

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
SPD14004150	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 <input type="checkbox"/>	REPORTING AGENCY NCIC * 02200	REPORTING AGENCY NAME * SANDUSKY POLICE DEPARTMENT	NUMBER OF UNITS 02	UNIT IN ERROR 99 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 * 03142014	TIME OF CRASH 1727	DAY OF WEEK Fri
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DEGREES / MINUTES / SECONDS LATITUDE 41° 26' 47.47"	LONGITUDE -82° 43' 30.7"	DECIMAL DEGREES LATITUDE 0.	LONGITUDE 0.
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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 02	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 NUMBER 00	LOCATION ROUTE TYPE 1	LOC PREFIX N.S. E.W.	LOCATION ROAD NAME MONROE	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 <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N.S. E.W.	REFERENCE ROUTE NUMBER 00	REF PREFIX N.S. E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 1806 W. MONROE ST	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 10 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT	06 - FIVE POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 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 SECONDARY	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 1 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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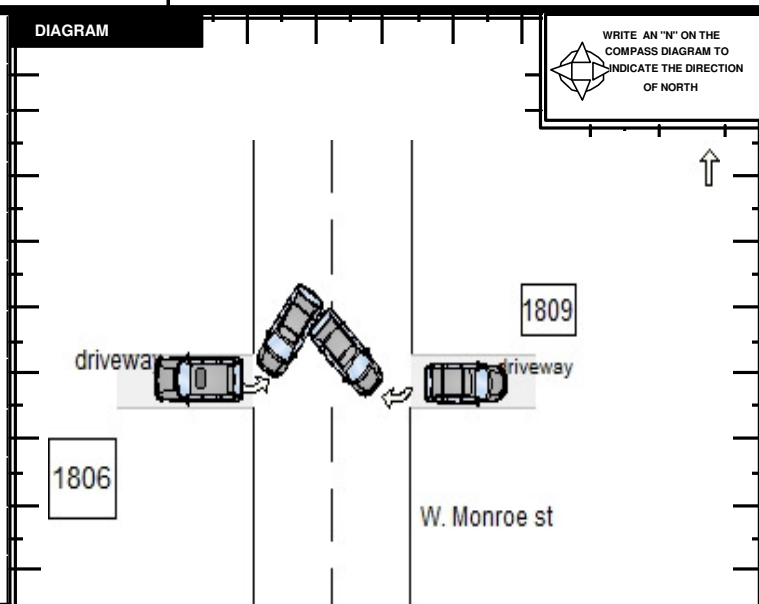
ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/ BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE * 8 - OTHER 9 - UNKNOWN * SECONDARY CONDITION ONLY	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/ VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 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 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 backing out of a driveway at 1809 W. Monroe St. to go east bound on W. Monroe St. when she collided with unit #2.

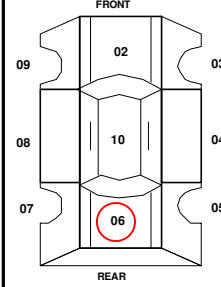
Unit #2 was backing out of a driveway at 1806 W. Monroe St. to go east bound on W. Monroe St. and collided with Unit #1.

Both drivers advised they had looked east and west for traffic but neither checked towards the rear of their vehicles to see if anyone was backing out of another driveway.



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 03142014	TIME CRASH REPORTED 1727	DISPATCH TIME 1729	ARRIVAL TIME 0000	TIME CLEARED 1741	OTHER INVESTIGATION TIME	TOTAL MINUTES 0012
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OFFICER'S NAME * GILLIAM, MARK	OFFICER'S BADGE NUMBER 895	CHECKED BY BRAUN, RICHARD K	Page: 1 of 4
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UNIT NUMBER <b>01</b>		OWNER NAME: LAST, FIRST, MIDDLE <b>CONWAY ANIKA R</b>		OWNER PHONE NUMBER <b>419.984.8159</b>		DAMAGE SCALE <b>2</b>		DAMAGED AREA 			
OWNER ADDRESS: CITY, STATE, ZIP <b>3307 W Monroe St Sandusky Ohio 44870</b>		LP STATE <b>OH</b>		LICENSE PLATE NUMBER <b>FZE2670</b>		VEHICLE IDENTIFICATION NUMBER <b>2B4GP44332R648167</b>		# OCCUPANTS <b>01</b>			
VEHICLE YEAR <b>2002</b>		VEHICLE MAKE <b>DODG</b>		VEHICLE MODEL <b>CVN</b>		VEHICLE COLOR <b>SIL</b>		9 - UNKNOWN			
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY <b>Progressive Insurance Company</b>		POLICY NUMBER		TOWED BY		CARRIER NAME, ADDRESS, CITY, STATE, ZIP			
US DOT		VEHICLE WEIGHT GVWR / GCWR		CARGO BODY TYPE		TRAFFICWAY DESCRIPTION		CARRIER PHONE - INCLUDE AREA CODE			
HM PLACARD ID NO.		1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.		01 - NO CARGO BODY TYPE / NOT APPLICABLE 02 - BUS / VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16 + SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN / ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN		1 - TWO - WAY, NOT DIVIDED 2 - TWO - WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO - WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO - WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE - WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT			
HM CLASS NUMBER		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		NON - MOTORIST LOCATION PRIOR TO IMPACT		TYPE OF USE		UNIT TYPE			
				01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDLICK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER / ROADSIDE 08 - SIDEWALK 09 - MEDIAN / CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED - USE PATH OR TRAIL 12 - NON - TRAFFICWAY AREA 99 - OTHER / UNKNOWN		1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		01 - SUB - COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE / ATV 12 - OTHER PASSENGER VEHICLE 99 - UNKNOWN OR HT / SKIP			
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.		17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)		MED / HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK / TRACTOR (BOBTAIL) 17 - TRACTOR / SEMI - TRAILER 18 - TRACTOR / DOUBLE 19 - TRACTOR / TRIPLES 20 - OTHER MED / HEAVY VEHICLE		BUS / VAN / LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS / VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16 + SEATS, INC DRIVER) NON - MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE / PEDACYCLIST 26 - PEDESTRIAN / SKATER 27 - OTHER NON - MOTORIST	
PRE - CRASH ACTIONS		MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING / PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN		NON - MOTORIST 07 - MAKING U - TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		MOST DAMAGED AREA		ACTION			
01						01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR		08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD / TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER			
CONTRIBUTING CIRCUMSTANCES		MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY / ACDA 10 - IMPROPER LANE CHANGE / PASSING / OFF ROAD		NON - MOTORIST 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		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		NON - COLLISION EVENTS 01 - OVERTURN / ROLLOVER 02 - FIRE / EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO / EQUIPMENT LOSS OR SHIFT		06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ECT) 07 - SEPERATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT		10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON - COLLISION		COLLISION WITH FIXED OBJECT 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			
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		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		POSTED SPEED		TRAFFIC CONTROL		UNIT DIRECTION		FROM TO			
5		3.5		01 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE		07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS		13 - CROSSWALK LINES 14 - WALK / DON'T WALK 15 - OTHER 16 - NOT REPORTED			
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED						1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			

UNIT NUMBER <b>02</b>		OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>KELLY-HOWMAN BETH</b>		OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>419.627.0930</b>		DAMAGE SCALE <b>3</b>		DAMAGED AREA	
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>1910 WADE BLVD SANDUSKY Ohio 44870</b>								1 - NONE	
LP STATE <b>OH</b>		LICENSE PLATE NUMBER <b>DRQ5065</b>		VEHICLE IDENTIFICATION NUMBER <b>1FMCU0D70CKA33707</b>				# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2012</b>		VEHICLE MAKE <b>FORD</b>		VEHICLE MODEL <b>ECF</b>		VEHICLE COLOR <b>CRM</b>		3 - FUNCTIONAL	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY <b>STATE FARM</b>		POLICY NUMBER		TOWED BY		4 - DISABLING	
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"/> 04 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 HT / SKIP	
SPECIAL FUNCTION		MED / HEAVY TRUCKS OR COMBO UNITS > 10K LBS		BUS / VAN / LIMO ( 9 OR MORE INCLUDING DRIVER )		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 type="checkbox"/> 21 - BUS ( 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 checked="" type="checkbox"/> 5 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		21 - OTHER NON - MOTORIST ACTION			
<input checked="" type="checkbox"/> 02 <input type="checkbox"/> 99 - UNKNOWN		<input type="checkbox"/> 01 - 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"/> 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					
CONTRIBUTING CIRCUMSTANCES		MOTORIST		NON - MOTORIST		VEHICLE DEFECTS			
<input checked="" type="checkbox"/> 11 <input type="checkbox"/> 99 - UNKNOWN		<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 TO CLOSELY / ACDA <input type="checkbox"/> 10 - IMPROPER LANE CHANGE / PASSING / OFF ROAD <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			
<input type="checkbox"/> 1 <b>20</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 MOST HARMFUL EVENT <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 99 - UNKNOWN		<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"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON - COLLISION		<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 - 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 type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED <b>5</b>		<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED <b>35</b>		<input checked="" type="checkbox"/> 01 <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		FROM <b>2</b> TO <b>4</b> <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			



MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER SPD14004150

UNIT NUMBER 01 NAME: LAST, FIRST, MIDDLE CONWAY ANIKA R DATE OF BIRTH 07/31/98 AGE 33 GENDER F - FEMALE M - MALE

ADDRESS, CITY, STATE, ZIP 1102 W. MONROE ST. SANDUSKY Ohio 44870 CONTACT PHONE - INCLUDE AREA CODE Home: 419.984.8159 Work: 419.621.1255

INJURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED 04 DOT COMPLIANT MOTORCYCLE HELMET SEATING POSITION 01 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1

OL STATE OH OPERATOR LICENSE NUMBER RU492959 OL CLASS 4 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 OFFENSE DESCRIPTION CITATION NUMBER HANDS - FREE DEVICE USED DRIVER DISTRACTED BY

UNIT NUMBER 02 NAME: LAST, FIRST, MIDDLE KELLY-HOWMAN BETH DATE OF BIRTH 08/27/94 AGE 49 GENDER F - FEMALE M - MALE

ADDRESS, CITY, STATE, ZIP 1910 WADE BLVD SANDUSKY Ohio 44870 CONTACT PHONE - INCLUDE AREA CODE Home: 419.627.0930 Work:

INJURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED 04 DOT COMPLIANT MOTORCYCLE HELMET SEATING POSITION 01 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1

OL STATE OH OPERATOR LICENSE NUMBER RP317717 OL CLASS 4 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 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 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT NON - MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED ( ELBOWS, KNEES, ECT ) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER

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

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

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

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 )