

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **15-19641**  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: **11/10/15** DAY **TUES** TIME: MILITARY **1101**

CRASH OCCURRED ON **1161 E. MAIN, GOODWILL** WITHIN THE INTERSECTION OF **GOODWILL**

IF NOT IN INTERSECTION \_\_\_\_\_ MILES \_\_\_\_\_ FEET W N E S OF \_\_\_\_\_ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE **8321**

LOG-1 LOG-2 LOC JUR FH9 FILT

A UNIT NO. **01** NO OF OCCUPANTS \_\_\_\_\_ OPERATING  PARKED  DRIVERLESS  HIT & RUN NON CONTACT  INSURANCE CO OR AGENT **GREAT WEST**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **RUSSELL, IVAN H** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **5915 HAMMERSMITH RD, STONE MOUNTAIN GA 30087**

PHONE NO. **404-610-3864** BIRTH DATE **2/1/80** AGE **25** SEX **m** SOCIAL SECURITY NO. \_\_\_\_\_ STATE **GA** DRIVER'S LICENSE NO. **6WPD4545N** OCCUPATION \_\_\_\_\_

OWNER (IF SAME AS DRIVER, WRITE SAME) **INTERSTATE DISTRIBUTOR** ADDRESS **WILSONVILLE, OR** PHONE **800-228-8040**

VEH YR **2014** MAKE **FRGH** MODEL **TK** COLOR **BLU** STYLE **TK** STATE **OR** LICENSE PLATE NO. **YAH0731** TOWING SERVICE \_\_\_\_\_ VEH/PED DIR \_\_\_\_\_

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. **02** NO OF OCCUPANTS \_\_\_\_\_ OPERATING  PARKED  DRIVERLESS HIT & RUN NON-CONTACT  INSURANCE CO. OR AGENT **SELECTIVE**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) \_\_\_\_\_ 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) **GOODWILL** ADDRESS **1161 E. MAIN LEBANON, OH** PHONE **932-6856**

VEH YR **2015** MAKE **FRGH** MODEL **TK** COLOR **WHT** STYLE **TK** STATE **OH** LICENSE PLATE NO. **IN 2333208** TOWING SERVICE \_\_\_\_\_ VEH/PED DIR \_\_\_\_\_

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

C FROM UNIT NO. \_\_\_\_\_ NAME (LAST, FIRST, MI) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ POSITION \_\_\_\_\_ INJURIES \_\_\_\_\_

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

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

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

A B C INJURED TAKEN TO \_\_\_\_\_ By \_\_\_\_\_ A B C O E F ALCOHOL

D E F INJURED TAKEN TO \_\_\_\_\_ By \_\_\_\_\_ A  YES B  YES

A  ORC OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_ 1 TESTED 2 TESTED

O  ORC OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_ 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN

RECEIVED CALL **1101** DISPATCHED **1102** ARRIVED **1107** CLEARED **1127** OTHER TIME \_\_\_\_\_ TOTAL MINUTES **20**

DATE REPORT FILED **11/10/15** PHOTOS  YES  NO OFFICER'S NAME **Ptl. DRAKE** BADGE NO. **118** CHECKED BY \_\_\_\_\_

EJECTION **1** 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO