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

LOCAL FILE NO

REPORT TAKEN ☐ AT STATION ☒ AT SCENE

NO OF VEH 1 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: 01 11 05 11 05 DAY THUR TIME: MILITARY 0200

CRASH OCCURRED ON OLD FRIENDS BAR

WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION ____ MILES 20 FEET W N E (S) OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) E. MAIN STREET

CITY CODE

LOG-1 LOG-2 LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 NO OF OCCUPANTS 1 OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON CONTACT ☐

INSURANCE CO. OR AGENT USAA GENERAL INDEMNITY CO.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Boreing, Jeremy, A

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 549 HALFTON CT. MAINEVILLE, OH 45039

PHONE NO. BIRTH DATE 03 24 1987 AGE 27 SEX M SOCIAL SECURITY NO. STATE OH DRIVER'S LICENSE NO. SQ145566 OCCUPATION MILITARY

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

VEH YR 2009 MAKE VOLK MODEL 45 COLOR RED STYLE 45 STATE OH LICENSE PLATE NO. FZB3664 TOWING SERVICE Jacob's VEH/PED DIR FROM W TO E

CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8 — 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. NO OF OCCUPANTS OPERATING ☐ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ INSURANCE CO. OR AGENT

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

PHONE NO. BIRTHDATE m D y AGE SEX SOCIAL SECURITY NO. STATE DRIVER'S LICENSE NO. OCCUPATION

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

VEH YR MAKE MODEL COLOR STYLE STATE 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 ☐ 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 m D y AGE ADDRESS PHONE SEX

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

E FROM UNIT O. NAME (LAST, FIRST, MI) BIRTHDATE m D y AGE ADDRESS PHONE SEX

F. FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE m D y AGE ADDRESS PHONE SEX

POSITION: A 1 B C D E F

INJURIES: A 5 B C D E F

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

P-PEDESTRIAN

CONDITION: A 7 B

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

RESTRAINTS: A 8 B C D E F

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

ALCOHOL: A ☐ YES ☒ NO TESTED B ☐ YES ☐ NO TESTED

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

EJECTION: A 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☒ No 0 TESTED ☐ YES ☐ NO

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

POLICE ACTION

A B C INJURED TAKEN TO By

D E F

A B C INJURED TAKEN TO By

D E F

A ☐ ORC ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC. ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL 0200 DISPATCHED 0201 ARRIVED 0200 CLEARED 0302 OTHER TIME 20 TOTAL MINUTES 82

DATE REPORT FILED M 1 D 18 Y 15 PHOTOS ☐ YES ☒ NO OFFICER'S NAME M. Todd BADGE NO. 116 CHECKED BY

State Ptl-012 2/13/03

15-709