

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **13-4950**  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 **3/21/13** DAY **THURS** TIME MILITARY **0918**

CRASH OCCURRED ON **WALMART, 1530 WALMART DR.** WITHIN THE INTERSECTION OF \_\_\_\_\_

IF NOT IN INTERSECTION \_\_\_\_\_ N \_\_\_\_\_ E \_\_\_\_\_ S \_\_\_\_\_ OF \_\_\_\_\_ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE \_\_\_\_\_

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

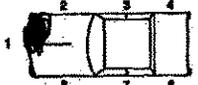
**A** UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING  PARKED  DRIVERLESS  HIT & RUN  NON CONTACT  INSURANCE CO OR AGENT **FARMERS INS. # 187210932**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **WHISNOR, DANIEL L. SR.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **315 SACKETT DR., MONROE, OH**

PHONE NO. \_\_\_\_\_ BIRTH DATE **6/16/76** AGE **36** SEX **M** SOCIAL SECURITY NO. \_\_\_\_\_ STATE **OH** DRIVER'S LICENSE NO. **RT289599** OCCUPATION \_\_\_\_\_

OWNER (IF SAME AS DRIVER, WRITE SAME) **SAME** ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

VEH YR **01** MAKE **MAZDA** MODEL **MILWAU** COLOR **SLV** STYLE **4S** STATE **OH** LICENSE PLATE NO. **FJA9907** 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  LIGHT  MODERATE  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 **0** OPERATING  PARKED  DRIVERLESS  HIT & RUN  NON CONTACT  INSURANCE CO OR AGENT **WELLS FARGO # 90-02700-03**

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

PHONE NO. \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ STATE \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ OCCUPATION \_\_\_\_\_

OWNER (IF SAME AS DRIVER, WRITE SAME) \_\_\_\_\_ ADDRESS **8401 W 35 SERVICE DR. MINNEAPOLIS, MN 55449** PHONE **614-491-1477**

VEH YR **05** MAKE **FORD** MODEL **F250** COLOR **GRAY** STYLE **TR** STATE **OH** LICENSE PLATE NO. **PHV4448** 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  LIGHT  MODERATE  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	SEX	POSITION						INJURIES					
						A	B	C	D	E	F	A	B	C	D	E	F

**P-PEDESTRIAN**

RESTRAINTS **8** A B C D E F

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

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

POLICE ACTION

INJURED TAKEN TO \_\_\_\_\_ By \_\_\_\_\_

INJURED TAKEN TO \_\_\_\_\_ By \_\_\_\_\_

OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_

OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_

RECEIVED CALL **0918** DISPATCHED **0919** ARRIVED **0927** CLEARED **0942** OTHER TIME \_\_\_\_\_ TOTAL MINUTES **15**

DATE REPORT FILED **3/21/13** PHOTOS  YES  NO OFFICER'S NAME **J. OSEIHER** BADGE NO. **124** CHECKED BY \_\_\_\_\_

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

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