

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.  OH-2  OH-3 **Lebanon Police** 0830300

ODHS USE ONLY - 00 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 DAY **01 10 08 11 4** DAY **WED** TIME: MILITARY **1132**

CRASH OCCURRED ON **1470 N. Broadway** WITHIN THE INTERSECTION OF \_\_\_\_\_

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

2014-421

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG # \_\_\_\_\_ LOC JUR FH9 FILT \_\_\_\_\_

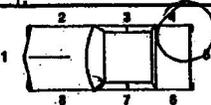
A UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING  PARKED  DRIVERLESS  HIT & RUN NON CONTACT  INSURANCE CO OR AGENT **National Insur.**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Loesche, Ronald W.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **2620 Stubbs Mill Rd. Lebanon, OH 45036**

PHONE NO. **513-932-1348** BIRTH DATE **12 09 35** AGE **78** SEX **M** SOCIAL SECURITY NO. \_\_\_\_\_ STATE **OH** DRIVER'S LICENSE NO. **RP679872** OCCUPATION \_\_\_\_\_

OWNER (IF SAME AS DRIVER, WRITE SAME) **Warren Co. Commissioners** ADDRESS **406 Justice Dr. Lebanon OH** PHONE \_\_\_\_\_

VEH YR **2008** MAKE **Ford** MODEL **E-350** COLOR **wh** STYLE **BS** STATE **OH** LICENSE PLATE NO. **OH 3227** TOWING SERVICE \_\_\_\_\_ VEH/PED DIR FROM **W** TO **E**

CIRCLE DAMAGE AREAS  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

8 UNIT NO. **2** NO OF OCCUPANTS **1** OPERATING  PARKED  DRIVERLESS  HIT & RUN NON CONTACT  INSURANCE CO OR AGENT **Central Mutual**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Leisz, Mitchell A.** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **705 Deerfield Rd. #12 Lebanon OH 45036**

PHONE NO. **513-600-0976** BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX **M** SOCIAL SECURITY NO. \_\_\_\_\_ STATE **OH** DRIVER'S LICENSE NO. **RK325248** OCCUPATION \_\_\_\_\_

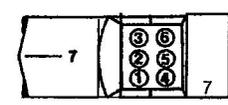
OWNER (IF SAME AS DRIVER, WRITE SAME) **Leisz, Peggy A.** ADDRESS **354 N. Section St. So. Lebanon, OH** PHONE \_\_\_\_\_

VEH YR **2003** MAKE **Saturn** MODEL **L200** COLOR **Silver** STYLE **45** STATE **OH** LICENSE PLATE NO. **FWR9329** TOWING SERVICE \_\_\_\_\_ VEH/PED DIR FROM **E** TO **W**

CIRCLE DAMAGE AREAS  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

OCCUPANT SECTION

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
					A	B	C	D	E	F	A	B	C	D	E	F
		same														

7  1 FATAL 2 SERIOUSLY VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED

CONDITION

A	B	C	D	E	F

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

POLICE ACTION

A	B	C	INJURED TAKEN TO _____ By _____			A	B	C	D	E	F	ALCOHOL		
D	E	F	INJURED TAKEN TO _____ By _____			1	2	3	4	5	6	A	B	
A	B	C	OFFENSE CHARGED AND DESCRIPTION _____			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	TESTED		TESTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
D	E	F	OFFENSE CHARGED AND DESCRIPTION _____			EJECTION		DRUGS		TESTED		TESTED		
A	B	C	RECEIVED CALL <b>1132</b>	DISPATCHED <b>1133</b>	ARRIVED <b>1139</b>	CLEARED <b>1206</b>	OTHER TIME <b>10</b>	TOTAL MINUTES <b>37</b>	1	2	3	4	A	B
D	E	F	DATE REPORT FILED <b>01 10 09 14</b>	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>Brock</b>	BADGE NO. <b>126</b>	CHECKED BY _____	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	TESTED		TESTED		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	