OHIO TRAFFIC CRASH REPORT — OH-1 (Rev. 1-82)

LOCAL REPORT NO. ☐ OH-2 ☐ OH-3 — Lebanon Police — 0830300 — ODHS USE ONLY - DO NOT MARK ABOVE — LOCAL FILE NO. 2013-1199

REPORT TAKEN: ☒ AT STATION ☐ AT SCENE | NO OF VEH PEDESTRIANS INVOLVED | CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS: ☒ OVER $150 ☐ UNDER $150 | HIT SKIP: ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF WARREN | IN ☒ CITY | LEBANON | DATE OF CRASH: 01 | 20 | 23 | 13 | DAY: TUE | TIME: MILITARY: 1525

CRASH OCCURRED ON: 123 N. East Street | WITHIN THE INTERSECTION OF:

IF NOT IN INTERSECTION: ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOC 1 | LOC 2 | LOC | JUR | FH'9 | FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON CONTACT ☐ | INSURANCE CO OR AGENT: State Farm

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Day, Donna R. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3603 Troville Rd. Morrow, OH 45152

PHONE NO.: 513-932-5197 | BIRTH DATE: 08 m 07 D 55 Y | AGE: 57 | SEX: F | SOCIAL SECURITY NO. | STATE: OH | DRIVER'S LICENSE NO.: RK785017 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Day, Ronald F. | ADDRESS: 3603 Troville Rd Morrow, OH 45152 | PHONE: 932-5197

VEH YR: 1994 | MAKE: Chevrolet | MODEL: S-10 | COLOR: Red | STYLE: TK | STATE: OH | LICENSE PLATE NO.: FCG 1028 | TOWING SERVICE | VEH/PED DIR: FROM N TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY | VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 | NO OF OCCUPANTS 3 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: Allstate

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Frye, Marilyn H. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4382 Hanover Dr. Mason, OH 45040

PHONE NO.: 513-398-7974 | BIRTHDATE: 06 m 08 D 42 Y | AGE: 70 | SEX: F | SOCIAL SECURITY NO. | STATE: OH | DRIVER'S LICENSE NO.: RK322497 | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Yates, David R. | ADDRESS: 2195 Triple Creek Ct. Lebanon, OH | PHONE

VEH YR: 2012 | MAKE: Hyundai | MODEL: Sonata | COLOR: Blue | STYLE: 4S | STATE: OH | LICENSE PLATE NO.: FEH 2399 | TOWING SERVICE | VEH/PED DIR: FROM S TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDER CAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY | VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

C — FROM UNIT NO. | NAME (LAST, FIRST, MI): Speaks, Joanna (witness) | BIRTHDATE m D Y | AGE | ADDRESS: same 449 Crestview Lebanon, OH | PHONE: 513-933-0862 | SEX: F

D — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D Y | AGE | ADDRESS | PHONE | SEX

E — FROM UNIT O. | NAME (LAST, FIRST, MI) | BIRTHDATE m D Y | AGE | ADDRESS | PHONE | SEX

F — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE m D Y | AGE | ADDRESS | PHONE | SEX

POSITION: A 1 | B 1 | C | D | E | F

INJURIES: A 5 | B 5 | C | D | E | F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION: A 1 | B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
8 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 | B 4 | C | D | E | F

1 NOT USED
2 NONE AVAILABLE
3 LAP BELT USED
4 LAP/SHOULDER BELT USED
6 SHOULDER BELT USED
6 CHILD SAFETY SEAT
7 AIR BAG USED
8 USE NOT REPORTED

ALCOHOL: A 1 ☐ YES ☒ NO TESTED | B 1 ☐ YES ☒ NO TESTED

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3- HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 | B 1 | C | D | E | F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ No | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A | B | C | INJURED TAKEN TO | By
D | E | F

A | B | C | INJURED TAKEN TO | By
D | E | F

A — ☐ ORC ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

B — ☐ ORC. ☐ CITY ORD. — OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1523	1524	1527	1540	10	23

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
01 M 23 D 13 Y	☐ YES ☒ NO	PH. Brock	126	

State Ptl-012 2/13/03