

TRAFFIC CRASH REPORT



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

CRASH SEVERITY
 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN
 3

PRIVATE PROPERTY
 'X' IF YES

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

PHOTOS TAKEN
 'X' IF YES
 X X X

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

REPORTING AGENCY
 Ohio State Highway Patrol

UNITS
 0 2

UNIT ERROR
 0 2
 98 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH
 0 7 0 9 2 0 0 9

TIME OF CRASH
 1 6 3 0

DAY OF WEEK
 T H U

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 OCCURRED ON
 PREFIX | CRASH LOCATION
 IR0080

REFERENCE POINT USED
 01 STATE LINE 04 HOUSE NUMBER 08 PLACENAME W/O REFERENCE
 02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
 03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
 07 CORPORATION LIMIT

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
 A 0 1 0 6

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 Montpelier, Ohio

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 0 2 0 8 1 9 6 7 4 2 M

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 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 6 FORD Freestyle LBL Erie Ins. Hutch's Towing

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
 B 0 2 0 1

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 Noblesville, Indiana

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

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

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
 Schneider National Bulk., Carriers Inc. Gary, Indiana

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

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
 C 0 1

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 Montpelier, Ohio

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 0 6 1 9 1 9 9 5 1 4 F

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

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
 D 0 1 Montpelier, Ohio

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

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

Motorist/Non-Motorist

Occupant

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 - LEFT (MC PASS)
 0 1 E 05 SECOND - MIDDLE
 0 1 F 06 SECOND - RIGHT
 0 4 G 07 THIRD - LEFT (MC PASSENGER/SEAT)
 0 4 H 08 THIRD - MIDDLE
 0 4 I 09 THIRD - RIGHT
 0 6 J 10 SLEEPER SECTION OF CAB
 0 6 K 11 ENCLOSED CARGO AREA
 0 6 L 12 UNENCLOSED CARGO AREA
 0 6 M 13 TRAILING UNIT
 0 6 N 14 EXTERIOR
 0 6 O 15 OTHER
 0 6 P 16 NON-MOTORIST
 0 6 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 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
 1 A 1 NOT DEPLOYED
 1 B 2 DEPLOYED - FRONT
 1 C 3 DEPLOYED - SIDE
 1 D 4 DEPLOYED BOTH FRONT/SIDE
 1 E 5 NOT APPLICABLE
 1 F 6 UNKNOWN

AIR BAG SWITCH
 1 A 1 NOT PRESENT
 1 B 2 IN POSITION
 1 C 3 IN OFF POSITION
 1 D 4 UNKNOWN

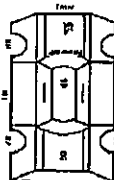
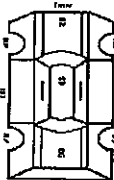
EJECTION
 1 A 1 NOT EJECTED
 1 B 2 TOTALLY EJECTED
 1 C 3 PARTIALLY EJECTED
 1 D 4 NOT APPLICABLE
 1 E 5 UNKNOWN

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

INJURIES
 1 A 1 NO INJURY
 1 B 2 POSSIBLE
 1 C 3 NON-INCAPACITATING
 1 D 4 INCAPACITATING
 1 E 5 FATAL INJURY
 1 F 6 UNKNOWN

SUPPLEMENT 'X' IF YES

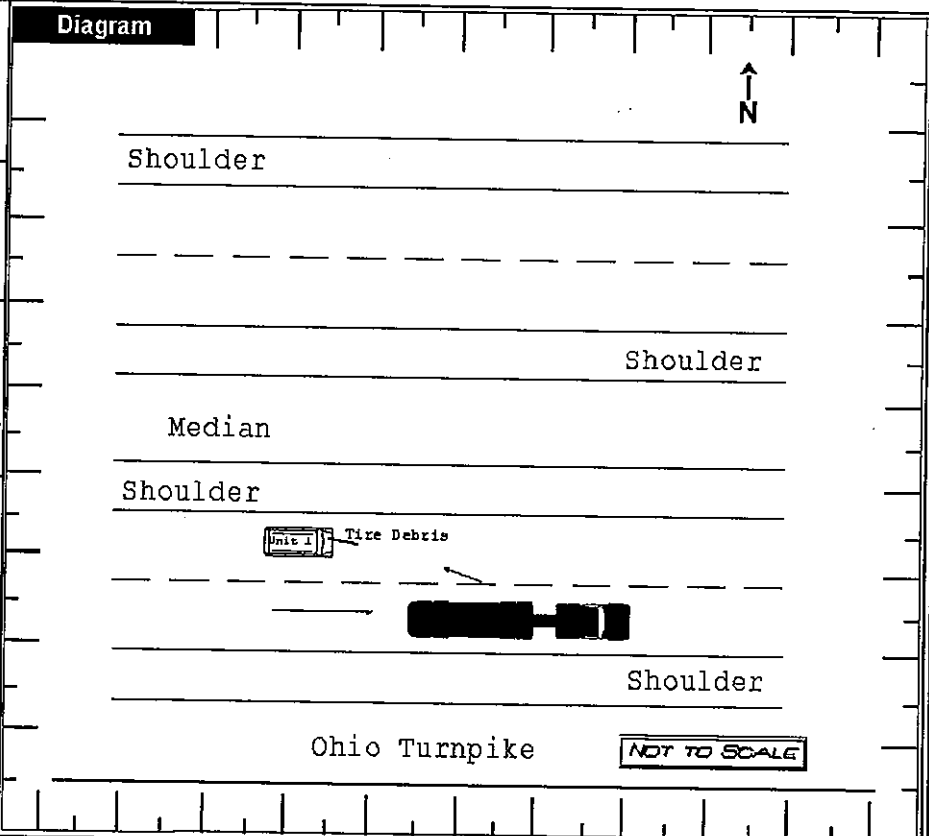
12/9/98

UNIT NUMBERS 0 1 A 0 2 B	DAMAGE AREA  	PRE-CRASH ACTIONS 0 1 A 0 1 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 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	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> NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 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-MEDIA/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 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 UNLAWFUL FACE 31 UNLAWFUL END 32 MEDIAN BARRIER 33 HOV HWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINATED SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER 48 UNKNOWN	2	3	0	6													POSTED SPEED 6 5 A 6 5 B TRAFFIC CONTROL 1 2 A 1 2 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 TRAFFIC SIGNALS 13 CROSSWALK LINES 14 WALK DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE 16 MISSING, OBSCURED 16 OTHER	DRUG TEST STATUS 1 A 1 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 1 B 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING								
2	3	0	6																										
NON-MOTORIST LOCATION <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> 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									MOST DAMAGED AREA 0 2 A 0 4 B	CONTRIBUTING CIRCUMSTANCES 0 1 A 1 9 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/ACDA 09 IMPROPER LANE CHANGING/DROVE OFF ROAD 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 14 SWERVING 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/SPELLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 WIND 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 1 A 1 B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	DIRECTION <table border="1"> <tr><td>4</td><td>3</td><td>4</td><td>3</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION 1 A 1 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	4	3	4	3					TYPE OF INTERSECTION 0 1 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCULAR UNDA/B 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								
4	3	4	3																										
TYPE OF UNIT 0 5 A 1 3 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, 6 TIRES 10 SINGLE UNIT TRUCK - 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUIPMENT) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 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 BOGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT 0 2 A 0 4 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <table border="1"> <tr><td></td><td></td><td>0</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 NO RAIN OR BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS			0	6					MOST HARMFUL EVENT 1 A 1 B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED 1 A 1 B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUG SUSPECTED 6 UNKNOWN	ROAD CONTOUR 2 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																
		0	6																										
IN EMERGENCY RESPONSE <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> 1 NO 2 YES 3 UNKNOWN					ACTION 4 A 1 B 1 NONCONTACT 2 NONCOLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/UNDERIDE 1 A 1 B 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 OVERRIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	SPEED DETECTED 1 A 1 B 1 STATED 2 ESTIMATED SPEED	ALCOHOL TEST STATUS 1 A 1 B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	ROAD CONDITION <table border="1"> <tr><td>0</td><td>1</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> 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	0	1																		
0	1																												
DAMAGE SCALE 4 A 4 B 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	SPEED 6 5 A 5 9 B	SUPPLEMENT * 'X' IF YES LOCAL REPORT # * 1 0 - 0 5 4 5 - 8 9	ALCOHOL TEST TYPE 1 A 1 B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ALCOHOL TEST RESULT <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>									LOCAL REPORT # * 1 0 - 0 5 4 5 - 8 9																

Narrative

Unit #1 was traveling eastbound on the Ohio Turnpike, in the left lane, when it struck a piece of tire debris from Unit #2. Unit #2 was traveling in the right lane.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 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	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFTS/ROAD NARROWING 3 WORK ZONE SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # <input type="checkbox"/> 0 <input type="checkbox"/> 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 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) [REDACTED] Gary, Indiana [REDACTED]

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
164311			IL	2010			
CARGO BODY TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 01 NOT APPLICABLE 02 BUS (B-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANCH/PSGRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 3 1 LESSEQUAL 10,000 2 10,001 - 25,000 3 MORE THAN 25,000	CDL CLASS <input type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
07092009	1651	1651	1710	1800	30	0099
OFFICER'S NAME*	BADGE #*	CHECKED BY	DATE REPORT FILED*			
Foltz, Brian	1222	CWLAMBERTS	07132009			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT #	LOCAL REPORT #**			
<input type="checkbox"/> 1 1 FOLDE AD ENCY 2 MOTORIST	<input type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> *X* IF YES	10-0545-89			

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH- 1-P (Rev. 11/89)

LOCAL REPORT # **10-0545-89** N.C.I.C. # **OH P 89** REPORTING AGENCY **Ohio State Highway Patrol** DATE OF CRASH **07092009**

E UNIT # **01** NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH **09041995** AGE **13** SEX **F**
 ADDRESS (STREET, CITY, STATE, ZIP CODE) **Montpelier, Ohio**
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]

F UNIT # **01** NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH **11201994** AGE **14** SEX **F**
 ADDRESS (STREET, CITY, STATE, ZIP CODE) **Montpelier, Ohio**
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]

G UNIT # **01** NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH **04251967** AGE **42** SEX **F**
 ADDRESS (STREET, CITY, STATE, ZIP CODE) **Montpelier, Ohio**
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 TRANSPORTED BY: [REDACTED] INJURED TAKEN TO: [REDACTED]

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

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

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

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

09 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 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	04 SAFETY EQUIPMENT 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	1 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED - BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 AIR BAG SWITCH 1 NOT PRESENT 2 NON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS

HSY 8356

TOP COPY - DDP5 BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0545-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/09/2009
IN COUNTY OF Fulton	ACCIDENT LOCATION IR0080	

Photos taken by Tpr. J. Ross
No field sketch done.
Tire debris removed from the roadway.

Unit #1
Blue Ford Freestyle
OH Reg. [REDACTED]
Damage
Front bumper, engine compartment, undercarriage

Unit #2
Power unit
2005 Freightliner semi
IN Reg. [REDACTED]
Damage
Blown tire

Trailer
1998 BNR Tanker
Damage:
None

OFFICERS SIGNATURE	BADGE NO. 1222
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