

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
1 0 - 0 0 4 7 - 9 0

CRASH SEVERITY  
3 1 FATAL 3 PDD  
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

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

REPORTING AGENCY  
Ohio State Highway Patrol

# UNITS  
0 1

UNIT ERROR  
0 1 99=ANIMAL  
99=UNKNOWN

DATE OF CRASH  
0 1 2 3 2 0 1 1

TIME OF CRASH: 1 9 4 5 DAY OF WEEK: SUN CITY: YLLAGE: TWP: X NAME: Olmsted COUNTY: 1 8 LATITUDE: 41:22:03.39 LONGITUDE: 81:57:49.82

CRASH OCCURRED ON PREFIX: IRO080 TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION: EB

DIST REFERENCE: .3m OR PREFIX REFERENCE: W 154 REF POINT: 06 REFERENCE POINT USED: 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/NO REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE/NO REFERENCE

Motorist/Non-Motorist

**A** UNIT # 0 1 # OF OCC. 0 1 NAME (LAST, FIRST, MIDDLE) [REDACTED]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Fort Wayne, Indiana [REDACTED]  
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE 3 4 SEX M HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]  
 DL STATE IN DL # [REDACTED] LP STATE IN LP # [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
 OWNER NAME (IF SAME, WRITE "SAME") R And C, Transport ADDRESS (STREET, CITY, STATE, ZIP CODE) 2800 County Road 33, Waterloo, Indiana 46793  
 YEAR 2 0 0 1 MAKE FREI MODEL Century COLOR WHI INSURANCE COMPANY Great West TOWING SERVICE Rich's OWNER PHONE # (260)837-7200  
 OFFENSE CHARGED 4513.31 OFFENSE DESCRIPTION All loads to be properly secured CITATION # 2 8 5 6 7 0 7 LOCAL CODE? \*X IF YES


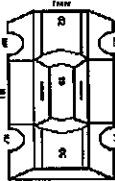
Occupant

**B** UNIT # [REDACTED] # OF OCC. [REDACTED] 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
 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 # [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

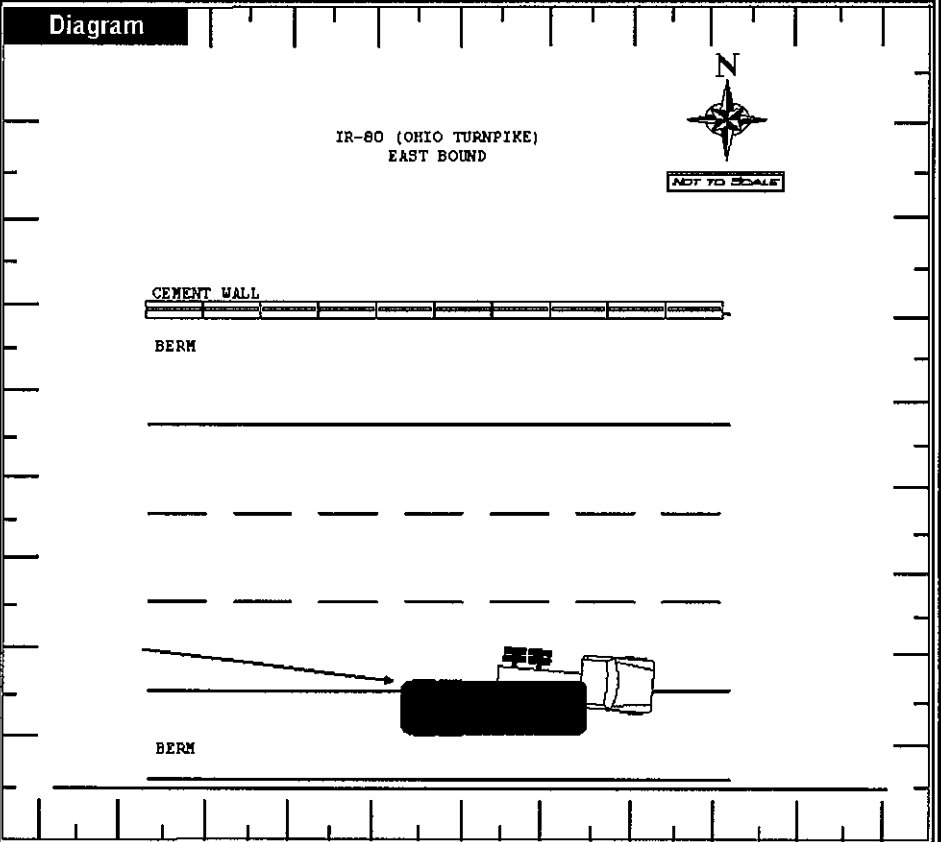
<b>SEATING POSITION</b> 0 1 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGERS/DECAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<b>SAFETY EQUIPMENT</b> 0 4 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	<b>AIR BAG</b> 1 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	<b>AIR BAG SWITCH</b> 1 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	<b>EJECTION</b> 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> 1 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>INJURIES</b> 1 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT *X IF YES
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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>1</td><td>2</td><td></td><td></td></tr> <tr><td>0</td><td>7</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	1	2			0	7											<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"/>
1	2																				
0	7																				
<b>NON-MOTORIST LOCATION</b> <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 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLATING, 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/ROLLOVER 02 REFLUXION 03 IMMERSON 04 JACKKNIFE 05 CAR/ROOF 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 14 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 TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 COLLISION WITH FIXED OBJECT 26 IMPACT ATTENTION/CRAIB/CUSHION 27 BRIDGE OVERHEAD STRUCTURE 28 BRIDGE PIER OR ABUTMENT 29 BRIDGE PARAPET 30 GULLY RAIL FACE 31 GULLY RAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINAIRIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 FENCE 41 FENCE POST 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> 01 NO CONTROL 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 SIGN 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	<b>DIRECTION</b> FROM TO: <input type="text" value="4"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> 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 CRACK 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"/> <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 (EOB/TAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLER 18 MOTORCYCLE 19 MOTORIZED BOYCYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 FOLDED VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESUE 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 WARDER 36 ANIMAL WADGUY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>MOST DAMAGED AREA</b> <input type="text" value="0"/> <input type="text" value="4"/> <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	<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/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, SIGNAL, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="6"/> <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	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS OR DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 01 NOT AN INTERSECTION 02 FOURWAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/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>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ACTION</b> <input type="text" value="2"/> <input type="text"/> 1 NON CONTACT 2 NON COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN <b>STRIKING VEHICLE: OVERRIDE/UNERRIDE</b> <input type="text"/> <input type="text"/> 1 NO UNDERFRIDE OR OVERRIDE 2 UNDERFRIDE, COMPARTMENT INTRUSION 3 UNDERFRIDE, NO COMPARTMENT INTRUSION 4 UNDERFRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	<b>VEHICLE DEFECT</b> CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 HORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>FIRST HARMFUL EVENT</b> <input type="text" value="2"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <b>MOST HARMFUL EVENT</b> <input type="text" value="2"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/> 1 SATED 2 ESTIMATED SPEED <b>SPEED</b> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUG SUSPECTED 6 UNKNOWN <b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN <b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> 1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE <b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="1"/> <input type="text"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GREE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN <b>ROAD CONTOUR</b> <input type="text" value="1"/> <input type="text"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE <b>ROAD CONDITION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> PRIMARY SECONDARY 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>SUPPLEMENT * X IF YES</b>						<b>LOCAL REPORT # *</b>															
<input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="7"/> - <input type="text" value="9"/> <input type="text" value="0"/>																					

**Narrative**

Unit #1 was traveling eastbound on IR 80 in the right lane. Unit #1's trailer became disconnected. Unit #1's trailer struck the power unit while attempting to stop. Unit #1's power unit and trailer came to rest in the right lane.

<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 SIDESWIPe, SAME DIRECTION 8 SIDESWIPe, 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"/> 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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY: <input type="checkbox"/> 5 <input type="checkbox"/> 6 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/OVERDOVER 3 WORK 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"/> 0 <input type="checkbox"/> 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 INTERMEDIARY ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) <b>R and C Transport</b>		COMPANY PHONE <b>(260)837-7200</b>
ADDRESS (STREET, CITY, ST, ZIP CODE) <b>2800 County Road 33, Waterloo, Indiana 46793</b>		

US DOT <b>1852433</b>	ICC MC	PUCO	TRAILER LP ST. <b>IN</b>	TRAILER LP YEAR <b>2011</b>	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 0 <input type="checkbox"/> 3 01 NOT APPLICABLE 02 BUS (045 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/HOPS/RAVEL	05 FOLE 06 CARD TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAG/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 3 1 LESS THAN 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 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

**Police Action**

DATE CRASH REPORTED <b>01232011</b>	TIME REC CALL <b>1947</b>	DISPATCH <b>1947</b>	ARRIVED <b>1953</b>	CLEARED <b>2230</b>	OTHER <b>30</b>	TOTAL MINUTES <b>0193</b>
OFFICER'S NAME <b>Bacsi, Steven</b>	BADGE # <b>0493</b>	CHECKED BY <b>ALDECHOUENS</b>	DATE REPORT FILED <b>01282011</b>			
REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * "X" IF YES	LOCAL REPORT # <b>10-0047-90</b>			

TOP COPY - COPS BOTTOM COPY - AGENCY

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0047-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 01/23/2011
IN COUNTY OF Cuyahoga	ACCIDENT LOCATION IR0080	
<p>Unit #1 2001 Freightliner Columbia Class  White  Vin# 1FUJA6AVX1L [REDACTED]  Policy # [REDACTED]  Damage;  Center Rear, undercarriage  Right Rear, exhaust, catwalk, rear of cab sleeper area</p> <p>Trailer: 1999 Dorsey Flatbed 53'  Rg. Pl.: [REDACTED]  Vin# 1DTP8022XXG [REDACTED]  Owner: Same  Ins.: Same  Damage;  Center and Left Front, landing gear and front of trailer air valves  Load: building materials 17,000 pounds  Damage: None Visible</p> <p>Officer Notes  One Vehicle  No Injuries  Vehicle Towed by Rich's  Vehicle Held For Motor Carrier Inspection</p> <p>****OH-2 (Field Sketch) and OH-3 (Witness Statement) were taken at scene and inadvertently sent to the court with the arrest paperwork. The crash will be supplemented when the court receives the paperwork that was mailed 01-28-2011 at 1500 hrs.</p>		
OFFICERS SIGNATURE		BADGE NO. 0493

HSY 7002

CAD Incident Number - LHP110123002566

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0047-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 01/23/2011
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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)

Bacsi, Steven AT IR0080  
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS <u>[REDACTED] Fort Wayne, Indiana [REDACTED]</u>	PHONE <u>[REDACTED]</u>
SIGNATURE OF WITNESS	OFFICERS SIGNATURE