

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE)	<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY
IN COUNTY OF WARREN	IN <input checked="" type="checkbox"/> CITY	LEBANON		DATE OF CRASH:	08 26 14
CRASH OCCURRED ON		1425 Columbus Ave		DAY	SAT
IF NOT IN INTERSECTION		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		TIME: MILITARY	1335
MILES _____ FEET _____		W _____ N _____ E _____ S _____ OF _____		CITY CODE	8321

LOCAL FILE NO
14-12713

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JUR	FH9	FILT					
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT	American Family	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)			Shoop, Connie L							
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			413 Joyce Ct							
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION			
(513) 9332-2728	m y		F		OH					
OWNER (IF SAME AS DRIVER, WRITE SAME)			Same							
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		
2003	Dodge	2s	Maroon	2s	OH	CPQ3537		FROM TO		
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		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	
8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO OR AGENT	State Farm	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)			Sells, Ralph							
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			7346 Windsor Park Dr, Mainville, OH							
PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION			
	m D y									
OWNER (IF SAME AS DRIVER, WRITE SAME)			Same							
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		
2007	Lexus	SW	Blue	SW	OH	EHT7200		FROM TO		
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE	
			<input checked="" type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" 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	

OCCUPANT SECTION

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

POLICE ACTION

A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL					
D	E	F	INJURED TAKEN TO	By	8						A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TESTED	TESTED
A	B	C	OFFENSE CHARGED AND DESCRIPTION	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	B	C	OFFENSE CHARGED AND DESCRIPTION	EJECTION						DRUGS						
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	A	B	C	D	E	F	A	TESTED	O	TESTED	
1335	1335	1337	1408		00off	1						1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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					
7 26 14	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Ptl. S. Drake	118													