

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. OH-2 OH-3 **Lebanon Police** 0830300

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: **2/12/13** DAY **TUE** TIME: MILITARY **1615**

CRASH OCCURRED ON **917 Columbus** WITHIN THE INTERSECTION OF _____

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

LOCAL FILE NO

LOC 1 _____ LOC 2 _____ LOC JUR FH9 FILT _____

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Biggs, Bradley** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **312 Janison Ln. Lebanon, OH 45036**

PHONE NO. **(513) 850-4358** BIRTH DATE **2/28/92** AGE **20** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **TK 989533** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Biggs, Teresa** ADDRESS **Same** PHONE **(513) 292-2987**

VEH YR **09** MAKE **CHEV** MODEL **4H** COLOR **Red** STYLE _____ STATE **OH** LICENSE PLATE NO. **FEH2539** TOWING SERVICE **N/A** VEH/PED DIR _____

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

B UNIT NO. **2** NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Motorists mutual**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Delord, William Jr.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **5455 Grandin Pass Ct. Mainville, OH 45039**

PHONE NO. **(513) 932-3000** BIRTH DATE **5/9/52** AGE **60** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **JRN10915** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Bill Delord Dealership** ADDRESS **917 Columbus Ave Lebanon, OH 45036** PHONE **952-3000**

VEH YR **2013** MAKE **CADILLAC** MODEL _____ COLOR **Blue** STYLE **25** STATE **OH** LICENSE PLATE NO. **15888** TOWING SERVICE **N/A** VEH/PED DIR _____

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 _____ 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 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED

ALCOHOL A YES NO B YES NO TESTED TESTED

DRUGS A YES NO B YES NO TESTED TESTED

EJECTION A 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

RECEIVED CALL **1615** DISPATCHED **1617** ARRIVED **1628** CLEARED **1640** OTHER TIME **0** TOTAL MINUTES **12**

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

OFFENSE CHARGED AND DESCRIPTION _____ OFFENSE CHARGED AND DESCRIPTION _____

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION