

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	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			LEBANON		DATE OF CRASH: DAY	10/30/14		THR	TIME: MILITARY	0944					
CRASH OCCURRED ON						WITHIN THE INTERSECTION OF												
852 Franklin Rd						Head start												
IF NOT IN INTERSECTION										(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE						
MILES _____ FEET _____										W _____ S _____ E _____ OF _____		8321						
LOG-1	LOG-2	LOC	JUR	FH'9	FILT													
A	UNIT NO.	1	NO OF OCCUPANTS	1	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	Alfa		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)												
Sutherland, Ashley						119 Highland Lebanon OH 45036												
PHONE NO.	BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION								
513-560-0073	12/12/89		24	F			OH	SZ 247218										
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE						
Same																		
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR									
03	Dodge	SW	Silver	SW	OH	FWU 8649			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 checked="" 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	1	OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN	<input type="checkbox"/>	NON CONTACT	<input type="checkbox"/>	INSURANCE CO. OR AGENT	State Farm		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)												
Burgemeier, Alicia						6233 45 22nd 3 Morrow OH												
PHONE NO.	BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION								
513-282-5736	4/8/69		45	F			OH	RT135565										
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE						
Burgemeier, Richard						6233 E. 45 22nd 3 Morrow OH						513-282-5736						
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR									
13	Ford	45	Grey		OH	FOP 4458			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 type="checkbox"/> DRIVEN AWAY <input checked="" 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								
					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	P-PEDESTRIAN			RESTRAINTS			ALCOHOL					
					m D y		7			7			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	P-PEDESTRIAN			RESTRAINTS			ALCOHOL					
					m D y		7			7			CONDITION A B C D E F					
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	P-PEDESTRIAN			RESTRAINTS			ALCOHOL					
					m D y		7			7			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
A	B	C	INJURED TAKEN TO			By			A	B	C	D	E	F	ALCOHOL			
D	E	F	INJURED TAKEN TO			By			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 I TESTED TESTED						
A	B	C	OFFENSE CHARGED AND DESCRIPTION			OFFENSE CHARGED AND DESCRIPTION			EJECTION			DRUGS						
			ORC CITY ORD			ORC CITY ORD			A B C D E F			A TESTED O TESTED 1 <input type="checkbox"/> YES <input type="checkbox"/> NO 2 <input type="checkbox"/> YES <input type="checkbox"/> NO						
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES													
0944	0947	0949	0957	10	00 off													
DATE REPORT FILED	PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG								
10/30/14	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Mottis		131														

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION