

10398960

APR 19 2011

# TRAFFIC CRASH REPORT



LOCAL REPORT #\*  
1 0 - 0 2 4 4 - 9 0

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  
X X

N.C.I.C.#\*  
O H P 9 0

REPORTING AGENCY\*  
Ohio State Highway Patrol

# UNITS  
0 1

UNIT ERROR  
0 1 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH\*  
0 3 3 0 2 0 1 1

TIME OF CRASH: 2 1 3 4 DAY OF WEEK: W E D CITY: [ ] VILLAGE: [ ] TWP: X NAME (OF CITY, VILLAGE OR TOWNSHIP)\*: Oxford COUNTY #: 2 2 LATITUDE: 41:20:08.53 LONGITUDE: 82:41:51.47

CRASH OCCURRED ON: PREFIX: IR0080 TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED ROUTE LOCAL INFORMATION: EB

AT / REFERENCE: DIST REFERENCE: .2m DR: W PREFIX REFERENCE: 114 REF POINT: 06 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

**A** UNIT # 0 1 # OF OCC. 0 1 NAME (LAST, FIRST, MIDDLE): [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED], Elyria, Ohio [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: 2 1 SEX: M HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

DL STATE: OH LP STATE: OH 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: 1 9 9 9 MAKE: MAZD MODEL: MX-5 Miata COLOR: SIL INSURANCE COMPANY: Progressive TOWING SERVICE: Rich's Towing OWNER PHONE #: [REDACTED]

OFFENSE CHARGED: 4513.02 OFFENSE DESCRIPTION: Unsafe vehicles, prohibition against operation; inspection by state highway patrol CITATION #: Z 9 2 7 5 5 4 LOCAL CODE: 'X' IF YES

**B** UNIT # [ ] # OF OCC. [ ] NAME (LAST, FIRST, MIDDLE): [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: [ ] SEX: [ ] HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

DL STATE: [ ] LP STATE: [ ] LP #: [ ] INJURED TAKEN BY: [ ] TRANSPORTED BY: [ ] INJURED TAKEN TO: [ ]

OWNER NAME (IF SAME, WRITE "SAME"): [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]

YEAR: [ ] MAKE: [ ] MODEL: [ ] COLOR: [ ] INSURANCE COMPANY: [ ] TOWING SERVICE: [ ] OWNER PHONE #: [ ]

OFFENSE CHARGED: [ ] OFFENSE DESCRIPTION: [ ] CITATION #: [ ] LOCAL CODE: [ ]

**C** UNIT # [ ] NAME (LAST, FIRST, MIDDLE): [REDACTED] HOME PHONE #: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: [ ] SEX: [ ] ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] INJURED TAKEN BY: [ ] TRANSPORTED BY: [ ] INJURED TAKEN TO: [ ]

**D** UNIT # [ ] NAME (LAST, FIRST, MIDDLE): [REDACTED] HOME PHONE #: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: [ ] SEX: [ ] ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] INJURED TAKEN BY: [ ] TRANSPORTED BY: [ ] INJURED TAKEN TO: [ ]

Motorist/Non-Motorist  
Motorist/Non-Motorist  
Occupant

SEATING POSITION  
0 1 A 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/SIDE 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

SAFETY EQUIPMENT  
0 4 A 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 A 1 NOT DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-SIDE  
4 DEPLOYED BOTH FRONT/SIDE  
5 NOT APPLICABLE  
6 UNKNOWN

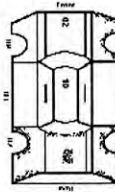
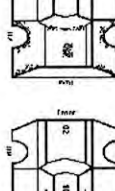
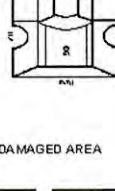
AIR BAG SWITCH  
1 A 1 NOT PRESENT  
2 IN ON POSITION  
3 IN OFF POSITION  
4 UNKNOWN

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

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

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

SUPPLEMENT 'X' IF YES

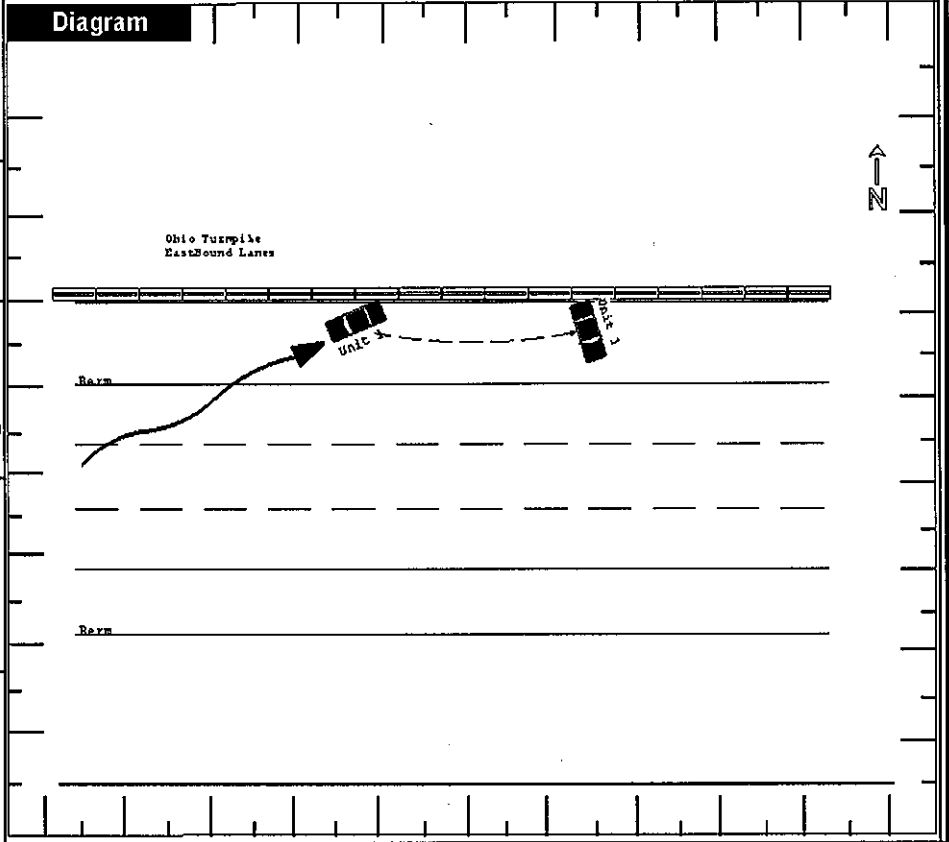
<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td><input type="text" value="0"/></td><td><input type="text" value="9"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text" value="3"/></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> </table>	<input type="text" value="0"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="3"/>	<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"/>	<b>POSTED SPEED</b> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text" value="0"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>																		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>01 MARKED CROSSWALK AT INTERSECTION  02 INTERSECTION NO CROSSWALK  03 NO INTERSECTION CROSSWALK  04 DRIVWAY 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</p>	<b>A</b>  <b>B</b> 	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING 17 PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/BOAT/EQUIPMENT LOSS/SPLIT 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 15 PEDESTRIAN 16 PEDALCYCLE 17 RAILWAY VEHICLE 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 26 COLLISION WITH FIXED OBJECT 27 IMPACT ATTENUATOR/CRASH CUSHION 28 BRIDGE OVERHEAD STRUCTURE 29 BRIDGE PIER OR ABUTMENT 30 BRIDGE PARAPET 31 BRIDGE RAIL 32 G ULRADIAL FACE 33 G ULRADIAL END 34 MEDIAN BARRIER 35 HIGHWAY TRAFFIC SIGN POST 36 OVERHEAD SIGN POST 37 LIGHT LUMINARIES SUPPORT 38 UTILITY POLE 39 OTHER POST, POLE OR SUPPORT 40 CULVERT 41 CURB 42 DITCH 43 EMBANKMENT 44 FENCE 45 MAILBOX 46 TREE 47 OTHER FIXED OBJECT 48 WORK ZONE MAINTENANCE EQUIPMENT 49 UNKNOWN FIXED OBJECT 50 OTHER	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <p>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, OBTSCURED  16 OTHER</p>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE  2 TEST REFUSED  3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4 TEST GIVEN, RESULTS KNOWN  5 TEST GIVEN, RESULTS UNKNOWN  6 UNKNOWN</p>																
<b>TYPE OF UNIT</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 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 10 IMPROPER PASSING 11 IMPROPER BACKING 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 <b>NON-MOTORIST</b> 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	<b>DIRECTION</b> <table border="1"> <tr><th>FROM</th><th>TO</th><th>FROM</th><th>TO</th></tr> <tr><td><input type="text" value="4"/></td><td><input type="text" value="3"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> <p>1 NORTH  2 SOUTH  3 EAST  4 WEST  5 NORTHEAST  6 NORTHWEST  7 SOUTHEAST  8 SOUTHWEST  9 UNKNOWN</p>	FROM	TO	FROM	TO	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <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> <p>1 NONE  2 MARIJUANA  3 COCAINE  4 OPiates  5 AMPHETAMINES  6 PCP  7 OTHER  8 UNKNOWN AT TIME OF REPORTING</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FROM	TO	FROM	TO																		
<input type="text" value="4"/>	<input type="text" value="3"/>	<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"/>																		
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 8 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EOB/TAI) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE 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 <b>NON-MOTORIST</b> 35 ANIMAL W/DRIVER 36 ANIMAL W/BOGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> <p>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 AREAS)  14 OTHER  15 UNKNOWN</p>	<b>MOTORIST</b> 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 10 IMPROPER PASSING 11 IMPROPER BACKING 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 <b>NON-MOTORIST</b> 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	<b>FIRST HARMFUL EVENT</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>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</p>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <p>01 NOT AN INTERSECTION  02 FOUR-WAY INTERSECTION  03 T-INTERSECTION  04 Y-INTERSECTION  05 TRAFFIC CIRCULAR UNDERPASS  06 FIVE-POINT, OR MORE  07 ON RAMP  08 OFF RAMP  09 CROSSOVER  10 DRIVWAY ACCESS  11 RAILWAY GRADE CROSSING  12 SHARED-USE PATHS OR TRAILS  13 UNKNOWN</p>																
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NO  2 YES  3 UNKNOWN</p>	<b>ACTION</b> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONCONTACT  2 NONCOLLISION  3 STRIKING  4 STRUCK  5 BOTH STRIKING AND STRUCK  6 UNKNOWN</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text"/> <input type="text"/> <p>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</p>	<b>MOST HARMFUL EVENT</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE  2 YES - ALCOHOL SUSPECTED  3 YES - HBD NOT IMPAIRED  4 YES - DRUGS SUSPECTED  5 YES - ALCOHOL/DRUGS SUSPECTED  6 UNKNOWN</p>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 STRAIGHT LEVEL  2 STRAIGHT GRADE  3 CURVE LEVEL  4 CURVE GRADE</p>																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE  2 NON-FUNCTIONAL DAMAGE  3 FUNCTIONAL DAMAGE  4 DISABLING DAMAGE  5 SEVERE  6 UNKNOWN</p>	<b>STRIKING VEHICLE: OVERRIDE/UNDERIDE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NO UNDERIDE OR OVERIDE  2 UNDERIDE, COMPARTMENT INTRUSION  3 UNDERIDE, NO COMPARTMENT INTRUSION  4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN  5 OVERIDE, MOTOR VEHICLE IN TRANSPORT  6 OVERIDE OTHER VEHICLE  7 UNKNOWN</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text"/> <input type="text"/> <p>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</p>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 STATED  2 ESTIMATED SPEED</p>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE  2 TEST REFUSED  3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4 TEST GIVEN, RESULTS KNOWN  5 TEST GIVEN, RESULTS UNKNOWN  6 UNKNOWN</p>	<b>ROAD CONDITION</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <p>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</p>																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE  2 NON-FUNCTIONAL DAMAGE  3 FUNCTIONAL DAMAGE  4 DISABLING DAMAGE  5 SEVERE  6 UNKNOWN</p>	<b>STRIKING VEHICLE: OVERRIDE/UNDERIDE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NO UNDERIDE OR OVERIDE  2 UNDERIDE, COMPARTMENT INTRUSION  3 UNDERIDE, NO COMPARTMENT INTRUSION  4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN  5 OVERIDE, MOTOR VEHICLE IN TRANSPORT  6 OVERIDE OTHER VEHICLE  7 UNKNOWN</p>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text"/> <input type="text"/> <p>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</p>	<b>SPEED</b> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>1 NONE  2 BLOOD  3 URINE  4 BREATH  5 OTHER</p>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>SUPPLEMENT 'X' IF YES</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="0"/>	<b>SUPPLEMENT 'X' IF YES</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="0"/>	<b>SUPPLEMENT 'X' IF YES</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="0"/>																

TOP COPY - O/DPS BOTTOM COPY - AGENCY

**Narrative**

Unit #1 was traveling east on IR-80 in the middle lane. Unit #1 lost control on the wet roadways due to worn tires. Unit #1 went off the left side of the roadway and struck the median barrier.

<b>MANNER OF COLLISION OR IMPACT</b> <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 AND LE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> 0 <input type="checkbox"/> 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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 5 SECONDARY <input type="checkbox"/> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/ROAD SHOULDER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



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

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (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 CABOTANK <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 GARBAO/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
03302011	2136	2136	2154	2300	10	0094
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Wlodarsky, Eric	1131	KLHARRIS	03312011			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT # *			
1	1		10-0244-90			

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## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0244-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 03/30/2011
IN COUNTY OF Erie	ACCIDENT LOCATION IR0080	

When I arrived on scene, I observed Unit #1 up against the median barrier facing south. I observed a set of sliding tire marks going off the left side of the roadway up to the impact with the median barrier.

Damage to Unit #1: Right front bumper scraped, right front headlight assembly, right front quarter panel scraped and dented, right rear quarter panel scraped and dented, right rear tail light assembly broken, right rear bumper cracked and broken, left rear tire broken free from rim.

Unit #1 had bald tires. The rear tires were 0/32", the front tires were 2/32".

Driver of Unit #1 was aware his tires were bald and blamed this for the crash.

Roadways were wet, however there was no standing water.

No damage to Turnpike property.

Turnpike Maintenance department on scene.

Unit #1 was towed by Rich's Towing.

OFFICERS SIGNATURE

BADGE NO.

1131

