

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* **SPD14007911** CRASH SEVERITY **3** HIT/SKIP **2**  
 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION  
**SANDUSKY**

PHOTOS TAKEN  OH-2  OH-1P  OH-3  OTHER  
 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT  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** CITY \*  CITY \*  VILLAGE \*  TOWNSHIP \*  
 CITY, VILLAGE, TOWNSHIP \* **SANDUSKY** CRASH DATE \* **05142014** TIME OF CRASH **1633** DAY OF WEEK **Wed**

DEGREES / MINUTES / SECONDS LATITUDE **00° 00' 00.00"** LONGITUDE **-00° 00' 00.00"**  
 DECIMAL DEGREES LATITUDE **41.441349** LONGITUDE **-82.715641**

ROADWAY DIVISION  DIVIDED  UNDIVIDED  
 DIVIDED LANE DIRECTION OF TRAVEL  N - NORTHBOUND  E - EASTBOUND  S - SOUTHBOUND  W - WESTBOUND  
 NUMBER OF THRU LANES **00** ROAD TYPES OR MILEPOST <sup>2</sup>  
 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  N.S.  E.W.  
 LOCATION ROAD NAME **MCDONOUGH** LOCATION ROAD TYPE 2 **ST**  
 ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
 US - US ROUTE SR - STATE 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 #) **1603** 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 - 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  
 INTERSECTION RELATED   
 LOCATION OF FIRST HARMFUL EVENT **01** 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE  
 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

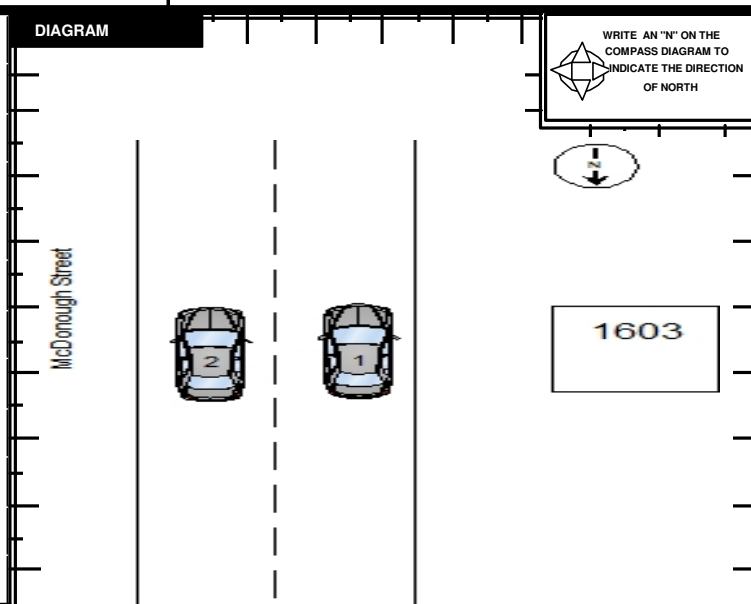
ROAD CONTOUR **1** 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN  
 ROAD CONDITIONS PRIMARY **02** SECONDARY   
 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS \*  
 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT \* 10 - OTHER 99 - UNKNOWN \* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/ IMPACT **9** 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

ROAD SURFACE **2** 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/ BLOCK 4 - SLAG, GRAVEL STONE 5 - DIRT 6 - OTHER  
 LIGHT CONDITIONS PRIMARY **1** 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 \* SECONDARY CONDITION ONLY 9 - UNKNOWN  
 SCHOOL BUS RELATED  SCHOOL BUS DIRECTLY INVOLVED  SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED  WORKERS PRESENT  LAW ENFORCEMENT PRESENT (OFFICER/ VEHICLE)  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

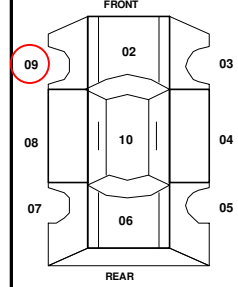
**NARRATIVE**  
 Unit #1 was parked on the west side of the street facing s/b in front of 1603 McDonough Street. Unit #2 struck Unit #1 on the front left fender and left the area. It should be noted it is undetermined at this time how Unit #2 struck Unit #1.



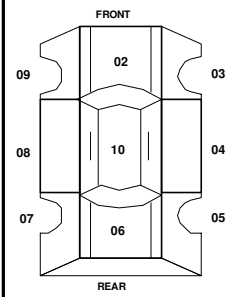
REPORT TAKEN BY  POLICE AGENCY  MOTORIST  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  
 DATE CRASH REPORTED **05142014** TIME CRASH REPORTED **1633** DISPATCH TIME **1635** ARRIVAL TIME **1637** TIME CLEARED **1646** OTHER INVESTIGATION TIME **0010**

OFFICER'S NAME \* **OHLEMACHER, EDWARD** OFFICER'S BADGE NUMBER **2122** CHECKED BY **BRAUN, RICHARD K** Page: 1 of 4

Main form body containing sections: OWNER NAME (BARONE KAROL S), OWNER PHONE (419.626.4338), DAMAGE SCALE (3), LICENSE PLATE (DZE1240), VEHICLE IDENTIFICATION NUMBER (1G8ZK52792Z140243), VEHICLE YEAR (2002), MAKE (STRN), MODEL (LS1), COLOR (DGR), INSURANCE COMPANY (STATE FARM), POLICY NUMBER (5387021D0935K), CARRIER NAME, ADDRESS (1603 Mcdonough St Sandusky Ohio 44870), US DOT, VEHICLE WEIGHT, CARGO BODY TYPE (01), TRAFFICWAY DESCRIPTION (2), NON-MOTORIST LOCATION (01), TYPE OF USE (1), UNIT TYPE (04), SPECIAL FUNCTION (01), MOST DAMAGED AREA (09), ACTION (4), PRE-CRASH ACTIONS (10), CONTRIBUTING CIRCUMSTANCES (01), VEHICLE DEFECTS, 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 (1 to 2).



Main form body containing sections: OWNER INFORMATION, VEHICLE INFORMATION, DAMAGE SCALE, CARGO BODY TYPE, SPECIAL FUNCTION, PRE-CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, SEQUENCE OF EVENTS, UNIT SPEED, TRAFFIC CONTROL, and UNIT DIRECTION.





# MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**SPD14007911**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	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
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
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INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT
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<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> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED ( ELBOWS, KNEES, ECT ) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION	AIR BAG USAGE
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EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL / DRUGS SUSPECTED
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ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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