

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	Lebanon Police		0830300	ODHS USE ONLY - 00 NOT MARK ABOVE												
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE)		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 LEBANON			DATE OF CRASH: DAY		03/10/15	TUE	TIME: MILITARY	1534								
CRASH OCCURRED ON					WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION					(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)													
1916 Drake Rd.																		
LOG-1		LOG-2		LOC	JUR	FH9	FILT											
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT										
	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
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"/> LIGHT <input type="checkbox"/> MODERATE <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								
B	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO. OR AGENT										
	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	USAA										
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										
Chapelo, Zant L.					1878 Prairie Clover Dr. Lebanon, OH 45036			(513) 238-8538										
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO										
2005	Honda	CRV	Gold	SW	OH	820XZY		FROM W TO E										
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 checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <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								
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					CONDITION								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE					7				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
		ADDRESS		PHONE	SEX					RESTRAINTS				ALCOHOL				
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	P-PEDESTRIAN				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				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
A	B	C	INJURED TAKEN TO			By			A	B	C	D	E	F	TESTED			
D	E	F	INJURED TAKEN TO			By			4				TESTED					
A	B	C	OFFENSE CHARGED AND DESCRIPTION			ORC CITY OR D			EJECTION				DRUGS					
O			OFFENSE CHARGED AND DESCRIPTION			ORC CITY OR D			A B C D E F				A TESTED O TESTED					
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG						
1534		1535	1535	1544	15	24												
DATE REPORT FILED		PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY												
03/10/15		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Ptl. C. Brock		126													

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO

2015-3585