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. 12-19305

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 / 18 / 12 | DAY SAT | TIME: MILITARY 2050

CRASH OCCURRED ON 99 STUBBS MILL (BOB EVANS 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 PROGRESSIVE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): ALLEY, MICHAEL | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 371 W STATE ROUTE 122, LEBANON, OH 45036

PHONE NO.: (513) 490-5266 | BIRTH DATE: 4 / 2 / 52 | AGE: 60 | SEX: M | SOCIAL SECURITY NO. | STATE: OH | DRIVER'S LICENSE NO.: RU202834 | OCCUPATION

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

VEH YR: 98 | MAKE: CHEV | MODEL: TK | COLOR: RED | STYLE | STATE: OH | LICENSE PLATE NO.: AXC8710 | TOWING SERVICE: N/A | VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 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

8 — UNIT NO. 2 | NO OF OCCUPANTS 0 | OPERATING ☐ | PARKED ☒ | DRIVERLESS ☐ | HIT & RUN NON-CONTACT ☐ | INSURANCE CO. OR AGENT STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO. | BIRTHDATE m D y | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): FAYE, CAROLYN | ADDRESS: 730 CLAUDE AVE SOUTH LEBANON, OH 45065 | PHONE: (605) 999-9079

VEH YR: 03 | MAKE: NISS | MODEL: 45 | COLOR: SILVER | STYLE | STATE: SC | LICENSE PLATE NO.: HMY474 | TOWING SERVICE: N/A | VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 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 O. | 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 — 7 — 7 — 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

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

O ☐ 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 | O TESTED ☐ YES ☐ NO
1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
2050	2052	2100	2107	0	7

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

State Pfl-012 2/13/03