

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL FILE NO  
14-6722

LOCAL REPORT NO. 14-6722		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE					
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 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 <b>LEBANON</b>			DATE OF CRASH: 04   19   14	DAY SAT	TIME: MILITARY 1237				
CRASH OCCURRED ON 640 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	FH'9	FILT							
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT	Coin Ins. Co.			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Heard, Robert, L.						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 916 N. Broadway Apt. 3, Lebanon, Oh 45036						
PHONE NO. (513) 282-9129		BIRTH DATE 08   23   42	AGE 71	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RS409028	OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Creech's Lawn & Garden						ADDRESS 640 Columbus Ave., Lebanon, Oh 45036				PHONE (513) 932-8155		
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR				
	JCB	210SL	Yellow	Tractor	OH							
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input 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			
8	UNIT NO. 2	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT	Travelers Ins			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Evans, Matthew						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 832 Cherry Hill Ln., Lebanon, Oh 45036						
PHONE NO.		BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Evans, Matthew						ADDRESS 832 Cherry Hill Ln., Lebanon, Oh 45036				PHONE (513) 464-3854		
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR				
09	Chevy	Silverado	Black	TK	OH	EYF5750						
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" 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			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES			
		ADDRESS		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	POSITION			INJURIES			
		ADDRESS		m   D   y		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)		BIRTHDATE	AGE	POSITION			INJURIES			
		ADDRESS		m   D   y		A   B   C   D   E   F			CONDITION A   B   C   D   E   F			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES			
		ADDRESS		m   D   y		A   B   C   D   E   F			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
D	E	F	INJURED TAKEN TO			By	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 <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO 1 <input type="checkbox"/> TESTED <input type="checkbox"/> NOT TESTED		
OFFENSE CHARGED AND DESCRIPTION						EJECTION						
A	<input type="checkbox"/> ORC CITY ORD.					A   B   C   D   E   F						
OFFENSE CHARGED AND DESCRIPTION						DRUGS						
O	<input type="checkbox"/> ORC CITY ORD.					A   B   C   D   E   F						
RECEIVED CALL 1237						DISPATCHED 1239						
ARRIVED 1247						CLEARED 1253						
OTHER TIME						TOTAL MINUTES 16						
DATE REPORT FILED						PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
OFFICER'S NAME Ptl. T. Cooper						BADGE NO. 125						
CHECKED BY						1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						
M   D   Y						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG						

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION