

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
SPD14007437	3 1 - FATAL 2 - INJURY 3 - PDO	0 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION
SANDUSKY

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 * 02203	REPORTING AGENCY NAME * SANDUSKY POLICE DEPARTMENT	NUMBER OF UNITS 02	UNIT IN ERROR 02 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 22	CITY ** <input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * SANDUSKY	CRASH DATE * 05072014	TIME OF CRASH 0948	DAY OF WEEK Wed
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DEGREES / MINUTES / SECONDS LATITUDE 00° 00' 00.00"	LONGITUDE -00° 00' 00.00"	DECIMAL DEGREES LATITUDE 41.000000	LONGITUDE -82.719862
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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	LOCATION ROUTE NUMBER	LOC PREFIX N.S. E.W.	LOCATION ROAD NAME N DEPOT ST	LOCATION ROAD TYPE 2	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	REF PREFIX N.S. E.W.	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 1230	REFERENCE ROAD TYPE 2
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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	INTERSECTION RELATED <input type="checkbox"/>	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
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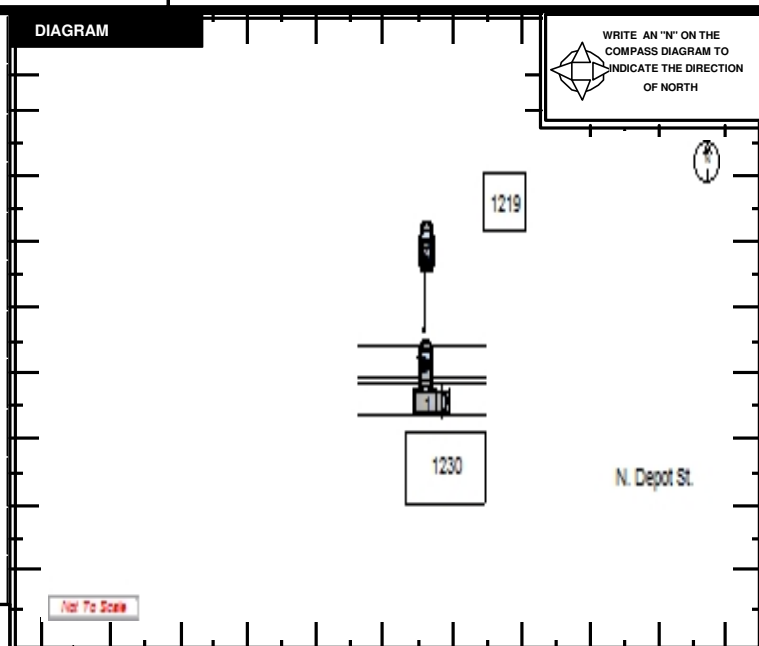
ROAD CONTOUR 01 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS 02 PRIMARY SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS *	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/ IMPACT 05 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 02 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 02 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/ BLOCK 4 - SLAG, GRAVEL 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 01 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	SCHOOL BUS RELATED <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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WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (OFFICER/ VEHICLE) <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/>	TYPE OF WORK ZONE 01 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 01 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 one was parked in front of 1230 N. Depot St. on the south side of the street, facing east. Unit two was backing out of a private drive west of 1219 N. Depot. (south bound). Unit two struck Unit one in the left, driver's side.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPDS) <input type="checkbox"/>	DATE CRASH REPORTED 05072014	TIME CRASH REPORTED 0948	DISPATCH TIME 0948	ARRIVAL TIME 0956	TIME CLEARED 1020	OTHER INVESTIGATION TIME	TOTAL MINUTES 0031
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OFFICER'S NAME * HERNANDEZ, ERNESTO M	OFFICER'S BADGE NUMBER 2114	CHECKED BY ALLEN, DAWN	Page: 1 of 4
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UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE NUMBER	INC. AREA CODE	(<input type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)					1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER EJA8217	VEHICLE IDENTIFICATION NUMBER 1FD3E35S58DA05611		# OCCUPANTS 01	2 - MINOR	
VEHICLE YEAR 2008	VEHICLE MAKE FORD	VEHICLE MODEL	VEHICLE COLOR WHI		3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY ACE AMERICAN CORP	POLICY NUMBER X5AH08818848	TOWED BY		4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP					CARRIER PHONE - INCLUDE AREA CODE	
					9 - UNKNOWN	

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.	02 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	<input type="checkbox"/> 1 - TWO - WAY, NOT DIVIDED <input checked="" 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	MED / HEAVY TRUCKS OR COMBO UNITS - 10K LBS	BUS / VAN / LIMO (9 OR MORE INCLUDING DRIVER)
<input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDLINCK - 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	2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	08 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
			<input type="checkbox"/> HAS HM PLACARD	

SPECIAL FUNCTION	MOST DAMAGED AREA	IMPACT AREA	ACTION
07 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.	08 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	08 01 - NONE 02 - ENTERING FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	4 1 - NON - CONTACT 2 - NON - COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING / STRUCK 9 - UNKNOWN

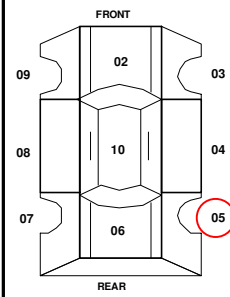
PRE - CRASH ACTIONS	MOTORIST	NON - MOTORIST
10 99 - UNKNOWN	01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING / PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U - TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 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	VEHICLE DEFECTS
PRIMARY 01 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 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 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 21 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 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 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON - COLLISION	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
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	POSTED SPEED	TRAFFIC CONTROL	UNIT DIRECTION
0	25	12 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	FROM 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN

Main form containing sections: UNIT NUMBER, OWNER NAME, DAMAGE SCALE, VEHICLE IDENTIFICATION NUMBER, LICENSE PLATE NUMBER, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, SPECIAL FUNCTION, PRE - CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, 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 SPD14007437

UNIT NUMBER: 01, NAME: HANEY WILLIAM, DATE OF BIRTH: 06221951, AGE: 62, GENDER: M - MALE

ADDRESS: 417 E FOLLET ST SANDUSKY Ohio, CONTACT PHONE: Home: 419.627.0740, Work:

INJURIES: 1, 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: RK212912, OL CLASS: 4, 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: [], OFFENSE DESCRIPTION: [], CITATION NUMBER: [], HANDS - FREE DEVICE USED: [], DRIVER DISTRACTED BY: []

UNIT NUMBER: 02, NAME: VALLES JUAN J, DATE OF BIRTH: 06081993, AGE: 20, GENDER: M - MALE

ADDRESS: 503 KILBOURNE ST BELLEVUE Ohio 44811, CONTACT PHONE: Home: 419.366.8557, Work:

INJURIES: 1, 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: TD614232, OL CLASS: 4, 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: S331.13, OFFENSE DESCRIPTION: IMPROPER STARTING/BACKING, CITATION NUMBER: 281191, 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: [], DATE OF BIRTH: [], AGE: [], GENDER: []

ADDRESS: [], CONTACT PHONE: 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: []

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