

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-11122 OH-2 OH-3 Lebanon Police 0830300

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO.

REPORT TAKEN AT STATION 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: 06/12/2016 Saturday TIME: MILITARY 2330

CRASH OCCURRED ON 10 S. Mechanic St (Parking Lot) WITHIN THE INTERSECTION OF IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE 8303

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 DAMAGE SCALE VEHICLE DISPOSITION FIRE

8 UNIT NO. 2 NO OF OCCUPANTS 1 OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO OR AGENT State Farm

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

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C FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTH DATE AGE POSITION INJURIES

D FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTH DATE AGE POSITION INJURIES

E FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTH DATE AGE POSITION INJURIES

F FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTH DATE AGE POSITION INJURIES

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RECEIVED CALL 1604 DISPATCHED 1605 ARRIVED 1605 CLEARED 1623 OTHER TIME 0020 TOTAL MINUTES 0038

DATE REPORT FILED 06/13/2016 PHOTOS YES OFFICER'S NAME Ptl. M. Maken BADGE NO. 114 CHECKED BY

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

ALCOHOL A B 1 YES NO 2 YES NO 3 TESTED TESTED

EJECTION A B C D E F 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

DRUGS A B C D E F 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

Statement Supplement - Lined

Case #: 16-11122	Incident Date: 6/11/16	Victim:	Case Status:
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I parked my car at Lebanon Theater parking lot Saturday night after 10 P.M. by the dumpster. When I came out Sunday morning and left to go home when I got home and got out of the car I noticed a big dent in the left front fender.

Person Completing Statement <i>[Signature]</i>	Address and Phone #
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Reporting Officer <i>[Signature]</i>	Badge #: 114	Date: 6/13/16
Approving Officer	Badge #:	Date