OHIO TRAFFIC CRASH REPORT — OH-1 (Rev. 1-82)

LOCAL REPORT NO. ☐ OH-2 ☐ OH-3 — Lebanon Police — 0830300 — ODHS USE ONLY - DO 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: 10 / 25 / 12 | DAY THU | TIME: MILITARY 1640

CRASH OCCURRED ON 1699 Deerfield Rd (YMCA Parking Lot) | WITHIN THE INTERSECTION OF

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

[redacted] | [redacted] | LOC JUR FH9 FILT | [redacted]

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN NON CONTACT ☐ | INSURANCE CO OR AGENT Geico

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Stone, Allen | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 307 Mill St. Seven Mile, OH 45062

PHONE NO.: (513) 275-2565 | BIRTH DATE: 7 / 17 / 58 | AGE 54 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RK232440 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Stone, Theresa | ADDRESS: Same | PHONE: Same

VEH YR 2002 | MAKE CHEV | MODEL | COLOR DK Blue | STYLE SW | STATE OH | LICENSE PLATE NO. DHQ8742 | TOWING SERVICE N/A | VEH/PED DIR FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 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

B — UNIT NO. 2 | NO OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT Farmers Insurance Group

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Shaffer, Aaron | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 703 Holbrook Ave. Lebanon, OH 45036

PHONE NO.: (937) 344-3950 | BIRTHDATE: 11 / 10 / 77 | AGE 34 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RP738611 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Shaffer, Amber | ADDRESS: Same | PHONE: Same

VEH YR 2004 | MAKE TOYT | MODEL | COLOR Black | STYLE 4S | STATE OH | LICENSE PLATE NO. DME7806 | TOWING SERVICE N/A | VEH/PED DIR FROM N TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 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

OCCUPANT SECTION

C — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D y | AGE | ADDRESS | PHONE | SEX

D — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D y | AGE | ADDRESS | PHONE | SEX

E — FROM UNIT O. | NAME (LAST, FIRST, MI) | BIRTHDATE m D y | AGE | ADDRESS | PHONE | SEX

F — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D y | AGE | ADDRESS | PHONE | SEX

A B C D E F — INJURED TAKEN TO — By

A B C D E F — INJURED TAKEN TO — By

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

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

POSITION: A B C D E F — P-PEDESTRIAN

INJURIES: A B C D E F
1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A B
1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A B C D E F
1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
5 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A ☐ YES ☐ NO TESTED | B ☐ YES ☐ NO 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 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ No | B TESTED ☐ YES ☐ NO
1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1640	1641	1647	1655	0	8

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M D Y	☐ YES ☒ NO	J. Haller	123	

State Ptl-012 2/13/03