14-20998

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

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

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO

REPORT TAKEN ☐ AT STATION ☑ AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	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: 12/12/14	DAY FRI	TIME: MILITARY 1429	
101 S. Broadway Ave., Lebanon, OH		WITHIN THE INTERSECTION OF Library Parking lot			
IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.		CITY CODE 8321	

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

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO OF OCCUPANTS 1 — OPERATING ☑ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON CONTACT ☐ — INSURANCE CO. OR AGENT State Farm #7651585 A1535

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Humphreys, Marvin

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 613 Crestview Dr., Lebanon OH 45036

PHONE NO.: (513) 260-6730 — BIRTH DATE: 01/30/20 (m/D/Y) — AGE — SEX: M — SOCIAL SECURITY NO.: — — STATE: OH — DRIVER'S LICENSE NO.: RQ553342 — OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME — ADDRESS — PHONE

VEH YR: 2002 — MAKE: Oldsmobile — MODEL: Alero — COLOR: Gold — STYLE: 4S — STATE: OH — LICENSE PLATE NO.: DWE5234 — TOWING SERVICE: N/A — VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 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. 1 — NO OF OCCUPANTS 2 — OPERATING ☑ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT State Farm #63116072 605 35N

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Adams, Rebecca W.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 2154 Columbine Dr., Lebanon OH 45036

PHONE NO.: (513) 932-3372 — BIRTHDATE: 8/15/47 (m/D/Y) — AGE — SEX: F — SOCIAL SECURITY NO.: — — STATE: OH — DRIVER'S LICENSE NO.: RS981086 — OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME — ADDRESS — PHONE

VEH YR: 2007 — MAKE: Saturn — MODEL — COLOR: RED — STYLE: 4S — STATE: OH — LICENSE PLATE NO.: DDE9281 — TOWING SERVICE: — — VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 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

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
		ADDRESS	PHONE	SEX		
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE (m/D/y)	AGE		
		ADDRESS	PHONE	SEX		
E	FROM UNIT O.	NAME (LAST, FIRST, MI)	BIRTHDATE (m/D/y)	AGE		
		ADDRESS	PHONE	SEX		
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE (m/D/y)	AGE		
		ADDRESS	PHONE	SEX		

P-PEDESTRIAN

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A B

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

RESTRAINTS: A B C D E F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
6 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A ☐ YES ☐ NO TESTED — B ☐ YES ☐ NO TESTED

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

EJECTION: A B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ No — 0 TESTED ☐ YES ☐ NO

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

POLICE ACTION

A B C — INJURED TAKEN TO — By

D E F

A B C — INJURED TAKEN TO — By

D E F

A ☐ ORC ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC. ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1429	1443	1443	1500	17	30

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 12 D 12 Y 14	☐ YES ☒ NO	McCutchan	106	

State Ptl-012 2/13/03