# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LOCAL REPORT NO: 15-19272 | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0830300 | ODHS USE ONLY - DO NOT MARK ABOVE | | | LOCAL FILE NO |
| 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 $1500 ☐ UNDER $1500 | HIT SKIP: ☐ SOLVED ☐ UNSOLVED | | |
| IN COUNTY OF: WARREN | IN ☒ CITY | LEBANON | | DATE OF CRASH: 11/3/15 | DAY: TUES | TIME: MILITARY 1400 | |
| CRASH OCCURRED ON: YMCA, 1699 DEERFIELD RD. | | WITHIN THE INTERSECTION OF | | | | | |
| IF NOT IN INTERSECTION: ____ MILES ____ FEET N W E S OF | | LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO | | | | CITY CODE | |
| LOG-1 | LOG-2 | LOC JUR FHO FILT | | | | | |

## DRIVER-PEDESTRIAN-VEHICLE SECTION

### A — UNIT NO 1

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| NO OF OCCUPANTS: 1 | OPERATING: ☒ | PARKED: ☐ | DRIVERLESS: ☐ | HIT & RUN NON CONTACT: ☐ | INSURANCE CO OR AGENT: GEICO | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): DOOLEY, DARBY O. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1770 MURRAY RD. OREGONIA, OH | | | | | | |
| PHONE NO: 513-828-7852 | BIRTH DATE: m 1 D 21 Y 94 | AGE: 21 | SEX: M | SOCIAL SECURITY NO | STATE: OH | DRIVER'S LICENSE NO: TT663574 | OCCUPATION |
| OWNER (IF SAME AS DRIVER, WRITE SAME): RAY DOOLEY | ADDRESS: SAME | | | | | PHONE | |
| VEH YR: 05 | MAKE: PONTIAC | MODEL: SUNFIRE | COLOR: GOLD | STYLE: 2S | STATE: OH | LICENSE PLATE NO: GJM7324 | TOWING SERVICE |
| VEH.PED DIR: FROM ____ TO ____ | | | | | | | |

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

| DAMAGE SEVERITY | DAMAGE SCALE | VEHICLE DISPOSITION | FIRE |
|---|---|---|---|
| ☒ NON FUNCTIONAL | ☐ NONE ☐ MODERATE | ☒ DRIVEN AWAY | ☒ NO FIRE |
| ☐ FUNCTIONAL | ☒ LIGHT ☐ HEAVY | ☐ REMAINED AT SCENE | ☐ FIRE DUE TO CRASH |
| ☐ DISABLING | | ☐ TOWED | ☐ OTHER FIRE |

### 8 — UNIT NO 2

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| NO OF OCCUPANTS: | OPERATING: ☒ | PARKED: ☐ | DRIVERLESS HIT & RUN NON-CONTACT: ☐ | INSURANCE CO OR AGENT: ALLSTATE | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): BELL, PEARL T. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6475 PICKERING GROVE, MORROW, OH | | | | | | |
| PHONE NO: 513-899-4175 | BIRTHDATE: m 3 D 25 Y 36 | AGE: 79 | SEX: F | SOCIAL SECURITY NO | STATE: OH | DRIVER'S LICENSE NO: TB00659D | OCCUPATION |
| OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS | | | | | PHONE | |
| VEH YR: 05 | MAKE: LEXUS | MODEL: ES 330 | COLOR: SLV | STYLE: 4S | STATE: OH | LICENSE PLATE NO: ORPEARL | TOWING SERVICE |
| VEH.PED DIR: FROM ____ TO ____ | | | | | | | |

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

| DAMAGE SEVERITY | DAMAGE SCALE | VEHICLE DISPOSITION | FIRE |
|---|---|---|---|
| ☒ NON-FUNCTIONAL | ☐ NONE ☐ MODERATE | ☒ DRIVEN AWAY | ☒ NO FIRE |
| ☐ FUNCTIONAL | ☒ LIGHT ☐ HEAVY | ☐ REMAINED AT SCENE | ☐ FIRE DUE TO CRASH |
| ☐ DISABLING | | ☐ TOWED | ☐ OTHER FIRE |

## OCCUPANT SECTION

| | FROM UNIT NO | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | SEX |
|---|---|---|---|---|---|
| C | | ADDRESS | PHONE | | |
| D | | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | |
| | | ADDRESS | PHONE | | SEX |
| E | | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | |
| | | ADDRESS | PHONE | | SEX |
| F | | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | |
| | | ADDRESS | PHONE | | SEX |

| POSITION | INJURIES |
|---|---|
| A: 1 B: 1 C D E F | A: 5 B: 4 C D E F |

1 = P-PEDESTRIAN

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

**CONDITION**: A: 1 B: 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
8 OTHER CONDITION
7 UNKNOWN

**RESTRAINTS**: A: 8 B: 8 C D E F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
6 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

**ALCOHOL**: A: 1 ☐ YES ☒ NO TESTED — B: 1 ☐ YES ☒ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3- HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

**EJECTION**: A: 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

**DRUGS**: A: 1 TESTED ☐ YES ☒ NO — 0 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

## POLICE ACTION

| | | | | | | |
|---|---|---|---|---|---|---|
| A B C: INJURED TAKEN TO | By | | | | | |
| D E F: INJURED TAKEN TO | By | | | | | |
| A: ☐ ORC ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION | | | | | | |
| O: ☐ ORC ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION | | | | | | |
| RECEIVED CALL: 1517 | DISPATCHED: 1519 | ARRIVED: 1524 | CLEARED: 1536 | OTHER TIME | TOTAL MINUTES: 12 | |
| DATE REPORT FILED: M 11 D 4 Y 15 | PHOTOS: ☐ YES ☒ NO | OFFICER'S NAME: J. OEHLER | BADGE NO: 124 | CHECKED BY | | |

State Ptl-012 2/13/03