

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **15-6200** 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 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 **41** MONTH **15** YEAR **SAT** 19**99** TIME: MILITARY

CRASH OCCURRED ON **113 Taylor (Parking Lot)** WITHIN THE INTERSECTION OF _____ MILES **100** FEET W N E S OF **F. Main St.** CITY CODE **08303**

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1 LOG-2 LOC JUR FH9 FILT

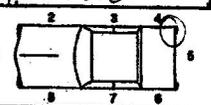
A UNIT NO. **1** NO OF OCCUPANTS **0** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Statefarm**

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) **Carl L. Aleshire** ADDRESS **3801 Shaker Rd Franklin, OH** PHONE **937-580-7389**

VEH YR **11** MAKE **Ford** MODEL **SW** COLOR **Red** STYLE **SW** STATE **OH** LICENSE PLATE NO. **217YAG** TOWING SERVICE _____ VEH/PED DIR **FROM W to E**

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

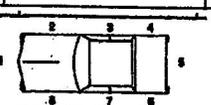
8 UNIT NO. **2** NO OF OCCUPANTS _____ OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO. OR AGENT _____

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 _____ STYLE _____ STATE _____ LICENSE PLATE NO. _____ TOWING SERVICE _____ VEH/PED DIR _____

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

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 _____

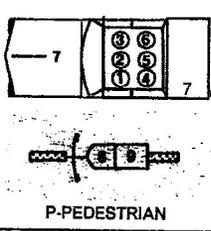
ADDRESS _____ PHONE _____ SEX _____

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

ADDRESS _____ PHONE _____ SEX _____

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

ADDRESS _____ PHONE _____ SEX _____

 P-PEDESTRIAN

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

CONDITION

A B C D E F

1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 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 **1959** DISPATCHED **2002** ARRIVED **2010** CLEARED **2026** OTHER TIME **0010** TOTAL MINUTES **37**

DATE REPORT FILED **4/19/15** PHOTOS YES NO OFFICER'S NAME **Barber** BADGE NO. **120** CHECKED BY _____

RESTRAINTS

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

ALCOHOL

A YES NO B YES NO TESTED TESTED

EJECTION

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

DRUGS

A YES NO B YES NO TESTED TESTED

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