

10398961

APR 19 2011

OH-1 (Rev. 10/99)

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FCIM, II, 1-2.4.2)

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-0155-91

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
3

PRIVATE PROPERTY
*X IF YES

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

PHOTOS TAKEN
OH-2 OH-3 OH-1P OTHER
X X

N.C.I.C.#
OHP91

REPORTING AGENCY
Ohio State Highway Patrol

#UNITS
01

UNIT ERROR
99=ANIMAL
99=UNKNOWN
01

DATE OF CRASH
03042011

TIME OF CRASH: 1505
DAY OF WEEK: FRI
CITY: [] VILLAGE: [] TWP: X
NAME (OF CITY, VILLAGE OR TOWNSHIP): Braceville
COUNTY #: 78
LATITUDE: 41:12:52.08
LONGITUDE: 80:57:08.26

CRASH OCCURRED ON
PREFIX: IR0080
CRASH LOCATION: []
TYPE LOC: 3
REFERENCE POINT USED:
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

AT / REFERENCE
DIST REFERENCE: 2M
DR: E
PREFIX REFERENCE: 209
REF POINT: 06
REFERENCE POINT USED:
01 STATE LINE
02 INT. INTERSECTION 2 STREETS
03 COUNTY LINE
LOCAL INFORMATION: X209
14 HOUSE NUMBER
06 TOWNSHIP BOUNDARY
08 MILE POST
17 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

A UNIT # 0101 # OF OCC. 1
NAME (LAST, FIRST, MIDDLE): []
ADDRESS (STREET, CITY, STATE, ZIP CODE): Sharpsville, Pennsylvania

SOCIAL SECURITY NUMBER: []
DATE OF BIRTH: [] AGE: 54 SEX: M
HOME PHONE #: [] WORK PHONE #: []

DL STATE: PA DL #: [] LP STATE: PA LP #: AF49170
INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
TRANSPORTED BY: [] INJURED TAKEN TO: []

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

YEAR: 1999 MAKE: KENW MODEL: Conventional COLOR: DGR
INSURANCE COMPANY: Mountaintop Premium Finance TOWING SERVICE: Jeswald's Towing
OWNER PHONE #: []

OFFENSE CHARGED: [] OFFENSE DESCRIPTION: [] CITATION #: [] LOCAL CODE? *X IF YES

B UNIT # [] # OF OCC. []
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: [] 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 # [] # OF OCC. []
NAME (LAST, FIRST, MIDDLE): [] HOME PHONE #: []
DATE OF BIRTH: [] AGE: [] SEX: []

INJURED TAKEN BY: [] 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

D UNIT # [] # OF OCC. []
NAME (LAST, FIRST, MIDDLE): [] HOME PHONE #: []
DATE OF BIRTH: [] AGE: [] SEX: []

INJURED TAKEN BY: [] TRANSPORTED BY: [] INJURED TAKEN TO: []

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

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/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
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
1 NOT DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH FRONTSIDE
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 MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

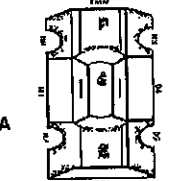
INJURIES
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

SUPPLEMENT *X IF YES

HS 57001

TOP COPY - ODPs BOTTOM COPY - AGENCY

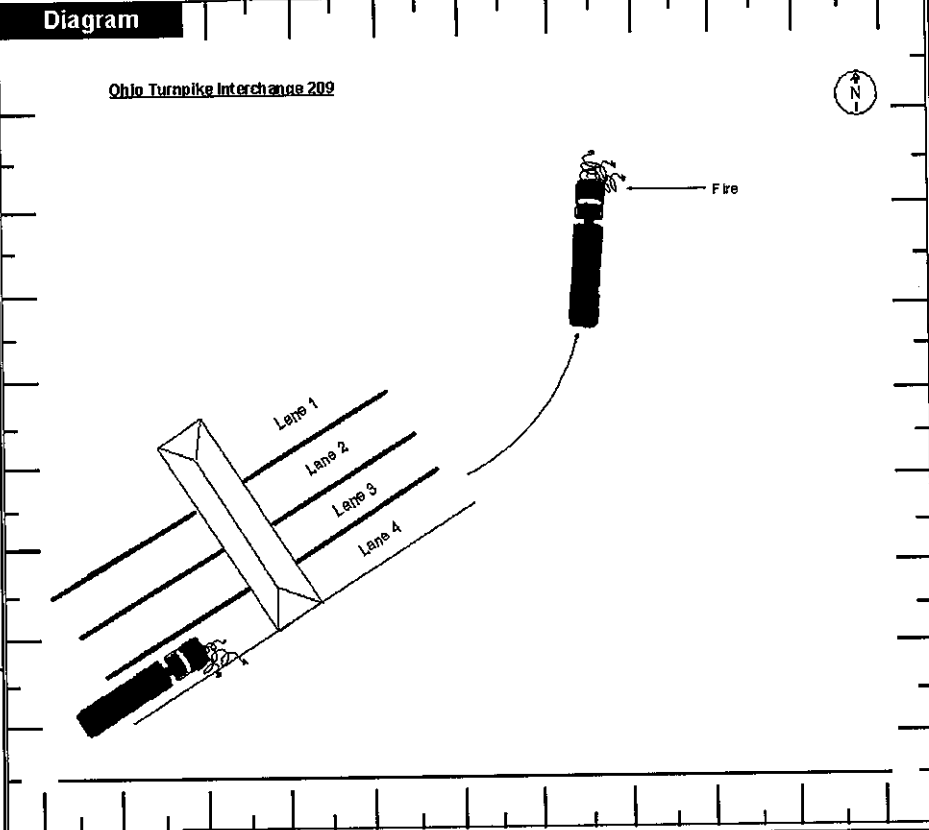
CAD Incident Number: LHP110304002334

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="1"/> <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="1"/> <input type="text" value="0"/> <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"/>	MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	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 17 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/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSED 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 DOWN-HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	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"/>	POINT OF IMPACT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <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/CARDA 09 IMPROPER LANE CHANGE/CHANGING 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, NEGLIGENT 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 SHIFTS/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	DIRECTION FROM TO FROM TO <input type="text" value="8"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST 162 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <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, 6 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAI) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TWIPLES 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 WALKER 36 ANIMAL WALKER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/> <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"/>																
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>																
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	SPEED <input type="text" value="1"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>																
SUPPLEMENT # 'X' IF YES		LOCAL REPORT #		1 0 - 0 1 5 5 - 9 1																	

Narrative

Unit #1's engine caught on fire while exiting the Ohio Turnpike at Exit 209.

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"/> 4 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"/> 1 SECONDARY: <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/OVERDOVER 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) Mellus, Daniel E.	COMPANY PHONE (724)301-8238	ADDRESS (STREET, CITY, ST, ZIP CODE) 58 South Walnut ST, Sharpsville, Pennsylvania 16150

US DOT 122443	ICC MC	PUCO A-00110077	TRAILER LP ST. ME	TRAILER LP YEAR 1998	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 7 01 NOT APPLICABLE 02 BUS (045 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANCHIPS/RAYEL 05 POLE 06 CAR/OTA MK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/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 II 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 3 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED 03042011	TIME REC CALL 1505	DISPATCH 1505	ARRIVED 1513	CLEARED 1616	OTHER 30	TOTAL MINUTES 0101	
OFFICER'S NAME* Head, William	BADGE #* 1395	CHECKED BY CPLAND	DATE REPORT FILED* 03092011	REPORT TAKEN BY <input type="checkbox"/> 1 <input type="checkbox"/> 2	REPORT TAKEN AT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SUPPLEMENT * "X" IF YES	LOCAL REPORT #* 10-0155-91

TOP COPY - GDPS BOTTOM COPY - AG ENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0155-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 03/04/2011
IN COUNTY OF Trumbull	ACCIDENT LOCATION IR0080	

Unit #1

Tractor #1 775

1999 Green Kenworth Semi

Lic - [REDACTED]

Vin - 1XKWDR9X9F [REDACTED]

Insurance: Mountaintop Premium Finance

Policy # **MTN-011346**

Damage: Entire Tractor fully engulfed by flames.

Trailer # 474

1998 East Covered Wagon SE

Lic - M [REDACTED]

Vin - 1E1H5X281WF [REDACTED]

Load: Empty

No Damage

Braceville Fire, Turnpike Maintenance, and Jeswald's Towing on scene.

No visible damage to Turnpike Property

OFFICERS SIGNATURE	BADGE NO. 1395
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