



MEMO

To: Vaughn Wilson, District Deputy Director
From: Vicki Shawger, Court of Claims Coordinator *Vicki*
Date: March 14, 2011
Subject: Court of Claims Case 2011-03332; Paul Risner, Co-Admr. v. ODOT, D-09
\$25,000.00

Troy Huff, HMA

Transmitted herewith is a copy of the above-styled Complaint. It is requested this Complaint be thoroughly investigated and **ONE** copy of your report of investigation, together with any supporting data, be returned to Vicki Shawger, 1st Floor. It is necessary that this information be furnished by **April 4, 2011**.

It is imperative that all facts regarding the situation be furnished and that all documents, records and other data supporting the investigation report be attached to the explanatory transmittal letter in order that the Attorney General's Court of Claims Defense Section, or this office, can properly defend the State. *A recommendation from the district would be helpful.*

It is requested, further, that any documents having to do with a "**maintenance**" claim, include, but not limited to, Straight Line Diagram with milepost identified, MMS printout 6-months from date of incident, complaint files, telephone logs, radio logs or a CIMS printout 6-months from date of the incident. *Any kind of highlighting needs to be done in yellow.*

For "**construction**" matters, please include contractor name, address, project number, plans, daily work reports and any other pertinent data. These documents need to be "flagged" and retained for use in preparing the defense of the lawsuit. This retention request may exceed the normal retention schedules established for documents such as those enumerated here. Notification of final disposition of the case will be furnished through the Quarterly Report of Action on Court Claims Cases. Documents that were retained may return to the normal retention and disposition schedule.

All documents and any copies thereof with regard to the investigation of the Complaint shall be treated as confidential and shall not be released to others without first contacting the undersigned.

If the Complaint involves a motor vehicle accident, and said accident report is not attached hereto, it will be forwarded upon receipt by this office.

Attachment

c: ODOT Auditor 11-164
File



Court of Claims of Ohio

The Ohio Judicial Center
65 South Front Street, Third Floor
Columbus, OH 43215
614.387.9800 or 1.800.824.8263
www.cco.state.oh.us

SUMMONS

PAUL RISNER, Co-Admr., et al.

Plaintiffs

v.

OHIO DEPARTMENT OF
TRANSPORTATION

Defendant

Case No. 2011-03332

Judge Joseph T. Clark

RECEIVED

MAR 10 2011

ODOT - DISTRICT 9
DISTRICT DEPUTY DIRECTOR

To the following:

Ohio Department of Transportation
District 9
650 Eastern Avenue
Chillicothe, Ohio 45601

You have been named as a defendant in a complaint filed in this court (copy attached) by:

Paul Risner, Co-Administrator of the
Estate of Amber Risner
179 Hill Drive
Jasper, Ohio 45642

Catherine Risner, Co-Administrator of the
Estate of Amber Risner
1812 Pennington Road
Waverly, Ohio 45690

The counsel of record is:

Douglas J. Blue
471 East Broad Street, Suite 1100
Columbus, Ohio 43215

You shall appear and defend both by serving a copy of your pleading upon plaintiffs' attorney, otherwise upon plaintiffs, within 28 days from the date upon which service of this summons was received, and by filing the original of your pleading with this court within three days of the aforementioned date of service upon plaintiffs.

Date: March 8, 2011

MILES C. DURFEY
CLERK, COURT OF CLAIMS OF OHIO

By: 
Assistant Clerk

IN THE COURT OF CLAIMS OF OHIO

PAUL RISNER, as Co-Administrator
of the Estate of AMBER RISNER,
a Deceased Minor,
179 Hill Drive
Jasper, OH 45642

and

CATHERINE RISNER, as Co-Administrator
of the Estate of AMBER RISNER,
a Deceased Minor,
1812 Pennington Rd.
Waverly, OH 45690,

Plaintiffs,

v.

OHIO DEPARTMENT
OF TRANSPORTATION, DISTRICT 9
650 Eastern Ave.
Chillicothe, OH 45601
and

JOHN DOE,
any businesses, corporations, entities,
and/or individuals, names and
addresses, unknown, that/who were
responsible for the design and/or
maintenance of the intersection at
S.R. 32 and Germany Road,
Pike County, Ohio,

Defendants.

2011-03332

Case No.

Judge
JUDGE JOSEPH T. CLARK

FILED
COURT OF CLAIMS
OF OHIO
2011 MAR -4 PM 12:12

COMPLAINT

First Claim: CLAIM OF PLAINTIFFS PAUL RISNER AND CATHERINE RISNER AGAINST DEFENDANTS FOR WRONGFUL DEATH

1. Plaintiffs Paul Risner and Catherine Risner are the duly appointed Co-Administrators of the Estate of Amber N. Risner, Deceased. They bring this action pursuant to

Ohio Revised Code §2125.01 and §2125.02 for the exclusive benefit of the next of kin of Amber N. Risner, Deceased. A copy of the Entry Appointing Fiduciary and Letters of authority are attached hereto as Exhibit A.

2. At all times relevant herein, decedent Amber N. Risner, Plaintiff Paul Risner and Plaintiff Catherine Risner was/are a resident(s) of the State of Ohio.

3. At all times relevant herein, Defendant Ohio Department of Transportation, District 9 and/or John Doe(s) was/were employees of acting under color of law in their official capacity as the Ohio Department of Transportation and under color of statutes, ordinances, regulations, policies, customs an usage of the State of Ohio. The State of Ohio is liable under the doctrine of respondeat superior.

4. On or about Saturday, September 12, 2009, at approximately 12:21 a.m. deceased, Amber N. Risner was an occupant in a vehicle driven by Ashley Royster, travelling northbound on Germany Road, at the intersection of Germany Road and State Route 32 in Pike County, Ohio.

5. The intersection of Germany Road and State Route 32 is guided by a stop sign on Germany Road as well as a "flashing" red light facing Germany Road. The intersection has a "flashing" yellow light for State Route 32 where it intersects with Germany Road. See Diagram in Accident Report, attached as Exhibit B.

6. Ms. Royster approached the intersection of Germany Road and State Route 32, intending to cross all four (4) lanes of State Route 32 to continue travelling northbound on Germany Road. See Diagram, attached as Exhibit B.

7. As Ms. Royster crossed the intersection, she was unable to see the transport truck driven by Robert Boring. Mr. Boring's truck collided with Ms. Royster's vehicle as she passed through the intersection, killing decedent, Amber N. Risner

8. Defendants Ohio Department of Transportation, District 9 and/or John Doe(s), alone and/or by and through their agents, actual or ostensible, were negligent in installing and/or using a "flashing" red and yellow light at the intersection of Germany Road and State Route 32 rather than a more appropriate traffic control device, such as a three-light "red, yellow and green" traffic control light, proximately causing the death of deceased, Amber N. Risner.

9. Defendants Ohio Department of Transportation, District 9 and/or John Doe(s), alone and/or by and through their agents, actual or ostensible, also were negligent in designing, operating and/or maintaining an intersection where the drivers could not properly see the oncoming traffic when travelling through the intersection of Germany Road and State Route 32, proximately causing the death of deceased, Amber N. Risner.

10. Defendants Ohio Department of Transportation, District 9 and/or John Doe(s), alone and/or by and through their agents, actual or ostensible, also were negligent in designing, installing and/or maintaining an intersection that was unsafe for the motoring public, proximately causing the death of deceased, Amber N. Risner.

11. As a further direct and proximate result of the conduct of the Defendants, the next-of-kin of the decedent have suffered pecuniary loss and non-pecuniary loss, including but not limited to the loss of support, services, consortium, care assistance, attention, protection, advice, guidance, counsel, instruction, training and education of the decedent, and further lost prospective inheritance and suffered mental anguish.

12. As a further direct and proximate result of the conduct of the Defendants, the

next-of-kin of the decedent incurred reasonable burial and funeral expenses.

Second Claim: CLAIM OF PLAINTIFFS PAUL RISNER AND CATHERINE RISNER AGAINST DEFENDANTS FOR SURVIVORSHIP

13. As Co-Administrators of the Estate of deceased, Amber N. Risner, Plaintiffs Paul Risner and Catherine Risner bring this action for the injuries and damages to deceased, Amber N. Risner, prior to her wrongful death for the benefit of the Estate of Amber N. Risner, and incorporates all of the allegations contained in paragraphs one (1) through twelve (13) as if they were fully rewritten herein.

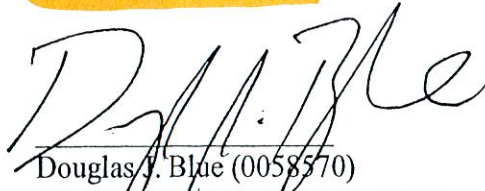
14. As a result of the conduct of the Defendants, deceased, Amber N. Risner, experienced much pain, suffering and mental anguish until the time of her wrongful death.

WHEREFORE, Plaintiffs Paul Risner and Catherine Risner, as Co-Administrators of the Estate of Amber N. Risner, demand judgment against the Defendants, jointly and severally, on the wrongful death action, in an amount in excess of Twenty-Five Thousand Dollars (\$25,000), plus interest, attorney's fees, the costs of this action and all other relief this Court deems just and equitable.

WHEREFORE, Plaintiffs Paul Risner and Catherine Risner, as Co-Administrators of the Estate of Amber N. Risner, demand judgment against the Defendants, jointly and severally, on the survivorship action, in an amount in excess of Twenty-Five Thousand (\$25,000), plus interest, attorney's fees, the costs of this action and all other relief that this Court deems just and equitable.

Respectfully submitted,

BLUE+ BLUE, LLC

A handwritten signature in black ink, appearing to read 'D. J. Blue', written over a horizontal line.

Douglas J. Blue (0058570)
471 East Broad Street, Suite 1100
Columbus, OH 43215

douglas@blueandbluelaw.com

Ph: (614) 224-6969

Fax: (614) 224-6999

Attorney for Plaintiffs

PROBATE COURT OF PIKE

COUNTY, OHIO

FILED

FEB 08 2011

JEROME D. CATANZARO
PROBATE JUDGE DECEASED

ESTATE OF Amber N. Risner

CASE NO. 20101035

ENTRY APPOINTING FIDUCIARY; LETTERS OF AUTHORITY
(For Executors and all Administrators)

Name and title of fiduciary Paul Risner and Catherine Risner

On hearing in open court the application of the above fiduciary for authority to administer decedent's estate, the Court finds that:

Decedent died [check one of the following] testate intestate on September 12, 2009

domiciled in Pike County, Ohio

[Check one of the following] - Bond is dispensed with by the Will - Bond is dispensed with by law

Applicant has executed and filed an appropriate bond, which is approved by the Court; and

Applicant is a suitable and competent person to execute the trust.

The Court therefore appoints applicant as such fiduciary, with the power conferred by law to administer fully decedent's estate. This entry of appointment constitutes the fiduciary's letters of authority.

February 8, 2011
Date

[Signature]
Judge

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of the records of this Court. It constitutes the appointment and letters of authority of the named fiduciary, who is qualified and acting in such capacity.



By [Signature] Deputy Clerk

Date February 8, 2011

[Seal]



Court of Claims of Ohio

The Ohio Judicial Center
65 South Front Street, Third Floor
Columbus, OH 43215
614.387.9800 or 1.800.824.8263
www.cco.state.oh.us

2

PAUL RISNER, Co-Admr., et al.

Plaintiffs

v.

OHIO DEPARTMENT OF
TRANSPORTATION

Defendant

Case No. 2011-03332

Judge Joseph T. Clark

PRE-SCREENING ENTRY

FILED
COURT OF CLAIMS
OF OHIO
2011 MAR -8 AM 10:01

This case came to the court's attention in accordance with L.C.C.R. 15(B).

Under R.C. 2743.02(E), only state agencies and instrumentalities can be defendants in original actions in the Court of Claims. Accordingly, John Doe is DISMISSED as a party in this action. The court sua sponte amends the caption of this case to read as set out above.

The court hereby ORDERS that plaintiffs' demand for attorney fees be STRICKEN since in the absence of statutory authority attorney fees cannot be awarded by the Court of Claims. *Drain v. Kosydar* (July 31, 1979), Franklin App. No. 79AP-78.

JOSEPH T. CLARK
Judge

cc:

Douglas J. Blue
471 East Broad Street, Suite 1100
Columbus, Ohio 43215

Ohio Department of Transportation
District 9
650 Eastern Avenue
Chillicothe, Ohio 45601

Paula Luna Paoletti
Senior Deputy Attorney General
Court of Claims Defense Section
150 East Gay Street, 18th Floor
Columbus, Ohio 43215-3130

CONFIDENTIAL

TRAFFIC CRASH REPORT



LOCAL REPORT # **71-1155-66** CRASH SEVERITY **1** PRIVATE PROPERTY HIT/SHIP **1** PHOTOS TAKEN OH-2 OH-3 OH-1F OTHER

1 FATAL 3 FDO 2 INJURY 4 UNKNOWN IF YES 1 NOT HIT/SHIP 2 SOLVED 2 UNSOLVED IF YES

N.C.I.C. # **OHP71** REPORTING AGENCY **Ohio State Highway Patrol** # UNITS **02** UNIT ERROR **02** 98 = ANIMAL 99 = UNKNOWN DATE OF CRASH **09122009**

TIME OF CRASH **0021** DAY OF WEEK **SAT** CITY VILLAGE TWP **X** NAME (OF CITY, VILLAGE OR TOWNSHIP) **Seal** COUNTY # **66** LATITUDE **39:03:10.70** LONGITUDE **82:56:15.17**

CRASH OCCURRED ON PREFIX | CRASH LOCATION **SR0032** TYPE LOC **3** TYPE LOCATION POINT USED **1 NAMED STREET 2 NUMBERED ROUTE 3 NUMBERED STREET** LOCAL INFORMATION

AT / REFERENCE DIST REFERENCE OR PREFIX REFERENCE **AT SR0220** REF POINT **02** REFERENCE POINT USED **01 STATE LINE 02 INTERSECTION 2 STREET S 03 COUNTY LINE** LOCAL INFORMATION **04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME VIA REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE VIA REFERENCE**

Motorist/Non-Motorist

A UNIT # **01** # OF OCC **01** NAME (LAST, FIRST, MIDDLE) **Boring, Robert G**
ADDRESS (STREET, CITY, STATE, ZIP CODE) **41815 Gibson Ridge RD, Albany, Ohio 45710**

SOCIAL SECURITY NUMBER **11041952** AGE **56** SEX **M** HOME PHONE # **(740)698-0323** WORK PHONE #

DL STATE **OH** DL # **RQ455095** LP STATE **OH** LP # **PUM3949** INJURED TAKEN BY **2** 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY **Pike County E.M.S.** INJURED TAKEN TO **Pike Community Hospital**

OWNER NAME (IF SAME, WRITE "SAME") **Montgomery, Trucking Company** ADDRESS (STREET, CITY, STATE, ZIP CODE) **P.O. Box 21, Wellston, Ohio 45692**

YEAR **2005** MAKE **FREI** MODEL **Columbia** COLOR **WHI/WHI** INSURANCE COMPANY **Great West Casualty** TOWING SERVICE OWNER PHONE # **(740)384-2138**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? IF YES

B UNIT # **02** # OF OCC **03** NAME (LAST, FIRST, MIDDLE) **Royster, Ashley N**
ADDRESS (STREET, CITY, STATE, ZIP CODE) **110 First ST, Unit 3, Beaver, Ohio 45613**

SOCIAL SECURITY NUMBER **11061991** AGE **17** SEX **F** HOME PHONE # **(740)289-4833** WORK PHONE #

DL STATE **OH** DL # **TJ711704** LP STATE **OH** LP # **EUK4218** INJURED TAKEN BY **2** 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY **Pike County E.M.S.** INJURED TAKEN TO **Pike Community Hospital**

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

YEAR **1997** MAKE **CHEV** MODEL **Blazer** COLOR **MAR/MAR** INSURANCE COMPANY **Farley** TOWING SERVICE **Bobst** OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? IF YES

Occupant

C UNIT # **02** NAME (LAST, FIRST, MIDDLE) **Thompson, Kayla D** HOME PHONE # **(740)493-3444** DATE OF BIRTH **08311992** AGE **17** SEX **F**
ADDRESS (STREET, CITY, STATE, ZIP CODE) **3452 Left Fork RD, Lucasville, Ohio 45648**

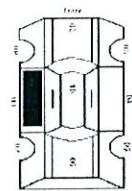
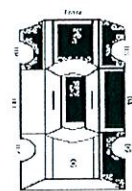
SOCIAL SECURITY NUMBER **2** INJURED TAKEN BY **2** 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY **Pike County E.M.S.** INJURED TAKEN TO **Pike Community Hospital**

OWNER NAME (IF SAME, WRITE "SAME") **SAME** ADDRESS (STREET, CITY, STATE, ZIP CODE) **179 Hill RD, Jasper, Ohio 45642**

YEAR **2002** MAKE **CHEV** MODEL **Blazer** COLOR **MAR/MAR** INSURANCE COMPANY **Farley** TOWING SERVICE **Bobst** OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? IF YES

01 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/DOOR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN BLANK FOR WITNESS	04 SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LKF BELT ONLY 04 SHOULDER/RXP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN MOTORIST NON-MOTORIST	5 AIR BAG 01 NOT DEPLOYED 02 DEPLOYED FRONT 03 DEPLOYED SIDE 04 DEPLOYED BOTH 05 FRONT SIDE 06 NOT APPLICABLE 07 UNKNOWN	1 AIR BAG SWITCH 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN	1 EJECTION 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN	1 TRAPPED 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN	2 INJURIES 01 NO INJURY 02 POSSIBLE 03 NON-INCARCINATING 04 INCARCINATING 05 FATAL INJURY 06 UNKNOWN SUPPLEMENT IF YES
--	--	---	---	---	---	---

UNIT NUMBERS <table border="1"> <tr><td>0</td><td>1</td><td>0</td><td>2</td></tr> </table>	0	1	0	2	DAMAGE AREA  	PRE-CRASH ACTIONS <table border="1"> <tr><td>0</td><td>1</td><td>0</td><td>1</td></tr> </table>	0	1	0	1	SEQUENCE OF EVENTS <table border="1"> <tr><td>2</td><td>0</td><td>2</td><td>0</td></tr> <tr><td>0</td><td>8</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	2	0	2	0	0	8															POSTED SPEED <table border="1"> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> </table>	5	5	5	5	DRUG TEST STATUS <table border="1"> <tr><td>5</td><td>5</td></tr> </table>	5	5				
0	1	0	2																																								
0	1	0	1																																								
2	0	2	0																																								
0	8																																										
5	5	5	5																																								
5	5																																										
NON-MOTORIST LOCATION <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION NO 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					MOST DAMAGED AREA <table border="1"> <tr><td>0</td><td>8</td><td>0</td><td>3</td></tr> </table>	0	8	0	3	MOTORIST 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, WORKING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/OVERFLOW 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SWIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN CENTERLINE 11 DOWNHILL RUNWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIRED 14 PEDESTRIAN 15 PEDAL CYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIRED OBJECT 25 IMPACT ATTENTION/CORRECTION 26 BRIDGE/OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GULCH/RAILFACE 31 GULCH/RAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES/SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIRED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIRED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <table border="1"> <tr><td>1</td><td>2</td><td>0</td><td>2</td></tr> </table> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER TRAVEL MARKINGS 12 CROSSWALK LINES 13 WALKWAY/CONTROL SIGNAL 14 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBTURED 15 OTHER	1	2	0	2	DRUG TEST TYPE <table border="1"> <tr><td>3</td><td>2</td></tr> </table> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 182 RESULT <table border="1"> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	3	2	8	8	8	8																				
0	8	0	3																																								
1	2	0	2																																								
3	2																																										
8	8	8	8																																								
TYPE OF UNIT <table border="1"> <tr><td>1</td><td>3</td><td>0</td><td>6</td></tr> </table>	1	3	0	6	POINT OF IMPACT <table border="1"> <tr><td>0</td><td>8</td><td>0</td><td>3</td></tr> </table>	0	8	0	3	CONTRIBUTING CIRCUMSTANCES <table border="1"> <tr><td>0</td><td>1</td><td>0</td><td>2</td></tr> </table>	0	1	0	2	SEQUENCE OF EVENTS <table border="1"> <tr><td>2</td><td>0</td><td>2</td><td>0</td></tr> <tr><td>0</td><td>8</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	2	0	2	0	0	8															DIRECTION FROM TO: FROM TO: <table border="1"> <tr><td>3</td><td>4</td><td>2</td><td>1</td></tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	3	4	2	1	TYPE OF INTERSECTION <table border="1"> <tr><td>0</td><td>2</td></tr> </table> 01 NOT AN INTERSECTION 02 FOURWAY 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 RAMP/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED PATHS OR TRAILS 13 UNKNOWN	0	2
1	3	0	6																																								
0	8	0	3																																								
0	1	0	2																																								
2	0	2	0																																								
0	8																																										
3	4	2	1																																								
0	2																																										
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID-SIZE 04 FULL-SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (EQUINE) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COUNTRY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDAL CYCLIST 40 SKATER 41 OTHER-NON-MOTORIST 42 UNKNOWN	ACTION <table border="1"> <tr><td>4</td><td>3</td></tr> </table> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	4	3	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY (D.D.A.) 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN 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 INTENT/FARE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	SEQUENCE OF EVENTS <table border="1"> <tr><td>2</td><td>0</td><td>2</td><td>0</td></tr> <tr><td>0</td><td>8</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	2	0	2	0	0	8															CONDITION <table border="1"> <tr><td>1</td><td>1</td></tr> </table> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC. 6 UNDER THE INFLUENCE OF MEDICATIONS OR DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	1	1	OCURRENCE <table border="1"> <tr><td>1</td></tr> </table> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN	1													
4	3																																										
2	0	2	0																																								
0	8																																										
1	1																																										
1																																											
IN EMERGENCY RESPONSE <table border="1"> <tr><td></td><td></td></tr> </table> 1 NO 2 YES 3 UNKNOWN			STRIKING VEHICLE OVERRIDE/UNDERIDE <table border="1"> <tr><td></td><td>1</td></tr> </table>		1	VEHICLE DEFECT CODE QUILTY IF "1" IS SELECTED ABOVE <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table>					SEQUENCE OF EVENTS <table border="1"> <tr><td>2</td><td>0</td><td>2</td><td>0</td></tr> <tr><td>0</td><td>8</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	2	0	2	0	0	8															ALCOHOL TEST STATUS <table border="1"> <tr><td>5</td><td>5</td></tr> </table> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	5	5	ROAD CONDITION <table border="1"> <tr><td>2</td></tr> </table> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	2							
	1																																										
2	0	2	0																																								
0	8																																										
5	5																																										
2																																											
DAMAGE SCALE <table border="1"> <tr><td>3</td><td>5</td></tr> </table> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	3	5	DAMAGE SCALE <table border="1"> <tr><td>3</td><td>5</td></tr> </table> 1 NO UNDERPRIDE OR OVERPRIDE 2 UNDERPRIDE, COMPARTMENT INTRUSION 3 UNDERPRIDE, NO COMPARTMENT INTRUSION 4 UNDERPRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERPRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERPRIDE OTHER VEHICLE 7 UNKNOWN	3	5	VEHICLE DEFECT CODE QUILTY IF "1" IS SELECTED ABOVE <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> 01 TURN SIGNALS 02 HEADLAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SUCH TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS					SEQUENCE OF EVENTS <table border="1"> <tr><td>2</td><td>0</td><td>2</td><td>0</td></tr> <tr><td>0</td><td>8</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	2	0	2	0	0	8															ALCOHOL TEST TYPE <table border="1"> <tr><td>3</td><td>2</td></tr> </table> 1 NONE 2 BREATH 3 BLOOD 4 URINE 5 OTHER	3	2	ROAD CONDITION <table border="1"> <tr><td>0</td><td>1</td><td></td><td></td></tr> </table> PRIMARY 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 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	0	1						
3	5																																										
3	5																																										
2	0	2	0																																								
0	8																																										
3	2																																										
0	1																																										
SUPPLEMENT # <table border="1"> <tr><td></td></tr> </table>		LOCAL REPORT # <table border="1"> <tr><td>7</td><td>1</td><td>-</td><td>1</td><td>1</td><td>5</td><td>5</td><td>-</td><td>6</td><td>6</td></tr> </table>	7	1	-	1	1	5	5	-	6	6	SPEED DETECTED <table border="1"> <tr><td>1</td><td>1</td></tr> </table> 1 GRATED 2 ESTIMATED SPEED	1	1	SPEED <table border="1"> <tr><td>5</td><td>5</td></tr> <tr><td>2</td><td>0</td></tr> </table>	5	5	2	0	ALCOHOL TEST RESULT <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table>					LOCAL REPORT # <table border="1"> <tr><td>7</td><td>1</td><td>-</td><td>1</td><td>1</td><td>5</td><td>5</td><td>-</td><td>6</td><td>6</td></tr> </table>	7	1	-	1	1	5	5	-	6	6							
7	1	-	1	1	5	5	-	6	6																																		
1	1																																										
5	5																																										
2	0																																										
7	1	-	1	1	5	5	-	6	6																																		

TOP COPY - GPS BOTTOM COPY - AGENCY

Narrative

Unit 1 was westbound on SR 32. Unit 2 was northbound from Germany Road crossing SR 32 to go north on SR 220. **Unit 2 struck unit on the drivers side.**

MANNER OF COLLISION OR IMPACT
6
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDEWIFE, SAME DIRECTION
 8 SIDEWIFE, OPPOSITE DIRECTION
 9 UNKNOWN

WEATHER
0 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

LIGHT CONDITIONS
 PRIMARY: **4** SECONDARY:
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED (GLARE)
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

SCHOOL BUS RELATED
1
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED
1
 1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

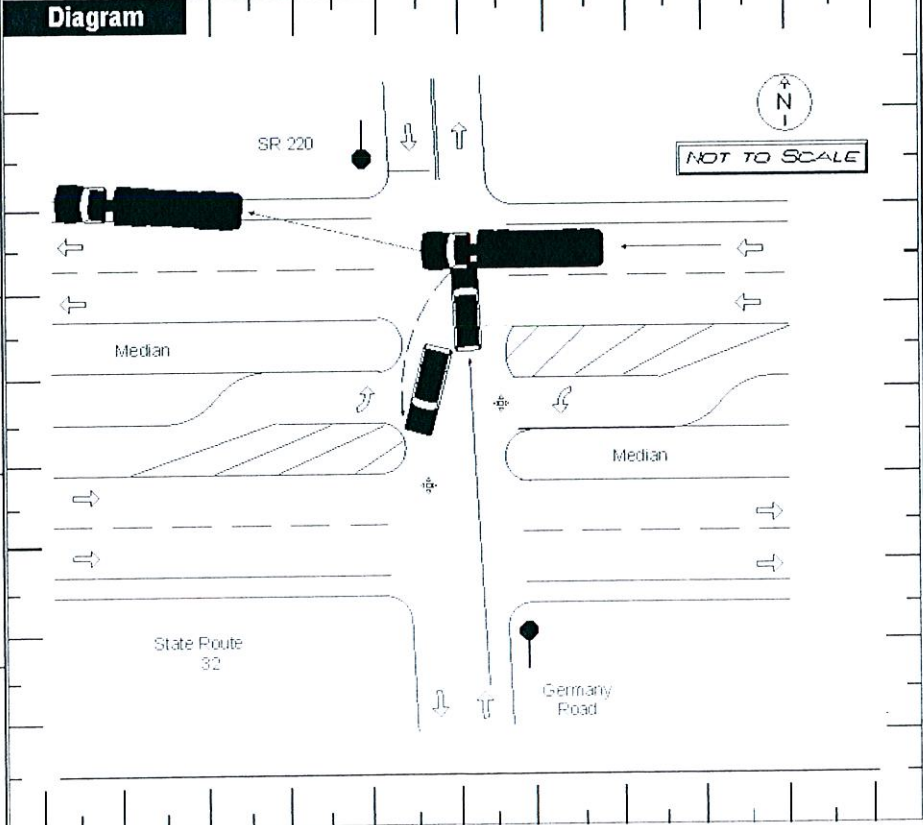
 1 LANE CLOSURE
 2 LANE SHIFT/OVERSHOULDER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/STOP/GO WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

 1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

 1 NO
 2 YES
 3 UNKNOWN



Truck/Bus

UNIT # **0 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 HITS TOWNE (DUE TO DISABLING DAMAGE) OR REQUIRED INTERMITTENT ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) **Montgomery Trucking Company** COMPANY PHONE **(740)384-2138**

ADDRESS (STREET, CITY, ST, ZIP CODE) **P.O. Box 21, Wellston, Ohio 45692**

US DOT **00093019** ICC MC **42111** PUCC TRAILER LP ST **OH** TRAILER LP YEAR **2003** TRAILER LP # **TMJ5252** PLACARD # # DIA

CARGO BODY TYPE **0 3**
 01 NOT APPLICABLE 05 POLE 09 CONCRETE MBER
 02 BUS (915 INCLUDING DRIVER) 06 CARGO TANK 10 AUTO TRANSPORTER
 03 VAN/ENCLOSED BDR 07 FLATBED 11 GARAGE/REFUSE
 04 GRADING/HI/GRAPPEL 08 DUMP 12 OTHER
 13 UNKNOWN

WEIGHT (GVWR) **3**
 1 LESS THAN 10,000
 2 10,001 - 20,000
 3 MORE THAN 20,000

COL CLASS **1**
 1 CLASS A
 2 CLASS B
 3 CLASS C
 4 CLASS M
 5 CLASS D

HAZARDOUS MATERIALS PLACARD **1**
 1 NO
 2 YES
 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED **3**
 1 NO
 2 YES
 3 NOT APPLICABLE
 4 UNKNOWN

Police Action

DATE CRASH REPORTED **0 9 1 2 2 0 0 9** TIME REC CALL **0 0 2 1** DISPATCH **0 0 2 1** ARRIVED **0 0 3 7** CLEARED **0 3 5 2** OTHER **1 8 0** TOTAL MINUTES **0 3 9 1**

OFFICER'S NAME **Diehl, Nicholas** BADGE # **1 7 3 5** CHECKED BY **JDLLOTT** DATE REPORT FILED **0 9 2 1 2 0 0 9**

REPORT TAKEN BY **1** 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT **1** 1 SCENE 2 STATION 3 OTHER SUPPLEMENT # LOCAL REPORT # **7 1 - 1 1 5 5 - 6 6**

TOP COPY - OQRS BOTTOM COPY - AGENCY

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 09/12/2009
COUNTY OF Pike	ACCIDENT LOCATION SR0032	

Road conditions: Dry pavement, Lighted.

Weather conditions: Dark, Clear, Cool.

RP: Northeast apex of SR 32 & SR 220

Point Zero: North side berm of SR 32

RP to Point zero: 70 feet

Measuring device used: Wheel

Notes: From north berm of SR 32 it was 22 feet 7 inches south to first lane, also 34 feet to start of second lane.

All measurements were taken from north side berm of SR 32.

Sergeant John Howard U# 1692 crash reconstructionist was on scene and assisted with OH-2, a second OH-2 will be completed by Sgt Howa and will be included with investigation.

It was 110 feet 7 inches to stop bar of Germany road from the north side berm of SR 32.

AE	FE	Description
A. 7 feet 2 inches west	18 feet 3 inches south	Start of left skids U# 1
B. 15 feet 4 inches west	11 feet 8 inches south	Start of right skids U # 1
C. 70 feet 10 inches west	18 feet 2 inches south	Start of right front skid U# 2
D. 101 feet 10 inches west	15 feet 6 inches south	Clothing, Body fluid, & body matter
E. 109 feet 8 inches west	42 feet 10 inches south	Right rear tire U# 2
F. 109 feet 8 inches west	52 feet 9 inches south	Right front tire U# 2
G. 122 feet 1 inch west	16 feet 6 inches south	End of body matter
H. 132 feet 2 inches west	17 feet 3 inches south	Body disengagement
I. 183 feet 6 inches west	10 feet 6 inches south	Center of left duals over edge line
J. 211 feet 4 inches west	18 feet 0 inches south	Center mass of body
K. 240 feet 0 inches west	0	Right trailer duals off roadway
L. 255 feet 8 inches west	0	Right tractor duals off roadway
M. 299 feet 0 inches west	2 feet 5 inches south	Left rear trailer axle U# 1
N. 302 feet 5 inches west	3 feet 0 inches south	Left rear trailer axle U# 1
O. 337 feet 10 inches west	5 feet 10 inches south	Left rear Tractor axle U# 1
P. 341 feet 9 inches west	6 feet 0 inches south	Left tractor axle U# 1
Q. 359 feet 7 inches west	8 feet 3 inches south	Left front tractor axle U# 1
R. 318 feet 5 inches west	0	Axles 1, 2, & 3 return to pavement

Timeline

0021

Advised by dispatch of a 2 vehicle serious injury crash on SR 32 at SR 220.

0022

Troopers Aaron Morgan U 1785, Nicholas Diehl U 1735, Delmer Hurd U 1827, & Sergeant Douglas Debord U 0983 en route to scene.

0028

Pike County Sheriffs Deputy J. Savage arrived on scene and advised that there was a fatality involved.

0030

Sergeant Debord advised to contact Chillicothe post commander Lee Darden U 1366 of incident.

0030

Trooper Hurd first on

OFFICER'S NAME	DATE
	1735

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 09/12/2009
IN COUNTY OF Pike	ACCIDENT LOCATION SR0032	

scene.
0034
Message left with Lieutenant Darden regarding crash.
0037
Investigating Trooper Nicholas Diehl arrives on scene.
0037
Sergeant Bill Menendez U 1381 commercial enforcement was contacted and was advised that we need a commercial inspector to respond to scene.
0042
Trooper Aaron Morgan arrived on scene. Photos, Vehicle inventory, Damage analysis.
0047
Pike County Coroner requested to be notified.
0052
Staff Lieutenant Scott Borden U 1103 on call District Duty Officer was advised.
0100
Sergeant Douglas Debord arrives on scene.
0103
Pike County Coroner Dr. Kessler enroute to scene.
0104
Sergeant John Howard U 1692, crash reconstructionist, arrived on scene.
0130
Motor Carrier Enforcement Unit Joe Elcess U 3285 on scene and begins inspection of U 1- report attached.
0133
Coroner on scene. Pronounced deceased at 0027
0134
Father of deceased Paul Risner arrived on scene and was advised by Trooper Diehl of situation.
0135
Trooper Phillip Rutherford U 1907 arrived at Pike Community Hospital to obtain witness statements from driver of U# 2 and passenger from U
0154
Urine sample obtained from the driver of U# 1 at scene.
0210
Pike County E.M.S. left scene with deceased enroute to Pike Community hospital.
0246
Statement and blood sample obtained from driver Ashley Royster by Trooper Rutherford.
0247
Driver of U# 1 transported to Pike Community Hospital for evaluation by Pike County E.M.S.
0324
All units clear from scene.

Phillip Fin and Edward Casteel, owners of Montgomery trucking were on scene.

Damage analysis:

Unit 1:
Contact damage to left side of power unit. Induced damage to trailer.

Unit 2:
Contact damage to center, right front and rear, also contact damage to right side and top.

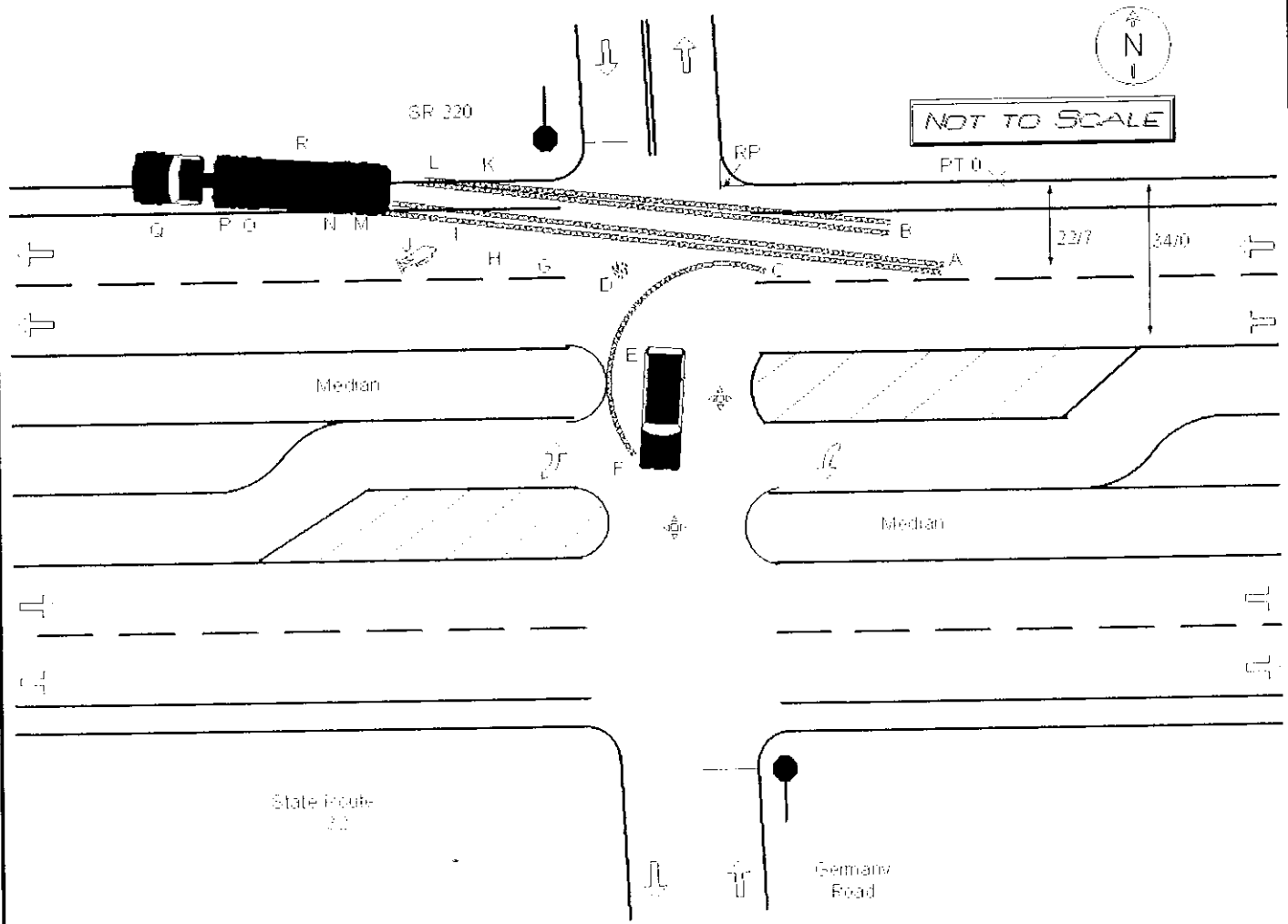
The deceased, right front passenger Amber Risner was ejected from U# 2 and then became entangled in U# 1'S trailer axles before coming to rest in the westbound lane of SR 32. Inspection of the safety belt for the right front passenger appeared to be in the unused position.

OFFICER'S SIGNATURE	BADGE NO 1735
---------------------	------------------

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 09/12/2009
IN COUNTY OF Pike	ACCIDENT LOCATION SR0032	



DATE OF REPORT	1735
----------------	------

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH	
IN COUNTY OF Pike	CRASH LOCATION SR 32 at MP 20	M09	D12 Y 2009
<p>Tire analysis for unit 2 - Tire size P235-75-R15</p> <p>Right front - 8/32, 7/32, 9/32 - off rim Left front - 9/32, 9/32, 9/32 Both front tires wer American L/T Prospectors</p> <p>Right rear - 9/32, 8/32, 9/32 Left rear - 10/32, 9/32, 10/32 Rear tires were Goodyear Wrangler Radials</p> <p>Trooper Aaron Morgan took the measurements of the tires.</p> <p>The blood and urine samples that were obtained from the drivers were sent to the OSHP Crime Lab for analysis. The results will be supplemented upon receipt.</p> <p>Copy of crash report will be forwarded to the Pike County Prosecutor Rob Junk for review.</p> <p>Unit 2 rotated counterclockwise and struck Unit 1's trailer after intial impact, this is when the front seat passenger Amber Risner was ejected.</p>			
OFFICER'S SIGNATURE X Trooper N. C. Diehl		BADGE NUMBER 1735	



LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 7 012 Y 09
-----------------------------------	--	-----------------------------------

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

I, ROBERT G BORDERS HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TPR NC OREHL AT SCENCE 0048
OFFICER'S NAME LOCATION

Q. WHAT HAPPENED?
 A. Picked up load at General Mills Wellston OH.

Driving westbound on US Highway 32
 When approaching Germany Rd Intersection
 Car traveled Northbound from Marathon
 Station Drove INTO the side of the
 TRUCK I WAS DRIVING
 Seeing CAR ENTERING Intersection Caused
 Me to brake.

CAR showed NO signs of TRYING to STOP

Q. ARE YOU INJURED?
 A. NO. Not to my knowledge.

Q. How fast were you DRIVING?
 A. 55 MPH

Q. WHAT ARE YOU LOADED WITH?
 A. frozen FOODS

Q. where were you coming from?
 A. Commercial mills plant in wellston

ADDRESS OF WITNESS 40875 COBBEN RIDGE RD AUBANY OH 45170	PHONE 740-695-0303
SIGNATURE OF WITNESS X <u>Robert G Boring</u>	OFFICER'S SIGNATURE X <u>TPR NC OREHL</u>



LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 D 12 Y 09
-----------------------------------	--	------------------------------------

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

I, ROBERT G BORDING HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TTR MC DIRTAL AT SCENE 0048
OFFICER'S NAME LOCATION

Q. WITNESS WERE YOU HOME?

A. WEST MEMPHIS ARKANSAS.

Q. HOW FAR BACK FROM THE INTERSECTION DID YOU SEE THEM?

A. RIGHTS BEFORE.

Q. COULD YOU TELL IF THEY STOPPED AT THE STOP SIGN OF COUNTRY RD & SR 32?

A. I COULD NOT TELL.

Q. DID THEY STOP ON THE MIDDLE OF THE INTERSECTION BEFORE CROSSING?

A. NO.

Q. DID THEY HAVE THEIR HEADLIGHTS ON?

A. YES.

Q. WERE ALL YOUR LIGHTS FUNCTIONAL?

A. YES.

Q. DID YOU DO A PRE TRIP INSPECTION OF THE VEHICLE?

A. YES.

Q. WERE THERE ANY PROBLEMS?

A. NO.

ADDRESS OF WITNESS 41815 CASSIDON RIDGE RD HUSTON OH 45170	PHONE 740 698-0323
SIGNATURE OF WITNESSES X <u>Robert G Bording</u>	OFFICER'S SIGNATURE X <u>TTR MC DIRTAL</u>



LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 9 D 12 Y 09
-----------------------------------	--	------------------------------------

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

I, ROBERT G BORDING HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TRAC N.C. DIEHL AT SCENE 0048
OFFICER'S NAME LOCATION

Q. WHAT DID YOU DO AFTER THE CRASH?
 A. I CONTACTED MY EMPLOYER.

Q. WAS YOUR SAFETY BELT ON?
 A. YES.

Q. DID YOU SEE THE FLASHING LIGHTS?
 A. YES.

Q. ARE YOU ON ANY PRESCRIPTION MEDICATION?
 A. NOT AT THIS TIME I WAS ON NAPROXEN.

Q. HOW OFTEN DO YOU TRAVEL THIS ROUTE?
 A. AT LEAST 3 TIMES A WEEK.

Q. DID YOU DECREASE YOUR SPEED BEFORE COMING INTO THE INTERSECTION?
 A. YES.

Q. IS THAT NORMAL FOR YOU TO DO THAT AS MUCH AS YOU FREQUENT THE AREA?
 A. YES.

Q. ANYTHING ELSE THAT YOU WOULD LIKE TO ADD?
 A. NO.

ADDRESS OF WITNESS 41815 GIBSON RIDGE RD AUSTIN OH 43170	PHONE 710 698-0323
SIGNATURE OF WITNESS X <u>Robert G. Bording</u>	OFFICER'S SIGNATURE X <u>TRAC N.C. Diehl</u>



LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 09 D 12 Y 05
-----------------------------------	--	-------------------------------------

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

I, ASHLEY ROYSTER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TIP PM RUTHERFORD U-1907 AT PIKE COMMUNITY HOSPITAL
OFFICER'S NAME LOCATION

Q WHAT HAPPENED?

A WE WENT TO THE GERMANY ROAD GAS STATION. WE WENT LEFT ONTO GERMANY. I WAS GOING STRAIGHT ACROSS SR 32 TO GO ONTO SR 220. I LOOKED LEFT AND RIGHT AND DIDN'T SEE ANYTHING COMING. I REMEMBER SEEING AMBER BESIDE ME AND KAYLA IN THE BACK SEAT. I REMEMBER THE AIR BAG GOING OFF AND THEN AMBER WASN'T THERE.

Q WHAT TIME DID YOU CRASH?

A I DON'T REMEMBER

Q WHERE WERE YOU COMING FROM BEFORE GOING TO THE GAS STATION?

A MY HOUSE IN BEAVER

Q DID YOU COME TO A COMPLETE STOP AT THE FLASHING LIGHT?

A YES

Q WHERE WERE YOU GOING?

A LAKE WHITE

Q WHY?

A WE WERE GOING FISHING

Q WERE YOU SUPPOSED TO MEET ANYONE THERE?

A YES BUT IM NOT SURE WHO

ADDRESS OF WITNESS 110 FIRST ST APT #3 BEAVER OH 45613	PHONE 740-289-4833
SIGNATURE OF WITNESS X Ashley Royster	OFFICER'S SIGNATURE X TIP PM RUTHERFORD

LOCAL REPORT NUMBER 71-1155-666	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MO 9 D 12 Y 08
------------------------------------	--	-------------------------------------

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

I, ASHLEY N. ROYSTER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TRR PM RUTHERFORD U-1907 AT PIKE COMMUNITY HOSPITAL
OFFICER'S NAME LOCATION

Q WHAT TIME WERE YOU SUPPOSED TO MEET THERE?

A WE REALLY DIDN'T HAVE A TIME. WE WERE GOING STRAIGHT THERE.

Q WHAT DID YOU DO EARLIER IN THE EVENING?

A WE WENT TO A FOOTBALL GAME AT PEKENTON

Q WHAT TIME DID YOU LEAVE THE GAME?

A 10:30 OR 11 PM

Q WITH WHOM DID YOU LEAVE THE GAME?

A AMBER AND KAYLA

Q WHERE DID YOU GO?

A WE WENT TO AMBER'S HOUSE AND ASKED HER DAD IF SHE COULD STAY THE NIGHT AND THEN WE WENT TO MY HOUSE.

Q DID YOU CONSUME ANY ALCOHOLIC BEVERAGES TONIGHT?

A NO

Q DID YOU SMOKE ANY MARIJUANA?

A NO

Q DID YOU TAKE ANY ILLEGAL NARCOTICS?

A NO

Q ARE YOU CURRENTLY TAKING ANY PRESCRIBED MEDICATION?

A ONE MARIJIN AND ALBUTEROL/FLOVENT.

ADDRESS OF WITNESS 110 FIRST ST APT #3 PEABODY OH 45613	PHONE 710 255-4833
SIGNATURE OF WITNESS X Ashley Royster	OFFICER'S SIGNATURE X TRR PM [Signature]



LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 09 D 12 Y 09
-----------------------------------	--	-------------------------------------

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

I, ASHLEY N. ROYSTER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

T/M PM RUTHERFORD U-1907 AT PIKE COMMUNITY HOSPITAL
OFFICER'S NAME LOCATION

Q WHICH SIDE DID YOU GET HIT?

A THE RIGHT PASSENGER SIDE

Q DID KAYLA SAY ANYTHING TO YOU?

A YES

Q WHAT DID SHE SAY?

A SHE KEPT ~~SAID~~ TELLING ME TO CALL HER GRANDMA

Q WHAT DID YOU DO?

A KAYLA AND I LOOKED EACH OTHER OVER AND DIDNT SEE ANYTHING WRONG. THEN KAYLA WENT RUNNING TOWARDS AMBER BUT I HELP HER BACK.

Q DID YOU HAVE YOUR SEATBELT ON?

A YES

Q DID AMBER?

A I DONT KNOW. I TOLD HER TO.

Q DID KAYLA?

A I DONT KNOW.

Q ARE YOU WILLING, WITH YOUR PARENTS PERMISSION, TO PROVIDE A BLOOD SAMPLE?

A YES.

Q ANYTHING YOU WANT TO ADD TO YOUR STATEMENT

A NOT THAT I CAN THINK OF

ADDRESS OF WITNESS 110 FIRST ST APT #3 BEAVER OH 45613	PHONE 740-289-4833
SIGNATURE OF WITNESS X Ashley Royster	OFFICER'S SIGNATURE X T/M PM Rutherford



LOCAL REPORT NUMBER 71-1155-666	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 09 D 12 Y 05
------------------------------------	--	-------------------------------------

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

I, ASHLEY N ROYSTER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

JPR PM RUTHERFORD U-1907 AT PEKE COMMUNITY HOSPITAL
OFFICER'S NAME LOCATION

Q WERE YOUR PARENTS PRESENT WITH YOU WHEN YOU PROVIDED THIS STATEMENT?

A YES

Q WERE THEY PRESENT IN THE ROOM WHEN THE BLOOD SAMPLE WAS OBTAINED?

A YES

ADDRESS OF WITNESS 110 FIRST ST APT #3 BEAVER OH 45613	PHONE 740 855 4833
SIGNATURE OF WITNESS X Ashley Royster	OFFICER'S SIGNATURE X JPR PM Rof

DRIVER/VEHICLE EXAMINATION REPORT

71-1155-66c

09/12/2009



OHIO STATE HIGHWAY PATROL
Motor Carrier Enforcement
District 9 Jackson
TELEPHONE: (740) 286-9845
Return certification to agency listed below

Report Number: OH3285005187
Inspection Date: 09/12/2009
Start Time: 01:30 AM End Time: 02:54 AM
Inspection Level: II - Walk-Around
HM Inspection Type: None

MONTGOMERY TRUCKING COMPANY
P O BOX 21
WELLSTON, OH 45692-0021
USDOT#: 00093019 Phone#: (740)384-2138
MC/MX#: 141791 Fax#:
State#:

Driver: BORING, ROBERT G
License#: RQ455095 State: OH
Date of Birth: 11/04/1952
CoDriver:
License#: State:
Date of Birth:

Location: ROADSIDE
Highway: SR32 AT SR220
County: PIKE, OH

MilePost: Shipper: GENERAL MILLS
Origin: WELLSTON, OHIO Bill of Lading: 31705018
Destination: WEST MEMPHIS, AR Cargo: REFRIGERATED FOODS

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Company #, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Contains two rows of vehicle data.

BRAKE ADJUSTMENTS No Brake Measurements Required For Level 2

VIOLATIONS No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: 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): Y, Crash Report # 71-1155-66 Supplemental Report #: N, Paper Report #: N; Driver Address: 41815 GIBSON RIDGE,
Driver City: ALBANY, Driver State: OH; Driver Zip: 45710; Photos Taken (Y/N): N, Orig Seal Placed by(C/D/S/U): N; Co-Investigator #:
1735;

All violations of the FHMR and FICSR 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. AFD- 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: 614-452-9274 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 repairs completed will 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:
J.A. ELCESS

Badge #
3285

Copy Received By:
ROBERT BORING

Page 1 of 1



OH3285005187

TRAFFIC CRASH REPORT



LOCAL REPORT #

7	1	-	1	1	5	5	-	6	6
---	---	---	---	---	---	---	---	---	---

CRASH SEVERITY

1	FATAL	3	DEAD
2	INJURY	4	UNKNOWN

PRIVATE PROPERTY
 YES NO
 HHSHIP

1	NOT HIGH
2	SOLVED
3	UNSOLVED

PHOTOS TAKEN

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

REPORTING AGENCY
 OHP71 Ohio State Highway Patrol
 # UNITS 02
 UNIT ERROR 02
 98 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH

0	9	1	2	2	0	0	9
---	---	---	---	---	---	---	---

 TIME OF CRASH 0021 DAY OF WEEK SAT CITY Seal COUNTY # 66 LATITUDE 39:03:10.70 LONGITUDE 82:56:15.17

CRASH OCCURRED ON
 PREFIX CRASH LOCATION SR0032 TYPE LOC 3
 TYPE LOCATION POINT USED
 1 TURNED STREET 2 NUMBER/ROUTE 3 NUMBERED STREET
 LOCAL INFORMATION
 AT / REFERENCE
 DIST REFERENCE OR PREFIX REFERENCE AT SR0220 REF POINT 02
 REFERENCE POINT USED
 01 STATE LINE 02 INTERSECTION 2 STREETS 03 CORNER LINE
 04 HOUSE NUMBER 05 PLACE NAME NO REFERENCE 06 MILE POST 07 STREET OR ROUTE NO REFERENCE 08 CORPORATION LIMIT

Motorist/Non-Motorist

A UNIT # 01 # OF OCC 01 NAME (LAST, FIRST, MIDDLE) Boring, Robert G
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 41815 Gibson Ridge RD, Albany, Ohio 45710
 SOCIAL SECURITY NUMBER 11041952 AGE 56 SEX M HOME PHONE # (740)698-0323
 OH STATE DL # RQ455095 LP STATE OH LP # PUM3949 INJURED TAKEN BY 2 1 NONE 2 EMS 3 UNKNOWN 4 OTHER 5 POLICE TRANSPORTED BY Pike County E.M.S. INJURED TAKEN TO Pike Community Hospital
 OWNER NAME (IF SAME, WRITE "SAME") Montgomery, Trucking Company ADDRESS (STREET, CITY, STATE, ZIP CODE) P.O. Box 21, Wellston, Ohio 45692
 YEAR 2005 MAKE FREI MODEL Columbia COLOR WHI/WHI INSURANCE COMPANY Great West Casualty TOWING SERVICE OWNER PHONE # (740)384-2138
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE # IF YES

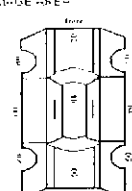
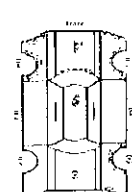
B UNIT # 02 # OF OCC 03 NAME (LAST, FIRST, MIDDLE) Royster, Ashley N
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 110 First ST, Unit 3, Beaver, Ohio 45613
 SOCIAL SECURITY NUMBER 11061991 AGE 17 SEX F HOME PHONE # (740)289-4833
 OH STATE DL # TJ711704 LP STATE OH LP # EUK4218 INJURED TAKEN BY 2 1 NONE 2 EMS 3 UNKNOWN 4 OTHER 5 POLICE TRANSPORTED BY Pike County E.M.S. INJURED TAKEN TO Pike Community Hospital
 OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)
 YEAR 1997 MAKE CHEV MODEL Blazer COLOR MAR/MAR INSURANCE COMPANY Farley TOWING SERVICE Bobst OWNER PHONE #
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE # IF YES

Occupant

C UNIT # 02 NAME (LAST, FIRST, MIDDLE) Thompson, Kayla D HOME PHONE # (740)493-3444 DATE OF BIRTH 08311992 AGE 17 SEX F
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 3452 Left Fork RD, Lucasville, Ohio 45648
 INJURED TAKEN BY 2 1 NONE 2 EMS 3 UNKNOWN 4 OTHER 5 POLICE TRANSPORTED BY Pike County E.M.S. INJURED TAKEN TO Pike Community Hospital

D UNIT # 02 NAME (LAST, FIRST, MIDDLE) Risner, Amber N HOME PHONE # (740)289-4115 DATE OF BIRTH 03111992 AGE 17 SEX F
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 179 Hill RD, Jasper, Ohio 45642
 INJURED TAKEN BY 2 1 NONE 2 EMS 3 UNKNOWN 4 OTHER 5 POLICE TRANSPORTED BY Pike County E.M.S. INJURED TAKEN TO Pike Community Hospital

SEATING POSITION 01 FRONT - LEFT/IN CRASH 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT/IN CRASH 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 08 PASSENGER/SEAT 09 THIRD - MIDDLE 10 THIRD - RIGHT 11 DRIVER SEAT/IN CRASH 12 ENCLOSED/SEAT/IN CRASH 13 UNENCLOSED/SEAT/IN CRASH 14 TRAILING UNIT 15 EXTERIOR 16 OTHER 17 NON-MOTORIST	SAFETY EQUIPMENT 04 MOTORIST 04 NON-MOTORIST 04 SHOULDER BELT/IN CRASH 04 SHOULDER BELT/NOT IN CRASH 04 SHIRT/IN CRASH 04 CHILD SAFETY SEAT 04 HELMET/IN CRASH 04 HELMET/NOT IN CRASH 04 NONE/IN CRASH 04 NONE/NOT IN CRASH 04 PROTECTIVE FLAME 04 REFLECTIVE VEST/IN CRASH 04 REFLECTIVE VEST/NOT IN CRASH 04 OTHER 04 UNKNOWN	AIR BAG 5 NOT DEPLOYED 2 DEPLOYED/FRONT 2 DEPLOYED/SIDE 2 DEPLOYED/SEAT 3 NOT APPLICABLE 5 UNKNOWN	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 2 IN OFF POSITION 3 UNKNOWN	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 3 NOT APPLICABLE 3 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EJECTED/IN CRASH 2 EJECTED/NOT IN CRASH 1 EJECTED/NOT IN CRASH 1 UNKNOWN	INJURIES 2 NO INJURY 3 POSITIVE 3 NON-INCIDENTAL 3 INCIDENTAL 3 FATAL INJURY 5 UNKNOWN
---	--	--	---	--	---	--

UNIT NUMBERS 01 A 02 B 0 1 0 2		DRYMADE AREA A  B 		PRE-CRASH ACTIONS 01 A 02 B 0 1 0 1		SEQUENCE OF EVENTS A B 2 0 2 0 0 8 3 3 4 4		POSTED SPEED 5 5 5 5		DRUG TEST STATUS 4 4 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN			
NON-MOTORIST LOCATION A B 01 UNPAVED CROSSWALK AT INTERSECTION 02 INTERSECTION NO. CROSSWALK 03 NON-INTERSECTION C. 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		MOST DAMAGED AREA 0 8 0 3		MOTORIST 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BRAKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 STOPPING/STOPIED IN TRAFFIC 12 BRAKELESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/PASSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROXIMATING LEAVING VEHICLE 20 PUSHING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN		VEHICLE COLLISION 01 OVERTURN/OVERFLOW 02 FIBER/FOLLOWER 03 IMMERSION 04 JACKKNIFE 05 CAR/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWN HILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT IDENTIFIED 15 PEDESTRIAN 16 PEDAL CYCLE 17 RAILWAY VEHICLE 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT COLLISION WITH FIXED OBJECT 24 INFLECT ATTENTION/ROAD SHOULDER 25 BRIDGE OVERHEAD STRUCTURE 26 BRIDGE PIER/ABUTMENT 27 BRIDGE PARAPET 28 BRIDGE PUL 29 CURB/RAIL FACE 30 CURB/RAIL END 31 MEDIAN BARRIER 32 HIGHWAY TRAFFIC SIGN POST 33 OVERHEAD SIGN POST 34 LIGHT LUMINAIRE/SUPPORT 35 UTILITY POLE 36 OTHER POST, POLE OR SUPPORT 37 OTHER 38 CURB 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN/FIXED OBJECT 48 OTHER 49 UNKNOWN		TRAFFIC CONTROL 1 2 0 2 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALL/CONTROL SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTSCURED 16 OTHER		DIRECTION FROM TO FROM TO 3 4 2 1 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN		DRUG TEST TYPE 3 2 1 NONE 2 BLOOD 3 URINE 4 OTHER	
TYPE OF UNIT 1 3 0 6 01 SINGLE UNIT TRUCK - 2 AXLES, 6 TIRES 02 SINGLE UNIT TRUCK - 3 AXLES 03 TRUCK/TRACTOR (BOATRAIL) 04 TRACTOR/SEMI TRAILER 05 TRACTOR/REGULABLE SHORT 06 TRACTOR/REGULABLE LONG 07 FIFTH WHEEL OR CONVERTER COUNTRY 08 TRACTOR/TRAILER 09 MOTORCYCLE 10 MOTORCYCLE/BICYCLE 11 BICYCLE 12 BICYCLE/BUS 13 BICYCLE/BUS 14 BICYCLE/BUS 15 BICYCLE/BUS 16 POLICE VEHICLE 17 FIRE TRUCK 18 AMBULANCE/EMERGENCY 19 MOTOR HOME 20 TRAIN 21 RAIL VEHICLE 22 RAIL EQUIPMENT 23 SHOWMOBILE 24 CONSTRUCTION EQUIPMENT 25 ALL OTHERS		POINT OF IMPACT 0 8 0 3 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 UNDERTRAILER 13 TOTAL COLLISION AREA 14 OTHER 15 UNKNOWN		CONTRIBUTING CIRCUMSTANCES 0 1 0 2 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 CLOSE/SLOWLY 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BRAKING 12 STOPPED ON PARKING/ILLEGAL 13 OPERATING VEHICLE IN ERRATIC, RECKLESS OR RELESS MANNER/AGGRESSIVE MANNER 14 OVERTAKING TO OVERTAKE, TOWARD, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 DRIVING INTO TRAFFIC 17 DRIVER INATTENTION 18 FADING/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOW QUALITY TIRE/UNDERINFLATED 21 OTHER IMPROPER PASSION 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 YIELDING TO PEDESTRIANS 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS AND/OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN		CONDITION 1 1 1 APPARENTLY NORMAL 2 FIBER/DEFECTIVE 3 ILLNESS 4 ILLNESS 5 FELL ASLEEP, FRAINT, FATIGUE, ETC. 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN		DRUG TEST RESULT 1 1 1 1 1 NONE 2 BLOOD 3 URINE 4 OTHER 5 UNKNOWN TIME OF REPORTING					
NON-MOTORIST 01 ANIMAL/WALKER 02 ANIMAL/WALKER 03 ANIMAL/WALKER 04 BICYCLE 05 PEDESTRIAN 06 PEDESTRIAN 07 PEDESTRIAN 08 PEDESTRIAN 09 OTHER NON-MOTORIST 10 UNKNOWN		ACTION 4 3 1 NON-COLLISION 2 COLLISION 3 STRIKING 4 STRIKED 5 OTHER STRIKING AND STRUCK 6 UNKNOWN		VEHICLE DEFECT CODE ONLY IF 119 SELECTED ABOVE A B 01 TIRE SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE TROUBLE 07 WORN OR FLAT TIRES 08 DRIVE EQUIPMENT DEFECTIVE 09 WINDSHIELD 10 DISK/CLUTCH/THROTTLE 11 OTHER DEFECTS		ALCOHOL TEST STATUS 4 4 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN		ROAD CONDITION 2 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE/LEVEL 4 CURVE/GRADE					
DAMAGE SCALE 3 5 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 COMPLETELY DESTROYED 5 DESTROYED 6 UNKNOWN		DRIVING VEHICLE A B 1 1 NO 2 YES 3 UNKNOWN		SPEED DETECTED 1 1 1 STATED 2 ESTIMATED SPEED 3 SPEED 5 5 2 0		ALCOHOL TEST TYPE 3 2 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER		ROAD CONDITION PRIMARY SECONDARY 0 1 01 OFF 02 WET 03 UNKNOWN 04 ICE 05 SAND, DIRT, OIL, GRAVEL 06 WATER Puddles, MOISTURE 07 SLUSH 08 DEBRIS** 09 PITS, HOLES, BUMPS, UNEVEN SURFACE** 10 OTHER 11 UNKNOWN **SEE ONLY FOR POSTED CONDITIONS ONLY					
LOCAL REPORT # X 7 1 - 1 1 5 5 - 6 6		LOCAL REPORT # 7 1 - 1 1 5 5 - 6 6		LOCAL REPORT # 7 1 - 1 1 5 5 - 6 6		LOCAL REPORT # 7 1 - 1 1 5 5 - 6 6		LOCAL REPORT # 7 1 - 1 1 5 5 - 6 6					

Narrative

Unit 1 was westbound on SR 32. Unit 2 was northbound from Germany Road crossing SR 32 to go north on SR 220. Unit 2 struck unit on the drivers side.

MANNER OF COLLISION OR IMPACT

6

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR END
 3 HEAD ON
 4 REAR TO REAR
 5 BACKING
 6 ANGLE
 7 SIDEWIFE, SAME DIRECTION
 8 SIDEWIFE, OPPOSITE DIRECTION
 9 UNKNOWN

WEATHER

0 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

LIGHT CONDITIONS

4

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - UNLIT ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

SCHOOL BUS RELATED

1

1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

1

1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

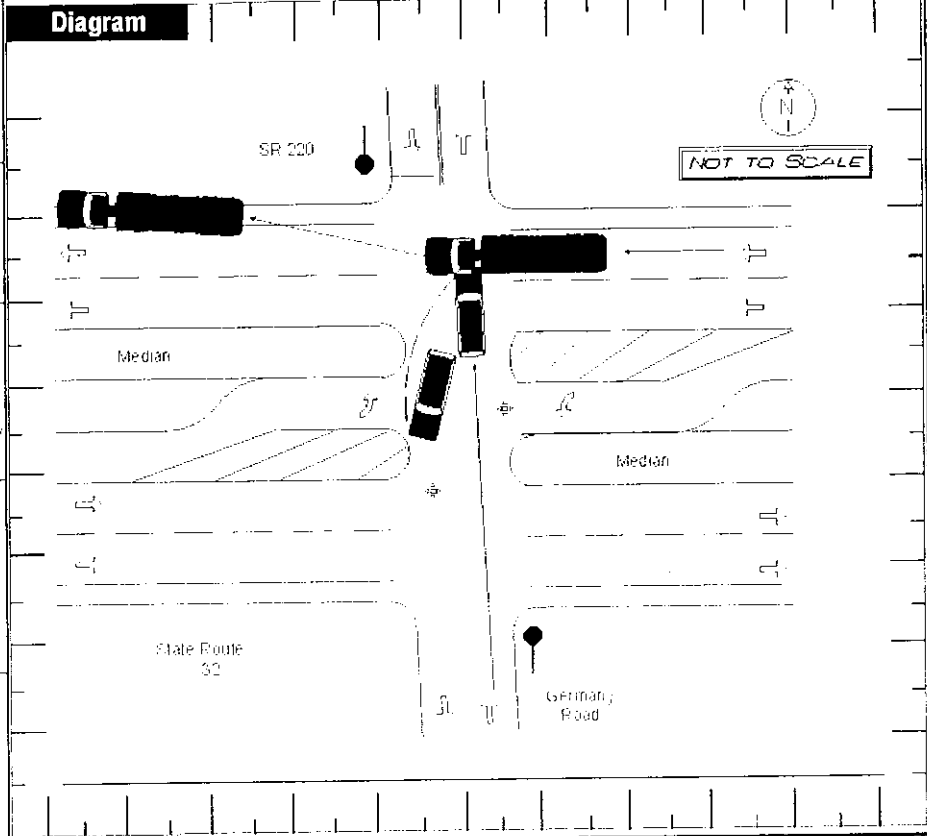
1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/OPEN WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 WITHIN WARNING AREA
 3 TRANSITION AREA
 4 WITHIN AREA

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN



Truck/Bus

UNIT # **0 1**

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK OR TRAILER WITH A GVWR MORE THAN 10,000 POUNDS OR
 A TRUCK OR TRAILER WITH A HAULING OR MATERIAL CARRIER OR
 A VEHICLE DESIGNED OR EQUIPPED TO BE USED AS A CARRIER

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 DEATH OR
 BODILY INJURY REQUIRING TREATMENT IN A HOSPITAL OR TREATMENT CENTER
 OR LEAST ONE VEHICLE WITH AN INVENTORY VALUE OF \$500 OR MORE OR A REQUIRED INTERPRETING ASSISTANT REPAIR OR REFINANCING UNIT NUMBER

COMPANY (FROM SHIPPING PAPERS) **Montgomery Trucking Company** TELEPHONE NUMBER **(740)384-2138**

ADDRESS (STREET, CITY, ST, ZIP CODE) **P.O. Box 21, Wellston, Ohio 45692**

US DOT **00093019** ICC MC **42111** PUCO **OH** TRAILER LP ST **2003** TRAILER LP YEAR **TMJ5252** TRAILER LP # **PLACARD #** **#DIZ**

CHASSIS BODY TYPE

0 3

01 NOT APPLICABLE
 02 BUS, VAN INCLUDING DRIVER
 03 TRAILER, CLOSED BODY
 04 GRABBER OR TRAYL

05 TANK
 06 CASK/DRUM
 07 FLATBED
 08 DUMP

09 CONCRETE MIXER
 10 FLUID TRANSPORTER
 11 CARRIER/REFUSE
 12 OTHER
 13 UNKNOWN

WEIGHT (GAWR)

3

1 LESS THAN 10,000
 2 10,001 - 20,000
 3 MORE THAN 20,000

DOT CLASS

1

1 CLASS 1
 2 CLASS 2
 3 CLASS 3
 4 CLASS 4
 5 CLASS 5

HAZARDOUS MATERIALS PLACARD

1

1 NO
 2 YES
 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED

3

1 NO
 2 YES
 3 NOT APPLICABLE
 4 UNKNOWN

Police Action

DATE CRASH REPORTED **09 12 2009** TIME REC'D - ALL **00 21** DISPATCH **00 21** ARRIVED **00 37** CLEARED **03 52** OTHER **180** TOTAL MINUTES **0391**

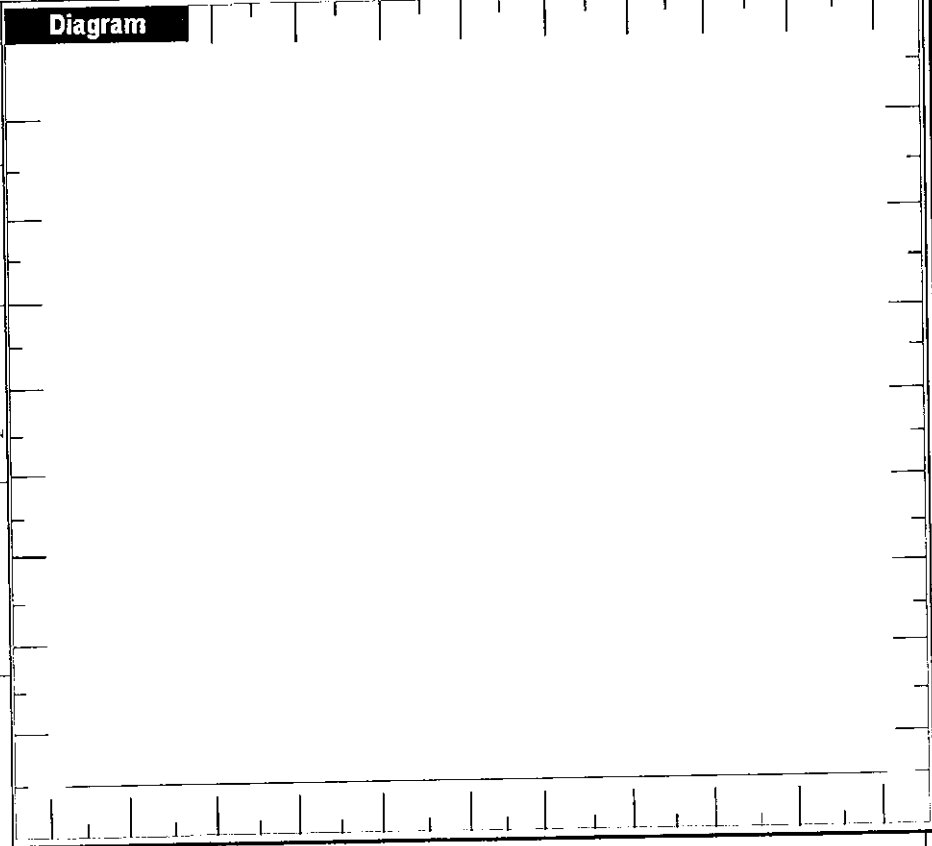
OFFICER'S NAME **Diehl, Nicholas** BADGE # **1735** CHECKED BY **DAEBORD** DATE REPORTED **12232009**

REPORT TYPE **1** POLICE USE ONLY **1** POLICE USE ONLY **1** POLICE USE ONLY **1** POLICE USE ONLY

LOCAL REPORT # **71-1155-66**

Narrative

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> <ul style="list-style-type: none"> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDE-SWIP, SAME DIRECTION 8 SIDE-SWIP, OPPOSITE DIRECTION 9 UNKNOWN 	SCHOOL BUS RELATED <input type="checkbox"/> <ul style="list-style-type: none"> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> <ul style="list-style-type: none"> 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL, FREEZING RAIN (DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN 	WORK ZONE RELATED <input type="checkbox"/> <ul style="list-style-type: none"> 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: <input type="checkbox"/> SECONDARY: <input type="checkbox"/> <ul style="list-style-type: none"> 1 DAYLIGHT 2 DARK 3 DUSK 4 DARK, LIGHTED ROADWAY 5 DARK, NOT LIGHTED 6 DARK, UNKNOWN LIGHTING 7 CLEAR 8 OTHER 9 UNKNOWN 	TYPE OF WORK ZONE <input type="checkbox"/> <ul style="list-style-type: none"> 1 LINE CLOSURE 2 LINE SHIFTS/CROSSOVER 3 WORK ON SHOULDER OR WEEDIN 4 INTERMITTENT WORKING VIOLE 5 OTHER
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> <ul style="list-style-type: none"> 1 BEFORE FIRST WORK ZONE 2 INSIDE WORKING AREA 3 TRANSITION AREA 4 AFTER LAST ZONE
	WORKERS PRESENT <input type="checkbox"/> <ul style="list-style-type: none"> 1 NO 2 YES 3 UNKNOWN



Truck/Bus	THE CRASH INVOLVED: (CHECK ONE) THE FOLLOWING A TRUCK (IN THIS REPORT) WITH A GVWR OF LESS THAN 10,000 POUNDS, OR A TRUCK (IN THIS REPORT) WITH A GVWR OF 10,000 POUNDS OR MORE, OR BUS, OR BOMB, OR AT LEAST THREE TIRES, INCLUDING DRIVER.	AND THE CRASH RESULTED IN: (CHECK ONE) THE FOLLOWING A FATALITY, OR A PERSON REQUIRING STABILIZATION OR IMMEDIATE MEDICAL TREATMENT, OR AT LEAST ONE VEHICLE DAMAGED TO THE EXTENT IT WAS UNFIT FOR SERVICE OR BEYOND REPAIR.
UNIT # <input type="text"/>	COMPANY (FROM SHIPPING PAPER) <input type="text"/>	COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, STATE, ZIP CODE) <input type="text"/>		

US DOT	ICC NO	PUID	TRAILER LP #1	TRAILER LP #2	TRAILER LP #3	PLATE #	# OF AXLES
CARGO BODY TYPE <input type="checkbox"/> <ul style="list-style-type: none"> 01 NOT AFFILIABLE 02 BUS (INCLUDING TRUCK) 03 UNKNOWN/LOADED 04 GRINDING/GRAPPLE 05 TRAILER 06 FLATBED 07 DUMP 	WEIGHT (GROSS) <input type="checkbox"/> <ul style="list-style-type: none"> 1 LESS THAN 10,000 2 10,000 - 20,000 3 MORE THAN 20,000 	CITY CLASS <input type="checkbox"/> <ul style="list-style-type: none"> 1 CLASS 1 2 CLASS 2 3 CLASS 3 4 CLASS 4 5 CLASS 5 	HAZARDOUS MATERIALS FLAGGED <input type="checkbox"/> <ul style="list-style-type: none"> 1 NO 2 YES 3 UNKNOWN 	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> <ul style="list-style-type: none"> 1 NO 2 YES 3 NOT AFFILIABLE 4 UNKNOWN 			

Police Action

DATE CRASH REPORTED	DATE POLICE CALLED	DISPATCH	ARRIVED	CLEARED	OFFICER	TOTAL (MINUTE)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OFFICER'S NAME	OFFICER'S ID	REPORT NUMBER	REPORT TYPE	REPORTING AGENCY	LOCAL REPORT #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	71-1155-66	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 09/12/2009
COUNTY OF Pike	ACCIDENT LOCATION SR0032	

Road conditions: Dry pavement, Lighted.

Weather conditions: Dark, Clear, Cool.

RP: Northeast apex of SR 32 & SR 220

Point Zero: North side berm of SR 32

RP to Point zero: 70 feet

Measuring device used: Wheel

Notes: From north berm of SR 32 it was 22 feet 7 inches south to first lane, also 34 feet to start of second lane.

All measurements were taken from north side berm of SR 32.

Sergeant John Howard U# 1692 crash reconstructionist was on scene and assisted with OH-2, a second OH-2 will be completed by Sgt Howa and will be included with investigation.

It was 110 feet 7 inches to stop bar of Germany road from the north side berm of SR 32.

AE	FE	Description
A. 7 feet 2 inches west	18 feet 3 inches south	Start of left skids U# 1
B. 15 feet 4 inches west	11 feet 8 inches south	Start of right skids U# 1
C. 70 feet 10 inches west	18 feet 2 inches south	Start of right front skid U# 2
D. 101 feet 10 inches west	15 feet 6 inches south	Clothing, Body fluid, & body matter
E. 109 feet 8 inches west	42 feet 10 inches south	Right rear tire U# 2
F. 109 feet 8 inches west	52 feet 9 inches south	Right front tire U# 2
G. 122 feet 1 inch west	16 feet 6 inches south	End of body matter
H. 132 feet 2 inches west	17 feet 3 inches south	Body disengagement
I. 183 feet 6 inches west	10 feet 6 inches south	Center of left duals over edge line
J. 211 feet 4 inches west	18 feet 0 inches south	Center mass of body
K. 240 feet 0 inches west	0	Right trailer duals off roadway
L. 255 feet 8 inches west	0	Right tractor duals off roadway
M. 299 feet 0 inches west	2 feet 5 inches south	Left rear trailer axle U# 1
N. 302 feet 5 inches west	3 feet 0 inches south	Left rear trailer axle U# 1
O. 337 feet 10 inches west	5 feet 10 inches south	Left rear Tractor axle U# 1
P. 341 feet 9 inches west	6 feet 0 inches south	Left tractor axle U# 1
Q. 359 feet 7 inches west	8 feet 3 inches south	Left front tractor axle U# 1
R. 318 feet 5 inches west	0	Axles 1, 2, & 3 return to pavement

Timeline

0021

Advised by dispatch of a 2 vehicle serious injury crash on SR 32 at SR 220.

0022

Troopers Aaron Morgan U 1785, Nicholas Diehl U 1735, Delmer Hurd U 1827, & Sergeant Douglas Debord U 0983 en route to scene.

0028

Pike County Sheriffs Deputy J. Savage arrived on scene and advised that there was a fatality involved.

0030

Sergeant Debord advised to contact Chillicothe post commander Lee Darden U 1366 of incident.

0030

Trooper Hurd first on

PREPARED BY

PAGE NO.

1735

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 09/12/2009
COUNTY OF Pike	ACCIDENT LOCATION SR0032	

scene.
0034
Message left with Lieutenant Darden regarding crash.
0037
Investigating Trooper Nicholas Diehl arrives on scene.
0037
Sergeant Bill Menendez U 1381 commercial enforcement was contacted and was advised that we need a commercial inspector to respond to scene.
0042
Trooper Aaron Morgan arrived on scene. Photos, Vehicle inventory, Damage analysis.
0047
Pike County Coroner requested to be notified.
0052
Staff Lieutenant Scott Borden U 1103 on call District Duty Officer was advised.
0100
Sergeant Douglas Debord arrives on scene.
0103
Pike County Coroner Dr. Kessler enroute to scene.
0104
Sergeant John Howard U 1692, crash reconstructionist, arrived on scene.
0130
Motor Carrier Enforcement Unit Joe Elcess U 3285 on scene and begins inspection of U 1- report attached.
0133
Coroner on scene. Pronounced deceased at 0027
0134
Father of deceased Paul Risner arrived on scene and was advised by Trooper Diehl of situation.
0135
Trooper Phillip Rutherford U 1907 arrived at Pike Community Hospital to obtain witness statements from driver of U# 2 and passenger from U
0154
Urine sample obtained from the driver of U# 1 at scene.
0210
Pike County E.M.S. left scene with deceased enroute to Pike Community hospital.
0246
Statement and blood sample obtained from driver Ashley Royster by Trooper Rutherford.
0247
Driver of U# 1 transported to Pike Community Hospital for evaluation by Pike County E.M.S.
0324
All units clear from scene.

Phillip Fin and Edward Casteel, owners of Montgomery trucking were on scene.

Damage analysis:

Unit 1:
Contact damage to left side of power unit. And also contact damage to trailer.

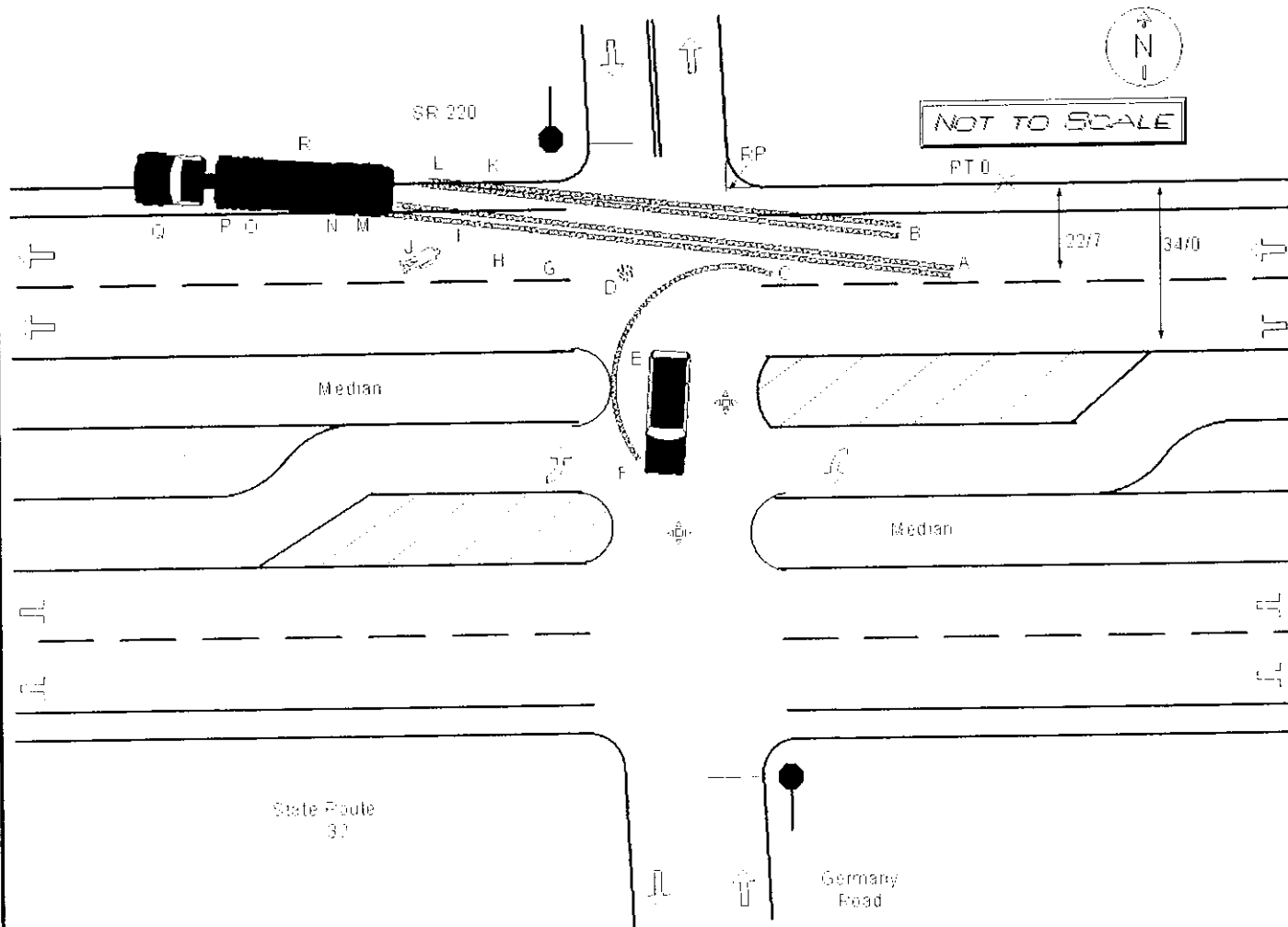
Unit 2:
Contact damage to center, right front and rear, also contact damage to right side and top.

The deceased, right front passenger Amber Risner was ejected from U# 2 and then became entangled in U# 1'S trailer axles before coming to rest in the westbound lane of SR 32. Inspection of the safety belt for the right front passenger appeared to be in the unused position.

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 09/12/2009
COUNTY OF Pike	ACCIDENT LOCATION SR0032	



DATE OF ACCIDENT	1735
------------------	------

OHIO TRAFFIC CRASH REPORT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (OSP Rev. 1/05)

LOCAL REPORT NUMBER 71-1155-66	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH M 9 D 12 Y 09
IN COUNTY OF Pike	CRASH LOCATION State Route 32 at State Route 220	

Continuation from OH-2

The Unit 1 was struck by Unit 2 in the area of the left fuel tank. After impact, axle numbers two and three drove over the front end of unit 2. There was contact damage to the semi tires with oil deposits and paint being left on the outside tires on axles two and three.

The forward momentum of unit 1 caused unit 2 to rotate in a clockwise direction. After the initial impact, unit 2 made a secondary impact with unit 1's trailer. Paint transfer from unit 2 on unit 1's trailer was measured at a height to indicate unit 2's rear end was off the ground during it's second impact with the trailer of unit 1.

During the second impact the passenger door of unit 2 was forced open as unit 1 continued sliding forward with both units in a primarily parallel position on the roadway.

The lock and latch of unit 2's passenger door were both torn from the door as it was forced open. A portion of the back of the door got caught on unit 1 as the door was ripped open. The front passenger of unit 2 fell out of the vehicle just before axle # 4 and 5. Unit 1 had its tires locked up as the unrestrained passenger was ejected.

There were no view obstructions that would have been a factor where unit 2 would have been setting.

All lights were working on Unit 1.

OFFICER'S SIGNATURE X 	UNIT NO. 1735	PAGE NO.
---	-------------------------	----------