

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO	<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	2	CRASH SEVERITY (CHECK MOST SEVERE)		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		5/13/16	DAY FRI		TIME MILITARY 1345																				
CRASH OCCURRED ON DRAKE ROAD				WITHIN THE INTERSECTION OF																									
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO					CITY CODE																				
MILES _____ FEET _____				W _____ N _____ E _____ OF 1916 (LEBANON HIGH SCHOOL)																									
LOG-1	LOG-2	LOC	JUR	FH3	FLT																								
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 STATE FARM																						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): BUSH, JACOB E.				ADDRESS (NO. STREET, CITY, STATE, ZIP CODE): 322 HOFFMAN AVENUE																									
PHONE NO	(513) 932-1281	BIRTH DATE	5/01/98	AGE	18	SEX	M		SOCIAL SECURITY NO	STATE	OH	DRIVER'S LICENSE NO	UG810670	OCCUPATION	STUDENT														
OWNER (IF SAME AS DRIVER, WRITE SAME): BUSH, RICHARD				ADDRESS: 322 HOFFMAN AVE, LEBANON, OH				PHONE	(513) 932-1281																				
VEH YR	2005	MAKE	Ford	MODEL	F-150	COLOR	WHT	STYLE	TK	STATE	OH	LICENSE PLATE NO	GGL4404	TOWING SERVICE	VEH. PED DIR														
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE																			
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input 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																			
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 ALLSTATE																						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): KAATZ, JACOB A.				ADDRESS (NO. STREET, CITY, STATE, ZIP CODE): 1218 CHESTNUT CT, LEBANON, OH 45036																									
PHONE NO	(513) 340-6678	BIRTH DATE	11/3/97	AGE	18	SEX	M	SOCIAL SECURITY NO	STATE	OH	DRIVER'S LICENSE NO	UE260749	OCCUPATION	STUDENT															
OWNER (IF SAME AS DRIVER, WRITE SAME): KAATZ, TIMOTHY J.				ADDRESS: 1218 CHESTNUT CT, LEBANON, OH				PHONE	(513) 328-9470																				
VEH YR	2006	MAKE	CHEVY	MODEL	MALIBU	COLOR	MAR	STYLE	4/DR	STATE	OH	LICENSE PLATE NO	DQK9056	TOWING SERVICE	VEH. PED DIR														
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE																			
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input 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																			
C	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES																							
		ADDRESS	m D Y		A B C D E F	5 5																							
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																							
F	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		A B																							
		ADDRESS	m D Y			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN																							
RESTRAINTS					ALCOHOL																								
A	B	C	INJURED TAKEN TO _____ By _____		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		A <input type="checkbox"/> YES B <input type="checkbox"/> YES 1 <input checked="" type="checkbox"/> NO 1 <input checked="" type="checkbox"/> NO TESTED TESTED																
D	E	F	INJURED TAKEN TO _____ By _____		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN																								
OFFENSE CHARGED AND DESCRIPTION					EJECTION																								
OFFENSE CHARGED AND DESCRIPTION					DRUGS																								
RECEIVED CALL 1149					DISPATCHED 1151					ARRIVED 1151					CLEARED 1217					OTHER TIME 14					TOTAL MINUTES 40				
DATE REPORT FILED 5/14/16					PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					OFFICER'S NAME BURNS JD					BADGE NO 107					CHECKED BY									
A <input type="checkbox"/> ORC CITY ORD					1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					A <input type="checkbox"/> YES O <input type="checkbox"/> YES 1 <input checked="" type="checkbox"/> NO 1 <input checked="" type="checkbox"/> NO TESTED TESTED					1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG														

16-8899

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION