

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2014-153		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE					
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input 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	LOCAL FILE NO.		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: DAY 01 10 2014 Friday		TIME: MILITARY				
CRASH OCCURRED ON Genntown Drive @ Wal-Mart						WITHIN THE INTERSECTION OF						
IF NOT IN INTERSECTION										(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE 8321
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	<input type="checkbox"/>	NON CONTACT	INSURANCE CO OR AGENT Progressive
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Bishop, Amanda						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 909 S. Main St. Apt B Franklin, OH 45005						
PHONE NO. 513-485-2116		BIRTH DATE 11 22 87	AGE 26	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. SP210335		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS						PHONE
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR				
1999	Saturn	HB	Red	HB	OH	FLC8296	N/A	FROM TO				
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		
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN	<input type="checkbox"/>	NON CONTACT	INSURANCE CO. OR AGENT State Farm
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Tucker, Angela S						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 436 Cherry Hill Lane Lebanon, OH 45036						
PHONE NO. 513-256-0789		BIRTH DATE 3 3 55	AGE 58	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RC778191		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS						PHONE
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR				
2011	Toyota	Camry	Chrome	4s	OH	FHT7122	N/A	FROM TO				
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)			BIRTH DATE	AGE	POSITION			INJURIES		
		ADDRESS			m D y	SEX	A	B	C	D	E	F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES		
		ADDRESS			m D y	SEX	A	B	C	D	E	F
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES		
		ADDRESS			m D y	SEX	A	B	C	D	E	F
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES		
		ADDRESS			m D y	SEX	A	B	C	D	E	F
A B C INJURED TAKEN TO By						A B C D E F						
D E F INJURED TAKEN TO By						A B C D E F						
A B C INJURED TAKEN TO By						A B C D E F						
D E F INJURED TAKEN TO By						A B C D E F						
A	OFFENSE CHARGED AND DESCRIPTION					A B C D E F						
O	OFFENSE CHARGED AND DESCRIPTION					A B C D E F						
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		A B C D E F					
1130	1633	1642	1646		00ff0ff		A B C D E F					
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY		A B C D E F						
1 4 14	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Weithofer	134			A B C D E F						
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						A B C D E F						
1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN						A B C D E F						
1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG						A B C D E F						

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION