

16

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-0509-90

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 3 UNKNOWN

PRIVATE PROPERTY
IF YES

HITS/KMP
1 NOT HITS/KMP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
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
07062008

TIME OF CRASH
0030

DAY OF WEEK
SUN

CITY VILLAGE TWP
Brownhelm

NAME (OF CITY, VILLAGE OR TOWNSHIP)

COUNTY #
47

LATITUDE
41:28:16.89

LONGITUDE
82:16:06.31

PREFIX CRASH LOCATION
IR0080

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

LOC - LINE REFERENCE

DIST REFERENCE OR PREFIX REFERENCE
At 137

REFERENCE POINT USED
06 REF POINT

04 HOUSE NUMBER 05 PLACE NAME NO REFERENCE
06 TOWNSHIP BOUNDARY 07 DRIVEWAY
08 MILE POST 09 STREET OR ROUTE NO
10 CORPORATION LIMIT REFERENCE

A UNIT # 01 # OF OCC. 02 NAME (LAST, FIRST, MIDDLE) [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE)
[REDACTED] Canton, Ohio [REDACTED]

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 01011992 AGE 16 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE OH DL # [REDACTED] LP STATE OH LP # [REDACTED] INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

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

YEAR 2003 MAKE HYND MODEL Tiburon COLOR BLK INSURANCE COMPANY Allstate TOWING SERVICE Charlie's Towing OWNER PHONE # [REDACTED]

OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODES 'X' IF YES

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] 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 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 CODES 'X' IF YES

C UNIT # 01 NAME (LAST, FIRST, MIDDLE) [REDACTED] DATE OF BIRTH 09111991 AGE 16 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
[REDACTED] Canton, Ohio [REDACTED]

INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

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 [REDACTED] 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

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/SEAR)
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

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

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

EJECTION

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

TRAPPED

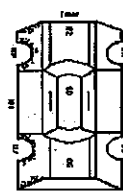
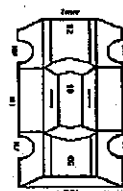
1 TRAPPED
1 NOT TRAPPED
2 EXTRACTED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES

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

SUPPLEMENT 'X' IF YES

198

<p>UNIT NUMBERS</p> <p>0 1 A B</p> <p>NON-MOTORIST LOCATION</p> <p>A B</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>A</p>  <p>B</p> <p>MOST DAMAGED AREA</p> <p>0 9 A B</p>	<p>PRE-CRASH ACTIONS</p> <p>0 1 A B</p> <p>MOTORIST</p> <p>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 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN</p> <p>NON-MOTORIST</p> <p>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 B</p> <p>0 6 A B</p> <p>3 0 A B</p> <p>1 2 A B</p> <p>3 3 A B</p> <p>4 4 A B</p> <p>NON-COLLISION</p> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO 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 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED</p>	<p>POSTED SPEED</p> <p>6 5 A B</p> <p>TRAFFIC CONTROL</p> <p>1 2 A B</p> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSEINGS 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 A B</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 A B</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 182 RESULT</p> <p>A B</p> <p>1 2 A B</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 2 A B</p> <p>MOTORIST</p> <p>01 SUBCOMPACT 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 (EQUIVALENT) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COUNTRY 17 TRACTOR CYCLE 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</p> <p>NON-MOTORIST</p> <p>35 ANIMAL WALKER 36 ANIMAL WALKER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>1 9 A B</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/ADDED IMPROPER LANE CHANGE 09 IMPROPER PASSING 10 IMPROPER START FROM PARKED POSITION 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 14 OVERTAKING 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN</p> <p>NON-MOTORIST</p> <p>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 9 A B</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>CONDITION</p> <p>1 A B</p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED</p> <p>1 A B</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>ALCOHOL TEST STATUS</p> <p>1 A B</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 A B</p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A B</p> <p>A B</p>	<p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>4 3 A B</p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	<p>TYPE OF INTERSECTION</p> <p>0 1 A B</p> <p>01 NOT AN INTERSECTION 02 FOURWAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 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>2 A B</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>1 A B</p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</p> <p>ROAD CONDITION</p> <p>PRIMARY SECONDARY</p> <p>0 1 A B</p> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAYEL 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>IN EMERGENCY RESPONSE</p> <p>A B</p> <p>1 NO 2 YES 3 UNKNOWN</p> <p>DAMAGE SCALE</p> <p>3 A B</p> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</p> <p>1 A B</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 6 A B</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>2 A B</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>2 A B</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p>SPEED DETECTED</p> <p>1 A B</p> <p>1 SATED 2 ESTIMATED SPEED</p> <p>SPEED</p> <p>6 5 A B</p>	<p>LOCAL REPORT #</p> <p>1 0 - 0 5 0 9 - 9 0</p> <p>SUPPLEMENT *X IF YES</p>	<p>LOCAL REPORT #</p> <p>1 0 - 0 5 0 9 - 9 0</p>

Narrative

Unit #1 was traveling eastbound in the right lane on the Ohio Turnpike (I-80) when the front left tire blew. Unit #1 lost control, spun around and struck the south side guardrail. Unit #1 then pulled into the south shoulder.

MANNER OF COLLISION OR IMPACT

1

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-REAR
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDESWIPE, SAME DIRECTION
 8 SIDESWIPE, OPPOSITE DIRECTION
 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 LANE CLOSURE
 2 LANE SHIFTS/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN

WEATHER

0 2

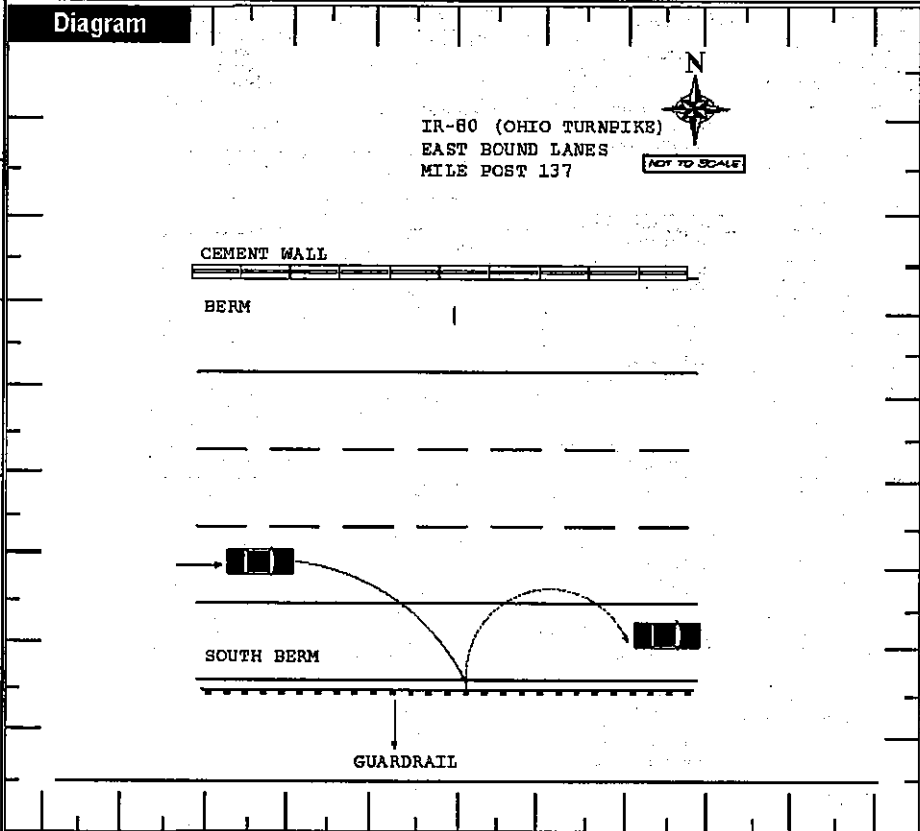
01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL, (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS

5

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

Diagram



Truck/Bus

UNIT #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVW 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 PU/CO TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # # DIA.

CARGO BODY TYPE: 01 NOT APPLICABLE, 02 BUS (9-15 INCLUDING DRIVER), 03 VAN/ENCLOSED BOX, 04 GRAIN/HPS/GRAVEL, 05 POLE, 06 CARGO TANK, 07 FLATBED, 08 DUMP, 09 CONCRETE MIXER, 10 AUTO TRANSPORTER, 11 BARBAGE/REFUSE, 12 OTHER, 13 UNKNOWN

WEIGHT (GVWR): 1 LESS THAN 10,000, 2 10,001 - 20,000, 3 MORE THAN 20,000

CDL CLASS: 1 CLASS A, 2 CLASS B, 3 CLASS C, 4 CLASS M, 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: **07062008** TIME REC CALL: **0056** DISPATCH: **0056** ARRIVED: **0058** CLEARED: **0200** OTHER: **60** TOTAL MINUTES: **0124**

OFFICER'S NAME: **Morales, Hiram** BADGE #: **0194** CHECKED BY: **TECURREN** DATE REPORT FILED: **07142008**

REPORT TAKEN BY: **1** 1 FOLEY AGENCY, 2 BOSTON
 REPORT TAKEN AT: **1** 1 SCENE, 2 STATION, 3 OTHER
 SUPPLEMENT * "X" IF YES:
 LOCAL REPORT #: **10-0509-90**

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0509-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/06/2008
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	

Vehicle Damage- unit #1 had damage to the left corner of the front bumper and hood. Also damage to left headlight and left front quarter panel. Left corner of the rear bumper was cracked and tail light assembly came loose. Left front tire was flat.

Damage to private property.
A section a 20 ft of guardrail was damage by the impact.

Owner of the Guardrail
Ohio Turnpike Commission
682 Prospect Street
Berea OH, 44017
Phone# - (440)234-2096

Field Sketch

Reference Point- Mile Post 137.1 eastbound

Point '0"- South solid white line 14.9 feet north of the Reference Point.

AE	FE	Description
A- 156 2/W	11 5/S	Impact with guardrail, unit #1
B- 128 6/E	2 4/S	Controlled final rest left rear tire unit #1
C- 137 0/E	2 7/S	Controlled final rest left front tire unit #1

OFFICERS SIGNATURE	BADGE NO. 0194
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0509-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/06/2008
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	

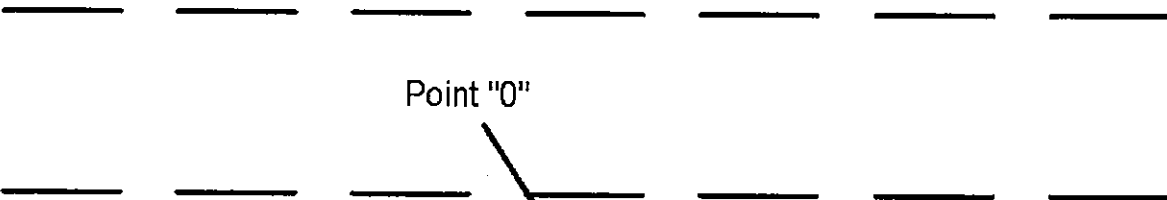
IR-80 (OHIO TURNPIKE)
EAST BOUND LANES
MILE POST 137



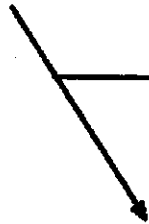
CEMENT WALL



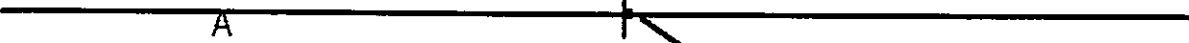
NORTH BERM



Point "0"



16.6



GUARDRAIL

RP- milepost 137.1 eastbound

OFFICERS SIGNATURE	BADGE NO. 0194
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