

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

SPD 14007284

CRASH SEVERITY

3 1-FATAL  
2-INJURY  
3-PDO

HIT/SKIP

2 1-SOLVED  
2-UNSOLVED

LOCAL INFORMATION  
SANDUSKY

<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 * 05042014	TIME OF CRASH 1616	DAY OF WEEK Sun
----------------	---	---------------------------------------	--------------------------	-----------------------	--------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 41.45215	LONGITUDE 81.711653
--	--------------------	---	------------------------

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 <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 PK-PARKWAY PI-PIKE SQ-SQUARE TL-TRAIL
---	--	---	----------------------------	--

LOCATION ROUTE TYPE 1 00	LOCATION ROUTE NUMBER	LOC PREFIX N.S. E.W.	LOCATION ROAD NAME JACKSON	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
-----------------------------	-----------------------	----------------------------	-------------------------------	----------------------------	---	--

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 #) 429	REFERENCE ROAD TYPE 2 00
---	------------------------------	------------------------------	----------------------------	---	-----------------------------

REFERENCE POINT USED 3 1-INTERSECTION 2-MILE POST 3-HOUSE NUMBER	CRASH LOCATION 01 01- NOT AN INTERSECTION 02 02- FOUR-WAY INTERSECTION 03 03- T-INTERSECTION 04 04- Y-INTERSECTION 05 05- TRAFFIC CIRCLE/ROUNDBOUNT	06 06- FIVE POINT, OR MORE 07 07- ON RAMP 08 08- OFF RAMP 09 09- CROSSOVER 10 10- DRIVEWAY/ ALLEY ACCESS	11 11- RAILWAY GRADE CROSSING 12 12- SHARED-USE PATHS OR TRAILS 99 99- UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 01 01- ON ROADWAY 02 02- ON SHOULDER 03 03- IN MEDIAN 04 04- ON ROADSIDE 05 05- ON GORE 06 06- OUTSIDE TRAFFICWAY 09 09- UNKNOWN
---	--	--	--	---	---

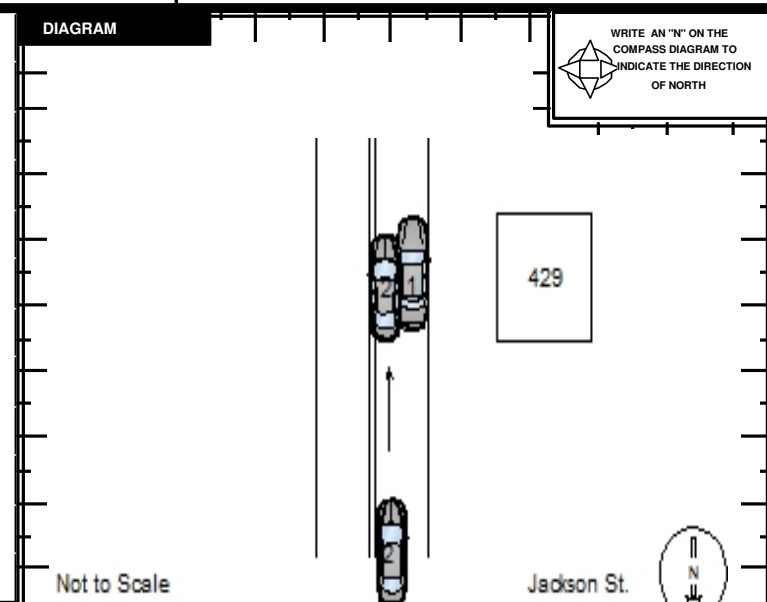
ROAD CONTOUR 01 01- STRAIGHT LEVEL 02 02- STRAIGHT GRADE 03 03- CURVE LEVEL 04 04- CURVE GRADE 09 09- UNKNOWN	ROAD CONDITIONS PRIMARY 01 01- DRY 02 02- WET 03 03- SNOW 04 04- ICE SECONDARY 05 05- SAND, MUD, DIRT, OIL, GRAVEL 06 06- WATER (STANDING, MOVING) 07 07- SLUSH 08 08- DEBRIS * 09 09- RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 10- OTHER 99 99- UNKNOWN * SECONDARY CONDITION ONLY
--	--

MANNER OF CRASH COLLISION/ IMPACT 01 01- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 02 02- REAR END 03 03- HEAD ON 04 04- REAR TO REAR 05 05- BACKING 06 06- ANGLE 07 07- SIDESWIPE, SAME DIRECTION 08 08- SIDESWIPE, OPPOSITE DIRECTION 09 09- UNKNOWN	WEATHER 01 01- CLEAR 02 02- CLOUDY 03 03- FOG, SMOG, SMOKE 04 04- RAIN 05 05- SLEET, HAIL 06 06- SNOW 07 07- SEVERE CROSSWINDS 08 08- BLOWING SAND, SOIL, DIRT, SNOW 09 09- OTHER/ UNKNOWN
---	---

ROAD SURFACE 01 01- CONCRETE 02 02- BLACKTOP, BITUMINOUS, ASPHALT 03 03- BRICK/ BLOCK 04 04- SLAG, GRAVEL, STONE 05 05- DIRT 06 06- OTHER	LIGHT CONDITIONS PRIMARY SECONDARY 01 01- DAYLIGHT 02 02- DAWN 03 03- DUSK 04 04- DARK- LIGHTED ROADWAY 05 05- DARK- ROADWAY NOT LIGHTED 06 06- DARK- UNKNOWN ROADWAY LIGHTING 07 07- GLARE * 08 08- OTHER 09 09- 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
---	--	---

<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 01 01- LANE CLOSURE 02 02- LANE SHIFT/ CROSSOVER 03 03- WORK ON SHOULDER OR MEDIAN 04 04- INTERMITTENT OR MOVING WORK 05 05- OTHER	LOCATION OF CRASH IN WORK ZONE 01 01- BEFORE THE FIRST WORK ZONE WARNING SIGN 02 02- ADVANCE WARNING AREA 03 03- TRANSITION AREA 04 04- ACTIVITY AREA 05 05- TERMINATION AREA
--	---	--

**NARRATIVE**  
Unit one was parked in front of 429 Jackson St., on the west side of the street facing south bound. Unit two was traveling south bound in the 400 block of Jackson St. Unit two struck Unit one in the driver's side rear, driver's side mirror and fled the scene. Unit two is unknown.

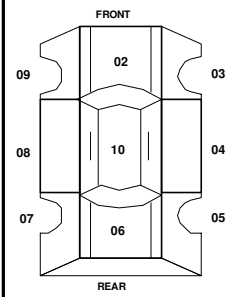


REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPDS)	DATE CRASH REPORTED 05042014	TIME CRASH REPORTED 1616	DISPATCH TIME 1620	ARRIVAL TIME 1623	TIME CLEARED 1633	OTHER INVESTIGATION TIME	TOTAL MINUTES 0013
--	--	---------------------------------	-----------------------------	-----------------------	----------------------	----------------------	--------------------------	-----------------------

OFFICER'S NAME * HERNANDEZ, ERNESTO M	OFFICER'S BADGE NUMBER 2114	CHECKED BY VANSKOY, ROBERT E	Page: 1 of 5
--	--------------------------------	---------------------------------	--------------

UNIT NUMBER <b>01</b>		OWNER NAME: LAST, FIRST, MIDDLE <b>SIMMONS DARLENE C</b>		OWNER PHONE NUMBER <b>419.627.1879</b>		DAMAGE SCALE <b>2</b>		DAMAGED AREA			
OWNER ADDRESS: CITY, STATE, ZIP <b>429 Jackson St Sandusky Ohio 44870</b>		LP STATE <b>OH</b>		LICENSE PLATE NUMBER <b>E Q J 1 8 0 6</b>		VEHICLE IDENTIFICATION NUMBER <b>1 G 6 D W 5 4 E 9 M R 7 0 4 9 9 5</b>					
VEHICLE YEAR <b>1991</b>		VEHICLE MAKE <b>CADI</b>		VEHICLE MODEL <b>BRO</b>		VEHICLE COLOR <b>BRO</b>		1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN			
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY <b>American General Financial Servi</b>		POLICY NUMBER <b>OH1851634</b>		TOWED BY					
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.		1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.		<b>01</b> 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		<b>1</b> 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					
HM CLASS NUMBER		<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		<input type="checkbox"/> HIT / SKIP UNIT					
NON - MOTORIST LOCATION PRIOR TO IMPACT		TYPE OF USE		UNIT TYPE		MED / HEAVY TRUCKS OR COMBO UNITS - 10K LBS		BUS / VAN / LIMO ( 9 OR MORE INCLUDING DRIVER )			
01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - 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		<b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT  <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>04</b> 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		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		21 - BUS / VAN ( 9-15 SEATS, INC DRIVER ) 22 - BUS ( 16 + SEATS, INC DRIVER ) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE / PEDACYCLIST 26 - PEDESTRIAN / SKATER 27 - OTHER NON - MOTORIST			
SPECIAL FUNCTION		MOST DAMAGED AREA		ACTION							
<b>01</b> 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		<b>07</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR		<b>4</b> 1 - NON - CONTACT 2 - NON - COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING / STRUCK 9 - UNKNOWN							
PRE - CRASH ACTIONS		MOTORIST		NON - MOTORIST							
<b>10</b> 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING / PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN		07 - MAKING U - TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		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		MOTORIST		NON - MOTORIST		VEHICLE DEFECTS					
<b>01</b> 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 TO CLOSELY / ACDA 10 - IMPROPER LANE CHANGE / PASSING / OFF ROAD		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		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		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		COLLISION WITH FIXED OBJECT							
1 <b>21</b> 2 3 4 5 6 FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN		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							
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED		COLLISION WITH FIXED OBJECT									
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		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER		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		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					
0 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		<b>25</b>		<b>12</b> 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		FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			

Main form body containing sections: UNIT NUMBER, OWNER NAME, DAMAGE SCALE, LP STATE, LICENSE PLATE NUMBER, VEHICLE IDENTIFICATION NUMBER, VEHICLE YEAR, MAKE, MODEL, COLOR, INSURANCE COMPANY, POLICY NUMBER, TOWED BY, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE, US DOT, VEHICLE WEIGHT, GVWR / GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, 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.





# MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**SPD14007284**

UNIT NUMBER <b>01</b>	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 ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
---	---------------------	-----------------	--------------------------	----------------------

UNIT NUMBER <b>02</b>	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 ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
---	---------------------	-----------------	--------------------------	----------------------

<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON - INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	<b>NON - MOTORIST</b> 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 )	<b>99 - UNKNOWN SAFETY EQUIPMENT</b> 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
---	--	--	---	---

<b>SEATING POSITION</b> 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	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
---	--	---	---

<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON - MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS ( OHIO IS "D" ) 5 - MC / MOPED ONLY	<b>CONDITION</b> 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	<b>ALCOHOL / DRUGS SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
--	---	--	--	---	---

<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 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
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------

HSY8306 OH1M ( REV 01/12 )

OHIO TRAFFIC ACCIDENT - NARRATIVE CONTINUATION		OH-2 REV 1/12
LOCAL REPORT NUMBER <b>SPD14007284</b>	REPORTING AGENCY <b>SANDUSKY POLICE DEPARTMENT</b>	DATE OF ACCIDENT <b>05/04/2014</b>
IN COUNTY OF <b>22</b>	ACCIDENT LOCATION <b>JACKSON ST</b>	
NARRATIVE TYPE <b>Initial Report</b>	OFFICER <b>HERNANDEZ, ERNESTO M</b>	BADGE NO. <b>2114</b>
05/04/2014	Hit/Skip Accident	1985, 2114

Officers responded to the listed address in reference to a hit/skip accident. While enroute to the residence, dispatch advised the vehicle that left the scene may be silver in color and had left pieces in the street. Contact was made with vehicle owner Darlene Simmons and she stated she did not hear the accident occur. However, numerous children in the area witnessed the incident and advised the vehicle involved was a bronze colored, Chevy Malibu. I checked on the pieces allegedly left behind and this was consistent with the neighborhood children's statements. While speaking with subjects in the area, this information was relayed to Ofc. Bess. However, he could not locate the vehicle.

I checked on the listed vehicle and observed it had been struck in the left, driver's side rear and the driver's side rear view mirror. May it be noted the vehicle was parked in front of the residence, facing south bound, on the west side of the street. It appeared as if the Chevy Malibu traveled south bound in the 400 block of Jackson St., side swiped the listed vehicle and fled the scene. Pictures were taken of the damage and downloaded into an evidentiary file in the OIC computer. Darlene was advised a report would be on file for insurance purposes and told to contact this department if she had further information about the incident.

Ofc. E. Hernandez