

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

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|--|--------------------------------|--|---|--|-------------------------------------|--|--|--|--|------------|---|----------------|---|--------|---|--------|---|---|
| LOCAL REPORT NO. 14-20763 | | <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 | Lebanon Police | | 0830300 | ODHS USE ONLY - 00 NOT MARK ABOVE | | | | | | LOCAL FILE NO. | | | | | | |
| REPORT TAKEN <input checked="" type="checkbox"/> AT STATION | 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 checked="" type="checkbox"/> OVER \$150 | HIT SKIP <input type="checkbox"/> SOLVED | | UNSATISFACTORY <input type="checkbox"/> UNSOLVED | | | | | | | | | |
| IN COUNTY OF WARREN | | | IN <input checked="" type="checkbox"/> CITY LEBANON | | | DATE OF CRASH 12/07/2014 DAY SUN | | TIME: MILITARY 1304 | | | | | | | | | | |
| CRASH OCCURRED ON | | | | | | 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. 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 State Auto Ins | | | | | | | | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Jones, David | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 40 Desales Ave, Lebanon, OH 45036 | | | | | | | | | | | | |
| PHONE NO. (513) 932-8741 | | BIRTH DATE 03/05/40 | AGE 74 | SEX M | SOCIAL SECURITY NO. | | STATE OH | DRIVER'S LICENSE NO. RU201266 | | OCCUPATION | | | | | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) Same | | | | | | ADDRESS | | | PHONE | | | | | | | | | |
| VEH YR 2010 | MAKE Chevrolet | MODEL Colorado | COLOR Red | STYLE TK | STATE OH | LICENSE PLATE NO. WA8MBD | TOWING SERVICE | VEH/PED DIR FROM S TO W | | | | | | | | | | |
| CIRCLE DAMAGE AREAS | | DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE <input checked="" type="checkbox"/> LIGHT <input 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"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | | | | | | |
| B | UNIT NO. 2 | 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 State Farm | | | | | | | | | | |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) White, Emily | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 413 Deerfield Rd., Lebanon, OH 45036 | | | | | | | | | | | | |
| PHONE NO. (513) 315-4965 | | BIRTH DATE 06/17/87 | AGE 32 | SEX F | SOCIAL SECURITY NO. | | STATE OH | DRIVER'S LICENSE NO. RV191396 | | OCCUPATION | | | | | | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) Same | | | | | | ADDRESS | | | PHONE | | | | | | | | | |
| VEH YR 11 | MAKE Honda | MODEL Civic | COLOR Silver | STYLE 4S | STATE OH | LICENSE PLATE NO. DBD5913 | TOWING SERVICE | VEH/PED DIR FROM W TO E | | | | | | | | | | |
| CIRCLE DAMAGE AREAS | | DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE <input checked="" type="checkbox"/> LIGHT <input 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"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | | | | | | |
| OCCUPANT SECTION | C | FROM UNIT NO. | NAME (LAST, FIRST, MI) | | BIRTHDATE | AGE | POSITION | | | | INJURIES | | | | | | | |
| | | | ADDRESS | | PHONE | SEX | A | B | C | D | E | F | A | B | C | D | E | F |
| | | | | | | | | | | | 1 FATAL 2 SERIOUSLY VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED | | | | | | | |
| | | | | | | | | | | | CONDITION A B C D E F | | | | | | | |
| | D | FROM UNIT NO. | NAME (LAST, FIRST, MI) | | BIRTHDATE | AGE | RESTRAINTS | | | | ALCOHOL | | | | | | | |
| | | | ADDRESS | | PHONE | SEX | 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 B <input type="checkbox"/> YES C <input type="checkbox"/> NO D <input type="checkbox"/> NO TESTED TESTED | | | | | | | |
| | E | FROM UNIT NO. | NAME (LAST, FIRST, MI) | | BIRTHDATE | AGE | EJECTION | | | | DRUGS | | | | | | | |
| | | | ADDRESS | | PHONE | SEX | A | B | C | D | E | F | A | TESTED | O | TESTED | | |
| | F | FROM UNIT NO. | NAME (LAST, FIRST, MI) | | BIRTHDATE | AGE | 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE | | | | 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG | | | | | | | |
| | | | ADDRESS | | PHONE | SEX | | | | | | | | | | | | |
| POLICE ACTION | A | OFFENSE CHARGED AND DESCRIPTION | | By | | A | | B | C | D | E | F | | | | | | |
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| | O | OFFENSE CHARGED AND DESCRIPTION | | By | | A | | B | C | D | E | F | | | | | | |
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| | | RECEIVED CALL 1304 | DISPATCHED 1305 | ARRIVED 1315 | CLEARED 1324 | OTHER TIME | TOTAL MINUTES 20 | | | | | | | | | | | |
| | | DATE REPORT FILED 12/07/14 | PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | OFFICER'S NAME T. Cooper | BADGE NO. 125 | CHECKED BY | | | | | | | | | | | | |

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION