

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2014-219	<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	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: DAY 01 10 2014 Saturday	TIME: MILITARY 1649																					
CRASH OCCURRED ON Kroger - 1425 Columbus Ave. Lebanon, OH 45036				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																					
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Cincinnati Insurance																			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Mueller, Elizabeth A				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1670 Rock Rose Ct. Lebanon, OH 45036																						
PHONE NO. 513-545-9056	BIRTH DATE 3 17 93	AGE 20	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TN673443	OCCUPATION																			
OWNER (IF SAME AS DRIVER, WRITE SAME) Mueller, Holly M				ADDRESS Same					PHONE																	
VEH YR	MAKE Toyota	MODEL Highlander	COLOR Green	STYLE SW	STATE OH	LICENSE PLATE NO. RDHAWK	TOWING SERVICE N/A	VEH/PED DIR FROM TO																		
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																			
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Allstate																			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Campbell, Patricia J				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 9431 Arrowcreek Dr. Oregonia, OH 45054																						
PHONE NO. 513-535-8045	BIRTH DATE 2 12 41	AGE 72	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RN415689	OCCUPATION																			
OWNER (IF SAME AS DRIVER, WRITE SAME) Campbell, Donald G				ADDRESS Same				PHONE																		
VEH YR	MAKE Chevy	MODEL Colorado	COLOR Silver	STYLE TR	STATE OH	LICENSE PLATE NO. FRU8627	TOWING SERVICE	VEH/PED DIR FROM TO																		
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 checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input 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																			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION			INJURIES																		
		ADDRESS	PHONE	SEX	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																		
		ADDRESS	PHONE	SEX				CONDITION																		
E	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																		
		ADDRESS	PHONE	SEX				RESTRAINTS																		
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 CHILD SAFETY SEAT 8 USE NOT REPORTED																		
		ADDRESS	PHONE	SEX				ALCOHOL																		
A	B	C	INJURED TAKEN TO			By			A			B			C											
D	E	F	INJURED TAKEN TO			By			1			2			3											
A												OFFENSE CHARGED AND DESCRIPTION			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3-HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN											
O												OFFENSE CHARGED AND DESCRIPTION			EJECTION			DRUGS								
RECEIVED CALL 1649												DISPATCHED 1650			ARRIVED 1659			CLEARED 1708			OTHER TIME			TOTAL MINUTES 00OffOff		
DATE REPORT FILED 10 8 14												PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OFFICER'S NAME Weithofer			BADGE NO. 134			CHECKED BY					
POLICE ACTION												1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			A			TESTED 0			TESTED					
POLICE ACTION												1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			A			TESTED 0			TESTED					

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION