



# Traffic Crash Report

Local Report Number \*

14-141

Crash Severity  
3 1 - Fatal  
2 - Injury  
3 - PDOHit/Skip  
1 - Solved  
2 - Unsolved

Local Information

14-6766

 Photos Taken  
 OH-2  OH-1P  
 OH-3  Other PDO Under State Reportable Dollar Amount Private PropertyReporting Agency NCIC \*  
08303Reporting Agency Name \*  
Lebanon P.D.Number of Units  
01Unit in error  
01 98 - Animal  
99 - UnknownCounty \*  
83 City \*  
 Village \*  
 Township \*City, Village, Township \*  
City of LebanonCrash Date \*  
04202014Time of Crash  
0154Day of Week  
SUN

Degrees / Minutes / Seconds

Latitude 0 ' " Longitude 0 ' "

Decimal Degrees

Latitude 39.454396 Longitude -84.178909

Roadway Division  
 Divided  
 UndividedDivided Lane Direction of Travel  
W N - Northbound E - Eastbound  
S - Southbound W - Westbound

Number of Thru Lanes

Road Types or Milepost <sup>2</sup>AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way  
AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace  
BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - TrailLocation Route Type <sup>1</sup>

Location Route Number

Loc Prefix N,S,E,W

Location Road Name  
Miller Rd.Location Road Type <sup>2</sup>Route Types <sup>1</sup>IR - Interstate Route (inc. turnpike) CR - Numbered County Route  
US - US Route TR - Numbered Township Route  
SR - State RouteDistance From Reference  
1 ft. Miles  
 Feet  
 YardsDir From Ref N,S,E,W  
WReference Route Type <sup>1</sup>

Reference Route Number

Ref Prefix N,S,E,W

Reference Name (Road, Milepost, House #)  
Columbus Ave.Reference Road Type <sup>2</sup>  
AVReference Point Used  
1 - Intersection  
2 - Mile Post  
3 - House NumberCrash Location  
0101 - Not an intersection  
02 - Four-way intersection  
03 - T-Intersection  
04 - Y-Intersection  
05 - Traffic Circle/Roundabout  
06 - Five-point, or more  
07 - On Ramp  
08 - Off Ramp  
09 - Crossover  
10 - Driveway/Alley Access  
11 - Railway Grade Crossing  
12 - Shared-Use Paths or Trails  
99 - Unknown Intersection Related

Location of First Harmful Event

1 - On Roadway  
2 - On Shoulder  
3 - In Median  
4 - On Roadside  
5 - On Gore  
6 - Outside Trafficway  
9 - UnknownRoad Contour  
1 - Straight Level  
2 - Straight Grade  
3 - Curve Level  
4 - Curve Grade  
9 - UnknownRoad Conditions  
Primary  
Secondary

01

01 - Dry  
02 - Wet  
03 - Snow  
04 - Ice  
05 - Sand, Mud, Dirt, Oil, Gravel  
06 - Water (Standing, Moving)  
07 - Slush  
08 - Debris\*09 - Rut, Holes, Bumps, Uneven Pavement\*  
10 - Other  
99 - Unknown

\* Secondary Condition Only

Manner of Crash Collision/Impact

1 - Not Collision Between Two Motor Vehicles In Transport  
2 - Rear-End  
3 - Head-On  
4 - Rear-to-Rear  
5 - Backing  
6 - Angle  
7 - Sideswipe, Same Direction  
8 - Sideswipe, Opposite Direction  
9 - Unknown

Weather

1 - Clear  
2 - Cloudy  
3 - Fog, Smog, Smoke  
4 - Rain  
5 - Sleet, Hail  
6 - Snow  
7 - Severe Crosswinds  
8 - Blowing Sand, Soil, Dirt, Snow  
9 - Other/UnknownRoad Surface  
2 1 - Concrete  
2 - Blacktop, Bituminous, Asphalt  
3 - Brick/Block  
4 - Slag, Gravel, Stone  
5 - Dirt  
6 - OtherLight Conditions  
Primary  
Secondary  
41 - Daylight  
2 - Dawn  
3 - Dusk  
4 - Dark - Lighted Roadway  
5 - Dark - Roadway Not Lighted  
6 - Dark - Unknown Roadway Lighting  
7 - Glare\*  
8 - Other

\* Secondary Condition Only

 School Zone RelatedSchool Bus Related  
 Yes, School Bus Directly Involved  
 Yes, School Bus Indirectly Involved Work Zone Related Workers Present  
 Law Enforcement Present (Officer/Vehicle)  
 Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure  
2 - Lane Shift/Crossover  
3 - Work on Shoulder or Median  
4 - Intermittent or Moving Work  
5 - Other

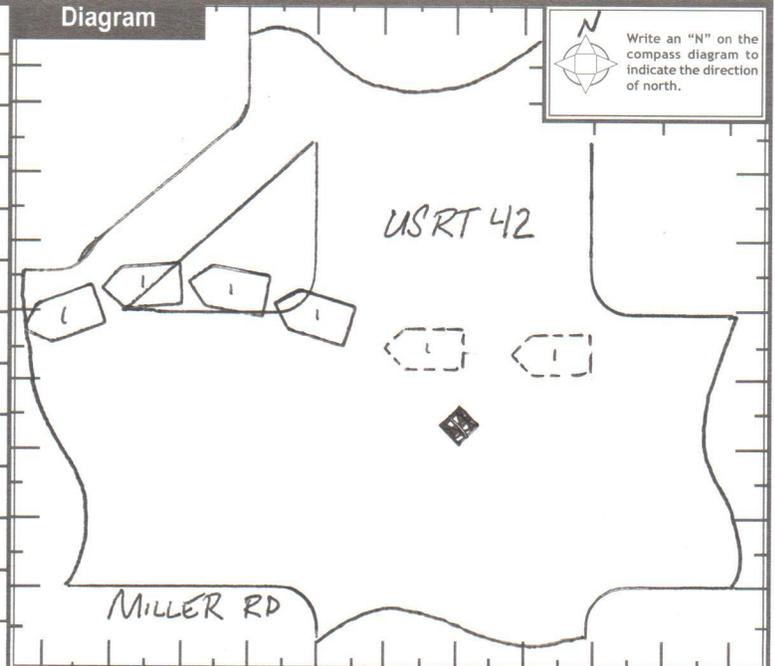
Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign  
2 - Advance Warning Area  
3 - Transition Area  
4 - Activity Area  
5 - Termination Area

Narrative

Unit #1 lost control near the intersection and struck barrier/island median. Driver of Unit #1 was arrested for OVI

Diagram



Report Taken By

 Police Agency  Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

04202014

Time Crash Reported

0154

Dispatch Time

0155

Arrival Time

0155

Time Cleared

0321

Other Investigation Time

0086

Total Minutes

0130

Officer's Name \*

Sgt. M. McClutcheon

Officer's Badge Number

100

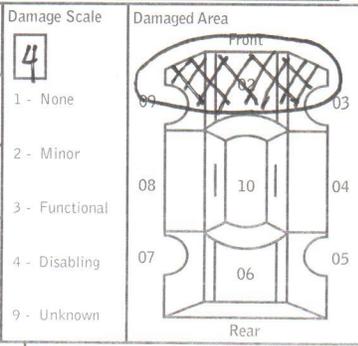
Checked By

L. Chan 131

Page of



# Unit

Local Report Number **14-141**Unit Number **01** Owner Name: Last, First, Middle (  Same As Driver ) Owner Phone Number - inc. area code (  Same As Driver )Owner Address: City, State, Zip (  Same As Driver )LP State **OH** License Plate Number **FWH2080** Vehicle Identification Number **11FMCU0HX0DU045099** # Occupants **01**Vehicle Year **2013** Vehicle Make **FORD** Vehicle Model **SW** Vehicle Color **RED** Proof of Insurance Shown Insurance Company **Grange** Policy Number **FA6447566** Towed By **CASE**Carrier Name, Address, City, State, Zip **Buckner + Associates** Carrier Phone- include area code **(937) 434-6800**

US DOT  HM Placard ID No.  HM Class Number

Vehicle Weight GVWR/GCWR:  1 - Less Than or Equal to 10k Lbs.  2 - 10,001 to 26,000 Lbs.  3 - More Than 26,000 Lbs.

Cargo Body Type **01**:  01 - No Cargo Body Type/Not Applicable  02 - Bus/Van (9-15 Seats, Inc Driver)  03 - Bus (16+ Seats, Inc Driver)  04 - Vehicle Towing Another Vehicle  05 - Logging  06 - Intermodal Container Chassis  07 - Cargo Van/Enclosed Box  08 - Grain, Chips, Gravel  09 - Pole  10 - Cargo Tank  11 - Flat Bed  12 - Dump  13 - Concrete Mixer  14 - Auto Transporter  15 - Garbage/Refuse  99 - Other/Unknown

Hazardous Material Released

Trafficway Description **1**:  1 - Two-Way, Not Divided  2 - Two-Way, Not Divided, Continuous Left Turn Lane  3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median  4 - Two-Way, Divided, Positive Median Barrier  5 - One-Way Trafficway

Hit / Skip Unit

Non-Motorist Location Prior to Impact  01 - Intersection - Marked Crosswalk  02 - Intersection - No Crosswalk  03 - Intersection - Other  04 - Midblock - Marked Crosswalk  05 - Travel Lane - Other Location  06 - Bicycle Lane  07 - Shoulder/Roadside  08 - Sidewalk  09 - Median/Crossing Island  10 - Driveway Access  11 - Shared-Use Path or Trail  12 - Non-Trafficway Area  99 - Other/Unknown

Type of Use **1**:  1 - Personal  2 - Commercial  3 - Government

In Emergency Response

Unit Type **06**:  01 - Sub-Compact  02 - Compact  03 - Mid Size  04 - Full Size  05 - Minivan  06 - Sport Utility Vehicle  07 - Pickup  08 - Van  09 - Motorcycle  10 - Motorized Bicycle  11 - Snowmobile/ATV  12 - Other Passenger Vehicle

Passenger Vehicles (less than 9 passengers)

Med/Heavy Trucks or Combo Units > 10k lbs:  13 - Single Unit Truck or Van 2axle, 6 tires  14 - Single Unit Truck; 3+ axles  15 - Single Unit Truck / Trailer  16 - Truck/Tractor (Bobtail)  17 - Tractor/Semi-Trailer  18 - Tractor/Double  19 - Tractor/Triples  20 - Other Med/Heavy Vehicle

Has HM Placard

Bus/Van/Limo (9 or More Including Driver):  21 - Bus/Van (9-15 Seats, Inc Driver)  22 - Bus (16+ Seats, Inc Driver)

Non-Motorist:  23 - Animal with Rider  24 - Animal with Buggy, Wagon, Surrey  25 - Bicycle/Pedacyclist  26 - Pedestrian/Skater  27 - Other Non-Motorist

Special Function **01**:  01 - None  02 - Taxi  03 - Rental Truck (Over 10k Lbs)  04 - Bus - School (Public or Private)  05 - Bus - Transit  06 - Bus - Charter  07 - Bus - Shuttle  08 - Bus - Other

09 - Ambulance  10 - Fire  11 - Highway/Maintenance  12 - Military  13 - Police  14 - Public Utility  15 - Other Government  16 - Construction Equip.

17 - Farm Vehicle  18 - Farm Equipment  19 - Motorhome  20 - Golf Cart  21 - Train  22 - Other (Explain in Narrative)

Most Damaged Area **02**:  01 - None  02 - Center Front  03 - Right Front  04 - Right Side  05 - Right Rear  06 - Rear Center  07 - Left Rear

Impact Area **11**:  08 - Left Side  09 - Left Front  10 - Top and Windows  11 - Undercarriage  12 - Load/Trailer  13 - Total(All Areas)  14 - Other

99 - Unknown

Action **3**:  1 - Non-Contact  2 - Non-Collision  3 - Striking  4 - Struck  5 - Striking/Struck  9 - Unknown

Pre-Crash Actions **01**:  01 - Straight Ahead  02 - Backing  03 - Changing Lanes  04 - Overtaking/Passing  05 - Making Right Turn  06 - Making Left Turn  07 - Making U-Turn  08 - Entering Traffic Lane  09 - Leaving Traffic Lane  10 - Parked  11 - Slowing or Stopped in Traffic  12 - Driverless

99 - Unknown

13 - Negotiating a Curve  14 - Other Motorist Action

Non-Motorist:  15 - Entering or Crossing Specified Location  16 - Walking, Running, Jogging, Playing, Cycling  17 - Working  18 - Pushing Vehicle  19 - Approaching or Leaving Vehicle  20 - Standing  21 - Other Non-Motorist Action

Contributing Circumstances

Primary **17**:  01 - None  02 - Failure to Yield  03 - Ran Red Light  04 - Ran Stop Sign

Secondary  05 - Exceeded Speed Limit  06 - Unsafe Speed  07 - Improper Turn  08 - Left of Center  09 - Followed Too Closely/ACDA  10 - Improper Lane Change /Passing/Off Road

99 - Unknown

11 - Improper Backing  12 - Improper Start From Parked Position  13 - Stopped or Parked Illegally  14 - Operating Vehicle in Negligent Manner  15 - Swerving to Avoid (Due to External Conditions)  16 - Wrong Side/Wrong Way  17 - Failure to Control  18 - Vision Obstruction  19 - Operating Defective Equipment  20 - Load Shifting/Falling/Spilling  21 - Other Improper Action

Vehicle Defects  01 - Turn Signals  02 - Head Lamps  03 - Tail Lamps  04 - Brakes  05 - Steering  06 - Tire Blowout  07 - Worn or Slick tires  08 - Trailer Equipment Defective  09 - Motor Trouble  10 - Disabled From Prior Accident  11 - Other Defects

Sequence of Events

1 **20** 2  3  4  5  6

First Harmful Event **1** Most Harmful Event **1**

99 - Unknown

Non-Collision Events

01 - Overturn/Rollover  02 - Fire/Explosion  03 - Immersion  04 - Jackknife  05 - Cargo/Equipment Loss or Shift

06 - Equipment Failure (Blown Tire, Brake Failure, etc)  07 - Separation of Units  08 - Ran Off Road Right  09 - Ran Off Road Left

10 - Cross Median  11 - Cross Center Line Opposite Direction of Travel  12 - Downhill Runaway  13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed

14 - Pedestrian  15 - Pedalcycle  16 - Railway Vehicle (Train, Engine)  17 - Animal - Farm  18 - Animal - Deer  19 - Animal - Other  20 - Motor Vehicle in Transport

21 - Parked Motor Vehicle  22 - Work Zone Maintenance Equipment  23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle  24 - Other Movable Object

Collision With Fixed Object

25 - Impact Attenuator/Crash Cushion  26 - Bridge Overhead Structure  27 - Bridge Pier or Abutment  28 - Bridge Parapet  29 - Bridge Rail  30 - Guardrail Face  31 - Guardrail End  32 - Portable Barrier

33 - Median Cable Barrier  34 - Median Guardrail Barrier  35 - Median Concrete Barrier  36 - Median Other Barrier  37 - Traffic Sign Post  38 - Overhead Sign Post  39 - Light/Luminaries Support  40 - Utility Pole

41 - Other Post, Pole or Support  42 - Culvert  43 - Curb  44 - Ditch  45 - Embankment  46 - Fence  47 - Mailbox

48 - Tree  49 - Fire Hydrant  50 - Work Zone Maintenance Equipment  51 - Wall, Building, Tunnel  52 - Other Fixed Object

Unit Speed  Stated  Estimated

Posted Speed

Traffic Control **01**:  01 - No Controls  02 - Stop Sign  03 - Yield Sign  04 - Traffic Signal  05 - Traffic Flashers  06 - School Zone  07 - Railroad Crossbucks  08 - Railroad Flashers  09 - Railroad Gates  10 - Construction Barricade  11 - Person (Flagger, Officer)  12 - Pavement Markings  13 - Crosswalk Lines  14 - Walk/Don't Walk  15 - Other  16 - Not Reported

Unit Direction From **3** To **4**:  1 - North  2 - South  3 - East  4 - West  5 - Northeast  6 - Northwest  7 - Southeast  8 - Southwest  9 - Unknown



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-141

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Childress, Helena C.	DATE OF BIRTH 09/28/1955	AGE 58	GENDER F - FEMALE M - MALE
-------------------	---	-----------------------------	-----------	----------------------------------

ADDRESS, CITY, STATE, ZIP 810 Pine Needles Dr., Centerville OH 45458	CONTACT PHONE- INCLUDE AREA CODE (937) 673-9853
---	--

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY N/A	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
---------------	-----------------------	-------------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

OL STATE OH	OPERATOR LICENSE NUMBER RG700683	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 6	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 4	ALCOHOL TEST TYPE 4	ALCOHOL TEST VALUE .146	DRUG TEST STATUS 1	DRUG TEST TYPE 1
----------------	-------------------------------------	---------------	---	--------------------------------------	----------------	-----------------------------	--------------------------	------------------------	----------------------------	-----------------------	---------------------

OFFENSE CHARGED <input checked="" type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION Failure to Control	CITATION NUMBER 67679	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
---	---	--------------------------	--	---------------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
----------	-------------------------	----------	---	--------------------------------------	-----------	------------------------	---------------------	-------------------	--------------------	------------------	----------------

OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY
--	---------------------	-----------------	--	----------------------

<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	<b>99 - UNKNOWN SAFETY EQUIPMENT</b>	<b>Non-Motorist</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
---	--	--	--------------------------------------	--

<b>SEATING POSITION</b> 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
--	---

<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
--	---	--	---	--

<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
--	---	---	--	--

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

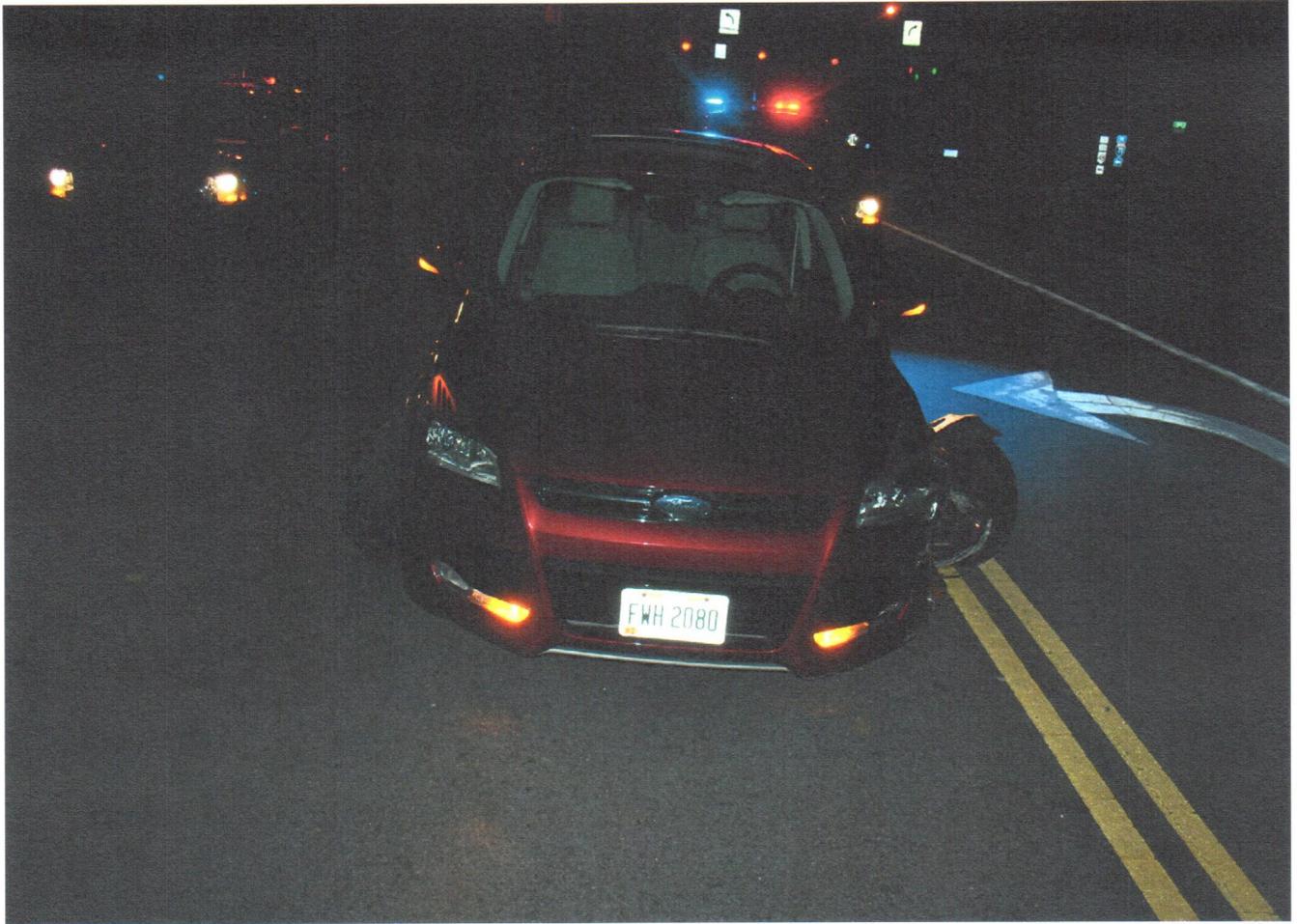
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------





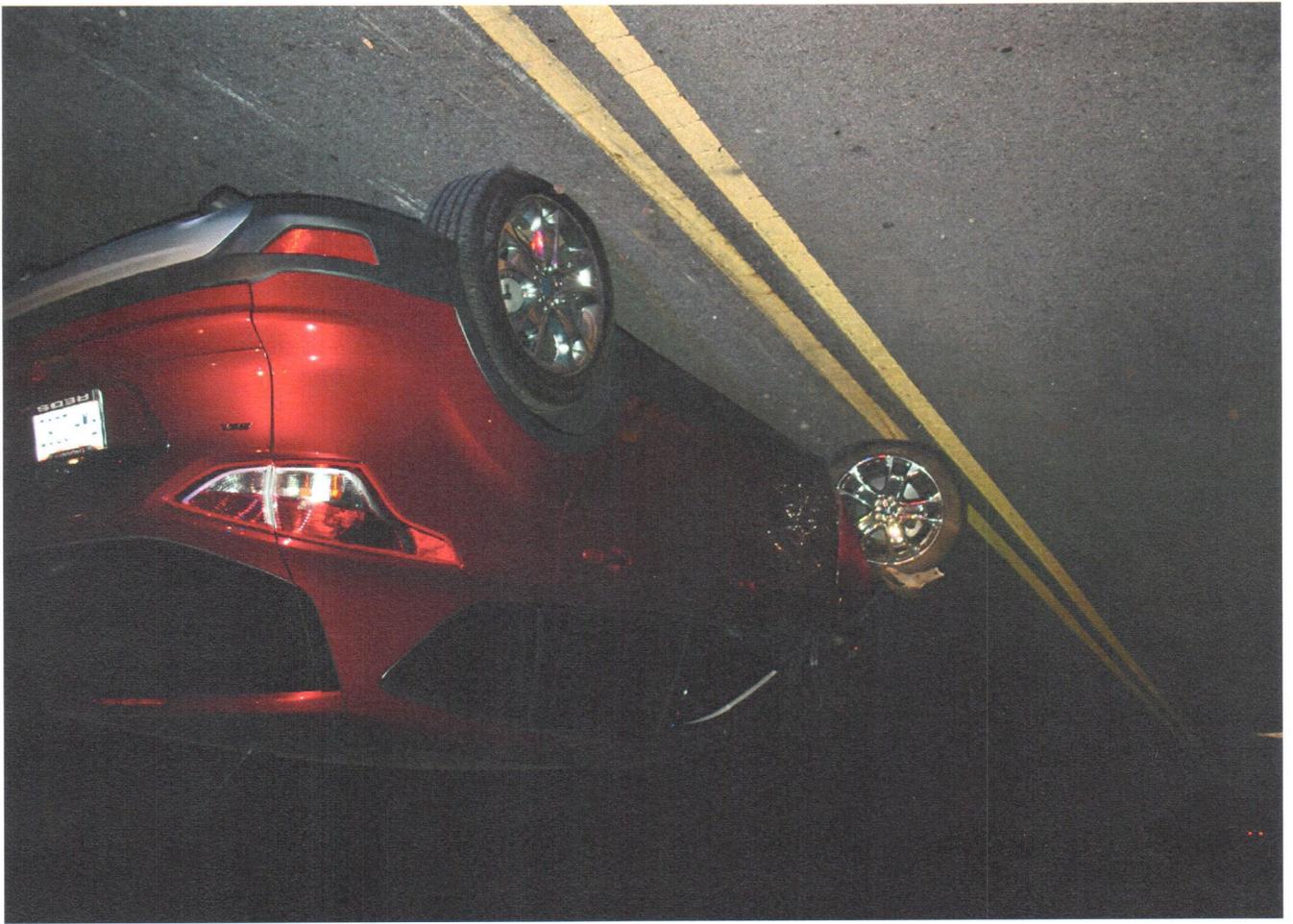












Lebanon Division of Police  
25 West Silver Street  
Lebanon, Ohio 45036  
513-932-2010

Statement Supplement - Lined

Case #:	14-6746	Incident Date:	4/29/14	Victim:	CRASH	Case Status:	
---------	---------	----------------	---------	---------	-------	--------------	--

we were sitting at the light waiting to turn left and saw a vehicle hit the median and go air born. So we pulled over to make sure everyone was okay.

(937) 414-3051

Person Completing Statement	Address and Phone #
Dalton Matthew Sochacki	4055 Shiloh Rd Laura OH

Reporting Officer	Badge #:	Date
Ptl. G. Stallard	113	
Approving Officer	Badge #:	Date