

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 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: **12/26/12** DAY **WED** TIME: MILITARY **UNK**

CRASH OCCURRED ON **4 W. Northwood** WITHIN THE INTERSECTION OF

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

LOCAL FILE NO

LOC _____ JUR _____ FH9 _____ FILT _____

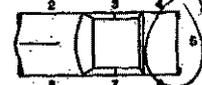
A UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT _____

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Bailey, Danny** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **4 W. Northwood Lebanon OH**

PHONE NO. **513-314-6622** BIRTHDATE **7/29/58** AGE **54** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RM190911** OCCUPATION _____

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

VEH YR **89** MAKE **TOYOTA** MODEL **TK** COLOR **Red** STYLE **TK** STATE **OH** LICENSE PLATE NO. **FGN7269** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE LIGHT MODERATE 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 **0** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Ohio liability Ins**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Griffith, Amanda** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **1421 E. Turtlecreek Unionhd. Lebn OH**

PHONE NO. _____ BIRTHDATE _____ AGE _____ SEX _____ SOCIAL SECURITY NO. _____ STATE _____ DRIVER'S LICENSE NO. _____ OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Griffith, Amanda** ADDRESS **1421 E. Turtlecreek Unionhd. Lebn OH** PHONE _____

VEH YR **01** MAKE **Ford** MODEL **TK** COLOR **Green** STYLE **TK** STATE **OH** LICENSE PLATE NO. **FSZ6077** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

C FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m D Y** AGE _____ POSITION A B C D E F INJURIES A B C D E F

D FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m D Y** AGE _____ SEX _____

E FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m D Y** AGE _____ SEX _____

F FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m D Y** AGE _____ SEX _____

RESTRAINTS A B C D E F ALCOHOL A B C D E F

INJURED TAKEN TO _____ By _____

INJURED TAKEN TO _____ By _____

OFFENSE CHARGED AND DESCRIPTION _____

OFFENSE CHARGED AND DESCRIPTION _____

RECEIVED CALL _____ DISPATCHED _____ ARRIVED _____ CLEARED _____ OTHER TIME _____ TOTAL MINUTES _____

DATE REPORT FILED **M D Y** PHOTOS YES NO OFFICER'S NAME **MOMM'S** BADGE NO. **131** CHECKED BY _____

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

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

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

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

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION