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

LOCAL REPORT NO. 12-18731 | ☐ 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 1 | 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 | 06 | 2012 | DAY: Thurs | TIME: MILITARY 1148

CRASH OCCURRED ON | WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION: ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) 730 Columbus Ave Lb OH 45036 | CITY CODE

[redacted] | [redacted] | LOC JUR FH'9 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 21st Century Ins

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Cobb, Stephanie | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 935 Kerns Dr Lebanon OH 45036

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
unk	02 25 1918	94	F		OH	KQ552262	Retired

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

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
1990	Cadi.	Deville	Taupe	4S	OH	CN22DH	none	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

8 — UNIT NO. | NO OF OCCUPANTS | OPERATING ☐ | PARKED ☐ | DRIVERLESS HIT& RUN NON-CONTACT ☐ | INSURANCE CO. OR AGENT

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Lebanon Citizens Bank | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 730 Columbus Ave Lebanon OH 45036

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
513-934-2098	m D y						

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: 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

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

POSITION: A 1 | B | C | D | E | F

INJURIES: A 5 | B | C | D | E | F

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

CONDITION: A 1 | B

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

P-PEDESTRIAN

RESTRAINTS: A 8 | 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 1 ☐ 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 1 | B | C | D | E | F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B TESTED ☐ YES ☐ NO

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

A B C — INJURED TAKEN TO — By
D E F

A B C — INJURED TAKEN TO — By
D E F

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

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

POLICE ACTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1148	1152	1152	1230	10	52

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 11 D 06 Y 2012	☐ YES ☒ NO	Gunderson	114	

State Pil-012 2/13/03