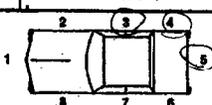
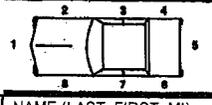


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-20676	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.																
REPORT TAKEN <input checked="" 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 <input type="checkbox"/>																	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 12 10 2011 FRIDAY	TIME: MILITARY 2135																			
CRASH OCCURRED ON PRIVATE PROPERTY				WITHIN THE INTERSECTION OF																				
IF NOT IN INTERSECTION _____ MILES 250 FEET W (N) S E OF 1916 DRAKE ROAD				CITY CODE 8303																				
LOG-1	LOG-2	LOC	JUR	FH9	FILT																			
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT STATE FARM INS CO															
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) KAUFMAN, ELIZABETH Lynn				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3748 MARY ANN DRIVE Lebanon, OH 45036																				
PHONE NO. (937) 869-0609	BIRTHDATE 03/11/1981	AGE 16	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. WP458074	OCCUPATION Unknown																	
OWNER (IF SAME AS DRIVER, WRITE SAME) KAUFMAN, SHELLEY, L.				ADDRESS 3748 MARY ANN DRIVE Lebanon, OH					PHONE (937) 869-0609															
VEH YR 2013	MAKE CHEVY	MODEL 43	COLOR RED	STYLE 45	STATE OH	LICENSE PLATE NO. A267158	TOWING SERVICE NONE	VEH/PED DIR FROM E TO W																
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <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 checked="" type="checkbox"/> OTHER FIRE																		
8	UNIT NO. 2	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input checked="" type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT UNKNOWN																
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) UNKNOWN				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 Wh	STYLE 45	STATE " "	LICENSE PLATE NO. " "	TOWING SERVICE " "	VEH/PED DIR FROM TO																
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <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																		
OCCUPANT SECTION	C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m d y	AGE	POSITION A B C D E F						INJURIES A B C D E F												
	D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m d y	AGE	POSITION A B C D E F						INJURIES A B C D E F												
	E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m d y	AGE	POSITION A B C D E F						INJURIES A B C D E F												
	F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m d y	AGE	POSITION A B C D E F						INJURIES A B C D E F												
POLICE ACTION	A B C INJURED TAKEN TO By												A B C D E F											
	D E F INJURED TAKEN TO By												A B C D E F											
	A OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD NONE												A B C D E F											
	O OFFENSE CHARGED AND DESCRIPTION												A B C D E F											
RECEIVED CALL 2135	DISPATCHED 2135	ARRIVED 2135	CLEARED 2150	OTHER TIME 20	TOTAL MINUTES 35	RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 8 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED						ALCOHOL A B C D E F 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED TESTED												
DATE REPORT FILED 12 10 11	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Ptl. Todd	BADGE NO. 116	CHECKED BY	EJECTION A B C D E F 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						DRUGS A B C D E F 1 TESTED 0 TESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													
I NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN												I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG												