

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: DAY **11/10/14** DAY **FRI** TIME: MILITARY **1418**

CRASH OCCURRED ON **Lebanon Jr High / Miller Rd.** WITHIN THE INTERSECTION OF _____

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

LOC JUR FH9 FILT _____

DRIVER-PEDESTRIAN-VEHICLE SECTION

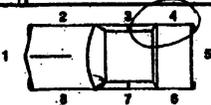
A UNIT NO. **1** NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **State Farm**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Skipworth, Melinda** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **1140 Poplar Hill Lebanon OH**

PHONE NO. **932-4162** BIRTH DATE **12/30/63** AGE _____ SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RX488180** OCCUPATION _____

OWNER (IF SAME AS DRIVER, WRITE SAME) **Yale Skipworth** ADDRESS **"** PHONE **"**

VEH YR **14** MAKE **Kia** MODEL **SW** COLOR **Grey** STYLE _____ STATE **OH** LICENSE PLATE NO. **GBF 7168** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS  DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

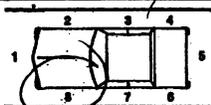
8 UNIT NO. **2** NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO. OR AGENT _____

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) **Pennington, Timothy** ADDRESS **105 Parkview Lebanon OH** PHONE **379-5697**

VEH YR **08** MAKE **Chevy** MODEL **SW** COLOR _____ STYLE _____ STATE **OH** LICENSE PLATE NO. **FJJ 3383** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS  DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE 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
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS	PHONE	SEX							CONDITION					
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
		ADDRESS	PHONE	SEX							RESTRAINTS					
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							ALCOHOL					
		ADDRESS	PHONE	SEX							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					

POLICE ACTION

A	B	C	INJURED TAKEN TO _____ By _____	A	B	C	0	E	F	A	TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	B	TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D	E	F	INJURED TAKEN TO _____ By _____	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE										A	TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	0	TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
A	B	C	OFFENSE CHARGED AND DESCRIPTION _____	EJECTION										DRUGS			
D	E	F	OFFENSE CHARGED AND DESCRIPTION _____	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE										1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
RECEIVED CALL 1418		DISPATCHED 1420		ARRIVED 1426		CLEARED 1449		OTHER TIME 10		TOTAL MINUTES 41							
DATE REPORT FILED 11/10/14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Morris		BADGE NO. 131		CHECKED BY _____									