

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-21711		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE					
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 <input type="checkbox"/>				
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 12 15 15	DAY: TUES	TIME: MILITARY 1221				
CRASH OCCURRED ON LHS; 1916 DRAKE RD						WITHIN THE INTERSECTION OF						
IF NOT IN INTERSECTION _____ MILES _____ FEET W N E OF _____						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO. CITY CODE 8321)						
LOG-1	LOG-2	LOC	JUR	FH9	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 8454439540 MGT LIFE				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) SCHULTZ, BRYAN R						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 488 NATALIE LN LEBANON, OH						
PHONE NO. 513-460-4121		BIRTH DATE 15 98	AGE 17	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. UF887C10		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) DAVID J. SCHULTZ						ADDRESS SAME			PHONE			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO				
1988	OLDS	45	MAR	45	OH	FQL 3805						
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input 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 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 GEICO				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) HOOKFIN, MADISON E						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 517 CLARION CT. LEBANON, OH						
PHONE NO. 513-214-8192		BIRTH DATE 5 21 98	AGE 17	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. UG159318		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) ERIN B. HOOKFIN						ADDRESS SAME			PHONE			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO				
2001	ACURA	MDX	SILV	SU	OH	EJP9826						
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input 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			m D y		A	B	C	D	E	F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES		
		ADDRESS			m D y		A	B	C	D	E	F
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES		
		ADDRESS			m D y		A	B	C	D	E	F
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES		
		ADDRESS			m D y		A	B	C	D	E	F
INJURED TAKEN TO _____ By _____						RESTRAINTS						
A	B	C				A	B	C	D	E	F	
D	E	F				ALCOHOL						
A	B	C				1 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED						
D	E	F				2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED						
OFFENSE CHARGED AND DESCRIPTION						EJECTION						
A	<input type="checkbox"/> ORC CITY ORD					A	B	C	D	E	F	
O	<input type="checkbox"/> ORC CITY ORD					DRUGS						
RECEIVED CALL 1221						1 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED						
DISPATCHED 1222						2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED						
ARRIVED 1232						3 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED						
CLEARED 1255						4 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED						
OTHER TIME _____						TOTAL MINUTES 23						
DATE REPORT FILED 12 15 15						1 <input type="checkbox"/> NO DRUGS DETECTED						
PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						2 <input type="checkbox"/> USING PRESCRIBED DRUG						
OFFICER'S NAME S. DRAKE						3 <input type="checkbox"/> USING ILLICIT DRUG						
BADGE NO. 118						4 <input type="checkbox"/> TRAPPED INSIDE VEHICLE						
CHECKED BY _____												

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO