

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO 2015-22153		
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 1	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 12/23/15	DAY WED	TIME MILITARY 0959				
CRASH OCCURRED ON 1001 W. Main Street				WITHIN THE INTERSECTION OF						
IF NOT IN INTERSECTION _____ MILES _____ FEET W N E S OF _____				(LIST NEAREST INTERSECTING STREET, MILEPOST HOUSE NO)		CITY CODE				
LOG-1	LOG-2	LOC	JUR	FH9	FILT					
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Cincinnati Insur.						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Flick, Charleen M.			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 406 E. Mulberry St. Lebanon, OH 45036							
PHONE NO. (513) 932-6561		BIRTH DATE 02/14/88	AGE 27	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RU407695		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME			ADDRESS				PHONE			
VEH YR 2007	MAKE Lexus	MODEL ES 350	COLOR BLK	STYLE 4S	STATE OH	LICENSE PLATE NO. CAM 3	TOWING SERVICE	VEH/PED DIR FROM N TO S		
CIRCLE DAMAGE AREAS		9 TOP <input checked="" type="checkbox"/> UNDER CAR <input checked="" type="checkbox"/> 11 LOAD <input type="checkbox"/> 12 TRAILER <input type="checkbox"/>	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"/> MODERATE <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.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Real Property - Trash Can			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)			ADDRESS				PHONE			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS		9 TOP <input type="checkbox"/> UNDER CAR <input type="checkbox"/> 10 UNDER CAR <input type="checkbox"/> 11 LOAD <input type="checkbox"/> 12 TRAILER <input type="checkbox"/>	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input 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		m D y		A B C D E F	A B C D E F			
		PHONE			SEX			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	CONDITION				
		ADDRESS		m D y		A B C D E F				
		PHONE			SEX			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	RESTRAINTS		ALCOHOL		
		ADDRESS		m D y		A B C D E F		A B C D E F		
		PHONE			SEX			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED		
		P-PEDESTRIAN						1 YES <input type="checkbox"/> 2 NO <input checked="" type="checkbox"/> TESTED TESTED		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	EJECTION		DRUGS		
		ADDRESS		m D y		A B C D E F		A B C D E F		
		PHONE			SEX			1 NOT DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
		OFFENSE CHARGED AND DESCRIPTION						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
		OFFENSE CHARGED AND DESCRIPTION								
A	RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES				
		0959	1000	1004	1016	20	32			
DATE REPORT FILED		PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY				
12/23/15		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Pt. C. Brock		126					

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION