

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>15-10172</b>	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.
REPORT TAKEN <input checked="" 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 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 type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>	DATE OF CRASH: DAY <b>6/18/15</b> THU	TIME: MILITARY <b>1450</b>	
CRASH OCCURRED ON <b>Dollar Tree</b>			WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE
LOG-1	LOG-2	LOC	JUR	FH9	FILT	

A	UNIT NO.	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>State Farm</b>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Carey, Beverly</b>			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>1961 Wood Rd Lebanon, Ohio, 45036</b>				
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
<b>513-310-4715</b>	<b>9/20/49</b>	<b>65</b>	<b>F</b>	<b>N/A</b>	<b>OH</b>	<b>RL786903</b>	<b>N/A</b>
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Theodore, Jorin</b>			ADDRESS <b>Same</b>			PHONE <b>Same</b>	

VEH YR <b>2008</b>	MAKE <b>Dodge</b>	MODEL <b>45</b>	COLOR <b>Gray</b>	STYLE <b>45</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>ENR2340</b>	TOWING SERVICE <b>NA</b>	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE
		<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

8	UNIT NO.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Jorin, Benita</b>			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>722 Ridge Rd, Lebanon, Ohio, 45036</b>				
PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
<b>513-932-7543</b>	<b>8/2/54</b>	<b>60</b>	<b>F</b>	<b>NA</b>	<b>OH</b>	<b>RQ553573</b>	<b>NA</b>
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Douglas, Carly</b>			ADDRESS <b>Same</b>			PHONE <b>Same</b>	

VEH YR <b>2014</b>	MAKE <b>GMC</b>	MODEL <b>SW</b>	COLOR <b>white</b>	STYLE <b>SW</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>GM154849</b>	TOWING SERVICE <b>N/A</b>	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE
		<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

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES						
		ADDRESS	m   D   y	SEX	A	B	C	D	E	F	A	B	C	D	E	F	
	D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							CONDITION					
		ADDRESS	m   D   y	SEX	A							B	C	D	E	F	<input type="checkbox"/> 1 FATAL <input type="checkbox"/> 2 SERIOUS VISIBLE <input type="checkbox"/> 3 MINOR VISIBLE <input type="checkbox"/> 4 NO VISIBLE INJURY <input type="checkbox"/> 5 NOT INJURED
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							RESTRAINTS						
	ADDRESS	m   D   y	SEX	<input type="checkbox"/> 1 APPARENTLY NORMAL <input type="checkbox"/> 2 SICK <input type="checkbox"/> 3 FATIGUED <input type="checkbox"/> 4 APPARENTLY ASLEEP <input type="checkbox"/> 5 PHYSICAL DEFECT <input type="checkbox"/> 6 OTHER CONDITION <input type="checkbox"/> 7 UNKNOWN													
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							ALCOHOL						
	ADDRESS	m   D   y	SEX	<input type="checkbox"/> 1 NOT USED <input type="checkbox"/> 2 NONE AVAILABLE <input type="checkbox"/> 3 LAP BELT USED <input type="checkbox"/> 4 LAP/SHOULDER BELT USED <input type="checkbox"/> 6 CHILD SAFETY SEAT <input type="checkbox"/> 7 AIR BAG USED <input type="checkbox"/> 8 USE NOT REPORTED							<input type="checkbox"/> A YES <input type="checkbox"/> B YES <input type="checkbox"/> A NO <input type="checkbox"/> B NO <input type="checkbox"/> 1 TESTED <input type="checkbox"/> TESTED						

A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL					
D	E	F			<input type="checkbox"/> 1 NOT EJECTED <input type="checkbox"/> 2 PARTIAL <input type="checkbox"/> 3 TOTAL <input type="checkbox"/> 4 TRAPPED INSIDE VEHICLE						<input type="checkbox"/> A YES <input type="checkbox"/> TESTED <input type="checkbox"/> A NO <input type="checkbox"/> NO <input type="checkbox"/> 1 NO DRUGS DETECTED <input type="checkbox"/> 2 USING PRESCRIBED DRUG <input type="checkbox"/> 3 USING ILLICIT DRUG					

A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	EJECTION			DRUGS								
O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	A	B	C	D	E	F	A	TESTED	O	TESTED		
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO					
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES									
<b>1450</b>	<b>1451</b>	<b>1457</b>	<b>1503</b>	<b>0000</b>	<b>0006</b>									
DATE REPORT FILED	P.OTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY										
<b>6/18/15</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>E. Holmes</b>	<b>122</b>											

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION