

TRAFFIC CRASH REPORT



LOCAL REPORT #	CRASH SEVERITY	PRIVATE PROPERTY	HITSKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
10-0563-89	3 1 FATAL 3 PO 2 INJURY 4 UNKNOWN	X IF YES	1 1 NOT HITSKIP 2 SOLVED 3 UNSOLVED	X IF YES	X	X		

N.C.I.C. #	REPORTING AGENCY	# UNITS	UNIT ERROR	DATE OF CRASH
OHP89	Ohio State Highway Patrol	01	99 99 = ANIMAL 99 = UNKNOWN	07252009

TIME OF CRASH	DAY OF WEEK	CITY	VILLAGE	TWP	NAME (OF CITY, VILLAGE OR TOWNSHIP)	COUNTY #	LATITUDE	LONGITUDE
1730	SAT			X	Perrysburg	87	41:34:26.99	83:35:35.79

CRASH LOCATION	TYPE LOC	TYPE LOCATION POINT USED	LOC - LINE INFORMATION
IR0080	3	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	

ST - REFERENCE	DIST REFERENCE OR	PREFIX REFERENCE	REF POINT	REFERENCE POINT USED	04 HOUSE NUMBER	05 PLACE NAME NO REFERENCE
8M	E	63	06	01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	06 TOWNSHIP BOUNDARY 08 MILE POST 07 CORPORATION LIMIT	09 DRIVEWAY 10 STREET OR ROUTE NO REFERENCE

UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
A 0101		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Independence, Ohio		

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	03141964	45	M		
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	INJURED TAKEN TO
OH		OH		1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	
OWNER NAME (IF SAME, WRITE "SAME")		ADDRESS (STREET, CITY, STATE, ZIP CODE)			
J&J Enterprises, Inc		P.O. Box 31164, Independence, Ohio 44131			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE
1988	MACK	Superliner	RED	Erie Insurance	Xpress
OFFENSE CHARGED		OFFENSE DESCRIPTION		CITATION #	

UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
B		
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	INJURED TAKEN TO
				1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	
OWNER NAME (IF SAME, WRITE "SAME")		ADDRESS (STREET, CITY, STATE, ZIP CODE)			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE
OFFENSE CHARGED		OFFENSE DESCRIPTION		CITATION #	

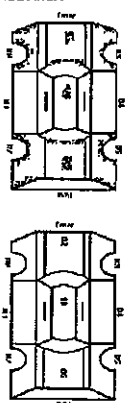
UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
C			01221970	39	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
Perrysburg, Ohio		1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
D					
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
		1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

Motorist/Non-Motorist
Occupant

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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 SIDE CAR) 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 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 US UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	5 1 NOT DEPLOYED 2 DEPLOYED FRONT 3 DEPLOYED SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
SUPPLEMENT 'X' IF YES						

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UNIT NUMBERS 0 1	DAMAGE AREA 	PRE-CRASH ACTIONS 0 1	SEQUENCE OF EVENTS 0 6 1 0 8 2 3 0 3 4 0 4	POSTED SPEED 6 5	DRUG TEST STATUS 1
NON-MOTORIST LOCATION A B	TYPE OF UNIT 1 2	CONTRIBUTING CIRCUMSTANCES 1 9	NON-COLLISION A B	TRAFFIC CONTROL 1 2	DRUG TEST TYPE 1
1 MARKED CROSSWALK AT INTERSECTION 2 INTERSECTION NO CROSSWALK 3 NO INTERSECTION CROSSWALK 4 DRYWAY ACCESS CROSSWALK 5 IN ROADWAY 6 NOT IN ROADWAY 7 MEDIAN (BUT NOT SHOULDER) 8 ISLAND 9 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	21 NONE 22 CENTER FRONT 23 RIGHT FRONT 24 RIGHT SIDE 25 RIGHT REAR 26 REAR CENTER 27 LEFT REAR 28 LEFT SIDE 29 LEFT FRONT 30 TOP AND WINDOWS 31 UNDERCARRIAGE 32 LOAD/TRAILER 33 TOTAL (ALL AREAS) 34 OTHER 35 UNKNOWN	1 NONE 2 FAILURE TO YIELD 3 RAN RED LIGHT, OR STOP SIGN 4 EXCEEDED SPEED LIMIT 5 UNSAFE SPEED 6 IMPROPER TURN 7 LEFT OF CENTER 8 FOLLOWED TOO CLOSELY (ACDA) 9 IN PROPER LANE CHANGING 10 DROVE OFF ROAD 11 IMPROPER PASSING 12 IMPROPER BACKING 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECTOR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/ASLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 OTHER IMPROPER ACTION 23 UNKNOWN	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/CRA SHIELD/SHOULDER 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 HOVWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 RAILROAD 43 TREE 44 OTHER FIXED OBJECT 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER 48 UNKNOWN	1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
1 SUBCOMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE 5 MINIVAN 6 SPORT UTILITY VEHICLE 7 PICKUP 8 PANELVAN 9 SINGLE UNIT TRUCK 10 2 AXLES, 0 TRES 11 SINGLE UNIT TRUCK 3+ AXLES 12 TRUCK/TRAILER 13 TRACTOR/SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER CLOLLY 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 3	1 NONE 2 CENTER FRONT 3 RIGHT FRONT 4 RIGHT SIDE 5 RIGHT REAR 6 REAR CENTER 7 LEFT REAR 8 LEFT SIDE 9 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRA SHIELD/SHOULDER 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 HOVWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 RAILROAD 43 TREE 44 OTHER FIXED OBJECT 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER 48 UNKNOWN	CONDITION 1	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
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	ACTION 3	1 NONCONTACT 2 NONCOLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	FIRST HARMFUL EVENT 3	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1
IN EMERGENCY RESPONSE A B	STRIKING VEHICLE: OVERRIDE/UNDERIDE 1	VEHICLE DEFECT CODE ONLY IF 159 SELECTED ABOVE 0 6	MOST HARMFUL EVENT 3	ALCOHOL TEST TYPE 1	ALCOHOL TEST RESULT A B
1 NO 2 YES 3 UNKNOWN	1 NO UNDERIDE OR OVERIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERIDE OTHER VEHICLE 7 UNKNOWN	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 FRONT CRASH 11 OTHER DEFECTS	1 STATED 2 ESTIMATED SPEED 6 5	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
DAMAGE SCALE 5	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 DRY 2 WET 3 SNOW 4 ICE 5 SAND, MUD, DIRT, OIL, GRAVEL 6 WATER (STANDING, MOVING) 7 SLUSH 8 DEBRIS** 9 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
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Narrative

Unit #1 was eastbound on the Ohio Turnpike in the driving lane. Unit #1's right front tire blew out, causing it to lose control, go off the right side of the road, strike the south guardrail and come to final rest in the south ditch.

MANNER OF COLLISION OR IMPACT

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
2 REAR-REAR
3 REAR-ON
4 REAR-TO-REAR
5 BACKING
6 ANGLE
7 SIDESWIFE, SAME DIRECTION
8 SIDESWIFE, OPPOSITE DIRECTION
9 UNKNOWN

WEATHER

- 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

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

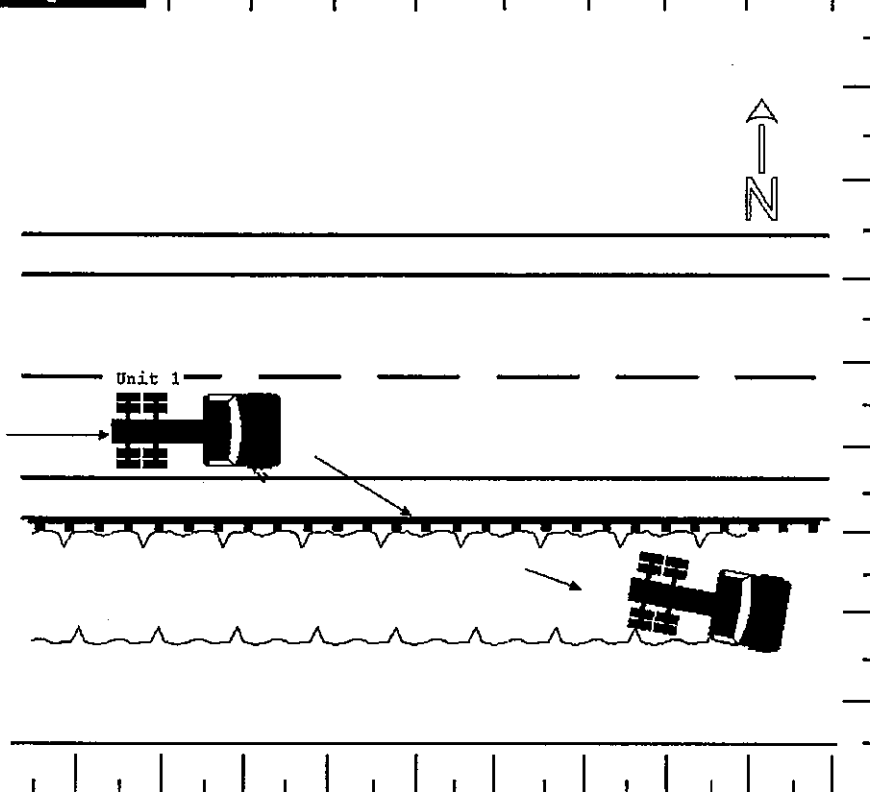
SCHOOL BUS RELATED

- 1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED

- 1 NO
2 YES
3 UNKNOWN
TYPE OF WORK ZONE
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 BEFORE FIRST WORK ZONE
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA
WORKERS PRESENT
1 NO
2 YES
3 UNKNOWN

Diagram



Truck/Bus

UNIT #

01

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 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

PUCD

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

DIA

CARGO BODY TYPE

01 NOT APPLICABLE
02 BUS (4-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRABIN/SPED RAVEL

05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP

09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 DRAINAGE/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 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

07252009

TIME REC CALL

1731

DISPATCH

1731

ARRIVED

1736

CLEARED

1847

OTHER

30

TOTAL MINUTES

0106

OFFICER'S NAME

Ross, John

BADGE #

1631

CHECKED BY

SPBABICH

DATE REPORT FILED

07262009

REPORT TAKEN BY

1 POLICE AGENCY
2 MOTORIST

REPORT TAKEN AT

1 SCENE
2 STATION
3 OTHER

SUPPLEMENT *
X IF YES

LOCAL REPORT #

10-0563-89

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0563-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/25/2009
IN COUNTY OF Wood	ACCIDENT LOCATION IR0080	

Identify Reference Pt: 63.8 Delineator post
Identify Point zero (Pt 0): South fog line from RP
Identify Baseline: South Fog Line
Measuring device used: Roll-a-tape
Measurement format: feet
RP to .0=13 feet
Roadwidth= 24 feet
South Shoulder width= 11 feet

PT AE FE DESCRIPTION

A	457W	3S	Start of Tire debris
B	134E	0	Right front tire off road
C	227E	11S	Start of guardrail damage
D	304E	11S	End of guardrail damage
E	357E	55S	Left rear tire Unit #1

Turnpike damage:

Guardrail
Ohio Turnpike Commission
682 Prospect St
Berea, Ohio 44017
440-234-2081

OFFICERS SIGNATURE

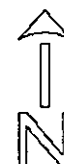
BADGE NO.

1631

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0563-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/25/2009
IN COUNTY OF Wood	ACCIDENT LOCATION IR0080	



A

B

C

D

E



OFFICERS SIGNATURE

BADGE NO.

1631

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0563-89	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	07/25/2009
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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)	
Ross, John	AT IR0080
(OFFICERS NAME)	(LOCATION)
ADDRESS OF WITNESS [REDACTED] Independence, Ohio [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0563-89	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	07/25/2009
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I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
(PRINTED)	
Ross, John	AT IR0080
(OFFICERS NAME)	(LOCATION)
ADDRESS OF WITNESS	[REDACTED] Perrysburg, Ohio [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE