

TRAFFIC CRASH REPORT



LOCAL REPORT #*
1 0 - 0 5 5 2 - 8 9

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
3

PRIVATE PROPERTY
IF YES

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

PHOTOS TAKEN
IF YES

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
99 - ANIMAL
99 - UNKNOWN
0 2

DATE OF CRASH*
0 7 1 2 2 0 0 9

TIME OF CRASH: 1 4 1 5
DAY OF WEEK: SUN
CITY: [] VLLAGE: [] TWP: X
NAME (OF CITY, VLLAGE OR TOWNSHIP)*: Dover
COUNTY #: 2 6
LATITUDE: 41:35:35.10
LONGITUDE: 84:08:09.84

CRASH OCCURRED ON
PREFIX (CRASH LOCATION): IR0080
TYPE LOC: 3
TYPE LOCATION POINT USED:
1 NA MED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

AT / REFERENCE
DIST REFERENCE OR PREFIX REFERENCE: .4M E 34
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 VMO REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE VMO REFERENCE

UNIT # 0 1 0 3
NAME (LAST, FIRST, MIDDLE): [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE):
[REDACTED] Fox Point, Wisconsin [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 0 1 1 2 1 9 8 3
AGE: 2 6
SEX: F
HOME PHONE #: [REDACTED]
WORK PHONE #: [REDACTED]

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

OWNER NAME (IF SAME, WRITE "SAME"):
ADDRESS (STREET, CITY, STATE, ZIP CODE):
[REDACTED] Middleton, Wisconsin [REDACTED]

YEAR: 2 0 0 6
MAKE: HOND
MODEL: Civic
COLOR: RED/RED
INSURANCE COMPANY: Unknown
TOWING SERVICE: Hutch's
OWNER PHONE #: [REDACTED]

OFFENSE CHARGED:
OFFENSE DESCRIPTION:
CITATION #:
LOCAL CODE: *X IF YES

UNIT # 0 2 0 1
NAME (LAST, FIRST, MIDDLE): [REDACTED]

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

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

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

OWNER NAME (IF SAME, WRITE "SAME"):
ADDRESS (STREET, CITY, STATE, ZIP CODE):
Professional Bulk Transfer, [REDACTED] Painesville, Ohio [REDACTED]

YEAR: 1 9 9 8
MAKE: MACK
MODEL: Day Cab
COLOR: MAR/MAR
INSURANCE COMPANY: Phelan Insurance Agency
TOWING SERVICE: First Plus Repair
OWNER PHONE #: [REDACTED]

OFFENSE CHARGED:
OFFENSE DESCRIPTION:
CITATION #:
LOCAL CODE: *X IF YES

UNIT # 0 1
NAME (LAST, FIRST, MIDDLE): [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE):
[REDACTED] Middleton, Wisconsin [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 0 9 1 5 1 9 8 3
AGE: 2 5
SEX: F
HOME PHONE #: [REDACTED]
WORK PHONE #: [REDACTED]

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

OWNER NAME (IF SAME, WRITE "SAME"):
ADDRESS (STREET, CITY, STATE, ZIP CODE):
[REDACTED] Madison, Wisconsin [REDACTED]

YEAR: [REDACTED]
MAKE: [REDACTED]
MODEL: [REDACTED]
COLOR: [REDACTED]
INSURANCE COMPANY: [REDACTED]
TOWING SERVICE: [REDACTED]
OWNER PHONE #: [REDACTED]

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 3 G 07 THIRD - LEFT (MC PASSENGERSIDE CAR)
- 0 3 H 08 THIRD - MIDDLE
- 0 3 I 09 THIRD - RIGHT
- 0 5 J 10 SLEEPER SECTION OF CAB
- 0 5 K 11 ENCLOSED CARGO AREA
- 0 5 L 12 UNENCLOSED CARGO AREA
- 0 5 M 13 TRAILING UNIT
- 0 5 N 14 EXTERIOR
- 0 5 O 15 OTHER
- 0 5 P 16 NON-MOTORIST
- 0 5 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/LAP 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 ON POSITION
- 1 C 3 IN OFF POSITION
- 1 D 4 UNKNOWN

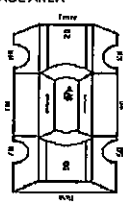
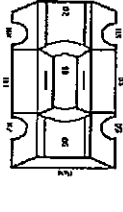
- EJECTION
- 1 A 1 NOT EJECTED
- 1 B 2 TOTALLY EJECTED
- 1 C 3 PARTIALLY EJECTED
- 1 D 4 NOT APPLICABLE
- 1 E 5 UNKNOWN

- 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

15

Signature

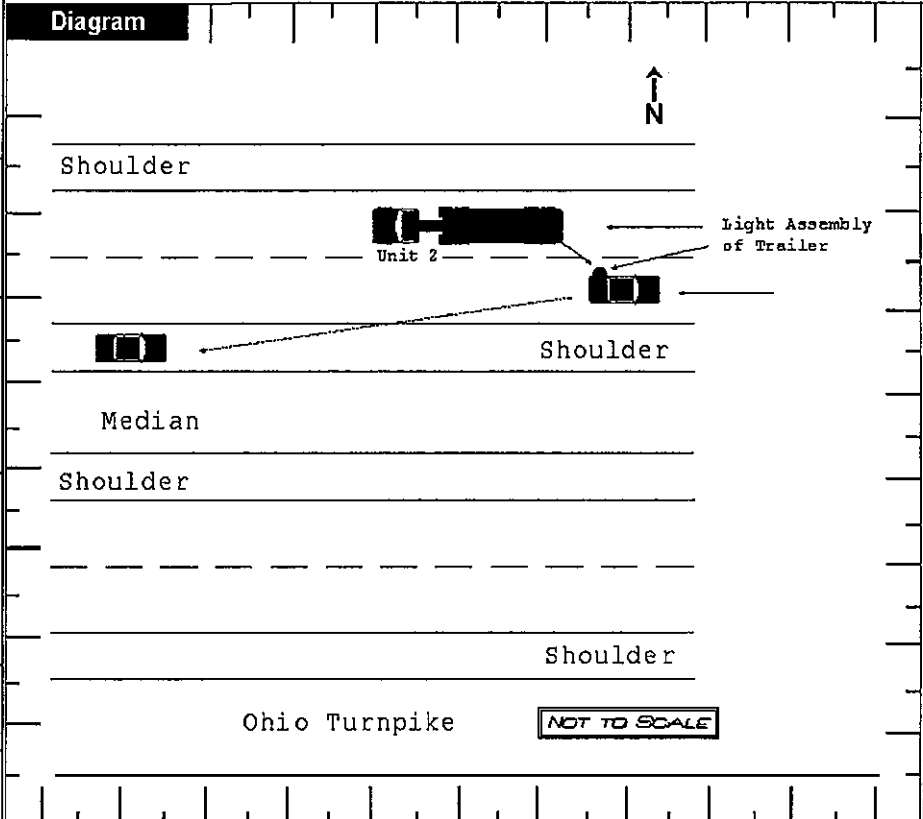
UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	DAMAGE AREA  	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="1"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>2</td><td>3</td><td>B</td><td>0</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	A	2	3	B	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"/>
A	2	3	B	0	6																																				
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/>	A <input type="text"/> <input type="text"/>	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, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/PLAYING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 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-MEDIAN CENTERLINE 11 DOWNHILL RUNWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/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/GRASS CURB/SIDE 26 BRIDGE OR OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 G UNRAIL RACE 31 G UNRAIL 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 CURB 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"/>																																				
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	B <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/>	DRUG TEST 1&2 RESULT <table border="1"> <tr><td>A</td><td>1</td><td>B</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>1</td><td>2</td><td>1</td></tr> </table>	A	1	B	1	1	1	1	1	2	1	2	1	DIRECTION <table border="1"> <tr><td>FROM</td><td>TO</td><td>FROM</td><td>TO</td></tr> <tr><td>3</td><td>4</td><td>3</td><td>4</td></tr> </table>	FROM	TO	FROM	TO	3	4	3	4	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>																
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TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/>	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/>	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/CLDA 09 IMPROPER LANE CHANGE/ 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, NEGLECTOR 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/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SWELLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR KILLED ALLEGALLY 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"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>																																				
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, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (80% TAIL) 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 W/ RIDER 36 ANIMAL W/ BUGGY 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="4"/> <input type="text" value="1"/> <input type="text" value="2"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text" value="0"/> <input type="text" value="6"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>																																				
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SECONDARY																																									
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	POINT OF IMPACT 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 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	SPEED 1 STATED 2 ESTIMATED SPEED <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="3"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/>	ROAD CONDITION 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY																																				
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TOP COPY - OCPs BOTTOM COPY - AGENCY

Narrative

Unit #1 and Unit #2 were westbound on the Ohio Turnpike. Unit #1 was passing Unit #2 when Unit #2 had a tire blow out, causing part break off the trailer. Unit #2 parts struck Unit #1, causing property damage.

MANNER OF COLLISION OR IMPACT 2 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDE SWIPE, SAME DIRECTION 8 SIDE SWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER 0 1 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY 1 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 BLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 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 <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # 0 2	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVW OF 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) Professional Bulk Transfer LLC	COMPANY FROM <input type="checkbox"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) Painesville, Ohio		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
1111422	453234	146989	OH	2009			
CARGO BODY TYPE	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED			
0 6 01 NOT APPLICABLE 02 BUS (6-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/HPS/GRAVEL 05 POLE 06 CARBO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	1 1 NO 2 YES 3 UNKNOWN	1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
07122009	1418	1418	1419	1550	60	0152
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
Barowski, John	0543	CWLAMBERTS	07142009			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1 1 FOLDE AGENDY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER		10-0552-89			

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0552-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/12/2009
IN COUNTY OF Fulton	ACCIDENT LOCATION IR0080	
<p>Trailer Information</p> <p>Unit #2 Year: 2003 Make: Heil Model: Bulk Cargo Registration: [REDACTED] VIN: 5HTSN422937 Owner: Professional Bulk Transfer LLC [REDACTED] Painsville, OH [REDACTED]</p> <p>Load: Lead Powder To: Indiana From: Ohio</p> <p>Trailer Damaged: Tire blow out rear driver side inner tire. Rear fender and light assembly damaged.</p> <p>Load Damaged: No load damage.</p>		
OFFICERS SIGNATURE		BADGE NO. 0543

