

TRAFFIC CRASH REPORT



LOCAL REPORT #
10 - 0414 - 89

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
IF YES

HITS/KIP
1 NOT HITS/KIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
IF YES

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

N.C.I.C.#
OHP89

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
02

UNIT ERROR
02
99 = ANIMAL
99 = UNKNOWN

DATE OF CRASH
10082010

TIME OF CRASH
1714

DAY OF WEEK
FRI

CITY VLLAGE TWP
X

NAME (OF CITY, VLLAGE OR TOWNSHIP)
Perrysburg

COUNTY #
87

LATITUDE
41:33:32.54

LONGITUDE
83:33:40.15

CRASH OCCURRED ON
PREFIX CRASH LOCATION
IRO080

TYPE LOC
3
TYPE LOCATION POINT USED
1 NAMED STREET
2 NUMBERED ROUTE

LOCAL INFORMATION
Wb

BY REFERENCE
DIST REFERENCE DR PREFIX REFERENCE
.7m E 65

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

UNIT # # OF OCC.
A 01 01
NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
Toledo, Ohio

SOCIAL SECURITY NUMBER
DATE OF BIRTH
AGE
SEX
HOME PHONE #
WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY
OH 2 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE TRANSPORTED BY Perrysburg Twp Fire Dept INJURED TAKEN TO St. Vincent

OWNER NAME (IF SAME, WRITE "SAME")
ADDRESS (STREET, CITY, STATE, ZIP CODE)
SAME
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1998 NISSA Sentra GRY USAA XPRESS

UNIT # # OF OCC.
B 02 01
NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
Pomona, California

SOCIAL SECURITY NUMBER
DATE OF BIRTH
AGE
SEX
HOME PHONE #
WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY
CA 2 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)
Central, Refrigerated Service
5175 W 2100 South West, West Valley City, Utah 84120
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2010 KENW Conventional RED Great West Casualty (800)777-9100

UNIT # NAME (LAST, FIRST, MIDDLE)
HOME PHONE #
DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)
INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE)
HOME PHONE #
DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)
INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

Occupant

Motorist/Non-Motorist

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
01 NONE USED
02 SHOULDER BELT ONLY
03 LAP BELT ONLY
04 SHOULDER/LAP BELT
05 CHILD SAFETY SEAT
06 HELMET USED
07 USE UNKNOWN
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

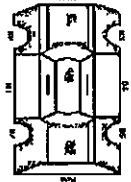
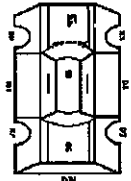
AIR BAG
1 NOT DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH
1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

EJECTION
1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED
1 NOT TRAPPED
2 EXTRACTED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

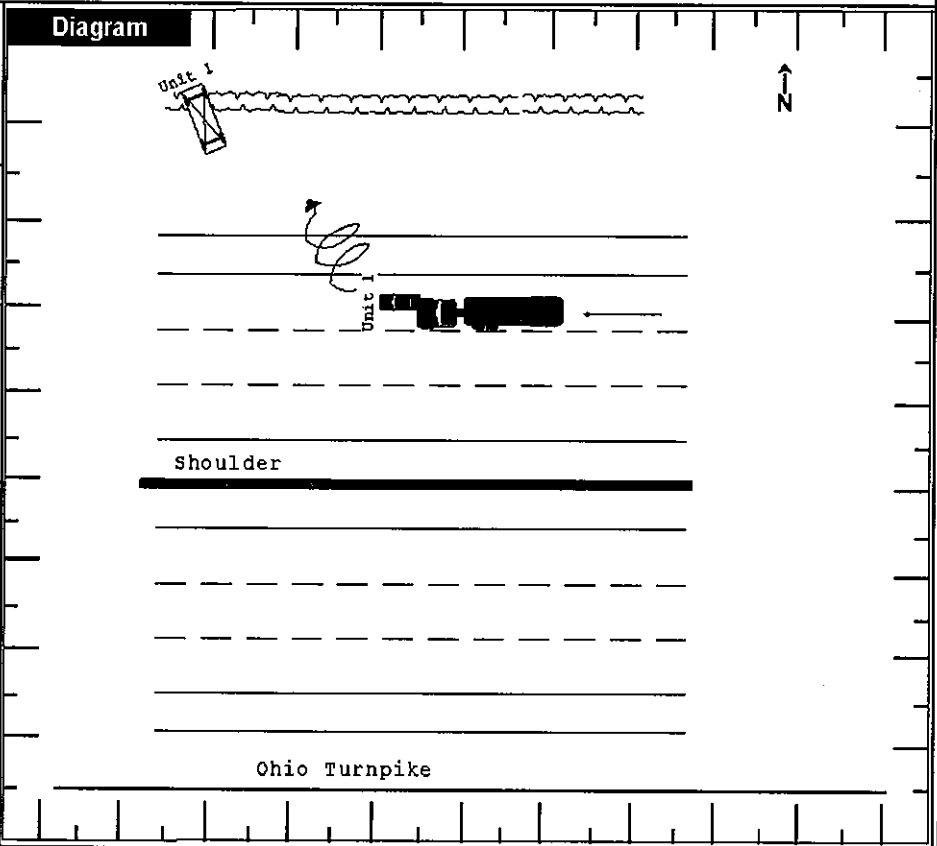
INJURIES
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN
SUPPLEMENT 'X' IF YES

<p>UNIT NUMBERS</p> <p>0 1 0 2</p> <p>NON-MOTORIST LOCATION</p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVENWAY 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</p>	<p>DAMAGE AREA</p>  <p>DAMAGE AREA</p>  <p>MOST DAMAGED AREA</p> <p>1 3 0 2</p>	<p>PRE-CRASH ACTIONS</p> <p>1 1 0 1</p> <p>MOTORIST</p> <p>01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/ PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 BAKING UTURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/ STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN 15 ENTERING/ CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WHEELING 18 PUSHING VEHICLE 19 APPROACHING/ LEAVING VEHICLE 20 PLAYING/ WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p> <p>NON-MOTORIST</p> <p>15 ENTERING/ CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WHEELING 18 PUSHING VEHICLE 19 APPROACHING/ LEAVING VEHICLE 20 PLAYING/ WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	<p>SEQUENCE OF EVENTS</p> <p>A B</p> <p>2 0 2 0</p> <p>0 8 0 0</p> <p>4 0 0 0</p> <p>0 1 0 0</p> <p>NON-COLLISION</p> <p>01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 INVERSION 04 JACKKNIFE 05 CAR/OBJECT EQUIPMENT LOSS/SPLIT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD/ RD HT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN/ CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FIXED</p>	<p>POSTED SPEED</p> <p>6 5 6 5</p> <p>TRAFFIC CONTROL</p> <p>1 2 1 2</p> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUDS 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/ MISSING, OBSCURED 16 OTHER</p> <p>DIRECTION</p> <p>FROM TO FROM TO</p> <p>3 4 3 4</p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p>	<p>DRUG TEST STATUS</p> <p>1 1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>1 1</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1&2 RESULT</p> <p>A B</p> <p>1 2 1 2</p> <p>1 NONE 2 BARBITURATE 3 COCAINE 4 OPATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>0 2 1 3</p> <p>MOTORIST</p> <p>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, 8 TIRES 10 SINGLE UNIT TRUCK, 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTALE) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COLLY 17 TRACTOR/TROUBLEPS 18 MOTORCYCLE 19 MOTORCYCLED 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 FARM VEHICLE 30 FARM EQUIPMENT 31 SNOWMOBILE 32 CONSTRUCTION EQUIPMENT 33 ALL OTHERS</p> <p>NON-MOTORIST</p> <p>34 ANIMAL/WILDLIFE 35 ANIMAL/WILDLIFE 36 BICYCLE 37 PEDESTRIAN 38 PEDALCYCLIST 39 SKATER 40 OTHER-NON-MOTORIST 41 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>1 9 1 7</p> <p>MOTORIST</p> <p>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/AGDA 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECTFUL OR AGGRESSIVE MANNER 14 SNEERING 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 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</p> <p>NON-MOTORIST</p> <p>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</p>	<p>POINT OF IMPACT</p> <p>0 7 0 2</p> <p>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 LOA DTRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p> <p>ACTION</p> <p>4 3</p> <p>1 NONCONTACT 2 NONCOLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN</p>	<p>FIRST HARMFUL EVENT</p> <p>1 1</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <p>1 1</p> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p>SPEED DETECTED</p> <p>1 1</p> <p>1 SAIED 2 ESTIMATED SPEED</p> <p>SPEED</p> <p>5 0</p> <p>6 4</p>	<p>CONDITION</p> <p>1 1</p> <p>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</p> <p>ALCOHOL/DRUGS SUSPECTED</p> <p>1 1</p> <p>1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HB0 NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN</p> <p>ALCOHOL TEST STATUS</p> <p>1 1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE</p> <p>1 1</p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>A B</p> <p>1 1</p>	<p>TYPE OF INTERSECTION</p> <p>0 1</p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CONTROL UNDERABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN</p> <p>OCCURRENCE</p> <p>1</p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONTOUR</p> <p>2</p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</p> <p>ROAD CONDITION</p> <p>PRIMARY SECONDARY</p> <p>0 1</p> <p>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</p> <p>**SECONDARY ROAD CONDITIONS ONLY</p>
<p>DAMAGE SCALE</p> <p>5 2</p> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</p> <p>0 9</p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 MOTOR OR GLUC TIRE S 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTORCYCLE 10 DISMISSED FROM PRIOR CRASH 11 OTHER DEFECTS</p>	<p>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</p> <p>A B</p> <p>1</p>	<p>SUPPLEMENT * X IF YES</p> <p>1 0 - 0 4 1 4 - 8 9</p>	<p>LOCAL REPORT # **</p> <p>1 0 - 0 4 1 4 - 8 9</p>	<p>TOP COPY - OIPS BOTTOM COPY - AGENCY</p>

Narrative

Unit number one and two were traveling west on the Ohio Turnpike near the 65 mile post. Unit number two looked away to adjust his visor. At the same time unit one began to experience engine trouble and began to slow. When unit two looked back it was too late and unit two struck unit one in the rear. This caused unit one to go off the right side of the roadway and overturn in the ditch.

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



Truck/Bus UNIT # <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 2	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.	A AND D 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) Central Refrigerated Service		COMPANY PHONE (800)777-9100
ADDRESS (STREET, CITY, ST, ZIP CODE) 5175 W 2100 South, West Valley City, Utah 84120		

US DOT 021331	ICC MC	PUCO	TRAILER LP ST. UT	TRAILER LP YEAR 2007	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input checked="" type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CHIPS/RAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO 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 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input checked="" 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 checked="" type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS II <input type="checkbox"/> 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input checked="" 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 1 0 0 8 2 0 1 0	TIME REC CALL 1 7 1 6	DISPATCH 1 7 1 6	ARRIVED 1 7 1 9	CLEARED 1 8 4 5	OTHER 9 0	TOTAL MINUTES 0 1 7 9
OFFICER'S NAME * Lankey, Jason	BADGE # * 0 5 7 8	CHECKED BY TSCAMPBELL	DATE REPORT FILED * 1 0 0 9 2 0 1 0			
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE/AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * <input type="checkbox"/> *X* IF YES	LOCAL REPORT # * 1 0 - 0 4 1 4 - 8 9			

TOP COPY - ODPB BOTTOM COPY - AG ENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0414-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 10/08/2010
IN COUNTY OF Wood	ACCIDENT LOCATION IR0080	

Owner of Turnpike
Ohio Turnpike Commission
682 Prospect Street
Berea, Ohio 44017
4402342081

Unit one

VIN-3N1AB4105WL [REDACTED]

Total damage to vehicle.

Vehicle towed to Xpress Auto an Truck in Swanton, Ohio

Driver transported to St. Vincent's Hospital complaining of right arm and thumb, right shoulder, and back pain. Also has bruising and scratch caused by seatbelt on left arm.

Unit two

VIN- 1XKTD49X7AJ [REDACTED]

Damage to front grill and bumper of tractor.

Traller Registration

[REDACTED]

2007, Utility, White enclosed box.

VIN- 1UYUS25377L [REDACTED]

LOAD- approximately 50000 lbs of dairy products

no damage to trailer or load

Assistance at scene given by

Perrysburg TWP fire

Xpress Auto and Truck

Turnpike maintenance

Tpr. Richardson for commercial vehicle inspection

Tpr. Purpura

OFFICERS SIGNATURE	BADGE NO. 0578
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0414-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/08/2010
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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)

Lankey, Jason AT IR0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED], Pomona, California [REDACTED] PHONE [REDACTED]

SIGNATURE OF WITNESS	OFFICERS SIGNATURE
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