

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>16-17136</b>	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>	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 <input type="checkbox"/>
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH: <b>9/13/16</b>	DAY <b>TUE</b>	TIME: MILITARY <b>1913</b>	
CRASH OCCURRED ON <b>500 Memorial Dr. Lebanon OH 45036</b>				WITHIN THE INTERSECTION OF <b>Parkin Lot</b>			
IF NOT IN INTERSECTION MILES <b>100</b> FEET <b>W</b> <b>N</b> <b>E</b> OF <b>Memorial Dr.</b>				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE <b>08303</b>	
LOG-1	LOG-2	LOC	JUR	FH'9	FILT		
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>0</b>	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>OH 0134600 A-5</b>
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.
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Downey Abbie Leigh</b>				ADDRESS <b>4622 Yankee RD Middletown OH 45044</b>		PHONE <b>(513) 218-2212</b>	
VEH YR <b>2015</b>	MAKE <b>Honda</b>	MODEL <b>4S</b>	COLOR <b>Black</b>	STYLE <b>4S</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>GNL9796</b>	TOWING SERVICE <b>N/A</b>
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"/> LIGHT <input checked="" type="checkbox"/> MODERATE <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
8	UNIT NO.	NO OF OCCUPANTS	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.		BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS		PHONE	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input 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
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION	
ADDRESS		PHONE		SEX	INJURIES		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION	
ADDRESS		PHONE		SEX	INJURIES		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION	
ADDRESS		PHONE		SEX	INJURIES		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION	
ADDRESS		PHONE		SEX	INJURIES		
INJURED TAKEN TO				By			
INJURED TAKEN TO				By			
A	OFFENSE CHARGED AND DESCRIPTION			RESTRAINTS			
B	OFFENSE CHARGED AND DESCRIPTION			ALCOHOL			
C	OFFENSE CHARGED AND DESCRIPTION			EJECTION			
D	OFFENSE CHARGED AND DESCRIPTION			DRUGS			
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		
<b>1913</b>	<b>1913</b>	<b>1913</b>	<b>1947</b>	<b>10</b>	<b>00ff0ff</b>		
DATE REPORT FILED	PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY		
<b>9/13/16</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Nate Trout</b>		<b>129</b>			

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO