

18 2010

File

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY EDUCATION - SERVICE - PROTECTION	LOCAL REPORT # 1 0 - 0 2 5 8 - 9 1	CRASH SEVERITY 3 1 FATAL 3 PDD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY IF YES	HIT/SKIP 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN IF YES	OH-2	OH-3	OH-1P	OTHER
	N.C.I.C. # O H P 9 1	REPORTING AGENCY Ohio State Highway Patrol	# UNITS 0 1	UNIT ERROR 0 1 SB = ANIMAL S9 = UNKNOWN	DATE OF CRASH 0 5 2 0 2 0 1 0				
TIME OF CRASH 0 9 5 1	DAY OF WEEK T H U	CITY X	VILLAGE TYP	NAME (OF CITY, VILLAGE OR TOWNSHIP) Hudson	COUNTY # 7 7	LATITUDE 41:15:11.02	LONGITUDE 81:24:25.19		
PREFIX   CRASH LOCATION IR0080	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET		LOCAL INFORMATION WB					
DIST REFERENCE At	DR	PREFIX	REFERENCE 185	REF POINT 06	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	14 HOUSE NUMBER 15 TOWNSHIP BOUNDARY 16 MILE POST 17 CORPORATION LIMIT	01 PLACE NAME NO REFERENCE 03 DRIVEWAY 11 STREET OR ROUTE NO REFERENCE		
<b>A</b> UNIT # 0 1 # OF OCC. 0 1 NAME (LAST, FIRST, MIDDLE)									
ADDRESS (STREET, CITY, STATE, ZIP CODE)									
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #									
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) Warren, Ohio									
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE # 1 9 9 5 CHEV Van Santa Fe BLK None Interstate									
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE 'X' IF YES									
<b>B</b> UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)									
ADDRESS (STREET, CITY, STATE, ZIP CODE)									
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #									
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)									
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #									
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE 'X' IF YES									
<b>C</b> UNIT # 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 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO									
<b>D</b> UNIT # 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 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO									
<b>SEATING POSITION</b> 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									
<b>SAFETY EQUIPMENT</b> <b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN									
<b>AIR BAG</b> 1A 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN									
<b>AIR BAG SWITCH</b> 1A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN									
<b>EJECTION</b> 1A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN									
<b>TRAPPED</b> 1A 1 NOT TRAPPED 2 EXTRACTED BY MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN									
<b>INJURIES</b> 1A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN									
SUPPLEMENT 'X' IF YES									

Motorist/Non-Motorist

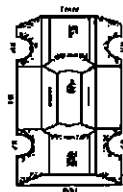
Occupant

03

HSY701

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CAD Incident Number: LHP100520001420

<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td><input type="text" value="0"/></td><td><input type="text" value="2"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text" value="1"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text" value="2"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text" value="3"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text" value="4"/></td><td><input type="text"/></td></tr> </table>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="4"/>	<input type="text"/>	<b>POSTED SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>
<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>																										
<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>																										
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>																										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="3"/>																										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																										
<input type="text"/>	<input type="text"/>	<input type="text" value="4"/>	<input type="text"/>																										
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>A</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 MOVEMENT 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 DRIVER/LEGS 13 OTHER 14 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/BO/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 RUNAWAY 12 OTHER NON-COLLISION	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN																								
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>B</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>NON-MOTORIST</b> 15 ENTERING CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 14 PEDESTRIAN 15 PEDAL CYCLE 16 RAILWAY VEHICLE 17 A NIMAL - FARM 18 A NIMAL - DEER 19 A NIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT	01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLAGGERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLAGGERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>																								
<b>TYPE OF UNIT</b> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/RASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GROUND RAIL FACE 31 GROUND RAIL 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 CULVERT 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	<b>DIRECTION</b> FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																								
<b>MOTORIST</b> 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 (E/DTAIL) 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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 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/CADDA 09 IMPROPER LANE CHANGING/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, NEGLIGENT OR AGGRESSIVE MANNER 14 BEHAVING TO AVOID (DUE TO WIND, BLIPPY/BLURRY 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/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN	<b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/RASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GROUND RAIL FACE 31 GROUND RAIL 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 CULVERT 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	<b>CONDITION</b> <input type="text" value="8"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/>																								
<b>NON-MOTORIST</b> 35 ANIMAL W/DRIVER 36 ANIMAL W/SUBJ 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="2"/> <input type="text"/>	<b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING 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	<b>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="6"/> <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>																								
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>																								
<b>DAMAGE SCALE</b> <input type="text" value="5"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>	<b>ROAD CONDITION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																								
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	01 TURN SIGNALS 02 HEADLAMPS 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	<b>SPEED DETECTED</b> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/>	<b>ROAD CONDITION</b> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY																								
<b>SUPPLEMENT "X" IF YES</b> <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="1"/>																												

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**Narrative**

Unit # 1 was westbound on IR 80 (Ohio Turnpike) when an engine fire erupted. Unit # 1 parked on the paved shoulder. The driver of Unit # 1 left the scene and is unknown.

The crash investigation will be supplemented when the driver of Unit # 1 is identified.

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

<b>Truck/Bus</b> UNIT # <input type="text"/>	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	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 ORANGE/PO RAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARD TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>WEIGHT (BYWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS H <input type="checkbox"/> 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

<b>Police Action</b>							
DATE CRASH REPORTED 0 5 2 0 2 0 1 0	TIME REC CALL 0 9 5 2	DISPATCH 0 9 5 2	ARRIVED 1 0 0 7	CLEARED 1 1 1 2	OTHER 0	TOTAL MINUTES 0 0 8 0	
OFFICER'S NAME * Hunt, David	BADGE # * 0 0 2 0	CHECKED BY JDRUDDLE	DATE REPORT FILED * 0 5 2 8 2 0 1 0				
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * <input type="checkbox"/> X* IF YES	LOCAL REPORT # * 1 0 - 0 2 5 8 - 9 1				

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**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION****OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER <b>10-0258-91</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>05/20/2010</b>
IN COUNTY OF <b>Summit</b>	ACCIDENT LOCATION <b>IR0080</b>	

Unit # 1 engine caught on fire. The entire vehicle was engulfed in flames.

The Streetsboro Fire Department responded to the scene to extinguish the fire.

The driver of Unit # 1 left the scene without making the crash report.

Unknown description of driver, just radio traffic from dispatch a person running westbound from vehicle.

OFFICERS SIGNATURE	BADGE NO. <b>0020</b>
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