

TRAFFIC CRASH REPORT



LOCAL REPORT #
1 0 - 0 5 4 6 - 8 9

CRASH SEVERITY
3 1 FATAL 3 PDC
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X
OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
O H P 8 9

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
0 2

UNIT ERROR
0 2
88 - ANIMAL
99 - UNKNOWN

DATE OF CRASH
0 7 0 9 2 0 0 9

TIME OF CRASH: 1 6 3 0
DAY OF WEEK: THU
CITY: [] VILLAGE: [] TWP: X
NAME (OF CITY, VILLAGE OR TOWNSHIP): Dover
COUNTY #: 2 6
LATITUDE: 41:36:07.80
LONGITUDE: 83:49:11.90

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

AT REFERENCE: 2m E 34
REFERENCE POINT USED: 06
01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
03 COUNTY LINE 07 CORPORATION LIMIT

UNIT # 0 1 # OF OCC. 0 4
NAME (LAST, FIRST, MIDDLE): [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED], Mundelein, Illinois

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: 0 1 0 3 1 9 6 6 AGE: 4 3 SEX: M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE: IL DL #: [REDACTED] LP STATE: IL 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"): SAME ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]

YEAR: 2 0 0 6 MAKE: HOND MODEL: Odyssey COLOR: WHI INSURANCE COMPANY: Allstate TOWING SERVICE: [REDACTED] OWNER PHONE #: [REDACTED]

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

UNIT # 0 2 # OF OCC. 0 1
NAME (LAST, FIRST, MIDDLE): [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED], Noblesville, Indiana

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: 0 4 2 1 1 9 6 8 AGE: 4 1 SEX: M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE: IN DL #: [REDACTED] LP STATE: IN 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"): Schneider National Bulk, Carriers Inc. ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED], Gary, Indiana

YEAR: 2 0 0 5 MAKE: FREI MODEL: Century COLOR: ONG INSURANCE COMPANY: Liberty Mutual Fire Ins. Co TOWING SERVICE: Unknown OWNER PHONE #: [REDACTED]

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

UNIT # 0 1 NAME (LAST, FIRST, MIDDLE): [REDACTED] HOME PHONE #: [REDACTED] DATE OF BIRTH: 0 9 0 3 1 9 6 7 AGE: 4 1 SEX: F
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED], Mundelein, Illinois

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

UNIT # 0 1 NAME (LAST, FIRST, MIDDLE): [REDACTED] HOME PHONE #: [REDACTED] DATE OF BIRTH: 0 2 1 1 2 0 0 3 AGE: 6 SEX: M
ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED], Mundelein, Illinois

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

SEATING POSITION 0 1 A 01 FRONT - LEFT (MC DRIVER) 0 1 B 02 FRONT - MIDDLE 0 1 C 03 FRONT - RIGHT 0 4 B 04 SECOND - LEFT (MC PASS) 0 1 B 05 SECOND - MIDDLE 0 1 B 06 SECOND - RIGHT 0 8 C 07 THIRD - LEFT (MC PASSENGER/DECAR) 0 8 C 08 THIRD - MIDDLE 0 8 C 09 THIRD - RIGHT 0 6 D 10 SLEEPER SECTION OF CAB 0 6 D 11 ENCLOSED CARGO AREA 0 6 D 12 UNENCLOSED CARGO AREA 0 6 D 13 TRAILING UNIT BLANK FOR WITNESS 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 0 1 A 01 NONE USED 0 4 B 02 SHOULDER BELT ONLY 0 4 B 03 LAP BELT ONLY 0 4 B 04 SHOULDER/LAP BELT 0 4 C 05 CHILD SAFETY SEAT 0 4 C 06 MC HELMET USED 0 4 C 07 US UNKNOWN 0 4 D 08 NONE USED 0 4 D 09 HELMET USED 0 4 D 10 PROTECTIVE PADS 0 4 D 11 REFLECTIVE CLOTHING 0 4 D 12 LIGHTING 0 4 D 13 OTHER 0 4 D 14 UNKNOWN	AIR BAG 1 A 1 NOT DEPLOYED 1 A 2 DEPLOYED-FRONT 1 B 3 DEPLOYED-SIDE 1 B 4 DEPLOYED BOTH FRONT/SIDE 1 C 5 NOT APPLICABLE 1 D 6 UNKNOWN	AIR BAG SWITCH 1 A 1 NOT PRESENT 1 A 2 IN POSITION 1 B 3 IN OFF POSITION 1 B 4 UNKNOWN	EJECTION 1 A 1 NOT EJECTED 1 B 2 TOTALLY EJECTED 1 B 3 PARTIALLY EJECTED 1 C 4 NOT APPLICABLE 1 D 5 UNKNOWN	TRAPPED 1 A 1 NOT TRAPPED 1 B 2 EXTRACTED BY MECHANICAL MEANS 1 B 3 FREED BY NON-MECHANICAL MEANS 1 C 4 UNKNOWN	INJURIES 1 A 1 NO INJURY 1 A 2 POSSIBLE 1 B 3 NON-INCAPACITATING 1 B 4 INCAPACITATING 1 C 5 FATAL INJURY 1 D 6 UNKNOWN SUPPLEMENT 'X' IF YES
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10
10/98

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH- 1-P (Rev. 11/88)

LOCAL REPORT #*	N.C.I.C. #*	REPORTING AGENCY*	DATE OF CRASH*
1 0 - 0 5 4 6 - 8 9	O H P 8 9	Ohio State Highway Patrol	0 7 0 9 2 0 0 9

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ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
Mundelein, Illinois			1 NONE 4 OTHER			
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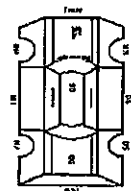
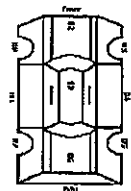
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UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>2</td><td>3</td><td>0</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	2	3	0	6													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"/>
2	3	0	6																		
NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/>	A 	MOTORIST 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 17 PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LAYING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 GARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD LEFT 09 RAN OFF ROAD RIGHT 10 CROSS-MEDIA/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 FEEDLING 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 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 HOV HAWY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURBVERT 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="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="3"/>	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/>	COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 FEEDLING 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 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 HOV HAWY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURBVERT 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	DIRECTION FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/>	DRUG TEST 182 RESULT <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>																
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, TRAILER, & TRES 10 SINGLE UNIT TRUCK, AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (ED STAIL) 13 TRACTOR BEHIND TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE 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 WALKER 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="2"/> <input type="text" value="0"/> <input type="text" value="4"/>	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 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, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 14 OBEYING 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 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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>																
IN EMERGENCY RESPONSE <input type="text" value=""/> <input type="text" value=""/>	ACTION <input type="text" value="3"/> <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY, IF 119 SELECTED ABOVE <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="6"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="4"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value="1"/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY, IF 119 SELECTED ABOVE <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="6"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 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 SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	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	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																
			SPEED DETECTED <input type="text" value="1"/> <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 CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																
			SPEED <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																
			SPEED <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																
			SUPPLEMENT # <input type="text" value=""/> <input type="text" value=""/> <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="5"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="9"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																

Narrative

Unit #1 was traveling eastbound on the Ohio Turnpike in the left lane when he struck a piece of tire debris.

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 ANGLE
 7 SIDESWIPE, SAME DIRECTION
 8 SIDESWIPE, 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

1
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED FOR DAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 DLARE
 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 SHUTTER/COVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT MOVING WORK
 5 OTHER

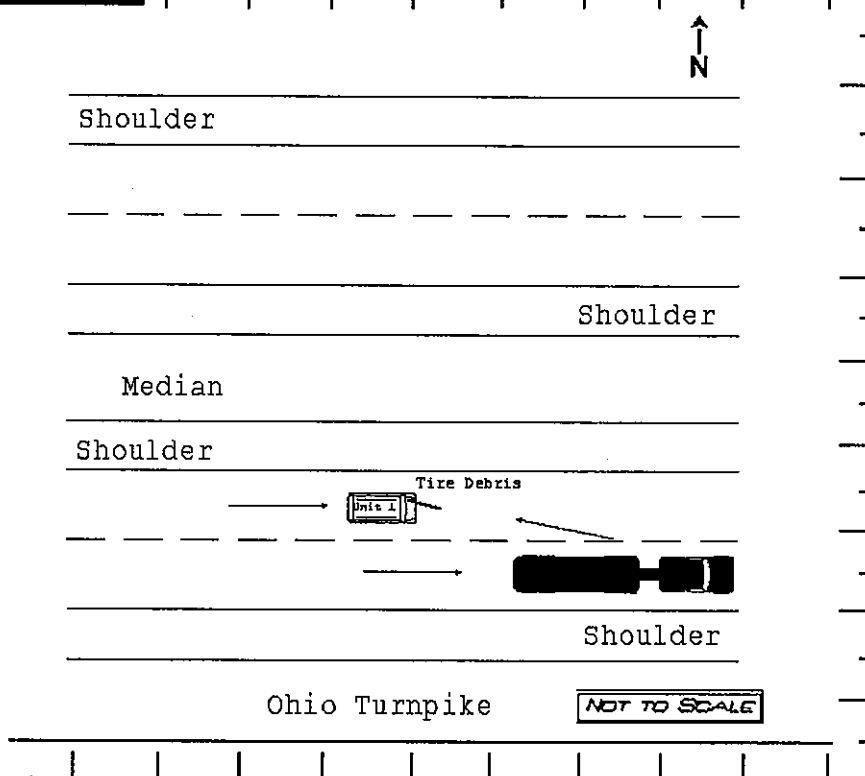
LOCATION OF CRASH IN WORK ZONE

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 #
0 2

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)
Schneider National Bulk

COMPANY PHONE [REDACTED]

ADDRESS (STREET, CITY, ST, ZIP CODE)
Gary, Indiana

US DOT: **164311** IEC MC: [REDACTED] PUCD: [REDACTED] TRAILER LP ST: **IL** TRAILER LP YEAR: **2010** TRAILER LP #: [REDACTED] PLACARD #: [REDACTED] # DIA: [REDACTED]

CARGO BODY TYPE: **1 2**
 01 NOT APPLICABLE 05 POLE 00 CONCRETE MIXER
 02 BUS (S INCLUDING DRIVER) 06 CARD TANK 01 AUTO TRANSPORTER
 03 VAN/ENCLOSED BOX 07 FLATBED 11 DERRIS/REFUSE
 04 GRANCHIPS/DAVEL 08 DUMP 12 OTHER
 13 UNKNOWN

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

CDL CLASS: **1**
 1 CLASS A
 2 CLASS B
 3 CLASS C
 4 CLASS H
 5 CLASS D

HAZARDOUS MATERIALS PLACARD: **1**
 1 NO
 2 YES
 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED: **1**
 1 NO
 2 YES
 3 NOT APPLICABLE
 4 UNKNOWN

Police Action

DATE CRASH REPORTED: **07092009** TIME REC CALL: **1651** DISPATCH: **1651** ARRIVED: **1710** CLEARED: **1800** OTHER: **30** TOTAL MINUTES: **0099**

OFFICER'S NAME: **Foltz, Brian** BADGE #: **1222** CHECKED BY: **CWLAMBERTS** DATE REPORT FILED: **07132009**

REPORT TAKEN BY: **1** 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: **1** 1 SCENE 2 STATION 3 OTHER SUPPLEMENT * "X" IF YES LOCAL REPORT #: **10-0546-89**

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0546-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/09/2009
IN COUNTY OF Fulton	ACCIDENT LOCATION IR0080	

Photos taken by Trooper J. Ross

No field sketch done

Unit # 1

White 2006 Honda Odyssey IL Reg. [REDACTED]

Damage

Front end and undercarriage damage

Unit # 2

2005 Freightliner Semi

IN Reg. [REDACTED]

Damage

Blown tire

Trailer

1998 BNR Tanker

Damage None

OFFICERS SIGNATURE

BADGE NO.

1222

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0546-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 07/09/2009
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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)

Foltz, Brian AT IR0080

(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED] Mundelein, Illinois [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0546-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 07/09/2009
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I, [REDACTED] _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

Foltz, Brian _____ AT IR0080 _____
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED] Mundelein, Illinois [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

