

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-14551	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" 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 type="checkbox"/>	UNSATISFACTORY <input type="checkbox"/>	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 8/4/16	DAY: THU	TIME: MILITARY 0919		
CRASH OCCURRED ON 615 E MAIN ST, LEBANON, OH				WITHIN THE INTERSECTION OF				
IF NOT IN INTERSECTION _____ MILES _____ FEET W _____ S _____ E _____ OF _____				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				

LOG-1	LOG-2	LOC	JUR	FH9	FILT
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A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) HERLINGER, ROBERT	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 103 W FORSTER MAINEVILLE Rd #A, MAINEVILLE, OH 45039
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PHONE NO. (513) 582-5473	BIRTH DATE 3/12/47	AGE 69	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RJ469781	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS	PHONE
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VEH YR 94	MAKE FORD	MODEL ECONOLINE	COLOR WHT	STYLE VAN	STATE OH	LICENSE PLATE NO. EPSFOAM	TOWING SERVICE	VEH/PED DIR FROM E TO W
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CIRCLE DAMAGE AREAS 	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	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 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
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B	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT MOTORIST MUTUAL
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) HITTE, DANNY	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1748 E SR 73, WAYNESVILLE, OH 45068
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PHONE NO. (513) 897-6799	BIRTH DATE 5/15/42	AGE 74	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RJ471170	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS	PHONE
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VEH YR 02	MAKE GMC	MODEL SIERRA	COLOR TAN	STYLE TK	STATE OH	LICENSE PLATE NO. CN79DW	TOWING SERVICE	VEH/PED DIR FROM N TO S
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CIRCLE DAMAGE AREAS 	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	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 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
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C FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
	ADDRESS	m D y	SEX	A	B	C	D	E	F	A	B	C	D	E	F

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

E FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
	ADDRESS	m D y	SEX							CONDITION					

F FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
	ADDRESS	m D y	SEX							1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					

A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL					
D	E	F									A	TESTED	0	TESTED	YES	NO

A	B	C	INJURED TAKEN TO	By	RESTRAINTS						ALCOHOL					
D	E	F			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						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					

A	ORC CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	EJECTION						DRUGS					
O	ORC CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	A	B	C	D	E	F	A	TESTED	0	TESTED	YES	NO

RECEIVED CALL 0919	DISPATCHED 0920	ARRIVED 0927	CLEARED 0937	OTHER TIME	TOTAL MINUTES 18	EJECTION						DRUGS					
DATE REPORT FILED						1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					

M D Y	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME T. COOPER	BADGE NO. 125	CHECKED BY
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION