

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

SPD14002185

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * <b>02200</b>	REPORTING AGENCY NAME * <b>SANDUSKY POLICE DEPARTMENT</b>	NUMBER OF UNITS <b>02</b>	UNIT IN ERROR <b>01</b> 98 - ANIMAL 99 - UNKNOWN
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COUNTY * <b>22</b>	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * <b>SANDUSKY</b>	CRASH DATE * <b>02112014</b>	TIME OF CRASH <b>1434</b>	DAY OF WEEK <b>Tue</b>
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE <b>41.449747</b>	LONGITUDE <b>-82.692707</b>
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES <b>01</b>	ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY CR - CIRCLE HE - HEIGHTS AV - AVENUE CT - COURT HW - HIGHWAY BL - BOULEVARD DR - DRIVE LA - LANE PK - PARKWAY PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE TYPE 1 <b>01</b>	LOCATION ROUTE NUMBER	LOC PREFIX N.S. E.W.	LOCATION ROAD NAME <b>ONTARIO</b>	LOCATION ROAD TYPE 2 <b>ST</b>	ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE MILES FEET YARDS	DIR FROM REF N.S. E.W.	REFERENCE ROUTE NUMBER REFERENCE ROUTE TYPE 1	REF PREFIX N.S. E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>924</b>	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED <b>3</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION <b>01</b> 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT	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	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <b>01</b> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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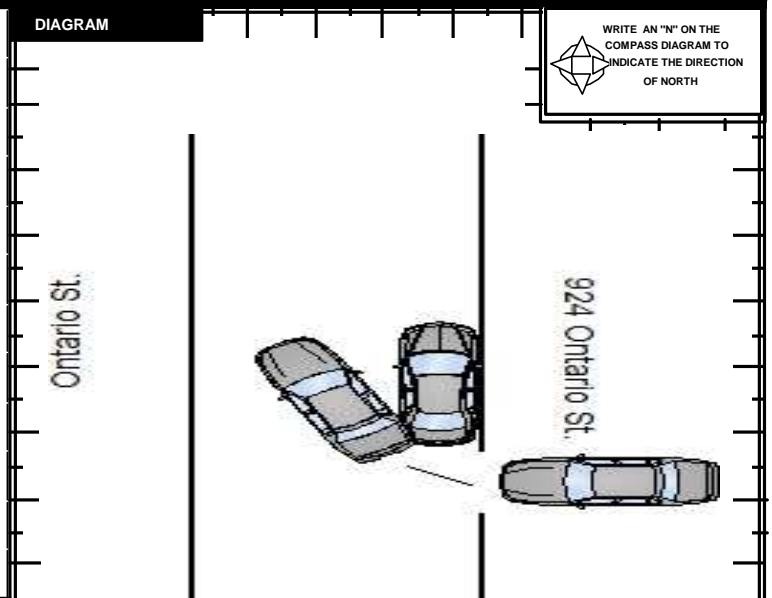
ROAD CONTOUR <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <b>02</b>	SECONDARY <b>03</b>	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS * 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 - OTHER 99 - UNKNOWN * SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/ IMPACT <b>6</b> 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 <b>2</b> 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
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ROAD SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/ BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY <b>1</b>	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	<input checked="" type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/ VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA
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**NARRATIVE**  
Unit #2 was parked on Ontario St., just north of the private drive of 924 Ontario St. Unit #1 pulled out of said private drive, northbound. Unit #1 made an improper turn, striking Unit #2.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPDS)	DATE CRASH REPORTED <b>02112014</b>	TIME CRASH REPORTED <b>1434</b>	DISPATCH TIME <b>1439</b>	ARRIVAL TIME <b>1443</b>	TIME CLEARED <b>1514</b>	OTHER INVESTIGATION TIME <b>0030</b>	TOTAL MINUTES <b>0065</b>
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OFFICER'S NAME * <b>BESS, ROBERT D</b>	OFFICER'S BADGE NUMBER <b>985</b>	CHECKED BY <b>ALLEN, DAWN</b>	Page: 1 of 4
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UNIT NUMBER 01, OWNER NAME: COMPTON MICHELE R, OWNER PHONE NUMBER 419.357.2023, DAMAGE SCALE 2, DAMAGED AREA FRONT, 910 W. WASHINGTON ST. 2 SANDUSKY Ohio 44870

LP STATE OH, LICENSE PLATE NUMBER EVC1564, VEHICLE IDENTIFICATION NUMBER 2MEFM75W15WX621246, VEHICLE YEAR 2000, VEHICLE MAKE DODG, VEHICLE MODEL CVN, VEHICLE COLOR WHI, INSURANCE COMPANY Nationwide Insurance, POLICY NUMBER 9234K929978

US DOT, VEHICLE WEIGHT, GVWR / GCWR, CARGO BODY TYPE 01, TRAFFICWAY DESCRIPTION 5, HM PLACARD ID NO., HM CLASS NUMBER, NON - MOTORIST LOCATION PRIOR TO IMPACT 01, TYPE OF USE 1, UNIT TYPE 05

SPECIAL FUNCTION 01, MOST DAMAGED AREA 05, IMPACT AREA 05, ACTION 3, 01 - NONE, 02 - TAXI, 03 - RENTAL TRUCK (OVER 10K LBS)

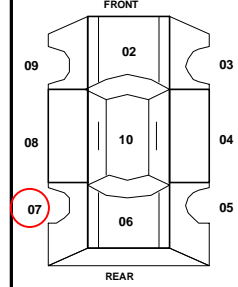
PRE - CRASH ACTIONS 05, MOTORIST, NON - MOTORIST, 01 - STRAIGHT AHEAD, 02 - BACKING, 03 - CHANGING LANES

CONTRIBUTING CIRCUMSTANCES 07, PRIMARY, SECONDARY, VEHICLE DEFECTS, 01 - TURN SIGNALS, 02 - HEAD LAMPS, 03 - TAIL LAMPS

SEQUENCE OF EVENTS, NON - COLLISION EVENTS, COLLISION WITH FIXED OBJECT, 1 21, 2, 3, 4, 5, 6, 01 - OVERTURN / ROLLOVER, 02 - FIRE / EXPLOSION

UNIT SPEED 5, POSTED SPEED 0.5, TRAFFIC CONTROL 01, UNIT DIRECTION FROM 3 TO 1, 01 - NO CONTROLS, 02 - STOP SIGN, 03 - YIELD SIGN

UNIT NUMBER 02, OWNER NAME: PAYTON TERRY L, OWNER PHONE NUMBER 419.609.0821, DAMAGE SCALE 2, DAMAGED AREA FRONT, 909 Hancock ST Sandusky Ohio 44870, LP STATE OH, LICENSE PLATE NUMBER FMA2679, VEHICLE IDENTIFICATION NUMBER 2C3CDXBG6CH103433, OCCUPANTS 01, VEHICLE YEAR 2012, VEHICLE MAKE DODG, VEHICLE MODEL CHA, VEHICLE COLOR GRY, INSURANCE COMPANY Progressive Insurance Company, POLICY NUMBER 21661520



US DOT, VEHICLE WEIGHT, GVWR / GCWR, CARGO BODY TYPE 01, TRAFFICWAY DESCRIPTION 5, HM PLACARD ID NO., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, NON - MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE 1, UNIT TYPE 03

SPECIAL FUNCTION 01, MOST DAMAGED AREA 07, IMPACT AREA 07, ACTION 4, PRE - CRASH ACTIONS 10, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS, SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

UNIT SPEED 0, POSTED SPEED 25, TRAFFIC CONTROL 01, UNIT DIRECTION FROM 2 TO 1, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN

UNIT SPEED 0, POSTED SPEED 25, TRAFFIC CONTROL 01, UNIT DIRECTION FROM 2 TO 1, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN



MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER SPD14002185

UNIT NUMBER: 01, NAME: COMPTON MICHELE R, DATE OF BIRTH: 07041972, AGE: 41, GENDER: F - FEMALE

ADDRESS: 910 W. WASHINGTON ST. 2 SANDUSKY Ohio 44870, CONTACT PHONE: Home: 419.357.2023

INJURIES: 01, OPERATOR LICENSE NUMBER: TN269922, SAFETY EQUIPMENT USED: 04, SEATING POSITION: 01

OL STATE: OH, OFFENSE CHARGED: S331.10, OFFENSE DESCRIPTION: TURNING AT INTERSECTIONS, CITATION NUMBER: 281364

UNIT NUMBER: 02, NAME: Payton Terry L, DATE OF BIRTH: 08141966, AGE: 47, GENDER: F - FEMALE

ADDRESS: 909 Hancock ST Sandusky Ohio 44870, CONTACT PHONE: Home: 419.609.0821

INJURIES: 01, OPERATOR LICENSE NUMBER: TN269922, SAFETY EQUIPMENT USED: 04, SEATING POSITION: 01

OL STATE: OH, OFFENSE CHARGED: S331.10, OFFENSE DESCRIPTION: TURNING AT INTERSECTIONS, CITATION NUMBER: 281364

INJURIES: 1 - NO INJURY / NONE REPORTED, SAFETY EQUIPMENT USED: MOTORIST, 01 - NONE USED - VEHICLE OCCUPANT

SEATING POSITION: 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER), AIR BAG USAGE: 1 - NOT DEPLOYED

EJECTION: 1 - NOT EJECTED, OPERATOR LICENSE CLASS: 1 - CLASS A, CONDITION: 1 - APPARENTLY NORMAL

ALCOHOL TEST STATUS: 1 - NONE GIVEN, ALCOHOL TEST TYPE: 1 - NONE, DRUG TEST STATUS: 1 - NONE GIVEN

UNIT NUMBER: 02, NAME: Payton Terry L, DATE OF BIRTH: 08141966, AGE: 47, GENDER: F - FEMALE

ADDRESS: 909 Hancock ST Sandusky Ohio 44870, CONTACT PHONE: Home: 419.609.0821

INJURIES: 01, OPERATOR LICENSE NUMBER: TN269922, SAFETY EQUIPMENT USED: 04, SEATING POSITION: 01

OL STATE: OH, OFFENSE CHARGED: S331.10, OFFENSE DESCRIPTION: TURNING AT INTERSECTIONS, CITATION NUMBER: 281364

INJURIES: 1 - NOT EJECTED, OPERATOR LICENSE CLASS: 1 - CLASS A, CONDITION: 1 - APPARENTLY NORMAL

ALCOHOL TEST STATUS: 1 - NONE GIVEN, ALCOHOL TEST TYPE: 1 - NONE, DRUG TEST STATUS: 1 - NONE GIVEN