

VQ-10415949-9968 JUL 2 2011

TRAFFIC CRASH REPORT



LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT/SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
10-0428-90	3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	X	1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	X	X	X		X

N.C.I.C. #*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH*
0HP90	Ohio State Highway Patrol	01	01 99 = ANIMAL 99 = UNKNOWN	06172011

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
1200	FRI			X	Amherst	47	41:23:08.89	82:10:57.85

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

AT / REFERENCE	DR	PREFIX	REFERENCE	REF POINT	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
.4m	W		142	06	01 STATE LINE 02 INTERSECTION 2 STREET S 03 COUNTY LINE	05 TOWNSHIP BOUNDARY	09 DRIVEWAY

Motorist/Non-Motorist

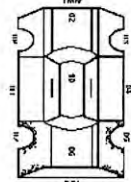
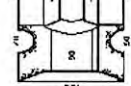
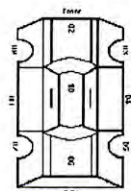
UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
A 0101		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Michigan City, Indiana		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
		25
DL STATE	DL #	INJURED TAKEN BY
IN		1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME")		
Panther Industrial, Painting		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
15790 Springmill DR, Mishawaka, Indiana 46545		
YEAR	MAKE	MODEL
2002	FORD	F-250
COLOR	INSURANCE COMPANY	TOWING SERVICE
GRY	Westfield Insurance Company	Rich's Towing
OWNER PHONE #	(574)258-6032	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #
4513.02	Unsafe vehicles, prohibition against operation; inspection by state highway patrol	Z615944

UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)
B		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
DL STATE	DL #	INJURED TAKEN BY
		1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME")		
YEAR	MAKE	MODEL
COLOR	INSURANCE COMPANY	TOWING SERVICE
OWNER PHONE #		
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #

Occupant

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

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
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	04 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	1A 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1A 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

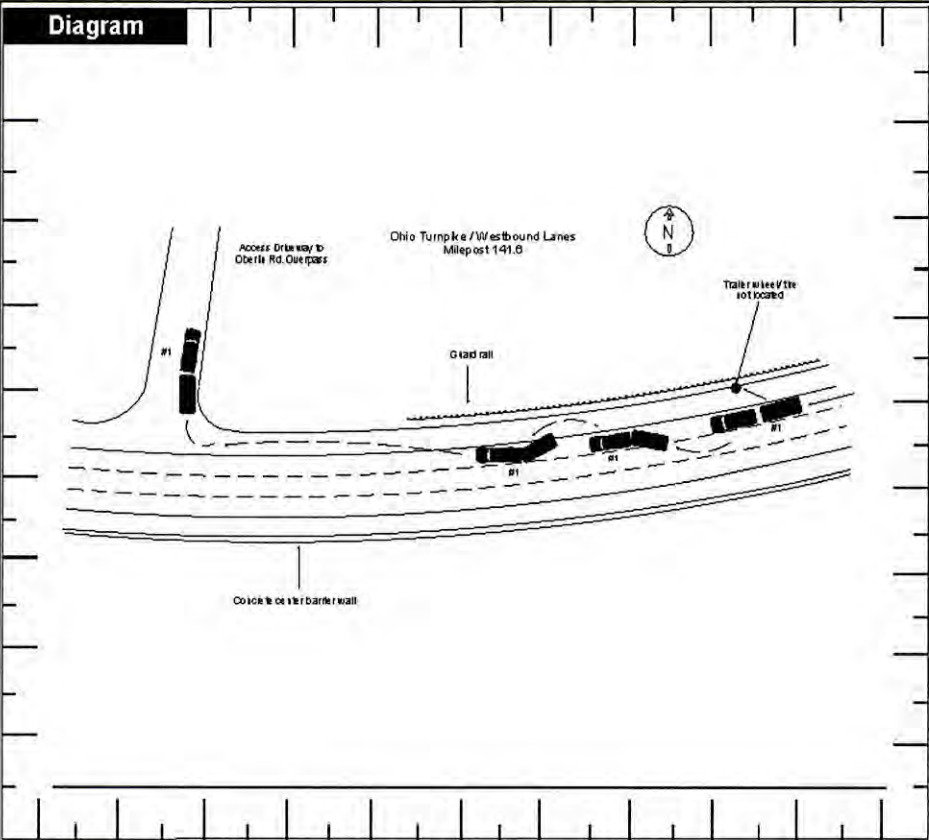
UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td><input type="text" value="0"/></td><td><input type="text" value="6"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text" value="1"/></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="6"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<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"/> <input type="text"/>
<input type="text" value="0"/>	<input type="text" value="6"/>	<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 	MOTORIST 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	NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/GOV EQUIPMENT LOSS/SPLIT 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 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"/>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 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	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	14 PEDESTRIAN 15 PEDAL CYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSFERT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 COLLISION WITH FIXED OBJECT 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE BACKING 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	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/DONT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE/MISSING, OBSCURED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<input type="text" value="1"/> <input type="text" value="2"/> <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/ACD 09 IMPROPER LANE CHANGING/DRIVE OFF ROAD 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEEDLENT 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 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><th>FROM</th><th>TO</th><th>FROM</th><th>TO</th></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"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
FROM	TO	FROM	TO																		
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<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	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	NON-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/ACD 09 IMPROPER LANE CHANGING/DRIVE OFF ROAD 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEEDLENT 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 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	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"/>																
NON-MOTORIST 35 ANIMAL WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 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 ONLY IF '19' SELECTED ABOVE <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="2"/> <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"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPEED <input type="text" value="6"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																
DAMAGE SCALE <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSFERT 06 OVERRIDE OTHER VEHICLE 07 UNKNOWN	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 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITION 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																
		SUPPLEMENT * 'X' IF YES		LOCAL REPORT #**		<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="0"/>															

TOP COPY - OEPS BOTTOM COPY - AGENCY

Narrative

Unit#1 was westbound in far right lane of the Ohio Turnpike. The right side trailer wheel, single axle, came off causing trailer to "fish-tailing" damaging tailgate of power unit. Unit#1 drove to berm, then access road disabled.

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 SIDE SWIPE, SAME DIRECTION 8 SIDE SWIPE, 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"/> 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 <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY <input type="checkbox"/> 3 <input type="checkbox"/> 4 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 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 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 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 GVW 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.	A N D 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) Panther Industrial Painting		COMPANY PHONE (574)258-6032
ADDRESS (STREET, CITY, ST, ZIP CODE) 15790 Springmill DR, Mishawaka, Indiana 46545		

US DOT 1524254	ICC MC	PUCO	TRAILER LP ST. IN	TRAILER LP YEAR 2012	TRAILER LP #	PLACARD #	# DIA
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 GRABBER/GRABBER 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAG/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	CDL CLASS <input type="checkbox"/> 5 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"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

Police Action

DATE CRASH REPORTED 06172011	TIME REC CALL 1320	DISPATCH 1320	ARRIVED 1320	CLEARED 1457	OTHER 60	TOTAL MINUTES 0157	
OFFICER'S NAME Dietz, Richard	BADGE # 0487	CHECKED BY BJGOCKSTETTER	DATE REPORT FILED 06232011	REPORT TAKEN BY <input type="checkbox"/> 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT * "X" IF YES	LOCAL REPORT # 10-0428-90

TOP COPY - OOPS BOTTOM COPY - AG AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0428-90	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/17/2011
IN COUNTY OF Lorain	ACCIDENT LOCATION IR0080	
<p>Damage to Unit#1 : left end and right end of tail gate from trailer "fish-tailing" back and forth, possibly both ends of rear bumper.</p> <p>injuries : none claimed by driver</p> <p>Insurance information: Westfield Insurance Company Policy # [REDACTED] 7-20-09 to 7-20-10* Agent : L. Calvin Jones & Co. Canfield, Ohio 44406</p> <p>Driver was advised to have current insurance card faxed to Milan Post/ Attn: Tpr. Dietz. As of 6-22-11, 0230 a.m., as this report was being completed, officer has not received same.</p> <p>Trailer Information: NO PLATE DISPLAYED ON TRAILER. Vin# label was worn, and corroded, unable to read. Driver was advised trailer/ load impounded until his company faxed ownership paperwork for trailer. At 3:59 p.m. same date, officer received a fax from driver's company for trailer ownership. According to the Indiana registration faxed, the following information was obtained: Indiana registration [REDACTED] 2003 "Fon" trailer Owner : Same as power Unit (The information supplied by company for ownership/ trailer identification was not verified by Tpr. Dietz.)</p> <p>Damage to Trailer: bearing, spring shackle bracket, right rear fender.</p> <p>Load: 2 large cardboard cartons containing tarps - no damage.</p> <p>Officer's Notes:</p> <p>No field sketch completed due to crash occurring on a hill crest, around curve, heavy Friday afternoon traffic, 1 vehicle, "vehicle defect" caused crash.</p> <p>Observation of axle shaft where right rear wheel came off trailer revealed bearing area to be dry of grease.</p>		
OFFICERS SIGNATURE		BADGE NO. 0487



LOCAL REPORT NUMBER 10-0428-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6 D 17 Y 11
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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 6-17-11
PRINTED

T.R. RUDICZ 4457 AT Access Rd 141.4W 1343145
OFFICER'S NAME LOCATION

X I-80 Westbound, Right lane @ 12:00 pm 65mph
 At mile marker 141 Wheel of trailer-passenger side
 broke off.
 Pulled over immediately at Oberlin bridge.
 Inspected damage with Ohio DOT and Officers.

Q. WHERE did you pick this driver up?
 A. TRUCKER CAME FROM OUR YARD.

Q. WHERE is your YARD AT?
 A. FIRST EXIT AFTER LAST TOLL BEHIND
 BURGER KING

Q. WHAT CITY + STATE?
 A. ITS IN INDIANA, I'M NOT SURE WHAT
 CITY IT IS.

Q. WHERE ARE you coming from right now?
 A. ~~I am from~~ BUFFALO, NY. THATS WHERE

ADDRESS OF WITNESS [REDACTED] PHONE [REDACTED]
[REDACTED] MICHIGAN CITY, IND [REDACTED]
 OFFICER'S SIGNATURE
 X [Signature] (1074)



LOCAL REPORT NUMBER 10-042890	REPORTING AGENCY STATE Highway Patrol	DATE OF CRASH M 6/17/11
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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
 T.P.H. RES. OVER C48 OFFICER'S NAME AT ACCESS RD 4514 W 13 6-17-11 1343 NDS LOCATION

I Picked up CANVASSES

Q. HAD YOU FEEL, HEARD, OR EXPERIENCED ANY MECHANICAL PROBLEMS WITH TRUCK?

A. NO.


Q. HOW FAR BACK FROM WHERE WE NOW STOP DID THE WATER COME OUT?

A. I NOTICED THE TRUCK FEEL AS IT PASSED OVER BRIDGE, I'M NOT SURE EXACTLY HOW FAR BACK, BUT I COULD GUESS A QUARTER MILE.

Q. HOW LONG HAVE YOU WORKED FOR THIS COMPANY?

A. I STARTED AT END OF LAST WEEK

Q. WHAT, IF ANY, DO YOU KNOW ABOUT MAINTENANCE AND upkeep of company equipment?

ADDRESS OF WITNESS [REDACTED]	PHONE [REDACTED]
SIGNATURE OF WITNESS X [REDACTED]	OFFICER'S SIGNATURE X 



LOCAL REPORT NUMBER 10-0428-90	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6/27/41
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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
 T.R. R. J. DIER 4457 AT Access 1014140W 6-17-41
OFFICER'S NAME LOCATION (3431425)

A. I DON'T KNOW.

Q. I'M REFERRING TO PERIODIC ~~MAINTENANCE~~ MAINTENANCE, INSPECTION BY MECHANICS AS WORK ETC. DO YOU KNOW IF EQUIPMENT RECEIVES REGULAR MAINTENANCE, SERVICE (INSPECTIONS), ETC?

A. YES IT DOES RECEIVE INSPECTIONS, MAINTENANCE

Q. HOW MANY TIMES HAVE YOU RENTED THIS TRUCK?
 A. THIS MY FIRST.

Q. ~~IS THIS~~ WITH LOADS ON THE TRUCK IN BACKHAUL, IN YOUR TRUCK & TRUCK?

A. THE SHOT, "CUSTOM CANVAS"

Q. IS THIS IN YOUR OPINION A HEAVY LOAD?

A. I DON'T THINK IT WAS TOO MUCH FOR LOAD

ADDRESS OF WITNESS: [REDACTED] MARIETTA CITY, GEORGIA [REDACTED] PHONE: [REDACTED]

X [REDACTED] OFFICER'S SIGNATURE: [REDACTED] (3431425)



LOCAL REPORT NUMBER 10-0428-90	REPORTING AGENCY 5702 Highway Patrol	DATE OF CRASH M 6 / D 17 / Y 01
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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

T.P. D. Dyer
OFFICER'S NAME

AT *Access Rd* LOCATION *677-21 1343 Rd*

Q. Could you feel "the weight" of load as you headed back towards Indiana?

A. There was a difference in acceleration.

Q. Anything you wish to add

A. No

ADDRESS OF WITNESS

PHONE

SIGNATURE OF WITNESS

OFFICER'S SIGNATURE

X

X

10-0428-90

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.2.4

OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
DISTRICT 10 HEADQUARTERS, BBBERA
TELEPHONE: (440) 234-2096 EXT. 1285
Phone: (614)466-0429 Fax: (614)752-9274

Report Number: OH1191006869
Inspection Date: 06/17/2011
Start: 1:22:00 PM ET End: 2:31:07 PM ET
Inspection Level: II - Walk-Around
HM Inspection Type: None

PANTHER INDUSTRIAL PAINTING LLC
15790 SPRINGMILL DR
MISHAWAKA, IN 46545
USDOT#: 01524254 Phone#: (574)258-6032
MC/MX#: Fax#: .
State#:

Driver: [REDACTED]
License#: [REDACTED] State: IN
Date of Birth: [REDACTED]
CoDriver:
License#: State:
Date of Birth:

Location: ROADSIDE MilePost: 142 Shipper: CUSTOM CANVAS
Highway: IR80 Origin: BUFFALO, NY. Bill of Lading: 06172011
County: LORAIN, OH Destination: MISHAWAKA, IN. Cargo: GENERAL FREIGHT

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FORD	2002	IN	1257729	17	1FTNX20L62E [REDACTED]	8,800			
2	ST	NICE	2000	IN	NONE	NONE	UNKNOWN	7,000			6869

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
396.3(a)(1)	F	2	Y		U	N	Inspection, repair and maintenance of parts & accessories, right side bearings failed, they were dry, wheel seperated and came off.
396.17(c)	F	1	N		N	N	Operating a CMV without periodic inspection.
387.301(a)	F	1	N		N	N	No evidence of public liability and property damage insurance, paper receipt expired, 7-20-10.
4503.21	S	2	N		N	N	Fail to display valid license plate.
395.8(f)(1)	F	D	N		N	N	Drivers record of duty status not current, did not start for todays trip. Stated just started working here a couple of weeks ago.

HazMat: No HM Transported. Placard: No Cargo Tank:

Special Checks: Post Crash

State Information:

FMCSA Credentials Verified-Y/N: Y; CDL Verified (Y/N): Y; FMCSA OOS Order Issued(Y/N): N; For-Hire Carrier: N; Reason Code: CRAS; Fatalities (Y/N): N; Crash Report #: 10-0428-90; Driver Address: 200 WESTWINND DR. #E; Driver City: MICHIGAN CITY; Driver State: IN; Driver Zip: 46360; Photos Taken (Y/N): 10-0428-90;

Report Prepared By: [Signature]
TPR. R.A. KISNER, JR.
Badge #: 1191

Copy Received By: [Signature]

10-0428-90

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.2.4

OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
DISTRICT 10 HEADQUARTERS, BBBERA
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USDOT#: 01524254 Phone#: (574)258-6032
MC/MX#: Fax#:
State#:

Driver: [REDACTED] State: IN
License# [REDACTED]
Date of Birth: [REDACTED]
CoDriver:
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Location: ROADSIDE MilePost: 142 Shipper: CUSTOM CANVAS
Highway: IR80 Origin: BUFFALO, NY. Bill of Lading: 06172011
County: LORAIN, OH Destination: MISHAWAKA, IN. Cargo: GENERAL FREIGHT

* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9, I hereby declare vehicles with defects followed by an "Y" in the "Out of Service" column in the violations discovered section of this report OUT OF SERVICE. No person shall remove the out of service stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

09/19/200711:16SELZER
and FMCSR or Title 49 of the Ohio Revised Code will be reviewed by the PUCO's Transportation Department to determine whether civil forfeitures should be assessed against any responsible parties in accordance with the penalty provisions of Title 49 of the Ohio Revised Code. If civil forfeitures are assessed, you will receive a separate notice by mail. These penalties may be assessed to motor carriers, shippers, and/or drivers.

ATTENTION DRIVER: This report must be sent to the motor carrier whose name appears at the top of this inspection report within 24 hours. If the inspection report cannot be delivered within 24 hours the driver must mail or fax the inspection report to the motor carrier.

ATTENTION MOTOR CARRIER: The motor carrier must examine this report and repair all the vehicle defects/violations noted above -AND- The motor carrier must sign the Certification of Repairs below and return the signed form to: Public Utilities Commission of Ohio-TASD; 180 E. Broad St.; Columbus, Oh; 43215-3793 -OR- Fax (614) 752-9274 within 15 days of the inspection. If "No Violations Were Discovered" then you do not need to return this report. Failure to return this report with the required certification can result in penalties of up to \$500.

MOTOR CARRIER CERTIFICATION OF COMPLETED REPAIRS: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Federal Motor Carrier Safety & Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. A false certification of repairs is required to be prosecuted with penalties up to \$10,000.

Signature Of Repairer X: _____ Facility: _____ Date: _____


All violations of the FHMR and FMCSR or Title 49 of the Ohio Revised Code will be reviewed by the PUCO's Transportation Department to determine whether civil forfeitures should be assessed against any responsible parties in accordance with the penalty provisions of Title 49 of the Ohio Revised Code. If civil forfeitures are assessed, you will receive a separate notice by mail. These penalties may be assessed to motor carriers, shippers, and/or drivers.

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Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By: TPR. R.A. KISNER JR.
X  Badge # 1191

Copy Received By: X _____





10-0428-90



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