

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **16-5184** 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: **3/22/16** DAY **TUES** TIME: MILITARY **1439**

CRASH OCCURRED ON **1916 DRAKE RD, LHS** WITHIN THE INTERSECTION OF _____

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

LOCAL FILE NO

LOG-1 LOG-2 LOG-3 LOC JUR FH9 FILT

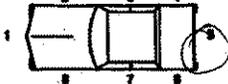
A UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **GEICO**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **CROWE, KYLIE RIAN** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **1152 NAVAHU LEBANON, OH 45036**

PHONE NO. **9189916** BIRTH DATE **9/8/99** AGE **16** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **TT3331553** OCCUPATION _____

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

VEH YR **1997** MAKE **TOYOTA** MODEL **CAMRY** COLOR **Gold** STYLE **4S** STATE **OH** LICENSE PLATE NO. **GRX1305** 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 LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

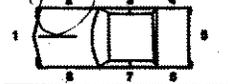
8 UNIT NO. **02** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT _____

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **ADKINS, GALEN REED** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **560 LITTLE CREEK LEBANON, OH 45036**

PHONE NO. **850-0416** BIRTH DATE **8/5/99** AGE **16** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **UL723165** OCCUPATION _____

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

VEH YR **2009** MAKE **CHEVY** MODEL **COBALT** COLOR **GRN** STYLE **4S** STATE **OH** LICENSE PLATE NO. **GQE5963** 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 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 **m | D | y** AGE _____ POSITION A B C D E F INJURIES A B C D E F

D FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m | D | y** AGE _____ POSITION A B C D E F INJURIES A B C D E F

E FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m | D | y** AGE _____ POSITION A B C D E F INJURIES A B C D E F

F FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m | D | y** AGE _____ POSITION A B C D E F INJURIES A B C D E F

P-PEDESTRIAN RESTRAINTS _____ ALCOHOL A B C D E F

A B C INJURED TAKEN TO _____ By _____ ALCOHOL A B C D E F

A B C INJURED TAKEN TO _____ By _____ ALCOHOL A B C D E F

A ORC OFFENSE CHARGED AND DESCRIPTION _____ CITY ORD. _____ ALCOHOL A B C D E F

O ORC OFFENSE CHARGED AND DESCRIPTION _____ CITY ORD. _____ ALCOHOL A B C D E F

RECEIVED CALL **1439** DISPATCHED **1443** ARRIVED **1446** CLEARED **1507** OTHER TIME _____ TOTAL MINUTES **00:21**

DATE REPORT FILED **3/22/16** PHOTOS YES NO OFFICER'S NAME **PTL. DRAKE** BADGE NO. **118** CHECKED BY _____

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