

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 13-2799	<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 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 type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON	DATE OF CRASH: 02 16 13	DAY Saturday	TIME: MILITARY 22:29	
CRASH OCCURRED ON 1248 Columbus Ave				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321	

LOG-1	LOG-2	LOC	JUR	FH9	FILT		
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A	UNIT NO. 1	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Esurance
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Johnson, Jacob G				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 447 E Mulberry Street			
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PHONE NO. 513-692-8365	BIRTH DATE 7 25 90 m y	AGE 22	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TF852919	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS				PHONE
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VEH YR 1997	MAKE Ford	MODEL Tk	COLOR Black	STYLE F150	STATE Oh	LICENSE PLATE NO. EXS5270	TOWING SERVICE None	VEH/PED DIR FROM TO
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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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B	UNIT NO. 2	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Allstate
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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) Reddick, George				ADDRESS 446 Lookout Ridge				PHONE 513-633-0166
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VEH YR 2006	MAKE Chevy	MODEL Trailblazer	COLOR Grey	STYLE SW	STATE OH	LICENSE PLATE NO. EIZ6779	TOWING SERVICE None	VEH/PED DIR FROM TO
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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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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											
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RESTRAINTS											
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ALCOHOL											
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EJECTION											
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DRUGS											
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RECEIVED CALL	DISPATCHED 22:29	ARRIVED 22:36	CLEARED 22:50	OTHER TIME 14	TOTAL MINUTES 00ff0ff	EJECTION						DRUGS					
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DATE REPORT FILED M D Y	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME S. Drake	BADGE NO. 118	CHECKED BY	EJECTION						DRUGS					
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO