OHIO TRAFFIC CRASH REPORT — OH-1 (Rev. 1-82)

| LOCAL REPORT NO | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0830300 | ODHS USE ONLY - DO NOT MARK ABOVE | LOCAL FILE NO |
|---|---|---|---|---|---|

| REPORT TAKEN | NO OF VEH PEDESTRIANS INVOLVED | CRASH SEVERITY (CHECK MOST SEVERE) | COMBINED VEH/PROP LOSS | HIT SKIP |
|---|---|---|---|---|
| ☐ AT STATION ☒ AT SCENE | 2 | ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | ☒ OVER $150 ☐ UNDER $150 | ☐ SOLVED ☐ UNSOLVED |

| IN COUNTY OF WARREN | IN ☒ CITY | DATE OF CRASH | DAY | TIME MILITARY |
|---|---|---|---|---|
| | LEBANON | 10/10/15 | SAT | 1022 |

CRASH OCCURRED ON: 99 Stubbs Mill

WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)

CITY CODE:

LOG-1: | LOG-2: | LOC JUR FHP FILE

2015-17878

## DRIVER-PEDESTRIAN-VEHICLE SECTION

**A** — UNIT NO: 1 | NO OF OCCUPANTS: 0 | OPERATING ☐ | PARKED ☒ | DRIVERLESS ☐ | HIT & RUN NON CONTACT ☐ | INSURANCE CO OR AGENT: Titan

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI):

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):

| PHONE NO | BIRTH DATE (m / y) | AGE | SEX | SOCIAL SECURITY NO | STATE | DRIVER'S LICENSE NO | OCCUPATION |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| OWNER (IF SAME AS DRIVER, WRITE SAME) | ADDRESS | PHONE |
|---|---|---|
| Rosemond, Bryan G. | 538 Flatt Ter Cincinnati, OH 45232 | 513-557-6644 |

| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO | TOWING SERVICE | VEH PED DIR |
|---|---|---|---|---|---|---|---|---|
| 2012 | Ford | Fusion | BLK | 4S | OH | GGL 5720 | | 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: 1 | NO OF OCCUPANTS: 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN NON-CONTACT ☐ | INSURANCE CO OR AGENT: State Farm

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Feldman, Abigail S.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1149 Settlemire Rd Lebanon, OH 45036

| PHONE NO | BIRTHDATE (m / y) | AGE | SEX | SOCIAL SECURITY NO | STATE | DRIVER'S LICENSE NO | OCCUPATION |
|---|---|---|---|---|---|---|---|
| 513-850-5721 | 07/13/99 | 16 | F | | OH | UL017447 | |

| OWNER (IF SAME AS DRIVER, WRITE SAME) | ADDRESS | PHONE |
|---|---|---|
| Feldman, Edward | 1149 Settlemire Rd. Lebanon, OH | 513-850-5721 |

| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO | TOWING SERVICE | VEH PED DIR |
|---|---|---|---|---|---|---|---|---|
| 2003 | Toyota | Corolla | Blue | 4S | OH | GKN 7820 | | FROM N TO S |

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

## OCCUPANT SECTION

| | FROM UNIT NO | NAME (LAST, FIRST, MI) | BIRTHDATE (m / D / y) | AGE | ADDRESS | PHONE | SEX |
|---|---|---|---|---|---|---|---|
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| F | | | | | | | |

POSITION: A B 1 C D E F

INJURIES: A B 5 C D E F

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

P-PEDESTRIAN

CONDITION: A B 7

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

RESTRAINTS: A B 8 C D E F

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

ALCOHOL: A ☐ YES ☐ NO TESTED | B 4 ☐ YES ☒ NO TESTED

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

EJECTION: A B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ No | D 1 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 | | | |
| A B C | INJURED TAKEN TO | By | |
| D E F | | | |

A ☐ ORC ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION

D ☐ ORC. ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION

| RECEIVED CALL | DISPATCHED | ARRIVED | CLEARED | OTHER TIME | TOTAL MINUTES |
|---|---|---|---|---|---|
| 1022 | 1026 | 1033 | 1052 | 15 | 34 |

| DATE REPORT FILED | PHOTOS | OFFICER'S NAME | BADGE NO | CHECKED BY |
|---|---|---|---|---|
| 10/10/15 | ☐ YES ☒ NO | Ptl Brock | 126 | |

State Ptl-012 2/13/03