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

LOCAL REPORT NO. ☐ OH-2 ☐ OH-3 — Lebanon Police — 0 8 3 0 3 0 0 — ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 11369

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: 7 8 13 | DAY TUE | TIME: MILITARY 1736

CRASH OCCURRED ON 555 N. Broadway (Shriners 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'S FILT

## DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN NON CONTACT ☒ | INSURANCE CO OR AGENT Grange

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Mitchell Dennis | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1014 Winding Way Lebanon, OH 45036

PHONE NO. (513) 933-9931 | BIRTH DATE 03 01 1957 (m D y) | AGE 56 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RQ551591 | OCCUPATION

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

| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO. | TOWING SERVICE | VEH/PED DIR |
|---|---|---|---|---|---|---|---|---|
| 09 | CHEV | | Teal | TK | OH | EQD6109 | N/A | 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): Davis, Benjamin | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 521 Heritage Ct. Lebanon, OH 45036

PHONE NO. (513) 292-8300 | BIRTHDATE 02 23 1984 (m D y) | AGE 29 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. SS060271 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Davis, James | ADDRESS: Same | PHONE (513) 200-5788

| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO. | TOWING SERVICE | VEH/PED DIR |
|---|---|---|---|---|---|---|---|---|
| 09 | FORD | | Grey | TK | OH | DSP9824 | N/A | 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 NO. | 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 — 1 2 3 4 5 6 7 8 9 — 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
6 OTHER CONDITION
7 UNKNOWN

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

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

A ☐ ORC ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION

RESTRAINTS: A B C D E F
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

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 | 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 |
|---|---|---|---|---|---|
| 1736 | 1738 | 1739 | 1749 | 10 | 20 |

| DATE REPORT FILED (M D Y) | PHOTOS ☐ YES ☒ NO | OFFICER'S NAME | BADGE NO. | CHECKED BY |
|---|---|---|---|---|
| | | J. Haller | 123 | |

State Pt-012 2/13/03