

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 <input type="checkbox"/>	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH <b>05/18/11</b>	DAY <b>TUE</b>	TIME MILITARY <b>0800</b>		
CRASH OCCURRED ON <b>1650 Kingsview Drive</b>				WITHIN THE INTERSECTION OF				
IF NOT IN INTERSECTION _____ MILES _____ FEET W _____ S _____ E _____ OF _____				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)		CITY CODE		

2015-14447

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JUR	FH'9	FILT				
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>Travelers</b>			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): <b>Botts, Chase</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): <b>1723 Columbia Ave. Middletown, OH 45042</b>					
PHONE NO. <b>(513) 433-4711</b>	BIRTH DATE <b>07/10/97</b>	AGE <b>18</b>	SEX <b>M</b>	SOCIAL SECURITY NO		STATE <b>OH</b>	DRIVER'S LICENSE NO <b>AR016331</b>	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME): <b>Porter, Josef</b>				ADDRESS: <b>100 Baltimore Ave. Trenton, OH</b>				PHONE	
VEH YR <b>2000</b>	MAKE <b>Dodge</b>	MODEL <b>Ram</b>	COLOR <b>Tan</b>	STYLE <b>TK</b>	STATE <b>OH</b>	LICENSE PLATE NO <b>FGZ 3472</b>	TOWING SERVICE	VEH. PED DIR FROM <b>N</b> TO <b>S</b>	
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. <b>2</b>	NO OF OCCUPANTS <b>0</b>	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Morgans</b>			
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI):				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):					
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME): <b>Day, William</b>				ADDRESS: <b>474 Watkins Rd Blanchester, OH</b>				PHONE <b>314 513-1182</b>	
VEH YR <b>2003</b>	MAKE <b>Chevrolet</b>	MODEL <b>Silverado</b>	COLOR <b>Blue</b>	STYLE <b>TK</b>	STATE <b>OH</b>	LICENSE PLATE NO <b>AKL 3513</b>	TOWING SERVICE	VEH. PED DIR FROM <b>S</b> TO <b>N</b>	
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	

OCCUPANT SECTION

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES						
		ADDRESS	PHONE	SEX	A	B	C	D	E	F	A	B	C	D	E	F	
	D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
			ADDRESS	PHONE	SEX							CONDITION					
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN						
		ADDRESS	PHONE	SEX							RESTRAINTS						
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE							ALCOHOL						
		ADDRESS	PHONE	SEX							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						

POLICE ACTION

A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL				
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						A	B	TESTED	TESTED	
A	B	C	INJURED TAKEN TO	By	1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
A	OFFENSE CHARGED AND DESCRIPTION				EJECTION						DRUGS				
O	OFFENSE CHARGED AND DESCRIPTION				A	B	C	D	E	F	A	B	TESTED	TESTED	
RECEIVED CALL <b>1350</b>		DISPATCHED <b>1408</b>	ARRIVED <b>1425</b>	CLEARED <b>1447</b>	OTHER TIME <b>30</b>	TOTAL MINUTES <b>55</b>		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 <b>05/18/11</b>		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>Pt. C Brock</b>	BADGE NO. <b>126</b>	CHECKED BY										