

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **23-349-23** OH-2 OH-3 REPORTING AGENCY **STATE HIGHWAY PATROL OHP-23** N.C.I.C. **ODHS USE ONLY - DO NOT MARK ABOVE**

REPORT TAKEN AT STATION AT SCENE NO. OF VEH PEDESTRIANS INVOLVED **2** CRASH SEVERITY (CHECK MOST SEVERE) FATAL INJURY PROPERTY DAMAGE ONLY COMBINED VEH/PROP LOSS OVER \$150 UNDER \$150 HIT SKIP SOLVED UNSOLVED

IN COUNTY OF **FAIRFIELD** IN CITY VILLAGE TWP OF **WALNUT** DATE OF CRASH: **3** **27** **96** DAY **WED** TIME: MILITARY **0935**

CRASH OCCURRED ON **SR-37** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION **110** MILES: _____ FEET **N** **S** **E** **W** OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

UNIT NO. **1** NO. OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. **AMERICAN INS**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **WILSON, LARRY, D.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **34926 CANTON BLVD LOGAN, OHIO 43138**

PHONE NO. **614-385-6514** BIRTHDATE **12/8/46** AGE **49** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RL709073** OCCUPATION **TRUCK DRIVER**

OWNER (IF SAME AS DRIVER, WRITE SAME) **ANDERSON TRUCKING SERVICE** ADDRESS **203 COOPER AVE, ST. CLOUD, MAI 1-800-279-7797** PHONE _____

VEH YR **96** MAKE **FPT LINER** MODEL **CONV.** COLOR **RED** STYLE **TK** STATE **MN** LICENSE PLATE NO. **H 3342** TOWING SERVICE **BRILLS** VEH/PED DIR FROM **S** TO **N**

CIRCLE DAMAGE AREAS DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE MODERATE LIGHT HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

UNIT NO. **2** NO. OF OCCUPANTS **2** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. **SELF INS.**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____

PHONE NO. _____ BIRTHDATE _____ AGE _____ SEX _____ SOCIAL SECURITY NO. _____ STATE _____ DRIVER'S LICENSE NO. _____ OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **CON RAIL** ADDRESS **4882 TRABUE AVE COLS, OHIO** PHONE **614-771-3232**

VEH YR **90** MAKE **G.E.** MODEL **C-40-8W** COLOR **BLU** STYLE **TRAIN** STATE _____ LICENSE PLATE NO. **6053** TOWING SERVICE **DRIVEN** VEH/PED DIR FROM **W** TO **E**

CIRCLE DAMAGE AREAS DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE MODERATE LIGHT HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

FROM UNIT NO. **WIT** NAME (LAST, FIRST, MI) **PLATT, PAM** BIRTHDATE **9/7/60** AGE **35** POSITION **A** INJURIES **4**

ADDRESS **330 SATER DR #10, LANG, OHIO** PHONE **614-654-3223** SEX **F**

FROM UNIT NO. **WIT** NAME (LAST, FIRST, MI) **KEENEY, STEVEN, R.** BIRTHDATE **2/27/55** AGE **41** POSITION **7** INJURIES **5**

ADDRESS **P.O. BOX 378, CEDAR BR. W.V.** PHONE **304-575-1295** SEX **M**

FROM UNIT NO. **WIT** NAME (LAST, FIRST, MI) **FAULKNER, ROBERT, D.** BIRTHDATE **12/3/41** AGE **54** POSITION **8** INJURIES **7**

ADDRESS **RT-5, BOMONT, WEST VIR. 25030** PHONE **304-548-4777** SEX **M**

FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

ADDRESS _____ PHONE _____ SEX _____

INJURED TAKEN TO **TREATED AT SCENE** BY **THURSTON SQUAD**

INJURED TAKEN TO _____ BY _____

OFFENSE CHARGED AND DESCRIPTION **FAILURE TO YIELD** O.R.C. CITY ORD: **4511.62 AT A RRR GRADE CROSSING**

OFFENSE CHARGED AND DESCRIPTION _____ O.R.C. CITY ORD: _____

RECEIVED CALL **0937** DISPATCHED **0937** ARRIVED **0944** CLEARED **1423** OTHER TIME _____ TOTAL MINUTES **286**

DATE REPORT FILED **3/27/96** PHOTOS YES NO OFFICER'S NAME **P.P.K.S. Caldwell** BADGE NO. **41** CHECKED BY **784**

1 NOT EJECTED PARTIAL TOTAL TRAPPED INSIDE VEHICLE

1 NO ALCOHOL DETECTED HBD ABILITY IMPAIRED HBD ABILITY NOT IMPAIRED HBD ABILITY UNKNOWN

1 NO DRUGS DETECTED USING PRESCRIBED DRUG USING ILICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

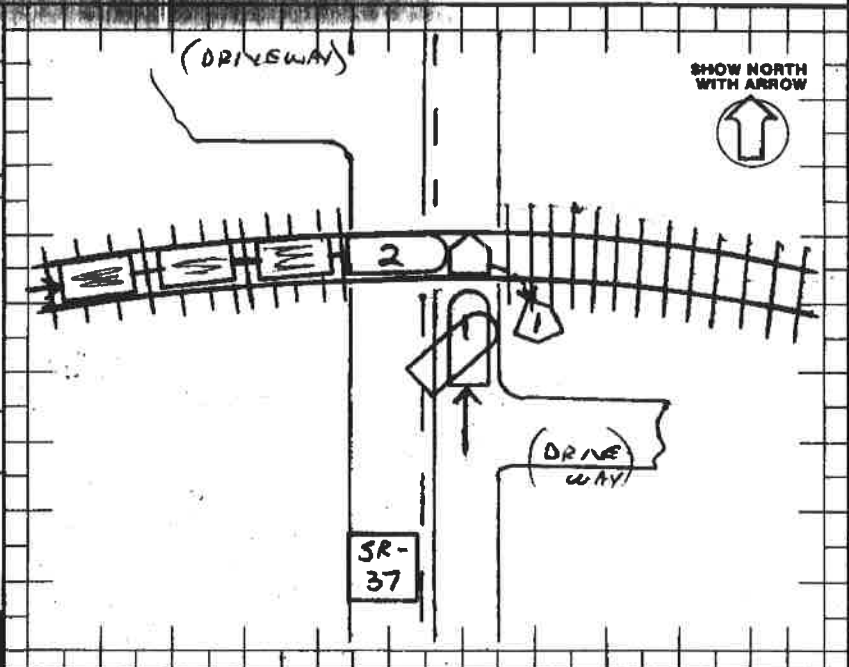
POLICE ACTION

LOCAL FILE NO.

LOCAL REPORT NO. 23-349-23 DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER UNIT# 1 WAS NORTH BOUND ON SR-37. THE DRIVER STOPPED ON THE RAIL ROAD TRACKS. UNIT#2, A TRAIN, WAS EAST BOUND ON THE TRACKS. UNIT# 1 FAILED TO YIELD TO UNIT# 2. THE RIGHT FRONT CORNER OF UNIT#2 IMPACTED THE WEST SIDE OF UNIT#1.

- WEATHER**
- 1 NO ADVERSE WEATHER
 - 2 RAIN
 - 3 SNOW
 - 4 FOG
 - 5 HIGH WIND
 - 6 OTHER
- ROAD CONDITIONS**
- 1 DRY
 - 2 WET
 - 3 SNOW
 - 4 ICE
 - 5 DIRT/SAND
 - 6 OTHER
- LIGHT**
- 1 DAYLIGHT
 - 2 DAWN
 - 3 DUSK
 - 4 DARK NO LIGHTS
 - 5 DARK-LIGHTED
 - 6 OTHER
- ROAD CONTOUR**
- 1 STRAIGHT LEVEL
 - 2 STRAIGHT GRADE
 - 3 CURVE LEVEL
 - 4 CURVE GRADE
- OCCURRENCE**
- 1 ON ROADWAY
 - 2 OFF LEFT SIDE
 - 3 OFF RIGHT SIDE
 - 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY
- SPECIAL AREA**
- 1 ROAD CONSTRUCTION MAINTENANCE AREA
 - 2 SCHOOL ZONE

- FIRST HARMFUL EVENT** 6
- TWO MV IN TRANSPORT**
- 1 HEAD ON
 - 2 REAR-END
 - 3 BACKING
 - 4 SIDESWIPE MEETING
 - 5 SIDESWIPE PASSING
 - 6 ANGLE
- ONE MV IN TRANSPORT (COLLISION)**
- 7 PARKED MOTOR VEH
 - 8 PEDESTRIAN
 - 9 ANIMAL
 - 10 TRAIN
 - 11 PEDALCYCLE
 - 12 OTHER NON-M V
 - 13 FIXED OBJECT
 - 14 OTHER OBJECT
- (NON-COLLISION)**
- 15 FALL FROM OR IN VEH
 - 16 OVERTURNING
 - 17 OTHER NON-COLLISION
- LOCATION** 4
- 1 INTERSECTION
 - 2 INTERSECTION-RELATED
 - 3 DRIVEWAY ACCESS
 - 4 RAILROAD CROSSING
 - 5 BRIDGE-PASSING OVER
 - 6 BRIDGE-PASSING UNDER
 - 7 NON-INTERSECTION
 - 8 PRIVATE PROPERTY



TYPE OF UNIT			PRE-CRASH ACTIONS			CONTRIBUTING FACTOR											
1 10 2 24			7 1			2 1											
CAR 1 SUB-COMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE TRUCK 5 PICKUP 6 PANEL/VAN 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK AND TRAILER 9 TRUCK TRACTOR 10 TRACTOR & SEMI-TRAILER 11 TRACTOR & DOUBLE TRAILER MOTORCYCLE 12 MC UP TO 350CC 13 MC351CC TO 750CC 14 MC OVER 751CC 15 MOTORIZED BICYCLE P = PEDESTRIAN			BUS 16 SCHOOL 17 CHURCH 18 PUBLIC BUS EMERGENCY 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE OTHER 22 TAXI 23 MOTOR HOME 24 TRAIN 25 FARM VEHICLE 26 FARM EQUIPMENT 27 SNOWMOBILE 28 CONSTRUCTION EQUIP 29 ANIMAL W/RIDER 30 ANIMAL W/BUGGY 31 BICYCLE 32 ALL OTHERS			DRIVER ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING RAMP 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS TRAFFIC CONTROL A B 8 1			PEDESTRIAN ACTIONS 18 CROSSING IN X-WALK 19 CROSSING OTHER THAN X-WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING VEHICLE 25 PUSHING/WORKING ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER FIXED OBJECT STRUCK A B 16 1			DRIVER ERROR 1 NONE 2 FAILURE TO YIELD 3 UNSAFE SPEED 4 FOLLOWING TOO CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 DROVE OFF ROAD REASON UNKNOWN 17 OTHER DRIVER ERROR TRUCK LOAD A B 1 EMPTY 2 PERISHABLE GOODS 3 GENERAL FREIGHT 4 METAL/HEAVY MACHINERY 5 HAZARDOUS GAS 6 HAZARDOUS LIQUID 7 HAZARDOUS SOLID 8 RADIOACTIVE MATERIAL TRUCK AXLES A B 5			NON-DRIVER FACTOR 18 VEHICLE DEFECTS 19 LOAD SHIFTING 20 FALLING, SPILLING 21 PAVEMENT DEFECT 22 DEBRIS ON ROAD 23 DOWNED TRAFFIC SIGN/DEVICE 24 VISION OBSTRUCTION 25 ANIMAL ACTIONS 26 PEDESTRIAN ACTIONS VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY A B SECONDARY A B 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS		
SPEED UNIT EST. LEGAL A 38 55 B 38 N/A			MC HELMET USE UNIT DRIVER PASS A B			DRIVER 1 NO CONTROLS 2 STOP SIGN 3 YIELD SIGN 4 TRAFFIC SIGNAL 5 TRAFFIC FLASHERS 6 SCHOOL ZONE 7 RAILROAD CROSSBUCKS 8 RAILROAD FLASHERS 9 RAILROAD GATES 10 CONSTR BARRICADES 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 OTHER PEDESTRIAN 14 NO CONTROLS 15 CROSSWALK LINES 16 WALK/DON'T WALK DEVICE											

OHIO TRUCK & BUS CRASH REPORT SUPPLEMENT OH-5 (09-01-83)

THIS REPORT MUST BE USED TO SUPPLEMENT THE OH-1 CRASH REPORT IF THE CRASH INVOLVED AT LEAST ONE CONDITION FROM EACH BOX BELOW:

The crash INVOLVED one or more of the following: <input checked="" type="checkbox"/> A truck (motor vehicle) with at least 2 axles and 6 tires; or <input type="checkbox"/> A truck (motor vehicle) with a hazardous materials placard; or <input type="checkbox"/> A bus designed for at least 16 persons, including driver.	The crash RESULTED in one or more of the following: <input type="checkbox"/> A fatality; or <input type="checkbox"/> An injury requiring transportation for immediate medical treatment; or <input checked="" type="checkbox"/> The vehicle was towed due to disabling damage or required emergency assistance before proceeding under its own power.
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CRASH DATA

LOCAL REPORT NUMBER 231-349-231	REPORTING AGENCY STATE HIGHWAY PATROL	MOCK OFF
COUNTY FAIRFIELD	IN CITY / VILLAGE / TOWNSHIP OF WALNUT	DATE OF CRASH 1032796
LOCATION: NUMBER/NAME OF HIGHWAY/STREET SR-37 1/10 MILE NORTH OF MP-6		
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NUMBER) 1/10 MILES FEET W S E OF MP-6		
NUMBER OF FATALITIES RESULTING FROM CRASH 001	NUMBER OF INJURIES RESULTING FROM CRASH 011	

DRIVER

TRUCK/BUS DRIVER'S LAST NAME WILSON	FIRST LARRY	MIDDLE INITIAL J.
SSN 21814-444-31894	CDL CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	DRIVERS LICENSE NUMBER RL 709273
		STATE OH

CARRIER

SOURCE OF NAME (CHECK 1 ONLY) VEHICLE SIDE SHIPPING PAPERS DRIVER/LOGBOOK OTHER REGISTRATION

NAME
ANDERSON TRUCKING SERVICE

STREET ADDRESS
203 COOPER AVE.

CITY
ST. CLOUD

STATE
MI

ZIP CODE
49613

CARRIER'S ID NUMBERS: US DOT _____ ICC MC **2186171216** PUCO _____

VEHICLE

SEQUENCE OF EVENTS (ENTER THE ORDER OF EVENTS BY CODE NUMBER FOR THIS VEHICLE) 1st Event 111 01 Ran Off Road 10 Collision with Parked Motor Vehicle 2nd Event 114 02 Jackknife 11 Collision with Train 3rd Event _____ 03 Overturn 12 Collision with Pedalcycle 4th Event _____ 04 Downhill Runaway 13 Collision with Animal _____ 05 Cargo Loss or Shift 14 Collision w/ Fixed Object _____ 06 Explosion or Fire 15 Collision w/ Other Object _____ 07 Separation of Units 16 Other _____ _____ 08 Collision Involving Pedestrian _____ 09 Collision with Motor Vehicle in Transport	VEHICLE CONFIGURATION <input type="checkbox"/> 1 Bus 2 Single Unit Truck; 2 Axles, 6 Tires 3 Single Unit Truck; 3 or More Axles 4 Truck/Trailer 5 Truck Tractor (Bobtail) 6 Tractor/Semi-Trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Other - cannot classify	CARGO BODY TYPE <input type="checkbox"/> 1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other _____
NUMBER OF AXLES ON VEHICLE (INCLUDING TRAILERS) 015	GROSS VEHICLE WEIGHT RATING _____ LBS	
Was any vehicle towed as a result of damage received? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Was vehicle carrying hazardous materials? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was hazardous cargo from vehicle released? (Don't count fuel from fuel tank) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Placard number from diamond box _____ Number from bottom of diamond _____		

Officer Signature _____ Badge/ID No. _____

DISPOSITION OF REPORT: THE ORIGINAL IS INCLUDED WITH THE OH-1 AS A PERMANENT PART OF THE CRASH INVESTIGATION.
 FORWARD COPY TO: OHIO DEPARTMENT OF PUBLIC SAFETY, TRAFFIC CRASH RECORDS, 4795 EVANSWOOD DRIVE, COLUMBUS, OH 43229.

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-349-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 27 96
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROBERT D. FAULKNER (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

T.P.K.S. CALDERWOOD (OFFICERS NAME) [REDACTED] (LOCATION)

X CONDUCTOR ON CR 6053 XDM74E 96 CARS
 APPROACHED RT 37 AT 38 MPH SOUTH DIRECTION
 A TRACTOR TRAILER WAS STOPPED ON SR 37
 CROSSING ON THE RAILROAD, ENGINEER STARTED
 DRAWING AIR DOWN. THE TRACTOR TRAILER STARTED
 HOPPING UP AND DOWN IN A REVERSE DIRECTION
 THE RIGHT SIDE OF CR 6053 HIT THE TRACTOR
 FLASHER LIGHTS ON CROSSING WERE WORKING
 ENGINES LIGHTS ON BELL'S RINGING, HORN BLOWING
 TIME OF ACCIDENT 9:35 AM 3-27-96

ADDRESS OF WITNESS RT-5; BOX-245, BOMONT, WEST VIR 25030	PHONE 304-548-4749
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SIGNATURE OF WITNESS <u>Robert D. Faulkner</u>	OFFICERS SIGNATURE <u>T.P.K.S. Calderwood</u>
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-349-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 D 27 96
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FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, STEVEN R. KEENEY (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR. K. J. CALDERWOOD (OFFICERS NAME) CRASH SCENE (LOCATION)

X We was going south on XDM 74E 6053 ^{engine} with 96 cars about 38 mph approaching SR 37 blowing whistle and bell. Ditch lights + headlight were on Bright when we come around to the crossing I seen a tractor trailer on the crossing. The truck driver appeared to be trying to get off the crossing when the train hit the truck, I put the train in emergency just before hitting him. 3-27-96 9³⁵am

ADDRESS OF WITNESS P.O. Box 378 CEDAR GROVE. WEST VIR. 25039	PHONE 304-595-1095
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SIGNATURE OF WITNESS Steven R. Keeney	OFFICERS SIGNATURE TPR. K. J. Calderwood
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-349-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 D 27 Y 96
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FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, PAM PLATT (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

LT. KEYS (OFFICERS NAME) AT CRASH SCENE (LOCATION)

Jeff + I were in the office + we heard a different noise. Jeff looked out + said, "This one didn't make it" I ran out + got on top^{of} the cab. The driver was OK + he got out. He said the lights were on + he pulled up + stopped + couldn't get his truck in reverse.

Q. How long have you worked here?

A. Year + one half.

Q. Have you ever seen these crossing lights malfunction?

A. NO.

Q. Did you HEAR a WHISTLE

A. I DON'T REALLY REMEMBER, BUT IF IT WAS ON^{OK} WE HEAR IT SO OFTEN I WOULDN'T RECALL.

ADDRESS OF WITNESS 230 SATER DR #10 LANCASTER OH 4330	PHONE 614 654 3123
SIGNATURE OF WITNESS <u>Pam Platt</u>	OFFICERS SIGNATURE <u>LT. Keys</u>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-349-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 D 27 96
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FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, LARRY D. WILSON (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

LT. KEYS (OFFICERS NAME)

[REDACTED] (LOCATION)

Q. WERE THERE ANY OTHER VEHICLES AT THE CROSSING?

A. I THINK THERE WAS SOMEONE BEHIND ME, BUT I'M NOT SURE.

Q. DID THE ENGINE HAVE ITS LIGHTS ON?

A. YES.

Q. DID YOU LOOK LEFT PRIOR TO STOPPING AT THE BAR?

A. NO, I DIDN'T LOOK RIGHT OR LEFT UNTIL I STOPPED.

ADDRESS OF WITNESS 34986 CLAY BANK RD LOGAN, OHIO 43138	PHONE 614-385-6514
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICER'S SIGNATURE <i>[Signature]</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-349-03	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 3 10 1996
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, LARRY D. WILSON (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

LT KEYS (OFFICERS NAME)

[REDACTED] (LOCATION)

I WAS NORTH BOUND ON [REDACTED] ABOUT 50 OR 55 WHEN I SAW THE LIGHTS FLASHING. A CAR AHEAD OF ME WENT ACROSS THE TRACKS + I STOPPED ON THIS SIDE (SOUTH) AND ROLLED MY WINDOW DOWN. I WAS STOPPED RIGHT AT THE BAR. I LOOKED RIGHT + LEFT + I DIDN'T HEAR ANYTHING. I EASED FORWARD AND I SAW THE TRAIN + HEARD THE WHISTLE AT ABOUT THE SAME TIME. I TOOK IT OUT OF GEAR BECAUSE I WAS CLOSE TO BEING ON THE TRACKS. I COULDN'T GET THE TRUCK IN REVERSE AND THE TRAIN HIT ME.

Q. WAS THE WHISTLE STEADY?

A. AFTER I SAW IT, IT WAS. I DIDN'T HEAR IT UNTIL I SAW THE TRAIN. WITH THE WIND + TRUCK NOISE HE COULD HAVE BEEN BLOWING IT + I DIDN'T HEAR IT.

Q. HOW LONG DID YOU ~~STO~~ REMAIN STOPPED BEFORE YOU MOVED FORWARD?

A. I LOOKED RIGHT + LEFT - DIDN'T SEE THE TRAIN DUE TO THE TREES + THEN PULLED FORWARD.

Q. ~~WAS~~ DID YOU HAVE YOUR SAFETY BELT ON?

A. I DON'T THINK I'D BE HERE IF I DIDN'T.

ADDRESS OF WITNESS 34996 CLAY BANK RD. LOGAN, OHIO 43138 PHONE 614-385-6514

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature]

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 33-349-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 3 D 27 Y 96
IN COUNTY OF FAIRFIELD	ACCIDENT LOCATION SR-37 1/10 MILE NORTH OF MP-6	
INJURIES - DRIVER # 1 - STIFF NECK + SORE LEFT ELBOW		
CONRAIL ENGINEER -	STEVEN R. KEENEY P.O. BOX 370 CEDAR GROVE WEST VIRGINIA, 25039	(LISTED WITNESS # D)
CONRAIL CONDUCTOR -	ROBERT D. FAULKNER RT-5 BOX 245 BOMONT, WEST VIRGINIA 25030	(LISTED WITNESS # E)
TRUCK FLEET # 15118		
TRAILER INFO - # 93439		
MN - $\frac{P}{T}$ H5189, STROUGHTON, MODEL PNW-535T-S-C-AR WEDGE, VIN # 1DW1AS32258944413		
OWNER - ANDERSON TRUCKING SERVICE, 203 COOPER AVE. ST. CLOUD, MN, 56303.		
DRIVER #1 LARRY WILSON'S LOG SHOWED HIS LAST WORKING DAY WAS 3-19-96. THIS WAS HIS FIRST DAY BACK AFTER SEVEN OFF. HE DID A PRE-TRIP AT 7:45 AM. HE LEFT LOGAN AT 8 AM		
HIS MEDICAL CERTIFICATE # 02001515, EXP 6-28-97		
JOHN CONNELLY FROM CONRAIL TIMED A TRAIN THAT CAME THROUGH AFTER THE CRASH. HE TIMED IT AT 32.7 SECONDS FROM WHERE THE LIGHTS WERE TRIPPED TO WHEN THE TRAIN ENTERED THE CROSSING		
OFFICERS SIGNATURE J.P. S. [Signature]		BADGE NO. 41

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 23-349-23	REPORTING AGENCY OHIO STATE HIGHWAY PATROL OHP 23	DATE OF ACCIDENT M 3 10 27 1996
IN COUNTY OF FAIRFIELD	ACCIDENT LOCATION SR37 1/10 MI. NORTH OF MILEPOST 6	

NOTES

- RP₁ WAS STE BURIED CABLE JUNCTION 35' EAST OF BASELINE
- RP₂ WAS THE POINT ON THE BASELINE
- P.T.O. WAS THE POINT ON THE BASELINE
- BASELINE WAS THE WEST SIDE ROAD EDGE LINE
- NO ADVERSE WEATHER AT THE TIME OF THE CRASH
- WHITE STOP BARS, WHITE EDGE LINES AND YELLOW CENTER LINES VISIBLE AS DRAWN
- ROAD SURFACE WAS DRY, ASPHALT
- ROAD WIDTH WAS 23'
- FIELD SKETCH STARTED AT 1011 HRS AND WAS NOT DRAWN TO SCALE
- TPR K.J. CALDERWOOD U-41 ASSISTED WITH MEASUREMENTS
- PHOTOS BY TPR K.J. CALDERWOOD U-41
- ODOT PROVIDED TRAFFIC CONTROL AND SET UP DETOURS
- MICHAEL K. DALTON WAS ON THE SCENE FROM OHIO EPA

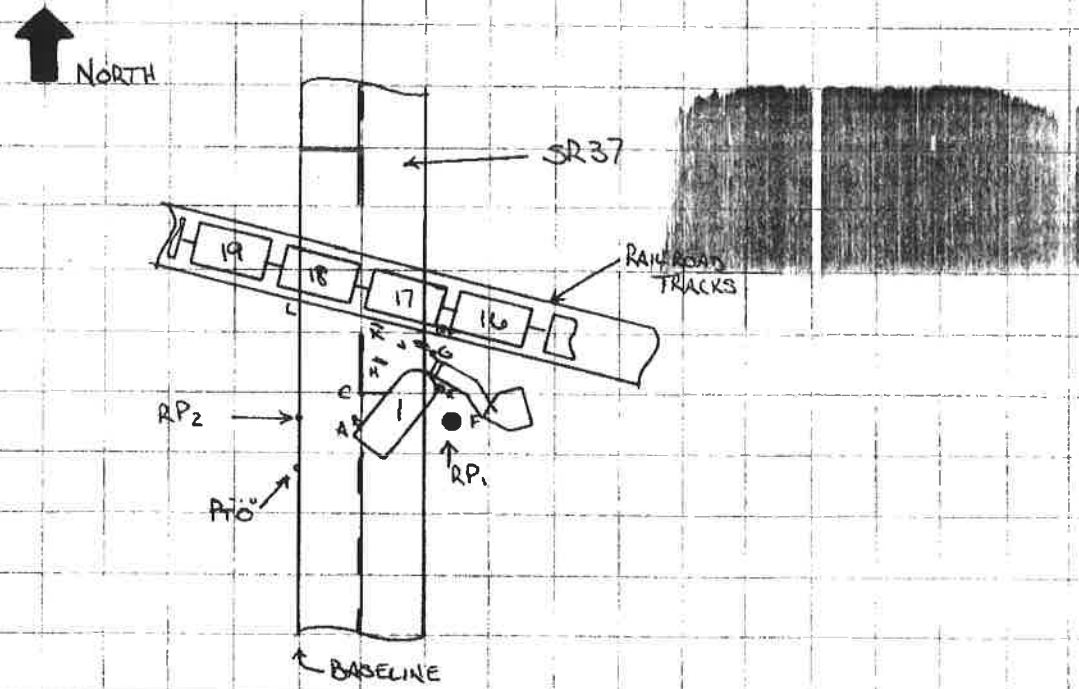
OFFICERS SIGNATURE

 BADGE NO.
 1051

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 23-349-23	REPORTING AGENCY OHIO STATE HIGHWAY PATROL OHP23	DATE OF ACCIDENT M 3 10 27 1996
IN COUNTY OF FAIRFIELD	ACCIDENT LOCATION SR 37 1/10 MI. NORTH OF MILEPOST 10	



Pt	AE	FE	DESCRIPTION
A	14 ³ N	12 ⁶ E	LR TANDEM UNIT 1 TRAILER - REAR SET
B	17 ⁰ N	14 ² E	LR TANDEM UNIT 1 TRAILER - FRONT SET
C	43 ⁴ N	-	STOP BAR FOR SR 37 NB
D	48 ³ N	28 ³ E	RR TANDEM UNIT 1 TRACTOR - REAR SET
E	51 ⁰ N	31 ² E	RR TANDEM UNIT 1 TRACTOR - FRONT SET
F	26 ⁹ N	46 ⁴ E	FRONT OF CAB UNIT 1
G	57 ² N	31 ⁶ E	RAILROAD CROSSING FLASHER BASE
H	58 ¹⁰ N	13 ⁰ E	LR SCUFFMARK
J	67 ⁴ N	21 ² E	SERIES OF SCRAPES AND GOOGIES
K	76 ³ N	17 ¹ E	LF SCUFFMARK UNIT 1 BEGINS
L	89 ⁹ N	0 ⁰ E	WEST SIDE WHITE LINE CROSSES RAIL
M	75 ¹ N	23 ⁴ E	EAST SIDE WHITE LINE CROSSES RAIL

OFFICERS SIGNATURE
TPR *[Signature]*

BADGE NO.
1081

State of Ohio
HP 90A
Rev. 10/1/92
10-0411-00

Department of Public Safety

Your Ref. No. _____

OHIO STATE HIGHWAY PATROL APPLICATION FOR PHOTOGRAPHS

1. Check the "Photos" caption in the bottom left corner of the first page of the Crash Report if you wish to know if photographs were taken (the "Yes" block will be marked).
2. If photographs were taken, use this application form to order prints of all printable photographs taken of the crash.
3. The crash report number and date of occurrence will be completed by Highway Patrol personnel. Please do not change the information on the form when requesting photographs.
4. Write the name, address and zip code of the person making application for the photographs in the block below.
5. Enclose a check in the amount of \$12.00. Make check payable to: Ohio State Highway Patrol.
6. IMPORTANT: In order to request special prints, a Photo Enlargement Application, HP-90B must accompany the original print(s) and the proper fee required for the service. The Photo Enlargement Request (HP-90B) will be returned with your photographs.

Mail Photographs to (Use BLACK INK only):

NAME			
STREET			
CITY	STATE	ZIP CODE	

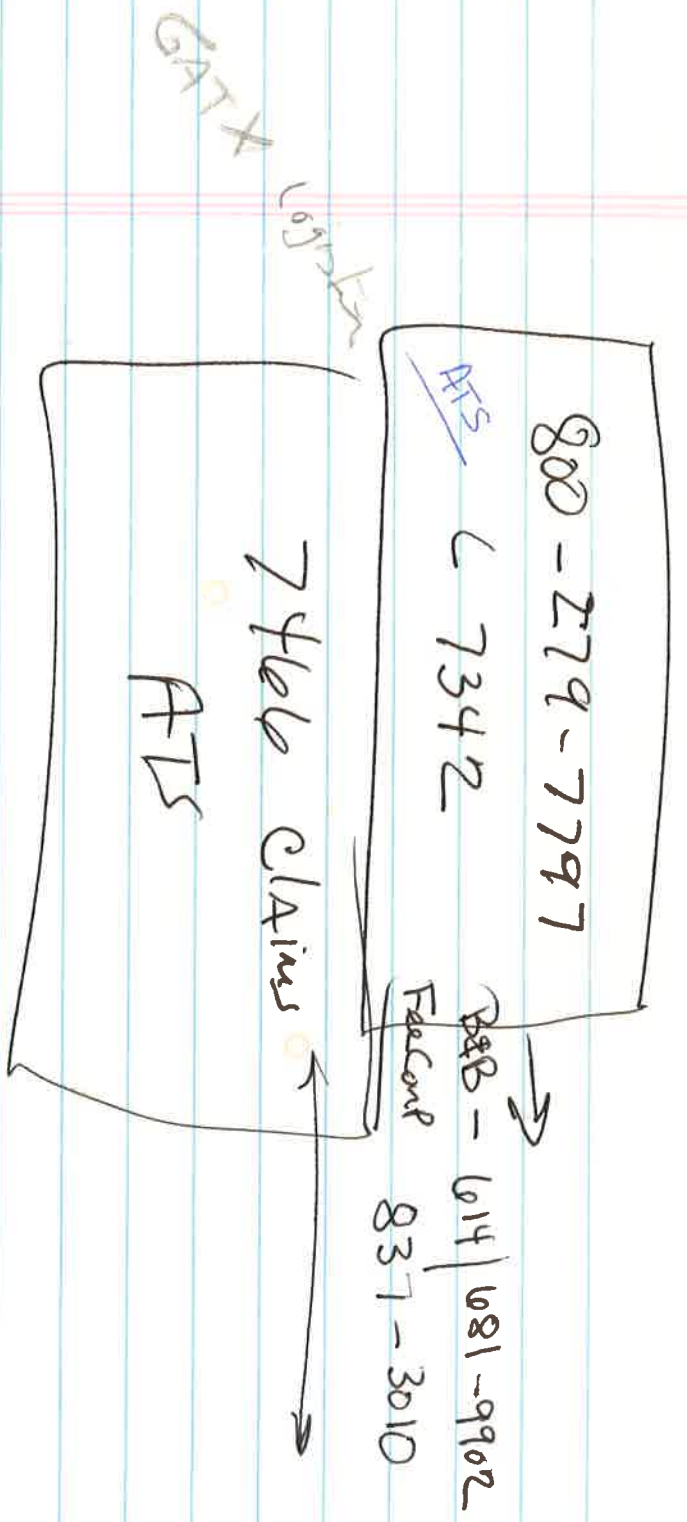
Crash Report Number 23-349-23 Date of Crash 3-27-96

This application will be processed on this number. Be certain it corresponds exactly with the crash report number.

Mail Application to:

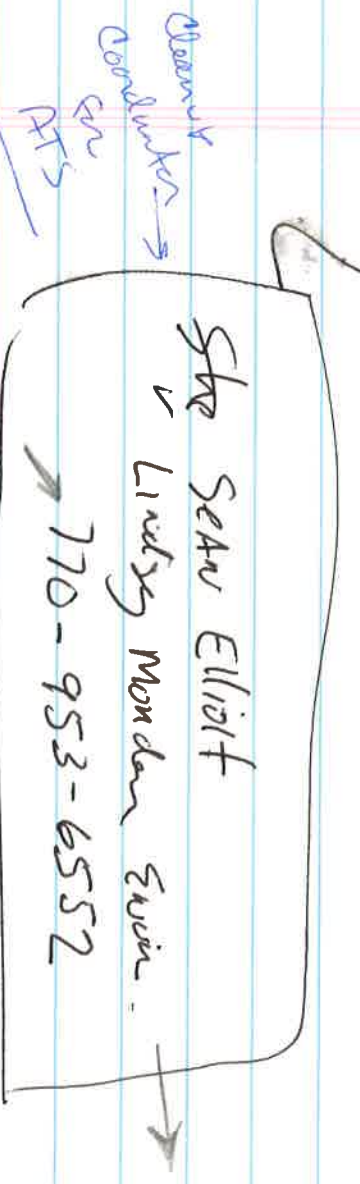
Ohio State Highway Patrol
Attention: Photo Lab
Box 7037
Columbus, Ohio 43205-0037

Please allow 6-8 weeks for delivery of photographs.



→ Gary Muehlsteht ← Claims Paper

Gary Wilson Davis



etc
 1770 Tle Exchange
 Suite 160
 ATC - 30339



 Ro Bar 1377

St Cloud MN 56302 Berpau 9:48 Am

On Scene - Approx 10:15

Departed - 12:10 Pm

Claim # AU9603105