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: 2013-13567

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: 08 10 D 8 11 Y 3 — DAY: THR — TIME: MILITARY: 20:00

CRASH OCCURRED ON: 916 Columbus Ave — 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 FH9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):

PHONE NO. — BIRTH DATE m D Y — AGE — SEX — SOCIAL SECURITY NO. — STATE — DRIVER'S LICENSE NO. — OCCUPATION

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

VEH YR — MAKE — MODEL — COLOR — STYLE — STATE — LICENSE PLATE NO. — 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

B — UNIT NO. 2 — NO OF OCCUPANTS: 0 — OPERATING ☐ PARKED ☒ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT: Western Reserve

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): Burns, Brian — ADDRESS: 1256 Thorny Ridge Tri. Lebanon, OH — PHONE: 805-717 2247

VEH YR: 2007 — MAKE: Dodge — MODEL: Ram — COLOR: Red — STYLE: TK — STATE: OH — LICENSE PLATE NO.: EYD 3096 — 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

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

INJURIES: A B C D E F

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

P-PEDESTRIAN

CONDITION: A 7 B

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

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

RESTRAINTS: A 8 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 4 — ☐ 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
1416	1416	1423	1427	15	20

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 9 Y 13	☐ YES ☒ NO	Pt. C. Brock	126	

State Ptl-012 2/13/03