

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-14302		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300	ODHS USE ONLY - 00 NOT MARK ABOVE											
REPORT TAKEN AT STATION	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)			COMBINED VEH/PROP LOSS	OVER \$150	HIT SKIP	SOLVED									
<input type="checkbox"/> AT STATION	<input type="checkbox"/> AT SCENE	<input type="checkbox"/> FATAL	<input type="checkbox"/> INJURY	<input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN		IN CITY			LEBANON	DATE OF CRASH	8/17/15	DAY	Mon	TIME			1422				
CRASH OCCURRED ON		601 S. East Street			WITHIN THE INTERSECTION OF												
IF NOT IN INTERSECTION		MILES FEET W S E OF			(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)			CITY CODE									
LOG-1	LOG-2	LOC	JUR	FH9	FILT												
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT		State Farm							
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI)		Gallagher, Connie			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			511 W. Main St, Lebanon, OH, 45036									
PHONE NO	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO	OCCUPATION									
513-850-3300	4/16/67	48	F	NIA		OH	RR479027	NIA									
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same			ADDRESS			PHONE		Same							
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH. PED DIR									
2000	Ford	TK	Blk	TK	OH	13425497	NIA	FROM TO									
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE									
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT		unknown							
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI)		unknown			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			unknown									
PHONE NO	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO	OCCUPATION									
unknown				unknown			unknown										
OWNER (IF SAME AS DRIVER, WRITE SAME)		unknown			ADDRESS			PHONE		unknown							
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH. PED DIR									
	unknown	unknown				unknown		FROM TO									
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE									
		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"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION			INJURIES					
									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					
												A B C D E F					
												1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
E'		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE									
A		B		C		INJURED TAKEN TO		By		A B C D E F			ALCOHOL				
													A B C 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				
													1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
A		ORC CITY ORD		OFFENSE CHARGED AND DESCRIPTION						EJECTION			DRUGS				
										A B C D E F			A TESTED O TESTED				
													1 YES 2 YES				
													1 NO 2 NO				
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
1422		1423		1426		1431		0000		10005							
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO		CHECKED BY									
8/17/15		YES		E. Holmes		122											

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO