

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2014-14566	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	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: 8/3/16	DAY Wed	TIME: MILITARY 1611
CRASH OCCURRED ON La Luz Apartments				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1	LOG-2	LOC	JUR	FH9	FILT			
A	UNIT NO. 1	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 Statefarm
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Eckman, Melinda				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 848 Meadow Lane, Lebanon, OH, 45036				
PHONE NO. 513-850-0639	BIRTH DATE m 1 y 25	AGE 25	SEX F	SOCIAL SECURITY NO. N/A	STATE OH	DRIVER'S LICENSE NO. TD652566	OCCUPATION N/A	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same			PHONE Same	
VEH YR 2012	MAKE Chrysler	MODEL LD	COLOR Silver	STYLE 4D	STATE OH	LICENSE PLATE NO. GLN5309	TOWING SERVICE N/A	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input 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	
8	UNIT NO. 2	NO OF OCCUPANTS N/A	OPERATING <input checked="" 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 N/A
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Unknown				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) Unknown				
PHONE NO. Unknown	BIRTH DATE m 1 d 1 y	AGE N/A	SEX N/A	SOCIAL SECURITY NO. Unknown	STATE N/A	DRIVER'S LICENSE NO. Unknown	OCCUPATION N/A	
OWNER (IF SAME AS DRIVER, WRITE SAME) Unknown				ADDRESS Unknown			PHONE N/A	
VEH YR Unknown	MAKE Unknown	MODEL Unknown	COLOR N/A	STYLE N/A	STATE N/A	LICENSE PLATE NO. Unknown	TOWING SERVICE N/A	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" 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	

OCCUPANT SECTION

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE	POSITION A B C D E F						INJURIES A B C D E F											
		ADDRESS Same	PHONE	SEX																		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE							1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED											
		ADDRESS	PHONE	SEX													CONDITION A B C D E F					
		NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE													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 m D y	AGE																		
		ADDRESS	PHONE	SEX																		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE m D y	AGE																		
		ADDRESS	PHONE	SEX																		

POLICE ACTION

A	B	C	INJURED TAKEN TO			By	A	B	C	O	E	F	ALCOHOL					
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						A	TESTED		B	TESTED	
A	B	C	INJURED TAKEN TO			By							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
A	OFFENSE CHARGED AND DESCRIPTION						EJECTION						DRUGS					
	<input type="checkbox"/> ORC CITY ORD.						A	B	C	D	E	F	A	TESTED	O	TESTED		
	<input type="checkbox"/> ORC CITY ORD.												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG						
DATE REPORT FILED 8/10/16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME E. Holmes	BADGE NO. P122	CHECKED BY														