

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	0830300	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	2	CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		<b>LEBANON</b>		DATE OF CRASH:	DAY	TIME: MILITARY		
CRASH OCCURRED ON		Municipal Lot 3 (49 N. Sycamore St.)		WITHIN THE INTERSECTION OF		12	14	12	FIRE 2233	
IF NOT IN INTERSECTION		N E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE				
LOC 1	LOC 2	LOC	JUR	FH9	FILT					
A	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.		BIRTH DATE	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		
CIRCLE DAMAGE AREAS		9 TOP	10 UNDER CAR	11 LOAD	12 TRAILER	DAMAGE SEVERITY		DAMAGE SCALE		
		<input type="checkbox"/> NON-FUNCTIONAL	<input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> DISABLING	<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		FIRE	
		<input type="checkbox"/> DRIVEN AWAY		<input type="checkbox"/> REMAINED AT SCENE		<input type="checkbox"/> TOWED		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> 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.		BIRTH DATE	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		
2004	TOYT		white	4s	OH	FNH6582	AAA			
CIRCLE DAMAGE AREAS		9 TOP	10 UNDER CAR	11 LOAD	12 TRAILER	DAMAGE SEVERITY		DAMAGE SCALE		
		<input type="checkbox"/> NON-FUNCTIONAL	<input type="checkbox"/> FUNCTIONAL	<input checked="" type="checkbox"/> DISABLING	<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> HEAVY		VEHICLE DISPOSITION		FIRE	
		<input type="checkbox"/> DRIVEN AWAY		<input type="checkbox"/> REMAINED AT SCENE		<input checked="" type="checkbox"/> TOWED		<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)		BIRTHDATE	AGE	POSITION		INJURIES		
		ADDRESS		PHONE	SEX	A	B	C	D	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION		INJURIES		
		ADDRESS		PHONE	SEX	A	B	C	D	
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION		INJURIES		
		ADDRESS		PHONE	SEX	A	B	C	D	
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION		INJURIES		
		ADDRESS		PHONE	SEX	A	B	C	D	
		ADDRESS		PHONE	SEX	P-PEDESTRIAN		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS		PHONE	SEX	RESTRAINTS		CONDITION		
		ADDRESS		PHONE	SEX	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN		
A	B	C	INJURED TAKEN TO		By		ALCOHOL		A B C D E F	
D	E	F	INJURED TAKEN TO		By		TESTED		A B C D E F	
A		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		EJECTION		DRUGS		
O		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	A B C D E F		TESTED O TESTED		
2233	2235	2235	2317	0	52	A B C D E F		1 YES 1 NO 1 YES 1 NO		
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	A B C D E F		TESTED O TESTED		A B C D E F	
M D Y	YES NO	J. Haller	123		A B C D E F		1 YES 1 NO 1 YES 1 NO		A B C D E F	

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO  
12-21461