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

LOCAL REPORT NO. 13-4453 | ☐ OH-2 ☐ OH-3 | Lebanon Police | 0830300 | ODHS USE ONLY - DO NOT MARK ABOVE | LOCAL FILE NO

REPORT TAKEN: ☒ AT STATION ☐ AT SCENE | NO OF VEH PEDESTRIANS INVOLVED 2 | 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 03/18/13 | DAY Thrs | TIME: MILITARY 1205

CRASH OCCURRED ON | WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION ____ MILES ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) 1425 Columbus Ave Leb. OH 45036 | CITY CODE

LOC JUR FH9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 01 | NO OF OCCUPANTS 01 | OPERATING ☐ PARKED ☒ DRIVERLESS ☐ HIT & RUN ☐ NON CONTACT ☐ | INSURANCE CO OR AGENT unk

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Mazier, Delta D | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 8875 Strout Rd Clarksville OH 45113

PHONE NO. 937-289-2856 | BIRTH DATE 11/17/52 | AGE 60 | SEX F | SOCIAL SECURITY NO. — | STATE OH | DRIVER'S LICENSE NO. RN363421 | OCCUPATION —

OWNER (IF SAME AS DRIVER, WRITE SAME): SAme | ADDRESS: SAme | PHONE: SAme

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
2010	Ford	F150	Burg	Trk	OH	DM51AU	—	FROM — TO —

CIRCLE DAMAGE AREAS: 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. 02 | NO OF OCCUPANTS 1 | OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ | INSURANCE CO. OR AGENT unk

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Hill, Lisa | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 723 Tamarack Ct Lebanon OH 45036

PHONE NO. 513-441-9668 | BIRTHDATE | AGE | SEX F | SOCIAL SECURITY NO. | STATE OH | DRIVER'S LICENSE NO. | OCCUPATION —

OWNER (IF SAME AS DRIVER, WRITE SAME): ~~SAme~~ Sellers, Michael | ADDRESS: Lebanon OH 45036 ~~Same~~ 462 Yale Dr Apt A | PHONE: ~~SAme~~ unk

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
1999	Ford	SW	unk	SW	OH	FIM1142	—	FROM — TO —

CIRCLE DAMAGE AREAS: 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

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C					same		
D							
E							
F							

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 8, B 8, 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 ☐ YES ☐ NO TESTED | B ☐ 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 TESTED ☐ YES ☐ No | B 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
1230	1230	1235	1300	10	40

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 3 D 14 Y 13	☐ YES ☒ NO	[illegible]	114	

State Ptl-012 2/13/03