

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										
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 checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED	DATE OF CRASH: UNKNOWN DAY TIME: MILITARY						
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: UNKNOWN		DAY		TIME: MILITARY		CITY CODE						
CRASH OCCURRED ON		Lot of 320 E. Silver			WITHIN THE INTERSECTION OF												
IF NOT IN INTERSECTION		N E S W			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)												
MILES		FEET		OF		CITY CODE											
LOG-1	LOG-2	LOC	JUR	FH9	FILT												
A	UNIT NO. 1	NO OF OCCUPANTS 0	OPERATING	<input checked="" type="checkbox"/> 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.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION								
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS															
Warren County Commissioners		406 Justice Dr. Lebanon OH															
PHONE		513-836-0074															
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH/PED DIR									
2013	Dodge	SW	Red	SW	OH	911 YNN											
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 checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> DRIVEN AWAY <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. 2	NO OF OCCUPANTS	OPERATING	<input checked="" type="checkbox"/> PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)															
UNKNOWN																	
PHONE NO.		BIRTHDATE	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									
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE									
		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
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	POSITION			INJURIES								
		ADDRESS		PHONE	SEX				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES								
		ADDRESS		PHONE	SEX				CONDITION								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES								
		ADDRESS		PHONE	SEX				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		RESTRAINTS			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 type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED							
A	OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		EJECTION			DRUGS									
O	OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		A B C D E F			A TESTED O TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No <input type="checkbox"/> NO									
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		EJECTION			DRUGS							
1906	1409	1409	1415	10	19		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													
12/31/14	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Morris	131														

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO
14-21785