

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER: **SPD14001826**
 CRASH SEVERITY: **3** (1-FATAL, 2-INJURY, 3-POD)
 HIT/SKIP: SOLVED UNSOLVED

PHOTOS TAKEN: OH-2 OH-1P OH-3 OTHER
 POO UNDER STATE REPORTABLE DOLLAR AMOUNT:
 PRIVATE PROPERTY:
 REPORTING AGENCY NOIC: **02203** REPORTING AGENCY NAME: **SANDUSKY POLICE DEPARTMENT**
 NUMBER OF UNITS: **02** UNIT IN ERROR: **01** (88-ANIMAL, 89-UNKNOWN)
 COUNTY: **22** CITY: CITY * SANDUSKY CITY, VILLAGE, TOWNSHIP *
 CRASH DATE: **02052014** TIME OF CRASH: **1256** DAY OF WEEK: **Wed**

DEGREES / MINUTES / SECONDS
 LATITUDE: **41.45653** LONGITUDE: **82.711368**

ROADWAY DIVISION: DIVIDED UNDIVIDED
 DIVIDED LANE DIRECTION OF TRAVEL: N-NORTHBOUND S-SOUTHBOUND E-EASTBOUND W-WESTBOUND
 NUMBER OF THRU LANES: **02**
 ROAD TYPES OR MILEPOST: **AV** (AL-ALLEY, AV-AVENUE, BL-BOULEVARD, CR-CIRCLE, CT-COURT, DR-DRIVE, HE-HEIGHTS, HW-HIGHWAY, LA-LANE, MP-MILEPOST, PL-PLACE, PK-PARKWAY, RD-ROAD, SQ-SQUARE, ST-STREET, TE-TERRACE, WA-WAY, TL-TRAIL)

LOCATION ROUTE NUMBER: **154** LOCATION ROAD NAME: **COLUMBUS**
 LOCATION ROUTE TYPE 1: LOCATION ROUTE TYPE 2: **AV**
 ROUTE TYPES: IR-INTERSTATE ROUTE (INC. TURNPIKE), US-US ROUTE, SR-STATE ROUTE, OR-NUMBERED COUNTY ROUTE, TR-NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE: **1.5** DIR FROM REF: MILES FEET YARDS
 REFERENCE ROUTE NUMBER: **154** REFERENCE NAME (ROAD, MILEPOST, HOUSE #): **154**

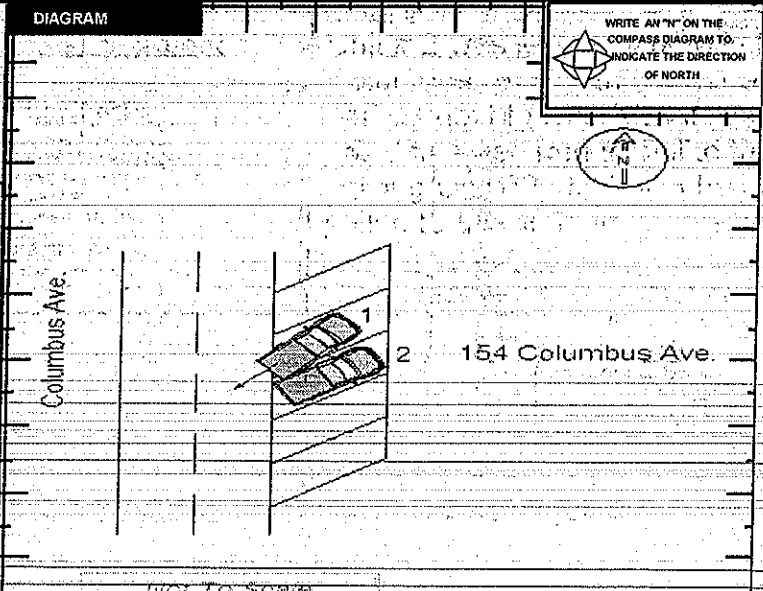
REFERENCE POINT USED: **3** (1-INTERSECTION, 2-MILE POST, 3-HOUSE NUMBER)
 CRASH LOCATION: **01** (01-NOT AN INTERSECTION, 02-FOUR-WAY INTERSECTION, 03-T-INTERSECTION, 04-Y-INTERSECTION, 05-TRAFFIC CIRCLE/ROUNDABOUT, 06-FIVE POINT, OR MORE, 07-ON RAMP, 08-OFF RAMP, 09-CROSSOVER, 10-DRIVEWAY/ALLEY ACCESS, 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-CURVE GRADE, 3-CURVE LEVEL, 4-CURVE GRADE, 5-UNKNOWN)
 ROAD CONDITIONS: **04** (01-DRY, 02-WET, 03-SNOW, 04-ICE, 05-SAND, MUD, DIRT, OIL, GRAVEL, 06-WATER (STANDING, MOVING), 07-DEBRIS, 08-ROT, HOLES, BUMPS, UNEVEN PAVEMENT, 09-OTHER)
 WEATHER: **6** (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)

MANNER OF CRASH COLLISION/IMPACT: **5** (1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT, 2-REAR END, 3-HEAD ON, 4-REAR TO REAR, 5-ANGLE, 6-BACKING, 7-SIDESWIPE, SAME DIRECTION, 8-SIDESWIPE, OPPOSITE DIRECTION, 9-UNKNOWN)
 ROAD SURFACE: **2** (1-CONCRETE, 2-BLACKTOP, BITUMINOUS ASPHALT, 3-BRICK/BLOCK, 4-SLAG, GRAVEL, STONE, 5-DIRT, 6-OTHER)
 LIGHT CONDITIONS: **1** (1-PRIMARY, 2-SECONDARY, 3-DAYLIGHT, 4-DAWN, 5-DUSK, 6-DARK-LIGHTED ROADWAY, 7-OTHER, 8-DARK-ROADWAY NOT LIGHTED, 9-UNKNOWN, 10-UNKNOWN ROADWAY LIGHTING, 11-GLARE, 12-OTHER)
 SCHOOL BUS RELATED: SCHOOL ZONE RELATED, SCHOOL BUS DIRECTLY INVOLVED, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED: WORKERS PRESENT, LAW ENFORCEMENT PRESENT (OFFICER/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

NARRATIVE
 Unit # 2 was legally parked in front of 154 Columbus Ave., with Unit #1 also being legally parked next to Unit #2. As Unit #1 began to back up, Unit #1 started to pull to the right, with Unit #1 striking Unit #2. It should be noted that the Unit #1 pulled to the right due to the snow and ice.



REPORT TAKEN BY: POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)
 DATE CRASH REPORTED: **02052014** TIME CRASH REPORTED: **1256** DISPATCH TIME: **1302** ARRIVAL TIME: **1303** TIME CLEARED: **1326** OTHER INVESTIGATION TIME: **0023** TOTAL MINUTES: **0023**
 OFFICER'S NAME: **YOUSKIEVICZ, KEVIN** OFFICER'S BADGE NUMBER: **961** CHECKED BY: **BRAUN, RICHARD K**

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| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE FARRIS FREDERICK L | (X) SAME AS DRIVER | OWNER PHONE NUMBER 419.504.9231 | INC. AREA CODE (X) SAME AS DRIVER | DAMAGE SCALE 2 | DAMAGED AREA FRONT 09 02 10 06 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP 1114 C ST SANDUSKY Ohio 44870 | | | | | 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN | |
| LP STATE OH | LICENSE PLATE NUMBER EXE4147 | VEHICLE IDENTIFICATION NUMBER 2GTEK19RXV1502677 | | # OCCUPANTS 01 | | |
| VEHICLE YEAR 1997 | VEHICLE MAKE GMC | VEHICLE MODEL C15 | VEHICLE COLOR GRN | | | |
| PROOF OF INSURANCE SHOWN | INSURANCE COMPANY LAGRANGE MUTUAL | POLICY NUMBER | TOWED BY | | | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| US DOT | VEHICLE WEIGHT GVWR / GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE / NOT APPLICABLE 02 - BUS / VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN / ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION 1 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 <input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | |
| HM CLASS NUMBER | | | |

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| NON - MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER / ROADSIDE 08 - SIDEWALK 09 - MEDIAN / CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED - USE PATH OR TRAIL 12 - NON - TRAFFICWAY AREA 99 - OTHER / UNKNOWN | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT | UNIT TYPE 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB - COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE / ATV 12 - OTHER PASSENGER VEHICLE | MED / HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK / TRACTOR (BOBTAIL) 17 - TRACTOR / SEMI - TRAILER 18 - TRACTOR / DOUBLE 19 - TRACTOR / TRIPLES 20 - OTHER MED / HEAVY VEHICLE | BUS / VAN / LMO (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 / PEDALCYCLIST 26 - PEDESTRIAN / SKATER 27 - OTHER NON - MOTORIST |
| | | <input type="checkbox"/> HAS HM PLACARD | | |

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| SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY / MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA: 05 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 WINDSHIELD 11 - UNDERCARRIAGE 12 - LOAD / TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER | 99 - UNKNOWN ACTION 3 1 - NON - CONTACT 2 - NON - COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK / STRUCK 9 - UNKNOWN |
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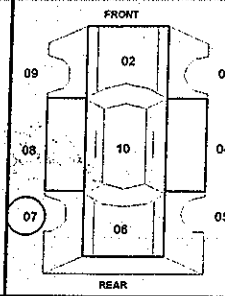
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| PRE - CRASH ACTIONS 02 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING / PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | 07 - MAKING U - TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION | NON - MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON - MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES PRIMARY 07 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 01 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY / ACDA 10 - IMPROPER LANE CHANGE / PASSING / OFF ROAD 99 - UNKNOWN | MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE / WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING / FALLING / SPILLING 21 - OTHER IMPROPER ACTION | NON - MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND / OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON - MOTORIST ACTION | VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLACK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS 1 21 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 01 MOST HARMFUL EVENT 01 99 - UNKNOWN | 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, ECT) 07 - SEPERATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - OPPOSITE DIRECTION OF TRAVEL 13 - DOWNHILL RUNAWAY 14 - 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 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 / LUMINAIES 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 |
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| UNIT SPEED 12 POSTED SPEED 25 X STATED ESTIMATED | TRAFFIC CONTROL 01 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK / DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 3 TO 8 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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UNIT NUMBER: 02, OWNER NAME: EMMINGER RICHARD A, OWNER PHONE NUMBER: 419.626.8877, DAMAGE SCALE: 2, DAMAGED AREA: FRONT, 1406 Shelby St Sandusky Ohio 44870, LP STATE: OH, LICENSE PLATE NUMBER: 618YGN, VEHICLE IDENTIFICATION NUMBER: 3GNEK12T04G265779, OCCUPANTS: 00, VEHICLE YEAR: 2004, VEHICLE MAKE: CHEV, VEHICLE MODEL: AVA, VEHICLE COLOR: BLK, INSURANCE COMPANY: STATE FARM, POLICY NUMBER, TOWED BY, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE



US DOT, VEHICLE WEIGHT GVWR / GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID NO., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, NON - MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED / HEAVY TRUCKS OR COMBO UNITS > 60K LBS, BUS / VAN / LIMO (8 OR MORE INCLUDING DRIVER), NON - MOTORIST

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION, PRE - CRASH ACTIONS, MOTORIST, NON - MOTORIST, CONTRIBUTING CIRCUMSTANCES, PRIMARY, MOTORIST, NON - MOTORIST, SECONDARY, VEHICLE DEFECTS, TURN SIGNALS, HEAD LAMPS, TAIL LAMPS, BRAKES, STEERING, TIRE BLOWOUT, WORN OR SLICK TIRES, TRAILER EQUIPMENT DEFECTIVE, MOTOR TROUBLE, DISABLED FROM PRIOR ACCIDENT, OTHER DEFECTS

SEQUENCE OF EVENTS, NON - COLLISION EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION, STATED, ESTIMATED

UNIT SPEED: 10, POSTED SPEED: 25, TRAFFIC CONTROL: 01, UNIT DIRECTION: FROM 3 TO 4, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHWEST, 6 - SOUTHWEST, 7 - UNKNOWN, 8 - NORTH, 9 - SOUTH, 10 - WEST, 11 - EAST, 12 - NORTHWEST, 13 - SOUTHWEST, 14 - UNKNOWN, 15 - NORTH, 16 - SOUTH, 17 - EAST, 18 - WEST, 19 - NORTHWEST, 20 - SOUTHWEST, 21 - UNKNOWN, 22 - NORTH, 23 - SOUTH, 24 - EAST, 25 - WEST, 26 - NORTHWEST, 27 - SOUTHWEST, 28 - UNKNOWN, 29 - NORTH, 30 - SOUTH, 31 - EAST, 32 - WEST, 33 - NORTHWEST, 34 - SOUTHWEST, 35 - UNKNOWN, 36 - NORTH, 37 - SOUTH, 38 - EAST, 39 - WEST, 40 - NORTHWEST, 41 - SOUTHWEST, 42 - UNKNOWN, 43 - NORTH, 44 - SOUTH, 45 - EAST, 46 - WEST, 47 - NORTHWEST, 48 - SOUTHWEST, 49 - UNKNOWN, 50 - NORTH, 51 - SOUTH, 52 - EAST, 53 - WEST, 54 - NORTHWEST, 55 - SOUTHWEST, 56 - UNKNOWN, 57 - NORTH, 58 - SOUTH, 59 - EAST, 60 - WEST, 61 - NORTHWEST, 62 - SOUTHWEST, 63 - UNKNOWN, 64 - NORTH, 65 - SOUTH, 66 - EAST, 67 - WEST, 68 - NORTHWEST, 69 - SOUTHWEST, 70 - UNKNOWN, 71 - NORTH, 72 - SOUTH, 73 - EAST, 74 - WEST, 75 - NORTHWEST, 76 - SOUTHWEST, 77 - UNKNOWN, 78 - NORTH, 79 - SOUTH, 80 - EAST, 81 - WEST, 82 - NORTHWEST, 83 - SOUTHWEST, 84 - UNKNOWN, 85 - NORTH, 86 - SOUTH, 87 - EAST, 88 - WEST, 89 - NORTHWEST, 90 - SOUTHWEST, 91 - UNKNOWN, 92 - NORTH, 93 - SOUTH, 94 - EAST, 95 - WEST, 96 - NORTHWEST, 97 - SOUTHWEST, 98 - UNKNOWN, 99 - NORTH, 100 - SOUTH, 101 - EAST, 102 - WEST, 103 - NORTHWEST, 104 - SOUTHWEST, 105 - UNKNOWN

MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

SPD14001826

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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE FARRIS FREDERICK L | DATE OF BIRTH 0803194271 | AGE | GENDER M F - FEMALE M - MALE | | | | | | | |
| ADDRESS, CITY, STATE, ZIP 1114 C ST SANDUSKY Ohio 44870 | | | CONTACT PHONE - INCLUDE AREA CODE Home: Work: 419.504.9231 | | | | | | | | |
| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL STATE OH | OPERATOR LICENSE NUMBER RC661847 | OL CLASS 1 | 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 333.08 (X LOCAL CODE) | OFFENSE DESCRIPTION Fail to Control M/V | | CITATION NUMBER 281667 | | HANDS - FREE DEVICE USED | | DRIVER DISTRACTED BY | | | | |

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|------------------------------|---------------------------|---------------|---|----------------------------------|---------------------------------|------------------------|----------------------|-------------------|--------------------|------------------|----------------|
| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE Home: Work: | | | | | | | | |
| 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 | | | | |

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| INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | NON - MOTORIST |
| 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON - INCAPACITATING 4 - INCAPACITATING 5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | 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 | 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ECT) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER |

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| SEATING POSITION | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 12 - PASSENGER IN UNENCLOSED CARGO AREA | AIR BAG USAGE |
| 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 | 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, PICKUP WITH CAP) | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON - TRAILING UNIT) 15 - NON - MOTORIST 16 - OTHER 98 - UNKNOWN | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |

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| EJECTION | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | ALCOHOL / DRUGS SUSPECTED |
| 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON - MECHANICAL MEANS | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC / MOPED ONLY | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS | 6 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER |

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| ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY |
| 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | 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 VEHICLE 7 - EXTERNAL DISTRACTION |

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|---------------------------|---------------------------|---------------|---|----------------------------------|---------------------------------|------------------|---------------|----------|---------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE Home: Work: | | | | | | |
| 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 |

| | | | | | | | | | |
|---------------------------|---------------------------|---------------|---|----------------------------------|---------------------------------|------------------|---------------|----------|---------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE Home: Work: | | | | | | |
| 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 |