



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

26898

CRASH SEVERITY

2 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 08304	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 08082016	TIME OF CRASH 1016	DAY OF WEEK MON
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DEGREES / MINUTES / SECONDS LATITUDE 0 ' 0 ''	LONGITUDE 0 ' 0 ''	DECIMAL DEGREES LATITUDE 39.351987	LONGITUDE -84.265822
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 04	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
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LOCATION ROUTE TYPE <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME KINGS ISLAND	LOCATION ROAD TYPE <sup>2</sup> 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
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N,S,E,W	REFERENCE ROUTE TYPE <sup>1</sup>	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) ENTRANCE	REFERENCE ROAD TYPE <sup>2</sup>
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 02	01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDOABOUT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIUM 9 - UNKNOWN 4 - ON ROADSIDE
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ROAD CONTOUR 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	ROAD CONDITIONS PRIMARY 01 SECONDARY 01	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
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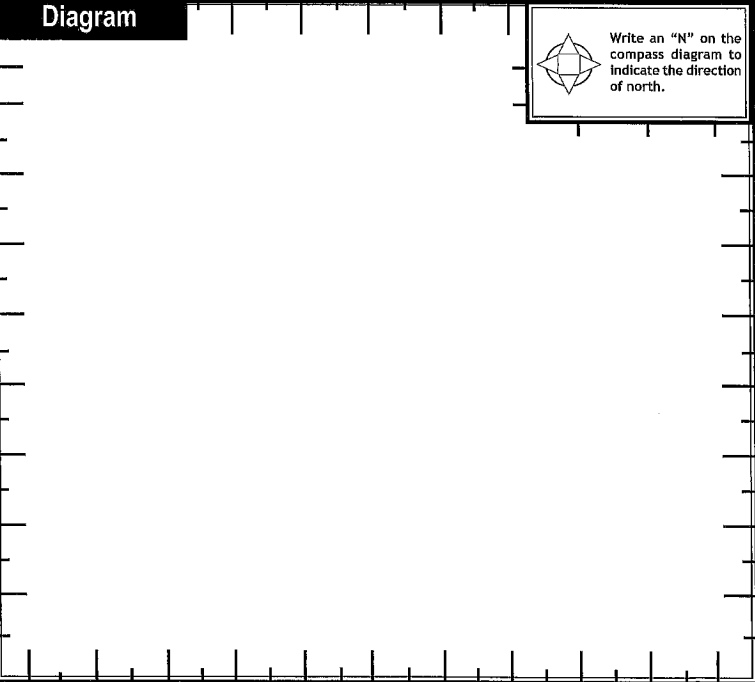
MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 2 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	LIGHT CONDITIONS PRIMARY 01 SECONDARY 01	1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN 2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING 3 - DUSK 7 - GLARE* 4 - DARK - LIGHTED ROADWAY 8 - OTHER	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input checked="" type="checkbox"/>	ENFORCEMENT PRESENT (VEHICLE) <input checked="" type="checkbox"/>	ENFORCEMENT PRESENT (IC) ONLY <input checked="" type="checkbox"/>	TYPE OF WORK ZONE 4 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK 2 - LANE SHIFT/CROSSOVER 5 - OTHER 3 - WORK ON SHOULDER OR MEDIAN	LOCATION OF CRASH IN WORK ZONE 4 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA
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NARRATIVE

UNIT #02 WAS TRAVELLING NORTHBOUND ON KINGS ISLAND DR AT THE ENTRANCE. UNIT #01 WAS TRAVELLING SOUTHBOUND ON KINGS ISLAND DR, FAILED TO YIELD THE RIGHT OF WAY TO UNIT #02, TURNED LEFT INTO THE ENTRANCE TO KINGS ISLAND, AND WAS STRUCK BY UNIT #02.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 08082016	TIME CRASH REPORTED 1016	DISPATCH TIME 1017	ARRIVAL TIME 1020	TIME CLEARED 1111	OTHER INVESTIGATION TIME 0060	TOTAL MINUTES 0111
OFFICER'S NAME * FITZGERALD	OFFICER'S BADGE NUMBER 1637	CHECKED BY 80	PAGE OF					



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

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**MOTORIST / Non-MOTORIST**

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>WIEHE KEELA S</b>	DATE OF BIRTH <b>10/30/21/1964</b>	AGE <b>52</b>	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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Address, City, State, Zip: **338 BEXLEY CT MASON OH 45040**

Contact Phone - include area code: **513-207-2779**

INJURIES <b>3</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY <b>MASON</b>	MEDICAL FACILITY INJURED TAKEN TO <b>WEST CHESTER</b>	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>2</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RN113652</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b> </b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE ) <b>331.17</b>	OFFENSE DESCRIPTION <b>FAILURE TO YIELD</b>	CITATION NUMBER <b>081631</b>		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <b>1</b>		<b> </b>			

**MOTORIST / Non-MOTORIST**

UNIT NUMBER <b>012</b>	NAME: LAST, FIRST, MIDDLE <b>REVEAL GARY L</b>	DATE OF BIRTH <b>10/30/71/1946</b>	AGE <b>70</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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Address, City, State, Zip: **5231 RADFORD DR MORROW OH 45152**

Contact Phone - include area code: **513-517-8109**

INJURIES <b>1</b>	INJURED TAKEN BY <b> </b>	EMS AGENCY <b> </b>	MEDICAL FACILITY INJURED TAKEN TO <b> </b>	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>5</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RJ5468545</b>	OL CLASS <b>1</b>	No VALID OL <input type="checkbox"/>	M/C END. <input checked="" type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b> </b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <b>1</b>		<b> </b>			

<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 <b>99 - UNKNOWN SAFETY EQUIPMENT</b> <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) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	<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	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

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

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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Address, City, State, Zip: \_\_\_\_\_

Contact Phone - include area code: \_\_\_\_\_

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

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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Address, City, State, Zip: \_\_\_\_\_

Contact Phone - include area code: \_\_\_\_\_

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

LOCAL REPORT NUMBER

UNIT NUMBER <b>011</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE <b>4</b>	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)				
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>FBK 5177</b>	VEHICLE IDENTIFICATION NUMBER <b>5HSR1D16857644910913</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2016</b>	VEHICLE MAKE <b>HONDA</b>	VEHICLE MODEL <b>CRV</b>	VEHICLE COLOR <b>BLACK</b>	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Safely Auto</b>	POLICY NUMBER <b>OH0141407640</b>	TOWED BY	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP	CARRIER PHONE - INCLUDE AREA CODE
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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. <b>1</b>	CARGO BODY TYPE <b>01</b>	TRAFFICWAY DESCRIPTION <b>1</b>
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		
HM CLASS NUMBER			<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b>	TYPE OF USE <b>1</b>	UNIT TYPE <b>06</b>	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
<ul style="list-style-type: none"> <li>01 - INTERSECTION - MARKED CROSSWALK</li> <li>02 - INTERSECTION - NO CROSSWALK</li> <li>03 - INTERSECTION - OTHER</li> <li>04 - MIDBLOCK - MARKED CROSSWALK</li> <li>05 - TRAVEL LANE - OTHER LOCATION</li> <li>06 - BICYCLE LANE</li> <li>07 - SHOULDER/ROADSIDE</li> <li>08 - SIDEWALK</li> <li>09 - MEDIAN/CROSSING ISLAND</li> <li>10 - DRIVEWAY ACCESS</li> <li>11 - SHARED-USE PATH OR TRAIL</li> <li>12 - NON-TRAFFICWAY AREA</li> <li>99 - OTHER/UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>1 - PERSONAL</li> <li>2 - COMMERCIAL</li> <li>3 - GOVERNMENT</li> </ul> <input type="checkbox"/> IN EMERGENCY RESPONSE	<ul style="list-style-type: none"> <li>99 - UNKNOWN OR HIT / SKIP</li> </ul>	<ul style="list-style-type: none"> <li>01 - SUB-COMPACT</li> <li>02 - COMPACT</li> <li>03 - MID SIZE</li> <li>04 - FULL SIZE</li> <li>05 - MINIVAN</li> <li>06 - SPORT UTILITY VEHICLE</li> <li>07 - PICKUP</li> <li>08 - VAN</li> <li>09 - MOTORCYCLE</li> <li>10 - MOTORIZED BICYCLE</li> <li>11 - SNOWMOBILE/ATV</li> <li>12 - OTHER PASSENGER VEHICLE</li> </ul>	<ul style="list-style-type: none"> <li>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES</li> <li>14 - SINGLE UNIT TRUCK; 3+ AXLES</li> <li>15 - SINGLE UNIT TRUCK / TRAILER</li> <li>16 - TRUCK/TRACTOR (BOBTAIL)</li> <li>17 - TRACTOR/SEMI-TRAILER</li> <li>18 - TRACTOR/DOUBLE</li> <li>19 - TRACTOR/TRIPLES</li> <li>20 - OTHER MED/HEAVY VEHICLE</li> </ul>	<ul style="list-style-type: none"> <li>21 - BUS/VAN (9-15 SEATS, INC DRIVER)</li> <li>22 - BUS (16+ SEATS, INC DRIVER)</li> <li>Non-Motorist</li> <li>23 - ANIMAL WITH RIDER</li> <li>24 - ANIMAL WITH BUGGY, WAGON, SURREY</li> <li>25 - BICYCLE/PEDACYCLIST</li> <li>26 - PEDESTRIAN/SKATER</li> <li>27 - OTHER NON-MOTORIST</li> </ul>

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

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

CONTRIBUTING CIRCUMSTANCES	PRIMARY	MOTORIST	NON-MOTORIST	VEHICLE DEFECTS
	<b>02</b>	01 - NONE	22 - NONE	<b>01</b>
		02 - FAILURE TO YIELD	23 - IMPROPER CROSSING	02 - HEAD LAMPS
		03 - RAN RED LIGHT	24 - DARTING	03 - TAIL LAMPS
		04 - RAN STOP SIGN	25 - LYING AND/OR ILLEGALLY IN ROADWAY	04 - BRAKES
		05 - EXCEEDED SPEED LIMIT	26 - FAILURE TO YIELD RIGHT OF WAY	05 - STEERING
		06 - UNSAFE SPEED	27 - NOT VISIBLE (DARK CLOTHING)	06 - TIRE BLOWOUT
		07 - IMPROPER TURN	28 - INATTENTIVE	07 - WORN OR SLICK TIRES
		08 - LEFT OF CENTER	29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER	08 - TRAILER EQUIPMENT DEFECTIVE
		09 - FOLLOWED TOO CLOSELY/ACDA	30 - WRONG SIDE OF THE ROAD	09 - MOTOR TROUBLE
		10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	31 - OTHER NON-MOTORIST ACTION	10 - DISABLED FROM PRIOR ACCIDENT
				11 - OTHER DEFECTS

SEQUENCE OF EVENTS	1 <b>20</b>	2	3	4	5	6	Non-Collision Events	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)	10 - CROSS MEDIAN
	FIRST HARMFUL EVENT <b>1</b>	MOST HARMFUL EVENT <b>1</b>					02 - FIRE/EXPLOSION	11 - CROSS CENTER LINE	OPPOSITE DIRECTION OF TRAVEL
							03 - IMMERSION	12 - DOWNHILL RUNAWAY	
							04 - JACKKNIFE	13 - OTHER NON-COLLISION	
							05 - CARGO/EQUIPMENT LOSS OR SHIFT		
							Collision With Fixed Object		
							25 - IMPACT ATTENUATOR/CRASH CUSHION	33 - MEDIAN CABLE BARRIER	41 - OTHER POST, POLE OR SUPPORT
							26 - BRIDGE OVERHEAD STRUCTURE	34 - MEDIAN GUARDRAIL BARRIER	42 - FIRE HYDRANT
							27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE BARRIER	43 - WORK ZONE MAINTENANCE EQUIPMENT
							28 - BRIDGE PARAPET	36 - MEDIAN OTHER BARRIER	44 - CURB
							29 - BRIDGE RAIL	37 - TRAFFIC SIGN POST	45 - DITCH
							30 - GUARDRAIL FACE	38 - OVERHEAD SIGN POST	46 - EMBANKMENT
							31 - GUARDRAIL END	39 - LIGHT/LUMINARIES SUPPORT	47 - FENCE
							32 - PORTABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX
									48 - TREE
									49 - FIRE HYDRANT
									50 - WORK ZONE MAINTENANCE EQUIPMENT
									51 - WALL, BUILDING, TUNNEL
									52 - OTHER FIXED OBJECT

UNIT SPEED <b>020</b>	POSTED SPEED <b>45</b>	TRAFFIC CONTROL <b>04</b>	UNIT DIRECTION FROM <b>5</b> TO <b>7</b>
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		<ul style="list-style-type: none"> <li>01 - NO CONTROLS</li> <li>02 - STOP SIGN</li> <li>03 - YIELD SIGN</li> <li>04 - TRAFFIC SIGNAL</li> <li>05 - TRAFFIC FLASHERS</li> <li>06 - SCHOOL ZONE</li> </ul>	<ul style="list-style-type: none"> <li>07 - RAILROAD CROSSBUCKS</li> <li>08 - RAILROAD FLASHERS</li> <li>09 - RAILROAD GATES</li> <li>10 - CONSTRUCTION BARRICADE</li> <li>11 - PERSON (FLAGGER, OFFICER)</li> <li>12 - PAVEMENT MARKINGS</li> <li>13 - CROSSWALK LINES</li> <li>14 - WALK/DON'T WALK</li> <li>15 - OTHER</li> <li>16 - NOT REPORTED</li> </ul>

UNIT NUMBER <b>102</b>	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)	DAMAGE SCALE <b>2</b>	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)				
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>PGX 6248</b>	VEHICLE IDENTIFICATION NUMBER <b>11MFAK0D0X511N5F3516911011</b>	# OCCUPANTS <b>1</b>	
VEHICLE YEAR <b>2001</b>	VEHICLE MAKE <b>PETERBILT</b>	VEHICLE MODEL <b>357</b>	VEHICLE COLOR <b>GREEN</b>	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>CPP UNITED OHIO</b>	POLICY NUMBER <b>CPP001245905</b>	TOWED BY	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

US DOT <b>1106886</b>	VEHICLE WEIGHT GVWR/GCWR <b>3</b>	CARGO BODY TYPE <b>12</b>	TRAFFICWAY DESCRIPTION <b>1</b>
HM PLACARD ID NO.	1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM CLASS NUMBER	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b>	TYPE OF USE <b>2</b>	UNIT TYPE <b>14</b>	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
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	1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	13 - SINGLE UNIT TRUCK OR VAN 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	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 <b>01</b>	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 <b>02</b>	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION <b>3</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>01</b>	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	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, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
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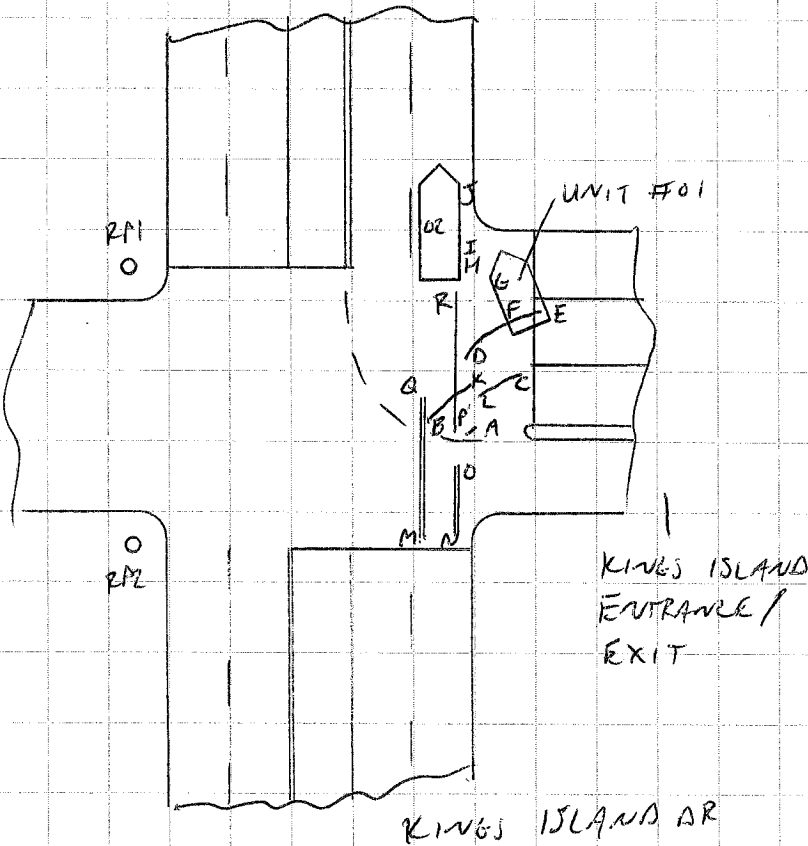
CONTRIBUTING CIRCUMSTANCES	PRIMARY <b>01</b>	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <b>01</b>	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 <b>20</b>	2	3	4	5	6	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, 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	
	FIRST HARMFUL EVENT <b>1</b>	MOST HARMFUL EVENT <b>1</b>	99 - UNKNOWN				COLLISION WITH FIXED 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			
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED							33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	41 - OTHER POST, POLE OR SUPPORT 42 - CULTURE 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	

UNIT SPEED <b>045</b>	POSTED SPEED <b>45</b>	TRAFFIC CONTROL <b>04</b>	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 <b>8</b> TO <b>5</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN
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LOCAL REPORT NUMBER 116-26898	REPORTING AGENCY MASON POLICE	DATE OF CRASH MO8   DO8   Y16
IN COUNTY OF WARREN	CRASH LOCATION KINGS ISLAND DR + KINGS ISLAND ENTRANCE	



	RA1	RA2
A	99 <sup>3</sup>	89 <sup>0</sup>
B	84 <sup>5</sup>	90 <sup>5</sup>
C	99 <sup>4</sup>	105 <sup>3</sup>
D	90 <sup>7</sup>	104 <sup>1</sup>
E	96 <sup>7</sup>	119 <sup>2</sup>
F	90 <sup>3</sup>	114 <sup>5</sup>
G	88 <sup>3</sup>	120 <sup>0</sup>
H	80 <sup>5</sup>	117 <sup>9</sup>
I	80 <sup>1</sup>	121 <sup>1</sup>
J	81 <sup>3</sup>	137 <sup>0</sup>
K	89 <sup>3</sup>	91 <sup>1</sup>
L	91 <sup>2</sup>	92 <sup>9</sup>
M	113 <sup>5</sup>	66 <sup>0</sup>
N	111 <sup>3</sup>	74 <sup>1</sup>
O	99 <sup>2</sup>	80 <sup>2</sup>
P	95 <sup>9</sup>	84 <sup>5</sup>
Q	82 <sup>1</sup>	90 <sup>3</sup>
R	80 <sup>8</sup>	113 <sup>2</sup>

RA1 - STREET LIGHT POST

RA2 - STREET LIGHT POST

RA1 TO RA2 - 101<sup>0</sup>

NOT TO SCALE

OFFICER'S SIGNATURE

X [Signature]

BADGE NUMBER

1637



LOCAL REPORT NUMBER 16-26898	REPORTING AGENCY MASON POLICE	DATE OF CRASH MO8   D 08   Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, GARY L. REVEAL HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

FITZGERALD AT Scene  
OFFICER'S NAME LOCATION

I WAS TRAVELING NORTH ON KINGS ISLAND  
 DRIVE @ 45 MPH. IN RIGHT LANE  
 DRIVER IN CAR TRAVELING SOUTH MADE  
 LEFT TURN IN FRONT OF ME. LIGHT  
 WAS GREEN FOR ME.

Q: WERE YOU OR ANYONE IN YOUR VEHICLE INJURED? NO

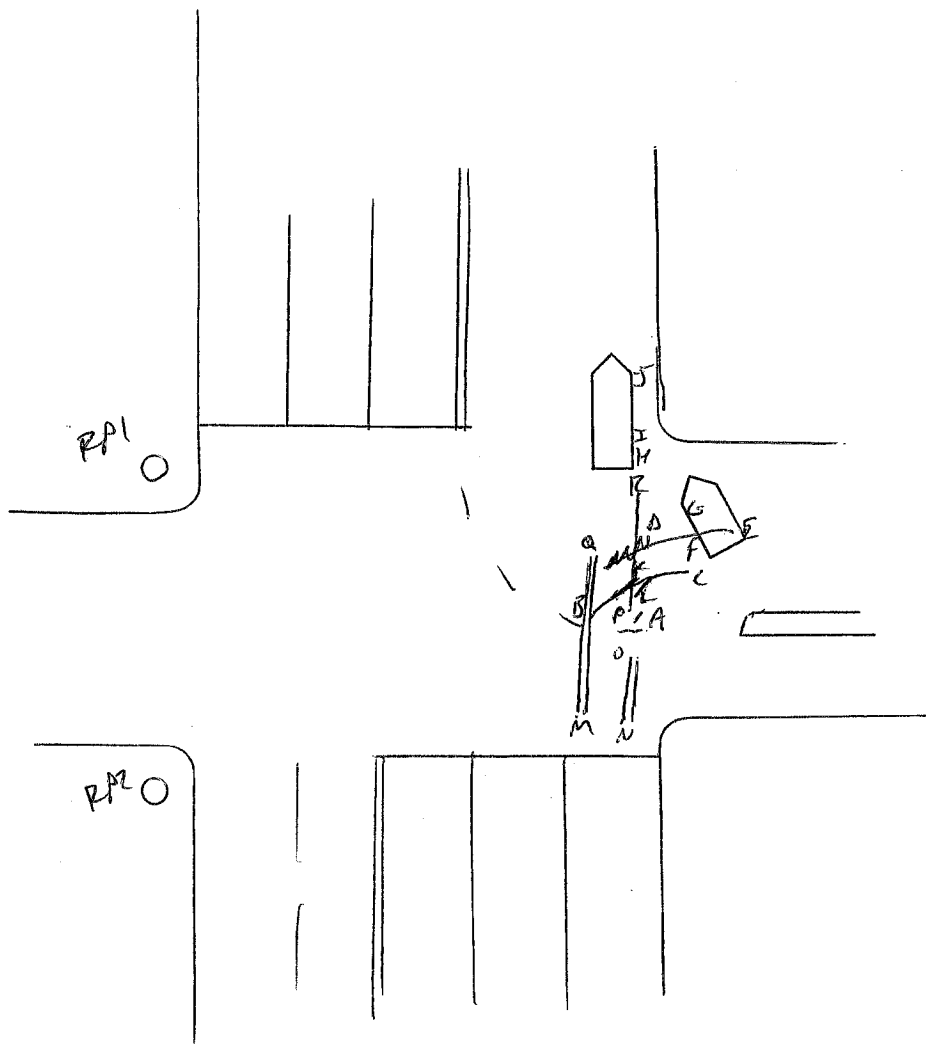
Q: WERE YOU WEARING YOUR SEAT BELT? YES

Q: HOW FAST WERE YOU TRAVELLING BEFORE ANY EVASIVE ACTION? 45 MPH

Q: WERE YOU DISTRACTED BY ANYTHING OR USING A PHONE? NO

ADDRESS OF WITNESS 5231 KAD FORD DR. MORROW, O. 45752	PHONE 513-514-8109
SIGNATURE OF WITNESS X <u>Gary L. Reveal</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>

(W) MICHELLE JONES 859 250 7228



	RPI	RPO
A	99.2	89.0
B	<del>84.5</del>	90.5
C	99.4	105.3
D	90.7	104.1
E	96.7	119.2
F	90.3	114.5
G	88.3	120.0
H	80.5	117.9
I	80.1	121.1
J	81.3	137.0
K	89.3	91.1
L	91.2	92.9
M	113.5	86.0
N	111.3	74.1
O	94.2	80.7
P	95.5	84.5
Q	82.1	90.3
R	80.2	113.2