

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-17932	<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 1	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 checked="" type="checkbox"/>
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 09 24 16	DAY Saturday	TIME: MILITARY 1855	
CRASH OCCURRED ON 1650 Kingsview Dr.				WITHIN THE INTERSECTION OF Advics			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321	

LOCAL FILE NO

LOG-1	LOG-2	LOC	JUR	FH9	FILT			
A	UNIT NO.	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT OH Plan (OH1684230P14)
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Zachary Joseph Thuney				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 20 W. Silver St. Lebanon OH 45036				
PHONE NO. 513-932-2010	BIRTH DATE 3 26 93 m y	AGE 23	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TX350436	OCCUPATION Fire / EMS	
OWNER (IF SAME AS DRIVER, WRITE SAME) City of Lebanon				ADDRESS 50 S. Broadway Lebanon OH 45036				PHONE 513-932-2010

DRIVER-PEDESTRIAN-VEHICLE SECTION

VEH YR 2014	MAKE Freightliner	MODEL Box	COLOR Red	STYLE AMB	STATE OH	LICENSE PLATE NO. NA	TOWING SERVICE NA	VEH/PED DIR FROM E TO W	
CIRCLE DAMAGE AREAS			DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE		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.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS			DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE		VEHICLE DISPOSITION <input 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 m D y	AGE	SEX	POSITION A B C D E F	INJURIES A B C D E F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	SEX		CONDITION A B C D E F
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN
RESTRAINTS							

POLICE ACTION

A B C	INJURED TAKEN TO	By	A B C D E F	ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED	
D E F	INJURED TAKEN TO	By	A B C D E F	TESTED	
A	OFFENSE CHARGED AND DESCRIPTION	ORC CITY OR D	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		
D	OFFENSE CHARGED AND DESCRIPTION	ORC CITY OR D	EJECTION A B C D E F		
RECEIVED CALL	DISPATCHED 1855	ARRIVED 1856	CLEARED 1942	OTHER TIME 20	TOTAL MINUTES 00 off
DATE REPORT FILED 9 12 24 16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Nate Trout	BADGE NO. 129	CHECKED BY	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE
			DRUGS A TESTED O TESTED 1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		

LOCAL REPORT NO. 16-17932 DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER See attached report from U.S. Security Associates. Driver was drug and alcohol tested per. LFD policy.

Ambulance VIN# 1HTMNAAL8EH016539 and was in emergency response during crash.

Below is no longer reported

WEATHER 1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER	FIRST HARMFUL EVENT TWO MV IN TRANSPORT 1 HEAD ON 2 REAR-END 3 BACKING 4 SIDESWIPE MEETING 5 SIDESWIPE PASSING 6 ANGLE	SHOW NORTH WITH ARROW 
ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 DIRT/SAND 6 OTHER	ONE MV IN TRANSPORT (COLLISION) 7 PARKED MOTOR VEH 8 PEDESTRIAN 9 ANIMAL 10 TRAIN 11 PEDALCYCLE 12 OTHER NON-M V 13 FIXED OBJECT 14 OTHER OBJECT (NON-COLLISION) 15 FALL FROM OR IN VEH 16 OVERTURNING 17 OTHER NON-COLLIS	
LIGHT 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK NO LIGHTS 6 DARK-LIGHTED 6 OTHER	LOCATION 1 INTERSECTION 2 INTERSECTION-RELATED 3 DRIVEWAY ACCESS 4 RAILROAD CROSSING 5 BRIDGE-PASSING OVER 6 BRIDGE-PASSING UNDER 7 NON-INTERSECTION 8 PRIVATE PROPERTY	
ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	RAMP LETTER CODE	
OCCURRENCE 1 ON ROADWAY 2 OFF LEFT SIDE 3 OFF RIGHT SIDE 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY		
SPECIAL AREA 1 ROAD CONSTRUCTION 2 SCHOOL ZONE MAINTENANCE AREA		

TYPE OF UNIT		A		B		PRE-CRASH ACTIONS		A		B		CONTRIBUTING FACTOR -		A		B	
CAR 1 SUB-COMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE TRUCK 5 PICKUP 6 PANEL/VAN 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK AND TRAILER 9 TRUCK TRACTOR 10 TRACTOR & SEMI-TRAILER 11 TRACTOR & DOUBLE TRAILER MOTORCYCLE 12 MC UP TO 350CC 13 MC 351CC TO 750CC 14 MC OVER 751CC IS MOTORIZED BICYCLE		Bus 16 SCHOOL 17 CHURCH 16 PUBLIC BUS EMERGENCY 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE OTHER 22 TAXI 23 MOTOR HOME 24 TRAIN 26 FARM VEHICLE 27 SNOWMOBILE 28 CONSTRUCTION EQUIP 29 ANIMAL W/RIDER 30 ANIMAL W/BUGGY 31 BICYCLE 32 ALL OTHERS P = PEDESTRIAN		DRIVER ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 6 U TURN 8 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING RAMP 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS		PEDESTRIAN ACTIONS 18 CROSSING IN X-WALK 19 CROSSING OTHER THAN X-WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING VEHICLE 26 PUSHING/WORKING ON VEH IN ROAD 27 ON SIDEWALK OR SHOULDER		DRIVER ERROR 1 NONE 2 FAILURE TO YIELD 3 UNSAFE SPEED 4 FOLLOWING TOO CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 DROVE OFF ROAD REASON UNKNOWN 17 OTHER DRIVER ERROR		NON-DRIVER FACTOR 18 VEHICLE DEFECTS 19 LOAD SHIFTING 20 FALING SPILLING 20 PAVEMENT DEFECT 21 SHOULDER DEFECT 22 DEBRIS ON ROAD 23 DOWNED TRAFFIC SIGN/DEVICE 24 VISION OBSTRUCTION 26 ANIMAL ACTIONS 26 PEDESTRIAN ACTIONS		VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY SECONDARY		TRUCK LOAD 1 EMPTY 2 PERISHABLE GOODS 3 GENERAL FREIGHT 4 METAL/HEAVY MACHINERY 5 HAZARDOUS GAS 6 HAZARDOUS LIQUID 7 HAZARDOUS SOLID 8 RADIOACTIVE MATERIAL		TRUCK AXLES 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS	
SPEED UNIT EST. LEGAL A B B		MC HELMET USE UNIT DRIVER PASS A B		DRIVER 1 NO CONTROLS 2 STOP SIGN 3 YIELD SIGN 4 TRAFFIC SIGNAL 5 TRAFFIC FLASHERS 6 SCHOOL ZONE 7 RAILROAD CROSSBUCKS 8 RAILROAD FLASHERS 9 RAILROAD GATES 10 CONSTR BARRICADES 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 OTHER		FIXED OBJECT STRUCK 1 NONE 2 UTILITY POLE 3 TRAFFIC SIGN 4 BRIDGE/CULVERT 5 GUARD RAIL 6 FENCE 7 TREE 8 SHRUBBERY 9 CURB 10 DITCH 11 EMBANKMENT 12 BUILDING 13 MAIL BOX 14 CONSTRUCTION BARRICADE 15 FIRE HYDRANT 16 OTHER OBJECT		TRAFFIC CONTROL A B		TRUCK LOAD A B		TRUCK AXLES A B		TRACTOR-TRAILER RIGS			
PLEASE CHECK TO SEE THAT ALL BOXES ARE CLEAR ENOUGH TO BE PHOTOGRAPHED				1 NO HELMET 2 FULL COVERAGE 3 FULL FACIAL COVER 4 OTHER TYPE HELMET													



U.S. SECURITY ASSOCIATES Incident Report

Part I - Administrative Details

1. Branch office number & name:		2. Client number & name:	
3. Incident day & date: <u>Saturday</u> <u>September 24, 2016</u>		4. Time of Incident (Use 24 hour time): <u>1800</u>	
5. Type of Incident: <u>Property Damage</u>			
6. Location of incident: Site street address: City: <u>1650 Kingsview Lebanon, OH</u> State: <u>OH</u> ZIP:			
7. Officer making report: <u>Ernest Lockett</u>	8. Reporting officer's telephone/extension:	9. Reporting officer's post: <u>Guard shack</u>	
10. Other Officer on duty & telephone: <u>n/a</u>	11. Other Officer on duty & telephone: <u>n/a</u>	12. Other Officer on duty & telephone: <u>n/a</u>	

Part II - Client Security Incident Report Details

13. Complainant's name:	14. Complainant's telephone/extension:	15. Complainant's location:
16. Outside assistance used:		
17. Department or entity:		
18. Name of responding official & telephone:		
19. Witness's name: <u>n/a</u>	20. Witness's telephone/extension: <u>n/a</u>	21. Witness's location: <u>n/a</u>
22. Suspect's name: <u>Lebanon Fire + Rescue</u>	23. Suspect's description: <u>Truck #41</u>	
24. 2 nd suspect's name: <u>n/a</u>	25. 2 nd suspect's description: <u>n/a</u>	

26: Detailed description of incident (Who, What, When, Where) (Continue on plain paper if required.):
At approx 1800, Lebanon Fire + Rescue responded to a call made by CPD personnel. Upon entering Advics, the Lebanon Fire + Rescue driver entered using the exit driveway as another vehicle was exiting the facility. As the gate lowered, security bar lowered the ambulance proceeded through the bar thus damaging the device.

27. Name of client representative contacted: <u>CPD Maintenance Dept</u>		28. Client representative's telephone:
29. Company individuals verbally notified: <u>Ted Weddington</u>		30. Telephone number:
31. Is follow-up required?	32. Incident report number:	33. Time & date report is prepared: