

10398951

APR 19 2011

OH-1 (Rev. 10/99)

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

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-0119-89

CRASH SEVERITY
3
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
OH P 8 9

REPORTING AGENCY #
Ohio State Highway Patrol

UNITS
01

UNIT ERROR
01
98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH #
03082011

TIME OF CRASH
0440

DAY OF WEEK
TUE

CITY # VILLAGE # TWP #
 X

NAME [OF CITY, VILLAGE OR TOWNSHIP] #
PIKE

COUNTY #
26

LATITUDE
41:35:53.30

LONGITUDE
84:00:17.89

CRASH OCCURRED ON
PREFIX | CRASH LOCATION | TYPE LOC
IR0080 | **3**

TYPE LOCATION POINT USED
1 NAME OF STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION
EB

AT / REFERENCE
DIST REFERENCE | DR | PREFIX | REFERENCE | REF POINT
.1M | **E** | **42** | **06**

REFERENCE POINT USED
04 HOUSE NUMBER 08 PLACE NAME VNO REFERENCE
01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE VNO
03 COUNTY LINE 07 CORPORATION LIMIT REFERENCE

Motorist/Non-Motorist

A UNIT # **0101** # OF OCC. NAME (LAST, FIRST, MIDDLE) [REDACTED]
 ADDRESS (STREET, CITY, STATE, ZIP CODE) **Holland, Canada**
 SOCIAL SECURITY NUMBER [REDACTED] AGE **22** SEX **M** HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]
 DL STATE **CN** LP STATE **CN** LP # [REDACTED] INJURED TAKEN BY **1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE** TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
 OWNER NAME (IF SAME, WRITE "SAME") **SAME** ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]
 YEAR **1999** MAKE **FREI** MODEL **CLASSIC** COLOR **BLU** INSURANCE COMPANY **MANITOBA PUBLIC INS.** TOWING SERVICE **X-PRESS** OWNER PHONE # [REDACTED]
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE # [REDACTED] *X* IF YES [REDACTED]

B UNIT # [REDACTED] # OF OCC. 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 [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
 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 # [REDACTED] *X* IF YES [REDACTED]

Occupant

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 [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]
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 [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

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 PASSENGERSIDE 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
 BLANK FOR WITNESS

SAFETY EQUIPMENT
04 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 MC UNKNOWN
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN
 19

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

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

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

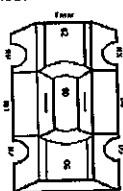
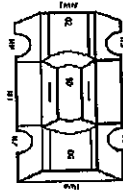
TRAPPED
1
1 NOT TRAPPED
2 EXTRACTED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES
1
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN
 SUPPLEMENT *X* IF YES

HSY7001

TOP COPY - CDPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP110308000482

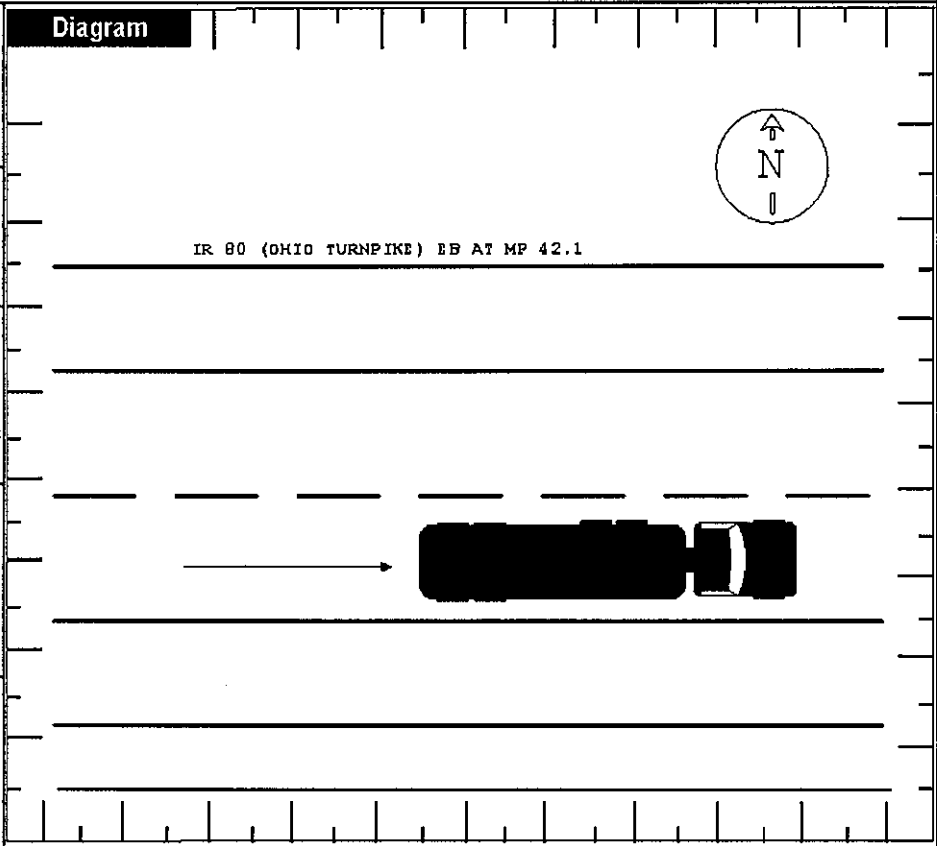
UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA  <input type="text" value="A"/> <input type="text" value="B"/>	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="0"/></td> <td><input type="text" value="2"/></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="2"/>	<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"/>	POSTED SPEED <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/>
<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>																		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A  B <input type="text"/> <input type="text"/>	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	NON-COLLISION 01 OVERTURN/FOLLOVER 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 CROSSING CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 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 ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 UNDERPASS 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT TOWERIES 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	TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	DIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
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, 8 TIRES 10 SINGLE UNIT TRUCK - 3 AXLES 11 TRUCK TRAILER 12 TRUCK TRACTOR (EQUITAILED) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COLLY 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 NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/BLUGGY 37 BOAT 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	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/AGDA 09 IMPROPER LANE CHANGING/DROVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE INERRATIC, 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 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	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	OCURRENCE <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/>	ACTION <input type="text" value="1"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 1-8 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDES/UNDERRIDES <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 1-8 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/>	1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 HORN OR BUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/>	PRIMARY SECONDARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
SUPPLEMENT * *X IF YES		LOCAL REPORT # * *																			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="9"/>																			

TOP COPY - OI/PS BOTTOM COPY - AGENCY

Narrative

UNIT#1 WAS HEADING EASTBOUND ON IR80 (OHIO TURNPIKE) WHEN HIS RIGHT REAR TRACTOR BRAKES CAUGHT FIRE.

MANNER OF COLLISION OR IMPACT <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	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 5 SECONDARY <input type="checkbox"/> 1 DAY/LEHT 2 DAWN 3 DUSK 4 DARK - LG HED 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/OVER 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="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 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
	COMPANY (FROM SHIPPING PAPERS) LIGHTWAY TRANSPORT INC	COMPANY PHONE (204)892-0236
	ADDRESS (STREET, CITY, ST, ZIP CODE) 19 MANITOBA AVE, Austin, Canada	

US DOT	ICC MC	FUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
1221835	484072		CN	2011			
CARGO BODY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 8 01 NOT APPLICABLE 02 BUS (G-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAINCHIPS/RAVEL 05 POLE 06 CABO/TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAO/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	CDL CLASS <input type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
03082011	0443	0443	0451	0644	10	0131
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
St. Clair, Brian	1670	TSCAMPBELL	03092011			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT *	LOCAL REPORT # *			
1	1	X	10-0119-89			

TOP COPY - ODFB BOTTOM COPY - AD ENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0119-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 03/08/2011
IN COUNTY OF Fulton	ACCIDENT LOCATION IR0080	

TRAILER INFO

-2006 TIMPTE DUMP, CHROME IN COLOR

-VIN# 1TDH4002X6B [REDACTED]

-RP= [REDACTED]

Load information:

Approximately 50,000 lbs of organic pees. The load was not damaged as a result of the fire.

-OWNER = LIGHTWAY TRANSPORT INC

DAMAGE ANALYSIS

-ALL REAR TIRES

-REAR UNDER CARRIAGE

DRIVERS OL IS FROM MANITOBA, BOTH LICENSE PLATES ARE MANITOBA.

OFFICERS SIGNATURE

BADGE NO.

1670

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0119-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 03/08/2011
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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)

St. Clair, Brian AT IR0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED] Holland, Canada	PHONE [REDACTED]
SIGNATURE OF WITNESS	OFFICERS SIGNATURE