

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #* 2012002744

CRASH SEVERITY 3 1 FATAL 3 PDO 2 Injury 4 Unknown

PRIVATE PROPERTY

HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN OH-2 OH-3 OH-1P OTHER X X X

NCIC #* 08304

REPORTING AGENCY* City of Mason - City of Mason Police Depart

UNITS 2

UNIT ERROR 01 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* 02092012

TIME OF CRASH 15:51 DAY OF WEEK Thu CITY* X VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason COUNTY #* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX S CRASH LOCATION East Main Street TYPE LOC 3 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE 20.00 DR PREFIX W REFERENCE Mason-Montgomery Rd REF POINT 02 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

UNIT # A 1 NAME (LAST, FIRST, MIDDLE) Tedoldi, Ilarta ADDRESS (STREET, CITY, STATE, ZIP CODE) 4826 Classic Turn Lane, Mason OH, 45040

SOCIAL SECURITY NUM 08031996 DATE OF BIRTH 15 AGE 15 SEX F HOME PHONE # (513) 492-7469 WORK PHONE #

DL STATE OH DL # UA034376 IP STATE OH IP # FDQ8793 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Tedoldi, Gabriele ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2011 MAKE BMW MODEL X5 COLOR GRY INSURANCE COMPANY Cincinnati TOWING SERVICE OWNER PHONE # 513-492-7469(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # B 2 NAME (LAST, FIRST, MIDDLE) Anoska, Dainius ADDRESS (STREET, CITY, STATE, ZIP CODE) 16 Townsend Circle, Naperville IL, 60565

SOCIAL SECURITY NUM 02011971 DATE OF BIRTH 41 AGE 41 SEX M HOME PHONE # (630) 313-9873 WORK PHONE #

DL STATE IL DL # A52016071032 IP STATE IL IP # P392432 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Pro America Inc ADDRESS (STREET, CITY, STATE, ZIP CODE) 1127 E. Wilson Ave, Lombard, IL 60148 YEAR 2000 MAKE VOLV MODEL COLOR GRY INSURANCE COMPANY Peoples/Great West TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 1 NAME (LAST, FIRST, MIDDLE) Peloni, Alessandra HOME PHONE # 513-492-7469 DATE OF BIRTH 01011967 AGE 45 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 4826 Classic Turn Lane, Mason OH, 45040 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

UNIT # D 1 NAME (LAST, FIRST, MIDDLE) Tedoldi, Giorgia HOME PHONE # 513-492-7469 DATE OF BIRTH 12282000 AGE 11 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 4826 Classic Turn Lane, Mason OH, 45040 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

Table with columns: SEATING POSITION, SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURIES. Rows A-D for each occupant.

Narrative

Unit #01 was stopped at a red light facing east bound on W. Main St. at Mason-Montgomery Rd. Unit #02 was north bound on Mason-Montgomery Rd. and proceeded to turn left (Westbound) on W. Main St. Unit #02 stopped during the turn. When unit #02 stopped, unit #01 proceeded forward with ensuring it could be done safely, and struck the trailer of unit #02.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

6

01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 02 REAR-END
 03 HEAD-ON
 04 REAR-TO-REAR
 05 BACKING
 06 ANGLE
 07 SIDESWIBE, SAME DIRECTION
 08 SIDESWIBE, OPPOSITE DIRECTION
 09 UNKNOWN

1

01 NO
 02 YES, DIRECTLY INVOLVED
 03 YES, INDIRECTLY INVOLVED
 04 UNKNOWN

WEATHER

02

01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

TYPE OF WORK ZONE

01 LANE CLOSURE
 02 LANE SHIFT/CROSSOVER
 03 WORK ON SHOULDER OR MEDIAN
 04 INTERMITTENT/MOVING WORK
 05 OTHER

LOCATION OF CRASH IN WORK ZONE

01 BEFORE FIRST WORK ZONE WARNING SIGN
 02 ADVANCE WARNING AREA
 03 TRANSITION AREA
 04 ACTIVITY AREA

WORKERS PRESENT

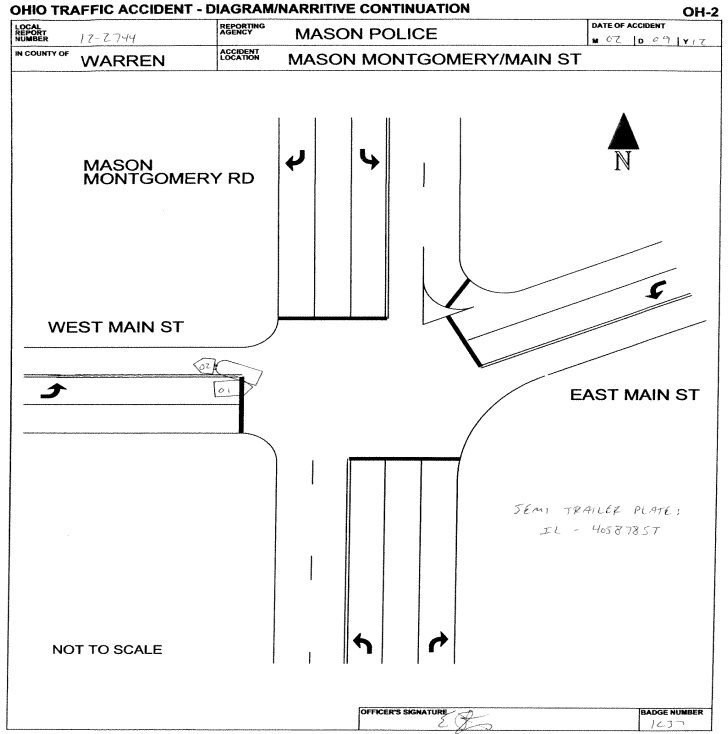
01 NO
 02 YES
 03 UNKNOWN

LIGHT CONDITIONS

PRIMARY **1** SECONDARY

01 DAYLIGHT
 02 DAWN
 03 DUSK
 04 DARK - LIGHTED ROADWAY
 05 DARK - NOT LIGHTED
 06 DARK - UNKNOWN LIGHTING
 07 GLARE
 08 OTHER
 09 UNKNOWN

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

**A
N
D**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

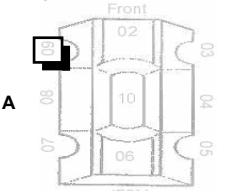
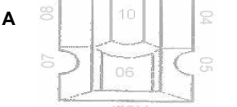
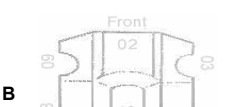
COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLI CABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/ GRAVEL	05 POLE 06 CARGO TAN 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D	01 NO 02 YES 03 UNKNOWN	01 NO 02 YES 03 NOT APPLI CABLE 04 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02/09/2012	15:55	15:52	15:55	17:28	30.00	123.85
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Eric S Fitzgerald	1C37		02/13/2012			
REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER		201200002744			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	DAMAGE AREA  <input type="text" value="02"/>	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="11"/> <small>A B</small>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	20	20	1	1	2	2	3	3	4	4	POSTED SPEED <input type="text" value="25"/> <input type="text" value="25"/> <small>A B</small>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
20	20														
1	1														
2	2														
3	3														
4	4														
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <small>A B</small>	A  B 	MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPING IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIAL LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTS 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 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 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value="12"/> <small>A B</small>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2						
1	2	1	2												
TYPE OF UNIT <input type="text" value="06"/> <input type="text" value="13"/> <small>A B</small>	MOST DAMAGED AREA <input type="text" value="09"/> <input type="text" value="01"/> <small>A B</small>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="21"/> <input type="text" value="01"/> <small>A B</small>	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 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	DIIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="4"/> <small>A B C D</small>	DRUG TEST STATUS 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2						
1	2	1	2												
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK; 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3-AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTOR ZED/BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT <input type="text" value="09"/> <input type="text" value="12"/> <small>A B</small>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCIDENT 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	FIIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	CONDITIION <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	TYPE OF INTERSECTION <input type="text" value="01"/> <small>A</small>										
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value="4"/> <small>A B</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <small>A B</small>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	OCURRENCE <input type="text" value="1"/> <small>A</small>										
IN-EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <small>A B</small>	STRIKING VEHICLE: OVERRIDDEN/ UNDERRIDDEN <input type="text" value="3"/> <input type="text"/> <small>A B</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <small>A B</small>	OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ROAD CONTOUR <input type="text" value="1"/> <small>A</small>										
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="1"/> <small>A B</small>	NO UNDERRIDE OR OVERRIDE 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	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 CRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value="2"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> <small>A B</small>										
SUPPLEMENTS *X* IF YES LOCAL REPORT#* <input type="text"/> <input type="text"/>															
<input type="text" value="201200002744"/>															

LOCAL REPORT NUMBER 2012002744	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 02 D 09 Y 12
IN COUNTY OF 83	ACCIDENT LOCATION 100 East Main Street	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 17-2744	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 02 D 09 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY/MAIN ST	

NOT TO SCALE

SEMI TRAILER PLATE:
IL - 4058785T

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 1237
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OFFICER'S SIGNATURE X	BADGE NUMBER
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200002744	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2744	REPORTING AGENCY Mason Police	DATE OF CRASH M 07 D 09 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ALESSANDRA PELONI PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Eric Fitzgerald OFFICER'S NAME AT Main + Mason Montgomery LOCATION

MY DAUGHTER ILARIA TEOLODI WAS DRIVING THE CAR. WE WERE STOPPED AT THE TRAFFIC LIGHT (RED) AND THE TRUCK WAS IN THE INTERSECTION WITH THE TURN SIGNAL ON, AS FOR HEADING IN OUR DIRECTION. I SAID TO ILARIA TO JUST STAY WHERE SHE WAS AND NOT TO MOVE BECAUSE FOR SURE THE DRIVER KNEW HOW TO DO THE TURN. THE TRUCK STARTED TO TURN AND COMING CLOSER AND CLOSER AND I HONKED THE HORN FOR ILARIA HOPEING THAT HE WOULD STOP BUT HE DIDN'T AND HE STARTED HITTING THE CAR. I THOUGHT HE WOULDN'T STOP SO I SAID TO ILARIA TO MOVE TO MY SIDE BECAUSE I WAS AFRAID SHE WOULD HAVE BEEN HIT TOO. (IT REALLY LOOKED LIKE THE TRUCK WAS GETTING IN THE CAR MORE AND MORE) ^{STOPPED} THEN THE TRUCK

MY OTHER DAUGHTER GEORGIA TEOLODI WAS SITTING IN THE MIDDLE OF THE BACK SEAT WITH THE SEAT BELT ON

Q: Did Icaria move toward you before or after contact with the truck?
A: AFTER

4826 CLASSIC TURN LN, MASON OH 45040 ADDRESS OF WITNESS

5134927469 PHONE

SIGNATURE OF WITNESS: X [Signature] OFFICER'S SIGNATURE: X [Signature]

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200002744	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2744	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 02 D 09 Y 12
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I, DANILUS ANOSKA PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Keri Fitzgerald OFFICER'S NAME AT Main + Mason Montgomery LOCATION

At crossing of W. main st./US42 and S. Mason Montgomery I was making left turn from S. Mason Montgomery to W. main st./US42. And when I saw that there was a car in my way I stoped. After I stoped the same car started to move and pulled under my trailer. My seatbelt was on at the moment and turn signal too. I have a witness who was ^{after} behind that car.

ADDRESS OF WITNESS 16 TOWNSEND CIR, NAPERVILLE, IL 60565	PHONE 630-313-9873
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i>

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000002744	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2744	REPORTING AGENCY Mason Police	DATE OF CRASH M 2 D 9 Y 12
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I, ILARIA TEDOLDI HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Dezel AT Mason Montgomery & Main
OFFICER'S NAME LOCATION

I stopped at the red light so I could eventually turn on mason-montgomery road heading north. The truck was in the middle of the ~~middle of the~~ intersection of Mason-Montgomery road and Main street. He was stopped & looking to see whether or not he could make the turn, and after a few seconds of evaluating, he decided to make the turn. As he started to turn I realized the back of the truck was going to hit me, so I started to honk. The driver of the truck ~~did~~ ignored the honking and kept making the turn and hit the mirror of my mom's car, so I threw myself on top of my mom (who was sitting in ~~the~~ the passenger seat) because I was scared he wasn't going to stop, but he did. I got out of ~~the~~ the car through the passenger side because my door was blocked by the back of the truck

ADDRESS OF WITNESS 4826 classic turn lane	PHONE (513)-492-7409
SIGNATURE OF WITNESS X <u>Ilaria Tedoldi</u>	OFFICER'S SIGNATURE X <u>A. Dezel</u>

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000002744	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2744	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 0 09 Y 12
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I, Robert Ekling PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Eric Fitzgerald OFFICER'S NAME AT w main + mason montgomery LOCATION

I was sitting in traffic waiting to make LT. turn at Mas. Mont. Rd. when tractor trailer going North on Mas/Mont. was attempting LT. turn onto Main St. BMW in front of me rolled into truck after truck realized he wasn't going to clear BMW and came to a stop.

12-26-58 ADDRESS OF WITNESS 5349 Branchcreek Cir. Mason OH 45040	PHONE 459-8775
SIGNATURE OF WITNESS X <u>Robert Ekling</u>	OFFICER'S SIGNATURE X <u>E Fitzgerald</u>

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200002744	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2744	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 02 DE 9 Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ilana Tedoldi HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Eric Fitzgerald AT Main + Mason Montgomery
OFFICER'S NAME LOCATION

Q: Did you move forward at all once the truck began its turn?

A: NO

Q: Are you or anyone in your vehicle injured?

A: NO

Q: Were you wearing your seat belt?

A: YES

Zm - Georgia Tedoldi 12-28-2000 Sn/Lap Belt

ADDRESS OF WITNESS 4826 Classic Turn Mason	PHONE 513-492-7469
SIGNATURE OF WITNESS X <u>Ilana Tedoldi</u>	OFFICER'S SIGNATURE X <u>E Fitzgerald</u>

HSY 7003 4/07

201200002744