

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-18284 OH-2 OH-3 **Lebanon Police** 0830300

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: 10/17/15 DAY **SAT** TIME: MILITARY **1148**

CRASH OCCURRED ON **160 MILLER RD** WITHIN THE INTERSECTION OF _____

IF NOT IN INTERSECTION _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE **8321**

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 **STATE FARM**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **MAUPIN, BRAD C** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **3370 DEERWOOD CT LEBANON, OH**

PHONE NO. **513-932-0040** BIRTH DATE **3/4/66** AGE **49** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **R0201028** OCCUPATION _____

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

VEH YR **2013** MAKE **DODGE** MODEL **TK** COLOR **WHT** STYLE **TK** STATE **OH** LICENSE PLATE NO. **GAP1585** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE LIGHT MODERATE 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 **ALLSTATE**

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **SCHMIDT, KATHARINE** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **435 LAKE HAVEN LEBANON, OH**

PHONE NO. **513-314-1061** BIRTH DATE **10/28/82** AGE **32** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO. **RH896175** OCCUPATION _____

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

VEH YR **2014** MAKE **KIA** MODEL **4S** COLOR **BLK** STYLE **4S** STATE **OH** LICENSE PLATE NO. **GDR 7217** TOWING SERVICE _____ VEH/PED DIR FROM TO _____

CIRCLE DAMAGE AREAS 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY NON-FUNCTIONAL FUNCTIONAL DISABLING DAMAGE SCALE NONE LIGHT MODERATE HEAVY VEHICLE DISPOSITION DRIVEN AWAY REMAINED AT SCENE TOWED FIRE NO FIRE FIRE DUE TO CRASH OTHER FIRE

C FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION INJURIES

D FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION INJURIES

E FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION INJURIES

F FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTHDATE AGE POSITION INJURIES

RESTRAINTS ALCOHOL

INJURED TAKEN TO By OFFENSE CHARGED AND DESCRIPTION

OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL 1148 DISPATCHED 1150 ARRIVED 1150 CLEARED 1203 OTHER TIME TOTAL MINUTES 13

DATE REPORT FILED 10/17/15 PHOTOS YES NO OFFICER'S NAME **Ptl. Drake** BADGE NO. **118** CHECKED BY

EJECTION DRUGS

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO