OHIO TRAFFIC CRASH REPORT

[redacted]

LOCAL REPORT NO.		REPORTING AGENCY	N.C.I.C.	
14-303	☐ OH-2 ☐ OH-3	LEBANON	8303	ODPS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO.

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF		DATE OF CRASH:	DAY	TIME: MILITARY
WARREN	IN ☒ CITY ☐ VILLAGE ☐ TWP OF LEBANON	M 1 D 6 Y 14	MON	1230

CRASH OCCURRED ON: NORTH LOT YMCA

WITHIN THE INTERSECTION OF: 1699 DEERFIELD

IF NOT IN INTERSECTION: _____ MILES: _____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE:

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT: GENERL

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): TRAVIS White

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 417 E. WARREN, LEBANON 45036

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
937-944-1879	M 8 D 6 Y 92		M	—	OH		

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME — ADDRESS: — PHONE:

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 99	OLDS	Intrigue	Whi	4S	OH	FIV2173	NONE	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 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

B — UNIT NO. 2 — NO. OF OCCUPANTS 2 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT: WESTFIELD

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): JAMES MCCOWN

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1650 W. Foster - Maineville, 45039

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
513-583-5557	M 6 D 28 Y 61		M	—	OH	MTN GIRL	

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME — ADDRESS: — PHONE:

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 2011	FORD	Escape	Wh	SUV	OH		NONE	FROM N TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 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

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C			M D Y				
D			M D Y				
E			M D Y				
F			M D Y				

POSITION: A B C D E F

INJURIES: A B C D E F

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

CONDITION: A B

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

P-PEDESTRIAN

RESTRAINTS: A B C 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 TESTED ☐ YES ☐ NO — B TESTED ☐ YES ☐ NO

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

EJECTION: A B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ NO — B TESTED ☐ YES ☐ NO

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

INJURED TAKEN TO: — BY:

INJURED TAKEN TO: — BY:

POLICE ACTION

A — ☐ O.R.C. ☐ CITY ORD: — OFFENSE ~~CHARGED~~ AND DESCRIPTION: AT FAULT Improper BACKING

B — ☐ O.R.C.: ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION:

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1230	1230	1234	1300	20	40

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 1 D 6 Y 14	☐ YES ☒ NO	R. White	110	

Policy # 47-OH-1690482

#APV-630390

HPV 7001