



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRAH SEVERITY	HIT/SKIP
	1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
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COUNTY *	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRAH DATE *	TIME OF CRAH	DAY OF WEEK
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DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	OR	DECIMAL DEGREES LATITUDE	LONGITUDE
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ² AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
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TRAFFIC CRASH REPORT PROCEDURE MANUAL

<input type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER	<input type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOUT	<input type="checkbox"/> 06 - FIVE-POINT, OR MORE <input type="checkbox"/> 07 - ON RAMP <input type="checkbox"/> 08 - OFF RAMP <input type="checkbox"/> 09 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS	<input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED-USE PATHS OR TRAILS <input type="checkbox"/> 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	<input type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE	<input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY <input type="checkbox"/> 9 - UNKNOWN
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ROAD CONTOUR <input type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL	<input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/>	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN
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MANNER OF CRAH COLLISION/IMPACT <input type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR	<input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION	<input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - UNKNOWN	WEATHER <input type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE	<input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW	<input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - OTHER/UNKNOWN
---	--	--	---	--	---

ROAD SURFACE <input type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK	<input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 6 - OTHER	LIGHT CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/>	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY	5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	9 - UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED	<input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN	4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRAH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA	4 - ACTIVITY AREA 5 - TERMINATION AREA
--	---	--	--	--	---

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

REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRAH REPORTED	TIME CRAH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE OF					

- Administration
- Bureau of Motor Vehicles
- Emergency Management Agency
- Emergency Medical Services
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio Investigative Unit
- Ohio State Highway Patrol

1970 West Broad Street
P.O. Box 182081
Columbus, Ohio 43218-2081
(614) 466-3383
www.publicsafety.ohio.gov

October 13, 2011

Law Enforcement Partner:

As a result of the hard work of many different jurisdictions and safety partners working together to save lives, Ohio has seen near-historic lows of traffic fatalities on our roads the last few years. As we look to continue this trend, it is more important than ever that we receive timely, accurate information regarding crashes.

The Ohio Department of Public Safety (ODPS) has completed an updated version of the OH-1 — Ohio's statewide uniform crash report form. The new version of the form contains additional data fields, an improved layout and a new design that will ultimately ease the transition to electronic data capture for every Ohio law enforcement agency. Furthermore, this new version will bring Ohio into compliance with the current edition of Model Minimum Uniform Crash Criteria standards — a program funded by the National Highway Traffic Safety Administration, managed jointly with the Governor's Highway Safety Administration.

The new OH-1 will be available for use beginning January 1, 2012. At that time, agencies may begin submitting paper and electronic crash reports using the new OH-1 form. Crash report submissions using the old form will be accepted through the end of 2012; however, agencies are encouraged to transition to the new form as soon as possible. As of January 1, 2013, only the new OH-1 form will be accepted by ODPS. There are numerous advantages to using this new form, including:

- The forms will provide you with a blueprint for conducting your investigation and they assist our department in compiling statistics;
- You and your department will have a record that can be used in civil or criminal proceedings, weeks, months or even years later;
- The data from your report will provide precise information on location, road conditions, weather conditions, signs, signals, pavement and markings, vehicle sizes and mode - data which will be used by engineers to remove hazards and design safer roadways and vehicles for the future; and
- Your office, this department and many others concerned about highway safety will be using the statistics generated for educational efforts, and enlisting help from the media to pinpoint and further inform the driving public of the serious problems being encountered on Ohio's roads.

A sample (pdf) version of the new OH-1, a user instruction manual and crash data manual for IT developers are now available on the ODPS website:

http://ohiohighwaysafetyoffice.ohio.gov/otso_law_enforcement_info.stm

We appreciate your continued support and cooperation and look forward to working with you as we all strive to make Ohio's roads as safe as possible.

Sincerely,



Thomas P. Charles, Director
Ohio Department of Public Safety

Mission Statement

"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."

An Equal Opportunity Employer

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TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY 1 - FATAL 2 - INJURY 3 - PDO	HIT/SKIP 1 - SOLVED 2 - UNSOLVED
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LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY			

COUNTY *	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
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DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
---	-----------	-----------------------------	-----------

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ² AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
--	--	----------------------	---

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
-----------------------	-----------------------	--------------------	--------------------	----------------------	--

DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N,S,E,W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
--	----------------------	------------------------	------------------------	--------------------	--	-----------------------

REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
---	--	---	--	---	--

ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
--	--	--

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
---	---	---

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

REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE OF					

1 Local Report Number*

LOCAL REPORT NUMBER *												

Enter the unique identifier within a given year that identifies a crash within the agency. The local report number is recorded on every page of the crash report and all associated reports (i.e., OH-2, OH-3, OH-1 P, etc.). Complete from left to right.

2 Crash Severity

CRASH SEVERITY	
<input type="checkbox"/>	1 - FATAL
<input type="checkbox"/>	2 - INJURY
<input type="checkbox"/>	3 - PDO

Enter corresponding number for most severe injury. In the absence of reported injury, indicate property damage only (PDO). Record possible injuries as, #2 – Injury. In the absence of a **reported** injury, carry the crash as property damage only. In the case of a hit/skip crash, assume the hit/skip driver was not injured unless there is evidence to the contrary.

3 Hit/Skip

HIT/SKIP	
<input type="checkbox"/>	1 - SOLVED
<input type="checkbox"/>	2 - UNSOLVED

Enter whether a Hit/Skip crash is Solved or Unsolved. Boxes that may be left blank for the Hit/Skip Unit are:

Traffic Crash Report — PDO Under State Reportable Dollar Amount; School Bus Related; Work Zone Related.

Unit — Owner Name, Phone and Address; LP State; License Plate Number; Vehicle Identification Number; Vehicle Year, Make, Model and Color; Proof of Insurance Shown; Insurance Company; Policy Number; Towed By; Carrier Name, Address, City, State, Zip, Phone; US DOT; Vehicle Weight GVWR/GCWR; HM Placard ID No.; HM Class Number; Has HM Placard; Non-Motorist Location Prior to Impact; Type of Use; In Emergency Response; Special Function; Vehicle Defects; Unit Speed.

Motorist/Non-Motorist/Occupant — Name; Date of Birth; Age; Gender; Address; EMS Agency; Medical Facility Injured Taken To; DOT Compliant Motorcycle Helmet; Ejection; Trapped; OL State; Operator License Number; OL Class; No Valid OL; M/C End.; Condition; Alcohol Test Value; Offense Charged; Offense Description; Citation Number; Hands-Free Device Used.

Other boxes should be completed with the number designating “Unknown” for the specific data requested.

4 Local Information

LOCAL INFORMATION

Local Information is an optional area used by the reporting agency for its use.

5 Associated Documentation

<input type="checkbox"/>	PHOTOS TAKEN		
<input type="checkbox"/>	OH-2	<input type="checkbox"/>	OH-1P
<input type="checkbox"/>	OH-3	<input type="checkbox"/>	OTHER

“X” boxes for any associated documentation.

- Photos taken include photos taken of the scene, vehicles or the people involved. Do not send photos to Ohio Department of Public Safety, file photos locally.
- The OH-1U (Unit page) and OH-1M (Motorist/Non-Motorist/Occupant page) are considered part of the OH-1 itself. Do not “X” the “Other” box for an OH-1U or OH-1M.
- Send the OH-3 to the Ohio Department of Public Safety for fatal crashes only.

6 PDO Under State Reportable Dollar Amount

<input type="checkbox"/>	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT
--------------------------	---

“X” if there is no reported injury or fatality AND there is less than \$1000 in property damage. If this box is checked, DO NOT SEND THE OH1 TO ODPS.

7 Private Property

<input type="checkbox"/> PRIVATE PROPERTY
--

“X” to indicate a private property crash only if all the events in the sequence of events occur on private property. If this box is checked, DO NOT SEND THE OH1 TO ODPS (except in the case of a fatal crash). Leave blank if not on private property.

If, during the sequence of events, any event occurs on the roadway, then it would not qualify as a private property crash, e.g., a car loses control, goes off the right side of the roadway and strikes a house. Although the first harmful event was striking the house on private property, the unit was on the roadway when it lost control. A crash qualifies as private property if:

- The entire sequence of events occurs on private property. So, when a unit did not lose control, and is pulling or has pulled onto private property, and the vehicle strikes something or someone on that private property – this is to be considered a private property crash.
- The issue is that the vehicle was still under control until the vehicle was actually on private property.
- However; according to ANSI 2.2.2, the space between the roadway and the far side of the sidewalk would be considered part of the trafficway and not private property.

8 Reporting Agency NCIC*

REPORTING AGENCY NCIC *					
<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					

Enter the N.C.I.C. agency identifier for the reporting agency. Drop the “OH” at the beginning and the last two digits of the agency’s assigned N.C.I.C. identifier. Examples: CIP00, 03107, OHP76, 00501 (OH0290300 is recorded as 02903). Be sure N.C.I.C. is 5 characters in length. Do not leave off leading zeros. NOTE: if you do not have an N.C.I.C. agency identifier, contact LEADS at 1-800-589-2077.

9 Reporting Agency Name*

REPORTING AGENCY NAME *

Enter the name of the agency completing the crash report. Examples: Findlay PD, Knox County SO, Perry Twp. PD. Do not use abbreviations such as FPD, KCSO, and PTPD.

10 Number of Units

NUMBER OF UNITS		
<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>		

Enter the actual number of motor vehicles and non-motorists involved in the crash. Animals with riders and animals pulling a buggy, etc., are to be included, but animals such as deer should not be counted as units, nor should fixed objects struck (tree, mailbox, trailers without a power unit, etc.). This should be the total number of units involved (e.g., 01, 02, 03, etc.).

11 Unit in Error

UNIT IN ERROR		
<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>		
98 - ANIMAL		
99 - UNKNOWN		

Enter the unit number of the motorist/non-motorist which had the most causative bearing on the crash.

- Enter “98” for animals (deer, dog, cow, etc.).
- Enter “99” if unknown/undetermined.

12 County*

COUNTY *		
<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>		

Enter the county where the crash (first event in the sequence of events – NOT the first harmful event) occurred, using the two digit county code. See Appendix A for list of County Codes.

13 City, Village, Township*

<input type="checkbox"/>	CITY *
<input type="checkbox"/>	VILLAGE *
<input type="checkbox"/>	TOWNSHIP *

“X” where the crash occurred based on the location of the first event in the sequence of events, NOT the first harmful event.

Example: A car goes off the right side of the road in Goshen Township, and then hits a tree in the City of Mechanicsburg. The car going off the right side of the road in Goshen Township would be the first event in the sequence of events. The first harmful event would be the car hitting the tree in the City of Mechanicsburg. The crash location would be the car going off the right side of the road in Goshen Township, NOT where the tree was struck in the City of Mechanicsburg.

14 Name of City, Village, Township*

CITY, VILLAGE, TOWNSHIP *

Enter the name of the political subdivision where crash occurred, based on the location of the first event in the sequence of events, NOT the first harmful event. Examples: (City) Cincinnati, (Village) Mariemont, (Township) Union.

15 Crash Date*

CRASH DATE *

Enter numerical date on which the crash occurred in the following format: MMDDYYYY Example: August 14, 2012, is recorded as 08142012.

If the exact date is unknown, determine the time frame for the crash. Enter the first date of the time frame in this box and enter the entire time frame in the narrative. Example: A hit-skip occurred between 2030 hours on January 23, 2012, and 0715 hours on January 24, 2012. Enter “01232012” in Crash Date and enter the time frame in the narrative.

16 Time of Crash

TIME OF CRASH

Enter time of the crash using military (2400 clock) time. Examples: 8:20 A.M. enter as 0820; 8:05 P.M. enter as 2005. Enter midnight as 0000.

If the exact time is unknown, determine the time frame for the crash. Enter the first time of the time frame in this box and enter the entire time frame in the narrative. Example: A hit-skip occurred between 1630 - 1800 hours on March 3, 2012. Enter “1630” in Time of Crash and enter the time frame in the narrative.

17 Day of Week

DAY OF WEEK

Enter day of week the crash occurred using the first three characters. Examples: MON, TUE, WED.

18 Latitude/Longitude

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	OR	DECIMAL DEGREES LATITUDE	LONGITUDE

Required for all crashes. This area is completed in cooperation with Global Positioning Systems (GPS). GPS coordinates may be obtained from several Internet sites. Enter without regard to + or – numbers.

Areas are identified either in Degrees (DD), Minutes (MM), Seconds and decimal seconds (SS.SS): (Latitude) 52:54:54.12, (Longitude) 85:54:45.21 OR in Decimal Degrees (DD.DDDDD): (Latitude) 52.915033 (Longitude) 85.91253.

19 Roadway Division

ROADWAY DIVISION	
<input type="checkbox"/>	DIVIDED
<input type="checkbox"/>	UNDIVIDED

“X” if the Roadway is Divided or Undivided. A divided roadway is one on which roadways for travel in opposite directions are separated by a median. Median includes physical barrier, depressed or raised area, or painted area four or more feet wide. Median does not include a turn lane or a continuous turn lane. A median is defined from inside painted edge line to inside painted edge line.

20 Divided Lane Direction of Travel

DIVIDED LANE DIRECTION OF TRAVEL			
<input type="checkbox"/>	N - NORTHBOUND	E - EASTBOUND	
<input type="checkbox"/>	S - SOUTHBOUND	W - WESTBOUND	

On a divided roadway, indicate the direction of travel for lanes on which the crash occurred. Leave blank if crash did not occur on a divided roadway as specified in box “Roadway Division”. This box is intended to reflect the general direction that the roadway travels over its entire length. Example: IR70 is generally an east/west route even though there are small segments of the roadway that are actually oriented north/south. Therefore, vehicles traveling in the westbound lanes on IR70 would be specified as “W”.

For ambiguous routes such as IR270 or IR275, indicate the general compass direction of travel for the lanes where the crash occurred. Example: Vehicles going westbound on IR270 would be specified as “W”.

21 Number of Thru Lanes

NUMBER OF THRU LANES	
<input type="text"/>	<input type="text"/>

Enter the number of “thru driving lanes only.” Do not include designated turn lanes. For example, if you were to go straight in the lane you are in, thru an intersection with no turns, and not risk running into oncoming traffic, then that would be a thru lane. Total number of thru lanes in the roadway on which the crash occurred.

In the case of a T-Intersection, when the crash occurs while turning off the T road, use the number of thru lanes on the receiving roadway. When a crash occurs on the T road, use the number of thru lanes on the roadway prior to the establishment of the “turn only” lanes.

- For undivided highways, enter the total thru lanes in both directions, excluding designated turn lanes.
- For divided highways, enter the total thru lanes for the roadway on which the crash occurred. Do not include the lanes on the other side of the divider/median for a divided highway.

LOCATION INFORMATION

- Fields 22-26 are used for describing the roadway on which the crash occurred.
- Fields 22-23 are used if the roadway has a route number, fields 24-26 are used if the roadway has a name.
- Complete the location information on all crashes including animal and deer crashes.
- Both boxes may be completed for a route that has a number and a name. The route number must be used if available.

22 Location Route Type¹

LOCATION ROUTE TYPE ¹	ROUTE TYPES ¹	
	IR - INTERSTATE ROUTE (INC. TURNPIKE)	CR - NUMBERED COUNTY ROUTE
	US - US ROUTE	TR - NUMBERED TOWNSHIP ROUTE
	SR - STATE ROUTE	

Enter the Route Type if the road on which the crash occurred is identified as a route.

23 Location Route Number

LOCATION ROUTE NUMBER

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Enter the route number and suffix, if applicable, on which the crash actually occurred. Example: US 20 Alternate would be shown as 20A, not 20. Do not include directions (N, S, E or W).

When a crash occurs within an intersection, this field is determined by using the highest priority route in the following Route Type order: IR, US, SR, CR, TR. If the intersection routes have the same Route Type, then the lowest numbered route has priority. If it is an intersection between a route number and a road name, the route number has priority. Examples:

- for US 40 and CR 10, US 40 is priority and CR 10 is secondary,
- for US 40 and US 23, US 23 is priority and US 40 is secondary,
- for US 40 and Hague Ave, US 40 is priority and Hague is secondary.

NOTE: This is not a zero fill box. Start at left box and work to right. Enter 45, not 00045, for SR 45.

24 Loc. Prefix

LOC PREFIX

	N,S, E,W
--	-------------

N = North S = South E = East W = West

Enter the prefix for the Location Road Name if the road is designated as north/south or east/west. Examples: W for West Broad Street, E for East Broad Street or E for East North Broadway. Leave blank if no designation.

25 Location Road Name

LOCATION ROAD NAME

Enter the name of the road on which the crash occurred, such as Main. For crashes that occur in an unnamed alley, record the parallel street name closest to the alley. Mark "AL" in the Location Road Type².

26 Location Road Type²

		LOCATION ROAD TYPE ²
--	--	---------------------------------------

ROAD TYPES OR MILEPOST ²						
AL - ALLEY	CR - CIRCLE	HE - HEIGHTS	MP - MILEPOST	PL - PLACE	ST - STREET	WA - WAY
AV - AVENUE	CT - COURT	HW - HIGHWAY	PK - PARKWAY	RD - ROAD	TE - TERRACE	
BL - BOULEVARD	DR - DRIVE	LA - LANE	PI - PIKE	SQ - SQUARE	TL - TRAIL	

Enter the Road Type if a Location Road Name was entered.

27 Distance from Reference

	DISTANCE FROM REFERENCE
	MILES
	FEET
	YARDS

Enter the distance from the Reference Point used and "X" the box with the appropriate unit of measure. Leave blank if the value is zero. Do not use more than three spaces. If the number is greater than 999, change to the next higher unit of measure. If this box is completed, then the "Direction from Reference" box (#28) must also be completed.

28 Dir From Ref

	DIR FROM REF
	N,S, E,W

N = North S = South E = East W = West

Enter the direction the crash is from the reference point used, whether a route number and/or road name, house number, or milepost number. This is the direction the crash is from the given reference. Example: The crash happens on High St., 45 feet south of E. Main St. Record "S" in this field. In the "Distance from Reference" box, record "45" and "X" the "Feet" box. This field must be completed if, and only if, there is an entry in the "Distance from Reference" box.

34 Reference Point Used

REFERENCE POINT USED	
<input type="checkbox"/>	1 - INTERSECTION
<input type="checkbox"/>	2 - MILE POST
<input type="checkbox"/>	3 - HOUSE NUMBER

Select the corresponding value for the reference being used to locate where the crash occurred.

35 Crash Location

CRASH LOCATION			
<input type="checkbox"/>	01 - NOT AN INTERSECTION	06 - FIVE-POINT, OR MORE	11 - RAILWAY GRADE CROSSING
<input type="checkbox"/>	02 - FOUR-WAY INTERSECTION	07 - ON RAMP	12 - SHARED-USE PATHS OR TRAILS
<input type="checkbox"/>	03 - T-INTERSECTION	08 - OFF RAMP	99 - UNKNOWN
<input type="checkbox"/>	04 - Y-INTERSECTION	09 - CROSSOVER	
<input type="checkbox"/>	05 - TRAFFIC CIRCLE/ROUNDBOUT	10 - DRIVEWAY/ALLEY ACCESS	

Enter the type of location that best describes where the first event of the crash occurred. Do not leave blank. “On Ramp” and “Off Ramp” locations are directly related to what was coded as the “Location Route Number”. For a crash identified as “on” IR70 in the Location Route Number field, then the on/off would be in relation to that route number.

Example 1: On IR70 with reference of IR270, where the crash occurred getting off IR70 onto IR270, the crash location would be “Off Ramp”.

Example 2: On IR70 with reference of IR270, where the crash occurred getting on IR70 from IR270, the crash location would be “On Ramp”.

36 Intersection Related

<input type="checkbox"/>	INTERSECTION RELATED
--------------------------	----------------------

“X” if this crash is intersection related. A traffic crash that: 1) occurs within, on an approach to, or exit from an intersection and 2) results from an activity, behavior or control related to the movement of traffic units through the intersection, is considered an intersection related crash. Example: If five cars are stopped in a line at a stop sign and the fifth vehicle is struck in the rear by another vehicle, the crash would be intersection related because it occurred on the approach to an intersection and resulted from the activity of the units related to the movement through the intersection.

- If traffic is backed up as a result of a traffic control device at the intersection and the vehicles are involved in a crash as a result of that traffic control device, it would meet the definition of an intersection related crash.
- If a crash occurs in an intersection and involves an animal, it is not intersection related unless the other criteria apply.
- There is no maximum distance from the intersection that would exclude the crash from being intersection related.

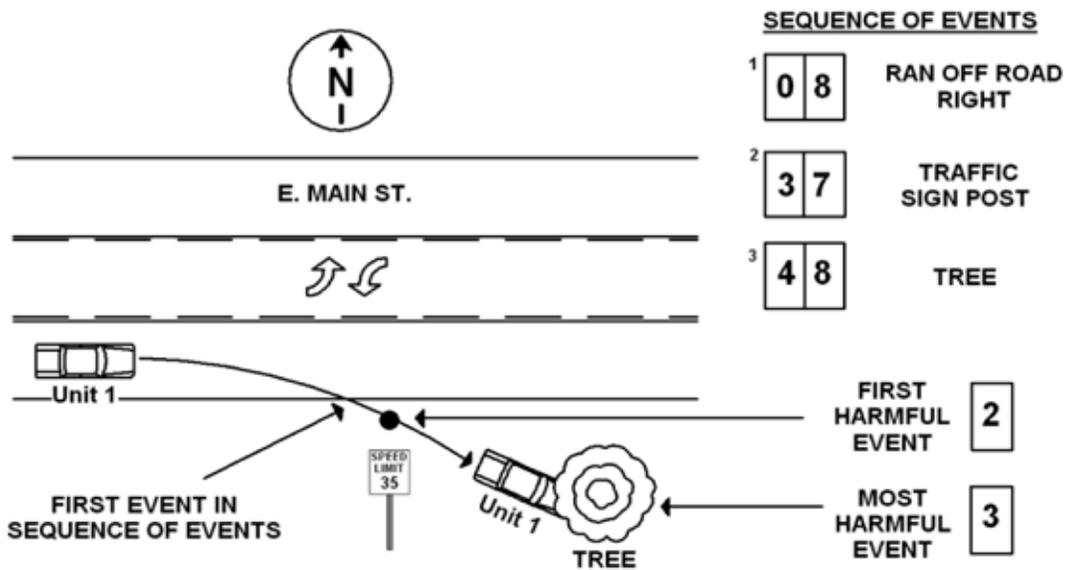
37 Location of First Harmful Event

LOCATION OF FIRST HARMFUL EVENT	
<input type="text"/>	1 - ON ROADWAY 5 - ON GORE
<input type="text"/>	2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY
<input type="text"/>	3 - IN MEDIAN 9 - UNKNOWN
<input type="text"/>	4 - ON ROADSIDE

Enter the location of the first harmful event for the crash as it relates to its position within or outside the trafficway. See Roadway Breakdown & Gore Diagrams in Appendix F for more information if necessary.

The first harmful event is defined as that place where the first fatality, personal injury, or property damage occurs. Example: if a car goes off the right side of the roadway and strikes a traffic sign post, striking the traffic sign post would be the first harmful event. Leaving the roadway would be the first event in the sequence. The location of the first harmful event would be #4, On Roadside.

Example of Sequence of Events, First Harmful Event and Most Harmful Event



38 Road Contour

ROAD CONTOUR	
<input type="text"/>	1 - STRAIGHT LEVEL 4 - CURVE GRADE
<input type="text"/>	2 - STRAIGHT GRADE 9 - UNKNOWN
<input type="text"/>	3 - CURVE LEVEL

Enter alignment and grade characteristics that best describe the roadway at the location of the first event.

39 Road Conditions

ROAD CONDITIONS		01 - DRY	05 - SAND, MUD, DIRT, OIL, GRAVEL	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
PRIMARY	SECONDARY	02 - WET	06 - WATER (STANDING, MOVING)	10 - OTHER
<input type="text"/>	<input type="text"/>	03 - SNOW	07 - SLUSH	99 - UNKNOWN
<input type="text"/>	<input type="text"/>	04 - ICE	08 - DEBRIS*	

* SECONDARY CONDITION ONLY

Enter the roadway surface condition at the location of the first event.

- PRIMARY = Overall road surface condition.
- SECONDARY = Additional road condition associated with the crash location. “Debris” and “Rut, Holes, Bumps, and Uneven Pavement” are secondary conditions ONLY and cannot be used as primary conditions. Secondary conditions can be blank. Secondary conditions cannot be the same as primary.

40 Manner of Crash Collision/Impact

MANNER OF CRASH COLLISION/IMPACT			
<input type="checkbox"/>	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	2 - REAR-END	3 - HEAD-ON
		4 - REAR-TO-REAR	5 - BACKING
		6 - ANGLE	7 - SIDESWIPE, SAME DIRECTION
			8 - SIDESWIPE, OPPOSITE DIRECTION
			9 - UNKNOWN

Enter the manner in which two motor vehicles in transport initially came together without regard to the direction of force.

Unless there are at least two motor vehicles in transport involved in the crash, the manner of collision will be “1” – not a collision between two motor vehicles in transport. If a motor vehicle in transport strikes a parked vehicle, the manner of collision will be “1”. If a motor vehicle in transport strikes a pedestrian or a person on a bicycle and does not strike another motor vehicle in transport, the manner of collision will also be “1”.

41 Weather

WEATHER			
<input type="checkbox"/>	1 - CLEAR	2 - CLOUDY	3 - FOG, SMOG, SMOKE
	4 - RAIN	5 - SLEET, HAIL	6 - SNOW
	7 - SEVERE CROSSWINDS	8 - BLOWING SAND, SOIL, DIRT, SNOW	9 - OTHER/UNKNOWN

Enter the prevailing atmospheric conditions that existed at the time of the crash.

42 Road Surface

ROAD SURFACE	
<input type="checkbox"/>	1 - CONCRETE
	2 - BLACKTOP, BITUMINOUS, ASPHALT
	3 - BRICK/BLOCK
	4 - SLAG, GRAVEL, STONE
	5 - DIRT
	6 - OTHER

Enter the physical type of road surface at the location of the first event. If the crash involves two separate roadways, use the roadway that may have contributed to the crash. Example: a car slides on a gravel road through a stop sign and strikes another vehicle. Had the sliding car been on asphalt it may have been able to avoid the impact. Use “04”-Slag, Gravel, Stone, otherwise, use the surface at impact.

43 Light Conditions

LIGHT CONDITIONS			
<input type="checkbox"/>	PRIMARY	<input type="checkbox"/>	SECONDARY
			1 - DAYLIGHT
			2 - DAWN
			3 - DUSK
			4 - DARK - LIGHTED ROADWAY
			5 - DARK - ROADWAY NOT LIGHTED
			6 - DARK - UNKNOWN ROADWAY LIGHTING
			7 - GLARE*
			8 - OTHER
			9 - UNKNOWN
* SECONDARY CONDITION ONLY			

Enter lighting conditions at the time of the crash.

- SECONDARY = Additional light conditions. Glare can ONLY be used as a secondary condition. Secondary conditions can be blank. Secondary conditions cannot be the same as primary.

44 School Zone Related

<input type="checkbox"/>	SCHOOL ZONE RELATED
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“X” if the crash occurred within an active school zone. Active School Zone means during school recess and while children are going to or leaving school during the opening or closing hours.

45 School Bus Related

SCHOOL BUS RELATED	
<input type="checkbox"/>	YES, SCHOOL BUS DIRECTLY INVOLVED
<input type="checkbox"/>	YES, SCHOOL BUS INDIRECTLY INVOLVED

“X” if a School Bus was directly or indirectly involved. A school bus is a motor vehicle used for the transportation of any school pupil at or below the 12th grade level, to or from a public or private school, or school-related activity. A motor vehicle is not a school bus while on trips which involve the transportation exclusively of other passengers or exclusively for other purposes. A motor vehicle is a school bus only if it is externally identifiable by all of the following characteristics:

- 1) Its color is yellow (School Bus Chrome).
- 2) The words “SCHOOL BUS” must appear on the front and rear.
- 3) Flashing red lights are located on the front and rear (without regard to whether or not the lights were on at the time of the crash).
- 4) Lettering on the bus identifies the school or school district, or the company operating the bus.

46 Work Zone Related/Workers Present/Law Enforcement in Work Zone

<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT
	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

“X” if any boxes apply to crash location. Boxes left blank default to “NO”. If the first box is checked “Yes”, Workers Present and Law Enforcement information must also be completed, if applicable.

If the first box is checked “Yes”, #47-Type of Work Zone and #48-Location of Crash in Work Zone must be completed. These boxes are used for a crash that occurs in, or related to, a construction, maintenance, or utility work zone area, whether or not workers were actually present at the time of the crash. “Work zone-related” crashes may also include those involving motor vehicles slowed or stopped because of the work zone, even if the first harmful event occurred before the first warning sign.

A Work Zone Crash is a traffic crash in which the first harmful event occurs within the boundaries of a work zone or on an approach to or exit from a work zone, resulting from an activity, behavior or control related to the movement of the traffic units through the work zone. Includes collision and non-collision crashes occurring within the signs or markings indicating a work zone or occurring on approach to, exiting from or adjacent to work zones that are related to the work zone. Examples:

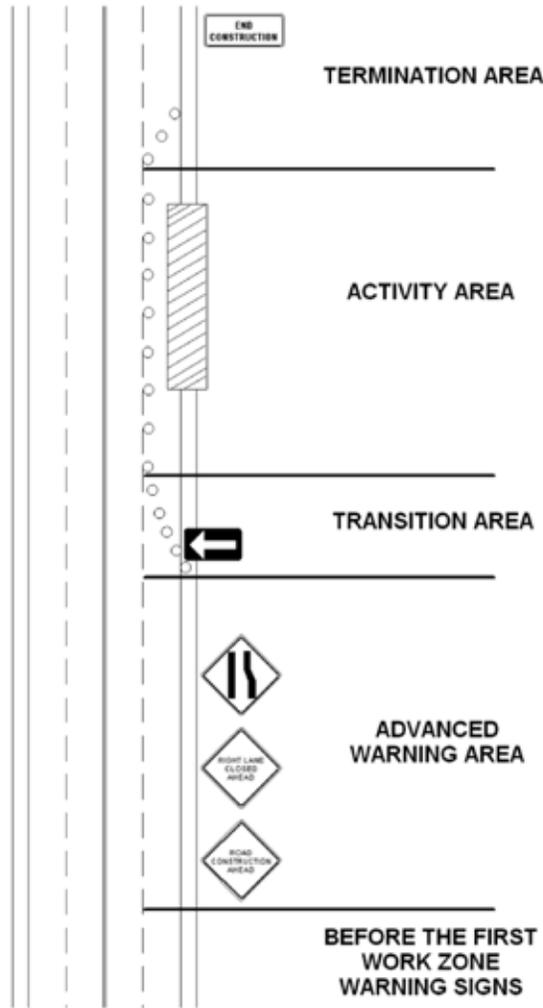
- 1) An automobile on the roadway loses control within a work zone due to a shift or reduction in the travel lanes and crashes into another vehicle in the work zone.
- 2) A van in an open travel lane strikes a highway worker in the work zone.
- 3) A highway construction vehicle working on the edge of the roadway is struck by a motor vehicle in transport in a construction zone.
- 4) a rear-end collision crash occurs before the signs or markings indicating a work zone due to vehicles slowing or stopped on the roadway because of the work zone activity.
- 5) A pickup in transport loses control in an open travel lane within a work zone due to a shift or reduction in the travel lanes and crashes into another vehicle which exited the work zone.
- 6) A tractor-trailer approaching an intersection where the other roadway has a work zone strikes a pedestrian outside the work zone because of lack of visibility caused by the work zone equipment.

PAGE 1 – CRASH

Excludes crashes involving, or between, *only* work zone vehicles, equipment, and/or work zone pedestrians, when the crash occurred within the restricted work zone area, and as a result of normal work zone job functions. Examples:

- 1) A highway maintenance truck strikes a highway worker inside the work site.
- 2) A utility worker repairing the electrical lines over the trafficway falls from the bucket of a cherry picker.

For a larger version of the work zone, refer to Appendix C.



47 Type of Work Zone

TYPE OF WORK ZONE	
<input type="checkbox"/>	1 - LANE CLOSURE
<input type="checkbox"/>	2 - LANE SHIFT/CROSSOVER
<input type="checkbox"/>	3 - WORK ON SHOULDER OR MEDIAN
<input type="checkbox"/>	4 - INTERMITTENT OR MOVING WORK
<input type="checkbox"/>	5 - OTHER

If the crash is a work zone related crash, indicate work zone type. Leave blank if not in a work zone.

48 Location of Crash in Work Zone

LOCATION OF CRASH IN WORK ZONE	
<input type="checkbox"/>	1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
<input type="checkbox"/>	2 - ADVANCE WARNING AREA
<input type="checkbox"/>	3 - TRANSITION AREA
<input type="checkbox"/>	4 - ACTIVITY AREA
<input type="checkbox"/>	5 - TERMINATION AREA

If work zone related crash, indicate the location of the crash in relation to the work zone. See Work Zone Related/Workers Present/Law Enforcement in Work Zone.

49 Narrative

NARRATIVE

DO NOT include social security numbers in the narrative. Print a brief and concise view of the crash, explaining how and why the crash happened in simple, easy-to-understand English. Refer to units by number and be sure the narrative corresponds to the codes recorded in other fields and the crash diagram. Do not use the narrative as a place to write a statement of facts for court. If, as the investigating officer, you are able to determine how the crash occurred, even if you can't prove fault, then put your opinion as to how the crash occurred.

NOTE: If the drivers' statements conflict and the evidence is insufficient to determine how the crash occurred, write a brief synopsis of each driver's statement. Example: Unit #1 stated....., Unit #2 stated.....

Example of a poorly written statement taken from an actual report: "Unit #1 was going south on Court St. the light changed from red to green and Unit #2 turned from East Main onto Court St. and sideswiped Unit #1. Unit #1 then followed Unit #2 to get license number."

Questions left unanswered:

- 1) For which unit did the light change from red to green?
- 2) Was Unit #2 eastbound or westbound on East Main Street?
- 3) Who contributed to the crash?

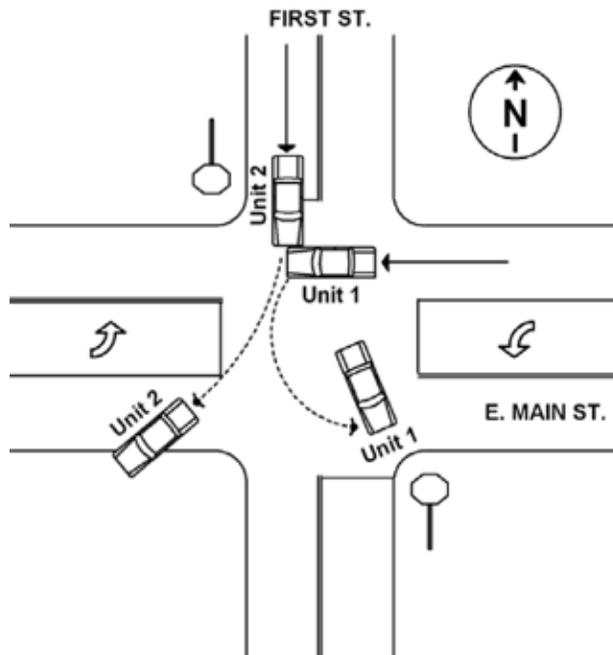
If submitting electronically, append all new information to the end of the current narrative before submitting new complete narrative. DO NOT DELETE THE FIRST NARRATIVE THAT WAS SUBMITTED.

50 Diagram

A diagram should be made on all crashes, except for animal crashes where no injuries are reported. If the only diagram for the crash is found on an OH-2, write "See OH-2" in the diagram area and include the OH-2 in the crash submission to ODPS.

A diagram is a picture of what the investigating officer believes happened based on the information available. It is not what the scene looked like upon arrival, nor does it matter if all the vehicles had been moved prior to the officer's arrival. Each unit should be shown in its position at each harmful event and at the position of their uncontrolled final rest.

- Indicate north by writing an "N" on the compass within the diagram.
- Refer to units by number. Label streets and other physical features necessary to explain the crash.
- Do not show multiple pictures of the same unit to indicate direction of travel.
- Use a solid line to show the direction of the vehicle prior to the first harmful event.
- Use a dotted line to show the direction of the vehicle after the first harmful event to final rest.



51 Report Taken By

REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST

"X" the appropriate box to indicate by whom the report was completed.

52 Supplement

<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

"X" if this report is being used for a correction or addition to a report previously sent to ODPS. Data that might be supplemented would be: results from a chemical test for drugs; a person's injury status; a hit skip crash was solved after the OH1 was forwarded to ODPS; errors were found after the crash was submitted; or any data that would be changed if the OH1 had not yet been sent. With the exception of the boxes with the "*", only complete the boxes that need changed. Put the new information in the box(es) and make a note at the end of the Narrative section advising what data was changed. **Do not delete what was originally provided in the Narrative.**

Do not mark supplement just to indicate that OH2s and/or OH3s were done at the scene.

Complete all boxes with an "*" for a supplement. Those boxes are: Local Report #; NCIC #; Reporting Agency; Date of Crash; City, Village, Twp.; Name (of City, Village or Township) and County #.

Forward all pages of the report to ODPS.

53 Date Crash Reported

DATE CRASH REPORTED _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Enter numerical date on which the crash was reported to the agency in the following format: MMDDYYYY. Example: August 14, 2012, would be recorded as 08142012.

54 Time Crash Reported

TIME CRASH REPORTED _ _ _ _ _

Enter time the crash was reported to the agency using military (2400 clock) time. Examples: 8:00 A.M. enter as 0800; 08:00 P.M. enter as 2000.

55 Dispatch Time

DISPATCH TIME _ _ _ _ _

Using military time, enter time law enforcement was dispatched to the crash scene. Examples: 8:05 A.M. enter as 0805; 8:05 P.M. enter as 2005.

56 Arrival Time

ARRIVAL TIME _ _ _ _ _

Using military time, enter the time the first law enforcement officer arrived at the crash scene. Examples: 8:00 A.M. enter as 0800; 8:05 P.M. enter as 2005.

57 Time Cleared

TIME CLEARED _ _ _ _ _

Using military time, enter the time the investigating officer left the crash scene. Examples: 8:00 A.M. enter as 0800; 8:00 P.M. enter as 2000.

58 Other Investigation Time

OTHER INVESTIGATION TIME

Enter actual number of minutes required to complete the crash investigation/report after leaving the crash scene. This would include additional time at a hospital, interviews, and/or notifications.

59 Total Minutes

TOTAL MINUTES

Enter the total number of minutes required to complete the crash investigation from the time law enforcement arrived at scene until all follow up investigations are complete. Fill blocks from left to right. Example:

Arrived time: 1700

Cleared scene: 1800

Other investigation = 35 Minutes

95 Minutes

60 Officer's Name

OFFICER'S NAME *

Enter reporting officer's name. **Print legibly. Does not require a signature.**

61 Officer's Badge Number

OFFICER'S BADGE NUMBER

Enter reporting officer's identification number assigned by his/her law enforcement agency.

62 Checked By

CHECKED BY

Enter name, initials or badge number of person checking the report for completeness, accuracy and legibility. **Print legibly. Does not require a signature.**

63 Page of

PAGE OF

THIS BOX IS FOR LOCAL LAW ENFORCEMENT USE ONLY.

UNIT NUMBER		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		DAMAGED AREA			
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		LP STATE		LICENSE PLATE NUMBER		VEHICLE IDENTIFICATION NUMBER		# OCCUPANTS			
VEHICLE YEAR		VEHICLE MAKE		VEHICLE MODEL		VEHICLE COLOR					
<input type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY		POLICY NUMBER		TOWED BY					
CARRIER NAME, ADDRESS, CITY, STATE, ZIP		CARRIER PHONE- INCLUDE AREA CODE		1 - NONE		2 - MINOR					
US DOT		VEHICLE WEIGHT GVWR/GCWR		CARGO BODY TYPE		TRAFFICWAY DESCRIPTION		3 - FUNCTIONAL			
HM PLACARD ID No.		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		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		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			
<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		<input type="checkbox"/> HIT / SKIP UNIT		99 - UNKNOWN OR HIT / SKIP		01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE		23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST			
Non-Motorist Location Prior to Impact		TYPE OF USE		UNIT TYPE		PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS			
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		99 - UNKNOWN OR HIT / SKIP		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		21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER)			
SPECIAL FUNCTION		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		09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.		17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)		MOST DAMAGED AREA		ACTION	
01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR		08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER		99 - UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN					
PRE-CRASH ACTIONS		MOTORIST		Non-Motorist		15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING		21 - OTHER NON-MOTORIST ACTION			
01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN		07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION							
CONTRIBUTING CIRCUMSTANCES		MOTORIST		Non-Motorist		VEHICLE DEFECTS					
PRIMARY		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		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		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			
SECONDARY		99 - UNKNOWN									
SEQUENCE OF EVENTS		Non-COLLISION EVENTS		COLLISION WITH FIXED OBJECT		COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED					
1 [] 2 [] 3 [] 4 [] 5 [] 6 [] FIRST HARMFUL EVENT [] MOST HARMFUL EVENT [] 99 - UNKNOWN		01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT		06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT		10 - CROSS MEDIAN OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION					
14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER		33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE					
UNIT SPEED		POSTED SPEED		TRAFFIC CONTROL		UNIT DIRECTION					
[] [] []		[] [] []		01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE		FROM [] TO []					
<input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED		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		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN					

71 LP State

LP STATE

Enter the two-digit state code, Canadian province or 'MX' for Mexico, of state that issued the vehicle's license plate. See Appendix A for listing of state codes and Canadian provinces. Use "XX" if there is no state code for the vehicle's license plate or if the plate was not issued by a state.

72 License Plate Number

LICENSE PLATE NUMBER

Enter the license plate number of the vehicle supplying the power. Example: Car pulling a trailer and the trailer strikes another vehicle. Vehicle pulling the trailer is the power unit listed as unit #1. The trailer information should be carried in the narrative or on the OH-2.

Do not record validation sticker number.

If a vehicle does not have a state issued license plate (XX used in LP State), but has a unique combination of alpha-numeric characters that is designated by the agency and assigned to this unit, enter those characters in License Plate Number. Example: A police car that does not have state issued license plates but is designated as "1106" by the local police department. Record "1106" here.

73 Vehicle Identification Number

VEHICLE IDENTIFICATION NUMBER

Enter the Vehicle Identification Number for this vehicle. Manufacturer assigned number (permanently affixed to the motor vehicle).

74 Number of Occupants

OCCUPANTS

Enter the total number of occupants in, or on, this vehicle involved in the crash using two digits. Examples: 01, 02, 03, etc. Include driver in the total number of occupants. If no occupants, fill with "00". Record "00" for an unoccupied parked vehicle.

Leave blank if unit type is 26 – pedestrian/skater.

If the total number of occupants is unknown, determine the minimum number of occupants and record it here. Explain further in the narrative or on an OH-2. Every attempt should be made to identify every occupant within a vehicle. Example: A bus accident where the exact number of people on the bus is unknown (i.e., occupants left prior to law enforcement arrival). If the investigation concludes there were 25 to 35 people on the bus, but no less than 25, record "25" and explain further in the narrative or on an OH-2.

75 Vehicle Year

VEHICLE YEAR

Enter the 4-digit model year that is assigned to this motor vehicle by its manufacturer.

76 Vehicle Make

VEHICLE MAKE

Enter the make given by the manufacturer to a line of vehicles. Example: Ford, Chevrolet, Chrysler, Volkswagen. Use "Buggy" for animal pulled unit.

77 Vehicle Model

VEHICLE MODEL

Enter the model name or number given by the manufacturer to a given model of vehicle. The code assigned by the manufacturer denoting a family of motor vehicles (within a make) that has a degree of similarity in construction, such as body, chassis, etc. Example: Explorer, Lumina, 230I, F-150. Use “Buggy” for animal pulled unit.

78 Vehicle Color

VEHICLE COLOR

List the color of the vehicle using general colors. LT Blue, DK Blue, etc. When a vehicle is more than one color, the order of listing is from top to bottom, or front to rear. Use a diagonal line (/) to separate top/bottom or front/rear colors.

79 Proof of Insurance

PROOF OF INSURANCE SHOWN

“X” only if proof of insurance is shown.

80 Insurance Company

INSURANCE COMPANY

Enter the name of the insurance company and/or agent which insures the vehicle and/or driver. The information for the vehicle’s insurance is preferred over the driver’s insurance, if both are presented. Leave blank if no proof is shown or a non-motorist is involved.

The order of preference for insurance information is the owner’s information first. If the owner’s information is not available, use the driver’s insurance information.

81 Policy Number

POLICY NUMBER

Enter the insurance policy number if insurance company has been entered or proof of insurance has been shown.

82 Towed By

TOWED BY

Enter the towing company’s name or if private tow, write “private”.

83 Carrier Name, Address City, State and Zip

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

Enter the carrier’s business name and full address including city, state and zip code. This box must be filled out for all:

- commercial vehicles
- government vehicles
- HM placarded vehicles
- all buses including school and transit authorities

Do not assume the owner of the vehicle and the responsible carrier are the same. See “How to Find the Responsible Carrier and Correct U.S. DOT Number” on next page and in Appendix D for more information.

84 Carrier Phone

CARRIER PHONE- INCLUDE AREA CODE

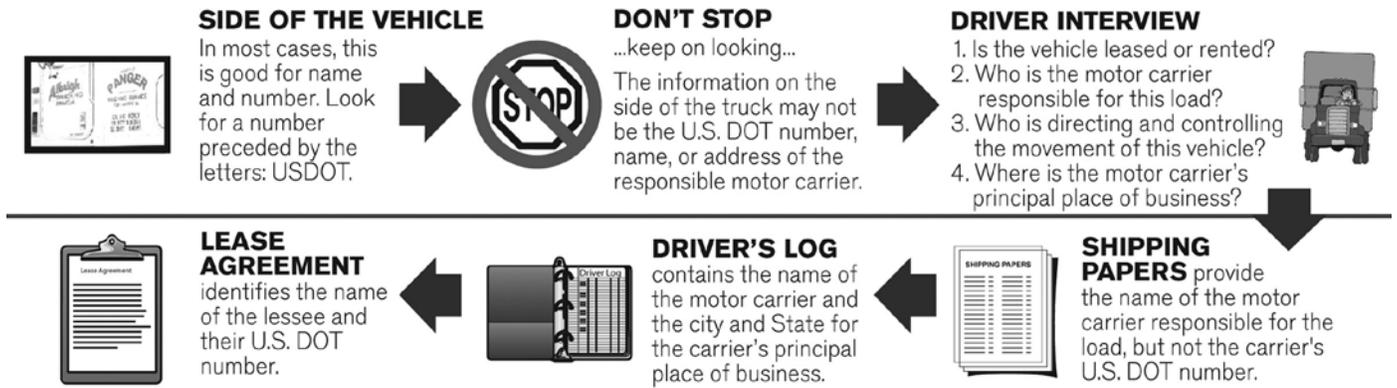
Enter the carrier’s company phone number including area code.

85 US DOT

US DOT

Enter the US DOT number of carrier. See “How to Find the Responsible Carrier and Correct U.S. DOT Number” below and in Appendix D for more information.

How to Find the Responsible Carrier and Correct U.S. DOT Number



NOTE: VEHICLE REGISTRATION
Generally good for identifying owner or registrant.
CAREFUL: This may not be the responsible carrier!

FMCSA WEB SITE: <http://safer.fmcsa.dot.gov/CompanySnapshot.aspx> is an excellent source for verifying a motor carrier's U.S. DOT number, legal name, "doing business as" name, physical address, and phone number.

Revised 06/05

Federal Motor Carrier
Safety Administration

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How to Find the Responsible Carrier and Correct U.S. DOT Number

EXAMPLE 1: John Smith owns his own truck tractor, operating under John Smith Trucking. He contracts with White Manufacturing to take one of its trailers loaded with its goods from New York to Los Angeles.

Who is the Motor Carrier:

- A. John Smith?
- B. White Manufacturing?

John Smith is the motor carrier, because he is the entity that has agreed to carry this particular load.

EXAMPLE 2: John Smith, driving his truck tractor, utilizes a cargo broker, K&S Trucking, to obtain goods from Intermodal Inc. shipping company for his return trip back to New York.

Who is the Motor Carrier:

- A. John Smith?
- B. K&S Trucking?
- C. Intermodal Inc.?

John Smith is the motor carrier, because K&S transferred the responsibility of the load to John Smith.

EXAMPLE 3: John Smith, driving his truck tractor, leases his services to Polyester Chemical Company. Polyester directs Smith to deliver a semi-trailer from New York to St. Louis.

Who is the Motor Carrier:

- A. John Smith?
- B. Polyester?

The lease agreement between Polyester and Mr. Smith makes Polyester the motor carrier responsible for the load.

EXAMPLE 4: John Smith is driving a tractor/semi-trailer owned and operated by ABC Trucking.

Who is the Motor Carrier:

- A. John Smith?
- B. ABC Trucking?

ABC Trucking is the motor carrier. John Smith is just a driver for ABC Trucking.

EXAMPLE 5: John Smith is driving a tractor owned by ABC Trucking, which has been leased to XYZ Trucking. XYZ uses the tractor to pull XYZ trailers in its regular shipping service.

Who is the Motor Carrier:

- A. John Smith?
- B. ABC Trucking?
- C. XYZ Trucking?

In this case XYZ is the motor carrier, because XYZ is directing the carrying of the load.

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86 HM Placard ID Number

HM PLACARD ID No.			

Enter the 4-digit ID number from the hazardous materials placard, white square-on-point display configuration or orange rectangular box. When more than one placard type is present, select the ID number according to the Hazard Class or Division in the order below:

HM Priority Order

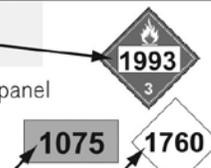
- (1) Class 1 (Explosives)
- (2) Class 7 (Radioactive Materials)
- (3) Division 2.3 (Poisonous Gases)
- (4) Division 2.1 (Flammable Gases)
- (5) Division 2.2 (Nonflammable Gases)
- (6) Division 6.1 (Poisonous Liquids)
- (7) Division 5.1 (Oxidizer)
- (8) Division 4.3 (Dangerous When Wet)
- (9) Division 5.2 (Organic Peroxide)
- (10) Division 4.2 (Spontaneously Combustible)
- (11) Division 4.1 (Flammable Solid)
- (12) Class 3 (Flammable Liquids)
- (13) Class 8 (Corrosive Materials)
- (14) Class 3 (Combustible Liquids)

Reference box number 2 on the below guidance document (Reporting Hazardous Materials Information, also in Appendix D) for additional information regarding the entering of the Hazardous Materials 4-digit Identification Number.

Reporting Hazardous Materials Information

ACCURATE REPORTING SAVES LIVES

Data you collect is used to calculate risk assessment, determine response methods, and develop regulations. Vehicles carrying hazardous materials are required to carry shipping papers containing the HM Class and ID number (or name). Your Accident or Collision Report/Supplement may ask the following hazardous materials questions (exact wording will vary by State):

<p>1. DOES THE VEHICLE HAVE A HAZARDOUS MATERIALS PLACARD? YES <input checked="" type="radio"/> NO <input type="radio"/></p> <p>Placards should be on all four sides of the vehicle. For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and each end.</p>  <p>Some Common Placards</p>	<p>2. ENTER THE FOUR-DIGIT NUMBER (OR NAME) FROM THE PLACARD <u>1 9 9 3</u></p> <p>The four-digit number may be on an orange panel or a white "square-on-point" panel. If no four-digit number appears on the placard, enter the Placard Name.</p> 
<p>3. ENTER THE HAZARDOUS MATERIALS CLASS NUMBER FROM THE BOTTOM OF THE PLACARD <u>3</u></p> <p>The Class Number can be a one- or two-digit number with a decimal in the middle. <u>5.1</u> It is critical for identifying and studying various types of hazardous materials involved in traffic crashes.</p> 	<p>4. WAS HAZARDOUS CARGO RELEASED? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>The intent of this question is to determine whether any of the placarded material was released or escaped from its transport container into the environment. Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should not be reported in this section.</p>

Nine Classes of Hazardous Materials

Class 1: Explosives
Divisions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6



Class 2: Gases
Divisions: 2.1, 2.2, 2.3



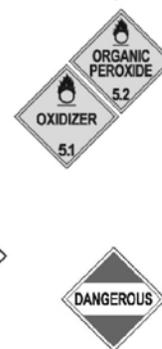
Class 3: Flammable Liquid and Combustible Liquid



Class 4: Flammable Solid, Spontaneously Combustible, and Dangerous When Wet
Divisions 4.1, 4.2, 4.3



Class 5: Oxidizer and Organic Peroxide
Divisions 5.1, 5.2



Class 6: Poison (Toxic) and Poison Inhalation Hazard

Class 7: Radioactive

Class 8: Corrosive

Class 9: Miscellaneous

Dangerous

Revised 06/05

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87 HM Class Number

	HM CLASS NUMBER
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Enter the single-digit Hazardous Materials Class Number from the bottom of the diamond placard. If more than one placard is present, refer to the chart found in HM Placard ID Number, Box 86.

Only report the single digit hazard class number and not the 2-digit class/division number (i.e., 5 instead of 5.1). For a full size view of the above guidance document, please see Appendix D.

88 Vehicle Weight GVWR/GCWR

VEHICLE WEIGHT GVWR/GCWR	
	1 - LESS THAN OR EQUAL TO 10K LBS.
	2 - 10,001 TO 26,000 LBS.
	3 - MORE THAN 26,000 LBS.

Enter the weight rating of the vehicle.

Weight rating is normally found inside of driver's door or door pillar on the FID sticker.

The gross vehicle weight rating (GVWR) is the maximum weight a vehicle can carry including the truck and its load. The GVWR is a value specified by the manufacturer(s) as the recommended maximum loaded weight of a single vehicle.

The gross combination weight rating (GCWR) is the sum of the gross vehicle weight ratings (GVWR) of all units, power unit and its trailer(s). This is for truck tractors and single-unit trucks pulling a trailer(s).

89 Hazardous Material Released

<input type="checkbox"/>	HAZARDOUS MATERIAL RELEASED
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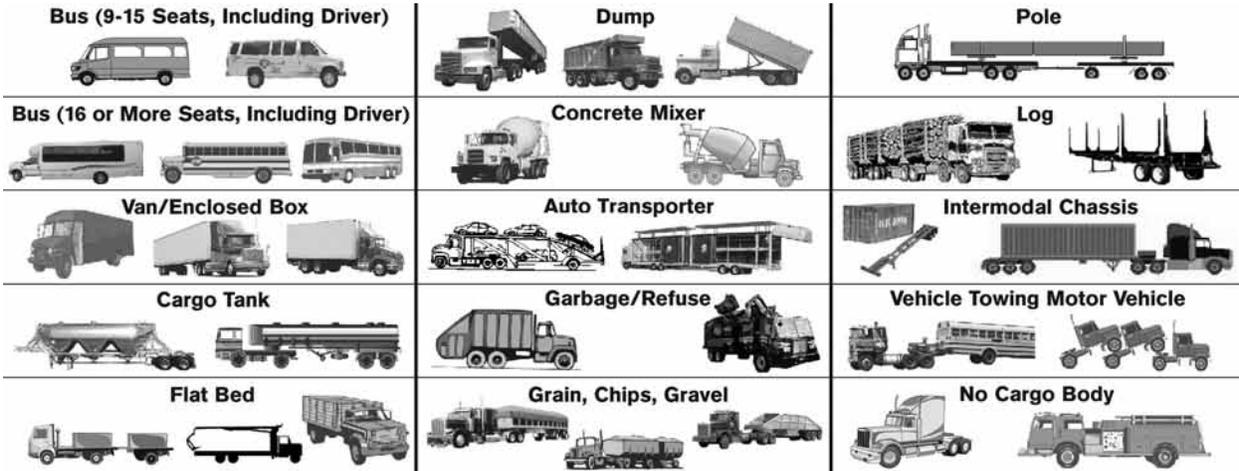
"X" if hazardous materials were released. Indicate whether or not hazardous materials were released from the cargo compartment. Leakage of fuel or oil carried by the vehicle for its own use DOES NOT qualify.

Reference box number 4 on field 86 guidance document (Reporting Hazardous Materials Information) for additional information regarding entering Hazardous Materials Released.

90 Cargo Body Type

CARGO BODY TYPE	
<input type="text"/>	01 - NO CARGO BODY TYPE/NOT APPLICABLE
<input type="text"/>	02 - BUS/VAN (9-15 SEATS, INC DRIVER)
<input type="text"/>	03 - BUS (16+ SEATS, INC DRIVER)
<input type="text"/>	04 - VEHICLE TOWING ANOTHER VEHICLE
<input type="text"/>	05 - LOGGING
<input type="text"/>	06 - INTERMODAL CONTAINER CHASSIS
<input type="text"/>	07 - CARGO VAN/ENCLOSED BOX
<input type="text"/>	08 - GRAIN, CHIPS, GRAVEL
<input type="text"/>	09 - POLE
<input type="text"/>	10 - CARGO TANK
<input type="text"/>	11 - FLAT BED
<input type="text"/>	12 - DUMP
<input type="text"/>	13 - CONCRETE MIXER
<input type="text"/>	14 - AUTO TRANSPORTER
<input type="text"/>	15 - GARBAGE/REFUSE
<input type="text"/>	99 - OTHER/UNKNOWN

Enter the body type of the vehicle. For a full-size view of the guidance document, please see Appendix D.



91 Trafficway Description

TRAFFICWAY DESCRIPTION	
<input type="text"/>	1 - TWO-WAY, NOT DIVIDED
<input type="text"/>	2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
<input type="text"/>	3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN
<input type="text"/>	4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
<input type="text"/>	5 - ONE-WAY TRAFFICWAY

Enter the best description of the trafficway (i.e., from right-of-way to right-of-way) for this vehicle. If the crash happens within an intersection, show the appropriate trafficway for each vehicle prior to reaching the intersection. See Appendix E.

- Unprotected Median would be a painted or grassy area four or more feet wide.
- Positive Median Barrier includes a physical barrier, and depressed or raised areas.
- A median is defined from inside painted edge line to inside painted edge line.

92 Hit/Skip Unit

<input type="checkbox"/> HIT / SKIP UNIT
--

“X” if this unit is a hit and run unit. Refers to cases where the vehicle, or the driver of the vehicle in transport, involved in the crash departs the scene without stopping to render aid or report the crash.

NOTE: Even if there was no contact between the units, and the driver of one of the units didn’t realize they contributed to the crash, the crash will be shown as a Hit/Skip crash.

93 Non-Motorist Location Prior to Impact

NON-MOTORIST LOCATION PRIOR TO IMPACT	
<input type="text"/>	01 - INTERSECTION - MARKED CROSSWALK
<input type="text"/>	02 - INTERSECTION - NO CROSSWALK
<input type="text"/>	03 - INTERSECTION - OTHER
<input type="text"/>	04 - MIDBLOCK - MARKED CROSSWALK
<input type="text"/>	05 - TRAVEL LANE - OTHER LOCATION
<input type="text"/>	06 - BICYCLE LANE
<input type="text"/>	07 - SHOULDER/ROADSIDE
<input type="text"/>	08 - SIDEWALK
<input type="text"/>	09 - MEDIAN/CROSSING ISLAND
<input type="text"/>	10 - DRIVEWAY ACCESS
<input type="text"/>	11 - SHARED-USE PATH OR TRAIL
<input type="text"/>	12 - NON-TRAFFICWAY AREA
<input type="text"/>	99 - OTHER/UNKNOWN

Enter the location of the non-motorist with respect to the roadway prior to the time of crash. Leave blank if unit is a motorist.

94 Type of Use

TYPE OF USE
<input type="checkbox"/>
1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT

Enter the type of use for this vehicle. Choose the type that best describes the use of this vehicle. Leave blank if Non-Motorist.

- Personal = Private individual citizen. Not used in affiliation with any organization, company, government, etc.
- Commercial/Business = Used for the purposes of any business or other organization. Examples: Bob’s Towing, First Baptist Church, J.B. Hunt, March of Dimes, U.P.S.
- Government = Police, fire, EMS (not private ambulances), military, school buses.

95 In Emergency Response

<input type="checkbox"/> IN EMERGENCY RESPONSE
--

“X” if this vehicle was on an emergency response, whether or not the emergency warning equipment was in use.

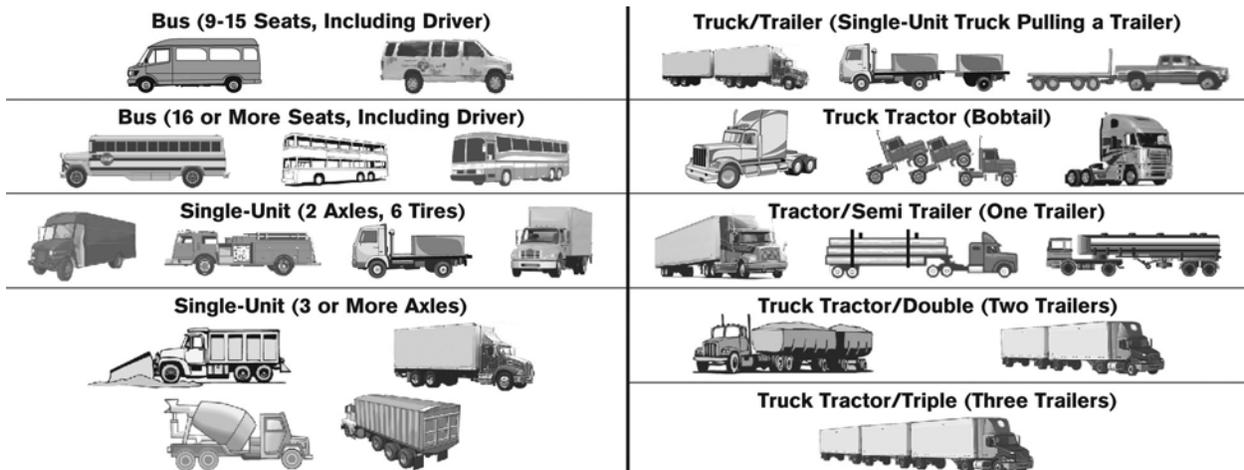
96 Unit Type and HM Placard

UNIT TYPE			
<input type="checkbox"/>	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT 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
99 - UNKNOWN OR HIT / SKIP		<input type="checkbox"/> HAS HM PLACARD	

Enter the vehicle type indicating the general configuration or shape of a motor vehicle distinguished by characteristics such as number of doors, rows of seats, windows, or roof line.

- For van/bus vehicles: Any motor vehicle with seating to transport nine or more people, including the driver’s seat.
- Personal conveyances such as skateboards, motorized toy cars, and wheelchairs are considered non-motorists.
- #99 - Unknown applies to both motorist and non-motorist.
- “X” the “Has HM Placard” box if the vehicle has a hazardous materials placard displayed.

Vehicle Configuration — For a full size view of the guidance document, please see Appendix D.



97 Special Function

<input type="text"/> <input type="text"/>	SPECIAL FUNCTION	01 - NONE	09 - AMBULANCE	17 - FARM VEHICLE
		02 - TAXI	10 - FIRE	18 - FARM EQUIPMENT
		03 - RENTAL TRUCK (OVER 10k LBS)	11 - HIGHWAY/MAINTENANCE	19 - MOTORHOME
		04 - BUS - SCHOOL (PUBLIC OR PRIVATE)	12 - MILITARY	20 - GOLF CART
		05 - BUS - TRANSIT	13 - POLICE	21 - TRAIN
		06 - BUS - CHARTER	14 - PUBLIC UTILITY	22 - OTHER (EXPLAIN IN NARRATIVE)
		07 - BUS - SHUTTLE	15 - OTHER GOVERNMENT	
		08 - BUS - OTHER	16 - CONSTRUCTION EQUIP.	

Enter the type of special function being served by this vehicle, whether or not the function is marked on the vehicle.

98 Most Damaged Area and Impact Area

<input type="text"/> <input type="text"/>	MOST DAMAGED AREA	01 - NONE	08 - LEFT SIDE	99 - UNKNOWN
		02 - CENTER FRONT	09 - LEFT FRONT	
<input type="text"/> <input type="text"/>	IMPACT AREA	03 - RIGHT FRONT	10 - TOP AND WINDOWS	
		04 - RIGHT SIDE	11 - UNDERCARRIAGE	
		05 - RIGHT REAR	12 - LOAD/TRAILER	
		06 - REAR CENTER	13 - TOTAL(ALL AREAS)	
		07 - LEFT REAR	14 - OTHER	

Most Damaged Area - Enter the area with the most damage.

Impact Area - Enter the area that was impacted during the first harmful event.

99 Action

<input type="text"/>	ACTION
	1 - NON-CONTACT
	2 - NON-COLLISION
	3 - STRIKING
	4 - STRUCK
	5 - STRIKING/STRUCK
9 - UNKNOWN	

Enter the action of the vehicle. Leave blank for non-motorist.

- 1 - Non-Contact: A vehicle that is directly or indirectly involved in a crash where the vehicle did not come in contact with another vehicle, non-motorist, or property during the crash. Possible examples are: a school bus discharging a student and the student is struck by another vehicle; a vehicle stops abruptly which results in several other vehicles rear ending each other; a vehicle changes lanes and cuts off another vehicle resulting in the other vehicle colliding with a sign.
- 2 - Non-Collision: A vehicle that is directly involved in a crash where the crash itself did not involve a collision between a vehicle and another vehicle, non-motorist, or property. Possible examples are: rollover, fire/explosion, immersion, jack-knife, cargo/equipment shift or loss, carbon monoxide poisoning, object falling on this vehicle, this vehicle is hit by a thrown object, etc.
- 3 - Striking: A vehicle that impacted/collided with another vehicle, object or pedestrian; though it is not necessarily the vehicle at fault. Possible examples: a vehicle hits a tree; a vehicle sideswipes a parked car; a vehicle strikes another vehicle in transport.
- 4 - Struck: A vehicle that is impacted by another vehicle, object or pedestrian. Possible examples: a pedestrian walks into the side of this vehicle; a bicyclist rear ends this vehicle; this vehicle is struck by another vehicle.
- 5 - Striking/Struck: Any combination of 3 - Striking and 4 - Struck. Possible example: Two vehicles collided at an intersection, one of the vehicles gets struck by another vehicle and the vehicle that was struck is forced into another vehicle. The vehicle will be shown as striking and struck.

100 Pre-Crash Action

PRE-CRASH ACTIONS			
MOTORIST		Non-MOTORIST	
01 - STRAIGHT AHEAD	07 - MAKING U-TURN	13 - NEGOTIATING A CURVE	15 - ENTERING OR CROSSING SPECIFIED LOCATION
02 - BACKING	08 - ENTERING TRAFFIC LANE	14 - OTHER MOTORIST ACTION	16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
03 - CHANGING LANES	09 - LEAVING TRAFFIC LANE		17 - WORKING
04 - OVERTAKING/PASSING	10 - PARKED		18 - PUSHING VEHICLE
05 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC		19 - APPROACHING OR LEAVING VEHICLE
06 - MAKING LEFT TURN	12 - DRIVERLESS		20 - STANDING
99 - UNKNOWN			21 - OTHER NON-MOTORIST ACTION

Enter what the motorist/non-motorist was doing immediately prior to the crash.

- Do not confuse “11 - Slowing or Stopped in Traffic” with “10 - Parked”. If a vehicle is merely stopped in traffic when the crash occurred, it is NOT a parked vehicle.
- “13 - Negotiating a Curve” indicates a motorist was following a section of curved roadway. It is not to be used when a motorist is making a turn of any kind.
- “99 - Unknown” applies to both motorist and non-motorist.

101 Contributing Circumstances

CONTRIBUTING CIRCUMSTANCES		
PRIMARY	MOTORIST	Non-MOTORIST
01 - NONE	11 - IMPROPER BACKING	22 - NONE
02 - FAILURE TO YIELD	12 - IMPROPER START FROM PARKED POSITION	23 - IMPROPER CROSSING
03 - RAN RED LIGHT	13 - STOPPED OR PARKED ILLEGALLY	24 - DARTING
04 - RAN STOP SIGN	14 - OPERATING VEHICLE IN NEGLIGENCE MANNER	25 - LYING AND/OR ILLEGALLY IN ROADWAY
05 - EXCEEDED SPEED LIMIT	15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)	26 - FAILURE TO YIELD RIGHT OF WAY
06 - UNSAFE SPEED	16 - WRONG SIDE/WRONG WAY	27 - NOT VISIBLE (DARK CLOTHING)
07 - IMPROPER TURN	17 - FAILURE TO CONTROL	28 - INATTENTIVE
08 - LEFT OF CENTER	18 - VISION OBSTRUCTION	29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER
09 - FOLLOWED TOO CLOSELY/ACDA	19 - OPERATING DEFECTIVE EQUIPMENT	30 - WRONG SIDE OF THE ROAD
10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	20 - LOAD SHIFTING/FALLING/SPILLING	31 - OTHER NON-MOTORIST ACTION
99 - UNKNOWN	21 - OTHER IMPROPER ACTION	

Enter the PRIMARY and SECONDARY (if applicable) actions by the motorist/non-motorist that may have contributed to the crash. This is based on the judgment of the law enforcement officer investigating the crash and need not match the Offense Charged field or result in any offense being charged. The primary and secondary circumstance cannot be the same.

102 Vehicle Defects

VEHICLE DEFECTS
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

Enter the pre-existing motor vehicle defects or maintenance conditions that may have contributed to the crash. May be completed even if the defect did not contribute to the crash.

If “19 - Operating Defective Equipment” is entered as either a primary or secondary contributing circumstance, this box must be completed.

103 Sequence of Events, First Harmful Event and Most Harmful Event

SEQUENCE OF EVENTS 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/> 4 <input type="text"/> <input type="text"/> 5 <input type="text"/> <input type="text"/> 6 <input type="text"/> <input type="text"/> FIRST HARMFUL EVENT <input type="text"/> MOST HARMFUL EVENT <input type="text"/> 99 - UNKNOWN						NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION					
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT						COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT					

Enter the events in sequence for this vehicle. Enter as many as six events. If the number of events exceeds six, include the first harmful event and most harmful event and then list the next four most relevant events, giving preference to other harmful events. A harmful event is defined as an event that causes property damage, injury or death.

32 - Portable Barrier: Portable barriers are moveable pieces of interlocking barrier made of concrete or steel used to protect the traveling public from a work zone, oncoming traffic, or other hazard for limited periods of time.

33 - Median Cable Barrier: Cable barrier is a flexible barrier made of galvanized steel cables and galvanized posts. It is installed to reduce the number of cross median crashes.

34 - Median Guardrail Barrier: Guardrail is a semi-rigid barrier made of galvanized steel rail, plastic or wood block outs, and steel or wood posts. It is installed to protect the traveling public from oncoming traffic or other hazards.

35 - Median Concrete Barrier: Concrete center wall is rigid barrier made of concrete and rebar. It is installed to protect the traveling public from oncoming traffic or other hazards.

36 - Median Other Barrier: Any other barrier not listed above.

99 - Unknown applies to any of the three categories: Non-Collision Events; Collision with Person, Vehicle or Object Not Fixed; or Collision With Fixed Object.

Example #1: A car leaves the right side of road, strikes a tree, overturning. Code sequence would be: 08, 48, and 01.

Example #2: A car strikes another vehicle in the rear. Code sequence would be: 20.

Example #3: Right front tire blowout, car leaves right side of road, striking ditch. Code sequence would be: 06, 08, and 44.

Example #4: A car leaves the right side of road, overcorrects crossing road leaving left side of roadway, overturning and catching fire. Code sequence would be: 08, 09, 01, and 02.

First Harmful Event

Enter the box number from the sequence of events that produced the first property damage, injury or death.

Example #1: The first harmful event was striking the tree. The tree was recorded in box #2 in the sequence of events. The first harmful event would then be a 2.

Example #2: The first harmful event was striking the vehicle in the rear. This was recorded in box #1 in the sequence of events. The first harmful event would then be a 1.

Example #3: The first harmful event was the blown front tire. This was recorded in box #1 in the sequence of events. The first harmful event would be a 1.

Example #4: The first harmful event was the vehicle overturning. This was recorded in box #3 in the sequence of events. The first harmful event would be a 3.

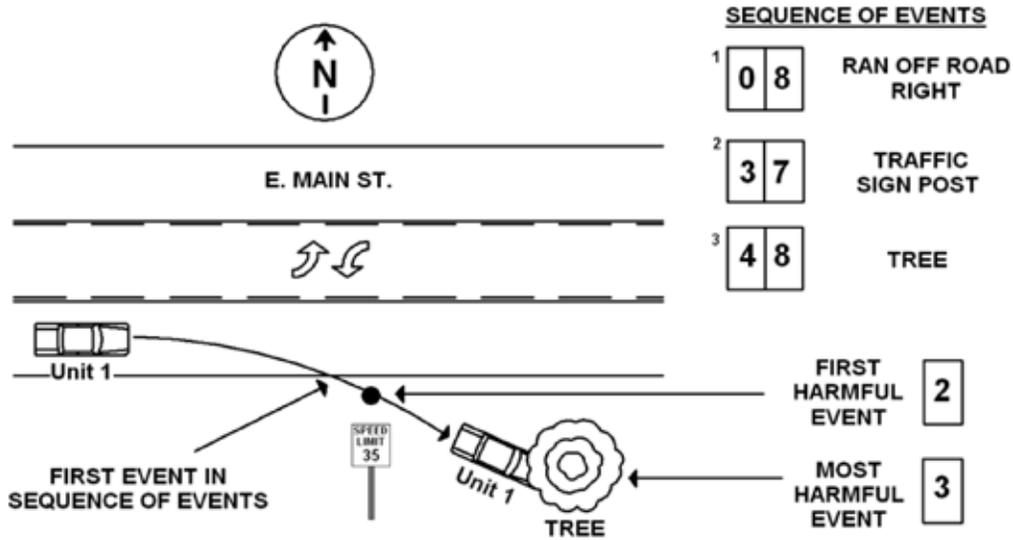
Most Harmful Event

Enter the box number from the sequence of events that produced the most property damage, most severe injury or death. If injury occurs, record the event that caused the most serious injury or death. Injuries always supersede property damage. If only property damage occurs, record the box number from the sequence of events that caused greatest degree of damage.

Leave the First Harmful Event and Most Harmful Event boxes blank if this unit did not incur damage, injury or death (as in the case of a non-contact vehicle). A non-contact vehicle is that vehicle that contributed to the crash but was neither struck by nor struck another unit. An example of a non-contact vehicle would be that vehicle that pulls into the roadway from a stop sign to turn right and does so into the path of an oncoming vehicle. The oncoming vehicle swerves off the roadway to avoid striking the other vehicle and crashes into a pole. The driver of the vehicle turning right is oblivious as to what happened. The vehicle turning right would be considered a non-contact unit and it would be appropriate to record "13 – Other Non-Collision" for this vehicle in the Sequence of Events.

If a vehicle was just in the area and didn't contribute to the crash it should not be considered part of the crash, carry the driver of such a vehicle as a witness.

Example of Sequence of Events, First Harmful Event and Most Harmful Event



104 Unit Speed

UNIT SPEED	
<input type="checkbox"/> STATED	<input type="checkbox"/> ESTIMATED

Enter the vehicle's speed in miles per hour based on driver's statement, or officer's estimate. Enter "0" for a vehicle that is stopped in traffic, parked, or otherwise not in motion. Fill blocks left to right.

"X" either the Stated or Estimated box to indicate the source of information for the Unit Speed.

Unit Speed may be left blank if speed is unknown and not able to be estimated. However, Unit Speed must be recorded if either the Stated or Estimated box has an "X".

105 Posted Speed

POSTED SPEED	

The posted/statutory speed limit for the motor vehicle at the time of the crash. The authorization may be indicated by the posted speed limit, blinking sign at construction zones, etc.

106 Traffic Control

TRAFFIC CONTROL			
<input type="text"/>	01 - NO CONTROLS	07 - RAILROAD CROSSBUCKS	13 - CROSSWALK LINES
<input type="text"/>	02 - STOP SIGN	08 - RAILROAD FLASHERS	14 - WALK/DON'T WALK
<input type="text"/>	03 - YIELD SIGN	09 - RAILROAD GATES	15 - OTHER
<input type="text"/>	04 - TRAFFIC SIGNAL	10 - CONSTRUCTION BARRICADE	16 - NOT REPORTED
<input type="text"/>	05 - TRAFFIC FLASHERS	11 - PERSON (FLAGGER, OFFICER)	
<input type="text"/>	06 - SCHOOL ZONE	12 - PAVEMENT MARKINGS	

Enter the type of traffic control device most applicable to the motorist/non-motorist at crash location.

107 Unit Direction

UNIT DIRECTION						
FROM	<input type="text"/>	To	<input type="text"/>	1 - NORTH	5 - NORTHEAST	9 - UNKNOWN
				2 - SOUTH	6 - NORTHWEST	
				3 - EAST	7 - SOUTHEAST	
				4 - WEST	8 - SOUTHWEST	

Indicate motorist/non-motorist direction by entering the direction the unit was coming "from", and the direction the unit was going "to". Example: A vehicle headed north on Vine Street turning west on 6th Street would be recorded as from "2" to "4."

108 Page of

PAGE	OF
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THIS BOX IS FOR LOCAL LAW ENFORCEMENT USE ONLY.

PAGE 3 – MOTORIST/NON-MOTORIST/OCCUPANT

109 Local Report Number

LOCAL REPORT NUMBER

Enter the Local Report Number as recorded on the Traffic Crash Report page. The local report number is recorded on every page of the crash report and all associated reports (i.e., OH-2, OH-3, OH-1 P, etc.). Complete from left to right.

110 Unit Number

UNIT NUMBER

Enter the 2 digit Unit Number of the unit for which each motorist/non-motorist/occupant is associated with. Examples: 01, 02, 03, etc.

The sections labeled OCCUPANT are also used for recording witnesses. The only fields completed for a witness are Name, Date of Birth, Age, Gender, Address, and Phone Number. Leave all other fields blank for a witness.

111 Motorist/Non-Motorist Name

NAME: LAST, FIRST, MIDDLE

Enter full name of motorist/non-motorist in order of last, first, middle.

112 Date of Birth

DATE OF BIRTH

Enter the 8 digit numerical date of birth of the motorist/non-motorist using the following format: MMDDYYYY. Example: August 14, 1985, is recorded as 08141985.

113 Age

AGE

Enter the age of the motorist/non-motorist. Examples: 6, 15, 77. Less than 1 year old, enter "0".

114 Gender

GENDER
<input type="checkbox"/> F - FEMALE
<input type="checkbox"/> M - MALE

Enter the gender of the motorist/non-motorist.

115 Address

ADDRESS, CITY, STATE, ZIP

Enter street address, city, state and zip code of motorist/non-motorist.

116 Contact Phone

CONTACT PHONE- INCLUDE AREA CODE

Enter contact telephone, including area code, for motorist/non-motorist.

117 Injuries

INJURIES <input type="text"/>	INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL
---	---

Enter the injury level of this motorist/non-motorist.

- 1 - No Injury/None Reported: When there is no information about an individual being injured (i.e., a hit-skip driver) there would be no “reported” injury and this would be the appropriate selection.
- 2 - Possible Injury: Complaint of pain without visible injury. Examples: whiplash; headache.
- 3 - Non-Incapacitating Injury: Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene. Examples: contusions (bruises); lacerations; bloody nose.
- 4 - Incapacitating Injury: Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. Often defined as “needing help from the scene.”
- 5 - Fatal Injury: Any injury that results in death within a 30-day period after the crash occurred.

118 Injured Taken By

INJURED TAKEN BY <input type="text"/>	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN
---	--

Enter the mode of transportation to a medical facility. Complete this field for every motorist/non-motorist reported as injured (including Possible, Non-incapacitating, Incapacitating or Fatal). Leave blank if the injury field was reported as No Injury/None Reported.

- 1 - Not Transported/Treated at Scene: Motorist/non-motorist was not transported. Does allow for the possibility, but does not necessarily mean, that the motorist/non-motorist was treated at the scene.

Leave blank for witnesses.

119 EMS Agency

EMS AGENCY

Enter the name of EMS agency/ambulance that responded to the scene, whether or not the EMS unit or ambulance transported anyone from the scene.

If no transport was made, record the name of EMS agency that examined/treated the motorist/non-motorist at the scene. This box is not to be completed if the motorist/non-motorist was transported by an individual.

120 Medical Facility Injured Taken To

MEDICAL FACILITY INJURED TAKEN TO
--

Enter the name of medical facility motorist/non-motorist was taken to.

121 Safety Equipment Used

SAFETY EQUIPMENT USED	
<input type="checkbox"/>	<input type="checkbox"/>

SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist	
MOTORIST			09 - NONE USED	12 - REFLECTIVE CLOTHING
01 - NONE USED - VEHICLE OCCUPANT	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING		10 - HELMET USED	13 - LIGHTING
02 - SHOULDER BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM- REAR FACING		11 - PROTECTIVE PADS USED (ELBOWS,KNEES, ETC)	14 - OTHER
03 - LAP BELT ONLY USED	07 - BOOSTER SEAT			
04 - SHOULDER AND LAP BELT USED	08 - HELMET USED			

Enter the safety restraint/equipment in use by the motorist/non-motorist at the time of the crash.

- For motorist, use 01-08, 99
- For non-motorist use, 09-14, 99.
- 99 - Unknown applies to both motorist and non-motorist.

122 DOT Compliant Motorcycle Helmet

DOT COMPLIANT
<input type="checkbox"/> MOTORCYCLE HELMET

“X” if motorist/occupant was on a motorcycle or moped and was wearing a DOT Compliant Motorcycle Helmet.

Motorcycle helmets that are compliant with Federal Motor Vehicle Safety Standards typically weigh approximately 3 pounds, have an inner liner at least one-inch thick of firm polystyrene foam, have an inside label that states the manufacturer, model, and date of manufacture, and have a DOT sticker on the back of the helmet. A DOT sticker alone is not sufficient evidence to indicate that the helmet is DOT-compliant, as counterfeit stickers have been found affixed to non-compliant helmets.

123 Seating Position

SEATING POSITION	
<input type="checkbox"/>	<input type="checkbox"/>

SEATING POSITION			
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	
02 - FRONT - MIDDLE	08 - THIRD - MIDDLE	13 - TRAILING UNIT	
03 - FRONT - RIGHT SIDE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	
05 - SECOND - MIDDLE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	16 - OTHER	
06 - SECOND - RIGHT SIDE		99 - UNKNOWN	

Enter the location of this motorist/non-motorist in, on, or outside of the vehicle prior to the crash.

124 Air Bag Usage

AIR BAG USAGE
<input type="checkbox"/>

AIR BAG USAGE
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT/SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

Enter the deployment status of an air bag relative to the Seating Position for this occupant. Leave blank for non-motorist.

125 Ejection

EJECTION
<input type="checkbox"/>

EJECTION
1 - NOT EJECTED
2 - TOTALLY EJECTED
3 - PARTIALLY EJECTED
4 - NOT APPLICABLE

Enter ejection code for occupant. Leave blank for non-motorist.

Record whether this occupant was completely or partially thrown from the passenger compartment of the motor vehicle as a result of a crash. If any part of the occupant is outside the vehicle, no matter how little, the “partially ejected” box should be checked. Record “4 - Not Applicable” for any occupant who was seated in an area not commonly protected by safety belts (i.e., motorcycle, cargo area, etc.)

126 Trapped

TRAPPED <input style="width: 30px; height: 30px;" type="text"/>	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
--	--

Enter the occupant’s ability to free himself/herself from the vehicle. Leave blank for non-motorist.

- Mechanical Means — Jaws of Life, etc.
- Non-Mechanical Means — Examples: 1) A car door is jammed and someone jerks it open or breaks a window to get a passenger out. 2) A pry bar is used to open the door to get a passenger out.

127 OL State

OL STATE <input style="width: 30px; height: 30px;" type="text"/>

If the operator has a license, whether or not it is valid at the time of the crash, enter the 2 digit code of operator’s license state/province of issuance. Examples: OH, KY, IN, NS (Nova Scotia). Use “XX” for jurisdictions not listed in the State Code Tables in Appendix B.

128 Operator License Number

OPERATOR LICENSE NUMBER <input style="width: 170px; height: 35px;" type="text"/>

If the operator has a license, whether or not it is valid at the time of the crash, enter the operator license number of the driver. Definition: A unique set of alphanumeric characters assigned by the authorizing agent issuing a driver license to the individual.

129 OL Class

OL CLASS <input style="width: 30px; height: 30px;" type="text"/>	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS “D”) 5 - MC/MOPED ONLY
---	---

Enter the type of operator license issued by the State. Class indicates the type of operator’s license issued by the State and the type of motor vehicle the driver is qualified to drive.

- 1 - Class A: Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.
- 2 - Class B: Any single vehicle with a GVWR of 26,001 or more pounds, or any such vehicle towing another vehicle not in excess of 10,000 pounds GVWR.
- 3 - Class C: Any single vehicle, or combination of vehicles, that does not meet the definition of Class A or Class B, but is either designed to transport 16 or more passengers, including the driver, or is used in the transportation of materials found to be hazardous which require the motor vehicle to be placarded.
- 4 - Regular Driver License Class: Any regular or standard driver’s license issued for the operation of automobiles and light trucks by states that separate these vehicles from Class “C”. Class designation codes such as “D”, “R” and others may be used by states to indicate a regular driver’s license class.
- 5 - Motorcycle/Moped Only: This is used if the license is only valid for motorcycle or moped operation. Do not use this class if the operator has a motorcycle endorsement on his/her operator’s license.

130 No Valid OL

No <input type="checkbox"/> VALID OL
--

“X” if the operator’s license is expired, suspended or otherwise not valid. This includes the operation of a vehicle outside the class the driver is licensed to operate. Example: The operator has a regular operator’s license, but was operating a commercial motor vehicle requiring a Class A CDL.

131 M/C End

<input type="checkbox"/> M/C END.

“X” only if this driver was operating a motorcycle and has a motorcycle endorsement or motorcycle license. Leave blank if this driver was not operating a motorcycle, even if they have a motorcycle endorsement or motorcycle license.

132 Condition

<table border="1"> <tr> <td>CONDITION <input type="checkbox"/></td> </tr> </table>	CONDITION <input type="checkbox"/>	<table border="1"> <tr> <td colspan="2">CONDITION</td> </tr> <tr> <td>1 - APPARENTLY NORMAL</td> <td>5 - FELL ASLEEP, FAINTED, FATIGUED</td> </tr> <tr> <td>2 - PHYSICAL IMPAIRMENT</td> <td>6 - UNDER THE INFLUENCE OF</td> </tr> <tr> <td>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)</td> <td> MEDICATIONS, DRUGS, ALCOHOL</td> </tr> <tr> <td>4 - ILLNESS</td> <td>7 - OTHER</td> </tr> </table>	CONDITION		1 - APPARENTLY NORMAL	5 - FELL ASLEEP, FAINTED, FATIGUED	2 - PHYSICAL IMPAIRMENT	6 - UNDER THE INFLUENCE OF	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	MEDICATIONS, DRUGS, ALCOHOL	4 - ILLNESS	7 - OTHER
CONDITION <input type="checkbox"/>												
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2 - PHYSICAL IMPAIRMENT	6 - UNDER THE INFLUENCE OF											
3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	MEDICATIONS, DRUGS, ALCOHOL											
4 - ILLNESS	7 - OTHER											

Enter the physical or emotional condition of the motorist/non-motorist at the time of the crash.

133 Alcohol/Drug Suspected

<table border="1"> <tr> <td>ALCOHOL/DRUG SUSPECTED <input type="checkbox"/></td> </tr> </table>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	<table border="1"> <tr> <td>ALCOHOL/DRUG SUSPECTED</td> </tr> <tr> <td>1 - NONE</td> </tr> <tr> <td>2 - YES - ALCOHOL SUSPECTED</td> </tr> <tr> <td>3 - YES - HBD NOT IMPAIRED</td> </tr> <tr> <td>4 - YES - DRUGS SUSPECTED</td> </tr> <tr> <td>5 - YES - ALCOHOL AND DRUGS SUSPECTED</td> </tr> </table>	ALCOHOL/DRUG SUSPECTED	1 - NONE	2 - YES - ALCOHOL SUSPECTED	3 - YES - HBD NOT IMPAIRED	4 - YES - DRUGS SUSPECTED	5 - YES - ALCOHOL AND DRUGS SUSPECTED
ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>								
ALCOHOL/DRUG SUSPECTED								
1 - NONE								
2 - YES - ALCOHOL SUSPECTED								
3 - YES - HBD NOT IMPAIRED								
4 - YES - DRUGS SUSPECTED								
5 - YES - ALCOHOL AND DRUGS SUSPECTED								

Enter the investigating officer’s assessment of alcohol or drug use by the motorist/non-motorist. HBD = Had Been Drinking. Do not leave blank for motorist/non-motorist.

134 Alcohol Test Status

<table border="1"> <tr> <td>ALCOHOL TEST STATUS <input type="checkbox"/></td> </tr> </table>	ALCOHOL TEST STATUS <input type="checkbox"/>	<table border="1"> <tr> <td>ALCOHOL TEST STATUS</td> </tr> <tr> <td>1 - NONE GIVEN</td> </tr> <tr> <td>2 - TEST REFUSED</td> </tr> <tr> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</td> </tr> <tr> <td>4 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td>5 - TEST GIVEN, RESULTS UNKNOWN</td> </tr> </table>	ALCOHOL TEST STATUS	1 - NONE GIVEN	2 - TEST REFUSED	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	4 - TEST GIVEN, RESULTS KNOWN	5 - TEST GIVEN, RESULTS UNKNOWN
ALCOHOL TEST STATUS <input type="checkbox"/>								
ALCOHOL TEST STATUS								
1 - NONE GIVEN								
2 - TEST REFUSED								
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE								
4 - TEST GIVEN, RESULTS KNOWN								
5 - TEST GIVEN, RESULTS UNKNOWN								

Enter the status of the alcohol chemical test performed.

- If #4 is selected, the results must be given in the Alcohol Test Value box.
- If #5 is selected, the results must be supplemented to ODPS when they are received by the reporting agency.

NOTE: When a driver/non-motorist is killed in a crash, the coroner will usually do a blood alcohol test. Check with the coroner and supplement the OH1 with the correct status for the subject.

135 Alcohol Test Type

<table border="1"> <tr> <td>ALCOHOL TEST TYPE <input type="checkbox"/></td> </tr> </table>	ALCOHOL TEST TYPE <input type="checkbox"/>	<table border="1"> <tr> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td>1 - NONE</td> </tr> <tr> <td>2 - BLOOD</td> </tr> <tr> <td>3 - URINE</td> </tr> <tr> <td>4 - BREATH</td> </tr> <tr> <td>5 - OTHER</td> </tr> </table>	ALCOHOL TEST TYPE	1 - NONE	2 - BLOOD	3 - URINE	4 - BREATH	5 - OTHER
ALCOHOL TEST TYPE <input type="checkbox"/>								
ALCOHOL TEST TYPE								
1 - NONE								
2 - BLOOD								
3 - URINE								
4 - BREATH								
5 - OTHER								

Indicate specimen type for alcohol test performed.

NOTE: When a driver/non-motorist is killed in a crash, the coroner will usually do a blood alcohol test. Check with the coroner and supplement the OH1 with the correct status for the subject.

136 Alcohol Test Value

ALCOHOL TEST VALUE				
<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				

Enter the three digits of any alcohol concentration known. Example: an alcohol result of .093% would be recorded as 093.

If no test is given, leave blank. Entering zeros when no test is given is misinterpreted as having administered a test with no alcohol detected. Only enter zeros if that is the actual test result. Leave blank for test refusal.

Supplement late results to ODPS.

NOTE: When a driver/non-motorist is killed in a crash, the coroner will usually do a blood alcohol test. Check with the coroner and supplement the OH1 with the correct status for the subject.

137 Drug Test Status

DRUG TEST STATUS	<table border="1"> <tr> <td> </td> </tr> </table>	
	<p>DRUG TEST STATUS</p> <ul style="list-style-type: none"> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN 	

Enter the status of the drug chemical test performed. In the case of a fatal crash, if #4 is selected, a description of the drug should be noted on an OH2 and included in the initial report. Selecting #5 requires that the results be forwarded or supplemented to ODPS when they are received by the reporting agency.

138 Drug Test Type

DRUG TEST TYPE	<table border="1"> <tr> <td> </td> </tr> </table>	
	<p>DRUG TEST TYPE</p> <ul style="list-style-type: none"> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER 	

Indicate specimen type for drug test performed.

139 Offense Charged, Local Code

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)

Enter the offense number charged to the motorist/non-motorist directly related to the crash (causative factor). Example: 4511.202. Record only one offense per unit here.

Do not record Hit/Skip, OVI, DUS, and seatbelt violations here. These violations and any others should be recorded in the narrative. "X" Local Code box if a city ordinance or township code is used instead of an ORC Section. Leave blank if ORC is used.

140 Offense Description

OFFENSE DESCRIPTION

Enter the offense charged to motorist/non-motorist directly related to the crash. Example: Failure to control.

Do not record Hit/Skip, OVI, DUS and seatbelt violations here. These violations and any others should be recorded in the narrative.

141 Citation Number

CITATION NUMBER

Enter the citation number of the Offense Charged to motorist/non-motorist directly related to the crash. List all letters and/or numbers of the citation number.

142 Hands-Free Device Used

HANDS-FREE <input type="checkbox"/> DEVICE USED

“X” if the driver was using a hands-free device at the time of the crash, whether or not the use of the device contributed to the crash.

143 Driver Distracted By

DRIVER DISTRACTED BY
<input type="checkbox"/> <input type="checkbox"/>

DRIVER DISTRACTED BY	
1 - NO DISTRACTION REPORTED	6 - OTHER INSIDE THE VEHICLE
2 - PHONE	7 - EXTERNAL DISTRACTION
3 - TEXTING/E-MAILING	
4 - ELECTRONIC COMMUNICATION DEVICE	
5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	

Enter distractions which may have influenced the driver’s performance. The distractions can occur inside the motor vehicle (internal) or outside the motor vehicle (external).

Record up to two distractions. Investigating officer’s assessment as to whether the mere use of a device, or the activity, was a distraction (actual or possible).

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PAGE	OF
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THIS BOX IS FOR LOCAL LAW ENFORCEMENT USE ONLY.



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

OCCUPANT

UNIT NUMBER: _____ NAME: LAST, FIRST, MIDDLE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: F - FEMALE M - MALE

ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE- INCLUDE AREA CODE: _____

INJURIES: INJURED TAKEN BY: EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: DOT COMPLIANT MOTORCYCLE HELMET SEATING POSITION: _____ AIR BAG USAGE: EJECTION: TRAPPED:

UNIT NUMBER: _____ NAME: LAST, FIRST, MIDDLE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: F - FEMALE M - MALE

ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE- INCLUDE AREA CODE: _____

INJURIES: INJURED TAKEN BY: EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: DOT COMPLIANT MOTORCYCLE HELMET SEATING POSITION: _____ AIR BAG USAGE: EJECTION: TRAPPED:

UNIT NUMBER: _____ NAME: LAST, FIRST, MIDDLE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: F - FEMALE M - MALE

ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE- INCLUDE AREA CODE: _____

INJURIES: INJURED TAKEN BY: EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: DOT COMPLIANT MOTORCYCLE HELMET SEATING POSITION: _____ AIR BAG USAGE: EJECTION: TRAPPED:

UNIT NUMBER: _____ NAME: LAST, FIRST, MIDDLE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: F - FEMALE M - MALE

ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE- INCLUDE AREA CODE: _____

INJURIES: INJURED TAKEN BY: EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: DOT COMPLIANT MOTORCYCLE HELMET SEATING POSITION: _____ AIR BAG USAGE: EJECTION: TRAPPED:

UNIT NUMBER: _____ NAME: LAST, FIRST, MIDDLE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: F - FEMALE M - MALE

ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE- INCLUDE AREA CODE: _____

INJURIES: INJURED TAKEN BY: EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: DOT COMPLIANT MOTORCYCLE HELMET SEATING POSITION: _____ AIR BAG USAGE: EJECTION: TRAPPED:

UNIT NUMBER: _____ NAME: LAST, FIRST, MIDDLE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: F - FEMALE M - MALE

ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE- INCLUDE AREA CODE: _____

INJURIES: INJURED TAKEN BY: EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: DOT COMPLIANT MOTORCYCLE HELMET SEATING POSITION: _____ AIR BAG USAGE: EJECTION: TRAPPED:

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT Non-Motorist 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
---	--	--	---	---	---

SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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PAGE 4 – OCCUPANT/WITNESS ADDENDUM

145 Local Report Number

LOCAL REPORT NUMBER

Enter the Local Report Number as recorded on the Traffic Crash Report page. The local report number is recorded on every page of the crash report and all associated reports (i.e., OH-2, OH-3, OH-1 P, etc.). Complete from left to right.

146 Unit Number

UNIT NUMBER

Enter the 2 digit Unit Number of the unit for which each motorist/non-motorist/occupant is associated with. Example: 01, 02, 03, etc.

The sections labeled OCCUPANT are also used for recording witnesses. The only fields completed for a witness are Name, Date of Birth, Age, Gender, Address, and Phone Number. Leave all other fields blank for a witness.

147 Motorist/Non-Motorist Name

NAME: LAST, FIRST, MIDDLE

Enter full name of motorist/non-motorist in order of last, first, middle.

148 Date of Birth

DATE OF BIRTH

Enter the 8 digit numerical date of birth of the motorist/non-motorist using the following format: MMDDYYYY. Example: August 14, 1985, is recorded as 08141985.

149 Age

AGE

Enter the age of the motorist/non-motorist. Example: 6, 15, 77. Less than 1 year old, enter "0".

150 Gender

GENDER
<input type="checkbox"/> F - FEMALE
<input type="checkbox"/> M - MALE

Enter the gender of the motorist/non-motorist.

151 Address

ADDRESS, CITY, STATE, ZIP

Enter street address, city, state and zip code of motorist/non-motorist.

152 Contact Phone

CONTACT PHONE- INCLUDE AREA CODE

Enter contact telephone, including area code, for motorist/non-motorist.

153 Injuries

INJURIES <input style="width: 30px; height: 20px;" type="text"/>	INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL
---	--

Enter the injury level of this motorist/non-motorist.

- 1 - No Injury/None Reported: When there is no information about an individual being injured (e.g., a hit-skip unit occupant) there would be no “reported” injury and this would be the appropriate selection.
- 2 - Possible Injury: Complaint of pain without visible injury. Examples: whiplash; headache.
- 3 - Non-Incapacitating Injury: Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene. Examples: contusions (bruises); lacerations; bloody nose.
- 4 - Incapacitating Injury: Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. Often defined as “needing help from the scene.”
- 5 - Fatal Injury: Any injury that results in death within a 30-day period after the crash occurred.

154 Injured Taken By

INJURED TAKEN BY <input style="width: 60px; height: 20px;" type="text"/>	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN
---	---

Enter the mode of transportation to a medical facility. Complete this field for every motorist/non-motorist reported as injured (including Possible, Non-incapacitating, Incapacitating or Fatal). Leave blank if the injury field was reported as No Injury/None Reported.

- 1 - Not Transported/Treated at Scene: Motorist/non-motorist was not transported. Does allow for the possibility, but does not necessarily mean, that the motorist/non-motorist was treated at the scene.

Leave blank for witnesses.

155 EMS Agency

EMS AGENCY <input style="width: 180px; height: 30px;" type="text"/>
--

Enter the name of EMS agency/ambulance that responded to the scene, whether or not the EMS unit or ambulance transported anyone from the scene.

If no transport was made, record the name of EMS agency that examined/treated the motorist/non-motorist at the scene. This box is not to be completed if the motorist/non-motorist was transported by an individual.

156 Medical Facility Injured Taken To

MEDICAL FACILITY INJURED TAKEN TO <input style="width: 160px; height: 30px;" type="text"/>

Enter the name of medical facility motorist/non-motorist was taken to.

157 Safety Equipment Used

<p>SAFETY EQUIPMENT USED</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px auto;"></div>	<p>SAFETY EQUIPMENT USED</p> <p>MOTORIST</p> <p>01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED</p>	<p>99 - UNKNOWN SAFETY EQUIPMENT</p> <p>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED</p>	<p>Non-MOTORIST</p> <p>09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER</p>
---	---	---	---

Enter the safety restraint/equipment in use by the motorist/non-motorist at the time of the crash.

- For motorist, use 01-08, 99
- For non-motorist, use 09-14, 99.
- 99 - Unknown applies to both motorist and non-motorist.

158 DOT Compliant Motorcycle Helmet

DOT COMPLIANT

MOTORCYCLE HELMET

“X” the box if motorist/occupant was on a motorcycle or moped and was wearing a DOT Compliant Motorcycle Helmet.

Motorcycle helmets that are compliant with Federal Motor Vehicle Safety Standards typically weigh approximately 3 pounds, have an inner liner at least one-inch thick of firm polystyrene foam, have an inside label that states the manufacturer, model, and date of manufacture, and have a DOT sticker on the back of the helmet. A DOT sticker alone is not sufficient evidence to indicate that the helmet is DOT-compliant, as counterfeit stickers have been found affixed to non-compliant helmets.

159 Seating Position

<p>SEATING POSITION</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px auto;"></div>	<p>SEATING POSITION</p> <p>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE</p>	<p>07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)</p>	<p>12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN</p>
--	--	---	--

Enter the location of this motorist/non-motorist in, on, or outside of the vehicle prior to the crash.

160 Air Bag Usage

AIR BAG USAGE

AIR BAG USAGE

1 - NOT DEPLOYED
 2 - DEPLOYED FRONT
 3 - DEPLOYED SIDE
 4 - DEPLOYED BOTH FRONT/SIDE
 5 - NOT APPLICABLE
 9 - DEPLOYMENT UNKNOWN

Enter the deployment status of an air bag relative to the Seating Position for this occupant. Leave blank for non-motorist.

161 Ejection

EJECTION

EJECTION

1 - NOT EJECTED
 2 - TOTALLY EJECTED
 3 - PARTIALLY EJECTED
 4 - NOT APPLICABLE

Enter ejection code for occupant. Leave blank for non-motorist.

Record whether this occupant was completely or partially thrown from the passenger compartment of the motor vehicle as a result of a crash. If any part of the occupant is outside the vehicle, no matter how little, the “partially ejected” box should be checked. Record “4 - Not Applicable” for any occupant who was seated in an area not commonly protected by safety belts (i.e., motorcycle, cargo area, etc.)

PAGE 4 – OCCUPANT/WITNESS ADDENDUM

162 Trapped

TRAPPED
<input type="checkbox"/>

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - EXTRICATED BY NON-MECHANICAL MEANS

Enter the occupant's ability to free himself/herself from the vehicle. Leave blank for non-motorist.

- Mechanical Means — Jaws of Life, etc.
- Non-Mechanical Means — Examples: 1) A car door is jammed and someone jerks it open or breaks a window to get a passenger out. 2) A pry bar is used to open the door to get a passenger out.

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THIS BOX IS FOR LOCAL LAW ENFORCEMENT USE ONLY.

APPENDIX A – COUNTY CODES

Ohio Counties

01 - Adams	45 - Licking
02 - Allen	46 - Logan
03 - Ashland	47 - Lorain
04 - Ashtabula	48 - Lucas
05 - Athens	49 - Madison
06 - Auglaize	50 - Mahoning
07 - Belmont	51 - Marion
08 - Brown	52 - Medina
09 - Butler	53 - Meigs
10 - Carroll	54 - Mercer
11 - Champaign	55 - Miami
12 - Clark	56 - Monroe
13 - Clermont	57 - Montgomery
14 - Clinton	58 - Morgan
15 - Columbiana	59 - Morrow
16 - Coshocton	60 - Muskingum
17 - Crawford	61 - Noble
18 - Cuyahoga	62 - Ottawa
19 - Darke	63 - Paulding
20 - Defiance	64 - Perry
21 - Delaware	65 - Pickaway
22 - Erie	66 - Pike
23 - Fairfield	67 - Portage
24 - Fayette	68 - Preble
25 - Franklin	69 - Putnam
26 - Fulton	70 - Richland
27 - Gallia	71 - Ross
28 - Geauga	72 - Sandusky
29 - Greene	73 - Scioto
30 - Guernsey	74 - Seneca
31 - Hamilton	75 - Shelby
32 - Hancock	76 - Stark
33 - Hardin	77 - Summit
34 - Harrison	78 - Trumbull
35 - Henry	79 - Tuscarawas
36 - Highland	80 - Union
37 - Hocking	81 - Van - Wert
38 - Holmes	82 - Vinton
39 - Huron	83 - Warren
40 - Jackson	84 - Washington
41 - Jefferson	85 - Wayne
42 - Knox	86 - Williams
43 - Lake	87 - Wood
44 - Lawrence	88 - Wyandot

APPENDIX B – STATE CODES

United States

AL - Alabama	MT - Montana
AK - Alaska	NE - Nebraska
AZ - Arizona	NV - Nevada
AR - Arkansas	NH - New Hampshire
CA - California	NJ - New Jersey
CO - Colorado	NM - New Mexico
CT - Connecticut	NY - New York
DE - Delaware	NC - North Carolina
DC - District of Columbia	ND - North Dakota
FL - Florida	OH - Ohio
GA - Georgia	OK - Oklahoma
HI - Hawaii	OR - Oregon
ID - Idaho	PA - Pennsylvania
IL - Illinois	RI - Rhode Island
IN - Indiana	SC - South Carolina
IA - Iowa	SD - South Dakota
KS - Kansas	TN - Tennessee
KY - Kentucky	TX - Texas
LA - Louisiana	UT - Utah
ME - Maine	VT - Vermont
MD - Maryland	VA - Virginia
MA - Massachusetts	WA - Washington
MI - Michigan	WV - West Virginia
MN - Minnesota	WI - Wisconsin
MS - Mississippi	WY - Wyoming
MO - Missouri	

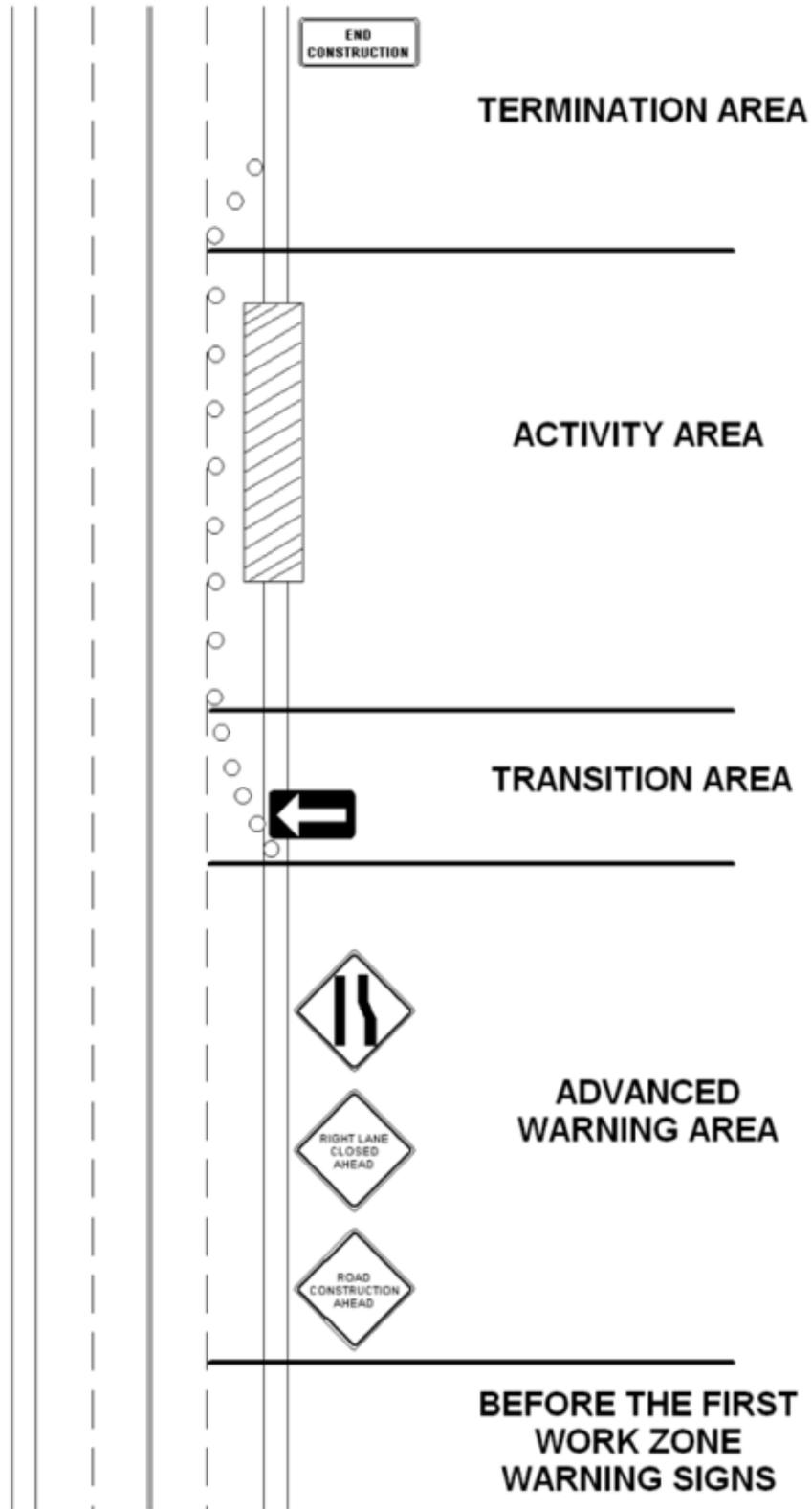
Canada

AB - Alberta	NU - Nunavut
BC - British Columbia	ON - Ontario
MB - Manitoba	PE - Prince Edward Island
NB - New Brunswick	QC - Quebec
NF - Newfoundland	SK - Saskatchewan
NT - Northwest Territory	YT - Yukon Territory
NS - Nova Scotia	

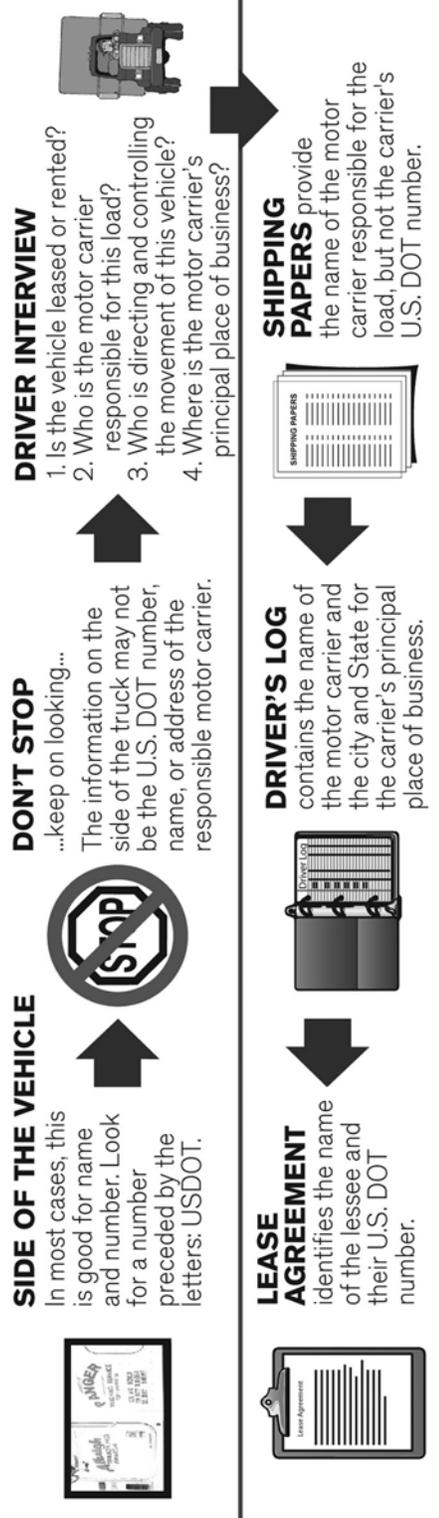
Mexico - MX

Other Jurisdictions - XX

APPENDIX C – DIAGRAM OF A WORK ZONE



How to Find the Responsible Carrier and Correct U.S. DOT Number



NOTE: VEHICLE REGISTRATION
Generally good for identifying owner or registrant. **CAREFUL!**; This may not be the responsible carrier!

FMCSA WEB SITE: <http://safer.fmcsa.dot.gov/CompanySnapshot.aspx>
is an excellent source for verifying a motor carrier's U.S. DOT number, legal name, "doing business as" name, physical address, and phone number.

Revised 06/05

How to Find the Responsible Carrier and Correct U.S. DOT Number

<p>EXAMPLE 1: John Smith owns his own truck tractor, operating under John Smith Trucking. He contracts with White Manufacturing to take one of its trailers loaded with its goods from New York to Los Angeles.</p> <p>Who is the Motor Carrier:</p> <p>A. John Smith? B. White Manufacturing?</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">John Smith is the motor carrier, because he is the entity that has agreed to carry this particular load.</p>	<p>EXAMPLE 2: John Smith, driving his truck tractor, utilizes a cargo broker, K&S Trucking, to obtain goods from Intermodal Inc. shipping company for his return trip back to New York.</p> <p>Who is the Motor Carrier:</p> <p>A. John Smith? B. K&S Trucking? C. Intermodal Inc.?</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">John Smith is the motor carrier, because K&S transferred the responsibility of the load to John Smith.</p>
<p>EXAMPLE 3: John Smith, driving his truck tractor, leases his services to Polyester Chemical Company. Polyester directs Smith to deliver a semi-trailer from New York to St. Louis.</p> <p>Who is the Motor Carrier:</p> <p>A. John Smith? B. Polyester?</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">The lease agreement between Polyester and Mr. Smith makes Polyester the motor carrier responsible for the load.</p>	<p>EXAMPLE 4: John Smith is driving a tractor/semi-trailer owned and operated by ABC Trucking.</p> <p>Who is the Motor Carrier:</p> <p>A. John Smith? B. ABC Trucking?</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">ABC Trucking is the motor carrier. John Smith is just a driver for ABC Trucking.</p>
<p>EXAMPLE 5: John Smith is driving a tractor owned by ABC Trucking, which has been leased to XYZ Trucking. XYZ uses the tractor to pull XYZ trailers in its regular shipping service.</p> <p>Who is the Motor Carrier:</p> <p>A. John Smith? B. ABC Trucking? C. XYZ Trucking?</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">In this case XYZ is the motor carrier, because XYZ is directing the carrying of the load.</p>	



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Federal Motor Carrier
Safety Administration

Reporting Hazardous Materials Information

ACCURATE REPORTING SAVES LIVES

Data you collect is used to calculate risk assessment, determine response methods, and develop regulations. Vehicles carrying hazardous materials are required to carry shipping papers containing the HM Class and ID number (or name). Your Accident or Collision Report/Supplement may ask the following hazardous materials questions (exact wording will vary by State):

1. DOES THE VEHICLE HAVE A HAZARDOUS MATERIALS PLACARD? YES NO

Placards should be on all four sides of the vehicle. For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and each end. **Some Common Placards**



3. ENTER THE HAZARDOUS MATERIALS CLASS NUMBER FROM THE BOTTOM OF THE PLACARD 3

The Class Number can be a one- or two-digit number with a decimal in the middle. **5.1** It is critical for identifying and studying various types of hazardous materials involved in traffic crashes.



2. ENTER THE FOUR-DIGIT NUMBER (OR NAME) FROM THE PLACARD 1 9 9 3

The four-digit number may be on an orange panel or a white "square-on-point" panel. If no four-digit number appears on the placard, enter the Placard Name.



4. WAS HAZARDOUS CARGO RELEASED? YES NO

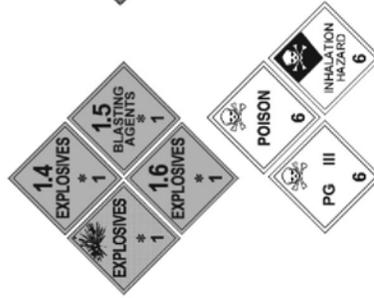
The intent of this question is to determine whether any of the **placarded material** was released or escaped from its transport container into the environment. Fuel or oil carried by the vehicle for its own use is **NOT** considered cargo and should not be reported in this section.

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Nine Classes of Hazardous Materials

Class 1: Explosives
Divisions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6



Class 6: Poison (Toxic) and Poison Inhalation Hazard

Class 2: Gases
Divisions: 2.1, 2.2, 2.3



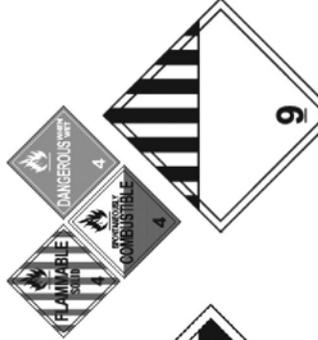
Class 7: Radioactive

Class 3: Flammable Liquid and Combustible Liquid



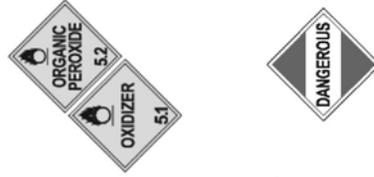
Class 8: Corrosive

Class 4: Flammable Solid, Spontaneously Combustible, and Dangerous When Wet
Divisions 4.1, 4.2, 4.3



Class 9: Miscellaneous

Class 5: Oxidizer and Organic Peroxide
Divisions 5.1, 5.2



Dangerous

Revised 06/05

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Safety Administration

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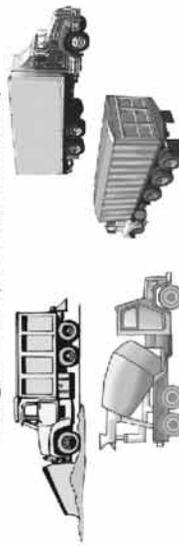
APPENDIX D – FMCSA VISOR CARDS

Cargo Body Type					
<p>Bus (9-15 Seats, Including Driver)</p> 	<p>Dump</p> 	<p>Pole</p> 			
<p>Bus (16 or More Seats, Including Driver)</p> 	<p>Concrete Mixer</p> 	<p>Log</p> 			
<p>Van/Enclosed Box</p> 	<p>Auto Transporter</p> 	<p>Intermodal Chassis</p> 			
<p>Cargo Tank</p> 	<p>Garbage/Refuse</p> 	<p>Vehicle Towing Motor Vehicle</p> 			
<p>Flat Bed</p> 	<p>Grain, Chips, Gravel</p> 	<p>No Cargo Body</p> 			

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<h1>Vehicle Configuration</h1>	
<p>Bus (9-15 Seats, Including Driver)</p> 	<p>Truck/Trailer (Single-Unit Truck Pulling a Trailer)</p> 
<p>Bus (16 or More Seats, Including Driver)</p> 	<p>Truck Tractor (Bobtail)</p> 
<p>Single-Unit (2 Axles, 6 Tires)</p> 	<p>Tractor/Semi Trailer (One Trailer)</p> 
<p>Single-Unit (3 or More Axles)</p> 	<p>Truck Tractor/Double (Two Trailers)</p> 
<p>Truck Tractor/Triple (Three Trailers)</p> 	

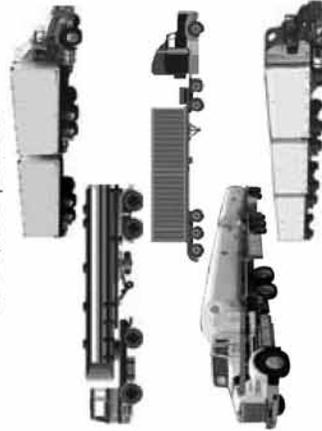
Revised 06/05

Commercial Driver's License (CDL)

COMMERCIAL MOTOR VEHICLE GROUPS

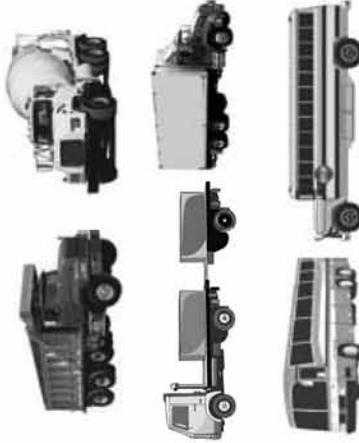
Group A (Combination Vehicle)

Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more, provided the gross vehicle weight rating (GVWR) of the vehicle(s) being towed is in excess of 10,000 pounds.



Group B (Heavy Straight Vehicle)

Any single vehicle with a GVWR of 26,001 pounds or more, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.



Group C (Small Vehicle)

Any single vehicle, or combination of vehicles, that meets neither the definition of Group A nor Group B, but is designed to transport 16 or more passengers including the driver, or is used in the transportation of materials found to be hazardous which require the motor vehicle to be placarded. This includes any quantity of chemical or biological material or agent posing a threat to national security, including toxins.



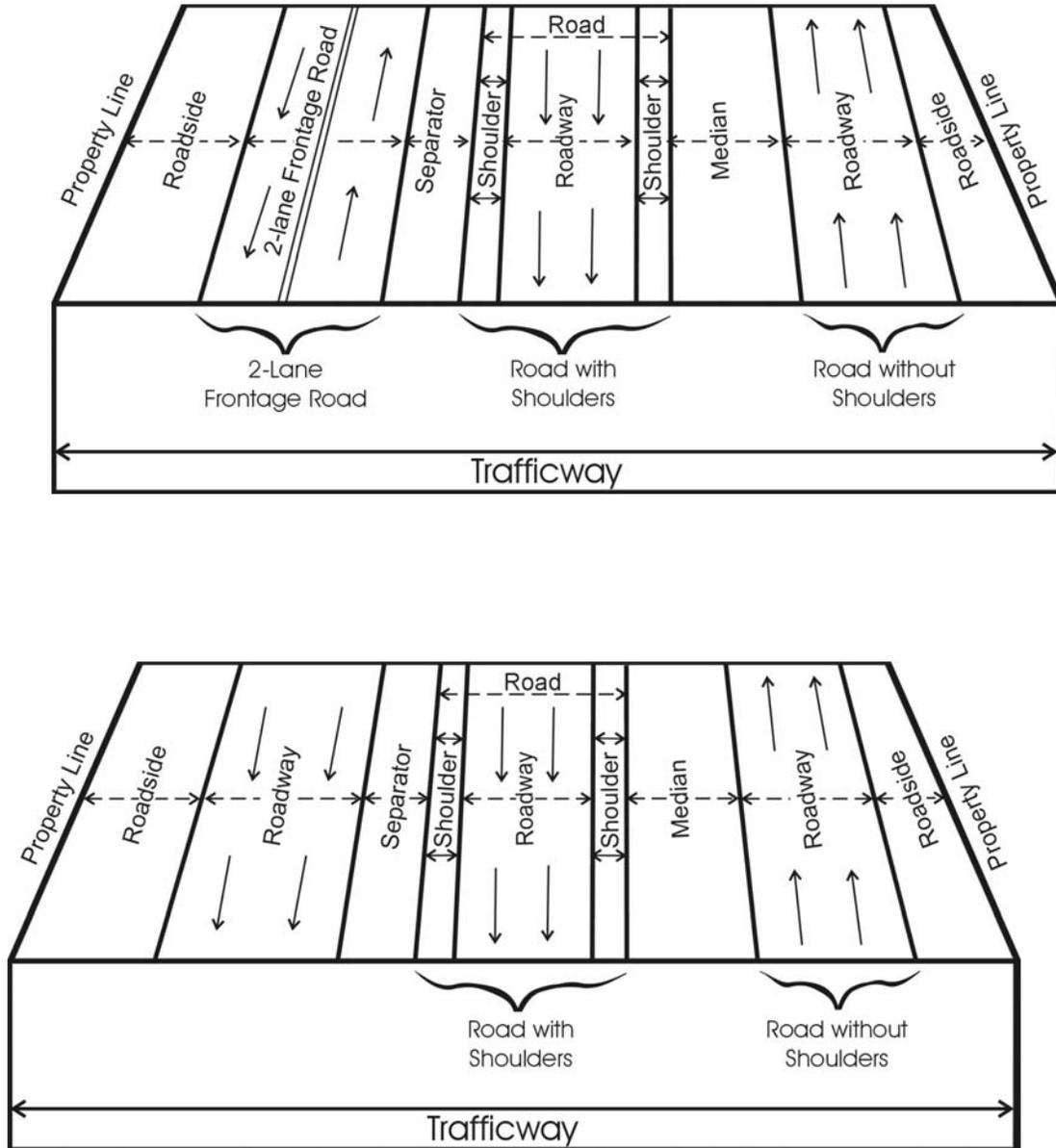
Revised 01/06

<h1>Commercial Driver's License (CDL)</h1>		
<h2>CDL ENDORSEMENTS</h2>		
<p>Double/Triple Trailers (T)</p> 	<p>Passenger Vehicles (P)</p> 	<p>Tank Vehicles (N)</p> 
<p>Hazardous Materials (H) (any size vehicle)</p> 	<p>School Buses (S)</p> 	<p>Tank & Hazardous Materials (X)</p> 
<p>Federal Motor Carrier Safety Administration</p>		<p>U.S. Department of Transportation www.fmcsa.dot.gov</p>

APPENDIX E – TRAFFICWAY DESCRIPTION

Diagram of the Trafficway

Source: ANSI D16.1-2007 Manual on Classification of Motor Vehicle Traffic Accidents, Seventh Edition



APPENDIX F - ROADWAY BREAKDOWN & GORE DIAGRAMS

Diagram of an Interchange

Source: ANSI D16.1-2007 Manual on Classification of Motor Vehicle Traffic Accidents, Seventh Edition

