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Private Property Crash Report

| | | | | | | | | | |
|--|--------------------|--------|----------------|-------------|--------------------------|----------------|---------------|-------------|--|
| Date of Crash: | | | Time of Crash: | | Location of Crash: | | | Incident #: | |
| 07-13-16 | | | 1150 | | 6050 Mason Montgomery Rd | | | 16-23558 | |
| Date Reported: | | | Dispatch Time: | | Arrival Time: | | Cleared Time: | | |
| 07-13-16 | | | 1151 | | 1153 | | 1245 | | |
| Driver#: | 1 Patricia A Macon | | | | | | Telephone: | | |
| Address: | | | | City: | | State: | Zip: | | |
| 7034 Zenith Ct | | | | Liberty Twp | | OH | 45011 | | |
| Sex: | DOB: | | SSN: | | Driver's License Number: | | | State: | |
| F | 07-27-33 | | | | RF274732 | | | OH | |
| Owner of Car: | | | | | | Telephone: | | | |
| SAME | | | | | | | | | |
| Address: | | | | City: | | State: | Zip: | | |
| | | | | | | | | | |
| Make of Car: | | Model: | | Year: | License #: | | State: | | |
| Hyundai | | Sonata | | 2015 | FK9970 | | OH | | |
| Insurance Company/Agent: | | | | | | Phone: | | | |
| Allstate - Pol # 980 782 175 | | | | | | | | | |
| Driver#: | 2 Unoccupied | | | | | | Telephone: | | |
| Address: | | | | City: | | State: | Zip: | | |
| | | | | | | | | | |
| Sex: | DOB: | | SSN: | | Driver's License Number: | | | State: | |
| | | | | | | | | | |
| Owner of Car: | | | | | | Telephone: | | | |
| Christina B Moreland | | | | | | | | | |
| Address: | | | | City: | | State: | Zip: | | |
| 6369 Hampshire Trail | | | | Liberty Twp | | OH | 45044 | | |
| Make of Car: | | Model: | | Year: | License #: | | State: | | |
| Honda | | Aiolot | | 2009 | 6FW8703 | | OH | | |
| Insurance Company/Agent: | | | | | | Phone: | | | |
| Encompass - Pol # 281812652 | | | | | | 1-800-588-7400 | | | |
| Description of what happened (to be completed by officer): | | | | | | | | | |
| Unit #1 was parking facing west, proceeded forward | | | | | | | | | |
| over the curb and median, and struck the front of | | | | | | | | | |
| unit #2 and unit #3. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Reporting Officer: | | | | | | | Unit No.: | | |
| Fitzgerald | | | | | | | 1637 | | |

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.

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Private Property Crash Report

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| 07-13-16 | | | 1150 | | 6050 Mason Montgomery Rd | | | 16-23558 | |
| Date Reported: | | | Dispatch Time: | | Arrival Time: | | Cleared Time: | | |
| 07-13-16 | | | | | | | | | |
| Driver#: | Unoccupied | | | | | | Telephone: | | |
| Address: | | | | | City: | State: | Zip: | | |
| Sex: | DOB: | SSN: | | Driver's License Number: | | | State: | | |
| Owner of Car: | Lisa G Niehaus | | | | | | Telephone: | | |
| Address: | 5904 Thornberry Ct | | | | City: | State: | Zip: | | |
| Make of Car: | Model: | Year: | License #: | | State: | | | | |
| Mazda | MPV | 2005 | FW44505 | | OH 45040 | | | | |
| Insurance Company/Agent: | | | | | | Phone: | | | |
| State Farm | | | | | | | | | |
| 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.: | | |
| Fitzgerald | | | | | | | 37 | | |

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| | | |
|---------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 16-23558 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 07 D 17 Y 14 |
|---------------------------------|----------------------------------|-------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Courtney Ruark HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

FITZGERALD AT Community Center
OFFICER'S NAME LOCATION

I was parking to come into the community center, parking my car. I heard a sound of cars hitting - thinking I hit a car while parking. I got out to find a lady in a white Mercedes over the grass median, she reversed her car to park sideways in the lot and remove her car off the grass median. I got out to check on her and saw she had hit 2 cars across the grass curb.

Q: WERE YOU OR ANYONE IN YOUR VEHICLE INJURED?

Q: WERE YOU WEARING YOUR SEAT BELT?

Q: HOW FAST WERE YOU TRAVELLING BEFORE ANY EVASIVE ACTION?

Q: WERE YOU DISTRACTED BY ANYTHING OR USING A PHONE?

| | |
|--|---|
| ADDRESS OF WITNESS 8111 Cammer Ave Cin OH 45236 | PHONE 513 252 8802 |
| SIGNATURE OF WITNESS X <u>Cruark</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> |