

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0 8 3 0 3 0 0	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 <input type="checkbox"/>	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 11 10 114 SAT	TIME: MILITARY 1748		

CRASH OCCURRED ON COLUMBUS AVE	WITHIN THE INTERSECTION OF
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)	
_____ MILES _____ FEET	W N S E OF 1248
CITY CODE 8321	

LOG-1	LOG-2	LOC	JUR	FH9	FILT
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A	UNIT NO. 1	NO OF OCCUPANTS 0	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 PROGRESSIVE
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
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OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
KIEFER, ANITA, T.	941 RAINBOW CT. LEBANON, OHIO 45036	513-933-9667

VEH YR 2003	MAKE CHEV	MODEL 45	COLOR GOLD	STYLE	STATE OH	LICENSE PLATE NO. ERC7491	TOWING SERVICE	VEH/PED DIR FROM SW TO NE
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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 type="checkbox"/> DRIVEN AWAY <input checked="" 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. 2	NO OF OCCUPANTS 3	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
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
HUESSMAN, AMANDA, R.	9955 CAPSTAN DR. CINCINNATI, OHIO 45251

PHONE NO. 513-444-9256	BIRTHDATE 11 17 79	AGE 31	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RT 140417	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME		

VEH YR 1999	MAKE PONT	MODEL SW	COLOR TAN	STYLE	STATE OH	LICENSE PLATE NO. G1M3601	TOWING SERVICE	VEH/PED DIR FROM NW TO NE
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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 type="checkbox"/> DRIVEN AWAY <input checked="" 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. 2	NAME (LAST, FIRST, MI) EVESLAGE, THOMAS, F.	BIRTHDATE 01 13 45	AGE 69	POSITION	INJURIES
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D FROM UNIT NO. 2	NAME (LAST, FIRST, MI) CADDILL, POLLY, J.	BIRTHDATE 01 06 58	AGE 58	SEX M	INJURIES
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E FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	INJURIES
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F FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	INJURIES
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A B C	INJURED TAKEN TO	By	A B C D E F	ALCOHOL
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A B C	INJURED TAKEN TO	By	A B C D E F	ALCOHOL
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A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD	OFFENSE CHARGED AND DESCRIPTION	A B C D E F	ALCOHOL
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O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD	OFFENSE CHARGED AND DESCRIPTION	A B C D E F	ALCOHOL
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RECEIVED CALL 1748	DISPATCHED 1749	ARRIVED 1750	CLEARED 1913	OTHER TIME 30	TOTAL MINUTES 55
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DATE REPORT FILED 11 10 114	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME PT. S. Covey	BADGE NO. 117	CHECKED BY	RESTRAINTS	DRUGS
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO 14-18838