

State Seal

LOCAL REPORT #* **2012010617**

CRASH SEVERITY: **3** 1 FATAL 3 PDO, 2 Injury 4 Unknown

PRIVATE PROPERTY:

HIT / SKIP: **1** 1 NOT HIT / SKIP, 2 SOLVED, 3 UNSOLVED

PHOTOS TAKEN: **N** OH-2 **X** OH-3 **X** OH-1P OTHER

NCIC #* **08304** REPORTING AGENCY* **City of Mason - City of Mason Police Depart** # UNITS **2**

UNIT ERROR: **02** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH* **05192012**

TIME OF CRASH **19:30** DAY OF WEEK **Sat** CITY* **X** VILLAGE* TWP*

NAME (OF CITY, VILLAGE OR TOWNSHIP)* **Mason** COUNTY #* **83** LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX **State Route 741** CRASH LOC ON **State Route 741** TYPE LOC **3**

TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED STREET, 3 NUMBERED ROUTE

LOCAL INFORMATION

CRASH AT / REFERENCE: DIST REFERENCE DR PREFIX REFERENCE REF POINT

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

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Thakkar, Vishal**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **155 Monarch Lane, Miamisburg OH, 45342**

SOCIAL SECURITY NUM DATE OF BIRTH **05091978** AGE **34** SEX **M** HOME PHONE # **(937) 694-7795** WORK PHONE #

DL STATE **OH** DL # **SC035876** IP STATE **OH** IP # **AARYAN** INJURED TAKEN BY **1** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR **2011** MAKE **NISS** MODEL **Quest** COLOR **WHI** INSURANCE COMPANY **Geico** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Jackson, Rodney D**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **33 Keswick Drive, Monroe OH, 45050**

SOCIAL SECURITY NUM DATE OF BIRTH **01231973** AGE **39** SEX **M** HOME PHONE # **(513) 293-9289** WORK PHONE #

DL STATE **OH** DL # **RU212477** IP STATE **OH** IP # **FDQ2597** INJURED TAKEN BY **1** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR **2003** MAKE **KIA** MODEL **Sorento** COLOR **WHI** INSURANCE COMPANY **Bristol West** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

C UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Thakkar, Dimple** HOME PHONE # **937-694-7795** DATE OF BIRTH **08051980** AGE **31** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **155 Monarch Lane, Miamisburg OH, 45342**

INJURED TAKEN BY **1** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY INJURED TAKEN TO

D UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Thakkar, Aaryan** HOME PHONE # **937-964-7795** DATE OF BIRTH **04052006** AGE **6** SEX **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **155 Monarch Lane, Miamisburg OH, 45342**

INJURED TAKEN BY **1** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER) 01 A	01 NONE USED 04 A	01 NOT DEPLOYED 1 A	01 NOT PRESENT 1 A	01 NOT EJECTED 1 A	01 NOT TRAPPED 1 A	01 NO INJURY 1 A
02 FRONT - MIDDLE 02 B	02 SHOULDER BELT ONLY 04 B	02 DEPLOYED FRONT 1 A	02 IN ON POSITION 1 A	02 TOTALLY EJECTED 1 A	02 EXTRACTED BY MECHANICAL MEANS 1 B	02 POSSIBLE 2 B
03 FRONT - RIGHT 03 C	03 LAP BELT ONLY 04 C	03 DEPLOYED SIDE 1 A	03 IN OFF POSITION 1 B	03 PARTIALLY EJECTED 1 A	03 MEANS 1 C	03 NON-INCAPACITATING 1 C
04 SECOND - LEFT (MC PASS) 04 D	04 SHOULDER LAP BELT 05 D	04 DEPLOYED BOTH FRONT SIDE 1 B	04 UNKNOWN POSITION 1 B	04 NOT APPLICABLE 1 B	04 FREED BY NON-MECHANICAL MEANS 1 D	04 INCAPACITATING 1 D
05 SECOND - MIDDLE 05 A	05 CHILD SAFETY SEAT 05 A	05 NOT APPLICABLE 1 B		05 UNKNOWN 1 B		05 FATAL INJURY 2 B
06 SECOND - RIGHT 06 B	06 MC HELMET USED 06 B	06 UNKNOWN 1 B				06 UNKNOWN 1 D
07 THIRD - LEFT (MC PASSENGER SIDE CAR) 07 C	07 USE UNKNOWN 07 C					
08 THIRD - MIDDLE 08 D	08 NON-MOTORIST 08 D					
09 THIRD - RIGHT 09 A	09 NONE USED 09 A					
10 SLEEPER SECTION OF CAB 10 B	09 HELMET USED 10 B					
11 ENCLOSED CARGO AREA 11 C	10 PROTECTIVE PADS 11 C					
12 UNENCLOSED CARGO AREA 12 D	11 REFLECTIVE CLOTHING 12 D					
13 TRAILING UNIT 13 A	12 LIGHTING 13 A					
14 EXTERIOR 14 B	13 OTHER 14 B					
15 OTHER 15 C	14 UNKNOWN 14 C					
16 NON-MOTORIST 16 D						
17 UNKNOWN 17 A						

BLANK FOR WITNESS SUPPLEMENT "X" IF YES

Narrative

Unit 1 was stopped in traffic when it was struck from behind by unit 2.

MANNER OF COLLISION OR IMPACT

2

- 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

SCHOOL BUS RELATED

1

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

WEATHER

01

- 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

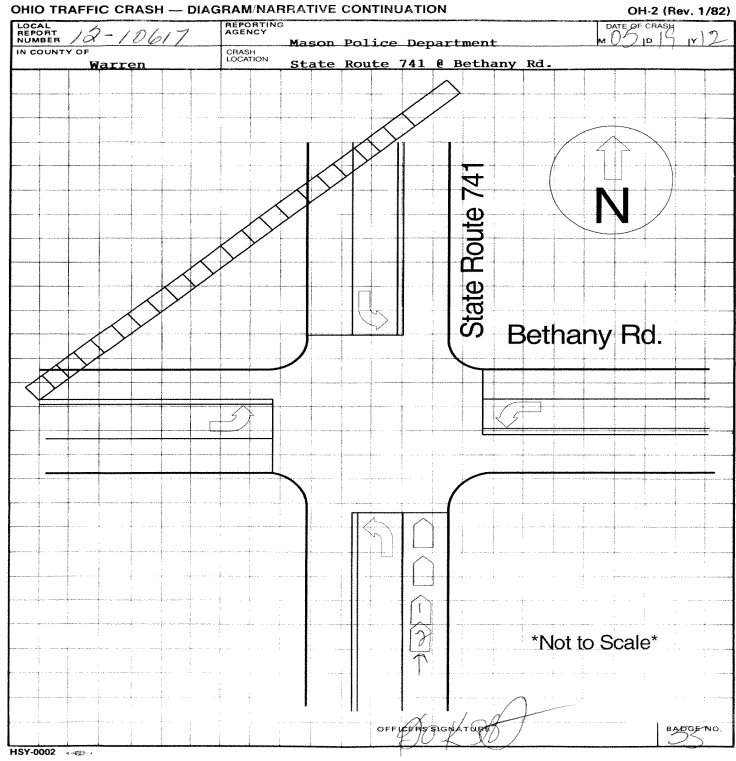
LIGHT CONDITIONS

PRIMARY SECONDARY

1

- 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.

AND

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 DISABLED 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	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
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
05/19/2012	19:32	19:33	19:40	19:53	30.00	51.45

OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*
Police Officer Kevin S Bryant	1C55		05/23/2012

REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #
1	1		2012000010617

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> A B	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="11"/> <input type="text" value="01"/> A B	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</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	2	2	3	3	4	4	POSTED SPEED <input type="text" value="40"/> <input type="text" value="40"/> A B	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> A B
20	20												
2	2												
3	3												
4	4												
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> A B	A 	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 DRIVING 13 OTHER 14 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SHIFT 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	TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value="12"/> A B	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> A B								
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	B 	NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIALIZED 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	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	DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> </table>	1	1	1	1	2	2	2	2	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> A B C D
1	1	1	1										
2	2	2	2										
TYPE OF UNIT <input type="text" value="05"/> <input type="text" value="06"/> A B	MOST DAMAGED AREA <input type="text" value="06"/> <input type="text" value="02"/> A B	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="08"/> A B	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 LIKELY TRAFFIC SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY 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 <table border="1"> <tr><td>2</td><td>1</td><td>2</td><td>1</td></tr> <tr><td>A</td><td>B</td><td>C</td><td>D</td></tr> </table>	2	1	2	1	A	B	C	D	TYPE OF INTERSECTION <input type="text" value="01"/>
2	1	2	1										
A	B	C	D										
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/TRAILERS 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 TRAILER 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT <input type="text" value="06"/> <input type="text"/> A B	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	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 LIKELY TRAFFIC SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY 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	CONDITION <input type="text" value="1"/> <input type="text" value="1"/> A B	OCURRENCE <input type="text" value="1"/>								
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTIION <input type="text" value="4"/> <input type="text" value="3"/> A B	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="1"/> <input type="text"/> A B	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> A B	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> A B	ROAD CONTOUR <input type="text" value="2"/>								
IN-EMERGENCY RESPONSE <input type="text"/> <input type="text"/> A B	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text"/> <input type="text" value="1"/> A B	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="1"/> <input type="text"/> A B	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> A B	ALCOHOL TEST STATUS <input type="text" value="2"/> <input type="text" value="1"/> A B	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/>								
DAMAGE SCALE <input type="text" value="1"/> <input type="text" value="1"/> A B	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="1"/> <input type="text" value="1"/> A B	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> A B	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/>								
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NONE 02 BLOOD 03 URINE 04 OTHER	01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	SPEED <input type="text" value="5"/> <input type="text"/> A B	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	SUPPLEMENTS *X* IF YES <input type="text"/>								
					LOCAL REPORT#* 201200010617								

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200010617	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UM-3

LOCAL REPORT NUMBER 12-10617	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 05 D 19 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, VISHAL THAKKAR HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. KEVIN S. BRYANT AT CRASH SCENE
OFFICER'S NAME LOCATION

We were stopped at the red light and when it turned green we started to move. Kia pick up SUV hit our car from the back and left dent on our car.

Passengers	DOB
Dimple Thakkar	8/5/1980 3
Aaryan Thakkar	4/5/2006 6

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? No

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? North

Q. WHAT WAS YOUR SPEED? 0

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS <u>[Signature]</u>	PHONE 957 694 7795
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <u>[Signature]</u>

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000010617	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UM-3

LOCAL REPORT NUMBER 12-10617	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 05 10 19 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROONEY JACKSON HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. KEVIN S. BRYANT AT BOTHANY / ST RT 741
OFFICER'S NAME LOCATION

AT THE LIGHT WE STARTED TO
LOCATION

PROCEED LOOKED AWAY FOR A SPLIT
SECOND TRAFFIC WAS STOPPED &
REAR ENDED WHITE NISSAN QUEST

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? NO

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? NORTH ON 741

Q. WHAT WAS YOUR SPEED? 2 MPH

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS 33 KESWICK DR PHONE 513.293.9289

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