

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-3031	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input 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 checked="" type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH: DAY <b>02</b>   <b>18</b>   <b>14</b> TUES	TIME: MILITARY <b>0810</b>			
CRASH OCCURRED ON <b>461 E. Main St., Lebanon, Oh 45036</b>				WITHIN THE INTERSECTION OF				

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 NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Unknown</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Unknown</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Unknown</b>				ADDRESS			
PHONE							

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
	<b>Unknown</b>							FROM TO
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 type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" 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

8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>0</b>	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT <b>Safeco Ins. Co.</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Blair, Rhonda, J.</b>				ADDRESS <b>509 E. Main St., Lebanon, Oh</b>			
PHONE				<b>(513) 346-9901</b>			

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
<b>14</b>	<b>Dodge</b>	<b>Dart</b>	<b>Black</b>	<b>4S</b>	<b>OH</b>	<b>FZN4291</b>		FROM TO
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

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
					A	B	C	D	E	F	A	B	C	D	E	F

A	B	C	INJURED TAKEN TO			By	A	B	C	D	E	F	ALCOHOL			
D	E	F	INJURED TAKEN TO			By	A	B	C	D	E	F	A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
A	B	C	INJURED TAKEN TO			By	A	B	C	D	E	F	TESTED			
D	E	F	INJURED TAKEN TO			By	A	B	C	D	E	F	A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION			
O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION			
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
<b>0810</b>	<b>0811</b>	<b>0816</b>	<b>0836</b>		<b>26</b>
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	
<b>M</b>   <b>D</b>   <b>Y</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Ptl. T. Cooper</b>	<b>125</b>	<b>S. Morris #131</b>	

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION