

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **16-20970** 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 **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: **11/10/16** DAY **FRI** TIME: MILITARY **1533**

CRASH OCCURRED ON **1425 Columbus Ave.** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE _____

LOCAL FILE NO 16-20970

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

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Sexton, Cynthia** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **2216 E. SR 73 Waynesville, OH 45068**

PHONE NO. **513-939-5067** BIRTH DATE **06/30/61** AGE **55** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **R5405278** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **SAME** ADDRESS _____ PHONE _____

VEH YR **2016** MAKE **Jeep** MODEL **Cherokee** COLOR **Silver** STYLE **SW** STATE **OH** LICENSE PLATE NO. **FHT 6288** TOWING SERVICE _____ VEH/PED DIR FROM **N** TO **SW**

CIRCLE DAMAGE AREAS DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE LIGHT MODERATE HEAVY VEHICLE DISPOSITION REMAINED AT SCENE DRIVEN AWAY 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 **Progressive**

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 **513-543-5828**

VEH YR **2006** MAKE **Pontiac** MODEL **G6** COLOR **Blk** STYLE **45** STATE **OH** LICENSE PLATE NO. **FOP 8481** TOWING SERVICE _____ VEH/PED DIR FROM **S** TO **N**

CIRCLE DAMAGE AREAS DAMAGE SEVERITY FUNCTIONAL NON-FUNCTIONAL DISABLING DAMAGE SCALE LIGHT MODERATE HEAVY VEHICLE DISPOSITION REMAINED AT SCENE DRIVEN AWAY TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

C FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

D FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

E FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

F FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

RESTRAINTS **4** ALCOHOL **1** YES NO TESTED YES NO TESTED

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

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

A ORC OFFENSE CHARGED AND DESCRIPTION _____ A B C D E F

O ORC OFFENSE CHARGED AND DESCRIPTION _____ A B C D E F

RECEIVED CALL **1533** DISPATCHED **1535** ARRIVED **1542** CLEARED **1552** OTHER TIME **15** TOTAL MINUTES **25**

DATE REPORT FILED **11/10/16** PHOTOS YES NO OFFICER'S NAME **Pt1 Brock** BADGE NO. **126** CHECKED BY _____

EJECTION **1** NOT EJECTED PARTIAL TOTAL TRAPPED INSIDE VEHICLE DRUGS **1** NO DRUGS DETECTED USING PRESCRIBED DRUG USING ILLICIT DRUG TESTED YES NO TESTED YES NO TESTED

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION