

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. S	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0 8 3 0 3 0 0	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON	DATE OF CRASH: 02 10 2016	DAY Mon	TIME: MILITARY 1553	
CRASH OCCURRED ON The property of Walmart				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION MILES 150 FEET			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) 1530 Walmart Drive	CITY CODE 8303			

LOG-1	LOG-2	LOC	JUR	FH'9	FILT		
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Whitcomb, Rebecca, L.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6649 Sterling Drive Enon, OH 45323			
PHONE NO. 937-266-5535	BIRTH DATE 0m 1 15 19 79	AGE 27	SEX F	SOCIAL SECURITY NO. 273-94-9821	STATE OH	DRIVER'S LICENSE NO. SX721574	OCCUPATION Unknown
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS		PHONE	

VEH YR 2014	MAKE Nissan	MODEL HB	COLOR Lt. Blue	STYLE HB	STATE OH	LICENSE PLATE NO. LTSABER	TOWING SERVICE None	VEH/PED DIR FROM N TO S
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 2	NO OF OCCUPANTS 2	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO. OR AGENT Progressive Ins. Co.
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Brisbin, Taylor, E.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 241 S. Mary Ellen Street South Lebanon, OH 45065				
PHONE NO. 513-835-5236	BIRTHDATE 0m 2 11 19 78	AGE 17	SEX F	SOCIAL SECURITY NO. 293-02-9814	STATE OH	DRIVER'S LICENSE NO. UE908731	OCCUPATION Unknown	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS		PHONE		

VEH YR 2000	MAKE Chev	MODEL 4H	COLOR Tan	STYLE 4H	STATE OH	LICENSE PLATE NO. GMK5346	TOWING SERVICE None	VEH/PED DIR FROM N TO W
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	

C	FROM UNIT NO.	NAME (LAST, FIRST, MI) Centers, Ella, Ann	BIRTHDATE 1m 1 29 19 97	AGE 18	POSITION	INJURIES										
		ADDRESS 723 Shawhan Rd. Morrow, OH 45152	PHONE (937) 702-6346	SEX F	A 1	B 1	C 3	D	E	F	A 5	B 5	C 5	D	E	F

D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	 P-PEDESTRIAN	CONDITION					
		ADDRESS	PHONE	SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS	PHONE	SEX		A 1 B X X X X X X X X X X					
		ADDRESS	PHONE	SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN					

A	B	C	INJURED TAKEN TO			By	A	B	C	0	E	F	ALCOHOL			
D	E	F	INJURED TAKEN TO			By	1	8	8	8			A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

A	OFFENSE CHARGED AND DESCRIPTION											RESTRAINTS																				
ORC CITY ORD.												1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 CHILD SAFETY SEAT 8 AIR BAG USED 8 USE NOT REPORTED																				
OFFENSE CHARGED AND DESCRIPTION												EJECTION				DRUGS																
ORC CITY ORD.												A 1 B 1 C 1 D 1 E 1 F 1				A 1 TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				0 1 TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	DATE REPORT FILED											PHOTOS				OFFICER'S NAME				BADGE NO.				CHECKED BY			
02 10 2016	1611	1612	1629	20	37	02 10 2016											X YES NO				Ptl. Todd Ptl. Todd				116							

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

16-1984