

# TRAFFIC CRASH REPORT



LOCAL REPORT #\* **10-0372-89** CRASH SEVERITY **3** PRIVATE PROPERTY  HIT/SKIP **1** TAKEN

1 FATAL 3 PDO 2 INJURY 4 UNKNOWN IF YES

1 NOT HIT/KIP 2 SOLVED 3 UNSOLVED

PHOTOS  CH2  CH3  DA-IP  OTHER

N.C.I.C.# **OH P 8 9** REPORTING AGENCY\* **Ohio State Highway Patrol** #UNITS **01** UNIT ERROR **01** DATE OF CRASH\* **09012010**

98-ANIMAL 99-UNKNOWN

TIME OF CRASH **1816** DAY OF WEEK **WED** CITY\*  VILLAGE\*  TWP\* **X** NAME (OF CITY, VILLAGE OR TOWNSHIP)\* **Brady** COUNTY#\* **86** LATITUDE **41:36:19.26** LONGITUDE **84:26:19.65**

CRASH OCCURRED ON PREFIX | CRASH LOCATION **IR0080** TYPE LOC **3** TYPE LOCATION POINT USED **WB**

1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

AT REFERENCE DIST REFERENCE **.5M** DR **E** PREFIX REFERENCE **16** REF POINT **06** REFERENCE POINT USED **06**

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

**A** UNIT # **0101** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE) **[REDACTED]**

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

SOCIAL SECURITY NUMBER **[REDACTED]** DATE OF BIRTH **08211959** AGE **51** SEX **M** HOME PHONE# **[REDACTED]** WORK PHONE# **[REDACTED]**

DL STATE **OH** DL # **[REDACTED]** LP STATE **OH** 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") **Schmidt Lease, Inc.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **1270 Conant ST, Maumee, Ohio 43537**

YEAR **2009** MAKE **VOLV** MODEL **Semi** COLOR **WHI** INSURANCE COMPANY **ACE American Insurance** TOWING SERVICE **Hutch's** OWNER PHONE# **(800)278-4790**

OFFENSE CHARGED **[REDACTED]** OFFENSE DESCRIPTION **[REDACTED]** CITATION # **[REDACTED]** LOCAL CODE?  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 **[REDACTED]** OFFENSE DESCRIPTION **[REDACTED]** CITATION # **[REDACTED]** LOCAL CODE?  IF YES

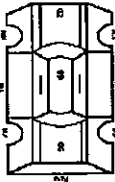
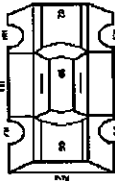
**C** UNIT # **[REDACTED]** # OF OCC. **[REDACTED]** NAME (LAST, FIRST, MIDDLE) **[REDACTED]** HOME PHONE# **[REDACTED]** DATE OF BIRTH **[REDACTED]** AGE **[REDACTED]** SEX **[REDACTED]**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **[REDACTED]** INJURED TAKEN BY **[REDACTED]** TRANSPORTED BY **[REDACTED]** INJURED TAKEN TO **[REDACTED]**

**D** UNIT # **[REDACTED]** # OF OCC. **[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]**

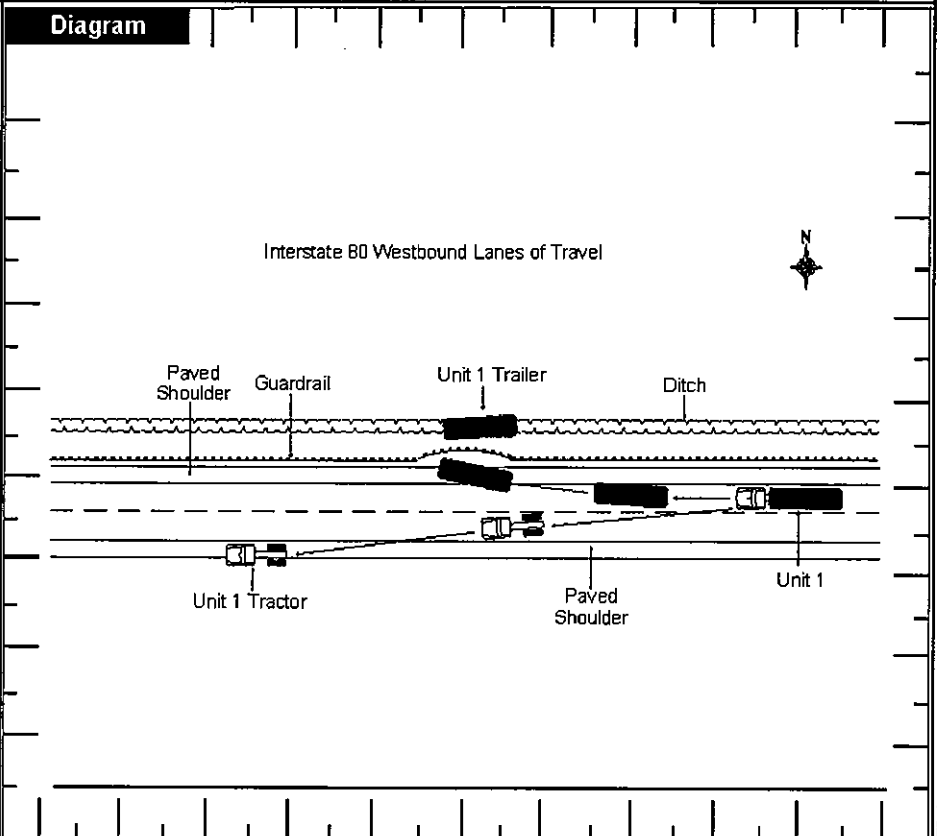
<b>01</b> SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SEAT) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	<b>04</b> 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	<b>1</b> AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	<b>1</b> AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	<b>1</b> EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>1</b> TRAPPED 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>1</b> INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT *X IF YES
---	---	--	--	---	--	---

<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>0</td><td>7</td><td></td><td></td></tr> <tr><td>0</td><td>8</td><td></td><td></td></tr> <tr><td>3</td><td>0</td><td></td><td></td></tr> <tr><td>4</td><td>0</td><td></td><td></td></tr> </table>	0	7			0	8			3	0			4	0			<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"/>
0	7																				
0	8																				
3	0																				
4	0																				
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>MOTORIST</b> 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/TRANSFERRING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWLY 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 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/ROCK/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 <b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTEMPTOR/CRA SH/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 LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 GUYWIRE 39 CURB 40 OUCH 41 EMBANKMENT 42 FENCE 43 RAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<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"/>																
<b>TYPE OF UNIT</b> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<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/ACDCA 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 14 OVERTAKING 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	01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKWAY/CENTRAL SIDEWALK 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	<b>DRUG TEST 102 RESULT</b> <input type="text"/> <input type="text"/> <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 (ED/BAL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR/CABLE SHORT 15 TRACTOR/CABLE LONG 16 FIFTH WHEEL OR CONVERTER IDLY 17 TRACTOR/TIPPLES 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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL/WARDER 36 ANIMAL/WAGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON-MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="1"/> <input type="text" value="2"/> <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>NON-MOTORIST</b> 16 UNDERCARRIAGE 17 DRIVER INATTENTION 18 FATIGUE/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN	<b>FIRST HARMFUL EVENT</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>DIRECTION</b> FROM TO: <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST 102 RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/>	<b>ACTION</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/> <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>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 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	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>																		

**Narrative**

Unit 1 was traveling westbound on Interstate 80 when his trailer became disconnected from the tractor and went off the right side of the road and struck the guardrail.

<b>MANNER OF COLLISION OR IMPACT</b> <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 ANGLE 7 SIDEWIFE, SAME DIRECTION 8 SIDEWIFE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY: <input type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY: <input type="checkbox"/> 1 <input type="checkbox"/> 2 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK- LIT HIRED ROADWAY 5 DARK- NOT LIT HIRED 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/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ALTERNATING 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="checkbox"/> 0 <input type="checkbox"/> 1	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) <b>Road Link Transportation</b>		COMPANY PHONE <b>(610)730-3183</b>
ADDRESS (STREET, CITY, ST, ZIP CODE) <b>1240 Win DR, Bethlehem, Pennsylvania 18017</b>		

US DOT <b>330915</b>	ICC MC	PUCO	TRAILER LP ST. <b>CA</b>	TRAILER LP YEAR <b>2003</b>	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 0 <input type="checkbox"/> 3 01 NOT APPLICABLE 02 BUS (4-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRADING/SURVEY 05 POLE 06 CARD TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

**Police Action**

DATE CRASH REPORTED <b>09022010</b>	TIME REC CALL <b>1816</b>	DISPATCH <b>1816</b>	ARRIVED <b>1828</b>	CLEARED <b>2105</b>	OTHER	TOTAL MINUTES <b>0169</b>	
OFFICER'S NAME* <b>Foster, Adam</b>	BADGE #* <b>0304</b>	CHECKED BY <b>CWLAMBERTS</b>	DATE REPORT FILED* <b>09032010</b>	REPORT TAKEN BY <input type="checkbox"/> 1 1 FOLDE AG ENCY 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * *X* IF YES	LOCAL REPORT #* <b>10-0372-89</b>

TOP COPY - ODP9 BOTTOM COPY - AD ENCY

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

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

LOCAL REPORT NUMBER <b>10-0372-89</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>09/01/2010</b>
IN COUNTY OF <b>Williams</b>	ACCIDENT LOCATION <b>IR0080</b>	

Identify Reference Pt: MP19.6  
 Identify Point zero (Pt 0): White fog line 13ft South of RP  
 Identify Baseline: White fog line on north side of roadway  
 Measuring device used: Roll-a-Tape

PT	AE	FE	DESCRIPTION
A	165'	5'	Start right rear tractor tire skid
B	165'	11'	Start left rear tractor tire skid
C	384'	5'	Start trailer tire skid
D	444'	8'	Scuff start
E	444'	16'	End left rear tractor tire skid
F	455'	8'	Scuff end
G	490'	0'	Right tractor tire off road on berm
H	494'	13'	End right rear tractor tire skid
I	594'	0'	Left tractor tire off road on berm
J	698'	12'	Start contact with guardrail
K	753'	44'	Left rear tire Trailer final rest
L	790'	11'	Landing pad of trailer into curb
M	797'	32'	Front left of trailer at final rest
N	862'	12'	End Guardrail damage

Unit 1 Tractor  
 2009 Volvo Semi, White  
 Ohio Registration Plate: [REDACTED]  
 Vehicle Damage Analysis: Damage to right rear front drive tire, and damage to Fifth Wheel.

Unit 1 Trailer  
 2003 Cheetah Trailer, Red  
 California Registration Plate [REDACTED]  
 Vehicle Damage Analysis: Moderate contact damage to the undercarriage, right front corner of trailer broken open and left side of trailer bow out.

Unknown damage to contents of trailer because of being in the ditch.

Trailer was loaded with 41,583lbs of cake mix.

Owner of Cake Mix  
 JM Smucker & Subsidiaries  
 DSC Logistics, Toledo  
 1260 W. Laskey Road  
 Toledo, OH 43612  
 1-888-550-9555

Owner of Guardrail:  
 Ohio Turnpike Commission  
 682 Prospect St.  
 Berea, OH 44017  
 Phone: 440-234-2081

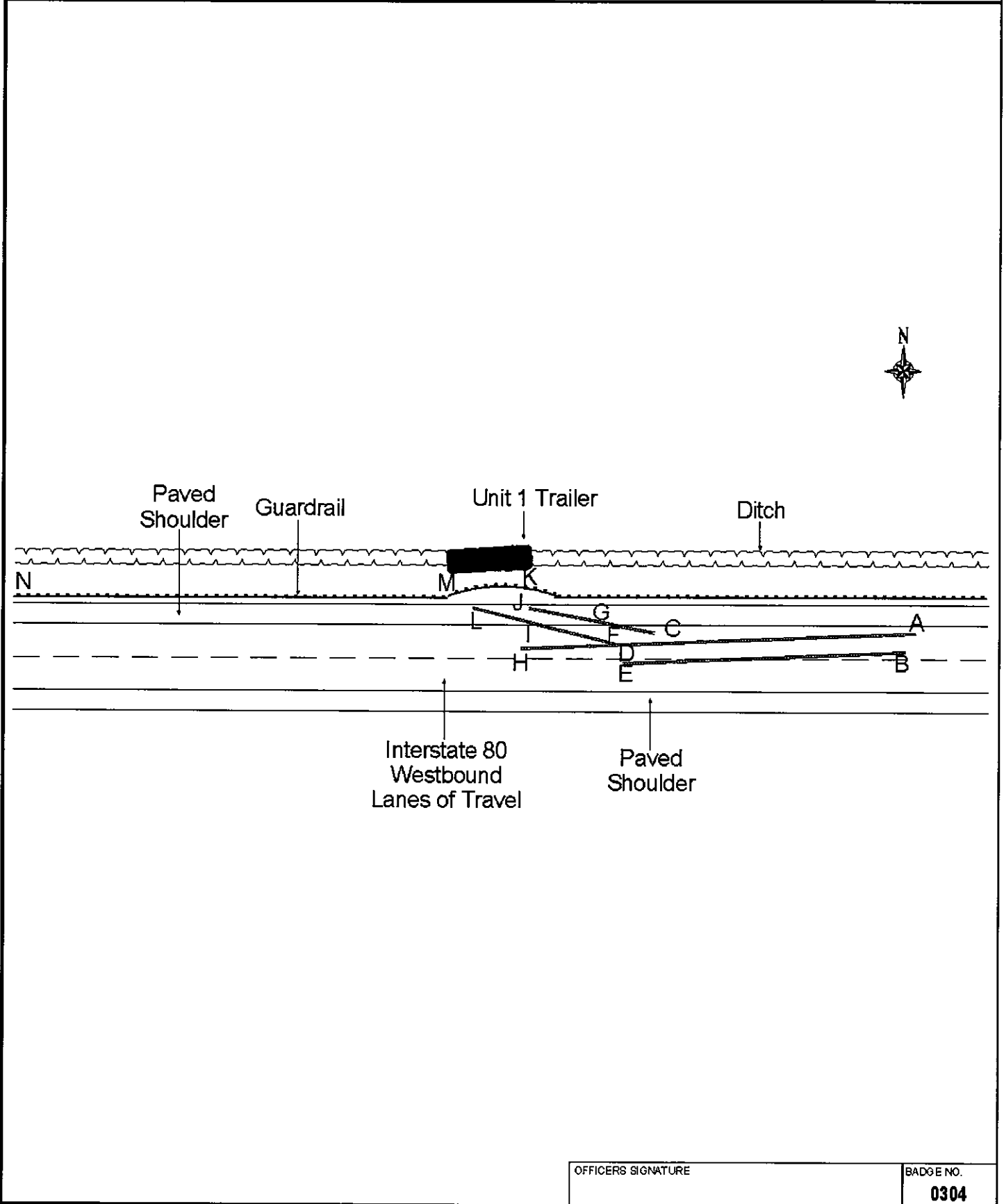
Approximately 16 Guardrail sections were damaged from the crash.

OFFICERS SIGNATURE	BADGE NO. <b>0304</b>
--------------------	--------------------------

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER <b>10-0372-89</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>09/01/2010</b>
IN COUNTY OF <b>Williams</b>	ACCIDENT LOCATION <b>IR0080</b>	



OFFICERS SIGNATURE	BADGE NO. <b>0304</b>
--------------------	--------------------------

