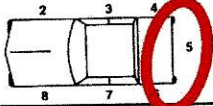
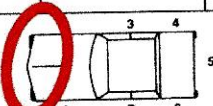
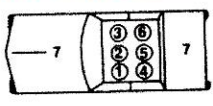
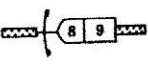


Instructions: Complete only known information. Leave blank anything that you are not sure of as an investigator may complete later.

Local Traffic Crash Report

Franklin Township Police Department

Local Report Number **Leave Blank**

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 1, 2, 3, etc.	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 Name of County	• Within corporate limits of Columbus (if not, file with correct agency)	Date of Crash M D Y	Day Time AM PM	
Crash Occurred On Name of Street, Freeway, or Route		Within The Intersection Of Nearest Intersecting Street		
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles Feet W S E Of				
A Unit No. 1	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) Driver's Name		Address (No., Street, State, Zip Code) Driver's Home Address		
Phone No. Home #	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. 2	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) Other Driver's Name		Address (No., Street, State, Zip Code) Other Driver's Home Address		
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) Passengers (if any) Go Here & Below	Birth Date M D Y	Age	Position A B C D E F
D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Write #s in Box Above 
E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	 P-PEDESTRIAN
F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Restraints A B C D E F
G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Write #s in Box Above 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
H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Ejection A B C D E F
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Write #s in Box Above 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
Date Report Filed Leave Blank		Desk Officer's Name & Badge # Leave Blank		

Driver - Pedestrian - Vehicle Section

Occupant Section

2193 Frank Rd. Columbus, Ohio 43223

Explain how the accident occurred at the instant of impact...

X - Your signature & date here.

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														
Type of Unit # <u>1</u>			Pre-Crash Actions Appropriate #'s →			Contributing Factor Appropriate #'s →			Vehicle Defects Code if Contributing Factor is 18								
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		
Speed in boxes			Motorcycle Helmet Use			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			Truck Axles 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects		