

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

SPD14006369

CRASH SEVERITY

3 1-FATAL
2-INJURY
3-PDO

HIT/SKIP

1 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 * 02203	REPORTING AGENCY NAME * SANDUSKY POLICE DEPARTMENT	NUMBER OF UNITS 02	UNIT IN ERROR 02 98-ANIMAL 99-UNKNOWN
--	--	---	---	---	--	------------------------------	---

COUNTY * 22	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * SANDUSKY	CRASH DATE * 04192014	TIME OF CRASH 1342	DAY OF WEEK Sat
-----------------------	---	--	---------------------------------	------------------------------	---------------------------

DEGREES / MINUTES / SECONDS LATITUDE 41° 26' 53.44"	LONGITUDE -82° 42' 21.47"	DECIMAL DEGREES LATITUDE 41.44832	LONGITUDE -82.70601
--	-------------------------------------	--	-------------------------------

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 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
---	--	-----------------------------------	---

LOCATION ROUTE TYPE 1 00	LOCATION ROUTE NUMBER 00	LOC PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	LOCATION ROAD NAME SCOTT	LOCATION ROAD TYPE 2 ST	ROUTE TYPES ¹ IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE CR-NUMBERED COUNTY ROUTE SR-STATE ROUTE TR-NUMBERED TOWNSHIP ROUTE
------------------------------------	------------------------------------	--	------------------------------------	-----------------------------------	--

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 00	REF PREFIX <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 412	REFERENCE ROAD TYPE 2 00
--	--	-------------------------------------	--	--	------------------------------------

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/ROUNDBOUNT	<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
---	--	--	---	---	--

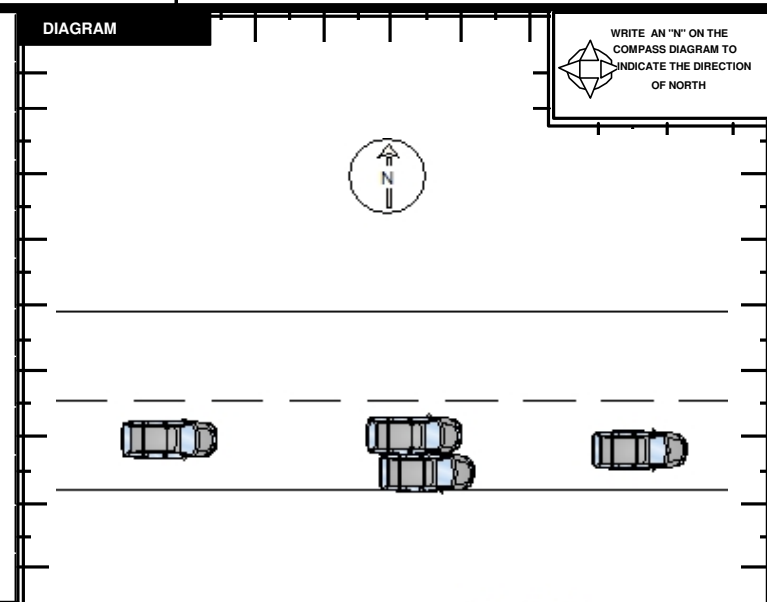
ROAD CONTOUR <input checked="" type="checkbox"/> 1-STRAIGHT LEVEL <input type="checkbox"/> 2-STRAIGHT GRADE <input type="checkbox"/> 3-CURVE LEVEL <input type="checkbox"/> 4-CURVE GRADE <input type="checkbox"/> 9-UNKNOWN	ROAD CONDITIONS <input checked="" type="checkbox"/> 01-PRIMARY <input type="checkbox"/> 02-SECONDARY	<input type="checkbox"/> 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
---	--	--	--

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
---	--

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"/> 1-PRIMARY <input type="checkbox"/> 2-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
---	---	---

<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
--	---	--

NARRATIVE
 Unit was legally parked in front of 412 Scott Street, facing e/b. Unit #2 was traveling e/b and struck mirrors. Unit #2 's driver then left the scene, but was later apprehended.

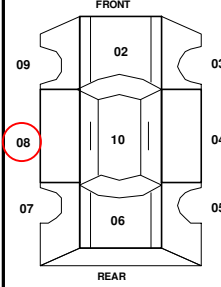


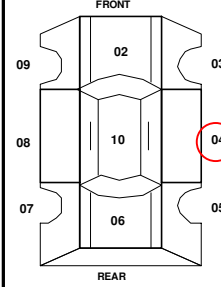
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS)
--	--

DATE CRASH REPORTED 04192014	TIME CRASH REPORTED 1342	DISPATCH TIME 1351	ARRIVAL TIME 1357	TIME CLEARED 1505	OTHER INVESTIGATION TIME	TOTAL MINUTES 0068
--	------------------------------------	------------------------------	-----------------------------	-----------------------------	--------------------------	------------------------------

OFFICER'S NAME * BRAUN, RICHARD K	OFFICER'S BADGE NUMBER 1892	CHECKED BY SUSANA, TRACEY E	Page: 1 of 5
---	---------------------------------------	---------------------------------------	--------------

Main form body containing sections: OWNER NAME (SIDOTI TONY D), OWNER PHONE NUMBER (419.626.8378), DAMAGE SCALE (2), LICENSE PLATE NUMBER (BH41GM), VEHICLE IDENTIFICATION NUMBER (1GNDX03E11D242288), VEHICLE YEAR (2001), VEHICLE MAKE (CHEV), VEHICLE MODEL (VEN), VEHICLE COLOR (BRO), INSURANCE COMPANY (STATE FARM), CARRIER NAME, ADDRESS, CITY, STATE, ZIP (1115 CAMPBELL STREET SANDUSKY Ohio 44870), US DOT, VEHICLE WEIGHT, GVWR / GCWR, CARGO BODY TYPE (01), TRAFFICWAY DESCRIPTION (2), NON - MOTORIST LOCATION PRIOR TO IMPACT (01), TYPE OF USE (1), UNIT TYPE (05), SPECIAL FUNCTION (01), MOST DAMAGED AREA (04), IMPACT AREA (04), PRE - CRASH ACTIONS (10), CONTRIBUTING CIRCUMSTANCES (01), VEHICLE DEFECTS (01), SEQUENCE OF EVENTS (20), COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, UNIT SPEED (0), POSTED SPEED (25), TRAFFIC CONTROL (01), UNIT DIRECTION (4 to 3).



UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE HOWZE CRYSTAL M	OWNER PHONE NUMBER 567.219.0556	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP 1126 E PARISH STREET SANDUSKY Ohio 44870				
LP STATE NO	LICENSE PLATE NUMBER FNM6555	VEHICLE IDENTIFICATION NUMBER 2HKRL186X1H596977	# OCCUPANTS 01	
VEHICLE YEAR 2001	VEHICLE MAKE HOND	VEHICLE MODEL ODY	VEHICLE COLOR GLD	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY NO INSURANCE	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE

US DOT	VEHICLE WEIGHT GVWR / GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 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	TRAFFICWAY DESCRIPTION 1 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 checked="" type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE / REFUSE 99 - OTHER / UNKNOWN	
HM CLASS NUMBER			

NON - MOTORIST LOCATION PRIOR TO IMPACT 01 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	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 05 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 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	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
SPECIAL FUNCTION 01 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		MOST DAMAGED AREA 04 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR		ACTION 3 1 - NON - CONTACT 2 - NON - COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING / STRUCK 9 - UNKNOWN
<input type="checkbox"/> HAS HM PLACARD				

PRE - CRASH ACTIONS 01 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING / PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	MOTORIST 07 - MAKING U - TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	NON - MOTORIST 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 PRIMARY 17 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 99 - UNKNOWN	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	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 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 21 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON - COLLISION EVENTS 01 - OVERTURN / ROLLOVER 02 - FIRE / EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO / EQUIPMENT LOSS OR SHIFT	COLLISION WITH FIXED OBJECT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ECT) 07 - SEPERATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 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	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON - COLLISION 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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			

UNIT SPEED 20	POSTED SPEED 25	TRAFFIC CONTROL 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	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
SPD14006369

UNIT NUMBER 01	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		
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 02	NAME: LAST, FIRST, MIDDLE HOWZE OCTAVIA	DATE OF BIRTH 03111997	AGE 17	GENDER F - FEMALE M - MALE
--------------------------	---	----------------------------------	------------------	----------------------------------

ADDRESS, CITY, STATE, ZIP 1126 E PARISH STREET SANDUSKY Ohio 44870	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
--	---

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID 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) 4510.12A1	OFFENSE DESCRIPTION No Operator's License	CITATION NUMBER 286971	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
-------------	---------------------------	---------------	-----	----------------------------------

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

OHIO TRAFFIC ACCIDENT - NARRATIVE CONTINUATION		OH-2 REV 1/12
LOCAL REPORT NUMBER SPD14006369	REPORTING AGENCY SANDUSKY POLICE DEPARTMENT	DATE OF ACCIDENT 04/19/2014
IN COUNTY OF 22	ACCIDENT LOCATION SCOTT ST	
NARRATIVE TYPE Accident	OFFICER BRAUN, RICHARD K	BADGE NO. 1892

892

Dispatch advised a vehicle had been struck on Scott Street, with the mirror being broke. The hit skip vehicle had then left the area. It was reported to be a gold colored Honda Odyssey, with Ohio reg. FNM 6555. I arrived on the scene and found a brown Chevy Venture, Ohio reg. BH41GM, with a driver's mirror dangling from it.

A witness, David Didion, told me he saw the accident. The hit-skip vehicle struck mirrors while e/b. The vehicle then turned s/b onto Warren Street. The driver switched positions with the passenger and the vehicle drove to the Rite Aid at the Sandusky Plaza. David followed them to this location and returned to the scene, where he lives across the street. I told David I would be back, with him saying the vehicle's owner, Tony Sidoit, did not live at that location, but he would try and find him by checking with his neighbors.

I went to Rite Aid and found the vehicle parked. I talked with the front seat passenger, 17 year old Octavia Howze and told her I knew about the accident. I also noticed their passenger side mirror was broken, with no mirror glass being on it. She then went into the store and returned with her mother, Crystal Howze. Crystal admitted she had Octavia drive, who has never had a license. She said she had been treated for a corneal ulcer in one eye, so this is why she asked her to drive. She said when Octavia struck the parked vehicle, they then changed drivers, as she didn't want her to hit anything else. She claimed they intended to return to the scene, after she picked up her medication from Rite Aid, for her eye.

I had Crystal return to the accident scene, where pictures were taken of the damage to both vehicles. The pictures were later downloaded to this report. I cited Ocativa for No Operator's License, Failure To Control A Motor Vehicle and Leaving The Scene Of An Accident. Crystal was charged with Permitting An Unlicensed Driver to drive. She admitted she had no insurance on her vehicle. Crystal did claim she returned to the scene and didn't find anyone to talk to at one point. This didn't seem accurate as the witness never saw her return, and I hadn't seen her while I was at the scene either. I told her if this was the case, she should have left her a note with her information on the other vehicle. I then released them from the scene.

I had dispatch check and see if they had a phone number for Tony. They called the number and a nephew advised he was working at the Farroh's Candy Store on the corner. I located Tony and told him of the accident. I gave him a business card with the necessary information.

ARRESTED

Octavia L. Howze--No Operators License 4510.12, Failure To Control Motor Vehicle 4511.20 and Leaving The Scene Of An Accident 4549.02--cited/released.

Crystal Howze---Allowing An Unlicensed Driver To Drive, 335.01--cited/released.

Lt. Richard Braun 1892