

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-3049	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input 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 <input type="checkbox"/>
IN COUNTY OF WARREN	IN <input checked="" type="checkbox"/> CITY	<b>LEBANON</b>		DATE OF CRASH: 02   18   14	DAY TUES	TIME: MILITARY 1230	
CRASH OCCURRED ON 1611 E. Main St., Lebanon, Oh 45036				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE 8321

LOCAL FILE NO

LOG-1	LOG-2	LOC	JUR	FH <sup>9</sup>	FILT		
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 <b>Progressive</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Howard, Deborah</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>5065 Middleboro Rd., Morrow, Oh 45152</b>			
PHONE NO. (513) 282-9783	BIRTH DATE 07   26   57	AGE 56	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RU200937	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS			PHONE

DRIVER-PEDESTRIAN-VEHICLE SECTION

VEH YR 04	MAKE Chevy	MODEL Trailblazer	COLOR Green	STYLE SW	STATE OH	LICENSE PLATE NO. Y771725	TOWING SERVICE	VEH/PED DIR FROM N TO S
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.	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 <b>Grange Ins.</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Waltz, Robin</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>10075 Day Hill Arnheim Rd., Georgetown, OH 45121</b>			
PHONE NO. (513) 520-2629	BIRTHDATE 12   11   62	AGE 51	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RP735676	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) Waltz, Charles				ADDRESS <b>10075 Day Hill Arnheim Rd., Georgetown, OH 45121</b>			PHONE (937) 515-0041

08	Buick	Lucerne	Maroon	4S	OH	EUU3243	TOWING SERVICE	VEH/PED DIR FROM S TO W
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 checked="" 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

OCCUPANT SECTION

C	FROM UNIT NO.	NAME (LAST, FIRST, MI) Patton, Brenda	BIRTHDATE m   d   y	AGE 55	POSITION						INJURIES					
	7	ADDRESS 79 Johns St., Waynesville, OH 45069	PHONE (513) 897-9826	SEX F	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 SERIOUSLY 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					

POLICE ACTION

A	B	C	INJURED TAKEN TO			By	A	B	C	O	E	F	ALCOHOL								
D	E	F	INJURED TAKEN TO			By	8	8					A	TESTED	O	TESTED					
OFFENSE CHARGED AND DESCRIPTION							1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN								
OFFENSE CHARGED AND DESCRIPTION							EJECTION						DRUGS								
RECEIVED CALL 0810							DISPATCHED 0811			ARRIVED 0816			CLEARED 0836			OTHER TIME 00ff0ff			1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		
DATE REPORT FILED							PHOTOS			OFFICER'S NAME			BADGE NO.			CHECKED BY			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
M   d   y							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Ptl. T. Cooper			125			S. Morris #131					