**Local Traffic Crash Report**

**Columbus Division of Police**

**Local Report Number**  Leave Blank

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**Address**

- Name of County
- Name of Street, Freeway, or Route
- Nearest Intersecting Street

**Crash Occurred On**

- Within corporate limits of Columbus
- Not in intersection
- Within The Intersection Of

**Time**

- AM
- PM

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**Driver - Pedestrian**

- Name (Last, First, MI)
- Phone No.
- Home #

**Other Driver**

- Name (Last, First, MI)
- Phone No.
- Home #

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**Veh. Year**

- Make
- Model
- Color
- Style
- State
- License Plate No.

**Towing Service**

- Veh/Ped Dir

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**Damage**

- Areas
- Damage Scale
- Damage Severity

**Vehicle Disposition**

- Fire
- Non-Contact
- Driverless
- Driverless

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**Restraints**

- Ejection

**Position**

- A
- B
- C
- D
- E
- F

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**Instructions**

Complete only known information. Leave blank anything that you are not sure of as an investigator may complete later.

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S-36.133  (Revised 7/2000)
Example: Unit #1 (your vehicle) was driving southbound on Ohio Ave. and slowed for a red light at E. Main St. Unit #2 was driving southbound on Ohio Ave. behind Unit #1 and struck the rear of Unit #1.

X - Your signature & date here.