VA 10329600-2537 APR 12 2010

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT #*: 10-0159-91

CRASH SEVERITY: 3 (1 FATAL 3 PDO / 2 INJURY 4 UNKNOWN)

PRIVATE PROPERTY ('X' IF YES):

HIT/SKIP: 1 (1 HIT/SKIP 2 SOLVED 3 UNSOLVED)

PHOTOS TAKEN ('X' IF YES): X — OH-2: X, OH-3: X, OH-1P:, OTHER:

N.C.I.C.#*: OHP91

REPORTING AGENCY*: Ohio State Highway Patrol

#UNITS: 02

UNIT ERROR: 02 (99 = ANIMAL 99 = UNKNOWN)

DATE OF CRASH*: 03/29/2010

TIME OF CRASH: 2110

DAY OF WEEK: MON

CITY*: | VILLAGE*: X | TWP*:

NAME (OF CITY, VILLAGE OR TOWNSHIP)*: Boston Heights

COUNTY*: 77

LATITUDE: 41:15:27.50

LONGITUDE: 81:31:07.02

CRASH OCCURRED ON — PREFIX: | CRASH LOCATION: IR0080

TYPE LOC: 3

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

LOCATION INFORMATION: WB

AT REFERENCE — DIST REFERENCE: At | DIR: | PREFIX: | REFERENCE: 179

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 W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

A

UNIT #: 01 | # OF OCC.: 01 | NAME (LAST, FIRST, MIDDLE): [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] North Benton, Ohio [redacted]

SOCIAL SECURITY NUMBER: | DATE OF BIRTH: 05/11/1971 | AGE: 38 | SEX: M | HOME PHONE #: [redacted] | WORK PHONE #:

DL STATE: OH | DL #: [redacted] | LP STATE: OH | LP #: [redacted] | INJURED TAKEN BY: 1 (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) | TRANSPORTED BY: | INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): SAME | ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 1996 | MAKE: VOLV | MODEL: C94 | COLOR: GRY | INSURANCE COMPANY: National Union Fire | TOWING SERVICE: | OWNER PHONE #:

OFFENSE CHARGED: | OFFENSE DESCRIPTION: | CITATION #: | LOCAL CODE ('X' IF YES):

B

UNIT #: 02 | # OF OCC.: 02 | NAME (LAST, FIRST, MIDDLE): [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] Louisville, Illinois [redacted]

SOCIAL SECURITY NUMBER: | DATE OF BIRTH: 04/20/1968 | AGE: 41 | SEX: M | HOME PHONE #: [redacted] | WORK PHONE #:

DL STATE: IL | DL #: [redacted] | LP STATE: IL | LP #: [redacted] | INJURED TAKEN BY: 1 (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) | TRANSPORTED BY: | INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): Putnam, Trucking Inc | ADDRESS (STREET, CITY, STATE, ZIP CODE): 11970 N 900th ST, Effingham, Illinois 62401

YEAR: 1998 | MAKE: INTL | MODEL: 9400 | COLOR: RED | INSURANCE COMPANY: Great West | TOWING SERVICE: Rich's | OWNER PHONE #:

OFFENSE CHARGED: | OFFENSE DESCRIPTION: | CITATION #: | LOCAL CODE ('X' IF YES):

Occupant

C

UNIT #: 02 | NAME (LAST, FIRST, MIDDLE): [redacted] | HOME PHONE #: [redacted] | DATE OF BIRTH: 08/02/1970 | AGE: 39 | SEX: F

ADDRESS (STREET, CITY, STATE, ZIP CODE): [redacted] Louisville, Illinois [redacted]

INJURED TAKEN BY: 1 (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) | TRANSPORTED BY: | INJURED TAKEN TO:

D

UNIT #: | NAME (LAST, FIRST, MIDDLE): | HOME PHONE #: | DATE OF BIRTH: | AGE: | SEX:

ADDRESS (STREET, CITY, STATE, ZIP CODE): | INJURED TAKEN BY: | TRANSPORTED BY: | INJURED TAKEN TO:

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A: 01	A: 04	1	1	1	1	1
B: 01	B: 04	1	1	1	1	1
C: 03	C: 04	1	1	1	1	1
D:	D:	D:	D:	D:	D:	D:

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 — BLANK FOR WITNESS

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: 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 EXTRICATED 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 UNKNOWN

SUPPLEMENT* ('X' IF YES):

HSY7001 — TOP COPY - ODPS — BOTTOM COPY - AGENCY

AD Incident Number: LHP100329003555

Narrative

Units 1 and 2 were westbound on the Ohio Turnpike. A set of trailer tandem tires from unit 2 fell off and struck unit 1.

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: 01
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

LIGHT CONDITIONS: PRIMARY 5, SECONDARY
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

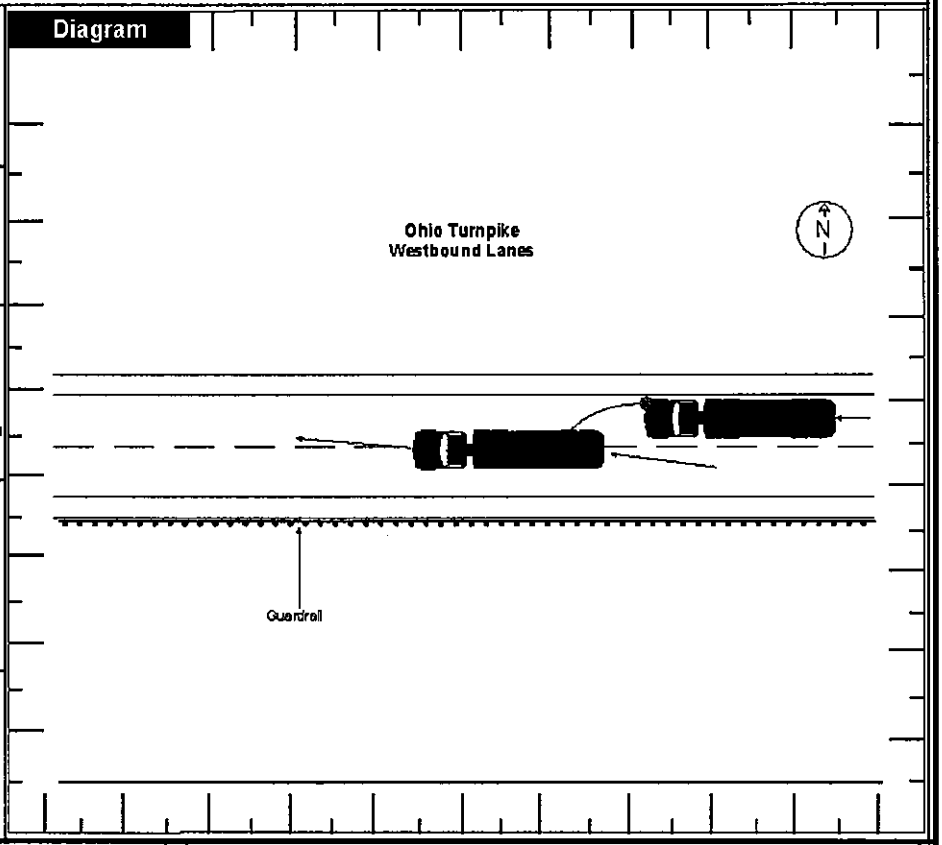
WORK ZONE RELATED: 1
1 NO
2 YES
3 UNKNOWN

TYPE OF WORK ZONE:
1 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

WORKERS PRESENT:
1 NO
2 YES
3 UNKNOWN

Diagram



Truck/Bus

UNIT #: 01

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 9 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 IT'S OWN POWER

COMPANY (FROM SHIPPING PAPERS): Landstar Inway Inc.
COMPANY PHONE: (800)872-9496
ADDRESS (STREET, CITY, ST, ZIP CODE): 9100 N Oyster RD, Unit 14, North Benton, Ohio 44449

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	#DIA.
241572			IL	2011	[redacted]		

CARGO BODY TYPE: 03
01 NOT APPLICABLE
02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL
05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

WEIGHT (GVWR): 3
1 LESS THAN OR EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

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

HAZARDOUS MATERIALS PLACARD: 1
1 NO
2 YES
3 UNKNOWN

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

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
03292010	2120	2120	2143	2305	20	0125

OFFICER'S NAME*: Doles, Adam
BADGE #*: 0085
CHECKED BY: CPLAND
DATE REPORT FILED*: 03302010

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 #*: 10-0159-91

TOP COPY - ODPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100329003555

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 OR 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

LIGHT CONDITIONS
PRIMARY | SECONDARY
1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK - LIGHTED ROADWAY
5 DARK - NOT LIGHTED
6 DARK - UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

LOCATION OF CRASH IN WORK ZONE
1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

WORKERS PRESENT
1 NO
2 YES
3 UNKNOWN

Diagram

Truck/Bus

UNIT # 02

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 IT'S OWN POWER

COMPANY (FROM SHIPPING PAPERS): Automotive Components Holdings
COMPANY PHONE: (734)261-4911
ADDRESS (STREET, CITY, ST, ZIP CODE): 32925 School Craft RD, Livonia, Michigan 48150

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	#DIA.
331796			IL	2011	[redacted]		

CARGO BODY TYPE: 03
01 NOT APPLICABLE
02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL
05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

WEIGHT (GVWR): 3
1 LESS THAN OR EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

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

HAZARDOUS MATERIALS PLACARD: 1
1 NO
2 YES
3 UNKNOWN

HAZARDOUS MATERIALS RELEASED: 3
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 # *: 10-0159-91

TOP COPY - OOPS BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-0159-91	Ohio State Highway Patrol	03/29/2010
IN COUNTY OF	ACCIDENT LOCATION	
Summit	IR0080	

Unit 1

-Damage- Right front fender (scratches), front bumper (dents and scratches, bent)

Unit 1-Trailer

-2000 Trailmobile White Box

-RP-[redacted](IL)

-VIN- 1PT01JAH6Y6[redacted]

-Damage- none

-Owner- Landstar Inway Inc.
1000 Simpson Rd.
Rockford, IL 61104

-Load- empty

Unit 2

-Damage- none

Unit 2- Trailer

-1998 Wabash White box

-RP-[redacted] (IL)

-VIN- 1JJV532W5WL[redacted]

-Damage- Lost both tandem tires on front axle (right side), lost brake assembly on axle

-Owner- Putnam Tucking Inc.
1970 North 900 th St.
Effingham, IL 62401

-Load- rolled aluminum (39000 Lbs.)

OFFICERS SIGNATURE	BADGE NO.
	0085

HSY 7002

CAD Incident Number - LHP100329003555

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0159-91	Ohio State Highway Patrol	03/29/2010

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [redacted] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

Doles, Adam AT IR0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [redacted] North Benton, Ohio [redacted] PHONE [redacted]

SIGNATURE OF WITNESS

OFFICERS SIGNATURE

HSY 7003 1/82

CAD Incident Number - LHP100329003555

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0159-91	Ohio State Highway Patrol	03/29/2010

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [redacted] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

Doles, Adam AT IR0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [redacted] Louisville, Illinois [redacted]	PHONE [redacted]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

HSY 7003 1/82

CAD Incident Number - LHP100329003555

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0159-91	Ohio State Highway Patrol	03/29/2010

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [redacted] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

Doles, Adam AT IR0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [redacted] Louisville, Illinois [redacted] PHONE [redacted]

SIGNATURE OF WITNESS

OFFICERS SIGNATURE

HSY 7003 1/82

CAD Incident Number - LHP100329003555