

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-1768		<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 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 checked="" type="checkbox"/> UNSOLVED													
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH 9/27/15		DAY Sunday		TIME MILITARY 1916											
CRASH OCCURRED ON Kings bar								WITHIN THE INTERSECTION OF															
IF NOT IN INTERSECTION _____ MILES _____ FEET W _____ S _____ E _____ OF _____								(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)							CITY CODE								
LOG-1		LOG-2		LOC		JUR		FH'9		FILT													
A UNIT NO 1		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 American Family											
DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) Singleton, Mark				ADDRESS (NO, STREET, CITY, STATE, ZIP CODE) 5538 Edwardsville Rd Clarksville, OH, 45113																			
PHONE NO 513-967-6511		BIRTH DATE 4/4/49		AGE 49		SEX M		SOCIAL SECURITY NO N/A		STATE OH		DRIVER'S LICENSE NO RT157359			OCCUPATION N/A								
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same				PHONE Same															
VEH YR 2014		MAKE Harley		MODEL MC		COLOR Orange		STYLE MC		STATE OH		LICENSE PLATE NO 66NCK		TOWING SERVICE None		VEH PED DIR FROM TO							
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 type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" 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													
8 UNIT NO 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input checked="" type="checkbox"/>		INSURANCE CO OR AGENT Unknown											
DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) Unknown				ADDRESS (NO, STREET, CITY, STATE, ZIP CODE) Unknown																			
PHONE NO Unknown		BIRTHDATE Unknown		AGE Unknown		SEX Unknown		SOCIAL SECURITY NO Unknown		STATE Unknown		DRIVER'S LICENSE NO Unknown		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) Unknown				ADDRESS Unknown				PHONE															
VEH YR Unknown		MAKE Unknown		MODEL Unknown		COLOR Unknown		STYLE Unknown		STATE Unknown		LICENSE PLATE NO Unknown		TOWING SERVICE		VEH PED DIR FROM TO							
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C FROM UNIT NO		NAME (LAST, FIRST, MI)				BIRTHDATE m D y		AGE		POSITION A B C D E F						INJURIES A B C D E F							
D FROM UNIT NO		NAME (LAST, FIRST, MI)				BIRTHDATE m D y		AGE		POSITION A B C D E F						INJURIES A B C D E F							
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E FROM UNIT NO		NAME (LAST, FIRST, MI)				BIRTHDATE m D y		AGE		POSITION A B C D E F						INJURIES A B C D E F							
A B C		INJURED TAKEN TO				By				ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO													
D E F		INJURED TAKEN TO				By				ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO													
A		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD				EJECTION A B C D E F						DRUGS A TESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B TESTED YES <input type="checkbox"/> NO <input type="checkbox"/>							
O		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD				EJECTION A B C D E F						DRUGS A TESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B TESTED YES <input type="checkbox"/> NO <input type="checkbox"/>							
RECEIVED CALL 1916		DISPATCHED 1917		ARRIVED 1919		CLEARED 1926		OTHER TIME 0000		TOTAL MINUTES 0008		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					
DATE REPORT FILED 9/27/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME E. Holmes				BADGE NO 122		CHECKED BY													

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION