

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 13-8213		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.		
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input 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					
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: 05 13 13	DAY Monday	TIME: MILITARY 2038					
CRASH OCCURRED ON 748 Columbus Ave						WITHIN THE INTERSECTION OF								
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE				
LOG-1		LOG-2		LOC		JUR		FH9		FILT				
A	UNIT NO.	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>			INSURANCE CO OR AGENT Allied Insurance	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Fry, Megan Marie						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3785 Greycliff Lndg, Franklin, OH 45005								
PHONE NO. 937-746-7755		BIRTH DATE m y		AGE 16	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. UA138165		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Roberta Fry						ADDRESS Same				PHONE				
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR FROM TO				
2007	Pontiac	4s		Silver	4s	OH	FNX3946							
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 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.	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT AllState				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Brown, Shannon D						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1109 Middleboro Rd,								
PHONE NO. 513-594-5809		BIRTHDATE m D y		AGE 39	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. SA958414		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS same				PHONE same				
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR FROM TO				
2012	Ford	4s		Silver	4S	OH	FRU8713							
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 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				
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m D y		AGE	POSITION A B C D E F			INJURIES A B C D E F			
		ADDRESS			PHONE		SEX							
	D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m D y		AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
			ADDRESS			PHONE		SEX						
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m D y		AGE				CONDITION A B C D E F			
		ADDRESS			PHONE		SEX							
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m D y		AGE	P-PEDESTRIAN			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN			
		ADDRESS			PHONE		SEX							
A B C		INJURED TAKEN TO			By		RESTRAINTS A B C D E F			ALCOHOL A B C D E F				
D E F		INJURED TAKEN TO			By		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 8 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
A	OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD.						EJECTION A B C D E F			DRUGS A B C D E F				
O	OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD.						1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				
RECEIVED CALL		DISPATCHED 2038	ARRIVED 2246	CLEARED 2103	OTHER TIME	TOTAL MINUTES 00off0ff								
DATE REPORT FILED m D y		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME S. Drake		BADGE NO. 118	CHECKED BY								

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION