

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-2270	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0 8 3 0 3 0 0	ODHS USE ONLY - 00 NOT MARK ABOVE	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 02 05 14	DAY WED
CRASH OCCURRED ON 1000 Belvedere Dr., Lebanon, Oh 45036			WITHIN THE INTERSECTION OF		
IF NOT IN INTERSECTION			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE 8321

LOCAL FILE NO

LOG-1	LOG-2	LOC	JUR	FH9	FILT
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A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT	Lightning Rod Mutual
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Foss, Travis				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 108 Rough Way #10, Lebanon, Oh 45036				
PHONE NO. (540) 336-4641	BIRTH DATE 10 04 80	AGE 33	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TZ631541	OCCUPATION	

OWNER (IF SAME AS DRIVER, WRITE SAME) A W Cardinal Inc.	ADDRESS 1192 S Nixon Camp Rd., Oregonia, Oh 45054	PHONE (513) 932-5623
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VEH YR 09	MAKE Chevy	MODEL Truck	COLOR White	STYLE	STATE OH	LICENSE PLATE NO. PGQ8448	TOWING SERVICE	VEH/PED DIR FROM E TO W
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE

B	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT	Gaic Ins.
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Rager, Carl				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 200 A West Northwood Dr., Lebanon, Oh 45036				
PHONE NO. (513) 228-1394	BIRTH DATE 06 29 73	AGE 40	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RH895272	OCCUPATION	

OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS	PHONE
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VEH YR 97	MAKE Pontiac	MODEL Sunfire	COLOR Black	STYLE 2S	STATE OH	LICENSE PLATE NO. EYS3440	TOWING SERVICE	VEH/PED DIR
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES						
		ADDRESS	PHONE	SEX	A	B	C	D	E	F	A	B	C	D	E	F	
	D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	 P-PEDESTRIAN RESTRAINTS						CONDITION 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
	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					
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED												
A B C		INJURED TAKEN TO		By								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					

A B C	INJURED TAKEN TO		By		A B C D E F	ALCOHOL					
D E F	INJURED TAKEN TO		By		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					

A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD	OFFENSE CHARGED AND DESCRIPTION	EJECTION		DRUGS				
O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD	OFFENSE CHARGED AND DESCRIPTION	EJECTION		DRUGS				
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION