

10285373

SEP 16 2009

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT # **10-0608-89** CRASH SEVERITY **3** (1 FATAL, 3 POD, 2 INJURY, 2 UNKNOWN) PRIVATE PROPERTY HIT&SKIP **1** (1 NOT HIT&SKIP, 2 SOLVED, 3 UNCLVED) PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER

NCIC # **OHP89** REPORTING AGENCY **Ohio State Highway Patrol** # UNITS **02** UNIT ERROR **01** (99=ANIMAL, 99=UNKNOWN) DATE OF CRASH **08302009**

TIME OF CRASH **1425** DAY OF WEEK **SUN** CITY VILLAGE TWP **X** NAME (OF CITY, VILLAGE OR TOWNSHIP) **Perrysburg** COUNTY # **87** LATITUDE **41:34:01.99** LONGITUDE **83:34:33.60**

CRASH OCCURRED ON PREFIX **IR0080** CRASH LOCATION TYPE LOC **3** TYPE LOCATION POINT USED **WB** (1 HWYED STREET, 2 NUMBERED ROUTE, 3 NUMBERED STREET)

AT REFERENCE DIST REFERENCE **5M** DR **W** PREFIX REFERENCE **66** REF POINT **06** REFERENCE POINT USED **02** (01 STATE LINE, 02 INT INTERSECTION 2 ST REETS, 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

Motorist/Non-Motorist

A UNIT # **01** # OF OCC. **01** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Chicago, Illinois**

SOCIAL SECURITY NUMBER **07141952** AGE **57** SEX **M** HOME PHONE # **[REDACTED]** WORK PHONE # **[REDACTED]**

DL STATE **IL** LP STATE **IL** INJURED TAKEN BY **1 NONE, 2 EMS, 3 POLICE** TRANSPORTED BY **1 NONE, 4 OTHER** INJURED TAKEN TO **1 NONE, 2 EMS, 3 POLICE**

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

YEAR **2000** MAKE **VOLV** MODEL **Conventional** COLOR **RED** INSURANCE COMPANY **Canal Ins. Co.** TOWING SERVICE **[REDACTED]** OWNER PHONE # **[REDACTED]**

B UNIT # **02** # OF OCC. **01** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Monrovia, California**

SOCIAL SECURITY NUMBER **05101980** AGE **29** SEX **M** HOME PHONE # **[REDACTED]** WORK PHONE # **[REDACTED]**

DL STATE **FL** LP STATE **NJ** INJURED TAKEN BY **1 NONE, 2 EMS, 3 POLICE** TRANSPORTED BY **1 NONE, 4 OTHER** INJURED TAKEN TO **1 NONE, 2 EMS, 3 POLICE**

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

YEAR **2010** MAKE **HYND** MODEL **Sonata** COLOR **WHI** INSURANCE COMPANY **National Fire Ins. Co. Of Hartford** TOWING SERVICE **[REDACTED]** OWNER PHONE # **[REDACTED]**

Occupant

C UNIT # **[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 **1 NONE, 2 EMS, 3 POLICE** TRANSPORTED BY **1 NONE, 4 OTHER** INJURED TAKEN TO **1 NONE, 2 EMS, 3 POLICE**

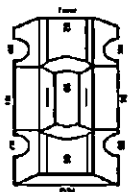
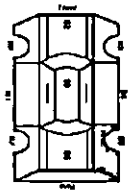
D UNIT # **[REDACTED]** NAME (LAST, FIRST, MIDDLE) **[REDACTED]** HOME PHONE # **[REDACTED]** DATE OF BIRTH **[REDACTED]** AGE **[REDACTED]** SEX **[REDACTED]**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **[REDACTED]** INJURED TAKEN BY **1 NONE, 2 EMS, 3 POLICE** TRANSPORTED BY **1 NONE, 4 OTHER** INJURED TAKEN TO **1 NONE, 2 EMS, 3 POLICE**

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 SEPER 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 04 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 PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 5 NOT DEPLOYED 1 DEPLOYED-FRONT 2 DEPLOYED-IDE 3 DEPLOYED-BOTH FRONT/SIDE 4 NOT APPLICABLE 5 UNKNOWN	AIR BAG SWIT CH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	E-EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="4"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="0"/> <input type="text" value="6"/></td> <td><input type="text" value="2"/> <input type="text" value="3"/></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>	<input type="text" value="0"/> <input type="text" value="6"/>	<input type="text" value="2"/> <input type="text" value="3"/>	<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" value="6"/> <input type="text" value="5"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
<input type="text" value="0"/> <input type="text" value="6"/>	<input type="text" value="2"/> <input type="text" value="3"/>												
<input type="text"/>	<input type="text"/>												
<input type="text"/>	<input type="text"/>												
<input type="text"/>	<input type="text"/>												
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MOTORIST 01 MOVE WENT 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 CARBON EQUIPMENT LOSS/SPLIT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWN-HILL 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 ATTEMPTING TO RAMP/DISLodge 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL RACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HOVWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT TOWER/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT 45 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" value="1"/> <input type="text" value="2"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>								
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="3"/>	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="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 CLOSE/BEHIND 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, NEEDLENT OR AGGRESSIVE MANNER 14 INTERVENE TO AVOID (DUE TO WIND, BLIPEP/ BURSTAGE, 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, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	DIRECTION FROM TO: <input type="text" value="3"/> <input type="text" value="4"/> FROM TO: <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST 142 RESULT <input type="text"/> <input type="text"/> <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 BEHIND-TRAILER 14 TRACTOR COUBLE SHORT 15 TRACTOR COUBLE 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 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/EMERGENCY 27 TAXI 28 MOTOR HOME 29 TRAIN 30 RAIL VEHICLE 31 RAIL EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WALKER 36 ANIMAL WALKER 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" value="0"/> <input type="text" value="5"/>	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 NON-MOTORIST 16 NONE 17 CENTER FRONT 18 RIGHT FRONT 19 RIGHT SIDE 20 RIGHT REAR 21 REAR CENTER 22 LEFT REAR 23 LEFT SIDE 24 LEFT FRONT 25 TOP AND WINDOWS 26 UNDERCARRIAGE 27 LOAD/TRAILER 28 TOTAL (ALL AREAS) 29 OTHER 30 UNKNOWN	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/BEHIND 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, NEEDLENT OR AGGRESSIVE MANNER 14 INTERVENE TO AVOID (DUE TO WIND, BLIPEP/ BURSTAGE, 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, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>								
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/>	ACTION <input type="text" value="2"/> <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="2"/>								
DAMAGE SCALE <input type="text" value="4"/> <input type="text" value="2"/>	STRIKING VEHICLE: OVERRIDE/UNDERIDE <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>								
DAMAGE SCALE <input type="text" value="4"/> <input type="text" value="2"/>	STRIKING VEHICLE: OVERRIDE/UNDERIDE <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LOCAL REPORT # <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="9"/>								

Narrative

Unit #1 was traveling westbound on the Ohio Turnpike when he lost the left rear dual tandem tires. The tires struck Unit #2 on the right rear of the vehicle and traveled north into the ditch. Both units stopped at the 64.5 milepost for a report.

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 SIDE SWIPE, SAME DIRECTION 8 SIDE SWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 1 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN OR RIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES	
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 DLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFTER/OVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER	
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

Truck/Bus UNIT # <input type="checkbox"/> 0 <input type="checkbox"/> 1	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR OF 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.
ADDRESS (STREET, CITY, ST, ZIP CODE) _____, Arlington Heights, Illinois _____	COMPANY PHONE _____	
US DOT: 1871910	ICC MC: 681776	PUCC: _____
TRAILER LP ST: IL	TRAILER LP YEAR: 2001	TRAILER LP #: 364780ST
CARGO BODY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 3 01 NOT APPLICABLE 02 BUS (BUS INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANCH/PIPERAVEL 05 POLE 06 CARD TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 BARBADER/REFURGE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	CDL CLASS <input type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E
HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

Police Action							
DATE CRASH REPORTED 08 30 2009	TIME REC CALL 1 4 2 8	DISPATCH 1 4 2 8	ARRIVED 1 4 3 4	CLEARED 1 5 5 5	OTHER 3 0	TOTAL MINUTES 0 1 1 7	OFFICER'S NAME Alexander, Tommy
BADGE # 0 9 2 1	CHECKED BY CWLAMBERTS	DATE REPORT FILED 0 9 0 3 2 0 0 9	REPORT TAKEN BY <input type="checkbox"/> 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 3 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT # <input type="checkbox"/> X IF YES	LOCAL REPORT # 1 0 - 0 6 0 8 - 8 9	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0608-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/30/2009
IN COUNTY OF Wood	ACCIDENT LOCATION IR0080	

The Tandems from Unit #1 struck Unit #2 approximately the 65.5 milepost westbound. Both Units pulled over at the 64.5 milepost.

Unit #2 Damage Analysis

Right Rear Fender
Right Rear Bumper
Right Rear Tire Rim

Unit #1 Trailer Information

Yr/Mk. 2001 Utility Trailer
Vin. 1UYVS25321U [REDACTED]
Plate. [REDACTED] IL
Damage. Left Rear Trailer Tandem
Load. General Freight
Owner. Nadvic Transport Inc.

OFFICER'S SIGNATURE	BADGE NO. 0921
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