

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2016-20012	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE			
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 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 LEBANON		DATE OF CRASH: 10/27/16	DAY THU	TIME: MILITARY 1920	
CRASH OCCURRED ON YMCA				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)							CITY CODE

LOG-1	LOG-2	LOC	JUR	FH9	FIL
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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 Western Insurance
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Wendeln Marcia	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2562 Concord Drive, Beavercreek, OH
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PHONE NO. 937-974-7193	BIRTH DATE 8/23/46	AGE 70	SEX F	SOCIAL SECURITY NO. N/A	STATE OH	DRIVER'S LICENSE NO. RQ784821	OCCUPATION N/A
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS Same	PHONE Same
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VEH YR 2016	MAKE Honda	MODEL SW	COLOR Blue	STYLE SW	STATE OH	LICENSE PLATE NO. GVA5984	TOWING SERVICE N/A	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. 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
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Vanderpool, Nicole	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 830 North Nixon Camp Rd Oregonia, OH
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PHONE NO. 513-276-8740	BIRTH DATE 8/12/16	AGE 34	SEX F	SOCIAL SECURITY NO. N/A	STATE OH	DRIVER'S LICENSE NO. SC755119	OCCUPATION N/A
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS Same	PHONE Same
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VEH YR 2016	MAKE Ford	MODEL SW	COLOR Blk	STYLE SW	STATE OH	LICENSE PLATE NO. GFW7721	TOWING SERVICE N/A	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	O	E	F	ALCOHOL
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A	OFFENSE CHARGED AND DESCRIPTION	ORC CITY ORD.	RECEIVED CALL 1926	DISPATCHED 1921	ARRIVED 1923	CLEARED 1944	OTHER TIME 0000	TOTAL MINUTES 0021	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 8 USE NOT REPORTED	1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN
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A	OFFENSE CHARGED AND DESCRIPTION	ORC CITY ORD.	DATE REPORT FILED 10/27/16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Holmes	BADGE NO. P122	CHECKED BY	EJECTION	DRUGS
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO