

MAR 1 8 2011

10394936

OH-1 (Rev. 10/99)

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0179-90

CRASH SEVERITY 3 1 FATAL 3 PDO 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

N.C.I.C.#* OHP90

REPORTING AGENCY* Ohio State Highway Patrol

UNITS 01

UNIT ERROR 01 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* 02282011

TIME OF CRASH 0043

DAY OF WEEK MON

CITY* VILLAGE* TWP* X

NAME (OF CITY, VILLAGE OR TOWNSHIP)* North Ridgeville

COUNTY#* 47

LATITUDE 41:22:45.33

LONGITUDE 81:59:40.92

CRASH OCCURRED ON PREFIX CRASH LOCATION IR0080

TYPE LOC 3 TYPE LOCATION POINT USED 1 NA MED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

LOCAL INFORMATION WB

AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE .2M W 152

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 W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

UNIT # 0101 NAME (LAST, FIRST, MIDDLE) King Of Prussia, Pennsylvania

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE 26 SEX M HOME PHONE # WORK PHONE #

DL STATE PA LP STATE PA INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") King Of Prussia, Pennsylvania

YEAR 1999 MAKE PONT MODEL Grand Am COLOR RED INSURANCE COMPANY Progressive TOWING SERVICE Rich's OWNER PHONE #

OFFENSE CHARGED 4511.202 OFFENSE DESCRIPTION Operating vehicle without reasonable control CITATION # Z857497 LOCAL CODE? 'X' IF YES

UNIT # 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 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)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

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

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

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/SEIDEAR) 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 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN

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

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

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

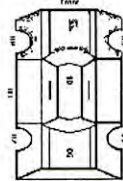
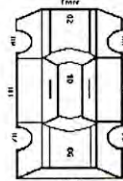
TRAPPED 1A 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN

INJURIES 1A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

HSY7001

TOP COPY - ODPS BOTTOM COPY - AGENCY

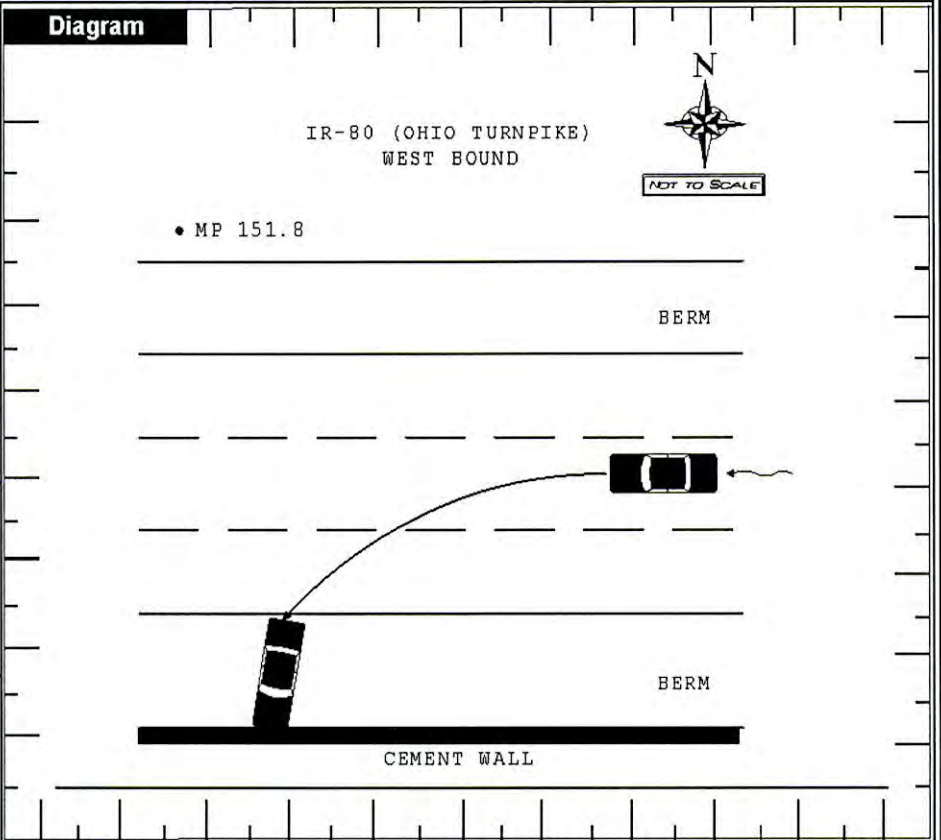
CAD Incident Number: LHP11022800070

UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 0 1 </div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 0 1 </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td style="text-align: center;"> 1</td> </tr> <tr> <td style="text-align: center;">3 2</td> <td style="text-align: center;"> 2</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> 3</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> 4</td> </tr> </table>	A	B	0 9	1	3 2	2		3		4	POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 6 5 </div>	DRUG TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>
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NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	MOTORIST 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NO IN-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 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 NON-MOTORIST 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	NON-COLLISION 01 OVERTURN/ROLLOVER 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 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/RASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 MAILBOX 43 TREE 44 OTHER FIXED OBJECT 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 2 </div>	DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>										
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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 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK, 3+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (EQUIPMENT) 14 TRACTOR SEMI-TRAILER 15 TRACTOR DOUBLE SHORT 16 TRACTOR DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER COUNTRY 18 TRACTOR TRIPLES 19 MOTORCYCLE 20 MOTORCYCLED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS NON-MOTORIST 36 ANIMAL WRIDER 37 ANIMAL W/BUGGY 38 BICYCLE 39 PEDESTRIAN 40 PEDAL CYCLIST 41 SKATER 42 OTHER-NON MOTORIST 43 UNKNOWN	POINT OF IMPACT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 0 9 </div>	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/CLDA 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECTFUL OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/SLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 OTHER IMPROPER ACTION 23 UNKNOWN NON-MOTORIST 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	CONDITION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>	ALCOHOL/DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 </div>											
TYPE OF UNIT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 0 3 </div>	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 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK, 3+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (EQUIPMENT) 14 TRACTOR SEMI-TRAILER 15 TRACTOR DOUBLE SHORT 16 TRACTOR DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER COUNTRY 18 TRACTOR TRIPLES 19 MOTORCYCLE 20 MOTORCYCLED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS NON-MOTORIST 36 ANIMAL WRIDER 37 ANIMAL W/BUGGY 38 BICYCLE 39 PEDESTRIAN 40 PEDAL CYCLIST 41 SKATER 42 OTHER-NON MOTORIST 43 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1 9 </div>	DIRECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">FROM</td> <td style="width:50%; text-align: center;">TO</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table>	FROM	TO	3	4	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	A	B	1	2	1	2	
FROM	TO														
3	4														
A	B														
1	2														
1	2														
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04															

Narrative

Unit #1 was traveling west on the Ohio Turnpike in the center lane. Unit #1 began to swerve and lost control of the vehicle. Unit #1 went off the left side of the roadway and struck the cement median wall where it became disabled.

MANNER OF COLLISION OR IMPACT <input checked="" 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	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN OR DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 4 <input type="checkbox"/> SECONDARY 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # <input type="text"/> <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) _____ COMPANY PHONE _____ ADDRESS (STREET, CITY, ST, ZIP CODE) _____	

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE <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/CHIPS/GRAVEL <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 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 type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED: 0 2 2 8 2 0 1 1

TIME REC CALL: 0 0 4 3

DISPATCH: 0 0 4 3

ARRIVED: 0 1 0 6

CLEARED: 0 1 5 5

OTHER: 4 0

TOTAL MINUTES: 0 1 1 2

OFFICER'S NAME: Anderson, Richard

BADGE #: 1 5 9 6

CHECKED BY: ADIVY

DATE REPORT FILED: 0 3 0 2 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 7 9 - 9 0

TOP COPY - OOPS BOTTOM COPY - AG ENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0179-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 02/28/2011
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	

UNIT #1:

-1999 PONTIAC GRAND AM (RED)
 -REG: [REDACTED]
 -VIN: 1G2NE52T2XC [REDACTED]

UNIT #1 DAMAGE:

-CONTACT: LEFT FRONT FENDER (DENTED), FRONT BUMPER, FRONT GRILL, HOOD, BOTH FRONT HEADLIGHT ASSEMBLIES
 -INDUCED: RIGHT FRONT FENDER

UNIT #1 TIRE TREAD MEASUREMENTS:

-FRONT LEFT: 6/32"
 -FRONT RIGHT: 6/32"
 -LEFT REAR: 3/32"
 -RIGHT REAR: 4/32"

UNIT #1 INSURANCE:

-PROGRESSIVE
 -POLICY: [REDACTED]

ROAD AND WEATHER:

-WET, RAINING VERY HARD, 46F

NOTES:

-UNIT #1 HAD VERY WORN TIRES (SEE MEASUREMENTS)
 -UNIT #1 WAS TOWED BY RICH'S TOWING IN MIDDLEBURGH HEIGHTS
 -NO VISIBLE DAMAGE TO OHIO TURNPIKE

-----FIELD SKETCH MEASUREMENTS-----

REFERENCE POINT (RP)= MP 151.8
 POINT ZERO ("0")= 49'3" SOUTH OF RP
 REFERENCE LINE= LEFT EDGE LINE
 MEASUREMENTS TAKEN WITH: ROLL-O TAPE SP 174

PT	AE	FE	DESCRIPTION
A	179'3"E	12'5"S	FINAL REST RIGHT FRONT TIRE
B	181'1"E	6'2"S	FINAL REST RIGHT REAR TIRE

OFFICERS SIGNATURE	BADGE NO. 1596
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

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IR-80 (OHIO TURNPIKE)
WEST BOUND

NOT TO SCALE

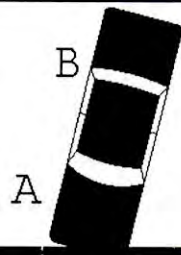
RP

GUARD RAIL

BERM

"0"

REF LINE



BERM

CEMENT WALL

OFFICERS SIGNATURE

BADGE NO.

1596

