

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-21412	<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 1	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: 12/24/14 DAY: SUN TIME: MILITARY 1205
CRASH OCCURRED ON 660 N. Broadway, Lebanon, OH			WITHIN THE INTERSECTION OF		
IF NOT IN INTERSECTION			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE

LOCAL FILE NO.

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JUR	FH9	FILT			
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 Esurance	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Cabrera, Leymarie			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3812 Wilson Farms Blvd, Franklin, OH 45005					
PHONE NO. (407)446-6137	BIRTH DATE 12/5/92	AGE 22	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TX011409	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same			ADDRESS				PHONE	
VEH YR 13	MAKE Honda	MODEL Civic	COLOR Grey	STYLE	STATE OH	LICENSE PLATE NO. FWG9119	TOWING SERVICE	VEH/PED DIR FROM E TO N
CIRCLE DAMAGE AREAS	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT	
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)			ADDRESS				PHONE	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input 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)	BIRTH DATE	AGE	POSITION	INJURIES	
		ADDRESS	m   D   Y	SEX	A   B   C   D   E   F	A   B   C   D   E   F	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS	m   D   Y	SEX			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE			CONDITION
		ADDRESS	m   D   Y	SEX			A   B   C   D   E   F
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	P-PEDESTRIAN	1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
		ADDRESS	m   D   Y	SEX	RESTRAINTS	ALCOHOL	

POLICE ACTION

A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL					
D	E	F			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	D	E	F					
A	B	C	INJURED TAKEN TO	By	EJECTION		DRUGS									
A	B	C	OFFENSE CHARGED AND DESCRIPTION		A	B	C	D	E	F	A	B	C	D	E	F
O	B	C	OFFENSE CHARGED AND DESCRIPTION		EJECTION		DRUGS									
RECEIVED CALL 1205	DISPATCHED 1206	ARRIVED 1209	CLEARED 1226	OTHER TIME	TOTAL MINUTES 21	EJECTION		DRUGS								
DATE REPORT FILED	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME T. Cooper	BADGE NO. 125	CHECKED BY	EJECTION		DRUGS									
M	D	Y			EJECTION		DRUGS									