OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-15887	☐ 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	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 26 16	DAY FRI	TIME: MILITARY 1453	
CRASH OCCURRED ON Private Property	WITHIN THE INTERSECTION OF Dillon Way @ Nelson Lane				
IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF	(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.			CITY CODE	
LOG-1	LOG-2	LOC JUR FH'9 FILT			

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1

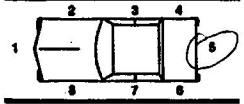
NO OF OCCUPANTS 1	OPERATING ☒	PARKED ☐	DRIVERLESS ☐	HIT & RUN NON CONTACT ☐	INSURANCE CO OR AGENT Liberty Mutual

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Euler, Richard	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4322 Todd Road, Franklin OH 45005					
PHONE NO. 937-790-6280	BIRTH DATE 3 17 58	AGE 65	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RQ562198

OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) Flowers By, Roger	ADDRESS 1210 Manchester Ave, Middletown OH							PHONE
VEH YR 2011	MAKE Ford	MODEL Van	COLOR White	STYLE	STATE OH	LICENSE PLATE NO. PNH7047	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
☒ NON-FUNCTIONAL	☐ NONE ☐ MODERATE	☒ DRIVEN AWAY	☒ NO FIRE
☐ FUNCTIONAL	☒ LIGHT ☐ HEAVY	☐ REMAINED AT SCENE	☐ FIRE DUE TO CRASH
☐ DISABLING		☐ TOWED	☐ OTHER FIRE

8 — UNIT NO. 2

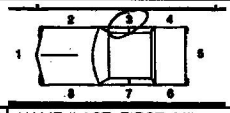
NO OF OCCUPANTS 1	OPERATING ☒	PARKED ☐	DRIVERLESS HIT& RUN NON-CONTACT ☐		INSURANCE CO. OR AGENT Safe Co

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Minogue, Angela	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 908 Nelson Lane, Lebanon OH 45036					
PHONE NO. 937-307-4741	BIRTHDATE 2 18 70	AGE 46	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RU407389

OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS							PHONE
VEH YR 2005	MAKE Toyota	MODEL 4S	COLOR Grey	STYLE	STATE OH	LICENSE PLATE NO. EYF5483	TOWING SERVICE	VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS



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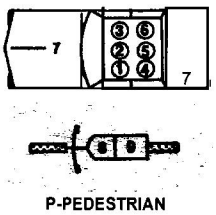
☐ DISABLING		☐ TOWED	☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
C		ADDRESS same	PHONE	SEX	A 1	A 5
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	B 1	B 5
		ADDRESS	PHONE	SEX		
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		
		ADDRESS	PHONE	SEX		
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		
		ADDRESS	PHONE	SEX		



P-PEDESTRIAN

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

CONDITION

A	B
1	1

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

RESTRAINTS

A	B	C	D	E	F
4	4				

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

ALCOHOL

A		B	
☐ YES	☒ NO	☐ YES	☒ NO
TESTED		TESTED	

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

EJECTION

A	B	C	D	E	F
1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS

A		0	
TESTED ☐ YES	☒ No	TESTED ☐ YES	☒ NO

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

POLICE ACTION

A ☐ ORC ☐ CITY ORD.	OFFENSE CHARGED AND DESCRIPTION Improper backing by unit #1		
0 ☐ ORC. ☐ CITY ORD.	OFFENSE CHARGED AND DESCRIPTION		

INJURED TAKEN TO ____ By ____

INJURED TAKEN TO ____ By ____

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1453	1453	1502	1507	10	00ff0ff30

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 26 Y 16	☐ YES ☒ NO	Fry	119	

State Ptl-012 2/13/03