

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-13848	<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	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 8/10/15	DAY Monday	TIME MILITARY 1512	
CRASH OCCURRED ON Lebanon High School				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)		CITY CODE	

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JUR	FH'9	FILT		
A UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Safeco Insurance	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Harper, Shelby				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1321 Homestead Drive Lebanon, OH, 45036			
PHONE NO 513-465-6911	BIRTH DATE 10/2/98	AGE 16	SEX F	SOCIAL SECURITY NO NIA	STATE OH	DRIVER'S LICENSE NO OH 1H540360	OCCUPATION NIA
OWNER (IF SAME AS DRIVER, WRITE SAME) same		ADDRESS same		PHONE same			
VEH YR 2012	MAKE Mini Cooper	MODEL 2D	COLOR Blue	STYLE 2D	STATE OH	LICENSE PLATE NO Port FAN	TOWING SERVICE None
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" 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
B UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Grange Insurance	
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI) Arday, Bailey				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2769 N. Liberty Keaton Rd. Lebanon OH, 45036			
PHONE NO 330-416-2528	BIRTH DATE 12/31/98	AGE 16	SEX M	SOCIAL SECURITY NO NIA	STATE OH	DRIVER'S LICENSE NO UJ234481	OCCUPATION NIA
OWNER (IF SAME AS DRIVER, WRITE SAME) same		ADDRESS same		PHONE same			
VEH YR 2014	MAKE JEEP	MODEL 45	COLOR Blue	STYLE 45	STATE OH	LICENSE PLATE NO GGL3722	TOWING SERVICE NIA
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 checked="" 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

OCCUPANT SECTION

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
					A	B	C	D	E	F	A	B	C	D	E	F
											1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
											CONDITION					
					P-PEDESTRIAN						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
					RESTRAINTS						ALCOHOL					
					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						A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED					

POLICE ACTION

A	B	C	INJURED TAKEN TO		By	A	B	C	D	E	F	ALCOHOL			
D	E	F	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						A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED			
A	OFFENSE CHARGED AND DESCRIPTION											EJECTION		DRUGS	
O	OFFENSE CHARGED AND DESCRIPTION											A B C D E F		A TESTED O TESTED	
RECEIVED CALL 1512		DISPATCHED 1514		ARRIVED 1519		CLEARED 1527		OTHER TIME 0000		TOTAL MINUTES 0008		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
DATE REPORT FILED 8/10/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME E. Holmes		BADGE NO 122		CHECKED BY							