

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO	<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	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 <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 type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH DAY <b>7/23/15</b>	TIME MILITARY <b>THR</b>			
CRASH OCCURRED ON <b>Lot of 40 lots</b>				WITHIN THE INTERSECTION OF <b>726 E. Main St.</b>				

LOG-1	LOG-2	LOC	JUR	FH'9	FILT				
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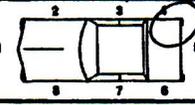
A	UNIT NO <b>1</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Electric Ins</b>
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Lavigne, Cynthia</b>	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>923 B. Nelson Ln Lebanon OH</b>
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PHONE NO <b>513-313-2671</b>	BIRTH DATE <b>12/14/53</b>	AGE <b>61</b>	SEX <b>F</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO <b>RG741479</b>	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>	ADDRESS	PHONE
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VEH YR <b>11</b>	MAKE <b>Jeep</b>	MODEL <b>SW</b>	COLOR <b>Red</b>	STYLE <b>SW</b>	STATE <b>OH</b>	LICENSE PLATE NO <b>EEM8067</b>	TOWING SERVICE	VEH. PED DIR FROM TO
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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 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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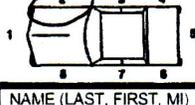
B	UNIT NO <b>2</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Geico</b>
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Johnson, Christopher</b>	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>1110 E. Main St. Apt #407 Lebanon OH</b>
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PHONE NO <b>919-810-3496</b>	BIRTH DATE <b>6/5/86</b>	AGE <b>29</b>	SEX <b>M</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO <b>UL358509</b>	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>	ADDRESS	PHONE
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VEH YR <b>10</b>	MAKE <b>Dodge</b>	MODEL <b>2.5</b>	COLOR <b>Black</b>	STYLE <b>2.5</b>	STATE <b>OH</b>	LICENSE PLATE NO <b>GMK5048</b>	TOWING SERVICE	VEH. PED DIR FROM TO
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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 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	POSITION	INJURIES
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E	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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F	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL
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A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL
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A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD	OFFENSE CHARGED AND DESCRIPTION	A	B	C	D	E	F	ALCOHOL
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O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD	OFFENSE CHARGED AND DESCRIPTION	A	B	C	D	E	F	ALCOHOL
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RECEIVED CALL <b>1747</b>	DISPATCHED <b>1749</b>	ARRIVED <b>1753</b>	CLEARED <b>1803</b>	OTHER TIME <b>0</b>	TOTAL MINUTES <b>10</b>
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DATE REPORT FILED <b>7/23/15</b>	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>Morris</b>	BADGE NO. <b>131</b>	CHECKED BY	RESTRAINTS	DRUGS
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION