



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
14-110070	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDD Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	083044 Mason Police	02	<input type="checkbox"/> 98 - Animal <input type="checkbox"/> 99 - Unknown

County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83		Mason	1033120114	1613	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.3581429	-78.41277372

Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	04	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Number	Location Road Name	Location Road Type *	Route Types <sup>1</sup>
SR 741	State Route 741		IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
3 Miles	E, W			Kroger Entrance	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
<input type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	<input checked="" type="checkbox"/> 03 01 - Not an Intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	<input checked="" type="checkbox"/> Intersection Related	<input type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 4 - On Roadside <input type="checkbox"/> 5 - On Gore <input type="checkbox"/> 6 - Outside Trafficway <input type="checkbox"/> 9 - Unknown

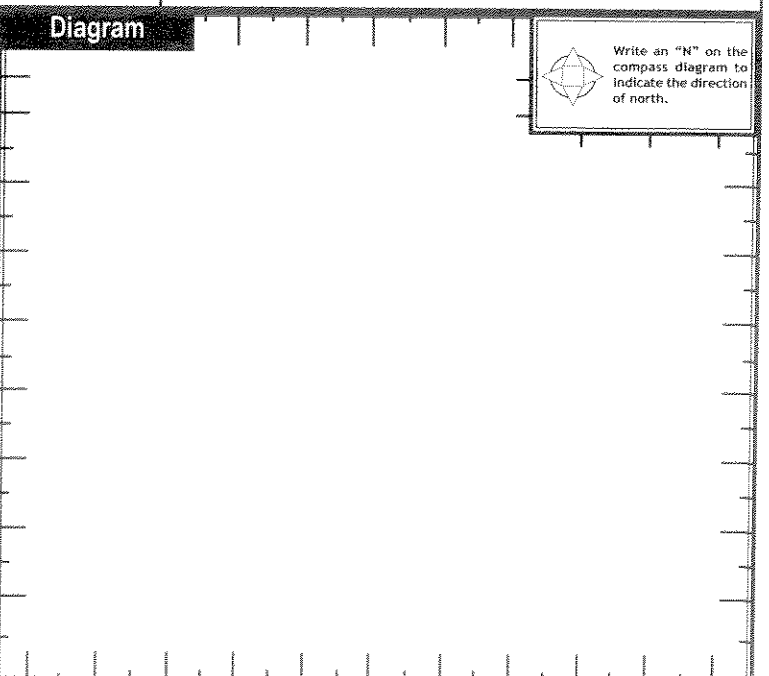
Road Contour	Road Conditions	01 - Dry	05 - Sand, Mud, Dirt, Oil, Gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
<input type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other 99 - Unknown

Manner of Crash Collision/Impact	Weather
<input checked="" type="checkbox"/> 1 - Not Collision Between Two Motor Vehicles in Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 6 - Angle <input type="checkbox"/> 7 - Sideswipe, Same Direction <input type="checkbox"/> 8 - Sideswipe, Opposite Direction <input type="checkbox"/> 9 - Unknown	<input type="checkbox"/> 1 - Clear <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Fog, Smog, Smoke <input type="checkbox"/> 4 - Rain <input type="checkbox"/> 5 - Sleet, Hail <input type="checkbox"/> 6 - Snow <input type="checkbox"/> 7 - Severe Crosswinds <input type="checkbox"/> 8 - Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> 9 - Other/Unknown

Road Surface	Light Conditions	School Bus Related
<input checked="" type="checkbox"/> 1 - Concrete <input type="checkbox"/> 2 - Blacktop, Bituminous, Asphalt <input type="checkbox"/> 3 - Brick/Block <input type="checkbox"/> 4 - Slag, Gravel, Stone <input type="checkbox"/> 5 - Dirt <input type="checkbox"/> 6 - Other	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Work Zone Related	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area

**Narrative**  
Unit #1 was exiting the Kroger parking lot with lights and sirens activated transporting a patient to the hospital. Unit #1 slowed at the intersection of SR 741 to turn southbound. Unit #2 was in the far left northbound lane and struck unit #1 in the drivers side. No injuries reported. It is possible unit #2 vision was obstructed by a vehicle in the center lane. Unit #2 was cited.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODP)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	033120114	1512	1512	1519	1611	40	99
Officer's Name *	Officer's Badge Number	Checked By	Page of					
Neal	1221	SS [Signature]						



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-11010710

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE RICHEY, RALPH (Driver)	DATE OF BIRTH 10/7/1949	AGE 35	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 4900 PARKWAY BLVD MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513 701-6958
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RK 323185	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 021	NAME: LAST, FIRST, MIDDLE Baute, Matthew	DATE OF BIRTH 08/24/1988	AGE	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 60676 Keeneland Way Mason, OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-400-9637
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 07	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER SX 516822	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED (LOCAL CODE) 331.21	OFFENSE DESCRIPTION Right of way	CITATION NUMBER 74699	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 2
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 3 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAB)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO "D") 5 - MCDRIVER ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 011	NAME: LA FORAKERS, BERNIE	DATE OF BIRTH 10/6/1933	AGE 80	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 8384 SAWLEED LN MARIETTA OH 45039	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY MASON PD	MEDICAL FACILITY INJURED TAKEN TO BETHASDA NORTH	SAFETY EQUIPMENT USED 14	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE Bentley, Brian D	DATE OF BIRTH 04/18/1975	AGE 38	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 4900 PARKWAY BLVD MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-701-6958
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 11	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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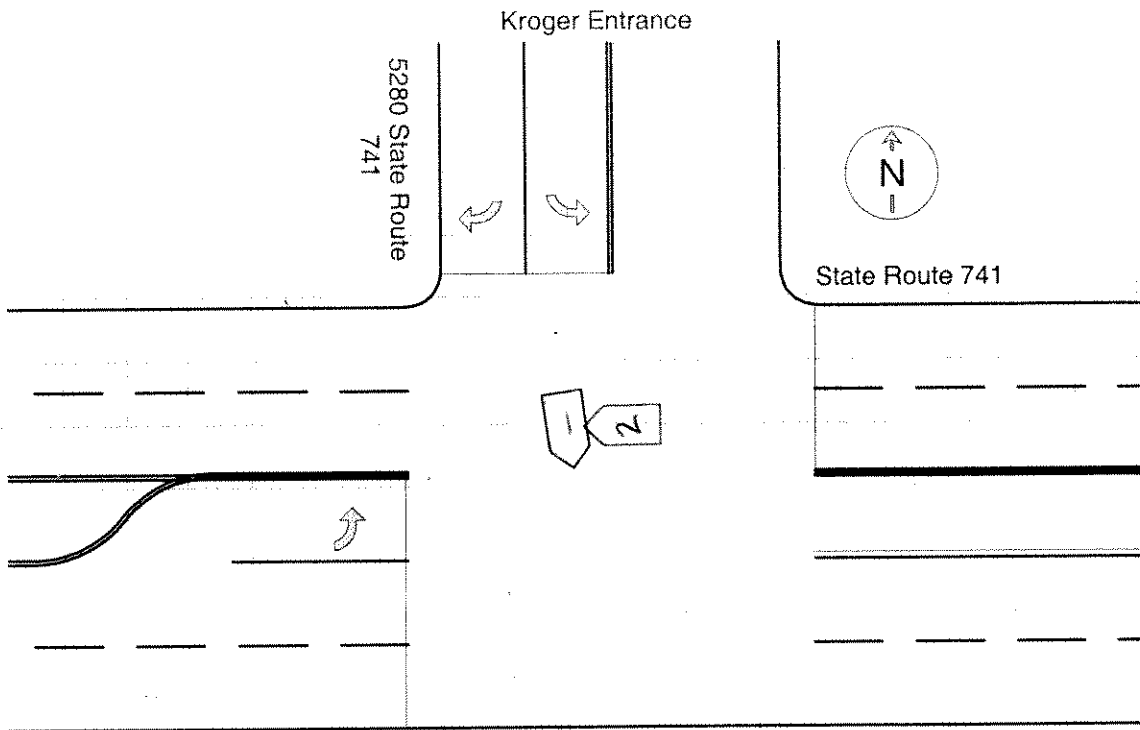




OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER <b>14-10070</b>	REPORTING AGENCY <b>MASON POLICE DEPT.</b>	DATE OF ACCIDENT M <b>3</b> D <b>31</b> Y <b>14</b>
IN COUNTY OF <b>WARREN</b>	ACCIDENT LOCATION <b>KROGER ENTRANCE 1/2 741</b>	



NOT TO SCALE

OFFICERS SIGNATURE  
*A. Neal*

BADGE NO.  
**1621**



LOCAL REPORT NUMBER	REPORTING AGENCY <i>Mason police</i>	DATE OF CRASH M 3   D 31   Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, RALPH RICHEY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Neal AT Crash Scene  
OFFICER'S NAME LOCATION

I THE DRIVER OF THE AMBULANCE WAS LEAVING THE COMPLEX OF SHOPPER OF MASON OH 45141 WITH EMERGENCY LIGHT AND SIREN ON I WAS TRANSPORTING A PATIENT TO B NORTH HOSPITAL HAVING TROUBLE BREATHING AS I WAS PULLING OUT OF THE COMPLEX WITH EMERGENCY LIGHT AND SIREN ON I STOP AND CHECKED TO ASSURE ALL VEHICLES WERE STOP THEN AS I CONTINUE OUT A VEHICLE WAS COMING AT ME WHAT SEEM TO BE A HIGH RATE OF SPEED AT THAT POINT IT WAS TOO LATE TO MAKE THE LEFT TURN COMPLETELY AND THE VEHICLE WAS BRAKING HARD AND STRUCK THE SIDE OF THE AMBULANCE. THE OTHER VEHICLE THAT STRUCK THE AMBULANCE WAS AT FIRST I THOUGH CONTINUE ON BUT LATER STOPPED IT IN THE RIGHT TURN LANE OF THE COMPLEX AT A STOP I THEN CHECKED ON INJURIES AND NOTIFIED COUNTY.

ADDRESS OF WITNESS <i>4900 PARKWAY</i>	PHONE <i>513-701-6858</i>
SIGNATURE OF WITNESS X <i>Ralph Richey</i>	OFFICER'S SIGNATURE <i>Neal</i>

LOCAL REPORT NUMBER	REPORTING AGENCY <i>Mason police</i>	DATE OF CRASH M 03   D 31   Y 2014
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Matthew Barte HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Neal AT Kings Mills,  
OFFICER'S NAME LOCATION

I was traveling North down Kings Mills road. An ambulance pulled out and there was no time to react. There was an SUV in the way and I couldn't hear any sirens. I was traveling at about 35 mph when he pulled out and tried everything to slam on my breaks. I did not have my radio on due to being on the phone with my Father. Being 35 mph and all of a sudden there is an ambulance in front of you there isn't much you can do. I moved my car from the ~~int~~ intersection to prevent any other crashes. I do not feel at fault one bit.

ADDRESS OF WITNESS <i>6676 Kenneland Way</i>	PHONE <i>513-466-9627</i>
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i>



LOCAL REPORT NUMBER	REPORTING AGENCY <i>Mason Police</i>	DATE OF CRASH M 3   D 31   Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brian Bentley HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Neal AT Crash Scene  
OFFICER'S NAME LOCATION

As we were responding to the hospital, I was in the back of the Squad providing pt care. ~~Who~~<sup>us</sup> We were running lights & siren, I could tell as we made it to the light at the Shoppers of Mason Entrance the Squad stopped to clear the intersection, as we proceeded through the light heard a short squeak of tires and felt ~~sh~~<sup>us</sup> The Squad got hit. When I looked out the back window I saw all traffic stopped except for a grey car that was driving into the Shoppers of Mason. I continued pt care and made ~~sh~~<sup>us</sup> shi Sure the pt was O.k

ADDRESS OF WITNESS <i>4900 Parkway Suite 150</i>	PHONE <i>(513) 884-5520</i>
SIGNATURE OF WITNESS <i>X Brian Bentley</i>	OFFICER'S SIGNATURE <i>X Neal</i>





LOCAL REPORT NUMBER 14-10070	REPORTING AGENCY Mason police	DATE OF CRASH M 3   D 31   Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Judith L. Brown HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED ENTRANCE TO  
Neal AT Kings Mills @ Kroger's  
OFFICER'S NAME LOCATION

There were several cars stopped at the traffic light (entrance to Kroger's) for an ambulance coming onto Kings Mills road (through a red light on their side) with sirens & emergency lights going.

The white car came up on my left side - he had green light & there was a large white SUV blocking his vision, I could see it was going to happen, but no way to stop it. I believe his view was Blocked

Stopped & talked to driver off the car that was hit & stayed with him till I was sure he was okay. He was definitely shook up.

Felt bad for both drivers.

5778 Walnut St, Kings Mills, OH 45036  
ADDRESS OF WITNESS PHONE  
913-459-9294

SIGNATURE OF WITNESS X Judith L. Brown OFFICER'S SIGNATURE X Neal