



# TRAFFIC CRASH REPORT

|                       |   |                                 |
|-----------------------|---|---------------------------------|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP                        |
| 2016-16339            | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | 1<br>1 - SOLVED<br>2 - UNSOLVED |

|   |  |                  |                         |                         |                 |                                   |
|---|--|------------------|-------------------------|-------------------------|-----------------|-----------------------------------|
| PHOTOS TAKEN<br><input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR                     |
|   |  |                  | 08304                   | MASON P.D.              | 02              | 01<br>98 - ANIMAL<br>99 - UNKNOWN |

|          |        |                           |              |               |             |
|----------|--------|---------------------------|--------------|---------------|-------------|
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 183      |        | MASON                     | 10511620116  | 0940          | MON         |

|                             |           |                 |             |
|-----------------------------|-----------|-----------------|-------------|
| DEGREES / MINUTES / SECONDS | LONGITUDE | DECIMAL DEGREES | LONGITUDE   |
| 0 / " 0 / "                 | 0 / "     | 39.353656       | -784.262462 |

|   |  |                      |  |
|---|--|----------------------|--|
| ROADWAY DIVISION  | DIVIDED LANE DIRECTION OF TRAVEL   | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST 2   |
| <input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND<br><input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | 02                   | AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL |

|                       |                       |            |                    |                      |  |
|-----------------------|-----------------------|------------|--------------------|----------------------|--|
| LOCATION ROUTE TYPE 1 | LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE 2 | ROUTE TYPES 1  |
|                       |                       | N, S, E, W | Kings Island       | OR                   | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |

|                         |              |                        |                        |            |  |                       |
|-------------------------|--------------|------------------------|------------------------|------------|--|-----------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE ROUTE TYPE 1 | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE 2 |
| 50                      | N, S, E, W   |                        |                        |            | Great Wolf                               | 02                    |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| REFERENCE POINT USED                                  | CRASH LOCATION   | INTERSECTION RELATED                | LOCATION OF FIRST HARMFUL EVENT   |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOAT<br>06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input checked="" type="checkbox"/> | 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |

|   |   |  |
|---|---|--|
| ROAD CONTOUR  | ROAD CONDITIONS   | WEATHER  |
| 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS*<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |

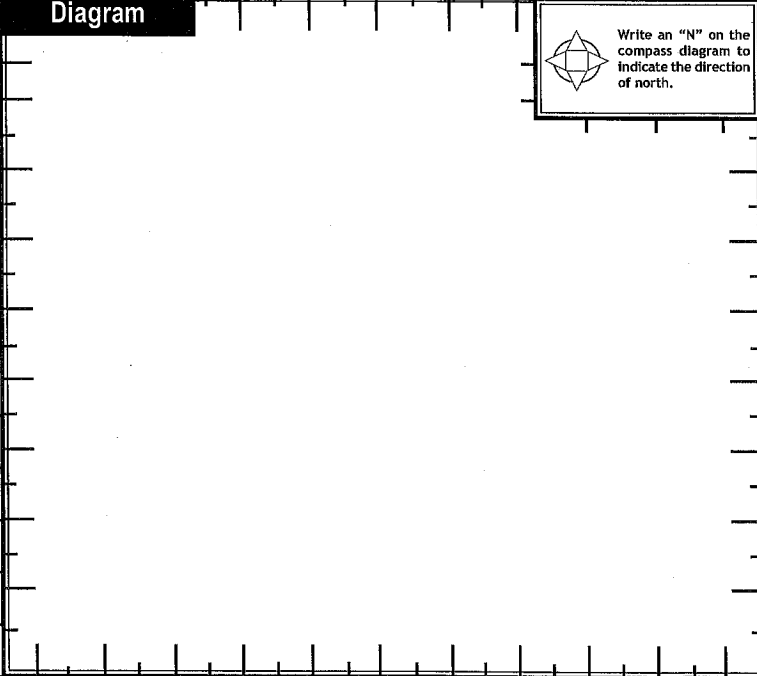
|   |  |
|---|--|
| MANNER OF CRASH COLLISION/IMPACT  | WEATHER  |
| 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |

|  |   |   |
|--|---|---|
| ROAD SURFACE   | LIGHT CONDITIONS  | SCHOOL BUS RELATED  |
| 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | 1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER<br>9 - UNKNOWN | <input checked="" type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |

|                          |   |  |   |
|--------------------------|---|--|---|
| WORK ZONE RELATED        | WORKERS PRESENT   | TYPE OF WORK ZONE  | LOCATION OF CRASH IN WORK ZONE  |
| <input type="checkbox"/> | <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |

**NARRATIVE**

UNIT #1 WAS TRAVELLING SOUTH ON KINGS ISLAND DRIVE IN THE RIGHT LANE. UNIT #2 WAS TRAVELLING SOUTH ON KINGS ISLAND DRIVE IN THE LEFT LANE. UNIT #1 ATTEMPTED TO TURN LEFT IN FRONT OF UNIT #2, AND STRUCK THE PASSENGER SIDE OF UNIT #2. UNIT #1 THEN FLEW THE SCENE OF THE CRASH.



|   |  |                     |                     |               |              |              |                          |               |
|---|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| REPORT TAKEN BY   | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/>   | 10511620116         | 0942                | 10942         | 10953        | 11133        | 1109                     | 1160          |
| OFFICER'S NAME *  | OFFICER'S BADGE NUMBER   | CHECKED BY          | PAGE OF             |               |              |              |                          |               |
| Sgt. HAYES  | 50   | / 50                |                     |               |              |              |                          |               |



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

20116-1163310

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

|                    |   |                             |           |                                    |
|--------------------|---|-----------------------------|-----------|------------------------------------|
| UNIT NUMBER<br>011 | NAME: LAST, FIRST, MIDDLE<br>Campbell, Desiree V. | DATE OF BIRTH<br>11/22/1992 | AGE<br>23 | GENDER<br>F F - FEMALE<br>M - MALE |
|--------------------|---|-----------------------------|-----------|------------------------------------|

|  |   |
|--|---|
| ADDRESS, CITY, STATE, ZIP<br>704 Trenton Rd. # B Trenton, OH 45067 | CONTACT PHONE- INCLUDE AREA CODE<br>(53) 468-9329 |
|--|---|

|                |                                       |               |   |                                      |   |                             |                          |                        |                            |                       |                     |
|----------------|---------------------------------------|---------------|---|--------------------------------------|---|-----------------------------|--------------------------|------------------------|----------------------------|-----------------------|---------------------|
| INJURIES<br>0  | INJURED TAKEN BY                      | EMS AGENCY    | MEDICAL FACILITY INJURED TAKEN TO       | SAFETY EQUIPMENT USED<br>99          | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br>01      | AIR BAG USAGE<br>0       | EJECTION<br>0          | TRAPPED<br>0               |                       |                     |
| OL STATE<br>IN | OPERATOR LICENSE NUMBER<br>3180017185 | OL CLASS<br>4 | No VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br>0  | ALCOHOL/DRUG SUSPECTED<br>0 | ALCOHOL TEST STATUS<br>0 | ALCOHOL TEST TYPE<br>0 | ALCOHOL TEST VALUE<br>.000 | DRUG TEST STATUS<br>0 | DRUG TEST TYPE<br>0 |

|   |   |                           |  |                           |
|---|---|---------------------------|--|---------------------------|
| OFFENSE CHARGED (Local Code)<br>331.08A-1 | OFFENSE DESCRIPTION<br>Driving Within Lanes | CITATION NUMBER<br>079200 | HANDS-FREE<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY<br>0 |
|---|---|---------------------------|--|---------------------------|

|                   |  |                             |           |                                    |
|-------------------|--|-----------------------------|-----------|------------------------------------|
| UNIT NUMBER<br>02 | NAME: LAST, FIRST, MIDDLE<br>ENGLAND, MELISSA K. | DATE OF BIRTH<br>11/29/1970 | AGE<br>45 | GENDER<br>F F - FEMALE<br>M - MALE |
|-------------------|--|-----------------------------|-----------|------------------------------------|

|  |   |
|--|---|
| ADDRESS, CITY, STATE, ZIP<br>6523 Zella Ct. Carlisle, OH 45005 | CONTACT PHONE- INCLUDE AREA CODE<br>(53) 571-6371 |
|--|---|

|                |                                     |               |   |                                      |   |                             |                          |                        |                            |                       |                     |
|----------------|-------------------------------------|---------------|---|--------------------------------------|---|-----------------------------|--------------------------|------------------------|----------------------------|-----------------------|---------------------|
| INJURIES<br>0  | INJURED TAKEN BY                    | EMS AGENCY    | MEDICAL FACILITY INJURED TAKEN TO       | SAFETY EQUIPMENT USED<br>04          | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br>01      | AIR BAG USAGE<br>0       | EJECTION<br>0          | TRAPPED<br>0               |                       |                     |
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>RS476991 | OL CLASS<br>2 | No VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br>0  | ALCOHOL/DRUG SUSPECTED<br>0 | ALCOHOL TEST STATUS<br>0 | ALCOHOL TEST TYPE<br>0 | ALCOHOL TEST VALUE<br>.000 | DRUG TEST STATUS<br>0 | DRUG TEST TYPE<br>0 |

|                              |                     |                 |  |                           |
|------------------------------|---------------------|-----------------|--|---------------------------|
| OFFENSE CHARGED (Local Code) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY<br>0 |
|------------------------------|---------------------|-----------------|--|---------------------------|

|  |   |  |  |   |
|--|---|--|--|---|
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | Non-MOTORIST<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
|--|---|--|--|---|

|  |  |   |  |
|--|--|---|--|
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
|--|--|---|--|

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
|---|--|---|---|---|---|

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

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

120116-1163810

|  |  |  |                          |   |
|--|--|--|--------------------------|---|
| UNIT NUMBER<br><b>1011</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Bottoms, Joseph T.</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) | DAMAGE SCALE<br><b>2</b> | DAMAGED AREA<br>  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) |  |  | 1 - NONE                 | FRONT<br>09<br>02<br>03<br>08<br>10<br>04<br>07<br>06<br>05<br>REAR |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>GUJ2284</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>11G3H4Y54C01KW374802</b>                               | 2 - MINOR                |   |
| VEHICLE YEAR<br><b>1988</b>  | VEHICLE MAKE<br><b>Oldsmobile</b>  | VEHICLE MODEL<br><b>88</b>   | 3 - FUNCTIONAL           |   |
| PROOF OF INSURANCE SHOWN<br><input type="checkbox"/>                                   | INSURANCE COMPANY<br><b>NONE</b>   | POLICY NUMBER  | 4 - DISABLING            |   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  | TOWED BY<br><b>BARNES</b>  | 9 - UNKNOWN              |   |

|                   |  |   |  |
|-------------------|--|---|--|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><b>1</b><br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - No CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   | <input checked="" type="checkbox"/> HIT / SKIP UNIT  |
| HM CLASS NUMBER   |  |   |  |

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>04</b><br>99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|  |   |  | <input type="checkbox"/> HAS HM PLACARD   |   |  |

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>08</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STUCK<br>9 - UNKNOWN |
|--|---|---|--|---|---|

|  |  |   |  |  |                                |
|--|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS<br><b>03</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
|--|--|---|--|--|--------------------------------|

|  |  |  |   |   |
|--|--|--|---|---|
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>10</b><br>SECONDARY<br><b>00</b><br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>00</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|--|--|--|---|---|

|  |   |
|--|---|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN  | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION  |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | COLLISION WITH FIXED OBJECT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |

|  |                           |  |  |
|--|---------------------------|--|--|
| UNIT SPEED<br><b>125</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>45</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|--|---------------------------|--|--|



# UNIT

LOCAL REPORT NUMBER

210116-1163310

|   |  |  |                                   |                  |                |
|---|--|--|-----------------------------------|------------------|----------------|
| UNIT NUMBER<br><b>02</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Carlisle Local Schools</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>(937) 746-0710</b> | DAMAGE SCALE<br><b>2</b>          | DAMAGED AREA<br> |                |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>724 Fairview Dr. Carlisle, OH 45005</b> |  |  | 1 - NONE                          |                  |                |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>21967</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>1BA1NC1P1A41E F3101017011</b>  | # OCCUPANTS<br><b>54</b>          |                  | 2 - MINOR      |
| VEHICLE YEAR<br><b>2011</b>   | VEHICLE MAKE<br><b>Bluebird</b>  | VEHICLE MODEL<br><b>All American</b>   | VEHICLE COLOR<br><b>YELLOW</b>    |                  | 3 - FUNCTIONAL |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN  | INSURANCE COMPANY<br><b>Great American</b>   | POLICY NUMBER<br><b>3128235</b>  | TOWED BY                          |                  | 4 - DISABLING  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |  |  | CARRIER PHONE - INCLUDE AREA CODE |                  | 9 - UNKNOWN    |

|                   |  |   |  |
|-------------------|--|---|--|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><b>2</b><br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>03</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID No. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   | <input type="checkbox"/> HIT / SKIP UNIT   |
| HM CLASS NUMBER   |  |   |  |

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>3</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>22</b><br>99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>Non-Motorist</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|  |   |  | <input type="checkbox"/> HAS HM PLACARD   |   |  |

|  |   |   |  |   |              |  |
|--|---|---|--|---|--------------|--|
| SPECIAL FUNCTION<br><b>04</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - BUS<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>04</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
|--|---|---|--|---|--------------|--|

|  |  |   |  |  |                                |
|--|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS<br><b>01</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
|--|--|---|--|--|--------------------------------|

|   |  |  |   |   |
|---|--|--|---|---|
| CONTRIBUTING CIRCUMSTANCES<br><b>01</b><br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNALS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>01</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|---|--|--|---|---|

|  |   |
|--|---|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN  | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION   |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | COLLISION WITH FIXED OBJECT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |

|   |                           |  |  |
|---|---------------------------|--|--|
| UNIT SPEED<br><b>25</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>45</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|---|---------------------------|--|--|

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2016-16330

REPORTING AGENCY MASON POLICE

DATE OF ACCIDENT M 05 10 16 11 16

IN COUNTY OF WARREN

ACCIDENT LOCATION KINGS ISLAND DR @ GREAT WOLF DR



GREAT WOLF DR

KINGS ISLAND DR

NOT TO SCALE

OFFICER'S SIGNATURE

X Sgt. Hayes

BADGE NUMBER

X 50

|                     |                  |               |   |   |
|---------------------|------------------|---------------|---|---|
| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |   |   |
| IN COUNTY OF        | CRASH LOCATION   | M             | D | Y |

|  |              |
|--|--------------|
| <p>724 Fairview Carlsle 45005</p> <p>KI @ Great Wolf</p> <p>Carlsle local schools #FT 35E113061</p> <p>BUS # 21 21967 8151725</p> <p>(937) 746-0710</p> <p>Great American Ins.</p> <p># 3128235</p> <p>Melissa K. England</p> <p>6523 Zellact.</p> <p>Carlsle, OH 45005</p> <p>RS 476991</p> <p>12-07-70</p> <p>(513) 571-6371</p> <p>CHAD - Carlsle schools Transportation Supervisor</p> <p>(937) 746-0710 ext 611</p> |              |
| OFFICER'S SIGNATURE  | BADGE NUMBER |
| X  |              |



|                                   |                              |                                     |
|-----------------------------------|------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>2016-16330 | REPORTING AGENCY<br>MASON PD | DATE OF CRASH<br>M 05   D 16   Y 16 |
|-----------------------------------|------------------------------|-------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Melissa K. England PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Sgt. Hayes OFFICER'S NAME AT Kings Island Dr. Mason, OH LOCATION

Bus was driving south on Kings Island Drive in the left lane when a brown olsmobile car crossed over in front of us striking us in the door. leaving their mirror in our door. They car that hit us was in the South Right hand lane. and crossed over hitting us sending us into the North bound lanes. The car never stopped to check on the bus with children. They left the scene. immediately after striking the bus.

1523 Zella Ct. Carlisle OH 45005  
ADDRESS OF WITNESS PHONE  
513 571-6371

SIGNATURE OF WITNESS X Melissa K England OFFICER'S SIGNATURE X Sgt. Hayes

2016-16330

Carlisle BUS #21 Passengers

| Name              | DOB        | Address   | Phone                   |
|-------------------|------------|---|-------------------------|
| Kalen Browne      | 9/25/2005  | 10391 Jamaica Rd. Carlisle, Ohio 45005          | 937-238-7454 = Mom Cell |
| Colton Rogers     | 10/26/2005 | 1065 Poinciana Dr. Franklin, Ohio 45005         | 513-393-1731            |
| Ty Tucker         | 8/4/2006   | 437 W. Lomar Ave. Carlisle, Ohio 45005          | 937-668-6263            |
| Connor Ragar      | 9/26/2005  | 8349 Meadowlark Dr. Carlisle, Ohio 45005        | 937-231-3502            |
| Tytus Kramer      | 8/30/2005  | 8334 Meadowlark Dr. Carlisle, Ohio 45005        | 937-241-3083            |
| Jaydin Fields     | 1/19/2005  | 10925 Marty Lee Ln. Carlisle, Ohio 45005        | 937-626-8309            |
| Kara Adkins       | 7/26/2006  | 118 Eagle Ridge Dr. Carlisle, Ohio 45005        | 937-620-8314            |
| Emma Motley       | 4/26/2006  | 420 Central Ave. Carlisle, Ohio 45005           | 513-435-2091            |
| Cruz Allison      | 10/18/2005 | 504 Glen Ct. Carlisle, Ohio 45005               | 937-266-7572            |
| Dustin Huffman    | 11/1/2005  | 9872 Staley Rd. Franklin, Ohio 45005            | 937-516-5462            |
| Cameron Webb      | 5/18/2005  | 7175 Springboro Pk. West Carrollton, Ohio 45449 | 937-212-8512            |
| Jonah McIntosh    | 11/21/2005 | 232 Auburn Meadows Ct. Carlisle, Ohio 45005     | 937-684-2544            |
| Layla Knapp       | 11/23/2005 | 8510 Bobby Pl. Carlisle, Ohio 45005             | 937-790-0499            |
| Greta Moore       | 11/12/2005 | 850 Jane Ct. Carlisle, Ohio 45005               | 937-380-3329            |
| Carson Willis     | 7/28/2005  | 125 McCall Rd. Germantown, Ohio 45327           | 937-554-8789            |
| Jason Groves      | 11/8/2005  | 2909 Orlando Ave. Middletown, Ohio 45042        | 513-465-2885            |
| Brayden Bennett   | 8/11/2006  | 8540 Cheshire Ct. Franklin, Ohio 45005          | 937-570-9895            |
| Samantha Lambert  | 11/25/2005 | 10190 S. Union Rd. Miamisburg, Ohio 45342       | 937-477-6260            |
| Morgan Willis     | 7/28/2005  | 125 McCall Rd. Germantown, Ohio 45327           | 937-554-8789            |
| Kirsten Bottles   | 10/19/2005 | 7186 Brookstone Dr. Franklin, Ohio 45005        | 513-560-4098            |
| Aaliyah Clevenger | 1/17/2006  | 209 Auburn Meadows Ct. Carlisle, Ohio 45005     | 937-219-4807            |
| Adin Johns        | 9/23/2005  | 341 Chamberlain Rd. Carlisle, Ohio 45005        | 513-267-6471            |
| Elsie Banks       | 7/20/2006  | 5501 Glen Ct. Carlisle, Ohio 45005              | 614-483-2349            |
| Raiden Shotwell   | 11/16/2005 | 8053 Meadowlark Dr. Carlisle, Ohio 45005        | 937-751-5899            |
| Savannah Brown    | 5/28/2006  | 8993 Franklin Trenton Rd. Franklin, Ohio 45005  | 513-259-4888            |
| Jenna Kelsey      | 3/18/2006  | 203 Quail Run Ct. Carlisle, Ohio 45005          | 937-671-1255            |
| Karrigan Bowman   | 3/8/2006   | 7519 Finch Ct. Carlisle, Ohio 45005             | 937-901-6917            |
| Emma Harris       | 3/29/2005  | 8435 Marie Pl. Carlisle, Ohio 45005             | 513-571-6612            |
| Grace McIntosh    | 8/6/2005   | 8462 Lower Carlisle, Ohio 45005                 | 937-723-0961            |
| Katie Shockley    | 1/25/2005  | 7854 Timberwind Tr. Carlisle, Ohio 45005        | 937-902-4513            |
| Bradley Lesh      | 5/16/2005  | 964 Dubois Rd. Apt. 1 Carlisle, Ohio 45005      | 937-684-0105            |
| Ayden Fletcher    | 6/16/2005  | 7842 Jill Ln. Franklin, Ohio 45005              | 937-271-9548            |
| Samantha Hatton   | 2/25/2005  | 830 Jane Ct. Carlisle, Ohio 45005               | 937-241-9974            |
| Jenna Sandlin     | 9/2/2004   | 7553 Flamingo St. Franklin, Ohio 45005          | 937-626-7645            |
| Rory Adams        | 2/13/2005  | 300 Baker Ln. Carlisle, Ohio 45005              | 937-305-8671            |
| Blake Adams       | 2/13/2005  | 300 Baker Ln. Carlisle, Ohio 45005              | 937-305-8671            |
| Evan Ruzzo        | 6/8/2004   | 9342 Bennington Way Centerville, Ohio 45459     | 937-470-7763            |
| Elijah Milligan   | 6/1/2004   | 7950 Keays Rd.                                  | 937-903-3629            |
| Annie Ridinger    | 12/17/2004 | 35 Janet Ave. Carlisle, Ohio 45005              | 937-902-3372            |
| Haylee Henry      | 9/10/2004  | 931 Wiltshire Dr. Carlisle, Ohio 45005          | 937-671-6324            |
| Alexander Frantz  | 9/27/2004  | 870 Fiesta Ct. Carlisle, Ohio 45005             | 937-287-5058            |
| Jonathan Ricketts | 12/22/2004 | 952 Dubois Rd. Apt. 2B Carlisle, Ohio 45005     | 513-850-0264            |



2016-16330

Carlisle Bus # 21 Passengers

|                 |            |  |              |
|-----------------|------------|--|--------------|
| Isaac Goins     | 10/19/2004 | 7335 Brookstone Dr. Franklin, Ohio 45005   | 513-465-4675 |
| Gabrielle Yeary | 6/16/2005  | 7070 Brookstone Dr. Franklin, Ohio 45005   | 513-804-6091 |
| Tristen Lawson  | 10/22/2004 | 8593 Kingston Dr. Franklin, Ohio 45005     | 513-571-2669 |
| Connor O'Bryan  | 9/30/2004  | 7534 Finch Ct. Franklin, Ohio 45005        | 937-903-7302 |
| Micah Nickell   | 10/1/2004  | 320 Christina Way Carlisle, Ohio 45005     | 513-571-3204 |
| Riley Campbell  | 9/16/2004  | 135 Cousins Dr. Carlisle, Ohio 45005       | 937-219-8930 |
| Savannah Helmig | 11/1/2004  | 7527 Martha Ct. Carlisle, Ohio 45005       | 937-475-0855 |
| Xavier Manning  | 8/12/2005  | 7927 Jill Ln. Carlisle, Ohio 45005         | 937-321-3661 |
| Brandon Casson  | 5/28/2005  | 7528 Martz Paulin Rd. Franklin, Ohio 45005 | 937-901-7928 |
| Carson Burney   | 4/16/2005  | 140 Cousins Dr. Carlisle, Ohio 45005       | 937-307-3156 |
| Gabrielle Estep | 11/6/2004  | 285 Nikki Ct. Carlisle, Ohio 45005         | 513-267-8283 |