

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	
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 checked="" type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 05 10 2016	DAY: SAT
CRASH OCCURRED ON		650 E. Main Street		WITHIN THE INTERSECTION OF	

2016-8458

IF NOT IN INTERSECTION	(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)	CITY CODE
LOG-1	LOG-2	LOC JUR FH9 FILT

A	UNIT NO. 1	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input checked="" type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): _____

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME): _____ ADDRESS: _____ PHONE: _____

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
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CIRCLE DAMAGE AREAS		9 TOP	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 checked="" 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
		10 UNDER CAR								

B	UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT State Auto
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): _____

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME): **Wells, Steven** ADDRESS: **458 Deerfield Rd Lebanon, OH** PHONE: **(513) 317-4516**

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
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CIRCLE DAMAGE AREAS		9 TOP	DAMAGE SEVERITY	<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE	<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <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
		10 UNDER CAR								

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION	INJURIES
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D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE		CONDITION
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E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE		CONDITION
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F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE		CONDITION
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RESTRAINTS					ALCOHOL				
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A	B	C	D	E	F	A	B	C	D	E	F
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OFFENSE CHARGED AND DESCRIPTION					EJECTION					DRUGS				
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OFFENSE CHARGED AND DESCRIPTION					EJECTION					DRUGS				
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RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	EJECTION					DRUGS				
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DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	EJECTION					DRUGS				
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05 10 2016	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	P.H.C. Brock	126		EJECTION					DRUGS				
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION