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

REPORT TAKEN [ ] AT STATION [X] AT SCENE

NO OF VEH PEDESTRIANS INVOLVED

CRASH SEVERITY (CHECK MOST SEVERE) [ ] FATAL [ ] INJURY [X] PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS [X] OVER $150 [ ] UNDER $150

HIT SKIP [ ] SOLVED [ ] UNSOLVED

IN COUNTY OF WARREN — IN [X] CITY — LEBANON

DATE OF CRASH: 12 11 D 011 Y3 — DAY: TUE — TIME: MILITARY: 1257

CRASH OCCURRED ON: SPEEDWAY PARKING LOT (Main ST)

WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION — MILES ___ FEET 100 — N W E S — OF ST. RT. 123 (Main ST.) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE: 08303

LOC — LOC — LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1

NO OF OCCUPANTS:

OPERATING [X] PARKED [ ] DRIVERLESS [ ] HIT & RUN [ ] NON CONTACT [ ]

INSURANCE CO OR AGENT: NOT Provided

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): LOGAN, BROOKE ERIN

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 30 MIAMIVIEW Dr. Loveland, OH 45140

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
(513) 432-0331	m 01 D 19 Y 84	19	F		OH	TX 960451	

OWNER (IF SAME AS DRIVER, WRITE SAME): BARTON, TYLER

ADDRESS: 1065 E. Main St Apt. 55 Lebanon OH 45036

PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
1996	Jeep	SW	White	OH Prd.	OH	GBF 7296		FROM E TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDER CAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: [ ] NON-FUNCTIONAL [X] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

8 — UNIT NO. 2

NO OF OCCUPANTS:

OPERATING [ ] PARKED [X] DRIVERLESS [ ] HIT & RUN [ ] NON-CONTACT [ ]

INSURANCE CO. OR AGENT: Cincinnati Ins. Co.

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): BOLING JR., Clarence

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 109 BALLARD ST. West Union, OH 45693

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
937-779-9610	m 01 D 13 Y 72	41	M		OH	RT 100388	

OWNER (IF SAME AS DRIVER, WRITE SAME): KLEKamp and Co.

ADDRESS: 4381 Creek Road Cincinnati, OH 45241

PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
2003	Ford	TRK	White	Sunburst	OH	PGG 2807		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 [X] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

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

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 1

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

RESTRAINTS: A 8, B 8, C, D, E, F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
6 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A 1 [ ] YES [X] NO TESTED; B 1 [ ] YES [X] NO TESTED

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

EJECTION: A 1, B 1, C, D, E, F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED [ ] YES [X] NO; B 1 TESTED [ ] YES [X] NO

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

POLICE ACTION

A B C D E F — INJURED TAKEN TO — By

A B C D E F — INJURED TAKEN TO — By

A [ ] ORC [ ] CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

B [ ] ORC [ ] CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1257	1300	1302	1317	20	35

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 12 D 11 Y 13	[ ] YES [X] NO	PH. Todd	116	

13-20435

State Ptl-012 2/13/03