

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE						LOCAL FILE NO.												
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	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		<input type="checkbox"/> HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH DAY			01 13 2011 v5 FRI		TIME MILITARY		0739							
CRASH OCCURRED ON										DRIVE APPROACH TO ACE HARDWARE						WITHIN THE INTERSECTION OF										
IF NOT IN INTERSECTION										MILES 60 FEET W (S) E OF						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE		8303		
LOG-1		LOG-2		LOC		JUR		FH9		FILT																
A UNIT NO.		NO OF OCCUPANTS		<input checked="" type="checkbox"/> OPERATING <input type="checkbox"/> PARKED		<input type="checkbox"/> DRIVERLESS		<input checked="" type="checkbox"/> HIT & RUN		<input type="checkbox"/> 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										PHONE						
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO		TOWING SERVICE		VEH/PED DIR		FROM TO								
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE														
8 UNIT NO.		NO OF OCCUPANTS		<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		STATE FARM Ins Co												
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)										ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION												
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

15-1453