

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

| | | | | | | | | | |
|------------------------|---|---|----------------|------------------------------------|---|------------------------|--|-------------------------|--|
| LOCAL REPORT NO. | <input type="checkbox"/> OH-2 <input 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 | 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 | DAY | TIME: MILITARY | 7 17 13 WED 1256 | |
| CRASH OCCURRED ON | | | | WITHIN THE INTERSECTION OF | | | | | |
| WALMART DRIVE | | | | | | | | | |
| IF NOT IN INTERSECTION | | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | | | | CITY CODE | | | |
| _____ MILES _____ FEET | | W _____ N _____ E _____ S _____ | | OF 1530 | | | | | |

13-12194

DRIVER-PEDESTRIAN-VEHICLE SECTION

| | | | | | | | | | | |
|--|---|---|--|--|---|-------------------------------------|--|---------------------------|----------------|-----------------------|
| LOC JUR FH9 FILT | A UNIT NO. 1 | | NO OF OCCUPANTS 3 | OPERATING <input checked="" type="checkbox"/> | PARKED <input type="checkbox"/> | DRIVERLESS <input type="checkbox"/> | HIT & RUN NON CONTACT <input type="checkbox"/> | INSURANCE CO OR AGENT | FARMERS | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | | |
| ROBINSON, ORVILLE R. | | | | 878 MILLER RD, LEBANON, OH 45036 | | | | | | |
| PHONE NO. | BIRTH DATE | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION | | | |
| (513) 615-0864 | 4 13 41 | 72 | M | | OH | RR478427 | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) | | | | ADDRESS | | | | | | PHONE |
| SAME | | | | | | | | | | |
| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO. | TOWING SERVICE | VEH/PED DIR | | |
| 2004 | CADILLAC | DEVILLE | WHT | 4/10 | OH | DUX1970 | | FROM S TO N | | |
| CIRCLE DAMAGE AREAS | DAMAGE SEVERITY | | DAMAGE SCALE | | VEHICLE DISPOSITION | | FIRE | | | |
| | <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | |
| 8 UNIT NO. 2 | 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 | STATE FARM | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | | |
| SMITH, JOHN E. | | | | 799 TAMARACK CT, APT A, LEBANON, OH 45036 | | | | | | |
| PHONE NO. | BIRTH DATE | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION | | | |
| (513) 932-7976 | 8 30 52 | 60 | M | | OH | RP67965 | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) | | | | ADDRESS | | | | | | PHONE |
| SMITH, LISA | | | | SAME | | | | | | (513) 932-7976 |
| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO. | TOWING SERVICE | VEH/PED DIR | | |
| 2011 | TOYOTA | COROLLA | SIL | 4/10 | OH | DND2168 | | FROM N TO S | | |
| CIRCLE DAMAGE AREAS | DAMAGE SEVERITY | | DAMAGE SCALE | | VEHICLE DISPOSITION | | FIRE | | | |
| | <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | |

OCCUPANT SECTION

| | | | | | | |
|-----------------|------------------------|-----------|-----|---|---|--|
| C FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | POSITION | INJURIES | |
| | ADDRESS | m d y | | A B C D E F | A B C D E F | |
| D FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | | 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED | |
| E FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | | CONDITION | |
| F FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE | AGE | | 1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN | |
| | ADDRESS | m d y | | | RESTRAINTS | |
| | | | | ALCOHOL | | |
| | | | | 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED | | |
| | | | | DRUGS | | |
| | | | | 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN | | |

POLICE ACTION

| | | | |
|-----------------------------------|--|--|--|
| A B C INJURED TAKEN TO | By | A B C D E F | ALCOHOL |
| D E F INJURED TAKEN TO | By | A B C D E F | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED |
| A B C INJURED TAKEN TO | By | A B C D E F | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED |
| D E F INJURED TAKEN TO | By | A B C D E F | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED |
| A OFFENSE CHARGED AND DESCRIPTION | ORC CITY ORD. | EJECTION | |
| B OFFENSE CHARGED AND DESCRIPTION | ORC CITY ORD. | 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE | |
| RECEIVED CALL 1256 | DISPATCHED 1257 | ARRIVED 1300 | CLEARED 1330 |
| DATE REPORT FILED 7 17 13 | PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | OFFICER'S NAME JURGEN IV | BADGE NO. 130 |
| OTHER TIME 10 | | TOTAL MINUTES 40 | |
| CHECKED BY | | 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG | |