

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 12-17246		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300	ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	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: DAY 10 5 12 Friday	TIME: MILITARY 2330					
CRASH OCCURRED ON BW3s Parking lot					WITHIN THE INTERSECTION OF BW3s 1248 Columbus Ave.						
IF NOT IN INTERSECTION _____ MILES 200 FEET		N W S E OF Columbus Ave (US 42)			LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.				CITY CODE 8503		
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT Dyer Ins.			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Burnside Robert G.					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1124 Comanche Place Lebanon OH 45036						
PHONE NO. 513-850-5784		BIRTH DATE 6 29 70	AGE 42	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RH779103			OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME					ADDRESS SAME			PHONE SAME			
VEH YR 2010	MAKE Chery	MODEL SW	COLOR Wht	STYLE SW	STATE OH	LICENSE PLATE NO. BC 96 VS		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 checked="" 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		
B	UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT Progressive			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Butsch Steven M					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1209 Foxhollow Dr. Lebanon 567-356-6608						
PHONE NO.		BIRTH DATE m D y	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Butsch Steven M					ADDRESS 1209 Foxhollow Dr. Lebanon			PHONE 567-356-6608			
VEH YR 2010	MAKE Chery	MODEL ZH	COLOR Red	STYLE ZH	STATE OH	LICENSE PLATE NO. FLF3294		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 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		
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m D y	AGE	POSITION A B C D E F			INJURIES A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m D y	AGE	POSITION A B C D E F			INJURIES A B C D E F		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m D y	AGE	POSITION A B C D E F			INJURIES A B C D E F		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m D y	AGE	POSITION A B C D E F			INJURIES A B C D E F		
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 type="checkbox"/> NO		
D E F		INJURED TAKEN TO		By		A B C D E F			ALCOHOL A <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO		
A	OFFENSE CHARGED AND DESCRIPTION					EJECTION A B C D E F			DRUGS A TESTED B TESTED C YES D YES E NO F NO		
O	OFFENSE CHARGED AND DESCRIPTION					EJECTION A B C D E F			DRUGS A TESTED B TESTED C YES D YES E NO F NO		
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				
DATE REPORT FILED 10 9 12	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Nate Trout		BADGE NO. 129	CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

VEHICLE SECTION