

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **15-2175** 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 **02/13/2015** Fri TIME: MILITARY **1328**

CRASH OCCURRED ON **Kroger Parking Lot** WITHIN THE INTERSECTION OF _____

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

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

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Logue, Timothy, S** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **5248 Leatherwood dr, West Chester, OH, 45069**

PHONE NO. **513-607-0379** BIRTH DATE **05/27/1978** AGE **39** SEX **M** SOCIAL SECURITY NO. **[REDACTED]** STATE **OH** DRIVER'S LICENSE NO. **RN052892** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Mike Albert LTD** ADDRESS **10340 Evendak dr, Cincinnati, OH, 45241** PHONE _____

VEH YR **2014** MAKE **Ford** MODEL **TRK** COLOR **Grey** STYLE **TRK** STATE **OH** LICENSE PLATE NO. **PGN8258** 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

8 UNIT NO. **2** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Safeco**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Marlor, Jamie, L** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **5986 W.ilmington rd, Oregonia, OH, 45054**

PHONE NO. **513-282-5241** BIRTH DATE **02/16/1965** AGE **50** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RR480897** OCCUPATION _____

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

VEH YR **2012** MAKE **Kia** MODEL **SW** COLOR **Blk SW** STATE **OH** LICENSE PLATE NO. **GTM 3689** 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

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES													
					m	D	y	A	B	C	D	E	F	1	2	3	4	5						

D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	CONDITION	RESTRAINTS	ALCOHOL															
								A	B	C	D	E	F										

POLICE ACTION

A	B	C	INJURED TAKEN TO _____ By _____			A	B	C	D	E	F	ALCOHOL									
D	E	F	INJURED TAKEN TO _____ By _____			<input type="checkbox"/> NOT USED <input type="checkbox"/> NONE AVAILABLE <input type="checkbox"/> LAP BELT USED <input type="checkbox"/> LAP/SHOULDER BELT USED <input type="checkbox"/> SHOULDER BELT USED <input type="checkbox"/> CHILD SAFETY SEAT <input type="checkbox"/> AIR BAG USED <input type="checkbox"/> USE NOT REPORTED						A	B	C	D	E	F	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED <input type="checkbox"/> NOT TESTED			
A	OFFENSE CHARGED AND DESCRIPTION _____					EJECTION						DRUGS									
O	OFFENSE CHARGED AND DESCRIPTION _____					A	B	C	D	E	F	A	TESTED	O	TESTED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
RECEIVED CALL 1328		DISPATCHED 1329		ARRIVED 1339		CLEARED 1356		OTHER TIME 0		TOTAL MINUTES 0028		<input type="checkbox"/> NOT EJECTED <input type="checkbox"/> PARTIAL <input type="checkbox"/> TOTAL <input type="checkbox"/> TRAPPED INSIDE VEHICLE									
DATE REPORT FILED 02/13/2015		PHOTOS YES		OFFICER'S NAME N. Barber		BADGE NO. 120		CHECKED BY _____		<input type="checkbox"/> NO DRUGS DETECTED <input type="checkbox"/> USING PRESCRIBED DRUG <input type="checkbox"/> USING ILLICIT DRUG											