

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-1149	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input checked="" 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 <input type="checkbox"/>
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 01 19 2014	DAY: SUN	TIME: MILITARY 0838	
CRASH OCCURRED ON 569 Columbus Ave., Lebanon, OH 45036 (Speedway Lot)				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321	

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A	UNIT NO.	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 Nationwide
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Mason, Shawn, P.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 343 Summit St., Lebanon, Oh 45036			
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PHONE NO. (513) 376-3890	BIRTH DATE 03 07 75	AGE 38	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RS405758	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS					PHONE
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VEH YR 97	MAKE Ford	MODEL Expedition	COLOR Green	STYLE SW	STATE OH	LICENSE PLATE NO. DZC8900	TOWING SERVICE	VEH/PED DIR FROM S TO E
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
	10 UNDER CAR	<input checked="" type="checkbox"/> NON-FUNCTIONAL	<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE	<input checked="" type="checkbox"/> DRIVEN AWAY	<input checked="" type="checkbox"/> NO FIRE
11 LOAD	<input type="checkbox"/> FUNCTIONAL	<input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	<input type="checkbox"/> REMAINED AT SCENE	<input type="checkbox"/> FIRE DUE TO CRASH	
12 TRAILER	<input type="checkbox"/> DISABLING	<input type="checkbox"/> TOWED	<input type="checkbox"/> OTHER FIRE		

8	UNIT NO.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Geico
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
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PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) Blatchford, Sheila	ADDRESS 5036 Salem Rd., Morrow, OH 45152					PHONE (513) 375-2426
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VEH YR 04	MAKE Chevy	MODEL Cavalier	COLOR Silver	STYLE 4S	STATE OH	LICENSE PLATE NO. EJP9784	TOWING SERVICE	VEH/PED DIR FROM TO
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
	10 UNDER CAR	<input type="checkbox"/> NON-FUNCTIONAL	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE	<input checked="" type="checkbox"/> DRIVEN AWAY	<input checked="" type="checkbox"/> NO FIRE
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12 TRAILER	<input type="checkbox"/> DISABLING	<input type="checkbox"/> TOWED	<input type="checkbox"/> OTHER FIRE		

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
					A	B	C	D	E	F	A	B	C	D	E	F

D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	PHONE	SEX	CONDITION

E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	PHONE	SEX	CONDITION

F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	PHONE	SEX	CONDITION

RESTRAINTS								ALCOHOL									
A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F

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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO