

Local Traffic Crash Report

OBETZ POLICE DEPARTMENT

Local Report Number _____

VEHICLE SECTION - CONTINUED

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved _____	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 _____	• 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 _____	Within The Intersection Of _____
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If Not In Intersection _____ (List Nearest Intersecting Street, Milepost, House No.)
 _____ Miles _____ Feet W N E S OI

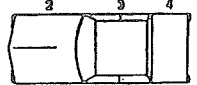
A Unit No. _____	No. Of Occupants _____	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent _____
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Driver - Pedestrian Name (Last, First, MI) _____	Address (No., Street, State, Zip Code) _____
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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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Veh. Year _____	Make _____	Model _____	Color _____	Style _____	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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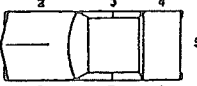
B Unit No. _____	No. Of Occupants _____	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent _____
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Driver - Pedestrian Name (Last, First, MI) _____	Address (No., Street, State, Zip Code) _____
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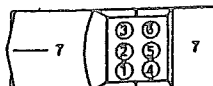
Phone No. _____	Birth Date M D Y	Age _____	Sex _____	State _____	Drivers License No. _____	Occupation _____
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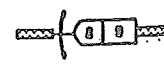
Owner (If Same As Driver, Write Same) _____	Address _____	Phone _____
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Veh. Year _____	Make _____	Model _____	Color _____	Style _____	State _____	License Plate No. _____	Towing Service _____	Veh/Ped Dir From _____ To _____
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Circle 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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C From Unit No. _____	Name (Last, First, MI) _____	Birth Date M D Y	Age _____	Position A B C D E F
	Address _____	Phone _____	Sex _____	

D From Unit No. _____	Name (Last, First, MI) _____	Birth Date M D Y	Age _____	
	Address _____	Phone _____	Sex _____	

E From Unit No. _____	Name (Last, First, MI) _____	Birth Date M D Y	Age _____	 <p>P-PEDESTRIAN</p>
	Address _____	Phone _____	Sex _____	

F From Unit No. _____	Name (Last, First, MI) _____	Birth Date M D Y	Age _____	Restraints A B C D E F
	Address _____	Phone _____	Sex _____	

G From Unit No. _____	Name (Last, First, MI) _____	Birth Date M D Y	Age _____	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
	Address _____	Phone _____	Sex _____	

H From Unit No. _____	Name (Last, First, MI) _____	Birth Date M D Y	Age _____	Ejection A B C D E F
	Address _____	Phone _____	Sex _____	

I From Unit No. _____	Name (Last, First, MI) _____	Birth Date M D Y	Age _____	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
	Address _____	Phone _____	Sex _____	

Date Report Filed M D Y	Desk Officer's Name & Badge # _____
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