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. 13582

REPORT TAKEN [ ] AT STATION [X] AT SCENE — NO OF VEH PEDESTRIANS INVOLVED 2 — CRASH SEVERITY (CHECK MOST SEVERE) [ ] FATAL [ ] INJURY [X] PROPERTY DAMAGE ONLY — COMBINED VEH/PROP LOSS [X] OVER $150 [ ] UNDER $150 — HIT SKIP [ ] SOLVED [ ] UNSOLVED

IN COUNTY OF WARREN — IN [X] CITY — LEBANON — DATE OF CRASH 08,09,13 — DAY FRI — TIME: MILITARY 1757

CRASH OCCURRED ON 1425 Columbus Ave. — WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION — ____ MILES 500 FEET W N E S OF — (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) SR 48 — CITY CODE 8303

LOC1 LOC2 LOC JUR FH9 FILT

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO OF OCCUPANTS 1 — OPERATING [X] PARKED [ ] DRIVERLESS [ ] HIT & RUN [ ] NON CONTACT [ ] — INSURANCE CO OR AGENT Statefarm

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Pansiera, Deborah, A — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 2227 Utica Rd Lebanon, OH 45036

PHONE NO. 513-304-8020 — BIRTH DATE 02,14,62 — AGE 51 — SEX F — SOCIAL SECURITY NO. — 6006 — STATE OH — DRIVER'S LICENSE NO. RU200379 — OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Pansiera, Richard, W — ADDRESS: Same — PHONE: Same

VEH YR 2007 — MAKE Lexus — MODEL SW — COLOR Silver — STYLE SW — STATE OH — LICENSE PLATE NO. FRJ4388 — 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: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [ ] DRIVEN AWAY [X] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

8 — UNIT NO. 2 — NO OF OCCUPANTS 0 — OPERATING [ ] PARKED [X] DRIVERLESS [ ] HIT & RUN [ ] NON-CONTACT [ ] — INSURANCE CO. OR AGENT State Farm

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO. — BIRTHDATE m D y — AGE — SEX — SOCIAL SECURITY NO. — STATE — DRIVER'S LICENSE NO. — OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME): Morgan, Brian, D — ADDRESS: 1513 Affirmed Ct Lebanon, OH — PHONE: 513-200-2041

VEH YR 2012 — MAKE Ford — MODEL TK — COLOR Grey — STYLE TK — STATE OH — LICENSE PLATE NO. FPE8373 — 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: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [ ] DRIVEN AWAY [X] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

C — FROM UNIT NO. — NAME (LAST, FIRST, MI) — BIRTHDATE m D y — AGE — ADDRESS: same — PHONE — SEX

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

E — FROM UNIT NO. — 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 C D E F

P-PEDESTRIAN

INJURIES: A 5 B C D E F

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

CONDITION: A 1 B

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

A B C — INJURED TAKEN TO — By

D E F

A B C — INJURED TAKEN TO — By

D E F

RESTRAINTS: A 4 B C D E F

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

ALCOHOL: A [ ] YES [X] NO TESTED — B [ ] YES [X] NO TESTED

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

A — [ ] ORC [ ] CITY ORD — OFFENSE CHARGED AND DESCRIPTION

O — [ ] ORC [ ] CITY ORD — OFFENSE CHARGED AND DESCRIPTION

EJECTION: A 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED [ ] YES [X] NO — O TESTED [ ] YES [X] NO

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

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1757	1801	1805	1816	0010	0029

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
08,11,13	[ ] YES [X] NO	DKURILKO	115	

State Pti-012 2/13/03