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: 1 18 13 | DAY SAT | TIME: MILITARY 1936

CRASH OCCURRED ON 715 E. Main St. (Taco Bell 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

LOC 1 | LOC 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 Progressive

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Leasure, Justin | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4710 SR 350 Lebanon, OH 45036

PHONE NO.: (513) 932-1819 | BIRTH DATE: 8 24 93 (m D y) | AGE 19 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. TQ549735 | OCCUPATION

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

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
03	JAGU		Silver	4S	OH	FCG1048	N/A	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. 2 | NO OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT None

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Turning, Victor | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 420 Huntley Ct. Lebanon, OH 45036

PHONE NO.: (513) 836-3458 | BIRTHDATE: 3 31 59 (m D y) | AGE 53 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. RT136993 | OCCUPATION

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

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
02	Ford		Black	4H	OH	WS63488	N/A	FROM S TO N

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 (m D y)	AGE	ADDRESS	PHONE	SEX
C					same		
D							
E							
F							

POSITION: A B C D E F

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
8 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A B C D E F

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 ☐ 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

POLICE ACTION

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

B ☐ ORC ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1936	1942	1946	2008	0	22

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

State Ptl-012 2/13/03