

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

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
**10-0898-90**

CRASH SEVERITY  
**3**  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
IF YES

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

PHOTOS TAKEN  
IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.#  
**OHP90**

REPORTING AGENCY  
**Ohio State Highway Patrol**

# UNITS  
**01**

UNIT ERROR  
**01**  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH  
**12192010**

TIME OF CRASH  
**1038**

DAY OF WEEK  
**SUN**

CITY VILLAGE TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
**Berlin**

COUNTY #  
**22**

LATITUDE  
**41:19:44.65**

LONGITUDE  
**82:29:36.00**

CRASH OCCURRED ON  
PREFIX CRASH LOCATION  
**IR0080**

TYPE LOCATION USED  
**3**  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION  
**WB**

AT / REFERENCE  
DIST REFERENCE DR PREFIX REFERENCE  
**.4m W 125**

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

04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

Motorist/Non-Motorist

**A** UNIT # **01** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE) [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] **Michigan**

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE **24** SEX **F** HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE **MI** DL # [REDACTED] LP STATE **MI** LP # [REDACTED] INJURED TAKEN BY **2** NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
2 EMS 3 UNKNOWN 7 POLICE

OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] **Michigan**

YEAR **2003** MAKE **mits** MODEL **Eclipse** COLOR **RED/RED** INSURANCE COMPANY **Citizens Insurance Company Of America** TOWING SERVICE **Rich's** OWNER PHONE # [REDACTED]

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? 'X' IF YES

Occupant

**B** UNIT # [ ] # OF OCC. [ ] NAME (LAST, FIRST, MIDDLE) [ ]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [ ]

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

DL STATE [ ] DL # [ ] LP STATE [ ] LP # [ ] INJURED TAKEN BY [ ] NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
2 EMS 3 UNKNOWN 7 POLICE

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

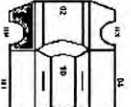
**C** UNIT # [ ] NAME (LAST, FIRST, MIDDLE) [ ] HOME PHONE # [ ] DATE OF BIRTH [ ] AGE [ ] SEX [ ]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [ ] INJURED TAKEN BY [ ] NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
2 EMS 3 UNKNOWN 7 POLICE

**D** UNIT # [ ] NAME (LAST, FIRST, MIDDLE) [ ] HOME PHONE # [ ] DATE OF BIRTH [ ] AGE [ ] SEX [ ]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [ ] INJURED TAKEN BY [ ] NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
2 EMS 3 UNKNOWN 7 POLICE

<p><b>01</b> SEATING POSITION</p> <p>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/SIDE CAR) 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</p> <p>BLANK FOR WITNESS</p>	<p><b>04</b> SAFETY EQUIPMENT</p> <p><b>MOTORIST</b></p> <p>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 <b>NON-MOTORIST</b> 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN</p>	<p><b>1</b> AIR BAG</p> <p>1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN</p>	<p><b>1</b> AIR BAG SWITCH</p> <p>1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN</p>	<p><b>1</b> EJECTION</p> <p>1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN</p>	<p><b>1</b> TRAPPED</p> <p>1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</p>	<p><b>1</b> INJURIES</p> <p>1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</p> <p>SUPPLEMENT 'X' IF YES</p>
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<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<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"/></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="6"/>	<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"/>	<b>POSTED SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>
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<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/ASSISTING 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/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 DOWN-HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>																
<b>TYPE OF UNIT</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<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 CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 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/SLEEP 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>DIRECTION</b> FROM TO: <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>MOTORIST</b> 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 (EQUIPMENT) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE 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 W/DRIVER 36 ANIMAL W/NO DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="2"/> <input type="text"/>	<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"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/>																
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/UNDERIDE</b> <input type="text"/> <input type="text"/>	<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"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/>	<b>OCURRENCE</b> <input type="text" value="1"/>																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/>	<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>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"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>																
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TOP COPY - O/DPS BOTTOM COPY - AGENCY

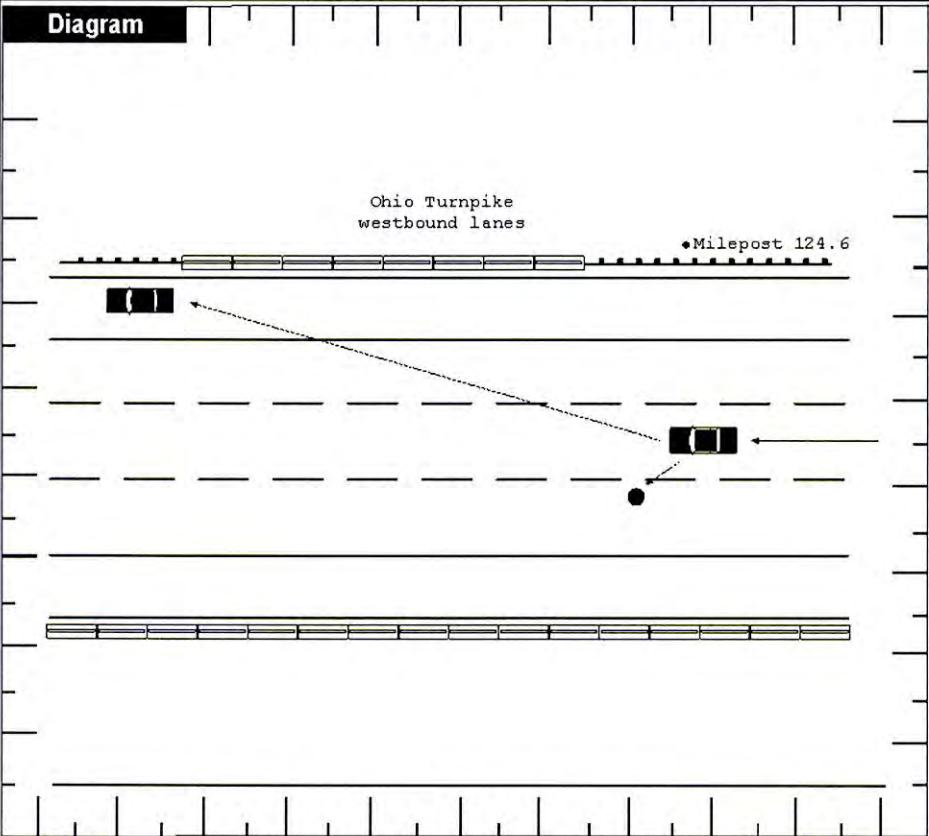
CAD Incident Number - LHP101219001250

SUPPLEMENT \* 'X' IF YES LOCAL REPORT # \* 1 0 - 0 8 9 8 - 9 0

**Narrative**

Unit 1 was traveling west bound on the Ohio Turnpike in the center lane at the 124 milepost. Driver of Unit 1 heard a pop then saw her front tire come off the vehicle, and she pulled off the road onto the right berm.

<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 SIDESWIFE, SAME DIRECTION 8 SIDESWIFE, 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 SECONDARY: <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 GLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 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 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="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	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<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>CARGO BODY TYPE</b> <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 GRAIN/CHIP/GRAYEL <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 GARBAG/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <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
1 2 1 9 2 0 1 0	1 0 4 2	1 0 4 2	1 0 4 2	1 1 3 7	1 5	0 0 7 0
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Ramsey, Michael	1 3 8 5	BJGOCKSTETTER	1 2 1 9 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT # *			
1	1		1 0 - 0 8 9 8 - 9 0			

TOP COPY - OOPS BOTTOM COPY - AG ENCY

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

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

LOCAL REPORT NUMBER 10-0898-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 12/19/2010
IN COUNTY OF Erie	ACCIDENT LOCATION IR0080	

**Damage Analysis**

Unit 1: Red 2003 Mitsubishi Eclipse

Insurance: Citizens Insurance Company of America Policy [REDACTED]

Damage: Left front tire sheared off, damage to rotor, and scrapes to left side of front bumper

Comments: No damage to Turnpike Property. The area was searched and I was unable to locate the tire from Unit 1. There were no reports of tire striking anything else.

**Field Sketch Key**

Points	FE	FO	Description
A	2N	225W	Final rest of Unit 1's left rear tire
B	2N	234W	Final rest of Unit 1's left front wheel well

Reference Point (RP): Milepost 124.6

Point Zero (0): located 13' directly south of RP on white painted edge line of north berm

OFFICERS SIGNATURE	BADGE NO. <b>1385</b>
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0898-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 12/19/2010
IN COUNTY OF Erie	ACCIDENT LOCATION IR0080	

Ohio Turnpike  
West Bound Lanes

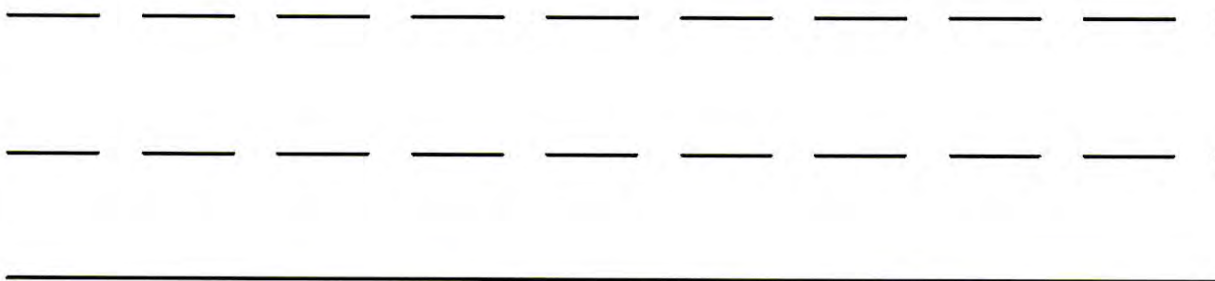


● Milepost 124.6 (RP)



Berm B A

(0)



Berm



OFFICERS SIGNATURE	BADGE NO. 1385
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