

Crash Page (OH-1)



Traffic Crash Report

| | | | | | |
|--|--|---|--|---|--|
| Local Report Number * | | Crash Severity 1 - Fatal 2 - Injury 3 - PDO | | Hit/Skip 1 - Solved 2 - Unsolved | |
| Local Information | | | | | |
| Photos Taken <input type="checkbox"/> DH-2 <input type="checkbox"/> DH-1P <input type="checkbox"/> DH-3 <input type="checkbox"/> Other | | PDO Under State Reportable Dollar Amount | | Private Property | |
| Reporting Agency NCIC * | | Reporting Agency Name * | | | |
| County * | | City * | | City, Village, Township * | |
| Crash Date * | | Time of Crash | | Day of Week | |
| Longitude | | Latitude | | Longitude | |
| Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound | | Number of Thru Lanes | | Road Types or Milepost ² AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail | |
| Main Route Number | | Loc Prefix N, S, E, W | | Location Road Name | |
| Dir From Ref N, S, E, W | | Reference Route Number | | Reference Name (Road, Milepost, House #) | |
| Crash Location 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout | | 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access | | 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown | |
| Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level | | Road Conditions Primary Secondary | | 01 - Dry 02 - Wet 03 - Snow 04 - Ice | |
| Manner of Crash Collision/Impact 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear | | 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction | | 8 - Sideswipe, Opposite Direction 9 - Unknown | |
| Road Surface 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block | | Light Conditions Primary Secondary | | 01 - Clear 02 - Cloudy 03 - Fog, Smog, Smoke | |
| Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Only) | | Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median | | 4 - Intermittent or Moving Work 5 - Other | |
| Crash Location | | Intersection Related | | Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown | |
| Diagram | | | | | |
| Report Taken By <input type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | | <input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS) | | | |
| Date Crash Reported | | Time Crash Reported | | Dispatch Time | |
| Officer's Name * | | Officer's Badge Number | | Checked By | |

This page provides an overview of the accident, including the date, time, and location. This section also documents the investigating agency as well as any supplemental documents, such as photos, in addition to the regularly included pages.

The middle section includes information on road conditions such as weather and lighting, as well as the type of collision itself (such as rear-end or sideswipe). Driving too fast for the conditions is a common cause of crashes, so this information can be important to establish liability.

In the next section, the investigating officer draws a diagram and writes a narrative of how the crash occurred. Police officers often use the narrative section to record information that doesn't appear anywhere else in the report, so you should read through it carefully.

At the bottom of the page, the time the crash was reported and the time the officer arrived are noted. Remember that the investigating officer often does not arrive until many minutes or even hours after the crash.



Unit Page (OH-1U)



Unit

Local Report Number

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|--|--|
| Unit Number | | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) | | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) | | Damage Scale | | Damaged Area | |
| Driver Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) | | Vehicle Identification Number | | # Occupants | | 1 - None | | 09 | |
| Vehicle Make | | Vehicle Model | | Vehicle Color | | 2 - Minor | | 07 | |
| Insurance Company | | Policy Number | | Towed By | | 3 - Functional | | | |
| City, State, Zip | | Carrier Phone - include | | | | 4 - Disabling | | | |
| Vehicle Weight GVWR/GCWR | | Cargo Body Type | | Trafficway Description | | 9 - Unknown | | | |
| 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs. | | 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel | | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | | 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous 3 - Two-Way, Divided, Unprotected (Pavement) 4 - Two-Way, Divided, Positive Median 5 - One-Way Trafficway | | <input type="checkbox"/> Hit / Skip Unit | |
| <input type="checkbox"/> Hazardous Material Released | | Type of Use | | Unit Type | | Passenger Vehicles (less than 9 passengers) | | Med/Heavy Trucks or Combo Units > 10k lbs | |
| | | 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | | 99 - Unknown or Hit / Skip | | 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | | 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | |
| Location of Impact | | Most Damaged Area | | Impact Area | | 08 - Left Side | | 99 - Unknown | |
| 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. | | 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | | 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | | 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other | | Action | |
| Motorist | | Non-Motorist | | Non-Motorist | | 21 - Other Non-Motorist Action | | 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | |
| 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown | | 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless | | 13 - Negotiating a Curve 14 - Other Motorist Action | | 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing | | | |
| Contributing Circumstances | | Non-Motorist | | Vehicle Defects | | | | | |
| Primary Secondary 99 - Unknown | | 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action | | 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action | | 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects | | | |
| Sequence of Events | | Non-Collision Events | | Collision with Person, Vehicle or Object Not Fixed | | Collision With Fixed Object | | | |
| 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <input type="checkbox"/> Most Harmful Event <input type="checkbox"/> 99 - Unknown | | 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift | | 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport | | 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier | | 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line 12 - Downhill Runaway 13 - Other Non-Collision | |
| Unit Speed | | Traffic Control | | Unit Direction | | | | | |
| <input type="checkbox"/> Stated <input type="checkbox"/> Estimated | | 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone | | From <input type="checkbox"/> To <input type="checkbox"/> 1 - North 2 - South 3 - East 4 - West | | 5 - N 6 - N 7 - S 8 - S | | | |

HSY8304 OH1U (Rev 01/12)

A traffic unit or simply unit is a single road user (whether a vehicle or a non-motorist such as a pedestrian) involved in the crash. One copy of this page will be used for each vehicle or non-motorist involved.

In the top right, the report documents the location and extent of vehicle damage. In addition to property damage claims, this can affect injury claims when matched with seating information (for instance, if the passenger side was damaged, someone seated on that side may have also been hurt).

The first section records the name and contact information of the vehicle owner (not necessarily the driver) as well as the year, make, model, and other identifying information for the vehicle itself. Insurance information is also recorded here.

The bottom half of this page describes the unit's role in the crash: what it was doing beforehand, what happened during the collision itself, and what contributing circumstances involving this vehicle may have led to the crash. The information in this section can be critical to establish fault for the accident.



Motorist/Non-Motorist/Occupant Page (OH-1M)



Motorist / Non-Motorist / Occupant

Local Report Number

Unit Number Name: Last, First, Middle
 Date of Birth Age Gender F - Female
 M - Male

Contact Phone- include area code

EMS Agency Medical Facility Injured Taken To
 Safety Equipment Used DOT Compliant Seating Position Air Bag U
 Motorcycle Helmet

Offense Number OL Class No Valid M/C End. Condition Alcohol/Drug Suspected Alcohol Test Status Alcohol Test Type Alcohol Test Value Drug Test

Offense Description Citation Number
 Hands-Free Device Used

Name: Last, First, Middle Date of Birth Age
 Contact Phone- include area code

Injuries Injured Taken By EMS Agency Medical Facility Injured Taken To
 Safety Equipment Used DOT Compliant Seating Position Air Bag U
 Motorcycle Helmet

OL State Operator License Number OL Class No Valid M/C End. Condition Alcohol/Drug Suspected Alcohol Test Status Alcohol Test Type Alcohol Test Value Drug Test

Offense Charged (Local Code) Offense Description Citation Number
 Hands-Free Device Used

| | | | | |
|---|--|---|--------------------------------------|--|
| Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal | Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown | Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used | 99 - Unknown Safety Equipment | Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other |
|---|--|---|--------------------------------------|--|

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| Motorcycle Driver 07 - Front Left Side (Motorcycle Side Car) 08 - Front Middle 09 - Front Right Side Passenger 10 - Driver Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown | Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown |
|--|---|

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|--|--|---|--|
| Trapped 1 - Not Trapped 2 - Ejected by Mechanical Means 3 - Extricated by Non-Mechanical Means | Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only | Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other | Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected |
|--|--|---|--|

| | | | | |
|--|---|---|--|--|
| Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other | Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other | Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction |
|--|---|---|--|--|

Unit Number Name: Last, First, Middle
 Date of Birth Age Gender F - Female
 M - Male

Address, City, State, Zip Contact Phone- include area code

Injuries Injured Taken By EMS Agency Medical Facility Injured Taken To
 Safety Equipment Used DOT Compliant Seating Position Air Bag Usage Ejection Trapped
 Motorcycle Helmet

Unit Number Name: Last, First, Middle
 Date of Birth Age

Address, City, State, Zip Contact Phone- include area code

Injuries Injured Taken By EMS Agency Medical Facility Injured Taken To
 Safety Equipment Used DOT Compliant Seating Position Air Bag U
 Motorcycle Helmet

HSY8306 OH1M (Rev 01/12)

This page documents people involved in the crash – the unit number listed for each person corresponds to a Unit Page. Additional copies will be used if there were more than two vehicles or non-motorist road users involved.

Each Motorist/Non-Motorist block describes a driver or other road user (like a cyclist or pedestrian) involved in the crash. Included in this section are contact information, seating position, safety equipment information (such as seatbelts and airbags) and any known injuries, as well as drug or alcohol tests and any citations charged.

Codes used in both the motorist/non-motorist and occupant blocks are explained here.

Additional occupants (passengers) are documented in Occupant blocks, each with contact information, seating position, and injury information. If there were more than two passengers involved, an Occupant/Witness Addendum with the same information is used.

