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

13-15275

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	Lebanon Police	0830300
ODHS USE ONLY - DO NOT MARK ABOVE			

LOCAL FILE NO

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: 9 D 13	DAY	TIME: MILITARY 1538	
CRASH OCCURRED ON DAVE AVENUE		WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF	(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) 19 DAVE AVENUE			CITY CODE	
LOC1 LOC2 LOC JUR FH9 FILT					

DRIVER-PEDESTRIAN-VEHICLE SECTION

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) MYERS, JAMES C.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 69 SUNCREST DR, LEBANON, OH 45036			
PHONE NO. (513) 836-3261	BIRTH DATE 4 02 68	AGE 45	SEX M	SOCIAL SECURITY NO. ***-**-0135	STATE OH	DRIVER'S LICENSE NO. RU272431	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) MYERS, JAMES C.				ADDRESS 69 SUNCREST DR, LEBANON, OH			PHONE (513) 836-3261
VEH YR 1995	MAKE GMC	MODEL VANDURA	COLOR WHT	STYLE SW	STATE OH	LICENSE PLATE NO. X253069	TOWING SERVICE / VEH/PED DIR FROM E TO S

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 2	OPERATING ☒	PARKED ☐	DRIVERLESS ☐	HIT & RUN NON-CONTACT ☐
INSURANCE CO OR AGENT GRANGE INS.						

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) CARREL, ANN ELIZABETH				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2410 KING RICHARD PKWY, MIAMISBURG, OH 45342			
PHONE NO. (937) 416-1847	BIRTHDATE 5 18 90	AGE 23	SEX F	SOCIAL SECURITY NO. ***-**-5525	STATE OH	DRIVER'S LICENSE NO. TR414608	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) CARREL, CONSTANCE L.				ADDRESS 2410 KING RICHARD PKWY, MIAMISBURG, OH			PHONE (937) 416-1847
VEH YR 2000	MAKE PONTIAC	MODEL GRAND AM	COLOR RED	STYLE 4D	STATE OH	LICENSE PLATE NO. FYD4221	TOWING SERVICE / VEH/PED DIR FROM S TO E

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

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX

POSITION: A 1 B 1 C D E F

INJURIES: A 5 B 5 C D E F

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

P-PEDESTRIAN

CONDITION: A 1 B 9

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

RESTRAINTS: A 4 B 4 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 1 ☐ YES ☒ NO TESTED; B 1 ☐ YES ☒ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

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	

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1538	1538	1544	1612	10	44

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 9 D 5 Y 13	☐ YES ☒ NO	Pat Burns	130	

State Ptl-012 2/13/03