

10745509-6982  
JUL 19 2010

TRAFFIC CRASH REPORT



LOCAL REPORT #*	CRASH SEVERITY*	PRIVATE PROPERTY	HITS/SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
10-0359-91	3 1 FATAL 3 PPD 2 INJURY 4 UNKNOWN	X IF YES	1 1 NOT HITS/KIP 2 SOLVED 3 UNSOLVED	X IF YES	X	X		

N.C.I.C.#*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH*
OHP91	Ohio State Highway Patrol	02	02 99 = ANIMAL 99 = UNKNOWN	06202010

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY#*	LATITUDE	LONGITUDE
1915	SUN			X	Shalersville	67	41:14:41.17	81:14:03.42

CRASH OCCURRED ON	TYPE LDC	TYPE LOCATION POINT USED	LOCAL INFORMATION
IR0080	3	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	EB

BY REFERENCE	REFERENCE POINT USED	34 HOUSE NUMBER	08 PLACE NAME NO REFERENCE
At	06	01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	05 ORNWAY 06 MILE POST 07 CORPORATION LIMIT 09 STREET OR ROUTE NO REFERENCE

Motorist/Non-Motorist

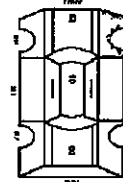
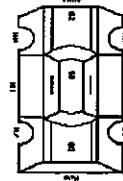
UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
A 0102		[REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE)	[REDACTED] Monaca, Pennsylvania [REDACTED]	
DATE OF BIRTH	AGE	SEX
08251959	50	M
DL STATE	LP STATE	INJURED TAKEN BY
PA	PA	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)	
[REDACTED]	[REDACTED]	
YEAR	MAKE	MODEL
2007	TOYO	Sequoia
COLOR	INSURANCE COMPANY	TOWING SERVICE
TAN	Erie Insurance Exchange	
DEFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #

UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
B 0201		[REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE)	[REDACTED] Lake Alfred, Florida [REDACTED]	
DATE OF BIRTH	AGE	SEX
08191955	54	M
DL STATE	LP STATE	INJURED TAKEN BY
FL	FL	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)	
[REDACTED]	Central Construction Rigging &, Heavy Hauling Inc. 4251 Hwy 17, Bartow, Florida 33830	
YEAR	MAKE	MODEL
2005	PETE	379
COLOR	INSURANCE COMPANY	TOWING SERVICE
BLK	Kirby Soar Ins.Co.	
DEFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #

Occupant

UNIT #	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE	SEX
C 01	[REDACTED]	10051990	19	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)	[REDACTED] Monaca, Pennsylvania [REDACTED]			
INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE				
UNIT #	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE	SEX
D	[REDACTED]			
ADDRESS (STREET, CITY, STATE, ZIP CODE)	[REDACTED]			
INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE				

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 A 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 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	04 A 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 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	1 A 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-MID 4 DEPLOYED-BOTH 5 FRONT SIDE 6 NOT APPLICABLE 7 UNKNOWN	1 A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 A 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

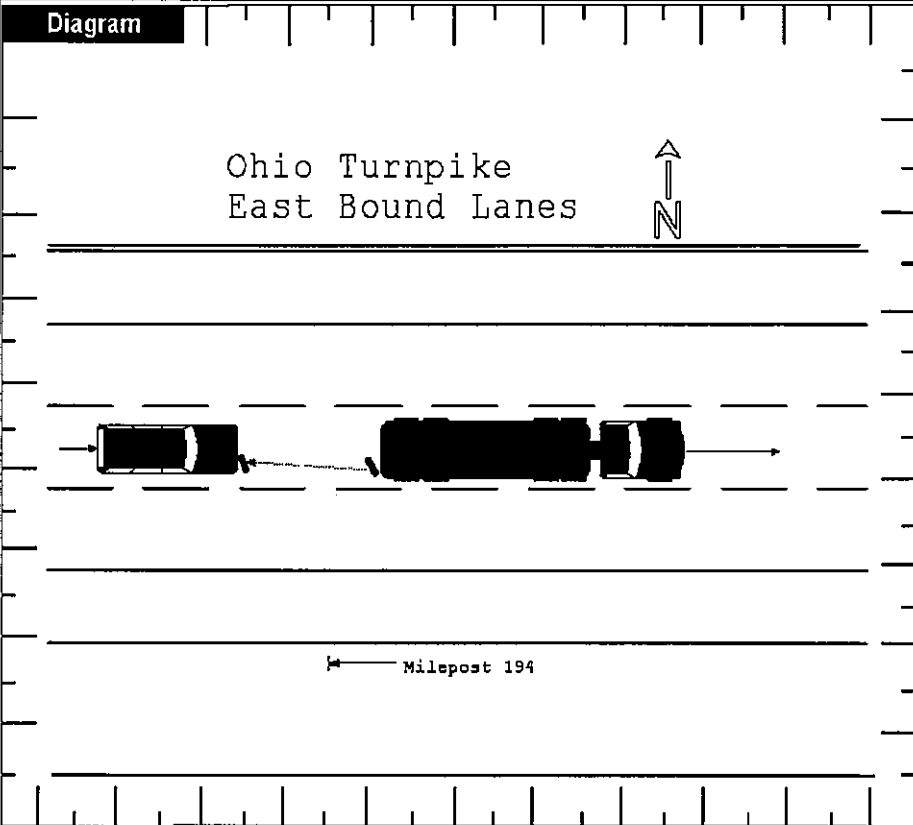
<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/>	<b>SEQUENCE OF EVENTS</b> <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> </table>	A	2	3	B	0	6																									<b>POSTED SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="5"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
A	2	3	B	0	6																														
<b>NON-MOTORIST LOCATION</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 DRIVERLESS 13 OTHER 14 UNKNOWN 15 ENTERING CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING 17 PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSED 04 JACKKNIFE 05 CAR/ROOF EQUIPMENT LOSS/SPLIT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN ENTERING LANE 11 DOWN-HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>																														
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVELANE 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>MOST DAMAGED AREA</b> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="2"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/>	<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 09 IMPROPER LANE CHANGE 10 DROVE OFF ROAD OR IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RIGID, CARELESS, NEEDLE ENT OR AGGRESSIVE MANNER 14 SWERVING 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN 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, SIGNAL, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/>	<b>DRUG TEST 142 RESULT</b> <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> </table>	A	1	B	1	1	1	1	1																						
A	1	B	1																																
1	1	1	1																																
<b>TYPE OF UNIT</b> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="3"/>	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="1"/>	<b>MOTORIST</b> 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	<b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR BUTTMENT 28 BRIDGE RAFTER 29 BRIDGE RAIL 30 G UPRIGHT FACE 31 G UNDER 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 49 UNKNOWN	<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>																														
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES, 0 TIRES 10 SINGLE UNIT TRUCK, 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUIPMENT) 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 FOLDED 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>ACTION</b> <input type="text" value="4"/> <input type="text" value="2"/>	<b>NON-MOTORIST</b> 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, SIGNAL, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/>																														
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/UNDERIDE</b> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF 149 SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <input type="text" value="0"/> <input type="text" value="6"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>																														
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text" value="3"/>	<b>VEHICLE DEFECT CODE ONLY IF 149 SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <input type="text" value="0"/> <input type="text" value="6"/>	<b>VEHICLE DEFECT CODE ONLY IF 149 SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <input type="text" value="0"/> <input type="text" value="6"/>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONDITION</b> <b>PRIMARY</b> <input type="text" value="0"/> <input type="text" value="1"/> <b>SECONDARY</b> <input type="text"/> <input type="text"/>																														
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE OTHER VEHICLE 07 UNKNOWN	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 DISABLING FROM PRIOR CRASH 11 OTHER DEFECTS	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONDITION</b> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN																														
<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="3"/> <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="1"/>	<b>SUPPLEMENT * X IF YES</b> <input type="text"/>	<b>SUPPLEMENT * X IF YES</b> <input type="text"/>	<b>SUPPLEMENT * X IF YES</b> <input type="text"/>	<b>SUPPLEMENT * X IF YES</b> <input type="text"/>																														

TOP COPY - ODF'S BOTTOM COPY - AGENCY

**Narrative**

Unit #1 and unit #2 were east bound on the Ohio Turnpike. Unit #2 had a tire blowout on the trailer. Debris from the tire failure struck Unit #1 causing damage. Both units continued eastbound to the Brady's Leap Service Plaza to report the crash.

<b>MANNER OF COLLISION OR IMPACT</b> <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	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 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>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFTCROSSOVER 3 WORKON-SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 A DANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



<b>Truck/Bus</b> UNIT # <input type="text"/> <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) <input type="text"/>		COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (B13 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 DRANCHIP/DRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CAR/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 BAR/BAFF/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>WEIGHT (GVWR)</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 M <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			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06202010	1918	1918	1920	2040	15	0097
OFFICER'S NAME *	BAG # *	CHECKED BY	DATE REPORT FILED *			
Sprockett, Lawrence	1019	JDRUDDLE	06232010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * *X* IF YES		LOCAL REPORT # *		
1	3	1 SCENE 2 STATION 3 OTHER		10-0359-91		

TOP COPY - CDPS BOTTOM COPY - AD ENCY

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	10-0359-91	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF ACCIDENT	06/20/2010
IN COUNTY OF	Portage	ACCIDENT LOCATION	IR0080		
<p>Unit #1</p> <p>Damage- Front bumper scratched, scuffed and dented</p> <ul style="list-style-type: none"> <li>- Right fog light out</li> <li>- Right head light trim broken</li> <li>- The driver of unit #1 also advised that the air conditioner was not functioning properly</li> </ul> <p>Insurance- Ploy. # [REDACTED]</p> <p>Unit #2</p> <p>Damage- Right side of trailer, forward axle, inside tire blown out</p> <p>Trailer-2004 Utility</p> <p>VIN #1UYVS24874M [REDACTED]</p> <p>MI reg.</p> <p>Owner: Wolverine Packing Co.</p> <p>2535 Rivard St.</p> <p>Detroit Mi. 4820</p> <p>Load- Frozen Meat (No damage to load)</p> <p>Insurance-Poly. # [REDACTED]</p> <p>No damage to Turnpike property</p> <p>No physical evidence was observed in or on the roadway to determine the exact location of the crash.</p> <p>Roadway dry</p> <p>Clear</p> <p>Approx. 82 degrees</p>					
OFFICERS SIGNATURE				BADGE NO.	
				1019	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0359-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 06/20/2010
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

Sprockett, Lawrence AT IR0080  
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED], Monaca, Pennsylvania [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0359-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 06/20/2010
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(PRINTED)

Sprockett, Lawrence AT IR0080  
(OFFICERS NAME) (LOCATION)

[Large empty box for statement content]

ADDRESS OF WITNESS [REDACTED] Monaca, Pennsylvania [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

