

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				LOCAL FILE NO. 2015-2800						
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 checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		<b>LEBANON</b>				DATE OF CRASH: DAY	<b>02/24/15</b>	TUE	TIME: MILITARY		<b>1230</b>					
CRASH OCCURRED ON						WITHIN THE INTERSECTION OF												
<b>975 Kingsview Drive</b>																		
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)																		
MILES FEET W S E OF																		
LOG-1	LOG-2	LOC	JUR	FH9	FILT													
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>0</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>Safeco</b>								
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									
<b>Yount, Theresa</b>						<b>1752 Stumpy Ln. Goshen, OH 45122</b>			<b>513-722-5565</b>									
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO										
<b>2005</b>	<b>Chrysler</b>	<b>PT Cruiser</b>	<b>Gold</b>	<b>SW</b>	<b>OH</b>	<b>ENM 4872</b>		<b>N to S</b>										
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 type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <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								
8	UNIT NO. <b>2</b>	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input checked="" 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										
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" 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)		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 8 OTHER CONDITION 7 UNKNOWN									
		ADDRESS		PHONE	SEX													
RESTRAINTS						ALCOHOL			EJECTION			DRUGS						
A	B	C	INJURED TAKEN TO			By	A	B	C	D	E	F	A	B	C	D	E	F
D	E	F	INJURED TAKEN TO			By	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN								
A	OFFENSE CHARGED AND DESCRIPTION					EJECTION			DRUGS									
o	OFFENSE CHARGED AND DESCRIPTION					EJECTION			DRUGS									
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	EJECTION			DRUGS									
<b>1353</b>	<b>1410</b>	<b>1413</b>	<b>1426</b>	<b>10</b>	<b>18</b>	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													
<b>02/24/15</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>PH. C. Brock</b>		<b>126</b>														

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION