LOCAL REPORT NO.

CRIS / OHP — Lebanon Police

OH1 (Rev. 1-03)

OHI IS USE ONLY - DO NOT TAB/RET ABOVE

REPORT TAKEN: [X] AT STATION [ ] AT SCENE

NO OF VEH PERS TRANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): [ ] FATAL [ ] INJURY [X] PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: [ ] OVER $4150 [X] UNDER $4150

HIT SKIP: [ ] SOLVED [ ] UNSOLVED

IN COUNTY OF WARREN — IN [illegible] LEBANON

DATE OF CRASH: 02/13/14 — DAY: THUR — TIME MILITARY: 2002

CRASH OCCURRED ON: 1916 Drake Road — WITHIN THE INTERSECTION OF:

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

CITY CODE: 8321

LOG-1 | LOG-2 | LOC | JUR | FI'S | FILT

A — UNIT NO. 1 | NO OF OCCUPANTS 1 | [X] OPERATING [ ] PARKED [ ] DRIVERLESS [ ] HIT & RUN [ ] NON CONTACT | INSURANCE CO OR AGENT: Cincinnati Insur.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Gillen, William

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1484 Maplewood Dr. Lebanon, OH 45036

PHONE NO.: 513-932-4793 | BIRTH DATE: 08/09/43 | AGE: 71 | SEX: M | SOCIAL SECURITY NO.: | STATE: OH | DRIVER'S LICENSE NO.: RU382785 | OCCUPATION:

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

VEH YR: 2013 | MAKE: Chevrolet | MODEL: Malibu | COLOR: White | STYLE: 4S | STATE: OH | LICENSE PLATE NO.: FYZ6648 | 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: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [X] NONE [ ] MODERATE [ ] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

8 — UNIT NO. 2 | NO OF OCCUPANTS 1 | [X] OPERATING [ ] PARKED [ ] DRIVERLESS [ ] HIT& RUN [ ] NON-CONTACT | INSURANCE CO. OR AGENT: Walt Kremer Ins

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Kosta, Kelly L.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 431 Lake Shore Dr. Lebanon, OH 45036

PHONE NO.: 513-543-8289 | BIRTHDATE: 09/30/78 | AGE: 35 | SEX: F | SOCIAL SECURITY NO.: | STATE: OH | DRIVER'S LICENSE NO.: RK319835 | OCCUPATION:

OWNER (IF SAME AS DRIVER, WRITE SAME): | ADDRESS: | PHONE: 513-543-8289

VEH YR: 2012 | MAKE: Chevrolet | MODEL: Cruz | COLOR: Red | STYLE: 4S | STATE: OH | LICENSE PLATE NO.: | 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: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

C — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ADDRESS | PHONE | SEX

D — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ADDRESS | PHONE | SEX

E — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ADDRESS | PHONE | SEX

P — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | ADDRESS | PHONE | SEX

POSITION: A 1 | B 1 | C | D | E | F

P-PEDESTRIAN

INJURIES: A 5 | B 5 | C | D | E | F

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

CONDITION: A 1 | B 1

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

RESTRAINTS: A 8 | B 8 | 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 1 — [ ] YES [X] NO TESTED | B 1 — [ ] YES [X] NO TESTED

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

EJECTION: A 1 | B 1 | C | D | E | F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED IN SAME VEHICLE

DRUGS: A 1 — [ ] TESTED [ ] YES [X] NO | B 1 — [ ] TESTED [ ] YES [X] NO

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

INJURED TAKEN TO: | By:

INJURED TAKEN TO: | By:

A — [ ] ORC [ ] CITY ORD — OFFENSE CHARGED AND DESCRIPTION:

O — [ ] ORC [ ] CITY ORD — OFFENSE CHARGED AND DESCRIPTION:

RECEIVED BY	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
2003	2004	2015	2024	10	21

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
02/14/14	[ ] YES [X] NO	PH. C. Brock	126	

Form OH1-012 2/13/03

COMPLETE IN INK

2014-00316