

INSTRUCTIONS : COMPLETE ONLY KNOWN INFORMATION. LEAVE BLANK ANYTHING THAT YOU ARE NOT SURE OF AS IT MAY BE COMPLETED AT A LATER DATE.

Local Traffic Crash Report

OBETZ POLICE DEPARTMENT

Local Report Number LEAVE BLANK

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 1, 2, 3, ETC.	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
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In County Of NAME OF COUNTY	• Within corporate limits of Columbus (if not, file with correct agency)	Date of Crash M D Y	Day	Time AM PM
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Crash Occurred On NAME OF STREET, FREEWAY, OR ROUTE	Within The Intersection Of NEAREST INTERSECTING STREET
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If Not In Intersection _____ Miles _____ Feet ^N ^W ^S ^E Of (List Nearest Intersecting Street, Milepost, House No.)

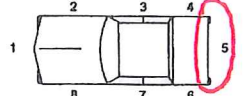
A Unit No. 1	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI) DRIVER'S NAME	Address (No., Street, State, Zip Code) DRIVER'S HOME ADDRESS
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Phone No. HOME #	Birth Date M D Y	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same)	Address	Phone
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Veh. Year	Make	Model	Color	Style EXAMPLE 2 DR., 4 DR.	State	License Plate No.	Towing Service	Veh/Ped Dir From To
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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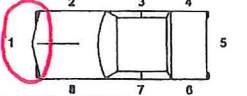
B Unit No. 2	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI) OTHER DRIVER'S NAME	Address (No., Street, State, Zip Code) OTHER DRIVER'S HOME ADDRESS
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Phone No.	Birth Date M D Y	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same)	Address	Phone
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C From Unit No.	Name (Last, First, MI) PASSENGERS, ONLY IF INJURED, LIST HERE & BELOW	Birth Date M D Y	Age	Position A B C D E F
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1, 2, ETC.	Address	Phone	Sex	WRITE #'S IN ABOVE BOX
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D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
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	Address	Phone	Sex	WRITE #'S IN ABOVE BOX
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E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
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	Address	Phone	Sex	WRITE #'S IN ABOVE BOX
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F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
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	Address	Phone	Sex	WRITE #'S IN ABOVE BOX
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G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
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	Address	Phone	Sex	WRITE #'S IN ABOVE BOX
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H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
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	Address	Phone	Sex	WRITE #'S IN ABOVE BOX
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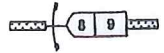
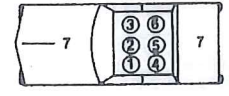
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
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	Address	Phone	Sex	WRITE #'S IN ABOVE BOX
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Date Report Filed M D Y LEAVE BLANK	Desk Officer's Name & Badge # AN OFFICER WILL COMPLETE DATE FILED AND HIS/HER NAME
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Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

Restraints					
A	B	C	D	E	F

- WRITE #'S IN ABOVE BOX**
- 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

Ejection					
A	B	C	D	E	F

- WRITE #'S IN ABOVE BOX**
- 1 Not Ejected
 - 2 Partial
 - 3 Total
 - 4 Trapped Inside Vehicle

INSTRUCTIONS : AFTER COMPLETING THIS REPORT YOU CAN ADVISE THE INSURANCE COMPANY THAT YOUR REPORT HAS BEEN FILED AND THEY WILL TELL YOU HOW TO PROCEED.

Local Report Number LEAVE BLANK	Describe What Happened Refer To Units By Number	EXPLAIN HOW ACCIDENT OCCURRED AT INSTANT OF IMPACT
EXAMPLE : UNIT # 1 (YOUR VEHICLE) WAS DRIVING SOUTHBOUND ON ALUM CREEK DRIVE AND STOPPED FOR A RED LIGHT AT GROVEPORT ROAD. UNIT # 2 WAS DRIVING SOUTHBOUND ON ALUM CREEK DRIVE BEHIND UNIT # 1 AND STRUCK THE REAR OF UNIT # 1.		
X - YOUR SIGNATURE & DATE HERE .		
Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	First Harmful Event Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle One MV In Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">SHOW NORTH WITH ARROW</p> </div>
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	Special Area 1 Road Construction/Maintenance Area 2 School Zone	Location 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non Intersection 8 Private Property
Type of Unit # <u>1</u> A # <u>2</u> B PUT APPROPRIATE # IN A & B ABOVE	Pre-Crash Actions PUT APPROPRIATE #S A B	Contributing Factor PUT APPROPRIATE #S A B
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	Bus 16 School Bus 17 Church 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 22 Taxi 23 Motor Home 24 train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	Driver Actions 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action
Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Ran Red Light 6 Ran Stop or Yield Sign 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from Parked Position 12 Stopped or Parked Illegally 13 Left of Center 14 Failure to Control 15 Driver Inattention 16 Drove Off Road Reason Unknown 17 Other Driver Error	Non-Driver Factor 18 Vehicle Defects 19 Load Shifting, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Downed Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions
Speed Unit Estimated Legal A B	Motorcycle Helmet Use Unit Driver Pass A B	Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B
Truck Axles A B Tractor Trailer Rigs	Fixed Object Struck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Schrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	Driver 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbucks 8 Railroad Flashers 9 Railroad Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other
Truck 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbucks 8 Railroad Flashers 9 Railroad Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other	Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Truck 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects