

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>1633</b>	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>	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 <b>LEBANON</b>			DATE OF CRASH: <b>1/26/14</b> DAY <b>SUN</b>	TIME: MILITARY <b>1204</b>			
CRASH OCCURRED ON <b>Lot of Krogers</b>				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)							CITY CODE

LOC	LOG	LOC	JUR	FH9	FILT			
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>3</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>United Services</b>

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Forste, Andrew</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>1580 Adamsmoor Waynesville OH</b>			
PHONE NO. <b>937-903-2478</b>	BIRTH DATE <b>1/20/98</b>	AGE	SEX <b>M</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>UE912265</b>	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Catrina Forste</b>				ADDRESS <b>1580 Adamsmoor Dr. Waynesville</b>			PHONE <b>937-903-2478</b>

VEH YR <b>07</b>	MAKE <b>Mazda</b>	MODEL <b>45</b>	COLOR <b>Grey</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>DTW4813</b>	TOWING SERVICE	VEH/PED DIR FROM TO
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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
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8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Motorist Mutual</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Wilson, Stacie</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>132 Leather Leaf Lebanon</b>				
PHONE NO. <b>513-509-0519</b>	BIRTH DATE <b>8/23/72</b>	AGE	SEX <b>F</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>RS448193</b>	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Scott Wilson</b>				ADDRESS <b>"</b>			PHONE <b>"</b>	

VEH YR <b>08</b>	MAKE <b>Toyt</b>	MODEL <b>45</b>	COLOR <b>Silver</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>GBE 4970</b>	TOWING SERVICE	VEH/PED DIR FROM TO
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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
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C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES						
		ADDRESS	PHONE	SEX	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					
			ADDRESS	PHONE	SEX							CONDITION					
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	PHONE	SEX							RESTRAINTS						
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							ALCOHOL						
		ADDRESS	PHONE	SEX							EJECTION						

A	B	C	INJURED TAKEN TO	By	A	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	A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED TESTED
D	E	F	INJURED TAKEN TO	By	1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN							

A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD	OFFENSE CHARGED AND DESCRIPTION	RECEIVED CALL <b>1204</b>				DISPATCHED <b>1209</b>	ARRIVED <b>1213</b>	CLEARED <b>1225</b>	OTHER TIME <b>10</b>	TOTAL MINUTES <b>31</b>	
O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD	OFFENSE CHARGED AND DESCRIPTION	DATE REPORT FILED <b>1/26/14</b>	PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>Morris</b>	BADGE NO. <b>131</b>	CHECKED BY	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED TESTED

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO