



LOCAL REPORT # 10-0577-90
 CRASH SEVERITY 3 (1 FATAL, 2 INJURY, 3 UNKNWN)
 PRIVATE PROPERTY 'X' IF YES
 HITS/STOPS 3 (1 NOT HIT/STP, 2 SOLVED, 3 UNSOLVED)
 PHOTOS TAKEN 'X' IF YES
 OH-2 OH-3 OH-1P OTHER X X

N.C.I.C.# OHP90 REPORTING AGENCY Ohio State Highway Patrol #UNITS 03
 UNIT ERROR 01 (99=ANIMAL, 99=UNKNOWN)
 DATE OF CRASH 08272010

TIME OF CRASH 1835 DAY OF WEEK FRI CITY VILLAGE TWP X
 NAME (OF CITY, VILLAGE OR TOWNSHIP) Henrietta COUNTY# 47
 LATITUDE 41:20:56.11 LONGITUDE 82:18:46.33

CRASH OCCURRED ON PREFIX CRASH LOCATION IR0080 TYPE LOC 3
 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET
 LOCAL INFORMATION WB

AT REFERENCE DIST REFERENCE DR PREFIX REFERENCE .2m E 134 REF POINT 06
 REFERENCE POINT USED 01 STATE LINE 02 INT 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

Motorist/Non-Motorist

A UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Milwaukee, Wisconsin

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 03021965 AGE 45 SEX M HOME PHONE# [REDACTED] WORK PHONE# [REDACTED]
 DL STATE WI LP STATE WI LP# [REDACTED] INJURED TAKEN BY 1 NONE 2 EMS 3 UNKNWN 4 OTHER 5 UNKNWN 6 POLICE
 TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") Dedicated Systems, . ADDRESS (STREET, CITY, STATE, ZIP CODE) 3700 Dutchman RD, Green Bay, Wisconsin 54311
 YEAR 2007 MAKE FREI MODEL Conv COLOR RED INSURANCE COMPANY State National TOWING SERVICE OWNER PHONE# (800)269-1001

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION# LOCAL CODE# 'X' IF YES

B UNIT # 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) (unknown), .
 ADDRESS (STREET, CITY, STATE, ZIP CODE) Unknown, Unknown

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 0 AGE U HOME PHONE# [REDACTED] WORK PHONE# [REDACTED]
 DL STATE [REDACTED] LP STATE [REDACTED] LP# [REDACTED] INJURED TAKEN BY 1 NONE 2 EMS 3 UNKNWN 4 OTHER 5 UNKNWN 6 POLICE
 TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") (unknown), . ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Unknown
 YEAR [REDACTED] MAKE JEEP MODEL Unknown COLOR WHI INSURANCE COMPANY Unknown TOWING SERVICE OWNER PHONE# [REDACTED]

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION# LOCAL CODE# 'X' IF YES

Occupant

C UNIT # [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 1 NONE 2 EMS 3 UNKNWN 4 OTHER 5 UNKNWN 6 POLICE
 TRANSPORTED BY INJURED TAKEN TO

D UNIT # [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 1 NONE 2 EMS 3 UNKNWN 4 OTHER 5 UNKNWN 6 POLICE
 TRANSPORTED BY INJURED TAKEN TO

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/SEDECA) 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 BLANK FOR WITNESS	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	AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 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 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 FATAL INJURY 5 DECAPITATING 6 UNKNOWN SUPPLEMENT 'X' IF YES
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TRAFFIC CRASH REPORT



LOCAL REPORT #*
1 0 - 0 5 7 7 - 9 0

CRASH SEVERITY
3 1 FATAL 3 PDD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

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

N.C.I.C.#*
O H P 9 0

REPORTING AGENCY*
Ohio State Highway Patrol

UNITS
0 3

UNIT ERROR
0 1 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH*
0 8 2 7 2 0 1 0

TIME OF CRASH
1 8 3 5

DAY OF WEEK
F R I

CITY* VILLAGE* TWP*
Henrietta

NAME (OF CITY, VILLAGE OR TOWNSHIP)*

COUNTY #*
4 7

LATITUDE
41:20:56.11

LONGITUDE
82:18:46.33

CRASH LOCATION
PREFIX CRASH LOCATION
IR0080

TYPE LOC
3

TYPE LOCATION POINT USED
1 NAMED STREET 2 NUMBERED ROUTE
WB

REFERENCE
DIST REFERENCE DR PREFIX REFERENCE
2m E 134

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE
06

REFERENCE POINT USED
04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME NO REFERENCE
09 DRAINWAY
10 STREET OR ROUTE NO REFERENCE

Motorist/Non-Motorist

A UNIT # 03 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE)
[REDACTED] Sylvania Township, Ohio [REDACTED]

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 09271948 AGE 61 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE OH DL # [REDACTED] LP STATE IL LP # [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

OWNER NAME (IF SAME, WRITE "SAME")
Interstate Brands Corp., ADDRESS (STREET, CITY, STATE, ZIP CODE)
1511 W Lincoln AVE, Peoria, Illinois 61653

YEAR 2004 MAKE VOLV MODEL Conv COLOR WHI INSURANCE COMPANY Ace American TOWING SERVICE OWNER PHONE # (419)666-7767

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE '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 [REDACTED] 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 OFFENSE DESCRIPTION CITATION # LOCAL CODE 'X' IF YES

Occupant

C UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

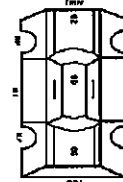
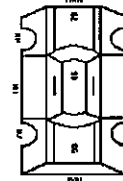
INJURED TAKEN BY [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

D UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]

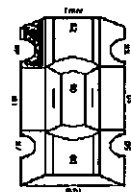
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

INJURED TAKEN BY [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

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/SIDE CAR) 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 BLANK FOR WITNESS	SAFETY EQUIPMENT MOTORIST 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 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 A 1 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 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 A 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 A 1 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 A 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT 'X' IF YES
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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"/>
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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 BLOCKING/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/Rollover 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/OBJECT 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 DOWN-HILL 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 ATTENUATING CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY 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="6"/>	DAMAGE AREA <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="5"/>	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/CLADA 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 14 BEHAVING TO AVOID (DUE TO MINOR, 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, SIGNAL, 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 142 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK - 2 AXLES, 0 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 FIFTH WHEEL OR CONVERTIBLE 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 W/DRIVER 36 ANIMAL W/NO DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	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-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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="8"/>	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="3"/>	VEHICLE DEFECT CODE ONLY, IF '49' 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="1"/> <input type="text" value="6"/>	STRIKING VEHICLE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY, IF '49' 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="1"/>																
DAMAGE SCALE <input type="text" value="1"/> <input type="text" value="6"/>	STRIKING VEHICLE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY, IF '49' SELECTED ABOVE <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" value="1"/>	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"/>																
DAMAGE SCALE <input type="text" value="1"/> <input type="text" value="6"/>	STRIKING VEHICLE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY, IF '49' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	SPEED <input type="text" value="6"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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="7"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="0"/>																

TOP COPY - O.D.P.S. BOTTOM COPY - AGENCY

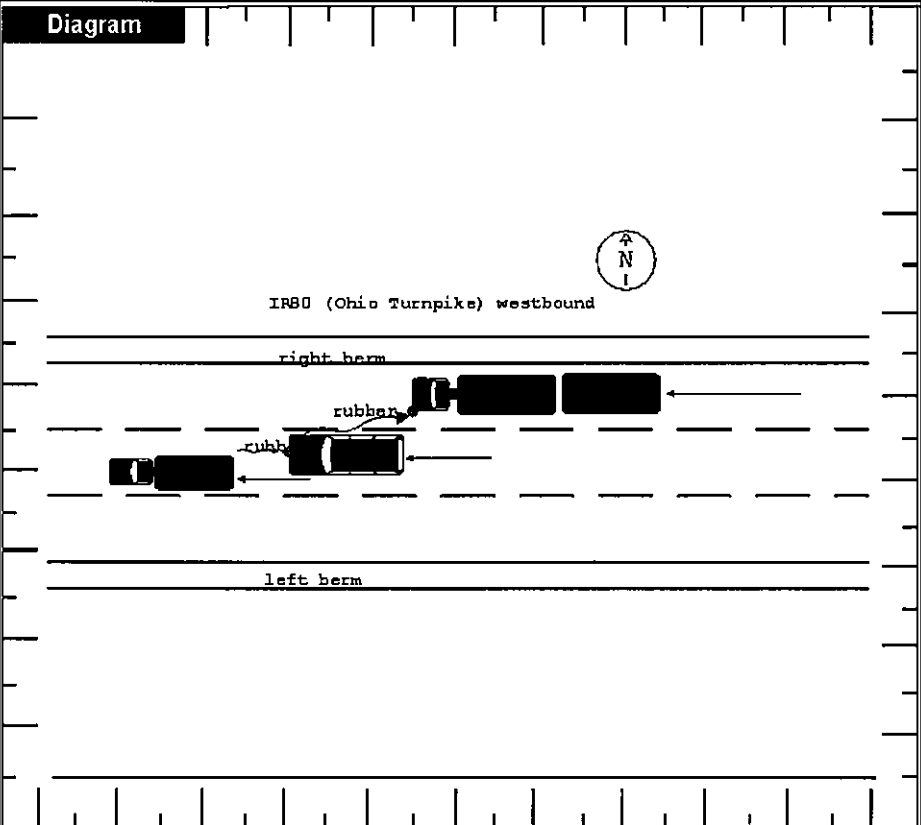
UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></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> <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="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"/>	<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"/> <input type="text"/>
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NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MOTORIST <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOTORIST <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	NON-COLLISION <input type="text" value="2"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	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"/> <input type="text"/>																
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	MOTORIST <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	MOTORIST <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DIRECTION <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 <input type="text" value="1"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOTORIST <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	NON-COLLISION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/> <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"/>																
NON-MOTORIST <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	ACTION <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	NON-MOTORIST <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	NON-COLLISION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCURRENCE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																
DAMAGE SCALE <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
DAMAGE SCALE <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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="7"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="0"/>																

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Narrative

Unit 1 was westbound on IR0080 in the middle lane when the right rear trailer tire blew causing a piece of the tire to come off. Unit 2 was behind Unit 1 and immediately struck the tire, throwing it into the path of Unit 3 who was in the right lane. Unit 3 then struck the tire. Unit 2 continued on and is unknown.

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 SIDESWIRE, SAME DIRECTION 8 SIDESWIRE, 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 checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 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	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 MOVING WORK 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE 2 WARNING SIGN 3 ADVANCE WARNING AREA 4 TRANSITION AREA 5 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # <input type="checkbox"/> <input type="checkbox"/>	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 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 (6-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRABBER/PSGRAVEL <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 GARAGE/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 7 2 0 1 0	1 8 3 8	1 8 3 8	1 8 4 4	2 1 0 0		0 1 4 2
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Weber, Michael	0 7 4 7	BJGOCKSTETTER	0 9 0 1 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * * IF YES	LOCAL REPORT # *			
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER		1 0 - 0 5 7 7 - 9 0			

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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0577-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/27/2010
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	

Trailer Info Unit 1:
1999 Stoughton Van
Vin-1DW1A5327XS [REDACTED]
Reg [REDACTED]

Owner same as tractor.
Trailer loaded with 43,000 pounds rolled steel.

Ins Info Unit 1:
State National Ins Co
Policy # [REDACTED]
Agent-Cottingham and Butler Inc
Ph-563-587-5000

Unit 2 was not located. Unit 2 was described as a white Jeep. Damage is unknown.

Trailer Info Unit 3:
1st trailer
1990 Greatdane Van
Vin-1GRAA9623LB [REDACTED]
Reg (II) [REDACTED]

Owner same as tractor.
Trailer loaded with racks.
No damage to trailer.

2nd trailer
1991 Greatdane Van
Vin-1GRAA962XME [REDACTED]
Reg (III) [REDACTED]

Owner same as tractor.
Trailer loaded with racks

No damage to trailer.

Ins Info Unit 3:
Ace American Ins Co
Policy# [REDACTED]
Agent-Lockton Companies
Ph-888-378-4333

I was dispatched to this accident and was given the location at the 133.1 milepost westbound. While enroute to this accident I came upon a la semi tire recap at the 134 milepost. I pulled the recap off of the road. When I arrived at the 133 there were two semis parked in the emergency off. They turned out to be Unit 1 and Unit 3.

Unit 1 was hauling a semi trailer and the inside dual on the right side the tire was blown. Unit 3 had damage to the left front fiberglass fender along with black smudge marks. Unit 3 stated that a white jeep had hit the tire after it immediately came off Unit 1. He said the tire hit the white Jeep bouncing it into him. He felt the jeep would have some damage to it because the way that it struck the tire. A short time later turnpike maintenance arrived on the scene. I had him check west to the 126 milepost and he did not located the jeep. I took the necessary information needed from both the units and sent them on their way. Both vehicles were driven from the

OFFICERS SIGNATURE	BADGE NO. 0747
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER 10-0577-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/27/2010
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	
scene.		

HSY 7002

CAD Incident Number - LHP100827003765

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0577-90	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, <u>(unknown),</u> .		HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
<u>(PRINTED)</u>			
<u>Weber, Michael</u>	AT	<u>IR0080</u>	
<u>(OFFICER'S NAME)</u>		<u>(LOCATION)</u>	
ADDRESS OF WITNESS <u>Unknown, Unknown</u>		PHONE	
SIGNATURE OF WITNESS		OFFICERS SIGNATURE	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0577-90	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)

Weber, Michael AT IR0080
(OFFICERS NAME) (LOCATION)

[Large empty rectangular area for the witness statement]

ADDRESS OF WITNESS [REDACTED] Sylvania Township, Ohio [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE