

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-10173	<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 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 <input type="checkbox"/>		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY	TIME: MILITARY			
CRASH OCCURRED ON Bowmen				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															
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A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Erle Insurance
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Hunt, David	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 678 Southbrook Dr. Greenville, OH, 45331
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PHONE NO. 937-36-6170	BIRTH DATE 10.6.80	AGE 34	SEX M	SOCIAL SECURITY NO. NA	STATE OH	DRIVER'S LICENSE NO. RQ724248	OCCUPATION NA
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS Same	PHONE Same
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VEH YR 1997	MAKE GMC	MODEL TK	COLOR White	STYLE TK	STATE OH	LICENSE PLATE NO. PGU6469	TOWING SERVICE NA	VEH/PED DIR FROM TO
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CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
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8	UNIT NO. 1	NO OF OCCUPANTS 1	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 Acc America
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Moss, Michael	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1059 Brough Ave Hamilton, OH, 45015
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PHONE NO. 513-227-9591	BIRTH DATE 12.1.66	AGE 46	SEX M	SOCIAL SECURITY NO. N/A	STATE OH	DRIVER'S LICENSE NO. RG580937	OCCUPATION NA
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS Same	PHONE Same
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VEH YR 2014	MAKE Kenworth	MODEL Truck	COLOR White	STYLE semi	STATE Ind	LICENSE PLATE NO. 2193743	TOWING SERVICE NA	VEH/PED DIR FROM TO
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CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
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C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	 P-PEDESTRIAN	1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED
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E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	 P-PEDESTRIAN	1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN
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F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	RESTRAINTS A 8 B C D E F	ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO 1 TESTED TESTED
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A	B	C	INJURED TAKEN TO	By	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 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
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A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	EJECTION A 1 B C D E F	DRUGS A TESTED 0 TESTED 1 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
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O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG
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RECEIVED CALL 1716	DISPATCHED 1717	ARRIVED 1723	CLEARED 1730	OTHER TIME 8000	TOTAL MINUTES 1007
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DATE REPORT FILED 6.18.15	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME E. Holmes	BADGE NO. 122	CHECKED BY
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION