OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO: 2015-7011

OH-2 / OH-3

Lebanon Police

0 8 3 0 3 0 0

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO

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: 05 | 01 | 15

DAY: FRI

TIME MILITARY:

CRASH OCCURRED ON: 1425 Columbus Ave.

WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: ____ MILES ____ FEET N / W / E / S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)

CITY CODE

LOG-1 | LOG-2 | LOC | JUR | FHWA | FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO 1

NO OF OCCUPANTS: 2

OPERATING / PARKED / DRIVERLESS / HIT & RUN / NON CONTACT

INSURANCE CO OR AGENT: Coyne

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Ector, I. Francine

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 928 N. Broadway #1 Lebanon, OH 45036

PHONE NO	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DRIVER'S LICENSE NO	OCCUPATION
(513) 338-3824	08 | 19 | 61	53	F		OH	RJ423843	

OWNER (IF SAME AS DRIVER, WRITE SAME): Robbins, Marjorie

ADDRESS: 928 N. Broadway #1 Lebanon, OH

PHONE: (513) 338-3824

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH/PED DIR
2002	Lincoln	LS	White	4H	OH	EXS 5562		FROM S TO N

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. 2

NO OF OCCUPANTS: 1

OPERATING / PARKED / DRIVERLESS / HIT & RUN / NON-CONTACT

INSURANCE CO OR AGENT: Electric Insur.

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Raymond, Margaret

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4753 Willow Ln. Lebanon, OH 45036

PHONE NO	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DRIVER'S LICENSE NO	OCCUPATION
(513) 932-2879	12 | 04 | 38	76	F		OH	RU256388	

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME

ADDRESS:

PHONE:

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH/PED DIR
2009	Mazda	CX7	White	SW	OH	ESM 2154		FROM S TO N

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

	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
C	1	Robbins, Marjorie	09 | 19 | 32	82	A 1 B 1 C 3 D E F	A 5 B 5 C 5 D E F
		ADDRESS: 928 N. Bway #1 Lebanon, OH	PHONE: (513) 338-3824	SEX: F		
D		NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE		
		ADDRESS	PHONE	SEX		
E		NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE		
		ADDRESS	PHONE	SEX		
F		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 1 B 1

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

RESTRAINTS: A 8 B 8 C 8 D E F

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

ALCOHOL: A 1 TESTED: YES / NO (NO) — B 1 TESTED: YES / NO (NO)

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

EJECTION: A 1 B 1 C 1 D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED: YES / NO (NO) — 0 1 TESTED: YES / NO (NO)

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

A B C — INJURED TAKEN TO — By

D E F — INJURED TAKEN TO — By

POLICE ACTION SECTION

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
1049	1051	1053	1107	15	29

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
05 | 01 | 15	YES / NO	Ptl. C Brock	26	

State Ptl-012 2/13/03