

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal	LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT / SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHR
	2012020541	3 1 FATAL 3 PDO 2 Injury 4 Unknown	<input type="checkbox"/>	1 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED	N	X	X		
NCIC #*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH*					
08304	City of Mason - City of Mason Police Depart	2	01 88=ANIMAL 89=UNKNOWN	08312012					

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
13:00	Fri	X			Mason	83		

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

CRASH AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
DIST REFERENCE DR PREFIX REFERENCE REF POINT 200.00 ort Socialville Foster Road 02	01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	05 TOWNSHIP BOUNDARY 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE	07 CORPORATION LIMIT REFERENCE

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)
A 1	Tremont, Maria Leigh	2821 Cadera Circle, Mason OH, 45040

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	10291987	24	F	(513) 340-5608	

IL STATE	IL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OH	TZ067037	OH	FLS5237	1			

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)
Chipolte Mexican Grill	940 Ridgebrook Road, Sparks, MD 21152
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #	
2009 TOYT Prius MAR Zurich American - 800-227-2273(W)	

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
333.03	Maximum Speed Limits; Assured Clear Distance Ahead	72094	X

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)
B 2	Herdeman, Evan R	5087 Clovercrest Court, Mason OH, 45040

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	07021984	28	M	(513) 305-9345	

IL STATE	IL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OH	SA894458	OH	FDQ4603	1			

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #	
2011 HOND CRV BLK Progressive -	

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
C					
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		
	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE				

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
D					
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		
	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE				

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	1 01 NO INJURY
A 02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED - FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED - SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 FREED BY MEANS	03 NON-
B 04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT / SIDE	04 UNKNOWN POSITION	04 NOT APPLIED	04 INCAPACITATED BY MEANS	04 INCAPACITATED
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLIED		05 UNKNOWN	05 NON-MECHANICAL MEANS	05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	06 UNKNOWN			06 UNKNOWN	06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 USE UNKNOWN					
C 08 THIRD - MIDDLE	NON-MOTORIST					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
D 11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						SUPPLEMENT "X" IF YES
17 UNKNOWN						

Narrative

Unit 1 struck unit 2 from behind in traffic on Mason-Montgomery Road near Socialville Foster Road.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

2

01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 02 REAR-END
 03 HEAD-ON
 04 REAR-TO-REAR
 05 BACKING
 06 ANGLE
 07 SIDESWIRE, SAME DIRECTION
 08 SIDESWIRE, OPPOSITE DIRECTION
 09 UNKNOWN

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

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

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

WORKERS PRESENT

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

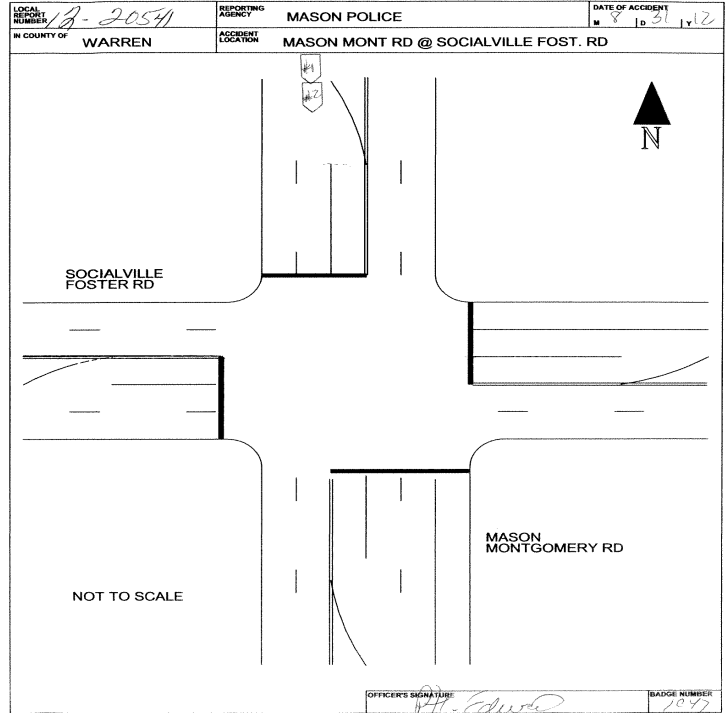
PRIMARY SECONDARY

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



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.

AND

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

Unit#

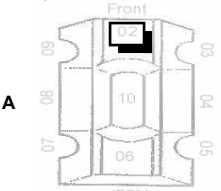
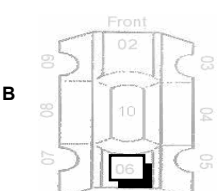
COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
08/31/2012	12:59	12:59	13:08	14:28	60.00	148.97
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47	<input type="checkbox"/>	09/05/2012			
REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER	<input type="checkbox"/>	201200020541			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> A B	DAMAGE AREA  A	PRE-CRASH ACTIONS <input type="text" value="11"/> <input type="text" value="11"/> A B	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	20	20	1	1	2	2	3	3	4	4	POSTED SPEED <input type="text" value="45"/> <input type="text" value="45"/> A B	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> A B
20	20														
1	1														
2	2														
3	3														
4	4														
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> A B	 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 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIALIZED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 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 PEDACYCLE 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 HIGHWAY TRAFFIC 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"/> A B	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> A B										
TYPE OF UNIT <input type="text" value="02"/> <input type="text" value="06"/> A B	MOST DAMAGED AREA <input type="text" value="02"/> <input type="text" value="06"/> A B	CONTRIBUTING CIRCUMSTANCES <input type="text" value="08"/> <input type="text" value="01"/> A B	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 HIGHWAY TRAFFIC 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	DIIRECTION FROM TO FROM TO <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> A B A B	DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table>	1	1	2	2						
1	1														
2	2														
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/ SEM - TRAILER 15 TRACTOR/ DOUBLE SHORT 16 TRACTOR/ DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/ TRAILERS 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="02"/> <input type="text" value="06"/> A B	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/ AHEAD 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTIVE 19 FATIGUE/ ASLEEP 20 OPERATIONS ON DEFECTIVE EQUIPMENT 21 LOAD SHIFTING FALLING / SPILLING 22 OTHER IMPROPER ACTION 23 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	CONDITION <input type="text" value="1"/> <input type="text" value="1"/> A B	TYPE OF INTERSECTION <input type="text" value="01"/> A											
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"/> A B	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> A B	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> A B	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> A B	OCCURRENCE <input type="text" value="1"/> A										
IN-Emergency Response <input type="text"/> <input type="text"/> A B	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text"/> A B	TURN SIGNALS 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	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> A B	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> A B	ROAD CONTOUR <input type="text" value="1"/> A										
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="2"/> A B	NO UNDERRIDE OR OVERRIDE 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> A B	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> A B	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> A B	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> A B										
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="2"/> A B	NO UNDERRIDE OR OVERRIDE 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> A B	SPEED <input type="text" value="5"/> <input type="text"/> A B	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> A B	LOCAL REPORT#* <input type="text" value="201200020541"/>										

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000020541	REPORTING AGENCY Mason Police Department	
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Progressive
2011 Honda Civic
5A894458
OH-3
TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 12-20541	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 8 / D 31 / Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

1. EVAN HERDEMAN PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Ptl. Dan Edwards OFFICER'S NAME AT M/M - 500 LOCATION

DESCRIBE WHAT HAPPENED: I WAS SLOWING DOWN AT AN INTERSECTION & WAS REAR-ENDED.

Q. What was your speed at the time of the crash? A. 0-5 mph

Q. What was your direction of travel? A. SOUTH ON MASON-MONT. RD.

Q. Were you wearing a seatbelt? A. YES

Q. Were you talking on a cell phone at the time of the crash? A. NO

Q. Were you injured due to the crash? A. NO

5087 CLOVERCREST CT. MASON, OH 45040 ADDRESS OF WITNESS

[Signature] SIGNATURE OF WITNESS X

[Signature] OFFICER'S SIGNATURE X

PHONE 513-305-9345

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000020541	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-20541	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 03/11/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Maria Tremont HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT MM / 500
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

The Honda CRV vehicle was stopped in front of me at a red light on Mason Montgomery Road and I was looking to the left to find an alterations store I was looking for and I rear ended the Honda CRV.

Q. What was your speed at the time of the crash? A. 20 miles per hour

Q. What was your direction of travel? A. straight ahead

Q. Were you wearing a seatbelt? A. yes

Q. Were you talking on a cell phone at the time of the crash? A. No

Q. Were you injured due to the crash? A. No

ADDRESS OF WITNESS
X 8821 Cadeira Cirde Mason, Ohio 45040

SIGNATURE OF WITNESS
X Maria Tremont

OFFICER'S SIGNATURE
X Ptl. Dan Edwards

PHONE
513-340-5608

HSY 7003 4/07

At ZUCICH American MS Co.