

**OHIO
PUBLIC
SAFETY**
EDUCATION • SERVICE • PROTECTION

Recipient

UNIT NUMBERS 0 1		DAMAGE AREA A B		PRE-CRASH ACTIONS 0 1		SEQUENCE OF EVENTS A B		POSTED SPEED 6 5		DRUG TEST STATUS 1			
NON-MOTORIST LOCATION A B		MOTORIST 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 (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LAYING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN		NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/BOAT/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/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 TRANSFERT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT 24 IMPACT ATTENUATOR/CRA SH CUSHION 25 BRIDGE OVERHEAD STRUCTURE 26 BRIDGE PIER OR ABUTMENT 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PIER OR ABUTMENT 30 OVERHEAD RAIL 31 OVERHEAD RAIL 32 OVERHEAD RAIL 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT TOWER/STRUCTURE 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 1 2		DRUG TEST TYPE 1		DRUG TEST 162 RESULT A B	
TYPE OF UNIT 0 9		MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZE 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTY WHEEL OR CONVERTER TOLLY 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 WALKER 36 ANIMAL WALKER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN		CONTRIBUTING CIRCUMSTANCES 1 9		TYPE OF INTERSECTION 0 1		CONDITION 1		ALCOHOL/DRUG SUSPECTED 1		ALCOHOL TEST STATUS 1	
POINT OF IMPACT 0 2		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/CARCA 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/SLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 OTHER IMPROPER ACTION 23 UNKNOWN NON-MOTORIST 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		VEHICLE DEFECT CODE ONLY IF #19 SELECTED ABOVE 0 6		ALCOHOL TEST TYPE 1		ALCOHOL TEST RESULT A B		ROAD CONTOUR 1		ROAD CONDITION 0 1	
EMERGENCY RESPONSE A B		ACTION 3		STRIKING VEHICLE: OVERRIDE/UNDERRIDE 1		SPEED DETECTED 1		ALCOHOL TEST TYPE 1		ALCOHOL TEST RESULT A B			
DAMAGE SCALE 5		VEHICLE DEFECT 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR BUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS		VEHICLE DEFECT 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR BUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS		VEHICLE DEFECT 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR BUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS		VEHICLE DEFECT 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR BUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS		VEHICLE DEFECT 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR BUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS			

TOP COPY - DCPs BOTTOM COPY - AGENCY

CAD Incident Number - LHP101010003257

Narrative

Unit#1 was traveling eastbound on the Ohio Turnpike in the left lane when the right front tire blew out. Unit#1 went off the right side of the roadway, struck the ditch, and struck a fence.

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 SIDEWIDE, SAME DIRECTION
- 8 SIDEWIDE, OPPOSITE DIRECTION
- 9 UNKNOWN

WEATHER

0 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

LIGHT CONDITIONS

PRIMARY SECONDARY

5

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

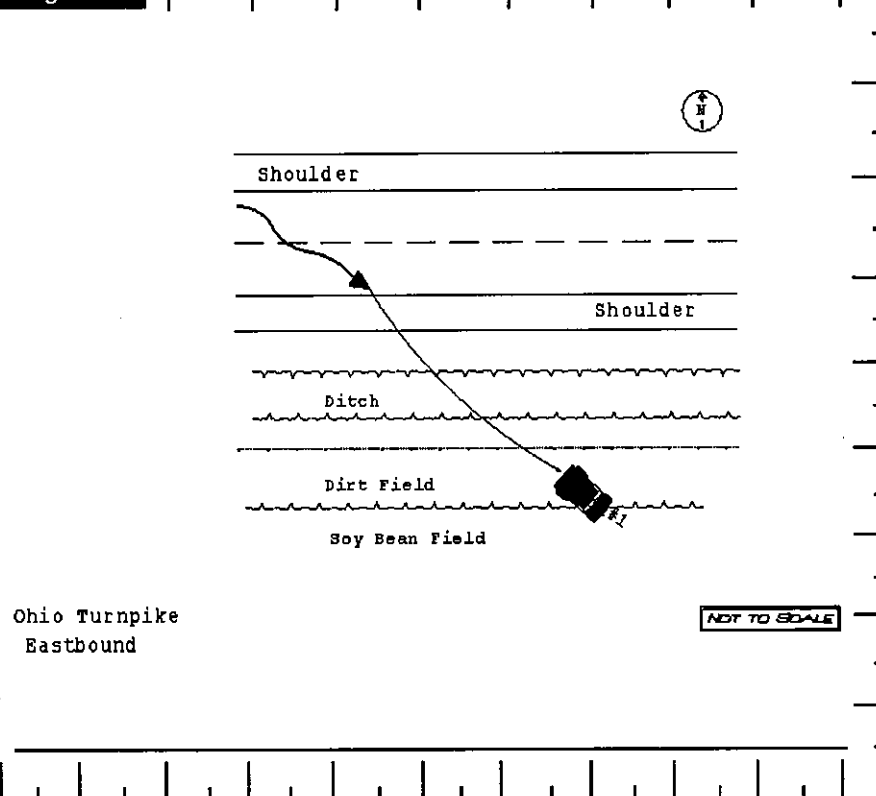
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



Truck/Bus

UNIT #

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)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

FUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

DIA

CARGO BODY TYPE

1

- 01 NOT APPLICABLE
- 02 BUS (415 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAIN/HPS/RAVEL

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAO/REFUSE
- 12 OTHER
- 13 UNKNOWN

WEIGHT (GVWR)

1

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

COL CLASS

1

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

HAZARDOUS MATERIALS PLACARD

1

- 1 NO
- 2 YES
- 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED

1

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

Police Action

DATE CRASH REPORTED

1 0 1 0 2 0 1 0

TIME REC CALL

2 1 0 9

DISPATCH

2 1 0 9

ARRIVED

2 1 1 8

CLEARED

2 3 3 0

OTHER

3 0

TOTAL MINUTES

0 1 7 1

OFFICER'S NAME

Marshall, Robert

BADGE #

1 8 8 3

CHECKED BY

TSCAMPBELL

DATE REPORT FILED

1 0 1 1 2 0 1 0

REPORT TAKEN BY

1

- 1 POLICE AG ENCY
- 2 MOTORIST

REPORT TAKEN AT

1

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT *
*X IF YES

LOCAL REPORT #

1 0 - 0 4 1 5 - 8 9

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CAD Incident Number - LHP101010003257

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0415-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 10/10/2010
IN COUNTY OF Fulton	ACCIDENT LOCATION IR0080	

Field Sketch Measurements

Identify Reference Pt: Mile Post 23.3 Eastbound

Identify Point zero (Pt 0): 12' North of RP

Identify Baseline: White Fog Line

Measuring device used: Rolling Wheel

PT AE FE DESCRIPTION

A 60' 0 Vehicle Leaves Roadway

B 139' 35' Vehicle Strikes Ditch

C 189' 67' Vehicle Strikes Fence

D 295' 109' Left Rear Tire at Final Rest

E 315 122' Left Front Wheel Well at final rest

Damage Analysis

Unit#1 Contact Damage

Front Bumper

Hood

Radiator

Left front Tire/Rim

Right front Tire

Front Windshield

Left and Right Front Headlight Assembly

Undercarriage

Occupant Injuries

Driver [REDACTED] Minor cuts and bruises

Passenger ([REDACTED]) Nose

** Both occupants refused medical treatment**

Property Owner Damage Analysis

Ohio Turnpike Commission

682 Prospect St. Berea, Oh 44017

Phone 440-234-2081

*Damaged Property- 87 'of Fence

Additional Property damage

[REDACTED] HJ Archbold, Oh [REDACTED]

Phone [REDACTED]

** Damaged Property- \$250.00 of soy beans- Property owner assessed damages at scene and advised the total cost for damage done.**

OFFICERS SIGNATURE

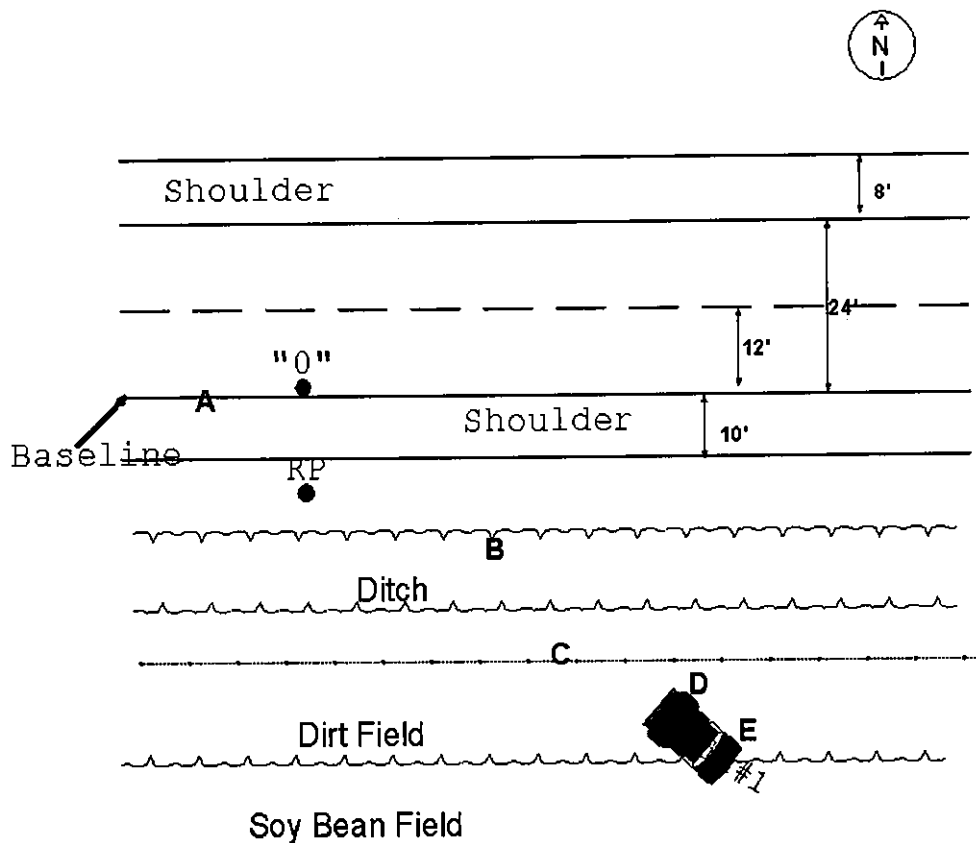
BADGE NO.

1883

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0415-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 10/10/2010
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Ohio Turnpike
Eastbound

NOT TO SCALE

OFFICER'S SIGNATURE

BADGE NO.

1883

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0415-89	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	10/10/2010
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED]	HEREBY MAKE THIS VOLUNTARY STATEMENT TO		
(PRINTED)			
Marshall, Robert	AT	IR0080	
(OFFICER'S NAME)		(LOCATION)	
ADDRESS OF WITNESS	[REDACTED] Hudson, New Hampshire [REDACTED]	PHONE	[REDACTED]
SIGNATURE OF WITNESS	OFFICER'S SIGNATURE		