

AUG 19 2010

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT #*
1 0 - 0 4 6 9 - 9 0

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
IF YES

HITS/SKIP
1 NOT HITS KIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
IF YES

OH-2 OH-3 OH-1P OTHER
X X X

N.C.J.C.*
O H P 9 0

REPORTING AGENCY*
Ohio State Highway Patrol

#UNITS
0 1

UNIT ERROR
0 1
99 = ANIMAL
99 = UNKNOWN

DATE OF CRASH*
0 7 1 6 2 0 1 0

TIME OF CRASH
1 1 5 8

DAY OF WEEK
F R I

CITY* VILLAGE* TWP*
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)*
Riley

COUNTY*
7 2

LATITUDE
41:23:19.50

LONGITUDE
83:03:09.14

CRASH OCCURRED ON
PREFIX CRASH LOCATION
IR 0080

TYPE LOC 3
TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOC # INFORMATION
WB

REFERENCE
DIST REFERENCE OR PREFIX REFERENCE
.1 W 95

REFERENCE POINT USED
06
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE
04 HOUSE NUMBER
05 TOWN HP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

A UNIT # 0107 # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Youngstown, Ohio
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 09031946 AGE 63 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE OH LP STATE LP # [REDACTED] INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY Sandusky CO Ems INJURED TAKEN TO PHYSICIANS CHOICE HOSP.
 OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR 1994 MAKE CHEV MODEL C20 COLOR BRO INSURANCE COMPANY SAFECO TOWING SERVICE MADISON MOTOR'S OWNER PHONE # [REDACTED]
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE 'X' IF YES

Occupant

B UNIT # [REDACTED] # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED] HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE [REDACTED] LP STATE LP # [REDACTED] INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE 'X' IF YES

C UNIT # 01 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH 12171969 AGE 40 SEX M
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Farrell, Pennsylvania
 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
D UNIT # 01 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH 12051943 AGE 66 SEX F
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Youngstown, Ohio
 INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY Sandusky Twp EMS INJURED TAKEN TO Physicians Choice Hosp

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SEAT) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 04 A MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NON-MOTORIST 01 NONE USED 02 HELMET USED 03 PROTECTIVE PADS 04 REFLECTIVE CLOTHING 05 LIGHTING 06 OTHER 07 UNKNOWN	AIR BAG 5 A 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 A 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 3 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS
SUPPLEMENT 'X' IF YES

HSY7001

TOP COPY - ODPB BOTTOM COPY - AGENCY

CAD Incident Number: LHP100716001918

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH- 1-P (Rev. 11/88)

LOCAL REPORT #*	N.C.I.C. #*	REPORTING AGENCY*	DATE OF CRASH*
1 0 - 0 4 6 9 - 9 0	O H P 9 0	Ohio State Highway Patrol	0 7 1 6 2 0 1 0

UNIT #	[REDACTED]	DATE OF BIRTH	AGE	SEX
E 0 1		0 7 1 9 1 9 6 9	4 0	F
CITY, STATE, ZIP CODE		INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
Farrell, Pennsylvania		2	Sandusky Twp EMS	Physician's Choice Hosp

UNIT #	[REDACTED]	DATE OF BIRTH	AGE	SEX
F 0 1		0 6 1 3 1 9 9 3	1 7	F
CITY, STATE, ZIP CODE		INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
Youngstown, Ohio		1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

UNIT #	[REDACTED]	DATE OF BIRTH	AGE	SEX
G 0 1		0 7 2 9 1 9 8 8	2 1	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
Youngstown, Ohio		1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

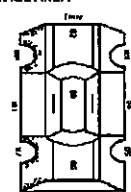
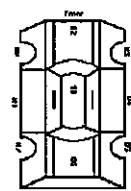
UNIT #	[REDACTED]	DATE OF BIRTH	AGE	SEX
H 0 1		1 0 3 1 1 9 9 5	1 4	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
Farrell, Pennsylvania		2	Sandusky Co. EMS	Physician's Choice Hosp

UNIT #	[REDACTED]	DATE OF BIRTH	AGE	SEX
I		0 6 1 2 1 9 4 9	6 1	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
Farrell, Pennsylvania		1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

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

0 6 SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 08 THIRD - MIDDLE (MC PASSENGER SIDE CAR) 09 THIRD - MIDDLE 10 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	0 4 SAFETY EQUIPMENT MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	5 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED FRONT 3 DEPLOYED SIDE 4 DEPLOYED BOTH 5 FRONT SIDE 3 NOT APPLICABLE 0 UNKNOWN	1 AIR BAG SWITCH 1 NOT PRESENT 2 NON POSITION 3 OFF POSITION 4 UNKNOWN	1 EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	3 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 0 UNKNOWN
E	E	E	E	E	E	E

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td><input type="text" value="0"/></td><td><input type="text" value="6"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>B</td><td><input type="text" value="0"/></td><td><input type="text" value="9"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>C</td><td><input type="text" value="3"/></td><td><input type="text" value="2"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D</td><td><input type="text" value="0"/></td><td><input type="text" value="8"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	A	<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>	B	<input type="text" value="0"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>	C	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	D	<input type="text" value="0"/>	<input type="text" value="8"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/>
A	<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>																					
B	<input type="text" value="0"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>																					
C	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>																					
D	<input type="text" value="0"/>	<input type="text" value="8"/>	<input type="text"/>	<input type="text"/>																					
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MOTORIST 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSED 04 JACKKNIFE 05 CAR/QUIP/EQUIPMENT LOSS/SPLIT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY (C/D/A) 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECTFUL OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTS/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNAL, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	DIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	DRUG TEST 162 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZE 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUIP.) 13 TRACTOR BEHN-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COUNTRY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WALKER 36 ANIMAL W/LEGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON-MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ACTION <input type="text" value="3"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="3"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/>	OCURRENCE <input type="text" value="3"/> <input type="text"/> <input type="text"/>																				
DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value="1"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="3"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
DAMAGE SCALE 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	STRIKING VEHICLE: OVERRIDE/UNDERRIDE 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE OTHER VEHICLE 07 UNKNOWN	VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRECRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ROAD CONDITION PRIMARY SECONDARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
SUPPLEMENT * IF YES		LOCAL REPORT # *																							
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="0"/>																							

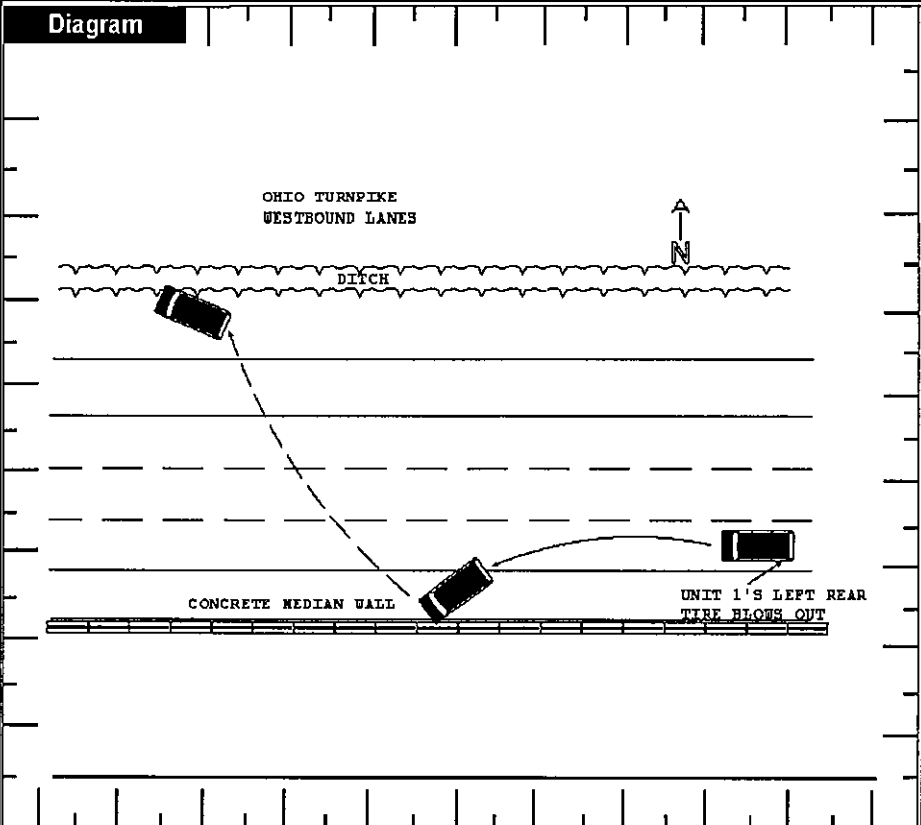
TOP COPY - O/DPS BOTTOM COPY - AGENCY

CAD Incident Number - LHP100716001918

Narrative

Unit #1 was westbound in the left lane of the Ohio Turnpike when the left rear tire blew out. The driver of Unit #1 lost control and veered off the left side of the road, striking the concrete median wall. Unit #1 then crossed the westbound lanes and skidded off the right hand into the ditch.

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



Truck/Bus UNIT # <input type="text"/> <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	AND THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERFERING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) <input type="text"/>		COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	ICC MC	PUCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRABBER/BOX TRAILER	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARBO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 BARBED WIRE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	COL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS 4 <input type="checkbox"/> 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
07162010	1200	1200	1206	1315	90	0165
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Mack, William	1403	BJGOCKSTETTER	07172010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT # **			
1	1 SCENE 2 STATION 3 OTHER		10-0469-90			

TOP COPY - ODPs BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0469-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/16/2010
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR 0080	

UNIT 1 DAMAGE: LEFT FRONT CORNER-FENDER, HOOD, GRILL, DOOR, WINDSHIELD, AND A-FRAME ASSEMBLY.
OCCUPANT INJURIES APPEARED MINOR WITH ALL BEING TREATED AND RELEASED THE SAME DAY.
UNIT 1 TIRES HAD SUFFICIENT TREAD BUT SHOWED SIGNS OF DRY ROT, CRACKED AND DRY APPEARANCE.

OFFICERS SIGNATURE	BADGE NO. 1403
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0469-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	07/16/2010
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

Mack, William AT IR 0080
(OFFICERS NAME) (LOCATION)

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

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0469-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	07/16/2010
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

Mack, William AT IR 0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS	<u>[REDACTED] Youngstown, Ohio [REDACTED]</u>	PHONE	<u>[REDACTED]</u>
SIGNATURE OF WITNESS	OFFICERS SIGNATURE		

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

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OHIO TRAFFIC CRASH WITNESS STATEMENT

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SIGNATURE OF WITNESS	[REDACTED]	OFFICERS SIGNATURE	[REDACTED]