

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **2014-1868** 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 _____ 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: DAY **1/29/14** **WED** TIME: MILITARY **0800**

CRASH OCCURRED ON **Parking lot of 500 Justice Dr** WITHIN THE INTERSECTION OF _____

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

LOC _____ LOC _____ LOC JUR FH9 FILT _____

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. **1** NO OF OCCUPANTS **0** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Geico**

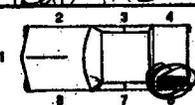
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____

PHONE NO. _____ BIRTH DATE _____ AGE _____ SEX _____ SOCIAL SECURITY NO. _____ STATE _____ DRIVER'S LICENSE NO. _____ OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) _____ ADDRESS _____ PHONE _____

Nocero Michelle **7529 Martha Ct, Carlisle OH** **937-974-6892**

VEH YR **2009** MAKE **Cadillac** MODEL **4 door** COLOR **black** STYLE **Sedan** STATE **OH** LICENSE PLATE NO. **EYS3000** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

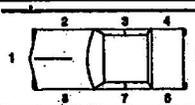
8 UNIT NO. _____ NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO. OR AGENT _____

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Unknown** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____

PHONE NO. _____ BIRTHDATE _____ AGE _____ SEX _____ SOCIAL SECURITY NO. _____ STATE _____ DRIVER'S LICENSE NO. _____ OCCUPATION _____

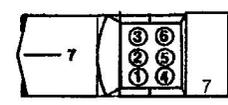
OWNER (IF SAME AS DRIVER, WRITE SAME) _____ ADDRESS _____ PHONE _____

VEH YR _____ MAKE _____ MODEL _____ COLOR _____ STYLE _____ STATE _____ LICENSE PLATE NO. _____ TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE LIGHT MODERATE 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	AGE	POSITION						INJURIES									
					A	B	C	D	E	F	A	B	C	D	E	F				
		Address same																		



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

CONDITION

A	B	C	D	E	F

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

POLICE ACTION

A	B	C	INJURED TAKEN TO		By	A	B	C	D	E	F	ALCOHOL	
												A	B
												<input type="checkbox"/> YES	<input type="checkbox"/> YES
												<input type="checkbox"/> NO	<input type="checkbox"/> NO
												TESTED	TESTED
												<input type="checkbox"/> YES	<input type="checkbox"/> YES
												<input type="checkbox"/> No	<input type="checkbox"/> NO

OFFENSE CHARGED AND DESCRIPTION _____

OFFENSE CHARGED AND DESCRIPTION _____

RECEIVED CALL **1357** DISPATCHED **1400** ARRIVED **1406** CLEARED **1415** OTHER TIME _____ TOTAL MINUTES **15**

DATE REPORT FILED **1/30/14** PHOTOS YES NO OFFICER'S NAME **Fry** BADGE NO. **119** CHECKED BY _____

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

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