

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* **SPD14010102** CRASH SEVERITY **3** HIT/SKIP  1 - SOLVED  
 2 - UNSOLVED  
 1 - FATAL  
 2 - INJURY  
 3 - PDO

LOCAL INFORMATION  
**SANDUSKY**

PHOTOS TAKEN  OH-2  OH-1P  OH-3  OTHER  
 PDR UNDER STATE REPORTABLE DOLLAR AMOUNT  PRIVATE PROPERTY   
 REPORTING AGENCY NCIC \* **02203** REPORTING AGENCY NAME \* **SANDUSKY POLICE DEPARTMENT**  
 NUMBER OF UNITS **03** UNIT IN ERROR **01** 98- ANIMAL 99- UNKNOWN

COUNTY \* **22** CITY \*  CITY \*\*  VILLAGE \*  TOWNSHIP \* **SANDUSKY**  
 CRASH DATE \* **06132014** TIME OF CRASH **1437** DAY OF WEEK **Fri**

DEGREES / MINUTES / SECONDS LATITUDE **00° 00' 00.00"** LONGITUDE **-00° 00' 00.00"**  
 DECIMAL DEGREES LATITUDE **41.432898** LONGITUDE **-82.701868**

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  LOCATION ROUTE NUMBER  LOC PREFIX  N,S, E,W, LOCATION ROAD NAME **PERKINS** LOCATION ROAD TYPE 2 **AV**  
 ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE ( INC. TURNPIKE ) CR - NUMBERED COUNTY ROUTE  
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
 SR - STATE ROUTE

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 # ) **CALDWELL** REFERENCE ROAD TYPE 2 **ST**

REFERENCE POINT USED  1 - INTERSECTION  2 - MILE POST  3 - HOUSE NUMBER  
 CRASH LOCATION  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  LOCATION OF FIRST HARMFUL EVENT  1 - ON ROADWAY  2 - ON SHOULDER  3 - IN MEDIAN  4 - ON ROADSIDE  5 - ON GORE  6 - OUTSIDE TRAFFICWAY  9 - UNKNOWN

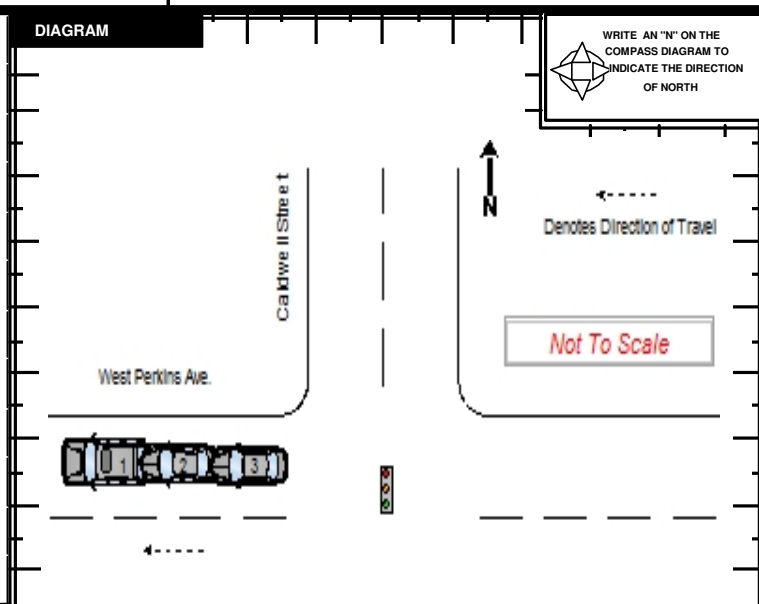
ROAD CONTOUR  1 - STRAIGHT LEVEL  2 - STRAIGHT GRADE  3 - CURVE LEVEL  4 - CURVE GRADE  9 - UNKNOWN  
 ROAD CONDITIONS PRIMARY  SECONDARY   
 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER ( STANDING, MOVING ) 07 - SLUSH 08 - DEBRIS \*  
 09 - RUT, HOLES, BUMPS, UNEVEN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

MANNER OF CRASH COLLISION/ IMPACT  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 - 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  1 - CONCRETE  2 - BLACKTOP, BITUMINOUS, ASPHALT  3 - BRICK/ BLOCK  4 - SLAG, GRAVEL STONE 5 - DIRT 6 - OTHER  
 LIGHT CONDITIONS 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 \* SECONDARY CONDITION ONLY  
 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

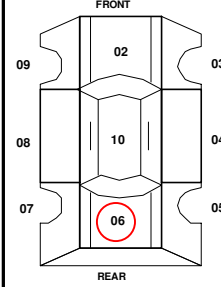
**NARRATIVE**  
 Unit #3 was traveling w/b on W. Perkins Ave at Caldwell Street. Unit #3 failed to stop, striking the rear end of Unit #2, which in turn struck Unit #1 in the rear end.



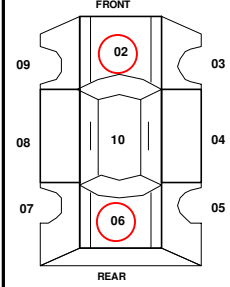
REPORT TAKEN BY  POLICE AGENCY  MOTORIST  SUPPLEMENT ( CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS )  
 DATE CRASH REPORTED **06132014** TIME CRASH REPORTED **1437** DISPATCH TIME **1440** ARRIVAL TIME **1440** TIME CLEARED **1510** OTHER INVESTIGATION TIME  TOTAL MINUTES **0030**

OFFICER'S NAME \* **OHLEMACHER, EDWARD** OFFICER'S BADGE NUMBER **2122** CHECKED BY **YOUSKIEVICZ, KEVIN** Page: 1 of 6

Main form body containing sections: UNIT NUMBER, OWNER NAME, DAMAGE SCALE, 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.



Main report form containing sections: UNIT NUMBER, OWNER NAME, DAMAGE SCALE, VEHICLE IDENTIFICATION NUMBER, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, SPECIAL FUNCTION, PRE - CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, SEQUENCE OF EVENTS, UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION.



UNIT NUMBER <b>03</b>		OWNER NAME: LAST, FIRST, MIDDLE <b>STARK LILLY</b>		OWNER PHONE NUMBER		DAMAGE SCALE <b>4</b>		DAMAGED AREA			
OWNER ADDRESS: CITY, STATE, ZIP <b>3904 VENICE RD SANDUSKY Ohio 44870</b>		LP STATE <b>OH</b>		LICENSE PLATE NUMBER <b>GDX8074</b>		VEHICLE IDENTIFICATION NUMBER <b>1G1JK524227121270</b>		# OCCUPANTS <b>01</b>			
VEHICLE YEAR <b>2002</b>		VEHICLE MAKE <b>CHEV</b>		VEHICLE MODEL <b>CAV</b>		VEHICLE COLOR <b>MUL</b>					
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY <b>AMERICAN STANDARD</b>		POLICY NUMBER <b>232671190172SPPAOH</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.		<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.		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		<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		<input 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 CLASS NUMBER		TYPE OF USE		UNIT TYPE		NON - MOTORIST LOCATION PRIOR TO IMPACT					
		<input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<input type="checkbox"/> 01 - SUB - COMPACT <input type="checkbox"/> 02 - COMPACT <input type="checkbox"/> 03 - MID SIZE <input type="checkbox"/> 04 - FULL SIZE <input type="checkbox"/> 05 - MINIVAN <input type="checkbox"/> 06 - SPORT UTILITY VEHICLE <input type="checkbox"/> 07 - PICKUP <input type="checkbox"/> 08 - VAN <input type="checkbox"/> 09 - MOTORCYCLE <input type="checkbox"/> 10 - MOTORIZED BICYCLE <input type="checkbox"/> 11 - SNOWMOBILE / ATV <input type="checkbox"/> 12 - OTHER PASSENGER VEHICLE		<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					
SPECIAL FUNCTION		MOTORIST		NON - MOTORIST		ACTION					
<input 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.		<input type="checkbox"/> 17 - FARM VEHICLE <input type="checkbox"/> 18 - FARM EQUIPMENT <input type="checkbox"/> 19 - MOTORHOME <input type="checkbox"/> 20 - GOLF CART <input type="checkbox"/> 21 - TRAIN <input type="checkbox"/> 22 - OTHER (EXPLAIN IN NARRATIVE)		<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		<input type="checkbox"/> 1 - NON - CONTACT <input type="checkbox"/> 2 - NON - COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - STRIKING / STRUCK <input type="checkbox"/> 9 - UNKNOWN	
PRE - CRASH ACTIONS		MOTORIST		NON - 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		<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		MOTORIST		NON - MOTORIST		VEHICLE DEFECTS					
<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		<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		<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		NON - COLLISION EVENTS		COLLISION WITH FIXED OBJECT							
1 <input type="checkbox"/> 20 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <input type="checkbox"/> MOST HARMFUL EVENT <input type="checkbox"/>		<input type="checkbox"/> 01 - OVERTURN / ROLLOVER <input type="checkbox"/> 02 - FIRE / EXPLOSION <input type="checkbox"/> 03 - IMMERSION <input type="checkbox"/> 04 - JACKKNIFE <input type="checkbox"/> 05 - CARGO / EQUIPMENT LOSS OR SHIFT		<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"/> 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		COLLISION WITH FIXED OBJECT									
<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"/> 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 - CURVERT <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		POSTED SPEED		TRAFFIC CONTROL		UNIT DIRECTION					
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED <b>30</b>		<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED <b>35</b>		<input type="checkbox"/> 01 - NO CONTROLS <input type="checkbox"/> 02 - STOP SIGN <input type="checkbox"/> 03 - YIELD SIGN <input type="checkbox"/> 04 - TRAFFIC SIGNAL <input type="checkbox"/> 05 - TRAFFIC FLASHERS <input type="checkbox"/> 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		FROM <input type="checkbox"/> 3 TO <input type="checkbox"/> 4 <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 SPD14010102

UNIT NUMBER: 01, NAME: HAMILTON ADRIAN B II, DATE OF BIRTH: 12211993, AGE: 20, GENDER: M

ADDRESS: 1907 Camp St Sandusky Ohio 44870, CONTACT PHONE: Home: 419.239.1353, Work: 419.626.0448

INJURIES, INJURED TAKEN BY, EMS AGENCY, MEDICAL FACILITY INJURED TAKEN TO, SAFETY EQUIPMENT USED: 04, DOT COMPLIANT MOTORCYCLE HELMET

OL STATE: OH, OPERATOR LICENSE NUMBER: TZ867803, OL CLASS: 4, ALCOHOL TEST STATUS: 1, ALCOHOL TEST TYPE: 1

OFFENSE CHARGED, OFFENSE DESCRIPTION, CITATION NUMBER, HANDS - FREE DEVICE USED, DRIVER DISTRACTED BY

UNIT NUMBER: 02, NAME: LYONS KALUP, DATE OF BIRTH: 09151993, AGE: 20, GENDER: F

ADDRESS: 1414 SR 510 VICKERY Ohio 43464, CONTACT PHONE: Home: 419.357.5879, Work:

INJURIES, INJURED TAKEN BY, EMS AGENCY, MEDICAL FACILITY INJURED TAKEN TO, SAFETY EQUIPMENT USED: 04, DOT COMPLIANT MOTORCYCLE HELMET

OL STATE: OH, OPERATOR LICENSE NUMBER: TP944918, OL CLASS: 4, ALCOHOL TEST STATUS: 1, ALCOHOL TEST TYPE: 1

OFFENSE CHARGED, OFFENSE DESCRIPTION, CITATION NUMBER, HANDS - FREE DEVICE USED, DRIVER DISTRACTED BY

INJURIES, INJURED TAKEN BY, SAFETY EQUIPMENT USED, MOTORIST, NON - MOTORIST

SEATING POSITION, AIR BAG USAGE, 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER), 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)

EJECTION, TRAPPED, OPERATOR LICENSE CLASS, CONDITION, ALCOHOL / DRUGS SUSPECTED

ALCOHOL TEST STATUS, ALCOHOL TEST TYPE, DRUG TEST STATUS, DRUG TEST TYPE, DRIVER DISTRACTED BY

UNIT NUMBER, NAME: LAST, FIRST, MIDDLE, DATE OF BIRTH, AGE, GENDER

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

UNIT NUMBER, NAME: LAST, FIRST, MIDDLE, DATE OF BIRTH, AGE, GENDER

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

HSY8306 OH1M (REV 01/12)



MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER SPD14010102

UNIT NUMBER: 03, NAME: GREENE RONALD L, DATE OF BIRTH: 09/16/1990, AGE: 23, GENDER: M

ADDRESS: 3904 Venice Rd 4 Sandusky Ohio 44870, CONTACT PHONE: Home: 419.357.3197, Work:

INJURIES: 1, OPERATOR LICENSE NUMBER: SZ162417, SAFETY EQUIPMENT USED: 04, DOT COMPLAINT: MOTORCYCLE HELMET

OL STATE: OH, OL CLASS: 4, ALCOHOL TEST STATUS: 1, ALCOHOL TEST TYPE: 1, DRUG TEST STATUS: 1

OFFENSE CHARGED: S333.03B, OFFENSE DESCRIPTION: A.C.D., CITATION NUMBER: 292345

UNIT NUMBER, NAME, 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

OL STATE, OPERATOR LICENSE NUMBER, OL CLASS, NO VALID OL, M / C END., CONDITION, ALCOHOL/DRUG SUSPECTED

OFFENSE CHARGED, OFFENSE DESCRIPTION, CITATION NUMBER, HANDS - FREE DEVICE USED, DRIVER DISTRACTED BY

INJURIES, INJURED TAKEN BY, SAFETY EQUIPMENT USED (MOTORIST, NON - MOTORIST)

SEATING POSITION, AIR BAG USAGE, EJECTION, TRAPPED, OPERATOR LICENSE CLASS, CONDITION, ALCOHOL / DRUGS SUSPECTED

ALCOHOL TEST STATUS, ALCOHOL TEST TYPE, DRUG TEST STATUS, DRUG TEST TYPE, DRIVER DISTRACTED BY

UNIT NUMBER, NAME, DATE OF BIRTH, AGE, GENDER

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

UNIT NUMBER, NAME, DATE OF BIRTH, AGE, GENDER

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

UNIT NUMBER, NAME, DATE OF BIRTH, AGE, GENDER

ADDRESS, CITY, STATE, ZIP, CONTACT PHONE - INCLUDE AREA CODE (Home, Work)

HSY8306 OH1M (REV 01/12)