

10398956

APR 19 2011

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-0205-91		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. # OHP91		REPORTING AGENCY Ohio State Highway Patrol		# UNITS 01		UNIT ERROR 01 98 = ANIMAL 99 = UNKNOWN		DATE OF CRASH 03292011			
TIME OF CRASH 1648		DAY OF WEEK TUE		CITY* VILLAGE* TWP* Boardman		COUNTY # 50		LATITUDE 40:59:45.55		LONGITUDE 80:41:39.83	
CRASH OCCURRED ON PREFIX CRASH LOCATION IR0076		TYPE LOC 3		TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET		LOCAL INFORMATION WB					
AT / REFERENCE DIST REFERENCE OR PREFIX REFERENCE At 230		REF POINT 06		REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE		LOCAL INFORMATION 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME TWO REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE TWO REFERENCE					
A UNIT # 01 02 NAME (LAST, FIRST, MIDDLE)											
ADDRESS (STREET, CITY, STATE, ZIP CODE)											
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE 23 SEX M HOME PHONE# WORK PHONE#											
DL STATE OH DL # LP STATE OH 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)											
Ryder Truck, Rental 780 Killian RD, Akron, Ohio 44319											
YEAR 2007 MAKE FREI MODEL Truck COLOR WHI INSURANCE COMPANY Grange Mutual Casualty TOWING SERVICE OWNER PHONE# (330)628-4800											
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES											
B 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											
C UNIT # 01 NAME (LAST, FIRST, MIDDLE) HOME PHONE# DATE OF BIRTH AGE 20 SEX M											
ADDRESS (STREET, CITY, STATE, ZIP CODE)											
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 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 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 PASSENGER) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSURE CARGO AREA 12 UNENCLOSURE CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN											
SAFETY 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 UNKNOWN											
AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN											
AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN											
EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN											
TRAPPED 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN											
INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN											
SUPPLEMENT X IF YES											

Motorist/Non-Motorist
Occupant

HSY7001

TOP COPY - ODPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP110329002881

UNIT NUMBERS 0 1 A B NON-MOTORIST LOCATION 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-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 SHARE PATHS OR TRAILS 15 UNKNOWN TYPE OF UNIT 0 9 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, 8 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/CABLE SHORT 15 TRACTOR/CABLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 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 WILDLIFE 36 ANIMAL W/BOGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN IN EMERGENCY RESPONSE A B 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 Diagram A: Front view of vehicle damage area with labels E, S, W, N, R, L, F, B, P, T, C, D, I, O, U, N, K, N, O, W, N. Diagram B: Side view of vehicle damage area with labels E, S, W, N, R, L, F, B, P, T, C, D, I, O, U, N, K, N, O, W, N. MOST DAMAGED AREA 0 3 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 LOA DTRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN POINT OF IMPACT 0 3 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 LOA DTRAILER 13 TOTAL (ALL AREAS) 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/UNDERIDE 1 A B 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	PRE-CRASH ACTIONS 0 1 A B 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 CONTRIBUTING CIRCUMSTANCES 1 9 A B 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 (YACD) 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 IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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 VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE 0 6 A B 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR BUCKT Tires 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLING FROM PRIOR CRASH 11 OTHER DEFECTS	SEQUENCE OF EVENTS A B 0 8 1 1 3 0 2 2 4 4 3 3 4 4 4 4 NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/GOOD EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD/RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN ENTER LINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT, NOT FIXED COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRA SH 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 2 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 2 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 6 3 A B	POSTED SPEED 6 4 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, OBLISCURED 16 OTHER DIRECTION FROM TO FROM TO 3 4 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 MEDICATIONS OR 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/DRUG 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 1 1 A B 1 NONE 2 MARIJUANA 3 COCAINE 4 OPATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING TYPE OF INTERSECTION 0 1 A B 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 SHARE DRAINAGE PATHS OR TRAILS 13 UNKNOWN OCCURRENCE 2 A B 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 2 A B 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITION PRIMARY SECONDARY 0 1 A B 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 2 0 5 - 9 1
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TOP COPY - ODPs BOTTOM COPY - AGENCY

CAD Incident Number - LHP110329002881

Narrative

Unit #1 was traveling westbound on the Ohio Turnpike. The right front tire blew out causing Unit #1 to drive off right side of roadway & strike the guardrail.

MANNER OF COLLISION OR IMPACT

1

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

WEATHER

0 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

LIGHT CONDITIONS

PRIMARY SECONDARY

1

- 1 DAY/LIGHT
- 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

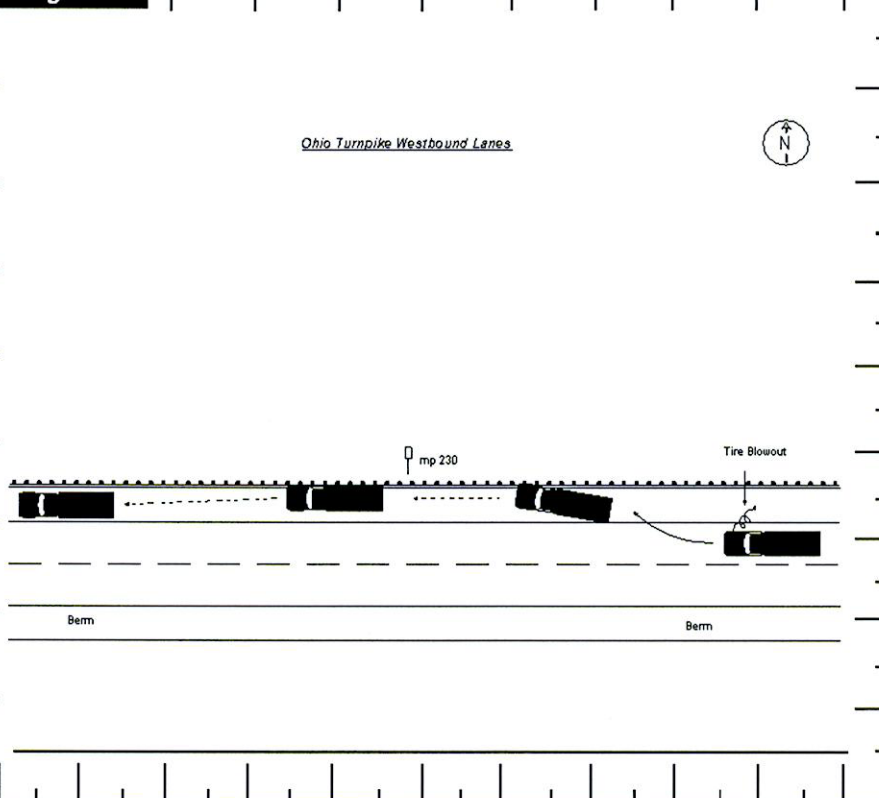
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



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 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)
Ryder Truck Rental

COMPANY PHONE (330)628-4800

ADDRESS (STREET, CITY, ST, ZIP CODE)
780 Killian RD, Akron, Ohio 44319

US DOT

16130

ICC MC

PUCO

TRAILER LP ST.

OH

TRAILER LP YEAR

2007

TRAILER LP #

PLACARD #

DIA

CARGO BODY TYPE

0 3

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAIN CHIP/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)

2

- 1 LESS THAN 10,000
- 2 10,001 - 25,000
- 3 MORE THAN 25,000

CDL CLASS

5

- 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 3 2 9 2 0 1 1

TIME REC CALL

1 6 4 8

DISPATCH

1 6 4 8

ARRIVED

1 6 4 8

CLEARED

1 8 0 0

OTHER

4 0

TOTAL MINUTES

0 1 1 2

OFFICER'S NAME *

Head, William

BADGE # *

1 3 9 5

CHECKED BY

JDRUDDLE

DATE REPORT FILED *

0 3 3 1 2 0 1 1

REPORT TAKEN BY

1

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

1

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT *
"X" IF YES

LOCAL REPORT # *

1 0 - 0 2 0 5 - 9 1

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CAD Incident Number - LHP110329002881

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0205-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 03/29/2011
IN COUNTY OF Mahoning	ACCIDENT LOCATION IR0076	
Unit #1 Truck #475822 2007 Freightliner Straight Truck Lic - OH [REDACTED] Vin - 1FVACWDC57H [REDACTED] Insurance: Grange Mutual Casualty Policy # [REDACTED] Damaged: Right front tire/rim, Right side of front bumper, and Left rear steps. Turnpike maintenance and Jeswald's Towing on scene for traffic control and vehicle removal. Damage to Property Owned By: Ohio Turnpike Commission 682 Prospect Street Berea, Ohio 44017 (440)234-2081 12 Sections of Guardrail and 24 Posts		
OFFICER'S SIGNATURE		BADGE NO. 1395

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

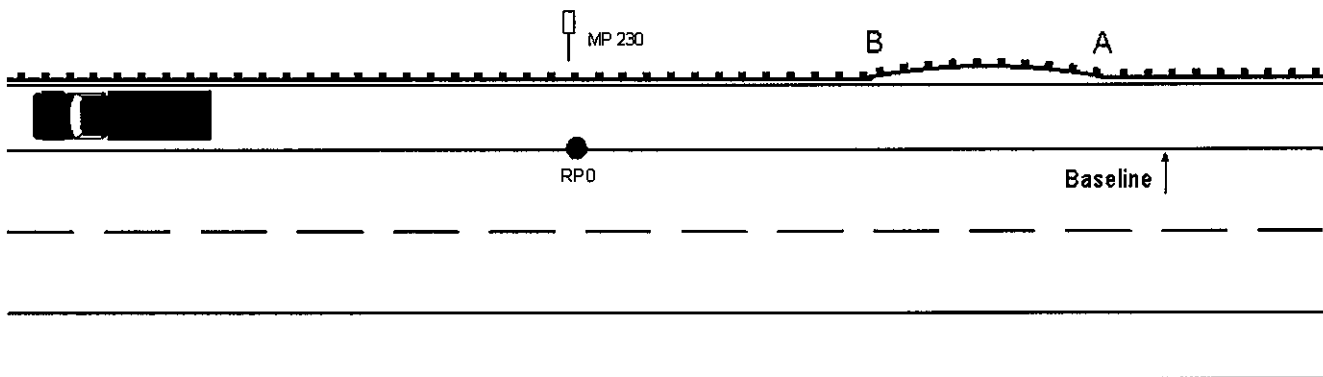
OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	10-0205-91	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF ACCIDENT	03/29/2011
IN COUNTY OF	Mahoning	ACCIDENT LOCATION	IR0076		

Ohio Turnpike Westbound Lanes

RP = MP 230
 RP0 = 14.0 South of RP
 Baseline = North white edgeline of roadway

	From E.L.	Along E.L.	Description
A	10.7N	246.9E	1st Contact with Guardrail
B	10.7N	119.8E	End of contact with Guardrail



OFFICERS SIGNATURE

BADGE NO.

1395

