

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

SPD14002695

CRASH SEVERITY

2 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

<input checked="" 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 * 02192014	TIME OF CRASH 1516	DAY OF WEEK Wed
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 41.45600	LONGITUDE -82.707785
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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 00	ROAD TYPES OR MILEPOST 2 AL - ALLEY CR - CIRCLE HE - HEIGHTS AV - AVENUE CT - COURT HW - HIGHWAY BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE TYPE 1 00	LOCATION ROUTE NUMBER	LOC PREFIX N.S. E.W.	LOCATION ROAD NAME HANCOCK ST/WASHINGTON ST	LOCATION ROAD TYPE 2 ST	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 N.S. E.W.	REFERENCE ROUTE NUMBER REFERENCE ROUTE TYPE 1	REF PREFIX N.S. E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
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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 <input checked="" type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOAT	<input type="checkbox"/> 06 - FIVE POINT, OR MORE <input type="checkbox"/> 07 - ON RAMP <input type="checkbox"/> 08 - OFF RAMP <input type="checkbox"/> 09 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ ALLEY ACCESS	<input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED-USE PATHS OR TRAILS <input type="checkbox"/> 99 - UNKNOWN	<input checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY <input type="checkbox"/> 9 - UNKNOWN
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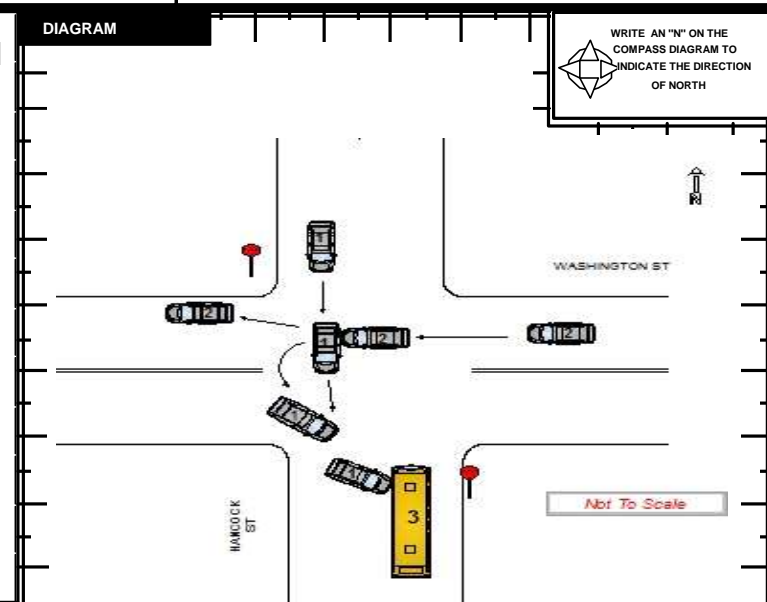
ROAD CONTOUR <input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <input checked="" type="checkbox"/> 01 SECONDARY <input type="checkbox"/> 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 - CLEAR <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"/> 1 SECONDARY <input type="checkbox"/> 2 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 checked="" 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 #1 WAS STOPPED AT THE STOP SIGN ON HANCOCK ST AT WASHINGTON ST. UNIT #2 WAS W/B ON WASHINGTON ST. AT HANCOCK ST. UNIT #1 FAILED TO YIELD ROW AND BEGAN TO CROSS THE INTERSECTION AND WAS STRUCK BY UNIT #2. UNIT #1 THEN SPUN S/W AND THEN WENT E/B AND STRUCK UNIT #3 WHICH WAS STOPPED ON HANCOCK ST AT THE S/E CORNER.

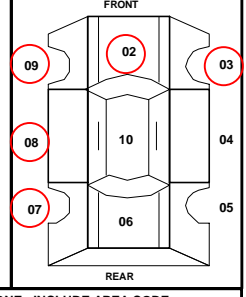


REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS)
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DATE CRASH REPORTED 02192014	TIME CRASH REPORTED 1516	DISPATCH TIME 1517	ARRIVAL TIME 1519	TIME CLEARED 1608	OTHER INVESTIGATION TIME	TOTAL MINUTES 0050
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OFFICER'S NAME * DESALLE, JAMES D	OFFICER'S BADGE NUMBER 988	CHECKED BY BRAUN, RICHARD K	Page: 1 of 8
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Main form body containing sections: OWNER INFORMATION, DAMAGE SCALE, VEHICLE IDENTIFICATION, INSURANCE, CARRIER, US DOT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, NON-MOTORIST LOCATION, TYPE OF USE, UNIT TYPE, SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, 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, TRAFFIC CONTROL, UNIT DIRECTION.



- NON - MOTORIST LOCATION PRIOR TO IMPACT: 01 - INTERSECTION - MARKED CROSSWALK, 02 - INTERSECTION - NO CROSSWALK, 03 - INTERSECTION - OTHER, 04 - MIDLINER - 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

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

- PRE - CRASH ACTIONS: 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: 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

- SEQUENCE OF EVENTS: 1 - 20, 2 - 20, 3 - , 4 - , 5 - , 6 - . FIRST HARMFUL EVENT: 1. MOST HARMFUL EVENT: 1. 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 / LUMINARIES SUPPORT, 40 - UTILITY POLE, 41 - OTHER POST, POLE OR SUPPORT, 42 - CURVERT, 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: 15. POSTED SPEED: 25. TRAFFIC CONTROL: 02. UNIT DIRECTION: FROM 1 TO 2. 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 BURTON MARLON B <small>(<input type="checkbox"/> SAME AS DRIVER)</small>	OWNER PHONE NUMBER	- INC. AREA CODE	<input type="checkbox"/> SAME AS DRIVER	DAMAGE SCALE 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP <small>(<input type="checkbox"/> SAME AS DRIVER)</small> 213 Perry St Sandusky Ohio 44870						
LP STATE OH	LICENSE PLATE NUMBER DV9216	VEHICLE IDENTIFICATION NUMBER 2B4GH25K5RR535029		# OCCUPANTS 01		
VEHICLE YEAR 1994	VEHICLE MAKE DODG	VEHICLE MODEL CVN		VEHICLE COLOR RED		
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY ALL STATE	POLICY NUMBER	TOWED BY WILSON'S TOWING			
CARRIER NAME, ADDRESS, CITY, STATE, ZIP					CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR / 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, CHIPS, GRAVEL <input type="checkbox"/> 09 - POLE <input type="checkbox"/> 10 - CARGO TANK <input type="checkbox"/> 11 - FLAT BED <input type="checkbox"/> 12 - DUMP <input type="checkbox"/> 13 - CONCRETE MIXER <input type="checkbox"/> 14 - AUTO TRANSPORTER <input type="checkbox"/> 15 - GARBAGE / REFUSE <input type="checkbox"/> 99 - OTHER / UNKNOWN	TRAFFICWAY DESCRIPTION <input checked="" 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				
HM CLASS NUMBER					

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 - MIDLICK - 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 checked="" type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <input checked="" type="checkbox"/> 05 - 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 HIT / SKIP	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"/> 23 - ANIMAL WITH RIDER <input type="checkbox"/> 24 - ANIMAL WITH BUGGY, 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
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SPECIAL FUNCTION <input checked="" 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 <input type="checkbox"/> 09 - AMBULANCE <input type="checkbox"/> 10 - FIRE <input type="checkbox"/> 11 - HIGHWAY / MAINTENANCE <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 15 - OTHER GOVERNMENT <input type="checkbox"/> 16 - CONSTRUCTION EQUIP.	MOST DAMAGED AREA <input checked="" type="checkbox"/> 02 - NONE <input type="checkbox"/> 01 - 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 <input type="checkbox"/> 08 - LEFT SIDE <input type="checkbox"/> 09 - LEFT FRONT <input type="checkbox"/> 10 - TOP AND WINDOWS <input type="checkbox"/> 11 - UNDERCARRIAGE <input type="checkbox"/> 12 - LOAD / TRAILER <input type="checkbox"/> 13 - TOTAL (ALL AREAS) <input type="checkbox"/> 14 - OTHER	ACTION <input checked="" type="checkbox"/> 3 - 1 - NON - CONTACT <input type="checkbox"/> 2 - NON - COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - STRIKING / STRUCK <input type="checkbox"/> 9 - UNKNOWN
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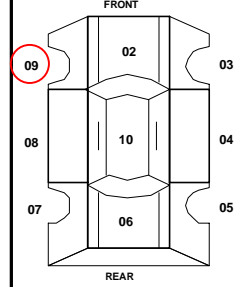
PRE - CRASH ACTIONS <input checked="" type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - BACKING <input type="checkbox"/> 03 - CHANGING LANES <input type="checkbox"/> 04 - OVERTAKING / PASSING <input type="checkbox"/> 05 - MAKING RIGHT TURN <input type="checkbox"/> 06 - MAKING LEFT TURN <input type="checkbox"/> 07 - MAKING U - TURN <input type="checkbox"/> 08 - ENTERING TRAFFIC LANE <input type="checkbox"/> 09 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 - DRIVERLESS <input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 14 - OTHER MOTORIST ACTION	NON - MOTORIST <input type="checkbox"/> 15 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING <input type="checkbox"/> 17 - WORKING <input type="checkbox"/> 18 - PUSHING VEHICLE <input type="checkbox"/> 19 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 20 - STANDING <input type="checkbox"/> 21 - OTHER NON - MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY <input checked="" 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 <input type="checkbox"/> 99 - UNKNOWN MOTORIST <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 <input type="checkbox"/> 99 - UNKNOWN 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 checked="" type="checkbox"/> 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <input checked="" type="checkbox"/> MOST HARMFUL EVENT <input checked="" type="checkbox"/> COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE (TRAIN, ENGINE) <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT NON - COLLISION EVENTS <input type="checkbox"/> 01 - OVERTURN / ROLLOVER <input type="checkbox"/> 02 - FIRE / EXPLOSION <input type="checkbox"/> 03 - IMMERSION <input type="checkbox"/> 04 - JACKKNIFE <input type="checkbox"/> 05 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ECT) <input type="checkbox"/> 07 - SEPERATION 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 / LUMINARIES SUPPORT <input type="checkbox"/> 40 - UTILITY POLE <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 - CURVERT <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

UNIT SPEED 25 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 25	TRAFFIC CONTROL <input checked="" 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 FLASHERS <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 checked="" type="checkbox"/> 3 TO <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 7 - SOUTHEAST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - UNKNOWN
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Main form body containing sections: UNIT NUMBER, OWNER NAME, DAMAGE SCALE, VEHICLE IDENTIFICATION NUMBER, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, NON-MOTORIST LOCATION, SPECIAL FUNCTION, PRE-CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, SEQUENCE OF EVENTS, COLLISION WITH PERSON, UNIT SPEED, TRAFFIC CONTROL, UNIT DIRECTION.



CARRIER PHONE - INCLUDE AREA CODE

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

NON - MOTORIST LOCATION PRIOR TO IMPACT: 01 - INTERSECTION - MARKED CROSSWALK; 02 - INTERSECTION - NO CROSSWALK; 03 - INTERSECTION - OTHER; 04 - MIDLINER - 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

SPECIAL FUNCTION: 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.

PRE - CRASH ACTIONS: 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

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

SEQUENCE OF EVENTS: 1 - 20; 2 - ; 3 - ; 4 - ; 5 - ; 6 - ; FIRST HARMFUL EVENT: 1; MOST HARMFUL EVENT: 1; 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; NON - COLLISION EVENTS: 01 - OVERTURN / ROLLOVER; 02 - FIRE / EXPLOSION; 03 - IMMERSION; 04 - JACKKNIFE; 05 - CARGO / EQUIPMENT LOSS OR SHIFT; COLLISION WITH FIXED OBJECT: 25 - IMPACT ATTENUATOR / CRASH CUSHION; 26 - BRIDGE OVERHEAD STRUCTURE; 27 - BRIDGE PIER OR ABUTMENT; 28 - BRIDGE PARAPET; 29 - BRIDGE RAIL; 30 - GUARDRAIL FACE; 31 - GUARDRAIL END; 32 - PORTABLE BARRIER; 33 - MEDIAN CABLE BARRIER; 34 - MEDIAN GUARDRAIL BARRIER; 35 - MEDIAN CONCRETE BARRIER; 36 - MEDIAN OTHER BARRIER; 37 - TRAFFIC SIGN POST; 38 - OVERHEAD SIGN POST; 39 - LIGHT / LUMINARIES SUPPORT; 40 - UTILITY POLE; 41 - OTHER POST, POLE OR SUPPORT; 42 - CULVERT; 43 - CURB; 44 - DITCH; 45 - EMBANKMENT; 46 - FENCE; 47 - MAILBOX; 48 - TREE; 49 - FIRE HYDRANT; 50 - WORK ZONE MAINTENANCE EQUIPMENT; 51 - WALL, BUILDING, TUNNEL; 52 - OTHER FIXED OBJECT

UNIT SPEED: 0; POSTED SPEED: 25; 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
SPD14002695

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE CARSON ROBERT L	DATE OF BIRTH 08281939	AGE 74	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 215 E Shoreline Dr 702 Sandusky Ohio 44870	CONTACT PHONE - INCLUDE AREA CODE Home: Work: 419.625.5616
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INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLAINT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RN785793	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 S331.19 (<input checked="" type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION RIGHT OF WAY - STOP SIGNS	CITATION NUMBER 271074	<input type="checkbox"/> HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE BURTON MARLON B	DATE OF BIRTH 01201959	AGE 55	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 213 Perry St Sandusky Ohio 44870	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLAINT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER NJ168612	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 1
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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	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLAINT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLAINT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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HSY8306 OH1M (REV 01/12)



MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER SPD14002695

UNIT NUMBER: 03, NAME: BEATTY EDWARD S IV, DATE OF BIRTH: 07/18/1978, AGE: 35, GENDER: M

ADDRESS: 7815 Patten Tract Rd Sandusky 44870, CONTACT PHONE: Home: , Work:

INJURIES: 1, INJURED TAKEN BY: 1, EMS AGENCY: , MEDICAL FACILITY INJURED TAKEN TO: , SAFETY EQUIPMENT USED: 03, DOT COMPLAINT: , SEATING POSITION: 01, AIR BAG USAGE: 5, EJECTION: 1, TRAPPED: 1

OL STATE: OH, OPERATOR LICENSE NUMBER: RP127725, OL CLASS: 2, NO INVALID OL: , 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

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

UNIT NUMBER: , NAME: , DATE OF BIRTH: , AGE: , GENDER: F - FEMALE

ADDRESS: , CONTACT PHONE: Home: , Work:

INJURIES: , INJURED TAKEN BY: , EMS AGENCY: , MEDICAL FACILITY INJURED TAKEN TO: , SAFETY EQUIPMENT USED: , DOT COMPLAINT: , SEATING POSITION: , AIR BAG USAGE: , EJECTION: , TRAPPED:

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:

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

INJURIES: 1 - NO INJURY / NONE REPORTED, 2 - POSSIBLE, 3 - NON - INCAPACITATING, 4 - INCAPACITATING, 5 - FATAL. INJURED TAKEN BY: 1 - NOT TRANSPORTED / TREATED AT SCENE, 2 - EMS, 3 - POLICE, 4 - OTHER, 9 - UNKNOWN. SAFETY EQUIPMENT USED: MOTORIST (01-04), 99 - UNKNOWN SAFETY EQUIPMENT, NON - MOTORIST (09-14).

SEATING POSITION: 01-06, 07-09, 10-11, 12-16, 99-UNKNOWN. AIR BAG USAGE: 1-5, 9-DEPLOYMENT UNKNOWN.

EJECTION: 1-4, TRAPPED: 1-3, OPERATOR LICENSE CLASS: 1-5, CONDITION: 1-4, 5-7, ALCOHOL / DRUGS SUSPECTED: 1-5.

ALCOHOL TEST STATUS: 1-5, ALCOHOL TEST TYPE: 1-5, DRUG TEST STATUS: 1-5, DRUG TEST TYPE: 1-4, DRIVER DISTRACTED BY: 1-7, 6-7.

UNIT NUMBER: 03, NAME: RYAN PENELOPE, DATE OF BIRTH: 08/05/1976, AGE: 37, GENDER: F - FEMALE

ADDRESS: 6005 BARDWELL RD CASTALIA Ohio 44824, CONTACT PHONE: Home: , Work:

INJURIES: 1, INJURED TAKEN BY: 1, EMS AGENCY: , MEDICAL FACILITY INJURED TAKEN TO: , SAFETY EQUIPMENT USED: 01, DOT COMPLAINT: , SEATING POSITION: 16, AIR BAG USAGE: 1, EJECTION: 1, TRAPPED: 1

UNIT NUMBER: 03, NAME: MOORE U'NYA, DATE OF BIRTH: 05/23/2005, AGE: 08, GENDER: F - FEMALE

ADDRESS: 431 JACKSON ST 1/2 SANDUSKY Ohio 44870, CONTACT PHONE: Home: , Work:

INJURIES: 1, INJURED TAKEN BY: , EMS AGENCY: , MEDICAL FACILITY INJURED TAKEN TO: , SAFETY EQUIPMENT USED: 01, DOT COMPLAINT: , SEATING POSITION: 16, AIR BAG USAGE: 5, EJECTION: 1, TRAPPED: 1

HSY8306 OH1M (REV 01/12)

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
SPD14002695

UNIT NUMBER 03	NAME: LAST, FIRST, MIDDLE BONDERER COLE	DATE OF BIRTH 11232002	AGE 011	GENDER M F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 928 W JEFFERSON ST SANDUSKY Ohio 44870 SANDUSKY Ohio 44870			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 16	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1

UNIT NUMBER 03	NAME: LAST, FIRST, MIDDLE LAWRENCE TIMARIUS	DATE OF BIRTH 03082005	AGE 008	GENDER M F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 810 W JEFFERSON ST SANDUSKY Ohio 44870 SANDUSKY Ohio 44870			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 16	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>

UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>

UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>

UNIT NUMBER <input type="text"/>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <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 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM FOREWARD - 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 BUS, PICK-UP WITH CAB) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON - TRAILING UNIT) 15 - NON - MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
		EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE
		TRAPPED 1 - NOT TRAPPED 2 - EXTRACTED BY MECHANICAL MEANS 3 - EXTRACTED BY NON - MECHANICAL MEANS

OHIO TRAFFIC ACCIDENT - NARRATIVE CONTINUATION		OH-2 REV 1/12
LOCAL REPORT NUMBER SPD14002695	REPORTING AGENCY SANDUSKY POLICE DEPARTMENT	DATE OF ACCIDENT 02/19/2014
IN COUNTY OF 22	ACCIDENT LOCATION HANCOCK ST/WASHINGTON ST ST	
NARRATIVE TYPE Supplement	OFFICER DESALLE, JAMES D	BADGE NO. 988

Supplement

988

Cole Bonderer 4th Grade Mills, seated in seat #15
Timarius Lawrence 3rd Grade Mills seated in seat #23
U'nya Moore 3rd grade Mills, seated in seat # 22

Ofc. J D DeSalle