TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY

Local Information

Local Report Number *: 15-194

Crash Severity: 2 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: 1 - Solved, 2 - Unsolved

Photos Taken: OH-2, OH-1P, OH-3, Other

PDO Under State Reportable Dollar Amount

Private Property

Reporting Agency NCIC *: 08303

Reporting Agency Name *: Lebanon PD

Number of Units: 2

Unit in Error: 01 (98 - Animal, 99 - Unknown)

County *: 83

City * / Village * / Township *: City

City, Village, Township *: Lebanon

Crash Date *: 06/20/2015

Time of Crash: 1502

Day of Week: SAT

Degrees / Minutes / Seconds — Latitude: ° ' " Longitude: ° ' "

Decimal Degrees — Latitude: 39.457998 Longitude: -84.183995

Roadway Division: Divided / Undivided

Divided Lane Direction of Travel: N - Northbound, S - Southbound, E - Eastbound, W - Westbound

Number of Thru Lanes: 2

Road Types or Milepost [2]: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, MP - Milepost, PK - Parkway, PI - Pike, PL - Place, RD - Road, SQ - Square, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Type [1]

Location Route Number

Loc Prefix: N, S, E, W

Location Road Name: Miller

Location Road Type [2]: RD

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: 0 Miles / Feet / Yards

Dir From Ref: N, S, E, W

Reference Route Type [1]

Reference Route Number

Ref Prefix: N, S, E, W

Reference Name (Road, Milepost, House #): Drake

Reference Road Type [2]: RD

Reference Point Used: 1 - Intersection, 2 - Mile Post, 3 - House Number

Crash Location: 02
01 - Not an Intersection
02 - Four-way Intersection
03 - T-Intersection
04 - Y-Intersection
05 - Traffic Circle/Roundabout
06 - Five-point, or more
07 - On Ramp
08 - Off Ramp
09 - Crossover
10 - Driveway/Alley Access
11 - Railway Grade Crossing
12 - Shared-Use Paths or Trails
99 - Unknown

Intersection Related

Location of First Harmful Event: 1
1 - On Roadway
2 - On Shoulder
3 - In Median
4 - On Roadside
5 - On Gore
6 - Outside Trafficway
9 - Unknown

Road Contour: 1
1 - Straight Level
2 - Straight Grade
3 - Curve Level
4 - Curve Grade
9 - Unknown

Road Conditions — Primary: 02 — Secondary:
01 - Dry
02 - Wet
03 - Snow
04 - Ice
05 - Sand, Mud, Dirt, Oil, Gravel
06 - Water (Standing, Moving)
07 - Slush
08 - Debris*
09 - Rut, Holes, Bumps, Uneven Pavement*
10 - Other
99 - Unknown
* Secondary Condition Only

Manner of Crash Collision Impact: 6
1 - Not Collision Between Two Motor Vehicles In Transport
2 - Rear End
3 - Head-On
4 - Rear-to-Rear
5 - Backing
6 - Angle
7 - Sideswipe, Same Direction
8 - Sideswipe, Opposite Direction
9 - Unknown

Weather: 4
1 - Clear
2 - Cloudy
3 - Fog, Smog, Smoke
4 - Rain
5 - Sleet, Hail
6 - Snow
7 - Severe Crosswinds
8 - Blowing Sand, Soil, Dirt, Snow
9 - Other/Unknown

Road Surface: 2
1 - Concrete
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block
4 - Slag, Gravel, Stone
5 - Dirt
6 - Other

Light Conditions — Primary: 1 — Secondary:
1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway
5 - Dark - Roadway Not Lighted
6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other
9 - Unknown
* Secondary Condition Only

School Zone Related

School Bus Related: Yes, School Bus Directly Involved / Yes, School Bus Indirectly Involved

Work Zone Related: Workers Present / Law Enforcement Present (Officer/Vehicle) / Law Enforcement Present (Vehicle Only)

Type of Work Zone: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

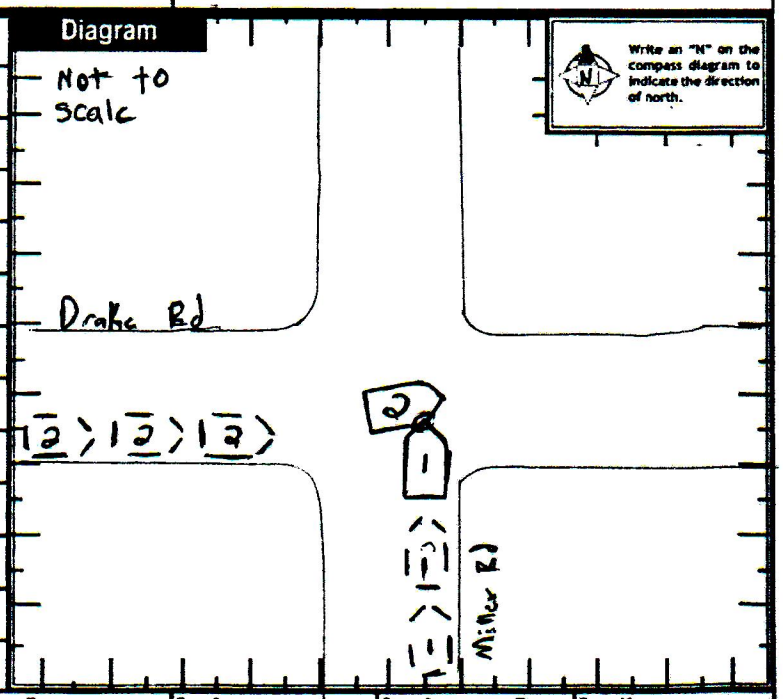
Location of Crash in Work Zone: 1 - Before the First Work Zone Warning Sign, 2 - Advance Warning Area, 3 - Transition Area, 4 - Activity Area, 5 - Termination Area

Narrative

Unit 1 was traveling North on Miller Road. Unit 2 was traveling East on Drake Road. Unit 1 ran the red light hitting Unit 2 on the passenger Side.

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Report Taken By: Police Agency / Motorist

Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
06/20/2015	1502	1502	1503	1528	0000	0025

Officer's Name *: E. Holmes

Officer's Badge Number: 122

Checked By:

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HSY7001 OH1 (Rev 01/12)

UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT NUMBER

UNIT NUMBER: 01

OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)

OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)

DAMAGE SCALE: 4
1 - NONE
2 - MINOR
3 - FUNCTIONAL
4 - DISABLING
9 - UNKNOWN

DAMAGED AREA: FRONT 09 03 08 10 04 07 06 05 REAR

OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER)

LP STATE: OH

LICENSE PLATE NUMBER: GFQ7304

VEHICLE IDENTIFICATION NUMBER: 1C6RR7KT7E5535787

OCCUPANTS: 05

VEHICLE YEAR: 2014

VEHICLE MAKE: Dodge

VEHICLE MODEL: Ram 1500

VEHICLE COLOR: Black

☑ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY: Geico

POLICY NUMBER: 4190-29-35-08

TOWED BY: Case

CARRIER NAME, ADDRESS, CITY, STATE, ZIP: N/A

CARRIER PHONE- INCLUDE AREA CODE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR
1 - LESS THAN OR EQUAL TO 10K LBS.
2 - 10,001 TO 26,000 LBS
3 - MORE THAN 26,000 LBS.

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE: 01
01 - NO CARGO BODY TYPE/NOT APPLICABLE
02 - BUS/VAN (9-15 SEATS, INC DRIVER)
03 - BUS (16+ SEATS, INC DRIVER)
04 - VEHICLE TOWING ANOTHER VEHICLE
05 - LOGGING
06 - INTERMODAL CONTAINER CHASSIS
07 - CARGO VAN/ENCLOSED BOX
08 - GRAIN, CHIPS, GRAVEL
09 - POLE
10 - CARGO TANK
11 - FLAT BED
12 - DUMP
13 - CONCRETE MIXER
14 - AUTO TRANSPORTER
15 - GARBAGE/REFUSE
99 - OTHER/UNKNOWN

TRAFFICWAY DESCRIPTION: 1
1 - TWO-WAY, NOT DIVIDED
2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 - TWO-WAY, DIVIDED, UNPROTECTED(PAINTED OR GRASS >4 FT.) MEDIAN
4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
5 - ONE-WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWALK
02 - INTERSECTION - NO CROSSWALK
03 - INTERSECTION - OTHER
04 - MIDBLOCK - MARKED CROSSWALK
05 - TRAVEL LANE - OTHER LOCATION
06 - BICYCLE LANE
07 - SHOULDER/ROADSIDE
08 - SIDEWALK
09 - MEDIAN/CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED-USE PATH OR TRAIL
12 - NON-TRAFFICWAY AREA
99 - OTHER/UNKNOWN

TYPE OF USE: 1
1 - PERSONAL
2 - COMMERCIAL
3 - GOVERNMENT

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 07
99 - UNKNOWN OR HIT / SKIP

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
01 - SUB-COMPACT
02 - COMPACT
03 - MID SIZE
04 - FULL SIZE
05 - MINIVAN
06 - SPORT UTILITY VEHICLE
07 - PICKUP
08 - VAN
09 - MOTORCYCLE
10 - MOTORIZED BICYCLE
11 - SNOWMOBILE/ATV
12 - OTHER PASSENGER VEHICLE

MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES
14 - SINGLE UNIT TRUCK; 3+ AXLES
15 - SINGLE UNIT TRUCK / TRAILER
16 - TRUCK/TRACTOR (BOBTAIL)
17 - TRACTOR/SEMI-TRAILER
18 - TRACTOR/DOUBLE
19 - TRACTOR/TRIPLES
20 - OTHER MED/HEAVY VEHICLE

BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
21 - BUS/VAN (9-15 SEATS, INC DRIVER)
22 - BUS (16+ SEATS, INC DRIVER)

NON-MOTORIST
23 - ANIMAL WITH RIDER
24 - ANIMAL WITH BUGGY, WAGON, SURREY
25 - BICYCLE/PEDACYCLIST
26 - PEDESTRIAN/SKATER
27 - OTHER NON-MOTORIST

☐ HAS HM PLACARD

SPECIAL FUNCTION: 01
01 - NONE
02 - TAXI
03 - RENTAL TRUCK (OVER 10K LBS)
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)
05 - BUS - TRANSIT
06 - BUS - CHARTER
07 - BUS - SHUTTLE
08 - BUS - OTHER
09 - AMBULANCE
10 - FIRE
11 - HIGHWAY/MAINTENANCE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY
15 - OTHER GOVERNMENT
16 - CONSTRUCTION EQUIP.
17 - FARM VEHICLE
18 - FARM EQUIPMENT
19 - MOTORHOME
20 - GOLF CART
21 - TRAIN
22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: 02
01 - NONE
02 - CENTER FRONT
03 - RIGHT FRONT
04 - RIGHT SIDE
05 - RIGHT REAR
06 - REAR CENTER
07 - LEFT REAR
08 - LEFT SIDE
09 - LEFT FRONT
10 - TOP AND WINDOWS
11 - UNDERCARRIAGE
12 - LOAD/TRAILER
13 - TOTAL(ALL AREAS)
14 - OTHER
99 - UNKNOWN

IMPACT AREA: 02

ACTION: 3
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING/STRUCK
9 - UNKNOWN

PRE-CRASH ACTIONS: 01
99 - UNKNOWN

MOTORIST
01 - STRAIGHT AHEAD
02 - BACKING
03 - CHANGING LANES
04 - OVERTAKING/PASSING
05 - MAKING RIGHT TURN
06 - MAKING LEFT TURN
07 - MAKING U-TURN
08 - ENTERING TRAFFIC LANE
09 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS
13 - NEGOTIATING A CURVE
14 - OTHER MOTORIST ACTION

NON-MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATION
16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 - WORKING
18 - PUSHING VEHICLE
19 - APPROACHING OR LEAVING VEHICLE
20 - STANDING
21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 03

SECONDARY:

99 - UNKNOWN

MOTORIST
01 - NONE
02 - FAILURE TO YIELD
03 - RAN RED LIGHT
04 - RAN STOP SIGN
05 - EXCEEDED SPEED LIMIT
06 - UNSAFE SPEED
07 - IMPROPER TURN
08 - LEFT OF CENTER
09 - FOLLOWED TOO CLOSELY/ACDA
10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD
11 - IMPROPER BACKING
12 - IMPROPER START FROM PARKED POSITION
13 - STOPPED OR PARKED ILLEGALLY
14 - OPERATING VEHICLE IN NEGLIGENT MANNER
15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)
16 - WRONG SIDE/WRONG WAY
17 - FAILURE TO CONTROL
18 - VISION OBSTRUCTION
19 - OPERATING DEFECTIVE EQUIPMENT
20 - LOAD SHIFTING/FALLING/SPILLING
21 - OTHER IMPROPER ACTION

NON-MOTORIST
22 - NONE
23 - IMPROPER CROSSING
24 - DARTING
25 - LYING AND/OR ILLEGALLY IN ROADWAY
26 - FAILURE TO YIELD RIGHT OF WAY
27 - NOT VISIBLE (DARK CLOTHING)
28 - INATTENTIVE
29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER
30 - WRONG SIDE OF THE ROAD
31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS
01 - TURN SIGNALS
02 - HEAD LAMPS
03 - TAIL LAMPS
04 - BRAKES
05 - STEERING
06 - TIRE BLOWOUT
07 - WORN OR SLICK TIRES
08 - TRAILER EQUIPMENT DEFECTIVE
09 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS
1: 20 2: 3: 4: 5: 6:

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

99 - UNKNOWN

NON-COLLISION EVENTS
01 - OVERTURN/ROLLOVER
02 - FIRE/EXPLOSION
03 - IMMERSION
04 - JACKKNIFE
05 - CARGO/EQUIPMENT LOSS OR SHIFT
06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
07 - SEPARATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE (TRAIN,ENGINE)
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT
25 - IMPACT ATTENUATOR/CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL BARRIER
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT/LUMINARIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL, BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED

☐ STATED
☐ ESTIMATED

POSTED SPEED: 45

TRAFFIC CONTROL: 04
01 - NO CONTROLS
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSBUCKS
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - CONSTRUCTION BARRICADE
11 - PERSON (FLAGGER, OFFICER)
12 - PAVEMENT MARKINGS
13 - CROSSWALK LINES
14 - WALK/DON'T WALK
15 - OTHER
16 - NOT REPORTED

UNIT DIRECTION
FROM 3 TO 4
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

HSY8304 OH1U (REV 01/12)

UNIT

Local Report Number

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - Inc. Area Code (☑ Same As Driver)	Damage Scale	Damaged Area
02			4	Front: 02, 03, 04, 05, 06, 07, 08, 09, 10

Owner Address: City, State, Zip (☑ Same As Driver)

1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	FQL3752	JA4LX31G63U0558 25	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2003	Mits	SW	Black

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	Hartford	55PHL271247	JNZ

Carrier Name, Address, City, State, Zip: N/A

Carrier Phone - Include Area Code:

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR
1 - Less Than or Equal to 10K Lbs.
2 - 10,001 to 26,000 Lbs
3 - More Than 26,000 Lbs.

☐ Hazardous Material Released

Cargo Body Type: 01
01 - No Cargo Body Type/Not Applicable
02 - Bus/Van (9-15 Seats, Inc Driver)
03 - Bus (16+ Seats, Inc Driver)
04 - Vehicle Towing Another Vehicle
05 - Logging
06 - Intermodal Container Chassis
07 - Cargo Van/Enclosed Box
08 - Grain, Chips, Gravel
09 - Pole
10 - Cargo Tank
11 - Flat Bed
12 - Dump
13 - Concrete Mixer
14 - Auto Transporter
15 - Garbage/Refuse
99 - Other/Unknown

Trafficway Description: 1
1 - Two-Way, Not Divided
2 - Two-Way, Not Divided, Continuous Left Turn Lane
3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median
4 - Two-Way, Divided, Positive Median Barrier
5 - One-Way Trafficway

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact
01 - Intersection - Marked Crosswalk
02 - Intersection - No Crosswalk
03 - Intersection - Other
04 - Midblock - Marked Crosswalk
05 - Travel Lane - Other Location
06 - Bicycle Lane
07 - Shoulder/Roadside
08 - Sidewalk
09 - Median/Crossing Island
10 - Driveway Access
11 - Shared-Use Path or Trail
12 - Non-Trafficway Area
99 - Other/Unknown

Type of Use: 1
1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 06
99 - Unknown or Hit / Skip

Passenger Vehicles (Less than 9 passengers)
01 - Sub-Compact
02 - Compact
03 - Mid Size
04 - Full Size
05 - Minivan
06 - Sport Utility Vehicle
07 - Pickup
08 - Van
09 - Motorcycle
10 - Motorized Bicycle
11 - Snowmobile/ATV
12 - Other Passenger Vehicle

Med/Heavy Trucks or Combo Units > 10K lbs
13 - Single Unit Truck or Van 2Axle, 6 tires
14 - Single Unit Truck; 3+ axles
15 - Single Unit Truck / Trailer
16 - Truck/Tractor (Bobtail)
17 - Tractor/Semi-Trailer
18 - Tractor/Double
19 - Tractor/Triples
20 - Other Med/Heavy Vehicle

Bus/Van/Limo (9 or More Including Driver)
21 - Bus/Van (9-15 Seats, Inc Driver)
22 - Bus (16+ Seats, Inc Driver)

Non-Motorist
23 - Animal with Rider
24 - Animal with Buggy, Wagon, Surrey
25 - Bicycle/Pedacyclist
26 - Pedestrian/Skater
27 - Other Non-Motorist

☐ Has HM Placard

Special Function: 01
01 - None
02 - Taxi
03 - Rental Truck (Over 10k Lbs)
04 - Bus - School (Public or Private)
05 - Bus - Transit
06 - Bus - Charter
07 - Bus - Shuttle
08 - Bus - Other
09 - Ambulance
10 - Fire
11 - Highway/Maintenance
12 - Military
13 - Police
14 - Public Utility
15 - Other Government
16 - Construction Equip.
17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome
20 - Golf Cart
21 - Train
22 - Other (Explain in Narrative)

Most Damaged Area: 04
01 - None
02 - Center Front
03 - Right Front
04 - Right Side
05 - Right Rear
06 - Rear Center
07 - Left Rear
08 - Left Side
09 - Left Front
10 - Top and Windows
11 - Undercarriage
12 - Load/Trailer
13 - Total (All Areas)
14 - Other
99 - Unknown

Impact Area: 04

Action: 4
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 01
99 - Unknown

Motorist
01 - Straight Ahead
02 - Backing
03 - Changing Lanes
04 - Overtaking/Passing
05 - Making Right Turn
06 - Making Left Turn
07 - Making U-Turn
08 - Entering Traffic Lane
09 - Leaving Traffic Lane
10 - Parked
11 - Slowing or Stopped in Traffic
12 - Driverless
13 - Negotiating a Curve
14 - Other Motorist Action

Non-Motorist
15 - Entering or Crossing Specified Location
16 - Walking, Running, Jogging, Playing, Cycling
17 - Working
18 - Pushing Vehicle
19 - Approaching or Leaving Vehicle
20 - Standing
21 - Other Non-Motorist Action

Contributing Circumstances

Primary: 01

Secondary:

99 - Unknown

Motorist
01 - None
02 - Failure to Yield
03 - Ran Red Light
04 - Ran Stop Sign
05 - Exceeded Speed Limit
06 - Unsafe Speed
07 - Improper Turn
08 - Left of Center
09 - Followed Too Closely/ACDA
10 - Improper Lane Change /Passing/Off Road
11 - Improper Backing
12 - Improper Start From Parked Position
13 - Stopped or Parked Illegally
14 - Operating Vehicle in Negligent Manner
15 - Swerving to Avoid (Due to External Conditions)
16 - Wrong Side/Wrong Way
17 - Failure to Control
18 - Vision Obstruction
19 - Operating Defective Equipment
20 - Load Shifting/Falling/Spilling
21 - Other Improper Action

Non-Motorist
22 - None
23 - Improper Crossing
24 - Darting
25 - Lying and/or Illegally in Roadway
26 - Failure to Yield Right of Way
27 - Not Visible (Dark Clothing)
28 - Inattentive
29 - Failure to Obey Traffic Signs /Signals/Officer
30 - Wrong Side of the Road
31 - Other Non-Motorist Action

Vehicle Defects
01 - Turn Signals
02 - Head Lamps
03 - Tail Lamps
04 - Brakes
05 - Steering
06 - Tire Blowout
07 - Worn or Slick tires
08 - Trailer Equipment Defective
09 - Motor Trouble
10 - Disabled From Prior Accident
11 - Other Defects

Sequence of Events

1	2	3	4	5	6
20					

First Harmful Event: 1

Most Harmful Event:

99 - Unknown

Non-Collision Events
01 - Overturn/Rollover
02 - Fire/Explosion
03 - Immersion
04 - Jackknife
05 - Cargo/Equipment Loss or Shift
06 - Equipment Failure (Blown Tire, Brake Failure, etc)
07 - Separation of Units
08 - Ran Off Road Right
09 - Ran Off Road Left
10 - Cross Median
11 - Cross Center Line Opposite Direction of Travel
12 - Downhill Runaway
13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed
14 - Pedestrian
15 - Pedalcycle
16 - Railway Vehicle (Train, Engine)
17 - Animal - Farm
18 - Animal - Deer
19 - Animal - Other
20 - Motor Vehicle in Transport
21 - Parked Motor Vehicle
22 - Work Zone Maintenance Equipment
23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle
24 - Other Movable Object

Collision With Fixed Object
25 - Impact Attenuator/Crash Cushion
26 - Bridge Overhead Structure
27 - Bridge Pier or Abutment
28 - Bridge Parapet
29 - Bridge Rail
30 - Guardrail Face
31 - Guardrail End
32 - Portable Barrier
33 - Median Cable Barrier
34 - Median Guardrail Barrier
35 - Median Concrete Barrier
36 - Median Other Barrier
37 - Traffic Sign Post
38 - Overhead Sign Post
39 - Light/Luminaries Support
40 - Utility Pole
41 - Other Post, Pole or Support
42 - Culvert
43 - Curb
44 - Ditch
45 - Embankment
46 - Fence
47 - Mailbox
48 - Tree
49 - Fire Hydrant
50 - Work Zone Maintenance Equipment
51 - Wall, Building, Tunnel
52 - Other Fixed Object

Unit Speed

☐ Stated
☐ Estimated

Posted Speed: 45

Traffic Control: 04
01 - No Controls
02 - Stop Sign
03 - Yield Sign
04 - Traffic Signal
05 - Traffic Flashers
06 - School Zone
07 - Railroad Crossbucks
08 - Railroad Flashers
09 - Railroad Gates
10 - Construction Barricade
11 - Person (Flagger, Officer)
12 - Pavement Markings
13 - Crosswalk Lines
14 - Walk/Don't Walk
15 - Other
16 - Not Reported

Unit Direction
From: 2 To: 1
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 OH1U (Rev 01/12)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

LOCAL REPORT NUMBER

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Abrams, John	12/6/1990	24	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code
3388 Woodhavem Drive, Franklin, Ohio, 45005	(513) 594-9782

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
1	1	N/A	N/A	04	☐	04	4	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	TE431940	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (■ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
331.16	Right of Way Intersection	68139	☐	1

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Tinch, Cynthia	08/21/1958	56	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code
4120 Manchester Rd. Franklin, Ohio, 45036	(513) 894-8545

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
2	2	Lebanon EMS	Arrow Springs	04	☐	04	4	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RK839203	4	☐	☐	3	1	1	1	.	1	1

Offense Charged (■ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
N/A	N/A	N/A	☐	1

Injuries
1 - No Injury / None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

Injured Taken By
1 - Not Transported / Treated at Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

Safety Equipment Used

Motorist
01 - None Used Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System- Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
01 - Front - Left Side (Motorcycle Driver)
02 - Front - Middle
03 - Front - Right Side
04 - Second - Left Side (Motorcycle Passenger)
05 - Second - Middle
06 - Second - Right Side
07 - Third - Left Side (Motorcycle Side Car)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)
12 - Passenger in Unenclosed Cargo Area
13 - Trailing Unit
14 - Riding on Vehicle Exterior (Non-Trailing Unit)
15 - Non-Motorist
16 - Other
99 - Unknown

Air Bag Usage
1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

Ejection
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

Trapped
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Extricated by Non-Mechanical Means

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio is "D")
5 - MC/Moped Only

Condition
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under the Influence of Medications, Drugs, Alcohol
7 - Other

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes HBD Not Impaired
4 - Yes Drugs Suspected
5 - Yes Alcohol and Drugs Suspected

Alcohol Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Alcohol Test Type
1 - None
2 - Blood
3 - Urine
4 - Breath
5 - Other

Drug Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Drug Test Type
1 - None
2 - Blood
3 - Urine
4 - Other

Driver Distracted By
1 - No Distraction Reported
2 - Phone
3 - Texting/E-mailing
4 - Electronic Communication Device
5 - Other Electronic Device (Navigation Device, Radio, DVD)
6 - Other Inside the Vehicle
7 - External Distraction

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
				F - Female, M - Male

Address, City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
				F - Female, M - Male

Address, City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

Page of

OHIO DEPARTMENT OF PUBLIC SAFETY — OCCUPANT / WITNESS ADDENDUM

EDUCATION · SERVICE · PROTECTION

Local Report Number

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender (F - Female, M - Male)
	01	Abrams, Malachia	04/27/2009	6	F
	01	Abrams, Madison	03/03/2012	3	F
	01	Abrams, Mackenzie	07/09/2007	8	M
	01	Abrams, Amanda	01/11/1988	27	F

Occupant	Address, City, State, Zip	Contact Phone - Include Area Code
	3388 Woodhaven Drive. Franklin, Ohio, 45005	(513) 594-9782
	3388 Woodhaven Drive. Franklin, Ohio, 45005	(513) 594-9782
	3388 Woodhaven Drive. Franklin, Ohio, 45005	(513) 594-9782
	3388 Woodhaven Drive. Franklin, Ohio, 45005	(513) 594-9782

Occupant	Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
	1	1	N/A	N/A	04	☐	04	1	1	1
	1	1	N/A	N/A	04	☐	05	1	1	1
	1	1	N/A	N/A	04	☐	06	1	1	1
	1	1	N/A	N/A	04	☐	03	1	1	1
						☐				
						☐				

Injuries
1 No Injury None Reported
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal

Injured Taken By
1 Not Transported Treated at Scene
2 EMS
3 - Police
4 Other
9 Unknown

Safety Equipment Used

Motorist
01 - None Used Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 Shoulder and Lap Belt Used
05 Child Restraint System-Forward Facing
06 Child Restraint System- Rear Facing
07 Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 None Used
10 - Helmet Used
11 Protective Pads Used (Elbows, Knees, Etc)
12 Reflective Clothing
13 - Lighting
14 Other

Seating Position
01 Front - Left Side (Motorcycle Driver)
02 - Front - Middle
03 Front - Right Side
04 Second Left Side (Motorcycle Passenger)
05 Second Middle
06 Second - Right Side
07 - Third Left Side (Motorcycle Side Car)
08 Third Middle
09 Third Right Side
10 - Sleeper Section of Cab (Truck)
11 Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as Bus, Pick-up with Cap)
12 Passenger in Unenclosed Cargo Area
13 Trailing Unit
14 Riding on Vehicle Exterior (Non-Trailing Unit)
15 - Non-Motorist
16 Other
99 Unknown

Air Bag Usage
1 Not Deployed
2 Deployed Front
3 Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

Ejection
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
4 - Not Applicable

Trapped
1 Not Trapped
2 - Extricated by Mechanical Means
3 Extricated by Non-Mechanical Means

HSY8355 OH1P (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — OCCUPANT / WITNESS ADDENDUM

EDUCATION · SERVICE · PROTECTION

Local Report Number

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
		Carson, Ken	04 02 1969	56	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code
678 Hoffmann Ave. Lebanon, Ohio, 45036	(513) 518-1828

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
		N/A	N/A						

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
		Wolf, Tammi	06 17 1964	51	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code
899 Mimosa Ct. Apt. A. Lebanon, Ohio, 45036	(513) 777-3142

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
		N/A	N/A						

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
					F - Female, M - Male

Address, City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
					F - Female, M - Male

Address, City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
					F - Female, M - Male

Address, City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
					F - Female, M - Male

Address, City, State, Zip	Contact Phone - Include Area Code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

Injuries
1 No Injury None Reported
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal

Injured Taken By
1 Not Transported Treated at Scene
2 EMS
3 - Police
4 Other
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Motorist
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Non-Motorist
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Seating Position
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09 Third Right Side
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12 Passenger in Unenclosed Cargo Area
13 Trailing Unit
14 Riding on Vehicle Exterior (Non-Trailing Unit)
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16 Other
99 Unknown

Air Bag Usage
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3 Deployed Side
4 - Deployed Both Front/Side
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2 Totally Ejected
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1 Not Trapped
2 - Extricated by Mechanical Means
3 Extricated by Non-Mechanical Means

HSY8355 OH1P (Rev 01/12)

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
15-10321	Lebanon Police Department	M 6 D 20 Y 15

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, KEN Carson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

E Holmes 122 (OFFICER'S NAME) AT Drake at Miller Rd (LOCATION)

I was second vehicle behind accident, i saw dodge truck run red light at corner of Miller & Drake. We were traveling west on Miller when the truck ran red light, lady was coming north on Drake

Kenneth Carson 4/2/69 RQ559923

ADDRESS OF WITNESS	PHONE
678 Hoffmann Ave Lebanon, OHIO 45036	513-518-1828

SIGNATURE OF WITNESS	OFFICER'S SIGNATURE
X Kenneth Carson	X Eric Holmes P122

HSY 7003 4/07

Lebanon Division of Police
25 West Silver Street
Lebanon, Ohio 45036
513-932-2010

Statement Supplement - Lined

Case #: 15-10321	Incident Date: 6/20/15	Victim:	Case Status:

On June 20th while traveling home with my mother and brother we witnessed an accident at the intersection of Drake and Miller Roads. A Dodge Ram pick up truck traveling on Miller Road did not stop at a Red traffic light and collided into the smaller SUV on the passengers side.
I called 911 to report the accident then went to the vehicles until officers arrived. The people in the truck seemed to be fine, the lady in the small SUV was unconscious. When officers arrived we gave information to one and then left the scene.

513-777-3142

Person Completing Statement	Address and Phone #		
Tammi Wolf	899 Mimosa Ct Apt A		
Reporting Officer: E Helmer		Badge #: 122	Date: 8/13/15
Approving Officer		Badge #:	Date

LPD INV#023 9/16/03

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
15-10321	Lebanon Police Department	M 6 D 20 Y 15

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, KEN CARSON (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

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Kenneth Carson 4/2/69 RQ559923

ADDRESS OF WITNESS	PHONE
678 Hoffmann Ave Lebanon, OHIO 45036	513-518-1828

SIGNATURE OF WITNESS	OFFICER'S SIGNATURE
X [signature]	X Eric Holmes P122

HSY 7003 4/07

Lebanon Division of Police
25 West Silver Street
Lebanon, Ohio 45036
513-932-2010

Statement Supplement - Lined

Case #: 15-10321	Incident Date: 6/20/15	Victim:	Case Status:

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I called 911 to report the accident then went to the vehicles until officers arrived. The people in the truck seemed to be fine, the lady in the small SUV was unconscious. When officers arrived we gave information to one and then left the scene.

513-777-3142

Person Completing Statement	Address and Phone #		
Tammi Wolf	899 Mimosa Ct Apt A		
Reporting Officer: E Helmer		Badge #: 122	Date: 8/13/15
Approving Officer		Badge #:	Date

LPD INV#023 9/16/03

CFS33 - Run By: TOLLIVER,TODD

C A P S

AGENCY: 00 CALLS FOR SERVICE BY EVENT NUMBER

Event Number: 201500010321 Date Reported: 06/20/2015

How Recvd: E-911 CALL Dispatched As: ACCIDENT/POLICE
Report No: 201500010321 Call On-Scene: ACCIDENT/POLICE

Name Type: Per/Bus Name: SEVERAL

House #: 0000000 Str: MILLER RD/DRAKE Apt #:

City: CITY OF LEBANON St: OH Zip: 45036 Ph #: ( ) -

Complainant Address:

Patrol: LEBANON Grid: MILLER RD EXTENTION

Addl Unit Asgn: 3 Shift: 0800-1600 Ent From: ECAD

Comp Taker: COMM OFF T L GALLAGHER Dispatcher: COMM OFF T L GALLAGHER

Response: EMERGENCY Disposition: REPORT TAKEN

Comments:

Remarks: 31 WITH INJURY

Reportable: Tag No:

Tag State: Make: Model: Year: 0000

Color: Bus Name:

Race: Sex: No Occupants: 00 Probable Cause:

Responding Unit Info

Unit:SGT. M. ALLEN Type:
Id:SGT. M. ALLEN Action:
Responded From: Date:06/20/2015
Times:

Alarm	14:58:47	Dispatch	15:00:08	Responded	15:01:19	Arrived	15:01:19
AtPatient	00:00:00	Trauma Al	00:00:00	Enr Hosp	00:00:00	Enr Jail	00:00:00
At Jail	00:00:00	Enr City	00:00:00	At City	00:00:00	At Hosp	00:00:00
Enr Sta	00:00:00	Clear	15:28:09	Determined	14:58:49	Action	15:00:07

Unit:PTL S DRAKE Type:
Id:PTL S DRAKE Action:
Responded From: Date:06/20/2015
Times:

Alarm	14:58:47	Dispatch	15:00:58	Responded	15:01:28	Arrived	15:10:34
AtPatient	00:00:00	Trauma Al	00:00:00	Enr Hosp	00:00:00	Enr Jail	00:00:00
At Jail	00:00:00	Enr City	00:00:00	At City	00:00:00	At Hosp	00:00:00
Enr Sta	00:00:00	Clear	15:28:08	Determined	14:58:49	Action	15:00:07

Unit:PTL. E HOLMES Type:
Id:HOLMES,ERIC PTL Action:
Responded From: Date:06/20/2015
Times:

Alarm	14:58:47	Dispatch	15:01:02	Responded	15:01:30	Arrived	15:02:14
AtPatient	00:00:00	Trauma Al	00:00:00	Enr Hosp	00:00:00	Enr Jail	00:00:00
At Jail	00:00:00	Enr City	00:00:00	At City	00:00:00	At Hosp	00:00:00
Enr Sta	00:00:00	Clear	15:28:30	Determined	14:58:49	Action	15:00:07

Unit:PTL J HOLBROOK Type:

CFS33 - Run By: TOLLIVER,TODD

C A P S

AGENCY: 00 CALLS FOR SERVICE BY EVENT NUMBER

Event Number: 201500010321 Date Reported: 06/20/2015

Id:PTL. J HOLBROOK Action:
Responded From: Date:06/20/2015
Times:

Alarm	14:58:47	Dispatch	15:00:53	Responded	15:01:20	Arrived	15:03:41
AtPatient	00:00:00	Trauma Al	00:00:00	Enr Hosp	00:00:00	Enr Jail	00:00:00
At Jail	00:00:00	Enr City	00:00:00	At City	00:00:00	At Hosp	00:00:00
Enr Sta	00:00:00	Clear	15:28:12	Determined	14:58:49	Action	15:00:07

Person Information

Name Type:
Name: ABRAMS,AMANDA D Race: U Sex: F
DOB: 01/11/1988 Height: 506 Weight: 139
Alias: Hair: BLN Eyes: BRO
SMT:
Clothes:
Address:

Name Type:
Name: ABRAMS,JOHN Race: W Sex: M
DOB: 11/26/1990 Height: 601 Weight: 225
Alias: Hair: BRO Eyes: BRO
SMT:
Clothes:
Address: 532 W ST RT 122 LEBANON OH 45036

Vehicle Information

Tag #: FQL3752 State: OH Type: Tag Year: 0000
Make: MITS Model: Style: SW Veh Year: 2003
Color: BLACK VIN: JA4LX31G63U055825
Driver: OLN:
Address:
Travel:

Tag #: GFQ7304 State: OH Type: Tag Year: 0000
Make: RAM Model: Style: TK Veh Year: 2014
Color: BLACK VIN: 1C6RR7KT7ES335787
Driver: OLN:
Address:
Travel:

========== Narrative Number: 0 ==========
Created By: COMM OFF T L GALLAGHER Date: 06/20/2015 Time: 15:08:07
Unit: P122 Notify Message: WRECKER REQUEST-JACOBS TOWING (2)-NO ANS
========== Narrative Number: 1 ==========
Created By: COMM OFF T L GALLAGHER Date: 06/20/2015 Time: 15:09:15
Unit: P122 Notify Message: WRECKER REQUEST-JNZ TOWING (4)
========== Narrative Number: 2 ==========
Created By: COMM OFF T L GALLAGHER Date: 06/20/2015 Time: 15:10:09
Unit: P122 Notify Message: WRECKER REQUEST-CASE TOWING (3)
========== Narrative Number: 3 ==========
Created By: COMM OFF T L GALLAGHER Date: 06/20/2015 Time: 15:10:43
Unit: P118 Notify Message: JNZ FOR THE MITS
========== Narrative Number: 4 ==========
Created By: COMM OFF T L GALLAGHER Date: 06/20/2015 Time: 15:10:46
Unit: P118 Notify Message: CASE FOR THE RAM