

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 13-15603	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE													
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	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 <input type="checkbox"/>										
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 9/11/13 WED	TIME: MILITARY 0607												
CRASH OCCURRED ON Driveway 830 Franklin RD. Lebanon				WITHIN THE INTERSECTION OF Franklin RD.													
IF NOT IN INTERSECTION		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE												
_____ MILES 300 FEET		W (E) OF Franklin RD.			08303												
LOG 1	LOG 2	LOC	JUR	FH9	FLT												
A	UNIT NO.	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input checked="" 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) Katlynn Whitney N.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 50 Edgebrooke Dr. Springboro OH 45066													
PHONE NO. 937-623-1374		BIRTH DATE 2/22/93	AGE 20	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TN671326	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									
2010	HYUN	45	SVR	45	OH	FLM430Z											
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 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									
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 All State										
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) FCC Kimberly A.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5434 Oneall Rd. Wynnsville OH 45068													
PHONE NO. 937-901-7756		BIRTH DATE 9/20/1991	AGE 21	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TJ535311	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									
11	Chery	45	WHT	45	OH	FRU8901		FROM N TO E									
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE									
		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input 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									
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES								
		ADDRESS		m D Y	SEX	A	B	C	D	E	F	A	B	C	D	E	F
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE				CONDITION								
		ADDRESS		m D Y	SEX				A B C D E F								
E	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	SEX				A B C D E F								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE				RESTRAINTS								
		ADDRESS		m D Y	SEX				A B C D E F								
A	B	C	INJURED TAKEN TO			By			ALCOHOL								
D	E	F	INJURED TAKEN TO			By			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	OFFENSE CHARGED AND DESCRIPTION		EJECTION			DRUGS											
D	OFFENSE CHARGED AND DESCRIPTION		A B C D E F			A TESTED 0 TESTED B YES 1 YES C NO 1 NO											
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 ILLICIT DRUG								
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY													
9/11/13	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	N. Trout	129														

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

LOCAL FILE NO