

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **15-7931** 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 **5/15/15** DAY **Fri** TIME: MILITARY **1159**

CRASH OCCURRED ON **Bowman Elementary** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE _____

LOG-1 _____ LOG-2 _____ LOC JUR FH9 FILT _____

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

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Anderson, Samantha** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **6611 Hendrickson Rd. Middletown, OH, 45044**

PHONE NO. **937-510-2063** BIRTHDATE **1/17/86** AGE **29** SEX **F** SOCIAL SECURITY NO. **N/A** STATE **OH** DRIVER'S LICENSE NO. **RS61290** OCCUPATION **N/A**

OWNER (IF SAME AS DRIVER, WRITE SAME) **Same** ADDRESS **Same** PHONE **Same**

VEH YR **2015** MAKE **Dodge** MODEL **SW** COLOR **Silver** STYLE **SW** STATE **OH** LICENSE PLATE NO. **GJG4116** TOWING SERVICE **N/A** VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS 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

B UNIT NO. **2** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Geico**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Rapp, Cindy** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **923 Mcburney Dr. Lebanon, OH, 45036**

PHONE NO. **513-673-8800** BIRTHDATE **5/27/51** AGE **63** SEX **F** SOCIAL SECURITY NO. **N/A** STATE **OH** DRIVER'S LICENSE NO. **RRH81587** OCCUPATION **N/A**

OWNER (IF SAME AS DRIVER, WRITE SAME) **Rapp, Barney** ADDRESS **Same** PHONE **Same**

VEH YR **2004** MAKE **Hyun** MODEL **45** COLOR **sunburst** STYLE **sw** STATE **OH** LICENSE PLATE NO. **DPM6851** TOWING SERVICE **NA** VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS 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

OCUPANT SECTION

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	POSITION						INJURIES					
						A	B	C	D	E	F	A	B	C	D	E	F
D.												1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
E.												CONDITION					
F.												1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					

RESTRAINTS

A	B	C	D	E	F

ALCOHOL

A	B
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL **1159** DISPATCHED **1159** ARRIVED **1204** CLEARED **1211** OTHER TIME **0200** TOTAL MINUTES **0007**

DATE REPORT FILED **5/15/15** PHOTOS YES NO OFFICER'S NAME **E Holmes** BADGE NO. **122** CHECKED BY _____

EJECTION

A	B	C	D	E	F

DRUGS

A	B	C
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO