



TRAFFIC CRASH REPORT

LOCAL INFORMATION P18072700002734		LOCAL REPORT NUMBER * 81-0248-81		CRASH SEVERITY 1 - FATAL 2 - INJURY 3 - PDO 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 0																									
PHOTOS TAKEN <input checked="" type="checkbox"/> OH - 2 <input type="checkbox"/> OH - 1P <input type="checkbox"/> OH - 3 <input type="checkbox"/> OTHER		PDD UNDER STATE REPORTABLE DOLLAR AMOUNT		PRIVATE PROPERTY		REPORTING AGENCY NCIC * OHP81		REPORTING AGENCY NAME * Ohio State Highway Patrol		NUMBER OF UNITS 2		UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN																			
COUNTY * Van Wert				CITY * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *				CITY, VILLAGE, TOWNSHIP * Tully				CRASH DATE * 07/27/2018		TIME OF CRASH 1533		DAY OF WEEK Fri															
DEGREES/MINUTES/SECONDS LATITUDE 40:57:12.88								DECIMAL DEGREES LONGITUDE 84:43:36.07								LONGITUDE LATITUDE															
ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED		DIVIDED LANE DIRECTION OF TRAVEL W N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND		NUMBER OF THRU LANES 2		ROAD TYPES OR MILEPOST AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HE - HEIGHTS MP - MILEPOST HW - HIGHWAY PK - PARKWAY LA - LANE PI - PIKE PL - PLACE RD - ROAD ST - STREET TE - TERRACE WA - WAY TL - TRAIL																									
LOCATION ROUTE NUMBER US ROUTE TYPE 30		LOG PREFIX <input type="checkbox"/> N,S, E,W		LOCATION ROAD NAME		LOCATION ROAD TYPE		ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE																							
DISTANCE FROM REFERENCE 0.00 <input type="checkbox"/> FEET <input type="checkbox"/> YARDS		DIR FROM REF <input type="checkbox"/> N,S, E,W		REFERENCE ROUTE TYPE SR		REFERENCE ROUTE NUMBER 49		REF PREFIX <input type="checkbox"/> N,S, E,W		REFERENCE NAME (ROAD, MILEPOST, HOUSE #)								REFERENCE ROAD TYPE													
REFERENCE POINT USED 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER		CRASH LOCATION 02 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/ ALLEY ACCESS		11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN		<input checked="" type="checkbox"/> INTERSECTION RELATED		LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN																					
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL		ROAD CONDITIONS PRIMARY 01 SECONDARY 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 99 - UNKNOWN		*SECONDARY CIRCUMSTANCES ONLY																											
MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN		WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN																													
ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER		LIGHT CONDITIONS 1 PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN		<input type="checkbox"/> SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED		*SECONDARY CIRCUMSTANCES ONLY																									
<input type="checkbox"/> WORK ZONE RELATED		<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)		TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA																									
NARRATIVE Unit 1 was stopped at the stop sign on SR49 at US30. Unit 1 failed to yield to westbound U.S. 30 Unit 2. Unit 1 was struck by Unit 2. Unit 2 crossed the median and overturned onto eastbound US30 where it came to final rest. Unit 1 came to final rest on westbound US30.																															
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		<input type="checkbox"/> SUPPLEMENT (CORRECTIVE OR ADDITIVE TO AN EXISTING REPORT SENT TO ODPS)																													
DATE CRASH REPORTED 07/27/2018		TIME CRASH REPORTED 1536		DISPATCH TIME 1536		ARRIVAL TIME 1541		TIME CLEARED 1824		OTHER INVESTIGATION TIME 780		TOTAL MINUTES 948																			
OFFICER'S NAME* Adams, Austin				OFFICER'S BADGE NUMBER 1226				CHECKED BY 0428																							



UNIT

LOCAL REPORT NUMBER

81-0248-81

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Radabaugh, Clarence, M	OWNER PHONE NUMBER 567-259-9127	DAMAGE SCALE 4	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 111 Road N, Cloverdale, OH, 45827				
LP STATE OH	LICENSE PLATE NUMBER 888YNQ	VEHICLE IDENTIFICATION NUMBER 1FTRX12W05FA02409	# OCCUPANTS 1	
VEHICLE YEAR 2005	VEHICLE MAKE Ford	VEHICLE MODEL F150 Series	VEHICLE COLOR SIL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY United Ohio	POLICY NUMBER NSA1154476	TOWED BY Two A's Towing	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP	CARRIER PHONE
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US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS. <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL <input type="checkbox"/> 09 - POLE <input type="checkbox"/> 10 - CARGO TANK <input type="checkbox"/> 11 - FLAT BED <input type="checkbox"/> 12 - DUMP <input type="checkbox"/> 13 - CONCRETE MIXER <input type="checkbox"/> 14 - AUTO TRANSPORTER <input type="checkbox"/> 15 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <input type="checkbox"/> 3 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED		
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <input type="checkbox"/> 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <input type="checkbox"/> 07 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE 99 - UNKNOWN OR HIT/SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE 21 - BUS/VAN (9-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD
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SPECIAL FUNCTION <input type="checkbox"/> 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <input type="checkbox"/> 08 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 99 - UNKNOWN	ACTION <input type="checkbox"/> 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <input type="checkbox"/> 08	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY <input type="checkbox"/> 02 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 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 ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 <input type="checkbox"/> 20 FIRST HARMFUL EVENT 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> MID HARMFUL EVENT 1 <input type="checkbox"/> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL <input type="checkbox"/> 02 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <input type="checkbox"/> 1 TO <input type="checkbox"/> 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT

LOCAL REPORT NUMBER

81-0248-81

UNIT NUMBER 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) INC, Mikasha,	OWNER PHONE NUMBER 574-387-7497	DAMAGE SCALE 4	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 428 Harding Ave, Mishawaka, IN, 46544			1 - NONE	
LP STATE IN	LICENSE PLATE NUMBER 2046961	VEHICLE IDENTIFICATION NUMBER 3HSDJAPR2EN059808	2 - MINOR	
VEHICLE YEAR 2014	VEHICLE MAKE International Harvester Co.	VEHICLE MODEL Truck	3 - FUNCTIONAL	
VEHICLE COLOR BLU	PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY Acuity Insurance Co.	4 - DISABLING	
POLICY NUMBER CA-Z23824		TOWED BY Gideons Towing	9 - UNKNOWN	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP Mikasha Inc, 428 Harding Ave, Mishawaka, IN, 46544	CARRIER PHONE 574-855-4269
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US DOT 936153	VEHICLE WEIGHT GVWR/GCWR 3 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000K LBS. 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 07 01 - No Cargo BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 3 1 - T wo-Way, Not Divided 2 - T wo-Way, Not Divided, Continuous Left Turn Lane 3 - T wo-Way, Divided, Unprotected(Painted or Grass >4Ft.) Median 4 - T wo-Way, Divided, Positive MedianBarrier 5 - One-Way Trafficway <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED			
HM CLASS NUMBER				

Non-Motorist Location Prior to Impact 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - No CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - Non-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 17 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 21 - BUS/VAN (9-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) Non-Motorist 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER Non-Motorist	<input type="checkbox"/> HAS HM PLACARD
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SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 02 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	99 - UNKNOWN	ACTION 3 1 - Non-CONTACT 2 - Non-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE: CRASH ACTIONS 01 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	MOTORIST 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	Non-Motorist 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER Non-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/Wrong WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	Non-Motorist 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER Non-MOTORIST ACTION	VEHICLE DEFECTS 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 ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 09 3 10 4 01 5 11 6 FIRST HARMFUL EVENT 1 HARMFUL EVENT 1 99 - UNKNOWN	Non-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOODY TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER Non-COLLISION
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALOYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER 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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT			

UNIT SPEED 70	POSTED SPEED 70	TRAFFIC CONTROL 12 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - Not REPORTED	UNIT DIRECTION FROM 7 TO 6 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED					



MOTORIST / Non-Motorist / OCCUPANT

LOCAL REPORT NUMBER

81-0248-81

Motorist/Non-Motorist

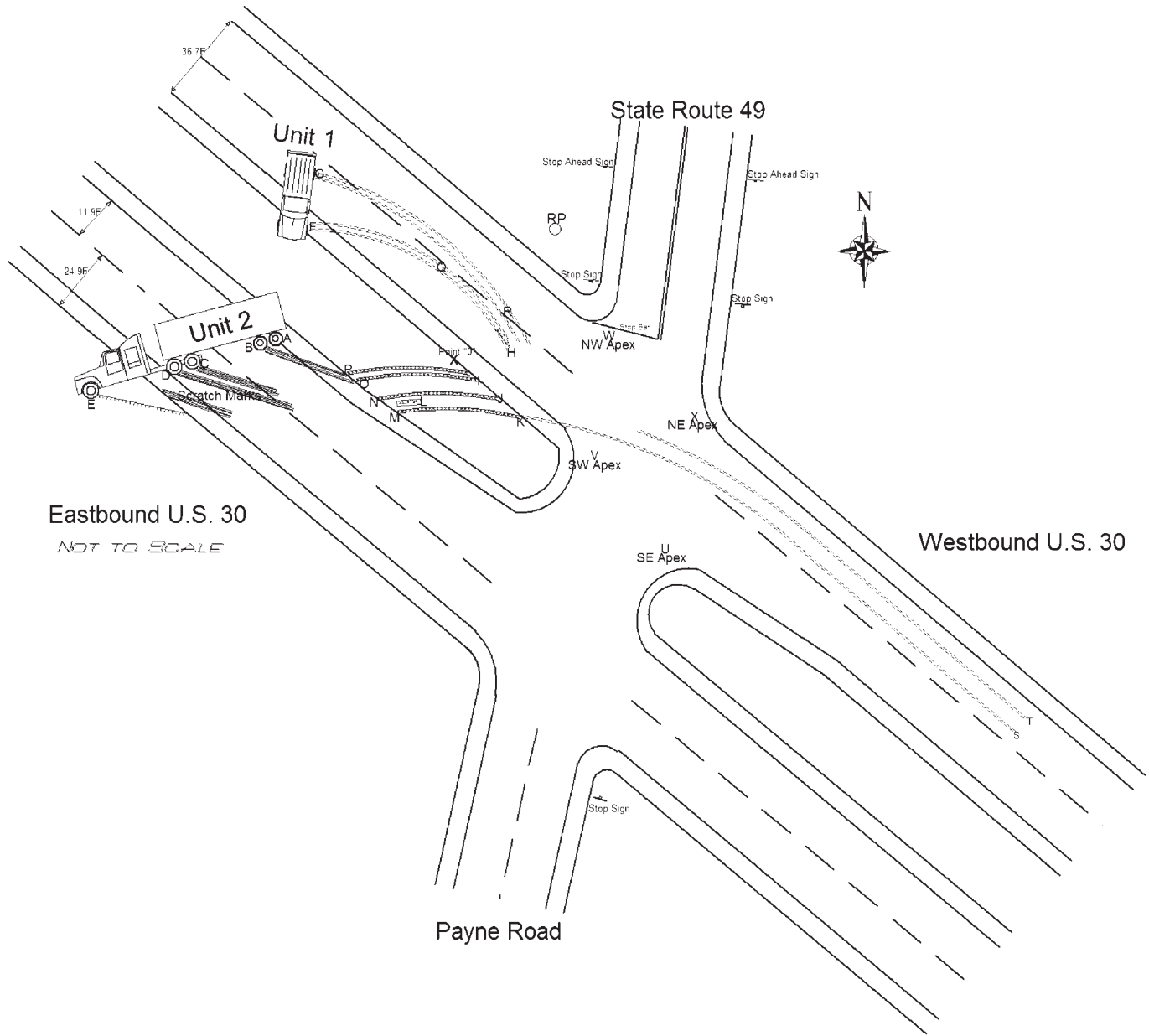
Motorist/Non-Motorist

OCCUPANT

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
1	Radabaugh, Clarence, M					04/24/1956		62	<input checked="" type="checkbox"/> M F - FEMALE M - MALE				
Address, City, State, Zip							CONTACT PHONE - INCLUDE AREA CODE						
111 Road N, Cloverdale, OH, 45827							567-259-9127						
INJURIES	INJURED TAKEN BY	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 2	Convoy EMS		Van Wert Health		04		<input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	<input checked="" type="checkbox"/> 01	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	
OL STATE	OPERATOR LICENSE NUMBER		OL CLASS	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE	
OH			<input checked="" type="checkbox"/> 4			<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1		1	1	
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY		
											<input checked="" type="checkbox"/> 1 <input type="checkbox"/>		
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
2	Martinez, Jose					06/30/1971		47	<input checked="" type="checkbox"/> M F - FEMALE M - MALE				
Address, City, State, Zip							CONTACT PHONE - INCLUDE AREA CODE						
1128 Whitfield Ct, Elkhart, IN, 46517							574-387-7497						
INJURIES	INJURED TAKEN BY	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 2	Convoy		Van Wert Health		04		<input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	<input checked="" type="checkbox"/> 01	<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	
OL STATE	OPERATOR LICENSE NUMBER		OL CLASS	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE	
IN			<input checked="" type="checkbox"/> 1			<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1		1	1	
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY		
											<input checked="" type="checkbox"/> 1 <input type="checkbox"/>		
INJURIES		INJURED TAKEN BY		SAFETY EQUIPMENT USED									
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		99 - UNKNOWN SAFETY EQUIPMENT									
				MOTORIST									
				01 - NONE USED - VEHICLE OCCUPANT 02 - S HOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S HOULDER AND LAP BELT ONLY USED									
				Non-Motorist									
				05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER									
SEATING POSITION												AIR BAG USAGE	
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN												1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	
EJECTION		TRAPPED		OPERATOR LICENSE CLASS		CONDITION				ALCOHOL/DRUG SUSPECTED			
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S "D") 5 - MC/MOPED ONLY		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED							
ALCOHOL TEST STATUS			ALCOHOL TEST TYPE		DRUG TEST STATUS			DRUG TEST TYPE		DRIVER DISTRACTED BY			
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN			1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING /EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION			
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
									<input type="checkbox"/> F - FEMALE M - MALE				
Address, City, State, Zip							CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
									<input type="checkbox"/> F - FEMALE M - MALE				
Address, City, State, Zip							CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LOCAL REPORT NUMBER 81-0248-81	REPORTING AGENCY Ohio State Highway Patrol	REPORTING AGENCY 07/27/2018
IN COUNTY OF Van Wert County	ACCIDENT LOCATION 30	



OFFICERS SIGNATURE

BADGE NO.

1226

LOCAL REPORT NUMBER 81-0248-81	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 07/27/2018
IN COUNTY OF Van Wert County	ACCIDENT LOCATION 30	

FIELD SKETCH AND MEASUREMENT INFORMATION

Coordinate method of measurement used.

Measurements taken with laser #6.

RP = Reference Point.

RP = Ohio Department of Transportation weather station pole.

Baseline = South pavement edge of westbound U.S. 30.

RP to Point "0" = 84.4F.

UNIT 1 DAMAGE

VIN: 1FTRX12W05FA02409

Unit 1 sustained heavy contact damage to the driver side door, driver side window, driver side rear door and window, driver side fender, driver side front and rear tire/wheel/axle, driver side pillars, driver side mirror, front bumper, grille, hood, windshield, driver side quarter panel, driver side headlight assembly, driver side tail light assembly, roof and passenger side headlight assembly as a result of being struck by Unit 2.

Unit 1 sustained minor induced damage to the passenger side quarter panel as a result of being struck by Unit 2.

UNIT 2 DAMAGE

VIN: 3HSDJAPR2EN059808

Unit 2 sustained heavy contact damage to the front bumper, grille, hood, windshield, driver and passenger side mirrors, passenger side door and window and passenger side steps to the cab as a result of striking Unit 1 and overturning.

Unit 2 sustained heavy contact damage to the entire right side of the trailer as a result of overturning.

PROPERTY DAMAGE

The median on U.S. 30 sustained moderate ruts as a result of Unit 2 entering the median.

Eastbound U.S. 30 sustained moderate scrapes and gouges as a result of Unit 2 overturning and sliding.

Westbound U.S. 30 sustained moderate scrapes and gouges as a result of Unit 1's wheels.

Ohio Department of Transportation was on scene and assessed the damages.

Ohio Department of Transportation (ODOT)

10238 Van Wert-Decatur Road

Van Wert OH, 45891

(419) 238 - 5424

Provided with an HP-90.

WEATHER INFORMATION

At 1454 Hours July 27th, 2018 per Fort Wayne International Airport:

Temperature: 76°.

Visibility: 10.00 Miles.

OFFICERS SIGNATURE	BADGE NO. 1226
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LOCAL REPORT NUMBER 81-0248-81	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 07/27/2018
IN COUNTY OF Van Wert County	ACCIDENT LOCATION 30	

Winds: West at 14MPH.

Precipitation: None.

ASSISTED ON SCENE BY THE FOLLOWING UNITS

Lt. J. Gray, U-1215.

Sgt. J. Sisco, U-1047.

Tpr. A. Saylor, U-1647.

MCEI T. Huff, U-3249.

Van Wert County CERT team.

Ohio Department of Transportation.

Van Wert County Coroner.

TIME LINE OF EVENTS

1536 hours: Time of call.

1536 hours: Time of dispatch to all units.

1541 hours: Lt. Gray, U-1215 arrival on scene.

1541 hours: Both lanes both directions were completely shut down. The hub was advised.

1544 hours: Crash was declared a fatal crash.

1546 hours: Tpr A. Adams, U-1226 on scene.

1546 hours: Convoy EMS on scene.

1557 hours: Sgt. J. Sisco, U-1047 on scene.

1611 hours: Tpr A. Saylor, U-1647 on scene.

1611 hours: Van Wert County EMA on scene.

1613 hours: Crash reconstruction was contacted and advised they were not responding.

1620 hours: Next of kin notification was made.

1634 hours: Two A's Towing on scene.

1648 hours: Van Wert County coroner on scene.

1723 hours: Ohio Department of Transportation (ODOT) on scene.

1749 hours: Two A's towing off scene with Unit 1.

1750 hours: Convoy EMS transporting the deceased to Van Wert County morgue.

1814 hours: Gideons Towing off scene with Unit 2.

1814 hours: Scene is clear.

OFFICERS SIGNATURE	BADGE NO. 1226
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LOCAL REPORT NUMBER 81-0248-81	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 07/27/2018
IN COUNTY OF Van Wert County	ACCIDENT LOCATION 30	

	AE	FE	
A	56.1 W	55.2 S	Right rear trailer tire Unit 2 final rest.
B	58.7 W	59.8 S	Right front trailer tire Unit 2 final rest.
C	62.1 W	93.0 S	Rear drives Unit 2 final rest.
D	62.9 W	97.8 S	Front drives Unit 2 final rest.
E	63.3 W	111.7 S	Front left steer Unit 2 final rest.
F	196.3	0.0	Front left tire Unit 1 final rest.
	W		
G	204.9	12.0 N	Rear left tire Unit 1 final rest.
	W		
H	55.1 E	7.2 N	Start of gouge Unit 1.
I	59.2 E	0.0	Rear trailer tire off road Unit 2.
J	74.8 E	0.0	Front right steer off road Unit 2.
K	88.6 E	0.0	Front left steer off road Unit 2.
L	40.3 E	22.0 S	Gouge from Unit 2.
M	42.4 E	22.0 S	Front left steer back on road Unit 2.
N	10.6 E	42.4 S	Front right steer back on road Unit 2.
O	4.2 W	42.4 S	Trailer tire back on road Unit 2.
P	7.7 W	42.4 S	Trailer tire back on road Unit 2.
Q	61.5 W	16.0 N	Front tire cross centerline Unit 1.
R	30.8 W	16.0 N	Rear tire cross centerline Unit 1.
S	613.1 E	18.0 N	Start of skid left side Unit 2.
T	608.9 E	24.7 N	Start of skid right side Unit 2.
U	161.9 E	0.0	Southeast apex of westbound U.S. 30.
V	112.1 E	0.0	Southwest apex of westbound U.S. 30.
W	96.0 E	36.7 N	Northwest apex of westbound U.S. 30.
X	138.8 E	36.7 N	Northeast apex of westbound U.S. 30.

OFFICERS SIGNATURE	BADGE NO. 1226
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4



81-0248-81



20180727

LOCAL REPORT NUMBER 81-0248-81	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH M 07 D 27 Y 18
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (X) Jose Martinez		HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED		
TRE A. Adams	AT	Post 81
OFFICER'S NAME		LOCATION
Q: Are you injured?		
A: Minor injuries.		
Q: Can you describe what happened?		
A: I was westbound on U.S. 30 and a truck pulled out in front of me, crossing U.S. 30. I tried to hit my brakes as hard as I could, but I could not stop to avoid hitting the truck.		
Q: How fast were you traveling?		
A: 70-71 MPH		
Q: Were you wearing your seat belt?		
A: YES.		
Q: Where you driving to?		
A: Home, South Bend, Indiana.		
Q: Where were coming from?		
A: Ashtabula, Ohio.		
Q: How heavy was your load you were hauling?		
A: About 10 thousand pounds.		
Q: How often do you travel U.S. 30.		
A: 2-4 times per week.		
Q: How long had you been driving today?		
A: I started driving at 5:30am.		
ADDRESS OF WITNESS 1128 Woodfield Ct. Elkhart IN, 46517		PHONE (574) 387-7497
SIGNATURE OF WITNESS (X) Jose Martinez	OFFICER'S SIGNATURE X TRE A. Adams	

LOCAL REPORT NUMBER 81-0248-81	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH M 7 D 27 Y 18
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Sam Brown HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TR A. Adams AT Van Wert Post
OFFICER'S NAME LOCATION

Q: Can you describe what happened?

A: I was in front of Clarence, I crossed U.S 30 from SR 49 to turn left onto eastbound U.S 30, I looked in my rearview mirror and saw a Semi/trailer hit the median and overturn. I turned around and ran up to the scene and realized it was Clarence.

Q: What is your relation to Clarence?

A: Best friends.

Q: Do you think there was any potential he was distracted?

A: No.

Q: Did he have any medical problems?

A: Blood pressure. Other than that just old age.

Q: Did he have any sight issues?

A: He wore glasses but I never noticed him to have any sight issues.

ADDRESS OF WITNESS 1140 W. Main Van Wert OH, 45891	PHONE (419) - 203 - 2989
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>TR A. Adams</u>

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
FINDLAY DISTRICT HEADQUARTERS
PHONE(419)421-5340 FAX(614)752-9274

RETURN CERTIFICATION TO AGENCY LISTED BELOW

Report Number: OH3249008671

Inspection Date: 07/27/2018

Start: 04:45 PM ET End: 8:00:00 PM ET

Inspection Level: I - Full

HM Inspection Type: None

MIKASHA INC
428 HARDING AVE
MISHAWAKA, IN 46544

USDOT#: 00936153

MC/MX#: 488703

State#:

Phone#: (574)855-4269

Fax#:

Location: ROADSIDE / US30 MP 04

Highway: US30

County: VAN WERT, OH

Driver: MARTINEZ, JOSE

License#: 1070100961

State: IN

Date of Birth: 06/30/1971

CoDriver:

License#:

State:

Date of Birth:

Shipper: PLASTPRO

MilePost: 04

Origin: ASHTABULA, OH

Destination: SOUTH BEND, IN

Bill of Lading: 62342

Cargo: EMPTY BINS

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TT	INTL	2014	IN	2046961	212	3HSDJAPR2EN059808	53,200			Y
2	ST	UTIL	2015	IN	P404633	531404	1UYVS253XFP169104	65,000			Y

BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	INOP	1 1/8	1	1 3/8	1 3/8
Left	1 1/2	1 1/4	1	1 1/4	1 3/8
Chamber	L-24	L-30	L-30	C-30	C-30

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.75A1	393.75(a)(1)	1	Y		U	Y	Tire-ply or belt material exposed: 1R tire with center cord exposed in tread area at time of inspection.
393.203	393.203	1	Y		U	Y	Cab/body parts requirements violations: Hood, windshield, front bumper, passenger door, sleeper berth all damaged and destroyed from rollover of tractor at time of inspection.
393.9	393.9(a)	1	N		N	Y	Inoperable Required Lamp: Left and right headlights and front turn signals damaged and no longer on front of tractor at time of inspection.
393.207C	393.207(c)	1	Y		U	Y	Leaf spring assembly defective/missing: Right spring loose with U bolts attached broken and twisted at time of inspection.
396.5B	396.5(b)	1	N		N	Y	Oil and/or grease leak: Oil and antifreeze leak from engine and radiator at time of inspection.
393.45UV	393.45	1	Y		U	Y	Brake Tubing and Hose Adequacy Under Vehicle: 1R air line broken away from chamber with audible air leak from hose at time of inspection.
396.3A1	396.3(a)(1)	1	Y		U	Y	Inspection, repair and maintenance of parts & accessories: Engine mount and brackets broken and twisted with motor and transmission loose at time of inspection.
393.201A	393.201(a)	2	Y		U	Y	Frame cracked / loose / sagging / broken: Trailer frame bent and twisted with right sidewall torn open and right center of trailer split at time of inspection.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: Post Crash

Report Prepared By:

T E HUFF

Badge #:

3249

Copy Received By:

JOSE MARTINEZ

Page 1 of 2



00936153 OH OH3249008671

DRIVER/VEHICLE EXAMINATION REPORT



OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
FINDLAY DISTRICT HEADQUARTERS
PHONE(419)421-5340 FAX(614)752-9274

RETURN CERTIFICATION TO AGENCY LISTED BELOW

Report Number: OH324900
Inspection Date: 07/27/201
Start: 04:45 PM ET End
Inspection Level: I - Full
HM Inspection Type: None

MIKASHA INC
428 HARDING AVE
MISHAWAKA, IN 46544

USDOT#: 00936153

Phone#: (574)855-4269

MC/MX#: 488703

Fax#:

State#:

Location: ROADSIDE / US30 MP 04

Highway: US30

County: VAN WERT, OH

MilePost: 04

Origin: ASHTABULA, OH

Destination: SOUTH BEND, IN

Driver: MARTINEZ, JOSE

License#: 1070100961

Date of Birth: 06/30/1971

CoDriver:

License#:

Date of Birth:

Shipper: PLASTPRO

Bill of Lading: 62342

Cargo: EMPTY BINS

State Information:

FMCSA Credentials Verified(Y/N): Y; CDL Verified (Y/N): Y; FMCSA OOS Order Issued(Y/N): N; For-Hire Carrier: Y; Res
Fatalities (Y/N): Y; Crash Report #: 81-0248-81; Driver Address: 1128 WHITFIELD CT; Driver City: ELKHART; Driver S
46517; Photos Taken (Y/N): Y;

* 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
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 veh
service defects have been repaired and the vehicles have been restored to safe operating condition.

Failure to return this report with the required certification can result in penalties up to \$1,000 per day for each day the violation continues, up to a total of \$10,000
Signature Of Repairer X: _____ Facility: _____ Da

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 c
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 wi
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 r
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 carrie
Certification of Repairs below and return the signed form to: Public Utilities Commission of Ohio, T ASD - 4th floor, 180 E Broad St, Columbus, OH 43215-3793
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 req
result in penalties up to \$1,000 per day for each day the violation continues, up to a total of \$10,000. If you have any questions, please contact (614) 466-0429.

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

Signature Of Motor Carrier X: _____ Title: _____ Da