



"Commitment to Excellence In Public Service"

**POLICE**

**Private Property Crash Report**

|   |  |                  |  |                     |  |                                       |  |   |  |                                   |  |
|---|--|------------------|--|---------------------|--|---------------------------------------|--|---|--|-----------------------------------|--|
| Date of Crash:<br>11-4-15                                       |  |                  |  |                     |  | Time of Crash:<br>2355                |  | Location of Crash:<br>6860 CINTAS DRIVE |  |                                   |  |
| Date Reported:<br>11-4-15                                       |  |                  |  |                     |  | Dispatch Time:<br>2355                |  | Arrival Time:<br>0001                   |  | Cleared Time:<br>0020             |  |
| Driver#:<br>01  |  |                  |  |                     |  | MOHAMED EL KAY                        |  |   |  | Telephone:<br>513-550-9282        |  |
| Address:<br>5610 VIEWPOINT DR APT K                             |  |                  |  |                     |  | City:<br>CINCINNATI                   |  | State:<br>OH                            |  | Zip:<br>45213                     |  |
| Sex:<br>M   |  | DOB:<br>9-30-89  |  | SSN:<br>478-93-3616 |  | Driver's License Number:<br>UN 797056 |  |   |  | State:<br>OH                      |  |
| Owner of Car:<br>SAME   |  |                  |  |                     |  | Telephone:                            |  |   |  |                                   |  |
| Address:  |  |                  |  |                     |  | City:                                 |  | State:                                  |  | Zip:                              |  |
| Make of Car:<br>TOYOTA  |  | Model:<br>SIENNA |  | Year:<br>2000       |  | License #:<br>GRH 8298                |  | State:<br>OH                            |  |                                   |  |
| Insurance Company/Agent:<br>STATE FARM 895 0018 D28 35          |  |                  |  |                     |  | Phone:<br>513-868-3533                |  |   |  |                                   |  |
| Driver#:  |  |                  |  |                     |  | Telephone:                            |  |   |  |                                   |  |
| Address:  |  |                  |  |                     |  | City:                                 |  | State:                                  |  | Zip:                              |  |
| Sex:  |  | DOB:             |  | SSN:                |  | Driver's License Number:              |  |   |  | State:                            |  |
| Owner of Car:<br>BIANCA R EVANS                                 |  |                  |  |                     |  | Telephone:<br>513-720-1360            |  |   |  |                                   |  |
| Address:<br>1422 WABASH AVE APT 3<br><del>8553 DAVEY ROAD</del> |  |                  |  |                     |  | City:<br>CINCINNATI                   |  | State:<br>OH                            |  | Zip:<br>45215<br><del>45231</del> |  |
| Make of Car:<br>CHEVROLET                                       |  | Model:<br>MALIBU |  | Year:<br>1999       |  | License #:<br>FPB 1201                |  | State:<br>OH                            |  |                                   |  |
| Insurance Company/Agent:<br>STATE FARM 862 2163 E06 35          |  |                  |  |                     |  | Phone:<br>513-331-9292                |  |   |  |                                   |  |
| Description of what happened (to be completed by officer):      |  |                  |  |                     |  |                                       |  |   |  |                                   |  |
| UNIT 1 WAS BACKING OUT OF A MARKED PARKING SPACE                |  |                  |  |                     |  |                                       |  |   |  |                                   |  |
| UNIT 2 WAS PARKED IN A MARKED LOCATION. UNIT 1                  |  |                  |  |                     |  |                                       |  |   |  |                                   |  |
| SUSTAINED MINOR DAMAGE TO CENTER REAR, UNIT 2 TO                |  |                  |  |                     |  |                                       |  |   |  |                                   |  |
| LEFT FRONT  |  |                  |  |                     |  |                                       |  |   |  |                                   |  |
| Reporting Officer:<br>PO BRIAN LAHMAN                           |  |                  |  |                     |  | Unit No.:<br>1052                     |  |   |  |                                   |  |

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.