

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0 8 3 0 3 0 0	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 LEBANON		DATE OF CRASH: DAY 8 20 14 WED	TIME: MILITARY 1412	

CRASH OCCURRED ON **1425 Columbus Ave (Kroger Parking Lot)** 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		
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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 Geico
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) **Thang Steven** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **3787 Fox Run Dr. Apt. 501 Blue Ash, OH 45236**

PHONE NO. (513) 600-8815	BIRTH DATE 2 9 83	AGE 31	SEX M	SOCIAL SECURITY NO. -	STATE OH	DRIVER'S LICENSE NO. TP601717	OCCUPATION -
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OWNER (IF SAME AS DRIVER, WRITE SAME) **Same** ADDRESS _____ PHONE _____

VEH YR 2010	MAKE Toyota	MODEL -	COLOR Black	STYLE SW	STATE OH	LICENSE PLATE NO. EW42550	TOWING SERVICE N/A	VEH/PED DIR FROM N TO S
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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
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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 Metropolitan Property & Casualty, Inc. Co.
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) **Roberts Leslie** ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) **448 Countryside Dr. Lebanon OH 45036**

PHONE NO. (513) 228-1172	BIRTHDATE 8 24 72	AGE 41	SEX F	SOCIAL SECURITY NO. -	STATE OH	DRIVER'S LICENSE NO. RS509440	OCCUPATION -
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OWNER (IF SAME AS DRIVER, WRITE SAME) **Same** ADDRESS _____ PHONE _____

VEH YR 2012	MAKE Honda	MODEL -	COLOR Red	STYLE 4S	STATE OH	LICENSE PLATE NO. AS62YN	TOWING SERVICE N/A	VEH/PED DIR FROM S TO N
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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 type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
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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	A	B	C	D	E	F

E	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

F	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

P-PEDESTRIAN											
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RESTRAINTS											
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A	B	C	INJURED TAKEN TO _____	By _____	A	B	C	D	E	F	ALCOHOL					
D	E	F	INJURED TAKEN TO _____	By _____	A	B	C	D	E	F	A	B	C	D	E	F

A	B	C	OFFENSE CHARGED AND DESCRIPTION	A	B	C	D	E	F	EJECTION					
D	E	F	OFFENSE CHARGED AND DESCRIPTION	A	B	C	D	E	F	A	B	C	D	E	F

A	B	C	OFFENSE CHARGED AND DESCRIPTION	A	B	C	D	E	F	DRUGS					
D	E	F	OFFENSE CHARGED AND DESCRIPTION	A	B	C	D	E	F	A	B	C	D	E	F

RECEIVED CALL 1412	DISPATCHED 1413	ARRIVED 1417	CLEARED 1433	OTHER TIME 0	TOTAL MINUTES 16
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DATE REPORT FILED	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME J. Haller	BADGE NO. 123	CHECKED BY
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1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE											
1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG											

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO