

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. OH-2 OH-3 **Lebanon Police** **0830300** ODHHS USE ONLY - 00 NOT MARK ABOVE LOCAL FILE NO.

REPORT TAKEN AT STATION PAT 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: **8/12/14** DAY **FRI** TIME: MILITARY **1432**

CRASH OCCURRED ON **COLUMBUS AVENUE** WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION N E OF **1425 COLUMBUS AVENUE, (LEBANON KEEPER)** CITY CODE

LOC JUR FH9 FILT

16-15067

DRIVER-PEDESTRIAN-VEHICLE SECTION

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **NOBLE, TIMOTHY W.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **536 W. ST. RT 122, LEBANON, OH 45036**

PHONE NO. **(513) 403-0464** BIRTH DATE **7/6/64** AGE **55** SEX **M** SOCIAL SECURITY NO. STATE **OH** DRIVER'S LICENSE NO. **RN668909** OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) **NOBLE, TIMOTHY W.** ADDRESS **536 W. ST. RT. 122, LEBANON, OH 45036** PHONE **(513) 403-0464**

VEH YR **2000** MAKE **DODGE** MODEL **RAM** COLOR **GRN** STYLE **TR** STATE **OH** LICENSE PLATE NO. **EDP8947** TOWING SERVICE VEH/PEP DIR FROM **S** TO **N**

CIRCLE DAMAGE AREAS 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 **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO OR AGENT **SAFECO**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **GRIFFIS, TERRY E.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **2450 S. ST. RT 123, LEBANON, OH 45036**

PHONE NO. **(513) 490-3683** BIRTH DATE **7/24/51** AGE **65** SEX **M** SOCIAL SECURITY NO. STATE **OH** DRIVER'S LICENSE NO. **RP678757** OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) **GRIFFIS, WANDA D.** ADDRESS **2450 S. ST. RT 123, LEBANON, OH 45036** PHONE **(513) 490-3683**

VEH YR **2013** MAKE **HYUNDAI** MODEL **GENESIS** COLOR **SIL** STYLE **210** STATE **OH** LICENSE PLATE NO. **GKN8209** TOWING SERVICE VEH/PEP DIR FROM **E** TO **W**

CIRCLE DAMAGE AREAS 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

OCCUPANT SECTION

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

D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	CONDITION									
							A	B	C	D	E	F			
			m D y												
		ADDRESS	PHONE	SEX											

E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	P-PEDESTRIAN								
							A	B	C	D	E	F		
			m D y											
		ADDRESS	PHONE	SEX										

F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	RESTRAINTS								
							A	B	C	D	E	F		
			m D y											
		ADDRESS	PHONE	SEX										

POLICE ACTION

A	B	C	INJURED TAKEN TO			By	A	B	C	D	E	F	ALCOHOL									
A	OFFENSE CHARGED AND DESCRIPTION						ALCOHOL						TESTED									
	ORC CITY ORD.						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						A <input type="checkbox"/> YES B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NO									
O	OFFENSE CHARGED AND DESCRIPTION						EJECTION						DRUGS									
	ORC CITY ORD.						A B C D E F						A TESTED O TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG										
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY																		
M 8 D 12 Y 14	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BURNS	107																			