

13-16540

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

|                  |  |                       |         |                                   |
|------------------|--|-----------------------|---------|-----------------------------------|
| LOCAL REPORT NO. | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3 | <b>Lebanon Police</b> | 0830300 | ODHS USE ONLY - 00 NOT MARK ABOVE |
|------------------|--|-----------------------|---------|-----------------------------------|

|  |   |   |  |   |
|--|---|---|--|---|
| REPORT TAKEN <input type="checkbox"/> AT STATION<br><input checked="" type="checkbox"/> AT SCENE | NO OF VEH PEDESTRIANS INVOLVED <b>2</b> | CRASH SEVERITY (CHECK MOST SEVERE)<br><input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS<br><input checked="" type="checkbox"/> OVER \$150<br><input type="checkbox"/> UNDER \$150 | HIT SKIP <input type="checkbox"/> SOLVED<br><input type="checkbox"/> UNSOLVED |
|--|---|---|--|---|

|                     |  |                                       |                            |
|---------------------|--|---------------------------------------|----------------------------|
| IN COUNTY OF WARREN | IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b> | DATE OF CRASH: DAY <b>9/28/13</b> SAT | TIME: MILITARY <b>2018</b> |
|---------------------|--|---------------------------------------|----------------------------|

|  |  |
|--|--|
| CRASH OCCURRED ON <b>At Walmart</b>  | WITHIN THE INTERSECTION OF <b>in Parking Lot</b> |
| IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) |  |

|       |       |       |       |       |       |       |       |       |        |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| LOG 1 | LOG 2 | LOG 3 | LOG 4 | LOG 5 | LOG 6 | LOG 7 | LOG 8 | LOG 9 | LOG 10 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|

|                     |                          |   |                                       |
|---------------------|--------------------------|---|---------------------------------------|
| A UNIT NO. <b>1</b> | NO OF OCCUPANTS <b>1</b> | OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON CONTACT <input type="checkbox"/> | INSURANCE CO OR AGENT <b>Argonaut</b> |
|---------------------|--------------------------|---|---------------------------------------|

|  |  |
|--|--|
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Bens, Adam</b> | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>528 Patterson Ct. Lebanon OH</b> |
|--|--|

|                               |                          |               |              |                     |                 |                                      |            |
|-------------------------------|--------------------------|---------------|--------------|---------------------|-----------------|--------------------------------------|------------|
| PHONE NO. <b>513-266-6284</b> | BIRTH DATE <b>9/2/91</b> | AGE <b>22</b> | SEX <b>M</b> | SOCIAL SECURITY NO. | STATE <b>OH</b> | DRIVER'S LICENSE NO. <b>TM943916</b> | OCCUPATION |
|-------------------------------|--------------------------|---------------|--------------|---------------------|-----------------|--------------------------------------|------------|

|  |  |                           |
|--|--|---------------------------|
| OWNER (IF SAME AS DRIVER, WRITE SAME) <b>City of Lebanon</b> | ADDRESS <b>50 S. Broadway Lebanon OH</b> | PHONE <b>513 932-3060</b> |
|--|--|---------------------------|

|                    |                |                 |                    |                 |                 |                                 |                |                     |
|--------------------|----------------|-----------------|--------------------|-----------------|-----------------|---------------------------------|----------------|---------------------|
| VEH YR <b>2011</b> | MAKE <b>GM</b> | MODEL <b>TK</b> | COLOR <b>White</b> | STYLE <b>TK</b> | STATE <b>OH</b> | LICENSE PLATE NO. <b>816YGT</b> | TOWING SERVICE | VEH/PED DIR FROM TO |
|--------------------|----------------|-----------------|--------------------|-----------------|-----------------|---------------------------------|----------------|---------------------|

|                     |  |   |  |  |
|---------------------|--|---|--|--|
| CIRCLE DAMAGE AREAS | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE |
|---------------------|--|---|--|--|

|                     |                 |   |                                   |
|---------------------|-----------------|---|-----------------------------------|
| B UNIT NO. <b>2</b> | NO OF OCCUPANTS | OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON CONTACT <input type="checkbox"/> | INSURANCE CO OR AGENT <b>Erie</b> |
|---------------------|-----------------|---|-----------------------------------|

|  |  |
|--|--|
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) |
|--|--|

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

|   |   |                           |
|---|---|---------------------------|
| OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Kuriger, Russell</b> | ADDRESS <b>3927 Straley Rd Xenia OH</b> | PHONE <b>937-253-9111</b> |
|---|---|---------------------------|

|                    |                  |                 |                   |       |                 |                                 |                |                     |
|--------------------|------------------|-----------------|-------------------|-------|-----------------|---------------------------------|----------------|---------------------|
| VEH YR <b>2003</b> | MAKE <b>Olds</b> | MODEL <b>25</b> | COLOR <b>Gold</b> | STYLE | STATE <b>OH</b> | LICENSE PLATE NO. <b>DG31RU</b> | TOWING SERVICE | VEH/PED DIR FROM TO |
|--------------------|------------------|-----------------|-------------------|-------|-----------------|---------------------------------|----------------|---------------------|

|                     |  |  |  |  |
|---------------------|--|--|--|--|
| CIRCLE DAMAGE AREAS | DAMAGE SEVERITY<br><input type="checkbox"/> NON-FUNCTIONAL<br><input checked="" type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING | DAMAGE SCALE<br><input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | VEHICLE DISPOSITION<br><input type="checkbox"/> DRIVEN AWAY<br><input checked="" type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> 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 |
|-----------------|------------------------|-----------|-----|----------|----------|

|       |                  |    |             |         |
|-------|------------------|----|-------------|---------|
| A B C | INJURED TAKEN TO | By | A B C D E F | ALCOHOL |
|-------|------------------|----|-------------|---------|

|       |                  |    |             |         |
|-------|------------------|----|-------------|---------|
| A B C | INJURED TAKEN TO | By | A B C D E F | ALCOHOL |
|-------|------------------|----|-------------|---------|

|   |                                 |             |         |
|---|---------------------------------|-------------|---------|
| A | OFFENSE CHARGED AND DESCRIPTION | A B C D E F | ALCOHOL |
|---|---------------------------------|-------------|---------|

|   |                                 |             |         |
|---|---------------------------------|-------------|---------|
| A | OFFENSE CHARGED AND DESCRIPTION | A B C D E F | ALCOHOL |
|---|---------------------------------|-------------|---------|

|                           |                        |                     |                     |            |                         |
|---------------------------|------------------------|---------------------|---------------------|------------|-------------------------|
| RECEIVED CALL <b>2018</b> | DISPATCHED <b>2038</b> | ARRIVED <b>2045</b> | CLEARED <b>2053</b> | OTHER TIME | TOTAL MINUTES <b>35</b> |
|---------------------------|------------------------|---------------------|---------------------|------------|-------------------------|

|                                  |  |                              |                      |            |
|----------------------------------|--|------------------------------|----------------------|------------|
| DATE REPORT FILED <b>9/28/13</b> | PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | OFFICER'S NAME <b>Morris</b> | BADGE NO. <b>131</b> | CHECKED BY |
|----------------------------------|--|------------------------------|----------------------|------------|

|   |   |             |   |
|---|---|-------------|---|
| A | NOT EJECTED<br>2 PARTIAL<br>3 TOTAL<br>4 TRAPPED INSIDE VEHICLE | A B C D E F | DRUGS<br>1 NO DRUGS DETECTED<br>2 USING PRESCRIBED DRUG<br>3 USING ILLICIT DRUG |
|---|---|-------------|---|