

JUL 19 2010

## TRAFFIC CRASH REPORT

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

OH-1 (Rev. 10/99)



|                     |                                          |                  |                                              |                 |      |      |       |       |
|---------------------|------------------------------------------|------------------|----------------------------------------------|-----------------|------|------|-------|-------|
| LOCAL REPORT #      | CRASH SEVERITY                           | PRIVATE PROPERTY | HIT/SHIP                                     | PHOTOS TAKEN    | OH-2 | OH-3 | OH-1P | OTHER |
| 1 0 - 0 2 3 7 - 8 9 | 3<br>1 FATAL 3 FOD<br>2 INJURY 4 UNKNOWN | X<br>IF YES      | 1<br>1 NOT HIT/SHIP<br>2 SOLVED<br>3 UNCLYED | X<br>IF YES     | X    | X    |       |       |
| N.C.I.C. #          | REPORTING AGENCY                         | # UNITS          | UNIT ERROR                                   | DATE OF CRASH   |      |      |       |       |
| O H P 8 9           | Ohio State Highway Patrol                | 0 2              | 0 2<br>88 = ANIMAL<br>89 = UNKNOWN           | 0 6 2 3 2 0 1 0 |      |      |       |       |

|               |             |      |         |     |                                     |        |             |             |
|---------------|-------------|------|---------|-----|-------------------------------------|--------|-------------|-------------|
| TIME OF CRASH | DAY OF WEEK | CITY | VILLAGE | TWP | NAME (OF CITY, VILLAGE OR TOWNSHIP) | COUNTY | LATITUDE    | LONGITUDE   |
| 0 3 1 5       | W E D       |      |         | X   | Springfield                         | 4 8    | 41:35:30.77 | 83:42:43.20 |

|                   |           |                                                              |                                                                              |
|-------------------|-----------|--------------------------------------------------------------|------------------------------------------------------------------------------|
| CRASH OCCURRED ON | TYPELOC   | TYPE LOCATION POINT USED                                     | LOCAL INFORMATION                                                            |
| W IR0080          | 3         | 1 NAMED STREET 3 NUMBERED ROUTE<br>2 NUMBERED STREET         | WB                                                                           |
| AT REFERENCE      | REF POINT | REFERENCE POINT USED                                         | 14 HOUSE NUMBER                                                              |
| 0.7m              | 06        | 01 STATE LINE<br>02 INTERSECTION 2 STREETS<br>03 COUNTY LINE | 05 TOWNSHIP BOUNDARY<br>06 MILE POST<br>07 CORPORATION LIMIT                 |
| PREFIX REFERENCE  |           |                                                              | 08 PLACE NAME NO REFERENCE<br>09 DRIVEWAY<br>10 STREET OR ROUTE NO REFERENCE |
| E                 | 57        |                                                              |                                                                              |

|                                         |                                         |                            |
|-----------------------------------------|-----------------------------------------|----------------------------|
| UNIT #                                  | # OF OCC.                               | NAME (LAST, FIRST, MIDDLE) |
| A 0 1 0 1                               |                                         |                            |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |                                         |                            |
| Hickory Hills, Illinois                 |                                         |                            |
| SOCIAL SECURITY NUMBER                  | DATE OF BIRTH                           | AGE                        |
|                                         | 0 5 0 5 1 9 8 6                         | 2 4                        |
| DL STATE                                | LP STATE                                | SEX                        |
| IL                                      | IL                                      | M                          |
| OWNER NAME (IF SAME, WRITE "SAME")      | ADDRESS (STREET, CITY, STATE, ZIP CODE) |                            |
| VGS EXPRESS, INC.                       | 7955 W 59TH ST, Summit, Illinois 60501  |                            |
| YEAR                                    | MAKE                                    | MODEL                      |
| 2 0 0 6                                 | VOLV                                    | 64                         |
| COLOR                                   | INSURANCE COMPANY                       | TOWING SERVICE             |
| WHI                                     | M.L. SULLIVAN                           | XPRESS                     |
| OWNER PHONE #                           | (800)697-8309                           |                            |
| OFFENSE CHARGED                         | OFFENSE DESCRIPTION                     | CITATION #                 |
|                                         |                                         |                            |

|                                         |                                              |                            |
|-----------------------------------------|----------------------------------------------|----------------------------|
| UNIT #                                  | # OF OCC.                                    | NAME (LAST, FIRST, MIDDLE) |
| B 0 2 0 1                               |                                              |                            |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |                                              |                            |
| Union City, Pennsylvania                |                                              |                            |
| SOCIAL SECURITY NUMBER                  | DATE OF BIRTH                                | AGE                        |
|                                         | 1 1 1 9 1 9 6 9                              | 4 0                        |
| DL STATE                                | LP STATE                                     | SEX                        |
| PA                                      | PA                                           | M                          |
| OWNER NAME (IF SAME, WRITE "SAME")      | ADDRESS (STREET, CITY, STATE, ZIP CODE)      |                            |
| TROYER, TRANSPORTATION                  | 817 ROUTE 97S, Waterford, Pennsylvania 16441 |                            |
| YEAR                                    | MAKE                                         | MODEL                      |
| 2 0 0 6                                 | VOLV                                         | VNL64T                     |
| COLOR                                   | INSURANCE COMPANY                            | TOWING SERVICE             |
| WHI                                     | EMPIRE FIRE AND MARINE                       |                            |
| OWNER PHONE #                           | (814)796-7083                                |                            |
| OFFENSE CHARGED                         | OFFENSE DESCRIPTION                          | CITATION #                 |
|                                         |                                              |                            |

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

|                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                         |                                                                                                 |                                                                                                      |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| SEATING POSITION                                                                                                                                                                                                                                                                                                                                                             | SAFETY EQUIPMENT                                                                                                                                                                                                                                                            | AIR BAG                                                                                                                          | AIR BAG SWITCH                                                          | EJECTION                                                                                        | TRAPPED                                                                                              | INJURIES                                                                                                   |
| 0 1 A<br>0 1 B<br>0 1 C<br>0 1 D                                                                                                                                                                                                                                                                                                                                             | 0 4 A<br>0 4 B<br>0 4 C<br>0 4 D                                                                                                                                                                                                                                            | 1 A<br>1 B<br>1 C<br>1 D                                                                                                         | 1 A<br>1 B<br>1 C<br>1 D                                                | 1 A<br>1 B<br>1 C<br>1 D                                                                        | 1 A<br>1 B<br>1 C<br>1 D                                                                             | 1 A<br>1 B<br>1 C<br>1 D                                                                                   |
| 01 FRONT - LEFT (MC DRIVER)<br>02 FRONT - MIDDLE<br>03 FRONT - RIGHT<br>04 SECOND - LEFT (MC PASS)<br>05 SECOND - MIDDLE<br>06 SECOND - RIGHT<br>07 THIRD - LEFT<br>08 THIRD - MIDDLE<br>09 THIRD - RIGHT<br>10 SLEEPER SECTION OF CAB<br>11 ENCLOSED CARGO AREA<br>12 UNENCLOSED CARGO AREA<br>13 TRAILING UNIT<br>14 EXTERIOR<br>15 OTHER<br>16 NON-MOTORIST<br>17 UNKNOWN | 01 NONE USED<br>02 SHOULDER BELT ONLY<br>03 LAP BELT ONLY<br>04 SHOULDER/LAP BELT<br>05 CHILD SAFETY SEAT<br>06 MC HELMET USED<br>07 USE UNKNOWN<br>08 NONE USED<br>09 HELMET USED<br>10 PROTECTIVE PADS<br>11 REFLECTIVE CLOTHING<br>12 LIGHTING<br>13 OTHER<br>14 UNKNOWN | 01 NOT DEPLOYED<br>02 DEPLOYED FRONT<br>03 DEPLOYED SIDE<br>04 DEPLOYED BOTH<br>05 FRONT/SIDE<br>06 NOT APPLICABLE<br>07 UNKNOWN | 01 NOT PRESENT<br>02 IN MC POSITION<br>03 IN OFF POSITION<br>04 UNKNOWN | 01 NOT EJECTED<br>02 TOTALLY EJECTED<br>03 PARTIALLY EJECTED<br>04 NOT APPLICABLE<br>05 UNKNOWN | 01 NOT TRAPPED<br>02 EXTRACTED BY MECHANICAL MEANS<br>03 FREED BY NON-MECHANICAL MEANS<br>04 UNKNOWN | 01 NO INJURY<br>02 POSSIBLE<br>03 NON-INCAPACITATING<br>04 INCAPACITATING<br>05 FATAL INJURY<br>06 UNKNOWN |
| BLANK FOR WITNESS                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                         |                                                                                                 |                                                                                                      | SUPPLEMENT 'X' IF YES                                                                                      |

HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP100623000417

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| <b>UNIT NUMBERS</b><br><div>0 1 0 2</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>DAMAGE AREA</b><br><div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>PRE-CRASH ACTIONS</b><br><div>0 1 0 1</div>                                                                                                                                                                                                                                                               |  | <b>SEQUENCE OF EVENTS</b><br><div> <div>2 3 0 9 1 0</div> <div>1 2 3 4</div> </div>                                                                                                                                                                                                         |  | <b>POSTED SPEED</b><br><div>6 5 6 5</div>                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>DRUG TEST STATUS</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                |  |
| <b>NON-MOTORIST LOCATION</b><br><div> <div></div> <div></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>TYPE OF UNIT</b><br><div>1 3 1 3</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>CONTRIBUTING CIRCUMSTANCES</b><br><div>0 1 1 9</div>                                                                                                                                                                                                                                                      |  | <b>NON-COLLISION</b><br><div>0 1 2 3 4</div>                                                                                                                                                                                                                                                |  | <b>TRAFFIC CONTROL</b><br><div>1 2 1 2</div>                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>DRUG TEST TYPE</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                |  |
| <b>MOTORIST</b><br><div>01 MARKED CROSSWALK AT INTERSECTION<br/>02 INTERSECTION NO CROSSWALK<br/>03 NO INTERSECTION CROSSWALK<br/>04 DRIVEWAY ACCESS CROSSWALK<br/>05 IN ROADWAY<br/>06 NOT IN ROADWAY<br/>07 MEDIAN (BUT NOT SHOULDER)<br/>08 ISLAND<br/>09 SHOULDER<br/>10 SIDEWALK<br/>11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)<br/>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)<br/>13 OUTSIDE TRAFFICWAY<br/>14 SHARED PATHS OR TRAILS<br/>15 UNKNOWN</div> |  | <b>MOTORIST</b><br><div>01 SUBCOMPACT<br/>02 COMPACT<br/>03 MID SIZE<br/>04 FULL SIZE<br/>05 MINIVAN<br/>06 SPORT UTILITY VEHICLE<br/>07 PICKUP<br/>08 PANELVAN<br/>09 SINGLE UNIT TRUCK; 2 AXLES, 0 TIRES<br/>10 SINGLE UNIT TRUCK; 3+ AXLES<br/>11 TRUCK/TRAILER<br/>12 TRUCK TRACTOR (BOAT TAIL)<br/>13 TRACTOR SEMI-TRAILER<br/>14 TRACTOR/DRAWN SHORT<br/>15 TRACTOR/DRAWN LONG<br/>16 FIFTH WHEEL OR CONVERTER COUNTRY<br/>17 TRACTOR/Triples<br/>18 MOTORCYCLE<br/>19 MOTORCYCLE<br/>20 SCHOOL BUS<br/>21 CHURCH BUS<br/>22 PUBLIC BUS<br/>23 OTHER BUS<br/>24 POLICE VEHICLE<br/>25 FIRE TRUCK<br/>26 AMBULANCE/RESCUE<br/>27 TAXI<br/>28 MOTOR HOME<br/>29 TRAM<br/>30 FARM VEHICLE<br/>31 FARM EQUIPMENT<br/>32 SNOWMOBILE<br/>33 CONSTRUCTION EQUIPMENT<br/>34 ALL OTHERS</div> |  | <b>MOTORIST</b><br><div>01 NONE<br/>02 CENTER FRONT<br/>03 RIGHT FRONT<br/>04 RIGHT SIDE<br/>05 RIGHT REAR<br/>06 REAR CENTER<br/>07 LEFT REAR<br/>08 LEFT SIDE<br/>09 LEFT FRONT<br/>10 TOP AND WINDOWS<br/>11 UNDERCARRIAGE<br/>12 LOAD/TRAILER<br/>13 TOTAL (ALL AREAS)<br/>14 OTHER<br/>15 UNKNOWN</div> |  | <b>NON-MOTORIST</b><br><div>01 ENTERING/CROSSING IN SPECIFIED LOCATION<br/>02 WALKING, RUNNING, JOGGING<br/>03 PLAYING, CYCLING<br/>04 WORKING<br/>05 PUSHING VEHICLE<br/>06 APPROACHING/LAYING VEHICLE<br/>07 PLAYING/WORKING ON VEHICLE<br/>08 STANDING<br/>09 OTHER<br/>10 UNKNOWN</div> |  | <b>NON-COLLISION</b><br><div>01 OVERTURN/ROLLOVER<br/>02 FIRE/EXPLOSION<br/>03 IMMERSION<br/>04 JACKKNIFE<br/>05 CAR/DO EQUIPMENT LOSS/SHIFT<br/>06 EQUIPMENT FAILURE<br/>07 SEPARATION OF UNITS<br/>08 RAN OFF ROAD RIGHT<br/>09 RAN OFF ROAD LEFT<br/>10 CROSS MEDIAN/CENTERLINE<br/>11 DOWNHILL RUNAWAY<br/>12 OTHER NON-COLLISION<br/>13 UNKNOWN NON-COLLISION<br/>14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED</div> |  | <b>TRAFFIC CONTROL</b><br><div>01 NO CONTROLS<br/>02 STOP SIGN<br/>03 YIELD SIGN<br/>04 TRAFFIC SIGNAL<br/>05 TRAFFIC FLASHERS<br/>06 SCHOOL ZONE<br/>07 RAILROAD CROSSBUDS<br/>08 RAILROAD FLASHERS<br/>09 RAILROAD GATES<br/>10 CONSTRUCTION BARRICADE<br/>11 POLICE OFFICER<br/>12 PAVEMENT MARKINGS<br/>13 CROSSWALK LINES<br/>14 WALK DON'T WALK SIGNAL<br/>15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSED, OBSCURED<br/>16 OTHER</div> |  | <b>DRUG TEST TYPE</b><br><div>1 NONE<br/>2 BLOOD<br/>3 URINE<br/>4 OTHER</div> |  |
| <b>POINT OF IMPACT</b><br><div>1 1 0 1</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>POINT OF IMPACT</b><br><div>1 1 0 1</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>COLLISION WITH FIXED OBJECT</b><br><div>0 1 2 3 4</div>                                                                                                                                                                                                                                                   |  | <b>DIRECTION</b><br><div>3 4 3 4</div>                                                                                                                                                                                                                                                      |  | <b>DRUG TEST 1&amp;2 RESULT</b><br><div> <div>1 2</div> <div>1 2</div> </div>                                                                                                                                                                                                                                                                                                                                                       |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>ACTION</b><br><div>3 2</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>ACTION</b><br><div>3 2</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>COLLISION WITH FIXED OBJECT</b><br><div>0 1 2 3 4</div>                                                                                                                                                                                                                                                   |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                          |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>IN EMERGENCY RESPONSE</b><br><div>1 NO<br/>2 YES<br/>3 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>STRIKING VEHICLE:</b><br><div>1</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>4 4</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>DAMAGE SCALE</b><br><div>4 4</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>VEHICLE DEFECT</b><br><div>0 1 1 1</div>                                                                                                                                                                                                                                                                  |  | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div>                                                                                                                                                                                                                                             |  | <b>CONDITION</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>TYPE OF INTERSECTION</b><br><div>0 1</div>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                |  |
| <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                    |  | <b>DAMAGE SCALE</b><br><div>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b></b>                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                |  |

# Narrative

UNIT#1 WAS HEADING WESTBOUND ON IR 80 (OHIO TURNPIKE) WHEN HE HIT A TIRE AND RIM THAT CAME OFF OF UNIT#2 AT MILEPOST 57.8. UNIT#2 DIDN'T REALIZE HE LOST HIS TIRE AND RIM UNTIL HE WAS AT MILEPOST 53. SUPPLEMENTED OH-2 WITH TURNPIKE DAMAGE.

## MANNER OF COLLISION OR IMPACT

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

## WEATHER

0 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

## LIGHT CONDITIONS

PRIMARY SECONDARY

5

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 BLARE
- 8 OTHER
- 9 UNKNOWN

## SCHOOL BUS RELATED

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

## WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## TYPE OF WORK ZONE

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

1

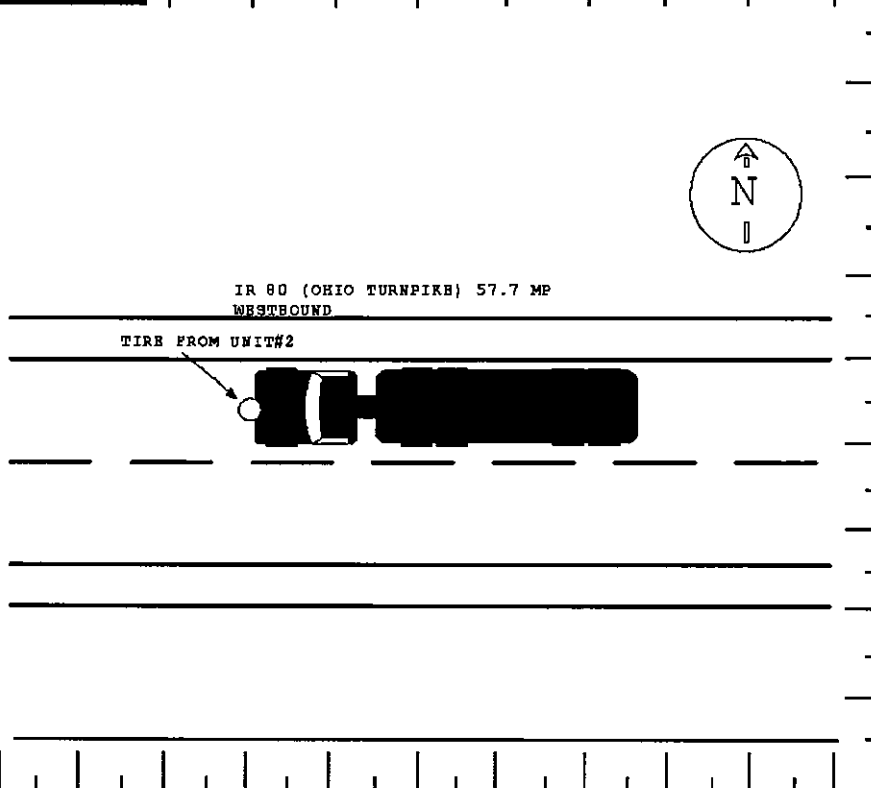
- 1 BEFORE FIRST WORK ZONE WARNING SIGNS
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

## WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## Diagram



## Truck/Bus

UNIT #

0 1

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 (EQUIP. SHIPPING PAPERS)

VGS EXPRESS

COMPANY PHONE

(800)697-8309

ADDRESS (STREET, CITY, ST, ZIP CODE)

7955 W 59TH ST, Argo, Illinois 60501

US DOT

1233080

ICC MC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

# DIA

## CARGO BODY TYPE

0 3

- 01 NOT APPLICABLE
- 02 BUS (8-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRANCHIPED/RAVEL

- 05 POLE
- 06 CARD/TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 DRAINAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

## WEIGHT (GVWR)

3

- 1 LESS THAN 10,000
- 2 10,001 - 20,000
- 3 MORE THAN 20,000

## CDL CLASS

1

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS H
- 5 CLASS D

## HAZARDOUS MATERIALS PLACARD

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## HAZARDOUS MATERIALS RELEASED

1

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

## Police Action

DATE CRASH REPORTED

0 6 2 3 2 0 1 0

TIME REC CALL

0 3 1 7

DISPATCH

0 3 1 7

ARRIVED

0 3 2 4

CLEARED

0 4 3 0

OTHER

3 0

TOTAL MINUTES

0 1 0 3

OFFICER'S NAME \*

St. Clair, Brian

BADGE # \*

1 6 7 0

CHECKED BY

VEFISHER

DATE REPORT FILED \*

0 6 2 6 2 0 1 0

REPORT TAKEN BY

1

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

1

- 1 SCENE
- 2 STATION
- 3 OTHER

X SUPPLEMENT \* "X" IF YES

LOCAL REPORT # \*

1 0 - 0 2 3 7 - 8 9

TOP COPY - ODPs BOTTOM COPY - AGENCY

CAD Incident Number - LHP100623000417

# Narrative

## MANNER OF COLLISION OR IMPACT

☐ 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

## WEATHER

☐ 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

## LIGHT CONDITIONS

☐ PRIMARY  
☐ SECONDARY  
☐ 1 DAYLIGHT  
☐ 2 DAWN  
☐ 3 DUSK  
☐ 4 DARK - LIGHTED ROADWAY  
☐ 5 DARK - NOT LIGHTED  
☐ 6 DARK - UNKNOWN LIGHTING  
☐ 7 GLARE  
☐ 8 OTHER  
☐ 9 UNKNOWN

## SCHOOL BUS RELATED

☐ 1 NO  
☐ 2 YES, DIRECTLY INVOLVED  
☐ 3 YES, INDIRECTLY INVOLVED  
☐ 4 UNKNOWN

## WORK ZONE RELATED

☐ 1 NO  
☐ 2 YES  
☐ 3 UNKNOWN

## TYPE OF WORK ZONE

☐ 1 LANE CLOSURE  
☐ 2 LANE SHIFT/ROAD CLOSURE  
☐ 3 WORK ON SHOULDER OR MEDIAN  
☐ 4 INTERMITTENT/MOVING WORK  
☐ 5 OTHER

## LOCATION OF CRASH IN WORK ZONE

☐ 1 BEFORE FIRST WORK ZONE WARNING SIGN  
☐ 2 ADVANCE WARNING AREA  
☐ 3 TRANSITION AREA  
☐ 4 ACTIVITY AREA

## WORKERS PRESENT

☐ 1 NO  
☐ 2 YES  
☐ 3 UNKNOWN

## Diagram

Diagram area for sketching the crash scene.

## Truck/Bus

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

PUCQ

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

# DIA

## CARGO BODY TYPE

☐ 01 NOT APPLICABLE  
☐ 02 BUS (9-15 INCLUDING DRIVER)  
☐ 03 VAN/ENCLOSED BOX  
☐ 04 GRADING/PISTON RAVEL

☐ 05 POLE  
☐ 06 CARGO TANK  
☐ 07 FLATBED  
☐ 08 DUMP

☐ 09 CONCRETE MIXER  
☐ 10 AUTO TRANSPORTER  
☐ 11 GARBAGE/REFUSE  
☐ 12 OTHER  
☐ 13 UNKNOWN

## WEIGHT (GVWR)

☐ 1 LESS THAN 10,000  
☐ 2 10,001 - 20,000  
☐ 3 MORE THAN 20,000

## CDL CLASS

☐ 1 CLASS A  
☐ 2 CLASS B  
☐ 3 CLASS C  
☐ 4 CLASS M  
☐ 5 CLASS D

## HAZARDOUS MATERIALS PLACARD

☐ 1 NO  
☐ 2 YES  
☐ 3 UNKNOWN

## HAZARDOUS MATERIALS RELEASED

☐ 1 NO  
☐ 2 YES  
☐ 3 NOT APPLICABLE  
☐ 4 UNKNOWN

## Police Action

DATE CRASH REPORTED

TIME REC CALL

DISPATCH

ARRIVED

CLEARED

OTHER

TOTAL MINUTES

OFFICER'S NAME \*

BADGE # \*

CHECKED BY

DATE REPORT FILED \*

REPORT TAKEN BY

☐ 1 POLICE AGENCY  
☐ 2 MOTORIST

REPORT TAKEN AT

☐ 1 SCENE  
☐ 2 STATION  
☐ 3 OTHER

☒ SUPPLEMENT \*  
 \*X IF YES

LOCAL REPORT # \*

1 0 - 0 2 3 7 - 8 9

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

|                                         |                                                  |                                |
|-----------------------------------------|--------------------------------------------------|--------------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>10-0237-89 | REPORTING<br>AGENCY<br>Ohio State Highway Patrol | DATE OF ACCIDENT<br>06/23/2010 |
| IN COUNTY OF<br>Lucas                   | ACCIDENT<br>LOCATION<br>W IR0080                 |                                |

UNIT#1 TRAILER INFO  
-2006 TRAILMOBILE BOX TRAILER  
-WHITE IN COLOR  
-VIN# 24NOBJAH361 [REDACTED]  
-RP= IL [REDACTED]  
-OWNER  
- LGS EXPRESS  
619 LAKE TRAIL DRIVE  
PALOS PARK IL 60464

UNIT#2 TRAILER INFO  
-1997 FRUEHAUF BOX TRAILER  
-RP= PA# [REDACTED]  
-VIN#1HV0532XVE [REDACTED]  
-OWNER IS SAME AS TRUCK

DAMAGE ANALYSIS

UNIT#1 HAD UNDER CARRIAGE DAMAGE

UNIT#2 LOST RIGHT REAR TANDEMS OFF THE TRAILER

-TURNPIKE DAMAGE  
-SOD DAMAGE  
-OWNER  
OHIO TURNPIKE COMMISSION  
682 PROSPECT STREET  
BEREA OHIO, 44017  
PHONE= 440 234 2081

|                    |                   |
|--------------------|-------------------|
| OFFICERS SIGNATURE | BADGE NO.<br>1670 |
|--------------------|-------------------|

**OH-3 REV 1/82**

**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

**CAD Incident Number - LHP100623000417**

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                           |            |                     |                           |               |            |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|
| LOCAL<br>REPORT<br>NUMBER | 10-0237-89 | REPORTING<br>AGENCY | Ohio State Highway Patrol | DATE OF CRASH | 06/23/2010 |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

|                                                       |                                                |       |            |
|-------------------------------------------------------|------------------------------------------------|-------|------------|
| I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO |                                                |       |            |
| (PRINTED)                                             |                                                |       |            |
| St. Clair, Brian                                      | AT WIR0080                                     |       |            |
| (OFFICER'S NAME)                                      | (LOCATION)                                     |       |            |
|                                                       |                                                |       |            |
| ADDRESS<br>OF<br>WITNESS                              | [REDACTED] Union City, Pennsylvania [REDACTED] | PHONE | [REDACTED] |
| SIGNATURE<br>OF<br>WITNESS                            | OFFICER'S SIGNATURE                            |       |            |

B

OH-1 (Rev. 10/99)

## TRAFFIC CRASH REPORT



LOCAL REPORT #

10-0237-89

CRASH SEVERITY

3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

X IF YES

HITS/KIP

1 NOT HITS/KIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN

X IF YES

OH-2

X

OH-3

X

OH-1P

OTHER

N.C.I.C. #

OHP89

REPORTING AGENCY

Ohio State Highway Patrol

# UNITS

02

UNIT ERROR

02 99 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH

06232010

TIME OF CRASH

0315

DAY OF WEEK

WED

CITY

VILLAGE

TWP

X

NAME (OF CITY, VILLAGE OR TOWNSHIP)

Springfield

COUNTY #

48

LATITUDE

41:35:30.77

LONGITUDE

83:42:43.20

CRASH OCCURRED ON

W IRO080

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION

WB

DIST REFERENCE

.7m

DR

E

PREFIX REFERENCE

57

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 W/O REFERENCE

09 CRAMWAY  
10 STREET OR ROUTE W/O REFERENCE

UNIT #

A 0101

# OF OCC.

01

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Hickory Hills, Illinois

SOCIAL SECURITY NUMBER

DATE OF BIRTH

05051986

AGE

24

SEX

M

HOME PHONE #

WORK PHONE #

DL STATE

IL

DL #

LP STATE

IL

LP #

INJURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

VGS EXPRESS, INC.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

7955 W 59TH ST, Summit, Illinois 60501

YEAR

2006

MAKE

VOLV

MODEL

64

COLOR

WHI

INSURANCE COMPANY

M.L. SULLIVAN

TOWING SERVICE

XPRESS

OWNER PHONE #

(800)697-8309

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE

X IF YES

UNIT #

B 0201

# OF OCC.

01

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Union City, Pennsylvania

SOCIAL SECURITY NUMBER

DATE OF BIRTH

11191969

AGE

40

SEX

M

HOME PHONE #

WORK PHONE #

DL STATE

PA

DL #

LP STATE

PA

LP #

INJURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

TROYER, TRANSPORTATION

ADDRESS (STREET, CITY, STATE, ZIP CODE)

817 ROUTE 97S, Waterford, Pennsylvania 16441

YEAR

2006

MAKE

VOLV

MODEL

VNL64T

COLOR

WHI

INSURANCE COMPANY

EMPIRE FIRE AND MARINE

TOWING SERVICE

OWNER PHONE #

(814)796-7083

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE

X IF YES

UNIT #

C

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT #

D

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

01 A 01 B 01 C 01 D

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

BLANK FOR WITNESS

SAFETY EQUIPMENT

04 A 04 B 04 C 04 D

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

NON-MOTORIST

AIR BAG

1 A 1 B 1 C 1 D

01 NOT DEPLOYED  
02 DEPLOYED - FRONT  
03 DEPLOYED - SIDE  
04 DEPLOYED BOTH FRONT/SIDE  
05 NOT APPLICABLE  
06 UNKNOWN

AIR BAG SWITCH

1 A 1 B 1 C 1 D

01 NOT PRESENT  
02 IN ON POSITION  
03 IN OFF POSITION  
04 UNKNOWN

EJECTION

1 A 1 B 1 C 1 D

01 NOT EJECTED  
02 TOTALLY EJECTED  
03 PARTIALLY EJECTED  
04 NOT APPLICABLE  
05 UNKNOWN

TRAPPED

1 A 1 B 1 C 1 D

01 NOT TRAPPED  
02 EXTRACTED BY MECHANICAL MEANS  
03 FREED BY NON-MECHANICAL MEANS  
04 UNKNOWN

INJURIES

1 A 1 B 1 C 1 D

01 NO INJURY  
02 POSSIBLE  
03 NON-INCAPACITATING  
04 INCAPACITATING  
05 FATAL INJURY  
06 UNKNOWN

SUPPLEMENT

X IF YES

HSY7001

TOP COPY - COPIES BOTTOM COPY - AGENCY

CAD Incident Number: LHP100623000417

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>UNIT NUMBERS</b><br><div>0 1 0 2</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>DAMAGE AREA</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PRE-CRASH ACTIONS</b><br><div>0 1 0 1</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SEQUENCE OF EVENTS</b><br><div>2 3 1 1 2</div>                                                                                                                                                                                                                                                                                                                                                                            | <b>POSTED SPEED</b><br><div>6 5 6 5</div>                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DRUG TEST STATUS</b><br><div>1 1</div>                                                                                                                                                                                                                                                                                                                                                       |
| <b>NON-MOTORIST LOCATION</b><br><div>0 1 0 2</div> <p>01 MARKED CROSSWALK AT INTERSECTION<br/>02 INTERSECTION NO CROSSWALK<br/>03 NON-INTERSECTION CROSSWALK<br/>04 DRIVEWAY ACCESS CROSSWALK<br/>05 IN ROADWAY<br/>06 NOT IN ROADWAY<br/>07 MEDIAN (BUT NOT SHOULDER)<br/>08 ISLAND<br/>09 SHOULDER<br/>10 SIDEWALK<br/>11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)<br/>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)<br/>13 OUTSIDE TRAFFICWAY<br/>14 SHARED PATH OR TRAILS<br/>15 UNKNOWN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MOTORIST</b><br><p>01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD<br/>02 BACKING<br/>03 CHANGING LANES<br/>04 OVERTAKING/PASSING<br/>05 TURNING RIGHT<br/>06 TURNING LEFT<br/>07 MAKING U-TURN<br/>08 ENTERING TRAFFIC LANE<br/>09 LEAVING TRAFFIC LANE<br/>10 PARKED<br/>11 SLOWING/STOPPED IN TRAFFIC<br/>12 DRIVERLESS<br/>13 OTHER<br/>14 UNKNOWN</p> <p><b>NON-MOTORIST</b><br/>15 ENTERING CROSSING IN SPECIFIED LOCATION<br/>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br/>17 WORKING<br/>18 PUSHING VEHICLE<br/>19 APPROACHING/LEAVING VEHICLE<br/>20 PLAYING/WORKING ON VEHICLE<br/>21 STANDING<br/>22 OTHER<br/>23 UNKNOWN</p> | <b>CONTRIBUTING CIRCUMSTANCES</b><br><div>0 1 1 9</div> <p><b>MOTORIST</b><br/>01 NONE<br/>02 FAILURE TO YIELD<br/>03 RAN RED LIGHT, OR STOP SIGN<br/>04 EXCEEDED SPEED LIMIT<br/>05 UNSAFE SPEED<br/>06 IMPROPER TURN<br/>07 LEFT OF CENTER<br/>08 FOLLOWED TOO CLOSELY (CLOSER)<br/>09 IMPROPER LANE CHANGING<br/>10 IMPROPER PASSING<br/>11 IMPROPER START FROM PARKED POSITION<br/>12 STOPPED OR PARKED ILLEGALLY<br/>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER<br/>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)<br/>15 FAILURE TO CONTROL<br/>16 VISION OBSTRUCTION<br/>17 DRIVER INATTENTION<br/>18 FATIGUE/SLEEP<br/>19 OPERATING DEFECTIVE EQUIPMENT<br/>20 LOAD SHIFTING/ROLLING/SPILLING<br/>21 OTHER IMPROPER ACTION<br/>22 UNKNOWN</p> <p><b>NON-MOTORIST</b><br/>23 NONE<br/>24 IMPROPER CROSSING<br/>25 DARTING<br/>26 LYING AND/OR ILLEGALLY IN ROADWAY<br/>27 FAILURE TO YIELD RIGHT OF WAY<br/>28 NOT VISIBLE (DARK CLOTHING)<br/>29 INATTENTIVE<br/>30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER<br/>31 WRONG SIDE OF ROAD<br/>32 OTHER<br/>33 UNKNOWN</p> | <b>NON-COLLISION</b><br><p>01 OVERTURN/ROLLOVER<br/>02 FIRE/EXPLOSION<br/>03 IMMERSION<br/>04 JACKKNIFE<br/>05 CAR/EQUIPMENT LOSS/SHIFT<br/>06 EQUIPMENT FAILURE<br/>07 SEPARATION OF UNITS<br/>08 RAN OFF ROAD RIGHT<br/>09 RAN OFF ROAD LEFT<br/>10 CROSS-MEDIAN CENTERLINE<br/>11 DOWNHILL RUNAWAY<br/>12 OTHER NON-COLLISION<br/>13 UNKNOWN NON-COLLISION<br/>14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED</p> | <b>TRAFFIC CONTROL</b><br><div>1 2 1 2</div> <p>01 NO CONTROLS<br/>02 STOP SIGN<br/>03 YIELD SIGN<br/>04 TRAFFIC SIGNAL<br/>05 TRAFFIC FLASHERS<br/>06 SCHOOL ZONE<br/>07 RAILROAD CROSSINGS<br/>08 RAILROAD FLASHERS<br/>09 RAILROAD GATES<br/>10 CONSTRUCTION BARRICADE<br/>11 POLICE OFFICER<br/>12 PAVEMENT MARKINGS<br/>13 CROSSWALK LINES<br/>14 WALK DON'T WALK SIGNAL<br/>15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED<br/>16 OTHER</p> | <b>DRUG TEST TYPE</b><br><div>1 1</div> <p>1 NONE<br/>2 TEST REFUSED<br/>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br/>4 TEST GIVEN, RESULTS KNOWN<br/>5 TEST GIVEN, RESULTS UNKNOWN<br/>6 UNKNOWN</p> <p><b>DRUG TEST 162 RESULT</b></p> <div>1 2 1 2</div> <p>1 NONE<br/>2 MARIJUANA<br/>3 COCAINE<br/>4 PCP<br/>5 AMPHETAMINES<br/>6 FOP<br/>7 OTHER<br/>8 UNKNOWN AT TIME OF REPORTING</p> |
| <b>TYPE OF UNIT</b><br><div>1 3 1 3</div> <p><b>MOTORIST</b><br/>01 SUBCOMPACT<br/>02 COMPACT<br/>03 MID SIZE<br/>04 FULL SIZE<br/>05 MINIVAN<br/>06 SPORT UTILITY VEHICLE<br/>07 PICKUP<br/>08 PANELVAN<br/>09 SINGLE UNIT TRUCK; 2 AXLES &amp; TIRES<br/>10 SINGLE UNIT TRUCK; 3+ AXLES<br/>11 TRUCK/TRAILER<br/>12 TRUCK TRACTOR (BOBTAIL)<br/>13 TRACTOR SEMI-TRAILER<br/>14 TRACTOR/DOUBLE SHORT<br/>15 TRACTOR/DOUBLE LONG<br/>16 FIFTH WHEEL OR CONVERTER COUNTRY<br/>17 TRACTOR/THIRPLES<br/>18 MOTORCYCLE<br/>19 MOTORCYCLE<br/>20 SCHOOL BUS<br/>21 CHURCH BUS<br/>22 PUBLIC BUS<br/>23 OTHER BUS<br/>24 POLICE VEHICLE<br/>25 FIRE TRUCK<br/>26 AMBULANCE/RESUE<br/>27 TAXI<br/>28 MOTOR HOME<br/>29 TRAIN<br/>30 FARM VEHICLE<br/>31 FARM EQUIPMENT<br/>32 SNOWMOBILE<br/>33 CONSTRUCTION EQUIPMENT<br/>34 ALL OTHERS</p> <p><b>NON-MOTORIST</b><br/>35 ANIMAL WALKER<br/>36 ANIMAL WAGON<br/>37 BICYCLE<br/>38 PEDESTRIAN<br/>39 PEDALCYCLIST<br/>40 SKATER<br/>41 OTHER NON-MOTORIST<br/>42 UNKNOWN</p> | <b>POINT OF IMPACT</b><br><div>1 1 0 1</div> <p>01 NONE<br/>02 CENTER FRONT<br/>03 RIGHT FRONT<br/>04 RIGHT SIDE<br/>05 LEFT REAR<br/>06 REAR CENTER<br/>07 LEFT REAR<br/>08 LEFT SIDE<br/>09 LEFT FRONT<br/>10 TOP AND WINDOWS<br/>11 UNDERCARRIAGE<br/>12 LOAD/TRAILER<br/>13 TOTAL (ALL AREAS)<br/>14 OTHER<br/>15 UNKNOWN</p>                                                                                                                                                                                                                                                                                                        | <b>VEHICLE DEFECT</b><br><p>CODE ONLY IF 1'S SELECTED ABOVE</p> <div>1 1 1 1</div> <p>01 TURN SIGNALS<br/>02 HEAD LAMPS<br/>03 TAIL LAMPS<br/>04 BRAKES<br/>05 STEERING<br/>06 TIRE BLOWOUT<br/>07 WORN OR SLICK TIRES<br/>08 TRAILER EQUIPMENT DEFECTIVE<br/>09 MOTOR TROUBLE<br/>10 DISABLED FROM PRIOR CRASH<br/>11 OTHER DEFECTS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>FIRST HARMFUL EVENT</b><br><div>1 1</div> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>                                                                                                                                                                                                                                                                                                   | <b>DIRECTION</b><br><div>3 4 3 4</div> <p>1 NORTH<br/>2 SOUTH<br/>3 EAST<br/>4 WEST<br/>5 NORTHEAST<br/>6 NORTHWEST<br/>7 SOUTHEAST<br/>8 SOUTHWEST<br/>9 UNKNOWN</p>                                                                                                                                                                                                                                                                                      | <b>TYPE OF INTERSECTION</b><br><div>0 1</div> <p>01 NOT AN INTERSECTION<br/>02 FOURWAY INTERSECTION<br/>03 T-INTERSECTION<br/>04 Y-INTERSECTION<br/>05 TRAFFIC CIRCLE/ROUNDABOUT<br/>06 FIVE-POINT OR MORE<br/>07 ON RAMP<br/>08 OFF RAMP<br/>09 CROSSOVER<br/>10 DRIVEWAY ACCESS<br/>11 RAILWAY GRADE CROSSING<br/>12 SHARED-USE PATHS OR TRAILS<br/>13 UNKNOWN</p>                            |
| <b>IN EMERGENCY RESPONSE</b><br><div>1 1</div> <p>1 NO<br/>2 YES<br/>3 UNKNOWN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ACTION</b><br><div>3 2</div> <p>1 NONCONTACT<br/>2 NONCOLLUSION<br/>3 STRIKING<br/>4 STRUCK<br/>5 BOTH STRIKING AND STRUCK<br/>6 UNKNOWN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STRIKING VEHICLE:</b><br><p>OVERRIDE/UNDERRIDE</p> <div>1 1</div> <p>1 NO UNDERRIDE OR OVERRIDE<br/>2 UNDERRIDE, COMPARTMENT INTRUSION<br/>3 UNDERRIDE, NO COMPARTMENT INTRUSION<br/>4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br/>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br/>6 OVERRIDE OTHER VEHICLE<br/>7 UNKNOWN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MOST HARMFUL EVENT</b><br><div>1 1</div> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>                                                                                                                                                                                                                                                                                                     | <b>CONDITION</b><br><div>1 1</div> <p>1 APPARENTLY NORMAL<br/>2 PHYSICAL IMPAIRMENT<br/>3 EMOTIONAL<br/>4 ILLNESS<br/>5 FELL ASLEEP, FAINTED, FATIGUE, ETC.<br/>6 UNDER THE INFLUENCE OF MEDICATIONS OR DRUGS/ALCOHOL<br/>7 OTHER<br/>8 UNKNOWN</p>                                                                                                                                                                                                        | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>1 1</div> <p>1 NONE<br/>2 YES - ALCOHOL SUSPECTED<br/>3 YES - HAD NOT IMPAIRED<br/>4 YES - DRUGS SUSPECTED<br/>5 YES - ALCOHOL/DRUGS SUSPECTED<br/>6 UNKNOWN</p>                                                                                                                                                                                          |
| <b>DAMAGE SCALE</b><br><div>4 4</div> <p>1 NONE<br/>2 NON-FUNCTIONAL DAMAGE<br/>3 FUNCTIONAL DAMAGE<br/>4 DISABLING DAMAGE<br/>5 SEVERE<br/>6 UNKNOWN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ALCOHOL TEST STATUS</b><br><div>1 1</div> <p>1 NONE<br/>2 TEST REFUSED<br/>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br/>4 TEST GIVEN, RESULTS KNOWN<br/>5 TEST GIVEN, RESULTS UNKNOWN<br/>6 UNKNOWN</p>                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ALCOHOL TEST TYPE</b><br><div>1 1</div> <p>1 NONE<br/>2 BLOOD<br/>3 URINE<br/>4 BREATH<br/>5 OTHER</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ALCOHOL TEST RESULT</b><br><div>1 1</div> <p>1 NONE<br/>2 BLOOD<br/>3 URINE<br/>4 BREATH<br/>5 OTHER</p>                                                                                                                                                                                                                                                                                                                  | <b>ROAD CONTOUR</b><br><div>1</div> <p>1 STRAIGHT LEVEL<br/>2 STRAIGHT GRADE<br/>3 CURVE LEVEL<br/>4 CURVE GRADE</p>                                                                                                                                                                                                                                                                                                                                       | <b>ROAD CONDITION</b><br><div>0 1</div> <p>01 DRY<br/>02 WET<br/>03 SNOW<br/>04 ICE<br/>05 SAND, MUD, DIRT, OIL, GRAVEL<br/>06 WATER (STANDING, MOVING)<br/>07 SLUSH<br/>08 DEBRIS**<br/>09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**<br/>10 OTHER<br/>11 UNKNOWN</p>                                                                                                                                |
| <b>SUPPLEMENT</b><br><p>* IF YES</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>LOCAL REPORT #</b><br><div>1 0 2 3 7 - 8 9</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>TOP COPY - OOPS</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>BOTTOM COPY - AGENCY</b><br>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                 |

# Narrative

UNIT#1 WAS HEADING WESTBOUND ON IR 80 (OHIO TURNPIKE) WHEN HE HIT A TIRE AND RIM THAT CAME OFF OF UNIT#2 AT MILEPOST 57.8. UNIT#2 DIDN'T REALIZE HE LOST HIS TIRE AND RIM UNTIL HE WAS AT MILEPOST 53.

|                                                                                                                                                                                                                                                         |  |                                                                                                                                                           |  |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|
| <b>MANNER OF COLLISION OR IMPACT</b><br><b>1</b><br>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br>2 REAR-END<br>3 HEAD-ON<br>4 REAR-TO-REAR<br>5 BACKING<br>6 ANGLE<br>7 SIDEWIDE, SAME DIRECTION<br>8 SIDEWIDE, OPPOSITE DIRECTION<br>9 UNKNOWN |  | <b>SCHOOL BUS RELATED</b><br><b>1</b><br>1 NO<br>2 YES, DIRECTLY INVOLVED<br>3 YES, INDIRECTLY INVOLVED<br>4 UNKNOWN                                      |  | <b>Diagram</b><br> |
| <b>WEATHER</b><br><b>0 1</b><br>01 CLEAR<br>02 CLOUDY<br>03 FOG, SMOG, SMOKE<br>04 RAIN<br>05 SLEET, HAIL, (FREEZING RAIN CHIZZLE)<br>06 SNOW<br>07 SEVERE CROSSWINDS<br>08 BLOWING SAND, SOIL, DIRT, SNOW<br>09 OTHER<br>10 UNKNOWN                    |  | <b>WORK ZONE RELATED</b><br><b>1</b><br>1 NO<br>2 YES<br>3 UNKNOWN                                                                                        |  |                    |
| <b>LIGHT CONDITIONS</b><br><b>5</b><br>1 DAYLIGHT<br>2 DAWN<br>3 DUSK<br>4 DARK - LIGHTED ROADWAY<br>5 DARK - NOT LIGHTED<br>6 DARK - UNKNOWN LIGHTING<br>7 GLARE<br>8 OTHER<br>9 UNKNOWN                                                               |  | <b>TYPE OF WORK ZONE</b><br><b>1</b><br>1 LANE CLOSURE<br>2 LANE SHIFT/CROSSOVER<br>3 WORK ON SHOULDER OR MEDIAN<br>4 INTERMITTENT/MOVING WORK<br>5 OTHER |  |                    |
| <b>LOCATION OF CRASH IN WORK ZONE</b><br><b>1</b><br>1 BEFORE FIRST WORK ZONE WARNING SIGN<br>2 ADVANCE WARNING AREA<br>3 TRANSITION AREA<br>4 ACTIVITY AREA                                                                                            |  | <b>WORKERS PRESENT</b><br><b>1</b><br>1 NO<br>2 YES<br>3 UNKNOWN                                                                                          |  |                    |

|                                                      |  |                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                     |  |
|------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Truck/Bus</b><br><b>UNIT #</b><br><b>0 1</b>      |  | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br>A TRUCK (MOTOR VEHICLE) WITH A GVW R MORE THAN 10,000 POUNDS; OR<br>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br>A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER. |  | THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:<br>A FATALITY; OR<br>AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR<br>AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER. |  |
| <b>COMPANY (FROM SHIPPING PAPERS)</b><br>VOS EXPRESS |  | <b>COMPANY PHONE</b><br>(800)697-8309                                                                                                                                                                                                              |  | <b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b><br>7955 W 59TH ST, Argo, Illinois 60501                                                                                                                                                                                                 |  |

|                                                                                                                                            |                                                        |                                                                                                |                                                                                                   |                                                                                               |                                                                              |                                                                                                   |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------|
| <b>US DOT</b><br>1233080                                                                                                                   | <b>ICC MC</b><br>[ ]                                   | <b>PUCD</b><br>[ ]                                                                             | <b>TRAILER LP ST.</b><br>IL                                                                       | <b>TRAILER LP YEAR</b><br>2010                                                                | <b>TRAILER LP #</b><br>[ ]                                                   | <b>PLACARD #</b><br>[ ]                                                                           | <b># DIA</b><br>[ ] |
| <b>CARGO BODY TYPE</b><br><b>0 3</b><br>01 NOT APPLICABLE<br>02 BUS (P15 INCLUDING DRIVER)<br>03 VAN/ENCLOSED BOX<br>04 GRAB/CHP/BOY RAYEL | <b>05 POLE</b><br>06 CAR/TANK<br>07 FLATBED<br>08 DUMP | <b>09 CONCRETE MIXER</b><br>10 AUTO TRANSPORTER<br>11 GARBAGE/REFUSE<br>12 OTHER<br>13 UNKNOWN | <b>WEIGHT (GVWR)</b><br><b>3</b><br>1 LESS THAN 10,000<br>2 10,001 - 25,000<br>3 MORE THAN 25,000 | <b>COL CLASS</b><br><b>1</b><br>1 CLASS A<br>2 CLASS B<br>3 CLASS C<br>4 CLASS H<br>5 CLASS D | <b>HAZARDOUS MATERIALS PLACARD</b><br><b>1</b><br>1 NO<br>2 YES<br>3 UNKNOWN | <b>HAZARDOUS MATERIALS RELEASED</b><br><b>1</b><br>1 NO<br>2 YES<br>3 NOT APPLICABLE<br>4 UNKNOWN |                     |

|                                                                     |                                                                       |                                   |                                     |                        |                                      |                              |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------|-------------------------------------|------------------------|--------------------------------------|------------------------------|
| <b>Police Action</b>                                                |                                                                       |                                   |                                     |                        |                                      |                              |
| <b>DATE CRASH REPORTED</b><br>06232010                              | <b>TIME REC CALL</b><br>0317                                          | <b>DISPATCH</b><br>0317           | <b>ARRIVED</b><br>0324              | <b>CLEARED</b><br>0430 | <b>OTHER</b><br>30                   | <b>TOTAL MINUTES</b><br>0103 |
| <b>OFFICER'S NAME</b><br>St. Clair, Brian                           |                                                                       | <b>BADGE #</b><br>1670            | <b>CHECKED BY</b><br>SPBABICH       |                        | <b>DATE REPORT FILED</b><br>06252010 |                              |
| <b>REPORT TAKEN BY</b><br><b>1</b><br>1 POLICE AGENCY<br>2 MOTORIST | <b>REPORT TAKEN AT</b><br><b>1</b><br>1 SCENE<br>2 STATION<br>3 OTHER | <b>SUPPLEMENT *</b><br>[ ] IF YES | <b>LOCAL REPORT #</b><br>10-0237-89 |                        |                                      |                              |

TOP COPY - OOPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100623000417

# Narrative

## MANNER OF COLLISION OR IMPACT

☐ 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
☐ 2 REAR-END  
☐ 3 HEAD-ON  
☐ 4 REAR-TO-REAR  
☐ 5 BACKING  
☐ 6 ANGLE  
☐ 7 SIDESWIPER, SAME DIRECTION  
☐ 8 SIDESWIPER, OPPOSITE DIRECTION  
☐ 9 UNKNOWN

## WEATHER

☐ 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

## LIGHT CONDITIONS

☐ PRIMARY  
☐ BOUNDARY  
☐ 1 DAYLIGHT  
☐ 2 DAWN  
☐ 3 DUSK  
☐ 4 DARK - LIGHTED ROADWAY  
☐ 5 DARK - NOT LIGHTED  
☐ 6 DARK - UNKNOWN LIGHTING  
☐ 7 GLARE  
☐ 8 OTHER  
☐ 9 UNKNOWN

## SCHOOL BUS RELATED

☐ 1 NO  
☐ 2 YES, DIRECTLY INVOLVED  
☐ 3 YES, INDIRECTLY INVOLVED  
☐ 4 UNKNOWN

## WORK ZONE RELATED

☐ 1 NO  
☐ 2 YES  
☐ 3 UNKNOWN

## TYPE OF WORK ZONE

☐ 1 LANE CLOSURE  
☐ 2 LANE SHIFT/ROADWAY  
☐ 3 WORK ON SHOULDER OR MEDIAN  
☐ 4 INTERMITTENT/MOVING WORK  
☐ 5 OTHER

## LOCATION OF CRASH IN WORK ZONE

☐ 1 BEFORE FIRST WORK ZONE WARNING SIGN  
☐ 2 ADVANCE WARNING AREA  
☐ 3 TRANSITION AREA  
☐ 4 ACTIVITY AREA

## WORKERS PRESENT

☐ 1 NO  
☐ 2 YES  
☐ 3 UNKNOWN

## Diagram

Diagram area for sketching the crash scene.

## Truck/Bus

UNIT #

☐ ☐

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

PUCD

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

# DIA

## CARGO BODY TYPE

☐ 01 NOT APPLICABLE  
☐ 02 BUS (8-15 INCLUDING DRIVER)  
☐ 03 VAN/ENCLOSED BOX  
☐ 04 DRIVING POSITION VEHICLE

☐ 05 POLE  
☐ 06 CAROTANK  
☐ 07 FLATBED  
☐ 08 DUMP

☐ 09 CONCRETE MIXER  
☐ 10 AUTO TRANSPORTER  
☐ 11 CARGO & REFUSE  
☐ 12 OTHER  
☐ 13 UNKNOWN

## WEIGHT (GVWR)

☐ 1 LESS THAN 10,000  
☐ 2 10,001 - 20,000  
☐ 3 MORE THAN 20,000

## COL CLASS

☐ 1 CLASS A  
☐ 2 CLASS B  
☐ 3 CLASS C  
☐ 4 CLASS M  
☐ 5 CLASS D

## HAZARDOUS MATERIALS PLACARD

☐ 1 NO  
☐ 2 YES  
☐ 3 UNKNOWN

## HAZARDOUS MATERIALS RELEASED

☐ 1 NO  
☐ 2 YES  
☐ 3 NOT APPLICABLE  
☐ 4 UNKNOWN

## Police Action

DATE CRASH REPORTED

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

TIME REC CALL

☐ ☐ ☐ ☐

DISPATCH

☐ ☐ ☐ ☐

ARRIVED

☐ ☐ ☐ ☐

CLEARED

☐ ☐ ☐ ☐

OTHER

☐ ☐ ☐ ☐

TOTAL MINUTES

☐ ☐ ☐ ☐

OFFICER'S NAME \*

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

BADGE # \*

☐ ☐ ☐ ☐ ☐ ☐

CHECKED BY

☐ ☐ ☐ ☐ ☐ ☐

DATE REPORT FILED \*

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

REPORT TAKEN BY

1 POLICE AGENCY  
2 MOTORIST

REPORT TAKEN AT

1 SCENE  
2 STATION  
3 OTHER

SUPPLEMENT \*  
"X" IF YES

☐

LOCAL REPORT # \*

1 0 - 0 2 3 7 - 8 9

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

|                                         |                                                  |                                |
|-----------------------------------------|--------------------------------------------------|--------------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>10-0237-89 | REPORTING<br>AGENCY<br>Ohio State Highway Patrol | DATE OF ACCIDENT<br>06/23/2010 |
| IN COUNTY OF<br>Lucas                   | ACCIDENT<br>LOCATION<br>W IR0080                 |                                |

UNIT#1 TRAILER INFO  
-2006 TRAILMOBILE BOX TRAILER  
-WHITE IN COLOR  
-VIN# 24NOBJAH361 [REDACTED]  
-RP= I [REDACTED]  
-OWNER  
- LGS EXPRESS  
619 LAKE TRAIL DRIVE  
PALOS PARK IL 60464

UNIT#2 TRAILER INFO  
-1997 FRUEHAUF BOX TRAILER  
-RP= P [REDACTED]  
-VIN#1HV0532XV [REDACTED]  
-OWNER IS SAME AS TRUCK

DAMAGE ANALYSIS

UNIT#1 HAD UNDER CARRIAGE DAMAGE

UNIT#2 LOST RIGHT REAR TANDEMS OFF THE TRAILER

|                    |                   |
|--------------------|-------------------|
| OFFICERS SIGNATURE | BADGE NO.<br>1670 |
|--------------------|-------------------|

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                           |            |                     |                           |               |            |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|
| LOCAL<br>REPORT<br>NUMBER | 10-0237-89 | REPORTING<br>AGENCY | Ohio State Highway Patrol | DATE OF CRASH | 06/23/2010 |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)  
St. Clair, Brian AT WIR0080  
(OFFICERS NAME) (LOCATION)

|                            |                                               |       |            |
|----------------------------|-----------------------------------------------|-------|------------|
| ADDRESS<br>OF<br>WITNESS   | [REDACTED] Hickory Hills, Illinois [REDACTED] | PHONE | [REDACTED] |
| SIGNATURE<br>OF<br>WITNESS | OFFICERS SIGNATURE                            |       |            |

## OH-3 REV 1/82

**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

**CAD Incident Number - LHP100623000417**

JUL 19 2010

OH-1 (Rev. 10/99)

## TRAFFIC CRASH REPORT



|                     |  |                                       |  |                  |  |                                            |  |                 |  |                                      |  |         |  |             |  |             |  |
|---------------------|--|---------------------------------------|--|------------------|--|--------------------------------------------|--|-----------------|--|--------------------------------------|--|---------|--|-------------|--|-------------|--|
| LOCAL REPORT #*     |  | CRASH SEVERITY                        |  | PRIVATE PROPERTY |  | HIT/SHIP                                   |  | PHOTOS TAKEN    |  | OH-2                                 |  | OH-3    |  | OH-1P       |  | OTHER       |  |
| 1 0 - 0 2 3 8 - 8 9 |  | 2 1 FATAL 3 PDO<br>2 INJURY 4 UNKNOWN |  | * IF YES         |  | 1 1 NOT HIT/SHIP<br>2 SOLVED<br>3 UNSOLVED |  | * IF YES        |  | X                                    |  | X       |  |             |  |             |  |
| N.C.I.C. #*         |  | REPORTING AGENCY*                     |  | # UNITS          |  | UNIT ERROR                                 |  | DATE OF CRASH*  |  |                                      |  |         |  |             |  |             |  |
| O H P 8 9           |  | Ohio State Highway Patrol             |  | 0 2              |  | 0 1 88 = ANIMAL<br>89 = UNKNOWN            |  | 0 6 2 3 2 0 1 0 |  |                                      |  |         |  |             |  |             |  |
| TIME OF CRASH       |  | DAY OF WEEK                           |  | CITY*            |  | VILLAGE*                                   |  | TWP*            |  | NAME (OF CITY, VILLAGE OR TOWNSHIP)* |  | COUNTY* |  | LATITUDE    |  | LONGITUDE   |  |
| 0 3 1 5             |  | W E D                                 |  |                  |  |                                            |  | X               |  | SPRINGFIELD                          |  | 4 8     |  | 41:35:30.77 |  | 83:42:43.20 |  |

|                      |  |                           |  |                                                      |  |                            |  |
|----------------------|--|---------------------------|--|------------------------------------------------------|--|----------------------------|--|
| CRASH OCCURRED ON    |  | TYPE LDC                  |  | TYPE LOCATION POINT USED                             |  | LOCAL INFORMATION          |  |
| W IR0080             |  | 3                         |  | 1 NAMED STREET 3 NUMBERED ROUTE<br>2 NUMBERED STREET |  | WB                         |  |
| ST. REFERENCE        |  | DR                        |  | PREFIX REFERENCE                                     |  | REFERENCE POINT USED       |  |
| .7M                  |  | E                         |  | 57                                                   |  | 06                         |  |
| 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 DRAINAGE          |  | 10 STREET OR ROUTE NO     |  | 11 STREET OR ROUTE NO                                |  | 12 STREET OR ROUTE NO      |  |

|                                               |  |                        |  |                            |  |
|-----------------------------------------------|--|------------------------|--|----------------------------|--|
| UNIT #                                        |  | # OF OCC.              |  | NAME (LAST, FIRST, MIDDLE) |  |
| A 0 1                                         |  | 0 1                    |  |                            |  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)       |  |                        |  |                            |  |
| Union City, Pennsylvania                      |  |                        |  |                            |  |
| SOCIAL SECURITY NUMBER                        |  | DATE OF BIRTH          |  | AGE                        |  |
|                                               |  | 1 1 1 9 1 9 6 9        |  | 4 0                        |  |
| SEX                                           |  | HOME PHONE #           |  | WORK PHONE #               |  |
| M                                             |  |                        |  |                            |  |
| DL STATE                                      |  | LP STATE               |  | LP #                       |  |
| PA                                            |  | PA                     |  |                            |  |
| INJURED TAKEN BY                              |  | 1 NONE 4 OTHER         |  | TRANSPORTED BY             |  |
| 2 EMS 3 UNKNOWN                               |  | 3 POLICE               |  |                            |  |
| INJURED TAKEN TO                              |  |                        |  |                            |  |
| OWNER NAME (IF SAME, WRITE "SAME")            |  |                        |  |                            |  |
| TROYER TRANSPORTATION, INC                    |  |                        |  |                            |  |
| 817 ROUTE 97 S, Waterford, Pennsylvania 16441 |  |                        |  |                            |  |
| YEAR                                          |  | MAKE                   |  | MODEL                      |  |
| 2 0 0 6                                       |  | VOLV                   |  | VNL64T                     |  |
| COLOR                                         |  | INSURANCE COMPANY      |  | TOWING SERVICE             |  |
| WHI                                           |  | EMPIRE FIRE AND MARINE |  | OWNER PHONE #              |  |
|                                               |  |                        |  | (814)796-7083              |  |
| OFFENSE CHARGED                               |  | OFFENSE DESCRIPTION    |  | CITATION #                 |  |
|                                               |  |                        |  |                            |  |
| LOCAL CODE                                    |  | IF YES                 |  |                            |  |
| * IF YES                                      |  |                        |  |                            |  |

|                                         |  |                     |  |                            |  |
|-----------------------------------------|--|---------------------|--|----------------------------|--|
| UNIT #                                  |  | # OF OCC.           |  | NAME (LAST, FIRST, MIDDLE) |  |
| B 0 2                                   |  | 0 2                 |  |                            |  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |  |                     |  |                            |  |
| Barberton, Ohio                         |  |                     |  |                            |  |
| SOCIAL SECURITY NUMBER                  |  | DATE OF BIRTH       |  | AGE                        |  |
|                                         |  | 0 3 1 2 1 9 7 1     |  | 3 9                        |  |
| SEX                                     |  | HOME PHONE #        |  | WORK PHONE #               |  |
| M                                       |  |                     |  |                            |  |
| DL STATE                                |  | LP STATE            |  | LP #                       |  |
| OH                                      |  | OH                  |  |                            |  |
| INJURED TAKEN BY                        |  | 1 NONE 4 OTHER      |  | TRANSPORTED BY             |  |
| 2 EMS 3 UNKNOWN                         |  | 3 POLICE            |  |                            |  |
| INJURED TAKEN TO                        |  |                     |  |                            |  |
| OWNER NAME (IF SAME, WRITE "SAME")      |  |                     |  |                            |  |
| SAME                                    |  |                     |  |                            |  |
| YEAR                                    |  | MAKE                |  | MODEL                      |  |
| 1 9 9 6                                 |  | FORD                |  | Econoline E250             |  |
| COLOR                                   |  | INSURANCE COMPANY   |  | TOWING SERVICE             |  |
| BLU                                     |  | PROGRESSIVE         |  | XPRESS                     |  |
| OWNER PHONE #                           |  |                     |  |                            |  |
|                                         |  |                     |  |                            |  |
| OFFENSE CHARGED                         |  | OFFENSE DESCRIPTION |  | CITATION #                 |  |
|                                         |  |                     |  |                            |  |
| LOCAL CODE                              |  | IF YES              |  |                            |  |
| * IF YES                                |  |                     |  |                            |  |

|                                         |  |                     |  |                            |  |
|-----------------------------------------|--|---------------------|--|----------------------------|--|
| UNIT #                                  |  | # OF OCC.           |  | NAME (LAST, FIRST, MIDDLE) |  |
| C 0 2                                   |  | 0 2                 |  |                            |  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |  |                     |  |                            |  |
| Barberton, Ohio                         |  |                     |  |                            |  |
| SOCIAL SECURITY NUMBER                  |  | DATE OF BIRTH       |  | AGE                        |  |
|                                         |  | 0 6 0 5 1 9 9 4     |  | 1 6                        |  |
| SEX                                     |  | HOME PHONE #        |  | WORK PHONE #               |  |
| M                                       |  |                     |  |                            |  |
| DL STATE                                |  | LP STATE            |  | LP #                       |  |
| OH                                      |  | OH                  |  |                            |  |
| INJURED TAKEN BY                        |  | 1 NONE 4 OTHER      |  | TRANSPORTED BY             |  |
| 2 EMS 3 UNKNOWN                         |  | 3 POLICE            |  |                            |  |
| INJURED TAKEN TO                        |  |                     |  |                            |  |
| OWNER NAME (IF SAME, WRITE "SAME")      |  |                     |  |                            |  |
| SAME                                    |  |                     |  |                            |  |
| YEAR                                    |  | MAKE                |  | MODEL                      |  |
| 1 9 9 6                                 |  | FORD                |  | Econoline E250             |  |
| COLOR                                   |  | INSURANCE COMPANY   |  | TOWING SERVICE             |  |
| BLU                                     |  | PROGRESSIVE         |  | XPRESS                     |  |
| OWNER PHONE #                           |  |                     |  |                            |  |
|                                         |  |                     |  |                            |  |
| OFFENSE CHARGED                         |  | OFFENSE DESCRIPTION |  | CITATION #                 |  |
|                                         |  |                     |  |                            |  |
| LOCAL CODE                              |  | IF YES              |  |                            |  |
| * IF YES                                |  |                     |  |                            |  |

|                          |  |                        |  |              |  |                |  |               |  |               |  |              |  |
|--------------------------|--|------------------------|--|--------------|--|----------------|--|---------------|--|---------------|--|--------------|--|
| SEATING POSITION         |  | SAFETY EQUIPMENT       |  | AIR BAG      |  | AIR BAG SWITCH |  | EJECTION      |  | TRAPPED       |  | INJURIES     |  |
| 0 1 A                    |  | 0 4 A                  |  | 1 A          |  | 1 A            |  | 1 A           |  | 1 A           |  | 1 A          |  |
| 0 1 B                    |  | 0 4 B                  |  | 2 B          |  | 1 B            |  | 1 B           |  | 1 B           |  | 3 B          |  |
| 0 3 C                    |  | 0 4 C                  |  | 5 C          |  | 1 C            |  | 1 C           |  | 1 C           |  | 1 C          |  |
| 0 0 D                    |  | 0 0 D                  |  | 0 0 D        |  | 0 0 D          |  | 0 0 D         |  | 0 0 D         |  | 0 0 D        |  |
| BLANK FOR WITNESS        |  | NON-MOTORIST           |  | NON-MOTORIST |  | NON-MOTORIST   |  | NON-MOTORIST  |  | NON-MOTORIST  |  | NON-MOTORIST |  |
| 11 ENCLOSURE CARGO AREA  |  | 10 PROTECTIVE PADS     |  | 12 LIGHTING  |  | 13 OTHER       |  | 14 UNKNOWN    |  | 15 SUPPLEMENT |  | * IF YES     |  |
| 12 UNENCLOSED CARGO AREA |  | 11 REFLECTIVE CLOTHING |  | 13 OTHER     |  | 14 UNKNOWN     |  | 15 SUPPLEMENT |  | * IF YES      |  |              |  |

HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP100623000540

|                                                    |                                          |                                                |                                                 |                                           |                                           |
|----------------------------------------------------|------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------|-------------------------------------------|
| <b>UNIT NUMBERS</b><br><div>0 1 0 2</div>          | <b>DAMAGE AREA</b><br>                   | <b>PRE-CRASH ACTIONS</b><br><div>0 1 0 1</div> | <b>SEQUENCE OF EVENTS</b><br><div>1 2 2 3</div> | <b>POSTED SPEED</b><br><div>6 5 6 5</div> | <b>DRUG TEST STATUS</b><br><div>1 1</div> |
| <b>NON-MOTORIST LOCATION</b><br><div>0 1 0 2</div> | <b>DAMAGE AREA</b><br><div>A B</div>     | <b>PRE-CRASH ACTIONS</b><br><div>0 1 0 1</div> | <b>SEQUENCE OF EVENTS</b><br><div>1 2 2 3</div> | <b>POSTED SPEED</b><br><div>6 5 6 5</div> | <b>DRUG TEST STATUS</b><br><div>1 1</div> |
| <b>TYPE OF UNIT</b><br><div>1 3 0 8</div>          | <b>DAMAGE AREA</b><br><div>1 2 1 1</div> | <b>PRE-CRASH ACTIONS</b><br><div>1 9 0 1</div> | <b>SEQUENCE OF EVENTS</b><br><div>1 2 2 3</div> | <b>POSTED SPEED</b><br><div>6 5 6 5</div> | <b>DRUG TEST STATUS</b><br><div>1 1</div> |
| <b>NON-MOTORIST</b><br><div>0 1 0 2</div>          | <b>DAMAGE AREA</b><br><div>1 2 1 1</div> | <b>PRE-CRASH ACTIONS</b><br><div>1 9 0 1</div> | <b>SEQUENCE OF EVENTS</b><br><div>1 2 2 3</div> | <b>POSTED SPEED</b><br><div>6 5 6 5</div> | <b>DRUG TEST STATUS</b><br><div>1 1</div> |
| <b>NON-MOTORIST</b><br><div>0 1 0 2</div>          | <b>DAMAGE AREA</b><br><div>1 2 1 1</div> | <b>PRE-CRASH ACTIONS</b><br><div>1 9 0 1</div> | <b>SEQUENCE OF EVENTS</b><br><div>1 2 2 3</div> | <b>POSTED SPEED</b><br><div>6 5 6 5</div> | <b>DRUG TEST STATUS</b><br><div>1 1</div> |
| <b>NON-MOTORIST</b><br><div>0 1 0 2</div>          | <b>DAMAGE AREA</b><br><div>1 2 1 1</div> | <b>PRE-CRASH ACTIONS</b><br><div>1 9 0 1</div> | <b>SEQUENCE OF EVENTS</b><br><div>1 2 2 3</div> | <b>POSTED SPEED</b><br><div>6 5 6 5</div> | <b>DRUG TEST STATUS</b><br><div>1 1</div> |
| <b>NON-MOTORIST</b><br><div>0 1 0 2</div>          | <b>DAMAGE AREA</b><br><div>1 2 1 1</div> | <b>PRE-CRASH ACTIONS</b><br><div>1 9 0 1</div> | <b>SEQUENCE OF EVENTS</b><br><div>1 2 2 3</div> | <b>POSTED SPEED</b><br><div>6 5 6 5</div> | <b>DRUG TEST STATUS</b><br><div>1 1</div> |

# Narrative

UNIT#2 WAS HEADING WESTBOUND ON IR80 WHEN HE STRUCK A TIRE AND RIM THAT CAME OFF OF UNIT#1 TRAILER.

## MANNER OF COLLISION OR IMPACT

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

## WEATHER

0 1

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAL (FREEZING RAIN CRIZZLE)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

## LIGHT CONDITIONS

PRIMARY SECONDARY

5

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 GLARE
- 8 OTHER
- 9 UNKNOWN

## SCHOOL BUS RELATED

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

## WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## TYPE OF WORK ZONE

1

- 1 LANE CLOSURE
- 2 LANE SHIFT/ROAD WIDENING
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/MOVING WORK
- 5 OTHER

## LOCATION OF CRASH IN WORK ZONE

1

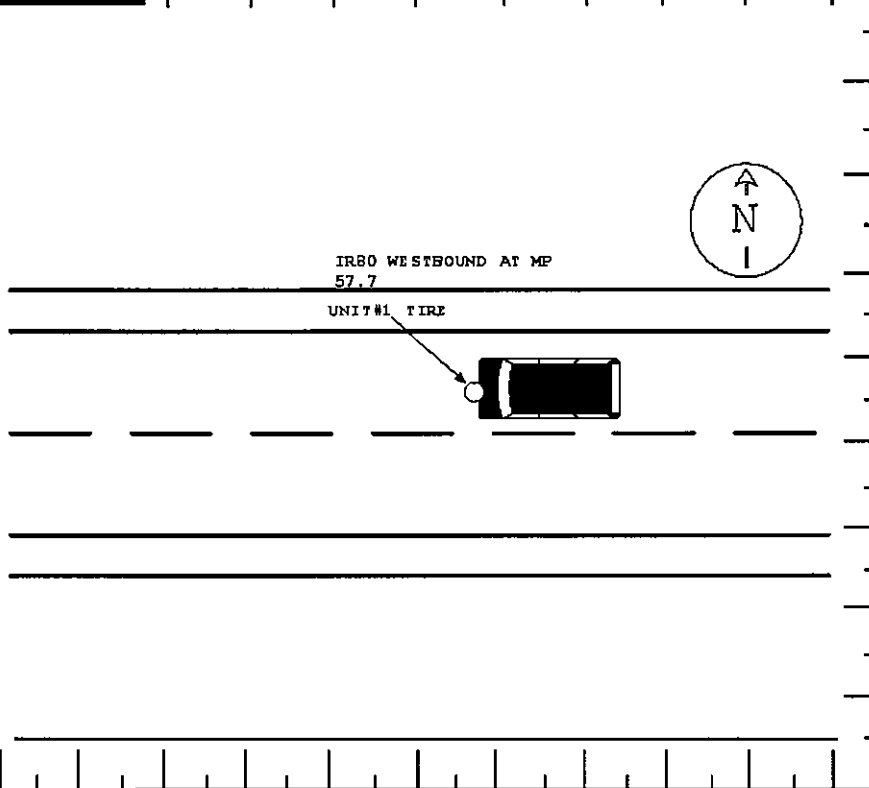
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

## WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## Diagram



## Truck/Bus

UNIT #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
A FATALITY; OR  
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

# DIA

## CARGO BODY TYPE

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRANCHIP/BOX TRAILER

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

## WEIGHT (GVWR)

- 1 LESS THAN 10,000
- 2 10,001 - 20,000
- 3 MORE THAN 20,000

## COL CLASS

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 5 CLASS D

## HAZARDOUS MATERIALS PLACARD

- 1 NO
- 2 YES
- 3 UNKNOWN

## HAZARDOUS MATERIALS RELEASED

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

## Police Action

DATE CRASH REPORTED

0 6 2 3 2 0 1 0

TIME REC CALL

0 3 1 7

DISPATCH

0 3 1 7

ARRIVED

0 3 2 4

CLEARED

0 5 2 0

OTHER

3 0

TOTAL MINUTES

0 1 5 3

OFFICER'S NAME \*

St. Clair, Brian

BADGE #

1 6 7 0

CHECKED BY

VEFISHER

DATE REPORT FILED \*

0 6 2 4 2 0 1 0

REPORT TAKEN BY

1

1 POLICE AGENCY  
2 MOTORIST

REPORT TAKEN AT

1

1 SCENE  
2 STATION  
3 OTHER

SUPPLEMENT \*  
"X" IF YES

LOCAL REPORT #

1 0 - 0 2 3 8 - 8 9

TOP COPY - COPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100623000540

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

|                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>10-0238-89                                                                                                                                                                                                                                                                                                                                                  | REPORTING<br>AGENCY<br>Ohio State Highway Patrol | DATE OF ACCIDENT<br>06/23/2010 |
| IN COUNTY OF<br>Lucas                                                                                                                                                                                                                                                                                                                                                                    | ACCIDENT<br>LOCATION<br>W IR0080                 |                                |
| <p>UNIT#2 DAMAGE ANALYSIS<br/>-FRONT RIGHT TIRE AND RIM<br/>-UNDERCARRIAGE</p> <p>UNIT#1 DAMAGE ANALYSIS<br/>-LOST A SET OF TANDEMS OFF RIGHT REAR OF TRAILER</p> <p>UNIT#1 TRAILER INFO<br/>-1997 FRUEHAUF BOX TRAILER<br/>-RP= PAINTED [REDACTED]<br/>-VIN# 1HV0532XVE [REDACTED]<br/>-OWNER IS SAME AS TRACTOR</p> <p>UNIT#1 GAVE A STATEMENT, IT IS WITH CRASH NUMBER 10-0237-89</p> |                                                  |                                |
| OFFICERS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                       |                                                  | BADGE NO.<br>1670              |

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                           |            |                     |                           |               |            |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|
| LOCAL<br>REPORT<br>NUMBER | 10-0238-89 | REPORTING<br>AGENCY | Ohio State Highway Patrol | DATE OF CRASH | 06/23/2010 |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

|                                                       |                                                |
|-------------------------------------------------------|------------------------------------------------|
| I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO |                                                |
| (PRINTED)                                             |                                                |
| St. Clair, Brian                                      | AT W IR0080                                    |
| (OFFICERS NAME)                                       | (LOCATION)                                     |
|                                                       |                                                |
| ADDRESS<br>OF<br>WITNESS                              | [REDACTED] Union City, Pennsylvania [REDACTED] |
| PHONE                                                 | [REDACTED]                                     |
| SIGNATURE<br>OF<br>WITNESS                            | OFFICERS SIGNATURE                             |

HSY 7003 1/82

CAD Incident Number - LHP100623000540

**OH-3 REV 1/82**

**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

**CAD Incident Number - LHP100623000540**

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                           |            |                     |                           |               |            |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|
| LOCAL<br>REPORT<br>NUMBER | 10-0238-89 | REPORTING<br>AGENCY | Ohio State Highway Patrol | DATE OF CRASH | 06/23/2010 |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

|                                                                                                                   |                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I, <span style="background-color: black; color: black;">[REDACTED]</span> HEREBY MAKE THIS VOLUNTARY STATEMENT TO |                                                                                                                                                                 |
| (PRINTED)                                                                                                         |                                                                                                                                                                 |
| St. Clair, Brian                                                                                                  | AT W IR0080                                                                                                                                                     |
| (OFFICERS NAME)                                                                                                   | (LOCATION)                                                                                                                                                      |
|                                                                                                                   |                                                                                                                                                                 |
| ADDRESS<br>OF<br>WITNESS                                                                                          | <span style="background-color: black; color: black;">[REDACTED]</span> , Barberton, Ohio <span style="background-color: black; color: black;">[REDACTED]</span> |
| SIGNATURE<br>OF<br>WITNESS                                                                                        | OFFICERS SIGNATURE                                                                                                                                              |
|                                                                                                                   | <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                          |

JUL 19 2010

OH-1 (Rev. 10/99)

## TRAFFIC CRASH REPORT



|                     |  |                                    |  |                  |  |                                      |  |                 |  |                                      |  |           |  |             |  |             |  |
|---------------------|--|------------------------------------|--|------------------|--|--------------------------------------|--|-----------------|--|--------------------------------------|--|-----------|--|-------------|--|-------------|--|
| LOCAL REPORT #*     |  | CRASH SEVERITY                     |  | PRIVATE PROPERTY |  | HIT/SKIP                             |  | PHOTOS TAKEN    |  | OH-2                                 |  | OH-3      |  | OH-1P       |  | OTHER       |  |
| 1 0 - 0 2 3 9 - 8 9 |  | 3 1 FATAL 3 PDO 2 INJURY 1 UNKNOWN |  | X IF YES         |  | 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED |  | X IF YES        |  | X                                    |  |           |  |             |  |             |  |
| N.C.I.C. #*         |  | REPORTING AGENCY*                  |  | # UNITS          |  | UNIT ERROR                           |  | DATE OF CRASH*  |  |                                      |  |           |  |             |  |             |  |
| O H P 8 9           |  | Ohio State Highway Patrol          |  | 0 2              |  | 0 1 99 = ANIMAL 99 = UNKNOWN         |  | 0 6 2 3 2 0 1 0 |  |                                      |  |           |  |             |  |             |  |
| TIME OF CRASH       |  | DAY OF WEEK                        |  | CITY*            |  | VILLAGE*                             |  | TWP*            |  | NAME (OF CITY, VILLAGE OR TOWNSHIP)* |  | COUNTY #* |  | LATITUDE    |  | LONGITUDE   |  |
| 0 3 1 5             |  | W E D                              |  |                  |  |                                      |  | X               |  | SPRINGFIELD                          |  | 4 8       |  | 41:35:30.77 |  | 83:42:43.20 |  |

|                                    |  |                      |  |                                                        |  |                                                                                                                                               |  |
|------------------------------------|--|----------------------|--|--------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| CRASH OCCURRED ON                  |  | TYPE LOC             |  | TYPE LOCATION POINT USED                               |  | LOCAL INFORMATION                                                                                                                             |  |
| W IR0080                           |  | 3                    |  | 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET      |  | WB                                                                                                                                            |  |
| REFERENCE                          |  | REFERENCE POINT USED |  | REFERENCE POINT USED                                   |  | REFERENCE                                                                                                                                     |  |
| DIST REFERENCE OR PREFIX REFERENCE |  | REF POINT            |  | 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 DRIVEWAY 10 STREET OR ROUTE NO REFERENCE |  |
| .7M E 57                           |  | 06                   |  |                                                        |  |                                                                                                                                               |  |

|                                         |  |                                               |  |                            |  |
|-----------------------------------------|--|-----------------------------------------------|--|----------------------------|--|
| UNIT #                                  |  | # OF OCC.                                     |  | NAME (LAST, FIRST, MIDDLE) |  |
| A 0 1 0 1                               |  |                                               |  |                            |  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |  |                                               |  |                            |  |
| Union City, Pennsylvania                |  |                                               |  |                            |  |
| SOCIAL SECURITY NUMBER                  |  | DATE OF BIRTH                                 |  | AGE                        |  |
|                                         |  | 1 1 1 9 1 9 6 9                               |  | 4 0                        |  |
| DL STATE                                |  | LP STATE                                      |  | SEX                        |  |
| PA                                      |  | PA                                            |  | M                          |  |
| OWNER NAME (IF SAME, WRITE "SAME")      |  | ADDRESS (STREET, CITY, STATE, ZIP CODE)       |  | HOME PHONE #               |  |
| TROYER TRANSPORTATION, INC              |  | 817 ROUTE 97 S, Waterford, Pennsylvania 16441 |  |                            |  |
| YEAR                                    |  | MAKE                                          |  | MODEL                      |  |
| 2 0 0 6                                 |  | VOLV                                          |  | VNL64T                     |  |
| DEFENSE CHARGED                         |  | DEFENSE DESCRIPTION                           |  | CITATION #                 |  |
|                                         |  |                                               |  |                            |  |

|                                         |  |                                         |  |                            |  |
|-----------------------------------------|--|-----------------------------------------|--|----------------------------|--|
| UNIT #                                  |  | # OF OCC.                               |  | NAME (LAST, FIRST, MIDDLE) |  |
| B 0 2 0 1                               |  |                                         |  |                            |  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |  |                                         |  |                            |  |
| Toledo, Ohio                            |  |                                         |  |                            |  |
| SOCIAL SECURITY NUMBER                  |  | DATE OF BIRTH                           |  | AGE                        |  |
|                                         |  | 1 2 0 5 1 9 5 4                         |  | 5 5                        |  |
| DL STATE                                |  | LP STATE                                |  | SEX                        |  |
| OH                                      |  | OH                                      |  | M                          |  |
| OWNER NAME (IF SAME, WRITE "SAME")      |  | ADDRESS (STREET, CITY, STATE, ZIP CODE) |  | HOME PHONE #               |  |
|                                         |  | Toledo, Ohio                            |  |                            |  |
| YEAR                                    |  | MAKE                                    |  | MODEL                      |  |
| 2 0 0 2                                 |  | DODG                                    |  | Stratus                    |  |
| DEFENSE CHARGED                         |  | DEFENSE DESCRIPTION                     |  | CITATION #                 |  |
|                                         |  |                                         |  |                            |  |

|                                         |  |                            |  |              |  |                                         |  |                |  |                  |  |
|-----------------------------------------|--|----------------------------|--|--------------|--|-----------------------------------------|--|----------------|--|------------------|--|
| UNIT #                                  |  | NAME (LAST, FIRST, MIDDLE) |  | HOME PHONE # |  | DATE OF BIRTH                           |  | AGE            |  | SEX              |  |
| C                                       |  |                            |  |              |  |                                         |  |                |  |                  |  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |  |                            |  |              |  | INJURED TAKEN BY                        |  | TRANSPORTED BY |  | INJURED TAKEN TO |  |
|                                         |  |                            |  |              |  | 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE |  |                |  |                  |  |
| UNIT #                                  |  | NAME (LAST, FIRST, MIDDLE) |  | HOME PHONE # |  | DATE OF BIRTH                           |  | AGE            |  | SEX              |  |
| D                                       |  |                            |  |              |  |                                         |  |                |  |                  |  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |  |                            |  |              |  | 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 |  |
| 0 1 A            |  | 0 4 A            |  | 1 A     |  | 1 A            |  | 1 A      |  | 1 A     |  | 1 A      |  |
| 0 1 B            |  | 0 4 B            |  | 1 B     |  | 1 B            |  | 1 B      |  | 1 B     |  | 1 B      |  |
| 0 1 C            |  | 0 4 C            |  | 1 C     |  | 1 C            |  | 1 C      |  | 1 C     |  | 1 C      |  |
| 0 1 D            |  | 0 4 D            |  | 1 D     |  | 1 D            |  | 1 D      |  | 1 D     |  | 1 D      |  |
| 0 1 E            |  | 0 4 E            |  | 1 E     |  | 1 E            |  | 1 E      |  | 1 E     |  | 1 E      |  |
| 0 1 F            |  | 0 4 F            |  | 1 F     |  | 1 F            |  | 1 F      |  | 1 F     |  | 1 F      |  |
| 0 1 G            |  | 0 4 G            |  | 1 G     |  | 1 G            |  | 1 G      |  | 1 G     |  | 1 G      |  |
| 0 1 H            |  | 0 4 H            |  | 1 H     |  | 1 H            |  | 1 H      |  | 1 H     |  | 1 H      |  |
| 0 1 I            |  | 0 4 I            |  | 1 I     |  | 1 I            |  | 1 I      |  | 1 I     |  | 1 I      |  |
| 0 1 J            |  | 0 4 J            |  | 1 J     |  | 1 J            |  | 1 J      |  | 1 J     |  | 1 J      |  |
| 0 1 K            |  | 0 4 K            |  | 1 K     |  | 1 K            |  | 1 K      |  | 1 K     |  | 1 K      |  |
| 0 1 L            |  | 0 4 L            |  | 1 L     |  | 1 L            |  | 1 L      |  | 1 L     |  | 1 L      |  |
| 0 1 M            |  | 0 4 M            |  | 1 M     |  | 1 M            |  | 1 M      |  | 1 M     |  | 1 M      |  |
| 0 1 N            |  | 0 4 N            |  | 1 N     |  | 1 N            |  | 1 N      |  | 1 N     |  | 1 N      |  |
| 0 1 O            |  | 0 4 O            |  | 1 O     |  | 1 O            |  | 1 O      |  | 1 O     |  | 1 O      |  |
| 0 1 P            |  | 0 4 P            |  | 1 P     |  | 1 P            |  | 1 P      |  | 1 P     |  | 1 P      |  |
| 0 1 Q            |  | 0 4 Q            |  | 1 Q     |  | 1 Q            |  | 1 Q      |  | 1 Q     |  | 1 Q      |  |
| 0 1 R            |  | 0 4 R            |  | 1 R     |  | 1 R            |  | 1 R      |  | 1 R     |  | 1 R      |  |
| 0 1 S            |  | 0 4 S            |  | 1 S     |  | 1 S            |  | 1 S      |  | 1 S     |  | 1 S      |  |
| 0 1 T            |  | 0 4 T            |  | 1 T     |  | 1 T            |  | 1 T      |  | 1 T     |  | 1 T      |  |
| 0 1 U            |  | 0 4 U            |  | 1 U     |  | 1 U            |  | 1 U      |  | 1 U     |  | 1 U      |  |
| 0 1 V            |  | 0 4 V            |  | 1 V     |  | 1 V            |  | 1 V      |  | 1 V     |  | 1 V      |  |
| 0 1 W            |  | 0 4 W            |  | 1 W     |  | 1 W            |  | 1 W      |  | 1 W     |  | 1 W      |  |
| 0 1 X            |  | 0 4 X            |  | 1 X     |  | 1 X            |  | 1 X      |  | 1 X     |  | 1 X      |  |
| 0 1 Y            |  | 0 4 Y            |  | 1 Y     |  | 1 Y            |  | 1 Y      |  | 1 Y     |  | 1 Y      |  |
| 0 1 Z            |  | 0 4 Z            |  | 1 Z     |  | 1 Z            |  | 1 Z      |  | 1 Z     |  | 1 Z      |  |
| 0 1 AA           |  | 0 4 AA           |  | 1 AA    |  | 1 AA           |  | 1 AA     |  | 1 AA    |  | 1 AA     |  |
| 0 1 AB           |  | 0 4 AB           |  | 1 AB    |  | 1 AB           |  | 1 AB     |  | 1 AB    |  | 1 AB     |  |
| 0 1 AC           |  | 0 4 AC           |  | 1 AC    |  | 1 AC           |  | 1 AC     |  | 1 AC    |  | 1 AC     |  |
| 0 1 AD           |  | 0 4 AD           |  | 1 AD    |  | 1 AD           |  | 1 AD     |  | 1 AD    |  | 1 AD     |  |
| 0 1 AE           |  | 0 4 AE           |  | 1 AE    |  | 1 AE           |  | 1 AE     |  | 1 AE    |  | 1 AE     |  |
| 0 1 AF           |  | 0 4 AF           |  | 1 AF    |  | 1 AF           |  | 1 AF     |  | 1 AF    |  | 1 AF     |  |
| 0 1 AG           |  | 0 4 AG           |  | 1 AG    |  | 1 AG           |  | 1 AG     |  | 1 AG    |  | 1 AG     |  |
| 0 1 AH           |  | 0 4 AH           |  | 1 AH    |  | 1 AH           |  | 1 AH     |  | 1 AH    |  | 1 AH     |  |
| 0 1 AI           |  | 0 4 AI           |  | 1 AI    |  | 1 AI           |  | 1 AI     |  | 1 AI    |  | 1 AI     |  |
| 0 1 AJ           |  | 0 4 AJ           |  | 1 AJ    |  | 1 AJ           |  | 1 AJ     |  | 1 AJ    |  | 1 AJ     |  |
| 0 1 AK           |  | 0 4 AK           |  | 1 AK    |  | 1 AK           |  | 1 AK     |  | 1 AK    |  | 1 AK     |  |
| 0 1 AL           |  | 0 4 AL           |  | 1 AL    |  | 1 AL           |  | 1 AL     |  | 1 AL    |  | 1 AL     |  |
| 0 1 AM           |  | 0 4 AM           |  | 1 AM    |  | 1 AM           |  | 1 AM     |  | 1 AM    |  | 1 AM     |  |
| 0 1 AN           |  | 0 4 AN           |  | 1 AN    |  | 1 AN           |  | 1 AN     |  | 1 AN    |  | 1 AN     |  |
| 0 1 AO           |  | 0 4 AO           |  | 1 AO    |  | 1 AO           |  | 1 AO     |  | 1 AO    |  | 1 AO     |  |
| 0 1 AP           |  | 0 4 AP           |  | 1 AP    |  | 1 AP           |  | 1 AP     |  | 1 AP    |  | 1 AP     |  |
| 0 1 AQ           |  | 0 4 AQ           |  | 1 AQ    |  | 1 AQ           |  | 1 AQ     |  | 1 AQ    |  | 1 AQ     |  |
| 0 1 AR           |  | 0 4 AR           |  | 1 AR    |  | 1 AR           |  | 1 AR     |  | 1 AR    |  | 1 AR     |  |
| 0 1 AS           |  | 0 4 AS           |  | 1 AS    |  | 1 AS           |  | 1 AS     |  | 1 AS    |  | 1 AS     |  |
| 0 1 AT           |  | 0 4 AT           |  | 1 AT    |  | 1 AT           |  | 1 AT     |  | 1 AT    |  | 1 AT     |  |
| 0 1 AU           |  | 0 4 AU           |  | 1 AU    |  | 1 AU           |  | 1 AU     |  | 1 AU    |  | 1 AU     |  |
| 0 1 AV           |  | 0 4 AV           |  | 1 AV    |  | 1 AV           |  | 1 AV     |  | 1 AV    |  | 1 AV     |  |
| 0 1 AW           |  | 0 4 AW           |  | 1 AW    |  | 1 AW           |  | 1 AW     |  | 1 AW    |  | 1 AW     |  |
| 0 1 AX           |  | 0 4 AX           |  | 1 AX    |  | 1 AX           |  | 1 AX     |  | 1 AX    |  | 1 AX     |  |
| 0 1 AY           |  | 0 4 AY           |  | 1 AY    |  | 1 AY           |  | 1 AY     |  | 1 AY    |  | 1 AY     |  |
| 0 1 AZ           |  | 0 4 AZ           |  | 1 AZ    |  | 1 AZ           |  | 1 AZ     |  | 1 AZ    |  | 1 AZ     |  |
| 0 1 BA           |  | 0 4 BA           |  | 1 BA    |  | 1 BA           |  | 1 BA     |  | 1 BA    |  | 1 BA     |  |
| 0 1 BB           |  | 0 4 BB           |  | 1 BB    |  | 1 BB           |  | 1 BB     |  | 1 BB    |  | 1 BB     |  |
| 0 1 BC           |  | 0 4 BC           |  | 1 BC    |  | 1 BC           |  | 1 BC     |  | 1 BC    |  | 1 BC     |  |
| 0 1 BD           |  | 0 4 BD           |  | 1 BD    |  | 1 BD           |  | 1 BD     |  | 1 BD    |  | 1 BD     |  |
| 0 1 BE           |  | 0 4 BE           |  | 1 BE    |  | 1 BE           |  | 1 BE     |  | 1 BE    |  | 1 BE     |  |
| 0 1 BF           |  | 0 4 BF           |  | 1 BF    |  | 1 BF           |  | 1 BF     |  | 1 BF    |  | 1 BF     |  |
| 0 1 BG           |  | 0 4 BG           |  | 1 BG    |  | 1 BG           |  | 1 BG     |  | 1 BG    |  | 1 BG     |  |
| 0 1 BH           |  | 0 4 BH           |  | 1 BH    |  | 1 BH           |  | 1 BH     |  | 1 BH    |  | 1 BH     |  |
| 0 1 BI           |  | 0 4 BI           |  | 1 BI    |  | 1 BI           |  | 1 BI     |  | 1 BI    |  | 1 BI     |  |
| 0 1 BJ           |  | 0 4 BJ           |  | 1 BJ    |  | 1 BJ           |  | 1 BJ     |  | 1 BJ    |  | 1 BJ     |  |
| 0 1 BK           |  | 0 4 BK           |  | 1 BK    |  | 1 BK           |  | 1 BK     |  | 1 BK    |  | 1 BK     |  |
| 0 1 BL           |  | 0 4 BL           |  | 1 BL    |  | 1 BL           |  | 1 BL     |  | 1 BL    |  | 1 BL     |  |
| 0 1 BM           |  | 0 4 BM           |  | 1 BM    |  | 1 BM           |  | 1 BM     |  | 1 BM    |  | 1 BM     |  |
| 0 1 BN           |  | 0 4 BN           |  | 1 BN    |  | 1 BN           |  | 1 BN     |  | 1 BN    |  | 1 BN     |  |
| 0 1 BO           |  | 0 4 BO           |  | 1 BO    |  | 1 BO           |  | 1 BO     |  | 1 BO    |  | 1 BO     |  |
| 0 1 BP           |  | 0 4 BP           |  | 1 BP    |  | 1 BP           |  | 1 BP     |  | 1 BP    |  | 1 BP     |  |
| 0 1 BQ           |  | 0 4 BQ           |  | 1 BQ    |  | 1 BQ           |  | 1 BQ     |  | 1 BQ    |  | 1 BQ     |  |
| 0 1 BR           |  | 0 4 BR           |  | 1 BR    |  | 1 BR           |  | 1 BR     |  | 1 BR    |  | 1 BR     |  |
| 0 1 BS           |  | 0 4 BS           |  | 1 BS    |  | 1 BS           |  | 1 BS     |  | 1 BS    |  | 1 BS     |  |
| 0 1 BT           |  | 0 4 BT           |  | 1 BT    |  | 1 BT           |  | 1 BT     |  | 1 BT    |  | 1 BT     |  |
| 0 1 BU           |  | 0 4 BU           |  | 1 BU    |  | 1 BU           |  | 1 BU     |  | 1 BU    |  | 1 BU     |  |
| 0 1 BV           |  | 0 4 BV           |  | 1 BV    |  | 1 BV           |  | 1 BV     |  | 1 BV    |  | 1 BV     |  |
| 0 1 BW           |  | 0 4 BW           |  | 1 BW    |  | 1 BW           |  | 1 BW     |  | 1 BW    |  | 1 BW     |  |
| 0 1 BX           |  | 0 4 BX           |  | 1 BX    |  | 1 BX           |  | 1 BX     |  | 1 BX    |  | 1 BX     |  |
| 0 1 BY           |  | 0 4 BY           |  | 1 BY    |  | 1 BY           |  | 1 BY     |  | 1 BY    |  | 1 BY     |  |
| 0 1 BZ           |  | 0 4 BZ           |  | 1 BZ    |  | 1 BZ           |  | 1 BZ     |  | 1 BZ    |  | 1 BZ     |  |
| 0 1 CA           |  | 0 4 CA           |  | 1 CA    |  | 1 CA           |  | 1 CA     |  | 1 CA    |  | 1 CA     |  |
| 0 1 CB           |  | 0 4 CB           |  | 1 CB    |  | 1 CB           |  | 1 CB     |  | 1 CB    |  | 1 CB     |  |
| 0 1 CC           |  | 0 4 CC           |  | 1 CC    |  | 1 CC           |  | 1 CC     |  | 1 CC    |  | 1 CC     |  |
| 0 1 CD           |  | 0 4 CD           |  | 1 CD    |  | 1 CD           |  | 1 CD     |  | 1 CD    |  | 1 CD     |  |
| 0 1 CE           |  | 0 4 CE           |  | 1 CE    |  | 1 CE           |  | 1 CE     |  | 1 CE    |  | 1 CE     |  |
| 0 1 CF           |  | 0 4 CF           |  | 1 CF    |  | 1 CF           |  | 1 CF     |  | 1 CF    |  | 1 CF     |  |
| 0 1 CG           |  | 0 4 CG           |  | 1 CG    |  | 1 CG           |  | 1 CG     |  | 1 CG    |  | 1 CG     |  |
| 0 1 CH           |  | 0 4 CH           |  | 1 CH    |  | 1 CH           |  | 1 CH     |  | 1 CH    |  | 1 CH     |  |
| 0 1 CI           |  | 0 4 CI           |  | 1 CI    |  | 1 CI           |  | 1 CI     |  | 1 CI    |  | 1 CI     |  |
| 0 1 CJ           |  | 0 4 CJ           |  | 1 CJ    |  | 1 CJ           |  | 1 CJ     |  | 1 CJ    |  | 1 CJ     |  |
| 0 1 CK           |  | 0 4 CK           |  | 1 CK    |  | 1 CK           |  | 1 CK     |  | 1 CK    |  | 1 CK     |  |
| 0 1 CL           |  | 0 4 CL           |  | 1 CL    |  | 1 CL           |  | 1 CL     |  | 1 CL    |  | 1 CL     |  |
| 0 1 CM           |  | 0 4 CM           |  | 1 CM    |  | 1 CM           |  | 1 CM     |  | 1 CM    |  | 1 CM     |  |
| 0 1 CN           |  | 0 4 CN           |  | 1 CN    |  | 1 CN           |  | 1 CN     |  | 1 CN    |  | 1 CN     |  |
| 0 1 CO           |  | 0 4 CO           |  | 1 CO    |  | 1 CO           |  | 1 CO     |  | 1 CO    |  | 1 CO     |  |
| 0 1 CP           |  | 0 4 CP           |  | 1 CP    |  | 1 CP           |  | 1 CP     |  | 1 CP    |  | 1 CP     |  |
| 0 1 CQ           |  | 0 4 CQ           |  | 1 CQ    |  | 1 CQ           |  | 1 CQ     |  | 1 CQ    |  | 1 CQ     |  |
| 0 1 CR           |  | 0 4 CR           |  | 1 CR    |  | 1 CR           |  | 1 CR     |  | 1 CR    |  | 1 CR     |  |
| 0 1 CS           |  | 0 4 CS           |  | 1 CS    |  | 1 CS           |  | 1 CS     |  | 1 CS    |  | 1 CS     |  |
| 0 1 CT           |  | 0 4 CT           |  | 1 CT    |  | 1 CT           |  | 1 CT     |  | 1 CT    |  | 1 CT     |  |
| 0 1 CU           |  | 0 4 CU           |  | 1 CU    |  | 1 CU           |  | 1 CU     |  | 1 CU    |  | 1 CU     |  |
| 0 1 CV           |  | 0 4 CV           |  | 1 CV    |  | 1 CV           |  | 1 CV     |  | 1 CV    |  | 1 CV     |  |
| 0 1 CW           |  | 0 4 CW           |  | 1 CW    |  | 1 CW           |  | 1 CW     |  | 1 CW    |  | 1 CW     |  |
| 0 1 CX           |  | 0 4 CX           |  | 1 CX    |  | 1 CX           |  | 1 CX     |  | 1 CX    |  | 1 CX     |  |
| 0 1 CY           |  | 0 4 CY           |  | 1 CY    |  | 1 CY           |  | 1 CY     |  | 1 CY    |  | 1 CY     |  |
| 0 1 CZ           |  | 0 4 CZ           |  | 1 CZ    |  | 1 CZ           |  | 1 CZ     |  | 1 CZ    |  |          |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>UNIT NUMBERS</div> <div>01 02</div> <div>NON-MOTORIST LOCATION</div> <div>01 MARKED CROSSWALK AT INTERSECTION</div> <div>02 INTERSECTION NO CROSSWALK</div> <div>03 NON-INTERSECTION CROSSWALK</div> <div>04 DRIVEWAY ACCESS CROSSWALK</div> <div>05 IN ROADWAY</div> <div>06 NOT IN ROADWAY</div> <div>07 MEDIAN (BUT NOT SHOULDER)</div> <div>08 ISLAND</div> <div>09 SHOULDER</div> <div>10 BIOPARK</div> <div>11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)</div> <div>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</div> <div>13 OUTSIDE TRAFFICWAY</div> <div>14 SHARED PATHS OR TRAILS</div> <div>15 UNKNOWN</div> <div>TYPE OF UNIT</div> <div>13 03</div> <div>MOTORIST</div> <div>01 SUBCOMPACT</div> <div>02 COMPACT</div> <div>03 MID SIZE</div> <div>04 FULL SIZE</div> <div>05 MINIVAN</div> <div>06 SPORT UTILITY VEHICLE</div> <div>07 PICKUP</div> <div>08 PANELVAN</div> <div>09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES</div> <div>10 SINGLE UNIT TRUCK, 3 AXLES</div> <div>11 TRUCK/TRAILER</div> <div>12 TRUCK/TRACTOR (BOTH)</div> <div>13 TRACTOR/SEMI-TRAILER</div> <div>14 TRACTOR/DOUBLE SHORT</div> <div>15 TRACTOR/DOUBLE LONG</div> <div>16 FIFTH WHEEL OR CONVERTIBLE</div> <div>17 TRACTOR/TRIPLES</div> <div>18 MOTORCYCLE</div> <div>19 MOTORIZED BICYCLE</div> <div>20 SCHOOL BUS</div> <div>21 CHURCH BUS</div> <div>22 PUBLIC BUS</div> <div>23 OTHER BUS</div> <div>24 POLICE VEHICLE</div> <div>25 FIRE TRUCK</div> <div>26 AMBULANCE/RESUE</div> <div>27 TAXI</div> <div>28 MOTOR HOME</div> <div>29 FARM VEHICLE</div> <div>30 FARM EQUIPMENT</div> <div>31 GROUND MOBILE</div> <div>32 CONSTRUCTION EQUIPMENT</div> <div>33 ALL OTHERS</div> <div>NON-MOTORIST</div> <div>34 ANIMAL WALKER</div> <div>35 ANIMAL WALKER</div> <div>36 BICYCLE</div> <div>37 PEDESTRIAN</div> <div>38 PEDAL CYCLIST</div> <div>39 SKATER</div> <div>40 OTHER NON-MOTORIST</div> <div>41 UNKNOWN</div> <div>IN EMERGENCY RESPONSE</div> <div>1 NO</div> <div>2 YES</div> <div>3 UNKNOWN</div> <div>DAMAGE SCALE</div> <div>4 4</div> <div>1 NONE</div> <div>2 NON-FUNCTIONAL DAMAGE</div> <div>3 FUNCTIONAL DAMAGE</div> <div>4 DISABLING DAMAGE</div> <div>5 SEVERE</div> <div>6 UNKNOWN</div> | <div>DAMAGE AREA</div> <div>A</div> <div>B</div> <div>MOST DAMAGED AREA</div> <div>1 2 1 1</div> <div>POINT OF IMPACT</div> <div>0 1 1 1</div> <div>ACTION</div> <div>2 3</div> <div>1 NONCONTACT</div> <div>2 NONCOLLISION</div> <div>3 STRUCK</div> <div>4 STRUCK</div> <div>5 BOTH STRUCK AND STRUCK</div> <div>6 UNKNOWN</div> <div>STRIKING VEHICLE: OVERRIDE/UNDERIDE</div> <div>1</div> <div>1 NO UNDERIDE OR OVERRIDE</div> <div>2 UNDERIDE, COMPARTMENT INTRUSION</div> <div>3 UNDERIDE, NO COMPARTMENT INTRUSION</div> <div>4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN</div> <div>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</div> <div>6 OVERRIDE OTHER VEHICLE</div> <div>7 UNKNOWN</div> | <div>PRE-CRASH ACTIONS</div> <div>01 01</div> <div>MOTORIST</div> <div>01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD</div> <div>02 BACKING</div> <div>03 CHANGING LANES</div> <div>04 OVERTAKING/PASSING</div> <div>05 TURNING RIGHT</div> <div>06 TURNING LEFT</div> <div>07 MAKING U-TURN</div> <div>08 ENTERING TRAFFIC LANE</div> <div>09 LEAVING TRAFFIC LANE</div> <div>10 PARKED</div> <div>11 SLOWING/STOPPED IN TRAFFIC</div> <div>12 DRIVERLESS</div> <div>13 OTHER</div> <div>14 UNKNOWN</div> <div>NON-MOTORIST</div> <div>15 ENTERING/CROSSING IN SPECIFIED LOCATION</div> <div>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</div> <div>17 WORKING</div> <div>18 PUSHING VEHICLE</div> <div>19 APPROACHING/LEAVING VEHICLE</div> <div>20 PLAYING/WORKING ON VEHICLE</div> <div>21 STANDING</div> <div>22 OTHER</div> <div>23 UNKNOWN</div> <div>CONTRIBUTING CIRCUMSTANCES</div> <div>1 9 0 1</div> <div>MOTORIST</div> <div>01 NONE</div> <div>02 FAILURE TO YIELD</div> <div>03 RAN RED LIGHT, OR STOP SIGN</div> <div>04 EXCEEDED SPEED LIMIT</div> <div>05 UNSAFE SPEED</div> <div>06 IMPROPER TURN</div> <div>07 LEFT OF CENTER</div> <div>08 FOLLOWED TOO CLOSELY/INADDA</div> <div>09 IMPROPER LANE CHANGING</div> <div>10 IMPROPER PASSING</div> <div>11 IMPROPER BACKING</div> <div>12 STOPPED OR PARKED ILLEGALLY</div> <div>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER</div> <div>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)</div> <div>15 FAILURE TO CONTROL</div> <div>16 VISION OBSTRUCTION</div> <div>17 DRIVER INATTENTION</div> <div>18 FATIGUE/SLEEP</div> <div>19 OPERATING DEFECTIVE EQUIPMENT</div> <div>20 LOAD SHIFTING/FALLING/SPILLING</div> <div>21 OTHER IMPROPER ACTION</div> <div>22 UNKNOWN</div> <div>NON-MOTORIST</div> <div>23 NONE</div> <div>24 IMPROPER CROSSING</div> <div>25 DARTING</div> <div>26 LYING AND/OR ILLEGALLY IN ROADWAY</div> <div>27 FAILURE TO YIELD RIGHT OF WAY</div> <div>28 NOT VISIBLE (DARK CLOTHING)</div> <div>29 INATTENTIVE</div> <div>30 FAILURE TO OBEY TRAFFIC SIGN, SIGNAL, OR OFFICER</div> <div>31 WRONG SIDE OF ROAD</div> <div>32 OTHER</div> <div>33 UNKNOWN</div> <div>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</div> <div>1 1</div> <div>01 TURN SIGNALS</div> <div>02 HEAD LAMPS</div> <div>03 TAIL LAMPS</div> <div>04 BRAKES</div> <div>05 STEERING</div> <div>06 TIRE BLOWOUT</div> <div>07 WORN OR SLICK TIRES</div> <div>08 TRAILER EQUIPMENT DEFECTIVE</div> <div>09 MOTOR TROUBLE</div> <div>10 DISABLED FROM PRIOR CRASH</div> <div>11 OTHER DEFECTS</div> | <div>SEQUENCE OF EVENTS</div> <div>A</div> <div>B</div> <div>NON-COLLISION</div> <div>01 OVERTURN/HOLLOW</div> <div>02 FIRE/EXPLOSION</div> <div>03 IMMERSION</div> <div>04 JACKKNIFE</div> <div>05 CAR/GOV EQUIPMENT LOSS/SHIFT</div> <div>06 EQUIPMENT FAILURE</div> <div>07 SEPARATION OF UNITS</div> <div>08 RAN OFF ROAD RIGHT</div> <div>09 RAN OFF ROAD LEFT</div> <div>10 CROSS-MEDIAN CENTERLINE</div> <div>11 DOWNHILL RUNAWAY</div> <div>12 OTHER NON-COLLISION</div> <div>13 UNKNOWN NON-COLLISION</div> <div>14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED</div> <div>14 PEDESTRIAN</div> <div>15 PEDAL CYCLE</div> <div>16 RAILWAY VEHICLE</div> <div>17 ANIMAL - FARM</div> <div>18 ANIMAL - OTHER</div> <div>19 ANIMAL - OTHER</div> <div>20 MOTOR VEHICLE IN TRANSPORT</div> <div>21 PARKED MOTOR VEHICLE</div> <div>22 WORK ZONE MAINTENANCE EQUIPMENT</div> <div>23 OTHER MOVABLE OBJECT</div> <div>24 UNKNOWN MOVABLE OBJECT</div> <div>25 COLLISION WITH FIXED OBJECT</div> <div>26 IMPACT ATTENUATING CRASH CUSHION</div> <div>27 BRIDGE OVERHEAD STRUCTURE</div> <div>28 BRIDGE PIER OR ABUTMENT</div> <div>29 BRIDGE PARAPET</div> <div>30 BRIDGE RAIL</div> <div>31 GROUND RAIL FENCE</div> <div>32 GROUND RAIL FENCE</div> <div>33 MEDIAN BARRIER</div> <div>34 HIGHWAY TRAFFIC SIGN POST</div> <div>35 OVERHEAD SIGN POST</div> <div>36 LIGHT TOWER/SUPPORT</div> <div>37 UTILITY POLE</div> <div>38 OTHER POST, POLE OR SUPPORT</div> <div>39 CULVERT</div> <div>40 CURB</div> <div>41 DITCH</div> <div>42 EMBANKMENT</div> <div>43 FENCE</div> <div>44 MAILBOX</div> <div>45 TREE</div> <div>46 OTHER FIXED OBJECT</div> <div>47 WORK ZONE MAINTENANCE EQUIPMENT</div> <div>48 UNKNOWN FIXED OBJECT</div> <div>49 OTHER</div> <div>50 UNKNOWN</div> <div>FIRST HARMFUL EVENT</div> <div>1 1</div> <div>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</div> <div>MOST HARMFUL EVENT</div> <div>1 1</div> <div>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</div> <div>SPEED DETECTED</div> <div>1 1</div> <div>1 STATED</div> <div>2 ESTIMATED SPEED</div> <div>SPEED</div> <div>6 5</div> <div>6 5</div> | <div>POSTED SPEED</div> <div>6 5 6 5</div> <div>TRAFFIC CONTROL</div> <div>1 2 1 2</div> <div>01 NO CONTROLS</div> <div>02 STOP SIGN</div> <div>03 YIELD SIGN</div> <div>04 TRAFFIC SIGNAL</div> <div>05 TRAFFIC FLASHERS</div> <div>06 SCHOOL ZONE</div> <div>07 RAILROAD CROSSBUCKS</div> <div>08 RAILROAD FLASHERS</div> <div>09 RAILROAD GATES</div> <div>10 CONSTRUCTION BARRICADE</div> <div>11 POLICE OFFICER</div> <div>12 PAVEMENT MARKINGS</div> <div>13 CROSSWALK LINES</div> <div>14 PAINTED DON'T WALK SIGNAL</div> <div>15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED</div> <div>16 OTHER</div> <div>DIRECTION</div> <div>FROM TO</div> <div>3 4 3 4</div> <div>1 NORTH</div> <div>2 SOUTH</div> <div>3 EAST</div> <div>4 WEST</div> <div>5 NORTHEAST</div> <div>6 NORTHWEST</div> <div>7 SOUTHEAST</div> <div>8 SOUTHWEST</div> <div>9 UNKNOWN</div> <div>CONDITION</div> <div>1 1</div> <div>1 APPARENTLY NORMAL</div> <div>2 PHYSICAL IMPAIRMENT</div> <div>3 EMOTIONAL</div> <div>4 ILLNESS</div> <div>5 FELL ASLEEP, FAINTED, FATIGUE, ETC</div> <div>6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL</div> <div>7 OTHER</div> <div>8 UNKNOWN</div> <div>ALCOHOL/DRUG SUSPECTED</div> <div>1 1</div> <div>1 NONE</div> <div>2 YES - ALCOHOL SUSPECTED</div> <div>3 YES - DRUG NOT IDENTIFIED</div> <div>4 YES - DRUGS SUSPECTED</div> <div>5 YES - ALCOHOL/DRUGS SUSPECTED</div> <div>6 UNKNOWN</div> <div>ALCOHOL TEST STATUS</div> <div>1 1</div> <div>1 NONE</div> <div>2 TEST REFUSED</div> <div>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</div> <div>4 TEST GIVEN, RESULTS KNOWN</div> <div>5 TEST GIVEN, RESULTS UNKNOWN</div> <div>6 UNKNOWN</div> <div>ALCOHOL TEST TYPE</div> <div>1 1</div> <div>1 NONE</div> <div>4 BREATH</div> <div>5 OTHER</div> <div>ALCOHOL TEST RESULT</div> <div>1 1</div> <div>1 1</div> <div>1 1</div> | <div>DRUG TEST STATUS</div> <div>1 1</div> <div>1 NONE</div> <div>2 TEST REFUSED</div> <div>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</div> <div>4 TEST GIVEN, RESULTS KNOWN</div> <div>5 TEST GIVEN, RESULTS UNKNOWN</div> <div>6 UNKNOWN</div> <div>DRUG TEST TYPE</div> <div>1 1</div> <div>1 NONE</div> <div>2 BLOOD</div> <div>3 URINE</div> <div>4 OTHER</div> <div>DRUG TEST 102 RESULT</div> <div>1 2 1 2</div> <div>1 NONE</div> <div>2 MARIJUANA</div> <div>3 COCAINE</div> <div>4 OPiates</div> <div>5 AMPHETAMINES</div> <div>6 PCP</div> <div>7 OTHER</div> <div>8 UNKNOWN AT TIME OF REPORTING</div> <div>TYPE OF INTERSECTION</div> <div>0 1</div> <div>01 NOT AN INTERSECTION</div> <div>02 FOUR-WAY INTERSECTION</div> <div>03 T-INTERSECTION</div> <div>04 Y-INTERSECTION</div> <div>05 TRAFFIC CIRCLE/ROUNDABOUT</div> <div>06 FIVE-POINT, OR MORE</div> <div>07 ON RAMP</div> <div>08 OFF RAMP</div> <div>09 CROSSOVER</div> <div>10 DRIVEWAY ACCESS</div> <div>11 RAILWAY GRADE CROSSING</div> <div>12 SHARED USE PATHS OR TRAILS</div> <div>13 UNKNOWN</div> <div>OCCURRENCE</div> <div>1</div> <div>1 ON ROADWAY</div> <div>2 ON SHOULDER</div> <div>3 IN MEDIAN</div> <div>4 ON ROADSIDE</div> <div>5 ON GORE</div> <div>6 OUTSIDE TRAFFICWAY</div> <div>7 UNKNOWN</div> <div>ROAD CONTOUR</div> <div>1</div> <div>1 FLAT/STRAIGHT LEVEL</div> <div>2 STRAIGHT GRADE</div> <div>3 CURVE LEVEL</div> <div>4 CURVED GRADE</div> <div>ROAD CONDITION</div> <div>PRIMARY</div> <div>0 1</div> <div>01 DRY</div> <div>02 WET</div> <div>03 SNOW</div> <div>04 ICE</div> <div>05 SAND, MUD, DIRT, OIL, GRAVEL</div> <div>06 WATER (STANDING, MOVING)</div> <div>07 SLUSH</div> <div>08 DEBRIS **</div> <div>09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT **</div> <div>10 OTHER</div> <div>11 UNKNOWN</div> <div>**SECONDARY ROAD CONDITIONS ONLY</div> <div>SUPPLEMENT * IF YES</div> <div>1 0 - 0 2 3 9 - 8 9</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

TOP COPY - COPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100623000543

# Narrative

UNIT#2 WAS HEADING WESTBOUND ON IR80 WHEN HE STRUCK A TIRE AND RIM THAT CAME OFF THE TRAILER OF UNIT#1.

## MANNER OF COLLISION OR IMPACT

1

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 2 REAR-END
- 3 HEAD-ON
- 4 REAR-TO-REAR
- 5 BACKING
- 6 ANGLE
- 7 SIDEWIPES, SAME DIRECTION
- 8 SIDEWIPES, OPPOSITE DIRECTION
- 9 UNKNOWN

## WEATHER

0 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

## LIGHT CONDITIONS

PRIMARY SECONDARY

5

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 CLARE
- 8 OTHER
- 9 UNKNOWN

## SCHOOL BUS RELATED

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

## WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## TYPE OF WORK ZONE

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

1

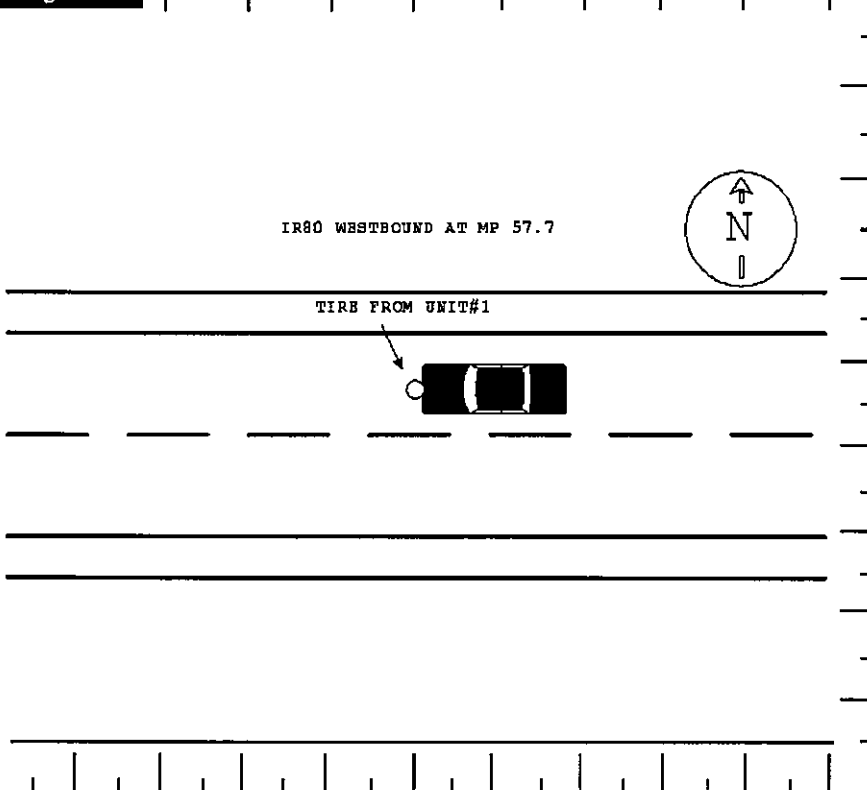
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

## WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## Diagram



## Truck/Bus

UNIT #

1 2

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

1 2

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRANCHIP/RAVEL

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 DABBAD/REFUSE
- 12 OTHER
- 13 UNKNOWN

## WEIGHT (GVWR)

1 2 3

- 1 LESS THAN 10,000
- 2 10,001 - 20,000
- 3 MORE THAN 20,000

## COL CLASS

1 2 3 4 5

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS H
- 5 CLASS D

## HAZARDOUS MATERIALS PLACARD

1 2 3

- 1 NO
- 2 YES
- 3 UNKNOWN

## HAZARDOUS MATERIALS RELEASED

1 2 3 4

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

## Police Action

DATE CRASH REPORTED

0 6 2 4 2 0 1 0

TIME REC CALL

0 3 1 7

DISPATCH

0 3 1 7

ARRIVED

0 3 2 4

CLEARED

0 5 2 0

OTHER

3 0

TOTAL MINUTES

0 1 5 3

OFFICER'S NAME \*

St. Clair, Brian

BADGE # \*

1 6 7 0

CHECKED BY

VEFISHER

DATE REPORT FILED \*

0 6 2 4 2 0 1 0

REPORT TAKEN BY

1

1 POLICE AGENCY  
2 MOTORIST

REPORT TAKEN AT

1

1 SCENE  
2 STATION  
3 OTHER

SUPPLEMENT \*  
\*X IF YES

LOCAL REPORT # \*

1 0 - 0 2 3 9 - 8 9

TOP COPY - CDP9 BOTTOM COPY - AG ENCY

CAD Incident Number - LHP100623000543

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

|                                         |                                                  |                                |
|-----------------------------------------|--------------------------------------------------|--------------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>10-0239-89 | REPORTING<br>AGENCY<br>Ohio State Highway Patrol | DATE OF ACCIDENT<br>06/23/2010 |
| IN COUNTY OF<br>Lucas                   | ACCIDENT<br>LOCATION<br>W IR0080                 |                                |

## DAMAGE ANALYSIS

## UNIT#1

-LOST A SET OF TANDEM TIRES OFF RIGHT REAR OF TRAILER.

## UNIT#2

-RIGHT FRONT TIRE AND RIM

-UNDERCARRIAGE

## UNIT#1 TRAILER INFO

-1997 FRUEHAUF BOX TRAILER

-RP- [REDACTED]

-VIN# 1HV0532XVE [REDACTED]

-OWNER IS SAME AS TRACTOR

UNIT#1 GAVE A STATEMENT, IT IS WITH CRASH 10-0237-89

OFFICER'S SIGNATURE

BADGE NO.

1670

**OH-3 REV 1/82**

**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

HSY 7003 1/82

**CAD Incident Number - LHP100623000543**

**OH-3 REV 1/82**

**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

**CAD Incident Number - LHP100623000543**

JUL 19 2010

OH-1 (Rev. 10/99)

## TRAFFIC CRASH REPORT



LOCAL REPORT #

10-0240-89

CRASH SEVERITY

2 1 FATAL 3 POO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

X IF YES

HIT/SKIP

1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN

X IF YES

OH-2

X

OH-3

OH-1P

OTHER

N.C.I.C. #

OHP89

REPORTING AGENCY

Ohio State Highway Patrol

# UNITS

02

UNIT ERROR

01

99 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH

06232010

TIME OF CRASH

0315

DAY OF WEEK

WED

CITY

VILLAGE

TWP

X

NAME (OF CITY, VILLAGE OR TOWNSHIP)

SPRINGFIELD

COUNTY #

48

LATITUDE

41:35:30.77

LONGITUDE

83:42:43.20

CRASH OCCURRED ON  
PREFIX CRASH LOCATION

W IR0080

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION

WB

DIST REFERENCE

.7M

OR

E

PREFIX REFERENCE

57

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 DRAINAGE  
10 STREET OR ROUTE NO  
REFERENCE

UNIT #

A 01

# OF OCC.

01

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Union City, Pennsylvania

DATE OF BIRTH

11191969

AGE

40

SEX

M

HOME PHONE #

WORK PHONE #

DL STATE

PA

DL #

LP STATE

PA

LP #

INJURED TAKEN BY

1 NONE  
2 EMS  
3 POLICE

4 OTHER

5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

TROYER TRANSPORTATION, INC

ADDRESS (STREET, CITY, STATE, ZIP CODE)

817 ROUTE 97 S, Waterford, Pennsylvania 16441

YEAR

2006

MAKE

VOLV

MODEL

VNL64T

COLOR

WHI

INSURANCE COMPANY

EMPIRE FIRE AND MARINE

TOWING SERVICE

OWNER PHONE #

(814)796-7083

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

UNIT #

B 02

# OF OCC.

02

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Oxford, New York

SOCIAL SECURITY NUMBER

09041963

DATE OF BIRTH

09041963

AGE

46

SEX

F

HOME PHONE #

WORK PHONE #

DL STATE

NY

DL #

LP STATE

NY

LP #

INJURED TAKEN BY

1 NONE  
2 EMS  
3 POLICE

4 OTHER

5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2006

MAKE

TOYO

MODEL

Solara

COLOR

WHI

INSURANCE COMPANY

GEICO

TOWING SERVICE

WRIGHT

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

UNIT #

C 02

# OF OCC.

02

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Oxford, New York

INJURED TAKEN BY

1 NONE  
2 EMS  
3 POLICE

4 OTHER

5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

UNIT #

D

# OF OCC.

02

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE  
2 EMS  
3 POLICE

4 OTHER

5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

|    |                             |
|----|-----------------------------|
| 01 | SEATING POSITION            |
| 01 | 41 FRONT - LEFT (MC DRIVER) |
| 01 | 02 FRONT - MIDDLE           |
| 01 | 03 FRONT - RIGHT            |
| 03 | 14 SECOND - LEFT (MC PASS)  |
| 03 | 05 SECOND - MIDDLE          |
| 03 | 06 SECOND - RIGHT           |
| 03 | 07 THIRD - LEFT             |
| 03 | 08 THIRD - MIDDLE           |
| 03 | 09 THIRD - RIGHT            |
| 03 | 10 SEATER SECTION OF CAB    |
| 03 | 11 ENCLOSED CARGO AREA      |
| 03 | 12 UNENCLOSED CARGO AREA    |
| 03 | 13 TRAILER UNIT             |
| 03 | 14 EXTERIOR                 |
| 03 | 15 OTHER                    |
| 03 | 16 NON-MOTORIST             |
| 03 | 17 UNKNOWN                  |

|    |                        |
|----|------------------------|
| 04 | SAFETY EQUIPMENT       |
| 04 | 01 NONE USED           |
| 04 | 02 SHOULDER BELT ONLY  |
| 04 | 03 LAP BELT ONLY       |
| 04 | 04 SHOULDER/LAP BELT   |
| 04 | 05 CHILD SAFETY SEAT   |
| 04 | 06 MC HELMET USED      |
| 04 | 07 US UNKNOWN          |
| 04 | 08 NONE USED           |
| 04 | 09 HELMET USED         |
| 04 | 10 PROTECTIVE PADS     |
| 04 | 11 REFLECTIVE CLOTHING |
| 04 | 12 LIGHTING            |
| 04 | 13 OTHER               |
| 04 | 14 UNKNOWN             |

|   |                    |
|---|--------------------|
| 1 | AIR BAG            |
| 1 | 1 NOT DEPLOYED     |
| 1 | 2 DEPLOYED - FRONT |
| 1 | 3 DEPLOYED - SIDE  |
| 1 | 4 DEPLOYED BOTH    |
| 1 | 5 NOT APPLICABLE   |
| 1 | 6 UNKNOWN          |

|   |                   |
|---|-------------------|
| 1 | AIR BAG SWITCH    |
| 1 | 1 NOT PRESENT     |
| 1 | 2 IN ON POSITION  |
| 1 | 3 IN OFF POSITION |
| 1 | 4 UNKNOWN         |

|   |                     |
|---|---------------------|
| 1 | EJECTION            |
| 1 | 1 NOT EJECTED       |
| 1 | 2 TOTALLY EJECTED   |
| 1 | 3 PARTIALLY EJECTED |
| 1 | 4 NOT APPLICABLE    |
| 1 | 5 UNKNOWN           |

|   |                                 |
|---|---------------------------------|
| 1 | TRAPPED                         |
| 1 | 1 NOT TRAPPED                   |
| 1 | 2 EXTRACTED BY MEANS            |
| 1 | 3 FREED BY NON-MECHANICAL MEANS |
| 1 | 4 UNKNOWN                       |

|   |                      |
|---|----------------------|
| 1 | INJURIES             |
| 1 | 1 NO INJURY          |
| 1 | 2 POSSIBLE           |
| 1 | 3 NON-INCAPACITATING |
| 1 | 4 INCAPACITATING     |
| 1 | 5 FATAL INJURY       |
| 1 | 6 UNKNOWN            |

HSV7001

TOP COPY - DOPS BOTTOM COPY - ASERCY

CAD Incident Number: LHP100623000546

|                                                                                                                    |                                                            |                                                                                                      |                                                                                   |                                                |                                                |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
| <b>UNIT NUMBERS</b><br><div>0102</div>                                                                             | <b>DAMAGE AREA</b><br>                                     | <b>PRE-CRASH ACTIONS</b><br><div>0101</div>                                                          | <b>SEQUENCE OF EVENTS</b><br><div>1223</div>                                      | <b>POSTED SPEED</b><br><div>6565</div>         | <b>DRUG TEST STATUS</b><br><div>11</div>       |
| <b>NON-MOTORIST LOCATION</b><br><div>010203040506070809101112131415</div>                                          | <div>1211</div>                                            | <b>CONTRIBUTING CIRCUMSTANCES</b><br><div>1901</div>                                                 | <b>NON-COLLISION</b><br><div>0102030405060708091011121314151617181920212223</div> | <b>TRAFFIC CONTROL</b><br><div>1212</div>      | <b>DRUG TEST TYPE</b><br><div>11</div>         |
| <b>TYPE OF UNIT</b><br><div>1303</div>                                                                             | <b>POINT OF IMPACT</b><br><div>0111</div>                  | <b>MOTORIST</b><br><div>0102030405060708091011121314151617181920212223</div>                         | <b>COLLISION WITH FIXED OBJECT</b><br><div>25262728293031323334353637383940</div> | <b>DIRECTION</b><br><div>3434</div>            | <b>DRUG TEST 162 RESULT</b><br><div>1212</div> |
| <b>MOTORIST</b><br><div>010203040506070809101112131415161718192021222324252627282930313233343536373839404142</div> | <b>ACTION</b><br><div>23</div>                             | <b>NON-MOTORIST</b><br><div>010203040506070809101112131415161718192021222324252627282930313233</div> | <b>FIRST HARMFUL EVENT</b><br><div>11</div>                                       | <b>CONDITION</b><br><div>11</div>              | <b>TYPE OF INTERSECTION</b><br><div>01</div>   |
| <b>IN EMERGENCY RESPONSE</b><br><div>123</div>                                                                     | <b>STRIKING VEHICLE: OVERRIDE/UNDERIDE</b><br><div>1</div> | <b>VEHICLE DEFECT</b><br><div>11</div>                                                               | <b>MOST HARMFUL EVENT</b><br><div>11</div>                                        | <b>ALCOHOL/DRUG SUSPECTED</b><br><div>11</div> | <b>OCCURRENCE</b><br><div>1</div>              |
| <b>DAMAGE SCALE</b><br><div>44</div>                                                                               | <div>1</div>                                               | <div>11</div>                                                                                        | <b>SPEED DETECTED</b><br><div>11</div>                                            | <b>ALCOHOL TEST STATUS</b><br><div>11</div>    | <b>ROAD CONTOUR</b><br><div>1</div>            |
| <div>123456</div>                                                                                                  | <div>1234567</div>                                         | <div>1234567891011</div>                                                                             | <b>SPEED</b><br><div>6565</div>                                                   | <b>ALCOHOL TEST TYPE</b><br><div>11</div>      | <b>ROAD CONDITION</b><br><div>01</div>         |
| <div>10024089</div>                                                                                                |                                                            |                                                                                                      |                                                                                   |                                                |                                                |

# Narrative

UNIT#2 WAS HEADING WESTBOUND ON IR80 AND STRUCK A TIRE AND RIM THAT CAME OFF OF UNIT#1.

## MANNER OF COLLISION OR IMPACT

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

## WEATHER

0 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

## LIGHT CONDITIONS

5

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 GLARE
- 8 OTHER
- 9 UNKNOWN

## SCHOOL BUS RELATED

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

## WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## TYPE OF WORK ZONE

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

1

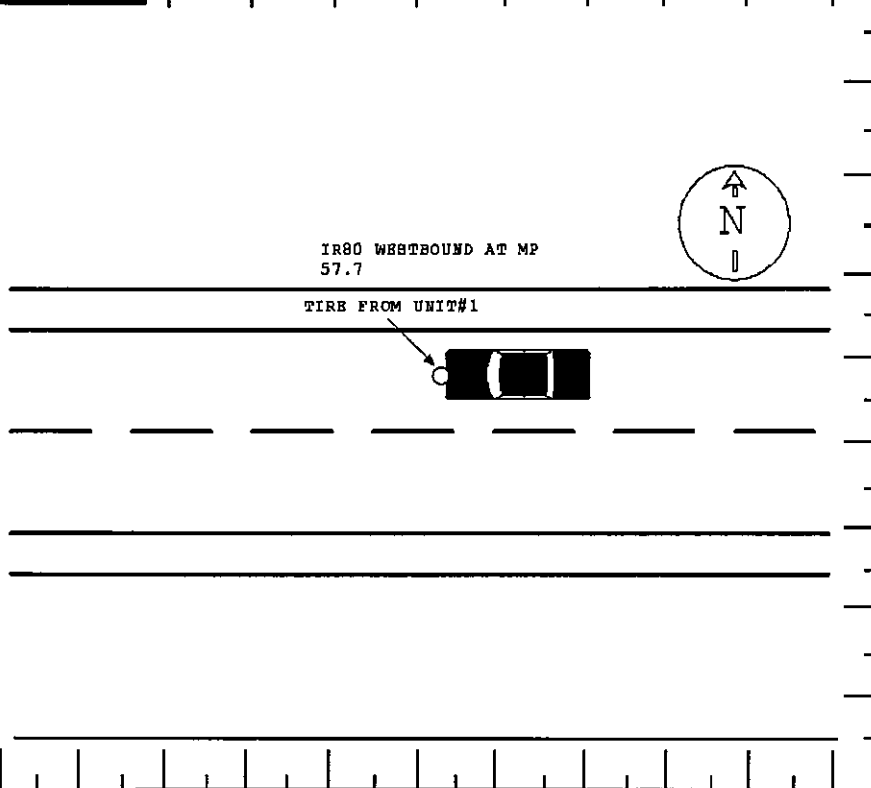
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

## WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## Diagram



## Truck/Bus

UNIT #

1 2

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 INTERMEDIARY 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

1

- 01 NOT APPLICABLE
- 02 BUS (8-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 DRAINAGE/BOAT RAYEL

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 DASHBOD/REFUSE
- 12 OTHER
- 13 UNKNOWN

## WEIGHT (GVWR)

1

- 1 LESS THAN 10,000
- 2 10,001 - 20,000
- 3 MORE THAN 20,000

## COL CLASS

1

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS H
- 5 CLASS D

## HAZARDOUS MATERIALS PLACARD

1

- 1 NO
- 2 YES
- 3 UNKNOWN

## HAZARDOUS MATERIALS RELEASED

1

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

## Police Action

DATE CRASH REPORTED

0 6 2 3 2 0 1 0

TIME REC CALL

0 3 1 7

DISPATCH

0 3 1 7

ARRIVED

0 3 2 4

CLEARED

0 5 2 0

OTHER

3 0

TOTAL MINUTES

0 1 5 3

OFFICER'S NAME \*

St. Clair, Brian

BADGE # \*

1 6 7 0

CHECKED BY

VEFISHER

DATE REPORT FILED \*

0 6 2 4 2 0 1 0

REPORT TAKEN BY

1

- 1 POLICE AG ENCY
- 2 MOTORIST

REPORT TAKEN AT

1

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT \* "X" IF YES

1

LOCAL REPORT # \*

1 0 - 0 2 4 0 - 8 9

TOP COPY - CDP9 BOTTOM COPY - AGENCY

CAD Incident Number - LHP100623000546

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

|                                                                                                                                                                                                                                                                                                                                                    |                                                  |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>10-0240-89                                                                                                                                                                                                                                                                                                            | REPORTING<br>AGENCY<br>Ohio State Highway Patrol | DATE OF ACCIDENT<br>06/23/2010 |
| IN COUNTY OF<br>Lucas                                                                                                                                                                                                                                                                                                                              | ACCIDENT<br>LOCATION<br>W IR0080                 |                                |
| <p>DAMAGE ANALYSIS</p> <p>UNIT#1 LOST RIGHT REAR TANDEMS OFF TRAILER</p> <p>UNIT#2</p> <p>-RIGHT FRONT TIRE</p> <p>-UNDERCARRIAGE</p> <p>UNIT#1 TRAILER INFO</p> <p>-1997 FRUEHAUF BOX</p> <p>-RP= PA [REDACTED]</p> <p>-VIN# 1HV0532X [REDACTED]</p> <p>-OWNER IS SAME AS TRACTOR</p> <p>UNIT#1 GAVE A STATEMENT, IT IS WITH CRASH 10-0237-89</p> |                                                  |                                |
| OFFICERS SIGNATURE                                                                                                                                                                                                                                                                                                                                 |                                                  | BADGE NO.<br>1670              |

HSY 7002

CAD Incident Number - LHP100623000546

## OH-3 REV 1/82

**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

**CAD Incident Number - LHP100623000546**

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                           |            |                     |                           |               |            |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|
| LOCAL<br>REPORT<br>NUMBER | 10-0240-89 | REPORTING<br>AGENCY | Ohio State Highway Patrol | DATE OF CRASH | 06/23/2010 |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

|                                                                    |                     |
|--------------------------------------------------------------------|---------------------|
| I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO              |                     |
| (PRINTED)                                                          |                     |
| St. Clair, Brian                                                   | AT WIR0080          |
| (OFFICERS NAME)                                                    | (LOCATION)          |
|                                                                    |                     |
| ADDRESS<br>OF<br>WITNESS<br>[REDACTED] Oxford, New York [REDACTED] | PHONE<br>[REDACTED] |
| SIGNATURE<br>OF<br>WITNESS                                         | OFFICERS SIGNATURE  |

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                           |            |                     |                           |               |            |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|
| LOCAL<br>REPORT<br>NUMBER | 10-0240-89 | REPORTING<br>AGENCY | Ohio State Highway Patrol | DATE OF CRASH | 06/23/2010 |
|---------------------------|------------|---------------------|---------------------------|---------------|------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

|                                                                                                                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| I, <span style="background-color: black; color: black;">[REDACTED]</span> HEREBY MAKE THIS VOLUNTARY STATEMENT TO                                                                      |                                                                                 |
| (PRINTED)                                                                                                                                                                              |                                                                                 |
| St. Clair, Brian                                                                                                                                                                       | AT WIR0080                                                                      |
| (OFFICERS NAME)                                                                                                                                                                        | (LOCATION)                                                                      |
|                                                                                                                                                                                        |                                                                                 |
| ADDRESS<br>OF<br>WITNES <span style="background-color: black; color: black;">[REDACTED]</span> Oxford, New York <span style="background-color: black; color: black;">[REDACTED]</span> | PHONE<br><span style="background-color: black; color: black;">[REDACTED]</span> |
| SIGNATURE<br>OF<br>WITNESS                                                                                                                                                             | OFFICERS SIGNATURE                                                              |

HSY 7003 1/82

CAD Incident Number - LHP100623000546