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# HOW TO READ YOUR OHIO ACCIDENT REPORT

Officers record **when** and **where** your crash occurred, including city, date, time and severity.

**TRAFFIC CRASH REPORT** OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY  
EDUCATION • STRUCC • PROTECTION

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
1 YES 2 NO

HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN

CH-2 CH-3 CH-1P OTHER

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

COUNTY \*

LATITUDE

LONGITUDE

TYPE LOC TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION

REFERENCE POINT USED  
01. Same Loc 02. Intersection 2 STREETS  
03. COUNTY LINE 04. HOUSE NUMBER  
05. TRAILER RAILROAD 06. PLACE NAME W/O REFERENCE  
07. CORPORATION LIMIT 08. STREET OR ROUTE W/O REFERENCE

2

Officers will document the **personal information** of motorists, non-motorists and occupants involved in the crash (name, address, date of birth, and home phone number). Additionally, the **vehicle** and **insurance** information of all parties involved will be documented.

**Motorist/Non-Motorist**

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

HOME PHONE #

WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL

OFFENSE CHARGED OFFENSE DESCRIPTION

**Motorist/Non-Motorist**

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

HOME PHONE #

WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 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

3

Officers responding to the crash write how they believe the crash occurred. To the right, officers also have a chance to draw a pictorial diagram of the crash. **Review this information carefully.** It is critical for the responding officer to accurately describe the accident in detail.

**Occupant**

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

HOME PHONE #

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

HOME PHONE #

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 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  
16 NON-MOTORIST  
17 UNKNOWN

SAFETY EQUIPMENT  
1 AIR BAG  
2 AIR BAG SWITCH  
3 EJECTION  
4 TRAPPED  
5 INJURIES

BLANK FOR WITNESS

HSY7001

TOP COPY - ODDS BOTTOM COPY - AGENCY



Responding officers will use checkboxes to document the details of your accident: such as the damage area, pre-crash actions, sequence of events, posted speed and other factors regarding your accident.

Officers will check off the contributing circumstances, direction in which vehicles were traveling, the type of vehicles involved, type of intersection and condition of drivers.

**Carefully review this information.** It may be used by an insurance company or another driver to determine fault in an accident and compensation owed to parties involved.

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
UNIT 1: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 2: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 3: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 4: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 5: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 6: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 7: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 8: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 9: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 10: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 11: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 12: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 13: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 14: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 15: <input type="checkbox"/> A <input type="checkbox"/> B UNIT 16: <input type="checkbox"/> A <input type="checkbox"/> B 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BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN STREET 16 LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN CONTRIBUTING CIRCUMSTANCES MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ 10 DROVE OFF ROAD/ 11 IMPROPER PASSING 12 IMPROPER BACKING 13 IMPROPER START FROM PARKED POSITION 14 STOPPED ON PARKED ILLEGALLY 15 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 16 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 17 FAILURE TO CONTROL 18 VISION OBSTRUCTION 19 DRIVER INATTENTION 20 FATIGUE/ASLEEP 21 OPERATING DEFECTIVE EQUIPMENT 22 LOAD SHIFTING/FALLING/SPILLING 23 OTHER IMPROPER ACTION 24 UNKNOWN NON-MOTORIST 25 NONE 26 IMPROPER CROSSING 27 DARTING 28 LYING AND/OR ILLEGALLY IN ROADWAY 29 FAILURE TO YIELD RIGHT OF WAY 30 NOT VISIBLE (DARK CLOTHING) 31 INATTENTIVE 32 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 33 WRONG SIDE OF THE ROAD 34 OTHER 35 UNKNOWN	SEQUENCE OF EVENTS A: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 B: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 C: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 D: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 E: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 F: <input 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<input type="checkbox"/> 3 <input type="checkbox"/> 4 HC: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HD: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HF: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HG: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HH: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HI: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HJ: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 HK: <input type="checkbox"/> 1 <input 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<input type="checkbox"/> 2		

[illegible]

<b>MANOR OF COLLISION OR IMPACT</b> <input type="checkbox"/>		<b>SCHOOL BUS RELATED</b> <input type="checkbox"/>		<b>Diagram</b>	
<b>1. Manner of Collision Between</b> TWO 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		<b>1. No</b> 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN			
<b>WEATHER</b> <input type="checkbox"/>		<b>WORK ZONE RELATED</b> <input type="checkbox"/>			
01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN		1 No 2 YES 3 UNKNOWN			
<b>LIGHT CONDITIONS</b> <b>PRIMARY</b> <input type="checkbox"/> <b>SECONDARY</b> <input type="checkbox"/>		<b>TYPE OF WORK ZONE</b> <input type="checkbox"/>			
1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN		1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER			
		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/>			
		1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA			
		<b>WORKERS PRESENT</b> <input type="checkbox"/>			
		1 No 2 YES 3 UNKNOWN			

<b>Truck/Bus</b>  Unit # <input type="text"/>		THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.		A D THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.	
COMPANY (FROM SHIPPING PAPERS) <input type="text"/>				COMPANY PHONE <input type="text"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>					
US DOT <input type="text"/>		ICC MC <input type="text"/>		PUCO <input type="text"/>	
TRAILER LP ST. <input type="text"/>		TRAILER LP YEAR <input type="text"/>		TRAILER LP # <input type="text"/>	
PLACARD <input type="text"/>		PLACARD <input type="text"/>		PLACARD <input type="text"/>	
CARGO BODY TYPE		Weight (GVWR)		CDL Class	
01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRN/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN		1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000		1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	
Hazardous Materials Placard		Hazardous Materials Released		Hazardous Materials Released	
1 NO 2 YES 3 UNKNOWN		1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN		1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

If a truck or bus was involved in the accident, officers will document the details. Otherwise, actions taken by responding police officers will be recorded at the bottom of the page.



# TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

CH-1-P (Rev. 11/99)

Officers will use the **occupant addendum** to document all vehicle occupants involved in the crash and if they were removed from the accident scene by EMS, police or by any other means. Occupant details include names, addresses and phone numbers.

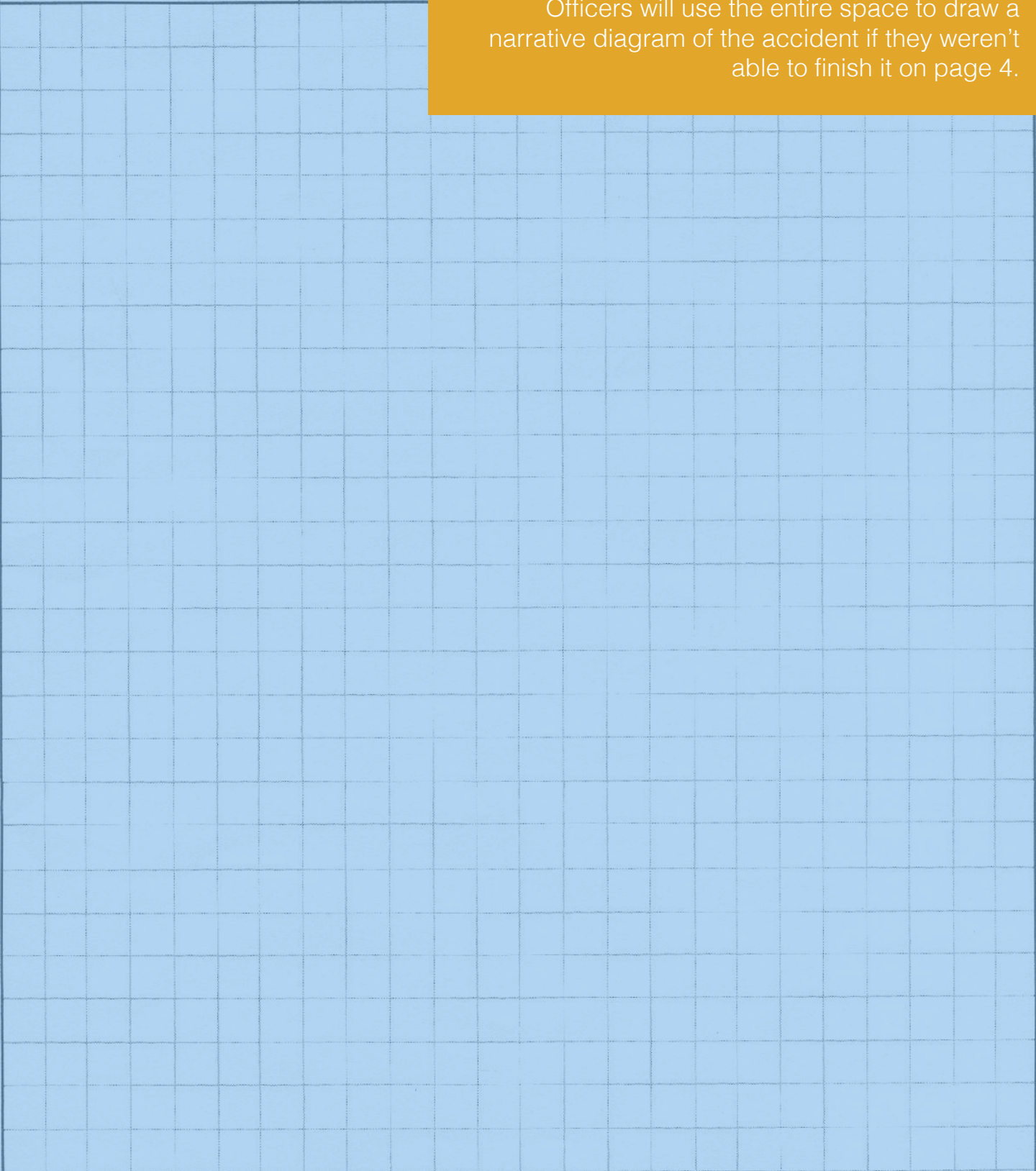
LOCAL REPORT # *		N.C.I.C. #											
<b>E</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)											
ADDRESS (STREET, CITY, STATE, ZIP CODE)													
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY										
		INJURED TAKEN TO											
<b>F</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)											
ADDRESS (STREET, CITY, STATE, ZIP CODE)													
		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY										
		INJURED TAKEN TO											
<b>G</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)											
		HOME PHONE #	DATE OF BIRTH										
		AGE	SEX										
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY										
		INJURED TAKEN TO											
<b>H</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)											
		HOME PHONE #	DATE OF BIRTH										
		AGE	SEX										
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY										
		INJURED TAKEN TO											
<b>I</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)											
		HOME PHONE #	DATE OF BIRTH										
		AGE	SEX										
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY										
		INJURED TAKEN TO											
<b>J</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)											
		HOME PHONE #	DATE OF BIRTH										
		AGE	SEX										
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY										
		INJURED TAKEN TO											
<b>K</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)											
		HOME PHONE #	DATE OF BIRTH										
		AGE	SEX										
ADDRESS (STREET, CITY, STATE, ZIP CODE)		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY										
		INJURED TAKEN TO											
<b>E</b>	SEATING POSITION	<b>E</b>	SAFETY EQUIPMENT	<b>F</b>	AIR BAG	<b>F</b>	AIR BAG SWITCH	<b>E</b>	EJECTION	<b>E</b>	TRAPPED	<b>E</b>	INJURIES
	01 FRONT - LEFT (MC DRIVER)		MOTORIST		1 NOT-DEPLOYED		1 IN ON POSITION		1 NOT EJECTED		1 NOT TRAPPED		1 NO INJURY
	02 FRONT - MIDDLE		01 NONE USED		2 DEPLOYED-FRONT		2 IN OFF POSITION		2 TOTALLY EJECTED		2 EXTRICATED BY		2 POSSIBLE
	03 FRONT - RIGHT		02 SHOULDER BELT ONLY		3 DEPLOYED-SIDE		3 NOT PRESENT		3 PARTIALLY EJECTED		MECHANICAL		3 NON-
	04 SECOND - LEFT (MC PASS)		03 LAP BELT ONLY		4 DEPLOYED BOTH		4 UNKNOWN		4 NOT APPLICABLE		MEANS		4 INCAPACITATED
	05 SECOND - MIDDLE		04 SHOWN (DRIVER) AP. RELY		5 NOT APPLICABLE				5 UNKNOWN		3 FORCED BY		5 FATAL INJURY
	06 SECOND - RIGHT		05 CHILD SAFETY SEAT		6 UNKNOWN						NON-MECHANICAL		6 UNKNOWN
	07 THIRD - LEFT (MC PASSENGER/SIDE CAR)		06 MC HELMET USED								4 UNKNOWN		
	08 THIRD - MIDDLE		07 USE UNKNOWN										
	09 THIRD - RIGHT		NON-MOTORIST										
	10 SLEEPER SECTION OF CAB		08 NONE USED										
	11 ENCLOSED CARGO AREA		09 HELMET USED										
	12 UNCLOSED CARGO AREA		10 PROTECTIVE PADS										
	13 TRAILING UNIT		11 REFLECTIVE CLOTHING										
	14 EXTERIOR		12 LIGHTING										
	15 OTHER		13 OTHER										
	16 NON-MOTORIST		14 UNKNOWN										
	17 UNKNOWN												

Responding officers will use the boxes to check off occupants' seating position, use of safety equipment, air bag deployment, whether the air bag was switched on or off, if occupants were ejected from the vehicle, if anyone was trapped in the vehicle, and the severity of occupant injuries.



## OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT M   D   Y
IN COUNTY OF	ACCIDENT LOCATION	
		
		OFFICERS SIGNATURE

Officers will use the entire space to draw a narrative diagram of the accident if they weren't able to finish it on page 4.

11

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M   D   Y
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Officers will use this space to document statements made by witnesses.

I, \_\_\_\_\_  
(PRINTED)

\_\_\_\_\_  
(OFFICERS NAME)

AT \_\_\_\_\_

\_\_\_\_\_  
(LOCATION)

12

The address, phone number and signature of the witness will be found at the bottom of this page.

ADDRESS  
OF  
WITNESS

PHONE

SIGNATURE  
OF

OFFICERS SIGNATURE