OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO: 15-20151 | ☐ 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 | 07 | 15 | DAY: TUES | TIME MILITARY: 1130

CRASH OCCURRED ON: 1699 DEERFIELD RD - LEBANON OH (YMCA) | 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: FND: FILE:

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO: 1 | NO OF OCCUPANTS: 1 | OPERATING: ☐ | PARKED: ☒ | DRIVERLESS: ☐ | HIT & RUN NON CONTACT: ☐ | INSURANCE CO OR AGENT: GRANGE - FA631695!

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): MAY, RYAN, P. | ADDRESS NO, STREET, CITY, STATE, ZIP CODE: 2418 SUPERIOR AVE. MIDDLETOWN OH 45044

PHONE NO: 937-336-6680 | BIRTH DATE: 11 | 13 | 96 | AGE: 19 | SEX: M | SOCIAL SECURITY NO: | STATE: OH | DRIVER'S LICENSE NO: UC981931 | OCCUPATION:

OWNER (IF SAME AS DRIVER, WRITE SAME): MAY, ROBERT | ADDRESS: 6869 FRANKLIN MADISON RD MIDDLETOWN OH 45042 | PHONE:

VEH YR: 03 | MAKE: HONDA | MODEL: 2S | COLOR: SILVER | STYLE: | STATE: OH | LICENSE PLATE NO: FNX3717 | 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: ☒ NON FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ 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: ERIE - Q026603653

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): PENA, GEORGE, H. | ADDRESS NO, STREET, CITY, STATE, ZIP CODE: 721 CHRISTIAN LN LEBANON OH 45036

PHONE NO: 513-934-5614 | BIRTHDATE: 6 | 16 | 50 | AGE: 65 | SEX: M | SOCIAL SECURITY NO: | STATE: OH | DRIVER'S LICENSE NO: RM405071 | OCCUPATION:

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

VEH YR: 2012 | MAKE: FORD | MODEL: 4S | COLOR: GREY | STYLE: | STATE: OH | LICENSE PLATE NO: FNW7558 | 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: ☒ NON FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

C

FROM UNIT NO: | NAME (LAST, FIRST, MI): | BIRTHDATE: m D y | AGE: | ADDRESS: | PHONE: | SEX:

D

FROM UNIT NO: | NAME (LAST, FIRST, MI): | BIRTHDATE: m D y | AGE: | ADDRESS: | PHONE: | SEX:

E

FROM UNIT NO: | NAME (LAST, FIRST, MI): | BIRTHDATE: m D y | AGE: | ADDRESS: | PHONE: | SEX:

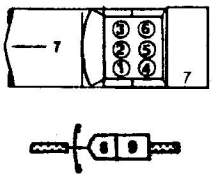
F

FROM UNIT NO: | NAME (LAST, FIRST, MI): | BIRTHDATE: m D y | AGE: | ADDRESS: | PHONE: | SEX:

POSITION: A 1 | B 1 | C | D | E | F

INJURIES: A 5 | B 5 | C | D | E | F

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



P-PEDESTRIAN

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
5 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 1 | C | D | E | F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

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

POLICE ACTION

A: INJURED TAKEN TO: | By: | ☐ ORC ☐ CITY ORD | OFFENSE CHARGED AND DESCRIPTION:

B: INJURED TAKEN TO: | By: | ☐ ORC ☐ CITY ORD | OFFENSE CHARGED AND DESCRIPTION:

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1130	1130	1140	1200	0000	30

DATE REPORT FILED: 11 | 07 | 15 | PHOTOS: ☐ YES ☒ NO | OFFICER'S NAME: HOLBROOK | BADGE NO: 127 | CHECKED BY:

State Ptl-012 2/13/03