



OWNER	UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE ( ) (SAME AS DRIVER) <b>Greenview School ,</b>	OWNER PHONE: INCLUDE AREA CODE ( ) (SAME AS DRIVER) <b>9 3 7 6 7 5 6 8 0 6</b>		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) (SAME AS DRIVER) <b>4 S Charleston RD Road Jamestown , OH 45335</b>		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP <b>Greenview School</b> <b>4 S Charleston RD Road Jamestown , OH 45335</b>		
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>Q16050</b>	VEHICLE IDENTIFICATION # <b>I B A B N X S A 1 S F 8 0 7 9 9 4</b>	VEHICLE YEAR <b>2 0 2 5</b>	VEHICLE MAKE <b>Blue Bird Bod</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>Southwestern Ohio</b>	INSURANCE POLICY # <b>EPC024-001-023</b>	COLOR <b>YEL</b>	VEHICLE MODEL <b>Other Unknov</b>
VEHICLE	<input checked="" type="checkbox"/> COMMERCIAL	TYPE OF USE <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT # <b>B u s</b>	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0 1</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - ≥26K LBS. <b>2</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
VEHICLE	UNIT TYPE <b>1 9</b>		CLASS #		PLACARD ID #
	# of TRAILING UNITS <b>00</b>		CLASS #		PLACARD ID #
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN <b>2</b>		AUTONOMOUS MODE LEVEL <b>0</b>		
	SPECIAL FUNCTION <b>0 4</b>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - ≥26K LBS. <b>2</b>		
VEHICLE	CARGO BODY TYPE <b>0 2</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
	VEHICLE DEFECTS <b>0 2</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
EVENTS	NON-MOTORIST LOCATION AT IMPACT <b>0 2</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
	ACTION <b>3</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
EVENTS	CONTRIBUTING CIRCUMSTANCES <b>0 6</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
	SEQUENCE OF EVENTS <b>1 2 1</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
EVENTS	SEQUENCE OF EVENTS <b>1 2 1</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
	SEQUENCE OF EVENTS <b>1 2 1</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		

LOCAL REPORT NUMBER	
<b>2 0 2 5 - 0 0 0 0 4 2 3</b>	
DAMAGE	
DAMAGE SCALE	
<b>2</b> 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
<b>0 5</b> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY  <b># OF THROUGH LANES ON ROAD</b>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL  <b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <b>3</b> TO <b>2</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
<b>UNIT SPEED</b>  <b>POSTED SPEED</b>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED





# UNIT

OWNER

VEHICLE

EVENT(S)

UNIT # <b>0 2</b>		OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) <b>MERRILL, LINDA BACHMANN</b>		OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) <b>9 3 7 6 5 7 6 4 8 9</b>	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) <b>2918 RIVER EDGE CR Circle SPRING VALLEY, OH 45370</b>					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE <b>O H</b>	LICENSE PLATE # <b>CP56XK</b>	VEHICLE IDENTIFICATION # <b>5 L M J J 2 J 5 8 D E L 0 4 6 2 3</b>		VEHICLE YEAR <b>2 0 1 3</b>	VEHICLE MAKE <b>Lincoln</b>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>Grange</b>	INSURANCE POLICY # <b>2410676</b>		COLOR <b>BRO</b>	VEHICLE MODEL <b>Navigator</b>
<input type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #		TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0 0</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD
UNIT TYPE <b>0 3</b> <b>00</b> # OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL <b>0</b>					
SPECIAL FUNCTION <b>0 1</b>					
CARGO BODY TYPE <b>0 1</b>					
VEHICLE DEFECTS					
NON-MOTORIST LOCATION AT IMPACT					
ACTION <b>4</b>					
CONTRIBUTING CIRCUMSTANCES <b>0 1</b>					
SEQUENCE OF EVENTS					
EVENTS					
COLLISION WITH FIXED OBJECT - STRUCK					
FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>					

LOCAL REPORT NUMBER <b>2 0 2 5 - 0 0 0 0 4 4 2 3</b>	
DAMAGE DAMAGE SCALE <b>3</b> 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ] <input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ] <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE <b>1 1</b> 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW <b>2</b> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <b>6</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>2</b>	RAIL GRADE CROSSING <b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>3</b> TO <b>4</b>	
UNIT SPEED <b>0</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>2 5</b>	



# MOTORIST / Non-Motorist

LOCAL REPORT NUMBER

2025-00004423

MOTORIST / NON-MOTORIST	UNIT # <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>MACAULEY, SUSAN ELAINE</b>				DATE OF BIRTH <b>04/04/1968</b>		AGE <b>57</b>	GENDER <b>F</b>																																																																																																																																																																																								
	ADDRESS: STREET, CITY, STATE, ZIP <b>754 GLENWOOD DR Drive JAMESTOWN, OH 45335</b>					CONTACT PHONE - INCLUDE AREA CODE <b>6165106361</b>																																																																																																																																																																																											
	INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>																																																																																																																																																																																						
	OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER		OFFENSE CHARGED <b>4511.202 MM</b>		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b>Reasonable Control</b>		CITATION NUMBER <b>33371</b>																																																																																																																																																																																								
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>1</b>		DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4																																																																																																																																																																																						
MOTORIST / NON-MOTORIST	UNIT # <b>02</b>	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																																																																																																																																																																																								
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																											
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	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4																																																																																																																																																																																						
<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - COL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM VEHICLE</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - MC MOPEO ONLY</td><td>5 - EXCEPT CLASS A &amp; CLASS B BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td>INJURED TAKEN BY</td><td>6 - SECOND - RIGHT SIDE</td><td>9 - DEPLOYMENT UNKNOWN</td><td>6 - NO VALID OL</td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>6 - PASSENGER</td><td>ALCOHOL TEST TYPE</td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>EJECTION</td><td>OL ENDORSEMENT</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>8 - THIRD - MIDDLE</td><td>1 - NOT EJECTED</td><td>H - HAZMAT</td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>9 - THIRD - RIGHT SIDE</td><td>2 - PARTIALLY EJECTED</td><td>M - MOTORCYCLE</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td>9 - OTHER / UNKNOWN</td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>10 - SLEEPER SECTION OF TRUCK CAB</td><td>3 - TOTALLY EJECTED</td><td>P - PASSENGER</td><td>11 - LIMITED TO EMPLOYMENT</td><td>CONDITION</td><td>4 - BREATH</td></tr><tr><td>SAFETY EQUIPMENT</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>4 - NOT APPLICABLE</td><td>N - TANKER</td><td>12 - LIMITED - OTHER</td><td>1 - APPARENTLY NORMAL</td><td>5 - OTHER</td></tr><tr><td>1 - NONE USED</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>TRAPPED</td><td>Q - MOTOR SCOOTER</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td>2 - PHYSICAL IMPAIRMENT</td><td>DRUG TEST TYPE</td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>13 - TRAILING UNIT</td><td>1 - NOT TRAPPED</td><td>R - THREE-WHEEL MOTORCYCLE</td><td>14 - MILITARY VEHICLES ONLY</td><td>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td><td>1 - NONE</td></tr><tr><td>3 - LAP BELT ONLY USED</td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>S - SCHOOL BUS</td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td>4 - ILLNESS</td><td>2 - BLOOD</td></tr><tr><td>4 - SHOULDER &amp; LAP BELT USED</td><td>15 - NON-MOTORIST</td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td>T - DOUBLE &amp; TRIPLE TRAILERS</td><td>16 - OUTSIDE MIRROR</td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td><td>3 - URINE</td></tr><tr><td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>99 - OTHER / UNKNOWN</td><td></td><td>X - TANKER / HAZMAT</td><td>17 - PROSTHETIC AID</td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td><td>4 - OTHER</td></tr><tr><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td></td><td></td><td>GENDER</td><td>18 - OTHER</td><td>7 - OTHER / UNKNOWN</td><td>DRUG TEST RESULT(S)</td></tr><tr><td>7 - BOOSTER SEAT</td><td></td><td></td><td>F - FEMALE</td><td></td><td></td><td>1 - AMPHETAMINES</td></tr><tr><td>8 - HELMET USED</td><td></td><td></td><td>M - MALE</td><td></td><td></td><td>2 - BARBITURATES</td></tr><tr><td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td></td><td>U - OTHER / UNKNOWN</td><td></td><td></td><td>3 - BENZODIAZEPINES</td></tr><tr><td>10 - REFLECTIVE CLOTHING</td><td></td><td></td><td></td><td></td><td></td><td>4 - CANNABINOIDS</td></tr><tr><td>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td><td></td><td></td><td></td><td></td><td>5 - COCAINE</td></tr><tr><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td></td><td></td><td></td><td>6 - OPIATES / OPIOIDS</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>7 - OTHER</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>8 - NEGATIVE RESULTS</td></tr></tbody></table>												INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS	1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN	2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - COL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED	3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM VEHICLE	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN	5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPEO ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	ALCOHOL TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE	2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD	3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	3 - URINE	9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	CONDITION	4 - BREATH	SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	5 - OTHER	1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE	2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE	3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	2 - BLOOD	4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER	6 - CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	18 - OTHER	7 - OTHER / UNKNOWN	DRUG TEST RESULT(S)	7 - BOOSTER SEAT			F - FEMALE			1 - AMPHETAMINES	8 - HELMET USED			M - MALE			2 - BARBITURATES	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES	10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE	99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS							7 - OTHER							8 - NEGATIVE RESULTS
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS																																																																																																																																																																																											
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN																																																																																																																																																																																											
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - COL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED																																																																																																																																																																																											
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE																																																																																																																																																																																											
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM VEHICLE	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN																																																																																																																																																																																											
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPEO ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN																																																																																																																																																																																											
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	ALCOHOL TEST TYPE																																																																																																																																																																																											
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE																																																																																																																																																																																											
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD																																																																																																																																																																																											
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	3 - URINE																																																																																																																																																																																											
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	CONDITION	4 - BREATH																																																																																																																																																																																											
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	5 - OTHER																																																																																																																																																																																											
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE																																																																																																																																																																																											
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE																																																																																																																																																																																											
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	2 - BLOOD																																																																																																																																																																																											
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE																																																																																																																																																																																											
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER																																																																																																																																																																																											
6 - CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	18 - OTHER	7 - OTHER / UNKNOWN	DRUG TEST RESULT(S)																																																																																																																																																																																											
7 - BOOSTER SEAT			F - FEMALE			1 - AMPHETAMINES																																																																																																																																																																																											
8 - HELMET USED			M - MALE			2 - BARBITURATES																																																																																																																																																																																											
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES																																																																																																																																																																																											
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS																																																																																																																																																																																											
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE																																																																																																																																																																																											
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS																																																																																																																																																																																											
						7 - OTHER																																																																																																																																																																																											
						8 - NEGATIVE RESULTS																																																																																																																																																																																											

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2025-00004423**

<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
	<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
	<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
	<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>OCCUPANT</b>	<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
	<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>

<b>INJURIES</b>	<b>SAFETY EQUIPMENT USED</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  <b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN  <b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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 99 - OTHER / UNKNOWN	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 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  <b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

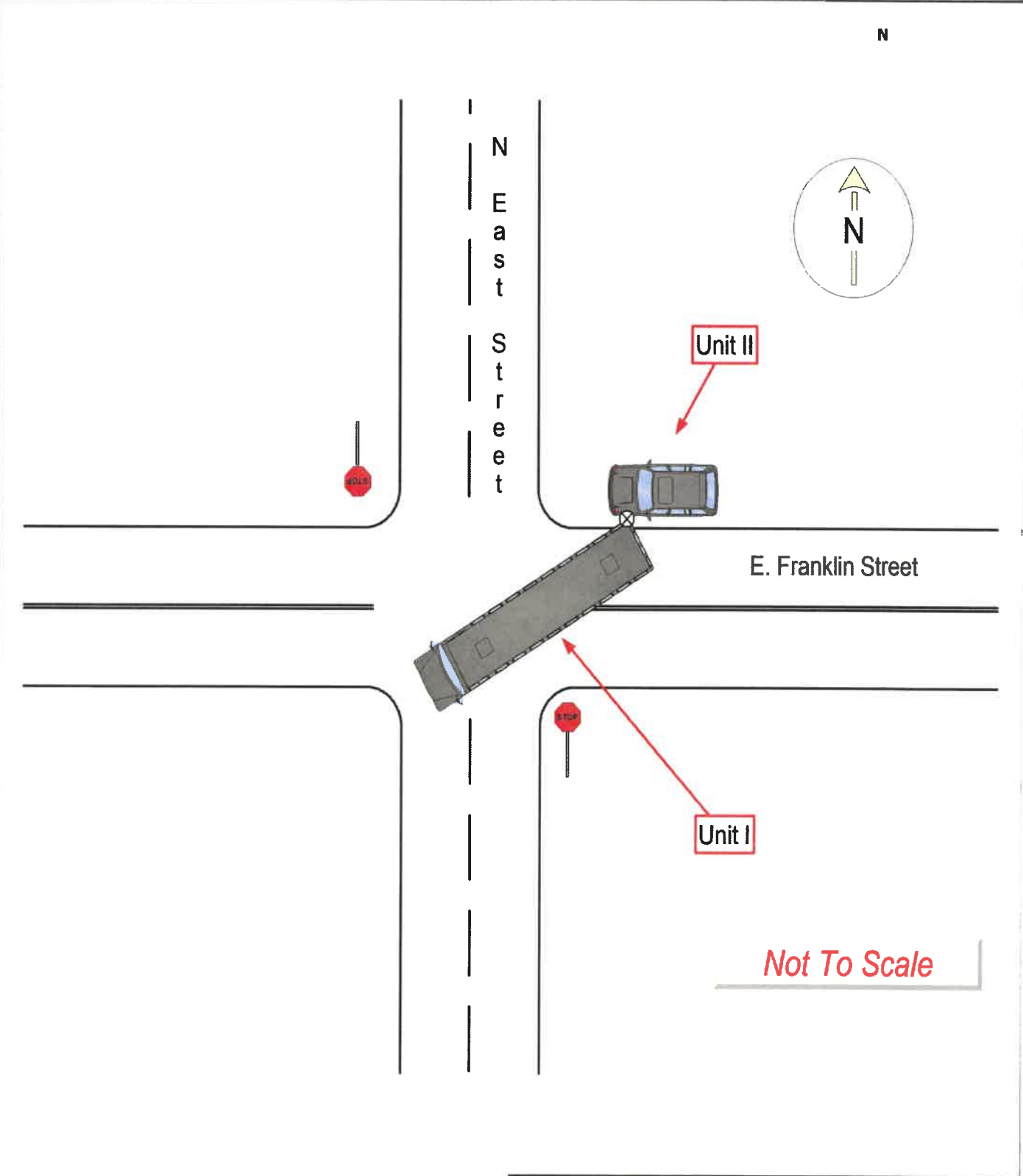
<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
<b>BOIE, CATHERINE ESTHER</b>	<b>1 0 1 4 1 9 6 5</b>	<b>5 9</b>	<b>F</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>4319 BELLEMEAD DR Drive BELLBROOK, OH 45305</b>		<b>5 1 3 6 3 3 0 3 0 6</b>	
<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
<b>KELLEY, DAVID CHARLES</b>	<b>1 0 2 3 1 9 5 6</b>	<b>6 8</b>	<b>M</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>1131 MEAD RD Road BELLBROOK, OH 45305</b>		<b>9 3 7 4 7 7 8 5 7 8</b>	
<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>		



OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER <b>2025-00004423</b>	REPORTING AGENCY <b>Bellbrook Police</b>	DATE OF ACCIDENT M <b>05</b>   D <b>07</b>   Y <b>2025</b>
IN COUNTY OF <b>29 Greene</b>	ACCIDENT LOCATION <b>FRANKLIN ST Street</b>	



OFFICERS SIGNATURE <b>BB52\ Cox, Dakota, C,</b>	BADGE NO. <b>BB52</b>
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## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL  
REPORT  
NUMBER

2025 4423

REPORTING  
AGENCY

Bellbrook PD

DATE OF CRASH

M 5 / D 7 / Y 25

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

I, Susan Macauley

(PRINTED)

Cox

(OFFICER'S NAME)

E Franklin

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

AT

Corner of N East St

(LOCATION)

<sup>was</sup>  
I Slowed, almost stopped making a (L) turn onto  
N East Street. Checked my mirrors & Completed my turn.  
Proceeded to front of Bellbrook Academy  
The Lady of Lincoln Navigator approached me once  
my bus was stop & explained I had <sup>Side</sup> Swiped  
her A Car.

ADDRESS  
OF  
WITNESS  
SIGNATURE  
OF  
WITNESS

754 Glenwood dr Jamestown OH 45335

OFFICER'S SIGNATURE

D. Cox

PHONE

616-510-6361

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL  
REPORT  
NUMBER

2025-4423

REPORTING  
AGENCY

Bellbrook PD

DATE OF CRASH

M 5 / D 7 / Y 25

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

I, Linda Merrill HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)  
COX AT E. Franklin St at N East St.  
(OFFICERS NAME) (LOCATION)

I parked parallel in a designated spot on Franklin heading west in front of Top Notch plumbing. A witness found me in the parking lot of Bellbrook Sugar Creek Community Support Center & asked if the Navigator belonged to any of us volunteers. She showed me the damage then drove to Bellbrook Academy to inform the bus driver that she had struck my car. I jogged to the school & joined them.

ADDRESS  
OF  
WITNESS  
SIGNATURE  
OF  
WITNESS

2918 River Edge Cir Spring Valley OH 45370

PHONE

937-657-6489

OFFICERS SIGNATURE

D. Cox



## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	2025 - 4423	REPORTING AGENCY	BELLBROOK POLICE	DATE OF CRASH	M 5 / D 7 / Y 25
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, CATHERINE BOIE HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)  
WALKER AT 15 E. FRANKLIN ST  
(OFFICER'S NAME) (LOCATION)

Going West on East Franklin, I witness a school bus turning left  
on to east St. The back right part of the bus swung out  
as it turned and hit a black navigator parked on the side  
of the road.

ADDRESS OF WITNESS	4319 Bellmeade Dr, Bellbrook OH 45305	PHONE	513-633-0300
SIGNATURE OF WITNESS		OFFICER'S SIGNATURE	

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	2025-4423	REPORTING AGENCY	Bellbrook PD	DATE OF CRASH	M 5 / D 7 / Y 25
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAVID G. KELLEY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)  
DETECTIVE WARREN AT BELLBROOK  
(OFFICERS NAME) (LOCATION)

On 7 May 2025 I was driving east to west on Franklin Street in Bellbrook and noticed a school bus about four cars in front of us that was stopped across both lanes of traffic, waiting to make a turn to return to the elementary school. When the driver started moving to complete the turn, the rear end of the bus (looked like the big black bumper on the back) impacted a parked SUV. It struck the vehicle hard enough to actually rock the car back and forth from side to side.

ADDRESS  
OF  
WITNESS  
SIGNATURE  
OF  
WITNESS

1131 Mead Rd., Bellbrook  
David G. Kelly

PHONE  
937 477 8578

OFFICERS SIGNATURE  
J. Cep #52