OHIO TRAFFIC CRASH REPORT — OH-1 (Rev. 1-82)

LOCAL REPORT NO.				
13-15512	☐ OH-2 ☐ OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO

REPORT TAKEN	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☑ AT SCENE	1	☐ FATAL ☐ INJURY ☑ PROPERTY DAMAGE ONLY	☑ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF WARREN	IN ☒ CITY	DATE OF CRASH	DAY	TIME: MILITARY
	LEBANON	09/09/13	MON	1514

CRASH OCCURRED ON: 1087 B Mane Way, Lebanon OH

WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE:

LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT
	1	1	☑	☐	☐	☐	☐	Warren County - Self

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Schweitzer, Daniel	550 Justice Dr., Lebanon OH 45036

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
(513) 336-0070	07/06/71	42	M		OH	RK205876	

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Warren County Sheriff's Office	550 Justice Dr. Lebanon OH	(513) 336-0070

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
03	Chevy	Silverado	Blue	TK	OH	PHN6114		FROM S TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☑ FUNCTIONAL ☐ DISABLING	☐ NONE ☑ MODERATE ☐ LIGHT ☐ HEAVY	☑ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☑ NO FIRE ☐ FIRE DUE TO CRASH ☐ 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.	BIRTHDATE (m D y)	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
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	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE (m D y)	AGE	ADDRESS	PHONE	SEX
C					same		
D							
E							
F							

POSITION: A 1 B C D E F

INJURIES: A 5 B C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A 8 B C D E F

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

ALCOHOL: A 1 ☐ YES ☑ NO TESTED; B ☐ YES ☐ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☑ NO; B TESTED ☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

A B C INJURED TAKEN TO By

D E F

A B C INJURED TAKEN TO By

D E F

A ☐ ORC ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC. ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1514	1514	1525	1555		41

DATE REPORT FILED (M D Y)	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
	☐ YES ☐ NO	T. Cooper	125	

State Pll-012 2/13/03