

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
1 0 - 0 8 2 1 - 9 0

CRASH SEVERITY  
3 1 FATAL 3 P.D.  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
\*X\* IF YES

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

PHOTOS TAKEN  
IF YES

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

N.C.I.C. #  
O H P 9 0

REPORTING AGENCY  
Ohio State Highway Patrol

# UNITS  
0 2

UNIT ERROR  
0 1 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH  
1 1 2 4 2 0 1 0

TIME OF CRASH: 1 3 0 9  
DAY OF WEEK: W E D  
CITY: [ ] VILLAGE: [ ] TWP: X  
NAME (OF CITY, VILLAGE OR TOWN SHIP): Brownhelm  
COUNTY #: 4 7  
LATITUDE: 41:21:38.47  
LONGITUDE: 82:17:01.69

CRASH OCCURRED ON  
PREFIX | CRASH LOCATION | TYPE LOC | TYPE LOCATION POINT USED | LOCAL INFORMATION  
IR0080 | 3 | 1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET | WB

REF POINT: .1M W 136 06  
REFERENCE POINT USED:  
01 STATE LINE  
02 INTERSECTION 2 STREET S  
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

Motorist/Non-Motorist

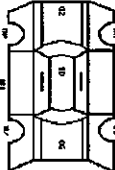
**A** UNIT # 0 1 # OF OCC. 0 2 NAME (LAST, FIRST, MIDDLE) [REDACTED]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Holloway, Minnesota [REDACTED]  
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE 5 1 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]  
 DL STATE MN DL # [REDACTED] LP STATE ND LP # [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
 OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
 YEAR 1 9 9 6 MAKE KENW MODEL W900 COLOR PLE INSURANCE COMPANY Great West Casualty TOWING SERVICE Rich's Towlg OWNER PHONE # [REDACTED]  
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE # [REDACTED] IF YES

**B** UNIT # 0 2 # OF OCC. 0 2 NAME (LAST, FIRST, MIDDLE) [REDACTED]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] North Wales, Pennsylvania [REDACTED]  
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE 2 4 SEX F HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]  
 DL STATE PA DL # [REDACTED] LP STATE PA LP # [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
 OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
 YEAR 2 0 0 9 MAKE TOYO MODEL RAV4 COLOR GRY INSURANCE COMPANY State Farm TOWING SERVICE Rich's Towing OWNER PHONE # [REDACTED]  
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE # [REDACTED] IF YES

Occupant

**C** UNIT # 0 1 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE 5 4 SEX F  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Holloway, Minnesota [REDACTED]  
 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
**D** UNIT # 0 2 NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE 2 6 SEX M  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Lansdale, Pennsylvania [REDACTED]  
 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

<b>SEATING POSITION</b> 0 1 A 01 FRONT - LEFT (MC DRIVER) 0 1 B 02 FRONT - MIDDLE 0 1 C 03 FRONT - RIGHT 0 1 D 04 SECOND - LEFT (MC PASS) 0 1 E 05 SECOND - MIDDLE 0 1 F 06 SECOND - RIGHT 1 0 G 07 THIRD - LEFT (MC PASSENGER/SEAT) 1 0 H 08 THIRD - MIDDLE 1 0 I 09 THIRD - RIGHT 0 3 J 10 SLEEPER SECTION OF CAB 0 3 K 11 ENCLOSED CARGO AREA 0 3 L 12 UNENCLOSED CARGO AREA 14 TRAILING UNIT 15 EXTERIOR 16 OTHER 17 NON-MOTORIST 18 UNKNOWN BLANK FOR WITNESS	<b>SAFETY EQUIPMENT</b> <b>MOTORIST</b> 0 4 A 01 NONE USED 0 4 B 02 SHOULDER BELT ONLY 0 4 C 03 LAP BELT ONLY 0 4 D 04 SHOULDER/LAP BELT 0 1 E 05 CHILD SAFETY SEAT 0 1 F 06 MC HELMET USED 0 1 G 07 USE UNKNOWN <b>NON-MOTORIST</b> 0 4 H 08 NONE USED 0 4 I 09 HELMET USED 0 4 J 10 PROTECTIVE PADS 0 4 K 11 REFLECTIVE CLOTHING 0 4 L 12 LIGHTING 0 4 M 13 OTHER 0 4 N 14 UNKNOWN	<b>AIR BAG</b> 5 A 1 NOT DEPLOYED 1 B 2 DEPLOYED-FRONT 1 C 3 DEPLOYED-IDE 1 D 4 DEPLOYED BOTH FRONT/IDE 1 E 5 NOT APPLICABLE 1 F 6 UNKNOWN	<b>AIR BAG SWITCH</b> 1 A 1 NOT PRESENT 1 B 2 IN ON POSITION 1 C 3 IN OFF POSITION 1 D 4 UNKNOWN	<b>EJECTION</b> 1 A 1 NOT EJECTED 1 B 2 TOTALLY EJECTED 1 C 3 PARTIALLY EJECTED 1 D 4 NOT APPLICABLE 1 E 5 UNKNOWN	<b>TRAPPED</b> 1 A 1 NOT TRAPPED 1 B 2 EXTRACTED BY MECHANICAL MEANS 1 C 3 FREED BY NON-MECHANICAL MEANS 1 D 4 UNKNOWN	<b>INJURIES</b> 1 A 1 NO INJURY 1 B 2 POSSIBLE 1 C 3 NON-INCAPACITATING 1 D 4 INCAPACITATING 1 E 5 FATAL INJURY 1 F 6 UNKNOWN SUPPLEMENT * IF YES
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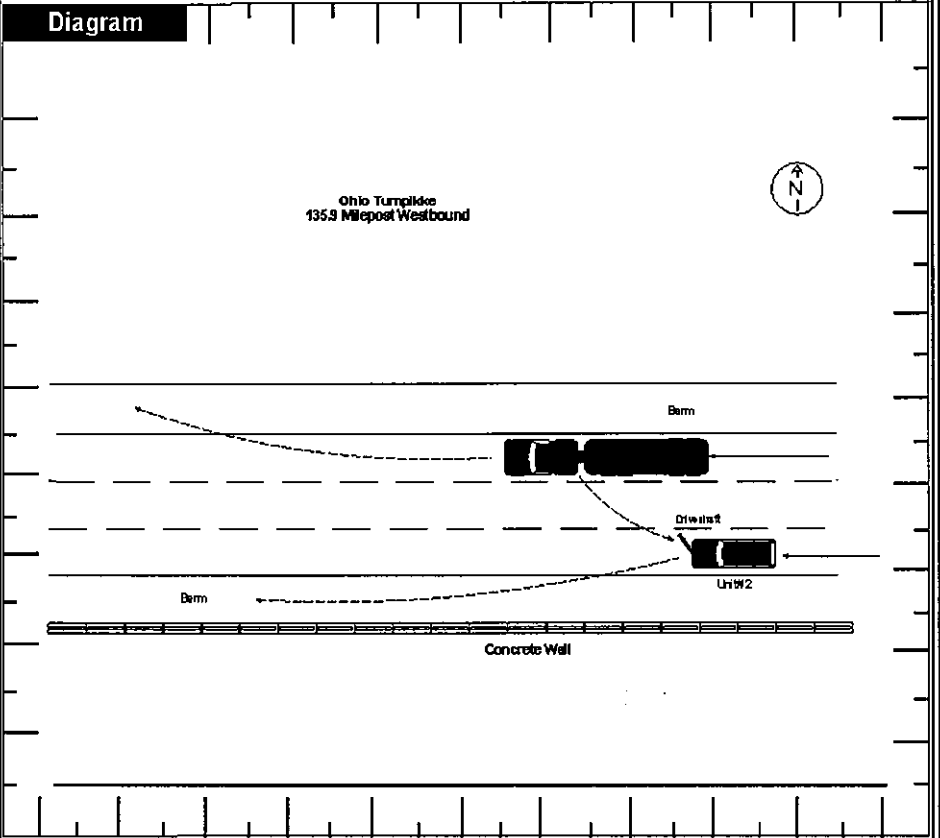
<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td><input type="text" value="0"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></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="6"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<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"/>	<b>POSTED SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="5"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text" value="2"/>	<input type="text" value="3"/>																		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NO 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	<b>MOTORIST</b> 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 SLOWLY STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>MOTORIST</b> 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/coupler short 15 tractor/coupler 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 <b>NON-MOTORIST</b> 35 animal/walker 36 animal/wildlife 37 bicycle 38 pedestrian 39 pedalcyclist 40 skater 41 other-non motorist 42 unknown	<b>NON-COLLISION</b> 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMBIBITION 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 CROSS-MEDIAN CENTERLINE 11 DOWN HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 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 <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTEN/MOTOR/CRA SHOCK/SHOEN 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 CURB/RAILFACE 31 CURB/RAIL END 32 MEDIAN BARRIER 33 HOVWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURVERT 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	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> 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 WALL/CONTINENTAL SIGNALL 15 TRAFFIC CONTROL DEVICE REPERATIVE MISSING, OBSCURED 16 OTHER	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST 1&amp;2 RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING																
<b>TYPE OF UNIT</b> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="6"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	<b>DIRECTION</b> FROM: <input type="text" value="3"/> <input type="text" value="4"/> TO: <input type="text" value="3"/> <input type="text" value="4"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/>																
<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	<b>MOTORIST</b> 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/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT 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/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/> 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	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLES/ROUNDABOUT 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																
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> 1 NO 2 YES 3 UNKNOWN	<b>ACTION</b> <input type="text" value="2"/> <input type="text" value="3"/> 1 NO CONTACT 2 NO COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text" value="4"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> <input type="text"/> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>ALCOHOL TEST RESULT</b> <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>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text" value="4"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> <input type="text"/> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 SATATED 2 ESTIMATED SPEED	<b>ALCOHOL TEST RESULT</b> <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>ROAD CONDITION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <b>PRIMARY</b> <b>SECONDARY</b> 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																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text" value="4"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> <input type="text"/> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <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>SUPPLEMENT * "X" IF YES</b> <input type="text"/> <input type="text"/> <b>LOCAL REPORT # **</b> <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="1"/> - <input type="text" value="9"/> <input type="text" value="0"/>																

TOP COPY - O/DPS BOTTOM COPY - AGENCY

**Narrative**

Unit# 1 was westbound on the Ohio Turnpike in the right lane at the 135.9 milepost. Unit# 2 was in the left lane. The driveshaft fell out unit# 1 and traveled into the left lane where unit# 2 struck the driveshaft.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR END 3 HEAD ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDE SWIPE, SAME DIRECTION 8 SIDE SWIPE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> 0 <input type="checkbox"/> 2 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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY: <input type="checkbox"/> 1 <input type="checkbox"/> 2 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFTCROSSOVER 3 WORKZONESHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN



<b>Truck/Bus</b> UNIT # <input type="checkbox"/> 0 <input type="checkbox"/> 1	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVW 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) <b>Karriers Inc.</b>	COMPANY PHONE <b>(701)746-8307</b>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <b>P.O. Box 12417, Grand Forks, North Dakota 58208</b>		

US DOT <b>245349</b>	ICC MC	PUCD	TRAILER LP ST. <b>MN</b>	TRAILER LP YEAR <b>2010</b>	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 0 <input type="checkbox"/> 3 01 NOT APPLICABLE 02 BUS (0-15 INCLUDING DRIVER) 03 W/ENCLOSED BOX 04 GRAIN/HPS/GRVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 3 1 LESSEQUAL 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

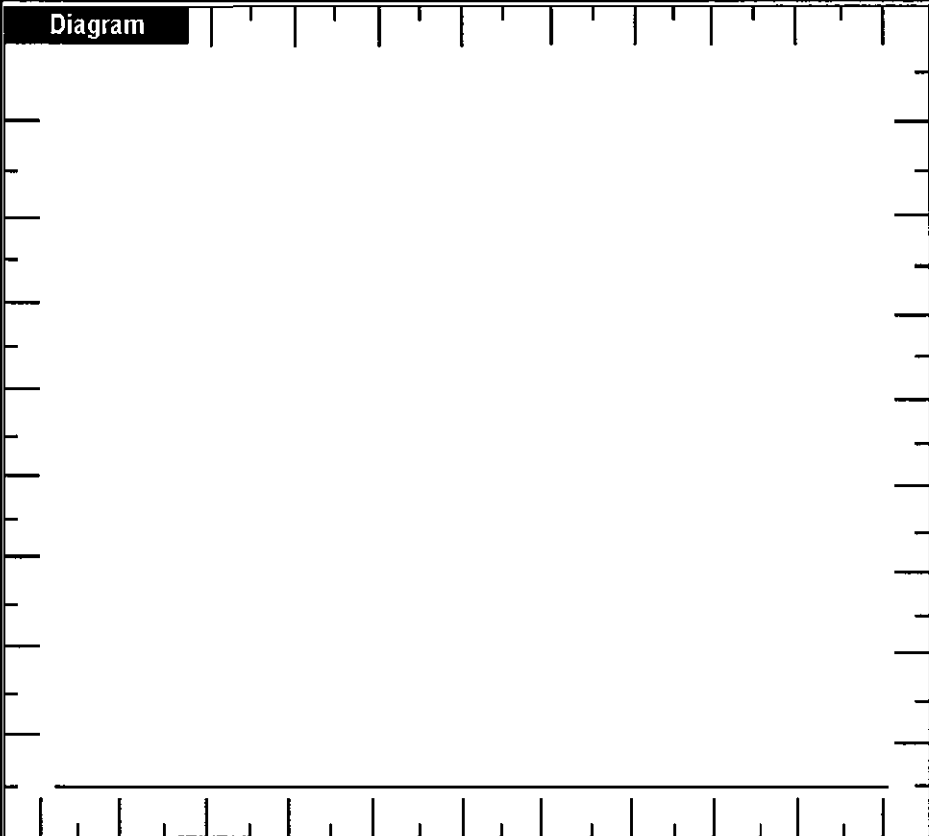
**Police Action**

DATE CRASH REPORTED <b>11242010</b>	TIME REC CALL <b>1309</b>	DISPATCH <b>1309</b>	ARRIVED <b>1329</b>	CLEARED <b>1420</b>	OTHER <b>60</b>	TOTAL MINUTES <b>0131</b>
OFFICER'S NAME <b>Hann, Brian</b>	BADGE # <b>1651</b>	CHECKED BY <b>BJGOCKSTETTER</b>	DATE REPORT FILED <b>11252010</b>			
REPORT TAKEN BY <input type="checkbox"/> 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * "X" IF YES	LOCAL REPORT # <b>10-0821-90</b>			

TOP COPY - DDPS BOTTOM COPY - AG AGENCY

**Narrative**

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



<b>Truck/Bus</b> UNIT # <input type="checkbox"/> <input type="checkbox"/>	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.	<b>AND</b>	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 INTERMEDIARY ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
	COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____		ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT	ICC MC	PUCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CARGO BODY TYPE</b> <input type="checkbox"/> <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/HPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBADE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN
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**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
REPORT TAKEN BY <input type="checkbox"/>	REPORT TAKEN AT <input type="checkbox"/>	SUPPLEMENT * <input type="checkbox"/>	LOCAL REPORT # *			
1 POLICE AG ENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER	"X" IF YES	1 0 - 0 8 2 1 - 9 0			

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

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

LOCAL REPORT NUMBER <b>10-0821-90</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>11/24/2010</b>
IN COUNTY OF <b>Lorain</b>	ACCIDENT LOCATION <b>IR0080</b>	

Unit# 1  
 1996 Kenworth W900 Semi Tractor  
 Purple in color  
 Registration: [REDACTED]  
 Vin: 1XKWD89X0TR [REDACTED]  
 Damage: Front drive shaft tore out due to the rear end locking up, air lines tore out

Note: The driver stated he just had the front differential rebuilt in Pennsylvania.

Trailer: 1998 Great Dane 48' refrigerated box trailer  
 Registration: [REDACTED]  
 Vin: 1GRAA9621WW [REDACTED]  
 Owner same as the tractor  
 Load: General Freight  
 No damage to trailer or load

Insurance: Great West Casualty  
 Policy: [REDACTED]

Unit# 2  
 2009 Toyota RAV4  
 Registration: [REDACTED]  
 Vin: 2T3BK31V89V [REDACTED]  
 Gray in color

Damage: Exhaust tore off, possible other undercarriage damage

Insurance: State Farm Insurance  
 Policy: [REDACTED]

Unit #1 was inspected after the crash by Tpr. K. Fleming, U-191. The report is included in this crash report.

OFFICERS SIGNATURE	BADGE NO. <b>1651</b>
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0821-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 11/24/2010
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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)  
Hann, Brian AT IR0080  
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS <span style="background-color: black; color: black;">[REDACTED]</span> Holloway, Minnesota <span style="background-color: black; color: black;">[REDACTED]</span>	PHONE <span style="background-color: black; color: black;">[REDACTED]</span>
SIGNATURE OF WITNESS	OFFICERS SIGNATURE





