

A GUIDE TO READING YOUR OHIO CAR ACCIDENT REPORT

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

LOCAL REPORT NUMBER: _____ REPORTING AGENCY: _____ DATE OF CRASH: _____

CRASH SEVERITY: 1 FATAL, 2 SERIOUS, 3 PDD, 4 UNKNOWN

INJURY INFORMATION: Pay close attention to the boxes on this page devoted to injuries. Near the top, a box marked "Crash Severity" contains space for codes for "Fatal," "Injury," "PDD" and "Unknown." "PDD" means "property damage only." Other boxes on the page also contain space for injury codes. We can help you decipher them.

REPORTING OFFICER: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

DL STATE: _____ DL # _____ LP STATE: _____ LP # _____ INURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

INURED TAKEN TO: _____

OWNER NAME (IF SAME, WRITE "SAME") _____ ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ INSURANCE COMPANY: _____ TOWING SERVICE: _____ OWNER PHONE # _____

VEHICLE EQUIPMENT: SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURES

VEHICLE CONDITION: OVERHAUL, DISCREPANCY

MOTORIST/MOTORIST: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

DL STATE: _____ DL # _____ INURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

INURED TAKEN TO: _____

OWNER NAME (IF SAME, WRITE "SAME") _____ ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ INSURANCE COMPANY: _____ TOWING SERVICE: _____ OWNER PHONE # _____

VEHICLE EQUIPMENT: SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURES

VEHICLE CONDITION: OVERHAUL, DISCREPANCY

OCCUPANT: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

DL STATE: _____ DL # _____ INURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

INURED TAKEN TO: _____

OWNER NAME (IF SAME, WRITE "SAME") _____ ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ INSURANCE COMPANY: _____ TOWING SERVICE: _____ OWNER PHONE # _____

VEHICLE EQUIPMENT: SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURES

VEHICLE CONDITION: OVERHAUL, DISCREPANCY

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TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

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

LOCAL REPORT # _____ OFFICER # _____ REPORTING AGENCY _____ DATE OF CRASH _____

E: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

F: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

G: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

H: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

I: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

J: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

K: NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____

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/SEAT CAR), 08 THIRD - MIDDLE, 09 THIRD - RIGHT, 10 SEATED SECTION OF CAB, 11 ENCLOSED CARGO AREA, 12 UNENCLOSED CARGO AREA, 13 TRAILER LEFT, 14 EXTERIOR, 15 OTHER, 16 NON-REPORT, 17 UNKNOWN

SAFETY EQUIPMENT: 01 NONE USED, 02 SHOULDER BELT ONLY, 03 LAP BELT ONLY, 04 SHOULDER/LAP BELT, 05 CHILD SAFETY SEAT, 06 MC BELT USED, 07 USE UNKNOWN, 08 NON-REPORT, 09 BELT NOT USED, 10 PROTECTIVE PADS, 11 REFLECTIVE CLOTHING, 12 LIGHTS, 13 OTHER, 14 UNKNOWN

AIR BAG: 1 NOT DEPLOYED, 2 DEPLOYED-FRONT, 3 DEPLOYED-SIDE, 4 DEPLOYED-BOTH, 5 NOT APPLICABLE, 6 UNKNOWN

AIR BAG SWITCH: 1 NOT PRESENT, 2 IN ON POSITION, 3 IN OFF POSITION, 4 UNKNOWN

EJECTION: 1 NOT EJECTED, 2 TOTALLY EJECTED, 3 PARTIALLY EJECTED, 4 NOT APPLICABLE, 5 UNKNOWN

TRAPPED: 1 NOT TRAPPED, 2 EXTRICATED BY MEANS, 3 EXTRICATED BY NON-MECHANICAL MEANS, 4 UNKNOWN

INJURES: 1 NO INJURY, 2 POSSIBLE, 3 NON-INCAPACITATING, 4 INCAPACITATING, 5 FATAL INJURY, 6 UNKNOWN

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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER: _____ REPORTING AGENCY: _____ DATE OF ACCIDENT: _____

IN COUNTY OF: _____ ACCIDENT LOCATION: _____

OFFICERS SIGNATURE: _____ BADGE NO. _____

HSY 7002

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER: _____ REPORTING AGENCY: _____ DATE OF CRASH: _____

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, _____ (PRINTED) _____ (LOCATION) _____

AT _____ (OFFICERS NAME) _____ (LOCATION)

WITNESS STATEMENTS

ADDRESS: _____ PHONE: _____

SIGNATURE: _____ OFFICERS SIGNATURE: _____

HSY 7003

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

Diagram section of the report form.

NARRATIVE AND DIAGRAM

This page contains space for a narrative and diagram of your car accident. Carefully review both sections and make sure you agree with the information written down by the investigating police officer. This includes the distances between the vehicles and the angles as drawn on the diagram. Details like this might not seem important but can make a dramatic difference when insurance companies decide how to compensate people injured or involved in the accident.

OCCUPANTS OF THE VEHICLE

This page concerns information about the occupants of the vehicles involved in your auto accident. Note that for each occupant, a box exists marked "Injured Taken By." Pay attention to each occupant's injury taken by none is noted here, that person could have a hard time obtaining compensation for his or her injuries.

DIAGRAM

This page is devoted almost entirely to a large diagram of the accident. Make sure you agree with all the details of the diagram and comments by the investigating police officer. Even seemingly insignificant information like the "date of accident" and "accident location" are important. Make sure you agree with everything on this page.

Diagram section of the report form.

Diagram section of the report form.