OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.				
12-17790	☐ OH-2 ☐ OH-3	Lebanon Police	0 8 3 0 3 0 0	ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO

REPORT TAKEN	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	1	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF WARREN	IN ☒ CITY	DATE OF CRASH:	DAY	TIME: MILITARY
	LEBANON	10 / 12 / 12	MONDAY	1919

CRASH OCCURRED ON	WITHIN THE INTERSECTION OF
PAPA JOHNS, 740 COLUMBUS AVE	

IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE

LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT
			☒	☐	☐	☐	☐	LANDMARK INS AGEN

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Cooper, Catherine B	503 S. Liberty Keuter, Lebanon, Oh 45036

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
934-3666	5 9 38 (m D y)	74	F		OH	RJ368612	

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Milburn Cooper	same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
2003	Mini	Cooper	Silver	2S	OH	818BC	None	FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☒ MODERATE ☒ LIGHT ☐ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	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
	m D y						

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

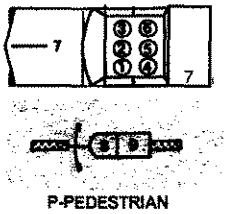
CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C			m D y	39			
D.			m D y				
E			m D y				
F.			m D y				

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1						4					



1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION

A	B
1	

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
8 OTHER CONDITION
7 UNKNOWN

RESTRAINTS

A	B	C	D	E	F
4					

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

ALCOHOL

A		B	
1	☐ YES ☒ NO TESTED		☐ YES ☐ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3- HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION

A	B	C	D	E	F
1					

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS

A	TESTED	D	TESTED
1	☐ YES ☒ No		☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	By
D	E	F		
A	B	C	INJURED TAKEN TO	By
D	E	F		

A ☐ ORC ☐ CITY ORD OFFENSE CHARGED AND DESCRIPTION

D ☐ ORC. ☐ CITY ORD OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	1919	1922	1936		0OffOff

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
10 15 12 (M D Y)	☐ YES ☒ NO	S. Drake	118	

State Ptl-012 2/13/03