

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2016-19323	<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 checked="" type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 10/16/16 Gunday	TIME: MILITARY 2042			
CRASH OCCURRED ON Colonial Park West				WITHIN THE INTERSECTION OF				
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE	

LOG-1	LOG-2	LOC	JUR	FH9	FILT
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A	UNIT NO. 1	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT State Farm
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Allen, Jordan	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 7333 Jamaica Way Apt 12 Maumville, OH
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PHONE NO. 513-900-7558	BIRTH DATE 11/9/89	AGE 26	SEX F	SOCIAL SECURITY NO. NIA	STATE OH	DRIVER'S LICENSE NO. TJ537436	OCCUPATION NIA
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS Same	PHONE Same
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VEH YR 2003	MAKE Ford	MODEL ZD	COLOR Blk	STYLE ZD	STATE OH	LICENSE PLATE NO. GTV6666	TOWING SERVICE NIA	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 checked="" type="checkbox"/> MODERATE <input 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. 2	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS HIT & RUN NON-CONTACT <input checked="" type="checkbox"/>	INSURANCE CO OR AGENT Unknown
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Unknown	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) Unknown
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PHONE NO. Unknown	BIRTHDATE Unknown	AGE Unknown	SEX Unknown	SOCIAL SECURITY NO. Unknown	STATE Unknown	DRIVER'S LICENSE NO. Unknown	OCCUPATION NIA
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OWNER (IF SAME AS DRIVER, WRITE SAME) Unknown	ADDRESS Unknown	PHONE Unknown
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VEH YR Unknown	MAKE Unknown	MODEL Unknown	COLOR	STYLE	STATE	LICENSE PLATE NO. Unknown	TOWING SERVICE NIA	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 checked="" 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					
		ADDRESS	m D y	SEX	A	B	C	D	E	F	A	B	C	D	E	F

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

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

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

RESTRAINTS												ALCOHOL					
A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F

A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F
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A	B	C	D	E	F	OFFENSE CHARGED AND DESCRIPTION						EJECTION					
A	B	C	D	E	F	OFFENSE CHARGED AND DESCRIPTION						EJECTION					

A	B	C	D	E	F	OFFENSE CHARGED AND DESCRIPTION						EJECTION					
A	B	C	D	E	F	OFFENSE CHARGED AND DESCRIPTION						EJECTION					

RECEIVED CALL 2041	DISPATCHED 2042	ARRIVED 2044	CLEARED 2051	OTHER TIME 0000	TOTAL MINUTES 0007
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DATE REPORT FILED 10/16/16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Holmes	BADGE NO. P122	CHECKED BY
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1 NOT EJECTED				1 NO DRUGS DETECTED			
2 PARTIAL				2 USING PRESCRIBED DRUG			
3 TOTAL				3 USING ILLICIT DRUG			
4 TRAPPED INSIDE VEHICLE							

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION