

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>16-18689</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	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 <b>LEBANON</b>		DATE OF CRASH: <b>10/16/16</b>	DAY: <b>THR</b>	TIME: MILITARY <b>1616</b>	
CRASH OCCURRED ON <b>1425 Columbus AVE.</b>				WITHIN THE INTERSECTION OF <b>Krogers</b>			
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)							CITY CODE

LOG-1	LOG-2	LOC	JUR	FH9	FILT
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A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Pekin</b>
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Eberle, Guy</b>	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>6700 Ross Rd Oregonia OH</b>
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PHONE NO. <b>513-505-6034</b>	BIRTH DATE <b>4/19/54</b>	AGE <b>62</b>	SEX <b>M</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>RR</b>	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>	ADDRESS	PHONE
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VEH YR <b>07</b>	MAKE <b>Chevy</b>	MODEL <b>TK</b>	COLOR <b>Blk</b>	STYLE <b>TK</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>GQEG050</b>	TOWING SERVICE	VEH/PED DIR
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> LIGHT <input 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 checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
	10 UNDER CAR				

B	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>1</b>	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) <b>Frankosky, Sharyl</b>	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>908 Nelson LNA Lebanon OH</b>
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PHONE NO. <b>513-404-3681</b>	BIRTH DATE <b>10/11/47</b>	AGE <b>68</b>	SEX <b>F</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>RM407505</b>	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>	ADDRESS	PHONE
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VEH YR <b>12</b>	MAKE <b>Mazda</b>	MODEL <b>SW</b>	COLOR <b>Red</b>	STYLE <b>SW</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>GCR6188</b>	TOWING SERVICE	VEH/PED DIR
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input 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 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
	10 UNDER CAR				

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION						INJURIES					
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D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION						INJURIES					
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E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION						INJURIES					
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F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION						INJURIES					
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P-PEDESTRIAN												CONDITION					
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RESTRAINTS												ALCOHOL					
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INJURED TAKEN TO												ALCOHOL					
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INJURED TAKEN TO												ALCOHOL					
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OFFENSE CHARGED AND DESCRIPTION												EJECTION					
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OFFENSE CHARGED AND DESCRIPTION												DRUGS					
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RECEIVED CALL <b>1616</b>	DISPATCHED <b>1617</b>	ARRIVED <b>1620</b>	CLEARED <b>1630</b>	OTHER TIME <b>10</b>	TOTAL MINUTES <b>00off</b>
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DATE REPORT FILED <b>10/16/16</b>	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>Morris</b>	BADGE NO. <b>131</b>	CHECKED BY
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I NOT EJECTED												I NO DRUGS DETECTED					
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I NOT EJECTED												I NO DRUGS DETECTED					
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO