

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	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: 12/31/14	DAY: WED	TIME: MILITARY 1005	
CRASH OCCURRED ON 742 Columbus AVE				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE	
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"/>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Brumfield, Patricia				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 920 Birchwood Lebanon OH			
PHONE NO. 513-503-4035		BIRTH DATE 11/28/39	AGE 75	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. PM402229
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS		PHONE	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE
07	Buick	SW	Black	SW	OH	CFW7590	
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION	
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION	
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	

LOCAL FILE NO
14-21962

Insurance Policy 630005840557304

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES																		
		ADDRESS	PHONE	SEX	A	B	C	D	E	F	A	B	C	D	E	F													
	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																	
			ADDRESS	PHONE	SEX							CONDITION																	
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN																		
		ADDRESS	PHONE	SEX							RESTRAINTS																		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	P-PEDESTRIAN RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED						ALCOHOL																		
		ADDRESS	PHONE	SEX							A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED																		
A	B	C	INJURED TAKEN TO				By				A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED																		
D	E	F	INJURED TAKEN TO				By				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN																		
OFFENSE CHARGED AND DESCRIPTION												EJECTION						DRUGS											
OFFENSE CHARGED AND DESCRIPTION												A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO C <input type="checkbox"/> YES <input type="checkbox"/> NO D <input type="checkbox"/> YES <input type="checkbox"/> NO E <input type="checkbox"/> YES <input type="checkbox"/> NO F <input type="checkbox"/> YES <input type="checkbox"/> NO						1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES																								
1005	1008	1010	1039		34																								
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY																									
12/31/14	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MORRIS																											