

OFFICE OF THE SHERIFF
FAIRFIELD COUNTY

Dave Phalen, Sheriff



FAX TRANSMISSION

From: Elia

Date: 8/6/02

To: Don Berger

Time: 10am

Company: _____

Recipient Fax #: 653-5690

of Pages Being Faxed Including Cover: 5

MESSAGE

Bunco Trucking 614-449-2646

Says they sold the truck to
the individual

****NOTICE**** - This document is Confidential. If you have received this Fax in error please
send it back, or if you are the intended recipient and you have not received the correct
number of pages please contact:

CIVIL DIVISION

221 East Main Street, Lancaster, OH 43130-3872

Phone Numbers: (740) 653-5223; (614) 837-2499; Fax (740) 687-6848

OH76

TRAFFIC CRASH REPORT

LOCAL JURISDICTION 3312	CRASH SEVERITY 2 FATAL 3 FATAL 2 DUAITY 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/>	MIT/SDIP 1 NOT HELD/SEEN 2 SEEN 3 UNKNOWN	PHOTOS TAKEN <input checked="" type="checkbox"/>	OH-2 <input checked="" type="checkbox"/>	OH-3 <input checked="" type="checkbox"/>	OH-3P <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
MILEAGE * 02300	REPORTING AGENCY * FCSO	REPORTING OFFICER * 01	REPORTING AGENCY * 01	REPORTING AGENCY * 98 - AGRICAL 99 - UNKNOWN	REPORTING AGENCY * 08022002			

DATE OF CRASH 1104	DAY OF WEEK FRI	TIME OF CRASH 01	NAME OF CITY, VILLAGE OR TOWNSHIP * CLEARCREEK TWP	COUNTY # * 23	TOWNSHIP 01	LONGITUDE
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CRASH LOCATION Julian Road	TYPE LOCATION POINT USED 1 NUMBERED STREET 2 NUMBERED RURAL	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	REFERENCE POINT USED 04 HOUSE NUMBER 05 TOWNSHIP-ROADWAY 06 MILE POST 07 CORPORATION LIMIT	08 PLACE NAME W/O HIGHWAY 09 UNDERWAY 10 STREET OR ROUTE W/O HIGHWAY
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PLATE # A 0101	NAME (LAST, FIRST, MIDDLE) Robery Bruce E	ADDRESS (STREET, CITY, STATE, ZIP CODE) 6760 Davis Road Hilliard Ohio 43026	HOME PHONE # 876-1037	WORK PHONE # 402-1832
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DL STATE OH	DL # RR151216	LP STATE OH	LP # PBH 1474	INURED TAKEN BY 2	TRANSPORTED BY CLEARCREEK	INURED TAKEN TO Burger E R.
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OWNER NAME (IF SAME, WRITE "SAME") NATIONAL CITY LEASING	ADDRESS (STREET, CITY, STATE, ZIP CODE) 1193 Refugee Road Columbus Ohio 43207	YEAR 1999	MAKE MACK	MODEL CNW13	COLOR WHITE	INSURANCE COMPANY Progress Trust	TOWING SERVICE Midwest	OWNER PHONE #
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OFFENSE CHARGED 4511.202	OFFENSE DESCRIPTION FAILURE TO CONTROL	CRASH NO. SD21905
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Motorist/Non-Motorist

PLATE # B	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)	HOME PHONE #	WORK PHONE #
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DL STATE OH	DL #	LP STATE OH	LP #	INURED TAKEN BY 1 None 4 Other 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)	YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CRASH NO.
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Occupant


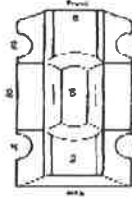
PLATE # C	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)	HOME PHONE #	WORK PHONE #
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DL STATE OH	DL #	LP STATE OH	LP #	INURED TAKEN BY 1 None 4 Other 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INURED TAKEN TO
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OWNER NAME (IF SAME, WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)	YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CRASH NO.
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SEATING POSITION 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/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 CLOSED CABO AREA 12 UNKNOWN CABO AREA	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CORN SAFETY STRAP 06 MC HELMET USED 07 USE UNKNOWN 08 None Used 09 HELMET USED 10 PHOTO/EYE PADS 11 NON-REFLECTIVE 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 Not Deployed 2 Deployed-PROB 3 Deployed Side 4 Deployed BOTH 5 None/State 6 Not Applicable 7 Unknown	AIR BAG SWITCH 1 Not Present 2 In Off Position 3 In Off Position 4 Unknown	EJECTION 1 Not Ejected 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 ENTRAPPED BY MECHANICAL MEANS 3 Injured by Non-Mechanical MEANS 4 UNKNOWN	INJURIES 1 NO DUAITY 2 FATALITY 3 NON-FATALITY 4 INCAPACITATING 5 FATAL DUAITY 6 UNKNOWN
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<p>UNIT NUMBERS 01</p> <p>NON-MOTORIST LOCATION</p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 UNPAVED/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DIVERGENT ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SURF SIDE) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 WITHIN 10 FEET IN ROADWAY (WITHIN INTERSECT) 13 OFFSIDE PATHWAY 14 SHARED USE TRACKS ON TRAILS 15 UNKNOWN</p> <p>TYPE OF UNIT 13</p> <p>MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 FERRY/VAN 09 SINGLE UNIT TRUCK: 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRACTOR 12 TRUCK TRACTOR (BOAT/L) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHIRT 15 TRACTOR/OTHER / OTHER 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTOBIKE/ATV 20 SCHOOL BUS 21 COUNCIL BUS 22 PUBLIC BUS 23 OTHER BUS 24 PULVER VEHICLE 25 FINE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MISC. TRUCK 29 TRAILER 30 FERRY VEHICLE 31 FERRY EQUIPMENT 32 SNOWMOBILE 33 CIRCULAR/AMPHIBIOUS 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BURDEN 37 PEDESTAL 38 PEDESTRIAN 39 PROXIMITY 40 SCATTER 41 OTHER-NON MOTORIST 42 UNKNOWN</p> <p>IN EMERGENCY RESPONSE</p> <p>1 No 2 YES 3 UNKNOWN</p> <p>DAMAGE SCALE 5</p> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>DAMAGE AREA</p>   <p>MOST DAMAGED AREA 08</p> <p>POINT OF IMPACT 08</p> <p>ACTION 3</p> <p>SYMBOLIC VEHICLE: OVERSIDE/ UNDERSIDE 1</p> <p>1 NO UNDERSIDE OR OVERSIDE INTERSECTION 2 UNDERSIDE, COMPARTMENT INTERSECTION 3 UNDERSIDE, NO COMPARTMENT INTERSECTION 4 UNDERSIDE, COMPARTMENT INTERSECTION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRUCKSPORT 6 OTHER/ OTHER VEHICLE 7 UNKNOWN</p>	<p>PRE-CRASH ACTIONS 01 MOTORIST 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 FOLLOWING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 BRAKING 11 STOPPING/STOPPING IN TRAFFIC 12 UNAVAILABLE 13 OTHER 14 UNKNOWN NON-MOTORIST 15 FOLLOWING/EXPOSURE IN SIDEWALK LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 FLYING/WALKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p> <p>CONTRIBUTING CIRCUMSTANCES 15</p> <p>MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN FROM LIGHT, NO STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SWERVE 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/NOCA 09 IMPROPER LANE CHANGE / MOVE OFF ROADY 10 IMPROPER PASSING 11 IMPROPER SIGNAL FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, OR AGGRESSIVE MANNER 14 STOPPING IN BIWAY (DUE TO WORK, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO COMPLY 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 18 FAILURE/ADVICE 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPLIPPING 21 OTHER TRAFFIC ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 WAITING 26 LIVING ANIMAL/UNLEASHED IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CONDITIONS) 29 UNAVAILABLE 30 FAILURE TO ONLY TAKE THE SHOULDER, SIDEWALK, OR OFFSIDE 31 WINDING SIDE OF THE ROAD 32 OTHER 33 UNKNOWN</p> <p>VEHICLE DEFECT CODE ONLY IF 'YES' SELECTED ABOVE</p> <p>01 TIRE SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE UNWEAR 07 WITHIN THE SACK TIRE'S DIRECTIVE 08 TIRE TIRE EQUIPMENT DIRECTIVE 09 MOTOR THROTTLE 10 DEFECTIVE FLYING FROM CLASH 11 OTHER DEFECTS</p>	<p>SEQUENCE OF EVENTS 10 33 40 01</p> <p>NON-COLLISION 01 OVERTAKING/ROLLER 02 SWERVE/TURN 03 IMPRESSION 04 JERKING 05 CARGO/EQUIPMENT LOSS/SWIFT 06 UNLAWFUL PASSING 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/COUNTERLINE 11 DROVE ON RUMBLEWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED 14 PROPELLER 15 PEDICYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - OTHER 19 ANIMAL - OTHER 20 MISC. VEHICLE IN TRAFFIC 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT AT INTERSECTION/CORNER/CUSHION 26 VEHICLE OVERSIZED STRUCTURE 27 BRIDGE PIER OR PAVEMENT 28 BRIDGE PAVEMENT 29 BRIDGE RAIL 30 GUARDRAIL PILE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 HIGHWAY/INTERCHANGE SUPPORT 36 UTILITY POLE 37 OTHER POST, PILE, OR SUPPORT 38 OTHER 39 CREEP 40 DITCH 41 EMBANKMENT 42 FENCE 43 HOLE/LOG 44 TREE 45 OTHER FIXED OBJECT 46 WHEN ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</p> <p>FIRST MAJOR EVENT 1</p> <p>(OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST MAJOR EVENT) (1-4)</p> <p>MOST MAJOR EVENT 3</p> <p>(OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST MAJOR EVENT) (1-4)</p> <p>SPEED DETECTED 1</p> <p>1 STATED 2 ESTIMATED SPEED</p> <p>SPEED 30</p>	<p>POSTED SPEED 55</p> <p>TRAFFIC CONTROL 12</p> <p>01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC PEACHES 06 SCHOOL ZONE 07 RAILROAD CROSSING 08 HAYSTACK FLAGGERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/BIKEWAY SIGN 15 TRAFFIC CONTROL DEVICE: INFORMATION, MISSING, OBLISCED 16 OTHER</p> <p>DIRECTION 12</p> <p>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION 1</p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FEEL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED 1</p> <p>1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - DRUG SUSPECTED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN</p> <p>ALCOHOL TEST STATUS 1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE 1</p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT 3312</p>	<p>DRUG TEST STATUS 1</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE 1</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST & RESULT 1</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>TYPE OF INTERSECTION 01</p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FLYING/ON ROAD 07 ON RAMP 08 EXIT RAMP 09 CROSSOVER 10 DIVERGENT/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS ON TRAILS 13 UNKNOWN</p> <p>OCCURRENCE 1</p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON SIDEWALK 5 ON GORE 6 OFFSIDE TRAILERWAY 7 UNKNOWN</p> <p>ROAD CONTOUR 4</p> <p>1 STRAIGHT LEVEL 2 STRAIGHT DIBBLE 3 CURVE LEVEL 4 CROWN ROAD</p> <p>ROAD CONDITIONS 01</p> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRANEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 UNKNOWN 09 RUT, POTHOLE, BUMP, UNIFORM PAVEMENT PP 10 OTHER 11 UNKNOWN * STRENGTH ROAD CONDITIONS ONLY</p>
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Narrative
 UNIT #1 WAS SOUTH BOUND ON JULIAN ROAD
 WHEN THE TRUCK COLLIDED THE DOUBLE YELLOW LINE DUE TO
 WEIGHT SHIFTING IN THE TRAILER. THE DRIVER OF THE VEHICLE
 LOST CONTROL GOING OFF THE EAST SIDE OF THE ROADWAY
 DOWN INTO A DITCH CAUSING THE VEHICLE TO TIP OVER ON IT'S
 LEFT SIDE.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES OR TRAILERS <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKUP <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDEWIP, SAME DIRECTION <input type="checkbox"/> 8 SIDEWIP, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.
WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 Fog, Mist, Smog <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 Sleet, Hail (Pressure Main Unleak) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 Severe Conditions <input type="checkbox"/> 08 Blowing Sand, Soil, Dust, Snow <input type="checkbox"/> 09 Other <input type="checkbox"/> 10 Unknown	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		(Continuation of diagram area)
LEASH CONDITIONS Primary <input type="checkbox"/> Secondary <input type="checkbox"/> <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dawn <input type="checkbox"/> 3 Dusk <input type="checkbox"/> 4 Dark (Mitten Roadway) <input type="checkbox"/> 5 Dark - Not Lit <input type="checkbox"/> 6 Dark - Unknown Lighting <input type="checkbox"/> 7 Snow <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 Unknown	TYPE OF WORK ZONE <input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work On Shoulder Or Median <input type="checkbox"/> 4 Temporary Moving Work <input type="checkbox"/> 5 Other		
<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 Before First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area		
<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		

Truck/Bus
 THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (ANYOR VEHICLE) WITH A GVWR MORE THAN 10,000 pounds; OR
 A TRUCK (ANYOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS (ANYOR TRUCK) WITH AT LEAST 8 PASSENGERS, AND HEAVY DUTY.
 A 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 BLENDING DAMAGE OR REQUIRED INTERVENEING ASSISTANCE BEFORE RECOVERING UNDER ITS OWN POWER.

UNIT # 01
 Company (From Shipping Papers) **TRIPLE R TRUCKING** Company Phone **402-1832**
 Address (Street, City, St, Zip Code) **6160 DAVIS ROAD HILLARD OHIO 43026**

US DOT	TCR MC	RUO	Trailer LP St	Trailer LP Year	Trailer LP #	Placard #	# Dis
			OHIO	03	TLU-2087		
CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Material Released			
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 Box (9-15 Tons (Range: Duffel)) <input type="checkbox"/> 03 Van/Enclosure Box <input type="checkbox"/> 04 Garbage/Trash/Sludge <input type="checkbox"/> 05 Flat <input type="checkbox"/> 06 CAREN TANK <input type="checkbox"/> 07 FLATTED <input type="checkbox"/> 08 Dump <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 Auto Transporter <input type="checkbox"/> 11 Cement/Gravel <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 Unknown	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

Police Action

Police Agency	Report Taken At	Report Taken By	Date Report Filed
1 POLICE AGENCY 2 MOTORIST	1 State 2 Station 3 Other	Deputy Mark Be...	08022002

TOP COPY - UPLD BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 3312	REPORTING AGENCY F.C.S.O	DATE OF ACCIDENT MO 08 10 02 Y 02
IN COUNTY OF FAIRFIELD	ACCIDENT LOCATION JULIAN ROAD	

OWNER - FAIRFIELD COUNTY ROAD DEPARTMENT
 ADDRESS - 216 EAST FAIR AVE LANCASTER OHIO 43130
 PHONE NO^W - 740-654-1461

DAMAGED - DELIMITER SIGNS X 3
 BRIDGE END MARKER SIGN

VALUED - UNKNOWN TO REPLACE

OFFICERS SIGNATURE

Mark Pennington

BADGE NO.

FC02