

VA-10409928-6528

JUN 23 2011

OH-1 (Rev. 10/99)

# TRAFFIC CRASH REPORT



LOCAL REPORT #\*  
1 0 - 0 3 8 2 - 9 1

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
IF YES

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

PHOTOS TAKEN  
IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.#\*  
O H P 9 1

REPORTING AGENCY\*  
Ohio State Highway Patrol

# UNITS  
0 2

UNIT ERROR  
0 1 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH\*  
0 5 3 1 2 0 1 1

TIME OF CRASH: 1 8 3 5 DAY OF WEEK: TUE CITY\*: X VILLAGE\*: TWP\*: NAME (OF CITY, VILLAGE OR TOWNSHIP)\*: North Royalton COUNTY\*: 1 8 LATITUDE: 41:17:37.64 LONGITUDE: 81:40:44.63

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

AT / REFERENCE: DIST REFERENCE: .1M DR: E PREFIX: 170 REF POINT: 06 REFERENCE POINT USED: 01 STATE LINE 02 INT ERSECTION 2 STREET S 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] Pittsburgh, Pennsylvania [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: 5 0 SEX: M HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

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

OWNER NAME (IF SAME, WRITE "SAME"): Quality, Carriers Inc. ADDRESS (STREET, CITY, STATE, ZIP CODE): 1861 Terry DR, Joliet, Illinois 60435

YEAR: 2 0 0 1 MAKE: FREI MODEL: Conventional COLOR: BLU INSURANCE COMPANY: Zurich TOWING SERVICE: Quality Carriers Inc. OWNER PHONE #: (412)331-8165

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE? 'X' IF YES:

**B** UNIT # 0 2 # OF OCC. 0 1 NAME (LAST, FIRST, MIDDLE): [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] Uniontown, Ohio [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: [REDACTED] AGE: 3 8 SEX: M HOME PHONE #: [REDACTED] WORK PHONE #: [REDACTED]

DL STATE: OH DL #: [REDACTED] LP STATE: OH LP #: [REDACTED] INJURED TAKEN BY: 1 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: 1 9 9 4 MAKE: FORD MODEL: Mustang COLOR: RED INSURANCE COMPANY: ALLSTATE INS. TOWING SERVICE: OWNER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE? 'X' IF YES:

**C** 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:

**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:

Motorist/Non-Motorist

Occupant

SEATING POSITION  
0 1 A 01 FRONT - LEFT (MC DRIVER)  
0 2 B 02 FRONT - MIDDLE  
0 3 C 03 FRONT - RIGHT  
0 4 D 04 SECOND - LEFT (MC PASS)  
0 5 E 05 SECOND - MIDDLE  
0 6 F 06 SECOND - RIGHT  
0 7 G 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)  
0 8 H 08 THIRD - MIDDLE  
0 9 I 09 THIRD - RIGHT  
10 J 10 SLEEPER SECTION OF CAB  
11 K 11 ENCLOSED CARGO AREA  
12 L 12 UNENCLOSED CARGO AREA  
13 M 13 TRAILING UNIT  
14 N 14 EXTERIOR  
15 O 15 OTHER  
16 P 16 NON-MOTORIST  
17 Q 17 UNKNOWN

SAFETY EQUIPMENT  
0 4 A 01 NONE USED  
0 5 B 02 SHOULDER BELT ONLY  
0 6 C 03 LAP BELT ONLY  
0 7 D 04 SHOULDER/LAP BELT  
0 8 E 05 CHILD SAFETY SEAT  
0 9 F 06 MC HELMET USED  
0 10 G 07 USE UNKNOWN  
0 11 H 08 NONE USED  
0 12 I 09 HELMET USED  
0 13 J 10 PROTECTIVE PADS  
0 14 K 11 REFLECTIVE CLOTHING  
0 15 L 12 LIGHTING  
0 16 M 13 OTHER  
0 17 N 14 UNKNOWN

AIR BAG  
1 A 1 NOT-DEPLOYED  
2 B 2 DEPLOYED-FRONT  
3 C 3 DEPLOYED-SIDE  
4 D 4 DEPLOYED BOTH FRONT/SIDE  
5 E 5 NOT APPLICABLE  
6 F 6 UNKNOWN

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

EJECTION  
1 A 1 NOT EJECTED  
2 B 2 TOTALLY EJECTED  
3 C 3 PARTIALLY EJECTED  
4 D 4 NOT APPLICABLE  
5 E 5 UNKNOWN

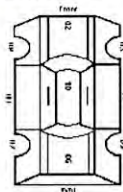
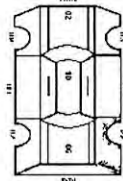
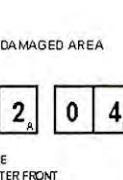
TRAPPED  
1 A 1 NOT TRAPPED  
2 B 2 EXTRACTED BY MECHANICAL MEANS  
3 C 3 FREED BY NON-MECHANICAL MEANS  
4 D 4 UNKNOWN

INJURIES  
1 A 1 NO INJURY  
2 B 2 POSSIBLE  
3 C 3 NON-INCAPACITATING  
4 D 4 INCAPACITATING  
5 E 5 FATAL INJURY  
6 F 6 UNKNOWN  
SUPPLEMENT 'X' IF YES

HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP110531002380

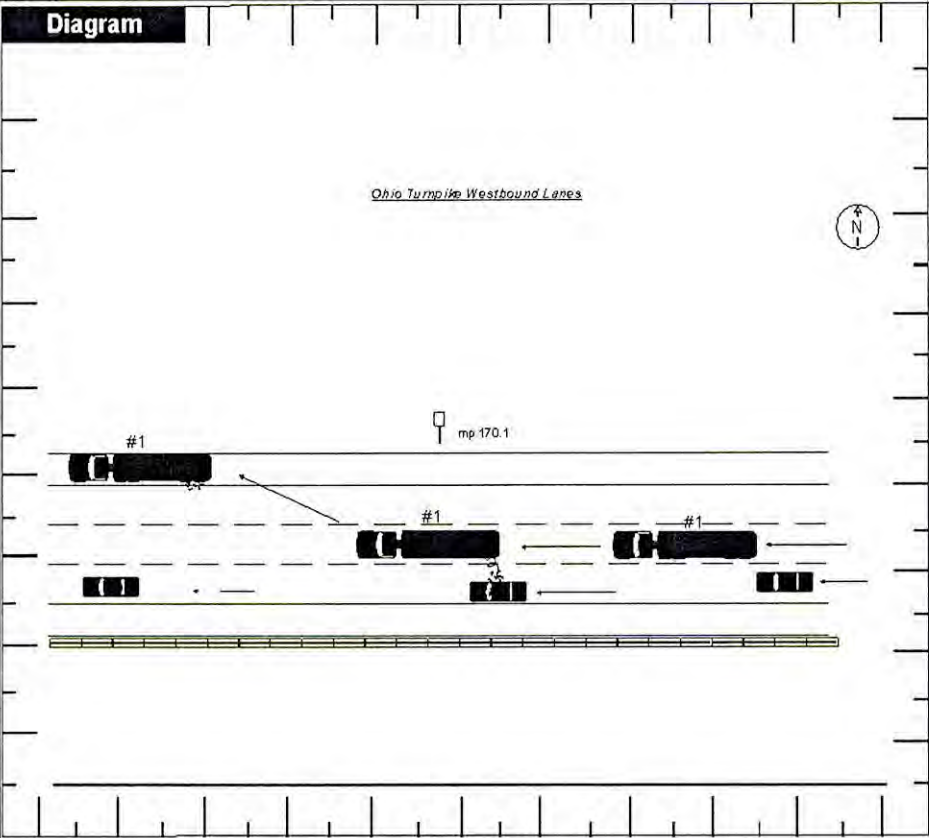
<b>UNIT NUMBERS</b> <table border="1"> <tr><td>0</td><td>1</td><td>0</td><td>2</td></tr> </table>	0	1	0	2	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <table border="1"> <tr><td>0</td><td>1</td><td>0</td><td>4</td></tr> </table>	0	1	0	4	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>0</td><td>6</td><td>2</td><td>3</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	0	6	2	3																	<b>POSTED SPEED</b> <table border="1"> <tr><td>7</td><td>0</td><td>7</td><td>0</td></tr> </table>	7	0	7	0	<b>DRUG TEST STATUS</b> <table border="1"> <tr><td>1</td><td>1</td></tr> </table>	1	1
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<b>NON-MOTORIST LOCATION</b> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> <p>01 MARKED CROSSWALK AT INTERSECTION  02 INTERSECTION NO CROSSWALK  03 NO 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</p>					<b>A</b>   <b>B</b> 	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSED 04 JACKKNIFE 05 CAR/GOV 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 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	<b>TRAFFIC CONTROL</b> <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2	<b>DRUG TEST TYPE</b> <table border="1"> <tr><td>1</td><td>1</td></tr> </table>	1	1																								
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<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 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/NO DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>MOST DAMAGED AREA</b> <table border="1"> <tr><td>1</td><td>2</td><td>0</td><td>4</td></tr> </table>	1	2	0	4	<b>MOTORIST</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 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN <b>POINT OF IMPACT</b> <table border="1"> <tr><td>1</td><td>2</td><td>0</td><td>4</td></tr> </table>	1	2	0	4	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSED 04 JACKKNIFE 05 CAR/GOV 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 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	<b>DIRECTION</b> <table border="1"> <tr><td>3</td><td>4</td><td>3</td><td>4</td></tr> </table>	3	4	3	4	<b>DRUG TEST TYPE</b> <table border="1"> <tr><td>1</td><td>1</td></tr> </table>	1	1																				
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TOP COPY - ODPS BOTTOM COPY - AGENCY

**Narrative**

Units #1 and #2 were traveling westbound on the Ohio Turnpike. Unit #2 while traveling in the left lane was struck by debris from a blown tire from Unit #1. Unit #1 was traveling in the center lane.

<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 ANGLE 7 SIDESWIFE, SAME DIRECTION 8 SIDESWIFE, 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"/> 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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/OVER 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="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) <b>Quality Carriers Inc.</b>		COMPANY PHONE <b>(412)331-8165</b>
ADDRESS (STREET, CITY, ST, ZIP CODE) <b>1861 Terry DR, Joliet, Illinois 60435</b>		

US DOT <b>076600</b>	ICC MC	PUCO	TRAILER LP ST. <b>OH</b>	TRAILER LP YEAR <b>1978</b>	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 0 <input type="checkbox"/> 6 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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

**Police Action**

DATE CRASH REPORTED <b>05312011</b>	TIME REC CALL <b>1835</b>	DISPATCH <b>1835</b>	ARRIVED <b>1903</b>	CLEARED <b>2002</b>	OTHER <b>45</b>	TOTAL MINUTES <b>0132</b>	
OFFICER'S NAME <b>Head, William</b>	BADGE # <b>1395</b>	CHECKED BY <b>BDZUCHOWSKI</b>	DATE REPORT FILED <b>06062011</b>	REPORT TAKEN BY <input type="checkbox"/> 1 1 POLICE AG ENCY 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 3 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * "X" IF YES	LOCAL REPORT # * <b>10-0382-91</b>

TOP COPY - ODFS BOTTOM COPY - AG ENCY

# Narrative

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR END 3 HEAD ON 4 REAR TO REAR 5 BACKING 6 ANGLE 7 SIDE SWIPE, SAME DIRECTION 8 SIDE SWIPE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> <input type="checkbox"/> 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 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> 1 DAYLIGHT 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/CROSSOVER 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

# Diagram

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

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b> <input type="checkbox"/> <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (0-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIP/GRAVEL 05 POLE 06 CARD TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1 LESSEQUAL 10,000 2 10,001 - 20,000 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
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
REPORT TAKEN BY <input type="checkbox"/>	REPORT TAKEN AT <input type="checkbox"/>	SUPPLEMENT * "X" IF YES <input type="checkbox"/>	LOCAL REPORT # *			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER		1 0 - 0 3 8 2 - 9 1			

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0382-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/31/2011
IN COUNTY OF Cuyahoga	ACCIDENT LOCATION IR0080	

Unit # 1

Tractor # [REDACTED]  
 2001 Blue Freightliner Conventional  
 Lic - [REDACTED]  
 Vin - 1FUY3WEB81L [REDACTED]  
 No Damage

Trailer # [REDACTED]  
 1978 Kari Tanker Trl.  
 Lic - OH [REDACTED]  
 Vin - C [REDACTED]  
 Damaged: Left rear axle tire.

Unit #2

1994 Ford Mustang 2dr  
 Lic - OH [REDACTED]  
 Vin - 1FALP42T7RF [REDACTED]  
 Insurance: Allstate # [REDACTED]  
 Damaged: Small scratch to right pass. door and right quarter panel.

No damage to Turnpike property

Note: Statement was taken at milepost 161 from Unit # 2.

OFFICERS SIGNATURE	BADGE NO. 1395
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