

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-7904	<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 4/29/16	DAY Fri	TIME MILITARY 1511
CRASH OCCURRED ON 1530 Walmart Dr.		WITHIN THE INTERSECTION OF Parking Lot		
IF NOT IN INTERSECTION		(LIST NEAREST INTERSECTING STREET) Columbus Ave		MILEPOST HOUSE NO 8303

LOG-1	LOG-2	LOC	JUR	FH9	FILT
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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 Statefarm
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Audrey Thornton	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1245 Brookchase Cir. Maineville, OH 45038
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PHONE NO 513-899-7131	BIRTH DATE 10/19/31	AGE 84	SEX F	SOCIAL SECURITY NO	STATE OH	DRIVER'S LICENSE NO RN36909	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS	PHONE
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VEH YR 14	MAKE Chev	MODEL 4S	COLOR Gry	STYLE 4S	STATE OH	LICENSE PLATE NO 171YE	TOWING SERVICE	VEH. PED DIR FROM F to W
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CIRCLE DAMAGE AREAS 	9 TOP	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 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
	10 UNDER CAR		11 LOAD	12 TRAILER		

B	UNIT NO. 2	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 Statefarm
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DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI) Duhs, Elizabeth	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 933 Kerns Ave, Lebanon OH 45036
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PHONE NO 513-932-3226	BIRTH DATE 12/18/53	AGE 62	SEX F	SOCIAL SECURITY NO	STATE OH	DRIVER'S LICENSE NO RU197414	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS	PHONE
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VEH YR 06	MAKE Chry	MODEL SW	COLOR Tan	STYLE SW	STATE OH	LICENSE PLATE NO 257YRX	TOWING SERVICE	VEH. PED DIR FROM S to N
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CIRCLE DAMAGE AREAS 	9 TOP	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 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
	10 UNDER CAR		11 LOAD	12 TRAILER		

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION	INJURIES
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D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED
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E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE		CONDITION
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F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN
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RESTRAINTS					ALCOHOL	
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A	B	C	D	E	F	A	B	C	D	E	F
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A	B	C	D	E	F	A	B	C	D	E	F
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A	ORC CITY ORD	OFFENSE CHARGED AND DESCRIPTION	ALCOHOL	
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O	ORC CITY ORD	OFFENSE CHARGED AND DESCRIPTION	EJECTION	
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RECEIVED CALL 1511	DISPATCHED 1520	ARRIVED 1527	CLEARED 1527	OTHER TIME	TOTAL MINUTES 16	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	DRUGS
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DATE REPORT FILED 4/29/16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Barber	BADGE NO 120	CHECKED BY	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION