

OHIO TRAFFIC CRASH REPORT OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-4518 OH-2 OH-3 Lebanon Police 0830300 ODHS USE ONLY - DO NOT MARK ABOVE

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: 3/10/14 Friday TIME: MILITARY 1045 CRASH OCCURRED ON Home Depot Parking lot WITHIN THE INTERSECTION OF Home Depot 1889 Deerfield RD Lebanon

IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) Deerfield RD 8303 CITY CODE MILES 1000 FEET W S E OF

LOG-1 LOG-2 LOC JUR FH9 FILT 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 Frayne John R. 50 Trails End Dr. Morrow OH 45050 513-582-3978

VEH YR MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR FROM TO 2004 Chevy Truck Black TRK OH DZB2475

CIRCLE DAMAGE AREAS DAMAGE SEVERITY DAMAGE SCALE VEHICLE DISPOSITION FIRE 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER

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 CIRCLE DAMAGE AREAS DAMAGE SEVERITY DAMAGE SCALE VEHICLE DISPOSITION FIRE

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

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

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

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

A B C INJURED TAKEN TO By A B C 0 E F ALCOHOL A B C D E F I NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO. 14-4518