OHIO

TRAFFIC CRASH REPORT

OH-1 (Rev.10/9

Local Report # *

Crash Severity: 1 Fatal 2 Injury 3 PDO 4 Unknown

Private Property: 'X' if yes

Hit/Skip: 1 Not Hit/Skip 2 Solved 3 Unsolved

Photos Taken: 'X' if yes

OH-2 OH-3 OH-1P Othe

N.C.I.C. # *

Reporting Agency *

Units

Unit Error: 98 = Animal 99 = Unknown

Date of Crash *

Time of Crash

Day of Week

City * Village * TWP *

Name (of City, Village or Township) *

County # *

Latitude

Longitude

Crash Occurred On

Prefix | Crash Location | Type Loc

Type Location Point Used: 1 Named Street 2 Numbered Street 3 Numbered Route

Local Information

At / Reference

Dist Reference | DR | Prefix | Reference | Ref Point

Reference Point Used: 01 State Line 02 Intersection 2 Streets 03 County Line 04 House Number 05 Township Boundary 06 Mile Post 07 Corporation Limit 08 Place Name W/O Reference 09 Driveway 10 Street Or Route W/O Reference

Motorist/Non-Motorist

A

Unit # | # of Occ. | Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Social Security Number | Date of Birth | Age | Sex | Home Phone # | Work Phone #

DL State | DL # | LP State | LP # | Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

Owner Name (if same, write "Same") | Address (Street, City, State, Zip Code)

Year | Make | Model | Color | Insurance Company | Towing Service | Owner Phone #

Offense Charged | Offense Description | Citation # | Local Code? 'X' if Yes

B

Unit # | # of Occ. | Name (Last, First, Middle)

Address (Street, City, State, Zip Code)

Social Security Number | Date of Birth | Age | Sex | Home Phone # | Work Phone #

DL State | DL # | LP State | LP # | Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

Owner Name (if same, write "Same") | Address (Street, City, State, Zip Code)

Year | Make | Model | Color | Insurance Company | Towing Service | Owner Phone #

Offense Charged | Offense Description | Citation # | Local Code? 'X' if Yes

Occupant

C

Unit # | Name (Last, First, Middle) | Home Phone # | Date of Birth | Age | Sex

Address (Street, City, State, Zip Code) | Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

D

Unit # | Name (Last, First, Middle) | Home Phone # | Date of Birth | Age | Sex

Address (Street, City, State, Zip Code) | Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

Seating Position
01 Front – Left (MC Driver)
02 Front – Middle
03 Front – Right
04 Second – Left (MC Pass)
05 Second – Middle
06 Second – Right
07 Third – Left (MC Passenger/Side Car)
08 Third – Middle
09 Third – Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other

Blank for Witness

Safety Equipment
Motorist
01 None Used
02 Shoulder Belt Only
03 Lap Belt Only
04 Shoulder/Lap Belt
05 Child Safety Seat
06 MC Helmet Used
07 Use Unknown
Non-Motorist
08 None Used
09 Helmet Used
10 Protective Pads
11 Reflective Clothing
12 Lighting
13 Other
14 Unknown

Air Bag
1 Not-Deployed
2 Deployed-Front
3 Deployed-Side
4 Deployed Both Front/Side
5 Not Applicable
6 Unknown

Air Bag Switch
1 Not Present
2 In On Position
3 In Off Position
4 Unknown

Ejection
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
4 Not Applicable
5 Unknown

Trapped
1 Not Trapped
2 Extricated By Mechanical Means
3 Freed By Non-Mechanical Means
4 Unknown

Injuries
1 No Injury
2 Possible
3 Non-Incapacitat
4 Incapacitat
5 Fatal Injur
6 Unknown

Supplement *