

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. OH-2 OH-3 **Lebanon Police** 0830300

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: **11/27/14** DAY: **THU** TIME: **MILITARY 1415**

CRASH OCCURRED ON **500 Cincinnati AVE.** WITHIN THE INTERSECTION OF **Lebanon OH**

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

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1 LOG-2 LOC JUR FH9 FILT

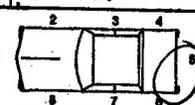
A UNIT NO. **1** NO OF OCCUPANTS **0** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT _____

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) **Dennis Valentine** ADDRESS **8017 Morrow Woodville Rd** PHONE _____

VEH YR **98** MAKE **Ford** MODEL **25** COLOR **Blk** STYLE **25** STATE **OH** LICENSE PLATE NO. **GFE7884** TOWING SERVICE _____ VEH/PED DIR _____

CIRCLE DAMAGE AREAS  DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE LIGHT MODERATE 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 **0** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT **Safe Auto**

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) **Amber Annis** ADDRESS **500 Cincinnati AVE. #68 Lebanon** PHONE **513-282-5965**

VEH YR **01** MAKE **Ford** MODEL **45** COLOR **Gray** STYLE **45** STATE **OH** LICENSE PLATE NO. **ESA5945** TOWING SERVICE _____ VEH/PED DIR _____

CIRCLE DAMAGE AREAS  DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE LIGHT MODERATE 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 _____ AGE _____ POSITION _____ INJURIES _____

ADDRESS _____ PHONE _____ SEX _____

D. FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

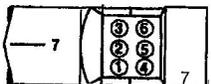
ADDRESS _____ PHONE _____ SEX _____

E. FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

ADDRESS _____ PHONE _____ SEX _____

F. FROM UNIT NO. _____ NAME (LAST, FIRST, MI) _____ BIRTHDATE _____ AGE _____ POSITION _____ INJURIES _____

ADDRESS _____ PHONE _____ SEX _____





P-PEDESTRIAN

RESTRAINTS

ALCOHOL

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

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

1 YES 2 NO
TESTED TESTED

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

POLICE ACTION

A B C INJURED TAKEN TO _____ By _____

D E F INJURED TAKEN TO _____ By _____

A ORC OFFENSE CHARGED AND DESCRIPTION _____

B CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

C ORC OFFENSE CHARGED AND DESCRIPTION _____

D CITY ORD OFFENSE CHARGED AND DESCRIPTION _____

RECEIVED CALL **1411** DISPATCHED **1412** ARRIVED **1420** CLEARED **1430** OTHER TIME **10** TOTAL MINUTES **29**

DATE REPORT FILED **11/27/14** PHOTOS YES NO OFFICER'S NAME **Morris** BADGE NO. **131** 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