

VQ-10415938-9365

JUL 2 2011

INFORMATION REDUCED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(5)

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT



LOCAL REPORT #	CRASH SEVERITY	PRIVATE PROPERTY	HIT/SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
10-0401-90	3 1 FATAL 3 POSS 2 INJURY 4 UNKNOWN	X IF YES	1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	X IF YES	X			

N.C.J.C. #	REPORTING AGENCY	# UNITS	UNIT ERROR	DATE OF CRASH
OH P 90	Ohio State Highway Patrol	01	01 98 = ANIMAL 99 = UNKNOWN	06092011

TIME OF CRASH	DAY OF WEEK	CITY	VILLAGE	TWP	NAME (OF CITY, VILLAGE OR TOWNSHIP)	COUNTY	LATITUDE	LONGITUDE
1110	THU			X	Groton	22	41:20:45.00	82:47:33.00

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

AT / REFERENCE	OR	REFERENCE POINT USED	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
.2m	W	MP0109	06	01 STATE LINE 02 INTERSECTION 2 STREET'S 03 COUNTY LINE	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
A 0101		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Lawrenceville, Georgia		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
		43
DL STATE	DL #	LP STATE
GA		IL
OWNER NAME (IF SAME, WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)	
	Morton Grove, Illinois	
YEAR	MAKE	MODEL
2000	VOLV	Conventional
COLOR	INSURANCE COMPANY	TOWING SERVICE
BLK/TAN	Great West Casualty Co.	Madison Motors
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #

Occupant

UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
B		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
DL STATE	DL #	LP STATE
OWNER NAME (IF SAME, WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)	
YEAR	MAKE	MODEL
COLOR	INSURANCE COMPANY	TOWING SERVICE
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	1 NOT DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	02 SHOULD BELT ONLY	2 DEPLOYED FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRACTED BY MECHANICAL MEANS	2 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	04 SHOULD LAP BELT	4 DEPLOYED BOTH FRONTSIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	6 UNKNOWN				6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SEAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	08 NONE USED					
09 THIRD - RIGHT	09 HELMET USED					
10 SLEEPER SECTION OF CAB	10 PROTECTIVE PADS					
11 ENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
12 UNENCLOSED CARGO AREA	12 LIGHTING					
13 TRAILING UNIT	13 OTHER					
14 EXTERIOR	14 UNKNOWN					
15 OTHER						
16 NON-MOTORIST						
17 UNKNOWN						

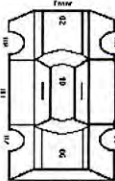
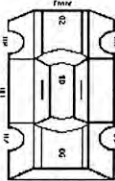
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SUPPLEMENT 'X' IF YES

HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENCY

CAD Incident Number: LHP110609001864

UNIT NUMBERS 0 1 A B NON-MOTORIST LOCATION A B 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NO IN-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	DAMAGE AREA  A  B MOST DAMAGED AREA 0 4 A 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 POINT OF IMPACT 1 4 A 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 ACTION 2 A B 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN STRIKING VEHICLE: OVERRIDE/ UNDERRIDE A B 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	PRE-CRASH ACTIONS 0 1 A B 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 CONTRIBUTING CIRCUMSTANCES 1 9 A B 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 (CADA) 09 IMPROPER LANE CHANGING 10 DROVE OFF ROAD 11 IMPROPER PASSING 12 IMPROPER BACKING 13 IMPROPER START FROM PARKED POSITION 14 STOPPED OR PARKED ILLEGALLY 15 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 16 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 17 FAILURE TO CONTROL 18 VISION OBSTRUCTION 19 DRIVER INATTENTION 20 FATIGUE/ASLEEP 21 OPERATING DEFECTIVE EQUIPMENT 22 LOAD SHIFTING/FALLING/SPILLING 23 OTHER IMPROPER ACTION 24 UNKNOWN NON-MOTORIST 25 NONE 26 IMPROPER CROSSING 27 DARTING 28 LYING AND/OR ILLEGALLY IN ROADWAY 29 FAILURE TO YIELD RIGHT OF WAY 30 NOT VISIBLE (DARK CLOTHING) 31 INATTENTIVE 32 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 33 WRONG SIDE OF ROAD 34 OTHER 35 UNKNOWN VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 0 6 A B 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 DAMAGE FROM PRIOR CRASH 11 OTHER DEFECTS	SEQUENCE OF EVENTS A 0 6 1 B 1 2 3 4 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-MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 BICYCLE 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 GUARDRAIL FACE 33 GUARDRAIL 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 51 UNKNOWN FIRST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 A B 1 STATED 2 ESTIMATED SPEED SPEED 6 0 A B	POSTED SPEED 7 0 A B TRAFFIC CONTROL 1 2 A B 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 DIRECTION FROM TO FROM TO 4 3 A B 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION 1 A B 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS OR DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUG SUSPECTED 1 A B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS 1 A B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE 1 A B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT A B	DRUG TEST STATUS 1 A B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE 1 A B 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT A 1 2 B 1 2 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING TYPE OF INTERSECTION 0 1 01 NOT AN INTERSECTION 02 FOUR-WAY 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 OCCURRENCE 1 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 4 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITION PRIMARY SECONDARY 0 1 A B 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 **SECONDARY ROAD CONDITIONS ONLY				
DAMAGE SCALE 3 A B 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN					SUPPLEMENT # X IF YES 1 0 - 0 4 0 1 - 9 0				

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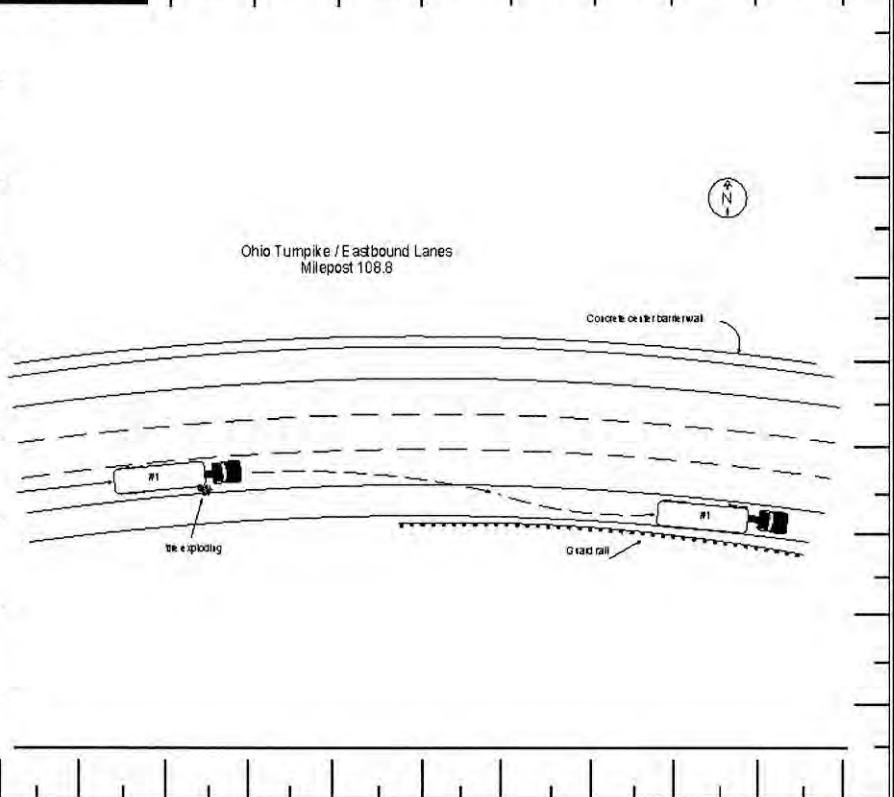
CAD Incident Number - LHP110609001864

Narrative

Unit#1 was eastbound in far right lane. Unit#1 experienced a blow-out on forward drive axle, tandem, on passenger side of cab, causing damage to fuel tank, fiberglass body, and mud flap assembly.

MANNER OF COLLISION OR IMPACT ☐ 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDEWIFE, SAME DIRECTION 8 SIDEWIFE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED ☐ 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER ☐ 0 ☐ 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	WORK ZONE RELATED ☐ 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY ☐ 1 ☐ 2 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 ☐ 1 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 ☐ 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT ☐ 1 1 NO 2 YES 3 UNKNOWN

Diagram



Truck/Bus

UNIT #
☐ 0 ☐ 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.

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)
Risinger Bros. Transfer Inc.

COMPANY PHONE
(800)295-5510

ADDRESS (STREET, CITY, ST, ZIP CODE)
225 W Courtland, Morton, Illinois 61550

US DOT 1727243	ICC MC 632942P	PUCQ	TRAILER LP ST. IL	TRAILER LP YEAR 2011	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE ☐ 0 ☐ 3 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRABBER/GRABBER 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN		WEIGHT (GVWR) ☐ 3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000		CDL CLASS ☐ 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D		HAZARDOUS MATERIALS PLACARD ☐ 1 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED ☐ 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

DATE CRASH REPORTED 06092011	TIME REC CALL 1114	DISPATCH 1114	ARRIVED 1114	CLEARED 1225	OTHER 60	TOTAL MINUTES 0131
OFFICER'S NAME Dietz, Richard		BADGE # 0487	CHECKED BY BJGOCKSTETTER	DATE REPORT FILED 06132011		
REPORT TAKEN BY ☐ 1 ☐ 2 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT ☐ 1 ☐ 2 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * "X" IF YES		LOCAL REPORT # 10-0401-90		

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CAD Incident Number - LHP110609001864

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0401-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/09/2011
IN COUNTY OF Erie	ACCIDENT LOCATION IR0080	

Damage to Unit#1: passenger side saddle tank, fiberglass housing/ wall-step passenger side, mudflap/bracket

Injuries: none claimed by driver

Insurance information : Great West Casualty Co.

6-1-11 to 6-1-12

Agency : Cline Wood Agency Ins.

Skokie, Illinois

Trailer information: Illinois registration

Owner : Stoughton Trailers Acceptance Co.

Load: 36 skids of shipping supplies , "NOI" (boxes)

Amount : " Not to exceed 42,500 lbs."

Origin: Pleasant Praire, Wisconsin

Destination: Breinigsville, Pennsylvania

No damage to trailer or load

Officer's Notes:

Non-collision crash/ 1 unit tire blow-out. Officer escorted Unit#1 up berm to 109.4 milepost to get semi away from guard rail for service truck. field sketch completed for officer safety reasons and lack of physical evidence on road.. Photos taken prior to moving truck up berm.

Inspection of driver's log book indicated last entry of 0615 am this date, as "on duty".

OFFICERS SIGNATURE

BADGE NO.

0487

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-0401-90	REPORTING AGENCY	Ohio State Highway Patrol	DATE OF CRASH	06/09/2011
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I,		HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)	Dietz, Richard	AT IR0080
(OFFICERS NAME)		(LOCATION)
ADDRESS OF WITNESS Lawrenceville, Georgia PHONE		
SIGNATURE OF WITNESS	OFFICERS SIGNATURE	