

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-21255	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE	LOCAL FILE NO.
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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
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IN COUNTY OF WARREN	IN <input checked="" type="checkbox"/> CITY LEBANON	DATE OF CRASH: DAY	TIME: MILITARY
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CRASH OCCURRED ON 723 E. Main ST. 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
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A UNIT NO. 1	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT TwinCity55PHL926959436
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Henderson, Robert	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 209 Lawndale Ave., Lebanon, OH, 45036
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PHONE NO. 513-228-0587	BIRTH DATE 6 120 1920	AGE 95	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RS413690	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
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VEH YR 2004	MAKE Buick	MODEL LeSabre	COLOR Red	STYLE 4D	STATE OH	LICENSE PLATE NO. GFQ7901	TOWING SERVICE N/A	VEH/PED DIR FROM TO
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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
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8 UNIT NO. 2	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Geico/4337004172
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Werner, Lisa, R	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 167 Hartford Ct, Maineville, OH, 45039
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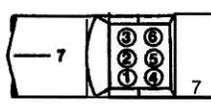
PHONE NO. 513-444-4035	BIRTHDATE 9 25 1966	AGE 49	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RS412626	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
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VEH YR 2012	MAKE Mercedes	MODEL	COLOR Blk	STYLE SUV	STATE OH	LICENSE PLATE NO. GGN4703	TOWING SERVICE N/A	VEH/PED DIR FROM TO
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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
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C FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
	ADDRESS	m D y	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	m D y	SEX		

E FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 OTHER CONDITION 7 UNKNOWN
	ADDRESS	m D y	SEX		

F FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	P-PEDESTRIAN RESTRAINTS	ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO 1 TESTED TESTED
	ADDRESS	m D y	SEX		

A	B	C	INJURED TAKEN TO	By	A	B	C	O	E	F	ALCOHOL
D	E	F									A <input type="checkbox"/> YES <input type="checkbox"/> NO
A	B	C	INJURED TAKEN TO	By							B <input type="checkbox"/> YES <input type="checkbox"/> NO
D	E	F									1 TESTED TESTED

A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	RECEIVED CALL 1436	DISPATCHED 1427	ARRIVED 1432	CLEARED 1442	OTHER TIME	TOTAL MINUTES 00ff0ff	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	DRUGS A TESTED 0 TESTED 1 <input type="checkbox"/> YES <input type="checkbox"/> NO
O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	DATE REPORT FILED	PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OFFICER'S NAME Ptl. Crockett Brummett	BADGE NO. 111	CHECKED BY	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION