

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 - DO NOT MARK ABOVE						LOCAL FILE NO.							
REPORT TAKEN	<input type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS	<input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: DAY		TIME: MILITARY											
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. 03	NO OF OCCUPANTS 00		OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input checked="" type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Allstate										
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							PHONE						
VEH YR 2011		MAKE Volk	MODEL Jetta	COLOR Grey	STYLE 4S	STATE OH	LICENSE PLATE NO. GDM442		TOWING SERVICE	VEH/PED DIR FROM TO									
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE											
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE		<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									
B	UNIT NO.	NO OF OCCUPANTS		OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	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						PHONE							
VEH YR		MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE	VEH/PED DIR FROM TO									
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE											
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C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		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)			BIRTH DATE		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)			BIRTH DATE		AGE				CONDITION A B C D E F								
		ADDRESS			PHONE		SEX												
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE		AGE	P-PEDESTRIAN 			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN								
		ADDRESS			PHONE		SEX												
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 B C		OFFENSE CHARGED AND DESCRIPTION			By		EJECTION			DRUGS									
D E F		OFFENSE CHARGED AND DESCRIPTION			By		A B C D E F			A TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO B TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO									
A B C		RECEIVED CALL			DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG									
D E F		DATE REPORT FILED			PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME	BADGE NO.	CHECKED BY											

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION