OHIO TRAFFIC CRASH REPORT — OH-1 (Rev. 1-82)

LOCAL REPORT NO.			ODHS USE ONLY - DO NOT MARK ABOVE
16-12075	☐ OH-2 ☐ OH-3	Lebanon Police	0830300

REPORT TAKEN: ☐ AT STATION ☒ AT SCENE | NO. OF VEH. PEDESTRIANS INVOLVED: 2 | CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEHICLE DAMAGE LOSS: ☒ OVER $ ☐ UNDER $ | HIT SKIP: ☐ SOLVED ☐ UNSOLVED | LOCAL FILE NO.

IN COUNTY OF: WARREN | IN ☒ CITY: LEBANON | DATE OF CRASH: m D y | DAY | TIME MILITARY

CRASH OCCURRED ON: 101 S. BROADWAY (LIBRARY LOT) | WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: ____ MILES ____ FEET N W E S OF | NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO. | CITY CODE

LOG-1 | LOG-2 | LOG DIR. | LOG FEET

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO: 1 | NO. OF OCCUPANTS: 1 | OPERATING: ☒ | PARKED: ☐ | DRIVERLESS: ☐ | HIT & RUN NON-CONTACT: ☐ | INSURANCE CO. OR AGENT: GRANGE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): JONES, KATHERIN, J. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 315 E. MAIN ST. LEBANON, OHIO 45036

PHONE NO: 513-767-3544 | BIRTH DATE: 3/27/79 | AGE: 37 | SEX: F | SOCIAL SECURITY NO: | STATE: OH | DRIVER'S LICENSE NO: RU255902 | OCCUPATION:

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: | PHONE:

VEH. YR: 06 | MAKE: DODGE | MODEL: SW | COLOR: TAN | STYLE: | STATE: OH | LICENSE PLATE NO: 713YSN | TOWING SERVICE: | VEH. PED. DIR. FROM: TO:

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY | VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO: 2 | NO. OF OCCUPANTS: 0 | OPERATING: ☐ | PARKED: ☒ | DRIVERLESS: ☒ | HIT & RUN NON-CONTACT: ☐ | INSURANCE CO. OR AGENT: NATION WIDE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):

PHONE NO: | BIRTHDATE: m D y | AGE: | SEX: | SOCIAL SECURITY NO: | STATE: | DRIVER'S LICENSE NO: | OCCUPATION:

OWNER (IF SAME AS DRIVER, WRITE SAME): SANDLIN, DAVID, B | ADDRESS: 319 E. MULBERRY ST LEBANON OH | PHONE: 615-415-2424

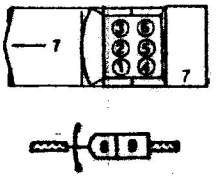
VEH. YR: 12 | MAKE: SUBARU | MODEL: SW | COLOR: GREY | STYLE: | STATE: OH | LICENSE PLATE NO: GCJ2186 | TOWING SERVICE: | VEH. PED. DIR. FROM: TO:

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY | VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
C		ADDRESS	PHONE	SEX	A B C D E F	A B C D E F
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		
		ADDRESS	PHONE	SEX		
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		
		ADDRESS	PHONE	SEX		
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		
		ADDRESS	PHONE	SEX		



P-PEDESTRIAN

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A B

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: 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

ALCOHOL: A ☐ YES ☐ NO TESTED | B ☐ YES ☐ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ NO | B TESTED ☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C — INJURED TAKEN TO: By

D E F

A B C — INJURED TAKEN TO: By

D E F

A ☐ ORC ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC. ☐ CITY ORD — OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1323	1323	1326	1335	00	12

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
6/27/16	☐ YES ☒ NO	HOLBROOK	127	

State Ptl-012 2/13/03