

TRAFFIC CRASH REPORT



LOCAL REPORT #

10-0702-90

CRASH SEVERITY

3 1 FATAL 2 DEO
2 INJURY 4 UNKNOWNPRIVATE
PROPERTY

IF YES

HITS/SHIP

1 NOT HITS/SHIP
2 SOLVED
3 UNSOLVEDPHOTOS
TAKEN

IF YES

CH-2

CH-3

CH-1P

OTHER

N.C.I.C. #

OHP90

REPORTING AGENCY

Ohio State Highway Patrol

#UNITS

01

UNIT ERROR

01 88 = ANIMAL
89 = UNKNOWN

DATE OF CRASH

07242009

TIME OF CRASH

1720

DAY OF WEEK

FRI

CITY

VILLAGE

TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP)

Townsend

COUNTY

72

LATITUDE

41:21:17.78

LONGITUDE

82:52:55.52

CRASH OCCURRED ON

PREFIX CRASH LOCATION
IR0080

TYPE LOC

3

TYPE LOCATION POINT USED
1 NAME STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOC - L INFORMATION

WB

DIST REFERENCE

AT

OR PREFIX REFERENCE

104

REF POINT

06

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
REFERENCEA UNIT #
0101

OF OCC.

NAME (LAST, FIRST, MIDDLE)

AUG 17 2009

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Virginia Bch, Virginia

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

VA

DL #

LP STATE

FL

LP #

INJURED
TAKEN BY1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2003

MAKE

NISS

MODEL

Altima

COLOR

WHI

INSURANCE COMPANY

Bristol West

TOWING SERVICE

Madison's

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL
CODE

IF YES

B UNIT #
0101

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

VA

DL #

LP STATE

FL

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INJURED
TAKEN BY1 NONE 4 OTHER
2 EMS 5 UNKNOWN
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INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

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ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2003

MAKE

NISS

MODEL

Altima

COLOR

WHI

INSURANCE COMPANY

Bristol West

TOWING SERVICE

Madison's

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL
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IF YES

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0101

OF OCC.

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 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

D UNIT #
0101

OF OCC.

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 5 UNKNOWN
3 POLICE

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 ENCLOSURE CARGO AREA
12 UNENCLOSURE 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 UNKNOWNSUPPLEMENT
IF YES

Motorist/Non-Motorist

Occupant

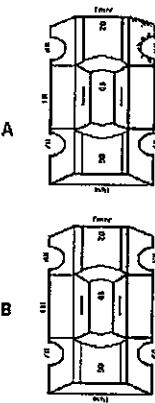
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HSY7001

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CAD Incident Number: LHP090724003313

Lepg

UNIT NUMBERS 0 1 A B NON-MOTORIST LOCATION 1 A 2 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	DAMAGE AREA  MOST DAMAGED AREA 0 4 A B 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	PRE-CRASH ACTIONS 0 1 A B 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 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING 17 PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS 0 6 1 2 3 4 NON-COLLISION 01 OVERTURN/FOLLOWER 02 FIRE/EXPLOSION 03 IMBROSION 04 JACKKNIFE 05 CARGO/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 DOWN-HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR OR 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 HIGHWAY 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	POSTED SPEED 6 5 A B TRAFFIC CONTROL 1 2 A B 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	DRUG TEST STATUS 1 A B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE 1 A B 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 142 RESULT 1 1 A B 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
TYPE OF UNIT 0 2 A B MOTORIST 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, 5 TIRES 10 SINGLE UNIT TRUCK, 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EO STAL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLED 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 WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT 0 4 A B 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	CONTRIBUTING CIRCUMSTANCES 1 9 A B 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 (AGG) 09 IN PROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR 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 NON-MOTORIST 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 NOT VISIBLE (DARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 32 WRONG SIDE OF ROAD 33 OTHER 34 UNKNOWN	FIRST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 A B 1 SATATED 2 ESTIMATED SPEED SPEED 6 5 A B	DIRECTION 4 3 A B 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION 1 A B 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 ALCOHOL/DRUG SUSPECTED 1 A B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBC NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS 1 A B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE 1 A B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT 1 A B	TYPE OF INTERSECTION 0 1 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, 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 OCURRENCE 1 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 1 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVED GRADE ROAD CONDITION 0 1 PRIMARY SECONDARY 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 **SECONDARY ROAD CONDITIONS ONLY
IN EMERGENCY RESPONSE 1 A B 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE 4 A B 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/UNDERIDE 1 A B 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 1 1 A B 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 HORN OR SLACK TIRE 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SUPPLEMENT * X IF YES 1 0 - 0 7 0 2 - 9 0 LOCAL REPORT # * 1 0 - 0 7 0 2 - 9 0		

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CAD Incident Number - LHP090724003313

Narrative

Unit one was east bound on the Ohio Turnpike in the middle lane when the right front wheel came off. Unit one fell to the ground and drove to the left shoulder dragging/damaging vehicle body parts and came to rest on the left shoulder. The wheel rolled off the right side and came to rest in a ditch.

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 LE
- 7 SIDEWIRE, SAME DIRECTION
- 8 SIDEWIRE, OPPOSITE DIRECTION
- 9 UNKNOWN

WEATHER

0 1

- 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

- 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

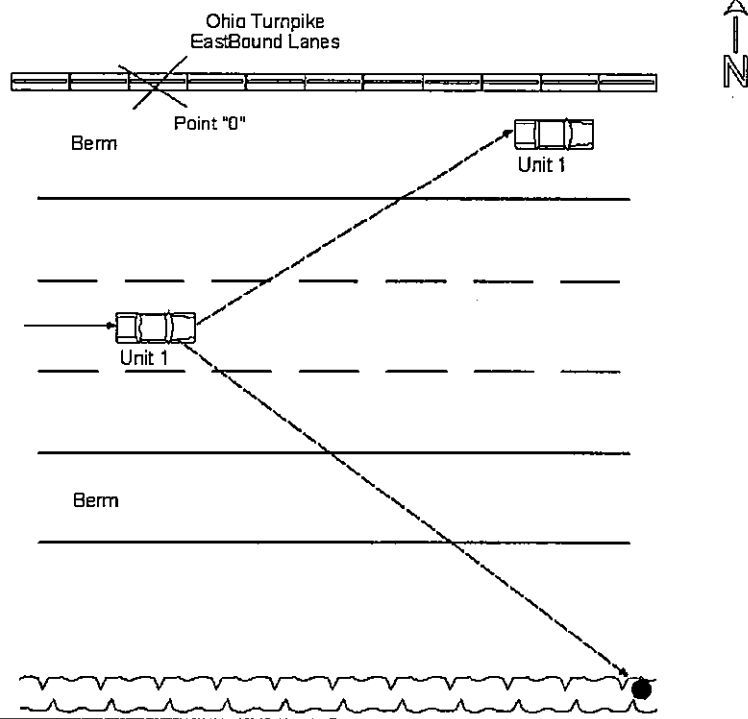
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



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 (915 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAIN/HOPPER/RAVEL

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

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 BARBAG/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 W
- 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 7 2 4 2 0 0 9

TIME REC CALL

1 7 2 3

DISPATCH

1 7 2 3

ARRIVED

1 7 3 2

CLEARED

1 8 1 5

OTHER

2 0

TOTAL MINUTES

0 0 7 2

OFFICER'S NAME

Hoffman, Timothy

BADGE #

1 8 3 0

CHECKED BY

TECURREN

DATE REPORT FILED

0 7 2 6 2 0 0 9

REPORT TAKEN BY

1

1 POLICE AGENCY

2 NOT FOR

REPORT TAKEN AT

1

1 SCENE

2 STATION

3 OTHER

SUPPLEMENT #

"X" IF YES

LOCAL REPORT #

1 0 - 0 7 0 2 - 9 0

TOP COPY - OOPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP090724003313

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

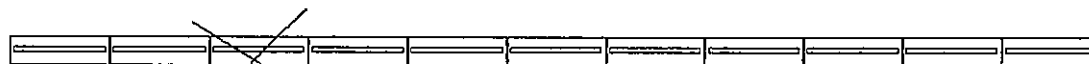
LOCAL REPORT NUMBER 10-0702-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/24/2009
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0080	
Damage to unit one: right front wheel separated from unit one, all five studs snapped off and missing; right front fender dented and wrinkled from impact with ground; right side door bent; right front disc brake bend and dented from impact with ground; possible undercarriage damage. The right front wheel from unit one was located in the ditch with no apparent damage. There were two lug nuts with the studs still attached in wheel. The driver of unit one stated he drove several hundred miles prior to the equipment failure of the front right wheel. He had no problems leading up to the crash. The driver of unit one also stated he had a flat tire a few months ago on the same wheel. He said he drove on the spare a few days then had the tire replaced. He said it was done professionally.		
OFFICER'S SIGNATURE		BADGE NO. 1830

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

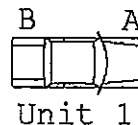
OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0702-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/24/2009
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0080	

Ohio Turnpike
EastBound Lanes



Point "0"



Berm

Berm

• RP

RP = 104.1 East Bound
Point "0" = South edge of wall
RP to Point "0" = 65'3"

	AE	FE	Description
A	24'4" E	4'0" S	Left front tire unit one final rest
B	33'8" E	4'0" S	Left rear tire unit one final rest

OFFICERS SIGNATURE

BADGE NO.

1830

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0702-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	07/24/2009
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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)			
Hoffman, Timmothy	AT	IR0080	
(OFFICERS NAME)		(LOCATION)	
ADDRESS OF WITNESS	[REDACTED] Virginia Bch, Virginia [REDACTED]	PHONE	[REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE		