

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>14477</b>	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input 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 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 <b>LEBANON</b>		DATE OF CRASH <b>8-3-16</b>	DAY <b>WED</b>	TIME: MILITARY <b>0853</b>	
CRASH OCCURRED ON <b>KROGER, W25 COLUMBUS AVE</b>				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE	

LOG-1	LOG-2	LOC	JUR	FH9	FLT
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A	UNIT NO.	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 <b>GEICO</b>
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>DAVIS, ELEANOR J.</b>	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>4A CAPE WAY, LEBANON, OH 45036</b>
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PHONE NO. <b>513-325-8609</b>	BIRTH DATE <b>11-24-29-86</b>	AGE <b>29</b>	SEX <b>F</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>PK565070</b>	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) <b>SAME</b>	ADDRESS	PHONE
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VEH YR <b>2015</b>	MAKE <b>TOYOTA</b>	MODEL <b>COROLLA</b>	COLOR <b>BAN</b>	STYLE <b>4S</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>PER 1151</b>	TOWING SERVICE	VEH/PED DIR FROM TO
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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
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8	UNIT NO. <b>2</b>	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
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PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) <b>KROGER PROPERTY</b>	ADDRESS	PHONE
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VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	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 type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input 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
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D FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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E FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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F FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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RESTRAINTS				ALCOHOL			
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INJURED TAKEN TO				ALCOHOL			
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INJURED TAKEN TO				ALCOHOL			
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A	OFFENSE CHARGED AND DESCRIPTION	EJECTION		DRUGS	
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O	OFFENSE CHARGED AND DESCRIPTION	EJECTION		DRUGS	
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RECEIVED CALL <b>0853</b>	DISPATCHED <b>0854</b>	ARRIVED <b>0900</b>	CLEARED <b>0909</b>	OTHER TIME	TOTAL MINUTES <b>00off 9</b>
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DATE REPORT FILED <b>8-10-16</b>	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>S. DEHLER</b>	BADGE NO. <b>124</b>	CHECKED BY	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO