

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*
2012011678

CRASH SEVERITY
3 1 FATAL 3 PDO
2 Injury 4 Unknown

PRIVATE PROPERTY

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

PHOTOS TAKEN
Y

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

NCIC #*
08304

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

UNITS
2

UNIT ERROR
01 88=ANIMAL
89=UNKNOWN

DATE OF CRASH*
06012012

TIME OF CRASH 07:15 DAY OF WEEK Fri CITY* X VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason COUNTY #* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION Mason-Montgomery Road TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE 200.00 DR PREFIX S REFERENCE Tylersville Road REF POINT 02 REFERENCE POINT USED 01 STATE LINE 02 INTERSECT ON 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O 07 CORPORATION LIMIT REFERENCE

MOTORIST A UNIT # 1 NAME (LAST, FIRST, MIDDLE) Steele, Steven V ADDRESS (STREET, CITY, STATE, ZIP CODE) 4407 N. Mallard Cove, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH 01241972 AGE 40 SEX M HOME PHONE # (513) 703-1836 WORK PHONE #

DL STATE OH DL # RP313184 LP STATE OH LP # BHV3699 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") Steele, Steven V ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 1999 MAKE DODG MODEL Durango COLOR BLK INSURANCE COMPANY Grang TOWING SERVICE OWNER PHONE # 513-703-1836(H)

OFFENSE CHARGED 331.34 OFFENSE DESCRIPTION Fail to Control; Weaving; Full Time and Attention CITATION # 71496 LOCAL CODE?

MOTORIST B UNIT # 2 NAME (LAST, FIRST, MIDDLE) Sandifer, Keona L ADDRESS (STREET, CITY, STATE, ZIP CODE) 3216 Hoover Avenue, Dayton OH, 45402

SOCIAL SECURITY NUM DATE OF BIRTH 09051983 AGE 28 SEX F HOME PHONE # (937) 496-5428 WORK PHONE #

DL STATE IL DL # W2525128-3853 LP STATE IL LP # N548131 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") Sandifer, Keona L ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2003 MAKE KIA MODEL Sedona COLOR BLU INSURANCE COMPANY Interstate Bankers TOWING SERVICE OWNER PHONE # 937-496-5428(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

OCCUPANT C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OCCUPANT D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 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 NONE USED	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	1 01 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED - FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED - SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 FREED BY MEANS	03 NON-
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT/ SIDE	04 UNKNOWN POSITION	04 NOT APPLIED	04 INCAPACITATED	04 INCAPACITATED
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLIED		05 UNKNOWN	05 NON-MECHANICAL MEANS	05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	06 UNKNOWN			06 UNKNOWN	06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	NON-MOTORIST					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						
BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

Narrative

Unit #1 was unable to stop his vehicle on the wet roads while in traffic on Mason-Montgomery Rd. near Tylersville. Unit #1 skidded into the adjacent lane striking unit #2 in the left side, causing minor damage.

MANNER OF COLLISION OR IMPACT

7

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

04

- 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

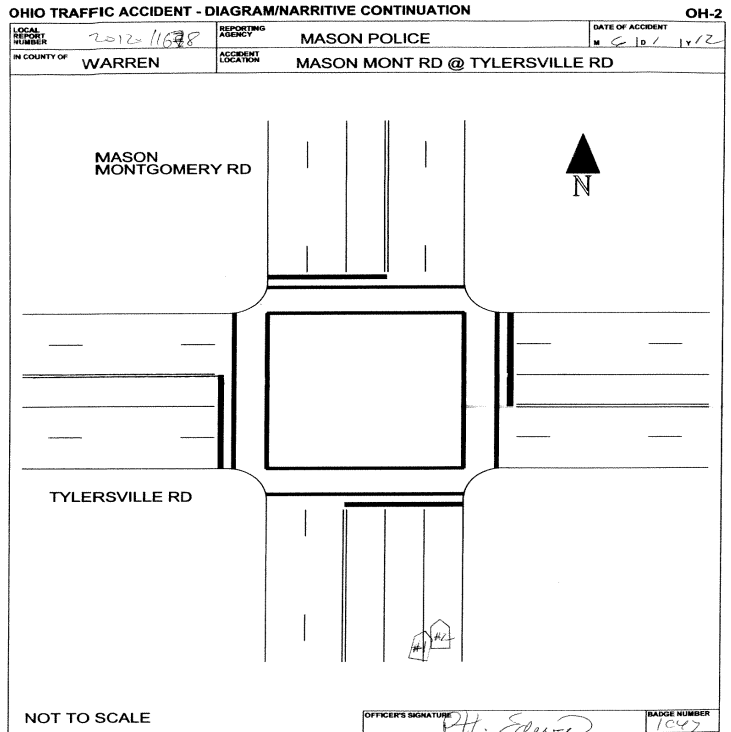
LIGHT CONDITIONS

PRIMARY SECONDARY

1

- 01 DAYLIGHT
- 02 DAWN
- 03 DUSK
- 04 DARK - LIGHTED ROADWAY
- 05 DARK - NOT LIGHTED
- 06 DARK - UNKNOWN LIGHTING
- 07 CLARE
- 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)

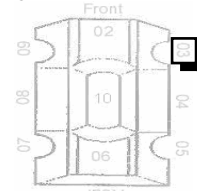
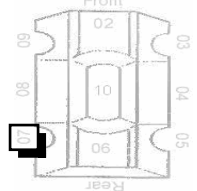
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	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	01 LESS/EQUAL 10,000	01 CLASS A	01 NO	01 NO			
02 BUS (9-15 INCLUDING DRIVER)	02 10,001-26,000	02 CLASS B	02 YES	02 YES			
03 VAN ENCLOSED BOX	03 MORE THAN 26,000	03 CLASS C	03 UNKNOWN	03 NOT APPLI CABLE			
04 GRAIN CHIPS/ GRAVEL		04 CLASS M		04 UNKNOWN			
05 POLE		05 CLASS D					
06 CARGO TAN							
07 FLATBED							
08 DUMP							
09 CONCRETE MIXER							
10 AUTO TRANSPORTER							
11 GARBAGE/REFUSE							
12 OTHER							
13 UNKNOWN							

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06/01/2012	07:20	07:15	07:20	08:00	15.00	54.43
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		06/04/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		2012000011678			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> A B	DAMAGE AREA  A	PRE-CRASH ACTIONS <input type="text" value="11"/> <input type="text" value="11"/> A B	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="45"/> <input type="text" value="45"/> A B	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> A B
20	20														
1	1														
2	2														
3	3														
4	4														
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> A B	 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 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING LEAVING VEHICLE 20 PLAYING / WORKING ON VEHICLE 21 STANDING 22 OTHER 23 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 PEDICYCLE 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"/> A B	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> A B										
TYPE OF UNIT <input type="text" value="06"/> <input type="text" value="05"/> A B	MOST DAMAGED AREA <input type="text" value="03"/> <input type="text" value="07"/> A B	CONTRIBUTING CIRCUMSTANCES <input type="text" value="15"/> <input type="text" value="01"/> A B		DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> A B A B	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="03"/> <input type="text" value="07"/> 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/ACD 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		CONDITION <input type="text" value="1"/> <input type="text" value="1"/> A B	TYPE OF INTERSECTION <input type="text" value="01"/> A										
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"/> A B	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <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	OCCURRENCE <input type="text" value="1"/> A										
IN-Emergency Response <input type="text"/> <input type="text"/> A B	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text"/> A B	TURN SIGNALS 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	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> A B	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> A B	ROAD CONTOUR <input type="text" value="1"/> A										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/> A B	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		SPEED DETECTED <input type="text" value="2"/> <input type="text" value="2"/> 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="02"/> <input type="text"/> A B										
Accident No: 2012011678			SPEED <input type="text" value="10"/> <input type="text" value="10"/> A B	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> A B	SUPPLEMENTS *X* IF YES <input type="text"/> <input type="text"/> LOCAL REPORT#* 201200011678										

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000011678	REPORTING AGENCY Mason Police Department
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OH-3



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2012-11678	REPORTING AGENCY	DATE OF CRASH M D Y
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Keona Sandefer PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO _____ AT _____ LOCATION _____

OFFICER'S NAME _____

As I was driving down main/mason rd going towards tylerville rd I turned on my signal to turn left (get in left turning lane) I was hit from behind by a black truck... when I got out I noticed that my driver side tail light was cracked. The other driver got out of his car and said he was sorry he wasn't paying attention. we switched into and I called the police to file report.

New address.
3216 Hoover Ave
Dayton, OH 45402
937-496-5428

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000011678	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-11678	REPORTING AGENCY	DATE OF CRASH M D Y
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, STEVEN STEELE HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

OFFICER'S NAME AT MASON MONTGOMERY & TYLERVILLE
LOCATION

RD. I WAS DRIVING NORTH ON MASON MONTGOMERY. TRAFFIC WAS STOPPED IN FRONT OF ME AND AS I BRAKED I SLID, TURNING LEFT, MY RIGHT FRONT BUMPER HIT THE BACK LEFT CORNER OF THE MINIVAN IN FRONT OF ME. IT WAS RAINING AND THE ROAD WAS VERY WET. THE MINIVAN HAS SLIGHT SCUFF MARK ON BACK LEFT BUMPER I SEE NO MAJOR DAMAGE ON EITHER VEHICLE, THE OTHER CAR WAS HIT GOING 10 MPH.

ADDRESS OF WITNESS	PHONE 513 703-1836
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X

HSY 7003 4/07