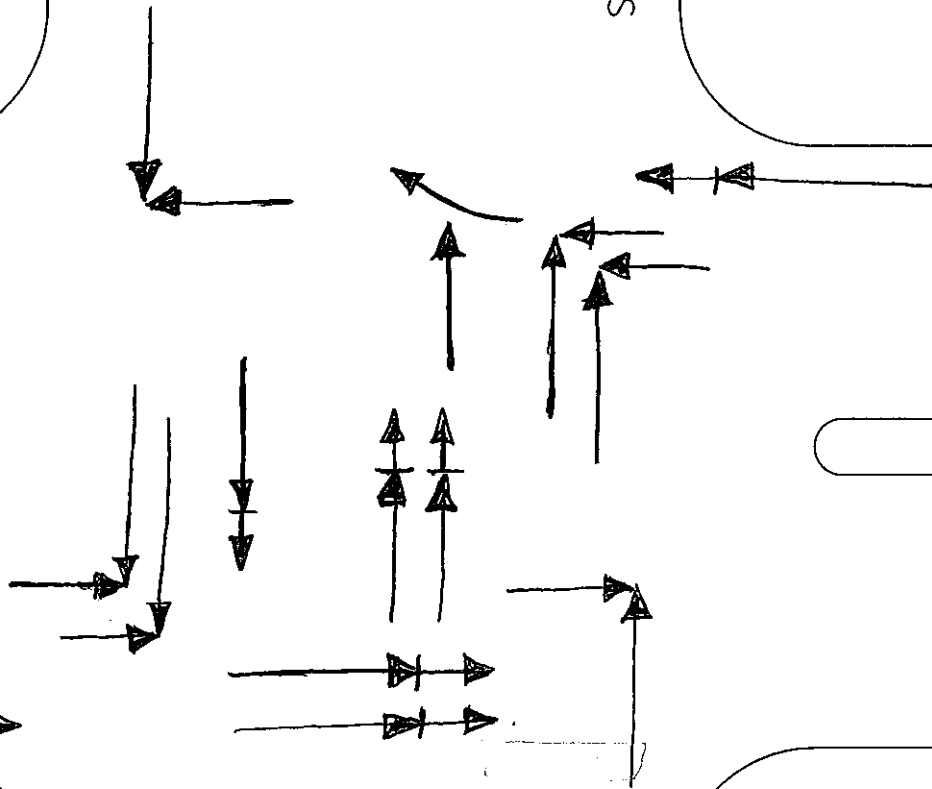
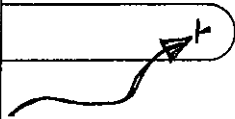


INDICATE NORTH

# COLLISION DIAGRAM

S.R. 220




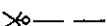






S.R. 32  
(RD. NAME)

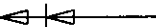

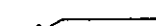



ACC SUMMARY  
PD \_\_\_\_\_  
INJ \_\_\_\_\_  
TOTAL \_\_\_\_\_

Germany Rd  
(RD. NAME)

## SYMBOLS

-  MOVING VEHICLE
-  BACKING VEHICLE
-  NON-INVOLVED VEHICLE
-  PEDESTRIAN
-  PARKED VEHICLE
-  FIXED OBJECT
-  FATAL ACCIDENT
-  INJURY ACCIDENT

## TYPES OF COLLISIONS

-  REAR END
-  HEAD ON
-  SIDE SWIPE
-  OUT OF CONTROL
-  LEFT TURN
-  RIGHT ANGLE

## SHOW FOR EACH ACCIDENT

1. DAY, DATE, AND TIME
2. WEATHER AND ROAD SURFACE - IF UNUSUAL CONDITION EXISTED
3. NITE - IF BETWEEN DUSK AND DAWN

INTERSECTION S.R. 32 AND S.R. 220  
 PERIOD 3 YEARS : FROM 1-1-06 TO 12-31-08

**Narrative**

UNIT 1 EAST ON SR32 IN THE LEFT LANE. UNIT 1  
 DRIFTED OFF THE LEFT SIDE OF THE ROAD AND  
 STRUCK A TRAFFIC SIGN. THE SIGN POLE CAME  
 INTO THE PASSENGER COMPARTMENT THROUGH  
 THE GEAR SHIFT ASSEMBLY AND WENT OUT  
 BROWNING THE PASSENGER DOWN WINDOWS.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

- 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

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

**WORK ZONE RELATED**

**WEATHER**

01

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DRIZZLES)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

- 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/ MOVING 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**

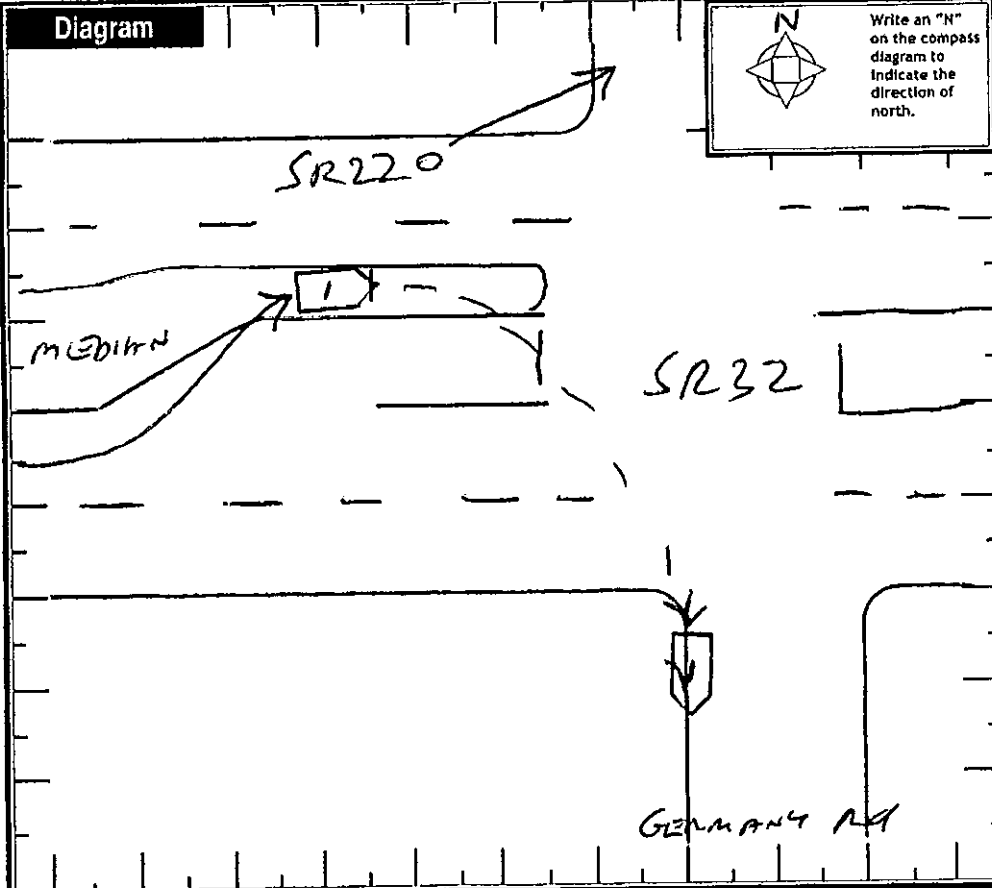
- 1 NO
- 2 YES
- 3 UNKNOWN

**LIGHT CONDITIONS**

4

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

**Diagram**



Write an "N" on the compass diagram to indicate the direction of north.

**Truck/Bus**

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.

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)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

- CARGO BODY TYPE
- 01 NOT APPLICABLE
  - 02 BUS (9-15 INCLUDING DRIVER)
  - 03 VAN/ENCLOSED BOX
  - 04 CRAN/CHIPS/GRAVEL
  - 05 POLE
  - 06 CARGO TANK
  - 07 FLATBED
  - 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

**Weight (GVWR)**

- 1 LESS/EQUAL 10,000
- 2 10,001 - 28,000
- 3 MORE THAN 28,000

**CDL Class**

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 5 CLASS D

**Hazardous Materials Placard**

- 1 NO
- 2 YES
- 3 UNKNOWN

**Hazardous Materials Released**

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

**Police Action**

071420060800  0800  0820  0916     76

OFFICER'S NAME \* TPA H. HANNIESTY 1139 CHECKED BY Sgt. [Signature] DATE REPORT FILED \* 07172006

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER

71-535-66



Local Report # 71-0412-66	Crash Severity Injury	Private Property N	Hit/Skip Not Hit/Skip	Photos Y	NCIC # OHP71
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Reporting Agency CHILLICOTHE OSP	#Units 2	Unit In Error 2	Date and Time (24 Hr Format) of Crash 4/8/2008; 06:00
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Day of Week TUE	City/Village/Township Township	Name of City/Village/Township SEAL	County PIK	LOCAL INFORMATION
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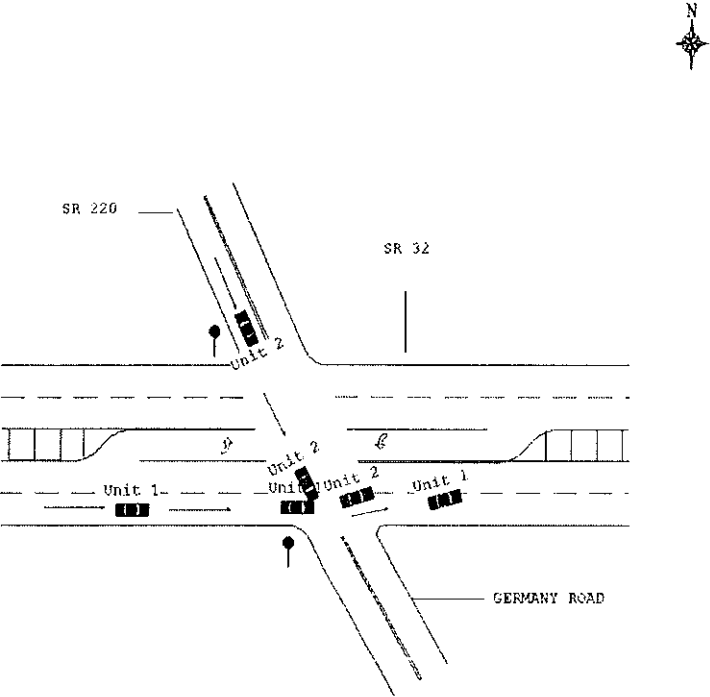
ON ROUTE NUMBER AND/OR STREET NAME		Street Suffix	Type of Loc
Rte Prefix	Route/Road Name		
	SR 0032		Numbered Route
DIST	<input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR	Rte Prefix Reference
0.01		OF	SR 0220
ReType: Intersection Of Two Streets			

LATITUDE, LONGITUDE (DEG/MIN/SEC.SSEC)  
39:03:10.79, -082:56:12.38

Type of Intersection Four-way Intersection	Occurrence On Roadway	Road Contour Straight Level	Road Conditions ( ** Indicates Secondary road Conditions ONLY )
Road Surface			Primary Dry Secondary Unknown

Police Action					
Date and Time Crash Reported 04082008; 0000	Dispatched	Arrived	Cleared	Other	Total Minutes 00150
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box No Supplement			

Manner of Collision or Impact		Diagram
Angle		
School Bus Related	Work Zone Related	
No	No	
Weather		
Clear		
Type of Work Zone	Workers Present	
Location of Crash in Work Zone		
Light Conditions		
Primary Dark - Lighted		
Secondary Unknown		
Narrative		



UNIT # 1 WAS TRAVELING EASTBOUND ON SR 32 AND UNIT #2 WAS TRAVELING SOUTHBOUND ON SR 220. UNIT #2 STRUCK UNIT #1 IN THE SIDE.



Local Report # <b>71-0413-66</b>	Crash Severity <b>Injury</b>	Private Property <b>N</b>	Hit/Skip <b>Not Hit/Skip</b>	Photos <b>Y</b>	NCIC # <b>OHP71</b>
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Reporting Agency <b>CHILlicothe OSP</b>	#Units <b>3</b>	Unit in Error <b>3</b>	Date and Time (24 Hr Format) of Crash <b>4/8/2008; 05:55</b>
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Day of Week <b>TUE</b>	City/Village/Township <b>Township</b>	Name of City/Village/Township <b>SEAL</b>	County <b>PIK</b>
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LOCAL INFORMATION

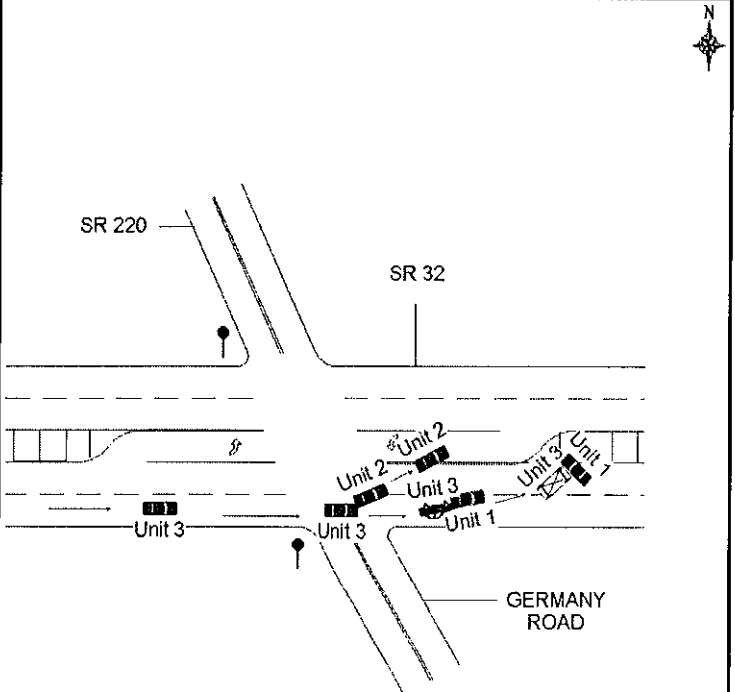
ON ROUTE NUMBER AND/OR STREET NAME		Street Suffix	Type of Loc
Rte Prefix	Route/Road Name		
	<b>SR 0032</b>		Numbered Route
DIST	<input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR	Rte Prefix Reference
			<b>0220</b>
RefType: <b>Intersection Of Two Streets</b>			

LATITUDE, LONGITUDE (DEG/MIN/SEC.SSEC)  
**39:03:10.79, -082:56:12.38**

Type of Intersection <b>Four-way Intersection</b>	Occurrence <b>On Roadway</b>	Road Contour <b>Straight Level</b>	Road Conditions (** Indicates Secondary road Conditions ONLY)
			Primary <b>Dry</b> Secondary <b>Unknown</b>
Road Surface			

Police Action					
Date and Time Crash Reported <b>04082008; 0000</b>	Dispatched	Arrived	Cleared	Other	Total Minutes <b>00150</b>
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box <b>No Supplement</b>			

Manner of Collision or Impact	
<b>Diagram</b>	
Rear-end	
School Bus Related	Work Zone Related
<b>No</b>	<b>No</b>
Weather <b>Clear</b>	
Type of Work Zone	Workers Present
Location of Crash in Work Zone	
Light Conditions	
Primary <b>Dark - Lighted</b>	
Secondary <b>Unknown</b>	



**Narrative**  
UNIT #1 AND UNIT #2 WERE INVOLVED IN A CRASH ON SR 32. UNIT #3 WAS TRAVELING EASTBOUND ON SR 32 AND STRUCK UNIT #2 IN THE REAR, OVERTURNED AND STRUCK UNIT #1 IN THE REAR.



Local Report # 71-1180-66	Crash Severity Injury	Private Property N	Hit/Skip Not Hit/Skip	Photos Y	NCIC # OHP71
Reporting Agency CHILlicothe OSP	#Units 3	Unit in Error 3	Date and Time (24 Hr Format) of Crash 10/17/2008; 08:00		

Day of Week FRI	City/Village/Township Township	Name of City/Village/Township SEAL	County PIK
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**LOCAL INFORMATION**

ON ROUTE NUMBER AND/OR STREET NAME		Street Suffix	Type of Loc
Rte Prefix	Route/Road Name SR 0032		Numbered Route
DIST	<input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR	Reference 0220
	OF		Street Suffix
			# THRU LANES
RefType: Intersection Of Two Streets			

LATITUDE, LONGITUDE (DEG/MIN/SEC.SSEC)  
39:03:10.80, -082:56:11.98

Type of Intersection Four-way Intersection	Occurrence On Roadway	Road Contour Straight Level	Road Conditions (** Indicates Secondary road Conditions ONLY)
			Primary: Dry Secondary: Unknown
Road Surface			

**Police Action**

Date and Time Crash Reported 10172008; 0806	Dispatched	Arrived	Cleared	Other	Total Minutes 00197
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box No Supplement			

**Diagram**

Manner of Collision or Impact

Angle

School Bus Related: No  
Work Zone Related: No

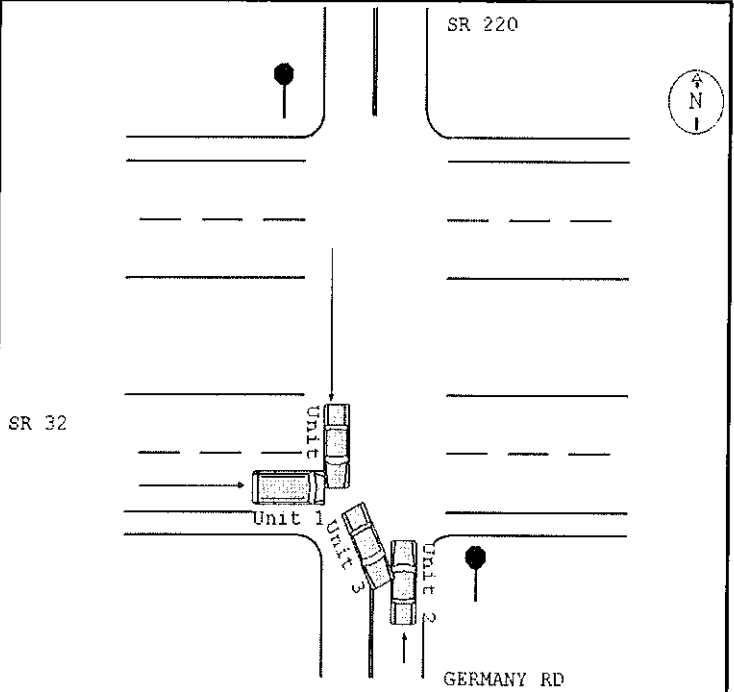
Weather: Clear

Type of Work Zone:   
Workers Present:

Location of Crash in Work Zone

Light Conditions

Primary: Daylight  
Secondary: Unknown



**Narrative**  
UNIT 1 WAS EASTBOUND ON SR 32. UNIT 2 WAS STOPPED ON GERMANY RD. NORTHBOUND AT SR 32. UNIT 3 WAS SOUTH BOUND ON SR 220 AT SR32. UNIT 3 PULLED OUT IN FRONT OF UNIT 1. UNIT 1 STRUCK UNIT 3 PUSHING UNIT 3 INTO UNIT 2.

**Narrative**

UNIT 1 WAS EASTBOUND ON SR32. UNIT 2 WAS NORTHBOUND ON GERMANY RD. UNIT 2 FAILED TO YIELD FROM THE STOP SIGN AND WAS STRUCK BY UNIT 1 IN THE INTERSECTION.

**MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED**

- |   |                            |
|---|----------------------------|
| 6   | 1                          |
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 NO                       |
| 2 REAR-END  | 2 YES, DIRECTLY INVOLVED   |
| 3 HEAD-ON   | 3 YES, INDIRECTLY INVOLVED |
| 4 REAR-TO-REAR                                    | 4 UNKNOWN                  |
| 5 BACKING   |                            |
| 6 ANGLE   | <b>WORK ZONE RELATED</b>   |
| 7 SIDESWIPE, SAME DIRECTION                       | 1 NO                       |
| 8 SIDESWIPE, OPPOSITE DIRECTION                   | 2 YES                      |
| 9 UNKNOWN   | 3 UNKNOWN                  |

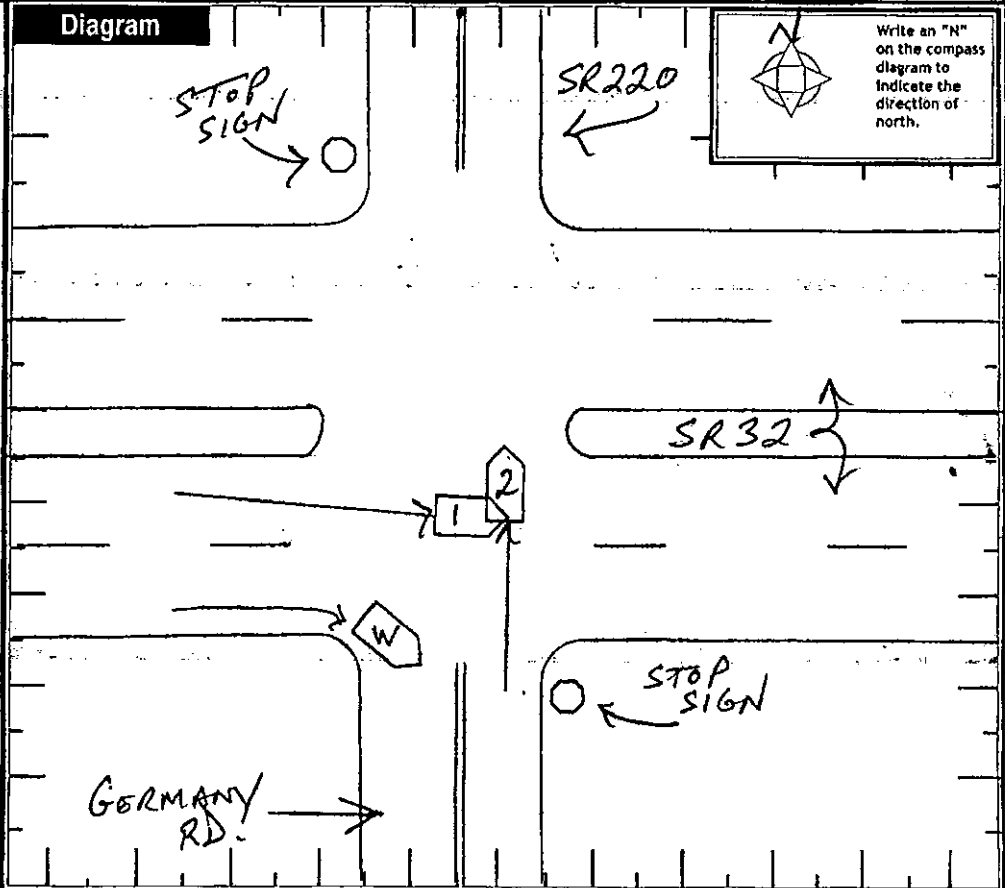
**WEATHER**

- 01
- 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**

- |                           |                                       |
|---------------------------|---------------------------------------|
| 1                         | 1                                     |
| 1 DAYLIGHT                | 1 BEFORE FIRST WORK ZONE WARNING SIGN |
| 2 DAWN                    | 2 ADVANCE WARNING AREA                |
| 3 DUSK                    | 3 TRANSITION AREA                     |
| 4 DARK - LIGHTED ROADWAY  | 4 ACTIVITY AREA                       |
| 5 DARK - NOT LIGHTED      |                                       |
| 6 DARK - UNKNOWN LIGHTING | <b>WORKERS PRESENT</b>                |
| 7 GLARE                   | 1 NO                                  |
| 8 OTHER                   | 2 YES                                 |
| 9 UNKNOWN                 | 3 UNKNOWN                             |

**Diagram**



**Truck/Bus**

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.

**A** THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
 A FATALITY; OR  
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
**D** AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
 ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	
<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE	05 POLE	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
	03 VAN/ENCLOSED BOX	07 FLATBED	2 10,001 - 25,000	2 CLASS B	2 YES	2 YES
	04 GRAN/CRPS/GRAVEL	08 DUMP	3 MORE THAN 25,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
				4 CLASS M		4 UNKNOWN
				5 CLASS D		
		09 CONCRETE MIXER				
		10 AUTO TRANSPORTER				
		11 GARBAGE/REFUSE				
		12 OTHER				
		13 UNKNOWN				

**Police Action**

04/11/2006 1428 DISPATCH 1428 ARRIVED 1446 CLEARED 1612 OTHER 60 164

OFFICER'S NAME \* TR. J.T. MOORHEAD CHECKED BY 1408 DATE REPORT FILED \* 1108 04/11/2006

REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER

71-276-66

**Narrative**

UNIT #1 NB ON GERMANY RD STOPPED AT STOP SIGN AT SR-32. UNIT #1 TURNING WEST ONTO SR-32 PULLED ACROSS EB LANES STOPPING AGAIN IN CENTER MEDIAN AREA TO LOOK FOR TRAFFIC AGAIN. UNIT #2 NB ON GERMANY ROAD STOPPED AT STOP SIGN AT SR-32, CONTINUED TURNING WEST STRUCK UNIT #1 IN THE REAR.

**MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED**

- 2
- 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
- 1 NO  
2 YES, DIRECTLY INVOLVED  
3 YES, INDIRECTLY INVOLVED  
4 UNKNOWN
- WORK ZONE RELATED
- 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/ MOVING 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

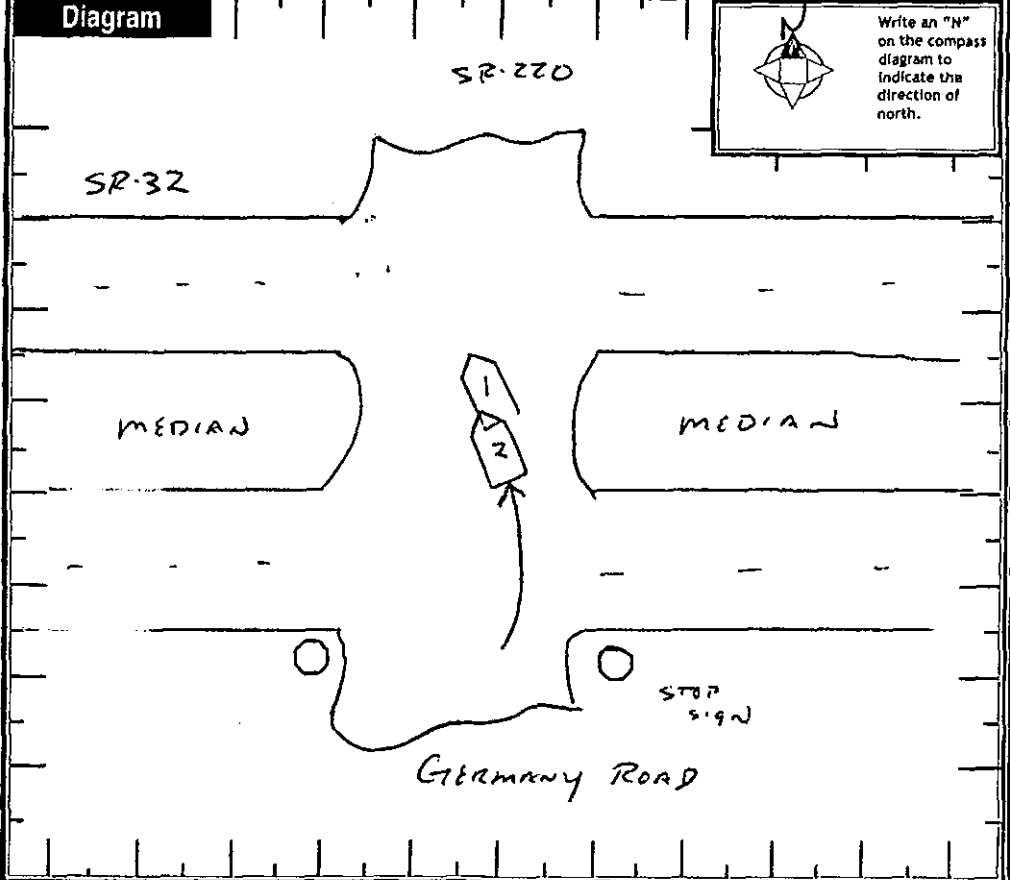
**WEATHER**

- 03
- 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**

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

**Diagram**



**Truck/Bus**

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.

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) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

US DOT \_\_\_\_\_ ICC MC \_\_\_\_\_ PUCO \_\_\_\_\_ TRAILER LP ST. \_\_\_\_\_ TRAILER LP YEAR \_\_\_\_\_ TRAILER LP # \_\_\_\_\_

CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
01 NOT APPLICABLE	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
02 BUS (9-15 INCLUDING DRIVER)	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
03 VAN/ENCLOSED BOX	3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
04 GRAY/CHIPS/GRAVEL		4 CLASS M		4 UNKNOWN
05 POLE		5 CLASS D		
06 CARGO TANK				
07 FLATBED				
08 DUMP				
09 CONCRETE MIXER				
10 AUTO TRANSPORTER				
11 GARBAGE/REFUSE				
12 OTHER				
13 UNKNOWN				

**Police Action**

DISPATCH 050820060727 07270818 090020 113

ARRIVED

CLEARED

OTHER

OFFICER'S NAME \* TRIP RB RUTH

CHECKED BY 0632

DATE REPORT FILED \* 05082006

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER

71-340-66

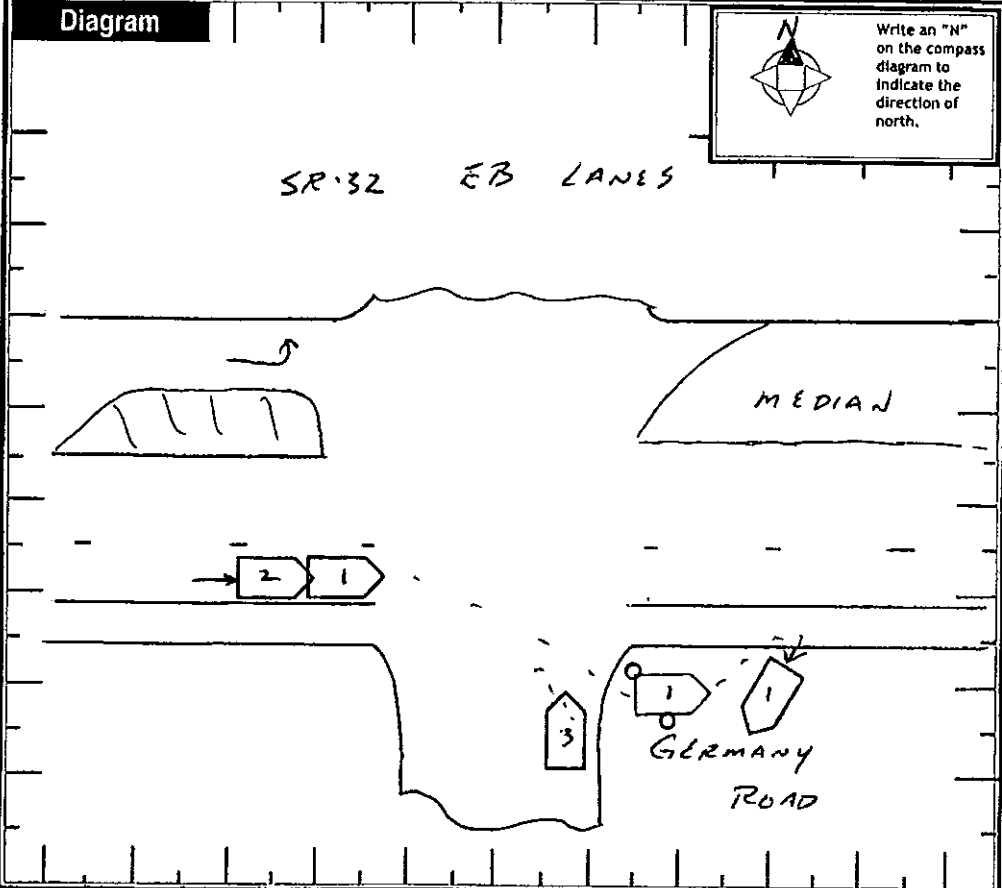
**Narrative**

UNIT #1 EB ON SR-32 SLOWING TO TURN SOUTH ONTO GERMANY RD. UNIT #2 EB ON SR-32 BEHIND UNIT #1. UNIT #3 NB ON GERMANY RD STOPPED AT STOP SIGN AT SR-32. UNIT #2 STRUCK UNIT #1 IN THE REAR. DEBRIS FROM UNIT #1 STRUCK UNIT #3. UNIT #1 WENT OFF RIGHT SIDL STRUCK A ROAD SIGN THE STRUCK A LIGHT TOLL.

**MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED**

- |   |                                       |
|---|---------------------------------------|
| 2   | 1                                     |
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 NO                                  |
| 2 REAR-END  | 2 YES, DIRECTLY INVOLVED              |
| 3 HEAD-ON   | 3 YES, INDIRECTLY INVOLVED            |
| 4 REAR-TO-REAR                                    | 4 UNKNOWN                             |
| 5 BACKING   |                                       |
| 6 ANGLE   | <b>WORK ZONE RELATED</b>              |
| 7 SIDESWIPE, SAME DIRECTION                       |                                       |
| 8 SIDESWIPE, OPPOSITE DIRECTION                   | 1                                     |
| 9 UNKNOWN   | 1 NO                                  |
|   | 2 YES                                 |
|   | 3 UNKNOWN                             |
| <b>WEATHER</b>                                    | <b>TYPE OF WORK ZONE</b>              |
| 01  |                                       |
| 01 CLEAR  | 1 LANE CLOSURE                        |
| 02 CLOUDY   | 2 LANE SHIFT/CROSSOVER                |
| 03 FOG, SMOG, SMOKE                               | 3 WORK ON SHOULDER OR MEDIAN          |
| 04 RAIN   | 4 INTERMITTENT/ MOVING WORK           |
| 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)            | 5 OTHER                               |
| 06 SNOW   |                                       |
| 07 SEVERE CROSSWINDS                              | <b>LOCATION OF CRASH IN WORK ZONE</b> |
| 08 BLOWING SAND, SOOT, DIRT, SNOW                 | 1 BEFORE FIRST WORK ZONE WARNING SIGN |
| 09 OTHER  | 2 ADVANCE WARNING AREA                |
| 10 UNKNOWN  | 3 TRANSITION AREA                     |
|   | 4 ACTIVITY AREA                       |
| <b>LIGHT CONDITIONS</b>                           | <b>WORKERS PRESENT</b>                |
| 1   | 1 NO                                  |
| 1 DAYLIGHT  | 2 YES                                 |
| 2 DAWN  | 3 UNKNOWN                             |
| 3 DUSK  |                                       |
| 4 DARK - LIGHTED ROADWAY                          |                                       |
| 5 DARK - NOT LIGHTED                              |                                       |
| 6 DARK - UNKNOWN LIGHTING                         |                                       |
| 7 GLARE   |                                       |
| 8 OTHER   |                                       |
| 9 UNKNOWN   |                                       |

**Diagram**



**Truck/Bus**

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.

**A** THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
 A FATALITY; OR  
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

**N**

COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

US DOT \_\_\_\_\_ ICC MC \_\_\_\_\_ PUCO \_\_\_\_\_ TRAILER LP ST. \_\_\_\_\_ TRAILER LP YEAR \_\_\_\_\_ TRAILER LP # \_\_\_\_\_

<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	11 GARBAGE/REFUSE	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
03 VAN/ENCLOSED BOX	07 FLATBED	12 OTHER	13 UNKNOWN	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
04 GRAM/CHIPS/GRAVEL	08 DUMP			3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
					4 CLASS M		4 UNKNOWN
					5 CLASS D		

**Police Action**

DISPATCH: 080420061142 | ARRIVED: 1142 | CLEARED: 1213 | OTHER: 134260 | 180

OFFICER'S NAME: Tpr RG RUIH | CHECKED BY: [Signature] | DATE REPORT FILED: 08042006

REPORT TAKEN BY: 1 POLICE AGENCY | REPORT TAKEN AT: 1 SCENE

2 MOTORIST | 2 STATION

3 OTHER

71-586-71





Local Report # 71-0478-66	Crash Severity PDO	Private Property N	Hit/Skip Not Hit/Skip	Photos Y	NCIC # OHP71
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Reporting Agency CHILlicothe OSP	#Units 2	Unit in Error 2	Date and Time (24 Hr Format) of Crash 4/28/2008; 06:47
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Day of Week MON	City/Village/Township Township	Name of City/Village/Township SEAL	County PIK
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LOCAL INFORMATION

ON ROUTE NUMBER AND/OR STREET NAME Rte Prefix Route/Road Name	Street Suffix	Type of Loc	LATITUDE, LONGITUDE (DEG/MIN/SEC.SSEC)
SR 0032		Numbered Route	39:03:11.72, -082:56:13.64

DIST 0.01	MILES <input checked="" type="checkbox"/>	FEET <input type="checkbox"/>	YARDS <input type="checkbox"/>	DIR OF	Rte Prefix Reference SR 0220	Street Suffix	# THRU LANES
RefType: Intersection Of Two Streets							

Type of Intersection Four-way Intersection	Occurrence On Roadway	Road Contour Straight Level	Road Conditions (** Indicates Secondary road Conditions ONLY)
Road Surface	Primary Wet	Secondary Unknown	

Police Action					
Date and Time Crash Reported 04282008; 0000	Dispatched	Arrived	Cleared	Other	Total Minutes 00173
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box No Supplement			

Manner of Collision or Impact	<b>Diagram</b>
Angle	
School Bus Related	
Work Zone Related	
Weather	
Rain	
Type of Work Zone	
Workers Present	
Location of Crash in Work Zone	
Light Conditions	
Primary Daylight	
Secondary Unknown	
<b>Narrative</b>	

UNIT # 1 WB ON SR 32, UNIT # 2 NB ON GERMANY RD. CROSSING OVER ONTO SR 220 NB. UNIT # 2 WAS STRUCK BY UNIT # 1.



Local Report # <b>71-1140-66</b>	Crash Severity <b>PDO</b>	Private Property <b>N</b>	Hit/Skip <b>Not Hit/Skip</b>	Photos <b>Y</b>	NCIC # <b>OHP71</b>
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Reporting Agency <b>CHILLICOTHE OSP</b>	#Units <b>2</b>	Unit in Error <b>2</b>	Date and Time (24 Hr Format) of Crash <b>10/10/2008; 06:48</b>
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Day of Week <b>FRI</b>	City/Village/Township <b>Township</b>	Name of City/Village/Township <b>SEAL</b>	County <b>PIK</b>
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**LOCAL INFORMATION**

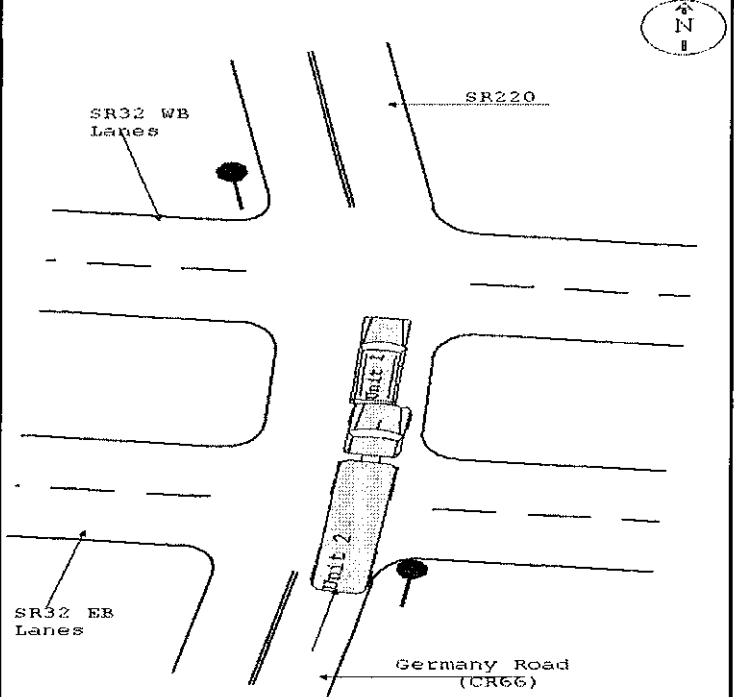
ON ROUTE NUMBER AND/OR STREET NAME		Street Suffix	Type of Loc
Rte Prefix	Route/Road Name		
	<b>SR 0032</b>		Numbered Route
DIST	<input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR	Rte Prefix Reference
			<b>CR0066</b>
RefType: <b>Intersection Of Two Streets</b>			

LATITUDE, LONGITUDE [DEG/MIN/SEC.SSEC]  
**39:03:11.42, -082:56:11.89**

Type of Intersection <b>Four-way Intersection</b>	Occurrence <b>On Roadway</b>	Road Contour <b>Straight Level</b>	Road Conditions (** Indicates Secondary road Conditions ONLY)
Road Surface			Primary <b>Dry</b> Secondary <b>Unknown</b>

<b>Police Action</b>					
Date and Time Crash Reported <b>10102008; 0648</b>	Dispatched	Arrived	Cleared	Other	Total Minutes <b>00128</b>
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box <b>No Supplement</b>			

Manner of Collision or Impact <b>Rear-end</b>	<b>Diagram</b>
School Bus Related <b>No</b>	Work Zone Related <b>No</b>
Weather <b>Clear</b>	
Type of Work Zone	Workers Present
Location of Crash in Work Zone	
Light Conditions Primary <b>Dark - Lighted</b> Secondary <b>Dawn</b>	
<b>Narrative</b>	



UNITS #1 AND #2 WERE NORTHBOUND ON GERMANY ROAD [CR66] AT THE INTERSECTION OF SR32. UNIT #1 CROSSED TO THE CENTER CROSSOVER TO AWAIT ONCOMING WESTBOUND TRAFFIC TO PASS. UNIT #2 STRUCK UNIT #1 IN THE REAR.



Local Report # 71-0570-66	Crash Severity PDO	Private Property N	Hit/Skip Not Hit/Skip	Photos Y	NCIC # OHP71
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Reporting Agency CHILICOTHE OSP	#Units 2	Unit in Error 2	Date and Time (24 Hr Format) of Crash 5/24/2008; 05:23
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Day of Week SAT	City/Village/Township Township	Name of City/Village/Township SEAL	County PIK	LOCAL INFORMATION
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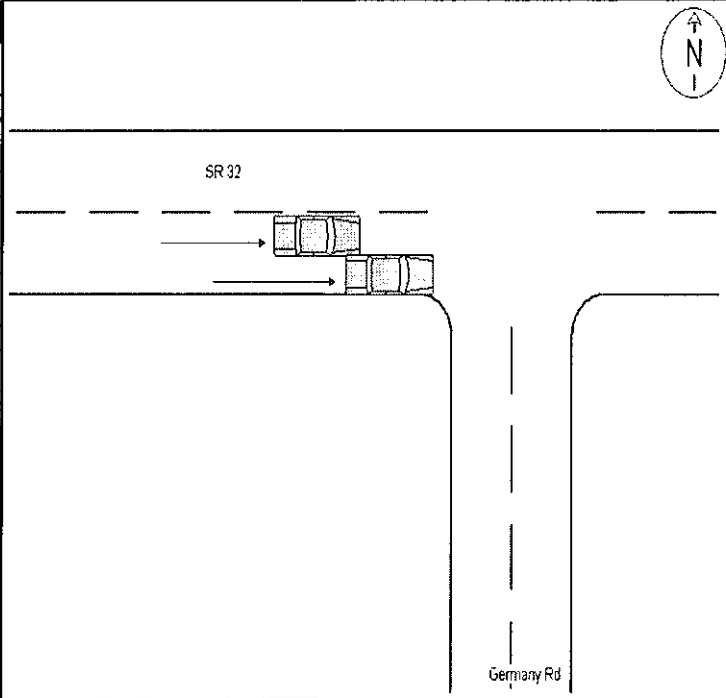
ON ROUTE NUMBER AND/OR STREET NAME				Street Suffix	Type of Loc
Rte Prefix	Route/Road Name				
	SR 0032				Numbered Route
DIST	<input checked="" type="checkbox"/> MILES	DIR	Rte Prefix	Reference	Street Suffix
	FEET			020.00	MP
	YARDS	OF			
ReType: Mile Post					

LATITUDE, LONGITUDE (DEG/MIN/SEC.SSEC)  
39:03:11.20, -082:56:10.28

Type of Intersection Not an Intersection	Occurrence On Roadway	Road Contour Straight Level	Road Conditions (** Indicates Secondary road Conditions ONLY)
Road Surface			Primary Dry
			Secondary Unknown

Police Action					
Date and Time Crash Reported 05242008; 0523	Dispatched	Arrived	Cleared	Other	Total Minutes 00125
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box No Supplement			

Manner of Collision or Impact	Diagram
Rear-end	
School Bus Related	
Work Zone Related	
No	
No	
Weather	
Cloudy	
Type of Work Zone	
Workers Present	
Location of Crash in Work Zone	
Light Conditions	
Primary Dawn	
Secondary Unknown	



**Narrative**  
UNIT# 1 WAS EASTBOUND ON SR 32 TURNING RIGHT ONTO CR 66. UNIT# 2 WAS EASTBOUND ON SR 32 AND STRUCK UNIT# 1.



Local Report # 71-1208-66	Crash Severity Injury	Private Property N	Hit/Skip Not Hit/Skip	Photos Y	NCIC # OHP71
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Reporting Agency CHILLICOTHE OSP	#Units 2	Unit in Error 2	Date and Time (24 Hr Format) of Crash 10/22/2008; 11:15
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Day of Week WED	City/Village/Township Township	Name of City/Village/Township SEAL	County PIK	LOCAL INFORMATION
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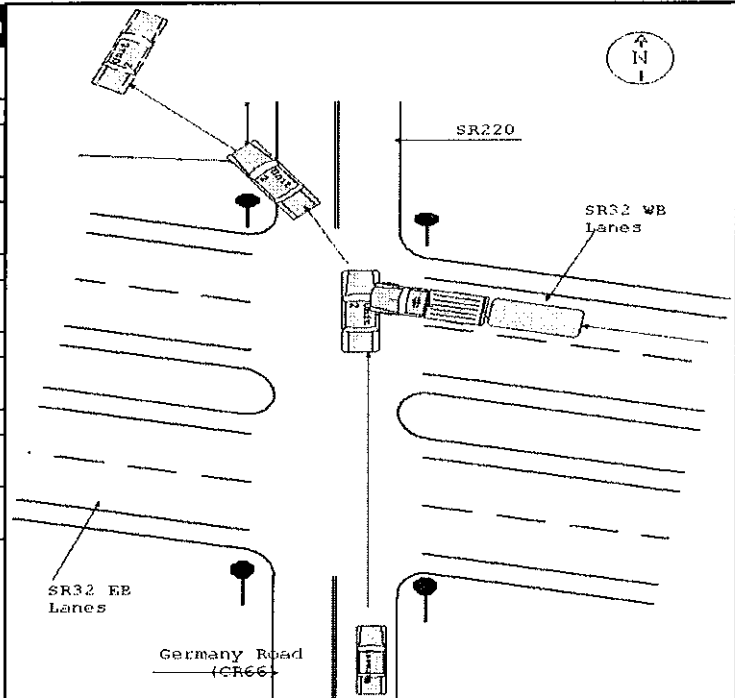
ON ROUTE NUMBER AND/OR STREET NAME		Street Suffix	Type of Loc
Rte Prefix	Route/Road Name SR 0032		Numbered Route
DIST	<input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR	Reference CR0066
	OF		Street Suffix
			# THRU LANES
RefType: Intersection Of Two Streets			

LATITUDE, LONGITUDE (DEG/MIN/SEC.SSEC)  
39:03:11.89, -082:56:12.11

Type of Intersection Four-way Intersection	Occurrence On Roadway	Road Contour Straight Grade	Road Conditions (** Indicates Secondary road Conditions ONLY)
Road Surface	Primary Dry	Secondary Unknown	

Police Action					
Date and Time Crash Reported 10222008; 1115	Dispatched	Arrived	Cleared	Other	Total Minutes 00147
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box No Supplement			

Manner of Collision or Impact	<b>Diagram</b>
Angle	
School Bus Related	Work Zone Related
No	No
Weather	
Clear	
Type of Work Zone	Workers Present
Location of Crash in Work Zone	
Light Conditions	
Primary Daylight	
Secondary Unknown	



**Narrative**  
UNIT #1 WAS WESTBOUND ON SR 32. UNIT #2 WAS NORTHBOUND ON GERMANY ROAD (CR66). UNIT #2 FAILED TO YIELD FROM A STOP SIGN AS IT CROSSED SR 32 TO CONTINUE NORTH ONTO SR 220. UNIT #3 STRUCK UNIT #2. UNIT #2 DROVE OFF THE LEFT SIDE OF THE ROADWAY STRIKING A FENCE, COMING TO REST IN A YARD.



Local Report # 71-1610-66	Crash Severity PDO	Private Property N	Hit/Skip Not Hit/Skip	Photos Y	NCIC # OHP71
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Reporting Agency CHILLICOTHE OSP	#Units 2	Unit In Error 2	Date and Time (24 Hr Format) of Crash 12/17/2007; 15:19
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Day of Week MON	City/Village/Township Township	Name of City/Village/Township SEAL	County PIK
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LOCAL INFORMATION

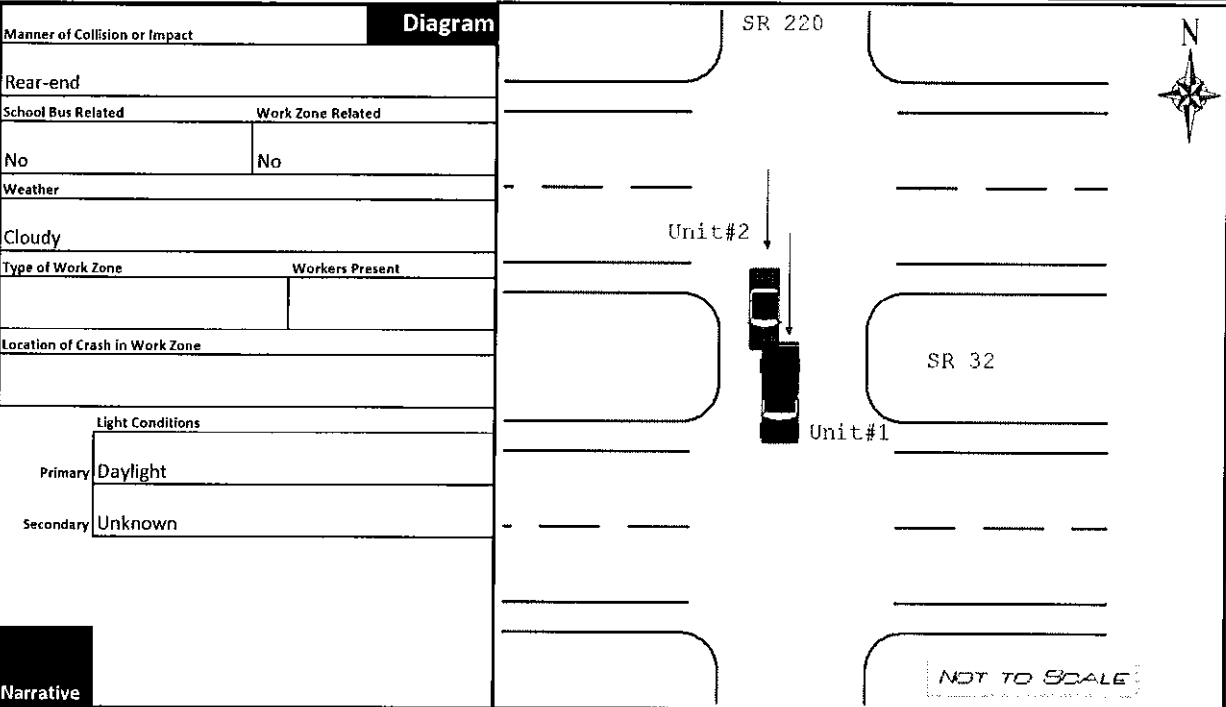
ON ROUTE NUMBER AND/OR STREET NAME		Street Suffix	Type of Loc
Rte Prefix	Route/Road Name		
	SR 0032		Numbered Route
DIST	<input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR	Rte Prefix Reference
0.01			SR 0220
		OF	
			RefType: Intersection Of Two Streets

LATITUDE: DEG/MIN/SEC.SSEC  
39:03:11.05

LONGITUDE: DEG/MIN/SEC.SSEC  
-082:56:04.84

Type of Intersection Crossover	Occurrence On Roadway	Road Contour Straight Level	Road Conditions (** Indicates Secondary road Conditions ONLY)
			Primary Dry
Road Surface			Secondary Unknown

Police Action					
Date and Time Crash Reported 12172007; 0000	Dispatched	Arrived	Cleared	Other	Total Minutes 00137
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box No Supplement			



UNIT#1 WAS STOPPED IN THE CROSSOVER ON SR 32 AT 220. UNIT#2 PULLED OUT FROM SR 220 AND STRUCK UNIT#1 FROM THE REAR.



Local Report # <b>71-1469-66</b>	Crash Severity <b>Injury</b>	Private Property <b>N</b>	Hit/Skip <b>Not Hit/Skip</b>	Photos <b>Y</b>	NCIC # <b>OHP71</b>
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Reporting Agency <b>CHILlicothe OSP</b>	#Units <b>2</b>	Unit in Error <b>1</b>	Date and Time (24 Hr Format) of Crash <b>12/2/2008; 13:10</b>
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Day of Week <b>TUE</b>	City/Village/Township <b>Township</b>	Name of City/Village/Township <b>SEAL</b>	County <b>PIK</b>
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LOCAL INFORMATION

ON ROUTE NUMBER AND/OR STREET NAME		Street Suffix	Type of Loc
Rte Prefix	Route/Road Name		
	<b>SR 0032</b>		Numbered Route
DIST	<input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR	Reference
			<b>CR0066</b>
		OF	Reftype: <b>Intersection Of Two Streets</b>

LATITUDE, LONGITUDE (DEG/MIN/SEC.SSEC)  
**39:03:11.89, -082:56:12.11**

Type of Intersection <b>Four-way Intersection</b>	Occurrence <b>On Shoulder</b>	Road Contour <b>Straight Grade</b>	Road Conditions (** Indicates Secondary road Conditions ONLY)
			Primary <b>Dry</b>
			Secondary <b>Unknown</b>

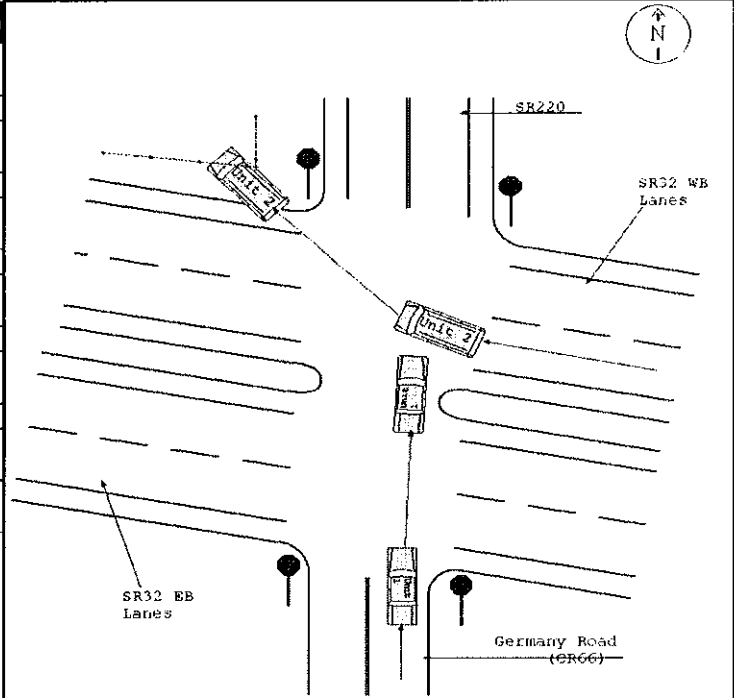
Police Action

Date and Time Crash Reported <b>12022008; 1313</b>	Dispatched	Arrived	Cleared	Other	Total Minutes <b>00167</b>
Officer's Name	Badge #	Checked By:	Date Report Filed		
Report Taken By	Report Taken At	Report Supplement Check Box <b>No Supplement</b>			

Manner of Collision or Impact **Diagram**

Not Collision Between Two Vehicles in Transport

School Bus Related <b>No</b>	Work Zone Related <b>No</b>
Weather <b>Cloudy</b>	
Type of Work Zone	Workers Present
Location of Crash in Work Zone	
Light Conditions	
Primary <b>Daylight</b>	
Secondary <b>Unknown</b>	



**Narrative**  
UNIT #1 WAS NORTHBOUND ON GERMANY ROAD (CR66). UNIT #2 WAS WESTBOUND ON SR 32. UNIT #1 FAILED TO YIELD AS IT ATTEMPTED TO CROSS SR 32 ONTO SR 220. UNIT #2 SWERVED TO AVOID STRIKING UNIT #1, DROVE OFF RIGHT SIDE OF ROADWAY STRIKING A FENCE.

**Narrative**

Unit #1 Failed to yield right of way at 2220 AND  
 Street Unit #2 was driving over speed limit and L. Simpson  
 advised Unit #1 Failed to yield right of way + struck Unit #2.  
 Operator of Unit #1 advised PD did not see Unit #2.  
 Unit #1 will be cited for Failure to yield right of way.

**MANNER OF COLLISION OR IMPACT**

- 6
- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
  - REAR-END
  - HEAD-ON
  - REAR-TO-REAR
  - BACKING
  - ANGLE
  - SIDESWIPE, SAME DIRECTION
  - SIDESWIPE, OPPOSITE DIRECTION
  - UNKNOWN

**SCHOOL BUS RELATED**

- 1
- NO
  - YES, DIRECTLY INVOLVED
  - YES, INDIRECTLY INVOLVED
  - UNKNOWN

**WORK ZONE RELATED**

- 1
- NO
  - YES
  - UNKNOWN

**TYPE OF WORK ZONE**

- 1
- LANE CLOSURE
  - LANE SHIFT/CROSSOVER
  - WORK ON SHOULDER OR MEDIAN
  - INTERMITTENT/ MOVING WORK
  - OTHER

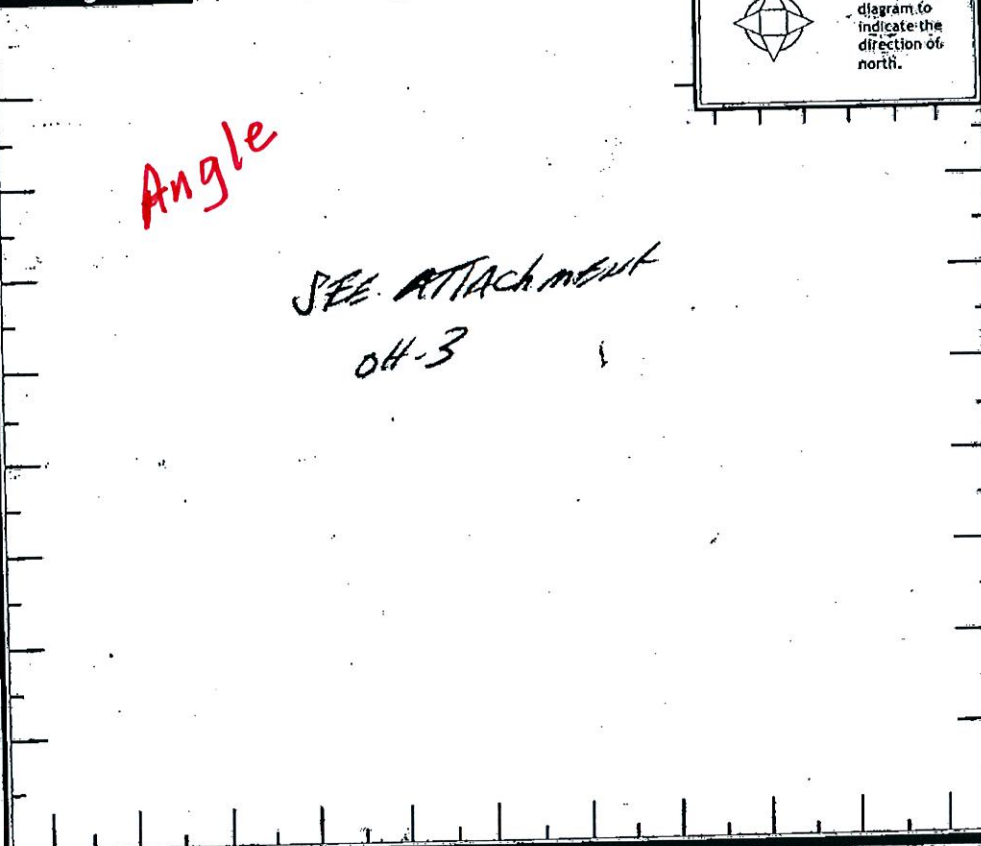
**LOCATION OF CRASH IN WORK ZONE**

- 1
- BEFORE FIRST WORK ZONE WARNING SIGN
  - ADVANCE WARNING AREA
  - TRANSITION AREA
  - ACTIVITY AREA

**WORKERS PRESENT**

- 1
- NO
  - YES
  - UNKNOWN

**Diagram**



Write an "N" on the compass diagram to indicate the direction of north.

**WEATHER**

01

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (FREEZING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

**LIGHT CONDITIONS**

1 2

- DAYLIGHT
- DAWN
- DAK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN

**Truck/Bus**

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.

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.

UNIT #

COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT ICC MC PUICD TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # # DIA

**CARGO BODY TYPE**

- NOT APPLICABLE
- BUS (9-15 INCLUDING DRIVER)
- VAN/ENCLOSED BOX
- GRAB/CRUPS/GRAYEL
- POLE
- CARGO TANK
- FLATBED
- DUMP
- CONCRETE MIXER
- AUTO TRANSPORTER
- GARBAGE/REFUSE
- OTHER
- UNKNOWN

**Weight (GVWR)**

- LESS/EQUAL 10,000
- 10,001 - 26,000
- MORE THAN 26,000

**CDL Class**

- CLASS A
- CLASS B
- CLASS C
- CLASS M
- CLASS D

**Hazardous Materials Placard**

- NO
- YES
- UNKNOWN

**Hazardous Material Released**

- NO
- YES
- NOT APPLICABLE
- UNKNOWN

**Police Action**

DATE CRASH REPORTED TIME REC CALL DISPATCH ARRIVED CLEARED OTHER TOTAL MINUTES

OFFICER'S NAME \* BADGE # \* CHECKED BY \* DATE REPORT FILED \*

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER SUPPLEMENT "X" IF YES \* LOA REPORT # \*