

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **15-21173** 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: **12/5/15** DAY **SAT** TIME: MILITARY **1414**

CRASH OCCURRED ON **343 COLUMBUS AVE** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE **8321**

LOCAL FILE NO

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 **SAFECO**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **POWELL, AMBER LYNN** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **343 COLUMBUS AVE, B3**

PHONE NO. **513-545-2755** BIRTH DATE **10/30/83** AGE **32** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **SA953596** OCCUPATION _____

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

VEH YR **2002** MAKE **FORD** MODEL **SW** COLOR **BLK** STYLE **SW** STATE **OH** LICENSE PLATE NO. **GPB8231** 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

8 UNIT NO. **02** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT **GRANGE**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **BAUBLITZ, JESSICA R** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **1730 PELL ST., CINTI, OH 45223**

PHONE NO. **513-258-8289** BIRTHDATE **7/5/70** AGE **45** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RZ904279** OCCUPATION _____

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

VEH YR **2004** MAKE **SATURN** MODEL **4S** COLOR **MARO** STYLE **4S** STATE **OH** LICENSE PLATE NO. **DVD1675** 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

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES								
					A	B	C	D	E	F	A	B	C	D	E	F			
			m D y																
		ADDRESS	PHONE	SEX	 P-PEDESTRIAN RESTRAINTS						CONDITION 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED								
		ADDRESS	PHONE	SEX							CONDITION A B C D E F								
		ADDRESS	PHONE	SEX							CONDITION 1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN								
		ADDRESS	PHONE	SEX							ALCOHOL A B C D E F								

A	B	C	INJURED TAKEN TO _____ By _____	A	B	C	D	E	F	ALCOHOL
D	E	F		8	8					1 <input type="checkbox"/> YES 2 <input type="checkbox"/> YES
A	B	C	INJURED TAKEN TO _____ By _____	RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 8 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED						1 <input checked="" type="checkbox"/> NO 2 <input checked="" type="checkbox"/> NO
D	E	F								1 TESTED 2 TESTED

A ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

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RECEIVED CALL **1414** DISPATCHED **1415** ARRIVED **1419** CLEARED **1437** OTHER TIME _____ TOTAL MINUTES **18**

DATE REPORT FILED **12/5/15** PHOTOS YES NO OFFICER'S NAME **S. DRAXE** BADGE NO. **118** CHECKED BY _____

EJECTION **1** DRUGS **1**

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION