

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER: **SPD14001831**

CRASH SEVERITY: **3** (1-FATAL, 2-INJURY, 3-PDD)

HITS/KIP: **2** (1-SOLVED, 2-UNSOLVED)

PHOTOS TAKEN:  OH-2  OH-1P  OH-3  OTHER

PDD UNDER STATE REPORTABLE DOLLAR AMOUNT:

PRIVATE PROPERTY:

REPORTING AGENCY NCIC: **02203**

REPORTING AGENCY NAME: **SANDUSKY POLICE DEPARTMENT**

NUMBER OF UNITS: **02**

UNIT IN ERROR: **02** (98-ANIMAL, 99-UNKNOWN)

COUNTY: **22**

CITY:  CITY  VILLAGE  TOWNSHIP

CITY, VILLAGE, TOWNSHIP: **SANDUSKY**

CRASH DATE: **02052014**

TIME OF CRASH: **1436**

DAY OF WEEK: **Wed**

DEGREES / MINUTES / SECONDS

LATITUDE: **41° 26' 37.19"**

LONGITUDE: **-82° 42' 8.165"**

DECIMAL DEGREES

LATITUDE: **41.44312**

LONGITUDE: **-82.70310**

ROADWAY DIVISION:  UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL:  N-NORTHBOUND  E-EASTBOUND  S-SOUTHBOUND  W-WESTBOUND

NUMBER OF THRU LANES: **02**

ROAD TYPES OR MILEPOST: **2**

AL-ALLEY, CR-CIRCLE, HE-HEIGHTS, MP-MILEPOST, PL-PLACE, ST-STREET, WA-WAY, AV-AVENUE, CT-COURT, HW-HIGHWAY, PK-PARKWAY, RD-ROAD, TE-TERRACE, BL-BOULEVARD, DR-DRIVE, LA-LANE, PI-PKE, SQ-SQUARE, TL-TRAIL

LOCATION ROUTE NUMBER: **AV**

LOG PREFIX: **N.S.**

LOCATION ROAD NAME: **COLUMBUS AVE/OSBORNE ST**

LOCATION ROAD TYPE: **2**

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

DIR FROM REF:  N.S.  E.W.

REFERENCE ROUTE NUMBER: **03**

REF PREFIX: **E** (N.S., E.W.)

REFERENCE NAME (ROAD, MILEPOST, HOUSE #): **OSBORNE**

REFERENCE ROAD TYPE: **2**

REFERENCE POINT USED: **1** (1-INTERSECTION, 2-MILE POST, 3-HOUSE NUMBER)

CRASH LOCATION: **03** (01-NOT AN INTERSECTION, 02-FOUR-WAY INTERSECTION, 03-T-INTERSECTION, 04-Y-INTERSECTION, 05-TRAFFIC CIRCLE/ROUNDAABOUT, 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-STRAIGHT GRADE, 3-CURVE LEVEL, 4-CURVE GRADE, 9-UNKNOWN)

ROAD CONDITIONS: **03** (PRIMARY), **07** (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

MANNER OF CRASH COLLISION IMPACT: **6** (1-NOT COLLISION BETWEEN TWO MOTOR 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)

WEATHER: **1** (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  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

SCHOOL BUS RELATED:  SCHOOL ZONE RELATED,  YES, SCHOOL BUS DIRECTLY INVOLVED,  YES, SCHOOL BUS INDIRECTLY INVOLVED

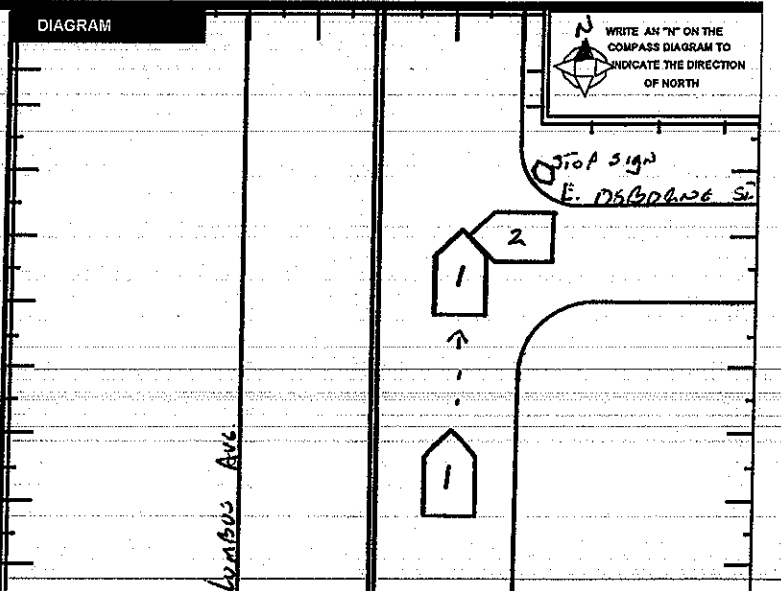
WORK ZONE RELATED:  WORKERS PRESENT,  LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE),  LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

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 #1 was headed n/b on Columbus Ave. Unit #2 was on E. Osborne St. headed w/b approaching the stop sign at Columbus Ave. Unit #2 was unable to stop and entered the intersection striking Unit #1. Unit #2 turned n/b on Columbus Ave. and then left the area.



REPORT TAKEN BY:  POLICE AGENCY  MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP):

DATE CRASH REPORTED: **02052014**

TIME CRASH REPORTED: **1436**

DISPATCH TIME: **1444**

ARRIVAL TIME: **1449**

TIME CLEARED: **1500**

OTHER INVESTIGATION TIME: **0030**

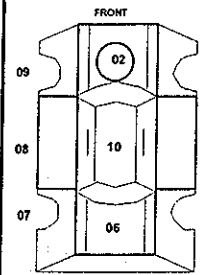
TOTAL MINUTES: **0046**

OFFICER'S NAME: **RANKINS, CHRIS**

OFFICER'S BADGE NUMBER: **932**

CHECKED BY: **BRAUN, RICHARD K**

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UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE <b>MCNULTY RACHEL E</b>	OWNER PHONE NUMBER <b>419.271.1782</b>	DAMAGE SCALE <b>2</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP <b>925 STONE ST SANDUSKY Ohio 44870</b>				
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>EVC1396</b>	VEHICLE IDENTIFICATION NUMBER <b>1G2ZF58B374215193</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2007</b>	VEHICLE MAKE <b>PONT</b>	VEHICLE MODEL <b>G6</b>	VEHICLE COLOR <b>GRY</b>	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>ERIE</b>	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GWWR / GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <input type="checkbox"/> 01 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 02 - BUS / VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN / ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHPS, GRAVEL	TRAFFICWAY DESCRIPTION <input type="checkbox"/> 1 - TWO - WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO - WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 - TWO - WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN <input type="checkbox"/> 4 - TWO - WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE - WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - ORBAGE / REFUSE 99 - OTHER / UNKNOWN	

NON - MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDDLELOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER / ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN / CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED - USE PATH OR TRAIL <input type="checkbox"/> 12 - NON - TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER / UNKNOWN	TYPE OF USE <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <input type="checkbox"/> 01 - PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <input type="checkbox"/> 01 - SUB - COMPACT <input type="checkbox"/> 02 - COMPACT <input type="checkbox"/> 03 - MID SIZE <input type="checkbox"/> 04 - FULL SIZE <input type="checkbox"/> 05 - MINIVAN <input type="checkbox"/> 06 - SPORT UTILITY VEHICLE <input type="checkbox"/> 07 - PICKUP <input type="checkbox"/> 08 - VAN <input type="checkbox"/> 09 - MOTORCYCLE <input type="checkbox"/> 10 - MOTORIZED BICYCLE <input type="checkbox"/> 11 - SNOWMOBILE / ATV <input type="checkbox"/> 12 - OTHER PASSENGER VEHICLE <input type="checkbox"/> 99 - UNKNOWN OR HT / SHIP	MED / HEAVY TRUCKS OR COMBO UNITS > 10K LBS <input type="checkbox"/> 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES <input type="checkbox"/> 14 - SINGLE UNIT TRUCK; 3+ AXLES <input type="checkbox"/> 15 - SINGLE UNIT TRUCK / TRAILER <input type="checkbox"/> 16 - TRUCK / TRACTOR (BOBTAIL) <input type="checkbox"/> 17 - TRACTOR / SEMI - TRAILER <input type="checkbox"/> 18 - TRACTOR / DOUBLE <input type="checkbox"/> 19 - TRACTOR / TRIPLES <input type="checkbox"/> 20 - OTHER MED / HEAVY VEHICLE	BUS / VAN / LIMO (9 OR MORE INCLUDING DRIVER) <input type="checkbox"/> 21 - BUS / VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 22 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> NON - MOTORIST <input type="checkbox"/> 23 - ANIMAL WITH RIDER <input type="checkbox"/> 24 - ANIMAL WITH BUOY, WAGON, SURREY <input type="checkbox"/> 25 - BICYCLE / PEDACYCLIST <input type="checkbox"/> 26 - PEDESTRIAN / SKATER <input type="checkbox"/> 27 - OTHER NON - MOTORIST
<input type="checkbox"/> HAS HM PLACARD				

SPECIAL FUNCTION <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - TAXI <input type="checkbox"/> 03 - RENTAL TRUCK (OVER 10K LBS) <input type="checkbox"/> 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) <input type="checkbox"/> 05 - BUS - TRANSIT <input type="checkbox"/> 06 - BUS - CHARTER <input type="checkbox"/> 07 - BUS - SHUTTLE <input type="checkbox"/> 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY / MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	MOST DAMAGED AREA <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - CENTER FRONT <input type="checkbox"/> 03 - RIGHT FRONT <input type="checkbox"/> 04 - RIGHT SIDE <input type="checkbox"/> 05 - RIGHT REAR <input type="checkbox"/> 06 - REAR CENTER <input type="checkbox"/> 07 - LEFT REAR	IMPACT AREA <input type="checkbox"/> 03 <input type="checkbox"/> 03	ACTION <input type="checkbox"/> 1 - NON - CONTACT <input type="checkbox"/> 2 - NON - COLLISION <input type="checkbox"/> 3 - STRUCK <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - STRUCK / STRUCK <input type="checkbox"/> 9 - UNKNOWN
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PRE - CRASH ACTIONS <input type="checkbox"/> 01 - MOTORIST <input type="checkbox"/> 01 - STRAIGHT AHEAD <input type="checkbox"/> 02 - BACKING <input type="checkbox"/> 03 - CHANGING LANES <input type="checkbox"/> 04 - OVERTAKING / PASSING <input type="checkbox"/> 05 - MAKING RIGHT TURN <input type="checkbox"/> 06 - MAKING LEFT TURN <input type="checkbox"/> 99 - UNKNOWN	07 - MAKING U - TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - BLOWING 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 <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - FAILURE TO YIELD <input type="checkbox"/> 03 - RAN RED LIGHT <input type="checkbox"/> 04 - RAN STOP SIGN <input type="checkbox"/> 05 - EXCEEDED SPEED LIMIT <input type="checkbox"/> 06 - UNSAFE SPEED <input type="checkbox"/> 07 - IMPROPER TURN <input type="checkbox"/> 08 - LEFT OF CENTER <input type="checkbox"/> 09 - FOLLOWED TOO CLOSELY / ACDA <input type="checkbox"/> 10 - IMPROPER LANE CHANGE / PASSING / OFF ROAD SECONDARY <input type="checkbox"/> 99 - UNKNOWN	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 <input type="checkbox"/> 22 - NONE <input type="checkbox"/> 23 - IMPROPER CROSSING <input type="checkbox"/> 24 - DARTING <input type="checkbox"/> 25 - LYING AND / OR ILLEGALLY IN ROADWAY <input type="checkbox"/> 26 - FAILURE TO YIELD RIGHT OF WAY <input type="checkbox"/> 27 - NOT VISIBLE (DARK CLOTHING) <input type="checkbox"/> 28 - INATTENTIVE <input type="checkbox"/> 29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER <input type="checkbox"/> 30 - WRONG SIDE OF THE ROAD <input type="checkbox"/> 31 - OTHER NON - MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS <input type="checkbox"/> 02 - HEAD LAMPS <input type="checkbox"/> 03 - TAIL LAMPS <input type="checkbox"/> 04 - BRAKES <input type="checkbox"/> 05 - STEERING <input type="checkbox"/> 06 - TIRE BLOWOUT <input type="checkbox"/> 07 - WORN OR SLICK TIRES <input type="checkbox"/> 08 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 09 - MOTOR TROUBLE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 <input type="checkbox"/> 20 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT: <input type="checkbox"/> 1 MOST HARMFUL EVENT: <input type="checkbox"/> 1 <input type="checkbox"/> 99 - UNKNOWN	NON - COLLISION EVENTS <input type="checkbox"/> 01 - OVERTURN / ROLL-OVER <input type="checkbox"/> 02 - FIRE / EXPLOSION <input type="checkbox"/> 03 - IMMERSION <input type="checkbox"/> 04 - JACKKNE <input type="checkbox"/> 05 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ECT) <input type="checkbox"/> 07 - SEPARATION OF UNITS <input type="checkbox"/> 08 - RAN OFF ROAD RIGHT <input type="checkbox"/> 09 - RAN OFF ROAD LEFT <input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 11 - CROSS CENTER LINE <input type="checkbox"/> OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON - COLLISION	COLLISION WITH FIXED OBJECT <input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 32 - PORTABLE BARRIER <input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 39 - LIGHT / LUMINAIES SUPPORT <input type="checkbox"/> 40 - UTILITY POLE <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 47 - MAILBOX <input type="checkbox"/> 48 - TREE <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51 - WALL, BUILDING, TUNNEL <input type="checkbox"/> 52 - OTHER FIXED OBJECT
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UNIT SPEED <input type="checkbox"/> 35 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <input type="checkbox"/> 01 - NO CONTROLS <input type="checkbox"/> 02 - STOP SIGN <input type="checkbox"/> 03 - YIELD SIGN <input type="checkbox"/> 04 - TRAFFIC SIGNAL <input type="checkbox"/> 05 - TRAFFIC FLASHER <input type="checkbox"/> 06 - SCHOOL ZONE <input type="checkbox"/> 07 - RAILROAD CROSSBUCKS <input type="checkbox"/> 08 - RAILROAD FLASHERS <input type="checkbox"/> 09 - RAILROAD GATES <input type="checkbox"/> 10 - CONSTRUCTION BARRICADE <input type="checkbox"/> 11 - PERSON (FLAGGER, OFFICER) <input type="checkbox"/> 12 - PAVEMENT MARKINGS <input type="checkbox"/> 13 - CROSSWALK LINES <input type="checkbox"/> 14 - WALK / DON'T WALK <input type="checkbox"/> 15 - OTHER <input type="checkbox"/> 16 - NOT REPORTED	UNIT DIRECTION FROM <input type="checkbox"/> 2 TO <input type="checkbox"/> 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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# UNIT

LOCAL REPORT NUMBER  
**SPD14001831**

UNIT NUMBER <b>02</b>		OWNER NAME: LAST, FIRST, MIDDLE <b>OWNER / UNIT UNKNOWN</b>		OWNER PHONE NUMBER		DAMAGE SCALE <b>2</b>		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP		LP STATE <b>NO</b>		LICENSE PLATE NUMBER		VEHICLE IDENTIFICATION NUMBER		# OCCUPANTS <b>00</b>	
VEHICLE YEAR <b>0</b>		VEHICLE MAKE		VEHICLE MODEL		VEHICLE COLOR		9 - UNKNOWN	
PROOF OF INSURANCE SHOWN		INSURANCE COMPANY		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.		1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.		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 - GRAB, CHPS, ORALV		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN		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 checked="" type="checkbox"/> HIT / SKIP UNIT	
HM CLASS NUMBER		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED							
NON - MOTORIST LOCATION PRIOR TO IMPACT		TYPE OF USE		UNIT TYPE					
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		1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		01 - 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 99 - UNKNOWN OR INT / SKIP		MED / HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 8 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 / 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 BUCKY, WAGON, SURREY 25 - BICYCLE / PEDACYCLIST 26 - PEDESTRIAN / SKATER 27 - OTHER NON - MOTORIST	
<input type="checkbox"/> HAS HM PLACARD									
SPECIAL FUNCTION				MOST DAMAGED AREA		ACTION			
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)				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		1 - NON - CONTACT 2 - NON - COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK / STRUCK 9 - UNKNOWN			
PRE - CRASH ACTIONS		MOTORIST		NON - MOTORIST					
01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING / PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 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 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									
CONTRIBUTING CIRCUMSTANCES		PRIMARY		NON - MOTORIST		VEHICLE DEFECTS			
01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 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 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 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 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS									
SEQUENCE OF EVENTS		NON - COLLISION EVENTS		COLLISION WITH FIXED OBJECT					
1 <b>20</b> 2 3 4 5 6 FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 01 - OVERTURN / ROLLOVER 02 - FIRE / EXPLOSION 03 - IMMERSION 04 - JACKKNEE 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 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 / 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 <b>25</b>		POSTED SPEED <b>25</b>		TRAFFIC CONTROL <b>02</b>		UNIT DIRECTION FROM <b>3</b> TO <b>4</b>		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED				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					



# MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

SPD14001831

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>MCNULTY RACHEL E</b>	DATE OF BIRTH <b>0820198726</b>	AGE	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP <b>3106 Bardshar Rd Sandusky Ohio 44870</b>	CONTACT PHONE - INCLUDE AREA CODE Home: Work: <b>419.271.1782</b>
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INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>	
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>SR277170</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL <input type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	<input type="checkbox"/> HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>UNKNOWN</b>	DATE OF BIRTH <b>0101190199</b>	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>99</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>	
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL <input type="checkbox"/> M/C END.	CONDITION <b>2</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	<input type="checkbox"/> HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON - INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 5 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>NON - MOTORIST</b> 05 - UNKNOWN SAFETY EQUIPMENT 06 - CHLD RESTRAINT SYSTEM - FORWARD 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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<b>SEATING POSITION</b> 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, PICKUP 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	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 6 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON - MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS ( OHIO IS "D" ) 5 - MC / MOPED ONLY	<b>CONDITION</b> 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	<b>ALCOHOL / DRUGS SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 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 <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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