

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>16-16048</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				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 <input type="checkbox"/>		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH: DAY <b>8 30 16</b> <b>Sunday</b>	TIME: MILITARY <b>1549</b>			
CRASH OCCURRED ON <b>726 E. Main Street</b>				WITHIN THE INTERSECTION OF				

LOG-1	LOG-2	LOC	JUR	FH'9	FILT				
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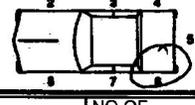
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>AIFA Insurance</b>
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Carroll, Tanika</b>	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>920 N. Broadway, Lebanon, OH, 45036</b>
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PHONE NO. <b>513-267-1944</b>	BIRTH DATE <b>5 13 88</b>	AGE <b>28</b>	SEX <b>F</b>	SOCIAL SECURITY NO. <b>NIA</b>	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>SW025362</b>	OCCUPATION <b>NIA</b>
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OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>	ADDRESS <b>Same</b>	PHONE <b>Same</b>
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VEH YR <b>2006</b>	MAKE <b>Chry</b>	MODEL <b>SW</b>	COLOR <b>Gold</b>	STYLE <b>SW</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>G025033</b>	TOWING SERVICE <b>NIA</b>	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 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 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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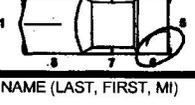
8	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Motorist Mutual</b>
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Shepherd, Thelma</b>	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>405 Mary Lane, South, Lebanon, 45065</b>
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PHONE NO. <b>513-659-4822</b>	BIRTH DATE <b>12 16 53</b>	AGE <b>62</b>	SEX <b>F</b>	SOCIAL SECURITY NO. <b>NIA</b>	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>RM402615</b>	OCCUPATION <b>NIA</b>
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OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>	ADDRESS <b>Same</b>	PHONE <b>Same</b>
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VEH YR <b>2014</b>	MAKE <b>Kia</b>	MODEL <b>SW</b>	COLOR <b>Gray</b>	STYLE <b>SW</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>GJM4195</b>	TOWING SERVICE <b>NIA</b>	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 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 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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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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P-PEDESTRIAN					RESTRAINTS		ALCOHOL	
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A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F
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D	E	F	INJURED TAKEN TO	By	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED						A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED	
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A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
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O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	A B C D E F A TESTED 0 TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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RECEIVED CALL <b>1549</b>	DISPATCHED <b>1550</b>	ARRIVED <b>1552</b>	CLEARED <b>1601</b>	OTHER TIME <b>0000</b>	TOTAL MINUTES <b>0009</b>	EJECTION		DRUGS	
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DATE REPORT FILED <b>8 28 16</b>	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>E. Holmes</b>	BADGE NO. <b>P122</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