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. 16829

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: 10 | 04 | 13 | DAY FRI | TIME: MILITARY 2008

CRASH OCCURRED ON 596 Columbus Ave | WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION ____ MILES 100 FEET W N E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) Ridge Rd. | CITY CODE

LOC 1 | LOC 2 | LOC JUR FH9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN NON CONTACT ☒ | INSURANCE CO OR AGENT ESURANCE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Eggers, Austin, J | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 527 Duane Dr. Mason, OH 45040

PHONE NO. | BIRTH DATE 02 | 28 | 91 | AGE 22 | SEX | SOCIAL SECURITY NO. — 4417 | STATE OH | DRIVER'S LICENSE NO. TF 520 813 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Eggers, Jane, E | ADDRESS: 527 Duane Dr Mason, OH | PHONE

VEH YR 2009 | MAKE Mazda | MODEL HB | COLOR Blue | STYLE HB | STATE OH | LICENSE PLATE NO. FXC5107 | TOWING SERVICE | VEH/PED DIR W E 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

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

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

PHONE NO. | BIRTHDATE m D y | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION

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

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OCCUPANT SECTION

C — FROM UNIT NO. | NAME (LAST, FIRST, MI): Bedsole, Jay, Dee | BIRTHDATE 03 | 04 | 1996 | AGE 17 | ADDRESS: same | PHONE | SEX

D — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D y | AGE | ADDRESS | PHONE | SEX

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

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

POSITION: A 1 B C 3 D E F

INJURIES: A 5 B C 5 D E F

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

P-PEDESTRIAN

CONDITION: A 1 B

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

RESTRAINTS: A 8 B C 8 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 ☐ 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 1 D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☒ NO | D 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: Reckless Operation 335.13

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

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
2005	2008	2008	2035	0010	0040

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
10 06 13	☒ YES ☐ NO	DKURILKO	115	

State PII-012 2/13/03