

OHIO TRAFFIC CRASH REPORT OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<b>Lebanon Police</b>		0 8 3 0 3 0 0		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.								
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		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 <b>LEBANON</b>				DATE OF CRASH: <b>12 1 03 12</b>		DAY <b>MON</b>		TIME: MILITARY <b>1224</b>										
CRASH OCCURRED ON <b>1425 Columbus Ave. (Kroger Parking Lot)</b>						WITHIN THE INTERSECTION OF														
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE <b>8303</b>										
MILES _____ FEET _____						N _____ E _____		W _____ S _____		OF _____										
LOC JUR FH9 FILT																				
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input checked="" type="checkbox"/>	INSURANCE CO OR AGENT												
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Unknown</b>						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)														
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS				PHONE										
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO												
			<b>Gold</b>	<b>SW</b>																
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										
VEHICLE DIAGRAM																				
B	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>2</b>		OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Geico</b>												
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)														
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS				PHONE										
<b>Berger, James M</b>						<b>858 Harbor Dr. Lebanon, OH 45036</b>				<b>513-259-4680</b>										
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO												
<b>2003</b>	<b>Toyota</b>	<b>Camry</b>	<b>Black</b>	<b>4S</b>	<b>OH</b>	<b>ELQ3143</b>														
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 type="checkbox"/> DRIVEN AWAY <input checked="" 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										
VEHICLE DIAGRAM																				
OCCUPANT SECTION																				
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	POSITION			INJURIES								
		ADDRESS				PHONE		SEX	A	B	C	D	E	F	A	B	C	D	E	F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	VEHICLE DIAGRAM			I FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED								
		ADDRESS				PHONE		SEX												
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	P-PEDESTRIAN			CONDITION A B C D E F 7 X X X X X X X								
		ADDRESS				PHONE		SEX												
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	RESTRAINTS			I APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN								
		ADDRESS				PHONE		SEX												
A B C		INJURED TAKEN TO				By		A B C D E F			ALCOHOL									
D E F		INJURED TAKEN TO				By		I NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 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 B <input type="checkbox"/> YES <input type="checkbox"/> NO 1 <input checked="" type="checkbox"/> TESTED <input type="checkbox"/> NOT TESTED									
POLICE ACTION																				
OFFENSE CHARGED AND DESCRIPTION						OFFENSE CHARGED AND DESCRIPTION														
A <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD						O <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD														
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG								
DATE REPORT FILED	PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY	A B C D E F			A TESTED O TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> No <input type="checkbox"/> NO											
M D Y	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Ptl. P. Jenkinson		112		1														

12-30701