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

IN COUNTY OF WARREN | IN [X] CITY LEBANON | DATE OF CRASH: 6 / 3 / 13 | DAY Mon | TIME: MILITARY 1659

CRASH OCCURRED ON 496 Lakeside (Walt Luk 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 | LOC | LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO OF OCCUPANTS | OPERATING [X] PARKED [ ] DRIVERLESS [ ] HIT & RUN [ ] NON CONTACT [ ] | INSURANCE CO OR AGENT State Farm

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Payne, Fred | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 16 North Ln Lebanon, OH 45036

PHONE NO.: (513) 932-3797 | BIRTH DATE: 11 / 25 / 48 | AGE 64 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RT139861 | OCCUPATION

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

VEH YR 90 | MAKE CHEV | MODEL | COLOR BLK | STYLE TK | STATE OH | LICENSE PLATE NO. FUH8093 | TOWING SERVICE N/A | VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 10 11 12 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

8 — UNIT NO. 2 | NO OF OCCUPANTS | OPERATING [X] PARKED [ ] DRIVERLESS [ ] HIT & RUN [ ] NON-CONTACT [ ] | INSURANCE CO. OR AGENT Allstate

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Kamlage, Christopher | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6893 Zoar Rd Maineville OH 45039

PHONE NO.: 505-4299 | BIRTHDATE: 03 / 19 / 66 | AGE 47 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RC778614 | OCCUPATION

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

VEH YR 13 | MAKE VOLK | MODEL | COLOR DRK BLU | STYLE HB | STATE OH | LICENSE PLATE NO. FVD4011 | TOWING SERVICE N/A | VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 10 11 12 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

C — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ADDRESS same | PHONE | SEX

D — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ADDRESS | PHONE | SEX

E — FROM UNIT O. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ADDRESS | PHONE | SEX

F — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ADDRESS | PHONE | SEX

POSITION: A B C D E F — 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
8 OTHER CONDITION
7 UNKNOWN

A B C D E F — INJURED TAKEN TO ____ By ____

A B C D E F — INJURED TAKEN TO ____ By ____

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

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
1654	1701	1702	1712	0	10

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M D Y	[ ] YES [X] NO	J. Haller	123	

State Ptl-012 2/13/03