

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.  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 1 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: 11/12/13 DAY **TUE** TIME: MILITARY

CRASH OCCURRED ON **Lot of 1425 Columbus Ave** WITHIN THE INTERSECTION OF **Old Kroger Lot**

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

LOC JUR FH9 FILT

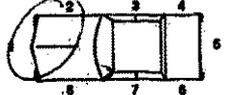
A UNIT NO. 1 NO OF OCCUPANTS 1 OPERATING  PARKED  DRIVERLESS  HIT & RUN NON CONTACT  INSURANCE CO OR AGENT **Liberty Mutual**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Kordowski, Nathan** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **125 Shady LN Lebanon OH**

PHONE NO. **513-267-8466** BIRTH DATE **7/2/97** AGE **16** SEX **M** SOCIAL SECURITY NO. STATE **OH** DRIVER'S LICENSE NO. **UD006138** OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) **Kordowski, Mark** ADDRESS **125 Shady LN Lebanon** PHONE **513-933-9758**

VEH YR **02** MAKE **Ford** MODEL **25** COLOR **Red** STYLE STATE **OH** LICENSE PLATE NO. **FWL8445** TOWING SERVICE VEH/PED DIR FROM TO

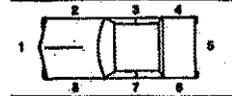
CIRCLE DAMAGE AREAS  DAMAGE SEVERITY  NON-FUNCTIONAL  FUNCTIONAL  DISABLING DAMAGE SCALE  NONE  MODERATE  LIGHT  HEAVY VEHICLE DISPOSITION  DRIVEN AWAY  REMAINED AT SCENE  TOWED FIRE  NO FIRE  FIRE DUE TO CRASH  OTHER FIRE

B UNIT NO. 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. BIRTHDATE 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

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C FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION INJURIES

D. FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION INJURIES

E FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION INJURIES

F FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION INJURIES

A B C INJURED TAKEN TO By A B C D E F ALCOHOL

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A OFFENSE CHARGED AND DESCRIPTION ORC CITY ORD ALCOHOL

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RECEIVED CALL 2134 DISPATCHED 2135 ARRIVED 2141 CLEARED 2212 OTHER TIME 10 TOTAL MINUTES 48

DATE REPORT FILED 11/12/13 PHOTOS YES/NO OFFICER'S NAME **Morris** BADGE NO. **131** CHECKED BY

RESTRAINTS:  NOT USED,  NONE AVAILABLE,  LAP BELT USED,  LAP/SHOULDER BELT USED,  SHOULDER BELT USED,  CHILD SAFETY SEAT,  AIR BAG USED,  USE NOT REPORTED

EJECTION:  NOT EJECTED,  PARTIAL,  TOTAL,  TRAPPED INSIDE VEHICLE

DRUGS:  NO ALCOHOL DETECTED,  HBD ABILITY IMPAIRED,  3- HBD ABILITY NOT IMPAIRED,  4 HBD ABILITY UNKNOWN

TESTED:  YES,  NO

DRUGS:  NO DRUGS DETECTED,  USING PRESCRIBED DRUG,  USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO