

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
10-0500-90

CRASH SEVERITY  
3 1 FATAL 2 PDD  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
\*X IF YES

HITS/KIP  
1 NOT HIT/KIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
\*X IF YES

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

N.C.I.C. #  
OHP90

REPORTING AGENCY  
Ohio State Highway Patrol

# UNITS  
01

UNIT ERROR  
01 88 = ANNUAL  
89 = UNKNOWN

DATE OF CRASH  
07292010

TIME OF CRASH  
2018

DAY OF WEEK  
THU

CITY VILLAGE TWP  
X Washington

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
Washington

COUNTY #  
72

LATITUDE  
41:25:44.72

LONGITUDE  
83:11:55.46

CRASH OCCURRED ON  
PREFIX CRASH LOCATION TYPE LOC  
IR0080 3

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

LOCAL INFORMATION  
EB

TYPE REFERENCE  
DIST REFERENCE OR PREFIX REFERENCE  
.2m W 87

REFERENCE POINT USED  
06 REF POINT

REFERENCE POINT USED  
04 HOUSE NUMBER 08 PLACE NAME NO REFERENCE  
01 STATE LINE 03 TOWN HP BOUNDARY 05 DRIVEWAY  
02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE NO  
03 COUNTY LINE 07 CORPORATION LIMIT REFERENCE

Motorist/Non-Motorist

**A** UNIT # 01 # OF OCC. 03 NAME (LAST, FIRST, MIDDLE) [REDACTED]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Lorain, Ohio  
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 05241972 AGE 38 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]  
 DL STATE OH LP STATE LP # [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Lorain, Ohio  
 YEAR 1999 MAKE HOND MODEL Civic COLOR SIL/SIL INSURANCE COMPANY Nationwide TOWING SERVICE Madison's OWNER PHONE # [REDACTED]  
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE # [REDACTED] \*X IF YES

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

Occupant

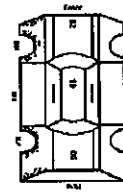
**C** UNIT # 01 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH 12301954 AGE 55 SEX F  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Lorain, Ohio  
 INJURED TAKEN BY [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
**D** UNIT # 01 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH 10211973 AGE 36 SEX M  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Lorain, Ohio  
 INJURED TAKEN BY [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

SEATING POSITION 01 01 FRONT - LEFT (MC DRIVER) 02 02 FRONT - MIDDLE 03 03 FRONT - RIGHT 04 04 SECOND - LEFT (MC PASS) 05 05 SECOND - MIDDLE 06 06 SECOND - RIGHT 07 07 THIRD - LEFT (MC PASSENGER/SEAT) 08 08 THIRD - MIDDLE 09 09 THIRD - RIGHT 10 10 SLEEPER SECTION OF CAB 11 11 ENCLOSED CARGO AREA 12 12 UNENCLOSED CARGO AREA 13 13 TRAILING UNIT 14 14 OTHER 15 15 OTHER 16 16 NON-MOTORIST 17 17 UNKNOWN	SAFETY EQUIPMENT 04 04 MOTORIST 01 01 NONE USED 02 02 SHOULDER BELT ONLY 03 03 LAP BELT ONLY 04 04 SHOULDER/LAP BELT 05 05 CHILD SAFETY SEAT 06 06 MC HELMET USED 07 07 USE UNKNOWN 08 08 NONE USED 09 09 HELMET USED 10 10 PROTECTIVE PADS 11 11 REFLECTIVE CLOTHING 12 12 LIGHTING 13 13 OTHER 14 14 UNKNOWN	AIR BAG 1A 1A NOT DEPLOYED 2 2 DEPLOYED - FRONT 3 3 DEPLOYED - SIDE 4 4 DEPLOYED BOTH FRONT/SIDE 5 5 NOT APPLICABLE 6 6 UNKNOWN	AIR BAG SWITCH 1A 1A NOT PRESENT 2 2 IN ON POSITION 3 3 IN OFF POSITION 4 4 UNKNOWN	EJECTION 1A 1A NOT EJECTED 2 2 TOTALLY EJECTED 3 3 PARTIALLY EJECTED 4 4 NOT APPLICABLE 5 5 UNKNOWN	TRAPPED 1A 1A NOT TRAPPED 2 2 EXTRACTED BY MECHANICAL MEANS 3 3 FREED BY NON-MECHANICAL MEANS 4 4 UNKNOWN	INJURIES 1A 1A NO INJURY 2 2 POSSIBLE 3 3 NON-INCAPACITATING 4 4 INCAPACITATING 5 5 FATAL INJURY 6 6 UNKNOWN
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BLANK FOR WITNESS  
24  
SUPPLEMENT \*X IF YES

HSY7001

TOP COPY - OHP'S BOTTOM COPY - AGENCY

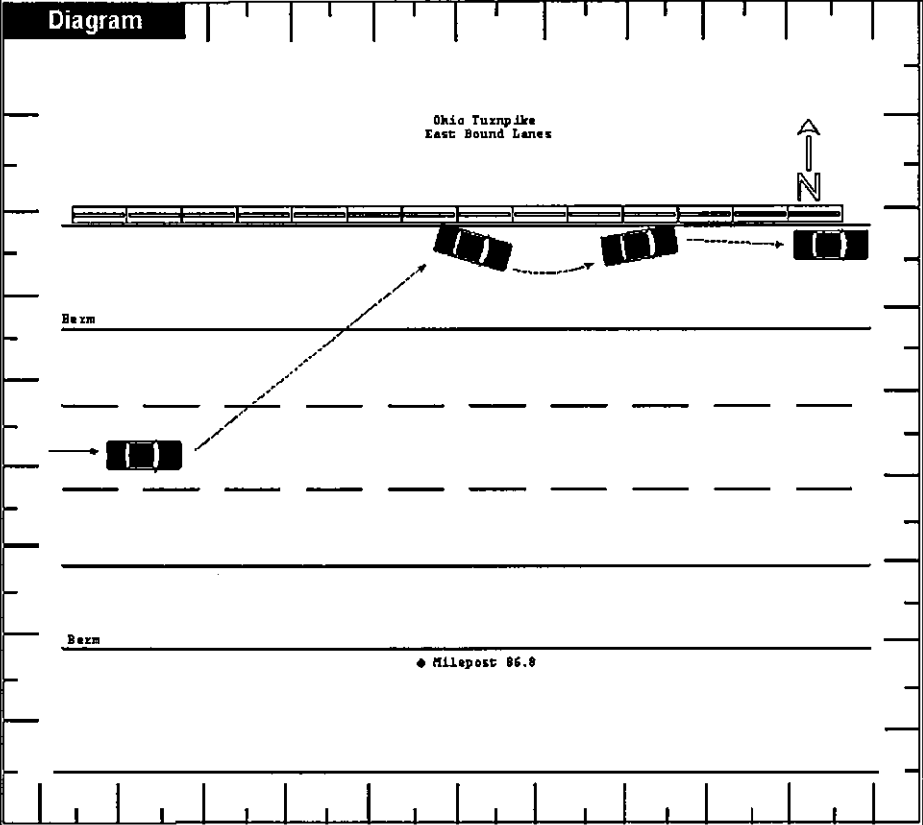
<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td><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"/></td><td><input type="text"/></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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>POSTED SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NO INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	<b>MOTORIST</b> 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING 17 PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/Rollover 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/BIKE 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	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
<b>TYPE OF UNIT</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUIPMENT) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTY WHEELER 17 CONVERTER/COLLY 18 TRACTOR/TIMBER 19 MOTORCYCLE 20 MOTORIZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS <b>NON-MOTORIST</b> 36 ANIMAL W/DRIVER 37 ANIMAL W/NO DRIVER 38 BICYCLE 39 PEDESTRIAN 40 PEDAL CYCLIST 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/CADDA 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> <table border="1"> <tr><th>FROM</th><th>TO</th><th>FROM</th><th>TO</th></tr> <tr><td><input type="text" value="4"/></td><td><input type="text" value="3"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	FROM	TO	FROM	TO	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	<b>DRUG TEST 162 RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
FROM	TO	FROM	TO																						
<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>																						
<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/CADDA 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTEMPTING TO CRASH/CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 DIRECTIONAL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>CONDITION</b> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
<b>ACTION</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 NONE CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/CADDA 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>FIRST HARMFUL EVENT</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	<b>OCURRENCE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/>																				
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/CADDA 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>MOST HARMFUL EVENT</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																				
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/CADDA 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>ROAD CONDITION</b> <table border="1"> <tr><th>PRIMARY</th><th>SECONDARY</th></tr> <tr><td><input type="text" value="0"/></td><td><input type="text" value="1"/></td></tr> </table>	PRIMARY	SECONDARY	<input type="text" value="0"/>	<input type="text" value="1"/>																
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<input type="text" value="0"/>	<input type="text" value="1"/>																								
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 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	<b>MOTORIST</b> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 HOORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="0"/>																				

TOP COPY - DOPS BOTTOM COPY - AGENCY

**Narrative**

Unit 1 was traveling eastbound on the Ohio Turnpike in the center lane at the 86 milepost. Unit 1's right rear tire blew out causing the driver to lose control. Unit 1 went off the left side of the highway and struck the median barrier.

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



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

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<b>CARGO BODY TYPE</b> <input type="text"/>	01 NOT APPLICABLE 02 BUS (G15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANCHEP/BORAVEL	05 POLE 06 CARD TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 DARGAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="text"/>	1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="text"/>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="text"/>	1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="text"/>	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
07292010	2019	2019	2032	2108	80	0129
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Ramsey, Michael	1385	ADIVY	08032010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT # *			
1	1 POLICE AGENCY 2 MOTORIST	1	1 SCENE 2 STATION 3 OTHER		10-0500-90	

TOP COPY - ODPS BOTTOM COPY - AGENCY

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

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

LOCAL REPORT NUMBER 10-0500-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/29/2010
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0080	

**Damage Analysis**

Unit 1: 1999 Honda Civic

Damage: Both rear tires flat, rear bumper knocked off, left rear tail light assembly broken, left rear quarter panel dented, truck off alignment.

Insurance: Nationwide

Comments: No damage to Turnpike Property. Crash was called in by a passer-by. There was no one with the vehicle when Officer arrived on scene. An outside wrecker service arrived on scene and was able to put the Officer in contact with the driver.

**Diagram Key:**

Reference Point "RP" = The 86.75 Emergency Phone Number Sign

Point "0" = The yellow painted edgline of the berm, located 54 feet directly North of "RP"

Point	FE	FO	Description
A	7N	131W	Final rest of right front tire
B	7N	140W	Final rest of right rear tire
C	15N	154W	Unit 1 strikes wall
D	15N	175W	Unit 1 strikes wall

OFFICERS SIGNATURE	BADGE NO. 1385
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0500-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/29/2010
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