

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

SPD14002382

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 * 02200	REPORTING AGENCY NAME * SANDUSKY POLICE DEPARTMENT	NUMBER OF UNITS 03	UNIT IN ERROR 01 98-ANIMAL 99-UNKNOWN
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COUNTY * 22	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * SANDUSKY	CRASH DATE * 02142014	TIME OF CRASH 1253	DAY OF WEEK Fri
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 41.43283	LONGITUDE -82.7000
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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 04	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-PIKE SQ-SQUARE TL-TRAIL
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LOCATION ROUTE TYPE 1 01	LOCATION ROUTE NUMBER	LOC PREFIX E N.S. E.W.	LOCATION ROAD NAME PERKINS AVE	LOCATION ROAD TYPE 2 AV	ROUTE TYPES 1 IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE SR-STATE ROUTE	CR-NUMBERED COUNTY ROUTE TR-NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE MILES FEET YARDS	DIR FROM REF <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	REFERENCE ROUTE NUMBER 01	REF PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) SADLER ST	REFERENCE ROAD TYPE 2 ST
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REFERENCE POINT USED <input checked="" type="checkbox"/> 1-INTERSECTION <input type="checkbox"/> 2-MILE POST <input type="checkbox"/> 3-HOUSE NUMBER	CRASH LOCATION 03 01-NOT AN INTERSECTION 02-FOUR-WAY INTERSECTION 03-T-INTERSECTION 04-Y-INTERSECTION 05-TRAFFIC CIRCLE/ROUNDBOAT	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 checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 01 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFICWAY 9-UNKNOWN
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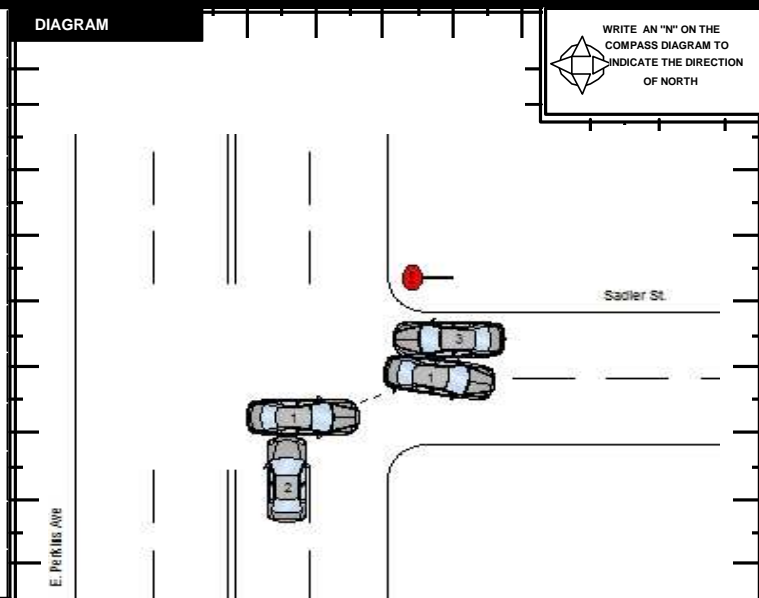
ROAD CONTOUR <input checked="" type="checkbox"/> 1-STRAIGHT LEVEL <input type="checkbox"/> 2-STRAIGHT GRADE <input type="checkbox"/> 3-CURVE LEVEL <input type="checkbox"/> 4-CURVE GRADE <input type="checkbox"/> 9-UNKNOWN	ROAD CONDITIONS PRIMARY 01	SECONDARY 02	01-DRY 02-WET 03-SNOW 04-ICE	05-SAND, MUD, 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 <input checked="" type="checkbox"/> 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2-REAR END <input type="checkbox"/> 3-HEAD ON <input type="checkbox"/> 4-REAR TO REAR <input type="checkbox"/> 5-BACKING <input type="checkbox"/> 6-ANGLE <input type="checkbox"/> 7-SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8-SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9-UNKNOWN	WEATHER <input checked="" type="checkbox"/> 1-CLÉAR <input type="checkbox"/> 2-CLOUDY <input type="checkbox"/> 3-FOG, SMOG, SMOKE <input type="checkbox"/> 4-RAIN <input type="checkbox"/> 5-SLEET, HAIL <input type="checkbox"/> 6-SNOW <input type="checkbox"/> 7-SEVERE CROSSWINDS <input type="checkbox"/> 8-BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9-OTHER UNKNOWN
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ROAD SURFACE <input checked="" type="checkbox"/> 1-CONCRETE <input type="checkbox"/> 2-BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3-BRICK/ BLOCK <input type="checkbox"/> 4-SLAG, GRAVEL, STONE <input type="checkbox"/> 5-DIRT <input type="checkbox"/> 6-OTHER	LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> 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 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



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 ODPSS)
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DATE CRASH REPORTED 02142014	TIME CRASH REPORTED 1253	DISPATCH TIME 1255	ARRIVAL TIME 1301	TIME CLEARED 1335	OTHER INVESTIGATION TIME 0030	TOTAL MINUTES 0070
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OFFICER'S NAME * DENNY, CHRISTOPHER	OFFICER'S BADGE NUMBER 2084	CHECKED BY BRAUN, RICHARD K	Page: 1 of 7
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UNIT NUMBER 01, OWNER NAME: FAULKNER MATTHEW J, OWNER PHONE NUMBER 419.765.0421, DAMAGE SCALE 3, DAMAGED AREA diagram, LP STATE OH, LICENSE PLATE NUMBER FTP4667, VEHICLE IDENTIFICATION NUMBER 1G2WP52K1YF314271, OCCUPANTS 01, VEHICLE YEAR 2000, VEHICLE MAKE PONT, VEHICLE MODEL GRA, VEHICLE COLOR BLK, INSURANCE COMPANY Progressive Insurance Company, POLICY NUMBER, TOWED BY SANDUSKY TOWING (AAA), CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE

US DOT, VEHICLE WEIGHT GVWR / GCWR, CARGO BODY TYPE 01, TRAFFICWAY DESCRIPTION 1, HM PLACARD ID NO., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED

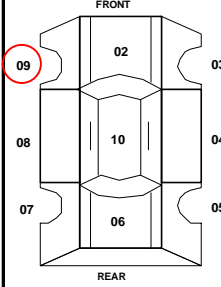
NON - MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE 1, UNIT TYPE 03, SPECIAL FUNCTION 01, MOST DAMAGED AREA 07, IMPACT AREA 05, ACTION 5

PRE - CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

UNIT SPEED 10, POSTED SPEED 35, TRAFFIC CONTROL 05, UNIT DIRECTION FROM 4 TO 1

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

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE NOLAN KRISTA M <small>(X) SAME AS DRIVER</small>	OWNER PHONE NUMBER 419.627.9949 <small>(X) SAME AS DRIVER</small>	DAMAGE SCALE 3	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP 469 NIAGARA RD VERMILION Ohio 44089 <small>(X) SAME AS DRIVER</small>				
LP STATE OH	LICENSE PLATE NUMBER Y903563	VEHICLE IDENTIFICATION NUMBER 1J9XFB2F80DE084802	# OCCUPANTS 01	
VEHICLE YEAR 2013	VEHICLE MAKE HOND	VEHICLE MODEL CIV	VEHICLE COLOR BLU	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY ALLSTATE	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN	TRAFFICWAY DESCRIPTION 2 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				

NON - MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDLICK - 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 <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 02 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 / LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS / VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16 + SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE / PEDACYCLIST 26 - PEDESTRIAN / SKATER 27 - OTHER NON - MOTORIST
		<input type="checkbox"/> HAS HM PLACARD		

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 09 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	ACTION 3 1 - NON - CONTACT 2 - NON - COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING / STRUCK 9 - UNKNOWN
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PRE - CRASH ACTIONS 01 99 - UNKNOWN	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	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 01 SECONDARY 01 99 - UNKNOWN	MOTORIST 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	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 SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 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 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 - CURB 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 25 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED 35	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 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER 03, OWNER NAME: LAST, FIRST, MIDDLE, OWNER PHONE NUMBER, DAMAGE SCALE 2, DAMAGED AREA FRONT, LP STATE NO, LICENSE PLATE NUMBER, VEHICLE IDENTIFICATION NUMBER, # OCCUPANTS 00, VEHICLE YEAR, VEHICLE MAKE, VEHICLE MODEL, VEHICLE COLOR, 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 99, TRAFFICWAY DESCRIPTION, HM PLACARD ID NO., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED

NON - MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE 1, UNIT TYPE 99, SPECIAL FUNCTION 01, MOST DAMAGED AREA 09, ACTION 4, HAS HM PLACARD

PRE - CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, UNIT SPEED, POSTED SPEED 35, TRAFFIC CONTROL 02, UNIT DIRECTION FROM 2 TO 1

UNIT SPEED 0, POSTED SPEED 35, TRAFFIC CONTROL 02, 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
SPD14002382

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE FAULKNER MATTHEW J	DATE OF BIRTH 09171975	AGE 38	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4720 SR 269 Castalia 44824	CONTACT PHONE - INCLUDE AREA CODE Home: Work: 419.765.0421
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INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER RP336284	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M / C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) S331.01B	OFFENSE DESCRIPTION Improper Turn	CITATION NUMBER 281899	<input type="checkbox"/> HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE NOLAN KRISTA M	DATE OF BIRTH 05251992	AGE 21	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 469 NIAGARA RD VERMILION Ohio 44089	CONTACT PHONE - INCLUDE AREA CODE Home: Work: 419.627.9949
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER TM437176	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M / C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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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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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	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON - MOTORIST 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 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
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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 IS "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 / DRUGS SUSPECTED 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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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 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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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	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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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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HSY8306 OH1M (REV 01/12)



MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
SPD14002382

UNIT NUMBER 03	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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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
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO INVALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
			<input type="checkbox"/>	<input type="checkbox"/>

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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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
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
			<input type="checkbox"/>	<input type="checkbox"/>

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	NON - MOTORIST 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 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
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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 IS "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 / DRUGS SUSPECTED 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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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 VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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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
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OHIO TRAFFIC ACCIDENT - NARRATIVE CONTINUATION		OH-2 REV 1/12
LOCAL REPORT NUMBER SPD14002382	REPORTING AGENCY SANDUSKY POLICE DEPARTMENT	DATE OF ACCIDENT 02/14/2014
IN COUNTY OF 22	ACCIDENT LOCATION PERKINS AVE AV	
NARRATIVE TYPE Initial Report	OFFICER DENNY, CHRISTOPHER	BADGE NO. 2084

02-15-2014

Accident

989,2084

Unit # 1 was traveling e/b on Perkins Avenue and begin to make an illegal left turn onto Sadler Street, where signs prohibit the turn. Unit # 2 was traveling w/b on Perkins Avenue and struck Unit # 1 while it was making the illegal turn onto Sadler Street.

Unit # 1 then struck Unit # 3, with Unit # 3 leaving the area before any information could be obtained on it.

The operator of Unit # 1 was cited for prohibited turn.

Ofc. C. Denny 2084