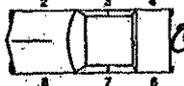
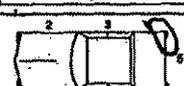


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 13-15208	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE												
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input checked="" type="checkbox"/>	SOLVED <input checked="" type="checkbox"/> UNSOLVED <input type="checkbox"/>										
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 09 04 13 WED	TIME: MILITARY 1550											
CRASH OCCURRED ON 50 S. Broadway				WITHIN THE INTERSECTION OF												
IF NOT IN INTERSECTION		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE											
MILES 100 FEET W S E OF Main St.					8303											
LOG #																
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Swayze, Jonathon, M		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 612 Harris Place, Louisville, KY 40222														
PHONE NO. 502-249-1963	BIRTH DATE 10 24 78	AGE 34	SEX M	SOCIAL SECURITY NO. 6358	STATE KY	DRIVER'S LICENSE NO. 595673224	OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same		PHONE Same										
VEH YR 1994	MAKE Ford	MODEL F150	COLOR Black	STYLE TK	STATE KY	LICENSE PLATE NO. 0ZZ LDT	TOWING SERVICE									
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
B	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Hornung, Melanie, S		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 187 Wexford Dr. Monroe, OH 45050														
PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same		PHONE Same										
VEH YR 2012	MAKE Hyundai	MODEL 4s	COLOR Black	STYLE 4s	STATE OH	LICENSE PLATE NO. EQD5631	TOWING SERVICE									
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION			INJURIES								
		ADDRESS	PHONE	SEX	A	B	C	D	E	F	A	B	C	D	E	F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION			INJURIES								
		ADDRESS	PHONE	SEX				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION			INJURIES								
		ADDRESS	PHONE	SEX				CONDITION A 7 B X X X X X X								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION			INJURIES								
		ADDRESS	PHONE	SEX				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		RESTRAINTS			ALCOHOL								
D E F		INJURED TAKEN TO	By		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			A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED TESTED								
A B C		OFFENSE CHARGED AND DESCRIPTION	OFFENSE CHARGED AND DESCRIPTION		EJECTION			DRUGS								
D E F		OFFENSE CHARGED AND DESCRIPTION	OFFENSE CHARGED AND DESCRIPTION		A B C D E F			A TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO D TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE									
1550	1552	1556	1601	0910	0921		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG									
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY												
09 04 13	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	D. KURILKO	115													

DRIVER/PEDESTRIAN-VEHICLE SECTION

LOCAL FILE NO