OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY

LOCAL REPORT #: 10-0159-91
CRASH SEVERITY: 3 (1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN)
PRIVATE PROPERTY: IF YES
HIT/SKIP: 1 (1 HIT/SKIP, 2 SOLVED, 3 UNSOLVED)
PHOTOS TAKEN: 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

LOCATION OF FIRST HARMFUL EVENT
PREFIX: ; CRASH LOCATION: IR0080
TYPE LOC: 3
TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED ROUTE, 3 NUMBERED STREET
LOCATION OF FIRST HARMFUL EVENT: WB
DIST FROM 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: [redacted]
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: ; 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: [redacted]
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: ; 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: (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)
TRANSPORTED BY:
INJURED TAKEN TO:

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A: 01	MOTORIST: 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 (MOTORCYCLE OPERATOR), 02 FRONT-MIDDLE, 03 FRONT-RIGHT, 04 SECOND-LEFT (MOTORCYCLE PASSENGER), 05 SECOND-MIDDLE, 06 SECOND-RIGHT, 07 THIRD-LEFT (MOTORCYCLE 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 US 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 ON POSITION, 3 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

CAD 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

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

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

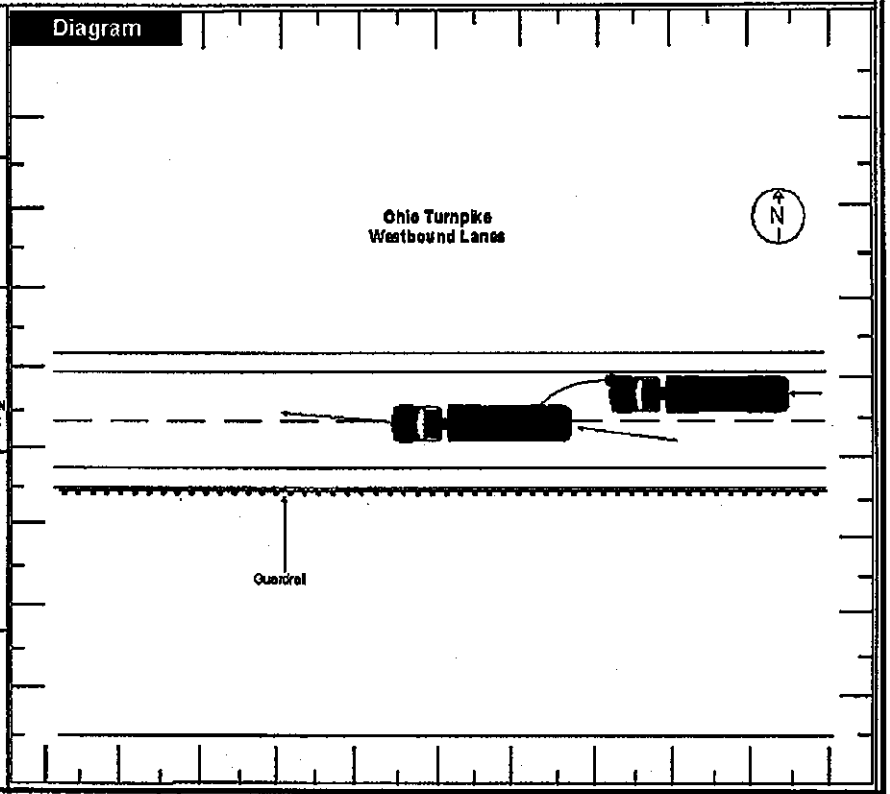
TYPE OF WORK ZONE:
1 LANE CLOSURE
2 LANE SHIFT/CROSSOVER
3 WORK ON SHOULDER OR MEDIAN
4 INTERMITTENT OR MOVING WORK
5 OTHER

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 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

WORKERS PRESENT:
1 NO
2 YES
3 UNKNOWN

Diagram



Truck/Bus

UNIT #: 0 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 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: 0 3
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 TO 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
03 29 2010	2120	2120	2143	2305	20	0125

OFFICER'S NAME*: Doles, Adam
BADGE #*: 0085
CHECKED BY: CPLAND
DATE REPORT FILED*: 03 30 2010

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 #*: 10-01599-91

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 OR 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

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR OF 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.

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THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
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AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER IT'S OWN POWER

UNIT #: 02

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
09 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

WEIGHT (GVWR): 3
1 LESS THAN OR EQUAL TO 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 - DOPS 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- 1PT01JAH6Y[redacted]

-Damage- none

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

-Load- empty

Unit 2

-Damage- none

Unit 2- Trailer

-1998 Wabash White box

-RP- [redacted] (IL)

-VIN- 1JJV532W5W[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 - LHP100328003555

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	PHONE
[redacted] Louisville, Illinois [redacted]	[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