OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 13- | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0830300

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 20379

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: 12 | 9 | 13 — DAY: MON — TIME: MILITARY: 11:58

CRASH OCCURRED ON: KROGER, 1425 COLUMBUS AVE

WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE:

LOC 1 | LOC 2 | LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO OF OCCUPANTS 1 — OPERATING ☒ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN NON CONTACT ☐ — INSURANCE CO OR AGENT: PHILADELPHIA INS.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): HALL, DONNA

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 919 FAIRWINDS CT. APT. B, LEBANON

PHONE NO.: 513-282-6455 — BIRTH DATE: m 11 | D 4 | Y 44 — AGE: 69 — SEX: F — SOCIAL SECURITY NO.: — STATE: OH — DRIVER'S LICENSE NO.: RT142474 — OCCUPATION:

OWNER (IF SAME AS DRIVER, WRITE SAME): RESIDENTIAL GROUP HOMES

ADDRESS: 315 W. SILVER, LEBANON

PHONE: 513-932-8697

VEH YR: 06 — MAKE: FORD — MODEL: FIONDLINE — COLOR: WHT — STYLE: VN — STATE: OH — LICENSE PLATE NO.: FWH 8347 — TOWING SERVICE: — VEH/PED DIR: 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 ☐ 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: — OPERATING: — PARKED ☒ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT: FARMERS

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI):

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):

PHONE NO.: — BIRTHDATE: m | D | y — AGE: — SEX: — SOCIAL SECURITY NO.: — STATE: — DRIVER'S LICENSE NO.: — OCCUPATION:

OWNER (IF SAME AS DRIVER, WRITE SAME): JAMES K. RAMEY

ADDRESS: 8485 STOCKHOLM CT, WAYNESVILLE

PHONE: 513-897-5855

VEH YR: 08 — MAKE: JEEP — MODEL: CHARGER — COLOR: TAUPE — STYLE: SW — STATE: OH — LICENSE PLATE NO.: FJK4652 — TOWING SERVICE: — VEH/PED DIR: 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 ☐ 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

C — FROM UNIT NO. — NAME (LAST, FIRST, MI): — BIRTHDATE: m | D | y — AGE: — ADDRESS: same — PHONE: — SEX:

D. — FROM UNIT NO. — NAME (LAST, FIRST, MI): — BIRTHDATE: m | D | y — AGE: — ADDRESS: — PHONE: — SEX:

E — FROM UNIT O. — NAME (LAST, FIRST, MI): — BIRTHDATE: m | D | y — AGE: — ADDRESS: — PHONE: — SEX:

F — FROM UNIT NO. — NAME (LAST, FIRST, MI): — BIRTHDATE: m | D | y — AGE: — ADDRESS: — PHONE: — SEX:

POSITION: A 1 | B | C | D | E | F

INJURIES: A 5 | B | 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 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
8 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 8 | B | 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 ☒ NO TESTED — B — ☐ 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 — D — 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
1158	1200	1217	1230		13

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 12 D 9 Y 13	☐ YES ☒ NO	J. OEHLER	124	

State Ptl-012 2/13/03