

OCT 19 2010

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
**10-0607-90**

CRASH SEVERITY  
**3**  
1 FATAL 3 PDO  
2 INJURY UNKNOWN

PRIVATE PROPERTY  
IF YES

HIT/SKIP  
**1**  
1 NOT HIT/KP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #  
**0HP90**

REPORTING AGENCY  
**Ohio State Highway Patrol**

#UNITS  
**01**

UNIT ERROR  
**99**  
99=ANMAL  
99=UNKNOWN

DATE OF CRASH  
**09122010**

TIME OF CRASH  
**0850**

DAY OF WEEK  
**SUN**

CITY VILLAGE TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
**Florence**

COUNTY #  
**22**

LATITUDE  
**41:35:04.30**

LONGITUDE  
**82:23:06.19**

CRASH OCCURRED ON  
PREFIX | CRASH LOCATION  
**IR0080**

TYPE LOC  
**3**

TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET  
**WB**

DIST REFERENCE | DR | PREFIX | REFERENCE  
**.1m W 130**

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/NO REFERENCE  
09 DRIVEWAY  
10 STREET OR ROUTE/NO REFERENCE

Motorist/Non-Motorist

**A** UNIT # **0101** # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] **White Lake, Michigan**  
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH **06171945** AGE **65** SEX **F** HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]  
 DL STATE **MI** LP STATE **MI** LP # [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
 OWNER NAME (IF SAME, WRITE "SAME") **SAME** ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 YEAR **2002** MAKE **CHEV** MODEL **Venture** COLOR **SIL** INSURANCE COMPANY **Commercial Insurance Services Inc.** TOWING SERVICE **Rich's Towing** OWNER PHONE # [REDACTED]  
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? IF YES

Occupant

**B** UNIT # [ ] # OF OCC. NAME (LAST, FIRST, MIDDLE) [ ]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [ ]  
 SOCIAL SECURITY NUMBER [ ] DATE OF BIRTH [ ] AGE [ ] SEX [ ] HOME PHONE # [ ] WORK PHONE # [ ]  
 DL STATE [ ] DL # [ ] LP STATE [ ] LP # [ ] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
 OWNER NAME (IF SAME, WRITE "SAME") [ ] ADDRESS (STREET, CITY, STATE, ZIP CODE) [ ]  
 YEAR [ ] MAKE [ ] MODEL [ ] COLOR [ ] INSURANCE COMPANY [ ] TOWING SERVICE [ ] OWNER PHONE # [ ]  
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? IF YES

**C** UNIT # [ ] NAME (LAST, FIRST, MIDDLE) [ ] HOME PHONE # [ ] DATE OF BIRTH [ ] AGE [ ] SEX [ ]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [ ] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

**D** UNIT # [ ] NAME (LAST, FIRST, MIDDLE) [ ] HOME PHONE # [ ] DATE OF BIRTH [ ] AGE [ ] SEX [ ]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [ ] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

|   |  |   |   |  |   |  |
|---|--|---|---|--|---|--|
| <b>01</b><br>SEATING POSITION<br>01 FRONT - LEFT (MC DRIVER)<br>02 FRONT - MIDDLE<br>03 FRONT - RIGHT<br>04 SECOND - LEFT (MC PASS)<br>05 SECOND - MIDDLE<br>06 SECOND - RIGHT<br>07 THIRD - LEFT (MC PASSENGER/DECK)<br>08 THIRD - MIDDLE<br>09 THIRD - RIGHT<br>10 SLEEPER SECTION OF CAB<br>11 ENCLOSED CARGO AREA<br>12 UNENCLOSED CARGO AREA<br>13 TRAILING UNIT<br>14 EXTERIOR<br>15 OTHER<br>16 NON-MOTORIST<br>17 UNKNOWN | <b>04</b><br>SAFETY EQUIPMENT<br><b>MOTORIST</b><br>01 NONE USED<br>02 SHOULDER BELT ONLY<br>03 LAP BELT ONLY<br>04 SHOULDER AND LAP BELT<br>05 CHILD SAFETY SEAT<br>06 MC HELMET USED<br>07 USE UNKNOWN<br><b>NON-MOTORIST</b><br>08 NONE USED<br>09 HELMET USED<br>10 PROTECTIVE PADS<br>11 REFLECTIVE CLOTHING<br>12 LIGHTING<br>13 OTHER<br>14 UNKNOWN | <b>1</b><br>AIR BAG<br>1 NOT DEPLOYED<br>2 DEPLOYED-FRONT<br>3 DEPLOYED-SIDE<br>4 DEPLOYED BOTH FRONT/SIDE<br>5 NOT APPLICABLE<br>6 UNKNOWN | <b>1</b><br>AIR BAG SWITCH<br>1 NOT PRESENT<br>2 ON POSITION<br>3 OFF POSITION<br>4 UNKNOWN | <b>1</b><br>EJECTION<br>1 NOT EJECTED<br>2 TOTALLY EJECTED<br>3 PARTIALLY EJECTED<br>4 NOT APPLICABLE<br>5 UNKNOWN | <b>1</b><br>TRAPPED<br>1 NOT TRAPPED<br>2 EXTRACTED BY MECHANICAL MEANS<br>3 FREED BY NON-MECHANICAL MEANS<br>4 UNKNOWN | <b>1</b><br>INJURIES<br>1 NO INJURY<br>2 POSSIBLE<br>3 NON-INCARCINATING<br>4 INCARCINATING<br>5 FATAL INJURY<br>6 UNKNOWN |
|---|--|---|---|--|---|--|


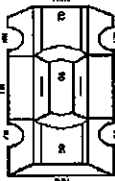
BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES

HSY7001

TOP COPY - ODPF BOTTOM COPY - AGENCY

CAD Incident Number: LHP0912001074

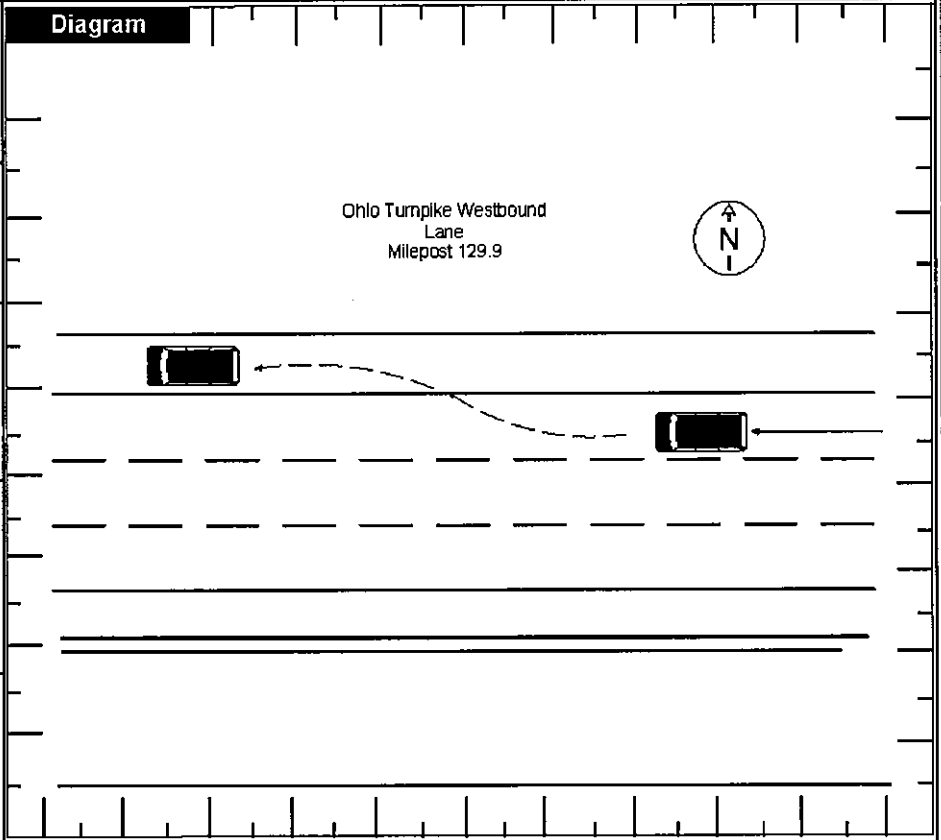
|  |   |   |  |  |  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
|--|---|---|--|--|--|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|--|
| <b>UNIT NUMBERS</b><br><input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>   | <b>DAMAGE AREA</b><br>   | <b>PRE-CRASH ACTIONS</b><br><input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>   | <b>SEQUENCE OF EVENTS</b><br><table border="1"> <tr> <td><input type="text" value="0"/> <input type="text" value="6"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text" value="0"/> <input type="text" value="2"/></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> </tr> <tr> <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"/>   | <input type="text"/> | <input type="text" value="0"/> <input type="text" value="2"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <b>POSTED SPEED</b><br><input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> | <b>DRUG TEST STATUS</b><br><input type="text" value="1"/> <input type="text"/> |
| <input type="text" value="0"/> <input type="text" value="6"/>  | <input type="text"/>  | <input type="text"/>  |  |  |  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <input type="text" value="0"/> <input type="text" value="2"/>  | <input type="text"/>  | <input type="text"/>  |  |  |  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |  |  |  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |  |  |  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <b>NON-MOTORIST LOCATION</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 MARKED CROSSWALK AT INTERSECTION<br/> 02 INTERSECTION NO CROSSWALK<br/> 03 NON-INTERSECTION CROSSWALK<br/> 04 DRIVEWAY ACCESS CROSSWALK<br/> 05 IN ROADWAY<br/> 06 NOT IN ROADWAY<br/> 07 MEDIAN (BUT NOT SHOULDER)<br/> 08 ISLAND<br/> 09 SHOULDER<br/> 10 SIDEWALK<br/> 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)<br/> 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)<br/> 13 OUTSIDE TRAFFICWAY<br/> 14 SHARED PATHS OR TRAILS<br/> 15 UNKNOWN</p>  |    | <b>MOTORIST</b><br>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD<br>02 BACKING<br>03 CHANGING LANES<br>04 OVERTAKING/PASSING<br>05 TURNING RIGHT<br>06 TURNING LEFT<br>07 MAKING U-TURN<br>08 ENTERING TRAFFIC LANE<br>09 LEAVING TRAFFIC LANE<br>10 PARKED<br>11 SLOWING/STOPPED IN TRAFFIC<br>12 DRIVERLESS<br>13 OTHER<br>14 UNKNOWN<br><b>NON-MOTORIST</b><br>15 ENTERING CROSSING IN SPECIFIED LOCATION<br>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 WORKING<br>18 PUSHING VEHICLE<br>19 APPROACHING/LEAVING VEHICLE<br>20 PLAYING/WORKING ON VEHICLE<br>21 STANDING<br>22 OTHER<br>23 UNKNOWN  | <b>NON-COLLISION</b><br>01 OVERTURN/ROLL-OVER<br>02 FIRE/EXPLOSION<br>03 IMMERSION<br>04 JACKKNIFE<br>05 CARDO/EQUIPMENT LOSS/SPLIT<br>06 EQUIPMENT FAILURE<br>07 SEPARATION OF UNITS<br>08 RAN OFF ROAD RIGHT<br>09 RAN OFF ROAD LEFT<br>10 CROSS-MEDIAN CENTERLINE<br>11 DOWN-HILL RUNAWAY<br>12 OTHER NON-COLLISION<br>13 UNKNOWN NON-COLLISION<br>14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED   | <b>TRAFFIC CONTROL</b><br><input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <p>01 NO CONTROLS<br/> 02 STOP SIGN<br/> 03 YIELD SIGN<br/> 04 TRAFFIC SIGNAL<br/> 05 TRAFFIC FLASHERS<br/> 06 SCHOOL ZONE<br/> 07 RAILROAD CROSSBUCKS<br/> 08 RAILROAD FLASHERS<br/> 09 RAILROAD GATES<br/> 10 CONSTRUCTION BARRICADE<br/> 11 POLICE OFFICER<br/> 12 PAVEMENT MARKINGS<br/> 13 CROSSWALK LINES<br/> 14 WALKWAY/WALK SIGN<br/> 15 TRAFFIC CONTROL DEVICE INEFFECTIVE MISSING, OBSCURED<br/> 16 OTHER</p> | <b>DRUG TEST TYPE</b><br><input type="text" value="1"/> <input type="text"/> <p>1 NONE<br/> 2 BLOOD<br/> 3 URINE<br/> 4 OTHER</p> <b>DRUG TEST 1&amp;2 RESULT</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <b>TYPE OF UNIT</b><br><input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>   | <input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>   | <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>   | <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>  | <b>DIRECTION</b><br>FROM TO FROM TO<br><input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>   | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <b>MOTORIST</b><br>01 SUB-COMPACT<br>02 COMPACT<br>03 MID-SIZE<br>04 FULL-SIZE<br>05 MINIVAN<br>06 SPORT UTILITY VEHICLE<br>07 PICKUP<br>08 PANELVAN<br>09 SINGLE UNIT TRUCK, 2 AXLES, 8 TIRES<br>10 SINGLE UNIT TRUCK, 3+ AXLES<br>11 TRUCK/TRAILER<br>12 TRUCK TRACTOR (EQUIPMENT)<br>13 TRACTOR/SEMI-TRAILER<br>14 TRACTOR/DRAWER SHORT<br>15 TRACTOR/DRAWER LONG<br>16 FIFTH WHEEL OR CONVERTER DOLLY<br>17 TRACTOR/Triples<br>18 MOTORCYCLE<br>19 MOTORIZED BICYCLE<br>20 SCHOOL BUS<br>21 CHURCH BUS<br>22 PUBLIC BUS<br>23 OTHER BUS<br>24 POLICE VEHICLE<br>25 FIRE TRUCK<br>26 AMBULANCE/RESCUE<br>27 TAXI<br>28 MOTOR HOME<br>29 TRAWL<br>30 FARM VEHICLE<br>31 FARM EQUIPMENT<br>32 SNOWMOBILE<br>33 CONSTRUCTION EQUIPMENT<br>34 ALL OTHERS<br><b>NON-MOTORIST</b><br>35 ANIMAL WALKER<br>36 ANIMAL WAGON<br>37 BICYCLE<br>38 PEDESTRIAN<br>39 PEDAL CYCLIST<br>40 SKATER<br>41 OTHER NON-MOTORIST<br>42 UNKNOWN | <b>MOST DAMAGED AREA</b><br><input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <p>01 NONE<br/> 02 CENTER FRONT<br/> 03 RIGHT FRONT<br/> 04 RIGHT SIDE<br/> 05 RIGHT REAR<br/> 06 REAR CENTER<br/> 07 LEFT REAR<br/> 08 LEFT SIDE<br/> 09 LEFT FRONT<br/> 10 TOP AND WINDOWS<br/> 11 UNDERCARRIAGE<br/> 12 LOAD/TRAILER<br/> 13 TOTAL (ALL AREAS)<br/> 14 OTHER<br/> 15 UNKNOWN</p> <b>POINT OF IMPACT</b><br><input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>01 NONE<br/> 02 CENTER FRONT<br/> 03 RIGHT FRONT<br/> 04 RIGHT SIDE<br/> 05 RIGHT REAR<br/> 06 REAR CENTER<br/> 07 LEFT REAR<br/> 08 LEFT SIDE<br/> 09 LEFT FRONT<br/> 10 TOP AND WINDOWS<br/> 11 UNDERCARRIAGE<br/> 12 LOAD/TRAILER<br/> 13 TOTAL (ALL AREAS)<br/> 14 OTHER<br/> 15 UNKNOWN</p> | <b>CONTRIBUTING CIRCUMSTANCES</b><br><input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> <p>01 NONE<br/> 02 FAILURE TO YIELD<br/> 03 RAN RED LIGHT, OR STOP SIGN<br/> 04 EXCEEDED SPEED LIMIT<br/> 05 UNSAFE SPEED<br/> 06 IMPROPER TURN<br/> 07 LEFT OF CENTER<br/> 08 FOLLOWED TOO CLOSELY (C/D)<br/> 09 IMPROPER LANE CHANGING/DRIVE OFF ROAD/IMPROPER PASSING<br/> 10 IMPROPER BACKING<br/> 11 IMPROPER START FROM PARKED POSITION<br/> 12 STOPPED OR PARKED ILLEGALLY<br/> 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEEDLENT OR AGGRESSIVE MANNER<br/> 14 OVERTAKING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT NON-MOTORIST IN ROADWAY, ETC)<br/> 15 FAILURE TO CONTROL<br/> 16 VISION OBSTRUCTION<br/> 17 DRIVER INATTENTION<br/> 18 FATIGUE/SLEEP<br/> 19 OPERATING DEFECTIVE EQUIPMENT<br/> 20 LOAD SHIFTING/FALLING/SPILLING<br/> 21 OTHER IMPROPER ACTION<br/> 22 UNKNOWN<br/> <b>NON-MOTORIST</b><br/> 23 NONE<br/> 24 IMPROPER CROSSING<br/> 25 DARTING<br/> 26 LYING AND/OR ILLEGALLY IN ROADWAY<br/> 27 FAILURE TO YIELD FRONT OF WAY<br/> 28 NOT VISIBLE (DARK CLOTHING)<br/> 29 INATTENTIVE<br/> 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER<br/> 31 WRONG SIDE OF ROAD<br/> 32 OTHER<br/> 33 UNKNOWN</p> | <b>CONDITION</b><br><input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 APPARENTLY NORMAL<br/> 2 PHYSICAL IMPAIRMENT<br/> 3 EMOTIONAL<br/> 4 ILLNESS<br/> 5 FELL ASLEEP, FAINTED, FATIGUE, ETC<br/> 6 UNDER THE INFLUENCE OF MEDICATION/DRUG/ALCOHOL<br/> 7 OTHER<br/> 8 UNKNOWN</p>  | <b>ALCOHOL/DRUG SUSPECTED</b><br><input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE<br/> 2 YES - ALCOHOL SUSPECTED<br/> 3 YES - HB NOT IMPAIRED<br/> 4 YES - DRUG SUSPECTED<br/> 5 YES - ALCOHOL/DRUGS SUSPECTED<br/> 6 UNKNOWN</p>   | <b>TYPE OF INTERSECTION</b><br><input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>01 NOT AN INTERSECTION<br/> 02 FOURWAY INTERSECTION<br/> 03 T-INTERSECTION<br/> 04 Y-INTERSECTION<br/> 05 TRAFFIC CIRCLE/ROUNDABOUT<br/> 06 FIVE-POINT, OR MORE<br/> 07 ON RAMP<br/> 08 OFF RAMP<br/> 09 CROSSOVER<br/> 10 DRIVEWAY ACCESS<br/> 11 RAILWAY GRADE CROSSING<br/> 12 SHARED-USE PATHS OR TRAILS<br/> 13 UNKNOWN</p> |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <b>IN EMERGENCY RESPONSE</b><br><input type="text"/> <input type="text"/> <p>1 NO<br/> 2 YES<br/> 3 UNKNOWN</p>  | <b>ACTION</b><br><input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONCONTACT<br/> 2 NONCOLLISION<br/> 3 STRUCK<br/> 4 STRUCK<br/> 5 BOTH STRIKING AND STRUCK<br/> 6 UNKNOWN</p>   | <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>   | <b>FIRST HARMFUL EVENT</b><br><input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>  | <b>ALCOHOL TEST STATUS</b><br><input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE<br/> 2 TEST REFUSED<br/> 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br/> 4 TEST GIVEN, RESULTS KNOWN<br/> 5 TEST GIVEN, RESULTS UNKNOWN<br/> 6 UNKNOWN</p>   | <b>ROAD CONTOUR</b><br><input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 STRAIGHT LEVEL<br/> 2 STRAIGHT GRADE<br/> 3 CURVE LEVEL<br/> 4 CURVE GRADE</p>   |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <b>DAMAGE SCALE</b><br><input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE<br/> 2 NON-FUNCTIONAL DAMAGE<br/> 3 FUNCTIONAL DAMAGE<br/> 4 DISABLING DAMAGE<br/> 5 SEVERE<br/> 6 UNKNOWN</p>  | <b>STRIKING VEHICLE: OVERRIDE/UNDERERRIDE</b><br><input type="text"/> <input type="text"/> <p>1 NO UNDERRIDE OR OVERRIDE<br/> 2 UNDERRIDE, COMPARTMENT INTRUSION<br/> 3 UNDERRIDE, NO COMPARTMENT INTRUSION<br/> 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br/> 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br/> 6 OVERRIDE OTHER VEHICLE<br/> 7 UNKNOWN</p>  | <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>   | <b>MOST HARMFUL EVENT</b><br><input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>  | <b>ALCOHOL TEST TYPE</b><br><input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE<br/> 2 BLOOD<br/> 3 URINE<br/> 4 BREATH<br/> 5 OTHER</p>   | <b>ROAD CONDITION</b><br><input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>01 DRY<br/> 02 WET<br/> 03 SNOW<br/> 04 ICE<br/> 05 SAND, MUD, DIRT, OIL, GRAVEL<br/> 06 WATER (STANDING, MOVING)<br/> 07 SLUSH<br/> 08 DEBRIS**<br/> 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**<br/> 10 OTHER<br/> 11 UNKNOWN</p>  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <b>DAMAGE SCALE</b><br><input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE<br/> 2 NON-FUNCTIONAL DAMAGE<br/> 3 FUNCTIONAL DAMAGE<br/> 4 DISABLING DAMAGE<br/> 5 SEVERE<br/> 6 UNKNOWN</p>  | <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>   | <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>   | <b>SPEED DETECTED</b><br><input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 STATED<br/> 2 ESTIMATED SPEED</p>  | <b>ALCOHOL TEST RESULT</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | <b>LOCAL REPORT #*</b><br><input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="0"/>  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |
| <b>SUPPLEMENT * X IF YES</b>   |   | <b>LOCAL REPORT #*</b>  |  |  |  |                      |   |                      |                      |                      |                      |                      |                      |                      |                      |  |  |

TOP COPY - O/PS BOTTOM COPY - AGENCY

**Narrative**

Unity#1 was westbound on Ohio Turnpike. Unit#1 experienced an electrical fire in dashboard. Unit#1 pulled to berm and became completely engulfed in fire. Fire was extinguished by fire department.

|   |   |
|---|---|
| <b>MANNER OF COLLISION OR IMPACT</b><br><input type="checkbox"/> 1<br>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br>2 REAR END<br>3 HEAD ON<br>4 REAR-TO-REAR<br>5 BACKING<br>6 ANGLE<br>7 SIDEWIFE, SAME DIRECTION<br>8 SIDEWIFE, OPPOSITE DIRECTION<br>9 UNKNOWN       | <b>SCHOOL BUS RELATED</b><br><input type="checkbox"/> 1<br>1 NO<br>2 YES, DIRECTLY INVOLVED<br>3 YES, INDIRECTLY INVOLVED<br>4 UNKNOWN  |
| <b>WEATHER</b><br><input type="checkbox"/> 0 <input type="checkbox"/> 2<br>01 CLEAR<br>02 CLOUDY<br>03 FOG, SMOG, SMOKE<br>04 RAIN<br>05 SLEET, HAIL, (FREEZING RAIN DRIZZLE)<br>06 SNOW<br>07 SEVERE CROSSWINDS<br>08 BLOWING SAND, SOIL, DIRT, SNOW<br>09 OTHER<br>10 UNKNOWN | <b>WORK ZONE RELATED</b><br><input type="checkbox"/> 1<br>1 NO<br>2 YES<br>3 UNKNOWN  |
| <b>LIGHT CONDITIONS</b><br>PRIMARY: <input type="checkbox"/> 1<br>SECONDARY: <input type="checkbox"/><br>1 DAYLIGHT<br>2 DAWN<br>3 DUSK<br>4 DARK - LIGHTED ROADWAY<br>5 DARK - NOT LIGHTED<br>6 DARK - UNKNOWN LIGHTING<br>7 CLARE<br>8 OTHER<br>9 UNKNOWN                     | <b>TYPE OF WORK ZONE</b><br><input type="checkbox"/><br>1 LANE CLOSURE<br>2 LANE SHIFT/CROSSOVER<br>3 WORK ON SHOULDER OR MEDIAN<br>4 INTERMITTENT MOVING WORK<br>5 OTHER     |
|   | <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/><br>1 BEFORE FIRST WORK ZONE WARNING SIGN<br>2 A DANGER WARNING AREA<br>3 TRANSITION AREA<br>4 ACTIVITY AREA |
|   | <b>WORKERS PRESENT</b><br><input type="checkbox"/><br>1 NO<br>2 YES<br>3 UNKNOWN  |



|  |   |  |
|--|---|--|
| <b>Truck/Bus</b><br>UNIT #<br><input type="text"/>           | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR<br>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br>A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER. | AND<br>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:<br>A FATALITY; OR<br>AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR<br>AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER. |
|  | COMPANY (FROM SHIPPING PAPERS)<br><input type="text"/>  | COMPANY PHONE<br><input type="text"/>  |
| ADDRESS (STREET, CITY, ST, ZIP CODE)<br><input type="text"/> |   |  |

|  |   |   |   |   |                      |                      |                      |
|--|---|---|---|---|----------------------|----------------------|----------------------|
| US DOT   | ICC MC  | PUCO  | TRAILER LP ST.  | TRAILER LP YEAR   | TRAILER LP #         | PLACARD #            | # DIA                |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>CARGO BODY TYPE</b><br><input type="checkbox"/> 01 NOT APPLICABLE<br><input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER)<br><input type="checkbox"/> 03 HA W/ ENCLOSED BOX<br><input type="checkbox"/> 04 DRAINING/SGRAYEL<br><input type="checkbox"/> 05 POLE<br><input type="checkbox"/> 06 CAB/TANK<br><input type="checkbox"/> 07 FLATBED<br><input type="checkbox"/> 08 DUMP<br><input type="checkbox"/> 09 CONCRETE MIXER<br><input type="checkbox"/> 10 AUTO TRANSPORTER<br><input type="checkbox"/> 11 GARBAGY/REFUSE<br><input type="checkbox"/> 12 OTHER<br><input type="checkbox"/> 13 UNKNOWN | <b>WEIGHT (GVWR)</b><br><input type="checkbox"/> 1 LESS/EQUAL 10,000<br><input type="checkbox"/> 2 10,001 - 20,000<br><input type="checkbox"/> 3 MORE THAN 20,000 | <b>CDL CLASS</b><br><input type="checkbox"/><br>1 CLASS A<br>2 CLASS B<br>3 CLASS C<br>4 CLASS M<br>5 CLASS D | <b>HAZARDOUS MATERIALS PLACARD</b><br><input type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 UNKNOWN | <b>HAZARDOUS MATERIALS RELEASED</b><br><input type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 NOT APPLICABLE<br><input type="checkbox"/> 4 UNKNOWN |                      |                      |                      |

**Police Action**

|                     |                 |                         |                     |         |       |               |
|---------------------|-----------------|-------------------------|---------------------|---------|-------|---------------|
| DATE CRASH REPORTED | TIME REC CALL   | DISPATCH                | ARRIVED             | CLEARED | OTHER | TOTAL MINUTES |
| 09122010            | 0856            | 0856                    | 0859                | 1020    | 60    | 0144          |
| OFFICER'S NAME *    | BADGE # *       | CHECKED BY              | DATE REPORT FILED * |         |       |               |
| Dietz, Richard      | 0487            | KLHARRIS                | 09162010            |         |       |               |
| REPORT TAKEN BY     | REPORT TAKEN AT | SUPPLEMENT * "X" IF YES | LOCAL REPORT # *    |         |       |               |
| 1                   | 1               |                         | 10-0607-90          |         |       |               |

TOP COPY - DDPs BOTTOM COPY - AG ENCY

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

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

|  |  |                                       |
|--|--|---------------------------------------|
| LOCAL REPORT NUMBER<br><b>10-0607-90</b> | REPORTING AGENCY<br><b>Ohio State Highway Patrol</b> | DATE OF ACCIDENT<br><b>09/12/2010</b> |
| IN COUNTY OF<br><b>Erie</b>              | ACCIDENT LOCATION<br><b>IR0080</b>                   |                                       |

**Damage to Unit#1 : Entire vehicle/ completely engulfed by fire**

**Injuries: none claimed by driver/ sole occupant**

**Insurance information: Home Owner's Insurance Company**

**Agency: Comerica Insurance Services Inc.**

**9-18-10 to 9-18-11**

**800-713-0336**

**Fixed object damaged by fire: Asphalt berm melted and buckled from heat**

**Owner: Ohio Turnpike Commission**

**682 Prospect Rd.**

**Berea, Ohio 44017**

**440-234-2081**

**Maintenance personnel Patrick Malloy ,custodian, on scene and was advised of Turnpike damage.**

**Fire extinguished by South Amherst Fire Department.**

**Driver/ owner advised officer that her brother in Pennsylvania had changed a fuse in cigarette lighter of dashboard in van, prior to proceeding her trip back to Michigan. In her statement, driver indicates that the cigarette lighter plug was area where she first saw fire, coming from underneath dashboard.**

OFFICERS SIGNATURE

BADGE NO.

**0487**

