

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
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 12/13/14 DAY SAT	TIME: MILITARY
CRASH OCCURRED ON Lot of Kroger			WITHIN THE INTERSECTION OF		
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					

LOG-1	LOG-2	LOC	JUR	FH9	FILT
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A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Nationwide
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Hull, Bethanie	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1021 Country Creek Lebanon OH
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PHONE NO. 513-292-6732	BIRTH DATE 7/4/92	AGE 22	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TK989117	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Robert Hull	ADDRESS Same	PHONE
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VEH YR 03	MAKE Chevy	MODEL TK	COLOR White	STYLE	STATE OH	LICENSE PLATE NO. DJZ 2404	TOWING SERVICE	VEH/PED DIR FROM TO
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CIRCLE DAMAGE AREAS	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <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. 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Geico
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
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PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Brian Blair	ADDRESS 8454 E. ST AT 73 Waynesville	PHONE 513-431-8599
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VEH YR 96	MAKE Dodge	MODEL TK	COLOR White	STYLE TK	STATE OH	LICENSE PLATE NO. GEB 7139	TOWING SERVICE	VEH/PED DIR FROM TO
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CIRCLE DAMAGE AREAS	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <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
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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
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E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		CONDITION
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F.	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
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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	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/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
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A	ORC	OFFENSE CHARGED AND DESCRIPTION	EJECTION	DRUGS
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RECEIVED CALL 1330	DISPATCHED 1331	ARRIVED 1340	CLEARED 1350	OTHER TIME 0	TOTAL MINUTES 19
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DATE REPORT FILED 12/13/14	PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Morris	BADGE NO. 131	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
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO