

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

OH-1 (Rev. 10/89)



LOCAL REPORT # 1 0 - 0 3 6 4 - 8 9	CRASH SEVERITY 2 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY IF YES	HITS/KIP 1 NOT HITS/KIP 2 SOLVED 3 UNSOLVED	PROPERTY TAKEN IF YES	OH-1P X	OTHER X
N.C.J.C.# O H P 8 9	REPORTING AGENCY Ohio State Highway Patrol	# UNITS 0 1	UNIT ERROR 0 1 88 - ANIMAL 99 - UNKNOWN	DATE OF CRASH 0 8 2 7 2 0 1 0		

TIME OF CRASH 1 8 4 6	DAY OF WEEK F R I	CITY Northwest	VILLAGE	TWP X	COUNTY # 8 6	LATITUDE 41:37:32.83	LONGITUDE 84:42:19.49
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CRASH OCCURRED ON PREFIX CRASH LOCATION IRO080	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION WB
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DIST REFERENCE OR PREFIX REFERENCE .4m E 5	REP 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 DRIVEWAY 10 STREET OR ROUTE NO REFERENCE
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Motorist/Non-Motorist

UNIT # A 0 1	# OF OCC. 0 2	NAME (LAST, FIRST, MIDDLE)				
ADDRESS (STREET, CITY, STATE, ZIP CODE) Maumee, Ohio						
SOCIAL SECURITY NUMBER	DATE OF BIRTH 0 9 2 2 1 9 7 4	AGE 3 5	SEX F	HOME PHONE #	WORK PHONE #	
DL STATE OH	DL #	LP STATE OH	LP #	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME")		ADDRESS (STREET, CITY, STATE, ZIP CODE)				
YEAR 2 0 0 1	MAKE FORD	MODEL F-250 Supercab	COLOR RED	INSURANCE COMPANY Nationwide	TOWING SERVICE Hutch's	OWNER PHONE #
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE IF YES			

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

Occupant

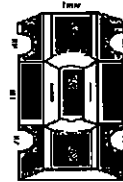
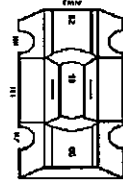
UNIT # C	# OF OCC.	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH 0 2 0 5 1 9 4 8	AGE 6 2	SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) Labelle, Florida			INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 5 POLICE	TRANSPORTED BY Williams County EMS	INJURED TAKEN TO Bryan Hospital	
UNIT # D	# OF OCC.	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) Fostoria, Ohio			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION 0 1 A 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 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 0 4 A 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	AIR BAG 1 A 1 NOT DEPLOYED 2 DEPLOYED FRONT 3 DEPLOYED REAR 4 DEPLOYED BOTH FRONT/REAR 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 A 1 NOT PRESENT 2 IN 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 MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	SUPPLEMENT IF YES
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HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP100827003791

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"/> <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"/> <input type="text" value="7"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td></td><td><input type="text" value="0"/> <input type="text" value="1"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td></td><td><input type="text" value="4"/> <input type="text" value="0"/></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="7"/>	<input type="text"/>	<input type="text"/>		<input type="text" value="0"/> <input type="text" value="1"/>	<input type="text"/>	<input type="text"/>		<input type="text" value="4"/> <input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/>
A	<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="7"/>	<input type="text"/>	<input type="text"/>																		
	<input type="text" value="0"/> <input type="text" value="1"/>	<input type="text"/>	<input type="text"/>																		
	<input type="text" value="4"/> <input type="text" value="0"/>	<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 17 PLAYING, CYCLING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/OF EQUIPMENT LOSS/SHIFT 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"/>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN																
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 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	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - OTHER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR/CRASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 BRIDGE RAIL 31 G ULR DRAIL END 32 MEDIAN BARRIER 33 HO HWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURVERT 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	01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLAGGERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLAGGERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/>																
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	<input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	<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/ACC'D 09 IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTS/INSTABILITY/ROLLING 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, SIGNALS, CROSSFINGER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	DIRECTION FROM TO: <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	DRUG TEST 1&2 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 (BOXTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR COUBLE SHORT 15 TRACTOR COUBLE LONG 16 FIFTH WHEEL 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 WALKER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="1"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	MOTORIST 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	MOTORIST 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"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>																
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/>	ACTION <input type="text" value="2"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/>	OCURRENCE <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/UNDERIDE <input type="text"/> <input type="text"/>	<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"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/>	ROAD CONDITION PRIMARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> SECONDARY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE OTHER VEHICLE 07 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY																
SUPPLEMENT 'X' IF YES <input type="text"/>	LOCAL REPORT # * <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="9"/>																				

TOP COPY - ODPs BOTTOM COPY - AGENCY

Narrative

Unit #1 was traveling westbound on IR 80 (Ohio Turnpike) when it experienced a blow out on the left rear tire. The driver lost control of the vehicle and the truck and trailer overturned onto the roadway.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACK-END 6 ANGLE 7 SIDE SWIPE, SAME DIRECTION 8 SIDE SWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
LIGHT CONDITIONS PRIMARY: <input type="checkbox"/> 1 SECONDARY: <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 BLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/ROAD RECOVERY 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT MOVING WORK 5 OTHER	
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

Truck/Bus UNIT # <input type="text"/>	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	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 (S INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRANCH/PSG RAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

Police Action							
DATE CRASH REPORTED 0 8 2 7 2 0 1 0	TIME REC CALL 1 8 4 6	DISPATCH 1 8 4 6	ARRIVED 1 8 4 6	CLEARED 2 0 5 7	OTHER 3 0	TOTAL MINUTES 0 1 6 1	OFFICER'S NAME * Brillhart, Ryan
REPORT TAKEN BY <input type="checkbox"/> 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * "X" IF YES	LOCAL REPORT # * 1 0 - 0 3 6 4 - 8 9	BADGE # * 0 2 9 3	CHECKED BY TSCAMPBELL	DATE REPORT FILED * 0 8 3 0 2 0 1 0	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0364-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/27/2010
IN COUNTY OF Williams	ACCIDENT LOCATION IR0080	

Vehicle damage analysis

- Red 2001 Ford F-250
 - Roof and windows smashed and destroyed
 - Tailgate ripped off and destroyed
 - Left rear drive tire and wheel destroyed
- White 2010 Cougar fifth wheel camper
 - Left side smashed and scraped
 - Back end framing split open
 - Undercarriage broken

Tumpike damage

- Minor gouges in the roadway

Both vehicles were inventoried at Hutch's Towing by Trooper Marshall and Sgt Lamberts. HP-25D was filled out and accompanies report.

Notes

- All measurements are in feet
- Identify Reference Pt: 5.4 MP
- Identify Point zero (Pt0): 15-0 south of 5.4 MP
- Identify Baseline: North Fog Line
- Measuring device used: Rola-Tape

Unit #1 Tire information

- Tire make: Firestone Steeltex A/T
- Tire Size: LT265/75R16
- Tread depths
 - Right rear-10nds
 - Right front-14nds
 - Left rear-none
 - Left front-13nds

PT	AE	FE	Description
A	411-0	8-0	Left rear drive tire blew
B	596-0	0-0	Right rear tire crosses fog line
C	665-0	11-0	Left rear tire back to center
D	722-0	0-0	Right rear tire crosses line again
E	740-0	0-0	Trailer crosses fog line back on road
F	781-0	11-0	Truck crosses center line
G	795-0	11-0	Trailer crosses center line
H	808-0	23-0	Truck crosses yellow line
I	881-0	11-0	Trailer crosses center line again
J	923-0	11-0	Truck crosses center and flips
K	940-0	0-0	Truck hits ground
L	977-0	10-0	Truck leaves roadway
M	993-0	27-0	Tires of trailer final rest
N	1006-0	40-0	Left rear corner of trailer final rest
O	1008-0	8-0	Front left corner final rest
P	995-0	8-0	Front right corner final rest
Q	1024-0	43-0	Left rear tire of truck final rest
R	1041-0	52-0	Front left tire of truck final rest
S	1035-0	54-0	Front right tire of truck final rest
T	1018-0	45-0	Right rear tire of truck final rest

OFFICERS SIGNATURE

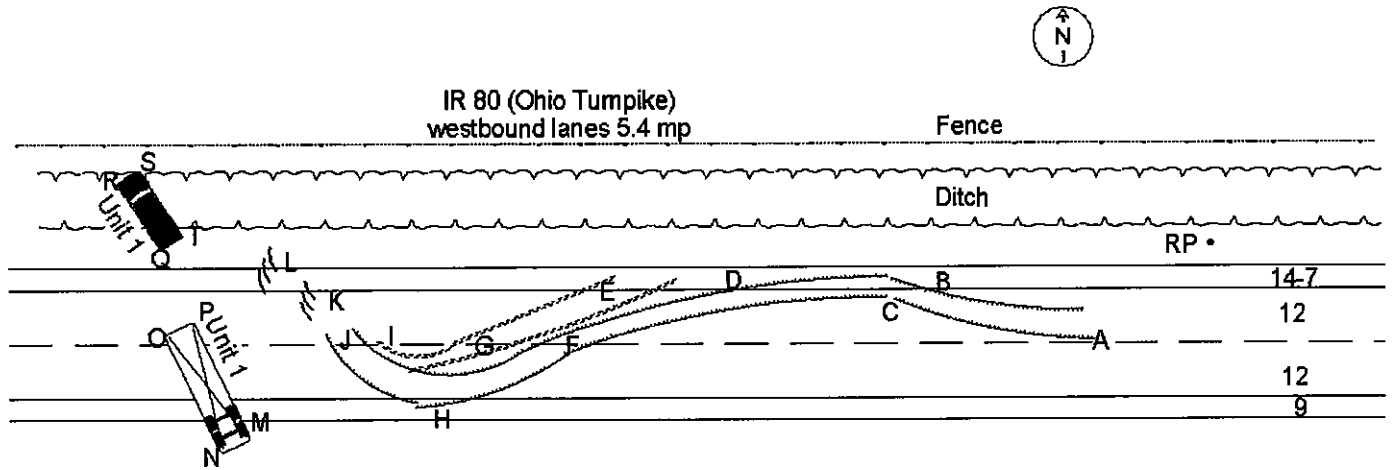
BADGE NO.

0293

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0364-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/27/2010
IN COUNTY OF Williams	ACCIDENT LOCATION IR0080	



OFFICERS SIGNATURE	BADGE NO. 0293
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0364-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 08/27/2010
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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)	
Brillhart, Ryan	AT IR0080
(OFFICERS NAME)	(LOCATION)
ADDRESS OF WITNESS [REDACTED] Maumee, Ohio [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

