OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO: 13-1916 | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0830300 | ODHS USE ONLY - DO NOT MARK ABOVE | LOCAL FILE NO

REPORT TAKEN: ■ AT STATION ☐ AT SCENE | NO OF VEH PEDESTRIANS INVOLVED: 1 | CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ■ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS: ■ OVER $150 ☐ UNDER $150 | HIT SKIP: ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF WARREN | IN ☒ CITY | LEBANON | DATE OF CRASH: 11 | 10 | 13 | DAY: Sun | TIME MILITARY: 0030

CRASH OCCURRED ON: 1231 Columbus Ave. | WITHIN THE INTERSECTION OF: Parking lot

IF NOT IN INTERSECTION: ____ MILES 250 FEET W S E OF | (LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO): Drake Rd. | CITY CODE: 8303

LOG-1 | LOG-2 | LOC | JUR | FHWA | FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO: 1 | NO OF OCCUPANTS: 1 | OPERATING ■ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON CONTACT ☐ | INSURANCE CO OR AGENT: Nationwide

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Gallagher, Christopher | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1901 Hart Rd. Lebanon OH 45036

PHONE NO: 513-435-4343 | BIRTH DATE: 10 | 15 | 73 | AGE: 42 | SEX: M | SOCIAL SECURITY NO: - | STATE: OH | DRIVER'S LICENSE NO: RS412041 | OCCUPATION: self-employed

OWNER (IF SAME AS DRIVER, WRITE SAME): Same | ADDRESS | PHONE

VEH YR: 15 | MAKE: Ford | MODEL: Tk | COLOR: Blk | STYLE: Tk | STATE: OH | LICENSE PLATE NO: PGG9799 | TOWING SERVICE: Case | VEH/PED DIR: FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ■ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ■ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ■ REMAINED AT SCENE ☐ TOWED

FIRE: ■ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

8

UNIT NO | NO OF OCCUPANTS | OPERATING ☐ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO OR AGENT

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO | BIRTHDATE m D y | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) | ADDRESS | PHONE

VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO | TOWING SERVICE | VEH/PED DIR FROM TO

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OCCUPANT SECTION

	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	POSITION	INJURIES
C		ADDRESS	PHONE	SEX	A 1 B C D E F	A 3 B C D E F
D		NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE		
		ADDRESS	PHONE	SEX		
E		NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE		
		ADDRESS	PHONE	SEX		
F		NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE		
		ADDRESS	PHONE	SEX	P-PEDESTRIAN	

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B X X X X

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
8 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B C 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

ALCOHOL (refusal): A 2 ☐ YES ■ NO TESTED | B ☐ YES ☐ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3- HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☐ No | B 0 TESTED ☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A | B | C | INJURED TAKEN TO | By
D | E | F

A | B | C | INJURED TAKEN TO | By
D | E | F

A ☐ ORC ☐ CITY ORD | OFFENSE CHARGED AND DESCRIPTION

O ☐ ORC. ☐ CITY ORD | OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
0030	0032	0040	107	50	1hr 17min

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 11 D 1 Y 13	■ YES ☐ NO	Barber	120	

State Ptl-012 2/13/03