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

| LOCAL REPORT NO. | | | | |
|---|---|---|---|---|
| 13-7688 | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0830300 | ODHS USE ONLY - DO NOT MARK ABOVE |

LOCAL FILE NO

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

| IN COUNTY OF WARREN | IN ☒ CITY | DATE OF CRASH: | DAY | TIME: MILITARY |
|---|---|---|---|---|
| | LEBANON | 05 / 04 / 13 | SAT | 2127 |

CRASH OCCURRED ON: 665 N. Broadway, Lebanon OH 45036 — WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) — CITY CODE: 8321

LOG-1 | LOG-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: Erie Ins. Co.

| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) |
|---|---|
| Rice, James, V. | 603 S 1st St., Trenton, OH 45067 |

| PHONE NO. | BIRTH DATE | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION |
|---|---|---|---|---|---|---|---|
| 513-988-0864 | 01/01/33 | 80 | M | | OH | RM125056 | |

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

| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO. | TOWING SERVICE | VEH/PED DIR |
|---|---|---|---|---|---|---|---|---|
| 07 | Chevy | TK | Silver | TK | OH | BE98HY | | FROM N TO W |

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: Nationwide

| 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) | ADDRESS | PHONE |
|---|---|---|
| Talkington, Michael, P. | 4015 Farnham Ave., Dayton, OH 45420 | 937-479-2652 |

| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO. | TOWING SERVICE | VEH/PED DIR |
|---|---|---|---|---|---|---|---|---|
| 96 | Chevy | Lumina | Blue | 4S | OH | FKZ7807 | | FROM S TO N |

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**

| | FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE (m D y) | AGE | ADDRESS | PHONE | SEX |
|---|---|---|---|---|---|---|---|
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| F | | | | | | | |

POSITION: A 1 | B | C | D | E | F

INJURIES: A 1 | B | C | D | E | F

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

CONDITION: A 7 | B

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

P-PEDESTRIAN

RESTRAINTS: A 8 | 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 1 — ☐ 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 1 | B | C | D | E | F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 — TESTED ☐ YES ☐ No — 0 — 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

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

| RECEIVED CALL | DISPATCHED | ARRIVED | CLEARED | OTHER TIME | TOTAL MINUTES |
|---|---|---|---|---|---|
| 2127 | 2130 | 2134 | 2137 | | 0OffOff |

| DATE REPORT FILED | PHOTOS | OFFICER'S NAME | BADGE NO. | CHECKED BY |
|---|---|---|---|---|
| M 5 D 1 Y 13 | ☐ YES ☒ NO | T. Cooper | 125 | |

State Ptl-012 2/13/03