

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	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 <b>2</b>	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 type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/>	SOLVED <input type="checkbox"/> UNSOLVED <input type="checkbox"/>
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH: DAY <b>01 10 D 4 11 Y 5</b>	TIME: MILITARY <b>SUN 1733</b>		LOCAL FILE NO
CRASH OCCURRED ON <b>KROGER'S GAS STATION</b>				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE <b>8303</b>			

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JUR	FH9	FILT			
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>	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 <b>STATE FARM</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>MACCUTCHEON, ANITA, A</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>1065 E. MAIN ST. APT. 50 Lebanon, OH 45036</b>				
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION	
<b>513-518-7017</b>	<b>06/21/41</b>	<b>73</b>	<b>F</b>		<b>OH</b>	<b>RR48002</b>	<b>UNKNOWN</b>	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>SAME AS DRIVER</b>				ADDRESS				PHONE
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
<b>1998</b>	<b>BUICK</b>	<b>45</b>	<b>GOLD</b>	<b>45</b>	<b>OH</b>	<b>PPE8510</b>	<b>NONE</b>	<b>FROM N TO S</b>
CIRCLE DAMAGE AREAS	DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE	
	<input type="checkbox"/> 9 TOP <input type="checkbox"/> 10 UNDER CAR <input checked="" type="checkbox"/> 11 LOAD <input type="checkbox"/> 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input 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. <b>2</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>STATE FARM</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>CASH, ROXANNE, K</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>122 W CONCORD DR. Lebanon, OH 45036</b>				
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION	
<b>513-228-0892</b>	<b>02/12/915</b>	<b>26</b>	<b>F</b>		<b>OH</b>	<b>RM405278</b>	<b>UNKNOWN</b>	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>SAME AS DRIVER</b>				ADDRESS				PHONE
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
<b>2010</b>	<b>DODGE</b>	<b>SW</b>	<b>RED</b>	<b>SW</b>	<b>OH</b>	<b>ESY7124</b>	<b>NONE</b>	<b>FROM TO</b>
CIRCLE DAMAGE AREAS	DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE	
	<input type="checkbox"/> 9 TOP <input type="checkbox"/> 10 UNDER CAR <input type="checkbox"/> 11 LOAD <input type="checkbox"/> 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input 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
			m   D   Y		A   B   C   D   E   F	A   B   C   D   E   F
		ADDRESS	PHONE	SEX		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED
		ADDRESS	PHONE	SEX		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE		CONDITION A   B   C   D   E   F
		ADDRESS	PHONE	SEX		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	P-PEDESTRIAN	1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN
		ADDRESS	PHONE	SEX		
RESTRAINTS					ALCOHOL	
A	B	C	INJURED TAKEN TO		By	
D	E	F	INJURED TAKEN TO		By	
OFFENSE CHARGED AND DESCRIPTION					EJECTION	
A	OFFENSE CHARGED AND DESCRIPTION				DRUGS	
RECEIVED CALL <b>1733</b>					TESTED	
DISPATCHED <b>1735</b>					A   B   C   D   E   F	
ARRIVED <b>1738</b>					A   B   C   D   E   F	
CLEARED <b>1751</b>					A   B   C   D   E   F	
OTHER TIME <b>20</b>					A   B   C   D   E   F	
TOTAL MINUTES <b>33</b>					A   B   C   D   E   F	
DATE REPORT FILED <b>01 10 04 15 2015</b>					A   B   C   D   E   F	
PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					A   B   C   D   E   F	
OFFICER'S NAME <b>PH. Todd #116</b>					A   B   C   D   E   F	
BADGE NO. <b>116</b>					A   B   C   D   E   F	
CHECKED BY					A   B   C   D   E   F	
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					A   B   C   D   E   F	
1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					A   B   C   D   E   F	

POLICE ACTION

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
OFFENSE CHARGED AND DESCRIPTION					EJECTION		
OFFENSE CHARGED AND DESCRIPTION					DRUGS		
RECEIVED CALL <b>1733</b>					TESTED		
DISPATCHED <b>1735</b>					A   B   C   D   E   F		
ARRIVED <b>1738</b>					A   B   C   D   E   F		
CLEARED <b>1751</b>					A   B   C   D   E   F		
OTHER TIME <b>20</b>					A   B   C   D   E   F		
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