

10312117

TRAFFIC CRASH REPORT



LOCAL REPORT #
1 0 - 0 0 2 3 - 9 0

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

N.C.J.C.#
O H P 9 0

REPORTING AGENCY
Ohio State Highway Patrol

#UNITS
0 2

UNIT ERROR
0 1 99 = ANIMAL
99 = UNKNOWN

DATE OF CRASH
0 1 1 0 2 0 1 0

TIME OF CRASH
1 7 1 1

DAY OF WEEK
S U N

CITY VILLAGE TWP
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)
Sandusky

COUNTY #
7 2

LATITUDE
41:23:40.22

LONGITUDE
83:05:08.05

CRASH LOCATION
PREFIX CRASH LOCATION
IR0080

TYPE LOC 3
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOC - INFORMATION
WB

REFERENCE
DIST REFERENCE OR PREFIX REFERENCE
5M W 92

REFERENCE POINT USED
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME OR REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE NO REFERENCE

A UNIT # # OF OCC.
0 1 0 1 NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
ghland Heights, Ohio

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
0 5 1 3 1 9 6 3 4 6 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)
Finance, Transit 1201 Marine View DR, Portage, Indiana

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2 0 0 6 FREI Conventional RED Wellington Froemer

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

B UNIT # # OF OCC.
0 2 0 1 NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
Unit I, Toledo, Ohio

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
1 2 1 8 1 9 8 4 2 5 F

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)
SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2 0 0 8 FORD Fusion BLK Progressive

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

C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION
0 1 A 01 FRONT - LEFT (MC DRIVER)
0 1 B 02 FRONT - MIDDLE
0 1 C 03 FRONT - RIGHT
0 1 D 04 SECOND - LER (MC PASS)
0 1 E 05 SECOND - MIDDLE
0 1 F 06 SECOND - RIGHT
0 1 G 07 THIRD - LEFT (MC PASSENGER/SEDCAR)
0 1 H 08 THIRD - MIDDLE
0 1 I 09 THIRD - RIGHT
0 1 J 10 SLEEPER SECTION OF CAB
0 1 K 11 ENCLOSED CARGO AREA
0 1 L 12 UNENCLOSED CARGO AREA
0 1 M 13 TRAILING UNIT
0 1 N 14 EXTERIOR
0 1 O 15 OTHER
0 1 P 16 NON-MOTORIST
0 1 Q 17 UNKNOWN

SAFETY EQUIPMENT
0 4 A 01 NONE USED
0 4 B 02 SHOULDER BELT ONLY
0 4 C 03 LAP BELT ONLY
0 4 D 04 SHOULDER/LAP BELT
0 4 E 05 CHILD SAFETY SEAT
0 4 F 06 MC HELMET USED
0 4 G 07 USE UNKNOWN
0 4 H 08 NONE USED
0 4 I 09 HELMET USED
0 4 J 10 PROTECTIVE PADS
0 4 K 11 REFLECTIVE CLOTHING
0 4 L 12 LIGHTING
0 4 M 13 OTHER
0 4 N 14 UNKNOWN

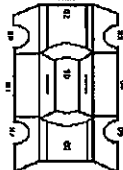
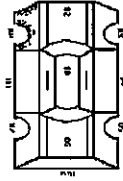
AIR BAG
5 A 1 NOT DEPLOYED
1 B 2 DEPLOYED-FRONT
1 B 3 DEPLOYED-SIDE
1 B 4 DEPLOYED BOTX FRONT/SIDE
1 B 5 NOT APPLICABLE
1 B 6 UNKNOWN

AIR BAG SWITCH
1 A 1 NOT PRESENT
1 A 2 IN ON POSITION
1 A 3 IN OFF POSITION
1 A 4 UNKNOWN

EJECTION
1 A 1 NOT EJECTED
1 A 2 TOTALLY EJECTED
1 A 3 PARTIALLY EJECTED
1 A 4 NOT APPLICABLE
1 A 5 UNKNOWN

TRAPPED
1 A 1 NOT TRAPPED
1 A 2 EXTRACTED BY MECHANICAL MEANS
1 A 3 FREED BY NON-MECHANICAL MEANS
1 A 4 UNKNOWN

INJURIES
1 A 1 NO INJURY
1 A 2 POSSIBLE
1 A 3 NON-INCAPACITATING
1 A 4 INCAPACITATING
1 A 5 FATAL INJURY
1 A 6 UNKNOWN

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="1"/>	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" value="2"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></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" value="1"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	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"/>
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<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>																		
NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/>		MOTORIST 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/SLIDING 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/Rollover 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/CRUISE 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 14 PEDESTRIAN 15 PEDAL CYCLE 16 RAILROAD 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 CRASH INTO SHIELD 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 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	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"/>	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="8"/>	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 CLOSELY (CARPOOLING) 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, OR RELEASING NEGLECT OR AGGRESSIVE MANNER 14 SWERING TO AVOID (DUE TO IMPROPER SURGE 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	DIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST 162 RESULT <input type="text" value="1"/> <input type="text" value="1"/>																
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, 6 TIRES 10 SINGLE UNIT TRUCK, 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUIPMENT) 13 TRACTOR SEMI-TRAILER 14 TRACTOR CRAWLER SHORT 15 TRACTOR CRAWLER 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 NON-MOTORIST 35 ANIMAL WALKER 36 ANIMAL W/BLVDY 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="9"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	DRUG TEST 162 RESULT <input type="text" value="1"/> <input type="text" value="1"/>																
IN EMERGENCY RESPONSE <input type="text" value=""/> <input type="text" value=""/>	ACTION <input type="text" value="1"/> <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/RUB SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	SPEED DETECTED <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="1"/>																
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	SPEED <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	SPEED <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONTOUR <input type="text" value="1"/>																
				ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONTOUR <input type="text" value="1"/>																
				SUPPLEMENT * X IF YES <input type="text" value=""/> <input type="text" value=""/>	ROAD CONTOUR <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																
				LOCAL REPORT #* <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="0"/>	ROAD CONTOUR <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																

TOP COPY - ODP'S BOTTOM COPY - AGENCY

Narrative

Both Unit # 1 and # 2 were westbound on I.R. 80 at mile post # 92.5. The left front mud flap on Unit # 1 broke off, striking Unit # 2 in the left front fender and mirror.

<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 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, 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>WEATHER</p> <p>0 1</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 SAND, SOIL, 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>PRIMARY 1 SECONDARY <input type="checkbox"/></p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 DLARE 8 OTHER 9 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING 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 8 PERSONS, INCLUDING DRIVER.</p>	<p>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.</p>
UNIT # <input type="text"/>	COMPANY (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCO <input type="text"/>	TRAILER LP ST. <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP # <input type="text"/>	PLACARD # <input type="text"/>	# DIA <input type="text"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED			
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 DRAINCHIPS/GRAVEL <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 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	<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	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<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: 01102010 TIME REC CALL: 1711 DISPATCH: 1711 ARRIVED: 1723 CLEARED: 1831 OTHER: 60 TOTAL MINUTES: 0140

OFFICER'S NAME: Bracy, Brian BADGE #: 0115 CHECKED BY: TECURRAN DATE REPORT FILED: 01162010

REPORT TAKEN BY: **1** 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: **3** 1 SCENE 2 STATION 3 OTHER SUPPLEMENT * "X" IF YES: LOCAL REPORT #: 10-0023-90

TOP COPY - OOPS BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0023-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 01/10/2010
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0080	

DAMAGE ANALYSIS

UNIT # 1

YEAR ----- 2005
 MAKE ----- FREIGHTLINER
 MODEL ----- CONVENTIONAL
 VIN # ----- 1FUJA6CVX6LV [REDACTED]
 REG ----- [REDACTED]
 COLOR ----- RED
 INSURANCE INFO --- WELLINGTON FROEMER INS POLICY # [REDACTED]
 DAMAGED AREAS --- BROKEN LEFT FRONT MUD FLAP ON FRONT SET OF DRIVE TANDEM AXLES ON TRACTOR.

UNIT # 1'S TRAILER

YEAR ----- 2009
 MAKE ----- DOONAN
 MODEL ----- FLATBED
 VIN # ----- 1D9BV482991 [REDACTED]
 REG ----- [REDACTED]
 COLOR ----- SILVER
 INSURANCE INFO --- WELLINGTON FROEMER
 DAMAGED AREAS --- NO DAMAGE

UNIT # 2

YEAR ----- 2008
 MAKE ----- FORD
 MODEL ----- FUSION
 VIN # ----- 3FAHP08148F [REDACTED]
 REG ----- [REDACTED]
 COLOR ----- BLACK
 INSURANCE INFO --- PROGRESSIVE POLICY # [REDACTED]
 DAMAGED AREAS --- LF FRONT FENDER, LF REARVIEW MIRROR, MIRROR WAS BROKEN OFF AND FENDER WAS DENTED IN.

NOTE -- NO FIELD SKETCH BOTH VEHICLES CONTINUED WEST AFTER UNIT # 2 SUSTAINED DAMAGE.

NOTE -- "POINT OF IMPACT" FOR UNIT #1 -- NO IMPACT LISTED FOR THIS UNIT A PIECE OF EQUIPMENT FROM THIS VEHICLE FELL OFF UNIT #1 STRIKING UNIT # 2.

NOTE -- "ACTION" LISTED FOR THIS UNIT IS NON-CONTACT BECAUSE THESE UNIT'S DIDN'T CONTACT EACH OTHER.

NOTE --"VEHICLE DEFECT" LISTED FOR THIS UNIT WAS A BROKEN MUD FLAP ASSEMBLY.

NOTE --"SEQUENCE OF EVENTS" LISTED FOR UNIT # 2 IS NON-COLLISION DUE TO THE FACT THAT THIS UNIT WAS STRUCK BY A MUD FLAP FROM UNIT # 1 AND NOT DIRECTLY BY UNIT # 1.

NOTE -- UNIT # 1'S LOAD WAS NOT DAMAGED DURING THIS CRASH. UNIT # 1 WAS HAULING 43,777 LBS OF STEEL TUBE.

NOTE -- UNIT # 1 WAS MISSING A MUD FLAP THAT HAD EARLIER BEEN IN PLACE ON HIS TRUCK AFTER PULLING OVER TO CHECK HIS TRUCK. THE DRIVER DID STATE HE HEARD A NOISE AS IT BROKE OFF OF HIS VEHICLE AND THEN STRUCK UNIT # 2.

OFFICERS SIGNATURE	BADGE NO. 0115
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