

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-20255		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE					
REPORT TAKEN <input checked="" 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"/>	UNSATISFACTORY <input type="checkbox"/>		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: DAY 11/28/14 Friday	TIME: MILITARY 0903				
CRASH OCCURRED ON 1330 Columbus Ave				WITHIN THE INTERSECTION OF Miller Rd						
IF NOT IN INTERSECTION _____ MILES 200 FEET		N (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) Miller Rd			E OF _____ CITY CODE 8321					
LOG-1	LOG-2	LOC	JUR	FH'9	FILT					
A UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Direct General			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Scott Tommy L				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)						
PHONE NO. 89-603-2031	BIRTH DATE 05/23/90	AGE 24	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TE876574	OCCUPATION N/A			
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS 457 Harrison Ave Hamilton OH			PHONE SAME			
VEH YR 2010	MAKE Nissan	MODEL Rogue	COLOR Red	STYLE SW	STATE FL	LICENSE PLATE NO. BCQ666	TOWING SERVICE N/A	VEH/PED DIR FROM N TO S		
CIRCLE DAMAGE AREAS	DAMAGE SEVERITY <input checked="" type="checkbox"/> 9 TOP <input type="checkbox"/> 10 UNDER CAR <input type="checkbox"/> 11 LOAD <input type="checkbox"/> 12 TRAILER		DAMAGE SCALE <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <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"/>	<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 2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Selective Ins Co.			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Kemper, Austin T				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1931 Hopkins Ave Norwood, OH 45212						
PHONE NO. 513-264-9022	BIRTH DATE 06/09/95	AGE 14	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. TW608214	OCCUPATION N/A			
OWNER (IF SAME AS DRIVER, WRITE SAME) Donna Kemper				ADDRESS SAME			PHONE 513-617-6521			
VEH YR 2000	MAKE Buick	MODEL	COLOR White	STYLE Sedan	STATE OH	LICENSE PLATE NO. FKH2910	TOWING SERVICE N/A	VEH/PED DIR FROM E TO W		
CIRCLE DAMAGE AREAS	DAMAGE SEVERITY <input type="checkbox"/> 9 TOP <input type="checkbox"/> 10 UNDER CAR <input type="checkbox"/> 11 LOAD <input type="checkbox"/> 12 TRAILER		DAMAGE SCALE <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
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C FROM UNIT NO. 2		NAME (LAST, FIRST, MI) Fruel, Chalmer M		BIRTH DATE 10/05/94	AGE 20	POSITION		INJURIES		
ADDRESS 1132 Apple Blossom Ln Kettangch		PHONE 937-241-7446		SEX M		A	B	C	D	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	E		F		
ADDRESS		PHONE		SEX		A		B		
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	C		D		
ADDRESS		PHONE		SEX		E		F		
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A		B		
ADDRESS		PHONE		SEX		C		D		
A B C		INJURED TAKEN TO		By		A B C		D E F		
D E F		INJURED TAKEN TO		By		A B C		D E F		
A B C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORC		A B C		D E F		
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RECEIVED CALL 0903		DISPATCHED 0904	ARRIVED 0906	CLEARED 0921	OTHER TIME	TOTAL MINUTES 18		A B C		
DATE REPORT FILED 12/04/14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME G Spanel	BADGE NO. 133	CHECKED BY		A B C		D E F	
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