

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 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 **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 **11/25/14** **TUE** TIME: MILITARY **1351**

CRASH OCCURRED ON **Walmart** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE _____

LOC JUR FH9 FILT _____

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

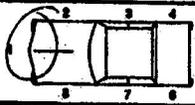
A UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Allstate**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Robinson, Betty** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **8121 Cox Rd West Chester OH 45069**

PHONE NO. **513-778-1091** BIRTHDATE **8/1/32** AGE **32** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RR477275** OCCUPATION _____

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

VEH YR **07** MAKE **Ford** MODEL **45** COLOR **White** STYLE **45** STATE **OH** LICENSE PLATE NO. **EDP 8876** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

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

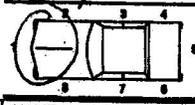
8 UNIT NO. **2** NO OF OCCUPANTS **0** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO OR AGENT **State Farm**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____

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

OWNER (IF SAME AS DRIVER, WRITE SAME) **Amy Richardson** ADDRESS **1140 A. Deerfield Rd Lebanon OH** PHONE **513-687-6254**

VEH YR **05** MAKE **Toyt** MODEL **SW** COLOR **Silver** STYLE _____ STATE **OH** LICENSE PLATE NO. **EVS 3588** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

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	SEX	POSITION						INJURIES					
						A	B	C	D	E	F	A	B	C	D	E	F

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

CONDITION

A	B	C	D	E	F
<input checked="" type="checkbox"/>					

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

POLICE ACTION

A B C INJURED TAKEN TO _____ By _____

D E F INJURED TAKEN TO _____ By _____

A ORC OFFENSE CHARGED AND DESCRIPTION _____

O ORC. CITY ORC OFFENSE CHARGED AND DESCRIPTION _____

RECEIVED CALL **1351** DISPATCHED **1353** ARRIVED **1402** CLEARED **1504** OTHER TIME **10** TOTAL MINUTES _____

DATE REPORT FILED **11/25/14** PHOTOS YES NO OFFICER'S NAME **Morris** BADGE NO. **131** CHECKED BY _____

RESTRAINTS

A	B	C	D	E	F
<input checked="" type="checkbox"/>					

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

EJECTION

A	B	C	D	E	F
<input checked="" type="checkbox"/>					

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

ALCOHOL

A	B	C	D
<input type="checkbox"/> YES <input type="checkbox"/> NO			

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

DRUGS

A	B	C	D
<input type="checkbox"/> YES <input type="checkbox"/> NO			

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