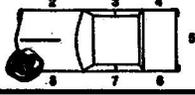


OHIO TRAFFIC CRASH REPORT

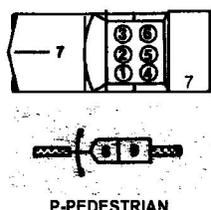
OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>16-21369</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				LOCAL FILE NO.
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		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH: DAY <b>11 18 16</b> <b>FRI</b>	TIME: MILITARY <b>1253</b>			
CRASH OCCURRED ON <b>1879 Deerfield Rd, Lebanon OH</b>				WITHIN THE INTERSECTION OF				
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE				

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JUR	FH9	FILT		
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>Sentry Select</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Martin, Travis</b>			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>305 Patriot Ct, Lebanon, OH 45036</b>				
PHONE NO. <b>(937) 903-4740</b>	BIRTH DATE <b>10/30/81</b>	AGE <b>35</b>	SEX <b>M</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>FU400433</b>	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Kings Ford</b>			ADDRESS <b>9555 Kings Automall Rd, Cincinnati, OH (513) 683-0220</b>				PHONE
VEH YR <b>2017</b>	MAKE <b>Ford</b>	MODEL <b>F-150</b>	COLOR <b>White</b>	STYLE <b>TK</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>164385</b>	TOWING SERVICE
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 checked="" 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>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>Geico</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Wilson, Anthony</b>			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>10832 Hampton Glen Ln, Loveland, OH 45140</b>				
PHONE NO. <b>(513) 503-9682</b>	BIRTH DATE <b>7/9/75</b>	AGE <b>41</b>	SEX <b>M</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>RJ167540</b>	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>			ADDRESS				PHONE
VEH YR <b>15</b>	MAKE <b>Chevy</b>	MODEL <b>Traverse</b>	COLOR <b>Blue</b>	STYLE <b>sw</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>GMH4070</b>	TOWING SERVICE
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	SEX	A   B   C   D   E   F	A   B   C   D   E   F	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		<input type="checkbox"/> FATAL <input type="checkbox"/> SERIOUS VISIBLE <input type="checkbox"/> MINOR VISIBLE <input type="checkbox"/> NO VISIBLE INJURY <input type="checkbox"/> NOT INJURED	
		ADDRESS	m   D   y	SEX		CONDITION	
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		A   B   C   D   E   F	<input type="checkbox"/> APPARENTLY NORMAL <input type="checkbox"/> SICK <input type="checkbox"/> FATIGUED <input type="checkbox"/> APPARENTLY ASLEEP <input type="checkbox"/> PHYSICAL DEFECT <input type="checkbox"/> OTHER CONDITION <input type="checkbox"/> UNKNOWN
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		SEX	

POLICE ACTION

A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL
D	E	F	INJURED TAKEN TO	By	1	1	1	1	1	1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED <input type="checkbox"/> TESTED
A	OFFENSE CHARGED AND DESCRIPTION				RESTRAINTS			<input type="checkbox"/> NOT USED <input type="checkbox"/> NONE AVAILABLE <input type="checkbox"/> LAP BELT USED <input type="checkbox"/> LAP/SHOULDER BELT USED <input type="checkbox"/> SHOULDER BELT USED <input type="checkbox"/> CHILD SAFETY SEAT <input type="checkbox"/> AIR BAG USED <input type="checkbox"/> USE NOT REPORTED			
O	OFFENSE CHARGED AND DESCRIPTION				EJECTION			DRUGS			
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	<input type="checkbox"/> NOT EJECTED <input type="checkbox"/> PARTIAL <input type="checkbox"/> TOTAL <input type="checkbox"/> TRAPPED INSIDE VEHICLE			<input type="checkbox"/> NO DRUGS DETECTED <input type="checkbox"/> USING PRESCRIBED DRUG <input type="checkbox"/> USING ILLICIT DRUG		
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY							
M   D   Y	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>T. Cooper #</b>	<b>125</b>								