

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO	<input type="checkbox"/> OH-2 <input 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	2	CRASH SEVERITY (CHECK MOST SEVERE)		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		<b>LEBANON</b>		DATE OF CRASH	11/17/16		DAY	THURS
CRASH OCCURRED ON		<b>KROGER, 1425 COLUMBUS AVE</b>		WITHIN THE INTERSECTION OF					TIME	MILITARY 12:47
IF NOT IN INTERSECTION		MILES _____ FEET _____		W _____ N _____ E _____ S _____ OF _____		(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)		CITY CODE		

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JJR	FH9	FILT				
A	UNIT NO. 1	NO OF OCCUPANTS 2	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	<b>SAFECO</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		<b>VELAZQUEZ SR, CARLOS R.</b>							
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		<b>800 FRANKLIN RD. #34 LEBANON, OH</b>							
PHONE NO	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DRIVER'S LICENSE NO	OCCUPATION		
570-994-2286	10/11/88	27	M		OH	UM43800			
OWNER (IF SAME AS DRIVER, WRITE SAME)		<b>NORMA VELAZQUEZ</b>							
ADDRESS		<b>SAME</b>							
PHONE									
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH. PED DIR	
2014	FORD	FUSION	MAR	4S	OH	FOP8046			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION	
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<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 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	<b>MOTORISTS MUTUAL</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		<b>CARROLL, JULIE L.</b>							
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		<b>360 COUNTRYSIDE DR, LEBANON, OH</b>							
PHONE NO	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DRIVER'S LICENSE NO	OCCUPATION		
513-267-0005	9/5/76	39	F		OH	RR662926			
OWNER (IF SAME AS DRIVER, WRITE SAME)		<b>SAME</b>							
ADDRESS									
PHONE									
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH. PED DIR	
2013	HONDA	ODYSSEY	SLV	SW	OH	F2B4218			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION	
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<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							

OCCUPANT SECTION

C	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES						
					A	B	C	D	E	F	A	B	C	D	E	F	
D	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES						
					A	B	C	D	E	F	A	B	C	D	E	F	
E	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES						
					A	B	C	D	E	F	A	B	C	D	E	F	
F	FROM UNIT NO	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES						
					A	B	C	D	E	F	A	B	C	D	E	F	

POLICE ACTION

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 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			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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO D <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO E <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO F <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE								
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY										
11/17/16	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	J. DEHLER	124											