

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-4121  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 1 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: DAY **3 15 16** SAT TIME: MILITARY **1803**

CRASH OCCURRED ON **1515 Genntown DR** WITHIN THE INTERSECTION OF \_\_\_\_\_

IF NOT IN INTERSECTION \_\_\_\_\_ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE \_\_\_\_\_

LOG-1 \_\_\_\_\_ LOG-2 \_\_\_\_\_ LOC JUR FH9 FILT \_\_\_\_\_

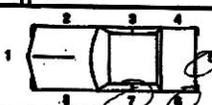
A UNIT NO. **1** NO OF OCCUPANTS **0** OPERATING  PARKED  DRIVERLESS  HIT & RUN NON CONTACT  INSURANCE CO OR AGENT **ALFA/1134008454368**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) \_\_\_\_\_ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

PHONE NO. \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ STATE \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ OCCUPATION \_\_\_\_\_

OWNER (IF SAME AS DRIVER, WRITE SAME) **Reynolds, Emily, Marie** ADDRESS **218 Roberts Ave., Franklin, OH, 45005** PHONE **513-282-8075**

VEH YR **1997** MAKE **Ford** MODEL **Expedition** COLOR **Maroon** STYLE **SW** STATE **OH** LICENSE PLATE NO. **GTA1227** TOWING SERVICE **Lebanon Towing** 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

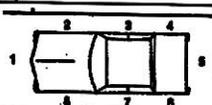
8 UNIT NO. \_\_\_\_\_ NO OF OCCUPANTS \_\_\_\_\_ OPERATING  PARKED  DRIVERLESS  HIT & RUN NON-CONTACT  INSURANCE CO. OR AGENT \_\_\_\_\_

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) \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

VEH YR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ STYLE \_\_\_\_\_ STATE \_\_\_\_\_ LICENSE PLATE NO. \_\_\_\_\_ TOWING SERVICE \_\_\_\_\_ VEH/PED DIR FROM TO \_\_\_\_\_

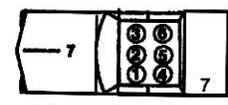
CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY  NON-FUNCTIONAL  FUNCTIONAL  DISABLING DAMAGE SCALE  NONE  MODERATE  LIGHT  HEAVY VEHICLE DISPOSITION  DRIVEN AWAY  REMAINED AT SCENE  TOWED FIRE  NO FIRE  FIRE DUE TO CRASH  OTHER FIRE

C FROM UNIT NO. \_\_\_\_\_ NAME (LAST, FIRST, MI) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ SEX \_\_\_\_\_ POSITION A B C D E F INJURIES A 5 B C D E F

D FROM UNIT NO. \_\_\_\_\_ NAME (LAST, FIRST, MI) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ SEX \_\_\_\_\_

E FROM UNIT NO. \_\_\_\_\_ NAME (LAST, FIRST, MI) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ SEX \_\_\_\_\_

F FROM UNIT NO. \_\_\_\_\_ NAME (LAST, FIRST, MI) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ SEX \_\_\_\_\_

 P-PEDESTRIAN

CONDITION A B C D E F 1 X X X X X X

RESTRAINTS A B C D E F 8

ALCOHOL A B 1  YES  NO  TESTED  YES  NO  TESTED

A B C INJURED TAKEN TO \_\_\_\_\_ By \_\_\_\_\_

D E F INJURED TAKEN TO \_\_\_\_\_ By \_\_\_\_\_

A  ORC OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_ CITY ORD. \_\_\_\_\_

O  ORC OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_ CITY ORD. \_\_\_\_\_

RECEIVED CALL \_\_\_\_\_ DISPATCHED 1804 ARRIVED 1810 CLEARED 1903 OTHER TIME 0000 TOTAL MINUTES 00ff00

DATE REPORT FILED \_\_\_\_\_ PHOTOS  YES  NO OFFICER'S NAME **Ptl. Brummett** BADGE NO. **111** CHECKED BY \_\_\_\_\_

EJECTION A B C D E F 1  NOT EJECTED  PARTIAL  TOTAL  TRAPPED INSIDE VEHICLE

DRUGS A B C D E F 1  YES  NO  TESTED  YES  NO  TESTED

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO.