

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-18559		<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 type="checkbox"/> AT STATION <input checked="" 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: 10 22 15		DAY THU		TIME: MILITARY 1259						
CRASH OCCURRED ON 50 S. Broadway, Lebanon, OH, 45036						WITHIN THE INTERSECTION OF												
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE						
LOG-1	LOG-2	LOC	JUR	FH9	FILT													
A	UNIT NO. 1	NO OF OCCUPANTS	<input checked="" type="checkbox"/> OPERATING	<input type="checkbox"/> PARKED	<input type="checkbox"/> DRIVERLESS	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> NON CONTACT	INSURANCE CO OR AGENT Nationwide9234K876884										
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Pearce, Jessica,A						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 60 Bent Tree DR., Fairfield, OH, 45014												
PHONE NO. 513-907-4141		BIRTH DATE 11 12 1982	AGE 22	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. TX473062		OCCUPATION								
OWNER (IF SAME AS DRIVER, WRITE SAME) Same						ADDRESS						PHONE						
VEH YR	2000	MAKE	Volvo	MODEL		COLOR	Drk Blu	STYLE	4D	STATE	OH	LICENSE PLATE NO.	FWR1538	TOWING SERVICE	N/A	VEH/PED DIR		
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 type="checkbox"/> MODERATE <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	<input type="checkbox"/> OPERATING	<input checked="" type="checkbox"/> PARKED	<input checked="" type="checkbox"/> DRIVERLESS	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> NON-CONTACT	INSURANCE CO. OR AGENT										
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)												
PHONE NO.		BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION								
OWNER (IF SAME AS DRIVER, WRITE SAME) Poerter, Betty, C						ADDRESS 8263 Pinecove CT, Cincinnati, OH, 45249						PHONE						
VEH YR	2004	MAKE	Olds	MODEL		COLOR	Gold	STYLE	SW	STATE	OH	LICENSE PLATE NO.	BGN5400	TOWING SERVICE	N/A	VEH/PED DIR		
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 type="checkbox"/> MODERATE <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						
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				I 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 1 B X X X X X X								
		ADDRESS			PHONE	SEX												
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE				I APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 CHILD SAFETY SEAT 7 OTHER CONDITION 8 UNKNOWN								
		ADDRESS			PHONE	SEX												
		OFFENSE CHARGED AND DESCRIPTION			RESTRAINTS			ALCOHOL										
A	B	C	INJURED TAKEN TO			By			A	B	C	D	E	F	A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO			
D	E	F	INJURED TAKEN TO			By			I 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			TESTED TESTED						
A	OFFENSE CHARGED AND DESCRIPTION			EJECTION			DRUGS											
O	OFFENSE CHARGED AND DESCRIPTION			A			B	C	D	E	F	A	TESTED	O	TESTED			
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG							
DATE REPORT FILED 10 22 15		PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY												
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Ptl. Crockett Brummett		111													

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION