

VQ-1040 9955-6124

JUN 23 2011

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. § 552 (b)(6) (b)(7)(C)

# TRAFFIC CRASH REPORT



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

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 1

REPORTING AGENCY\*  
Ohio State Highway Patrol

# UNITS  
0 1

UNIT ERROR  
9 9 9B = ANIMAL  
9S = UNKNOWN

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

TIME OF CRASH: 1 4 1 0 DAY OF WEEK: T U E CITY\*: VILLAGE\*: TWP\*: X NAME (OF CITY, VILLAGE OR TOWNSHIP)\*: Springfield COUNTY #: 5 0 LATITUDE: 40:54:46.09 LONGITUDE: 80:31:17.33

CRASH OCCURRED ON: PREFIX: IR0076 TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NA MED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION: WB

AT / REFERENCE: DIST REFERENCE: 20ft. DR: W PREFIX: 241 REF POINT: 06 REFERENCE POINT USED: 01 STATE LINE 02 INT ERSECTION 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

Motorist/Non-Motorist

**A** UNIT # 0 1 # OF OCC. 0 4 NAME (LAST, FIRST, MIDDLE) [REDACTED]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] Salem, Ohio  
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE 2 4 SEX F HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]  
 DL STATE OH DL # [REDACTED] 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 1 MAKE PLYM MODEL Acclaim COLOR GRN INSURANCE COMPANY Viking TOWING SERVICE Interstate OWNER PHONE # [REDACTED]  
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE? \*X\* IF YES

Occupant

**B** UNIT # [REDACTED] # OF OCC. [REDACTED] NAME (LAST, FIRST, MIDDLE) [REDACTED]  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED] HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]  
 DL STATE [REDACTED] DL # [REDACTED] LP STATE [REDACTED] LP # [REDACTED] INJURED TAKEN BY [REDACTED] TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
 OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
 YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]  
 OFFENSE CHARGED [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE? \*X\* IF YES

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

<b>SEATING POSITION</b> 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/SEAT) 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	<b>SAFETY EQUIPMENT MOTORIST</b> 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 <b>NON-MOTORIST</b> 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN 19	<b>AIR BAG</b> 1 A 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN 1 C 1 5 D	<b>AIR BAG SWITCH</b> 2 A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN 2 B 2 C 2 1 D	<b>EJECTION</b> 1 A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN 1 B 1 C 1 1 D	<b>TRAPPED</b> 1 A 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN 1 B 1 C 1 1 D	<b>INJURIES</b> 1 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN 1 B 1 C 1 1 D
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SUPPLEMENT \*X\* IF YES

HSY7001

TOP COPY - DOPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP110531001689

# 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 3 8 1 - 9 1	O H P 9 1	Ohio State Highway Patrol	0 5 3 1 2 0 1 1

<b>E</b>	UNIT # 0 1	NAME (LAST, FIRST, MIDDLE) [REDACTED]	HOME PHONE # [REDACTED]	DATE OF BIRTH [REDACTED]	AGE 1 1	SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED], Beaver Falls, Pennsylvania [REDACTED]			INJURED TAKEN BY 1 NONE 4 OTHER 2 BLS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	

<b>F</b>	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 BLS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	

<b>G</b>	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 BLS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	

<b>H</b>	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 BLS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	

<b>I</b>	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 BLS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	

<b>J</b>	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 BLS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	

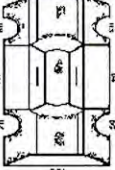
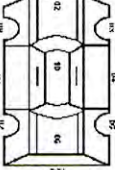
<b>K</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY 1 NONE 4 OTHER 2 BLS 3 UNKNOWN 3 POLICE		TRANSPORTED BY	

<b>0 4</b> 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/SEAT) 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	<b>0 4</b> SAFETY EQUIPMENT <u>MOTORIST</u> 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 <u>NON-MOTORIST</u> 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>5</b> AIR BAG 1 NOT DEPLOYED 2 DEPLOYED FRONT 3 DEPLOYED SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	<b>1</b> AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	<b>1</b> EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>1</b> TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>1</b> INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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HSY 8356

TOP COPY - ODPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES
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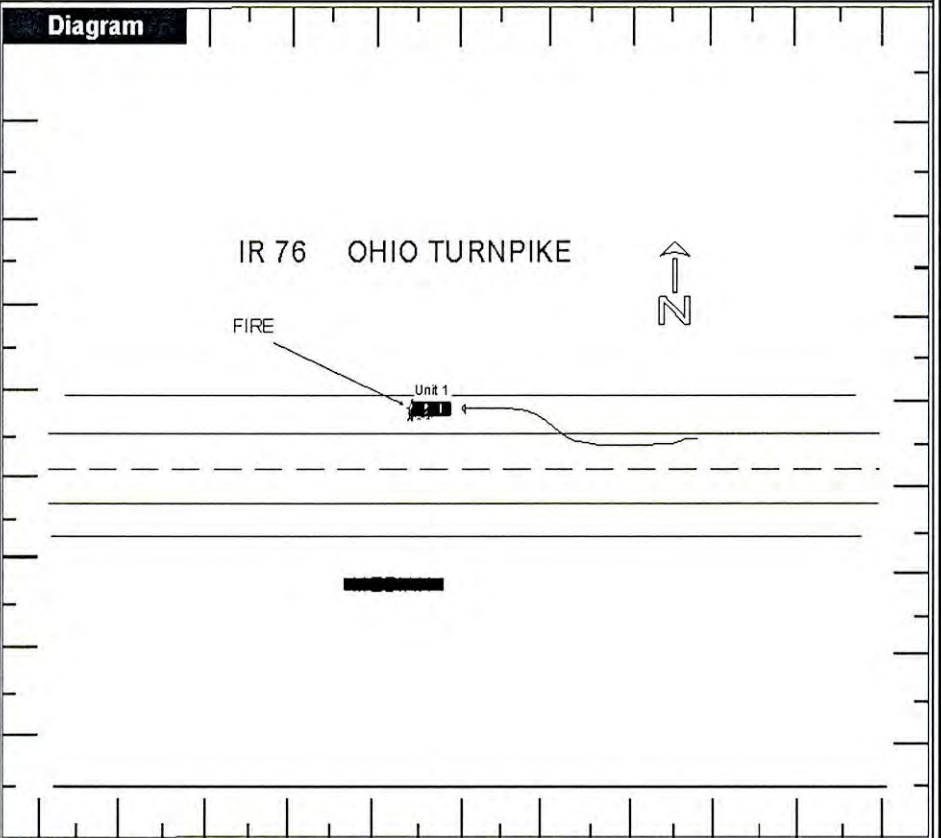
UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="0"/></td> <td><input type="text" value="8"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <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> </table>	<input type="text" value="0"/>	<input type="text" value="8"/>	<input type="text"/>	<input type="text"/>	<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"/>	POSTED SPEED <input type="text" value="7"/> <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" value="0"/>	<input type="text" value="8"/>	<input type="text"/>	<input type="text"/>																		
<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"/>																		
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A 	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	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-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"/> <input type="text"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/>																
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="1"/> <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"/>	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/ACDA 09 IMPROPER LANE CHANGING/DOVE 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, 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 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 <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	FROM	TO	FROM	TO	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/>	DRUG TEST 1&2 RESULT <table border="1"> <tr> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></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="1"/>	<input type="text" value="1"/>	<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="3"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/>																		
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>																		
<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 (BOBTAIL) 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 NON-MOTORIST 35 ANIMAL RIDER 36 ANIMAL W/DOG 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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	MOTORIST 25 IMPACT ATTENUATOR/RASH 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	CONDITION <input type="text" value="1"/> <input type="text"/>	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"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/>	OCCURRENCE <input type="text" value="2"/>																
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <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"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/>	ROAD CONDITION <input type="text" value="0"/> <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/UNDERRIDE <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	SPEED <input type="text" value="5"/> <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"/>	PRIMARY SECONDARY <input type="text" value="0"/> <input type="text" value="1"/>																
SUPPLEMENT * 'X' IF YES	LOCAL REPORT # *	SUPPLEMENT * 'X' IF YES	LOCAL REPORT # *	SUPPLEMENT * 'X' IF YES	**SECONDARY ROAD CONDITIONS ONLY																

TOP COPY - O/PS BOTTOM COPY - AGENCY

**Narrative**

Unit#1 was traveling westbound on IR 76 in the right lane, when Driver#1 pull over onto the right berm because of engine trouble, whi the vehicle then ignited into flames and was consumed by fire.

<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"/> 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"/> 1 <input type="checkbox"/> SECONDARY 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



<b>Truck/Bus</b> UNIT # <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) _____ 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"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIP/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <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 GARBAGE/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 <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 5 3 1 2 0 1 1	1 4 1 0	1 4 1 0	1 4 3 4	1 5 3 0		0 0 8 0
OFFICER'S NAME *	BAOGE # *	CHECKED BY	DATE REPORT FILED *			
Shaw, Bion	0 6 9 8	BDZUCHOWSKI	0 6 0 6 2 0 1 1			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT #	LOCAL REPORT # *			
<input type="checkbox"/> 1 1 POLICE AGENCY <input type="checkbox"/> 2 MOBILE	<input type="checkbox"/> 1 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<input type="checkbox"/> "X" IF YES	1 0 - 0 3 8 1 - 9 1			

TOP COPY - OOPS BOTTOM COPY - AG ENCY

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

**OH-2 (REV. 1/82)**

LOCAL REPORT NUMBER 10-0381-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 05/31/2011
IN COUNTY OF Mahoning	ACCIDENT LOCATION IR0076	

VISIBILITY - Daylight; cloudy.

ROADWAY - Dry asphalt; straight grade.

TEMPERATURE - Approximately 90 degrees.

No witnesses reported at scene.

Emergency units responding - Tpr. D. Hunt, #0020, asst. with driver information and statement. - Springfield Township EMS; Fire Chief Jim Ri stated fire possibly could have originated in the catalytic converter area of the muffler system.

Unit #1 Damage - severe; I observed all areas of the vehicle consumed by fire.

RP = Milepost 241

Zero Pt. = 13ft.S of RP( white edge line of roadway).

	AE	FE	DESCRIPTION
A	19'10"W	2'1"N	Rear left wheel of Unit#1.
B	28'8"W	2'2"N	Front left wheel of Unit#1.

OFFICERS SIGNATURE	BADGE NO. <b>0698</b>
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

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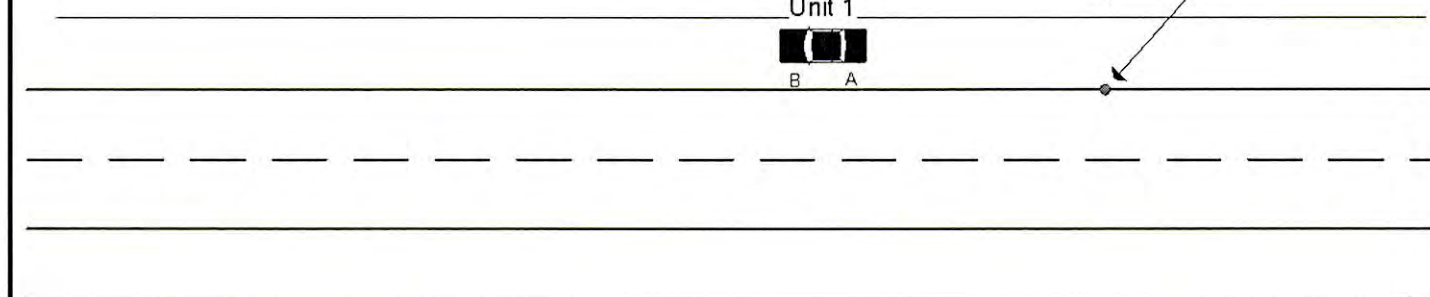


IR 76 OHIO TURNPIKE

RP = MILEPOST 241

ZERO PT.

Unit 1



OFFICERS SIGNATURE

BADGE NO.

0698







