

10-10329598-4016

APR 1 2 2010

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-0146-91

CRASH SEVERITY
3 1 FATAL 3 PDD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
IF YES

HITS/KIP
1 NOT HITS KIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
IF YES

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

N.C.I.C.#

REPORTING AGENCY*

UNITS

UNIT ERROR

DATE OF CRASH*

TIME OF CRASH
1408

DAY OF WEEK
TUE

CITY* VILLAGE* TWP*
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)*
Streetsboro

COUNTY #*
67

LATITUDE
41:14:55.07

LONGITUDE
81:18:08.39

PREFIX CRASH LOCATION
IR0080

TYPE LOC
3

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

LOC - LINE INFORMATION
WB

DIST REFERENCE
.3M

DR PREFIX REFERENCE
E 190

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 REFERENCE

UNIT #
A 0101

OF OCC.
01

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Rhode Island

SOCIAL SECURITY NUMBER

DATE OF BIRTH
07311955

AGE
54

SEX
M

HOME PHONE #

WORK PHONE #

DL STATE
RI

DL #

LP STATE
IL

LP #

INJURED TAKEN BY
1

1 NONE 4 OTHER
2 EMS 3 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME)
GT Expedited, Incorporated

ADDRESS (STREET, CITY, STATE, ZIP CODE)
574 Peregrine PKWY, Bartlett, Illinois 60103

YEAR
2008

MAKE
FREI

MODEL
Conventional

COLOR
BLU

INSURANCE COMPANY
Cottingham & Butler Inc.

TOWING SERVICE
Interstate Towing

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE
IF YES

UNIT #
B 0201

OF OCC.
01

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Warren, Ohio

SOCIAL SECURITY NUMBER

DATE OF BIRTH
06211959

AGE
50

SEX
F

HOME PHONE #

WORK PHONE #

DL STATE
OH

DL #

LP STATE
OH

LP #

INJURED TAKEN BY
1

1 NONE 4 OTHER
2 EMS 3 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME)
SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR
2004

MAKE
FORD

MODEL
Freestar

COLOR
BLU

INSURANCE COMPANY
Nationwide Insurance

TOWING SERVICE
Interstate Towing

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE
IF YES

UNIT #
C

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 3 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT #
D

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 3 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/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

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

AIR BAG
01 NOT DEPLOYED
02 DEPLOYED-FRONT
03 DEPLOYED-SIDE
04 DEPLOYED BOTH FRONT/SIDE
05 NOT APPLICABLE
06 UNKNOWN

AIR BAG SWITCH
01 NOT PRESENT
02 IN ON POSITION
03 IN OFF POSITION
04 UNKNOWN

EJECTION
01 NOT EJECTED
02 TOTALLY EJECTED
03 PARTIALLY EJECTED
04 NOT APPLICABLE
05 UNKNOWN

TRAPPED
01 NOT TRAPPED
02 EXTRACTED BY MECHANICAL MEANS
03 FREED BY NON-MECHANICAL MEANS
04 UNKNOWN

INJURIES
01 NO INJURY
02 POSSIBLE
03 NON-DISAPACITATING
04 DISAPACITATING
05 FATAL INJURY
06 UNKNOWN

SUPPLEMENT 'X' IF YES

Motorist/Non-Motorist

Occupant

HSY7001

TOP COPY - OUPM BOTTOM COPY - AGECY

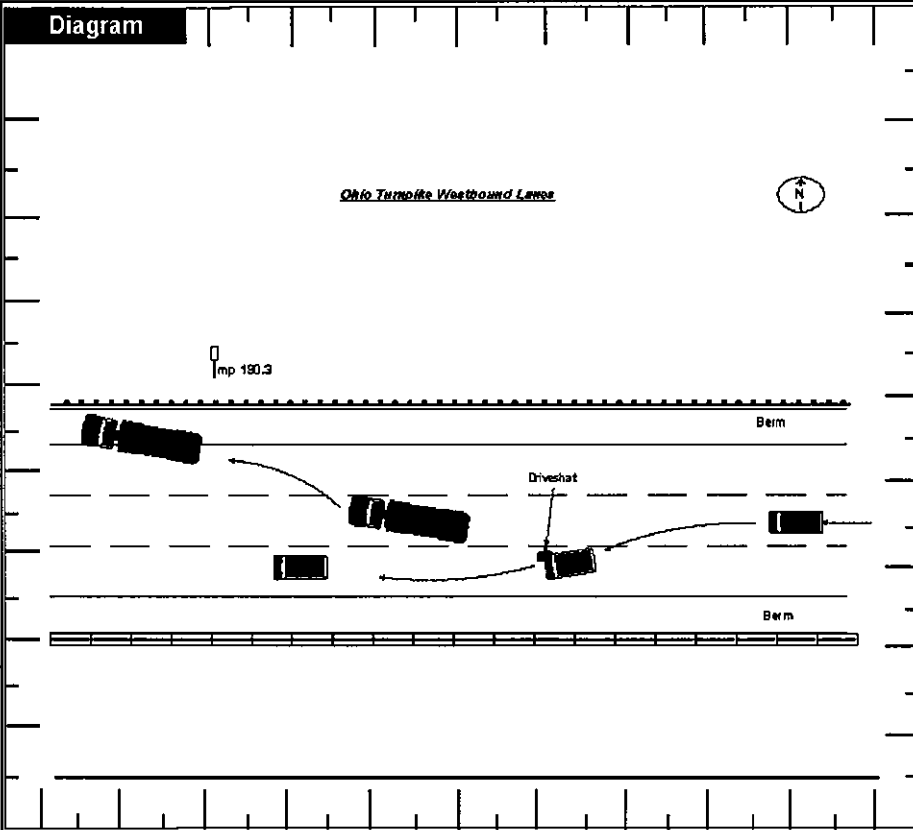
INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Narrative

Units #1 and #2 were both traveling westbound on the Ohio Turnpike. Unit #1 lost its drive shaft onto the roadway and it was struck by Unit #2.

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 DAY/LIGHT 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 SHIFTER/DEVIATOR 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT/MOVING WORK 5 OTHER
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 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"/> 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) GT Expedited Inc.	COMPANY PHONE (773)816-7766
	ADDRESS (STREET, CITY, ST, ZIP CODE) 574 Peregrine PKWY, Bartlett, Illinois 60103	

US DOT 01656611	ICC MC 609469	PUCD	TRAILER LP ST. IL	TRAILER LP YEAR 2004	TRAILER LP #	PLACARD #	# DIA.			
CARGO BODY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 3	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANCHIP/GRAVEL 05 POLE 06 CABO/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 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	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"/> 3	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

DATE CRASH REPORTED 03232010	TIME REC CALL 1408	DISPATCH 1408	ARRIVED 1428	CLEARED 1550	OTHER 60	TOTAL MINUTES 0162
OFFICER'S NAME Head, William	BADGE # 1395	CHECKED BY CPLAND	DATE REPORT FILED 03242010			
REPORT TAKEN BY <input type="checkbox"/> 1	1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 3	1 SCENE 2 STATION 3 OTHER	SUPPLEMENT # "X" IF YES	LOCAL REPORT # 10-0146-91	

TOP COPY - ODP9 BOTTOM COPY - AGENCY

Narrative

MANNER OF COLLISION OR IMPACT

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

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

WORK ZONE RELATED

1 NO
 2 YES
 3 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

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 WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

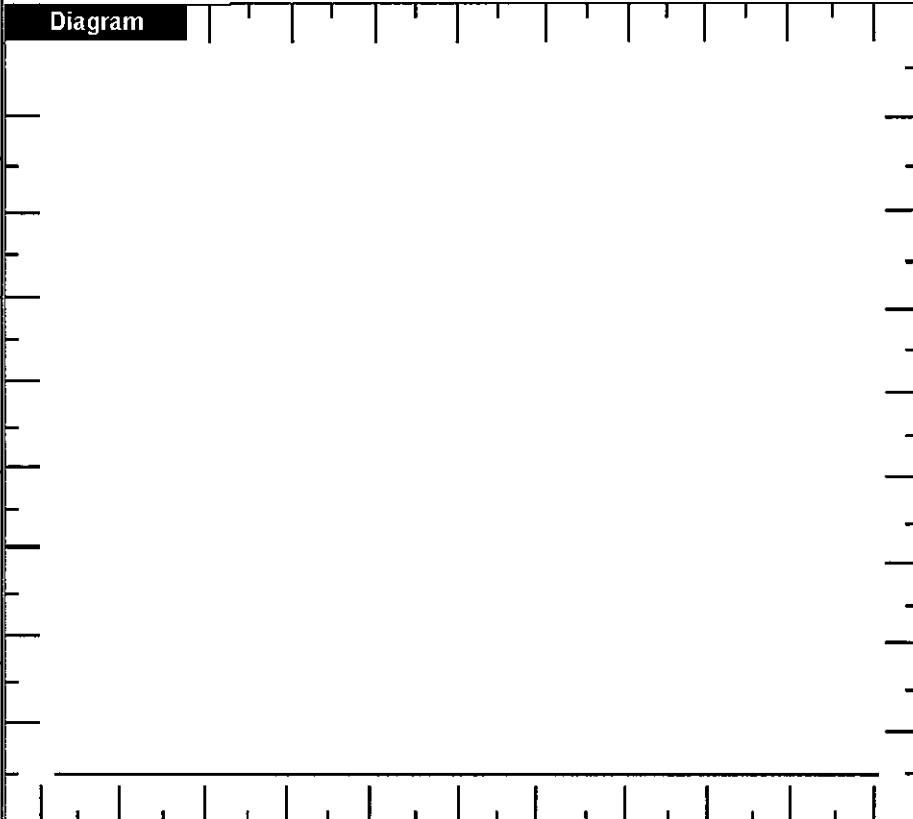
LIGHT CONDITIONS

PRIMARY **SECONDARY**

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

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN



Truck/Bus

UNIT #

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 _____ PU/CO _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____ PLACARD # _____ # DIA _____

CARGO BODY TYPE

01 NOT APPLICABLE
 02 BUS (S-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAIN/CHIPS/RAVEL
 05 FOLE
 06 CARGO TANK
 07 FLATBED
 08 DUMP
 09 CONCRETE MIXER
 10 AUTO TRANSPORTER
 11 GARBAG/REFUSE
 12 OTHER
 13 UNKNOWN

WEIGHT (GVWR)

1 LESS THAN 10,000
 2 10,001 - 20,000
 3 MORE THAN 20,000

COL CLASS

1 CLASS A
 2 CLASS B
 3 CLASS C
 4 CLASS M
 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 _____ TIME REC CALL _____ DISPATCH _____ ARRIVED _____ CLEARED _____ OTHER _____ TOTAL MINUTES _____

OFFICER'S NAME * _____ BADGE # * _____ CHECKED BY _____ DATE REPORT FILED * _____

REPORT TAKEN BY 1 POLICE AGENCY
 2 MOTORIST

REPORT TAKEN AT 1 SCENE
 2 STATION
 3 OTHER

SUPPLEMENT * "X" IF YES

LOCAL REPORT # * **10 - 0146 - 91**

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0146-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 03/23/2010
IN COUNTY OF Portage	ACCIDENT LOCATION IR0080	

Unit #1

Tractor # 136
 2008 Blue Conventional Freightliner
 Lic [REDACTED]
 Vin - 1FUJALCK28[REDACTED]
 Damaged: Drive Shaft

Trailer #53810
 2004 WANC Trl.
 Lic [REDACTED]
 Vin - 1JJV532W24L[REDACTED]
 Load: General Freight
 No damage

Note: Tpr. J. Pivovarnik #1454 (MCSAP) inspected the commercial vehicle at 12:42pm on IR 80 mp 233 in Trumbull County.

Unit #2

2004 Blue Ford Freestar Minivan
 Lic [REDACTED]
 Vin - 2FMZA51604E[REDACTED]
 Damaged: Right front tire/rim and right rear tire/rim.

Crash report taken at Exit 187.
 Turnpike Maintenance and Interstate Towing on scene for vehicle removal and traffic control.

No damage to Turnpike property.

OFFICER'S SIGNATURE	BADGE NO. 1395
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