

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

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: **11/18/13** DAY **SUN** TIME: MILITARY **1939**

CRASH OCCURRED ON **1425 Columbus Ave. (Kroger Parking Lot)** WITHIN THE INTERSECTION OF \_\_\_\_\_ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE \_\_\_\_\_

\_\_\_\_\_ MILES \_\_\_\_\_ FEET W S E OF \_\_\_\_\_

LOC \_\_\_\_\_ LOC \_\_\_\_\_ LOC JUR FH9 FILT \_\_\_\_\_

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Farmer, Richard** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **3039 State Route 123 Morrow, OH 45152**

PHONE NO. **(513) 967-8728** BIRTH DATE **11/15/89** AGE **24** SEX **M** SOCIAL SECURITY NO. \_\_\_\_\_ STATE **OH** DRIVER'S LICENSE NO. **TF136183** OCCUPATION \_\_\_\_\_

OWNER (IF SAME AS DRIVER, WRITE SAME) **Farmer, Cathy** ADDRESS **Same** PHONE **(513) 479-6858**

VEH YR **2003** MAKE **MERC** MODEL \_\_\_\_\_ COLOR **Silver** STYLE **4s** STATE **OH** LICENSE PLATE NO. **EMZ3162** TOWING SERVICE **N/A** 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

B UNIT NO. **2** NO OF OCCUPANTS **0** OPERATING  PARKED  DRIVERLESS  HIT & RUN  NON CONTACT  INSURANCE CO. OR AGENT **Allstate**

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) **Frankson Linda** ADDRESS **275 Portland Blvd Lebanon OH 45026** PHONE **(513) 465-3110**

VEH YR **2013** MAKE **TOYR** MODEL \_\_\_\_\_ COLOR **Tan** STYLE **4s** STATE **OH** LICENSE PLATE NO. **DH86DJ** TOWING SERVICE **N/A** 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  MODERATE  LIGHT  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 \_\_\_\_\_ ALCOHOL \_\_\_\_\_

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  ORC OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_ EJECTION \_\_\_\_\_ DRUGS \_\_\_\_\_

O  ORC OFFENSE CHARGED AND DESCRIPTION \_\_\_\_\_ EJECTION \_\_\_\_\_ DRUGS \_\_\_\_\_

RECEIVED CALL **1939** DISPATCHED **1941** ARRIVED **1952** CLEARED **2002** OTHER TIME **0** TOTAL MINUTES **10**

DATE REPORT FILED \_\_\_\_\_ PHOTOS  YES  NO OFFICER'S NAME **J. Haller** BADGE NO. **123** CHECKED BY \_\_\_\_\_

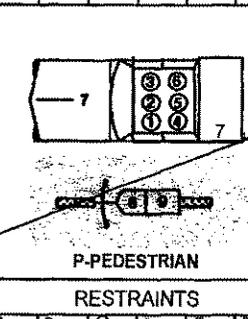
M I D Y \_\_\_\_\_

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO.



- 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

- 1 NOT EJECTED
- 2 PARTIAL
- 3 TOTAL
- 4 TRAPPED INSIDE VEHICLE

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

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

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

- A  YES  NO
- B  YES  NO
- TESTED TESTED

- A  YES  NO
- B  YES  NO

- A  YES  NO
- B  YES  NO

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