

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO **16-6275** 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 _____ 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 **04/08/2016** DAY **Thursday** TIME **1424**

CRASH OCCURRED ON **99 Stubbs Mill Rd. Lebanon OH 45036 (Rth Exd)** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ MILES _____ FEET _____ W _____ N _____ E _____ S _____ OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO) CITY CODE _____

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

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

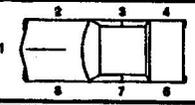
A UNIT NO. **1** NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT _____

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

PHONE NO _____ BIRTH DATE _____ 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 LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

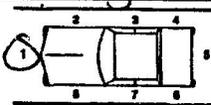
8 UNIT NO. **2** NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Safe Co**

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) _____ ADDRESS _____ PHONE _____

VEH YR **2007** MAKE **Dodge** MODEL _____ COLOR **Black** STYLE **SW** STATE **OH** LICENSE PLATE NO **EI26683** TOWING SERVICE _____ VEH. PED DIR _____ FROM **W** TO **E**

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

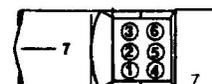
OCCUPANT SECTION

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

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

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

F FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ ADDRESS _____ PHONE _____ SEX _____ 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 YES NO B YES NO TESTED TESTED

POLICE ACTION

A B C INJURED TAKEN TO _____ By _____ A E C O E F **8** ALCOHOL A YES NO B YES NO TESTED TESTED

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

A ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____ EJECTION A B C D E F A TESTED YES NO B TESTED YES NO

O ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____ DRUGS A TESTED YES NO B TESTED YES NO

RECEIVED CALL **1424** DISPATCHED **1425** ARRIVED **1432** CLEARED **1445** OTHER TIME **0020** TOTAL MINUTES **0033**

DATE REPORT FILED **04/07/2016** PHOTOS YES NO OFFICER'S NAME **McMaken** BADGE NO. **114** 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