

Unit Number <input type="text"/>	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 <input type="checkbox"/>	Damaged Area 												
Owner Address, City, State, Zip <input type="checkbox"/> Same As Driver			1 - None													
LP State <input type="text"/>	License Plate Number <input type="text"/>	Vehicle Identification Number <input type="text"/>	2 - Minor													
Vehicle Year <input type="text"/>	Vehicle Make <input type="text"/>	Vehicle Model <input type="text"/>	3 - Functional													
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <input type="text"/>	Policy Number <input type="text"/>	4 - Disabling													
Carrier Name, Address, City, State, Zip			9 - Unknown													
Carrier Phone - include area code																
US DOT <input type="text"/>	Vehicle Weight GVWR/GCWR <input type="checkbox"/>	Cargo Body Type <input type="checkbox"/>	Trafficway Description <input type="checkbox"/>													
HM Placard ID No. <input type="text"/>	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	1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway													
HM Class Number <input type="text"/>	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit													
Non-Motorist Location Prior to Impact <input type="checkbox"/>		Type of Use <input type="checkbox"/>	Unit Type <input type="checkbox"/>													
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Passenger Vehicle (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle													
			Med/Heavy Trucks or Combo Units>10k lbs 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													
			Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist													
Special Function <input type="checkbox"/>		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	Most Damaged Area <input type="checkbox"/>													
01 - None 02 - Taxi 03 - Rental Truck (Over 10K Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		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													
99 - Unknown			08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other													
Pre-Crash Actions <input type="checkbox"/>		Motorist		Action <input type="checkbox"/>												
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Secondary <input type="checkbox"/>																
99 - Unknown																
Sequence of Events <input type="text"/>																
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Traffic Control <input type="text"/>			9 - Unknown													
01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone			07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings													
13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported																

Unit Number <input type="text" value="0"/> <input type="text" value="1"/>	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 <input type="checkbox"/>	Damaged Area
Owner Address, City, State, Zip <input type="checkbox"/> Same As Driver				1 - None
LP State <input type="text"/>	License Plate Number <input type="text"/>	Vehicle Identification Number <input type="text"/>	# Occupants <input type="text"/>	
Vehicle Year <input type="text"/>	Vehicle Make <input type="text"/>	Vehicle Model <input type="text"/>	Vehicle Color <input type="text"/>	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <input type="text"/>	Policy Number <input type="text"/>	Towed By <input type="text"/>	
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			21 - Other Non-Motorist Action	
Contributing Circumstances <input type="text"/>	Motorist 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	Non-Motorist 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	
			Vehicle Defects <input type="text"/>	
			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	
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Page of				

OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M D Y
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IN COUNTY OF	CRASH LOCATION
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[Grid area for diagram or narrative continuation]	
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OFFICER'S SIGNATURE X	BADGE NUMBER
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