

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **13-14012** 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 _____ 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: **08/17/13** DAY **SAT** TIME: MILITARY **1527**

CRASH OCCURRED ON **1525 Gennetown Dr., Lebanon OH 45036** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE _____

LOCAL FILE NO.

LOG # _____ LOC JUR FH9 FILT _____

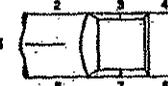
A UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT _____

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Sandlin, Christopher** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **990 Eastridge Dr #20, Lebanon OH 45036**

PHONE NO. **(513) 470-0234** BIRTHDATE **04/15/63** AGE **50** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RU196609** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Same** ADDRESS _____ PHONE _____

VEH YR _____ MAKE _____ MODEL _____ COLOR _____ STYLE **Bicycle** STATE _____ LICENSE PLATE NO. _____ TOWING SERVICE _____ VEH/PED DIR FROM **E** TO **W**

CIRCLE DAMAGE AREAS  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

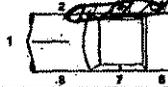
8 UNIT NO. **2** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT **Central**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **West, Marcy, Ann** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **493 C Georgetown Dr, Lebanon OH 45036**

PHONE NO. **(513) 403-1932** BIRTHDATE **06/22/83** AGE **30** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **R240e678** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **West Jeffrey** ADDRESS **5727 Brant Rd, Morrow OH** PHONE **(513) 382-9575**

VEH YR **09** MAKE **Chevy** MODEL _____ COLOR **Gold** STYLE **4H** STATE **OH** LICENSE PLATE NO. **FRU 9049** TOWING SERVICE _____ VEH/PED DIR FROM **W** TO **N**

CIRCLE DAMAGE AREAS  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 _____ POSITION **A | B | C | D | E | F** INJURIES **A | B | C | D | E | F**

D FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m | d | y** AGE _____ POSITION **A | B | C | D | E | F** INJURIES **A | B | C | D | E | F**

E FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m | d | y** AGE _____ POSITION **A | B | C | D | E | F** INJURIES **A | B | C | D | E | F**

F FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m | d | y** AGE _____ POSITION **A | B | C | D | E | F** INJURIES **A | B | C | D | E | F**

A B C INJURED TAKEN TO _____ By _____ A B C D E F ALCOHOL A YES NO B YES NO TESTED TESTED

A ORC OFFENSE CHARGED AND DESCRIPTION _____ A B C D E F EJECTION A B C D E F DRUGS A TESTED B TESTED C YES D YES

RECEIVED CALL **1527** DISPATCHED **1529** ARRIVED **1529** CLEARED **1538** OTHER TIME _____ TOTAL MINUTES **11**

DATE REPORT FILED **08/17/13** PIOTOS YES NO OFFICER'S NAME **T. Cooper** BADGE NO. **125** CHECKED BY _____

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION