

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. OH-2 OH-3 **Lebanon Police** 0 8 3 0 3 0 0

ODHS USE ONLY - 00 NOT MARK ABOVE

REPORT TAKEN AT STATION AT SCENE NO OF VEH PEDESTRIANS INVOLVED _____ 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: DAY **11/14 WED** TIME: MILITARY _____

CRASH OCCURRED ON _____ WITHIN THE INTERSECTION OF _____

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

LOC JUR FH9 FILT _____

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Sanders, James** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **990 E. Ridge #2 Lebanon OH**

PHONE NO. **513-282-6882** BIRTH DATE **4/11/48** AGE **65** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RR478383** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Same** ADDRESS _____ PHONE _____

VEH YR **94** MAKE **Merc** MODEL **45** COLOR **Tan** STYLE _____ STATE **OH** LICENSE PLATE NO. **FJM1045** TOWING SERVICE _____ 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

8 UNIT NO. **2** NO OF OCCUPANTS **0** 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 _____ AGE _____ SEX _____ SOCIAL SECURITY NO. _____ STATE _____ DRIVER'S LICENSE NO. _____ OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Dickman, Bernadine** ADDRESS **301 S. Mechanic St. Leb.** PHONE **513-836-3461**

VEH YR **07** MAKE **Toyt** MODEL **45** COLOR **5.1/ver** STYLE _____ STATE **OH** LICENSE PLATE NO. **FLW4860** TOWING SERVICE _____ 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 _____

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 _____ A B C D E F ALCOHOL _____

O ORC OFFENSE CHARGED AND DESCRIPTION _____ A B C D E F ALCOHOL _____

RECEIVED CALL **1714** DISPATCHED **1715** ARRIVED **1720** CLEARED **1740** OTHER TIME **10** TOTAL MINUTES **36**

DATE REPORT FILED **11/14** PHOTOS YES NO OFFICER'S NAME **Morris** BADGE NO. **131** CHECKED BY _____

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN 1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO