

10312111

Fire

TRAFFIC CRASH REPORT



LOCAL REPORT #* **10-0027-91** CRASH SEVERITY **3** PRIVATE PROPERTY HIT/SKIP **1** PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER

N.C.I.C.#* **OHP91** REPORTING AGENCY* **Ohio State Highway Patrol** #UNITS **01** UNIT ERROR **01** DATE OF CRASH **01102010**

TIME OF CRASH **1000** DAY OF WEEK **SUN** CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* **Boston Heights** COUNTY#* **77** LATITUDE **41:15:27.64** LONGITUDE **81:31:00.93**

CRASH LOCATION PREFIX **IR0080** TYPE LOC **3** TYPE LOCATION POINT USED **EB** LOCAL INFORMATION **EB**

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 NO REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE NO REFERENCE

AT REFERENCE: DIST REFERENCE **3M** OR PREFIX **S** REFERENCE **179** REF POINT **06**

A UNIT # **01** # OF OCC. **03** NAME (LAST, FIRST, MIDDLE) [REDACTED]

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

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH **01241978** AGE **31** SEX **M** HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE **OH** DL # [REDACTED] LP STATE **OH** LP # [REDACTED] INJURED TAKEN BY **1** TRANSPORTED BY **None** INJURED TAKEN TO **None**

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

YEAR **1995** MAKE **FORD** MODEL **F150** COLOR **DGR** INSURANCE COMPANY **Vision** TOWING SERVICE **Rich's** OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE: YES NO

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: YES NO

C UNIT # **01** NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH **11202000** AGE **9** SEX **M**

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

INJURED TAKEN BY **1** TRANSPORTED BY **None** INJURED TAKEN TO **None**

D UNIT # **01** NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH **11172001** AGE **8** SEX **F**


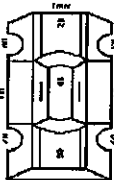
ADDRESS (STREET, CITY, STATE, ZIP CODE) **Streetsboro, Ohio**

INJURED TAKEN BY **1** TRANSPORTED BY **None** INJURED TAKEN TO **None**

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 CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	04 SAFETY EQUIPMENT 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	1 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-ROOF 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	2 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-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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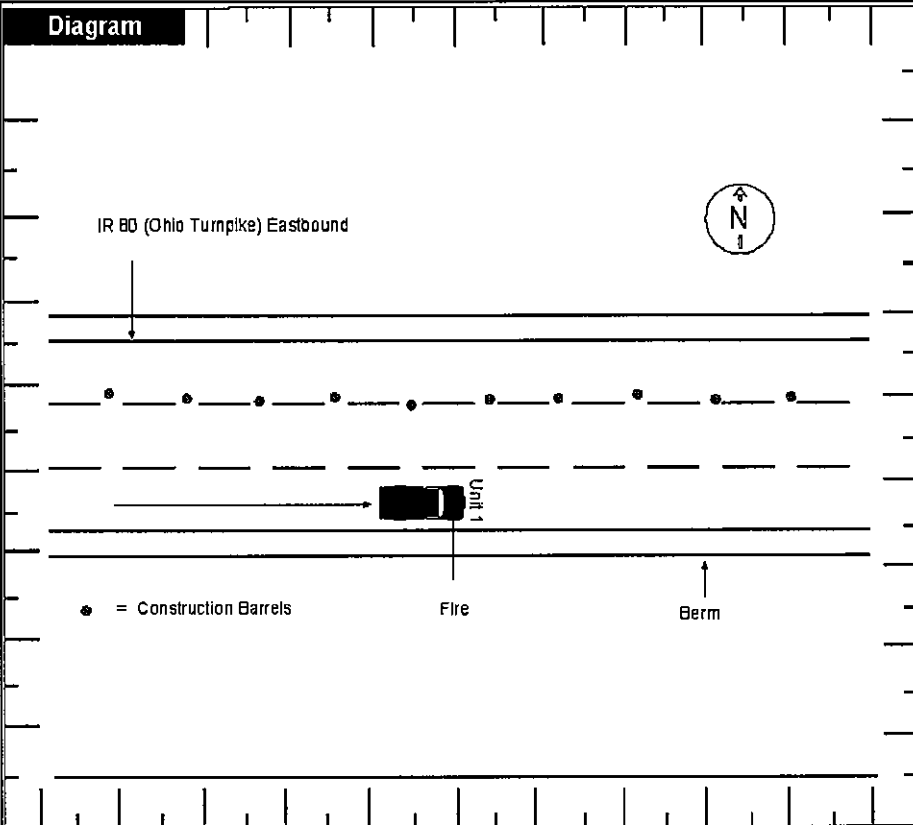
SUPPLEMENT YES NO

<p>UNIT NUMBERS</p> <p>0 1</p> <p>NON-MOTORIST LOCATION</p> <p>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</p>	<p>DAMAGE AREA</p>  <p>DAMAGE AREA</p>  <p>MOST DAMAGED AREA</p> <p>1 3</p>	<p>PRE-CRASH ACTIONS</p> <p>0 1</p> <p>MOTORIST</p> <p>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-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</p>	<p>SEQUENCE OF EVENTS</p> <p>A 0 2</p> <p>B</p> <p>NON-COLLISION</p> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF LIMITS 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</p>	<p>POSTED SPEED</p> <p>5 0</p> <p>TRAFFIC CONTROL</p> <p>1 0</p> <p>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</p>	<p>DRUG TEST STATUS</p> <p>1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED (SAMPLE UNUSABLE) 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>1</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 142 RESULT</p> <p>1 1</p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>0 7</p> <p>MOTORIST</p> <p>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 (E/B/TAIL) 13 TRACTOR BEH/T-TRAILER 14 TRACTOR COUBLE SHORT 15 TRACTOR COUBLE LONG 16 FIFTH WHEEL OR CONVERTER COLLY 17 TRACTOR/T-TRAILER 18 MOTORCYCLE 19 MOTORCYCLED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 OTHER 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</p> <p>NON-MOTORIST</p> <p>35 ANIMAL/RIDER 36 ANIMAL/WAGON 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>0 1</p> <p>MOTORIST</p> <p>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 (C/D/A) 09 BROKE LANE CHANGE / 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, NEGLECT OR AGGRESSIVE MANNER 14 SWERVING 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/ASLEEP 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</p>	<p>POINT OF IMPACT</p> <p>0 1</p> <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>	<p>COLLISION WITH FIXED OBJECT</p> <p>25 IMPACT ATTENUATING RASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE RAILPAPET 29 BRIDGE RAIL 30 UNDERPASS 31 UNDERPASS END 32 MEDIAN BARRIER 33 HWY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT TOWER/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 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</p>	<p>DIRECTION</p> <p>FROM TO</p> <p>4 3</p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>1</p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELLA SLEEP, PAINTED, FATIGUE, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED</p> <p>1</p> <p>1 NONE 2 YES-ALCOHOL SUSPECTED 3 YES-HBD NOT IMPAIRED 4 YES-DRUG SUSPECTED 5 YES-ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN</p>	<p>TYPE OF INTERSECTION</p> <p>0 1</p> <p>01 NOT AN INTERSECTION 02 FOURWAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCULAR UNDERCUT 06 FIVE-WAY, 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</p> <p>OCCURRENCE</p> <p>1</p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONTOUR</p> <p>2</p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</p>
<p>IN EMERGENCY RESPONSE</p> <p>1 NO 2 YES 3 UNKNOWN</p> <p>DAMAGE SCALE</p> <p>5</p> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>ACTION</p> <p>2</p> <p>1 NONCONTACT 2 NONCOLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN</p> <p>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</p> <p>1</p> <p>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</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>0 9</p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS</p>	<p>FIRST HARMFUL EVENT</p> <p>1</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>1</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p>SPEED DETECTED</p> <p>1</p> <p>1 STATED 2 ESTIMATED SPEED</p> <p>SPEED</p> <p>6 0</p>	<p>ALCOHOL TEST STATUS</p> <p>1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED (SAMPLE UNUSABLE) 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE</p> <p>1</p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>1</p>	<p>ROAD CONDITION</p> <p>0 1</p> <p>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</p> <p>**SECONDARY ROAD CONDITIONS ONLY</p>
<p>SUPPLEMENT * 'X' IF YES</p>		<p>LOCAL REPORT #</p> <p>1 0 - 0 0 2 7 - 9 1</p>		<p>TOP COPY - OIFS BOTTOM COPY - AGENCY</p>	

Narrative

Unit # 1 was eastbound, in a construction zone, on IR 80 (Ohio Turnpike) in the right lane when the engine caught on fire.

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 SIDESWIFE, SAME DIRECTION 8 SIDESWIFE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 2 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL, (FREEZING RAIN OR HAZE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 2 1 NO 2 YES 3 UNKNOWN
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 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 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 <input type="checkbox"/> 3 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # <input type="text"/>	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) <input type="text"/>	COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	ICC MC	PU/C	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRABBER/GRABBER	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARD/TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 CARGO/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	COL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

Police Action

DATE CRASH REPORTED 0 1 1 0 2 0 1 0	TIME REC CALL 1 0 0 1	DISPATCH 1 0 0 1	ARRIVED 1 0 1 5	CLEARED 1 1 2 3	OTHER 6 0	TOTAL MINUTES 0 1 4 2	
OFFICER'S NAME* Hunt, David	BADGE #* 0 0 2 0	CHECKED BY BDZUCHOWSKI	DATE REPORT FILED* 0 1 1 1 2 0 1 0	REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT * X IF YES	LOCAL REPORT #* 1 0 - 0 0 2 7 - 9 1

TOP COPY - OOPS BOTTOM COPY - AG ENCY

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

LOCAL REPORT NUMBER 10-0027-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 01/10/2010
IN COUNTY OF Summit	ACCIDENT LOCATION IR0080	

Unit # 1 engine caught on fire while driving eastbound on IR 80 (Ohio Turnpike).

Unit # 1 pulled over onto the berm and exited the vehicle.

Richfield Fire Department arrived at the scene and put the engine fire out.

Damage to Unit # 1: entire vehicle engulfed by flames, (Total Loss).

Damage to berm pavement: Approx. 3' by 3' patch melted.

OFFICERS SIGNATURE	BADGE NO. 0020
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0027-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 01/10/2010
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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)

Hunt, David AT IR0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED] Streetsboro, Ohio 44241	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE