

10345519-2690
JUL 19 2010

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0246-89
 CRASH SEVERITY 3 (1 FATAL, 3 PDD, 2 INJURY, 3 UNKNOWN)
 PRIVATE PROPERTY 'X'
 HIT/SKIP 1 (1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED)
 PHOTOS TAKEN 'X'
 CH-2 'X', CH-3 'X', CH-1P, OTHER

N.C.I.C. # OHP89
 REPORTING AGENCY Ohio State Highway Patrol
 # UNITS 01
 UNIT ERROR 99 (99 = ANIMAL, 99 = UNKNOWN)
 DATE OF CRASH 06252010
 TIME OF CRASH 2238
 DAY OF WEEK FRI
 CITY VILLAGE TWP Northwest
 COUNTY 86
 LATITUDE 41:37:46.78
 LONGITUDE 84:47:57.79

CRASH OCCURRED ON PREFIX CRASH LOCATION IRO080
 TYPE LOC 3
 TYPE LOCATION POINT USED 1 NAMED STREET, 2 NUMBERED ROUTE, 3 NUMBERED STREET
 LOCAL INFORMATION WB
 DIST REFERENCE .3m OR E PREFIX REFERENCE 0
 REFERENCE 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 ORNWAY, 10 STREET OR ROUTE W/O REFERENCE

A UNIT # 01, # OF OCC. 04
 NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) Carol Stream, Illinois [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 06231989 AGE 21 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE IL DL # [REDACTED] LP STATE IL LP # [REDACTED] INJURED TAKEN BY 1 NONE, 2 EMS, 3 POLICE TRANSPORTED BY INJURED TAKEN TO
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) Crystal Lake, Illinois [REDACTED]
 YEAR 1999 MAKE PONT MODEL Grand Prix COLOR RED INSURANCE COMPANY Liberty Mutual TOWING SERVICE Hutchs OWNER PHONE # [REDACTED]
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE 'X' IF YES

B UNIT # [REDACTED], # OF OCC. [REDACTED]
 NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED] HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE [REDACTED] DL # [REDACTED] LP STATE [REDACTED] LP # [REDACTED] INJURED TAKEN BY [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE 'X' IF YES

C UNIT # 01, # OF OCC. [REDACTED]
 NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) Crystal Lake, Illinois [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 05241990 AGE 20 SEX F HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE [REDACTED] DL # [REDACTED] LP STATE [REDACTED] LP # [REDACTED] INJURED TAKEN BY [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE 'X' IF YES

D UNIT # 01, # OF OCC. [REDACTED]
 NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) Carol Stream, Illinois [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 12171988 AGE 21 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE [REDACTED] DL # [REDACTED] LP STATE [REDACTED] LP # [REDACTED] INJURED TAKEN BY [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE 'X' IF YES

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 CARGO AREA
 12 UNENCLOSED CARGO AREA
 13 TRAILING UNIT
 14 EXTERIOR
 15 OTHER
 16 NON-MOTORIST
 17 UNKNOWN

SAFETY EQUIPMENT
 04 NONE USED
 01 SHOULDER BELT ONLY
 02 LAP BELT ONLY
 03 SHOULDER/LAP BELT
 04 CHILD SAFETY SEAT
 05 MC HELMET USED
 06 USE UNKNOWN
 07 NONE USED
 08 HELMET USED
 09 PROTECTIVE PADS
 10 REFLECTIVE CLOTHING
 11 LIGHTING
 12 OTHER
 13 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
 2 NOT PRESENT
 1 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

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 4 6 - 8 9 | O H P 8 9 | Ohio State Highway Patrol | 0 6 2 5 2 0 1 0 |

| | | | | | |
|--|----------------------------|---|-----------------|----------------|-----|
| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| E 0 1 | [REDACTED] | [REDACTED] | 0 6 1 7 1 9 9 1 | 1 9 | F |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | INJURED TAKEN BY | | TRANSPORTED BY | |
| [REDACTED] Carol Stream, Illinois [REDACTED] | | 1 NONE 4 OTHER 2 BUS 5 UNKNOWN 3 POLICE | | | |

| | | | | | |
|---|----------------------------|---|---------------|----------------|-----|
| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| F | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | INJURED TAKEN BY | | TRANSPORTED BY | |
| | | 1 NONE 4 OTHER 2 BUS 5 UNKNOWN 3 POLICE | | | |

| | | | | | |
|---|----------------------------|---|---------------|----------------|-----|
| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| G | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | INJURED TAKEN BY | | TRANSPORTED BY | |
| | | 1 NONE 4 OTHER 2 BUS 5 UNKNOWN 3 POLICE | | | |

| | | | | | |
|---|----------------------------|---|---------------|----------------|-----|
| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| H | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | INJURED TAKEN BY | | TRANSPORTED BY | |
| | | 1 NONE 4 OTHER 2 BUS 5 UNKNOWN 3 POLICE | | | |

| | | | | | |
|---|----------------------------|---|---------------|----------------|-----|
| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| I | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | INJURED TAKEN BY | | TRANSPORTED BY | |
| | | 1 NONE 4 OTHER 2 BUS 5 UNKNOWN 3 POLICE | | | |

| | | | | | |
|---|----------------------------|---|---------------|----------------|-----|
| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| J | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | INJURED TAKEN BY | | TRANSPORTED BY | |
| | | 1 NONE 4 OTHER 2 BUS 5 UNKNOWN 3 POLICE | | | |

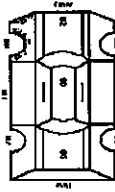
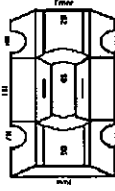
| | | | | | |
|---|----------------------------|---|---------------|----------------|-----|
| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
| K | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | INJURED TAKEN BY | | TRANSPORTED BY | |
| | | 1 NONE 4 OTHER 2 BUS 5 UNKNOWN 3 POLICE | | | |

| | | | | | | |
|--|---|---|---|--|--|--|
| 0 6 SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASSG) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSNG ER/SEDECA/R) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CAB O AREA 12 UNENCLOSED CAB O AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS | 0 4 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 | 5 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-INCARCIPATING 4 INCARCIPATING 5 FATAL INJURY 6 UNKNOWN |
|--|---|---|---|--|--|--|

HSY 8326

TOP COPY - ODPS BOTTOM COPY - AGENCY

| |
|-----------------------|
| SUPPLEMENT "X" IF YES |
|-----------------------|

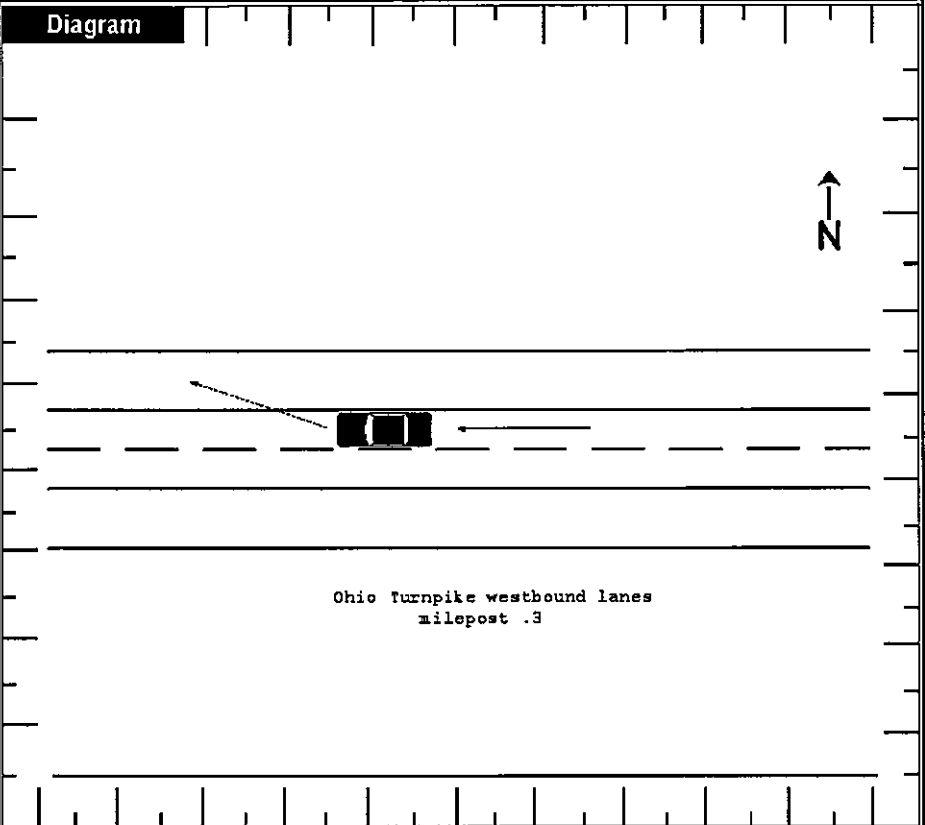
| | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|--|
| UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> | DAMAGE AREA   | PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> | SEQUENCE OF EVENTS <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"/></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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | POSTED SPEED <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> | DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/> |
| A | B | | | | | | | | | | | | | | | | |
| <input type="text" value="0"/> <input type="text" value="6"/> | <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"/> | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MOTORIST 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 | NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOEQUIPMENT 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 | TRAFFIC CONTROL <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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 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 | 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/DOEQUIPMENT 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 | 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, OBSERVED 16 OTHER | DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> | | | | | | | | | | | | |
| TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> | <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> | CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> | 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PAVEMENT 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 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 | DIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/> | DRUG TEST 162 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | |
| MOTORIST 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 (EQUIP) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE 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 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS | POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> | MOTORIST 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/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, NEGLECT 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 FATIGUABLE SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN | NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 CARTING 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 | 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN | 01 NONE 02 MARIJUANA 03 COCAINE 04 OPATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING | | | | | | | | | | | | |
| NON-MOTORIST 01 ANIMAL WALKER 02 ANIMAL WALKER 03 BICYCLE 04 PEDESTRIAN 05 PEDALCYCLIST 06 SKATER 07 OTHER-NON MOTORIST 08 UNKNOWN | ACTION <input type="text" value="2"/> <input type="text"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> | FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> | CONDITION <input type="text" value="1"/> <input type="text"/> | TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> | STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value="1"/> <input type="text"/> | 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 FRONT CRASH 11 OTHER DEFECTS | MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> | ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> | OCURRENCE <input type="text" value="1"/> | | | | | | | | | | | | |
| DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> | 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> | SPEED DETECTED <input type="text" value="1"/> <input type="text"/> | ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> | ROAD CONTOUR <input type="text" value="1"/> | | | | | | | | | | | | |
| 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN | 1 NONE CONTACT 2 NO COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> | SPEED <input type="text" value="5"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> | ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> | ROAD CONDITION PRIMARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> SECONDARY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | |
| 1 NONE 2 YES 3 UNKNOWN | 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> | SPEED <input type="text" value="5"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> | ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE | | | | | | | | | | | | |
| 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 BLOOD 3 URINE 4 OTHER | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> | SUPPLEMENT 'X' IF YES <input type="text"/> | ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 1 DRY 2 WET 3 SNOW 4 ICE 5 SAND, MUD, DIRT, OIL, GRAVEL 6 WATER (STANDING, MOVING) 7 SLUSH 8 DEBRIS** 9 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY | | | | | | | | | | | | |
| 1 NONE 2 BLOOD 3 URINE 4 OTHER | 1 NONE 2 BLOOD 3 URINE 4 OTHER | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> | LOCAL REPORT #** <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="9"/> | ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE | | | | | | | | | | | | |

TOP COPY - OI/PS BOTTOM COPY - AGENCY

Narrative

Unit # 1 was traveling westbound on the Ohio Turnpike in the right lane. Unit # 1's front left tire blew and forced Unit # 1 to the should

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|---|--|
| 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 SIDESWIP, SAME DIRECTION 8 SIDESWIP, 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 ZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN | WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN |
| LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 5 <input type="checkbox"/> SECONDARY 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLARE 8 OTHER 9 UNKNOWN | TYPE OF WORK ZONE <input type="checkbox"/> 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"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA |
| | WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN |



| | | |
|--|---|---|
| Truck/Bus 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. | 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 |
| | | | | | | | |
| CARGO BODY TYPE <input type="checkbox"/> <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 DRAIN/SHIP/RAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 DATABAG/REFUSE 12 OTHER 13 UNKNOWN | WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000 | COL CLASS <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS H 5 CLASS D | HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN | HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN | | | |

Police Action

| | | | | | | | |
|--|--------------------------|--------------------------|--|----------------------|----------------------|--------------------------|---|
| DATE CRASH REPORTED 0 6 2 5 2 0 1 0 | TIME REC CALL 2 2 3 8 | DISPATCH 2 2 3 8 | ARRIVED 2 2 3 8 | CLEARED 2 3 4 3 | OTHER 3 0 | TOTAL MINUTES 0 0 9 5 | |
| OFFICER'S NAME * Seambos, Chris | BADGE # * 0 2 9 9 | CHECKED BY CWLAMBERTS | DATE REPORT FILED * 0 6 2 7 2 0 1 0 | REPORT TAKEN BY 1 | REPORT TAKEN AT 1 | SUPPLEMENT * X IF YES | LOCAL REPORT # * 1 0 - 0 2 4 6 - 8 9 |

TOP COPY - DDPS BOTTOM COPY - AG ENCY

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

| | | |
|-----------------------------------|---|--------------------------------|
| LOCAL REPORT NUMBER 10-0246-89 | REPORTING AGENCY Ohio State Highway Patrol | DATE OF ACCIDENT 06/25/2010 |
| IN COUNTY OF Williams | ACCIDENT LOCATION IR0080 | |

Unit # 1 - Red 1999 Pontiac Grand Prix

IL [REDACTED]

Damage - Front left tire and wheel housing. Front left fender. Left

side running board

Photos taken by investigating officer.

No damage to Turnpike property.

OFFICERS SIGNATURE

BADGE NO.

0299

