OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO: 16-9038	☐ 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: 2	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: 5/16/16	DAY: MON	TIME: MILITARY: 1808		
CRASH OCCURRED ON: 705 Deerfield Rd	WITHIN THE INTERSECTION OF						
IF NOT IN INTERSECTION: ____ MILES ____ FEET N W E S OF	(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)			CITY CODE			
LOG-1	LOG-2	LOC JUR FH'9 FILT					

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1

NO OF OCCUPANTS: 0	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.	BIRTH DATE (m / D / y)	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME): Lori Ramirez	ADDRESS: 705 Deerfield Rd Lebanon	PHONE: 513-850-9328					

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH/PED DIR (FROM / TO)
99	Plym	45	Gold		OH	B750750		

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL	☐ NONE ☐ MODERATE	☒ DRIVEN AWAY	☒ NO FIRE
☐ FUNCTIONAL	☒ LIGHT ☐ HEAVY	☐ REMAINED AT SCENE	☐ FIRE DUE TO CRASH
☐ DISABLING		☐ TOWED	☐ OTHER FIRE

8 — UNIT NO. 2

NO OF OCCUPANTS	OPERATING: ☐	PARKED: ☐	DRIVERLESS: ☐	HIT & RUN NON-CONTACT: ☐	INSURANCE CO. OR AGENT	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): UNKNOWN	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) / ADDRESS	BIRTHDATE (m / D / y) / PHONE	AGE / SEX	POSITION	INJURIES
C					A B C D E F	A B C D E F
D						
E						
F						

P-PEDESTRIAN

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

CONDITION	
A	B

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

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

RESTRAINTS	
A 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			
A	☐ 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 B C D E F	

1 NOT EJECTED, 2 PARTIAL, 3 TOTAL, 4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED ☐ YES ☐ No	0	TESTED ☐ YES ☐ NO

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

POLICE ACTION

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

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1808	1811	1816	1826	10	

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
5/16/16	☒ YES ☐ NO	Morris	131	

State Pd-012 2/13/03