OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

EDUCATION · SERVICE · PROTECTION

LOCAL INFORMATION **Incident #:**

LOCAL REPORT NUMBER * 15372433

CRASH SEVERITY: 2 (1 - Fatal, 2 - Injury, 3 - PDO)

HIT/SKIP: ☐ (1 - Solved, 2 - Unsolved)

☑ Photos Taken ☐ OH-2 ☐ OH-1P ☑ OH-3 ☑ Other	☐ PDO Under State Reportable Dollar Amount	☐ Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in Error
			02500	Franklin County S.O.	03	01 (98 - Animal, 99 - Unknown)

County *	☐ City * ☐ Village * ☑ Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
25		Jackson	03042015	0200	WED

DEGREES / MINUTES / SECONDS — Latitude: 0 / // — Longitude: 0 / //

DECIMAL DEGREES — Latitude: 39.887783 — Longitude: -83.042549

Roadway Division: ☑ Divided ☐ Undivided

Divided Lane Direction of Travel: N (N - Northbound, E - Eastbound, S - Southbound, W - Westbound)

Number of Thru Lanes: 03

ROAD TYPES OR MILEPOST [2]: AL - Alley; AV - Avenue; BL - Boulevard; CR - Circle; CT - Court; DR - Drive; HE - Heights; HW - Highway; LA - Lane; MP - Milepost; PK - Parkway; PI - Pike; PL - Place; RD - Road; SQ - Square; ST - Street; TE - Terrace; TL - Trail; WA - Way

Location Route Type [1]	Location Route Number	Location Prefix	Location Road Name	Location Road Type [2]
IR	71	☐ N,S ☐ E,W		

ROUTE TYPES [1]: IR - Interstate Route (inc. turnpike); US - US Route; SR - State Route; CR - Numbered County Route; TR - Numbered Township Route

Distance From Reference: ☐ Miles ☐ Feet ☐ Yards	Direction From Reference: ☐ N,S ☐ E,W	Reference Point	Reference Road Type	Reference Road Number	Reference Prefix: ☐ N,S ☐ E,W	Reference Name (Road, Milepost, House #)	Reference Road Type [2]
		0	IR	270			

REFERENCE POINT USED: 1 (1 - Intersection, 2 - Mile Post, 3 - House Number)

CRASH LOCATION: 08 (01 - Non-Intersection, 02 - Four-Way 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 - Driveway/Alley, 11 - Railway Grade Crossing, 12 - Shared Use Paths or Trails, 99 - Unknown)

☐ Intersection Related

LOCATION OF FIRST HARMFUL EVENT: 1 (1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown)

ROAD CONTOUR: 1 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown)

ROAD CONDITION — Primary: 02; 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, 99 - Unknown) * Secondary Condition Only

MANNER OF CRASH COLLISION/IMPACT: 6 (1 - Not Collision Between Two Motor Vehicles In Transport, 2 - Rear End, 3 - Head-On, 4 - Rear-End Rear, 5 - Backing, 6 - Angle, 7 - Sideswipe, Same Direction, 8 - Sideswipe, Opposite Direction, 9 - Unknown)

WEATHER: 4 (1 - Clear, 2 - Cloudy, 3 - Fog, Smog, Smoke, 4 - Rain, 5 - Sleet, Hail, 6 - Snow, 7 - Severe Crosswinds, 8 - Blowing Sand, Soil, Dirt, Snow, 9 - Other/Unknown)

ROAD SURFACE: 2 (1 - Concrete, 2 - Blacktop, Bituminous Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other)

LIGHT CONDITIONS — Primary: 4; Secondary: ☐ (1 - Daylight, 2 - Dawn, 3 - Dusk, 4 - Dark - Lighted Roadway, 5 - Dark - Roadway Not Lighted, 6 - Dark - Unknown Roadway Lighting, 7 - Glare*, 8 - Other, 9 - Unknown) * Secondary Condition Only

☐ School Zone Related

SCHOOL BUS RELATED: ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

☐ Work Zone Related

☐ Workers Present ☐ Law Enforcement Present (Officer or Vehicle) ☐ Law Enforcement Present (Vehicle Only)

TYPE OF WORK ZONE: ☐ (1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other)

LOCATION OF CRASH IN WORK ZONE: ☐ (1 - Before the First Work Zone Warning Sign, 2 - Advance Warning Area, 3 - Transition Area, 4 - Activity Area, 5 - Termination Area)

Unit#2 and Unit#3 were on the east berm of IR71 N/B off ramp to IR270 with their overhead beacons on. Unit#1 was traveling N/B on IR71 to get onto IR270. Unit#1 started to change lanes to yield to Unit#2 a public safety officers vehicle. While changing lanes Unit#1 struck a concrete barrier. Unit#1 then went airborne, then struck Unit#2 causing Unit#2 to strike Unit#3 which is a flat bed tow truck.

Diagram

See Attached Diagram

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

REPORT TAKEN BY: ☑ Police Agency ☐ Motorist ☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
03042015	0200	0200	0207	0515	60	248

Officer's Name *	Officer's Badge Number	Checked By
Sgt Scott Downing	S-55	EDEN C38

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

UNIT

L... R...ER NUMBER: 153723

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER: INCLUDE AREA CODE (☐ SAME AS DRIVER)
01	Rosa Flora LTD	(905) 774-8044

OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)
717 Diltz Rd. Dunnville Ontario N1A2W2 (Canada)

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
ON	4794PP	1HSHWSAN362246204	02

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2006	International	8600	White

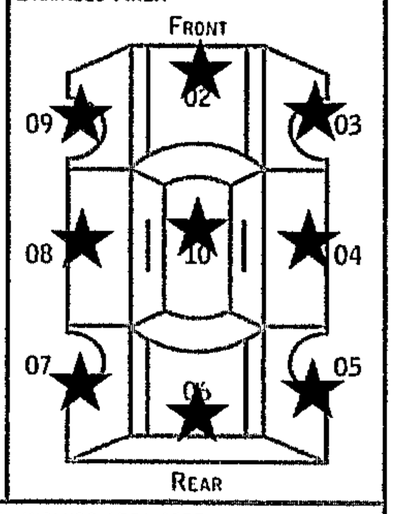
☑	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	Zurich	AF9996012	Eitels

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE: INCLUDE AREA CODE

DAMAGE SCALE: 4
1 NONE
2 MINOR
3 FUNCTIONA
4 DISABLING
9 UNKNOWN

DAMAGED AREA



US DOT: 00772630

HM PLACARD ID NO.

HM CLASS NUMBER

☐ HAZARDOUS MATERIAL RELEASE

VEHICLE WEIGHT GVWR GCWR: 3

CARGO BODY TYPE: 07

TRAFFICWAY DESCRIPTION: 4
1 TWO WAY, NOT DIVIDED
2 TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 TWO-WAY DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN
4 TWO-WAY DIVIDED, POSITIVE MEDIAN BARRIER
5 ONE-WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON MOTORIST LOCATION PRIOR TO IMPA:

TYPE OF USE: 2

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 14

PASSENGER VEHICLE

MED HEAVY TRUCKS OR COMBO UNITS > 10K LBS

BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
21 BUS/VAN (9-15 SEATS, INC DRIVER)
22 BUS (16+ SEATS, INC DRIVER)

NON-MOTORIST
23 ANIMAL WITH RIDER
24 ANIMAL WITH BUGGY, WAGON, SURREY
25 BICYCLE/PEDACYCLIST
26 PEDESTRIAN/SKATER
27 OTHER NON MOTORIST

☐ HAS HM PLACARD

SPECIAL FUNCTION: 01

MOST DAMAGED AREA: 13

IMPACT AREA: 09

ACTION: 4
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING/STRUCK
9 - UNKNOWN

PRE CRASH ACTIONS: 03

MOTORIST

NON-MOTORIST
21 OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 17

SECONDARY:

MOTORIST

NON-MOTORIST

VEHICLE DEFECTS
01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR ACCIDENT
11 OTHER DEFECTS

SEQUENCE OF EVENTS

1	2	3	4	5	6
13	25	21	21		

FIRST HARMFUL EVENT: 2
MOST HARMFUL EVENT: 3

NON COLLISION EVENTS

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED

COLLISION WITH FIXED OBJECT

UNIT SPEED	POSTED SPEED	TRAFFIC CONTROL	UNIT DIRECTION
45 ☑ STATED ☐ ESTIMATED	65	12	FROM 2 TO 1

TRAFFIC CONTROL
01 NO CONTROLS
02 STOP SIGN
03 YIELD SIGN
04 TRAFFIC SIGNAL
05 TRAFFIC FLASHERS
06 SCHOOL ZONE
07 RAILROAD CROSSING
08 RAILROAD FLASHERS
09 RAILROAD GATES
10 CONSTRUCTION BARRICADE
11 PERSON (FLAGGER, OFFICER)
12 PAVEMENT MARKINGS
13 SLOW
14 WALK/DON'T WALK
15 OTHER
16 NO REPORTED

UNIT DIRECTION
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

Incident #:

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

LOCAL REPORT NUMBER: 15372143

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER: INCLUDE AREA CODE (☐ SAME AS DRIVER)
02	Franklin County Commisioners	(614) 525-3412

OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)
373 S. High Street Columbus, Ohio 43215

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
	Door#0059	1FM5K8AT2EGC49725	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2006	Ford	Interceptor	Black

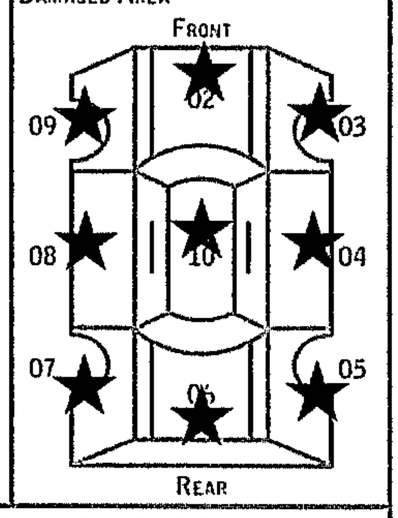
☑	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	Self insured		Eitels

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

DAMAGE SCALE: 4
1 NONE
2 MINOR
3 FUNCTIONAL
4 DISABLING
9 UNKNOWN

DAMAGED AREA



US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR: 1

☐ HAZARDOUS MATERIAL RELEASE

CARGO BODY TYPE: 01

TRAFFICWAY DESCRIPTION: 4
1 TWO-WAY, NOT DIVIDED
2 TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN
4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
5 ONE-WAY TRAFFICWAY

☐ HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT

TYPE OF USE: 3

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 06

PASSENGER VEHICLE (PASSENGER CAR, PICKUP, VAN, LIMO (9 OR LESS) - INCLUDING DRIVER)

MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS

BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
21 BUS/VAN (9-15 SEATS, INC DRIVER)
22 BUS (16+ SEATS, INC DRIVER)

NON-MOTORIST
23 ANIMAL WITH RIDER
24 ANIMAL WITH BUGGY, WAGON, SURREY
25 BICYCLE/PEDACYCLIST
26 PEDESTRIAN/SKATER
27 OTHER NON-MOTORIST

☐ HAS HM PLACARD

SPECIAL FUNCTION: 13

MOST DAMAGED AREA: 08

IMPACT AREA: 08

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 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
99 UNKNOWN

ACTION: 5
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING/STRUCK
9 - UNKNOWN

PRE-CRASH ACTIONS: 10

MOTORIST
01 STRAIGHT AHEAD
02 BACKING
03 CHANGING LANES
04 PASSING/OVERTAKING
05 MAKING RIGHT TURN
06 MAKING LEFT TURN
07 ENTERING TRAFFIC LANE
08 LEAVING TRAFFIC LANE
09 SLOWING OR STOPPED IN TRAFFIC
10 STOPPED IN ROAD
11 CHANGING LANES (LEFT TURN LANE)
12 OTHER
99 UNKNOWN

NON-MOTORIST
15 ENTERING/CROSSING ROADWAY LOCATION
16 WALKING, RUNNING, PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 STANDING
21 OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 01

SECONDARY:

MOTORIST
01 NONE
02 FAILURE TO YIELD
03 RAN RED LIGHT
04 RAN STOP SIGN
05 UNSAFE SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/ACDA
09 IMPROPER LANE CHANGE
10 IMPROPER PASSING
11 DROVE OFF ROAD
12 IMPROPER BACKING
13 IMPROPER START FROM PARKED POSITION
14 STOPPED OR PARKED ILLEGALLY
15 SWERVING TO AVOID
16 WRONG SIDE/WRONG WAY
17 IMPROPER TURN ON RED
18 VISION OBSTRUCTION
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/SPILLING
21 IMPROPER CROSSING
22 DRUGS (ILLEGAL)
23 OTHER IMPROPER ACTION

NON-MOTORIST
24 NONE
25 IMPROPER CROSSING
26 DARTING
27 LYING AND/OR ILLEGALLY IN ROADWAY
28 FAILURE TO YIELD
29 FAILURE TO OBEY TRAFFIC SIGNS/SIGNALS/OFFICER
30 WRONG SIDE OF ROAD
31 OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS
01 - TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 - MOTOR TROUBLE
10 DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS

1	2	3	4	5	6
20	21				

FIRST HARMFUL EVENT: 1
MOST HARMFUL EVENT: 1

NON-COLLISION EVENTS
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS OR SHIFT
06 EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
07 SEPARATION OF UNITS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN
11 CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 DOWNHILL RUNAWAY
13 OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 PEDESTRIAN
15 PEDALCYCLE
16 RAILWAY VEHICLE (TRAIN, ENGINE)
17 ANIMAL - FARM
18 ANIMAL - DEER
19 ANIMAL - OTHER
20 MOTOR VEHICLE IN TRANSPORT
21 PARKED MOTOR VEHICLE
22 WORK ZONE MAINTENANCE EQUIPMENT
23 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT
25 IMPACT ATTENUATOR/CRASH CUSHION
26 BRIDGE OVERHEAD STRUCTURE
27 BRIDGE PIER OR ABUTMENT
28 BRIDGE PARAPET
29 BRIDGE RAIL
30 GUARDRAIL FACE
31 GUARDRAIL END
32 PORTABLE BARRIER
33 MEDIAN CABLE BARRIER
34 MEDIAN GUARDRAIL BARRIER
35 MEDIAN CONCRETE BARRIER
36 MEDIAN OTHER BARRIER
37 TRAFFIC SIGN POST
38 OVERHEAD SIGN POST
39 LIGHT/LUMINARIES SUPPORT
40 UTILITY POLE
41 OTHER POST, POLE OR SUPPORT
42 CULVERT
43 CURB
44 DITCH
45 EMBANKMENT
46 FENCE
47 MAILBOX
48 TREE
49 FIRE HYDRANT
50 WORK ZONE MAINTENANCE EQUIPMENT
51 WALL, BUILDING, TUNNEL
52 OTHER FIXED OBJECT

UNIT SPEED: 0
☑ STATED
☐ ESTIMATED

POSTED SPEED: 65

TRAFFIC CONTROL: 12
01 NO CONTROLS
02 S - STOP SIGN
03 YIELD SIGN
04 TRAFFIC SIGNAL
05 TRAFFIC FLASHER
06 SCHOOL ZONE
07 RAILROAD CROSSBUCKS
08 RAILROAD FLASHERS
09 RAILROAD GATES
10 CONSTRUCTION BARRICADE
11 PERSON (OTHER THAN OFFICER)
12 PAVEMENT MARKINGS
13 CENTER STRIPE
14 WALK/DON'T WALK
15 OTHER
16 NOT REPORTED

UNIT DIRECTION: FROM 2 TO 1
1 NORTH
2 - SOUTH
3 EAST
4 WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

Incident #:

HSY8304 OH1U (Rev 01.12)

OHIO DEPARTMENT OF PUBLIC SAFETY

UNIT

L E R N: 15372143

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER: INCLUDE AREA CODE (☐ SAME AS DRIVER)
03	Eitels Towing	(614) 877-4139

OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)

7111 Stahl Rd. Orient Ohio 43146

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	PIK3786	2NP2HM6X4CM152828	00

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2012	Peterbuilt	Tow Truck	Red

☐	INSURANCE COMPANY	POLICY NUMBER	TOWED BY

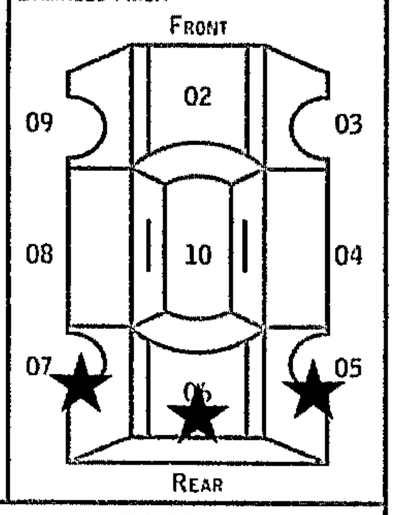
CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

DAMAGE SCALE: 4

1 NONE
2 MINOR
3 FUNCTIONA
4 D
9 UNKNOWN

DAMAGED AREA



US DOT

HM PLACARD ID NO

HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR: 3

☐ HAZARDOUS MATERIAL RELEASE

CARGO BODY TYPE: 14

TRAFFICWAY DESCRIPTION: 4

1 TWO-WAY NOT DIVIDED
2 TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 TWO-WAY DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN
4 TWO-WAY DIVIDED, POSITIVE MEDIAN BARRIER
5 ONE-WAY TRAFFICWAY

☐ HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT

TYPE OF USE: 2

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 20

MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS

BUS VAN/LIMO (9 OR MORE INCLUDING DRIVER)

21 BUS/VAN (9-15 SEAT, INC DRIVER)
22 BUS (16+ SEAT, INC DRIVER)

NON-MOTORIST

23 ANIMAL WITH RIDER
24 ANIMAL WITH BUGGY, WAGON, SURREY
25 BICYCLE/PEDACYCLIST
26 PEDESTRIAN/SKATER
27 OTHER NON-MOTORIST

☐ HAS HM PLACARD

SPECIAL FUNCTION: 22

MOST DAMAGED AREA: 06

IMPACT AREA: 06

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 LOAD TRAILER
13 TOTAL AREA
14 OTHER
99 UNKNOWN

ACTION: 4

1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 STRIKING/STRUCK
9 - UNKNOWN

PRE CRASH ACTIONS: 10

MOTORIST

NON-MOTORIST

21 OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 01

SECONDARY:

MOTORIST

NON-MOTORIST

VEHICLE DEFECTS

01 TURN SIGNALS
02 HEAD LAMPS
03 - TAIL LAMPS
04 - BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS

1: 20
2: 20
3:
4:
5:
6:

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

NON COLLISION EVENTS

06 FIRE/EXPLOSION
07 SEPARATION OF UNIT
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN
11 CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 DOWNHILL RUNAWAY
13 OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED

COLLISION WITH FIXED OBJECT

41 OTHER POST, POLE OR SUPPORT
42 CULVERT
43 - CURB
44 DITCH
45 EMBANKMENT
46 - FENCE
47 MAILBOX
48 - TREE
49 FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL, BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED: 0

☑ STATED
☐ ESTIMATED

POSTED SPEED: 65

TRAFFIC CONTROL: 12

01 NO CONTROLS
02 S
03 Y
04 TRAFFIC SIGNAL
05 TRAFFIC FLASHER
06 SCHOOL ZONE
07 RAILROAD CROSSING
08 RAILROAD FLASHER
09 RAILROAD GATE
10 CONSTRUCTION BARRICADE
11 PERSON (FLAGMAN, OFFICER)
12 PAVEMENT MARKING
13 CROSSWALK LINE
14 WALK/DON'T WALK
15 OTHER
16 NONE REPORTED

UNIT DIRECTION: FROM 2 TO 1

1 NORTH
2 - SOUTH
3 - EAST
4 WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

Incident #:

HSY8304 OH1U (REV. 01,12)

OHIO DEPARTMENT OF PUBLIC SAFETY — MOTORIST / NON-MOTORIST / OCCUPANT

EDUCATION SERVICE PROTECTION

I.A. REPORT NUMBER: 15372143

MOTORIST-NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	Hyndman, Edwin	12301964	51	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 166 Thorold Rd Welland Ontario Canada L3C-3V6

CONTACT PHONE - INCLUDE AREA CODE: (716) 957-4545

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1	Jackson Twp		04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHO. TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
ON	DA2400247	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE ☐ DEVICE USED	DRIVER DISTRACTED BY
4511.202	Fail to Control	C119491		7

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	Murphy, Ryan	07301975	39	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 1945 Frebis Ave. Columbus, Ohio 43206

CONTACT PHONE - INCLUDE AREA CODE: (614) 525-3300

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
3	2	Jackson Twp	Grant Hospital	01	☐	01	4	1	2

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RX235494	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE ☐ DEVICE USED	DRIVER DISTRACTED BY
				1

INJURIES
1 - No Injury / None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

INJURED TAKEN BY
1 - Not Transported / Treated at Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

SAFETY EQUIPMENT USED

Motorist
01 - None Used - Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System- Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

SEATING POSITION
01 - Front - Left Side (Motorcycle Driver)
02 - Front - Middle
03 - Front - Right Side
04 - Second - Left Side (Motorcycle Passenger)
05 - Second - Middle
06 - Second - Right Side
07 - Third - Left Side (Motorcycle Side Car)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such As a Bus, Pick-up with Cap)
12 - Passenger in Unenclosed Cargo Area
13 - Trailing Unit
14 - Riding on Vehicle Exterior (Non-Trailing Unit)
15 - Non-Motorist
16 - Other
99 - Unknown

AIR BAG USAGE
1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

EJECTION
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

TRAPPED
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Extricated by Non-Mechanical Means

OPERATOR LICENSE CLASS
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio = "D")
5 - MC/Moped Only

CONDITION
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under The Influence of Medications, Drugs, Alcohol
7 - Other

ALCOHOL/DRUG SUSPECTED
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

ALCOHOL TEST STATUS
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

ALCOHOL TEST TYPE
1 - None
2 - Blood
3 - Urine
4 - Breath
5 - Other

DRUG TEST STATUS
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

DRUG TEST TYPE
1 - None
2 - Blood
3 - Urine
4 - Other

DRIVER DISTRACTED BY
1 - No Distraction Reported
2 - Phone
3 - Texting/E-mailing
4 - Electronic Communication Device
5 - Other Electronic Device (Navigation Device, Radio, DVD)
6 - Other Inside the Vehicle
7 - External Distraction

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	Hyndman, Joyce D.	08181962	53	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 166 Thorold Rd Welland Ontario Canada L3C-3V6

CONTACT PHONE - INCLUDE AREA CODE: (716) 957-0270

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1	Jackson Twp		01	☐	10	1	1	1

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				☐ (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE ZIP:

CONTACT PHONE - INCLUDE AREA CODE:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

Incident #:

HSY8306 OH1M (R. 01 12)

OHIO DEPARTMENT OF PUBLIC SAFETY — MOTORIST / NON-MOTORIST / OCCUPANT

EDUCATION SERVICE PROTECTION

OH-1 Report Number: 15372413

MOTORIST / NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
03	Stone, Jason R.	12221975	39	M (F - Female, M - Male)

Address: City, State, Zip	Contact Phone - Include Area Code
426 Parkdale Dr. West Jefferson, Ohio 43162	(614) 332-9514

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
3	2	Jackson Twp	Mt Carmel West	12	☐	15	5	4	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RR084280	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
			☐	1

MOTORIST / NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
				☐ (F - Female, M - Male)

Address: City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

OL State	Operator License Number	OL Class	No Valid OL	M/C End	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
			☐	☐					.		

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
			☐	

Injuries
1 - No Injury / None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

Injured Taken By
1 - Not Transported / Treated at Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

Safety Equipment Used
Motorist
01 - None Used - Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System - Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
01 - Front - Left Side (Motorcycle Driver)
02 - Front - Middle
03 - Front - Right Side
04 - Second - Left Side (Motorcycle Passenger)
05 - Second - Middle
06 - Second - Right Side
07 - Third - Left Side (Motor Vehicle Style Cab)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)
12 - Passenger in Unenclosed Cargo Area
13 - Trailing Unit
14 - Riding on Vehicle Exterior (Non-Trailing Unit)
15 - Non-Motorist
16 - Other
99 - Unknown

Air Bag Usage
1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

Ejection
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

Trapped
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Extricated by Non-Mechanical Means

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio = D)
5 - MC/Moped Only

Condition
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under The Influence of Medications, Drugs, Alcohol
7 - Other

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Alcohol Test Type
1 - None
2 - Blood
3 - Urine
4 - Breath
5 - Other

Drug Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Drug Test Type
1 - None
2 - Blood
3 - Urine
4 - Other

Driver Distracted By
1 - No Distraction Reported
2 - Phone
3 - Texting/E-mailing
4 - Electronic Communication Device
5 - Other Electronic Device (Navigation Device, Radio, DVD)
6 - Other Inside the Vehicle
7 - External Distraction

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
				☐ (F - Female, M - Male)

Address: City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
				☐ (F - Female, M - Male)

Address: City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

Incident #:

OSY830h (DPSM R. 01 12)

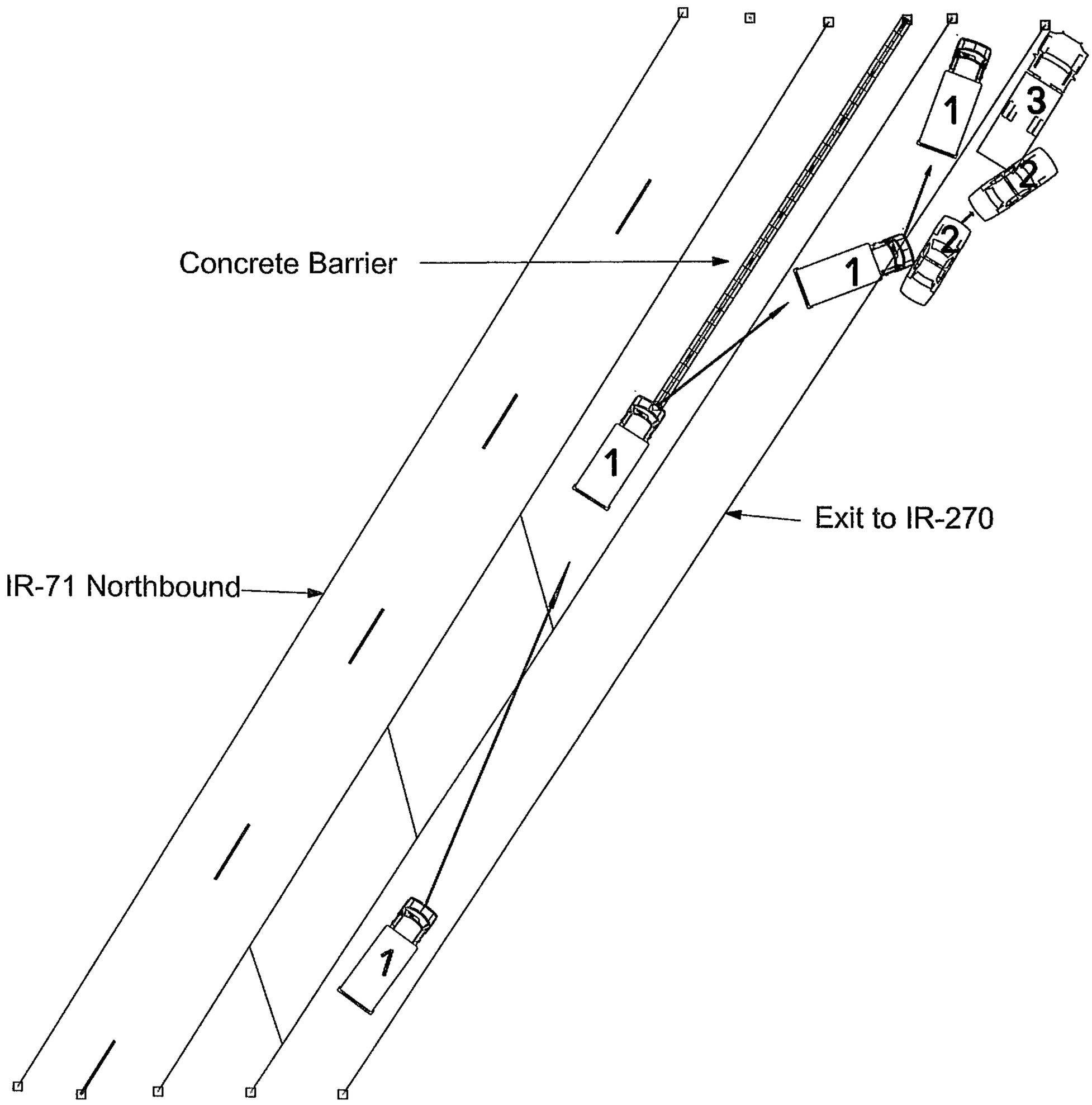
OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
1537243	Franklin County Sheriff's Office	M 03 | D 04 | Y 15
IN COUNTY OF	**CRASH LOCATION**	
Franklin	**IR71 N/B @ Exit Ramp to IR-270**	

Not to scale



OFFICER'S SIGNATURE	BADGE NUMBER
Sgt Scott Downing	S-55

HSY 7002 4/07

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
15-37243	FRANKLIN COUNTY S.O.	M 3 D 4 Y 15

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

I, DEPUTY B. D. McKITRICK #911 FCSO HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

OFFICER'S NAME AT IR71 N/B & IR270
LOCATION

ON 3-4-15 @ 200AM I WAS SITTING ON THE ENTERANCE RAMP OF IR270 FROM IR71 N/B WAITING FOR EITELS TOWING TO TOW A VEHICLE FROM A PRIOR ACCIDENT. EITELS TOW TRUCK HAD ARRIVED, AND SIGNED OFF OF THE IMPOUND FORM ABOUT 15 MINUTES ARIOR.

WHILE THE TOW TRUCK DRIVER WAS SURVEYING HIS TOW I HEARD A LOAD BANG JUST TO MY LEFT, LOOKED OUT MY WINDOW, SAW A LARGE BALL OF ORANGE, AT WHICH TIME I THEN SAW THE FIRE STRIKE THE LEFT SIDE OF FRANKLIN COUNTY S.O. CRUISER #31.

I APPROACHED THE PASSENGER SIDE OF CRUISER #31 TO FIND DEP. R. MURPHY TRYING TO TALK TO DISPATCH. TOOK OVER COMMUNICATION WITH DISPATCH INFORMED THEM OF A DEPUTY TRAPPED.

THE DRIVER OF THE AT FAULT VEHICLE, AND PASSENGER WERE PLACED IN THE BACKSEAT OF CRUISER #33 (FCSO).

THIS ENDED MY ENVOLVEMENT WITH THE INCIDENT.

ADDRESS OF WITNESS	PHONE
1945 FREBIS AVE COLS, OH 43206	614-525-3333
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X

HSY 7003 5/12 [760-0820]

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
1537243	FRANKLIN COUNTY S.O.	M 3 D 4 Y 15

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

I, ED HYNDMAN (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

DEP. MCKITRICK #411 (OFFICER'S NAME) AT IR 71 & IR 270 (LOCATION FROM STRINGTOWN RD (HAD DELIVERED TO CONNELLS IN GROVE CITY))

I WAS NORTHBOUND ON I-71 AFTER ENTERING STRINGTOWN RD I WAS INTENDING TO TAKE I-270 W TO I-70 W & NOTICED EMERGENCY VEHICLES ON SHOULDER @ I-270 SPLIT... I SLOWED TO BETWEEN 40-45 MILES PER HOUR & MOVED OVER STRADDLING THE APRON WITH TOWTRUCK & TWO POLICE CARS LIGHTS ALL FLASHING & THE PAVEMENT BEING WET & LIGHTS REFLECTING OFF PAVEMENT I DIDN'T SEE THE JERSEY BARRIER DIVIDING OFF RAMP UNTIL A MILLISECOND BEFORE IMPACT... I WAS ABLE TO ACTIVATE BRAKES BUT THERE WAS NO HOPE OF AVOIDING IMPACT WITH BARRIER!... IMMEDIATELY AFTER IMPACT FLAMES SHOT OUT FROM LEFT FUEL TANK AREA AT THE TRUCKS WHEELS/AXLES WERE RIPPED FROM UNDER VEHICLE & TRUCK CONTINUED APPROX 100 FEET TO REST IN CENTRE OF 270 OFF RAMP LANE... I TOLD MY WIFE (WHO WAS LAYING DOWN IN SLEEPER TO GET HER BOOTS WE HAVE TO GET OUT THERE'S FLAMES... I WENT TO REAR OF TRUCK TO INFORM OFFICERS WE WERE OK THAT'S WHEN I REALIZED THE POLICE CAR & TOW TRUCK WERE INVOLVED... I ASKED IF EVERYONE WAS OK THEN REALIZED 2ND OFFICER HAD EVERYTHING UNDER CONTROL... I WENT BACK TO ASSIST MY WIFE WITH GETTING HER SHOES & COAT WHEN I WAS ESCORTED TO SIT IN THE REAR OF OFFICER MCKITRICK'S CAR....

166 THOROLD ROAD WELLAND, ONTARIO CANADA L3C-3V6	
ADDRESS OF WITNESS ED HYNDMAN	PHONE CELL (716) 957-4545
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X #911 HOME (905) 734-7019

HSY 7003 5/12 [760-0820]

OHIO DEPARTMENT OF PUBLIC SAFETY
SAFETY · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH		
15/37243	FRANKLIN COUNTY SHERIFFS OFFICE	M 03	D 04	Y 2015

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

I, Jason Stone (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Deputy D. Robinson #1132 (OFFICER'S NAME) AT 71 NB @ 270 EB RAMP (LOCATION)

I (Jason Stone) was responding to a Franklin County accident. I was making contact with the second Officer when I heard a loud sliding/hissing noise then a loud explosion. I also saw a large fire-ball. Items hit me off the wrecked truck, in my leg, which made me slide down the hill off the side of the freeway (71N). I thought I may have been on fire so I jumped into the ditch filled with water. I then realized I had singed hairs on my arms and I was covered in desil. I then walked up the hill and saw the rear of a truck on fire. I saw the first police vehicle smashed against my flatbed I was with and a box truck with the under side missing. I saw pieces of truck scattered over the road some which were on fire. I then notified my supervisor so they could contact the proper people. I was then taken to Mount Carmel West to be checked out. Possible injuries rt. ankle, right pulled muscle in hip and shoulder. Singed hairs on both wrists & forearms. Cover hard to be in diesel.

ADDRESS OF WITNESS	PHONE
426 Parkdale Dr. W. Jefferson OH. 43162	614-332-9514
SIGNATURE OF WITNESS: X	OFFICER'S SIGNATURE: X Deputy #1132

HSY 7003 8/13 [760-0820]