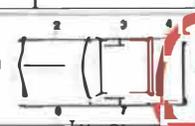
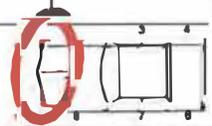


Instructions: Complete only known information. Leave blank anything you are not sure of. An investigator may complete later.

Local Traffic Crash Report
Grove City Division of Police

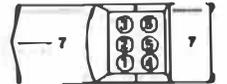
Local Report Number **Leave Blank**

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 1, 2, 3, etc.	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	Name of County	• Within corporate limits of Grove City (if not, file with correct agency)	Date of Crash M D Y
Crash Occurred On	Name of Street, Freeway, or Route		Within The Intersection Of Nearest Intersecting Street
If Not In Intersection Miles Feet W N S E Of (List Nearest Intersecting Street, Milepost, House No)			
A Unit No. 1	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) Driver's Name		Address (No., Street, State, Zip Code) Driver's Home Address	
Phone No. Home #	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 Treller	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. 2	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) Other Driver's Name		Address (No., Street, State, Zip Code) Other Driver's Home Address	
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
C From Unit No.	Name (Last, First, MI) Passengers (if any) Go Here & Below	Birth Date M D Y	Age Position A B C D E F
	Address	Phone	Sex
D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
	Address	Phone	Sex
E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
	Address	Phone	Sex
F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
	Address	Phone	Sex
G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
	Address	Phone	Sex
H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
	Address	Phone	Sex
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
	Address	Phone	Sex
Date Report Filed	Desk Officer's Name & Badge #		
M D			

Driver - Pedestrian - Vehicle Section

Occupant Section

Write #s in Box Above



P-PEDESTRIAN

Write #s in Box Above

- 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

Write #s in Box Above

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Instructions: After completing this report send it to; Grove City Division of Police at 3360 Park St. Grove City, OH 43123
 You may then advise the insurance company your crash report has been filed. Proceed with next steps from the insurance provider.

Local Report Number

Leave Blank

Explain how the accident occurred at the instant of impact...

Example: Unit #1 (your vehicle) was driving southbound on Ohio Ave. and slowed for a red light at E. Main St. Unit #2 was driving southbound on Ohio Ave. behind Unit #1 and struck the rear of Unit #1.

X - Your signature & date here.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		Put # in box	First Harmful Event Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 An gl e	SHOW NORTH WITH ARROW 
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other			One MV In Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other		Put # in box	Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	S. Ohio Ave. E. Main St.
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade				
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway		Put # in box		
Special Area 1 Road Construction/Maintenance Area 2 School Zone				

Type of Unit # 1 A # 2 B		Pre-Crash Actions Appropriate #s → A B		Contributing Factor Appropriate #s → A B			
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle		Bus 16 School Bus 17 Church 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian		Driver Actions 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action		Pedestrian Actions 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking In Road (Pushing/Working on Vehicle In Road) 22 Playing In Road 23 Working On Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle In Road 26 Other in Road 27 On Sidewalk or Shoulder	
Speed Unit Estimated Legal A B		Motorcycle Helmet Use Unit Driver Pass A B		Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Ran Red Light 6 Ran Stop or Yield Sign 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from Parked Position 12 Stopped or Parked Illegally 13 Left of Center 14 Failure to Control 15 Driver Inattention 16 Drove Off Road Reason Unknown 17 Other Driver Error		Non-Driver Factor 18 Vehicle Defects 19 Load Shifting, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Downed Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions	
Speed 1 No Helmet 3 Full Facial Cover		Motorcycle Helmet Use 2 Full Coverage 4 Other Type Helmet		Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material		Vehicle Defects Code If Contributing Factor is 18 Primary A B Secondary A B	
Speed 1 No Helmet 3 Full Facial Cover		Motorcycle Helmet Use 2 Full Coverage 4 Other Type Helmet		Truck Axles A B Tractor Trailer Rigs		Vehicle Defects 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects	