

TRAFFIC CRASH REPORT



LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT/SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
1 0 - 0 1 6 3 - 8 9	3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	X IF YES	1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	X IF YES	X	X	X	

N.C.I.C. #*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH*
O H P 8 9	Ohio State Highway Patrol	0 2	0 1 98 = ANIMAL 99 = UNKNOWN	0 4 2 4 2 0 1 1

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
1 3 5 5	S U N			X	Jefferson	8 6	41:36:26.00	84:29:33.00

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

AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	05 PLACE NAME VNO REFERENCE
DIST REFERENCE DR PREFIX REFERENCE .4m E 16	REF POINT 06	01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	06 MILE POST 09 DRIVEWAY 10 STREET OR ROUTE VNO REFERENCE

Motorist/Non-Motorist

A	UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
	0 1	0 1	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
Republic, Ohio			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX
		5 1	M
DL STATE	DL #	LP STATE	LP #
OH		OH	
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)		
Top, Line Transportation	6385 SR 18, Republic, Ohio 44867		
YEAR	MAKE	MODEL	COLOR
2 0 0 3	FREI	Conventional	BLU
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
Maxum	Hutchs Towing		
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? 'X' IF YES

B	UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
	0 2	0 5	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
Naperville, Illinois			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX
		5 3	M
DL STATE	DL #	LP STATE	LP #
IL		IL	
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)		
SAME			
YEAR	MAKE	MODEL	COLOR
2 0 0 1	CHEV	Venture	MAR
INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
State Farm			
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? 'X' IF YES

Occupant

C	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	0 2				4 6	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)						
Naperville, Illinois						
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
	0 2				1 3	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)						
Naperville, Illinois						
INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO			

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
0 1 0 1 0 3 0 4	0 4 0 4 0 4 0 4	5 1 1 5	1 1 2 1	1 1 1 1	1 1 1 1	1 1 1 1
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	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	1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

HSY7001

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CAD Incident Number: LHP110424001696

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH- 1-P (Rev. 11/99)

LOCAL REPORT #*	N.C.I.C. #*	REPORTING AGENCY*	DATE OF CRASH*
1 0 - 0 1 6 3 - 8 9	O H P 8 9	Ohio State Highway Patrol	0 4 2 4 2 0 1 1

E	UNIT # 0 2	NAME (LAST, FIRST, MIDDLE) [REDACTED]	HOME PHONE # [REDACTED]	DATE OF BIRTH [REDACTED]	AGE 1 1	SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Naperville, Illinois [REDACTED]			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY INJURED TAKEN TO	

F	UNIT # 0 2	NAME (LAST, FIRST, MIDDLE) [REDACTED]	HOME PHONE # [REDACTED]	DATE OF BIRTH [REDACTED]	AGE 1 7	SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Naperville, Illinois [REDACTED]			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY INJURED TAKEN TO	

G	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	

H	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	

I	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	

J	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	

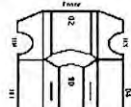
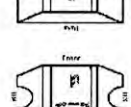
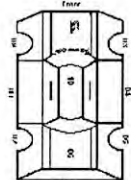
K	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY INJURED TAKEN TO	

0 6 E 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/SEDCAR) 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	0 4 E SAFETY EQUIPMENT MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	5 E AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 E AIR BAG SWITCH 1 NOT PRESENT 2 IN POSITION 3 OFF POSITION 4 UNKNOWN	1 E EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 E TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 E INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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HSY 8355

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SUPPLEMENT "X" IF YES

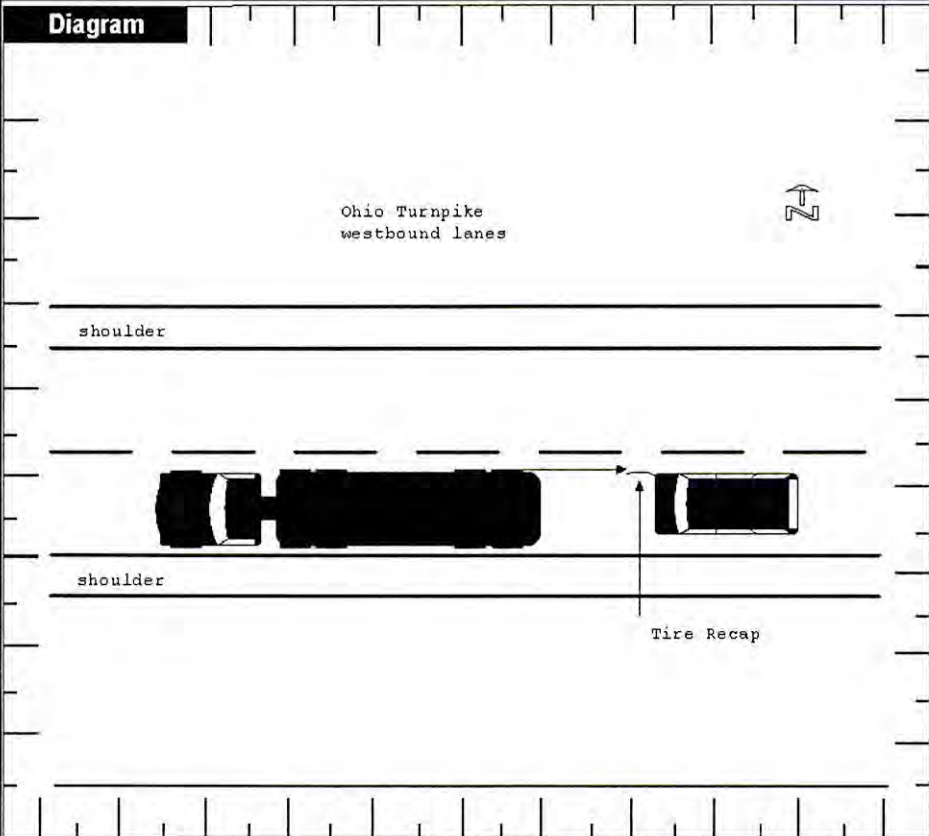
UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="0"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></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="6"/>	<input type="text" value="2"/>	<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"/>	<input type="text"/>	<input type="text"/>	POSTED SPEED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text" value="2"/>	<input type="text" value="3"/>																		
<input type="text"/>	<input type="text"/>	<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 	MOTORIST 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/ASSISTING 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/ROLLOVER 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 CROSS-MEDIA CENTERLINE 11 DOWN-HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN																
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 SHARED PATHS OR TRAILS 15 UNKNOWN	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/>	14 PEDESTRIAN 15 PEDAL CYCLE 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 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	DIRECTION FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>																
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="5"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	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/ACDA 09 IMPROPER LANE CHANGING/ DROVE OFF ROAD 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/ASLEEP 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	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	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, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EOBTRAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORCYCLED 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/ RIDER 36 ANIMAL W/ BULLY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="2"/> <input type="text" value="4"/>	NON-MOTORIST 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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>																
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/>	ACTION <input type="text" value="2"/> <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	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 SHARED USE PATHS OR TRAILS 13 UNKNOWN																
DAMAGE SCALE <input type="text" value="1"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text"/> <input type="text" value="1"/>	SPEED DETECTED <input type="text"/> <input type="text"/>	SPEED <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	OCCURRENCE <input type="text" value="1"/>																
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, NO COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, NO COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	SPEED <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/>																
SUPPLEMENT * 'X' IF YES <input type="text"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/>	SPEED <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/>	PRIMARY SECONDARY <input type="text" value="0"/> <input type="text" value="1"/>																

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Narrative

Units #1 and #2 were westbound on the Ohio Turnpike when Unit 1's trailer blew causing tire debris to strike Unit #2.

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 SIDESWIFE, SAME DIRECTION 8 SIDESWIFE, 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"/> 1 <input type="checkbox"/> SECONDARY <input type="checkbox"/> 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	TYPE OF WORK ZONE <input type="checkbox"/> 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 <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) Top Line Transportation		COMPANY PHONE <input type="checkbox"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) 6385 SR 18, Republic, Ohio 44867		

US DOT 449072	ICC MC <input type="checkbox"/>	PUCO <input type="checkbox"/>	TRAILER LP ST. OH	TRAILER LP YEAR 2000	TRAILER LP # <input type="checkbox"/>	PLACARD # <input type="checkbox"/>	# DIA <input type="checkbox"/>
CARGO BODY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 7 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIP/GRAVEL 05 POLE 06 CARGO TANK 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 - 25,000 3 MORE THAN 25,000	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"/> 3 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED 04242011	TIME REC CALL 1359	DISPATCH 1359	ARRIVED 1402	CLEARED 1445	OTHER 60	TOTAL MINUTES 0106	
OFFICER'S NAME Durliat, Michelle	BADGE # 1100	CHECKED BY RGSELLERS	DATE REPORT FILED 04292011	REPORT TAKEN BY <input type="checkbox"/> 1 1 FOLIO AD ENCY 2 NOT RISK	REPORT TAKEN AT <input type="checkbox"/> 3 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * "X" IF YES <input type="checkbox"/>	LOCAL REPORT # * 10-0163-89

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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0163-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 04/24/2011
IN COUNTY OF Williams	ACCIDENT LOCATION IR0080	

Unit #1 INFO
 2003 FREIGHTLINER
 vin# 1FUJA6CK73L [REDACTED]
 OH RP: [REDACTED]
 INS INFO: MAXUM INS.
 POLICY #: [REDACTED]

TRAILER INFO:
 2000 EAST
 VIN# 1E1H5Y280YF [REDACTED]
 OH RP: [REDACTED]

DAMAGE: NONE

RIGHT SIDE TRAILER TIRE BLEW, THE RECAP STRUCK UNIT #2

UNIT 2 INFO:
 2001 CHEV VENTURE
 IL RP: [REDACTED]
 VIN# 1GNDX03E01D [REDACTED]
 INS INFO: STATE FARM
 POLICY #: [REDACTED]

DAMAGE: BROKEN RIGHT HEADLIGHT, SCRATCHES AND DENTS ON HOOD

The driver stated he was going 70 miles per hour. The posted speed limit is 70 miles per hour.

OFFICERS SIGNATURE	BADGE NO. 1100
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-0163-89	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 04/24/2011
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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)

Durliat, Michelle AT IR0080
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS [REDACTED] Naperville, Illinois [REDACTED] PHONE [REDACTED]

SIGNATURE OF WITNESS	OFFICERS SIGNATURE
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