

VQ-10370064-3368

NOV 17 2010

OH-1 (Rev. 10/99)

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

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0590-91	CRASH SEVERITY 3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY *X IF YES <input type="checkbox"/>	HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNCLYED	PHOTOS TAKEN *X IF YES <input checked="" type="checkbox"/>	OH-2 <input checked="" type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
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N.C.I.C.# OHP91	REPORTING AGENCY Ohio State Highway Patrol	# UNITS 01	UNIT ERROR 01 99 = ANIMAL 98 = UNKNOWN	DATE OF CRASH 10162010
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TIME OF CRASH 0705	DAY OF WEEK SAT	CITY* <input type="checkbox"/>	VILLAGE* <input type="checkbox"/>	TWP* X	NAME (OF CITY, VILLAGE OR TOWNSHIP)* Jackson	COUNTY* 50	LATITUDE 41:06:52.27	LONGITUDE 80:50:28.13
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CRASH OCCURRED ON PREFIX CRASH LOCATION IR0080	TYPE LOC 3 1 NAMED STREET 2 NUMBERED STREET	TYPE LOCATION POINT USED X218 AR 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION
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REF / REFERENCE DIST REFERENCE DR PREFIX REFERENCE 4M W 219	REF POINT 06	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	LOCAL INFORMATION 14 HOUSE NUMBER 15 TOWNSHIP BOUNDARY 06 MILE POST 17 CORPORATION LIMIT	16 PLACE NAME NO REFERENCE 18 DRIVEWAY 10 STREET OR ROUTE NO REFERENCE
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Motorist/Non-Motorist

A	UNIT # 01	# OF OCC. 03	NAME (LAST, FIRST, MIDDLE) [REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Saint Louis, Missouri [REDACTED]			
SOCIAL SECURITY NUMBER [REDACTED]		DATE OF BIRTH 06201952	AGE 58
DL STATE MO	DL # [REDACTED]	LP STATE AZ	LP # [REDACTED]
OWNER NAME (IF SAME, WRITE "SAME") U-Haul, Inc		ADDRESS (STREET, CITY, STATE, ZIP CODE) 2727 N Central AVE, Phoenix, Arizona 85004	
YEAR 2006	MAKE FORD	MODEL E450	COLOR ONG
INSURANCE COMPANY Self Insured		TOWING SERVICE Jeswalds	OWNER PHONE # (800)528-0355
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? *X IF YES

B	UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE
DL STATE	DL #	LP STATE	LP #
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? *X IF YES

Occupant

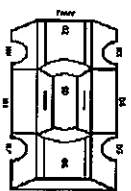
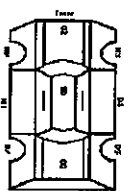
C	UNIT # 01	NAME (LAST, FIRST, MIDDLE) [REDACTED]	HOME PHONE # [REDACTED]	DATE OF BIRTH 12271952	AGE 57	SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Saint Louis, Missouri [REDACTED]				INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Chicago, Illinois [REDACTED]				INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Chicago, Illinois [REDACTED]				INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY

SEATING POSITION 01 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	SAFETY EQUIPMENT 04 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 5 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-IDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	SUPPLEMENT *X IF YES
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HSY7001

TOP COPY - ODP3 BOTTOM COPY - AGENCY

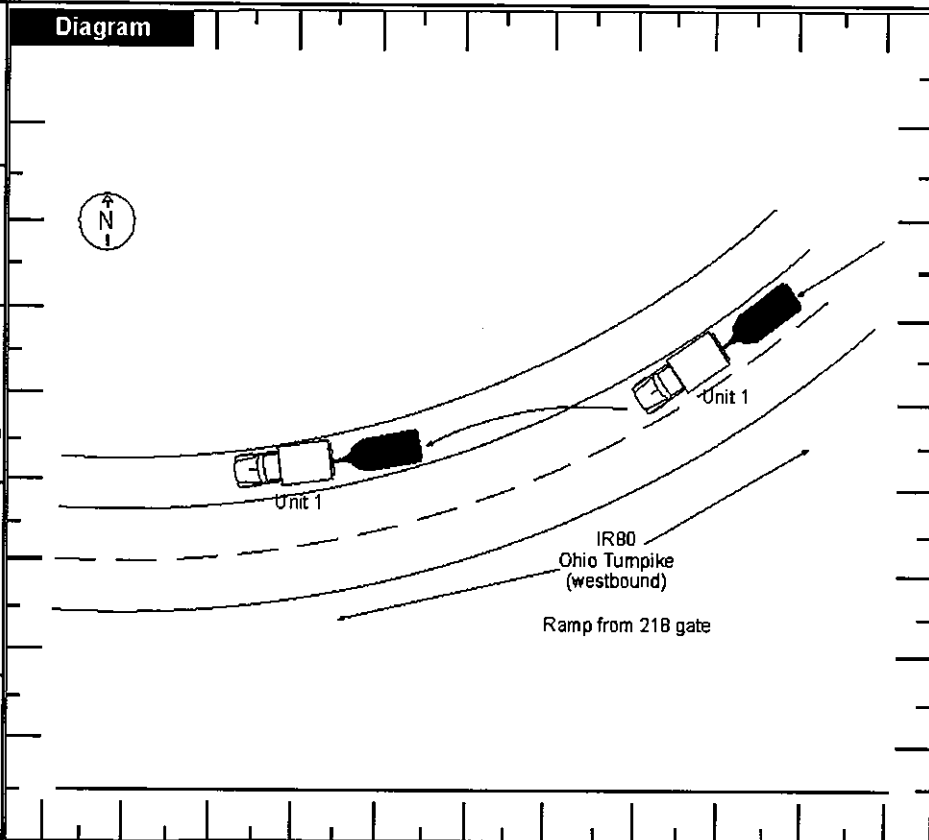
CAD Incident Number: LHP10161000977

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <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="0"/></td><td><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><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="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"/>	<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"/>
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NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A 	MOTORIST 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/RESUMING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING 17 PLAYING, CYCLING 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 IMMERSED 04 JACKKNIFE 05 CAR/BOAT 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 14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDAL CYCLE 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 25 IMPACT ATTENTION/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE RAMP 29 BRIDGE RAIL 30 G/LA ROAD RACE 31 G/LA ROAD END 32 MEDIAN BARRIER 33 HD HWY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 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"/> <input type="text"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/>																
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (NOT IN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	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/ADDED 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECTFUL 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 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 CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE 16 MISSING, OBSCURED 16 OTHER	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	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"/> <input type="text"/>	DIRECTION FROM TO <input type="text" value="5"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZE 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (SEMI TRAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DUBLE SHORT 15 TRACTOR/DUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLER 18 MOTORCYCLE 19 MOTORCYCLES 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 FOLDEVEHICLE 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/DRUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	FROM TO <input type="text" value="5"/> <input type="text" value="4"/> <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"/>																
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Narrative

Unit #1 was entering turnpike on acceleration ramp. Trailer tires on #1 caught fire. Unit #1 pulled to the berm and awaited help.

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 AND LE 7 SIDESWIFE, SAME DIRECTION 8 SIDESWIFE, 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 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"/> 3 <input type="checkbox"/> 4 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 OLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # <input type="text"/>	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) <input type="text"/>		COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	ICC MC	FUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DJA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRADING/SURVEY	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARD/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 CARGO/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 R <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
10162010	0705	0705	0726	0845	90	0190
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Laubacher, Daniel	1327	JDRUDDLE	10172010			
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 1 POLICE AG ENCY 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * "X" IF YES <input type="checkbox"/>	LOCAL REPORT # *	10-0590-91		

TOP COPY - COPS BOTTOM COPY - AG ENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0590-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 10/16/2010
IN COUNTY OF Mahoning	ACCIDENT LOCATION IR0080	

Unit #1 pulled to berm and put fire out. Fire was contained to the right side of the trailer and involved only the 2 tires.

NO damage to the vehicle being carried on the trailer and the car was removed by the driver of #1 to prevent damage.

On the car hauler is a 2001 Honda Accord 4 door. Black in color and [REDACTED]
Car was removed off the car hauler and is not damaged.

Car hauler is a dual axle open trailer with [REDACTED]-Idaho. Both right side tires are burnt and the rear left tire is flat but not from fire damage
No other damage found on trailer.

Unit #1 us a 2006 Ford E450 moving van. [REDACTED] AZ. NO damage found.

Driver stated that everything seemed to be in working order. They left a hotel off the 218 gate at about 0700 hours and were continuing the tri

Photos taken by Trooper Haring - Unit # 223

The emergency brake chain for the trailer was wrapped up short around the tongue of the trailer. The emergency brake was engaged and had to be reset to haul away. Driver of #1 stated to me that U-HAUL did NOT hook up the trailer. He did

OFFICERS SIGNATURE	BADGE NO. 1327
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