

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0468-91 CRASH SEVERITY 3 1 FATAL 3 PDC 2 INJURY 4 UNKNOWN

N.C.I.C. # OHP91 REPORTING AGENCY Ohio State Highway Patrol # UNITS 02 UNIT ERROR 01 DATE OF CRASH 08102010

TIME OF CRASH 1425 DAY OF WEEK TUE CITY X VILLAGE TWP HUDSON COUNTY 77 LATITUDE 41:15:13.13 LONGITUDE 81:25:30.57

CRASH LOCATION PREFIX IRO080 TYPE LOC 3 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET WB

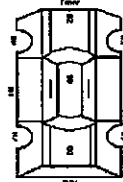
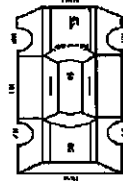
REFERENCE USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 DRIVEWAY 09 STREET OR ROUTE W/D REFERENCE

Motorist/Non-Motorist A UNIT # 0101 NAME (LAST, FIRST, MIDDLE) Schoolcraft, Michigan SOCIAL SECURITY NUMBER 09081962 AGE 47 SEX M HOME PHONE # WORK PHONE # DL STATE MI LP STATE MI LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 7 POLICE TRANSPORTED BY INJURED TAKEN TO OWNER NAME (IF SAME, WRITE "SAME") Farms INC, SSS ADDRESS (STREET, CITY, STATE, ZIP CODE) 5761 E QR AVE, Scotts, Michigan 49068

Motorist/Non-Motorist B UNIT # 0201 NAME (LAST, FIRST, MIDDLE) SOCIAL SECURITY NUMBER 02161959 AGE 51 SEX M HOME PHONE # WORK PHONE # DL STATE OH LP STATE OH LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 7 POLICE TRANSPORTED BY INJURED TAKEN TO OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR 1999 MAKE STRN MODEL LS-Sedan COLOR BLK INSURANCE COMPANY Farmers Insurance TOWING SERVICE OWNER PHONE #

Occupant C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION SAFETY EQUIPMENT AIR BAG AIR BAG SWITCH EJECTION TRAPPED INJURIES 01 FRONT - LEFT (MC DRIVER) 04 NONE USED 1A NOT DEPLOYED 1A NOT SELECTED 1A NOT TRAPPED 1A NO INJURY 02 FRONT - MIDDLE 04 NONE USED 2 DEPLOYED-FRONT 2 IN ON POSITION 2 TOTALLY EJECTED 2 EXTRACTED BY 2 POSSIBLE 03 FRONT - RIGHT 04 NONE USED 3 DEPLOYED-BE 3 PARTIALLY EJECTED 3 MECHANICAL 3 NON- 04 SECOND - LEFT (MC PASS) 04 NONE USED 4 DEPLOYED BOTH 4 NOT APPLICABLE 4 MEANS 4 INCA/PACTATING 05 SECOND - MIDDLE 04 NONE USED 5 UNKNOW 5 UNKNOW 5 MEANS 5 FATAL INJURY 06 SECOND - RIGHT 04 NONE USED 6 UNKNOW 6 UNKNOW 6 MEANS 6 UNKNOWN 07 THIRD - LEFT (MC PASSENGER/SECA/B) 04 NONE USED 7 UNKNOW 7 UNKNOW 7 UNKNOW 7 UNKNOW 7 UNKNOW 08 THIRD - MIDDLE 04 NONE USED 8 UNKNOW 8 UNKNOW 8 UNKNOW 8 UNKNOW 8 UNKNOW 09 THIRD - RIGHT 04 NONE USED 9 UNKNOW 9 UNKNOW 9 UNKNOW 9 UNKNOW 9 UNKNOW 10 SLEEPER SECTION OF CAB 04 NONE USED 10 UNKNOW 10 UNKNOW 10 UNKNOW 10 UNKNOW 10 UNKNOW 11 ENCLOSED CARGO AREA 04 NONE USED 11 UNKNOW 11 UNKNOW 11 UNKNOW 11 UNKNOW 11 UNKNOW 12 UNENCLOSED CARGO AREA 04 NONE USED 12 UNKNOW 12 UNKNOW 12 UNKNOW 12 UNKNOW 12 UNKNOW 13 TRAILING UNIT 04 NONE USED 13 UNKNOW 13 UNKNOW 13 UNKNOW 13 UNKNOW 13 UNKNOW 14 EXTERIOR 04 NONE USED 14 UNKNOW 14 UNKNOW 14 UNKNOW 14 UNKNOW 14 UNKNOW 15 OTHER 04 NONE USED 15 UNKNOW 15 UNKNOW 15 UNKNOW 15 UNKNOW 15 UNKNOW 16 NON-MOTORIST 04 NONE USED 16 UNKNOW 16 UNKNOW 16 UNKNOW 16 UNKNOW 16 UNKNOW 17 UNKNOWN 04 NONE USED 17 UNKNOW 17 UNKNOW 17 UNKNOW 17 UNKNOW 17 UNKNOW SUPPLEMENT * IF YES

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>1</td><td>2</td><td>2</td><td>3</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	1	2	2	3																	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"/>
1	2	2	3																						
NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="2"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	NON-COLLISION <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>	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"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	MOTORIST <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	COLLISION WITH FIXED OBJECT <input type="text" value="1"/> <input type="text" value="1"/>	DIRECTION <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST 142 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/>																				
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 800 LB UNIT TRUCK; 2 AXLES, 6 TIRES 10 800 LB 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 CONVERTER DOLLY 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 RIDER 36 ANIMAL/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="1"/> <input type="text" value="4"/>	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/YACDA 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, NED, LID, ENT 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 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, LIGHT, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	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" value=""/> <input type="text" value=""/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text" value=""/> <input type="text" value=""/>	VEHICLE EFFECT CODE ONLY IF '19 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value=""/> <input type="text" value=""/>	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="3"/> <input type="text" value="2"/>	DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="2"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/>	SPEED <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																				
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="2"/>	DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="2"/>	SPEED <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>																				
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="4"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="1"/>																					

TOP COPY - O/PS BOTTOM COPY - AGENCY

Narrative

Units #1 and #2 were traveling westbound on the Ohio Turnpike. Unit#1 blew a tire which struck unit #2.

MANNER OF COLLISION OR IMPACT

1

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-REAR
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDESWPE, SAME DIRECTION
 8 SIDESWPE, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED

1

1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

1

1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

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

1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN

WEATHER

0 1

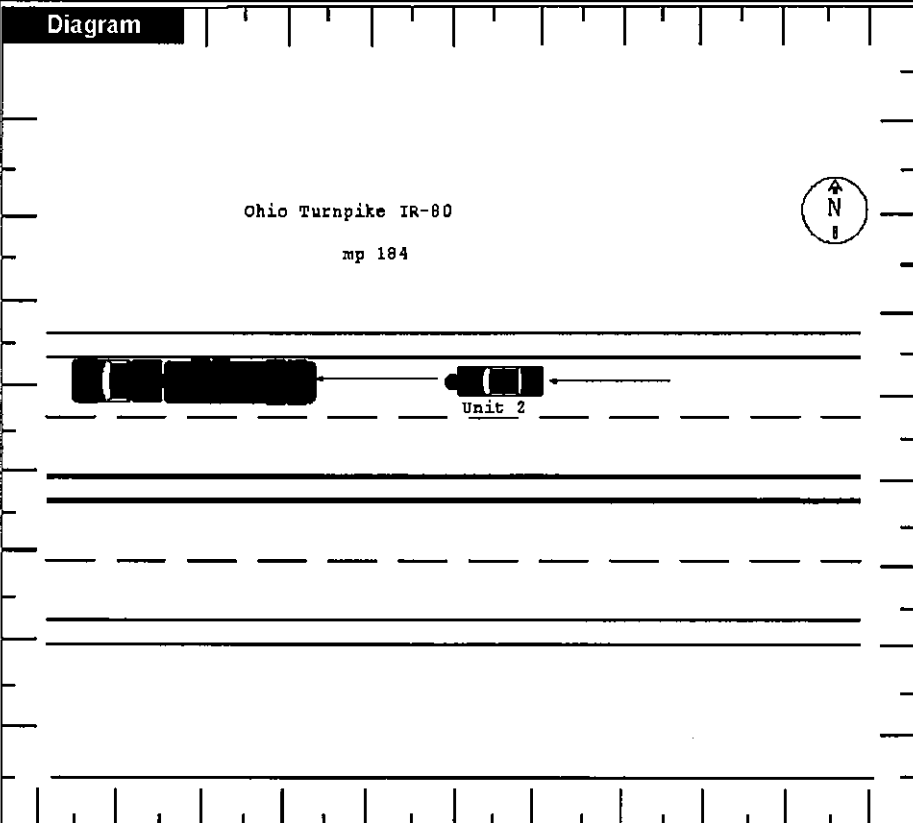
01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN OR RIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY **SECONDARY**

1

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN



Truck/Bus

UNIT #

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

A **N** **D**

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

01 NOT APPLICABLE
 02 BUS/8-15 INCLUDING DRIVER
 03 VAN/ENCLOSED BOX
 04 ORANGE/SPRIG RAVEL
 05 POLE
 06 CARD/TANK
 07 FLATBED
 08 DUMP
 09 CONCRETE MIXER
 10 AUTO TRANSPORTER
 11 GARBAGE/REFUSE
 12 OTHER
 13 UNKNOWN

WEIGHT (GVWR)

1 LESS THAN 10,000
 2 10,001 - 20,000
 3 MORE THAN 20,000

COL CLASS

1 CLASS A
 2 CLASS B
 3 CLASS C
 4 CLASS M
 5 CLASS D

HAZARDOUS MATERIALS PLACARD

1 NO
 2 YES
 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED

1 NO
 2 YES
 3 NOT APPLICABLE
 4 UNKNOWN

Police Action

DATE CRASH REPORTED TIME REC CALL DISPATCH ARRIVED CLEARED OTHER TOTAL MINUTES

08102010 1425 1425 1427 1600 20 0115

OFFICER'S NAME * BADGE # * CHECKED BY DATE REPORT FILED *

Andel, Daniel 0565 LDBRODE 08122010

REPORT TAKEN BY 1 POLICE AGENCY
 2 NOT RIG

REPORT TAKEN AT 1 SCENE
 2 STATION
 3 OTHER

SUPPLEMENT * ** IF YES

LOCAL REPORT # *

10-0468-91

TOP COPY - OCP9 BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0468-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 08/10/2010
IN COUNTY OF Summit	ACCIDENT LOCATION IR0080	

HP-90 issued to both units#1 and #2.

No injuries reported.

No field sketch obtained. Vehicles were moved from the scene prior to my arrival.

Road and Weather conditions:

Dry roadway, asphalt, pavement markings, No adverse weather, clear skies, day light.

Vehicle Damage Analysis:

Unit#1

non collision. Unit #1's right side front inner dual tire blew out.

Unit#2

damage to front bumper, front grill, front undercarrige.

MCEI J. M Gezymall unit 3240 arrived on scene and inspected unit#1.

sequence of events for unit #1 "other non-collision"= tire blow out.

sequence of events for unit#2 "other movable object"= tire.

OFFICERS SIGNATURE	BADGE NO. 0585
--------------------	--------------------------

