

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

SPD14008033

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

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 01 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 * 05162014	TIME OF CRASH 1320	DAY OF WEEK Fri
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DEGREES / MINUTES / SECONDS LATITUDE 00° 00' 00.00"	LONGITUDE -00° 00' 00.00"	DECIMAL DEGREES LATITUDE 41.043472	LONGITUDE -82.067525
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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 01	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 00	LOCATION ROUTE NUMBER	LOC PREFIX N.S. E.W.	LOCATION ROAD NAME REMINGTON	LOCATION ROAD TYPE 2 AV	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 30	MILES <input checked="" 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 #) 2122	REFERENCE ROAD TYPE 2 00
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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 - 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 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
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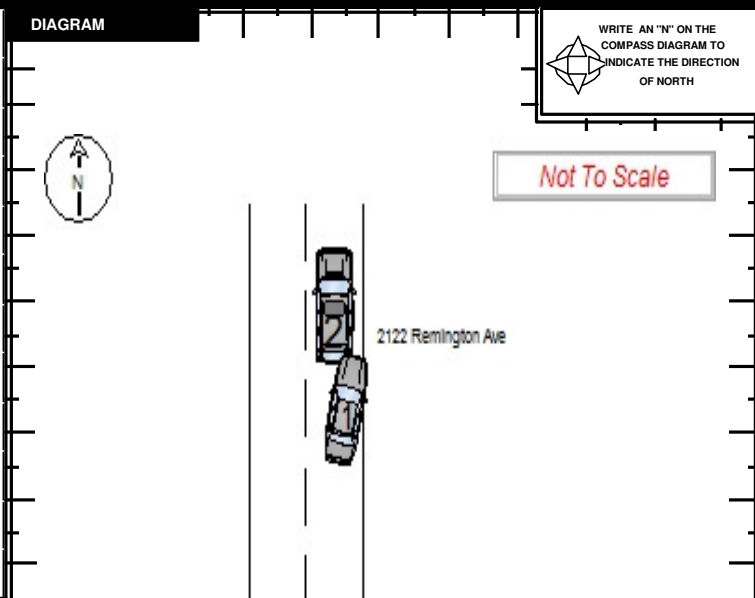
ROAD CONTOUR 01 01 - STRAIGHT LEVEL 02 02 - STRAIGHT GRADE 03 03 - CURVE LEVEL 04 04 - CURVE GRADE 09 09 - UNKNOWN	ROAD CONDITIONS PRIMARY 01 01 - DRY 02 02 - WET 03 03 - SNOW 04 04 - ICE SECONDARY 05 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 06 - WATER (STANDING, MOVING) 07 07 - SLUSH 08 08 - DEBRIS *	09 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 10 - OTHER 99 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/ IMPACT 02 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
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ROAD SURFACE 01 01 - CONCRETE 02 02 - BLACKTOP, BITUMINOUS, ASPHALT 03 03 - BRICK/ BLOCK 04 04 - SLAG, GRAVEL 05 05 - DIRT 06 06 - OTHER	LIGHT CONDITIONS PRIMARY 01 01 - DAYLIGHT 02 02 - DAWN 03 03 - DUSK 04 04 - DARK - LIGHTED ROADWAY SECONDARY 05 05 - DARK - ROADWAY NOT LIGHTED 06 06 - DARK - UNKNOWN ROADWAY LIGHTING 07 07 - GLARE * 08 08 - OTHER	09 09 - UNKNOWN * SECONDARY CONDITION ONLY	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 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
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NARRATIVE
Unit #1 was traveling north in the area of 2122 Remington Ave. behind Unit #2. Unit #2 stopped in traffic, Unit #1 did not stop in time and struck the rear of Unit #2.

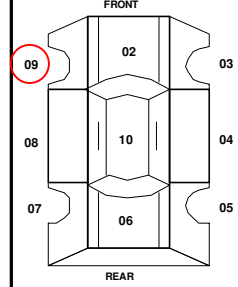


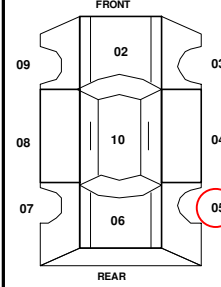
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS)
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DATE CRASH REPORTED 05162014	TIME CRASH REPORTED 1320	DISPATCH TIME 1320	ARRIVAL TIME 1320	TIME CLEARED 1348	OTHER INVESTIGATION TIME	TOTAL MINUTES 0028
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OFFICER'S NAME * PETERS, LESTER A	OFFICER'S BADGE NUMBER 2061	CHECKED BY GRAYBILL, ERIC G	Page: 1 of 4
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Main form body containing sections: OWNER NAME (GOODE SHAWNA D), VEHICLE INFORMATION (2005 DODG MAG), DAMAGE SCALE (4), CARRIER (WALT'S AUTO), and various accident details like location, type of use, and contributing circumstances.



UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE NORRIS CHARLES H <small>(X) SAME AS DRIVER</small>	OWNER PHONE NUMBER 419.626.9725 <small>(X) SAME AS DRIVER</small>	DAMAGE SCALE 2	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP 165 E SPRUCEWOOD DR SANDUSKY Ohio 44870 <small>(X) SAME AS DRIVER</small>					
LP STATE OH	LICENSE PLATE NUMBER 623YHA	VEHICLE IDENTIFICATION NUMBER 2FMGK5D6CB09271	# OCCUPANTS 00		
VEHICLE YEAR 2012	VEHICLE MAKE FORD	VEHICLE MODEL FLX	VEHICLE COLOR GRN		
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY State Farm Insurance	POLICY NUMBER	TOWED BY		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE		
US DOT	VEHICLE WEIGHT GVWR / GCWR <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.	CARGO BODY TYPE <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	TRAFFICWAY DESCRIPTION <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 PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED				
HM CLASS NUMBER					
NON - MOTORIST LOCATION PRIOR TO IMPACT <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	TYPE OF USE <input checked="" type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <input checked="" type="checkbox"/> 06 - PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <input type="checkbox"/> 99 - UNKNOWN OR HT / SKIP	MED / HEAVY TRUCKS OR COMBO UNITS - 10K LBS <input type="checkbox"/> 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES <input type="checkbox"/> 14 - SINGLE UNIT TRUCK; 3 + AXLES <input type="checkbox"/> 15 - SINGLE UNIT TRUCK / TRAILER <input type="checkbox"/> 16 - TRUCK / TRACTOR (BOBTAIL) <input type="checkbox"/> 17 - TRACTOR / SEMI - TRAILER <input type="checkbox"/> 18 - TRACTOR / DOUBLE <input type="checkbox"/> 19 - TRACTOR / TRIPLES <input type="checkbox"/> 20 - OTHER MED / HEAVY VEHICLE <input type="checkbox"/> 21 - BUS / VAN / LIMO (9 OR MORE INCLUDING 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		
SPECIAL FUNCTION <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.	MOST DAMAGED AREA <input checked="" type="checkbox"/> 05 - IMPACT AREA <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - CENTER FRONT <input type="checkbox"/> 03 - RIGHT FRONT <input type="checkbox"/> 04 - RIGHT SIDE <input type="checkbox"/> 05 - RIGHT REAR <input type="checkbox"/> 06 - REAR CENTER <input type="checkbox"/> 07 - LEFT REAR <input type="checkbox"/> 08 - LEFT SIDE <input type="checkbox"/> 09 - LEFT FRONT <input type="checkbox"/> 10 - TOP AND WINDOWS <input type="checkbox"/> 11 - UNDERCARRIAGE <input type="checkbox"/> 12 - LOAD / TRAILER <input type="checkbox"/> 13 - TOTAL (ALL AREAS) <input type="checkbox"/> 14 - OTHER		ACTION <input checked="" type="checkbox"/> 4 - 1 - NON - CONTACT <input type="checkbox"/> 2 - NON - COLLISION <input type="checkbox"/> 3 - STRUCK <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - STRIKING / STRUCK <input type="checkbox"/> 9 - UNKNOWN		
PRE - CRASH ACTIONS <input checked="" type="checkbox"/> 11 - 99 - UNKNOWN	MOTORIST <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	NON - MOTORIST <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 <input type="checkbox"/> 21 - OTHER NON - MOTORIST ACTION			
CONTRIBUTING CIRCUMSTANCES PRIMARY <input checked="" type="checkbox"/> 01 - 99 - UNKNOWN	MOTORIST <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 TOO 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	NON - MOTORIST <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	VEHICLE DEFECTS <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 1 <input checked="" type="checkbox"/> 20 - 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <input checked="" type="checkbox"/> MOST HARMFUL EVENT <input checked="" type="checkbox"/> 99 - UNKNOWN	NON - COLLISION EVENTS <input type="checkbox"/> 01 - OVERTURN / ROLLOVER <input type="checkbox"/> 02 - FIRE / EXPLOSION <input type="checkbox"/> 03 - IMMERSION <input type="checkbox"/> 04 - JACKKIFE <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"/> OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON - COLLISION				
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE (TRAIN, ENGINE) <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <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 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED 0	POSTED SPEED 25	TRAFFIC CONTROL <input checked="" type="checkbox"/> 01 - 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	UNIT DIRECTION FROM <input checked="" type="checkbox"/> 2 TO <input checked="" type="checkbox"/> 1 <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
SPD14008033

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE BROWN LAQUAN D	DATE OF BIRTH 08231981	AGE 32	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 532 TIFFIN AV SANDUSKY Ohio 44870	CONTACT PHONE - INCLUDE AREA CODE Home: 567.216.4438 Work:
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INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER SD826758	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> 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
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) S333.03B	OFFENSE DESCRIPTION A.C.D.	CITATION NUMBER 292390	<input type="checkbox"/> HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE NORRIS CHARLES H	DATE OF BIRTH 12101931	AGE 82	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 165 E SPRUCEWOOD DR SANDUSKY Ohio 44870	CONTACT PHONE - INCLUDE AREA CODE Home: Work: 419.626.9725
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER RG825986	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> 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
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	<input type="checkbox"/> HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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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 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON - MOTORIST 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 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
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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
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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
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE Home: Work:
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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