

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 1621450	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	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		
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 11/10/16 SAT	TIME: MILITARY 1023	
CRASH OCCURRED ON 1699 Deerfield Rd.				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE

2016-21450

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 State Farm
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Barlow, Paul E.	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 921 Spring Lake Circle West Carrollton, OH 45449
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PHONE NO. 937-830-9113	BIRTH DATE 08/02/70	AGE 46	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RR661007	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS	PHONE
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VEH YR 2005	MAKE Dodge	MODEL Neon	COLOR Red	STYLE 4S	STATE OH	LICENSE PLATE NO. EZ38 PC	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"/> 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 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 Erie Insurance
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Creech, Jessica L.	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6651 Scarborough Ct Morrow, OH 45152
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PHONE NO. 937-509-8096	BIRTH DATE 07/27/82	AGE 34	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RY515838	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS	PHONE
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VEH YR 2010	MAKE Toyota	MODEL RAV4	COLOR Blk	STYLE SW	STATE OH	LICENSE PLATE NO. EYS 3469	TOWING SERVICE Jacobs	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 type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" 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 type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" 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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DRIVER-PEDESTRIAN-VEHICLE SECTION

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						RESTRAINTS	ALCOHOL
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A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	TESTED
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A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	TESTED
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A	ORC CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	EJECTION	DRUGS
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O	ORC CITY ORD.	OFFENSE CHARGED AND DESCRIPTION	EJECTION	DRUGS
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RECEIVED CALL 1023	DISPATCHED 1030	ARRIVED 1033	CLEARED 1049	OTHER TIME 20	TOTAL MINUTES 00:00:36
DATE REPORT FILED 11/10/16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME P.H.C. Brock	BADGE NO. 126	CHECKED BY	

OCCUPANT SECTION

POLICE ACTION