OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO: 15-6505 | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0 8 3 0 3 0 0 | ODHS USE ONLY - DO NOT MARK ABOVE | LOCAL FILE NO

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: 4 | 23 | 15 | DAY: Thurs. | TIME MILITARY: 1820

CRASH OCCURRED ON: 1425 Columbus Ave / Kroger Parking Lot | WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: ____ MILES 100 FEET N W (S) E OF | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): Columbus / Miller Rd | CITY CODE: 8303

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: Allstate

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): [illegible] | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): [illegible]

PHONE NO: 513-594-3150 | BIRTH DATE: m D y | AGE | SEX | SOCIAL SECURITY NO | STATE | DRIVER'S LICENSE NO | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Pittman, Rebecca, L | ADDRESS: 579 Grandview Dr. Lebanon, OH, 45036 | PHONE

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH/PED DIR
03	Saturn	4S	Blk	4S	OH	EM72LJ	NA	FROM S TO N

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. 2 | NO OF OCCUPANTS | ☐ OPERATING ☐ PARKED ☑ DRIVERLESS HIT& RUN ☐ NON-CONTACT | INSURANCE CO. OR AGENT

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Unknown | 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): Unknown | ADDRESS | PHONE

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH/PED DIR
								FROM TO

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FIRE: ☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
C		ADDRESS	PHONE	SEX	A B C D E F	A B C D E F
D.		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		
		ADDRESS	PHONE	SEX		
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		
		ADDRESS	PHONE	SEX		
F.		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		
		ADDRESS	PHONE	SEX		

P-PEDESTRIAN

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

CONDITION: A | B

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

RESTRAINTS: A B C D E F

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

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 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 | INJURED TAKEN TO | By

A: ☐ ORC ☐ CITY ORD. | OFFENSE CHARGED AND DESCRIPTION

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

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1820	1822	1823	1842	-	22

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 4 D 23 Y 15	☑ YES ☐ NO	Barber	120	

State Ptl-012 2/13/03