

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
SPD14004007	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 02200	REPORTING AGENCY NAME * SANDUSKY POLICE DEPARTMENT	NUMBER OF UNITS 02	UNIT IN ERROR 02 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 * 03122014	TIME OF CRASH 1017	DAY OF WEEK Wed
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 41.45162	LONGITUDE 82.82645
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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	E - EASTBOUND W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST 2 AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL
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LOCATION ROUTE TYPE 1 00	LOCATION ROUTE NUMBER	LOC PREFIX N.S. E.W.	LOCATION ROAD NAME FIRST 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 00	REF PREFIX N.S. E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 1615	REFERENCE ROAD TYPE 2 00
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REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT	06 - FIVE POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE	5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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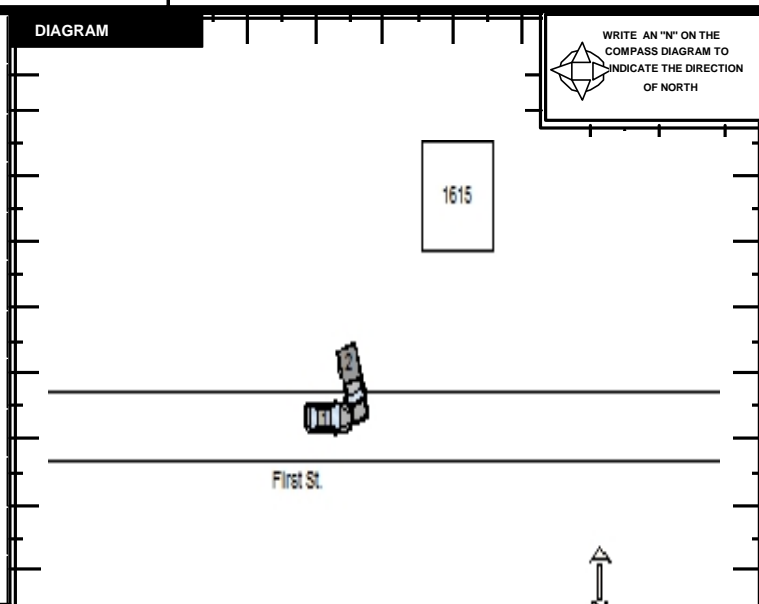
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL	4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 03	SECONDARY 00	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS *	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR END 3 - HEAD ON 4 - REAR TO REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 6 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE	4 - RAIN 5 - SLEET, HAIL 6 - SNOW	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/ UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/ BLOCK	4 - SLAG, GRAVEL STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 1 PRIMARY 00 SECONDARY 00	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	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input checked="" 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 1 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN	4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 4 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE
Unit #1 was traveling eastbound on First St. unit # 2 was exiting the parking lot of 1615 First St. traveling southbound. Unit #2 failed to yield the right of way and unit #1 struck unit #2.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPDS)	DATE CRASH REPORTED 03122014	TIME CRASH REPORTED 1017	DISPATCH TIME 1018	ARRIVAL TIME 1027	TIME CLEARED 1021	OTHER INVESTIGATION TIME 0045	TOTAL MINUTES 0048
OFFICER'S NAME * RITTERBACH, STEPHEN			OFFICER'S BADGE NUMBER 2074		CHECKED BY VANSCOY, ROBERT E		Page: 1 of 4	

UNIT NUMBER 01, OWNER NAME: LAST, FIRST, MIDDLE TOWNER THELMA L, OWNER PHONE NUMBER, DAMAGE SCALE 4, DAMAGED AREA FRONT 02, 10, 06, REAR 07, 08, 09, 04, 05.

US DOT, VEHICLE WEIGHT, GVWR / GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION 1, 2-TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE.

NON - MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE 1, UNIT TYPE 02, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED / HEAVY TRUCKS OR COMBO UNITS - 10K LBS.

SPECIAL FUNCTION 01, MOST DAMAGED AREA 02, IMPACT AREA 02, ACTION 3, 1-NON - CONTACT, 2-NON - COLLISION.

PRE - CRASH ACTIONS, MOTORIST, NON - MOTORIST, 01 - STRAIGHT AHEAD, 07 - MAKING U - TURN, 13 - NEGOTIATING A CURVE.

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, VEHICLE DEFECTS, 01 - TURN SIGNALS, 02 - HEAD LAMPS.

SEQUENCE OF EVENTS, NON - COLLISION EVENTS, COLLISION WITH FIXED OBJECT, 01 - OVERTURN / ROLLOVER, 02 - FIRE / EXPLOSION.

UNIT SPEED 20, POSTED SPEED 35, TRAFFIC CONTROL 10, UNIT DIRECTION FROM 4 TO 3, 1 - NORTH, 2 - SOUTH.

UNIT NUMBER 02		OWNER NAME: LAST, FIRST, MIDDLE CLINKERS LLC		OWNER PHONE NUMBER 419.626.1639		DAMAGE SCALE 4		DAMAGED AREA	
OWNER ADDRESS: CITY, STATE, ZIP 1615 First St Sandusky Ohio 44870		LP STATE OH		LICENSE PLATE NUMBER PES1062		VEHICLE IDENTIFICATION NUMBER 1GCEK14T84Z347541		# OCCUPANTS 01	
VEHICLE YEAR 2004		VEHICLE MAKE CHEV		VEHICLE MODEL SLV		VEHICLE COLOR TAN			
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY United Insurance Service		POLICY NUMBER EPP0189737		TOWED BY FOSTERS TOWING			
CARRIER NAME, ADDRESS, CITY, STATE, ZIP								CARRIER PHONE - INCLUDE AREA CODE	
US DOT		VEHICLE WEIGHT GVWR / GCWR		CARGO BODY TYPE		TRAFFICWAY DESCRIPTION			
HM PLACARD ID NO.		<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.		<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		<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 CLASS NUMBER		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		NON - MOTORIST LOCATION PRIOR TO IMPACT		TYPE OF USE		UNIT TYPE	
				<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		<input checked="" type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<input checked="" type="checkbox"/> 07 - 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	
SPECIAL FUNCTION		MOTORIST		NON - MOTORIST		ACTION			
<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.		<input type="checkbox"/> 17 - FARM VEHICLE <input type="checkbox"/> 18 - FARM EQUIPMENT <input type="checkbox"/> 19 - MOTORHOME <input type="checkbox"/> 20 - GOLF CART <input type="checkbox"/> 21 - TRAIN <input type="checkbox"/> 22 - OTHER (EXPLAIN IN NARRATIVE)		<input checked="" type="checkbox"/> 4 - 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			
PRE - CRASH ACTIONS		MOTORIST		NON - MOTORIST		ACTION			
<input checked="" type="checkbox"/> 08 - STRAIGHT AHEAD <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"/> 99 - UNKNOWN		<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 <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					
CONTRIBUTING CIRCUMSTANCES		MOTORIST		NON - MOTORIST		VEHICLE DEFECTS			
<input checked="" 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		<input type="checkbox"/> 11 - IMPROPER BACKING <input type="checkbox"/> 12 - IMPROPER START FROM PARKED POSITION <input type="checkbox"/> 13 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 14 - OPERATING VEHICLE IN NEGLIGENT MANNER <input type="checkbox"/> 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) <input type="checkbox"/> 16 - WRONG SIDE / WRONG WAY <input type="checkbox"/> 17 - FAILURE TO CONTROL <input type="checkbox"/> 18 - VISION OBSTRUCTION <input type="checkbox"/> 19 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 20 - LOAD SHIFTING / FALLING / SPILLING <input type="checkbox"/> 21 - OTHER IMPROPER ACTION		<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		<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			
SEQUENCE OF EVENTS		NON - COLLISION EVENTS		COLLISION WITH FIXED OBJECT		COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED			
1 <input checked="" type="checkbox"/> 20 - FIRST HARMFUL EVENT 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> MOST HARMFUL EVENT: <input checked="" type="checkbox"/> 1		<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"/> 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"/> 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		<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 <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 - CULVERT <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		POSTED SPEED		TRAFFIC CONTROL		UNIT DIRECTION			
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED 0		35		<input checked="" type="checkbox"/> 10 - NO CONTROLS <input type="checkbox"/> 01 - STOP SIGN <input type="checkbox"/> 02 - YIELD SIGN <input type="checkbox"/> 03 - TRAFFIC SIGNAL <input type="checkbox"/> 04 - TRAFFIC FLASHERS <input type="checkbox"/> 05 - SCHOOL ZONE <input type="checkbox"/> 06 - RAILROAD CROSSBUCKS <input type="checkbox"/> 07 - RAILROAD FLASHERS <input type="checkbox"/> 08 - RAILROAD GATES <input type="checkbox"/> 09 - CONSTRUCTION BARRICADE <input type="checkbox"/> 10 - PERSON (FLAGGER, OFFICER) <input type="checkbox"/> 11 - PAVEMENT MARKINGS <input type="checkbox"/> 12 - CROSSWALK LINES <input type="checkbox"/> 13 - WALK / DON'T WALK <input type="checkbox"/> 14 - OTHER <input type="checkbox"/> 15 - NOT REPORTED		FROM <input checked="" type="checkbox"/> 1 TO <input checked="" type="checkbox"/> 2 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 SPD14004007

UNIT NUMBER: 01, NAME: TOWNER SYJNGJEN CHERAGO Y, DATE OF BIRTH: 09/11/1991, AGE: 22, GENDER: M - MALE

ADDRESS: 1013 Tyler St Sandusky Ohio 44870, CONTACT PHONE: Home: 419.271.5495, Work: 419.271.5495

INJURIES: 1, OPERATOR LICENSE NUMBER: TN428390, OL CLASS: 4, SAFETY EQUIPMENT USED: 04, SEATING POSITION: 01, AIR BAG USAGE: 2, EJECTION: 1, TRAPPED: 1

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

UNIT NUMBER: 02, NAME: KUMAR DANIK S, DATE OF BIRTH: 08/17/1992, AGE: 21, GENDER: M - MALE

ADDRESS: 428 Wayne St Sandusky Ohio 44870, CONTACT PHONE: Home: 419.202.1639, Work: 419.625.8997

INJURIES: 1, OPERATOR LICENSE NUMBER: TL452218, OL CLASS: 4, SAFETY EQUIPMENT USED: 04, SEATING POSITION: 01, AIR BAG USAGE: 1, EJECTION: 1, TRAPPED: 1

OFFENSE CHARGED: (X) LOCAL CODE, OFFENSE DESCRIPTION: RIGHT OF WAY - PUBLIC HIGHWAY, CITATION NUMBER: 292427

INJURIES: 1- NO INJURY / NONE REPORTED, 2- POSSIBLE, 3- NON - INCAPACITATING, 4- INCAPACITATING, 5- FATAL

SEATING POSITION: 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER), 02 - FRONT - MIDDLE, 03 - FRONT - RIGHT SIDE, 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)

EJECTION: 1 - NOT EJECTED, 2 - TOTALLY EJECTED, 3 - PARTIALLY EJECTED, 4 - NOT APPLICABLE

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

UNIT NUMBER, NAME: LAST, FIRST, MIDDLE, DATE OF BIRTH, AGE, GENDER: F - FEMALE, M - MALE

ADDRESS: CITY, STATE, ZIP, CONTACT PHONE - INCLUDE AREA CODE: Home, Work

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

ADDRESS: CITY, STATE, ZIP, CONTACT PHONE - INCLUDE AREA CODE: Home, Work

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

HSY8306 OH1M (REV 01/12)