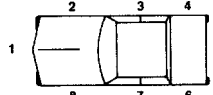
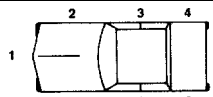
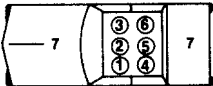
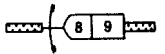


Local Traffic Crash Report

Columbus Division of Police

Local Report Number _____

| | | | | | |
|---|---|---|---|--|---|
| 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 | |
| In County Of _____ | • <i>Within corporate limits of Columbus</i> (if not, file with correct agency) | Date of Crash M D Y | Day _____ | Time _____ AM PM | |
| 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 _____ 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 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 | | | |
| Occupant Section | C From Unit No. _____ | Name (Last, First, MI) _____ | Birth Date M D Y | Age _____ | Position A B C D E F |
| | Address _____ | | Phone _____ | Sex _____ |   P-PEDESTRIAN |
| | 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 _____ | Restraints A B C D E F | |
| Address _____ | | Phone _____ | Sex _____ | 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 | |
| I From Unit No. _____ | Name (Last, First, MI) _____ | Birth Date M D Y | Age _____ | | Ejection A B C D E F |
| Address _____ | | Phone _____ | Sex _____ | 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle | |
| Date Report Filed M D Y | | Desk Officer's Name & Badge # _____ | | | |

Driver - Pedestrian - Vehicle Section

Occupant Section

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, CCC 2321.13, or any other applicable CCC or 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 any other applicable CCC or ORC section, and subject to ORC 149.43 regarding public records.

S-36.133 (7/2000)