

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	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH	DAY	TIME MILITARY					
CRASH OCCURRED ON		1425 Columbus Ave.				WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION		(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)				CITY CODE									
LOG-1	LOG-2	LOC	JUR	FH'9	FILT										
A	UNIT NO	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT		Allstate					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)											
Scott, Mary A.				66 W. Main St. Harveysburg OH 45032											
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO		OCCUPATION					
513-331-9086		07/11/76	39	F			OH	RT136770							
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE			
SAME															
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH. PED DIR FROM N TO S							
2007	Chevrolet	Cobalt	Org	4-Dr	OH	FEC 1530		FROM N TO S							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" 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					
8	UNIT NO	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT		Erie					
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)											
Beckett, Patricia R.				1770 Jeffery Rd. Oregonia, OH 45054											
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO		OCCUPATION					
513-292-1936		04/09/65	50	F			OH	RN122912							
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE			
SAME															
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH. PED DIR FROM E TO W							
2011	Dodge	Avenger	Red	4-Dr	OH	FLM 8518		FROM E TO W							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" 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					
C	FROM UNIT NO	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES					
		ADDRESS			PHONE	SEX	A	B	C	D	E	F			
							5	5							
D	FROM UNIT NO	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	CONDITION			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS			PHONE	SEX	A B C D E F			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
							A B C D E F								
E	FROM UNIT NO	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	RESTRAINTS			ALCOHOL					
		ADDRESS			PHONE	SEX	A B C D E F			A B C D E F					
							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 NOT TESTED 2 TESTED					
							A B C D E F			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
A	B	C	INJURED TAKEN TO			By			ALCOHOL						
D	E	F							A B C D E F						
A	B	C	INJURED TAKEN TO			By			ALCOHOL						
D	E	F							A B C D E F						
A	OFFENSE CHARGED AND DESCRIPTION					EJECTION					DRUGS				
	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD					A B C D E F					A B C D E F				
	OFFENSE CHARGED AND DESCRIPTION					EJECTION					DRUGS				
	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD					A B C D E F					A B C D E F				
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	EJECTION					DRUGS				
1158	1158	1159	1209	20	30	A B C D E F					A B C D E F				
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO	CHECKED BY	EJECTION					DRUGS					
07/18/15	YES NO	P.H. C. Brock	106		A B C D E F					A B C D E F					
					1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

2015-12-139