

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*
2012022765

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
01 88=ANIMAL
89=UNKNOWN

DATE OF CRASH*
09252012

TIME OF CRASH **07:36** DAY OF WEEK **Tue** CITY* **X** VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* **Mason** COUNTY #* **83** LATITUDE LONGITUDE

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

CRASH AT / REFERENCE
DIST REFERENCE **7956** DR PREFIX REFERENCE POINT **04** REFERENCE POINT USED
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT REFERENCE

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Cremeans, Gregory L**
ADDRESS (STREET, CITY, STATE, ZIP CODE)
2214 Hartland Blvd, Independence KY, 41051

SOCIAL SECURITY NUM DATE OF BIRTH **05291974** AGE **38** SEX **M** HOME PHONE # **(859) 992-8536** WORK PHONE #

DL STATE **KY** DL # **C99228072** LP STATE **KY** LP # **806GRX** 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") **Cremeans, April** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**
YEAR **2012** MAKE **CHEV** MODEL **Malibu** COLOR **BRO** INSURANCE COMPANY **Permanent General** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **72172** LOCAL CODE? **X**

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Ledbetter, James D**
ADDRESS (STREET, CITY, STATE, ZIP CODE)
4596 Firwood Court, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH **03311966** AGE **46** SEX **M** HOME PHONE # **(513) 336-6813** WORK PHONE #

DL STATE **OH** DL # **RU289392** LP STATE **OH** LP # **DVA5977** 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") **Ledbetter, Dina** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**
YEAR **2012** MAKE **JEP** MODEL **Cherokee** COLOR **GRY** INSURANCE COMPANY **Geico** TOWING SERVICE OWNER PHONE # **513-336-6813(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

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

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 A 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 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 UNKNOWN	04 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 USE UNKNOWN C NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	1 A 01 NOT DEPLOYED 02 DEPLOYED-FRONT 03 DEPLOYED-SIDE 04 DEPLOYED BOTH FRONT/SIDE B 05 NOT APPLICABLE 06 UNKNOWN	1 A 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN POSITION B 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 APPLICABLE 05 UNKNOWN B 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN	1 A 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN B 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 B 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATION 04 INCAPACITATION 05 FATAL INJURY 06 UNKNOWN C SUPPLEMENT "X" IF YES

Narrative

Unit #1 struck unit #2 on the rear bumper as unit #2 was turn onto a driveway access.

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

1

- 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

1

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

WORKERS PRESENT

1

- 01 NO
- 02 YES
- 03 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

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

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 12-22265	REPORTING AGENCY Mason D.D.	DATE OF ACCIDENT 09/20/12
IN COUNTY OF Washington	ACCIDENT LOCATION 7956 Mason-Montgomery Rd.	

↑
N
Not to Scale

Unit #2
7956 Mason-Montgomery Rd.
Point of Impact
Unit #1

OFFICER'S SIGNATURE: [Signature]
BADGE NUMBER: 1025

HSY 7002 1/82

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 DAMAGING DAMAGE OR REQUIRED
INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

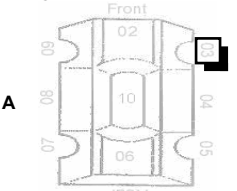
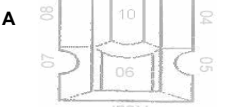
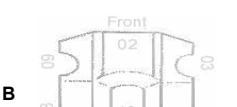
COMPANY PHONE

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 09/25/2012	TIME REC CALL 07:51	DISPATCH 07:37	ARRIVED 07:51	CLEARED 08:25	OTHER 11.00	TOTAL MINUTES 44.87
OFFICER'S NAME* Police Officer Craig K Kline	BADGE #* 1C25	CHECKED BY	DATE REPORT FILED* 09/27/2012			
REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT * "X" IF YES	LOCAL REPORT # 201200022765			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER					

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="05"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	20	20									POSTED SPEED <input type="text" value="45"/> <input type="text" value="45"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
20	20														
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/>	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 DRIVING 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"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>										
TYPE OF UNIT <input type="text" value="03"/> <input type="text" value="06"/>	MOST DAMAGED AREA <input type="text" value="03"/> <input type="text" value="07"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="08"/> <input type="text" value="01"/>		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"/>	TYPE OF INTERSECTION <input type="text" value="10"/>										
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"/>	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/ACCID 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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <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	ACTION <input type="text" value="3"/> <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>										
IN-Emergency Response <input type="text" value="A"/> <input type="text" value="B"/>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text" value="B"/>		OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text" value=""/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/>	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"/>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>										
Accident No: 2012022765			SPEED <input type="text" value="25"/> <input type="text" value="20"/>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES	LOCAL REPORT#* 201200022765										

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200022765	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 12-22765	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 9 D 25 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JAMES D. LEDBETTER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. C. K. Kline AT Mason - Montgomery & Sycamore/Factor
OFFICER'S NAME LOCATION

ON 9-25-12 at 7:30 AM I WAS TRAVELLING NORTHBOUND ON MASON MONTGOMERY AND GETTING READY TO TURN INTO UDF. AS I SLOWED DOWN TO MAKE MY TURN I WAS REAR ENDED BY OTHER VEHICLE. MY VEHICLE WAS STRUCK IN REAR LEFT HAND SIDE.

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? Slowing Down Approximately 20 mph

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

ADDRESS OF WITNESS <u>4596 Firwood Ct Mason, OH, 45040</u>	PHONE <u>513-336-6813</u>
SIGNATURE OF WITNESS X <u>James D Ledbetter</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> 125

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000022765	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UN-3

LOCAL REPORT NUMBER 12-22765	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 09 D 25 Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Gregory Coleman PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. C. K. Kline OFFICER'S NAME AT Mason, Montgomery & Socialville Foster LOCATION

9/25/12 at approximately 7:30 am. I was turning from westbound Socialville Fosters Rd to the right lane of northbound Mason Montgomery Rd. After turning on to Mason Montgomery, I signaled to switch lanes & checked for a blind spot. When I turned back around the vehicle in front of me had slowed down to turn into the UDF and we hit bumpers.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? west bound to north bound

Q. WHAT WAS YOUR SPEED? not sure.

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

ADDRESS OF WITNESS <u>2214 Hartland Blvd Independence Ky 41051</u>	PHONE <u>859 992 8536</u>
SIGNATURE OF WITNESS <u>X Gregory Cole</u>	OFFICER'S SIGNATURE <u>X P.O. C. K. Kline 1125</u>