

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-13363		<input type="checkbox"/> OH-2 <input 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		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 8/31/15		DAY Monday		TIME MILITARY											
CRASH OCCURRED ON 690 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 NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT State Farm											
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Humphrey's, Marvin						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 613 Crestview Lebanon, OH, 45036																	
PHONE NO 513-260-6730		BIRTH DATE 01/30/95		AGE 20 SEX M		SOCIAL SECURITY NO NIA		STATE OH		DRIVER'S LICENSE NO RA55342		OCCUPATION NIA											
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS Same						PHONE 513-260-6730											
VEH YR 1991		MAKE Oldsmobile		MODEL 45		COLOR White		STYLE 45		STATE OH		LICENSE PLATE NO DWES234		TOWING SERVICE NIA		VEH. PED DIR FROM TO							
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"/> 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 checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
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 Cincinnati Insurance											
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI) R & W Auto Sales						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 690 Columbus Ave, Lebanon, OH, 45036																	
PHONE NO 513-934-1715		BIRTH DATE NIA NIA NIA		AGE NIA SEX NIA		SOCIAL SECURITY NO NIA		STATE NIA		DRIVER'S LICENSE NO NIA		OCCUPATION NIA											
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS Same						PHONE Same											
VEH YR 2004		MAKE Saturn		MODEL 45		COLOR Red		STYLE 45		STATE OH		LICENSE PLATE NO NIA		TOWING SERVICE NIA		VEH. PED DIR FROM TO							
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													
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION						INJURIES							
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION						INJURIES							
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION						INJURIES							
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION						INJURIES							
A B C		INJURED TAKEN TO				By				ALCOHOL						DRUGS							
D E F		INJURED TAKEN TO				By				ALCOHOL						DRUGS							
A B C		INJURED TAKEN TO				By				ALCOHOL						DRUGS							
D E F		INJURED TAKEN TO				By				ALCOHOL						DRUGS							
A		OFFENSE CHARGED AND DESCRIPTION								EJECTION						DRUGS							
O		OFFENSE CHARGED AND DESCRIPTION								EJECTION						DRUGS							
RECEIVED CALL 1335		DISPATCHED 1336		ARRIVED 1340		CLEARED 1346		OTHER TIME 0000		TOTAL MINUTES 0006		EJECTION						DRUGS					
DATE REPORT FILED 8/31/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME E. Holmes		BADGE NO 122		CHECKED BY		EJECTION						DRUGS							

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION