



LOCAL REPORT # 10-0506-91
CRASH SEVERITY 3 (1 FATAL, 3 PDI, 2 INJURY, 1 UNKNOWN)
PRIVATE PROPERTY *X IF YES
HHS/SHIP 1 (1 NOT HHS/SHIP, 2 SOLVED, 3 UNSOLVED)
PHOTOS TAKEN *X IF YES
OH-2 OH-3 OH-1P OTHER X X
N.C.I.C.# OHP91
REPORTING AGENCY Ohio State Highway Patrol
#UNITS 02
UNIT ERROR 01 (99 = ANIMAL, 99 = UNKNOWN)
DATE OF CRASH 08242010
TIME OF CRASH 1510
DAY OF WEEK TUE
CITY VILLAGE TWP Shalersville
NAME (OF CITY, VILLAGE OR TOWNSHIP)
COUNTY 67
LATITUDE 41:14:41.64
LONGITUDE 81:13:43.89

CRASH OCCURRED ON PREFIX CRASH LOCATION IRO080
TYPE LOC 3
TYPE LOCATION POINT USED 1 NAMED STREET, 2 NUMBERED ROUTE, 3 NUMBERED STREET
LOCAL INFORMATION WB
DIST REFERENCE OR PREFIX REFERENCE .1m W 195
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 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist
UNIT # A 0101 # OF OCC. 1
NAME (LAST, FIRST, MIDDLE) [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED], Ravenna, Ohio [REDACTED]
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 05131947 AGE 63 SEX M HOME PHONE# [REDACTED] WORK PHONE# [REDACTED]
DL STATE OH DL # [REDACTED] LP STATE OH LP # [REDACTED] INJURED TAKEN BY 1 (1 NONE, 4 OTHER, 2 EMS, 5 UNKNOWN, 3 POLICE) TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED], Akron, Ohio [REDACTED]
YEAR 2000 MAKE FREI MODEL Century Class COLOR WHI INSURANCE COMPANY Protective Ins. Co. TOWING SERVICE [REDACTED] OWNER PHONE# [REDACTED]
OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE# [REDACTED] IF YES

Motorist/Non-Motorist
UNIT # B 0202 # OF OCC. 2
NAME (LAST, FIRST, MIDDLE) [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Transfer, Pennsylvania [REDACTED]
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 02261967 AGE 43 SEX F HOME PHONE# [REDACTED] WORK PHONE# [REDACTED]
DL STATE FL DL # [REDACTED] LP STATE PA LP # [REDACTED] INJURED TAKEN BY 1 (1 NONE, 4 OTHER, 2 EMS, 5 UNKNOWN, 3 POLICE) TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] 1625 Dutch LN, Hermitage, Pennsylvania 16148
YEAR 2009 MAKE MERB MODEL SL 63 AMG COLOR WHI INSURANCE COMPANY Cincinnati Ins. Co. TOWING SERVICE [REDACTED] OWNER PHONE# (724)962-1980
OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE# [REDACTED] IF YES

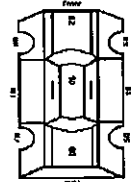
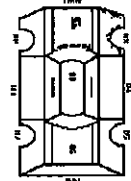
Occupant
UNIT # C 02 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE# [REDACTED] DATE OF BIRTH 06151977 AGE 33 SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] New Castle, Pennsylvania [REDACTED]
INJURED TAKEN BY 1 (1 NONE, 4 OTHER, 2 EMS, 5 UNKNOWN, 3 POLICE) TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
UNIT # D [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE# [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
INJURED TAKEN BY [REDACTED] (1 NONE, 4 OTHER, 2 EMS, 5 UNKNOWN, 3 POLICE) TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

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/SIDECAR), 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: 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 HELMET USED, 09 PROTECTIVE PADS, 10 REFLECTIVE CLOTHING, 11 LIGHTING, 12 OTHER, 13 UNKNOWN
AIR BAG: 1A NOT DEPLOYED, 2 DEPLOYED-FRONT, 3 DEPLOYED-ICE, 4 DEPLOYED BOTH FRONT/SIDE, 5 NOT APPLICABLE, 6 UNKNOWN
AIR BAG SWITCH: 1A NOT PRESENT, 2 IN ON POSITION, 3 IN OFF POSITION, 4 UNKNOWN
EJECTION: 1A NOT EJECTED, 2 TOTALLY EJECTED, 3 PARTIALLY EJECTED, 4 NOT APPLICABLE, 5 UNKNOWN
TRAPPED: 1A NOT TRAPPED, 2 EXTRACTED BY MECHANICAL MEANS, 3 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN
INJURIES: 1A NO INJURY, 2 POSSIBLE, 3 NON-INCAPACITATING, 4 INCAPACITATING, 5 FATAL INJURY, 6 UNKNOWN
SUPPLEMENT *X IF YES

HSY7001

TOP COPY - ODPB BOTTOM COPY - AGENCY

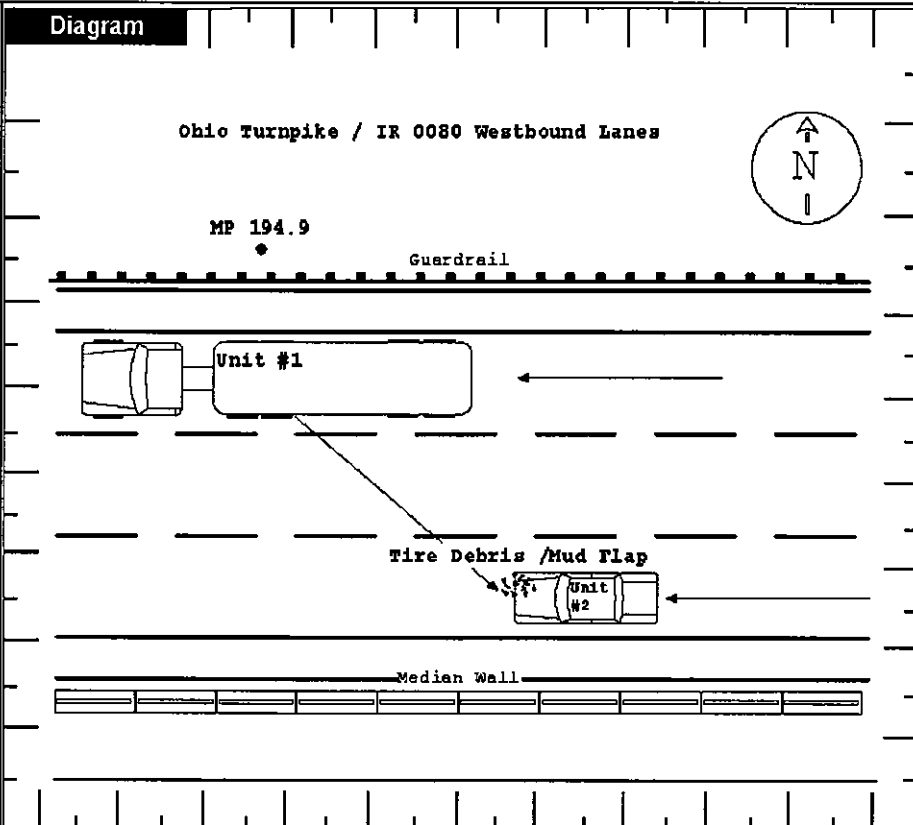
CAD Incident Number: LHP100824002534

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="0"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="5"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text" value="2"/>	<input type="text" value="3"/>																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	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 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/QUIP/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 RAN OFF ROAD CENTERLINE 11 CORNER/LL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTEMPTING TO CRASH/CUSHION 26 BRIDGE OVER HEAD STRUCTURE 27 BRIDGE RIER OR A BUTTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HO HWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 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	TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>																
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="3"/>	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="3"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	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/CADDA 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, NEEDLENT OR AGGRESSIVE MANNER 14 BEHAVING 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 SHIFTING/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, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	DIRECTION FROM TO: <input type="text" value="3"/> <input type="text" value="4"/> FROM TO: <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST 162 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>																
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 (BOBTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLED 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 ENGIN/WINDMILL 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL RIDER 36 ANIMAL IN BUGGY 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="1"/> <input type="text" value="0"/> <input type="text" value="3"/>	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	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/QUIP/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 RAN OFF ROAD CENTERLINE 11 CORNER/LL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTEMPTING TO CRASH/CUSHION 26 BRIDGE OVER HEAD STRUCTURE 27 BRIDGE RIER OR A BUTTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HO HWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 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	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	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" value="4"/>	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" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <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="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="2"/>																
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	DAMAGE SCALE 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 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 HOORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM FRONT CRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITION PRIMARY <input type="text" value="0"/> <input type="text" value="1"/> SECONDARY <input type="text"/> <input type="text"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, GR, GRAVEL 06 WATER (STANDING, HOYND) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY																
SUPPLEMENT 'X' IF YES		LOCAL REPORT # <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="1"/>																			

Narrative

Unit #1 and Unit #2 were westbound on the Ohio Turnpike at milepost 194.9. Unit #1's left rear inside tractor tire blew out. Tire debris & the left rear tractor mud flap from Unit #1 struck Unit #2 causing damage.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR END 3 HEAD ON 4 REAR TO REAR 5 BACKING 6 AND LE 7 SIDESWIP, SAME DIRECTION 8 SIDESWIP, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY <input type="checkbox"/> 3 <input type="checkbox"/> 4 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/MOVING 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 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE	
ADDRESS (STREET, CITY, ST, ZIP CODE)		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (S-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/HPG/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 GARBAD/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	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	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 8 2 4 2 0 1 0	1 5 1 3	1 5 1 3	1 5 2 6	1 6 1 8	3 0	0 0 9 5
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Land, Charles	0 4 7 6	JDRUDDLE	0 8 2 5 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * ** IF YES	LOCAL REPORT # *			
1	1		1 0 - 0 5 0 6 - 9 1			

TOP COPY - ODPB BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0506-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/24/2010
IN COUNTY OF Portage	ACCIDENT LOCATION IR0080	

Damage Unit #1: Left rear inside tractor tire blow out. Left rear tractor mud flap torn off.

Damage Unit #2: The right side of the front bumper and the right front fender were dented and scratched. The right front headlight was smash

Unit #1 Insurance: Protective Ins. Co. / Policy # [REDACTED] PS #887-552-5010.

Unit #2 Insurance: Cincinnati Ins. Co. / Policy # [REDACTED] PS #724-342-6832.

Tire debris and mud flap removed from roadway by Ohio Turnpike Personnel.

Unit #1 Trailer Information: 2000 Great Dane Van / Maine License # [REDACTED] No damage.

OFFICERS SIGNATURE	BADGE NO. 0476
--------------------	-------------------

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0506-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 08/24/2010
-----------------------------------	---	-----------------------------

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

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

Land, Charles AT IR0080
(OFFICERS NAME) (LOCATION)

[Large empty box for statement content]

ADDRESS OF WITNESS [REDACTED] , Ravenna, Ohio [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

