

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. OH-2 OH-3 **Lebanon Police** 0830300

ODHS USE ONLY - 00 NOT MARK ABOVE

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: **01/18/13** DAY: **SAT** TIME: MILITARY **1715**

CRASH OCCURRED ON **50 S. Broadway Ave. (Parking Lot)** WITHIN THE INTERSECTION OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE **8303**

LOCAL FILE NO
13-214

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOC 1 _____ LOC 2 _____ LOC JUR FH9 FILT _____

A UNIT NO. **01** NO OF OCCUPANTS **01** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **State Farm**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Urbanis, Tracey L.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **2700 Superior Ave. Middletown, OH 45044**

PHONE NO. **513-465-7971** BIRTH DATE **03/21/1964** AGE **48** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RU207117** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Same** ADDRESS _____ PHONE _____

VEH YR **2000** MAKE **Lincoln** MODEL **Town Car** COLOR **Blue** STYLE **4S** STATE **OH** LICENSE PLATE NO. **LN940G** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS 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. **02** 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 _____ AGE _____ SEX _____ SOCIAL SECURITY NO. _____ STATE _____ DRIVER'S LICENSE NO. _____ OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) _____ ADDRESS _____ PHONE _____

VEH YR **2013** MAKE **Honda** MODEL **Acrd** COLOR **white** STYLE **4S** STATE **OH** LICENSE PLATE NO. **FRH8948** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS 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	AGE	POSITION						INJURIES					
					A	B	C	D	E	F	A	B	C	D	E	F
		same														
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	CONDITION											
					1	2	3	4	5	6						
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	RESTRAINTS											
					1	2	3	4	5	6						
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ALCOHOL											
					1	2	3	4	5	6						

POLICE ACTION

A B C INJURED TAKEN TO _____ By _____

A B C INJURED TAKEN TO _____ By _____

A ORC CITY OR D OFFENSE CHARGED AND DESCRIPTION _____

B ORC CITY OR D OFFENSE CHARGED AND DESCRIPTION _____

RECEIVED CALL **1415** DISPATCHED **1415** ARRIVED **1419** CLEARED **1435** OTHER TIME **20** TOTAL MINUTES **39**

DATE REPORT FILED **1/18/13** PHOTOS YES NO OFFICER'S NAME **Jenkins** BADGE NO. **112** CHECKED BY _____

A B C D E F EJECTION **1** 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

A B C D E F ALCOHOL **1** 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

A B C D E F DRUGS **1** 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG