

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.  OH-2  OH-3 **Lebanon Police** 0 8 3 0 3 0 0

ODHS USE ONLY - 00 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: DAY **9, 24, 14** **WED** TIME: MILITARY **1220**

CRASH OCCURRED ON **320 E. Silver St. Lebanon OH** WITHIN THE INTERSECTION OF \_\_\_\_\_

IF NOT IN INTERSECTION \_\_\_\_\_ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE **8321**

LOG-1 LOG-2 LOC JUR FH9 FILT

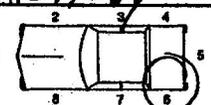
A UNIT NO. **1** NO OF OCCUPANTS **0** OPERATING  PARKED  DRIVERLESS  HIT & RUN NON CONTACT  INSURANCE CO OR AGENT **Erie Ins**

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 \_\_\_\_\_

VEH YR **2013** MAKE **Chery** MODEL **45** COLOR **BLUE** STYLE **45** STATE **OH** LICENSE PLATE NO. **602XTH** TOWING SERVICE \_\_\_\_\_ VEH/PED DIR \_\_\_\_\_

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

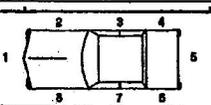
8 UNIT NO. **2** NO OF OCCUPANTS \_\_\_\_\_ OPERATING  PARKED  DRIVERLESS  HIT & RUN NON-CONTACT  INSURANCE CO. OR AGENT \_\_\_\_\_

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Unknown** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

PHONE NO. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ STATE \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ OCCUPATION \_\_\_\_\_

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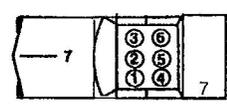
C FROM UNIT NO. \_\_\_\_\_ NAME (LAST, FIRST, MI) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ POSITION \_\_\_\_\_ INJURIES \_\_\_\_\_

D FROM UNIT NO. \_\_\_\_\_ NAME (LAST, FIRST, MI) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ POSITION \_\_\_\_\_ INJURIES \_\_\_\_\_

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

 **7**

 **8**

P-PEDESTRIAN RESTRAINTS \_\_\_\_\_ ALCOHOL \_\_\_\_\_

A B C INJURED TAKEN TO \_\_\_\_\_ By \_\_\_\_\_ A B C 0 E F ALCOHOL \_\_\_\_\_

D E F INJURED TAKEN TO \_\_\_\_\_ By \_\_\_\_\_ A B C 0 E F ALCOHOL \_\_\_\_\_

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  YES  NO TESTED TESTED

A  ORC  CITY ORD OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_ EJECTION \_\_\_\_\_ DRUGS \_\_\_\_\_

O  ORC  CITY ORD OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_ EJECTION \_\_\_\_\_ DRUGS \_\_\_\_\_

RECEIVED CALL **1220** DISPATCHED **1222** ARRIVED **1233** CLEARED **1236** OTHER TIME **10** TOTAL MINUTES **26**

DATE REPORT FILED **9/28/14** PHOTOS  YES  NO OFFICER'S NAME **Morris** BADGE NO. **131** CHECKED BY \_\_\_\_\_

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

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO