

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 **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: DAY **10 31 14** TIME: MILITARY **FRI 1210**

CRASH OCCURRED ON **1425 Columbus Ave. (Kroger Lot)** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE **8321**

LOG-1 _____ LOG-2 _____ LOC JUR FH'9 FILT _____

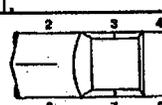
A UNIT NO. **1** NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT _____

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____

PHONE NO. _____ BIRTH DATE _____ 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 **Red** STYLE _____ STATE _____ LICENSE PLATE NO. _____ TOWING SERVICE _____ VEH/PED DIR FROM _____ TO _____

CIRCLE DAMAGE AREAS  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

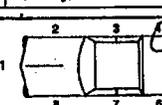
8 UNIT NO. **2** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Motorists Mutual Ins. Co.**

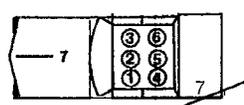
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **France John** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **801 Farview Ave. Lebanon, OH 45036**

PHONE NO. **(513) 262-8244** BIRTH DATE **10 11 37** AGE **77** SEX **M** SOCIAL SECURITY NO. **-** STATE **OH** DRIVER'S LICENSE NO. **RM399823** OCCUPATION **-**

OWNER (IF SAME AS DRIVER, WRITE SAME) **Same** ADDRESS _____ PHONE _____

VEH YR **10** MAKE **Ford** MODEL **Focus** COLOR **Red** STYLE **4S** STATE **OH** LICENSE PLATE NO. **362 YEM** TOWING SERVICE **N/A** VEH/PED DIR FROM **S** TO **N**

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	POSITION						INJURIES					
					A	B	C	D	E	F	A	B	C	D	E	F
		ADDRESS	PHONE	SEX							1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS	PHONE	SEX							CONDITION					
		ADDRESS	PHONE	SEX							1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
		ADDRESS	PHONE	SEX							RESTRAINTS					
		ADDRESS	PHONE	SEX	P-PEDESTRIAN						ALCOHOL					
		ADDRESS	PHONE	SEX	RESTRAINTS						1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LATCH SHOULDER BELT USED 6 SHOULDER BELT USED 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 _____	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LATCH SHOULDER BELT USED 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED		1 <input type="checkbox"/> YES <input type="checkbox"/> NO 2 <input type="checkbox"/> YES <input type="checkbox"/> NO 3 <input type="checkbox"/> YES <input type="checkbox"/> NO 4 <input type="checkbox"/> YES <input type="checkbox"/> NO					

A ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

O ORC CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

RECEIVED CALL **1210** DISPATCHED **1234** ARRIVED **1239** CLEARED **1250** OTHER TIME **0** TOTAL MINUTES **11**

DATE REPORT FILED _____ PHOTOS YES NO OFFICER'S NAME **J. Haller** BADGE NO. **123** CHECKED BY _____

EJECTION: 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

DRUGS: 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG