



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
120114-1161533	3 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input checked="" type="checkbox"/> 200 Under State Reportable Dollar Amount <input type="checkbox"/> Private Property	083194	MASON POLICE	03	01

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	05242014	1226	WATI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
39 20 13.4477	78 41 19.1471	39.337069	-78.4329799

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	01	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 Type 1	Location Route Number	Loc Prefix N,S,E,W	Location Road Name	Location Road Type 2	Route Types 3
			SWISER	RD	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 Type 1	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type 2
20	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	S			WESTERN ROW	RD

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 type="checkbox"/> 01 - Not an Intersection <input type="checkbox"/> 02 - Four-way Intersection <input type="checkbox"/> 03 - T-Intersection <input type="checkbox"/> 04 - Y-Intersection <input type="checkbox"/> 05 - Traffic Circle/Roundabout	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 3 - In Median <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	Weather
<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"/> 01 - Dry <input type="checkbox"/> 02 - Wet <input type="checkbox"/> 03 - Snow <input type="checkbox"/> 04 - Ice <input type="checkbox"/> 05 - Sand, Mud, Dirt, Oil, Gravel <input type="checkbox"/> 06 - Water (Standing, Moving) <input type="checkbox"/> 07 - Slush <input type="checkbox"/> 08 - Debris* <input type="checkbox"/> 09 - Rut, Holes, Bumps, Uneven Pavement* <input type="checkbox"/> 10 - Other	<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

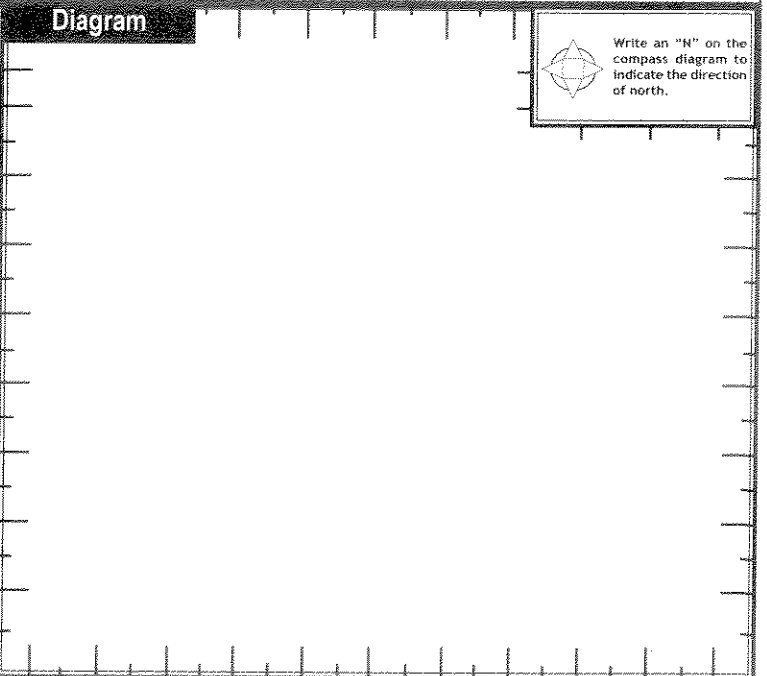
Manner of Crash Collision/Impact	Weather
<input type="checkbox"/> 5 - Not Collision Between Two Motor Vehicles In Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 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 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"/> 1 - Primary <input type="checkbox"/> 2 - Dawn <input type="checkbox"/> 3 - Dusk <input type="checkbox"/> 4 - Dark - Lighted Roadway <input type="checkbox"/> 5 - Dark - Roadway Not Lighted <input type="checkbox"/> 6 - Dark - Unknown Roadway Lighting <input type="checkbox"/> 7 - Glare* <input type="checkbox"/> 8 - Other <input type="checkbox"/> 9 - Unknown	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	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 #01 WAS STOPPED ON SWISER RD AT WESTERN ROW RD. UNIT #02 WAS STOPPED BEHIND UNIT #01. BOTH UNITS WERE FACING NORTHBOUND. UNIT #01 BARLED UP AND STRUCK UNIT #02 IN THE FRONT.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to DDPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	05242014	1224	1225	1231	1324	130	183
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4					
FIREGORDA	1037	SO						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2014186533

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE REMIGIO AILON AILON	DATE OF BIRTH 03/23/1988	AGE 26	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP 4842 BRIDGE LN APT 4 MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-331-1482
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/> No VALID OL <input checked="" type="checkbox"/> M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE

OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.13	OFFENSE DESCRIPTION IMPROPER BACKING	CITATION NUMBER 76024	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE COPE CLINTON R	DATE OF BIRTH 03/24/1979	AGE 35	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP 54 SCOTT LN HAMILTON OH 45015	CONTACT PHONE- INCLUDE AREA CODE 513-748-9261
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 5	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
OL STATE OH	OPERATOR LICENSE NUMBER R4322205	OL CLASS D	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURED	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER

SEATING POSITION	AIR BAG USAGE
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVEN) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECONDS - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECONDS - MIDDLE 06 - SECONDS - 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 CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (HOLD IS "D") 5 - M/C/MOPED ONLY	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FEEL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, PAGER, DVDS) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION

UNIT NUMBER 111	NAME: LAST, FIRST, MIDDLE MCKEE PAIGE	DATE OF BIRTH 06/03/1992	AGE 21	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 8098 QUAILWOOD CT WEST CHESTER OH 45389	CONTACT PHONE- INCLUDE AREA CODE 513-504-6580
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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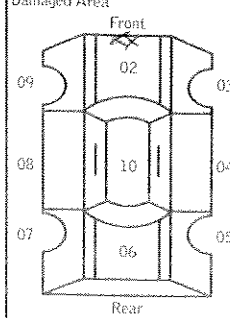


Unit

Local Report Number
2014-116533

Unit Number 102	Owner Name: Last, First, Middle <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <input checked="" type="checkbox"/> Same As Driver	Damage Scale 2
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Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver	Damaged Area
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LP State OH	License Plate Number 70VHM	Vehicle Identification Number	# Occupants 1
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Vehicle Year 2008	Vehicle Make SUZUKI	Vehicle Model HAYABUSA	Vehicle Color BLACK
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Proof of Insurance Showed <input type="checkbox"/>	Insurance Company PROGRESSIVE	Policy Number	Towed By
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Carrier Name, Address, City, State, Zip	Carrier Phone - include area code
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US DOT	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 01	Trafficway Description 1
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Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 09	Med/Heavy Trucks or Combo Units > 10k lbs
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Special Function 01	Most Damaged Area 02	Impact Area 02	Action 4
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Pre-Crash Actions 11	Motorist	Non-Motorist
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Contributing Circumstances 61	Vehicle Defects 01
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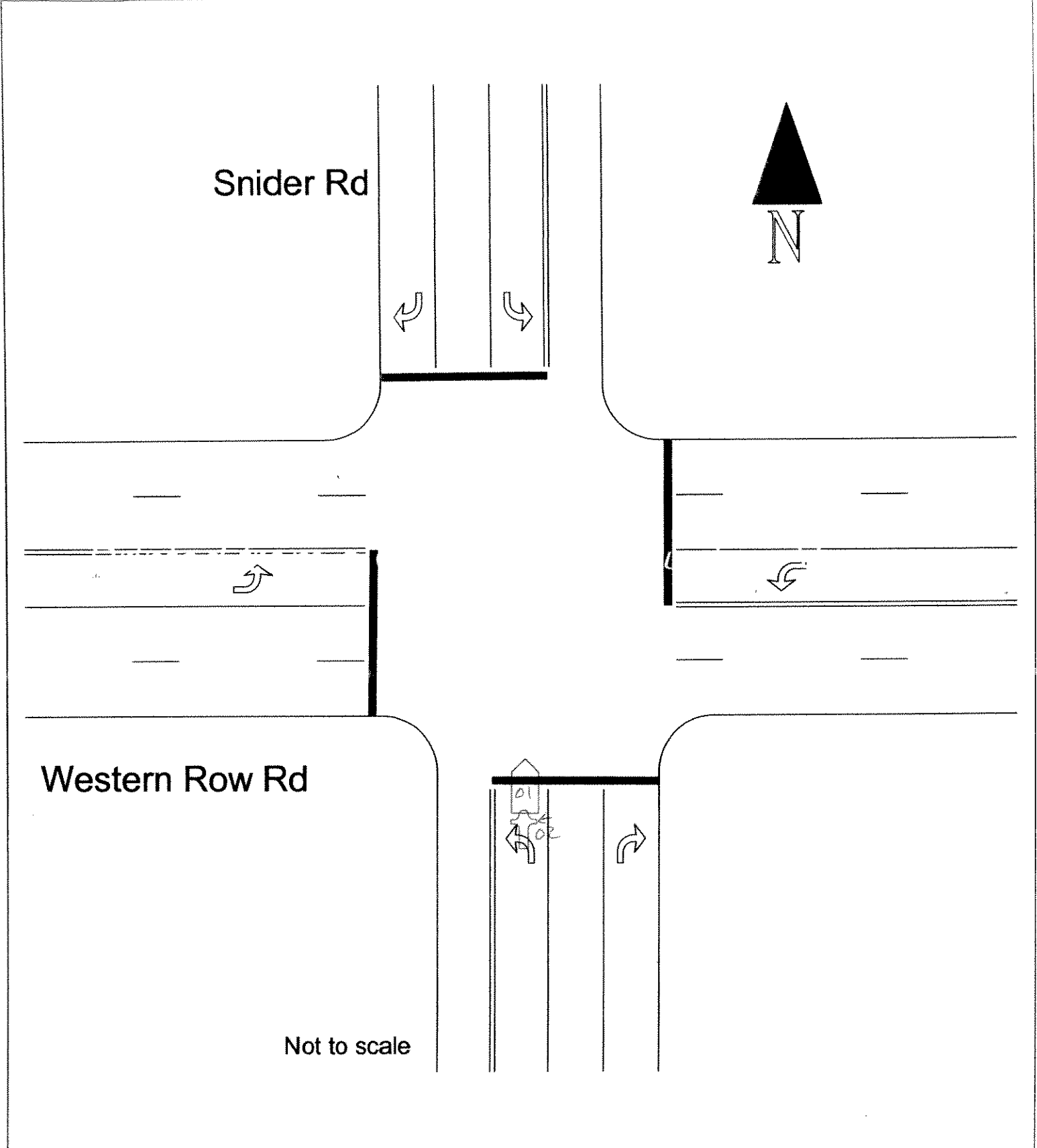
Sequence of Events 1 20 2 3 4 5 6	Non-Collision Events	Collision With Fixed Object
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Unit Speed 000	Posted Speed 35	Traffic Control 12	Unit Direction From 2 To 1
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 14-16533	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 05 D 24 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION WESTERN ROW RD @ SNIDER RD	



OFFICER'S SIGNATURE 	BADGE NUMBER 1237
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LOCAL REPORT NUMBER 14-16533	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 05 D 29 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Clinton R. Cope HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Mcrae AT Western Row + Snider
OFFICER'S NAME LOCATION

~~at the~~ ~~where~~ We were proceeding to turn left from Snider onto Western Row, the person in front of me couldn't turn due to traffic.

The light turned red and he proceeded to back up ~~running~~ into my motorcycle.

I got off the bike and ask him not to leave and turn off the car. he told me he didn't even know he had hit me!

ADDRESS OF WITNESS 54 Scott Lane, Hamilton, Ohio, 45040	PHONE (513) 748-9261
SIGNATURE OF WITNESS X <u>Clinton R. Cope</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOGAL REPORT NUMBER 14-16533	REPORTING AGENCY	DATE OF CRASH M 05 D 24 Y 14
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FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Paige McKee (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Fitzgerald (OFFICERS NAME) AT Western Row + Snider (LOCATION)

I was in the left turn lane of Snider Rd to turn onto Western Row Rd. There were two vehicles ahead of me, a silver car and a motorcycle. The car was pulled out like he was going to make a left turn, but when the light turned yellow he didn't turn. He then began to back up and he hit the motorcycle behind him.

ADDRESS OF WITNESS 8098 Awnilwood at West Chester	PHONE 513 504 6580
SIGNATURE OF WITNESS <u>Paige McKee</u>	OFFICERS SIGNATURE <u>[Signature]</u>