

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - DO 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			LEBANON		DATE OF CRASH	9/8/13	DAY	MON	TIME: MILITARY	1630		
CRASH OCCURRED ON						WITHIN THE INTERSECTION OF									
1425 Columbus															
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)															
MILES FEET W S E OF CITY CODE															
LOC JUR FH9 FILT															
A	UNIT NO.	1	NO OF OCCUPANTS	UNK.	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input checked="" type="checkbox"/>	INSURANCE CO OR AGENT	Unknown	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
Unknown															
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						
									FROM TO						
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE					
1 2 3 4 5 6 7 8				<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<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					
B	UNIT NO.	2	NO OF OCCUPANTS	0	OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON-CONTACT	<input type="checkbox"/>	INSURANCE CO. OR AGENT	Progressive	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
Carol Brady						414 E. Main St. Lebanon OH									
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME)												ADDRESS		PHONE	
Carol Brady												414 E. Main St. Lebanon OH		513-253-8715	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR						
04	Audi	SW	Silver	SW	OH	DYS9794			FROM TO						
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE					
1 2 3 4 5 6 7 8				<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<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					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE	POSITION			INJURIES				
		Address same			PHONE		SEX	A	B	C	D	E	F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE	POSITION			INJURIES				
		Address			PHONE		SEX	7			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED				
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE	POSITION			CONDITION				
		Address			PHONE		SEX	P-PEDESTRIAN			A B C D E F				
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE	RESTRAINTS			ALCOHOL				
		Address			PHONE		SEX	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			A B C D E F				
A	B	C	INJURED TAKEN TO					By			ALCOHOL				
D	E	F	INJURED TAKEN TO					By			A B C D E F				
A	B	C	OFFENSE CHARGED AND DESCRIPTION					EJECTION			DRUGS				
			ORC. CITY OR D					A B C D E F			A B C D E F				
A	B	C	OFFENSE CHARGED AND DESCRIPTION					EJECTION			DRUGS				
			ORC. CITY OR D					A B C D E F			A B C D E F				
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG					
1651	1653	1656	1741	10	100										
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY											
4/10/12	YES	Morris	131												

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO
13-6064