

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-14445		<input type="checkbox"/> OH-2 <input checked="" 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 8/19/15		DAY WED		TIME MILITARY 1310							
CRASH OCCURRED ON BOWMAN, 825 HART RD.						WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)											
MILES FEET W S E OF						CITY CODE											
LOG-1	LOG-2	LOC	JUR	FH'9	FILT												
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) ATKINS, TIFFANY						ADDRESS (NO. STREET, CITY, STATE, ZIP CODE) 4615 WILMINGTON RD, OREGONIA, OH											
PHONE NO 513-630-7106		BIRTH DATE 11/17/83	AGE 31	SEX F	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO SA953350		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME						ADDRESS						PHONE					
VEH YR 1995	MAKE DODGE	MODEL	COLOR GRN	STYLE TRC	STATE OH	LICENSE PLATE NO 6NS5101	TOWING SERVICE	VEH. PED DIR FROM TO									
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 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							
B	UNIT NO. 2	NO OF OCCUPANTS 2	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT GEICO									
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI) STAMPER, BRIANNE						ADDRESS (NO. STREET, CITY, STATE, ZIP CODE) 886 GREENGATE, LEBANON, OH											
PHONE NO 513-267-0310		BIRTH DATE 10/19/82	AGE 32	SEX F	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO SD340918		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME						ADDRESS						PHONE					
VEH YR 2007	MAKE GMC	MODEL ACADIA	COLOR TAN	STYLE SW	STATE OH	LICENSE PLATE NO 6BF7245	TOWING SERVICE	VEH. PED DIR FROM TO									
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 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							
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES							
		ADDRESS			PHONE	SEX	A	B	C	D	E	F					
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES							
		ADDRESS			PHONE	SEX				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED							
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES							
		ADDRESS			PHONE	SEX				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN							
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES							
		ADDRESS			PHONE	SEX				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN							
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		ORC CITY ORD		EJECTION			DRUGS								
O		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		EJECTION			DRUGS								
RECEIVED CALL	1319	DISPATCHED	1322	ARRIVED	1331	CLEARED	1349	OTHER TIME	TOTAL MINUTES 18			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	8/20/15	PHOTOS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME	DEHWER		BADGE NO	124			CHECKED BY						

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION