OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0830300 | ODHS USE ONLY - 00 NOT MARK ABOVE | LOCAL FILE NO

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: 5 | 18 | 16 | DAY TUESDAY | TIME: MILITARY 1127

CRASH OCCURRED ON COLUMBUS AVENUE | WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) 1248 COLUMBUS AVE (WATSON'S) | CITY CODE

LOC | ROAD SYS | LOC JUR | FH'9 | FILT

16-8634

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1

NO OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON CONTACT ☐ | INSURANCE CO OR AGENT GRANGE INS.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): SARKA, MICHAEL B

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 265 LEATHER LEAF LN, LEBANON, OH 45036

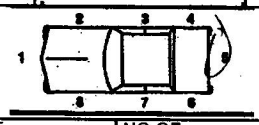
PHONE NO. | BIRTH DATE: 10 | 18 | 67 | AGE 48 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RM089630 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): SARKA, MICHAEL B.

ADDRESS: 265 LEATHER LEAF LN, LEBANON, OH 45036 | PHONE

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
2007	MAZDA	"6"	BLK	NB	OH	EBK3495		FROM N TO S

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. 2

NO OF OCCUPANTS 0 | OPERATING ☐ | PARKED ☒ | DRIVERLESS ☐ | HIT& RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT AUTO OWNERS INS.

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

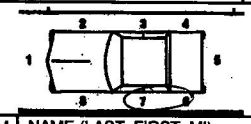
PHONE NO. | BIRTHDATE m | D | y | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): ANIS AMEUR LLC

ADDRESS: 4221 GRAND AVE, MIDDLETOWN, OH 45044 | PHONE (937) 626-2287

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
2010	FORD	TRANSIT	WHT	TK	OH	RJB3234		FROM TO

CIRCLE DAMAGE AREAS



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FIRE: ☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

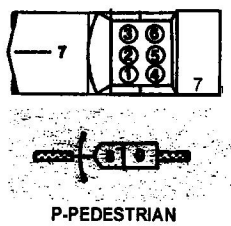
OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX
C					
D					
E					
F					

ADDRESS | PHONE

POSITION: A 1 | B | C | D | E | F

INJURIES: A 5 | B | C | D | E | F



P-PEDESTRIAN

RESTRAINTS: A 4 | B | C | O | E | F

1 NOT USED, 2 NONE AVAILABLE, 3 LAP BELT USED, 4 LAP/SHOULDER BELT USED, 6 SHOULDER BELT USED, 6 CHILD SAFETY SEAT, 7 AIR BAG USED, 8 USE NOT REPORTED

EJECTION: A 1 | B | C | D | E | F

1 NOT EJECTED, 2 PARTIAL, 3 TOTAL, 4 TRAPPED INSIDE VEHICLE

1 FATAL, 2 SERIOUS VISIBLE, 3 MINOR VISIBLE, 4 NO VISIBLE INJURY, 5 NOT INJURED

CONDITION: A 1 | B

1 APPARENTLY NORMAL, 2 SICK, 3 FATIGUED, 4 APPARENTLY ASLEEP, 5 PHYSICAL DEFECT, 8 OTHER CONDITION, 7 UNKNOWN

ALCOHOL: A 1 ☐ YES ☒ NO TESTED | B ☐ YES ☐ NO TESTED

1 NO ALCOHOL DETECTED, 2 HBD ABILITY IMPAIRED, 3- HBD ABILITY NOT IMPAIRED, 4 HBD ABILITY UNKNOWN

DRUGS: A 1 TESTED ☐ YES ☒ NO | O TESTED ☐ YES ☐ NO

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

POLICE ACTION

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

A ☐ ORC ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC. ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1127	1129	1134	1157	10	33

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 5 D 10 Y 16	☐ YES ☒ NO	BURNS III	107	