

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-13073		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO					
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input 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 7/30/15		DAY THUR		TIME MILITARY 1655							
CRASH OCCURRED ON 1650 Kingsview						WITHIN THE INTERSECTION OF Parking Lot											
IF NOT IN INTERSECTION .5 MILES _____ FEET		W _____ S _____ E _____ OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO) Columbia Rd				CITY CODE 08303									
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"/>	INSURANCE CO OR AGENT Statefarm									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Patel, Dipak Rambhai						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4401 Brdeport Dr., Beavercreek OH 45440											
PHONE NO 937-266-9561		BIRTH DATE m 3/15/16		AGE 23	SEX M	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO TU288858		OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS							PHONE				
VEH YR	MAKE Toyt	MODEL 4S	COLOR DK BLU	STYLE 4S	STATE OH	LICENSE PLATE NO FJ22257		TOWING SERVICE	VEH. PED DIR FROM S TO N								
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		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 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							
B	UNIT NO. 2	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 Progressive									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Sow, Mohamedou A						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 873 Wade Walk Apt F, Cincinnati OH 45214											
PHONE NO 513-526-2632		BIRTH DATE m 12/31/77		AGE 37	SEX M	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO UC923269		OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS						PHONE					
VEH YR	MAKE Toyt	MODEL 4S	COLOR WHITE	STYLE 4S	STATE OH	LICENSE PLATE NO GDS6892		TOWING SERVICE	VEH. PED DIR FROM E TO W								
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		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 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							
OCCUPANT SECTION																	
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									
E		FROM UNIT NO. NAME (LAST, FIRST, MI)				BIRTHDATE		AGE					CONDITION A B C D E F				
		ADDRESS				PHONE		SEX									
F		FROM UNIT NO. NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		P-PEDESTRIAN 			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
		ADDRESS				PHONE		SEX									
A B C		INJURED TAKEN TO				By		A B C D E F			ALCOHOL						
D E F		INJURED TAKEN TO				By		A B C D E F			A B C D E F						
A B C		INJURED TAKEN TO				By		A B C D E F			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						
D E F		INJURED TAKEN TO				By		A B C D E F			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN						
POLICE ACTION																	
A						OFFENSE CHARGED AND DESCRIPTION						EJECTION					
O						OFFENSE CHARGED AND DESCRIPTION						DRUGS					
RECEIVED CALL 1655		DISPATCHED 1659		ARRIVED 1711		CLEARED 1719		OTHER TIME		TOTAL MINUTES 24		A B C D E F			A B C D E F		
DATE REPORT FILED 7/30/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Ptl Barber		BADGE NO 120		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION