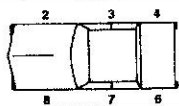
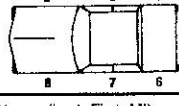
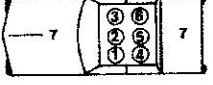
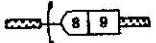


Local Traffic Crash Report

Franklin Township Police Department

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												
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 _____							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					
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 _____	Ejection A B C D E F											
	Address _____	Phone _____	Sex _____	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle											
I From Unit No. _____	Name (Last, First, MI) _____	Birth Date M D Y	Age _____												
	Address _____	Phone _____	Sex _____												
Date Report Filed M D Y		Desk Officer's Name & Badge # _____													

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number	Describe What Happened Refer To Units By Number

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

SHOW NORTH WITH ARROW


Type of Unit	#	A		B		Pre-Crash Actions				Contributing Factor																			
		A	B	A	B	A		B		A		B																	
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	Bus 16 School Bus 17 Church 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 22 Taxi 23 Motor Home 24 train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	Driver Actions 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				Pedestrian Actions 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				Driver Error 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				Non-Driver Factor 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															
		Traffic Control 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				Fixed Object Struck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubby 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object				Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material				Vehicle Defects Code if Contributing Factor is 18 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Primary</td> <td style="width:5%;">A</td> <td style="width:5%;">B</td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td>Secondary</td> <td>A</td> <td>B</td> </tr> </table>				Primary	A	B				Secondary	A	B			
		Primary	A	B																									
Secondary	A	B																											
Speed <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Unit</th><th>Estimated</th><th>Legal</th> </tr> <tr> <td>A</td><td></td><td></td> </tr> <tr> <td>B</td><td></td><td></td> </tr> </table>		Unit	Estimated	Legal	A			B			Motorcycle Helmet Use <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Unit</th><th>Driver</th><th>Pass</th> </tr> <tr> <td>A</td><td></td><td></td> </tr> <tr> <td>B</td><td></td><td></td> </tr> </table>		Unit	Driver	Pass	A			B			Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device				Truck Axles 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			
Unit	Estimated	Legal																											
A																													
B																													
Unit	Driver	Pass																											
A																													
B																													
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		Tractor Trailer Rigs																									