

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				LOCAL FILE NO 74-19872		
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		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 type="checkbox"/> OVER \$150 <input checked="" 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	TIME: MILITARY				
CRASH OCCURRED ON				WITHIN THE INTERSECTION OF				11/20/07		THU			2000	
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE				
_____ MILES _____ FEET				W _____ S _____ E _____ OF						8203				
A		UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)												
Buchanan, Eligh Z.		2205 S US RT. 42 Lebanon OH 45036												
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION				
513-264-5297		11/26/92	21	M			OH	TS351567						
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE						
Buchanan, David				Same				Same						
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR					
1995	Chevy	Silverado	Green	TR	OH	AB69AN			FROM TO					
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE						
		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <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						
8		UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO. OR AGENT					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)												
Tipton, Donna		701 Hulbrook Ave. Lebanon OH												
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION				
513-267-8389							OH	CPN 730						
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE						
Tipton, Donna				701 Hulbrook Ave. Lebanon OH				513-267-8389						
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR					
2001	Chevy	Camaro	Silver	RS	OH	CPN 730			FROM TO					
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE						
		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <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)		BIRTH DATE		AGE	POSITION			INJURIES		
									A B C D E F			A B C D E F		
D.		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE						
F.		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE						
									P-PEDESTRIAN			CONDITION		
									RESTRAINTS			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
A	B	C	INJURED TAKEN TO		By		A B C D E F			ALCOHOL				
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 checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED				
A		ORC		OFFENSE CHARGED AND DESCRIPTION				EJECTION			DRUGS			
O		ORC		OFFENSE CHARGED AND DESCRIPTION				A B C D E F			A TESTED O TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		A B C D E F			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
2000	2000	2006	2022	10	26		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				
DATE REPORT FILED	PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY									
11/20/07	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Jenkins		112										

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION