OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-2170 | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0 8 3 0 3 0 0 | ODHS USE ONLY - DO NOT MARK ABOVE | LOCAL FILE NO

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: 2 | 03 | 14 | DAY Monday | TIME: MILITARY 1647

CRASH OCCURRED ON 914 Columbus Ave | WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A | UNIT NO. 01 | NO OF OCCUPANTS 1 | OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON CONTACT ☐ | INSURANCE CO OR AGENT ACE American

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Stump, Matthew John | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6472 Flint Trail, Oregonia, OH 45054

PHONE NO. 614-747-3767 | BIRTH DATE 8 25 87 (m d y) | AGE 26 | SEX M | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. TV156848 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Monsanto Co | ADDRESS | PHONE

VEH YR 2011 | MAKE Chevy | MODEL Truck | COLOR Black | STYLE TK | STATE OH | LICENSE PLATE NO. PHH3162 | TOWING SERVICE None | VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8 9 | 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. 02 | NO OF OCCUPANTS 1 | OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ | INSURANCE CO. OR AGENT Pekin Insurance

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Claunch, Imogene J | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6760 Ross Road, Oregonia, OH 45054

PHONE NO. 897-2951 | BIRTHDATE 8 12 33 (m d y) | AGE 80 | SEX F | SOCIAL SECURITY NO. | STATE Oh | DRIVER'S LICENSE NO. RS408093 | OCCUPATION

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

VEH YR 2007 | MAKE Chevy | MODEL 4s | COLOR Black | STYLE 4s | STATE Oh | LICENSE PLATE NO. IFOSTER | TOWING SERVICE None | VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8 9 | 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

OCCUPANT SECTION

C | FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE (m d y) | AGE | ADDRESS same | PHONE | SEX

D. | FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE (m d y) | AGE | ADDRESS | PHONE | SEX

E | FROM UNIT O. | NAME (LAST, FIRST, MI) | BIRTHDATE (m d y) | AGE | ADDRESS | PHONE | SEX

F | FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE (m d y) | AGE | ADDRESS | PHONE | SEX

POSITION: A 1, B 1

INJURIES: A 5, B 5

P-PEDESTRIAN

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

CONDITION: A 1, B

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

RESTRAINTS: A 4, B 4

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
6 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A 1 ☐ YES ☐ NO TESTED | B ☐ YES ☐ NO TESTED

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

EJECTION: A 1, B 1

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

POLICE ACTION

A B C INJURED TAKEN TO By
D E F

A B C INJURED TAKEN TO By
D E F

A ☐ ORC ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

B ☐ ORC. ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1647	1649	1652	1702		10

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
2 3 14 (M D Y)	☐ YES ☒ NO	S. Drake	118	

State Ptl-012 2/13/03