

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2016-18306	<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 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"/>	UNSOLVED <input type="checkbox"/>
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 9/30/16	DAY: Friday	TIME: MILITARY 1657	
CRASH OCCURRED ON 50 S. Broadway Street				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO. CITY CODE)			

LOG-1	LOG-2	LOC	JUR	FH9	FLT
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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 ESurance
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Coatney, Shannon	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 923 Evergreen Park Ln. Leb. OH, 45026
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PHONE NO. 937-728-5320	BIRTH DATE 5/01/86	AGE 29	SEX F	SOCIAL SECURITY NO. NIA	STATE OH	DRIVER'S LICENSE NO. SK 221789	OCCUPATION NIA
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS Same	PHONE 937-728-5320
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VEH YR 2015	MAKE Buick	MODEL SUV	COLOR White	STYLE SUV	STATE OH	LICENSE PLATE NO. EWR 4996	TOWING SERVICE NIA	VEH/PED DIR FROM TO
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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 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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8	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 Allstate
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Brunken, Scott, C	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 10 N. High Street, Lebanon, OH, 45036
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PHONE NO. 513-505-1379	BIRTH DATE 12/25/70	AGE 44	SEX M	SOCIAL SECURITY NO. NIA	STATE OH	DRIVER'S LICENSE NO. RG605427	OCCUPATION NIA
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OWNER (IF SAME AS DRIVER, WRITE SAME) Same	ADDRESS Same	PHONE Same
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VEH YR 2007	MAKE Chauy	MODEL SUV	COLOR Tan	STYLE SUV	STATE OH	LICENSE PLATE NO. FUD 4123	TOWING SERVICE NIA	VEH/PED DIR FROM TO
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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 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
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D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
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P-PEDESTRIAN						CONDITION
RESTRAINTS						ALCOHOL

A B C	INJURED TAKEN TO	By	A B C D E F	RESTRAINTS	ALCOHOL
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A B C	INJURED TAKEN TO	By	A B C D E F	RESTRAINTS	ALCOHOL
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A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	A B C D E F	EJECTION	DRUGS
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RECEIVED CALL 1657	DISPATCHED 1704	ARRIVED 1706	CLEARED 1711	OTHER TIME 0000	TOTAL MINUTES 00ff0ff
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DATE REPORT FILED 9/30/16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Homes	BADGE NO. 122	CHECKED BY	DRUGS
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO