

VQ-10345515-9032
JUL 19 2010

INFORMATION REDACTED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0396-90	CRASH SEVERITY 3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/>	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/>	OH-2 <input checked="" type="checkbox"/>	OH-3 <input checked="" type="checkbox"/>	OH-1P <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
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N.C.I.C.# 0HP90	REPORTING AGENCY Ohio State Highway Patrol	# UNITS 01	UNIT ERROR 99 99 = ANIMAL 99 = UNKNOWN	DATE OF CRASH 06152010
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TIME OF CRASH 1713	DAY OF WEEK TUE	CITY* Rice	VILLAGE* 	TWP* X	NAME (OF CITY, VILLAGE OR TOWNSHIP)* Rice	COUNTY #* 72	LATITUDE 41:23:48.25	LONGITUDE 83:00:24.98
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CRASH LOCATION PREFIX IR0080	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION EB
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REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	REFERENCE POINT 06	04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT	08 PLACE NAME NO REFERENCE 09 DRAINAGE 10 STREET OR ROUTE NO 11 STREET OR ROUTE NO REFERENCE
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UNIT # A 0104	# OF OCC. 04	NAME (LAST, FIRST, MIDDLE) [REDACTED]
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ADDRESS (STREET, CITY, STATE, ZIP CODE)
Farmington, West Virginia

SOCIAL SECURITY NUMBER 12301958	DATE OF BIRTH 51	AGE 51	SEX M	HOME PHONE # [REDACTED]	WORK PHONE # [REDACTED]
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DL STATE WV	DL # [REDACTED]	LP STATE WV	LP # [REDACTED]	INJURED TAKEN BY 2 EMS	1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY 2 EMS	INJURED TAKEN TO 2 EMS
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OWNER NAME (IF SAME, WRITE "SAME")
SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)
[REDACTED]

YEAR 2007	MAKE CADI	MODEL Escalade ESV	COLOR GLD	INSURANCE COMPANY SafeCo	TOWING SERVICE Madisons	OWNER PHONE # [REDACTED]
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? <input type="checkbox"/>
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UNIT # B	# OF OCC. 	NAME (LAST, FIRST, MIDDLE) [REDACTED]
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ADDRESS (STREET, CITY, STATE, ZIP CODE)
[REDACTED]

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")
[REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE)
[REDACTED]

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? <input type="checkbox"/>
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UNIT # C 01	# OF OCC. 	NAME (LAST, FIRST, MIDDLE) [REDACTED]	HOME PHONE # [REDACTED]	DATE OF BIRTH 11281956	AGE 53	SEX F
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ADDRESS (STREET, CITY, STATE, ZIP CODE)
Farmington, West Virginia

INJURED TAKEN BY 2 EMS	1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY 2 EMS	INJURED TAKEN TO 2 EMS
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UNIT # D 01	# OF OCC. 	NAME (LAST, FIRST, MIDDLE) [REDACTED]	HOME PHONE # [REDACTED]	DATE OF BIRTH 01121921	AGE 89	SEX F
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ADDRESS (STREET, CITY, STATE, ZIP CODE)
Idamay, West Virginia

INJURED TAKEN BY 2 EMS	1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE	TRANSPORTED BY 2 EMS	INJURED TAKEN TO 2 EMS
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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 PASSENGERSIDE 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	SEATBELT EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAF 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	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 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 # <input type="checkbox"/> IF YES
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Motorist/Non-Motorist

Occupant

HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENT

CAD Incident Number: LHP100615002818

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

LOCAL REPORT # 10-0396-90	N.C.I.C. # OH P 90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 06152010
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E	UNIT # 01	NAME (LAST, FIRST, MIDDLE) [REDACTED]	HOME PHONE # [REDACTED]	DATE OF BIRTH 05021919	AGE 91	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Idamay, West Virginia [REDACTED]			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

F	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

G	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

H	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

I	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

J	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

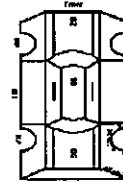
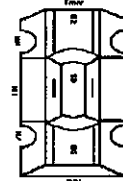
K	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	INJURED TAKEN TO

06 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	04 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	1 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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HSY 8355

TOP COPY - COPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

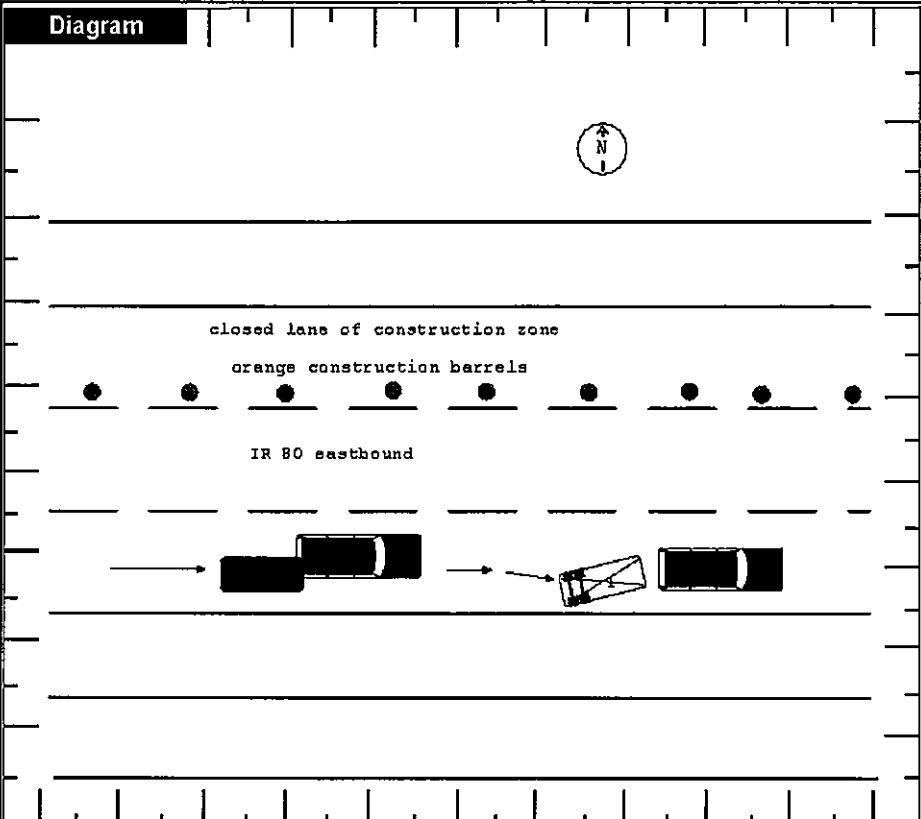
<p>UNIT NUMBERS</p> <p>0 1</p> <p>NON-MOTORIST LOCATION</p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NO INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDERS) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN</p>	<p>DAMAGE AREA</p>  <p>A</p>  <p>B</p> <p>MOTORIST</p> <p>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</p> <p>NON-MOTORIST</p> <p>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</p>	<p>PRE-CRASH ACTIONS</p> <p>0 1</p> <p>MOTORIST</p> <p>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</p> <p>NON-MOTORIST</p> <p>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</p>	<p>SEQUENCE OF EVENTS</p> <p>A B</p> <p>0 5 4 8 0 1 1 4</p> <p>NON-COLLISION</p> <p>01 OVERTURN/OVERFLOW 02 FIRE/EXPLOSION 03 IMMERSED 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 14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED</p>	<p>POSTED SPEED</p> <p>5 0</p> <p>TRAFFIC CONTROL</p> <p>1 0</p> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 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</p>	<p>DRUG TEST STATUS</p> <p>1 A B</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>1 A B</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 182 RESULT</p> <p>A B</p> <p>1 2 1 2</p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>	
<p>TYPE OF UNIT</p> <p>0 6</p> <p>MOTORIST</p> <p>01 SUBCOMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 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/RESQ 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS</p> <p>NON-MOTORIST</p> <p>35 ANIMAL WALKER 36 ANIMAL WALKER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN</p>	<p>MOST DAMAGED AREA</p> <p>1 2</p> <p>POINT OF IMPACT</p> <p>0 5</p> <p>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</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>1 9</p> <p>MOTORIST</p> <p>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 (C/D/A) 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, NEEDLE ENTOR 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</p> <p>NON-MOTORIST</p> <p>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</p>	<p>SEQUENCE OF EVENTS</p> <p>A B</p> <p>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 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE RAMP 30 BRIDGE RAIL 31 GUARDRAIL FACE 32 GUARDRAIL END 33 MEDIAN BARRIER 34 HIGHWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT LUMINARIES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 39 CULVERT 40 CURB 41 DITCH 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</p>	<p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>4 3</p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>1 A B</p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p>	<p>TYPE OF INTERSECTION</p> <p>0 1</p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-WAY, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED</p> <p>1 A B</p> <p>1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HSD NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN</p>	
<p>IN EMERGENCY RESPONSE</p> <p>A B</p> <p>1 NO 2 YES 3 UNKNOWN</p> <p>DAMAGE SCALE</p> <p>2 A B</p> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>ACTION</p> <p>2 A B</p> <p>1 NONCONTACT 2 NONCOLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN</p> <p>STRIKING VEHICLE: OVERRIDE/UNDERERRIDE</p> <p>A B</p> <p>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</p>	<p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <p>0 8</p> <p>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 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS</p>	<p>FIRST HARMFUL EVENT</p> <p>2 A B</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>3 A B</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p>SPEED DETECTED</p> <p>1 A B</p> <p>1 STATED 2 ESTIMATED SPEED</p> <p>SPEED</p> <p>5 0</p>	<p>ALCOHOL TEST STATUS</p> <p>1 A B</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE</p> <p>1 A B</p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A B</p>	<p>ROAD CONTOUR</p> <p>2</p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONDITION</p> <p>PRIMARY SECONDARY</p> <p>0 1</p> <p>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</p> <p>**SECONDARY ROAD CONDITIONS ONLY</p>	
<p>SUPPLEMENT 'X' IF YES</p>						<p>LOCAL REPORT #</p> <p>1 0 - 0 3 9 6 - 9 0</p>

TOP COPY - O/DPS BOTTOM COPY - AGENCY

Narrative

Unit 1 was eastbound on IR 80 in the right lane of a construction zone and was towing a trailer. The hitch pin fell out causing the trailer come loose and strike the right rear bumper. The trailer then turned on its left side.

MANNER OF COLLISION OR IMPACT <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 SIDE SWIPE, SAME DIRECTION 8 SIDE SWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 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	WORK ZONE RELATED <input type="checkbox"/> 2 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS 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	TYPE OF WORK ZONE <input type="checkbox"/> 1 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 <input type="checkbox"/> 4 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



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

US DOT <input type="checkbox"/>	ICC MC <input type="checkbox"/>	PUCG <input type="checkbox"/>	TRAILER LP ST. <input type="checkbox"/>	TRAILER LP YEAR <input type="checkbox"/>	TRAILER LP # <input type="checkbox"/>	PLACARD # <input type="checkbox"/>	# DIA <input type="checkbox"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (045 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 DRAINAGE/RAYEL	<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 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS II <input type="checkbox"/> 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <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 0 6 1 5 2 0 1 0	TIME REC CALL 1 7 1 6	DISPATCH 1 7 1 6	ARRIVED 1 7 3 8	CLEARED 1 9 4 8	OTHER <input type="checkbox"/>	TOTAL MINUTES 0 1 5 2
OFFICER'S NAME * Weber, Michael	BADGE # * 0 7 4 7	CHECKED BY KLHARRIS	DATE REPORT FILED * 0 6 1 7 2 0 1 0			
REPORT TAKEN BY <input type="checkbox"/> 1 1 POLICE AG ENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * "X" IF YES <input type="checkbox"/>	LOCAL REPORT # * 1 0 - 0 3 9 6 - 9 0			

TOP COPY - OOPS BOTTOM COPY - AG ENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0396-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/15/2010
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0080	

I was dispatched to this accident. When I arrived the U-Haul trailer was laying on its left side on the right berm. It was still attached to the Cadillac with safety chains however the hitch pin was missing and the trailer tongue had pulled out. I could see in the right lane where the trailer had turned over due to the aluminum scrapes on the road where the aluminum wheel cover and the left front corner made contact.

After Madison's Towing arrived, I had them take the trailer and tow it to the Commodore Perry Plaza at the 100 milepost where the rest of the report was done.
Madison's Towed the trailer from the plaza and the Cadillac was driven away.

Damage to the Cadillac was to the right rear lower bumper where the trailer tongue went up under it after the pin came out.

Contents of the trailer was household items along with china plates. The items were in disarray with some broken items.

Trailer Info:

U-Haul tow behind trailer
Vin-14HU581V4MN [REDACTED]
Reg [REDACTED]

Owner:

U-Haul Co
PO Bx 21508
Phoenix City, AZ 85036

Damage to trailer: left wheel cover and the left front corner was ground down from contact with the asphalt roadway.

OFFICERS SIGNATURE	BADGE NO. 0747
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0396-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	06/15/2010
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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)

Weber, Michael AT IR0080
(OFFICERS NAME) (LOCATION)

[Large empty box for statement content]

ADDRESS OF WITNESS	<u>[REDACTED] Farmington, West Virginia [REDACTED]</u>	PHONE	<u>[REDACTED]</u>
SIGNATURE OF WITNESS	OFFICERS SIGNATURE		

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0396-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 06/15/2010
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(PRINTED)

Weber, Michael AT IR0080
(OFFICERS NAME) (LOCATION)

[Large empty box for statement content]

ADDRESS OF WITNESS [REDACTED] Idamay, West Virginia [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0396-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 06/15/2010
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Weber, Michael AT IR0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED] Idamay, West Virginia [REDACTED] PHONE [REDACTED]

SIGNATURE OF WITNESS	OFFICERS SIGNATURE
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