

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 13-20187	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/>	<input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 12 05 13	DAY Thursday	TIME: MILITARY 1921	
CRASH OCCURRED ON 1530 Walmart Drive				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE	
LOG-1	LOG-2	LOC	JUR	FH ⁹	FILT		
A	UNIT NO. 01	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Crain, Chelsey				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3988 Riley Street S. Lebanon, Oh 45065			
PHONE NO. 513-850-4339	BIRTH DATE m y	AGE 20	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. TP889545
OWNER (IF SAME AS DRIVER, WRITE SAME) Kennedy, Alexander				ADDRESS 518 Cherry Hill Dr (A), Miamisburg, OH 45342		PHONE 513-255-4862	
VEH YR 1991	MAKE Honda	MODEL 4s	COLOR Maroon	STYLE 4s	STATE OH	LICENSE PLATE NO. FJT1726	TOWING SERVICE VEH/PED DIR
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		B		UNIT NO. 02	NO OF OCCUPANTS 1	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Sharrock, Jennifer				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 270 Briargate Dr., Lebanon, Oh 45036			
PHONE NO. 513-508-4288	BIRTH DATE m D y 1 5 92	AGE 21	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. TL636442
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS same		PHONE 513-508-4288	
VEH YR 2002	MAKE Chevy	MODEL 2s	COLOR Silver	STYLE 2s	STATE OH	LICENSE PLATE NO. FJU7195	TOWING SERVICE VEH/PED DIR
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		C		FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE
D		E		F		G	
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AJ		AK		AL		AM	
AN		AO		AP		AQ	
AR		AS		AT		AU	
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CJ		CK		CL		CM	
CN		CO		CP		CQ	
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CV		CW		CX		CY	
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EV		EW		EX		EY	
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FT		FU		FV		FW	
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GV		GW		GX		GY	
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HH		HI		HJ		HK	
HL		HM		HN		HO	
HP		HQ		HR		HS	
HT		HU		HV		HW	
HX		HY		HZ		IA	
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IF		IG		IH		II	
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IR		IS		IT		IU	
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JD		JE		JF		JG	
JH		JI		JJ		JK	
JL		JM		JN		JO	
JP		JQ		JR		JS	
JT		JU		JV		JW	
JX		JY		JZ		KA	
KB		KC		KD		KE	
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KN		KO		KP		KQ	
KR		KS		KT		KU	
KV		KW		KX		KY	
KZ		LA		LB		LC	
LD		LE		LF		LG	
LH		LI		LJ		LK	
LL		LM		LN		LO	
LP		LQ		LR		LS	
LT		LU		LV		LW	
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MB		MC		MD		ME	
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QR		QS		QT		QU	
QV		QW		QX		QY	
QZ		RA		RB		RC	
RD		RE		RF		RG	
RH		RI		RJ		RK	
RL		RM		RN		RO	
RP		RQ		RR		RS	
RT		RU		RV		RW	
RX		RY		RZ		SA	
SB		SC		SD		SE	
SF		SG		SH		SI	
SJ		SK		SL		SM	
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SR		SS		ST		SU	
SV		SW		SX		SY	
SZ		TA		TB		TC	
TD		TE		TF		TG	
TH		TI		TJ		TK	
TL		TM		TN		TO	
TP		TQ		TR		TS	
TT		TU		TV		TW	
TX		TY		TZ		UA	
UB		UC		UD		UE	
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UR		US		UT		UU	
UV		UW		UX		UY	
UZ		VA		VB		VC	
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VL		VM		VN		VO	
VP		VQ		VR		VS	
VT		VU		VV		VW	
VX		VY		VZ		WA	
WB		WC		WD		WE	
WF		WG		WH		WI	
WJ		WK		WL		WM	
WN		WO		WP		WQ	
WR		WS		WT		WU	
WV		WW		WX		WY	
WZ		XA		XB		XC	
XD		XE		XF		XG	
XH		XI		XJ		XK	
XL		XM		XN		XO	
XP		XQ		XR		XS	
XT		XU		XV		XW	
XX		XY		XZ		YA	
YB		YC		YD		YE	
YF		YG		YH		YI	
YJ		YK		YL		YM	
YN		YO		YP		YQ	
YR		YS		YT		YU	
YV		YW		YX		YY	
YZ		ZA		ZB		ZC	
ZD		ZE		ZF		ZG	
ZH		ZI		ZJ		ZK	
ZL		ZM		ZN		ZO	
ZP		ZQ		ZR		ZS	
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ZX		ZY		ZZ		AA	
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EZ		FA		FB		FC	
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Statement Supplement - Lined

Case #:	Incident Date: 12-5-13	Victim:	Case Status:
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Alex and I were parked in TIE at Walmart in Lebanon Ohio fixing his car after we were done he had to charge his battery after the battery was charged he told me to move his car. So I did he knew I didn't have a license he said it will be okay. So I drove the car and when I was trying to park I hit another car I stay there cause I seen a cop drive passed and thought he would stop but didn't. After that alex called ~~to~~ me ^{to} move the car up front and get him so I did then ~~when~~ we left.

I had a temp license but they experinced I have no car insured

513-850-4334

Person Completing Statement X Chelsey Crain	Address and Phone # 3988 Riley Street South Lebanon Ohio 45065		
Reporting Officer	Badge #:	Date	
Approving Officer	Badge #:	Date	

CFS33 - Run By: DRAKE,STEPHEN

C A P S

AGENCY: 00

CALLS FOR SERVICE BY EVENT NUMBER

Event Number: 201300020187 Date Reported: 12/05/2013

How Recvd: RADIO Dispatched As: ACCIDENT/POLICE
Report No: 201300020187 Call On-Scene: ACCIDENT/POLICE

Name Type: Per/Bus Name: PTL DRAKE

House #: 0001530 Str: WALMART DR Apt #:

City: CITY OF LEBANON St: OH Zip: 45036 Ph #: (513) 932-4236

Complainant Address:

Patrol: LEBANON Grid: BYPASS 48/ BUSINESS

Addl Unit Asgn: 0 Shift: 1600-2400 Ent From: ECAD

Comp Taker: COMM OFF T ANDREWS Dispatcher: COMM OFF T ANDREWS

Response: EMERGENCY Disposition: IN SERVICE

Comments: LEFT NOTE FOR OWNER OF VEH TO CALL PD

Remarks: PRIVATE PROPERTY, HIT SKIP

Reportable: Tag No:

Tag State: Make: Model: Year: 0000

Color: Bus Name: WALMART

Race: Sex: No Occupants: 00 Probable Cause:

Responding Unit Info

Unit:PTL S DRAKE

Type:

Id:PTL S DRAKE

Action:

Responded From:

Date:12/05/2013

Times:

Alarm	19:21:39	Dispatch	19:22:28	Responded	19:22:32	Arrived	19:22:32
AtPatient	00:00:00	Trauma Al	00:00:00	Enr Hosp	00:00:00	Enr Jail	00:00:00
At Jail	00:00:00	Enr City	00:00:00	At City	00:00:00	At Hosp	00:00:00
Enr Sta	00:00:00	Clear	19:32:02	Determined	19:21:41	Action	19:22:22

Person Information

Name Type:

