

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-18282	<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 <input type="checkbox"/>						
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 10 24 14	DAY Friday	TIME: MILITARY 1323							
CRASH OCCURRED ON 730 Columbus				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	FLT								
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 Westfield Ins						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Cook, Allan S				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 510 Katherine Lebanon, Oh 45036									
PHONE NO. 513-932-1993	BIRTH DATE 7 5 37 m d y	AGE 77	SEX M	SOCIAL SECURITY NO.	STATE Oh	DRIVER'S LICENSE NO. RH895569	OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS		PHONE							
VEH YR 2012	MAKE Ford	MODEL Fusion	COLOR Teal	STYLE 4s	STATE OH	LICENSE PLATE NO. ESY7427	TOWING SERVICE						
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input checked="" 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						
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 Progressive						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Ransom, Deborah D				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 327 Keenland Lebanon, Oh 45036									
PHONE NO. 513-932-0143	BIRTH DATE 6 24 53 m d y	AGE 61	SEX M	SOCIAL SECURITY NO.	STATE Oh	DRIVER'S LICENSE NO. RS405076	OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS		PHONE							
VEH YR 1999	MAKE Saturn	MODEL 4s	COLOR Tan	STYLE	STATE OH	LICENSE PLATE NO. CE47HX	TOWING SERVICE						
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						
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m d y	AGE	POSITION A B C D E F			INJURIES A B C D E F					
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m d y	AGE	POSITION A B C D E F			INJURIES A B C D E F					
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m d y	AGE	POSITION A B C D E F			INJURIES A B C D E F					
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m d y	AGE	POSITION A B C D E F			INJURIES A B C D E F					
INJURED TAKEN TO				By				ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED B <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED					
INJURED TAKEN TO				By				ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED B <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED					
OFFENSE CHARGED AND DESCRIPTION				OFFENSE CHARGED AND DESCRIPTION				EJECTION A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED B <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED					
RECEIVED CALL 1323				DISPATCHED 1323		ARRIVED 1340		CLEARED 1408		OTHER TIME		TOTAL MINUTES 00off	
DATE REPORT FILED		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME S. Drake		BADGE NO. 118		CHECKED BY					

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO