



# Traffic Crash Report

Local Report Number \* **2011J-18638**

Crash Severity **3** 1 - Fatal 2 - Injury 3 - PDO

Hlt/Skip **0** 1 - Solved 2 - Unsolved

Local Information

Photos Taken  OH-2  OH-1P  OH-3  Other

PDD Under State Reportable Dollar Amount **83041**

Private Property

Reporting Agency NCIC \* **83041** Reporting Agency Name \* **MASON POLICE**

Number of Units **92** Unit in error **01** 98 - Animal 99 - Unknown

County \* **83** City \*  City  Village  Township \* **MASON**

Crash Date \* **07032011** Time of Crash **1316** Day of Week **WED**

Degrees / Minutes / Seconds Latitude **0 / 0 / 0** Longitude **0 / 0 / 0**

Decimal Degrees Latitude **39.043246** Longitude **78.1276634**

Roadway Division  Divided  Undivided

Divided Lane Direction of Travel  N - Northbound  E - Eastbound  S - Southbound  W - Westbound

Number of Thru Lanes **02**

Road Types or Milepost <sup>2</sup>  
 AL - Alley CR - Circle HE - Heigros 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 Number **03** Location Route Type **1** Location Road Name **KINGS ISLAND** Location Road Type **OR**

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 **03** Reference Route Type **1** Reference Name (Road, Milepost, House #) **SOUTH ENTRANCE** Reference Road Type **2**

Reference Point Used  1 - Intersection  2 - Mile Post  3 - House Number

Crash Location  03  
 01 - Not an intersection 06 - Five-point, or more 11 - Railway Grade Crossing  
 02 - Four-way Intersection 07 - On Ramp 12 - Shared-Use Paths or Trails  
 03 - T-Intersection 08 - Off Ramp 99 - Unknown  
 04 - Y-Intersection 09 - Crossover  
 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access

Intersection Related

Location of First Harmful Event  1 - On Roadway  5 - On Gore  2 - On Shoulder  6 - Outside Trafficway  3 - In Median  9 - Unknown  4 - On Roadside

Road Contour  1 - Straight Level  2 - Straight Grade  3 - Curve Level  4 - Curve Grade  9 - Unknown

Road Conditions Primary  01 Secondary

01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement\*  
 02 - Wet 06 - Water (Standing, Moving) 10 - Other  
 03 - Snow 07 - Slush 99 - Unknown  
 04 - Ice 08 - Debris\*

\* Secondary Condition Only

Manner of Crash Collision/Impact  2  
 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  2  
 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 - Stag, Gravel, Stone 5 - Dirt 6 - Other

Light Conditions Primary  Secondary

1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 8 - Other  
 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare\*  
 9 - Unknown

School Bus Related  School Zone Related  Yes, School Bus Directly Involved  Yes, School Bus Indirectly Involved

\* Secondary Condition Only

Work Zone Related  Workers Present  Law Enforcement Present (Officer/Vehicle)  Law Enforcement Present (Vehicle Only)

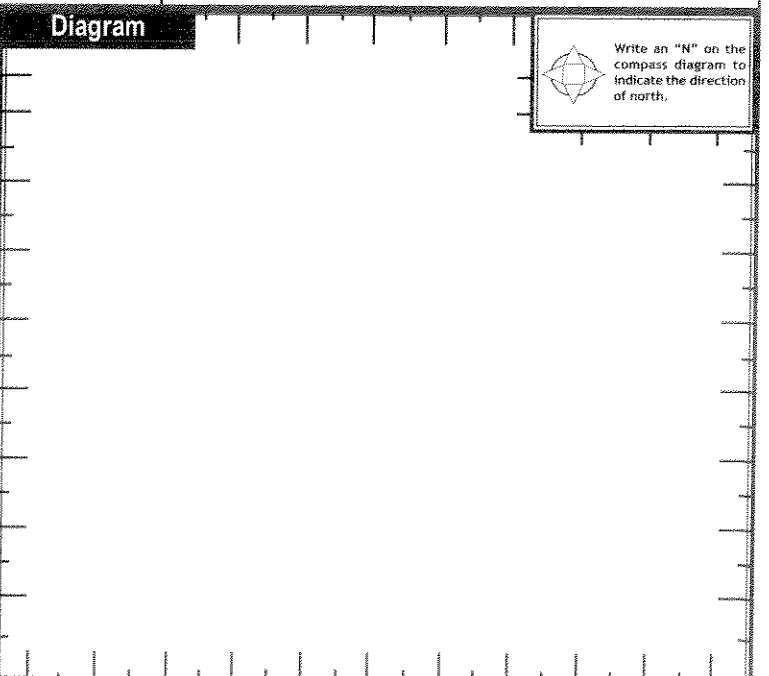
Type of Work Zone  1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median  
 4 - Intermittent or Moving Work 5 - Other

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 #02 STOPPED ON KINGS ISLAND OR FACING SOUTHBOUND WAITING TO TURN LEFT INTO THE SOUTH ENTRANCE.

UNIT #01 WAS TRAVELLING SOUTHBOUND ON KINGS ISLAND OR APPROACHING UNIT #02, FAILED TO ADVISE A CLEAR DISTANCE AHEAD AND STRUCK UNIT #02 IN THE REAR.



Report Taken By  Police Agency  Motorist

Supplement (Correction or Addition to an Existing Report Sent to ODP's)

Date Crash Reported **07032011** Time Crash Reported **1316** Dispatch Time **1317** Arrival Time **1327** Time Cleared **1528** Other Investigation Time **190** Total Minutes **221**

Officer's Name \* **ERIC FITZGERAULT** Officer's Badge Number **1277** Checked By **1641** Page 1 of 5



# UNIT

LOCAL REPORT NUMBER  
2013118638

UNIT NUMBER 011	OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER DALSER GEORGE M	OWNER PHONE NUMBER - INC. AREA CODE ( ) SAME AS DRIVER 513-262-3872	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( ) SAME AS DRIVER			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER FTN 8167	VEHICLE IDENTIFICATION NUMBER 1GMDU403E820291254	2 - MINOR	
VEHICLE YEAR 2003	VEHICLE MAKE PONTIAC	VEHICLE MODEL MONTANA	3 - FUNCTIONAL	
VEHICLE COLOR BLUE	PROOF OF INSURANCE SHOWN GENERAL	INSURANCE COMPANY GENERAL	4 - DISABLING	
POLICY NUMBER OH1424324	TOWED BY		9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 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	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVEMENT OR GRASS 14 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	<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
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - 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	TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 05 99 - UNKNOWN OR HIT / SKIP	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	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN (2 AXLE), 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	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION 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.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 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(L) AREA(S) 14 - OTHER	99 - UNKNOWN	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STUPID 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 99 - UNKNOWN	MOTORIST 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	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, BURNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 09 SECONDARY 99 - UNKNOWN	MOTORIST 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 - SWEEPING 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	VEHICLE DEFECTS 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
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SEQUENCE OF EVENTS 1 26 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWER TOP, BRAKE FAILURE, ETC) 07 - SEPARATION 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
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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 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/LUMINARITE SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CURBWAY 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
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UNIT SPEED 5 POSTED SPEED 45 TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD SIGNS 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER 013	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) DEETER DANIEL	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) 937.545-3944	DAMAGE SCALE 7	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 4808 US 35 E WEST ALEXANDRIA OH 45381				
LP STATE OH	LICENSE PLATE NUMBER BFL4YN	VEHICLE IDENTIFICATION NUMBER 2A4K6P154LZ7R2J58L5S	# OCCUPANTS 05	
VEHICLE YEAR 2017	VEHICLE MAKE CHRYSLER	VEHICLE MODEL TOWN AND COUNTRY	VEHICLE COLOR GOLD	
PROOF OF INSURANCE SHOWN <input type="checkbox"/>	INSURANCE COMPANY MOTORISTS MUTUAL	POLICY NUMBER 24020637520400A	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

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UNIT SPEED 0 POSTED SPEED 45 TRAFFIC CONTROL 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	UNIT DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2013-186181

UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE CALES TRACI MARIE	DATE OF BIRTH 1/12/1982	AGE 30	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 7 CHILLICOTHE AVE LEBANON OH 45036			CONTACT PHONE - INCLUDE AREA CODE 513-282-8137	
INJURIES 1	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER PZ867107	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C ENG. <input type="checkbox"/>
CONDITION 6	ALCOHOL/DRUG SUSPECTED 4	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 2
DRUG TEST STATUS 3	DRUG TEST TYPE 3	OFFENSE CHARGED (Local Code) 333.03	OFFENSE DESCRIPTION ALCA	CITATION NUMBER 74361
HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY 1		

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE CHAPMAN SANDRA L	DATE OF BIRTH 05/19/1970	AGE 43	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 4731 SR 35 E WEST ALEXANDRIA OH 45781			CONTACT PHONE - INCLUDE AREA CODE 937-839-1462	
INJURIES 1	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER PC880952	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C ENG. <input type="checkbox"/>
CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1
DRUG TEST STATUS 1	DRUG TEST TYPE 1	OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION	CITATION NUMBER
HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY 1		

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	01 - NONE USED - VEHICLE OCCUPANT	09 - NONE USED
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED	02 - CHILD RESTRAINT SYSTEM - FORWARD FACING	10 - HELMET USED
3 - NON-INCAPACITATING	3 - POLICE	03 - LAP BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM - REAR FACING	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
4 - INCAPACITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED	07 - BOOSTER SEAT	12 - REFLECTIVE CLOTHING
5 - FATAL	9 - UNKNOWN		08 - HELMET USED	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, PICKUP 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	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EJECTED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EJECTED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTRESSED)	3 - YES - HBD NOT IMPAIRED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OH IS "D")	4 - ILLNESS	4 - YES - DRUGS SUSPECTED
		5 - MCM/OPEN OTHER		5 - YES - ALCOHOL AND DRUGS SUSPECTED
				6 - FELL ASLEEP, FAINTED, FATIGUED UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL
				7 - OTHER

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEXTING/EMAILING
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - ELECTRONIC COMMUNICATION DEVICE
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER ELECTRONIC DEVICE (HANDHELD DEVICE, PAGER, DVD)
				6 - OTHER INSIDE THE VEHICLE
				7 - EXTERNAL DISTRACTION

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE CALES IAN	DATE OF BIRTH 05/28/2005	AGE 8	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 7 CHILLICOTHE AVE LEBANON OH 45036			CONTACT PHONE - INCLUDE AREA CODE 513-282-8137	
INJURIES 1	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
SEATING POSITION 06	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1	

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE BALSEK BRAYLON	DATE OF BIRTH 06/11/2013	AGE 0	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 7 CHILLICOTHE AVE LEBANON OH 45036			CONTACT PHONE - INCLUDE AREA CODE 513-282-8137	
INJURIES 1	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 06	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
SEATING POSITION 04	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1	

INJURIES 1	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 06	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
SEATING POSITION 04	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1	



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2013-18638

**OCCUPANT**

UNIT NUMBER: 02 | NAME: LAST, FIRST, MIDDLE: JACKSON, MARISSA | DATE OF BIRTH: 1/1/21/968 | AGE: 44 | GENDER: F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP: 6511 CEDAR SPRINGS RD NEW PARIS OH 45347 | CONTACT PHONE - INCLUDE AREA CODE: 937-564-0124

INJURIES: 1 | INJURED TAKEN BY: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: 04 | DOT COMPLIANT:  MOTORCYCLE HELMET | SEATING POSITION: 03 | AIR BAG USAGE: 1 | EJECTION: 1 | TRAPPED: 1

UNIT NUMBER: 02 | NAME: LAST, FIRST, MIDDLE: JACKSON, MACKENZIE | DATE OF BIRTH: 08/24/2002 | AGE: 10 | GENDER: F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP: 6511 CEDAR SPRINGS RD NEW PARIS OH 45347 | CONTACT PHONE - INCLUDE AREA CODE: 937-564-0124

INJURIES: 1 | INJURED TAKEN BY: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: 04 | DOT COMPLIANT:  MOTORCYCLE HELMET | SEATING POSITION: 06 | AIR BAG USAGE: 5 | EJECTION: 1 | TRAPPED: 1

UNIT NUMBER: 02 | NAME: LAST, FIRST, MIDDLE: JACKSON, JACOB | DATE OF BIRTH: 10/28/1998 | AGE: 14 | GENDER: M - MALE, F - FEMALE

ADDRESS, CITY, STATE, ZIP: 6511 CEDAR SPRINGS RD NEW PARIS OH 45347 | CONTACT PHONE - INCLUDE AREA CODE: 937-564-0124

INJURIES: 1 | INJURED TAKEN BY: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: 04 | DOT COMPLIANT:  MOTORCYCLE HELMET | SEATING POSITION: 09 | AIR BAG USAGE: 5 | EJECTION: 1 | TRAPPED: 1

UNIT NUMBER: 02 | NAME: LAST, FIRST, MIDDLE: CHAMMAN, JOSHUA A | DATE OF BIRTH: 07/27/1998 | AGE: 14 | GENDER: M - MALE, F - FEMALE

ADDRESS, CITY, STATE, ZIP: 4731 SR 35 EAST WEST ALEXANDRIA OH 45381 | CONTACT PHONE - INCLUDE AREA CODE: 937-572-9107

INJURIES: 1 | INJURED TAKEN BY: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: 04 | DOT COMPLIANT:  MOTORCYCLE HELMET | SEATING POSITION: 07 | AIR BAG USAGE: 5 | EJECTION: 1 | TRAPPED: 1

UNIT NUMBER: | NAME: LAST, FIRST, MIDDLE: | DATE OF BIRTH: | AGE: | GENDER: F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP: | CONTACT PHONE - INCLUDE AREA CODE:

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:

UNIT NUMBER: | NAME: LAST, FIRST, MIDDLE: | DATE OF BIRTH: | AGE: | GENDER: F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP: | CONTACT PHONE - INCLUDE AREA CODE:

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:

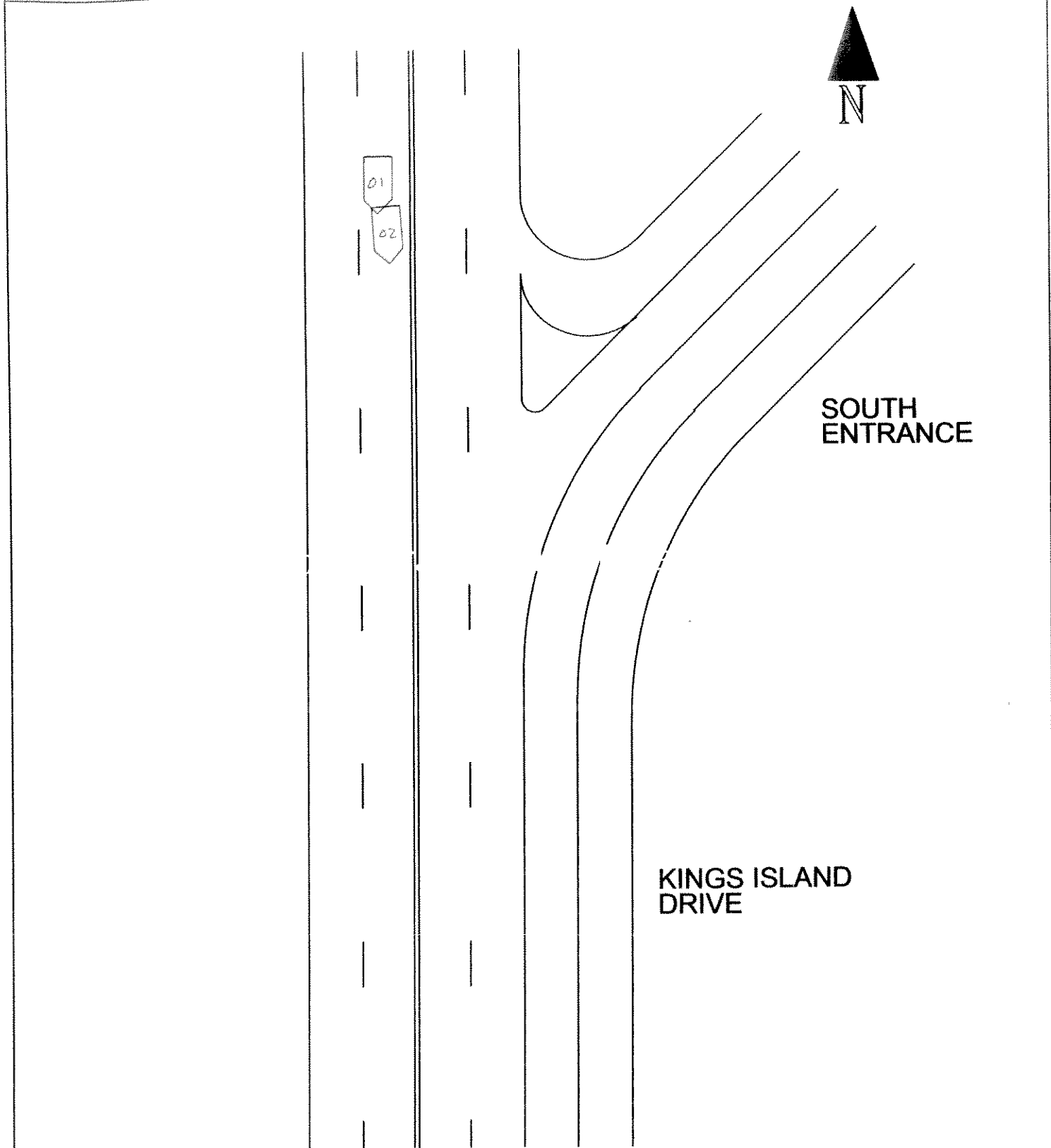
<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER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

OH-2

LOCAL REPORT NUMBER 17-18638	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 07   D 03   Y 13
IN COUNTY OF WARREN	ACCIDENT LOCATION KINGS ISLAND DRIVE @ SOUTH ENTRANCE	



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 1257
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LOCAL REPORT NUMBER 13-18638	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 07   D 03   Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Sandra Louise Chapman HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT KI South Entrance  
OFFICER'S NAME LOCATION

I was sitting at a complete stop waiting to turn left into the South entrance of Kings Island. We waited for at least a minute or more because of traffic. I looked in my rearview mirror and saw a blue Montana van behind me. She had stopped and I looked back to the front. We kept waiting then the next thing I knew she hit us from behind. I got out and walked back. She said "I'm so sorry." I told her I realized she didn't mean to hit me. I asked for insurance info and she got out a stack of papers. The first paper she gave me was her registration then she said "I'm so sorry. My kids were arguing." I told her I didn't need the registration, I needed the insurance." The police showed up but just before they did I was writing the info down and she nodded off. I asked her if she was okay. She seemed so sleepy and things didn't seem right. I walked to the 1st policeman and told him things weren't right. Something seemed off. Then he told me to get in my car and when clear pull into the park entrance and wait for them to come back to us. I remembered here at the end that she didn't have her hazzard lights on so I asked her and she pushe her brights on. I saw the button on the top of the steering wheel and pushed it on.

ADDRESS OF WITNESS 4731 St. Rt. 35 East West Alexandria, OH 45381	PHONE (Am) 937-839-1462 (cell) 937-572-9107
SIGNATURE OF WITNESS X Sandra L. Chapman	OFFICER'S SIGNATURE X [Signature]