

10312110

File

OH-1 (Rev. 10/89)



TRAFFIC CRASH REPORT

LOCAL REPORT #

10-0029-90

CRASH SEVERITY

3 1 FATAL 3 P.D.D.
2 INJURY 4 UNKNOWNPRIVATE PROPERTY
IF YES

X

HIT/SKIP

1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN

X IF YES

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 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH

01092010

TIME OF CRASH

1351

DAY OF WEEK

SAT

CITY

VILLAGE

TWP

X

NAME (OF CITY, VILLAGE OR TOWNSHIP)

Townsend

COUNTY

72

LATITUDE

41:21:02.02

LONGITUDE

82:50:43.22

VEHICLE CARRIED ON

PREFIX CRASH LOCATION

IR0080

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

WB

AT REFERENCE

At

OR PREFIX REFERENCE

W 106

REF POINT

06

REFERENCE POINT USED

01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

14 HOUSE NUMBER

15 TOWNSHIP BOUNDARY
16 MILE POST
17 CORPORATION LIMIT

18 PLACE NAME NO REFERENCE

19 DRIVEWAY
20 STREET OR ROUTE NO REFERENCE

UNIT #

A 01

OF OCC.

01

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

03131990

AGE

19

SEX

F

HOME PHONE #

WORK PHONE #

DL STATE

OH

DL #

LP STATE

OH

LP #

INJURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Elyria, Ohio

YEAR

1999

MAKE

CHEV

MODEL

Prism

COLOR

GLD

INSURANCE COMPANY

No Valid Insurance Shown

TOWING SERVICE

Madisons

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE

X IF YES

UNIT #

B

OF OCC.

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 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

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

UNIT #

C

OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

TRANSPORTED BY

INJURED TAKEN TO

UNIT #

D

OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

TRANSPORTED BY

INJURED TAKEN TO

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 CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST
17 UNKNOWN

SAFETY EQUIPMENT

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

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

AIR BAG SWITCH

1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

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

BLANK FOR WITNESS

HSV7001

TOP COPY - DOPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP100109001542

UNIT NUMBERS 0 1		DAMAGE AREA A B		PRE-CRASH ACTIONS 1 1		SEQUENCE OF EVENTS A B		POSTED SPEED 6 5		DRUG TEST STATUS 1			
NON-MOTORIST LOCATION A B		01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-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		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 PARKING 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN		NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/CO-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 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED		TRAFFIC CONTROL 1 2		01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 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		1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	
TYPE OF UNIT 0 3		MOST DAMAGED AREA 1 4		CONTRIBUTING CIRCUMSTANCES 1 9		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 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 G UARDRAIL FACE 31 G UARDRAIL END 32 MEDIAN BARRIER 33 HO V HAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES 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		DRUG TEST TYPE A B					
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, 5 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUIPMENT) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/CDOUBLE SHORT 15 TRACTOR/CDOUBLE 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/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS		POINT OF IMPACT 0 1		NON-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 CLOSELY (TACCA) 09 IMPROPER LANE CHANGING 10 DROVE OFF ROAD 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEEDLENTOR AGGRESSIVE MANNER 14 OBEYING TO AVOID (DUE TO TONING, 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		DRUG TEST 162 RESULT A B							
NON-MOTORIST 35 ANIMAL WIDER 36 ANIMAL WIDGUY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON-MOTORIST 42 UNKNOWN		ACTION 1		VEHICLE DEFECT 0 9		ALCOHOL/DRUG SUSPECTED 1		ALCOHOL TEST STATUS 1		ROAD CONTOUR 1			
IN EMERGENCY RESPONSE A B		STRIKING VEHICLE: OVERRIDE/UNDERIDE A B		01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 HORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS		FIRST HARMFUL EVENT 1		ALCOHOL TEST TYPE A B		ROAD CONDITION 0 1			
DAMAGE SCALE 3		1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN		SPEED DETECTED 1		ALCOHOL TEST RESULT A B		01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN		LOCAL REPORT #** 1 0 - 0 0 2 9 - 9 0			
SUPPLEMENT * X IF YES 1		CAD Incident Number - LHP100109001542											

TOP COPY - DOPS BOTTOM COPY - AGENCY

Narrative

Unit #1 was stopped on the berm westbound on the Ohio Turnpike after having equipment failure. Unit #1 attempted to start the vehicle and noticed smoke coming out from under the hood of the vehicle. Fire was extinguished by passing motorists.

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 AND UE
- 7 SIDESWIFE, SAME DIRECTION
- 8 SIDESWIFE, OPPOSITE DIRECTION
- 9 UNKNOWN

WEATHER

0 2

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

LIGHT CONDITIONS

PRIMARY SECONDARY

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

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

- 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

- 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

Ohio Turnpike milepost 106 Westbound

N

Berm

Berm

Median Wall

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 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.

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 (15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAIN/HPS/GRVEL

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

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 BARREL/REFUSE
- 12 OTHER
- 13 UNKNOWN

WEIGHT (GVWR)

1

- 1 LESS THAN 10,000
- 2 10,001 - 25,000
- 3 MORE THAN 25,000

DDL CLASS

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS H
- 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 1 0 9 2 0 1 0

TIME REC CALL

1 3 5 1

DISPATCH

1 3 5 1

ARRIVED

1 3 5 9

CLEARED

1 4 4 0

OTHER

5 0

TOTAL MINUTES

0 0 9 9

OFFICER'S NAME *

Wilt, Cynthia

BADGE # *

0 6 4 1

CHECKED BY

TECURREN

DATE REPORT FILED *

0 1 1 0 2 0 1 0

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT * "X" IF YES

1

LOCAL REPORT # *

1 0 - 0 0 2 9 - 9 0

TOP COPY - OOPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100109001542

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0029-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 01/09/2010
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0080	

Insurance:

No valid insurance card shown. Insurance bill shown from Grange Insurance showing Policy #PP [REDACTED]

Damage:

Hood, injectors, motor, alternator wires, hoses

No photo's taken digital camera not working.

OFFICERS SIGNATURE

BADGE NO.

0641

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0029-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	01/09/2010
---------------------------	------------	---------------------	---------------------------	---------------	------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
(PRINTED)	
Wilt, Cynthia	AT IR0080
(OFFICERS NAME)	(LOCATION)
ADDRESS OF WITNESS	[REDACTED] Toledo, Ohio [REDACTED]
PHONE	[REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

HSY 7003 1/82

CAD Incident Number - LHP100109001542