

10285368

SEP 16 2009

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT # **10-0754-90** CRASH SEVERITY **3** (1 FATAL, 3 PDG, 2 INJURY, 4 UNKNOWN) PRIVATE PROPERTY PHOTO TAKEN OH-2 OH-3 OH-1P OTHER

NCIC # **OHP90** REPORTING AGENCY **Ohio State Highway Patrol** # UNITS **01** UNIT ERROR **01** (00=ANIMAL, 01=UNKNOWN) DATE OF CRASH **08232009**

TIME OF CRASH **0845** DAY OF WEEK **SUN** CITY VILLAGE TWP NAME (OF CITY, VILLAGE OR TOWNSHIP) **Milan** COUNTY # **22** LATITUDE **41:19:29.15** LONGITUDE **82:33:18.47**

CRASH OCCURRED ON PREFIX **IR0080** TYPE LOC **3** TYPE LOCATION POINT USED **WB** LOCAL INFORMATION **WB**

ST. REFERENCE DIST REFERENCE **4M** OR PREFIX REFERENCE **W 121** REF POINT **06** REFERENCE POINT USED **01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE** HOUSE NUMBER, TOWNSHIP BOUNDARY, MILE POST, CORPORATION LIMIT, PLACE NAME WORD REFERENCE, DRIVEWAY, STREET OR ROUTE WORD REFERENCE

A UNIT # **01** # OF OCC. **02** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Lorain, Ohio**

SOCIAL SECURITY NUMBER **01211963** DATE OF BIRTH **46** AGE **46** 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, 3 POLICE** TRANSPORTED BY **[REDACTED]** INJURED TAKEN TO **[REDACTED]**

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

YEAR **1999** MAKE **PONT** MODEL **Grand Am** COLOR **RED** INSURANCE COMPANY **Progressive** TOWING SERVICE **None** OWNER PHONE # **[REDACTED]**

OFFENSE CHARGED **[REDACTED]** OFFENSE DESCRIPTION **[REDACTED]** CITATION # **[REDACTED]** LOCAL CODE **[REDACTED]**

B 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]** DL # **[REDACTED]** LP STATE **[REDACTED]** LP # **[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 **[REDACTED]**

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) **Lorain, Ohio**

SOCIAL SECURITY NUMBER **[REDACTED]** DATE OF BIRTH **08081990** AGE **19** SEX **F** HOME PHONE # **[REDACTED]** WORK PHONE # **[REDACTED]**

DL STATE **[REDACTED]** DL # **[REDACTED]** LP STATE **[REDACTED]** LP # **[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 **[REDACTED]**

D 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]** DL # **[REDACTED]** LP STATE **[REDACTED]** LP # **[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]**

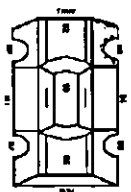
OFFENSE CHARGED **[REDACTED]** OFFENSE DESCRIPTION **[REDACTED]** CITATION # **[REDACTED]** LOCAL CODE **[REDACTED]**

01 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/SEAT) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF BUS 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	04 SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 IAP 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	1 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH 5 FRONT/SIDE 6 NOT APPLICABLE 7 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 4 NOT APPLICABLE 5 UNKNOWN	1 TRAPPED 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-IMPACTING 4 IMPACTING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS

24

SUPPLEMENT 'X' IF YES

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><input type="text" value="0"/></td> <td><input type="text" value="6"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text" value="0"/>	<input type="text" value="6"/>	<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"/>
<input type="text" value="0"/>	<input type="text" value="6"/>	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 MARKED CROSSWALK AT INTERSECTION 02 LINE RESOLUTION 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	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	NON-MOTORIST 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/RISING 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 CAR/GO EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF LIMBS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWN-HILL RUNAWAY 12 OTHER 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 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/RAMP CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE BACKING 30 D URRORAIL PACE 31 G URRORAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT PILLARS/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 GURB 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"/> <input type="text"/> <input type="text"/> <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 LINES 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"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 142 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
TYPE OF UNIT <input type="text" value="0"/> <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 BOND-LIMIT TRUCK (2 AXLES, 0 TIRES) 10 BOND-LIMIT TRUCK (3 AXLES) 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUIPMENT) 13 TRACTOR BEHIND TRAILER 14 TRACTOR/DOUBLE (SHORT) 15 TRACTOR/DOUBLE (LONG) 16 FIFTY-FIVE OR OVER CONVERTIBLE 17 TRACTOR/ATV/UTV 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 RARI EQUIPMENT 30 SNOWMOBILE 31 CONSTRUCTION EQUIPMENT 32 ALL OTHERS NON-MOTORIST 33 ANIMAL W/DRIVER 34 ANIMAL W/O DRIVER 35 BICYCLE 36 PEDESTRIAN 37 PEDAL CYCLIST 38 SKATER 39 OTHER-NON-MOTORIST 40 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 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"/> 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/ACC 09 IMPROPER LANE CHANGING/DRIVE 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, NERVOUS OR AGGRESSIVE MANNER 14 ATTEMPTING 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 ROADWAY OBSTRUCTION 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 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	DIRECTION <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	FROM	TO	FROM	TO	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCULAR/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILROAD GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN								
FROM	TO	FROM	TO																		
<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/>																		
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	ACTION <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO CONTACT 2 NO COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 MOTOR OR BULK TIRE 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-14) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-14) SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 SATED 2 ESTIMATED SPEED SPEED <input type="text" value="7"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HMO NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCURRENCE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORGE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVED GRADE ROAD CONDITION <table border="1"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> </tr> <tr> <td><input type="text" value="0"/></td> <td><input type="text" value="1"/></td> </tr> </table> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 BUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY	PRIMARY	SECONDARY	<input type="text" value="0"/>	<input type="text" value="1"/>												
PRIMARY	SECONDARY																				
<input type="text" value="0"/>	<input type="text" value="1"/>																				
SUPPLEMENT 'X' IF YES						LOCAL REPORT #															
<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="0"/>																					

TOP COPY - COPB BOTTOM COPY - AGENCY

Narrative

Unit #1 was traveling westbound on the Ohio Turnpike in the center lane. The right front tire of #1 blew out and caused damage to the right front corner of the vehicle.

<p>MANNER OF COLLISION OR IMPACT</p> <p>1</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIFE, SAME DIRECTION 8 SIDESWIFE, OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>Diagram</p> <p>Ohio Turnpike West Bound Lanes</p> <p>Berm</p> <p>Tire Blowout</p> <p>Berm</p>
<p>WEATHER</p> <p>0 2</p> <p>01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL, (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SNOW, ICE, DIRT, SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>1</p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFTS/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/TWO WAY WORK 5 OTHER</p>	
<p>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p>WORKERS PRESENT</p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	

Truck/Bus	<p>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.</p>	<p>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.</p>
UNIT #	COMPANY (FROM SHIPPING PAPERS)	
	COMPANY PHONE	
	ADDRESS (STREET, CITY, ST, ZIP CODE)	

US DOT	ICC MC	PUCC	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
CARGO BODY TYPE	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED			
01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANCH/BOX TRAILER	05 POLE 06 CAR/TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 BAR/BACK REFLUBE 12 OTHER 13 UNKNOWN	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED: 08232009 TIME REC CALL: 0858 DISPATCH: 0858 ARRIVED: 0858 CLEARED: 0940 OTHER: 60 TOTAL MINUTES: 0102

OFFICER'S NAME: Majoy, Matthew BADGE #: 1625 CHECKED BY: DKTHOMAS DATE REPORT FILED: 08242009

REPORT TAKEN BY: 1 POLICE AGENCY REPORT TAKEN AT: 1 SCENE SUPPLEMENT # "X" IF YES: LOCAL REPORT #: 10-0754-90

TO PCOPY - COPB BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0754-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/23/2009
IN COUNTY OF Erie	ACCIDENT LOCATION IR0080	

Investigative Notes:

While on patrol, I observed unit #1 sitting on the outside berm of the westbound lanes near MP 120.4. I turned around and made contact with two occupants of the vehicle. The driver was visibly upset and after she calmed down, she indicated that something had happened to her vehicle which had caused damage to it. She pointed to the right front of the vehicle and when I walked to that area, I observed the tread cap from the right front tire had come off and when it went up into the wheel well, it knocked the right front fender loose. The fender was crumpled and hanging out to the side where the bolts had broken off.

I asked her if she had struck anything and she stated that she didn't. I advised that a crash report would be completed to document the damage caused to her vehicle and her information was gathered. The vehicle remained at the scene following the completion of the crash report and driver's husband was making arrangements to send someone out to repair or remove the vehicle.

OFFICERS SIGNATURE

BADGE NO.

1625

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0754-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 08/23/2009
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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)

Majoy, Matthew AT IR0080
(OFFICERS NAME) (LOCATION)

[Large empty box for statement content]

ADDRESS OF WITNESS <u>[REDACTED] Lorain, Ohio [REDACTED]</u>	PHONE <u>[REDACTED]</u>
SIGNATURE OF WITNESS	OFFICERS SIGNATURE