

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>14381</b>	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	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 <b>2</b>	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 checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH: DAY <b>8/11/16</b> MON	TIME: MILITARY <b>1258</b>		
CRASH OCCURRED ON <b>Private Property</b>				WITHIN THE INTERSECTION OF <b>McDonalds 650 East Main St.</b>			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				MILES _____ FEET _____ W _____ S _____ E _____ OF _____		CITY CODE _____	

LOG-1	LOG-2	LOC	JUR	FH9	FILT				
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A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Nationwide</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Gray, Charles T</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>414 East Fancy St. Blanchester Ohio 45107</b>			
PHONE NO. <b>513-659-3249</b>	BIRTH DATE <b>3/12/88</b>	AGE <b>28</b>	SEX <b>M</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>SU360802</b>	OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) <b>EAO Holdings</b>	ADDRESS <b>1050 N. Lombard Rd, Lombard IL</b>	PHONE <b>513-576-7990</b>
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VEH YR <b>2015</b>	MAKE <b>Volkswagen</b>	MODEL <b>Jetta</b>	COLOR <b>Blk</b>	STYLE <b>4dr</b>	STATE <b>IL</b>	LICENSE PLATE NO. <b>H989692</b>	TOWING SERVICE	VEH/PED DIR FROM TO
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"/> MODERATE <input checked="" 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 type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	

8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>0</b>	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>USAA</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Regan Scott K</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>5245 Man o war Morrow Ohio</b>			
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Regan Scott K</b>	ADDRESS <b>5245 Man o war Morrow Ohio</b>	PHONE <b>513-532-5554</b>						
VEH YR <b>2015</b>	MAKE <b>Nissan</b>	MODEL <b>Rogue</b>	COLOR <b>White</b>	STYLE <b>SW</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>6IHZ353</b>	TOWING SERVICE	VEH/PED DIR FROM TO
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"/> MODERATE <input checked="" 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 type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	

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

A	B	C	INJURED TAKEN TO _____	By _____	A	B	C	D	E	F	ALCOHOL				
D	E	F	INJURED TAKEN TO _____	By _____	RESTRAINTS						A	TESTED			
A	B	C	INJURED TAKEN TO _____	By _____	RESTRAINTS						A	TESTED			
D	E	F	INJURED TAKEN TO _____	By _____	RESTRAINTS						A	TESTED			

A	OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD. <b>Stopping after accident Private Property</b>					EJECTION					DRUGS				
O	OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD. <b>Unit #1 backed into Unit #2 and left the scene</b>					EJECTION					DRUGS				
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	EJECTION					DRUGS				
<b>1258</b>	<b>1258</b>	<b>1300</b>	<b>1314</b>	<b>24</b>	<b>00off 40</b>	A	B	C	D	E	F	A	TESTED	O	TESTED
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	EJECTION					DRUGS					
<b>8/16/16</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Foy</b>	<b>119</b>		EJECTION					DRUGS					

DRIVER-PEDESTRIAN-VEHICLE SECTION  
OCCUPANT SECTION  
POLICE ACTION

LOCAL FILE NO