

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 12-21626		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO. 21626		
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:	12 17 2012	DAY	Monday		TIME: MILITARY	1901
CRASH OCCURRED ON Wal-Mart Drive						WITHIN THE INTERSECTION OF								
IF NOT IN INTERSECTION		MILES FEET		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE			8321	
LOG-1	LOG-2	LOC JUR FH9 FILT												
A	UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT					Allstate	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
McCall, Jack Lewis Jr.						564 Hearthstone Ct. Lebanon, OH 45036								
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION				
513-426-5132		11 14 47 m d y	45	M			OH	RM401120						
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE		
Same														
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR						
2001	Chevy	Silverado	White	TR	KY	7739 DL	Case Towing	FROM TO						
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE						
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8	UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT				Erie		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
Cobaugh, Ann E						4857 Jessica Suzanne Drive Morrow, OH 45152								
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION				
513-228-0558		m d y	63	F			OH	RJ324819						
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE		
Same														
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR						
2010	Chevy	Malibu	Beige	4s	OH	DSQ1452	Lebanon Towing	FROM TO						
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE						
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES						
				m d y		A B C D E F		A B C D E F						
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	P-PEDESTRIAN		CONDITION						
				m d y				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED						
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	RESTRAINTS		ALCOHOL						
				m d y		A B C D E F		A B C D E F						
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	EJECTION		DRUGS						
				m d y		A B C D E F		A B C D E F						
A	B	C	INJURED TAKEN TO			By			ALCOHOL					
D	E	F	INJURED TAKEN TO			By			DRUGS					
A		OFFENSE CHARGED AND DESCRIPTION		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED										
O		OFFENSE CHARGED AND DESCRIPTION		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE										
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		ALCOHOL							
	1901	1902	1951		00offoff		A B C D E F							
DATE REPORT FILED	PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY		DRUGS							
12 21 12	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Ptl. Weithofer		134			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN							
POLICE ACTION		OFFENSE CHARGED AND DESCRIPTION		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG										

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION