

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<b>Lebanon Police</b>		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO  <b>2014-20192</b>									
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		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: <b>11/26/14</b>		DAY <b>WED</b>		TIME: MILITARY											
CRASH OCCURRED ON <b>1425 Columbus Ave.</b>						WITHIN THE INTERSECTION OF															
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)															
LOG-1		LOG-2		LOC		JUR		FH9		FILT											
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>2</b>		<input checked="" type="checkbox"/> OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON CONTACT		INSURANCE CO OR AGENT		<b>State Farm</b>													
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Brunty, Nathan E.</b>						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>2715 SR 123 Morrow OH 45152</b>															
PHONE NO. <b>513-899-9598</b>		BIRTH DATE <b>11/05/93</b>		AGE <b>21</b>	SEX <b>M</b>	SOCIAL SECURITY NO.		STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>TS259072</b>		OCCUPATION										
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Brunty, Tommy</b>						ADDRESS <b>SAME</b>							PHONE <b>SAME</b>								
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR FROM N TO S												
<b>1999</b>	<b>GMC</b>	<b>2500</b>	<b>Blue</b>	<b>TK</b>	<b>OH</b>	<b>FTN 8355</b>			<b>N to S</b>												
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE													
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>0</b>		<input type="checkbox"/> OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON CONTACT		INSURANCE CO OR AGENT		<b>Safeco</b>													
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Wood, Daniel</b>						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>254 Thompson St Morrow, OH</b>															
PHONE NO.		BIRTHDATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION										
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Wood, Daniel</b>						ADDRESS <b>254 Thompson St Morrow, OH</b>						PHONE <b>513-850-4984</b>									
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR FROM S TO N												
<b>2007</b>	<b>Dodge</b>	<b>Ram</b>	<b>wht</b>	<b>TK</b>	<b>OH</b>	<b>481 XJA</b>			<b>S to N</b>												
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE													
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<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									
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	P-PEDESTRIAN			RESTRAINTS									
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	REINFORCEMENT			CONDITION									
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	ALCOHOL			DRUGS									
A	B	C	INJURED TAKEN TO		By		A		B	C	D	E	F	TESTED							
A	B	C	INJURED TAKEN TO		By		1 NOT USED		2 NONE AVAILABLE		3 LAP BELT USED		4 LAP/SHOULDER BELT USED		5 SHOULDER BELT USED						
A	OFFENSE CHARGED AND DESCRIPTION		ORC		QTY		OFFENSE CHARGED AND DESCRIPTION		ORC		QTY		EJECTION		DRUGS						
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	1 NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG			
<b>1739</b>	<b>1740</b>	<b>1745</b>	<b>1800</b>	<b>15</b>	<b>30</b>																
DATE REPORT FILED		PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY		1 NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG	
<b>11/26/14</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Brock</b>		<b>126</b>																

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION