

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

SPD14002723

CRASH SEVERITY

3 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 * <b>02200</b>	REPORTING AGENCY NAME * <b>SANDUSKY POLICE DEPARTMENT</b>	NUMBER OF UNITS <b>01</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>02202014</b>	TIME OF CRASH <b>0522</b>	DAY OF WEEK <b>Thu</b>
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DEGREES / MINUTES / SECONDS LATITUDE <b>0 / 0 //</b> LONGITUDE <b>0 / 0 //</b>		DECIMAL DEGREES LATITUDE <b>41.44152</b> LONGITUDE <b>-82.721811</b>	
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <b>N</b> N-NORTHBOUND E-EASTBOUND S-SOUTHBOUND W-WESTBOUND	NUMBER OF THRU LANES <b>01</b>	ROAD TYPES OR MILEPOST <sup>2</sup> 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 <b>01</b>	LOCATION ROUTE NUMBER <b>158</b>	LOC PREFIX <b>A</b>	LOCATION ROAD NAME <b>ALLEY</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 <b>1.0</b>	DIR FROM REF <b>E</b> N,S, E,W,	REFERENCE ROUTE NUMBER <b>1513</b>	REF PREFIX <b>S</b> N,S, E,W,	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>TAYLOR</b>	REFERENCE ROAD TYPE 2 <b>ST</b>
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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"/> 01-NOT AN INTERSECTION <input type="checkbox"/> 02-FOUR-WAY INTERSECTION <input type="checkbox"/> 03-T-INTERSECTION <input type="checkbox"/> 04-Y-INTERSECTION <input type="checkbox"/> 05-TRAFFIC CIRCLE/ROUNDBOUT	<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 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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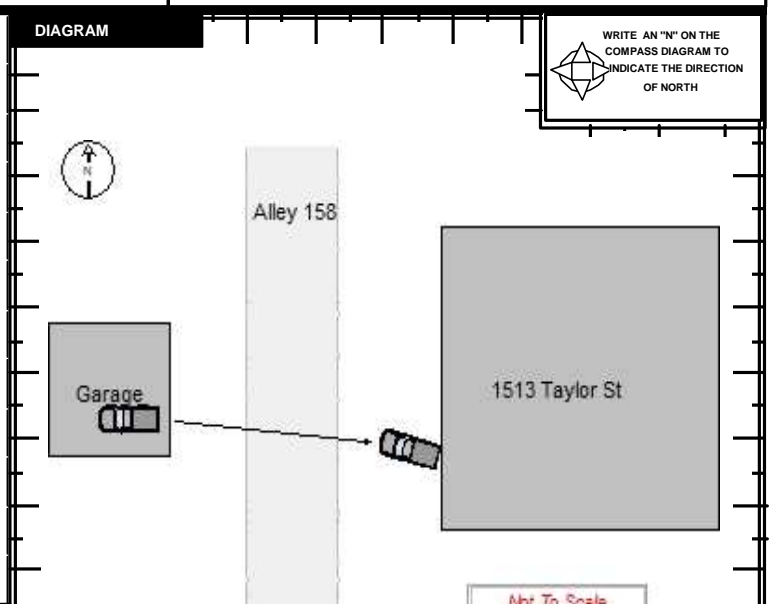
ROAD CONTOUR <input checked="" type="checkbox"/> 1-STRAIGHT LEVEL <input type="checkbox"/> 2-STRAIGHT GRADE <input type="checkbox"/> 3-CURVE LEVEL <input type="checkbox"/> 4-CURVE GRADE <input type="checkbox"/> 9-UNKNOWN	ROAD CONDITIONS <input checked="" type="checkbox"/> 01-PRIMARY <input type="checkbox"/> 02-SECONDARY	<input type="checkbox"/> 03-DRY <input type="checkbox"/> 04-ICE <input type="checkbox"/> 05-SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 06-WATER (STANDING, MOVING) <input type="checkbox"/> 07-SLUSH <input type="checkbox"/> 08-DEBRIS *	<input type="checkbox"/> 09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT * <input type="checkbox"/> 10-OTHER <input type="checkbox"/> 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 <input type="checkbox"/> 5-DIRT <input type="checkbox"/> 6-OTHER	LIGHT CONDITIONS <input checked="" type="checkbox"/> 01-PRIMARY <input type="checkbox"/> 02-SECONDARY <input type="checkbox"/> 03-DAYLIGHT <input type="checkbox"/> 04-DARK - LIGHTED ROADWAY <input type="checkbox"/> 05-DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 06-DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 07-GLARE * <input type="checkbox"/> 08-OTHER * SECONDARY CONDITION ONLY	<input type="checkbox"/> 09-UNKNOWN <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"/> 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)	DATE CRASH REPORTED <b>02202014</b>	TIME CRASH REPORTED <b>0522</b>	DISPATCH TIME <b>0523</b>	ARRIVAL TIME <b>0530</b>	TIME CLEARED <b>0610</b>	OTHER INVESTIGATION TIME <b>0040</b>	TOTAL MINUTES <b>0040</b>
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OFFICER'S NAME * <b>MARTIN, JASON</b>	OFFICER'S BADGE NUMBER <b>2124</b>	CHECKED BY <b>LEWIS, DANNY J</b>	Page: 1 of 4
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UNIT NUMBER 01, OWNER NAME: VONTELL WAYNE T, OWNER PHONE NUMBER 419.503.0226, DAMAGE SCALE 2, DAMAGED AREA FRONT, 1536 CLINTON St SANDUSKY Ohio 44870, LP STATE OH, LICENSE PLATE NUMBER FPY1234, VEHICLE IDENTIFICATION NUMBER 1PTYR10C9WT A09876, OCCUPANTS 00, VEHICLE YEAR 1998, VEHICLE MAKE FORD, VEHICLE MODEL RNG, VEHICLE COLOR RED, INSURANCE COMPANY Progressive Insurance Company, POLICY NUMBER 21640923-0

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

NON - MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, 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

UNIT SPEED 3, POSTED SPEED 15, TRAFFIC CONTROL 01, UNIT DIRECTION FROM 4 TO 3, 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  
**SPD14002723**

UNIT NUMBER <b>01</b>	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		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

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

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		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

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

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON - MOTORIST
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON - INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ECT) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON - TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON - TRAILING UNIT) 15 - NON - MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL / DRUGS SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON - MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC / MOPED ONLY	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE VEHICLE 7 - EXTERNAL DISTRACTION

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

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

OHIO TRAFFIC ACCIDENT - NARRATIVE CONTINUATION		OH-2 REV 1/12
LOCAL REPORT NUMBER <b>SPD14002723</b>	REPORTING AGENCY <b>SANDUSKY POLICE DEPARTMENT</b>	DATE OF ACCIDENT <b>02/20/2014</b>
IN COUNTY OF <b>22</b>	ACCIDENT LOCATION <b>158</b>	<b>AL</b>
NARRATIVE TYPE <b>Initial Report</b>	OFFICER <b>MARTIN, JASON</b>	BADGE NO. <b>2124</b>

Traffic Accident

989, 2111, 2124

Officers were dispatched to 1536 Clinton St in reference to a car vs. house accident.

Upon arrival, officers observed a red 1998 Ford Ranger, Ohio Registration FPY1234, that was backed up against the west side of the house of 1513 Taylor St. Contact was then made with the complainant, Wayne Vontell, in reference to the incident. Vontell advised he opened his garage door and turned on his truck to get it warm before he drove to work. Vontell said he then went inside and when he came out a few moments later his truck had changed gears, began to back-up, crossed over the public alley (Alley 158) and struck the neighbors. Vontell admitted to recently having problems with his vehicle jumping out of gear every once in a while. Vontell advised he attempted to make contact with his neighbor, Michael Legg, but he could not. Due to Vontell leaving his motor vehicle unattended while running and having it cross public alley, alley 158, he was issued a citation for unattended motor vehicle.

Officers attempted to make contact with the resident at 1513 Taylor St to no avail. As this officer was placing a business card at the door, the resident, Legg, came outside. Legg was advised of the incident and was given the accident report number.

Photographs were taken of the accident and downloaded into an evidentiary file.

**\*\*Person Cited\*\***

Wayne Vontell-- Unattended M/V-- 351.07\*\* MM  
Citation/Released

Ofc Martin/2124