

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-9326 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 **6/1/14** DAY **SUN** TIME: MILITARY **1537**

CRASH OCCURRED ON **1889 Deerfield Rd., Lebanon, OH 45036** WITHIN THE INTERSECTION OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE _____

IF NOT IN INTERSECTION _____ MILES _____ FEET _____ W _____ S _____ E _____ OF _____ CITY CODE _____

LOCAL FILE NO

LOG 1 _____ LOG 2 _____ LOC JUR FH9 FILT _____

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

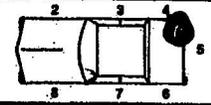
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Flynn, Susan** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **844 Miami Ridge Dr, Loveland, OH 45140**

PHONE NO. **(513) 583-1070** BIRTH DATE **6/4/52** AGE **62** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RH867508** OCCUPATION _____

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

VEH YR **06** MAKE **Chevy** MODEL **Tahoe** COLOR **Maroon** STYLE **SW** STATE **OH** LICENSE PLATE NO. **BHQ5471** TOWING SERVICE _____ VEH/PED DIR FROM **N** TO **W**

CIRCLE DAMAGE AREAS  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

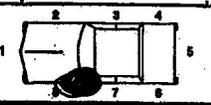
8 UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO OR AGENT **Geico**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Leigh, Ronald** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **306 S. Mechanic St #1, Lebanon OH 45036**

PHONE NO. **(513) 519-4493** BIRTHDATE **4/19/52** AGE **62** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RL457736** OCCUPATION _____

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

VEH YR **05** MAKE **Mercury** MODEL _____ COLOR **White** STYLE **4S** STATE **OH** LICENSE PLATE NO. **GCZ5564** TOWING SERVICE _____ VEH/PED DIR FROM **S** TO **W**

CIRCLE DAMAGE AREAS  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 | AGE | POSITION | | | | | | INJURIES | | | | | |
|---|---------------|------------------------|-----------|-----|------------|---|---|---|---|---|----------|---|---|---|---|---|
| | | | | | A | B | C | D | E | F | A | B | C | D | E | F |
| | | Same | | | | | | | | | | | | | | |
| D | FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | CONDITION | | | | | | | | | | | |
| | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | |
| | | | | | | | | | | | | | | | | |
| E | FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | RESTRAINTS | | | | | | | | | | | |
| | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | |
| | | | | | | | | | | | | | | | | |
| F | FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ALCOHOL | | | | | | | | | | | |
| | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | |
| | | | | | | | | | | | | | | | | |

POLICE ACTION

| | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|---|--|--|--|--|---|---|----------------------|---|---|---|---|---|---|--|--|--|--|--|
| A | B | C | INJURED TAKEN TO _____ By _____ | | | A | B | C | D | E | F | ALCOHOL | | | | | | | | |
| D | E | F | INJURED TAKEN TO _____ By _____ | | | 1 | 2 | 3 | 4 | 5 | 6 | A | B | C | | | | | | |
| A | B | C | OFFENSE CHARGED AND DESCRIPTION _____ | | | 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 | | | | | | 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN | | | | | | | | |
| D | E | F | OFFENSE CHARGED AND DESCRIPTION _____ | | | EJECTION | | | | | | DRUGS | | | | | | | | |
| RECEIVED CALL 1537 | | | DISPATCHED 1543 | | | ARRIVED 1546 | | | CLEARED 1551 | | | OTHER TIME _____ | | | TOTAL MINUTES 24 | | | | | |
| DATE REPORT FILED _____ | | | PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | OFFICER'S NAME T. Cooper | | | BADGE NO. 125 | | | 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 | | |