

OHIO TRAFFIC CRASH REPORT *Private Prop.* OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-1356		<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 type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 1		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 <b>LEBANON</b>		DATE OF CRASH:	DAY	TIME: MILITARY				
CRASH OCCURRED ON 725 E. Main						WITHIN THE INTERSECTION OF Entrance to Knights Inn								
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. 1	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 None			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Jones, Katherine						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 725 E. Main St, # 237, Lebanon, Oh 45036								
PHONE NO. 513-932-3034		BIRTH DATE 3 12 7 1 7 9	AGE	SEX F	SOCIAL SECURITY NO.			STATE OH	DRIVER'S LICENSE NO.	OCCUPATION Sunshine cleaners				
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 FROM 5 TO 2						
06	Dodge	Durango	Sil	SUV	OH	164YMV	None							
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE						
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <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	OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>	INSURANCE CO OR AGENT SELF			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) City of Lebanon Transformer						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 50 S. Broadway, Lebanon, Oh 45036								
PHONE NO. 513-932-3060		BIRTH DATE	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 FROM TO						
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE						
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input 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		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				
		ADDRESS			m   D   y									
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE				CONDITION A   B   C   D   E   F				
		ADDRESS			m   D   y									
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	P-PEDESTRIAN 			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN				
		ADDRESS			m   D   y									
RESTRAINTS						ALCOHOL								
A	B	C	INJURED TAKEN TO			By	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 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			1 YES <input type="checkbox"/> 2 YES <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/> 1 TESTED <input type="checkbox"/> 2 TESTED <input type="checkbox"/>				
OFFENSE CHARGED AND DESCRIPTION						EJECTION								
A	<input type="checkbox"/> ORC CITY ORD.					A   B   C   D   E   F								
O	<input type="checkbox"/> ORC CITY ORD.					A   B   C   D   E   F								
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	ALCOHOL			DRUGS				
2247		2250	0020			00ff0ff	A	B	C	D	E	F		
DATE REPORT FILED		PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
M   D   Y		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Ptl. R. White	110		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG								

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL REPORT NO. DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER Unit # 1 had just left her room at the Knights Inn and was traveling towards E. Main ST.

Unit # 1 lost control on the Ice and Snow and slid sideways in the transformer. Roadway was ice and snow covered at the time.

WEATHER 1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER	3	FIRST HARMFUL EVENT 6	E. MAIN ST		SHOW NORTH WITH ARROW 
ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 DIRT/SAND 6 OTHER	3	TWO MV IN TRANSPORT 1 HEAD ON 2 REAR-END 3 BACKING 4 SIDESWIPE MEETING 5 SIDESWIPE PASSING 6 ANGLE	Burger Kings		
LIGHT 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER	6	ONE MV IN TRANSPORT (COLLISION) 7 PARKED MOTOR VEH 8 PEDESTRIAN 9 ANIMAL 10 TRAIN 11 PEDALCYCLE 12 OTHER NON-M V 13 FIXED OBJECT 14 OTHER OBJECT (NON-COLLISION)			
ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	2	15 FALL FROM OR IN VEH 16 OVERTURNING 17 OTHER NON-COLLIS	BP LOT		
OCCURRENCE 1 ON ROADWAY 2 OFF LEFT SIDE 3 OFF RIGHT SIDE 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY		LOCATION 1 INTERSECTION 2 INTERSECTION-RELATED 3 DRIVEWAY ACCESS 4 RAILROAD CROSSING 5 BRIDGE-PASSING OVER 6 BRIDGE-PASSING UNDER 7 NON-INTERSECTION 8 PRIVATE PROPERTY			
SPECIAL AREA 1 ROAD CONSTRUCTION 2 MAINTENANCE AREA 3 SCHOOL ZONE		RAMP LETTER CODE			

TYPE OF UNIT # 1	A	4	#	5	PRE-CRASH ACTIONS	A	B	CONTRIBUTING FACTOR -	A	B
CAR 1 SUB-COMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE TRUCK 5 PICKUP 6 PANEL/VAN 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK AND TRAILER 9 TRUCK TRACTOR 10 TRACTOR & SEMI-TRAILER 11 TRACTOR & DOUBLE TRAILER MOTORCYCLE 12 MC UP TO 350CC 13 MC351CC TO 750CC 14 MC OVER 751CC IS MOTORIZED BICYCLE	Bus 16 SCHOOL 17 CHURCH 18 PUBLIC BUS EMERGENCY 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE OTHER 22 TAXI 23 MOTOR HOME 24 TRAIN 25 FARM VEHICLE 26 FARM EQUIPMENT 27 SNOWMOBILE 28 CONSTRUCTION EQUIP 29 ANIMAL W/ RIDER 30 ANIMAL W/BUGGY 31 BICYCLE 32 ALL OTHERS P = PEDESTRIAN	DRIVER ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING RAMP 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS	PEDESTRIAN ACTIONS 18 CROSSING IN X-WALK 19 CROSSING OTHER THAN X-WALK 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING VEHICLE 25 PUSHING/WORKING ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER	DRIVER ERROR 1 NONE 2 FAILURE TO YIELD 3 UNSAFE SPEED 4 FOLLOWING TOO CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 DROVE OFF ROAD REASON UNKNOWN 17 OTHER DRIVER ERROR	NON-DRIVER FACTOR 18 VEHICLE DEFECTS 19 LOAD SHIFTING 20 FALLING SPILLING 21 SHOULDER DEFECT 22 DEBRIS ON ROAD 23 DOWNED TRAFFIC SIGN/DEVICE 24 VISION OBSTRUCTION 25 ANIMAL ACTIONS 26 PEDESTRIAN ACTIONS	TRAFFIC CONTROL A 1 B	FIXED OBJECT STRUCK A 16 B	TRUCK LOAD A 5 B	VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY SECOND-ARY	1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS
SPEED UNIT EST. LEGAL UNIT DRIVER PASS A 25 25 A	MC HELMET USE 1 NO HELMET 2 FULL COVERAGE 3 FULL FACIAL COVER 4 OTHER TYPE HELMET		DRIVER 1 NO CONTROLS 2 STOP SIGN 3 YIELD SIGN 4 TRAFFIC SIGNAL 5 TRAFFIC FLASHERS 6 SCHOOL ZONE 7 RAILROAD CROSSBUCKS 8 RAILROAD FLASHERS 9 RAILROAD GATES 10 CONST BARRICADES 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 OTHER PEDESTRIAN 14 NO CONTROLS 15 CROSSWALK LINES 16 WALK/DON'T WALK DEVICE	1 NONE 2 UTILITY POLE 3 TRAFFIC SIGN 4 BRIDGE/CULVERT 5 GUARD RAIL 6 FENCE 7 TREE 8 SHRUBBERY 9 CURB 10 DITCH 11 EMBANKMENT 12 BUILDING 13 MAIL BOX 14 CONSTRUCTION BARRICADE 15 FIRE HYDRANT 16 OTHER OBJECT	1 EMPTY 2 PERISHABLE GOODS 3 GENERAL FREIGHT 4 METAL/HEAVY MACHINERY 5 HAZARDOUS GAS 6 HAZARDOUS LIQUID 7 HAZARDOUS SOLID 8 RADIOACTIVE MATERIAL	TRUCK AXLES A B	TRACTOR-TRAILER RIGS			

PLEASE CHECK TO SEE THAT ALL BOXES ARE CLEAR ENOUGH TO BE MICROFILMED