

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 _____ 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: 01 08 14 DAY **WED** TIME: MILITARY **1450**

CRASH OCCURRED ON **496 Lakeside (Half Lot Tire Parking Lot)** WITHIN THE INTERSECTION OF _____

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

LOC JUR FH9 FILT _____

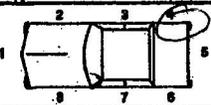
A UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Alfa Vision Ins. Co.**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Michener, Dwight** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **4980 E. Old SR 73 Haynesville, OH 45068**

PHONE NO. **(513) 897-7236** BIRTH DATE **6 29 32** AGE **81** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RC 839953** OCCUPATION _____

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

VEH YR **2000** MAKE **Ford** MODEL **F-150** COLOR **Red** STYLE **TK** STATE **OH** LICENSE PLATE NO. **FQL3940** TOWING SERVICE **N/A** VEH/PED DIR FROM TO _____

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

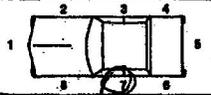
8 UNIT NO. **2** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Crumbs Ins. Co.**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Bausmith, Marvin** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **2545 Wood Rd. Lebanon, OH 45036**

PHONE NO. **(513) 932-2406** BIRTH DATE **9 20 26** AGE **87** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RK 786 793** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **LCNB National Bank** ADDRESS **2 N Broadway Lebanon, OH 45036** PHONE **(513) 932-1414**

VEH YR **2012** MAKE **Ford** MODEL _____ COLOR **Blue** STYLE **HB** STATE **OH** LICENSE PLATE NO. **FPT 2774** TOWING SERVICE **N/A** VEH/PED DIR FROM TO _____

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

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

D. FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m D Y** AGE _____ POSITION A B C D E F INJURIES **1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED**

E FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m D Y** AGE _____ POSITION A B C D E F INJURIES **CONDITION A B C D E F**

F. FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE **m D Y** AGE _____ POSITION A B C D E F INJURIES **1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN**

P-PEDESTRIAN RESTRAINTS _____

A B C INJURED TAKEN TO _____ By _____ ALCOHOL A B C D E F YES NO YES NO

D E F INJURED TAKEN TO _____ By _____ ALCOHOL A B C D E F YES NO YES NO

A ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

O ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

RECEIVED CALL **1450** DISPATCHED **1451** ARRIVED **1457** CLEARED **1513** OTHER TIME **0** TOTAL MINUTES **16**

DATE REPORT FILED **M D Y** PHOTOS YES NO OFFICER'S NAME **J. Haller** BADGE NO. **123** CHECKED BY _____

EJECTION A B C D E F **1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE** DRUGS A B C D E F **1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG**

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION