

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2016-7405	<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 type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	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 <input type="checkbox"/>
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 04 22 2016	DAY Friday	TIME: MILITARY 1914	
CRASH OCCURRED ON Lebanon Junior High Parking lot - 160 Miller Rd. Lebanon, OH				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
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A	UNIT NO. 1	NO OF OCCUPANTS 2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Atlantic States Insurance
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Ruby, Brian K	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 907 Brookside Dr. Lebanon, OH 45036
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PHONE NO. 513-331-0282	BIRTH DATE 8/17/48	AGE 47	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RT136252	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS	PHONE
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VEH YR 2003	MAKE Pontiac	MODEL Bonneville	COLOR Blue	STYLE 4s	STATE OH	LICENSE PLATE NO. 093YGS	TOWING SERVICE N/A	VEH/PED DIR FROM TO
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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 checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <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
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B	UNIT NO. 2	NO OF OCCUPANTS 2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Allstate
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Tipton, Donnie E	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1615 Shawhan Road Morrow, OH 45152
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PHONE NO. 513-850-1517	BIRTH DATE 8/8/55	AGE 60	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RF435874	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS	PHONE
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VEH YR 2012	MAKE Chrysler	MODEL Town & Country	COLOR Red	STYLE SW	STATE OH	LICENSE PLATE NO. GNQ3504	TOWING SERVICE N/A	VEH/PED DIR FROM TO
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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 checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <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
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C	FROM UNIT NO. 1	NAME (LAST, FIRST, MI) Ruby, Madalyn Paige	BIRTH DATE 9/16/99	AGE 16	SEX F	POSITION A B C D E F 1 1 3 3	INJURIES A B C D E F 5 5
		ADDRESS 907 Brookside Dr. Lebanon, OH 45036	PHONE 513-331-0282				

D	FROM UNIT NO. 2	NAME (LAST, FIRST, MI) Tipton, Patricia A.	BIRTH DATE 7/8/57	AGE 58	SEX F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED
		ADDRESS 1615 Shawhan Rd. Morrow, OH 45152	PHONE 513-850-1517				

E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	SEX		CONDITION A B 1 /
		ADDRESS	PHONE				

F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN
		ADDRESS	PHONE				

A B C	INJURED TAKEN TO	By	A B C D E F	ALCOHOL A B 1 YES NO YES NO
D E F	INJURED TAKEN TO	By	1 4 4 4 4	1 YES NO YES NO

A	OFFENSE CHARGED AND DESCRIPTION	ORC CITY ORD.	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
O	OFFENSE CHARGED AND DESCRIPTION	ORC CITY ORD.	1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN

A B C	RECEIVED CALL 1514	DISPATCHED 1928	ARRIVED 1928	CLEARED 1955	OTHER TIME	TOTAL MINUTES 00OffOff	EJECTION A B C D E F 1 1 1 1	DRUGS A TESTED 0 TESTED 1 YES NO 1 YES NO
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A B C	DATE REPORT FILED 4/29/16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Sgt. Weithofer	BADGE NO. 104	CHECKED BY	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG
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State Ptl-012 2/13/03

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO