

PRIVATE PROPERTY

OHIO TRAFFIC CRASH REPORT OH-1 (Rev. 1-82)

|  |  |   |         |   |                                   |                                 |   |
|--|--|---|---------|---|-----------------------------------|---------------------------------|---|
| LOCAL REPORT NO. 15-13471  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3 | Lebanon Police  | 0830300 | ODHS USE ONLY - 00 NOT MARK ABOVE   |                                   |                                 |   |
| REPORT TAKEN <input checked="" type="checkbox"/> AT STATION<br><input type="checkbox"/> AT SCENE | NO OF VEH PEDESTRIANS INVOLVED 2                               | CRASH SEVERITY (CHECK MOST SEVERE)<br><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<br><input type="checkbox"/> UNDER \$150 | HIT SKIP <input type="checkbox"/> | SOLVED <input type="checkbox"/> | UNSATISFACTORY <input type="checkbox"/> |
| IN COUNTY OF WARREN  |  | IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>  |         | DATE OF CRASH: 8/15/15  | DAY: TUES                         | TIME: MILITARY 12:05            |   |
| CRASH OCCURRED ON <b>LEBON, 230 COLUMBUS AVE</b>   |  |   |         | 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 <input checked="" type="checkbox"/> | PARKED <input type="checkbox"/>  | DRIVERLESS <input type="checkbox"/> | HIT & RUN NON CONTACT <input type="checkbox"/> | INSURANCE CO OR AGENT <b>STATE FARM</b> |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>BLAKE, ALEXANDRA</b> |                            |                   |   | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>244 REGENCY SQ, MAINEVILLE, OH 43083</b> |                                     |  |   |
| PHONE NO. <b>513-833-0819</b>                                    | BIRTH DATE <b>11/16/94</b> | AGE <b>20</b>     | SEX <b>F</b>                                  | SOCIAL SECURITY NO.  | STATE <b>OH</b>                     | DRIVER'S LICENSE NO. <b>TU284358</b>           | OCCUPATION                              |
| OWNER (IF SAME AS DRIVER, WRITE SAME) <b>MONICA BLAKE</b>        |                            |                   |   | ADDRESS <b>SAME</b>  |                                     |  |   |

|                     |                     |  |                  |   |                 |  |                |  |
|---------------------|---------------------|--|------------------|---|-----------------|--|----------------|--|
| VEH YR <b>02</b>    | MAKE <b>PONTIAC</b> | MODEL  | COLOR <b>YEL</b> | STYLE <b>2S</b>   | STATE <b>OH</b> | LICENSE PLATE NO. <b>FWU8454</b>   | TOWING SERVICE | VEH/PED DIR FROM TO  |
| CIRCLE DAMAGE AREAS |                     | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING |                  | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY |                 | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED |                | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE |

|  |            |                   |   |   |                                     |  |                                      |
|--|------------|-------------------|---|---|-------------------------------------|--|--------------------------------------|
| B  | UNIT NO. 2 | NO OF OCCUPANTS 0 | OPERATING <input checked="" type="checkbox"/> | PARKED <input type="checkbox"/>   | DRIVERLESS <input type="checkbox"/> | HIT & RUN NON CONTACT <input type="checkbox"/> | INSURANCE CO OR AGENT <b>FARMERS</b> |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>AMANDA ELLIOTT</b> |            |                   |   | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>114 DAVE AVE, # 206</b> |                                     |  |                                      |
| PHONE NO.  | BIRTH DATE | AGE               | SEX   | SOCIAL SECURITY NO.   | STATE                               | DRIVER'S LICENSE NO.                           | OCCUPATION                           |
| OWNER (IF SAME AS DRIVER, WRITE SAME) <b>AMANDA ELLIOTT</b>    |            |                   |   | ADDRESS <b>114 DAVE AVE, # 206</b>                                      |                                     |  |                                      |

|                     |                     |  |                   |   |                 |  |                |  |
|---------------------|---------------------|--|-------------------|---|-----------------|--|----------------|--|
| VEH YR <b>00</b>    | MAKE <b>MERCURY</b> | MODEL <b>GR. MARQUEE</b>   | COLOR <b>WHIT</b> | STYLE <b>4S</b>   | STATE <b>OH</b> | LICENSE PLATE NO. <b>ANF9032</b>   | TOWING SERVICE | VEH/PED DIR FROM TO  |
| CIRCLE DAMAGE AREAS |                     | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING |                   | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY |                 | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED |                | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE |

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

|   |   |   |                  |    |  |   |   |   |   |   |         |   |        |        |
|---|---|---|------------------|----|--|---|---|---|---|---|---------|---|--------|--------|
| A | B | C | INJURED TAKEN TO | By | A  | B | C | D | E | F | ALCOHOL |   |        |        |
| D | E | F | INJURED TAKEN TO | By | 1 NOT USED<br>2 NONE AVAILABLE<br>3 LAP BELT USED<br>4 LAP/SHOULDER BELT USED<br>5 SHOULDER BELT USED<br>6 CHILD SAFETY SEAT<br>7 AIR BAG USED<br>8 USE NOT REPORTED |   |   |   |   |   | A       | B | TESTED | TESTED |

|   |               |                                 |          |       |        |        |
|---|---------------|---------------------------------|----------|-------|--------|--------|
| A | ORC CITY ORD. | OFFENSE CHARGED AND DESCRIPTION | EJECTION | DRUGS |        |        |
| O | ORC CITY ORD. | OFFENSE CHARGED AND DESCRIPTION | A        | B     | TESTED | TESTED |

|                   |  |                |           |            |               |
|-------------------|--|----------------|-----------|------------|---------------|
| RECEIVED CALL     | DISPATCHED   | ARRIVED        | CLEARED   | OTHER TIME | TOTAL MINUTES |
| 12:20             | 1234   | 1234           | 1258      |            | 23            |
| DATE REPORT FILED | PHOTOS   | OFFICER'S NAME | BADGE NO. | CHECKED BY |               |
| 8/15/15           | <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO | J. OBHLER      | 124       |            |               |

|   |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|
| POLICE ACTION   |  |  |  |  |  | EJECTION |  |  |  |  |  | DRUGS  |  |  |  |  |  |
| 1 NOT EJECTED<br>2 PARTIAL<br>3 TOTAL<br>4 TRAPPED INSIDE VEHICLE |  |  |  |  |  | A        |  |  |  |  |  | 1 NO ALCOHOL DETECTED<br>2 HBD ABILITY IMPAIRED<br>3 HBD ABILITY NOT IMPAIRED<br>4 HBD ABILITY UNKNOWN |  |  |  |  |  |