

State Seal LOCAL REPORT #* 2012013037

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 X OH-3 X OH-1P OTHR

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

UNIT ERROR 01 88=ANIMAL 89=UNKNOWN

DATE OF CRASH* 06152012

TIME OF CRASH 07:57 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 Ivygrove Lane TYPE LOC 1

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

LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE Bethany Road 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 2 NAME (LAST, FIRST, MIDDLE) Muddana, Madhavi

ADDRESS (STREET, CITY, STATE, ZIP CODE) 6430 Edgebrook Court, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH 08111971 AGE 40 SEX F HOME PHONE # (513) 456-4949 WORK PHONE #

IL STATE IL # RT201175 LP STATE LP # OH ABBU 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") Ramanadham, Abbu ADDRESS (STREET, CITY, STATE, ZIP CODE) Same

YEAR 1998 MAKE TOYT MODEL Camry COLOR GRE INSURANCE COMPANY Geico TOWING SERVICE OWNER PHONE # 513-456-4949(H)

OFFENSE CHARGED 331.17 OFFENSE DESCRIPTION Right of Way When Turning Left CITATION # 71624 LOCAL CODE? X

UNIT # B 2 1 NAME (LAST, FIRST, MIDDLE) Herr, Jack E Jr

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1429 Welsh Avenue, Hamilton OH, 45011

SOCIAL SECURITY NUM DATE OF BIRTH 11091969 AGE 42 SEX M HOME PHONE # (513) 546-8939 WORK PHONE #

IL STATE IL # RM114003 LP STATE LP # OH PEQ6000 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") Rieman and Arszman Leasing ADDRESS (STREET, CITY, STATE, ZIP CODE) 9652 Inter Ocean Drive, Cincinnati, OH 45246

YEAR 2004 MAKE CHEV MODEL COLOR WHI INSURANCE COMPANY Motorist Mutual TOWING SERVICE OWNER PHONE # 513-546-8939(W)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 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

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

Narrative

Unit 1 was attempting to turn right onto Bethany Road from Ivy Grove. Unit 1 failed to yield striking unit 2 which was traveling east on Bethany Road.

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 SIDESWIRE, SAME DIRECTION
 - 08 SIDESWIRE, OPPOSITE DIRECTION
 - 09 UNKNOWN

- 1**
- 01 NO
 - 02 YES, DIRECTLY INVOLVED
 - 03 YES, INDIRECTLY INVOLVED
 - 04 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

- 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

WORK ZONE RELATED

- 1**
- 01 NO
 - 02 YES
 - 03 UNKNOWN

TYPE OF WORK ZONE

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

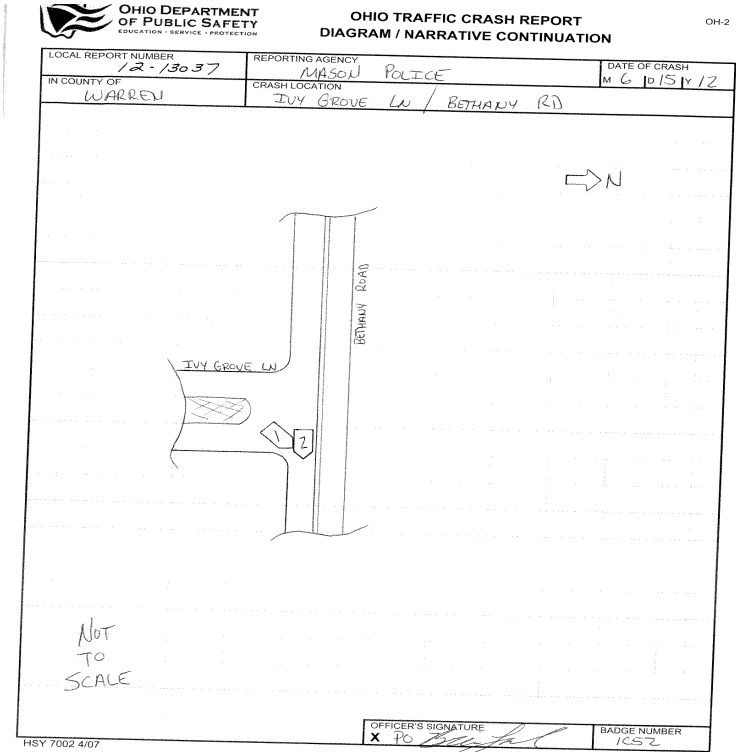
LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

- 01**
- 01 NO
 - 02 YES
 - 03 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 DISABLING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

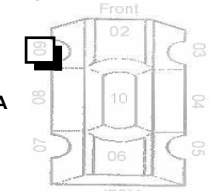
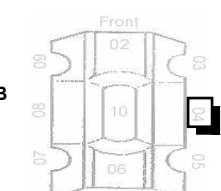
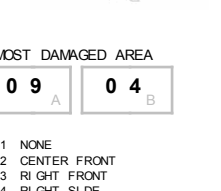
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
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
06/15/2012	07:57	07:57	08:07	08:35	5.00	43.20
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Brian M Lahman	1C52		06/18/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1 01 POLICE AGENCY 02 MOTORIST	1 01 SCENE 02 STATION 03 OTHER		2012000013037			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="05"/> <input type="text" value="01"/> <small>A B</small>	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="25"/> <input type="text" value="35"/> <small>A B</small>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
20	20												
2	2												
3	3												
4	4												
NON-MOTORIST LOCATIONS <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 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	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="02"/> <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>1</td></tr> <tr><td>1</td><td>1</td></tr> </table>	1	1	1	1				
1	1												
1	1												
TYPE OF UNIT <input type="text" value="03"/> <input type="text" value="07"/> <small>A B</small>	MOST DAMAGED AREA <input type="text" value="09"/> <input type="text" value="04"/> <small>A B</small>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="02"/> <input type="text" value="01"/> <small>A B</small>		DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="3"/> <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								
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/ SEM - 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 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="04"/> <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/ AHEAD 09 IMPROPER LANE CHANGE/ DROVE 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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	TYPE OF INTERSECTION <input type="text" value="03"/> <small>A B</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>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>								
IN-Emergency Response <input type="text"/> <input type="text"/> <small>A B</small>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text"/> <small>A B</small>		SPEED DETECTED <input type="text" value="1"/> <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 CONTOUR <input type="text" value="1"/> <small>A B</small>								
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/> <small>A B</small>	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 <input type="text" value="10"/> <input type="text" value="30"/> <small>A B</small>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> <small>A B</small>								
				ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <small>A B</small>									
				SUPPLEMENTS <input type="text"/> *X* IF YES									
				LOCAL REPORT#* 201200013037									

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000013037	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-13037	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 6 / D 15 / Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Madhavi Muddana HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO BRIAN LAHMAN AT IVY GROVE / BETHANY
OFFICER'S NAME LOCATION

I was turning right, the brakes did not work properly and I did not see the car coming straight on the other road. I did not see the car air.

ADDRESS OF WITNESS 6430 Edgebrook Ct, Mason, OHIO	PHONE 513 456 4949
SIGNATURE OF WITNESS X <u>M. Muddana</u>	OFFICER'S SIGNATURE X <u>PO Brian Lahman</u>

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000013037	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-13037	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 6 D 15 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jane Herr HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO BRIAN LAHMAN AT IVY GROVE / BETHANY
OFFICER'S NAME LOCATION

DRIVING EAST ON BETHANY RO. AT IVY GROVE LN.
 WOMAN IN GREEN TOYOTA CAMEY PULLED INTO
 THE SIDE OF MY CHEVY 2004 SUV.
 SHE DID NOT STOP AT THE STOP SIGN.

ADDRESS OF WITNESS 1429 WELSH AVE. Hann. Ohio 45011	PHONE 513-546-8939
SIGNATURE OF WITNESS X <u>Jane Herr</u>	OFFICER'S SIGNATURE X <u>PO Brian Lahman</u>

HSY 7003 4/07