

10393186

MAR 18 2011

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT																											
OHIO PUBLIC SAFETY DIVISION OF INVESTIGATION		LOCAL REPORT # 10-0125-90		CRASH SEVERITY 3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN		PRIVATE PROPERTY IF YES ☐		HITS/SKIP 1 1 NOT HITS SKIP 2 SOLVED 3 UNSOLVED		PHOTOS TAKEN IF YES ☒		OH-2 ☒ OH-3 ☒ OH-1P ☐ OTHER ☒															
N.C.I.C. # 0HP90		REPORTING AGENCY Ohio State Highway Patrol				#UNITS 01		UNIT ERROR 01 88 = ANIMAL 89 = UNKNOWN		DATE OF CRASH 02212011																	
TIME OF CRASH 0800		DAY OF WEEK MON		CITY* Milan		VILLAGE* 		TWP* X		COUNTY* 22		LATITUDE 41:19:26.26		LONGITUDE 82:33:46.99													
CRASH OCCURRED ON PREFIX CRASH LOCATION IR0080				TYPE LOC 3		TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET				LOCAL INFORMATION EB																	
AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE .1m W 120		REF POINT 06		REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE				44 HOUSE NUMBER 45 TOWNSHIP BOUNDARY 46 MILE POST 47 CORPORATION LIMIT		08 PLACENAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE																	
A UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) 																											
ADDRESS (STREET, CITY, STATE, ZIP CODE) Norwalk, Ohio																											
SOCIAL SECURITY NUMBER				DATE OF BIRTH				AGE 56		SEX M		HOME PHONE #		WORK PHONE #													
DL STATE OH		DL #		LP STATE IN		LP #		INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY		INJURED TAKEN TO															
OWNER NAME (IF SAME, WRITE "SAME") Motor Lines, Greenwood				ADDRESS (STREET, CITY, STATE, ZIP CODE) P O Box 271, Wilmington, Ohio 45177																							
YEAR 2001		MAKE International		MODEL Conventional		COLOR LGR		INSURANCE COMPANY Protective		TOWING SERVICE		OWNER PHONE # (937)382-1494															
OFFENSE CHARGED 4513.02				OFFENSE DESCRIPTION Unsafe vehicles, prohibition against operation; inspection by state highway patrol				CITATION #				LOCAL CODE IF YES															
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		TRANSPORTED BY		INJURED TAKEN TO															
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 IF YES															
C 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																			
D 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																			
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 NON-MOTORIST 01 NONE USED 02 HELMET USED 03 PROTECTIVE PADS 04 REFLECTIVE CLOTHING 05 LIGHTING 06 OTHER 07 UNKNOWN				AIR BAG 01 NOT DEPLOYED 02 DEPLOYED - FRONT 03 DEPLOYED - SIDE 04 DEPLOYED BOTH FRONT/SIDE 05 NOT APPLICABLE 06 UNKNOWN				AIR BAG SWITCH 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN				EJECTION 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN				TRAPPED 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN				INJURIES 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATING 04 INCAPACITATING 05 FATAL INJURY 06 UNKNOWN			
BLANK FOR WITNESS				SUPPLEMENT IF YES																							

HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENT

CAD Incident Number: LHP110221000769

UNIT NUMBERS 0 1		DAMAGE AREA 		PRE-CRASH ACTIONS 0 1		SEQUENCE OF EVENTS 0 5 1 1 2 2 3 3 4 4		POSTED SPEED 6 5		DRUG TEST STATUS 1	
NON-MOTORIST LOCATION 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		MOTORIST 01 MOVEMENTS 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-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/GOV. 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		TRAFFIC CONTROL 1 2		DRUG TEST TYPE 1		DRUG TEST 1&2 RESULT 1 2 1 2	
TYPE OF UNIT 1 7		MOST DAMAGED AREA 1 2		CONTRIBUTING CIRCUMSTANCES 1 9		CONDITION 1		TYPE OF INTERSECTION 0 1		OCURRENCE 1	
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 (SEMI-TRAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COUNTRY 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		POINT OF IMPACT 1 2		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/CADDA 09 IMPROPER LANE CHANGE/DOVE 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/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN		ALCOHOL/DRUG SUSPECTED 1		ROAD CONTOUR 1		ROAD CONDITION 0 2 0 4	
NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN		ACTION 2		VEHICLE DEFECT 0 8		FIRST HARMFUL EVENT 1		ALCOHOL TEST STATUS 1		ROAD CONDITION 0 2 0 4	
IN EMERGENCY RESPONSE 1 NO 2 YES 3 UNKNOWN		STRIKING VEHICLE: OVERIDE/UNDERIDE 1 2		VEHICLE DEFECT 0 8		MOST HARMFUL EVENT 1		ALCOHOL TEST TYPE 1		ALCOHOL TEST RESULT 1 2	
DAMAGE SCALE 2		VEHICLE DEFECT 0 8		VEHICLE DEFECT 0 8		SPEED DETECTED 1		ALCOHOL TEST TYPE 1		ALCOHOL TEST RESULT 1 2	
DAMAGE SCALE 2		VEHICLE DEFECT 0 8		VEHICLE DEFECT 0 8		SPEED 6 0		ALCOHOL TEST TYPE 1		ALCOHOL TEST RESULT 1 2	
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DAMAGE SCALE 2		VEHICLE DEFECT 0 8		VEHICLE DEFECT 0 8							

Narrative

Unit # 1, a commercial triple trailer combination, was eastbound on the Ohio Turnpike in the right lane. The last two trailers disconnected from the power unit, damaging the second trailer. The trailers came to rest in the right lane and partially on the berm.

MANNER OF COLLISION OR IMPACT

1
1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
2 REAR-END
3 HEAD-ON
4 REAR-TO-REAR
5 BACKING
6 AND LE
7 SIDESWIFE, SAME DIRECTION
8 SIDESWIFE, OPPOSITE DIRECTION
9 UNKNOWN

WEATHER

0 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

LIGHT CONDITIONS

PRIMARY SECONDARY
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

SCHOOL BUS RELATED

1
1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED

1
1 NO
2 YES
3 UNKNOWN

TYPE OF WORK ZONE

1 LANE CLOSURE
2 LANE SHIFT OR DISCOVERY
3 WORK ON SHOULDER OR MEDIAN
4 INTERMITTENT MOVING WORK
5 OTHER

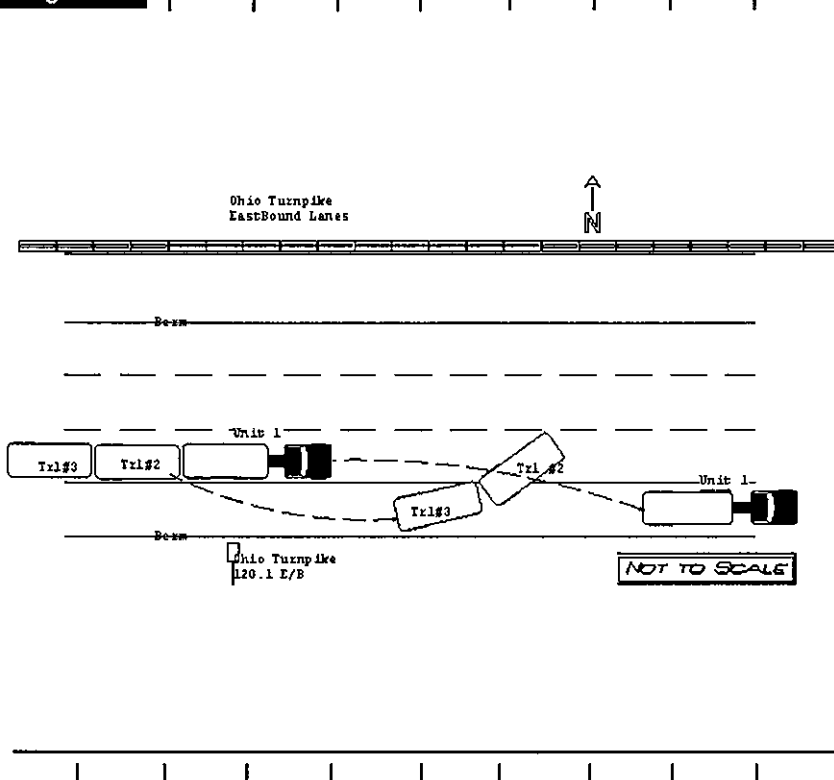
LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

WORKERS PRESENT

1 NO
2 YES
3 UNKNOWN

Diagram



Truck/Bus

UNIT #

0 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 9 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)
Greenwood Motor Lines

COMPANY PHONE (937)382-1494

ADDRESS (STREET, CITY, ST, ZIP CODE)
P O Box 271, Wilmington, Ohio 45177

US DOT

063391

ICC MC

099074

FUCO

TRAILER LP ST.

TN

TRAILER LP YEAR

2011

TRAILER LP #

PLACARD #

DIA

CARGO BODY TYPE

0 3

01 NOT APPLICABLE
02 BUS (G15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL

05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP

09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

WEIGHT (GVWR)

3
1 LESS THAN 10,000
2 10,001 - 20,000
3 MORE THAN 20,000

CDL CLASS

1
1 CLASS A
2 CLASS B
3 CLASS C
4 CLASS M
5 CLASS D

HAZARDOUS MATERIALS PLACARD

1
1 NO
2 YES
3 UNKNOWN

HAZARDOUS MATERIALS RELEASED

1
1 NO
2 YES
3 NOT APPLICABLE
4 UNKNOWN

Police Action

DATE CRASH REPORTED

0 2 2 1 2 0 1 1

TIME REC CALL

0 8 1 0

DISPATCH

0 8 1 0

ARRIVED

0 8 1 5

CLEARED

0 9 4 0

OTHER

TOTAL MINUTES

0 0 9 0

OFFICER'S NAME

Kisner, Ronald

BADGE #

1 1 9 1

CHECKED BY

BJGOCKSTETTER

DATE REPORT FILED

0 3 0 4 2 0 1 1

REPORT TAKEN BY

1 1 POLICE AG ENCY
2 MOTORIST

REPORT TAKEN AT

1 1 SCENE
2 STATION
3 OTHER

SUPPLEMENT *
"X" IF YES

LOCAL REPORT #

1 0 - 0 1 2 5 - 9 0

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CAD Incident Number - LHP110221000769

