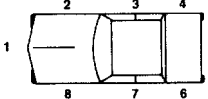
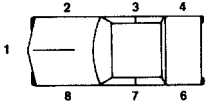


Local Traffic Crash Report

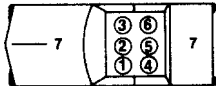
City of Obetz Police Department

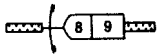
Local Report Number _____

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 _____		• Within corporate limits of Obetz (if not, file with correct agency)		Date of Crash M D Y	
Crash Occurred On _____		Within The Intersection Of _____			
If Not In Intersection _____ (List Nearest Intersecting Street, Milepost, House No.) _____ Miles _____ Feet W N E S Of					
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
Driver - Pedestrian Name (Last, First, MI)			Address (No., Street, State, Zip Code)		
Phone No.		Birth Date M D Y	Age	Sex	State
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			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		Fire			
<input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		<input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire			
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
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			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		Fire			
<input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		<input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire			
C	From Unit No.	Name (Last, First, MI)		Birth Date M D Y	Age
		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
		Address		Phone	Sex
F	From Unit No.	Name (Last, First, MI)		Birth Date M D Y	Age
		Address		Phone	Sex
G	From Unit No.	Name (Last, First, MI)		Birth Date M D Y	Age
		Address		Phone	Sex
H	From Unit No.	Name (Last, First, MI)		Birth Date M D Y	Age
		Address		Phone	Sex
I	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





P-PEDESTRIAN

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

S-36.133 (7/2000)

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)