

MAR 1 8 2011

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT

LOCAL REPORT #
10-0098-90CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWNPRIVATE
PROPERTY
'X' IF YESHIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVEDPHOTOS
TAKEN
'X' IF YESOH-2 OH-3 OH-1P OTHER
X X

N.C.J.C.#

OHP90

REPORTING AGENCY

Ohio State Highway Patrol

UNITS

01

UNIT ERROR

01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH

02172011

TIME OF CRASH

1233

DAY OF WEEK

THU

CITY

X

VILLAGE

TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP)

Northridgeville

COUNTY

47

LATITUDE

41:22:51.38

LONGITUDE

81:59:32.06

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

X151

AT / REFERENCE

DIST REFERENCE OR PREFIX REFERENCE
.2M W

152

REF POINT

06

REFERENCE POINT USED

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
07 CORPORATION LIMIT REFERENCE

UNIT # # OF OCC.

A 0101

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Cleveland, Ohio

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

69

SEX

M

HOME PHONE #

WORK PHONE #

DL STATE

OH

DL #

LP STATE

OH

LP #

INJURED

TAKEN BY

1 NONE

2 EMS

4 OTHER

5 UNKNOWN

3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

Lakewood Car Credit,

ADDRESS (STREET, CITY, STATE, ZIP CODE)

7550 Leavitt Road, Amherst, Ohio 44001

YEAR

1997

MAKE

HOND

MODEL

Civic

COLOR

BLK

INSURANCE COMPANY

Grange Mutual Insurance

TOWING SERVICE

Rich's Towing

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL

CODE? 'X' IF YES

UNIT # # OF OCC.

B

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

2 EMS

4 OTHER

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)

C

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE)

D

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

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 UNCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST
17 UNKNOWN
BLANK FOR WITNESSSAFETY EQUIPMENT
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
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWNAIR BAG
1 NOT DEPLOYED
2 DEPLOYED - FRONT
3 DEPLOYED - SIDE
4 DEPLOYED BOTH
FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWNAIR BAG SWITCH
1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWNE-EJECTION
1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWNTRAPPED
1 NOT TRAPPED
2 EXTRACTED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWNINJURIES
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

SUPPLEMENT 'X' IF YES

HSY7001

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CAD Incident Number: LHP110217002077

UNIT NUMBERS 0 1 A B NON-MOTORIST LOCATION 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NO IN-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN DRIVEWAY 06 NOT IN DRIVEWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF DRIVEWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF DRIVEWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN TYPE OF UNIT 0 2 A B 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 (EQUIPMENT) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COUNTRY 17 TRACTOR/UTV 18 MOTORCYCLE 19 MOTORCYCLE 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 NON-MOTORIST 35 ANIMAL WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN IN EMERGENCY RESPONSE 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE 4 A B 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	DAMAGE AREA A B MOST DAMAGED AREA 0 2 A 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 AREA) 14 OTHER 15 UNKNOWN POINT OF IMPACT 0 2 A 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 AREA) 14 OTHER 15 UNKNOWN ACTION 3 A B 1 NONCONTACT 2 NONCOLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN STRIKING VEHICLE: OVERRIDE/UNDERERRIDE 1 A B 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	PRE-CRASH ACTIONS 0 1 A B 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-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 CONTRIBUTING CIRCUMSTANCES 1 9 A B MOTORIST 01 NONE 02 FAILURE TO YIELD 03 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 DROVE OFF ROAD 11 IMPROPER PASSING 12 IMPROPER BACKING 13 IMPROPER START FROM PARKED POSITION 14 STOPPED OR PARKED ILLEGALLY 15 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECTFUL OR AGGRESSIVE MANNER 16 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN DRIVEWAY, ETC.) 17 FAILURE TO CONTROL 18 VISION OBSTRUCTION 19 DRIVER INATTENTION 20 FATIGUE/SLEEP 21 OPERATING DEFECTIVE EQUIPMENT 22 LOAD SHIFTING/FALLING/SPILLING 23 OTHER IMPROPER ACTION 24 UNKNOWN NON-MOTORIST 25 NONE 26 IMPROPER CROSSING 27 DARTING 28 LYING AND/OR ILLEGALLY IN DRIVEWAY 29 FAILURE TO YIELD RIGHT OF WAY 30 NOT VISIBLE (DARK CLOTHING) 31 INATTENTIVE 32 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 33 WRONG SIDE OF ROAD 34 OTHER 35 UNKNOWN VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE 0 4 A B 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SEQUENCE OF EVENTS A B 2 5 1 1 2 2 3 3 4 4 NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/QUIP 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 COLLISION WITH FIXED OBJECT 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATING CRASH 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 CULVERT 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 49 UNKNOWN FIRST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 A B 1 STATED 2 ESTIMATED SPEED SPEED 1 0 A B	POSTED SPEED 4 0 A B TRAFFIC CONTROL 1 2 A B 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 WALK DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER DIRECTION FROM TO FROM TO 2 1 A B 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION 1 A B 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 ALCOHOL/DRUG SUSPECTED 1 A B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUG SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS 1 A B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE 1 A B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT A B	DRUG TEST STATUS 1 A B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE 1 A B 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT A B 1 2 1 2 1 NONE 2 MARIJUANA 3 COCAINE 4 OPATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING TYPE OF INTERSECTION 0 8 01 NOT AN INTERSECTION 02 FOUR-WAY 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 RAILROAD GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN OCCURRENCE 1 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 1 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITION PRIMARY SECONDARY 0 1 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY
SUPPLEMENT * 'X' IF YES LOCAL REPORT # * 1 0 - 0 0 9 8 - 9 0					

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CAD Incident Number - LHP110217002077

Narrative

Unit# 1 was driving up to lane# 5 at exit 151 on the Ohio Turnpike. Unit# 1 was approaching the toll booth when the brakes on the car failed. Unit# 1 steered into and struck the crash barrier between the lanes. This action was done to prevent striking another vehicle.

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 ANGLE
- 7 SIDESWIPE, SAME DIRECTION
- 8 SIDESWIPE, 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

- 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

1

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

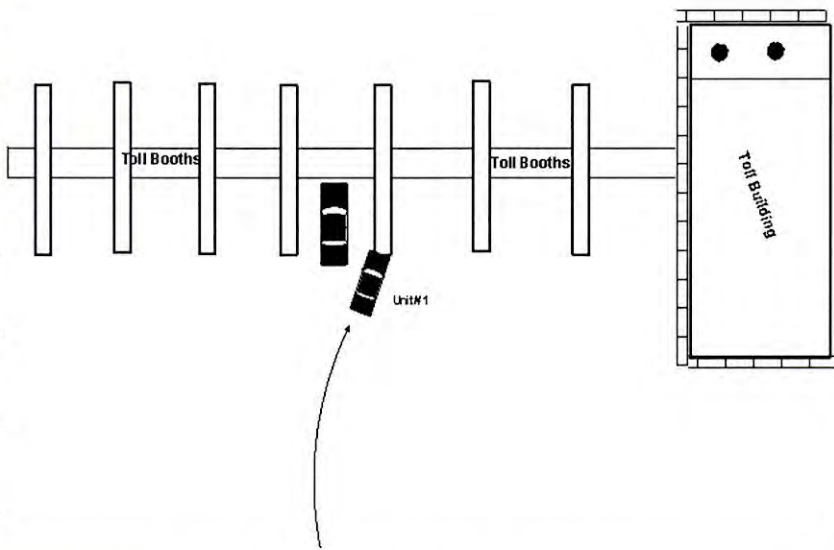
WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram

Ohio Turnpike
Exit 151



Truck/Bus

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.

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.

UNIT #

1

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

1

- 01 NOT APPLICABLE
- 02 BUS (8-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BODY
- 04 GRAIN CHIPS/RAVEL
- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP
- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

WEIGHT (GVWR)

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

COL CLASS

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

HAZARDOUS MATERIALS PLACARD

- 1 NO
- 2 YES
- 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

Police Action

DATE CRASH REPORTED

0 2 1 7 2 0 1 1

TIME REC CALL

1 2 3 3

DISPATCH

1 2 3 3

ARRIVED

1 2 4 5

CLEARED

1 3 3 0

OTHER

4 5

TOTAL MINUTES

0 1 0 2

OFFICER'S NAME *

Hann, Brian

BADGE # *

1 6 5 1

CHECKED BY

ALDECHOUENS

DATE REPORT FILED *

0 2 1 9 2 0 1 1

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT *
"X" IF YES

LOCAL REPORT # *

1 0 - 0 0 9 8 - 9 0

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CAD Incident Number - LHP110217002077

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0098-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 02/17/2011
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	

Unit# 1
2007 Honda Civic 4 door
Black in color
Registration: Ohio Transit Plate, 7-C4KV
Vin: 2HGEJ6678VH [REDACTED]

Damage: Hood, front bumper, lights, right front fender, grille, the brake pedal goes to the floor when pressed. There was a fluid leak under the vehicle.

Insurance: Grange Mutual Insurance
Policy# [REDACTED]
Phone# 216-236-7760

Ohio Turnpike Commission
682 Prospect Street
Berea, Ohio 44017
Phone# 440-234-2081

The crash barrier between toll booth #5 and #4 was struck. There was prior damage to the crash barrier from another incident. The second black crash cushion was collapsed from this collision.

OFFICERS SIGNATURE	BADGE NO. 1651
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0098-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	02/17/2011
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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)	
Hann, Brian	AT IR0080
(OFFICERS NAME)	(LOCATION)
ADDRESS OF WITNESS	[REDACTED] Cleveland, Ohio [REDACTED]
PHONE	[REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE