

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-1768	<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input 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: 02 10 6 115	DAY: Friday
CRASH OCCURRED ON 770 Columbus Ave		WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION _____ MILES 100 FEET W (3) E OF Monroe Ave		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE 8303	

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 <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Motorist Mutual Ins Co.
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Roehl, Diane, K				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 228 High St. #209, Lebanon, OH, 45036				
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION	
513-889-1095	04/26/1952	62	F	282 52 2778	OH	RM518370		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
2002	Ford	Focus HB	red	HB	OH	BR66VV		
CIRCLE DAMAGE AREAS	DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE	
	<input checked="" type="checkbox"/> FUNCTIONAL		<input checked="" type="checkbox"/> MODERATE		<input checked="" type="checkbox"/> REMAINED AT SCENE		<input checked="" type="checkbox"/> NO FIRE	

OCCUPANT SECTION

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		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			CONDITION	
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE			RESTRAINTS	ALCOHOL
			m D y				A B C D E F	A B C D E F

POLICE ACTION

A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F
D	E	F	INJURED TAKEN TO	By	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED					
A	OFFENSE CHARGED AND DESCRIPTION				EJECTION					
o	OFFENSE CHARGED AND DESCRIPTION				DRUGS					
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					
15 03	1503	1522	1541	00138	A	B	C	D	E	F
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					
02 10 7 115	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	N. Barber	120							