

VQ40370067-9925

NOV 17 2010

OH-1 (Rev. 1089)

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT 501(c)(3)

TRAFFIC CRASH REPORT



LOCAL REPORT #*
10-0717-90

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
*X IF YES

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

PHOTOS TAKEN
*X IF YES

OH-2 OH-3 OH-1P OTHER
X X

N.C.I.C.#*
OHP90

REPORTING AGENCY*
Ohio State Highway Patrol

UNITS
01

UNIT ERROR
01 99-ANIMAL
99-UNKNOWN

DATE OF CRASH*
10172010

TIME OF CRASH
1527

DAY OF WEEK
SUN

CITY* VILLAGE* TWP*
Washington

NAME (OF CITY, VILLAGE OR TOWNSHIP)*
Washington

COUNTY*
72

LATITUDE
41:26:06.35

LONGITUDE
83:13:05.68

CRASH OCCURRED ON
PREFIX | CRASH LOCATION
IR0080

TYPE LOC 3
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION
WB

AT / REFERENCE
DIST REFERENCE | DR | PREFIX | REFERENCE
.3M | W | 86

REF POINT
06
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

REFERENCE POINT USED
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 # 0102 # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Detroit, Michigan
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 02151984 AGE 26 SEX F HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE MI DL # [REDACTED] LP STATE MI LP # [REDACTED] INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN
 OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR 2008 MAKE NISSA MODEL Sentra COLOR GRY INSURANCE COMPANY Progressive TOWING SERVICE Madison's OWNER PHONE # [REDACTED]
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE? *X IF YES

Occupant

B UNIT # [REDACTED] # OF OCC. 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] 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN
 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? *X IF YES

C UNIT # 01 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH 07191977 AGE 33 SEX F
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Detroit, Michigan
 INJURED TAKEN BY [REDACTED] 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN
 TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
D UNIT # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH 01251984 AGE 26 SEX M
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Nashville, Georgia
 INJURED TAKEN BY [REDACTED] 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN
 TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

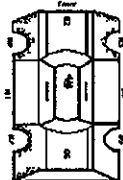
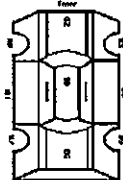
SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SEAT) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	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 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1A 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN 1B [REDACTED] 1C [REDACTED] 1D [REDACTED]	AIR BAG SWITCH 1A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN 1B [REDACTED] 1C [REDACTED] 1D [REDACTED]	EJECTION 1A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN 1B [REDACTED] 1C [REDACTED] 1D [REDACTED]	TRAPPED 1A 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN 1B [REDACTED] 1C [REDACTED] 1D [REDACTED]	INJURIES 1A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN 1B [REDACTED] 1C [REDACTED] 1D [REDACTED]
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BLANK FOR WITNESS
 SUPPLEMENT *X IF YES

HSY7001

TOP COPY - ODPB BOTTOM COPY - AGENCY

CAD Incident Number: LHP101017002077

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="3"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td><input type="text" value="0"/> <input type="text" value="8"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text" value="4"/> <input type="text" value="0"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text" value="0"/> <input type="text" value="1"/></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="8"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="4"/> <input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/> <input type="text" value="1"/>	<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"/> <input type="text"/> <input type="text"/>
<input type="text" value="0"/> <input type="text" value="8"/>	<input type="text"/>	<input type="text"/>															
<input type="text" value="4"/> <input type="text" value="0"/>	<input type="text"/>	<input type="text"/>															
<input type="text" value="0"/> <input type="text" value="1"/>	<input type="text"/>	<input type="text"/>															
<input type="text"/>	<input type="text"/>	<input type="text"/>															
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <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 (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	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 (BOBTALE) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DUBLE SHORT 15 TRACTOR/DUBLE 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 W/DRIVER 36 ANIMAL W/DRUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	MOTORIST 01 MOVEMENT 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 17 PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/EQUIPMENT LOSS/SPLIT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 RAN OFF ROAD LEFT 11 DOWN HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIRED 15 PEDESTRIAN 16 PEDAL CYCLE 17 RAILWAY VEHICLE 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 26 IMPACT ATTENUATOR/RASH CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE RAMP 30 BRIDGE RAIL 31 G UARDRAIL FACE 32 G UARDRAIL END 33 MEDIAN BARRIER 34 HO HWAY TRAFFIC SIGN POST 35 OVERHEAD SIGN POST 36 LIGHT/LUMINAIRES SUPPORT 37 UTILITY POLE 38 OTHER POST, POLE OR SUPPORT 39 CURVE 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"/> 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 SIGN, OBSCURED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <table border="1"> <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"/>	<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"/>	<input type="text"/>														
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	DIRECTION <table border="1"> <tr><td><input type="text" value="3"/></td><td><input type="text" value="4"/></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="3"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>				
<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>	<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 POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> 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	ACTION <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONCONTACT 2 NONCOLLISION 3 STRUCK 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	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 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECTED 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	FIRST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value="6"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HED NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 TEST REFUSED 3 TEST OPEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST OPEN, RESULTS KNOWN 5 TEST OPEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCCURRENCE <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITION PRIMARY <input type="text" value="0"/> <input type="text"/> <input type="text"/> <input type="text"/> SECONDARY <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAYEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY												
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF 1'S SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> 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 FRONT CRASH 11 OTHER DEFECTS	VEHICLE DEFECT CODE ONLY IF 1'S SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> 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 FRONT CRASH 11 OTHER DEFECTS	LOCAL REPORT # <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="0"/>	SUPPLEMENT # IF YES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LOCAL REPORT # <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="0"/>												

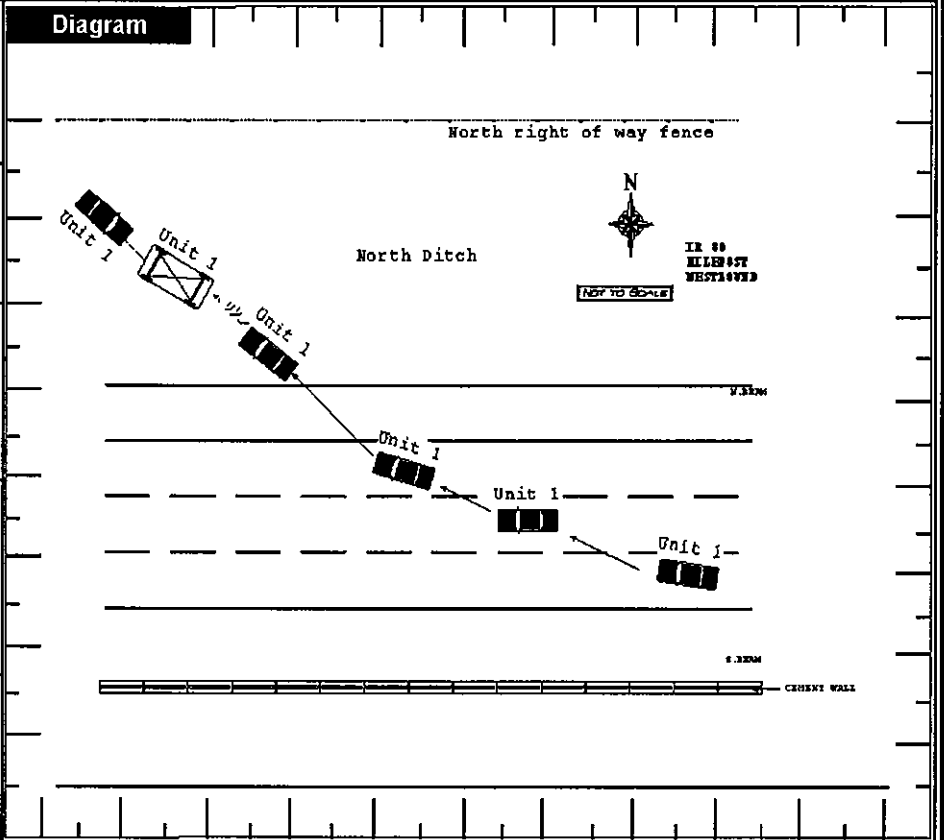
TOP COPY - DCPB BOTTOM COPY - AGENCY

CAD Incident Number - LHP101017002077

Narrative

Unit 1 was travelling westbound on the Ohio Turnpike in the left lane when its left rear tire blew. Unit 1 lost control and ran off the right side of the road. Unit #1 struck the ditch and overturned coming to final rest on its wheels.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-REAR 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> SECONDARY <input type="checkbox"/> 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	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"/> <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)	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	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED			
01 NOT APPLICABLE 02 BUS (0-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/RAYEL 05 POLE 06 GARGOTANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS R 5 CLASS D	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1 0 1 7 2 0 1 0	1 5 3 0	1 5 3 0	1 5 3 0	1 6 2 2	3 0	0 0 8 2
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
Beyer, Christopher	0 7 0 0	ALDECHOUENS	1 0 1 8 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * *X* IF YES	LOCAL REPORT #			
1 1 POLICE AG ENCY 2 NO TORSIT	1 1 SCENE 2 STATION 3 OTHER		1 0 - 0 7 1 7 - 9 0			

TOP COPY - COPIES BOTTOM COPY - AG ENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0717-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 10/17/2010
IN COUNTY OF Sandusky	ACCIDENT LOCATION IR0080	

Unit 1 vehicle damage--heavy damage to top and windows from flipping over in ditch. windshield smashed. drivers and passenger windows broken. Left rear dented from striking ditch. Right front damaged dented from initial contact with ditch. Drivers and passenger side mirrors broken.

Note--Witness [REDACTED] stated he observed the drivers side rear tire come off rim and the car lose control. He then observed it run road right overturning once, after striking the ditch.

Road surface scratches and gouges from the left rear rim indicate what the driver and witness stated. Upon looking at unit 1 at final rest the l rear tire was shredded and pushed back along the inner wheel well.

FIELD SKETCH

	AE	FE	Description
A	43'3"E	10'6"	Unit 1's left front tire off pavement right
B	65'E	10'6"	Unit 1's right front tire off pavement right
C	69'E	on edge	Unit 1's left front tire goes over white line to right berm
D	90'8E	on edge	Unit 1's right front tire goes over white line to right berm
E	114'6"E	15'10"	Unit 1's left rear rim begins to gouge and scratch center lane
F	141'5"E	15"	Unit 1's left rear tire begins to flat roll
G	2'5"E	30'11"	Unit 1's right front strikes ditch and car overturns
H	63'11"W	49'2"	Unit 1's right front tire final rest in ditch
I	72'W	52'1"	Unit 1's right rear tire final rest in ditch

RP= milepost 85.7 WB

BL= north solid white fog line

RP to BL= 15'

North berm width 10'6"

Road width 36'

Field sketch measurements were taken from both "E" east and "W" west of the reference point and are indicated by an "E" and "W" after the measurement in the remarks.

No ditch damage.

OFFICERS SIGNATURE

BADGE NO.

0700

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0717-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/17/2010
-----------------------------------	-----------------------------------------------	-----------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

Beyer, Christopher AT IR0080
(OFFICERS NAME) (LOCATION)

[Large empty space for statement content]

ADDRESS OF WITNESS <u>[REDACTED] Detroit, Michigar [REDACTED]</u>	PHONE <u>[REDACTED]</u>
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0717-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/17/2010
-----------------------------------	-----------------------------------------------	-----------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

Beyer, Christopher AT IR0080
(OFFICERS NAME) (LOCATION)

[Large empty box for statement content]

ADDRESS OF WITNESS [REDACTED] Nashville, Georgia [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE