

"Commitment to Excellence In Public Service"

POLICE

Private Property Crash Report

Date of Crash: 11/1/2015		Time of Crash: 1846		Location of Crash: 4113 SPYGLASS HILL		Incident #: 15-00061	
Date Reported: 11/1/15		Dispatch Time: 1946		Arrival Time: 1856		Cleared Time:	
Driver #: 1		Driver Name: SUZANNAH M. MUENCHEN				Telephone: 513 889 9479	
Address: 4296 SPYGLASS HILL				City: MASON		State: OH	Zip: 45040
Sex: F	DOB: 6/30/81	SSN:		Driver's License Number: RV275380		State: OH	
Owner of Car: SAME						Telephone:	
Address: SAME				City:		State:	Zip:
Make of Car: FORD		Model: EDGE		Year: 2013	License #: FSK 7576	State: OH	
Insurance Company/Agent: PROGRESSIVE # 900747911						Phone: 800-876-5581	
Driver #: 2		Driver Name: QUERIDO, JOAEL				Telephone: 513-773-6135	
Address: 4113 SPYGLASS HILL				City: MASON		State: OH	Zip: 45040
Sex: M	DOB: 3/10/69	SSN:		Driver's License Number: UH161492		State: OH	
Owner of Car: SAME						Telephone:	
Address: SAME				City:		State:	Zip:
Make of Car: VOLKSWAGEN		Model: PASSAT		Year: 2013	License #: GFW8602	State: OH	
Insurance Company/Agent: GEICO 436						Phone:	
Description of what happened (to be completed by officer):							
UNIT #1 TRAVELLING WEST ON SPYGLASS HILL. UNITS #2 AND #3 PARKED							
FACING SOUTH. UNIT #1 STRUCK UNIT #2, WHICH WAS PUSHED INTO							
UNIT #3. UNIT #1 OPERATOR ADMITTED STRIKING THE VEHICLES.							
Reporting Officer: Chetoph Sr 1160 SLOVE.						Unit No: 60	

Additional copies of this report may be obtained from the City of Mason Police Department five (5) working days from the date of this crash. Please Call (513)-229-8560 Monday through Friday between 8:00 and 4:00 p.m. if you have any questions.

**Private Property Crash Report**

					Incident #: <i>15-00061</i>	
Date of Crash: <i>1/1/15</i>		Time of Crash: <i>1846</i>		Location of Crash: <i>4113 SPYGLASS HILL</i>		
Date Reported: <i>1/1/15</i>		Dispatch Time: <i>1846</i>		Arrival Time:		Cleared Time:
Driver#: <i>3</i>	Name: <i>QUEARIDO, JOREL</i>				Telephone:	
Address: <i>4113 SPYGLASS HILL</i>			City: <i>MASON</i>	State: <i>OH</i>	Zip: <i>45040</i>	
Sex: <i>M</i>	DOB: <i>3/10/69</i>	SSN:	Driver's License Number: <i>UH161492</i>		State:	
Owner of Car: <i>SAME</i>					Telephone:	
Address:			City:	State:	Zip:	
Make of Car: <i>TOYOTA</i>	Model: <i>CAMRY</i>	Year: <i>2011</i>	License #: <i>GAH6041</i>	State: <i>OH</i>		
Insurance Company/Agent: <i>PROGRESSIVE</i>					Phone:	
Driver#:					Telephone:	
Address:			City:	State:	Zip:	
Sex:	DOB:	SSN:	Driver's License Number:		State:	
Owner of Car:					Telephone:	
Address:			City:	State:	Zip:	
Make of Car:	Model:	Year:	License #:	State:		
Insurance Company/Agent:					Phone:	
Description of what happened (to be completed by officer):						
Reporting Officer:					Unit No.:	

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