OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0830300 | ODHS USE ONLY - 00 NOT MARK ABOVE | LOCAL FILE NO 2014-20813

REPORT TAKEN ☒ AT STATION ☐ AT SCENE | NO OF VEH PEDESTRIANS INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☐ SOLVED ☒ UNSOLVED

IN COUNTY OF WARREN | IN ☒ CITY LEBANON | DATE OF CRASH 12/04/14 | DAY THU | TIME: MILITARY 1605

CRASH OCCURRED ON 1530 Walmart Drive | WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOG-1 | LOG-2 | LOC JUR FH'9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A | UNIT NO. 1 | NO OF OCCUPANTS 0 | OPERATING ☐ | PARKED ☒ | DRIVERLESS ☐ | HIT & RUN NON CONTACT ☐ | INSURANCE CO OR AGENT Nationwide

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO. | BIRTH DATE m D y | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) Welling, John R. | ADDRESS 334 N. Section Street South Lebanon OH 45065 | PHONE 513-494-1796

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO
2014	Dodge	Caravan	Wht	Van	OH	631YKW		

CIRCLE DAMAGE AREAS (1 2 3 4 5 6 7 8) | 9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY | VEHICLE DISPOSITION ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

8 | UNIT NO. 2 | 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)

PHONE NO. | BIRTHDATE m D y | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) | ADDRESS | PHONE

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO

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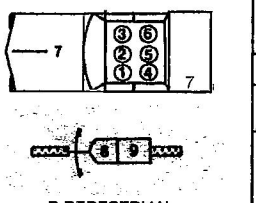
OCCUPANT SECTION

	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
C		ADDRESS	PHONE	SEX		
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE		
		ADDRESS	PHONE	SEX		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE		
		ADDRESS	PHONE	SEX		
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE		
		ADDRESS	PHONE	SEX		



1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A [7] B [ ]

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
8 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A [8] B C D E F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
6 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A ☐ YES ☐ NO TESTED | B [4] ☒ YES ☐ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3- HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A [1] B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ No | 0 | TESTED ☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

A B C INJURED TAKEN TO By

D E F INJURED TAKEN TO By

POLICE ACTION

A ☐ ORC ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC. ☐ CITY ORD. OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1605	1612	1612	1620	20	28

DATE REPORT FILED M D Y	PHOTOS ☐ YES ☒ NO	OFFICER'S NAME	BADGE NO.	CHECKED BY
12 08 14		Ptl. C. Brock	126	

State Ptl-012 2/13/03