

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2015-2070

OH-2 OH-3

Lebanon Police

0830300

ODHS USE ONLY - 00 NOT MARK ABOVE

LOCAL FILE NO

REPORT TAKEN AT STATION AT SCENE

NO OF VEH 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

CITY LEBANON

DATE OF CRASH: 02 11 2015

DAY Wednesday

TIME: MILITARY 1154

CRASH OCCURRED ON Golden Lamb Parking Lot - 27 S. Broadway

WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION

(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE

LOGS LOC JUR FH9 FILT

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 MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR

CIRCLE DAMAGE AREAS 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY DAMAGE SCALE VEHICLE DISPOSITION FIRE

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 MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR

CIRCLE DAMAGE AREAS 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY DAMAGE SCALE VEHICLE DISPOSITION FIRE

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 MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR

CIRCLE DAMAGE AREAS 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY DAMAGE SCALE VEHICLE DISPOSITION FIRE

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 MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR

CIRCLE DAMAGE AREAS 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY DAMAGE SCALE VEHICLE DISPOSITION FIRE

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 MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR

CIRCLE DAMAGE AREAS 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY DAMAGE SCALE VEHICLE DISPOSITION FIRE

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

RECEIVED CALL 1154 DISPATCHED 1202 ARRIVED 1203 CLEARED 1219 OTHER TIME TOTAL MINUTES 00off

DATE REPORT FILED 2 13 15 PHOTOS YES OFFICER'S NAME Weithofer BADGE NO. 104 CHECKED BY

RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED

EJECTION 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

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

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

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

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