

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 13-18122	<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE												
REPORT TAKEN <input checked="" 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: DAY 10 12 20 1208 Sun.	TIME: MILITARY 1319											
CRASH OCCURRED ON 118 W. Main St. Lebanon, OH 45036				WITHIN THE INTERSECTION OF												
IF NOT IN INTERSECTION _____ MILES 75 FEET W <input checked="" type="checkbox"/> S _____ E OF W. Main St.		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE 8303												
<table border="1"> <tr> <td>LOC</td> <td>JUR</td> <td>FH9</td> <td>FILT</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								LOC	JUR	FH9	FILT					
LOC	JUR	FH9	FILT													
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									
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.									
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS		PHONE										
Whiting, Heather				3798 US RT 50 Marathon, OH 45145												
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE									
1993	Honda	Civic	Maroon	45	OH	FHR 5559	Jacobs									
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 type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8	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									
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.									
513-338-7797						OH										
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS		PHONE										
Pleska Edward				5774 Union Rd. Franklin, OH 45005		513-338-7797										
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE									
1995	Chevy	Astro	White	VN	OH	FTW 8017										
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									
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				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				CONDITION								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN								
RESTRAINTS								ALCOHOL								
A	B	C	INJURED TAKEN TO _____ By _____			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 <input type="checkbox"/> YES B <input type="checkbox"/> YES C <input type="checkbox"/> NO D <input type="checkbox"/> NO TESTED TESTED		
A	B	C	INJURED TAKEN TO _____ By _____			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			A TESTED D TESTED B <input type="checkbox"/> YES E <input type="checkbox"/> YES C <input type="checkbox"/> NO F <input type="checkbox"/> NO							
OFFENSE CHARGED AND DESCRIPTION					EJECTION			DRUGS								
A <input type="checkbox"/> ORC CITY CRD					A	B	C	D	E	F	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					
RECEIVED CALL 1319					DISPATCHED 1320	ARRIVED 1323	CLEARED 1402	OTHER TIME 30	TOTAL MINUTES 69	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						
DATE REPORT FILED		PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY										
M 10 10 30 13		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PTL Tasker		111											

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOCAL FILE NO.