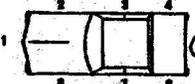
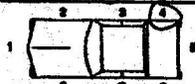
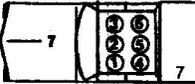


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-4306	<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 type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	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 <input type="checkbox"/>									
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH 03 08 2016	DAY TUES	TIME MILITARY 1608										
CRASH OCCURRED ON 747 Columbus Ave (Autozone)				WITHIN THE INTERSECTION OF												
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)																
MILES _____ FEET _____		W _____ S _____ E _____ OF 747 Columbus Ave (Autozone Parking Lot)		CITY CODE												
LOG-1	LOG-2	LOC	JUR	FH9	FILT											
A	UNIT NO. 1	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 USAA									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Malcolm J, D				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 264 N. Main St. Waynesville, OH 45068												
PHONE NO. 937-307-1170	BIRTH DATE 03 02 1947	AGE 69	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RQ554718	OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS												
VEH YR 2000	MAKE Chevy	MODEL Truck	COLOR Gold	STYLE	STATE OH	LICENSE PLATE NO. GTA5235	TOWING SERVICE									
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input 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									
8	UNIT NO. 2	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Nationwide										
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Daubenmire, Mark A				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1132 Mowhawk Dr. Lebanon, OH 45036												
PHONE NO. 513-932-6225	BIRTH DATE 04 27 1965	AGE 56	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RS471145	OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS												
VEH YR 2009	MAKE Dodge	MODEL SW	COLOR Black	STYLE	STATE OH	LICENSE PLATE NO. GCJ2384	TOWING SERVICE									
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input 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	AGE	POSITION			INJURIES								
		ADDRESS	m d y		A	B	C	D	E	F	A	B	C	D	E	F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				CONDITION								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN								
		ADDRESS	m d y					RESTRAINTS								
A	B	C	INJURED TAKEN TO _____ By _____			ALCOHOL										
D	E	F	INJURED TAKEN TO _____ By _____			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED										
OFFENSE CHARGED AND DESCRIPTION					EJECTION			DRUGS								
A	B	C	OFFENSE CHARGED AND DESCRIPTION			1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 TESTED 0 TESTED A <input type="checkbox"/> YES B <input type="checkbox"/> YES 1 <input checked="" type="checkbox"/> NO <input type="checkbox"/> NO TESTED TESTED							
RECEIVED CALL 1603 DISPATCHED 1605 ARRIVED 1605 CLEARED 1615 OTHER TIME TOTAL MINUTES 10					A 1 B 1 C D E F			A 1 TESTED 0 TESTED 1 <input checked="" type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> NO								
DATE REPORT FILED 03 08 2016		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME McMaken		BADGE NO. 114	CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG								

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION