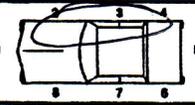
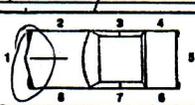
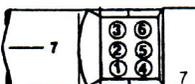


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-16875	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH. PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH 9/22/15	DAY Tue	TIME MILITARY 1831		
CRASH OCCURRED ON Speedway (Main street)				WITHIN THE INTERSECTION OF				
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)		CITY CODE		
LOG-1	LOG-2	LOC	JUR	FH9	FILE			
A	UNIT NO 1	NO OF OCCUPANTS 1	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT State Farm	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Sturgill, Sterling				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3212 Andrew Street, Mt. Juliet, OH, 45044				
PHONE NO 513-393-0267	BIRTH DATE 10/16/77	AGE 37	SEX M	SOCIAL SECURITY NO NIA	STATE OH	DRIVER'S LICENSE NO RR482690	OCCUPATION NIA	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same			ADDRESS Same			PHONE Same		
VEH YR 2000	MAKE Dodge	MODEL 25	COLOR BK	STYLE 25	STATE OH	LICENSE PLATE NO GQF5545	TOWING SERVICE NIA	VEH PED DIR FROM TO
CIRCLE DAMAGE AREAS 	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
B	UNIT NO 2	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Cincinnati Assured	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Klements, Janie				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1684 Seneca Rd, Mayfield Vlg, OH, 44123				
PHONE NO 440-537-8646	BIRTH DATE 12/23/86	AGE 28	SEX F	SOCIAL SECURITY NO NIA	STATE OH	DRIVER'S LICENSE NO RP810639	OCCUPATION NIA	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same			ADDRESS Same			PHONE Same		
VEH YR 2012	MAKE Toyot	MODEL TK	COLOR Gray	STYLE TK	STATE OH	LICENSE PLATE NO PFE6974	TOWING SERVICE NIA	VEH PED DIR FROM TO
CIRCLE DAMAGE AREAS 	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	POSITION A B C D E F			INJURIES A B C D E F
D	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	POSITION 			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED
E	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	POSITION 			CONDITION A B C D E F
F	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	RESTRAINTS			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN
A	B	C	INJURED TAKEN TO		By			ALCOHOL A B C D E F
D	E	F	INJURED TAKEN TO		By			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
A	OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD			ALCOHOL A B C D E F				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN
O	OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC. <input type="checkbox"/> CITY ORD			EJECTION A B C D E F				DRUGS A B C D E F
RECEIVED CALL 1831	DISPATCHED 1832	ARRIVED 1834	CLEARED 1840	OTHER TIME 0000	TOTAL MINUTES 0006			1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE
DATE REPORT FILED 9/22/15	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME E. Holmer		BADGE NO 122	CHECKED BY			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION