OHIO TRAFFIC CRASH REPORT — OH-1 (Rev. 1-82)

LOCAL REPORT NO. ☐ OH-2 ☐ OH-3 — Lebanon Police — 0830300 — ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 12-19144

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO OF VEH PEDESTRIANS INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF WARREN | IN ☒ CITY LEBANON | DATE OF CRASH 11 | 8 | 12 | DAY THU | TIME: MILITARY 1618

CRASH OCCURRED ON 915 N BROADWAY (OFF PARKING LOT) | WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOC 1 | LOC 2 | LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN NON CONTACT ☐ | INSURANCE CO OR AGENT SAFE AUTO

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): ROSENBAUM, STEVEN | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4440 CARNELL DR LEBANON, OH 45036

PHONE NO. (937)728-0628 | BIRTH DATE 7 m | 15 D | 56 Y | AGE 56 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RK280540 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS | PHONE

VEH YR 94 | MAKE FORD | MODEL TK | COLOR GRN | STYLE | STATE OH | LICENSE PLATE NO. DKE5060 | TOWING SERVICE N/A | VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 10 11 12 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 | NO OF OCCUPANTS 1 | OPERATING ☐ | PARKED ☒ | DRIVERLESS ☐ | HIT & RUN NON-CONTACT ☐ | INSURANCE CO. OR AGENT STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): PEFFER, DINA | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 2897 KEEVER RD. LEBANON, OH 45036

PHONE NO. (513) 405-9853 | BIRTHDATE 10 m | 17 D | 65 Y | AGE 47 | SEX F | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RT 143520 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS | PHONE

VEH YR 06 | MAKE HONDA | MODEL 4H | COLOR BLU | STYLE | STATE OH | LICENSE PLATE NO. FQL4177 | TOWING SERVICE N/A | VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 10 11 12 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

C — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D Y | AGE | ADDRESS | PHONE | SEX

D — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D Y | AGE | ADDRESS | PHONE | SEX

E — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D Y | AGE | ADDRESS | PHONE | SEX

F — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D Y | AGE | ADDRESS | PHONE | SEX

POSITION: A B C D E F

P-PEDESTRIAN

INJURIES: A B C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A B

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

A B C INJURED TAKEN TO By

D E F

A B C INJURED TAKEN TO By

D E F

RESTRAINTS: A B C D E F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
5 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A ☐ YES ☐ NO TESTED | B ☐ YES ☐ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

POLICE ACTION

A ☐ ORC ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

D ☐ ORC ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

EJECTION: A B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ NO | D TESTED ☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1618	1619	1628	1640	0	12

DATE REPORT FILED M D Y	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
	☐ YES ☒ NO	J. HALLER	123	

State Pfl-012 2/13/03