

TRAFFIC CRASH REPORT



LOCAL REPORT #
23 - 0790 - 23

CRASH SEVERITY
2 1 FATAL 3 PDO
2 BLUJRY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HTIR/OP
1 NOT HTIR/OP
2 SOLYED
3 UNSOLYED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER
X X X X

N.C.I.C. #
OHP23

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
01

UNIT ERROR
01 00 = ANIMAL
00 = UNKNOWN

DATE OF CRASH
07282007

TIME OF CRASH
1552 DAY OF WEEK
SAT

CITY VILLAGE TWP
Greenfield

COUNTY #
23

LATITUDE LONGITUDE
39:46:15.00 82:39:58.92

PREFIX CRASH LOCATION
CR0031

DAY REFERENCE OR PREFIX REFERENCE
.5mile E CR0033A

REFERENCE POINT USED
02 01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

UNIT # # OF OCC.
A 01 01 NAME (LAST, FIRST, MIDDLE)
Fleming, Thomas E

ADDRESS (STREET, CITY, STATE, ZIP CODE)
596 Grandview ST, Parkersburg, West Virginia 26101

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
06211969 38 M (304)372-6932

DL STATE DL # LP STATE LP # INJURED TAKEN BY INJURED TAKEN TO
WV E433854 OH PUN5252 4 1 NONE 4 OTHER
2 EMS 5 UNKNOWN Med Flight OSU Medical Center

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
BELT TRANSFER COMPANY RRI Box 7988 Ravenswood WV 26164

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2001 Western Star Conventional 20/20 National Interstate Fleetmaster's 866-371-1251

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
4511.202 Operating vehicle without reasonable control X 672021

UNIT # # OF OCC.
B NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY INJURED TAKEN TO
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY INJURED TAKEN TO
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

Motorist/Non-Motorist
Occupant

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 BELT SEAT SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILER UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST
17 UNKNOWN

SAFETY EQUIPMENT
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

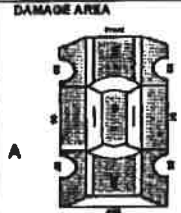
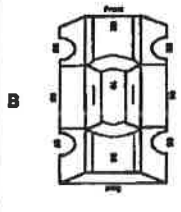
AIR BAG
1 NOT DEPLOYED
2 DEPLOYED - FRONT
3 DEPLOYED - SIDE
4 DEPLOYED BOTH FRONT/REAR
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH
1 NOT PRESENT
2 IN ON 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 EXTRACTED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES
1 NO BLUJRY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL BLUJRY
6 UNKNOWN
SUPPLEMENT X IF YES

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/> 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	DAMAGE AREA   MOST DAMAGED AREA <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value=""/> 01 NONE 02 CENTER FRONT 03 FRONT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT FRONT 09 TOP AND WINDOWS 10 UNDERCARRIAGE 11 LOAD/TRAILER 12 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANE 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 BRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table border="1"> <tr><td>0</td><td>8</td><td></td><td></td></tr> <tr><td>4</td><td>0</td><td></td><td></td></tr> <tr><td>3</td><td>6</td><td></td><td></td></tr> <tr><td>0</td><td>1</td><td></td><td></td></tr> </table> NON-COLLISION 01 OVERTURN/OVERLOVER 02 FIRE/EXPLOSION 03 IMBROSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/DIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUMBLAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - OTHER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK SOME MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRAH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PAVAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINATED 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 SOME MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	0	8			4	0			3	6			0	1			POSTED SPEED <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value=""/> TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value=""/> 01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD PLANNERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKDOFT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 CRACK 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING								
0	8																												
4	0																												
3	6																												
0	1																												
TYPE OF UNIT <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value=""/> MOTORIST 01 BUS-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, 4 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/TRIMPLES 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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WALKER 36 ANIMAL W/DOG/S 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value=""/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT FRONT 09 TOP AND WINDOWS 10 UNDERCARRIAGE 11 LOAD/TRAILER 12 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value=""/> 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/CAD 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVED 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/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 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="2"/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="4"/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="1"/> <input type="text" value=""/> 1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value=""/> 1 SUPPLEMENT * * * IF YES	DIRECTION FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value=""/> FROM TO <input type="text" value=""/> <input type="text" value=""/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONVICTION <input type="text" value="1"/> <input type="text" value=""/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FANITED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value=""/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - DRUGS SUSPECTED 4 YES - ALCOHOL/DRUGS SUSPECTED 5 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCUM/ABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN OCCURRENCE <input type="text" value="4"/> <input type="text" value=""/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON BONE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR <input type="text" value="1"/> <input type="text" value=""/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITION <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> 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																								
IN EMERGENCY RESPONSE <input type="text" value=""/> <input type="text" value=""/> 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE <input type="text" value="5"/> <input type="text" value=""/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="1"/> <input type="text" value=""/> 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '1' IS SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR BUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR PROBLE 10 DISABLED FROM POOR CRASH 11 OTHER DEFECTS	LOCAL REPORT # ** <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/>	SUPPLEMENT * * * IF YES																									

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 23-0790-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 07/28/2007
IN COUNTY OF Fairfield	ACCIDENT LOCATION CR0031	

Unit 1 is a burgundy in color 2001 Western Star semi truck with Ohio registration PUN5252.

Trailer of unit 1 is a 1994 Road Brute Semi Trailer with West Virginia registration C143800. Trailer load was damaged from the trailer rolling onto it. The trailer's right rear axle tire was flat from contact with the power line. The frame of the trailer is possibly bent. Unit 1 was loaded with aluminum plating.

Damage analysis: The truck has severe damage to all areas including the load and trailer.

Owner of the load and trailer is:

Belt Transfer Company
RR1 Box 79BB
Ravenswood, WV. 26164.

Weather: Clear and mild; no adverse.

Injuries: Driver of unit had minor injuries.

Roadway: County Rd. 31 is an asphalt roadway with painted edge and center lines.

Reference point is wooden utility pole #18-30 located on the south edge of County Rd. 31.

Distance from reference point to point zero is 11' 0"

All measurements rolled along south edge of County Rd. 31.

As	Fo	Description
A 170' 6"	0' 0"	Right front tire of unit 1 off the roadway.
B 235' 4"	8' 3"N	Start of left tire skid from unit 1.
C 320' 0"	0' 0"	End left skid, left tire off roadway.
D 320' 0"	8' 2"S	Ditch struck by unit 1.
E 383' 5"	8' 2"S	Pole struck by unit 1.
F 383' 5"	0' 0"	Left tire of unit 1 back on the roadway.
G 482' 11"	3' 4"S	Final rest of unit 1 outside right rear axle tire.
H 499' 5"	7' 11"N	Gouge on roadway from cab of unit 1 rolling over.
I 517' 7"	7' 8"S	Final rest right rear outside tire on rear axle of power unit.
J 540' 1"	8' 8"N	Final rest of unit 1 right front tire.

OFFICERS SIGNATURE	BADGE NO. 0441
--------------------	--------------------------

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-790-23	REPORTING AGENCY STATE Highway PATROL	DATE OF CRASH MO 7 10 28 1967
----------------------------------	--	----------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, THOMAS E. FLEMING (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TO THARP W-1496 (OFFICERS NAME) AT O.S.U. HOSPITAL (LOCATION)

Q: WHAT HAPPENED? A: I DON'T KNOW IF THE LOAD SHIFTED. I JUST FELT THE TRUCK GO TO THE RIGHT. I WASN'T GOING OVER 45 OR 50 M.P.H.

Q: WHERE ARE YOU COMING FROM? A: RAVENSWOOD WV GOING TO HEATH OHIO.

Q: DID YOU HAVE A SEATBELT ON? A: YES.

Q: WHAT ARE YOU HAULING? A: METAL PLATE

Q: ANY OTHER CARS AROUND? A: NO.

Q: WHAT DO YOU THINK CAUSED THE CRASH? A: NOT SURE, MAYBE LOAD SHIFT. IT WAS LOADS KINDA TALL.

Q: DO YOU HAVE ANYTHING TO ADD? A: NO.

ADDRESS OF WITNESS #8 CEDAR Hill Trailer Court RIPLEY WV 25271	PHONE (304) 372-6932
SIGNATURE OF WITNESS <i>Thomas E. Fleming</i>	OFFICERS SIGNATURE <i>To Tharp</i>



**OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
DISTRICT 6 HEADQUARTERS
(614) 799-9241
Return certification to agency listed on back**

**DRIVER/VEHICLE EXAMINATION REPORT
Report Number: OH3293002941
Inspection Date: 07/28/2007
Start Time: 05:40 PM End Time: 11:18 AM
Insp. Level: 1-Full, No HM Insp.**

**BELT TRANSFER COMPANY INC
RR1 BOX 79BB
RAVENSWOOD, WV 26164
USDOT#: 00002408 Phone#: (304)273-1251
MC/MX#: 002260 Fax#:
State#:
Location: ROAD SIDE
Highway: COONPATH RD
County: FAIRFIELD, OH**

**Driver: FLEMING, THOMAS E
License#: E433854 State: WV
Date of Birth: 06/21/1969
CoDriver:
License#: State:
Date of Birth:
Shipper: ALCAN ALUMINUM
Bill of Lading: N/A
Cargo: BUILDING MATERIALS**

**MilePost:
Origin: RAVENSWOOD, WV
Destination: HEATH, OH**

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	License #	Company #	Vin #	GWR	CVSA #	OOS#
1	TT	WSTR	2001	OH	PUN5252	C068	5CKEDD3J71C100068			
2	ST	WILX	1994	WV	C143800	48773F	1W1BMA6R9RE307133			Y

BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	5/8	7/8	1 5/8	1/2	1 1/8
Left	1/2	1 7/8	1	3/8	1 1/4
Chamber	C-20	C-30	C-30	C-30	C-30

VIOLATIONS

Section Code	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
392.2	F	D	N	X672021	N	N	Local laws: ORC#4511.202, Fail to control vehicle.
393.75(a)(3)	F	2	Y		U	Y	Tire-flat, off rim, axle5 right outside.
395.8(f)(1)	F	D	N		N	N	Drivers record of duty status not current, last graph line entry 7-27-07 midnight off duty in Ravenswood, WV.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: Traffic Enforcement; Post Crash

State Information:

FMCSA Credentials Verified-Y/N: N; CDL Verified (Y/N): Y; FMCSA OOS Order Issued(Y/N): N; For-Hire Carrier: Y; Reason Code: CRAS; Fatalities (Y/N): N; Crash Report #: 23-0790-23; Driver Address: 596 GRANDVIEW ST; Driver City: PARKERSBURG; Driver State: WV; Driver Zip: 26101; Photos Taken (Y/N): N;

Report Prepared By:
BROWN, B.

Badge #:
3293

Copy Received By:
THOMAS FLEMING

Page 1 of 2



OH3293002941

X



**OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
DISTRICT 6 HEADQUARTERS
(614) 799-9241**
Return certification to agency listed on back

DRIVER/VEHICLE EXAMINATION REPORT
Report Number: OH3293002941
Inspection Date: 07/28/2007
Start Time: 05:40 PM End Time: 11:18 AM
Insp. Level: 1-Full, No HM Insp.

BELT TRANSFER COMPANY INC
RR1 BOX 79BB
RAVENSWOOD, WV 26164
USDOT#: 00002408 Phone#: (304)273-1251
MC/MX#: 002260 Fax#: _____
State#: _____

Driver: FLEMING, THOMAS E
License#: E433854 State: WV
Date of Birth: 06/21/1969
CoDriver: _____
License#: _____ State: _____
Date of Birth: _____

* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 398.9, 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.

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.

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; Fax (614) 752-9274 within 15 days of the inspection. 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 Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
BROWN, B.

Badge #:
3293

Copy Received By:
THOMAS FLEMING

Page 2 of 2



OH3293002941

X Bush Brown

X _____



**OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
DISTRICT 6 HEADQUARTERS
(614) 799-9241
Return certification to agency listed on back**

**DRIVER/VEHICLE EXAMINATION REPORT
Report #: OH3293002941
Date: 07/28/2007
Start Time: 05:40 PM End Time: 11:18 AM
Insp. Level: 1-Full, No HM Insp.**

**BELT TRANSFER COMPANY INC
RR1 BOX 79BB
RAVENSWOOD, WV 26164
Phone#: (304)273-1251
USDOT#: 00002408
State#:**

**Fax#:
MC/MX#: 002260**

**Driver: FLEMING, THOMAS E
License#: E433854
Date of Birth: 06/21/1969
CoDriver:
License#:
Date of Birth:
State: WV
State:**

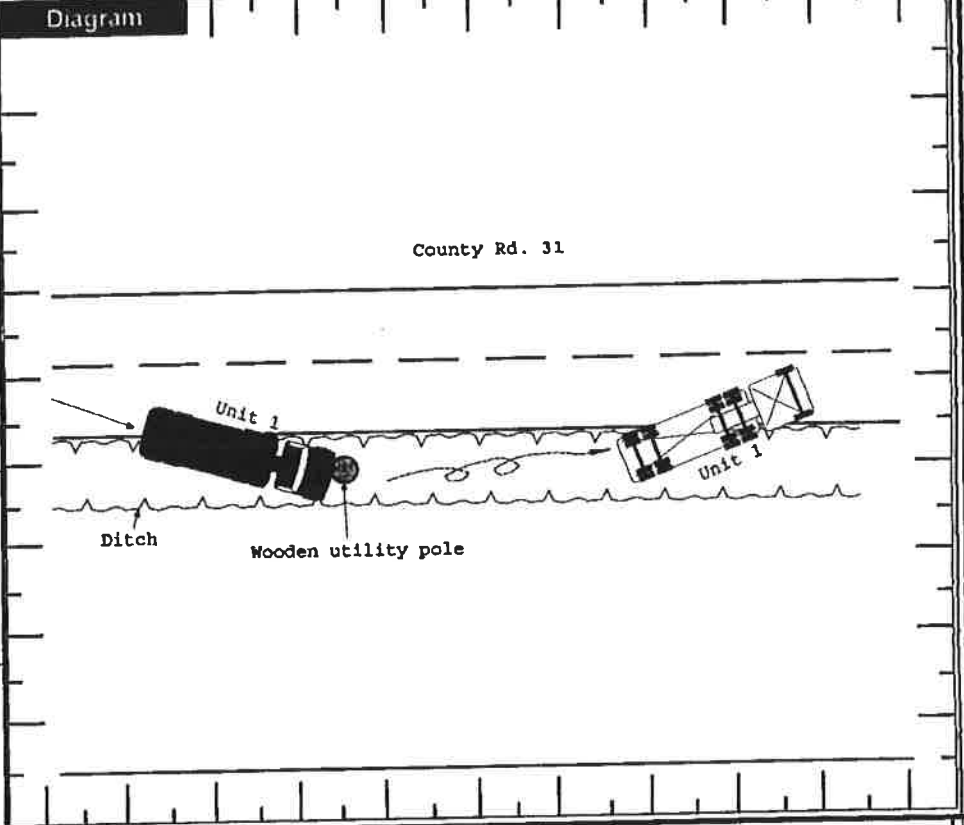
Inspection Notes

UAS Logon not possible. NoTractor violations shown as Unit appears to be total loss due to CMV rollover crash. Driver transported from scene prior to my arrival. Due to long delays in clearing electrical wires etc at scene, this Inspection was completed 7-29-07 at Fleetmaster Towing, 202 Quarry Rd in Lancaster, OH. Tractor air and electrical systems inoperative due to crash. Inspection report for Carrier left with Driver's Logbook inside cab of tractor.

Narrative:

Unit 1 was traveling east on County Rd. 31 and drove off the right side of the roadway striking a ditch and then a utility pole. The power unit then re-entered the roadway just prior to unit 1 rolling over on its top.

MANNER OF COLLISION OR IMPACT <input checked="" 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 SIDESWipe, SAME DIRECTION 8 SIDESWipe, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 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 checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY: <input type="checkbox"/> 1 <input type="checkbox"/> 2 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 BLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFTS/OVERLAP 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/STOPPING 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 checked="" type="checkbox"/> 0 <input type="checkbox"/> 1	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	AND 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) Belt Transfer Company		COMPANY PHONE (866)371-1251
ADDRESS (STREET, CITY, ST, ZIP CODE) RR 1 Box 79BB, Ravenswood, West Virginia 26164		
US DOT 002408	ICC MC []	PUCO []
TRAILER LP ST. WV	TRAILER LP YEAR 1994	TRAILER LP # C143800
CARGO BODY TYPE <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 7 01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 WAREHOUSE BOX 04 GRANCHIP/BRAMEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input checked="" type="checkbox"/> 3 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	COL CLASS <input checked="" type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS N 5 CLASS D
HAZARDOUS MATERIALS PLACARD <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

Police Action

DATE CRASH REPORTED 07282007	TIME REC CALL 1553	DISPATCH 1553	ARRIVED 1620	CLEARED 2041	OTHER 70	TOTAL MINUTES 0358
OFFICER'S NAME * Spackey, B	BADGE # * 0441	CHECKED BY DLBLOSSER	DATE REPORT FILED * 07312007	LOCAL REPORT # * 23-0790-23		
REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 1 ICS/BE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * <input type="checkbox"/> X IF YES				

Deb Pearson

From: NoReply@dps.state.oh.us
Sent: Friday, November 09, 2007 9:45 AM
To: dpearson@co.fairfield.oh.us
Subject: Your crash reports are ready!

Thank you for using the Ohio State Highway Patrol Crash Report Ordering System.

Please print and keep a copy of this receipt in a safe place - it is your only record of this transaction.

Your order has been approved and your reports are ready to be printed. This process must be completed within 72 Hours from the above date and time of notification.

To retrieve your reports copy and paste the URL into your browser window to avoid typing errors:
<http://crsweb.dps.state.oh.us/crashreports/authorize.asp?auth=e602772bd0909b8e0bf754b0d4400d6f>

If you are experiencing difficulties in retrieving your report, please refer to the Frequently Asked Questions Section on our web site.

Order:
Item: 230790232007
Description: Ohio State Highway Patrol Crash Report Number 230790232007
Price: 4.00
Quantity: 1
Taxable: N

Transaction ID: 11304232406741.023
Order number: (The numbers and letters following the ? in the above URL) Transaction Date: 110907
Transaction Amount: \$4.00

If you have questions, please contact the Ohio State Highway Patrol at: oshpcrashreports@dps.state.oh.us