

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO **16-4061** OH-2 OH-3 **Lebanon Police** **0830300** ODHS USE ONLY - 00 NOT MARK ABOVE

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: DAY **03/04/2016** **FRI** TIME MILITARY **1918**

CRASH OCCURRED ON **Private lot of 1001 Columbus** WITHIN THE INTERSECTION OF _____

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

LOG-1 _____ LOG-2 _____ LOC JUR FH'9 FILT _____

DRIVER-PEDESTRIAN-VEHICLE SECTION

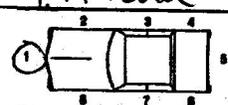
A UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING PARKED DRIVERLESS HIT & RUN NON CONTACT INSURANCE CO OR AGENT **Geico**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Perce, Dorothy D** ADDRESS (NO, STREET, CITY, STATE, ZIP CODE) **2830 Country Park Dr Cincinnati OH 45251**

PHONE NO. **513-544-6657** BIRTH DATE **03/26/1971** AGE **44** SEX **F** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO **RJ334467** OCCUPATION _____

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

VEH YR **2003** MAKE **Mazda** MODEL **SW** COLOR **GRN** STYLE _____ STATE **OH** LICENSE PLATE NO **EOE8163** 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

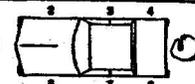
B UNIT NO. **2** NO OF OCCUPANT: **1** OPERATING PARKED DRIVERLESS HIT & RUN NON-CONTACT INSURANCE CO OR AGENT **Allstate**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Flittner Douglas** ADDRESS (NO, STREET, CITY, STATE, ZIP CODE) **943 Grandstone Ct Lebanon OH 45036**

PHONE NO. **816-853-6449** BIRTHDATE **01/23/1974** AGE **42** SEX **M** SOCIAL SECURITY NO. _____ STATE **OH** DRIVER'S LICENSE NO **RN667750** OCCUPATION _____

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

VEH YR **2012** MAKE **HYUN** MODEL **4H** COLOR **Silver** STYLE _____ STATE **OH** LICENSE PLATE NO **FJB5299** 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

OCCUPANT SECTION

C	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
					A	B	C	D	E	F	A	B	C	D	E	F
			m D y													
		ADDRESS	PHONE													
			m D y													
		ADDRESS	PHONE													
			m D y													
		ADDRESS	PHONE													
			m D y													
		ADDRESS	PHONE													

POLICE ACTION

A	B	C	INJURED TAKEN TO _____ By _____			A	B	C	D	E	F	ALCOHOL			
D	E	F	INJURED TAKEN TO _____ By _____			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED						A	B	TESTED	
A	B	C	OFFENSE CHARGED AND DESCRIPTION _____			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN						EJECTION			
D	E	F	OFFENSE CHARGED AND DESCRIPTION _____			1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						DRUGS			
RECEIVED CALL 1918		DISPATCHED 1919		ARRIVED 1927		CLEARED 1939		OTHER TIME _____		TOTAL MINUTES 21		TESTED		TESTED	
DATE REPORT FILED 03/04/2016		PHOTOS H YES NO		OFFICER'S NAME McMaken		BADGE NO. 114		CHECKED BY _____		TESTED		TESTED		TESTED	