

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

SPD14003077

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 * 02200	REPORTING AGENCY NAME * SANDUSKY POLICE DEPARTMENT	NUMBER OF UNITS 01	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 * 02252014	TIME OF CRASH 0822	DAY OF WEEK Tue
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DEGREES / MINUTES / SECONDS LATITUDE: 0 / / LONGITUDE: 0 / /	DECIMAL DEGREES LATITUDE: 41.441576 LONGITUDE: -82.747798
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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"/> E-EASTBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> W-WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST 2 AL-ALLEY CR-CIRCLE HE-HEIGHTS MP-MILEPOST PL-PLACE ST-STREET WA-WAY AV-AVENUE CT-COURT HW-HIGHWAY PK-PARKWAY RD-ROAD TE-TERRACE BL-BOULEVARD DR-DRIVE LA-LANE PI-PIKE SQ-SQUARE TL-TRAIL
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LOCATION ROUTE NUMBER <input type="checkbox"/> LOCATION ROUTE TYPE 1	LOC PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	LOCATION ROAD NAME VENICE	ROUTE TYPES 1 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 <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	REFERENCE ROUTE NUMBER <input type="checkbox"/> REFERENCE ROUTE TYPE 1	REF PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 3400	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"/> 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/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 type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <input 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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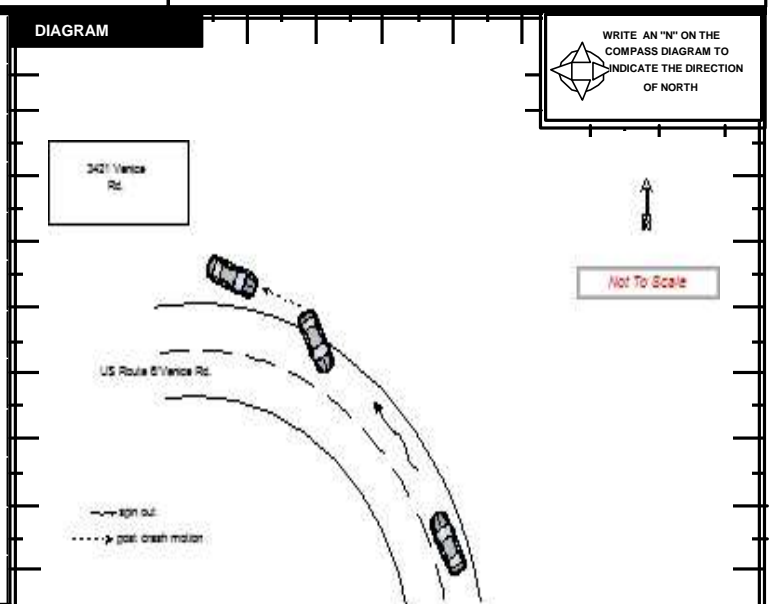
ROAD CONTOUR <input checked="" type="checkbox"/> 1-STRAIGHT LEVEL <input type="checkbox"/> 2-STRAIGHT GRADE <input type="checkbox"/> 3-CURVE LEVEL <input type="checkbox"/> 4-CURVE GRADE <input type="checkbox"/> 9-UNKNOWN	ROAD CONDITIONS <input checked="" type="checkbox"/> 03-PRIMARY <input type="checkbox"/> 04-SECONDARY	<input type="checkbox"/> 01-DRY <input type="checkbox"/> 02-WET <input type="checkbox"/> 03-SNOW <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, STONE <input type="checkbox"/> 5-DIRT <input type="checkbox"/> 6-OTHER	LIGHT CONDITIONS <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> 1-DAYLIGHT <input type="checkbox"/> 2-DAWN <input type="checkbox"/> 3-DUSK <input type="checkbox"/> 4-DARK-LIGHTED ROADWAY <input type="checkbox"/> 5-DARK-ROADWAY NOT LIGHTED <input type="checkbox"/> 6-DARK-UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 7-GLARE * <input type="checkbox"/> 8-OTHER * 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"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> WORK ZONE RELATED	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 traveling n/b on Venice Rd. maneuvering a curve turning w/b on Venice Rd. at the 3400 block. Unit #1 lost control of the vehicle, spinning 180 degrees, then struck a curb just east of 3421 Venice Rd. then onto the lawn of the property before coming to rest.



<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 02252014	TIME CRASH REPORTED 0822	DISPATCH TIME 0828	ARRIVAL TIME 0835	TIME CLEARED 0938	OTHER INVESTIGATION TIME	TOTAL MINUTES 0006
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OFFICER'S NAME * ALLEN, DAWN	OFFICER'S BADGE NUMBER 2022	CHECKED BY LEWIS, DANNY J	Page: 1 of 3
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UNIT NUMBER 01, OWNER NAME: ENGLAND CHRISTAL N, OWNER PHONE NUMBER 419.239.6475, DAMAGE SCALE 4, DAMAGED AREA FRONT, 1304 Seavers Way Sandusky 44870, LP STATE OH, LICENSE PLATE NUMBER FVQ4576, VEHICLE IDENTIFICATION NUMBER 2G1WW12M0V9320911, OCCUPANTS 01, VEHICLE YEAR 1997, VEHICLE MAKE CHEV, VEHICLE MODEL MOC, VEHICLE COLOR BLK, INSURANCE COMPANY DAIRYLAND, POLICY NUMBER OH 339590621, TOWED BY SANDUSKY TOWING (AAA)

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 30, POSTED SPEED 35, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 1 TO 4

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION, COLLISION WITH FIXED OBJECT



MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
SPD14003077

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE ENGLAND CRISTAL N	DATE OF BIRTH 03011985	AGE 28	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 1304 Seavers Way Sandusky 44870	CONTACT PHONE - INCLUDE AREA CODE Home: Work: 419.239.6475
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INJURIES 1	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 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER SN357145	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 checked="" type="checkbox"/> LOCAL CODE) S333.08	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 287349	<input type="checkbox"/> HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
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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 COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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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
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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 COMPLIANT 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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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
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