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

REPORT TAKEN: ☐ AT STATION ☒ AT SCENE — NO OF VEH PEDESTRIANS INVOLVED — 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: 3/1/13 — DAY: FRI — TIME: MILITARY: 1630

CRASH OCCURRED ON: 1425 Columbus AVE. — WITHIN THE INTERSECTION OF: Krogers

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

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, Caitlyn — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 371 W. State Rt 122 Lebanon OH

PHONE NO.: 932-2462 — BIRTH DATE: 2/9/91 — AGE: 22 — SEX: F — SOCIAL SECURITY NO.: 301-92-3265 — STATE: OH — DRIVER'S LICENSE NO.: TG493948 — OCCUPATION:

OWNER (IF SAME AS DRIVER, WRITE SAME): Michael Alley — ADDRESS: Same — PHONE:

VEH YR: 98 — MAKE: Chevy — MODEL: TK — COLOR: Red — STYLE: — STATE: OH — LICENSE PLATE NO.: AXC8710 — TOWING SERVICE: — 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 1 — OPERATING ☐ PARKED ☒ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT:

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): France, John — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 801 Farview Lebanon OH

PHONE NO.: 932-3904 — BIRTHDATE: 10/d/37 — AGE: 75 — SEX: M — SOCIAL SECURITY NO.: 269-34-6690 — STATE: OH — DRIVER'S LICENSE NO.: RM399823 — OCCUPATION:

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

VEH YR: 2010 — MAKE: Ford — MODEL: 45 — COLOR: Red — STYLE: — STATE: OH — LICENSE PLATE NO.: 362YEM — TOWING SERVICE: — 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

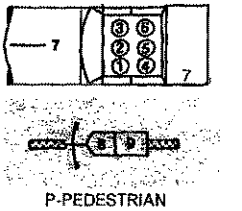
C — FROM UNIT NO. — NAME (LAST, FIRST, MI): — BIRTHDATE: m D y — AGE: — ADDRESS: same — PHONE: — SEX:

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 — INJURIES: A B C D E F



P-PEDESTRIAN

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

RESTRAINTS: A B C D E F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
6 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

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

POLICE ACTION

A B C — INJURED TAKEN TO — By

D E F

A B C — INJURED TAKEN TO — By

D E F

A ☐ ORC ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION

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

RECEIVED CALL: 1632 — DISPATCHED: 1634 — ARRIVED: 1635 — CLEARED: 1642 — OTHER TIME: 10 — TOTAL MINUTES: 20

DATE REPORT FILED: M D Y — PHOTOS: ☐ YES ☐ NO — OFFICER'S NAME: Morris — BADGE NO.: 131 — CHECKED BY:

State Ptl-012 2/13/03