

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-212A3	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" 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		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 11 17 2016 Thursday	TIME: MILITARY 0713		
CRASH OCCURRED ON 1916 Drake PK Lebanon High School WITHIN THE INTERSECTION OF Parking lot							
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 2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Safeco
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Zupke, Cheryl D	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 781 Farview Ave Lebanon OH 45036
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PHONE NO. 932-6527	BIRTH DATE 03/03/60	AGE 56	SEX F	SOCIAL SECURITY NO. 281-62-6100	STATE OH	DRIVER'S LICENSE NO. RMA182A	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS	PHONE
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VEH YR 2014	MAKE Chrysler	MODEL SW	COLOR BLK	STYLE SW	STATE OH	LICENSE PLATE NO. DKB7182	TOWING SERVICE Case	VEH/PED DIR FROM S TO N
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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 type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" 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 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)	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) Dahmer, Kevin, N	ADDRESS 6928 Palmera Dr. Mason, OH 45040	PHONE 513-680-3341
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VEH YR 2006	MAKE Nissan	MODEL 4H	COLOR Grey	STYLE 4H	STATE OH	LICENSE PLATE NO. DOU7396	TOWING SERVICE None	VEH/PED DIR FROM W TO E
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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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DRIVER-PEDESTRIAN-VEHICLE SECTION

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					

A	B	C	INJURED TAKEN TO			By	A	B	C	D	E	F	ALCOHOL		
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 B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NO TESTED TESTED		

A	OFFENSE CHARGED AND DESCRIPTION	ORC CITY ORD.	EJECTION						DRUGS					
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O	OFFENSE CHARGED AND DESCRIPTION	ORC CITY ORD.	EJECTION						DRUGS					
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RECEIVED CALL 0713	DISPATCHED 0716	ARRIVED 0718	CLEARED 0828	OTHER TIME 0020	TOTAL MINUTES 0090	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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DATE REPORT FILED 11 21 16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME A.L.B. McMaken	BADGE NO. 114	CHECKED BY
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LOCAL FILE NO

OCCUPANT SECTION

POLICE ACTION