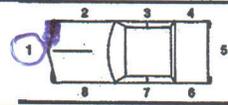
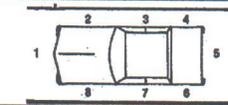


14-4354

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-4354	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	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 checked="" type="checkbox"/> UNSOLVED	LOCAL FILE NO 14-4354	
IN COUNTY OF WARREN	IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>	DATE OF CRASH: 03   11   2014	DAY Tues	TIME: MILITARY 1933				
CRASH OCCURRED ON Aldi's Grocery Store, 1280 Columbus Ave		WITHIN THE INTERSECTION OF Parking lot						
IF NOT IN INTERSECTION		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 8321		
LOG-1	LOG-2	LOC	JUR	FH'9	FILT			
A	UNIT NO. 1	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT State Farm	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Parked			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO. 423-457-0086	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Twiggs, Frank			ADDRESS Same			PHONE 423-457-0086		
VEH YR 2004	MAKE Chevrolet	MODEL S-10	COLOR Gray	STYLE PU	STATE TN	LICENSE PLATE NO. J08-43T	TOWING SERVICE None	
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	
8	UNIT NO. 2	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input checked="" type="checkbox"/>	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)			ADDRESS			PHONE		
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input 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 A B C D E F			INJURIES A B C D E F
		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	POSITION A B C D E F			INJURIES A B C D E F
		ADDRESS	PHONE	SEX	A B C D E F			A B C D E F
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION A B C D E F			INJURIES A B C D E F
		ADDRESS	PHONE	SEX	A B C D E F			A B C D E F
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION A B C D E F			INJURIES A B C D E F
		ADDRESS	PHONE	SEX	A B C D E F			A B C D E F
A B C		INJURED TAKEN TO	By		RESTRAINTS A B C O E F			ALCOHOL A B C D E F
D E F		INJURED TAKEN TO	By		RESTRAINTS A B C O E F			ALCOHOL A B C D E F
A		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD.			RESTRAINTS A B C O E F			ALCOHOL A B C D E F
O		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD.			RESTRAINTS A B C O E F			ALCOHOL A B C D E F
RECEIVED CALL	DISPATCHED 1933	ARRIVED 1941	CLEARED 1951	OTHER TIME 20	TOTAL MINUTES 00ffOff			DRUGS A B C D E F
DATE REPORT FILED M 3   11   Y 14	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Ptl. R. White	BADGE NO. 110	CHECKED BY	EJECTION A B C D E F			DRUGS A B C D E F
				EJECTION A B C D E F			DRUGS A B C D E F	

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL REPORT NO.	DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER	Unit # 1 was parked in the lot of Aldi's, Unknown vehicle hit right front bumper partial pulling it off. No description available for hit run vehicle.

<b>WEATHER</b> 1 NO ADVERSE 4 FOG WEATHER 5 HIGH WIND 2 RAIN 6 OTHER 3 SNOW	1	<b>FIRST HARMFUL EVENT</b> 7 TWO MV IN TRANSPORT 1 HEAD ON 2 REAR-END 3 BACKING 4 SIDESWIPE MEETING 5 SIDESWIPE PASSING 6 ANGLE	7	SHOW NORTH WITH ARROW 
<b>ROAD CONDITIONS</b> 1 DRY 4 ICE 2 WET 5 DIRT/SAND 3 SNOW 6 OTHER	1	<b>ONE MV IN TRANSPORT</b> (COLLISION) 7 PARKED MOTOR VEH 8 PEDESTRIAN 9 ANIMAL 10 TRAIN 11 PEDALCYCLE 12 OTHER NON-M V 13 FIXED OBJECT 14 OTHER OBJECT (NON-COLLISION) 15 FALL FROM OR IN VEH 16 OVERTURNING 17 OTHER NON-COLLIS	8	
<b>LIGHT</b> 1 DAYLIGHT 4 DARK NO LIGHTS 2 DAWN 6 DARK-LIGHTED 3 DUSK 6 OTHER	1	<b>LOCATION</b> 1 INTERSECTION 2 INTERSECTION-RELATED 3 DRIVEWAY ACCESS 4 RAILROAD CROSSING 5 BRIDGE-PASSING OVER 6 BRIDGE-PASSING UNDER 7 NON-INTERSECTION 8 PRIVATE PROPERTY	8	
<b>ROAD CONTOUR</b> 1 STRAIGHT LEVEL 3 CURVE LEVEL 2 STRAIGHT GRADE 4 CURVE GRADE		<b>SPECIAL AREA</b> 1 ROAD CONSTRUCTION MAINTENANCE AREA 2 SCHOOL ZONE		
<b>OCCURRENCE</b> 1 ON ROADWAY 3 OFF RIGHT SIDE 2 OFF LEFT SIDE 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY		<b>RAMP LETTER CODE</b>		
<b>SPECIAL AREA</b> 1 ROAD CONSTRUCTION MAINTENANCE AREA 2 SCHOOL ZONE		* VEHICLES LEFT SCENE.		

TYPE OF UNIT	# 1	A	5	# 2	5	PRE-CRASH ACTIONS	A	B	CONTRIBUTING FACTOR -	A	B
<b>CAR</b> 1 SUB-COMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE  <b>TRUCK</b> 5 PICKUP 6 PANEL/VAN 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK AND TRAILER 9 TRUCK TRACTOR 10 TRACTOR & SEMI- -TRAILER 11 TRACTOR & DOUBLE TRAILER  <b>MOTORCYCLE</b> 12 MC UP TO 350CC 13 MC351CC TO 750CC 14 MC OVER 751CC IS MOTORIZED BICYCLE	<b>Bus</b> 16 SCHOOL 17 CHURCH 16 PUBLIC BUS  <b>EMERGENCY</b> 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE  <b>OTHER</b> 22 TAXI 23 MOTOR HOME 24 TRAIN 25 FARM VEHICLE 26 FARM EQUIPMENT 27 SNOWMOBILE 28 CONSTRUCTION EQUIP 29 ANIMAL W/RIDER 30 ANIMAL W/BUGGY 31 BICYCLE 32 ALL OTHERS  P = PEDESTRIAN	<b>DRIVER ACTIONS</b> 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING RAMP 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS	<b>PEDESTRIAN ACTIONS</b> 18 CROSSING IN X-WALK 19 CROSSING OTHER THAN X-WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING VEHICLE ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER	<b>DRIVER ERROR</b> 1 NONE 2 FAILURE TO YIELD 3 UNSAFE SPEED 4 FOLLOWING TOO CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 DROVE OFF ROAD REASON UNKNOWN 17 OTHER DRIVER ERROR	<b>NON-DRIVER FACTOR</b> 18 VEHICLE DEFECTS 19 LOAD SHIFTING FALLING SPILLING 20 PAVEMENT DEFECT 21 SHOULDER DEFECT 22 DEBRIS ON ROAD 23 DOWNED TRAFFIC SIGN/DEVICE 24 VISION OBSTRUCTION 25 ANIMAL ACTIONS 26 PEDESTRIAN ACTIONS	<b>VEHICLE DEFECTS</b> CODE IF CONTRIBUTING FACTOR IS 18  PRIMARY A B  SECOND- ARY A B	<b>TRUCK LOAD</b> 1 EMPTY 2 PERISHABLE GOODS 3 GENERAL FREIGHT 4 METAL/HEAVY MACHINERY 5 HAZARDOUS GAS 6 HAZARDOUS LIQUID 7 HAZARDOUS SOLID 8 RADIOACTIVE MATERIAL	<b>TRUCK AXLES</b> A B  <b>TRACTOR-TRAILER RIGS</b>	1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS		
<b>SPEED</b> UNIT EST. LEGAL A     B     C B     C     D	<b>MC HELMET USE</b> UNIT DRIVER PASS A     B     C B     C     D	<b>DRIVER</b> 1 NO CONTROLS 2 STOP SIGN 3 YIELD SIGN 4 TRAFFIC SIGNAL 5 TRAFFIC FLASHERS 6 SCHOOL ZONE 7 RAILROAD CROSSBUCKS 8 RAILROAD FLASHERS 9 RAILROAD GATES 10 CONSTR BARRICADES 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 OTHER	<b>PEDESTRIAN</b> 1 NONE 2 UTILITY POLE 3 TRAFFIC SIGN 4 BRIDGE/CULVERT 5 GUARD RAIL 6 FENCE 7 TREE 8 SHRUBBERY 9 CURB 10 DITCH 11 EMBANKMENT 12 BUILDING 13 MAIL BOX 14 CONSTRUCTION BARRICADE 15 FIRE HYDRANT 16 OTHER OBJECT	<b>TRAFFIC CONTROL</b> A B  <b>FIXED OBJECT STRUCK</b> A B							
PLEASE CHECK TO SEE THAT ALL BOXES ARE CLEAR ENOUGH TO BE MICROFILMED		1 NO HELMET 2 FULL COVERAGE 3 FULL FACIAL COVER 4 OTHER TYPE HELMET	14 NO CONTROLS 15 CROSSWALK LINES 16 WALK/DON'T WALK DEVICE								