



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 3911J-28745 CRASH SEVERITY 3 HITS/SKIP 0
 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN OH-2 OH-1P OH-3 OTHER PDD UNDER STATE REPORTABLE DOLLAR AMOUNT PRIVATE PROPERTY
 REPORTING AGENCY NCIC # 8304 REPORTING AGENCY NAME * MASON POLICE NUMBER OF UNITS 02 UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN

COUNTY * 83 CITY * VILLAGE * TOWNSHIP * MASON CRASH DATE * 10/22/13 TIME OF CRASH 1835 DAY OF WEEK SAT

DEGREES / MINUTES / SECONDS LATITUDE 0 / 0 / 0 LONGITUDE 0 / 0 / 0 DECIMAL DEGREES LATITUDE 39.1371387 LONGITUDE 784.313026

ROADWAY DIVISION DIVIDED UNDIVIDED DIVIDED LANE DIRECTION OF TRAVEL N-NORTHBOUND E-EASTBOUND S-SOUTHBOUND W-WESTBOUND NUMBER OF TRAIL Lanes 01 ROAD TYPES OR MILEPOST #
 AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
 AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
 BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE # 01 LOCATION ROUTE NUMBER 02 LOC PREFIX N,S E,W LOCATION ROAD NAME MARGARET LOCATION ROAD TYPE # CT ROUTE TYPES #
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
 SR - STATE ROUTE

DISTANCE FROM REFERENCE MILES FEET YARDS DIR FROM REF N,S E,W REFERENCE ROUTE TYPE # 01 REFERENCE ROUTE NUMBER 01 REF PREFIX N,S E,W REFERENCE NAME (ROAD, MILEPOST, HOUSE #) PARLOR REFERENCE ROAD TYPE # CT

REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER CRASH LOCATION 02
 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT
 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - DFP RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS
 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN INTERSECTION RELATED LOCATION OF FIRST HARMFUL EVENT 1
 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

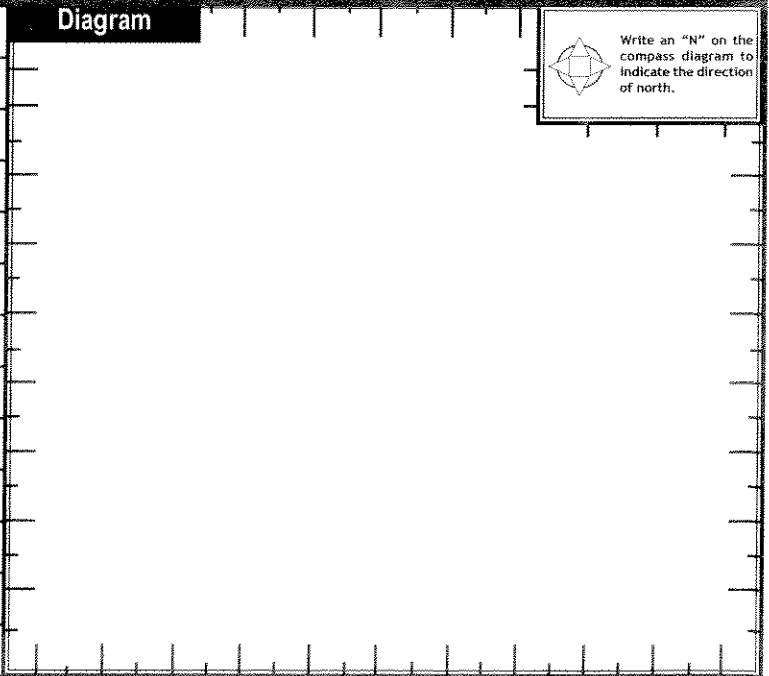
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN ROAD CONDITIONS PRIMARY 01 SECONDARY
 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*
 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN * SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN WEATHER 2
 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, SYONE 5 - DIRT 6 - OTHER LIGHT CONDITIONS PRIMARY SECONDARY
 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER * SECONDARY CONDITION ONLY SCHOOL BUS RELATED SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) LAW ENFORCEMENT PRESENT (VEHICLE ONLY) TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE
 UNIT #01 WAS TRAVELLING SOUTHBOUND ON MARGARET CT AT PARLOR CT. UNIT #02 WAS TRAVELLING SOUTHBOUND ON MARGARET CT APPROACHING PARLOR CT AND UNIT #01. UNIT #01 MADE A U TURN IN THE INTERSECTION AND WAS STRUCK ON THE LEFT SIDE BY THE FRONT OF UNIT #02.



REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO GDPS) DATE CRASH REPORTED 10/22/13 TIME CRASH REPORTED 1832 DISPATCH TIME 1834 ARRIVAL TIME 1847 TIME CLEARED 1936 OTHER INVESTIGATION TIME 30 TOTAL MINUTES 92
 OFFICER'S NAME * ERIC MITZGERALD OFFICER'S BADGE NUMBER 1037 CHECKED BY 1041 PAGE 1 OF 4



Unit

Local Report Number

2011 J - 28745

Unit Number 1011	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) CONLEY DANNY LEE	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area
LP State OH	License Plate Number FNW6006	Vehicle Identification Number 11FAJ1R1X1121W77K1C1818146J1	# Occupants 013	
Vehicle Year 2007	Vehicle Make FORD	Vehicle Model F150	Vehicle Color BLACK	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company HERACE MANN	Policy Number 3476502920	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 01	Trafficway Description 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		
HM Class Number			

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 07	Med/Heavy Trucks or Combo Units > 10K lbs 13	Bus/Van/Limo (9 or More Including Driver) 21
	<input type="checkbox"/> In Emergency Response			
			<input type="checkbox"/> Has HM Placard	

Special Function 01	Most Damaged Area 08	Impact Area 08	Action 4
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Pre-Crash Actions 07	Motorist	Non-Motorist
	01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action

Contributing Circumstances	Vehicle Defects
Primary 07	01
Secondary 01	

Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 26 2 01 3 01 4 01 5 01 6 01	01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	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 - Portable Barrier

Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object
14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object

Unit Speed 10	Posted Speed 25	Traffic Control 01	Unit Direction From 1 To 3
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated			



Unit

Local Report Number
2013-28745

Unit Number 103	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) CHOWDHERY AKHTAR A	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 513-754-0745	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 1088 BUCKEYE CT MASON OH 45040				
LP State OH	License Plate Number AF15VV	Vehicle Identification Number 11MXP1R1121E5W1Z109162511	# Occupants 1011	
Vehicle Year 1191918	Vehicle Make TOYOTA	Vehicle Model COROLLA	Vehicle Color BLACK	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company STATE FARM	Policy Number 1218596C1835C	Towed By BARNES	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT 1	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 01	Trafficway Description 1
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	Passenger Vehicles (less than 9 passengers) 01	Med/Heavy Trucks or Combo Units > 10k lbs 1
HM Class Number		Other (Specify in Narrative) 02	Other (Specify in Narrative) 03

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 02	Passenger Vehicles (less than 9 passengers) 01	Med/Heavy Trucks or Combo Units > 10k lbs 13	Bus/Van/Limo (9 or More Including Driver) 21
	<input type="checkbox"/> In Emergency Response				

Special Function 01	Most Damaged Area 03	Impact Area 03	Action 3
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Pre-Crash Actions 01	Motorist 01	Non-Motorist 15
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Contributing Circumstances 01	Vehicle Defects 01
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Sequence of Events 1	Non-Collision Events 01	Collision with Fixed Object 33
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Collision with Person, Vehicle or Object Not Fixed 14	Collision with Fixed Object 33	Unit Direction 1
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Unit Speed 19	Posted Speed 25	Traffic Control 01	Unit Direction 1
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2011J1-28745

UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE CONLEY ALEXANDER JUSTIN	DATE OF BIRTH 08/29/1997	AGE 16	GENDER M
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ADDRESS, CITY, STATE, ZIP 7867 LOST WILLOW DR MASON OH 45240	CONTACT PHONE - INCLUDE AREA CODE 573-846-9910
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UD665701	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED (LOCAL CODE) 4511.37A	OFFENSE DESCRIPTION U TURN	CITATION NUMBER 75154	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 1021	NAME: LAST, FIRST, MIDDLE CHOWHERRY WASEEM CHOWHERRY A	DATE OF BIRTH 11/19/1986	AGE 26	GENDER M
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ADDRESS, CITY, STATE, ZIP 3600 VINEYARD HAVEN DR APT J LOVELAND OH 45140	CONTACT PHONE - INCLUDE AREA CODE 573-652-5717
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER SY255867	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 07 - THIRD - LEFT SIDE (Motorcycle/ Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, Pick-up with Cap)	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (Motorcycle/ Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, Pick-up with Cap)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 9 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP; FAINTED; FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (Navigation Device, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE SLATER MELAN	DATE OF BIRTH 10/25/1998	AGE 15	GENDER F
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ADDRESS, CITY, STATE, ZIP 4565 STEPPING STONE DR MASON OH 45040	CONTACT PHONE - INCLUDE AREA CODE 573-573-7083
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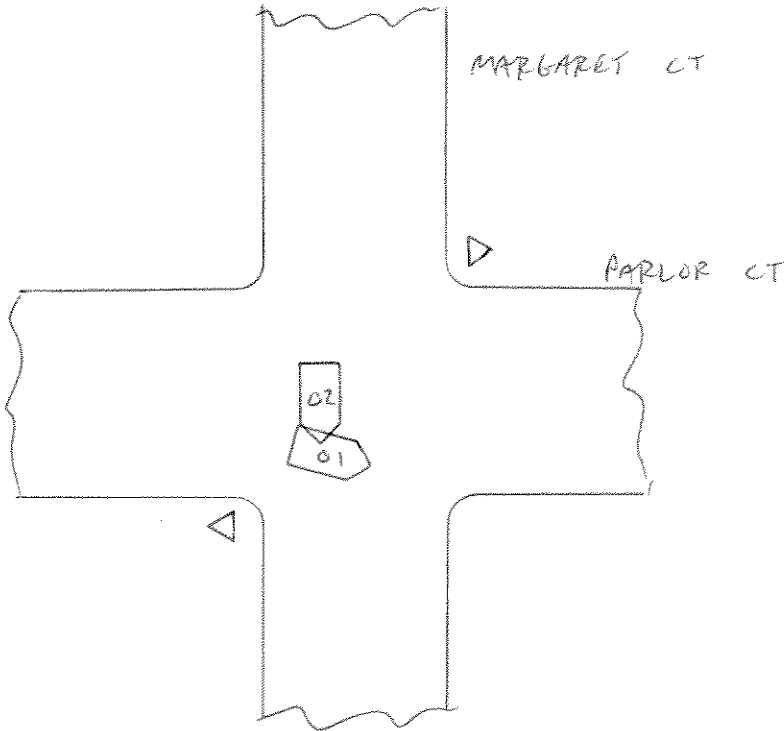
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE CYCHOSZ LAWRENCE W	DATE OF BIRTH 04/16/1962	AGE 51	GENDER M
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ADDRESS, CITY, STATE, ZIP 5227 PARLOR CT MASON OH 45040	CONTACT PHONE - INCLUDE AREA CODE 573-234-9525
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 1	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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LOCAL REPORT NUMBER <i>13-28775</i>	REPORTING AGENCY <i>MAFON POLICE</i>	DATE OF CRASH <i>M 10 D 12 Y 15</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>MARGARET CT + PARLOR CT</i>	



NOT TO SCALE

OFFICER'S SIGNATURE <i>X</i> 	BADGE NUMBER <i>1637</i>
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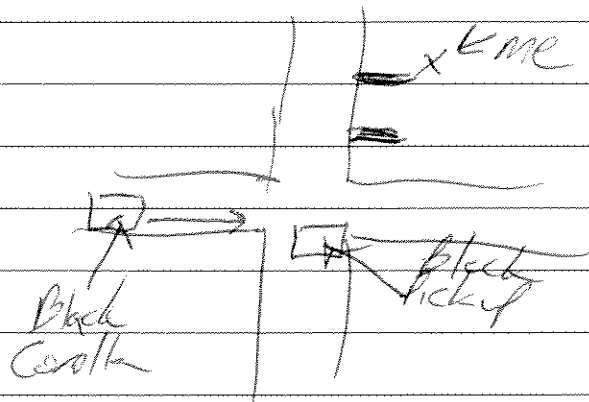
LOCAL REPORT NUMBER 17-28745	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 12 Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Lawrence V. Cychoz HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Margaret + Parlor
OFFICER'S NAME LOCATION

I was in my front yard when I noticed a black pickup truck heading South on Margaret Court. It slowed down and I thought that it was making a right turn, but it straightened out across the West side of Parlor Court as shown below:



The pickup truck paused for a couple of seconds and then turned directly in front of the Corolla. The two cars crashed within a second or two of the pickup making the hard left turn... that I interpreted as an attempted U-turn. The person in the Corolla exited the car and appeared to be unharmed.

Q: Did the Corolla appear to be travelling above the speed limit?
 A: It was not going slowly, but I think that it was not Exceeding Speed Limit

01-16-62

ADDRESS OF WITNESS 5227 Parlor Court, Mason, OH 45040	PHONE 513-234-9125
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i>

LOCAL REPORT NUMBER 13-28745	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 12 Y 13
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I, Alexander Conley HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Kitzgerald AT Margaret + Parlov
OFFICER'S NAME LOCATION

I was making a U-turn on Margaret to turn back around and the other driver hit me on the ^{drivers} side of the truck. I and the passenger had our seatbelts on and the other driver had their seatbelt on. I was not going fast as I went through the turn and came to a very low speed approximately 10 mph. The other driver was speeding and on their phone, going approximately 35 mph when they hit me.

Q: Did you stop when you were over on the right side of the intersection or was your turn continuous?

A: I slowed to a low mph but never fully stopped.

ADDRESS OF WITNESS 3867 Lost Willow Dr	PHONE 817 505 9292
SIGNATURE OF WITNESS X <u>Alexander Conley</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER 13-28745	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 12 Y 13
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I, Waseem Chowdhery HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Etzgerald AT Margaret + Parlor
OFFICER'S NAME LOCATION

I was driving, guy in front ~~had~~ tried to make a U-turn and I hit him.

Dinner
 I was going to ~~dinner~~ party, going about 19mph when this happened.

Seat belt was on.

3600 Vineyard Haven Dr. Apt. J
 Cleveland Ohio 45140

ADDRESS OF WITNESS	PHONE 513-652-5717
SIGNATURE OF WITNESS X <u>Waseem Chowdhery</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>