

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-10458 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 6/22/15 MONTH Jun TIME: MILITARY 1733

CRASH OCCURRED ON 1530 Walmart Dr. WITHIN THE INTERSECTION OF Parking Lot

IF NOT IN INTERSECTION _____ MILES 200 FEET W N S E OF Columbus Ave (LIST NEAREST INTERSECTING STREET, MI/POST, HOUSE NO. CITY CODE 08303)

DRIVER-PEDESTRIAN-VEHICLE SECTION

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

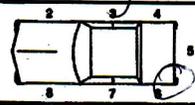
A UNIT NO. 1 NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT Cincinnati Ins Co.

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) Kirkwood, Charles ADDRESS 923 Pond Ct. (Lebanon) PHONE 937-286-7362

VEH YR 13 MAKE Dodge MODEL SW COLOR Blk STYLE SW STATE OH LICENSE PLATE NO. 6IY4472 TOWING SERVICE NA VEH/PED DIR FROM IE TO W

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

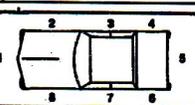
8 UNIT NO. 2 NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO OR AGENT _____

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

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

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

VEH YR _____ MAKE _____ MODEL Van COLOR _____ STYLE _____ STATE _____ LICENSE PLATE NO. _____ 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 _____ POSITION _____ INJURIES _____

ADDRESS _____ PHONE _____ SEX _____

D. FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

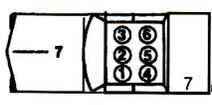
ADDRESS _____ PHONE _____ SEX _____

E FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

ADDRESS _____ PHONE _____ SEX _____

F FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

ADDRESS _____ PHONE _____ SEX _____

 P-PEDESTRIAN

RESTRAINTS _____

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

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 _____

A B C INJURED TAKEN TO _____ By _____

D E F _____

A ORC OFFENSE CHARGED AND DESCRIPTION _____

CITY ORD.

O ORC OFFENSE CHARGED AND DESCRIPTION _____

CITY ORD.

RECEIVED CALL 1733 DISPATCHED 1735 ARRIVED 1740 CLEARED 1800 OTHER TIME _____ TOTAL MINUTES 00off 27

DATE REPORT FILED 6/22/15 PHOTOS YES NO OFFICER'S NAME Barber BADGE NO. 120 CHECKED BY N. Trout

A B C D E F _____

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

ALCOHOL YES NO TESTED YES NO TESTED

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

DRUGS YES NO TESTED YES NO TESTED

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