

10-345512-6001  
JUL 19 2010

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)



LOCAL REPORT # 10-0236-89	CRASH SEVERITY 3 1 FATAL 3 POD 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY IF YES	HIT/SKIP 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN IF YES	OH-2 X	OH-3 X	OH-1P X	OTHER
N.C.I.C.# OHP89	REPORTING AGENCY Ohio State Highway Patrol	# UNITS 01	UNIT ERROR 01 99=ANIMAL 99=UNKNOWN	DATE OF CRASH 06222010				

TIME OF CRASH 0610	DAY OF WEEK TUE	CITY Brady	VILLAGE	TWP X	NAME (OF CITY, VILLAGE OR TOWNSHIP)	COUNTY 86	LATITUDE 41:36:19.95	LONGITUDE 84:26:10.04
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CRASH OCCURRED ON PREFIX CRASH LOCATION IR0080	TYPE LDC 3	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION
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DIST REFERENCE .3M	DR E	PREFIX REFERENCE MP0019	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 ORDNWAY 10 STREET OR ROUTE NO REFERENCE
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Motorist/Non-Motorist

UNIT # A 0106	# OF OCC. 06	NAME (LAST, FIRST, MIDDLE)				
ADDRESS (STREET, CITY, STATE, ZIP CODE) Cleveland, Ohio						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 01111977	AGE 33	SEX M	HOME PHONE #	WORK PHONE #	
DL STATE OH	DL #	LP STATE PA	LP #	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") SAME		ADDRESS (STREET, CITY, STATE, ZIP CODE)				
YEAR 1997	MAKE DODG	MODEL Grand Caravan	COLOR DGR	INSURANCE COMPANY Nationwide	TOWING SERVICE Hutch's	OWNER PHONE #
DEFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE IF YES			

UNIT # B	# 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	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 #
DEFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE IF YES			

Occupant

UNIT # C	# OF OCC. 01	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH 01011989	AGE 21	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) Cleveland, Ohio			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
UNIT # D	# OF OCC. 01	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH 12132000	AGE 9	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) Cleveland, Ohio			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 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 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 HELMET USED 09 PROTECTIVE PADS 10 LIGHTING 11 OTHER 12 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 EXTRACTED BY 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
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HSY7001

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CAD Incident Number: LHP100622000592

# TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH- 1-P (Rev. 11/89)

LOCAL REPORT #*	N.C.I.C. #*	REPORTING AGENCY*	DATE OF CRASH*
1 0 - 0 2 3 6 - 8 9	O H P 8 9	Ohio State Highway Patrol	0 6 2 2 2 0 1 0

E	0 1	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
				0 3 3 0 2 0 0 6 4		F
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
Cleveland, Ohio			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

F	0 1	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
				0 7 0 1 2 0 0 7 2		M
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
Cleveland, Ohio			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

G	0 1	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
				0 6 0 1 2 0 0 9 1		M
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
Cleveland, Ohio			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

H		NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	

I		NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	

J		NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	

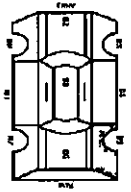
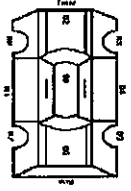
K		NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	

<b>0 9</b> 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/SEAT) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CAB AREA 12 UNENCLOSED CAB AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	<b>0 5</b> SAFETY EQUIPMENT <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>1 E</b> AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH 5 FRONT/SIDE 6 NOT APPLICABLE 7 UNKNOWN	<b>1 E</b> AIR BAG SWITCH 1 NOT PRESENT 2 IN POSITION 3 OFF POSITION 4 UNKNOWN	<b>1 E</b> EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>1 E</b> TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>1 E</b> INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCARCIPATING 4 INCARCIPATING 5 FATAL INJURY 6 UNKNOWN
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HSV 8365

TOP COPY - ODPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES
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<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>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="0"/> <input type="text" value="6"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text" value="0"/> <input type="text" value="9"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="0"/> <input type="text" value="6"/>	<input type="text"/>	<input type="text" value="0"/> <input type="text" value="9"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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>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"/>		
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<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 <b>NON-MOTORIST</b> 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 IMMERSION 04 JACKKNIFE 05 CAR/BI EQUIPMENT LOSS/SPLIT 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 13 UNKNOWN NON-COLLISION <b>COLLISION W/PERSON, VEHICLE, OR OBJECT, NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATING CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINAIRIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURBVERT 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>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<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"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="1"/> <input type="text" value="1"/> <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>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/ACDA 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, REDUCED, CARELESS, NEEDLEBENT OR AGGRESSIVE MANNER 14 BEYOND 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/ROLLING/SPLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <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, CROSSFIDER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> <table border="1"> <tr> <th>FROM</th> <th>TO</th> <th>FROM</th> <th>TO</th> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	FROM	TO	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> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="1"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	A	B	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<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 (BOAT TAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/CABOVER ENGINE 15 TRACTOR/CABOVER ENGINE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRELLIS 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/RESQ 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL/WRIDER 36 ANIMAL/WBUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<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>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/BI EQUIPMENT LOSS/SPLIT 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 13 UNKNOWN NON-COLLISION <b>COLLISION W/PERSON, VEHICLE, OR OBJECT, NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATING CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINAIRIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURBVERT 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"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																		
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/>	<b>ACTION</b> <input type="text" value="2"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/>	<b>OCURRENCE</b> <input type="text" value="1"/> <input type="text"/>																		
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/UNDERIDE</b> <input type="text" value="1"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	<b>MOST 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 CONDITION</b> <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td><input type="text" value="0"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
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			<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>SUPPLEMENT 'X' IF YES</b> <input type="text"/> <input type="text"/>																		

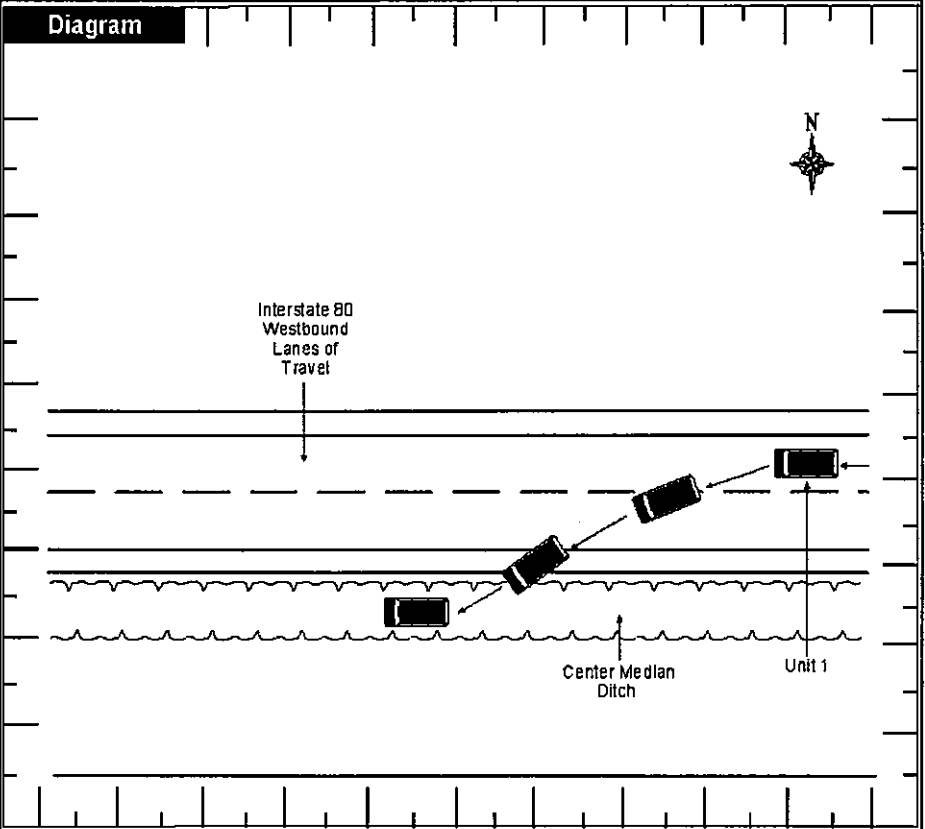
TOP COPY - O/DPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100622000592

**Narrative**

Unit 1 was traveling westbound on Interstate 80 in the right lane when his right rear tire blew out. Unit 1 spun off the left side of the roadway and came to rest in the median.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDE SWIPE, SAME DIRECTION 8 SIDE SWIPE, 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 CLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON 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 ADVANCE 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	PUCD	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 (0-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRANCHIP/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO 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 GARBAG/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 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			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06222010	0610	0610	0616	0709		0059
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Foster, Adam	0304	VEFISHER	06242010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT #	LOCAL REPORT # *			
1	1		10-0236-89			

TOP COPY - ODPB BOTTOM COPY - AGENCY

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

**OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER <b>10-0236-89</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>06/22/2010</b>
IN COUNTY OF <b>Williams</b>	ACCIDENT LOCATION <b>IR0080</b>	

Identify Reference Pt: Mile Post 19.3  
 Identify Point zero (Pt 0): Yellow fog line on south side of roadway  
 Distance from Reference Point to Point 0: 37'9"  
 Identify Baseline: Yellow fog line on south side of roadway  
 Measuring device used: Roll-a-Tape from SP-165

PT	AE	FE	DESCRIPTION
A	152'3"	28'0"	Right front tire Unit 1 final rest
B	162'4"	28'0"	Right rear tire Unit 1 final rest
C	194'8"	9'4"	Right front skid off road on grass
D	202'8"	9'4"	Left front skid off road on grass
E	206'0"	9'4"	Left rear skid off road on grass

Unit 1  
 1997 Dodge Grand Caravan, Green  
 Pennsylvania Registration Plate: [REDACTED]  
 Vehicle Damage Analysis: Right rear tire blown out, right rear fender minor contact damage from tire, and muffler taken off from contact with ditch.

Unit 1 Insurance  
 Nationwide  
 Policy # [REDACTED]  
 Phone #: 1-800-888-8424

OFFICERS SIGNATURE	BADGE NO. <b>0304</b>
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

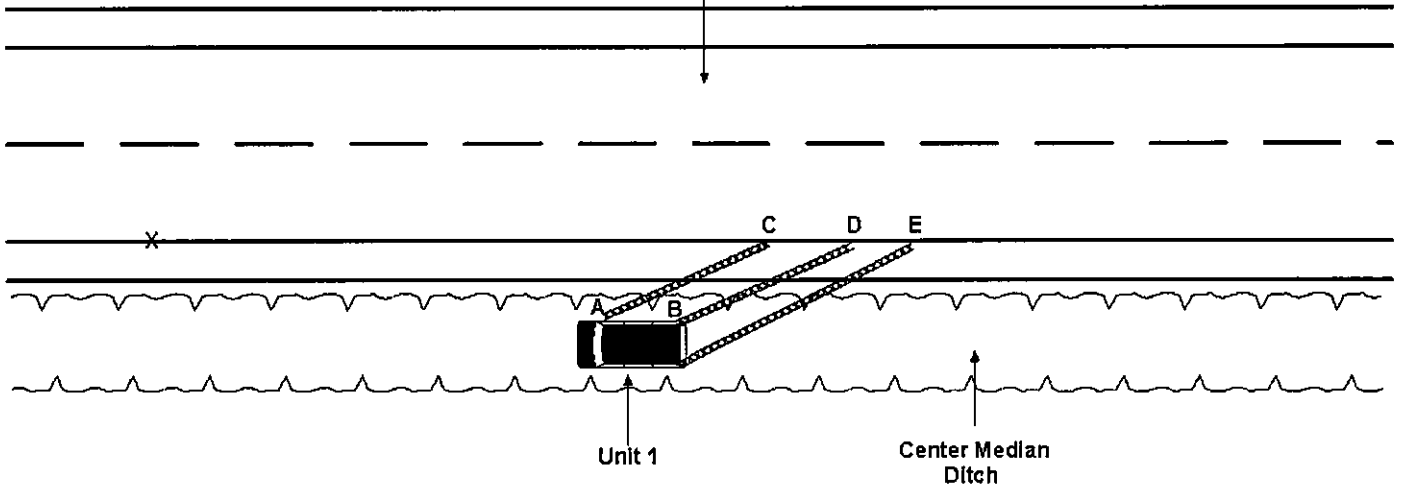
OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0236-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/22/2010
IN COUNTY OF Williams	ACCIDENT LOCATION IR0080	



Reference Point  
↓

Interstate 80  
Westbound  
Lanes of Travel  
↓



OFFICERS SIGNATURE	BADGE NO. 0304
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0236-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 06/22/2010
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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)

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

ADDRESS OF WITNESS [REDACTED] Cleveland, Ohio [REDACTED] PHONE [REDACTED]

SIGNATURE OF WITNESS	OFFICERS SIGNATURE
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