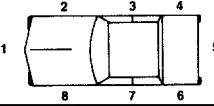
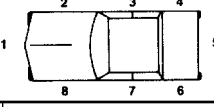
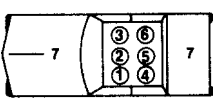
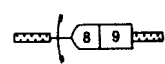


# Local Traffic Crash Report

## City of Obetz Police Department


Local Report Number \_\_\_\_\_

Report Taken	<input type="checkbox"/> Headquarters <input type="checkbox"/> Residence	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							
In County Of	• <i>Within corporate limits of Obetz</i> (if not, file with correct agency)		Date of Crash M    D    Y							
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.)										
<b>A</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							
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)								
Phone No.	Birth Date M    D    Y	Age	Sex    State    Drivers License No.    Occupation							
Owner (If Same As Driver, Write Same)		Address    Phone								
Veh. Year	Make	Model	Color    Style    State    License Plate No.    Towing Service    Veh/Ped Dir From    To							
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							
<b>B</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							
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)								
Phone No.	Birth Date M    D    Y	Age	Sex    State    Drivers License No.    Occupation							
Owner (If Same As Driver, Write Same)		Address    Phone								
Veh. Year	Make	Model	Color    Style    State    License Plate No.    Towing Service    Veh/Ped Dir From    To							
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							
<b>Occupant Section</b>	<b>C</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age	Position A    B    C    D    E    F					
		Address	Phone	Sex	  <b>P-PEDESTRIAN</b> Restraints A    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 Ejection A    B    C    D    E    F 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					
	<b>D</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age						
		Address	Phone	Sex						
	<b>E</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age						
		Address	Phone	Sex						
	<b>F</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age						
		Address	Phone	Sex						
	<b>G</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age						
	Address	Phone	Sex							
<b>H</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age							
	Address	Phone	Sex							
<b>I</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age							
	Address	Phone	Sex							
Date Report Filed M    D    Y	Officer's Name & Badge #									

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number	Describe What Happened Refer To Units By Number

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone	<b>First Harmful Event</b> <b>Two MV In Trasport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle  <b>One MV In Trasport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object  <b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	<b>Location</b> 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	<b>SHOW NORTH WITH ARROW</b> 
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**IF SUBMITTING ELECTRONICALLY,  
PLEASE IGNORE THIS SECTION.**

Type of Unit	#	A	B	Pre-Crash Actions		Contributing Factor			
				A	B	A	B		
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size  <b>Truck</b> 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Track & Trailer 9 truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer  <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle				<b>Driver Actions</b> 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		<b>Pedestrian Actions</b> 18 Crossing in X-Walk 19 Crossing Other than X-Walk 20 Walking in Road (With Traffic) 21 Walking in Road (Against Traffic) 22 Playing in Road 23 Working On Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder			
				<b>Driver Error</b> 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		<b>Non-Driver Factor</b> 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			
				<b>Traffic Control</b> 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		<b>Fixed Object Struck</b> 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 Barricage 15 Fire Hydrant 16 Other Object		<b>Truck Load</b> 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	
				<b>Speed</b> Unit Estimated Legal A B		<b>Motorcycle Helmet Use</b> Unit Driver Pass A B		<b>Vehicle Defects</b> Code if Contributing Factor is 18  <b>Primary</b> A            B  <b>Secondary</b> A            B	
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		<b>Truck Axles</b> 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					

By electronically signing this form, the undersigned attests and affirms that he or she has knowledge as to the information submitted and that any statements, information submitted, and/or disclosure made herein is truthful, and acknowledges that any false statement and/or information submitted with the form(s) could result in criminal penalties, including but not limited to prosecution under ORC 2921.13, or any other applicable ORC section. Furthermore, the undersigned agrees to be bound by any terms and conditions regarding electronic records and signatures as set forth in ORC 1306 or ORC section, and subject to ORC 149.43 regarding public records.

S-36.133 (7/2000)