

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	Lebanon Police	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 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		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 01/19/13	SAT	TIME: MILITARY	
CRASH OCCURRED ON 915 N. Broadway				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			
MILES FEET W S E OF							
LOG JUR FH9 FILT							
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Dakin
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Arnett, Thelma R.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 42(B) Springhouse Court Lebanon, OH 45036			
PHONE NO. 513-933-8352		BIRTH DATE 02/06/25	AGE 87	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. R6741775
OWNER (IF SAME AS DRIVER, WRITE SAME) "SAME"				ADDRESS			
VEH YR 2003	MAKE Ford	MODEL 500	COLOR Tan	STYLE 45	STATE OH	LICENSE PLATE NO. AP18 DF	VEH/PED DIR FROM TO E 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"/> MODERATE <input type="checkbox"/> NONE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		VEH/PED DIR FROM TO					
B	UNIT NO. 8	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	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.
OWNER (IF SAME AS DRIVER, WRITE SAME) Dominoes Property - Building Pizza				ADDRESS 915 N. Broadway Lebanon, OH			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	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"/> MODERATE <input type="checkbox"/> NONE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED	
FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		VEH/PED DIR FROM TO					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION	INJURIES	
		ADDRESS	PHONE	SEX	A B C D E F	A B C D E F	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS	PHONE	SEX		CONDITION	
		ADDRESS	PHONE	SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
		ADDRESS	PHONE	SEX		RESTRAINTS	
		ADDRESS	PHONE	SEX	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		
		ADDRESS	PHONE	SEX	A B C D E F 1 4		
		ADDRESS	PHONE	SEX	ALCOHOL		
		ADDRESS	PHONE	SEX	A B C D E F 1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED 2 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED		
		ADDRESS	PHONE	SEX	1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
		ADDRESS	PHONE	SEX	EJECTION		
		ADDRESS	PHONE	SEX	A B C D E F 1 1		
		ADDRESS	PHONE	SEX	DRUGS		
		ADDRESS	PHONE	SEX	A B C D E F 1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED 2 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED		
		ADDRESS	PHONE	SEX	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
A		INJURED TAKEN TO	By		RECEIVED CALL 1154 DISPATCHED 1154 ARRIVED 1157 CLEARED 1224 OTHER TIME 10 TOTAL MINUTES 37		
D		INJURED TAKEN TO	By		DATE REPORT FILED 01/19/13 PHOTOS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OFFICER'S NAME Ptl. Brock BADGE NO. 126 CHECKED BY		
A		OFFENSE CHARGED AND DESCRIPTION	POLICE ACTION <input type="checkbox"/> ORC CITY ORD. <input type="checkbox"/> OFFENSE CHARGED AND DESCRIPTION				
O		OFFENSE CHARGED AND DESCRIPTION	<input type="checkbox"/> ORC CITY ORD. <input type="checkbox"/> OFFENSE CHARGED AND DESCRIPTION				

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO

2013-1039