

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

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 **11** MONTH **07** YEAR **14** TIME: MILITARY **TUE 1342**

CRASH OCCURRED ON **1425 Columbus Ave. (Kroger Lot)** WITHIN THE INTERSECTION OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE **8321**

LOG-1 _____ LOG-2 _____ LOC JUR FH'S FILT _____

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Strong, Virginia** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **101 Monroe Rd. Lebanon, OH 45036**

PHONE NO. **(513) 934-7788** BIRTH DATE **6/3/32** AGE **82** SEX **F** SOCIAL SECURITY NO. **-** STATE **OH** DRIVER'S LICENSE NO. **NS911703** OCCUPATION **-**

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

VEH YR **05** MAKE **Buick** MODEL **-** COLOR **White** STYLE **4H** STATE **OH** LICENSE PLATE NO. **FPT3053** TOWING SERVICE **NA** VEH/PED DIR **FROM E TO W**

CIRCLE DAMAGE AREAS 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 **0** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Maristah Mutual Ins. Co.**

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 **14** MAKE **Ford** MODEL **-** COLOR **Red** STYLE **HB** STATE **OH** LICENSE PLATE NO. **194XYU** TOWING SERVICE **NA** VEH/PED DIR **FROM S TO W**

CIRCLE DAMAGE AREAS 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

C FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____ ADDRESS _____ PHONE _____ SEX _____

D FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____ ADDRESS _____ PHONE _____ SEX _____

E FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____ ADDRESS _____ PHONE _____ SEX _____

F FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____ ADDRESS _____ PHONE _____ SEX _____

A ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

O ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

RECEIVED CALL **1342** DISPATCHED **1344** ARRIVED **1357** CLEARED **1407** OTHER TIME **0** TOTAL MINUTES **10**

DATE REPORT FILED **M D Y** PHOTOS YES NO OFFICER'S NAME **J. Haller** BADGE NO. **123** CHECKED BY _____

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

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

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

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

1 TESTED 1 TESTED

1 TESTED 0 TESTED

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO 1418995