

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0 8 3 0 3 0 0	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	2	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:	01/13/13	DAY	SUN	TIME: MILITARY		2017						
CRASH OCCURRED ON				E MAIN ST													
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE									
_____ MILES _____ FEET				W N E OF _____ 722				S _____ 8303									
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT										
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									
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		FROM TO							
		TRACTOR-TRAILOR	WHITE					N		S							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE							
				<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
B	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON-CONTACT	INSURANCE CO. OR AGENT										
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
PHONE NO.		BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION								
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE									
WEATHERFORD, BRITTANY, N				204 W MAIN ST APT, WILMINGTON, OH				937-527-9551									
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		FROM TO							
2004	SATURN	4S	BLACK	4S	OH	F1F9913		S		N							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE							
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input checked="" 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)		BIRTHDATE	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)		BIRTHDATE	AGE	POSITION			INJURIES								
				m D y		A	B	C	D	E	F	1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES								
				m D y		A	B	C	D	E	F	CONDITION					
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES								
				m D y		A	B	C	D	E	F	1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
A B C		INJURED TAKEN TO		By		RESTRAINTS			ALCOHOL								
D E F		INJURED TAKEN TO		By		1 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 4 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED TESTED								
A B C		OFFENSE CHARGED AND DESCRIPTION		By		EJECTION			DRUGS								
D E F		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F			A TESTED 0 TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> No <input type="checkbox"/> NO								
A B C		OFFENSE CHARGED AND DESCRIPTION		By		EJECTION			DRUGS								
D E F		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F			1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE								
A B C		OFFENSE CHARGED AND DESCRIPTION		By		EJECTION			DRUGS								
D E F		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG								
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES												
2017	2029	2029	2035	0010	0028												
DATE REPORT FILED	PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY												
01/13/13	YES	DUSTIN KORILKO		115													

13-708

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO.