

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.			
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 type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN CITY		LEBANON		DATE OF CRASH:	08/19/13	DAY	THU	TIME: MILITARY	2001
CRASH OCCURRED ON				650 E Main St.				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			
MILES		50 FEET		OF		Dave St.		08303			
LOG-1	LOG-2	LOC	JUR	FH9	FILT						
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Jeffers, Thelma									
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		306 E. Pike St. South Lebanon, OH 45065									
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION		
513-388-8995	02/25/50	63	F	2953		OH	RQ554985				
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
Same				Same				Same			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR FROM TO		
2003	Nissan	SW	White	SW	OH	FWU8641			N 5 FROM TO		
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE			
		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Kerr, Steven, J									
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		3147 Markbreit Ave Cincinnati, OH									
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION		
931-471-4974	05/01/78	35	M	8125		OH	RR043529				
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
Gutfreund, Emily, A				340 Churchill Ct. Lebanon, OH 45036							
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR FROM TO		
2013	Nissan	4s	White	4s	OH	FWR7785			N 5 FROM TO		
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE			
		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> DRIVEN AWAY <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		
						A B C D E F			A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	CONDITION			INJURIES		
						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)		BIRTH DATE	AGE	RESTRAINTS			INJURIES		
						A B C D E F			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	ALCOHOL			INJURIES		
						A B C D E F			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	B	C	INJURED TAKEN TO			By			ALCOHOL		
D	E	F							A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
A	B	C	INJURED TAKEN TO			By			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
D	E	F							A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
A	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD								
O	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD								
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		EJECTION				
2001	2002	2005	2013	0010	0021		A B C D E F				
DATE REPORT FILED	PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY		DRUGS				
08/04/13	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	D. K. V. L. K.		115			A TESTED B TESTED C TESTED D TESTED E TESTED F TESTED				
							1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				
							1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				

DRIVER-PEDESTRIAN-VEHICLE SECTION

INJURY SECTION