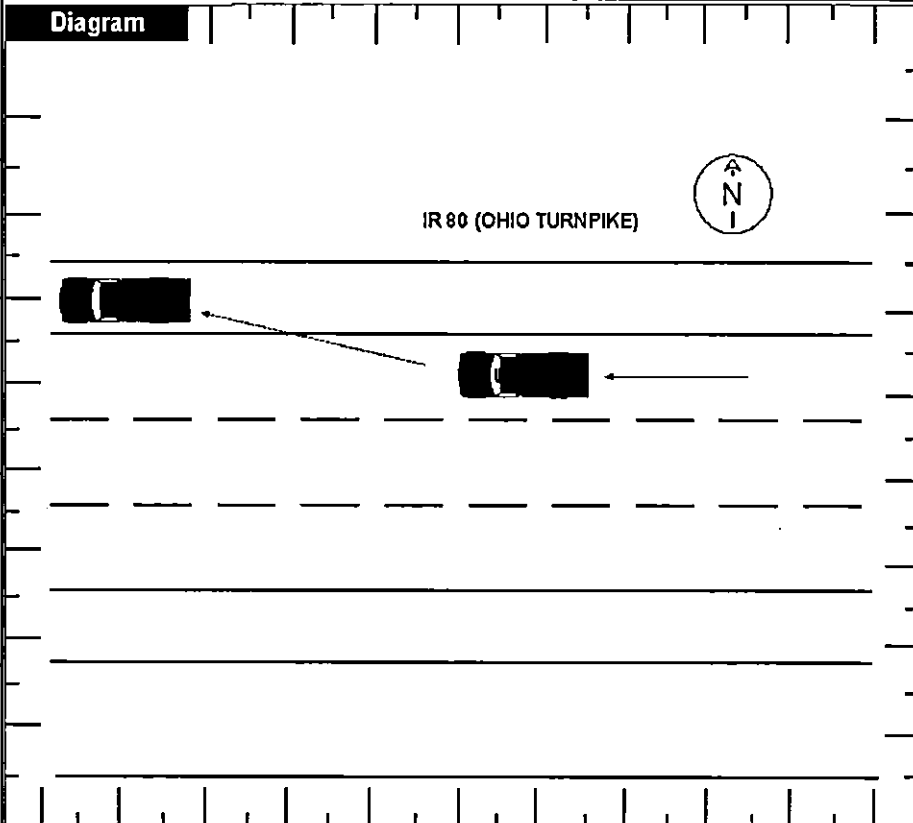
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



Truck/Bus

UNIT #

1

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 10 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.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

DIA

CARGO BODY TYPE

1

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 DRUM/DRUMS/RAVEL

- 05 POLE
- 06 CARD TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGG/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 III
- 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 0 9 2 0 0 9

TIME REC CALL

0 1 3 1

DISPATCH

0 1 3 1

ARRIVED

0 1 3 9

CLEARED

0 2 4 5

OTHER

2 0

TOTAL MINUTES

0 0 9 4

OFFICER'S NAME *

St Clair, Brian

BADGE #

1 6 7 0

CHECKED BY

CWLAMBERTS

DATE REPORT FILED *

0 8 0 9 2 0 0 9

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 # *

1 0 - 0 5 8 3 - 8 9

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

LOCAL REPORT NUMBER 10-0583-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/09/2009
IN COUNTY OF Wood	ACCIDENT LOCATION E IR0080	

DAMAGE ANALYSIS

-THE WHOLE VEHICLE WAS DAMAGED

LAKE TWP FIRE AND EMS WAS ON SCENE

ALL THREE LANES OF TRAFFIC WERE CLOSED FOR ABOUT 30 MINS

THE FIRE APPEARED TO START UNDER THE VEHICLE NEAR THE BED AREA. THE EXACT CAUSE OF THE FIRE IS UNKNOWN.

OHIO TURNPIKE MAINTENANCE RESPONDED TO THE SCENE FOR TRAFFIC CONTROL.

OWNER OF THE ROADWAY WHERE THE FIRE OCCURRED:

OHIO TURNPIKE COMMISSION

682 PROSPECT ST.

BEREA, OH 44017

440-234-2081

OFFICERS SIGNATURE

BADGE NO.

1670

