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 ☒ 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 | 29 | 14 (m D y) DAY SAT

TIME: MILITARY

CRASH OCCURRED ON Kroger Gas Pumps

WITHIN THE INTERSECTION OF

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

CITY CODE

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO OF OCCUPANTS 4 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON CONTACT ☐

INSURANCE CO OR AGENT

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Black, Cassandra

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3932 Oregonia Rd Oregonia OH

PHONE NO. 513-370-8535 — BIRTH DATE 6 | 6 | 84 (m D y) — AGE — SEX F — SOCIAL SECURITY NO. — STATE OH — DRIVER'S LICENSE NO. UE910274 — OCCUPATION

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

VEH YR 00 — MAKE Chevy — MODEL 45 — COLOR BLUE — STYLE — STATE OH — LICENSE PLATE NO. FZN4738 — 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 2 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐

INSURANCE CO. OR AGENT Cincinnati Ins.

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Fisher, WM, Jason

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5883 Wilmington Rd, Oregonia OH

PHONE NO. 617-4119 — BIRTHDATE 1 | 31 | 72 (m D y) — AGE — SEX M — SOCIAL SECURITY NO. — STATE OH — DRIVER'S LICENSE NO. RQ551132 — OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Leslie Fisher — ADDRESS Same — PHONE

VEH YR 03 — MAKE Dodge — MODEL SW — COLOR Grn — STYLE — STATE OH — LICENSE PLATE NO. BC26VZ — 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 B C D E F

INJURIES: A B C D E F

7 — 3 6 / 2 5 / 1 4 — 7

P-PEDESTRIAN

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

CONDITION: A B

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

A B C — INJURED TAKEN TO — By

D E F

A B C — INJURED TAKEN TO — By

D E F

RESTRAINTS: A B C D E F

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

ALCOHOL: A ☐ YES ☐ NO TESTED — B ☐ YES ☐ NO TESTED

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

POLICE ACTION

A ☐ ORC ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

EJECTION: A B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ No — O TESTED ☐ YES ☐ NO

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

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1440	1441	1449	1501	10	30

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
3 29 14 (M D Y)	☐ YES ☒ NO	Morris	131	

State Pt-012 2/13/03