

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	Lebanon Police	0 8 3 0 3 0 0	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION	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"/>	UNSOLVED <input checked="" type="checkbox"/>
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 12/10/14 WED	TIME: MILITARY 1542		
CRASH OCCURRED ON 915 N. Broadway				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)							

80608-171

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JUR	FH9	FILT		
A UNIT NO. 1	NO OF OCCUPANTS 3	<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 United Services
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Ford, Samuel D				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2669 Wilmington Rd Lebanon OH 45036			
PHONE NO.	BIRTHDATE 03/06/96	AGE 18	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. UE909890	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) Ford, Charles				ADDRESS SAME			

VEH YR 2009	MAKE Ford	MODEL Flex	COLOR wht	STYLE 4Dr	STATE OH	LICENSE PLATE NO. 346 YNG	TOWING SERVICE	VEH/PED DIR FROM E TO W
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

B UNIT NO. 2	NO OF OCCUPANTS 1	<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 Motorists Mutual
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Graves, Karen M.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 10197 Mallet Dr. Centerville, OH 45458			
PHONE NO.	BIRTHDATE 07/02/71	AGE 43	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RH885084	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME) Graves, Michael				ADDRESS SAME			

VEH YR 2014	MAKE BMW	MODEL X3	COLOR wht	STYLE 4Dr	STATE OH	LICENSE PLATE NO. FZM 2634	TOWING SERVICE	VEH/PED DIR FROM E TO W
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

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
D FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	CONDITION						RESTRAINTS					
	ADDRESS	PHONE	SEX												
E FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ALCOHOL						DRUGS					
	ADDRESS	PHONE	SEX	TESTED						TESTED					
F FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	EJECTION						DRUGS					
	ADDRESS	PHONE	SEX	TESTED						TESTED					

POLICE ACTION

A B C	INJURED TAKEN TO	By	A B C D E F	ALCOHOL	
D E F	INJURED TAKEN TO	By	A B C D E F	TESTED	
A	OFFENSE CHARGED AND DESCRIPTION		A B C D E F	TESTED	
O	OFFENSE CHARGED AND DESCRIPTION		A B C D E F	TESTED	
RECEIVED CALL 1542	DISPATCHED 1544	ARRIVED 1546	CLEARED 1557	OTHER TIME 10	TOTAL MINUTES 21
DATE REPORT FILED 12/10/14	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Ptl. Brock	BADGE NO. 126	CHECKED BY	