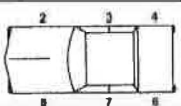
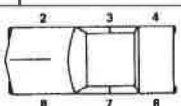
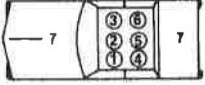
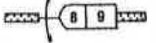


Local Traffic Crash Report

Franklin County Sheriff's Office

Local Report Number _____

Report <input type="checkbox"/> Headquarters Taken <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 _____ (List Nearest Intersecting Street, Milepost, House No.) _____ Miles _____ Feet W N E S O F							
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
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
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)			Birth Date M D Y		Age
Address		Phone			Sex		
Position A B C D E F							
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		
 P-PEDESTRIAN							
F	From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age
Address		Phone			Sex		
Restraints A B C D E F							
G	From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age
Address		Phone			Sex		
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							
H	From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age
Address		Phone			Sex		
Ejection A B C D E F							
I	From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age
Address		Phone			Sex		
1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle							
Date Report Filed M D Y		Desk Officer's Name & Badge # _____					

Driver - Pedestrian - Vehicle Section

Occupant Section

