

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: 02/18/14 DAY TUE TIME: MILITARY 1646

CRASH OCCURRED ON 852 Franklin Rd. WITHIN THE INTERSECTION OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE 8303

LOCAL FILE NO 14-3068

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOC JUR FH9 FILT

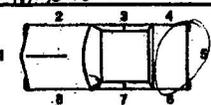
A UNIT NO. 01 NO OF OCCUPANTS 03 OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT Stk Farm

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Finamore, Terry L. ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 420 Joyce Ct. Lebanon, OH 45036

PHONE NO. 513-932-0371 BIRTH DATE 04/08/62 AGE 51 SEX F SOCIAL SECURITY NO. _____ STATE OH DRIVER'S LICENSE NO. RU203123 OCCUPATION _____

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

VEH YR 2003 MAKE Buick MODEL LeSabre COLOR Tan STYLE 4S STATE OH LICENSE PLATE NO. FRU 9106 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

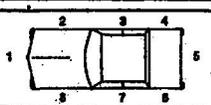
8 UNIT NO. _____ NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT _____

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 A B C D E F INJURIES A B C D E F ADDRESS same PHONE _____ SEX _____

D FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED ADDRESS _____ PHONE _____ SEX _____

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

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

POLICE ACTION

A B C INJURED TAKEN TO _____ By _____ A B C D E F ALCOHOL A YES NO B YES NO TESTED TESTED

D E F INJURED TAKEN TO _____ By _____ 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 8 USE NOT REPORTED 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN

A ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____ EJECTION A B C D E F DRUGS A TESTED 0 TESTED YES NO YES NO

RECEIVED CALL 1646 DISPATCHED 1647 ARRIVED 1654 CLEARED 1710 OTHER TIME 20 TOTAL MINUTES 36 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG

DATE REPORT FILED _____ PHOTOS YES NO OFFICER'S NAME Jenkins 112 BADGE NO. 112 CHECKED BY _____