

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-17041, Lebanon Police, 0830300, ODHS USE ONLY - 00 NOT MARK ABOVE, REPORT TAKEN AT SCENE, CRASH SEVERITY: PROPERTY DAMAGE ONLY, DATE OF CRASH: 9/25/15, TIME: MILITARY 1504, IN COUNTY OF WARREN IN CITY LEBANON, CRASH OCCURRED ON CVS, 605 Columbus Ave., Lebanon, OH., 45036

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

A UNIT NO. 1, NO OF OCCUPANTS, OPERATING, PARKED, DRIVERLESS, HIT & RUN NON CONTACT, INSURANCE CO OR AGENT Progressive/900978839

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Dunn, Jeremiah, W, ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1053 Hunters Run Apt. 82, Lebanon, OH., 45036

PHONE NO. 513-649-7821, BIRTH DATE 4m 24 1978, AGE 18, SEX M, SOCIAL SECURITY NO., STATE OH, DRIVER'S LICENSE NO. UD667367, OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) Fairchild, Tammy, L, ADDRESS 1053 Hunters Run Apt. 82, Lebanon, OH., 45036, PHONE 513-594-1809

VEH YR 2012, MAKE Hyundai, MODEL Sonata, COLOR Silv, STYLE 4D, STATE OH, LICENSE PLATE NO. GKN8566, TOWING SERVICE N/A, VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS, DAMAGE SEVERITY: FUNCTIONAL, DAMAGE SCALE: LIGHT, VEHICLE DISPOSITION: DRIVEN AWAY, FIRE: NO FIRE

8 UNIT NO. 2, NO OF OCCUPANTS, OPERATING, PARKED, DRIVERLESS, HIT & RUN NON CONTACT, INSURANCE CO OR AGENT First Acceptance/00001177

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Anderson, Lillian, K, ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2502 Hamilton RD., Lebanon, OH., 45036

PHONE NO. 513-720-4460, BIRTH DATE 11m 28 1990, AGE 24, SEX F, SOCIAL SECURITY NO., STATE OH, DRIVER'S LICENSE NO. TE432043, OCCUPATION

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

VEH YR 2003, MAKE Honda, MODEL Civic, COLOR Blk, STYLE HB, STATE OH, LICENSE PLATE NO. GLM3797, TOWING SERVICE N/A, VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS, DAMAGE SEVERITY: FUNCTIONAL, DAMAGE SCALE: LIGHT, VEHICLE DISPOSITION: DRIVEN AWAY, FIRE: NO FIRE

C FROM UNIT NO., NAME (LAST, FIRST, MI), BIRTH DATE, AGE, ADDRESS, PHONE, SEX, POSITION, INJURIES

D FROM UNIT NO., NAME (LAST, FIRST, MI), BIRTH DATE, AGE, ADDRESS, PHONE, SEX, INJURIES

E FROM UNIT NO., NAME (LAST, FIRST, MI), BIRTH DATE, AGE, ADDRESS, PHONE, SEX, CONDITION

F FROM UNIT NO., NAME (LAST, FIRST, MI), BIRTH DATE, AGE, ADDRESS, PHONE, SEX, CONDITION

RESTRAINTS, ALCOHOL

INJURED TAKEN TO, ALCOHOL TESTED

OFFENSE CHARGED AND DESCRIPTION, ALCOHOL TESTED

OFFENSE CHARGED AND DESCRIPTION, ALCOHOL TESTED

RECEIVED CALL 1504, DISPATCHED 1511, ARRIVED 1511, CLEARED 1535, OTHER TIME 0, TOTAL MINUTES 00offoff, EJECTION, DRUGS

DATE REPORT FILED, PHOTOS, OFFICER'S NAME Ptl. Crockett Brummett, BADGE NO. 111, CHECKED BY, DRUGS

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO