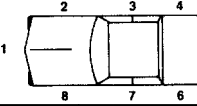
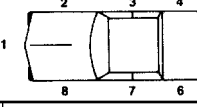
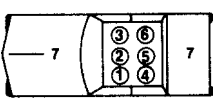
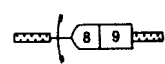


Local Traffic Crash Report

Columbus Division of Police

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 _____ Miles _____ Feet N W E S Of (List Nearest Intersecting Street, Milepost, House No.)										
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							
Occupant Section	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 Restraints A B C D E F 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 Ejection A B C D E F 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					
	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						
		Address	Phone	Sex						
	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							
	Address	Phone	Sex							
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

