

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: March 12, 2019

Name: Rick Topper

Are you representing: Yourself _____ Organization XXX

Organization (If Applicable): Ohio Association for Justice

Position/Title: _____

Address: 655 Metro Place South, Suite 140

City: Dublin State: OH Zip: 43017

Best Contact Telephone: 614 341-6800 Email: topperlaw@sbcglobal.net

Do you wish to be added to the committee notice email distribution list? Yes _____ No XXX

Business before the committee

Legislation (Bill/Resolution Number): HB 27

Specific Issue: _____

Are you testifying as a: Proponent XXX Opponent _____ Interested Party _____

Will you have a written statement, visual aids, or other material to distribute? Yes XXX No _____

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? Five minutes

Please provide a brief statement on your position:

Support closing a loophole in Ohio's sovereign immunity law, thus protecting Ohioans from uncompensated damage due to negligent operation of motor vehicles

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.