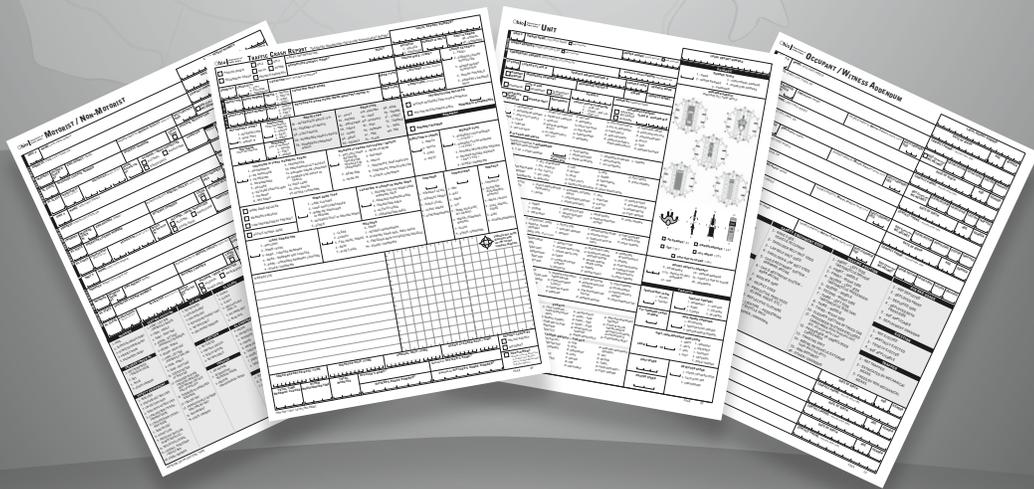


OHIO

CRASH REPORT PROCEDURE MANUAL





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TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

PHOTOS TAKEN 1 OH-2 OH-3 OH-1P OTHER SECONDARY CRASH PRIVATE PROPERTY LOCAL INFORMATION 2 REPORTING AGENCY NAME* 3 NCIC* HIT/SKIP 5 NUMBER OF UNITS 6 UNIT IN ERROR 7 ANIMAL UNKNOWN

COUNTY* 8 LOCALITY* 9 LOCATION: CITY, VILLAGE, TOWNSHIP* 10 CRASH DATE / TIME* 11 CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE 23

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LOCATION OF FIRST HARMFUL EVENT 30 MANNER OF CRASH COLLISION / IMPACT 31 DIRECTION OF TRAVEL 32 MEDIAN TYPE 33

WORK ZONE RELATED 34 WORKERS PRESENT LAW ENFORCEMENT PRESENT 37 WORK ZONE TYPE 35 LOCATION OF CRASH IN WORK ZONE 36 CONTOUR 40 CONDITIONS 41 SURFACE 42

LIGHT CONDITION 38 WEATHER 39 CLEAR CLOUDY FOG RAIN SLEET, HAIL SNOW SEVERE CROSSWINDS BLOWING SAND, SOIL, DIRT, SNOW FREEZING RAIN OR FREEZING DRIZZLE OTHER / UNKNOWN

NARRATIVE 43 44 Indicate the north direction with an "N" on the compass diagram.

CRASH REPORTED DATE / TIME 45 DISPATCH DATE / TIME 46 ARRIVAL DATE / TIME 47 SCENE CLEARED DATE / TIME 48 REPORT TAKEN BY 49 50 51 OFFICER'S NAME* 52 OFFICER'S BADGE NUMBER* 53 CHECKED BY OFFICER'S NAME* 54 CHECKED BY OFFICER'S BADGE NUMBER* 55

TOTAL TIME ROADWAY CLOSED 49 OTHER INVESTIGATION TIME 50 TOTAL MINUTES 51 OFFICER'S NAME* 52 OFFICER'S BADGE NUMBER* 53 CHECKED BY OFFICER'S NAME* 54 CHECKED BY OFFICER'S BADGE NUMBER* 55 SUPPLEMENT 57

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 - 1. ASSOCIATED DOCUMENTATION AND INFORMATION

Enter an "X" in all fields that apply to this particular crash investigation.

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

- **PHOTOS TAKEN:** Include photos taken of the scene, vehicles, or the people involved.
Do not send photos to the Ohio Department of Public Safety, file photos locally.
- **SECONDARY CRASH:** Defined as a motor vehicle traffic crash within a traffic incident scene or within a traffic queue in either direction resulting from a prior traffic incident. Reference: page 154 - *Model Minimum Uniform Crash Criteria (MMUCC)* Fifth Edition.
- **OH-2 (HSY 7002):** Marked when the Diagram / Narrative Continuation form is included.
- **OH-1P (HSY 8355):** Marked when the Occupant Addendum form is included.
- **OH-3:** Marked when OH-3 (HSY 7003) is completed by agency.
- **OTHER:** Do not enter an "X" in the "OTHER" box for an OH-1U or OH-1M. The OH-1U (Unit Page - HSY 8304) and OH-1M (Motorist Page - HSY 8306) are considered part of the OH-1 itself.
- **PRIVATE PROPERTY:** Marked when the entirety of the crash events occur on private property and outside of the trafficway.

The trafficway is any land open to the public as a matter of right of custom for moving persons or property from one place to another (ANSI 2.2.1).

– Inclusions:

- ▶ Within area with guarded entrances, such as military posts or private residential developments, land ways are trafficways, if the guards customarily admit public traffic.
- ▶ Privately constructed and/or maintained road open to the public for moving persons or property for transportation purposes.
- ▶ Local road in a residential development, which is open to the public.
- ▶ Land way providing vehicular access and/or circulation from a trafficway to a business open to the public.

– Exclusions:

- ▶ A land way under construction is not a trafficway if traffic is prohibited from entering by signing or barriers that are in conformance with applicable standards. However, if any part of the land way is open to traffic while the remainder is closed, that part which is open for traffic is a trafficway. Likewise, any temporary bypass of a construction site is a trafficway.
- ▶ A land way temporarily closed to travel and marked by signing or barriers which are in conformance with applicable standards, is not a trafficway even though used by authorized vehicles, such as maintenance vehicles, or when intentionally or inadvertently used by unauthorized vehicles. A land way open only to local traffic is not considered closed.
- ▶ A road in a gated community that is only open to residents and their guests.
- ▶ A land way not open to the public.
- ▶ Parking space and parking aisle.



Parking lot ways open to public are considered trafficways (ANSI 2.5.22).

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 – 2. LOCAL INFORMATION LOCAL INFORMATION

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

OH-1 – 3. REPORTING AGENCY NAME / NCIC REPORTING AGENCY NAME* NCIC*

- 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.
- 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 five characters in length. Include any leading zeros.
Note: If you do not have an N.C.I.C. agency identifier, contact LEADS at 1-800-589-2077.

OH-1 – 4. 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-1P, etc.). Complete from left to right.

OH-1 – 5. HIT/SKIP HIT/SKIP 1 - SOLVED 2 - UNSOLVED

Enter whether a Hit/Skip crash is 1. SOLVED or 2. UNSOLVED. Leave field blank if not Hit/Skip crash.

- Fields that may remain blank for the Hit/Skip Unit are:
 - **Traffic Crash Report (OH-1):** Property Damage Only; Work Zone Related.
 - **Unit (OH-1U):** 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 Number; HM Class Number; Has HM Placard; Non-Motorist Location Prior to Impact; Special Function; Vehicle Defects; Unit Speed.
 - **Motorist/Non-Motorist/Occupant (OH-1M):** 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; Condition; Alcohol Test Value; Offense Charged; Offense Description; Citation Number.
- Other fields should be completed with the number designating “UNKNOWN” for the specific data requested.

OH-1 – 6. NUMBER OF UNITS NUMBER OF UNITS

Enter the actual number of motor vehicles and non-motorists involved in the crash. Pedestrians, bicyclists, 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.).

OH-1 – 7. UNIT IN ERROR UNIT IN ERROR 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.

OH-1 – 8. COUNTY COUNTY*

Enter the county where the crash (first harmful event in the sequence of events occurred), using the two-digit county number.

OHIO COUNTY CODES:

1. ADAMS	23. FAIRFIELD	45. LICKING	67. PORTAGE
2. ALLEN	24. FAYETTE	46. LOGAN	68. PREBLE
3. ASHLAND	25. FRANKLIN	47. LORAIN	69. PUTNAM
4. ASHTABULA	26. FULTON	48. LUCAS	70. RICHLAND
5. ATHENS	27. GALLIA	49. MADISON	71. ROSS
6. AUGLAIZE	28. GEAUGA	50. MAHONING	72. SANDUSKY
7. BELMONT	29. GREENE	51. MARION	73. SCIOTO
8. BROWN	30. GUERNSEY	52. MEDINA	74. SENECA
9. BUTLER	31. HAMILTON	53. MEIGS	75. SHELBY
10. CARROLL	32. HANCOCK	54. MERCER	76. STARK
11. CHAMPAIGN	33. HARDIN	55. MIAMI	77. SUMMIT
12. CLARK	34. HARRISON	56. MONROE	78. TRUMBULL
13. CLERMONT	35. HENRY	57. MONTGOMERY	79. TUSCARAWAS
14. CLINTON	36. HIGHLAND	58. MORGAN	80. UNION
15. COLUMBIANA	37. HOCKING	59. MORROW	81. VAN WERT
16. COSHOCTON	38. HOLMES	60. MUSKINGUM	82. VINTON
17. CRAWFORD	39. HURON	61. NOBLE	83. WARREN
18. CUYAHOGA	40. JACKSON	62. OTTAWA	84. WASHINGTON
19. DARKE	41. JEFFERSON	63. PAULDING	85. WAYNE
20. DEFIANCE	42. KNOX	64. PERRY	86. WILLIAMS
21. DELAWARE	43. LAKE	65. PICKAWAY	87. WOOD
22. ERIE	44. LAWRENCE	66. PIKE	88. WYANDOT

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 – 9. LOCALITY

Indicate by number where the crash occurred based on the location of the first harmful event in the sequence of events. Ohio Revised Code defines a city as any incorporated area with 5,000 electors or more. Any incorporated area under 5,000 in population (electors) is considered a village. The remaining unincorporated area falls within a township boundary.

LOCALITY*
1 - CITY
2 - VILLAGE
3 - TOWNSHIP

Crash Location: The exact location in the trafficway to document where the first harmful event of the crash occurred. Reference: page 155 - *Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition.*

OH-1 – 10. LOCATION

<small>LOCATION: CITY, VILLAGE, TOWNSHIP*</small>

Enter the name of the political subdivision where crash occurred, based on the location of the first harmful event in the sequence of events. Examples: (City) Cincinnati, (Village) Mariemont, (Township) Union.

<small>CRASH DATE / TIME*</small>

OH-1 – 11. CRASH DATE / TIME

- The date and time will be entered in the following format: MMDDYYYY_HHMM. A space between date and time should be left blank.
 - The time of the crash will be entered using military time (2400 clock).
 - If the exact date and time is unknown, determine the time frame for the crash.
 - Enter the first date of the time frame, and enter the first time of the time frame in this field.
 - Enter the entire time frame of the crash in the narrative.
- Examples:
- A crash that occurred on August 14, 2018 at 9:30PM is recorded as 08142018_2130.
 - A hit/skip crash occurred between 2030 hours on January 20, 2019 and 0715 hours on January 24, 2019. Enter 01202019_2030 in the **CRASH DATE / TIME** field and enter the time frame in the narrative.

LOCATION INFORMATION

OH-1 – 12. LOCATION ROUTE TYPE

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

<small>ROUTE TYPE</small>	<small>ROUTE TYPE</small>
IR - INTERSTATE ROUTE (TP)	US - FEDERAL US ROUTE
SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTE	

OH-1 – 13. LOCATION ROUTE NUMBER

Enter the location route number, and suffix if applicable, which is being used as the crash location reference. Example: "US 20 Alternate" would be shown as "20A" not "20."

Note: This is not a zero-fill field. Start at left and work towards the right. Enter "45," not "00045," for SR 45.

When a crash occurs within an intersection, this field is determined by using the lowest, or secondary, route in this Route Type order: IR, US, SR, CR, TR.

Examples:

- For US 40 and CR 10, CR 10 is the secondary route that should be used as the reference.
- For US 40 and US 23, US 40 is the secondary route that should be used as the reference.
- For US 40 and North High Street, North High Street is the secondary road name that should be used as the reference, so the reference route information fields will be blank (#17, #18) and North High Street will instead be entered in the reference name information fields (#19, #20, #21).

Do not include the direction of travel in the **LOCATION ROUTE NUMBER** field. When applicable, direction of travel should be placed in the **DIRECTION OF TRAVEL** field (See #32).

<small>ROUTE NUMBER</small>

<small>PREFIX</small>	1 - NORTH
2 - SOUTH	3 - EAST
4 - WEST	

OH-1 – 14. LOCATION PREFIX

Enter the prefix for the **LOCATION ROAD NAME** if the road is designated as north/south or east/west.

Examples: "4" for West Broad Street, "3" for East Broad Street or "3" for East North Broadway. If no directional designation, leave blank.

OH-1 – 15. LOCATION ROAD NAME

<small>LOCATION ROAD NAME</small>

Enter the road name 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, often related to the address of the building closest to the crash.

OH-1 – 16. LOCATION ROAD TYPE

Enter the road type if a **LOCATION ROAD NAME** was entered. Example: "HW" is intended for use with Ronald Reagan Cross County "Highway", not SR-126 "HW". "SR 126" should be placed in **LOCATION ROUTE TYPE**, and **LOCATION ROUTE NUMBER** and the **LOCATION ROAD NAME** fields should remain blank.

<small>ROAD TYPE</small>

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

REFERENCE INFORMATION

- Fields 17-21 are used for the reference which describes the location.
- Fields 17-18 are used if the reference has a route number, Fields 19-21 are used if the reference has a name.
- If the reference is a milepost or house/driveway number, only Field 24 **REFERENCE POINT** is used.
- Complete the reference information on all crashes, including animal and deer crashes.
- All fields may be entered for a route that has a number and a name. The route number must be used if available.

OH-1 – 17. REFERENCE ROUTE TYPE

REFERENCE	ROUTE TYPE

Enter the **REFERENCE ROUTE TYPE** if a route is supplied as a reference.

OH-1 – 18. REFERENCE ROUTE NUMBER

ROUTE NUMBER

Enter the **REFERENCE ROUTE NUMBER**, and suffix if applicable, which is being used as the crash location reference. Example: "US 20 Alternate" would be shown as "20A" not "20."

Note: This is not a zero-fill field. Start at left and work towards the right. Enter "45", not "00045", for SR 45.

When a crash occurs within an intersection, this field is determined by using the lowest, or secondary, route in the following Route Type order: IR, US, SR, CR, TR.

Examples:

- For US 40 and CR 10, CR 10 is the secondary route that should be used as the reference.
- For US 40 and US 23, US 40 is the secondary route that should be used as the reference.
- For US 40 and North High Street, North High Street is the secondary road name that should be used as the reference, so the reference route information fields will be blank (#17, #18) and North High Street will instead be entered in the reference name information fields (#19, #20, #21).

OH-1 – 19. REFERENCE PREFIX

PREFIX	1 - NORTH
	2 - SOUTH
	3 - EAST
	4 - WEST

Enter the prefix for the **REFERENCE ROAD NAME** if the road is designated as north/south or east/west.

Examples: "4" for West Broad Street, "3" for East Broad Street or "3" for East North Broadway.

If no directional designation, leave blank.

OH-1 – 20. REFERENCE ROAD NAME

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

For crashes that occur in an unnamed alley, record the address of the parallel street name used for **LOCATION ROAD NAME**.

Examples: For a road name, "Main"; for a milepost, "23" or "91.20"; for a house number, "1256".

OH-1 – 21. REFERENCE ROAD TYPE

ROAD TYPE

Enter the **REFERENCE ROAD TYPE** if the reference point used is the intersection of two streets. Enter "MP", if a milepost is used as a reference point. If reference is a house number, leave blank.

OH-1 – 22. LATITUDE / LONGITUDE – DECIMAL DEGREES

LATITUDE	DECIMAL DEGREES
LONGITUDE	DECIMAL DEGREES

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.

- Identify areas in Decimal Degrees (DD.DDDDDD): (Latitude) 39.956753, (Longitude) 83.046006.
- Change your device settings, if they are default set at Degrees / Minutes / Seconds, to Decimal Degrees.
- A latitude of 39° 57' 24.3108 is not 39.57243108. It is $39 + (57 + (24.3108 / 60)) / 60$ or 39.956753.

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 – 23. CRASH SEVERITY

Enter the severity of the crash based on the most severe injury to any person involved in the crash.

Reference: page 155 - *Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition*.

1 – FATAL: Any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. Reference: page 157 - *Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition*.

2 – SERIOUS INJURY SUSPECTED: Any injury other than fatal which results in one or more of the following:

- Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood
- Broken or distorted extremity (arm or leg)
- Crush injuries
- Suspected skull, chest or abdominal injury other than bruises or minor lacerations
- Significant burns (second and third degree burns over 10% or more of the body)
- Unconsciousness when taken from the crash scene
- Paralysis

CRASH SEVERITY	
<input type="checkbox"/>	1 - FATAL
<input type="checkbox"/>	2 - SERIOUS INJURY SUSPECTED
<input type="checkbox"/>	3 - MINOR INJURY SUSPECTED
<input type="checkbox"/>	4 - INJURY POSSIBLE
<input type="checkbox"/>	5 - PROPERTY DAMAGE ONLY

3 – MINOR INJURY SUSPECTED: Any injury that is evident at the scene of the crash, other than fatal or suspected serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

4 – INJURY POSSIBLE: Any injury recorded or claimed which is not a fatal, serious injury, or minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wound or injuries are readily evident.

5 – PROPERTY DAMAGE ONLY: There is no reason to believe that any person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

OH-1 – 24. REFERENCE POINT

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

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

When using "3 - HOUSE #," the distance should be measured from the main egress point of the property on the public roadway.

OH-1 – 25. DIRECTION FROM REFERENCE

Enter the direction the crash is from the reference point used, whether a route number and/or road name, house number, or milepost number.

DIRECTION FROM REFERENCE	
<input type="checkbox"/>	1 - NORTH
<input type="checkbox"/>	2 - SOUTH
<input type="checkbox"/>	3 - EAST
<input type="checkbox"/>	4 - WEST

This is the direction the crash is from the given reference. Example: The crash happens 45 feet south of East Main Street on High Street, enter "S" in this field and "45" in the **DISTANCE FROM REFERENCE** field. This field must be completed **only** if there is an entry in the **DISTANCE FROM REFERENCE** field.

OH-1 – 26. DISTANCE FROM REFERENCE

Enter the distance from the REFERENCE POINT used.

DISTANCE FROM REFERENCE	
<input type="text"/>	<input type="text"/>

If the value is zero, leave blank.

Do not use more than three spaces. If the number is greater than 999, change to the next higher unit of measure.

If this field is completed, then the **DIRECTION FROM REFERENCE** and **DISTANCE UNIT OF MEASURE** fields must also be completed.

OH-1 – 27. DISTANCE UNIT OF MEASURE

Record the appropriate unit of measure for quantifying the **DISTANCE FROM REFERENCE**.

DISTANCE UNIT OF MEASURE	
<input type="checkbox"/>	1 - MILES
<input type="checkbox"/>	2 - FEET
<input type="checkbox"/>	3 - YARDS

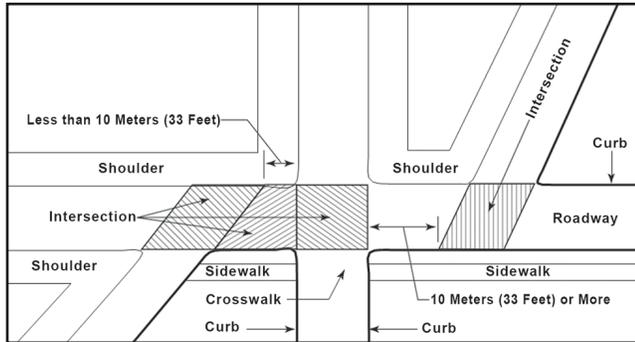
This field must be completed **only** if there is an entry in the **DISTANCE FROM REFERENCE** field.

OH-1 - 28. INTERSECTION RELATED

Enter an "X" in the checkbox for **WITHIN INTERSECTION** or **ON APPROACH**, if the first harmful event of the crash occurs on an approach to, or exit from, an intersection *and* results from an activity, behavior or control related to the movement of traffic units through the intersection. (ANSI 2.7.5)

Enter an "X" in the checkbox for **WITHIN INTERCHANGE AREA**, if the first harmful event occurs within boundaries which include all ramps of auxiliary roadways and include each roadway entering or leaving the interchange to a point 30 meters (100 feet) beyond the gore or curb return at the outermost ramp connection.

Interchange crashes may include at-intersection crashes, intersection-related crashes, driveway access crashes or non-junction crashes. (ANSI 2.7.7)



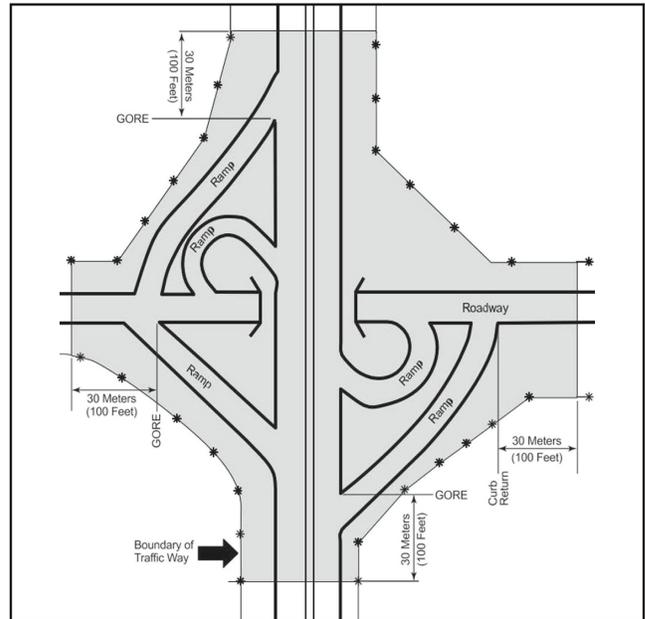
INTERSECTION DIAGRAM (Source: Figure 4: Diagram of an Intersection - Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition. / ANSI D16.2-2007 / Manual on Classification of Motor Vehicle Traffic Accidents - Seventh Edition.

INTERSECTION RELATED	
<input type="checkbox"/>	WITHIN INTERSECTION OR ON APPROACH
<input type="checkbox"/>	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

Enter a numeric value for the **NUMBER OF APPROACHES** into the intersection in which the crash occurred within or near. The value should reflect the number of lanes that lead into the intersection, or the number of approaches from which vehicles can enter the intersection.

This caption should only be completed if the **WITHIN INTERSECTION** or **ON APPROACH** is marked.

If **WITHIN INTERSECTION** or **ON APPROACH** is not marked, this field should be left blank.



INTERCHANGE DIAGRAM (Source: Figure 9: Interchange crashes - Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition. / ANSI D16.2-2007 / Manual on Classification of Motor Vehicle Traffic Accidents - Seventh Edition.

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 - 29. ROADWAY DIVIDED



Enter an "X" if the roadway is divided.

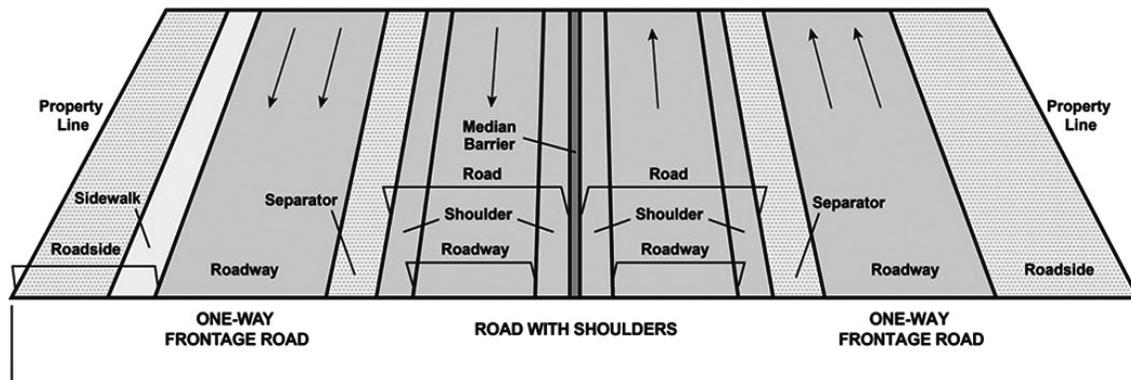
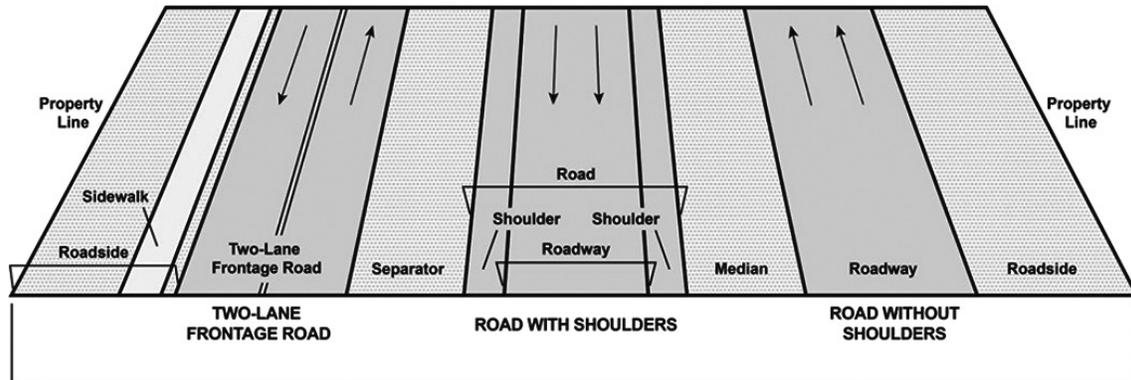
A divided roadway is one on which roadways for travel in opposite directions are separated by a median. Median includes a physical barrier, depressed or raised area, or painted area four or more feet wide. Median does not include a turn lane or a continuous turn lane. A median is defined from inside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

OH-1 - 30. LOCATION OF FIRST HARMFUL EVENT

Enter the location of the first harmful event for the crash as it relates to its position within or outside the trafficway. The first harmful event is defined as that place where the first fatality, personal injury, or property damage occurs.

Example: If a car leaves 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."

LOCATION OF FIRST HARMFUL EVENT	
1 - ON ROADWAY	9 - CROSSOVER
2 - ON SHOULDER	10 - DRIVEWAY/ALLEY ACCESS
3 - IN MEDIAN	11 - RAILWAY GRADE CROSSING
4 - ON ROADSIDE	12 - SHARED USE PATHS OR TRAILS
5 - ON GORE	13 - BIKE LANE
6 - OUTSIDE TRAFFIC WAY	14 - TOLL BOOTH
7 - ON RAMP	99 - OTHER / UNKNOWN
8 - OFF RAMP	



TRAFFICWAY DIAGRAM (Source: Figure 1: Diagram of the Trafficway - Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition. / ANSI D16.2-2007 / Manual on Classification of Motor Vehicle Traffic Accidents - Seventh Edition.

OH-1 – 31. MANNER OF COLLISION / IMPACT

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

Reference: Figure 2: Manner of Collision and Associated Crash Diagrams, p.17 – *Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition*.

- 1 – NOT COLLISION:** Unless there are at least two motor vehicles in transport involved in the crash, the manner of collision is “1.” If a motor vehicle in transport hits a parked vehicle, the manner of collision is “1.” If a motor vehicle in transport strikes a pedestrian/bicyclist and does not strike another motor vehicle in transport, the manner of collision is “1.”
- 2 – REAR-END:** Vehicles must be traveling in the same direction.
- 3 – HEAD-ON:** Vehicles must be traveling in opposite directions and the majority of the impact is the front area of both units.
- 4 – REAR-TO-REAR:** One vehicle backs into the rear of another vehicle that is either parked or moving in a reverse direction, and the majority of the impact is the rear area of both units.

- 5 – BACKING:** A unit backs into the side or front of another other unit that is either parked or moving forward.
- 6 – ANGLE:** When vehicles are traveling in perpendicular directions. Example: E/W to N/S.
- 7 – SIDESWIPE, SAME DIRECTION:** When vehicles are traveling in the same direction and the majority of the damage is related to the side of the units.
- 8 – SIDESWIPE, OPPOSITE DIRECTION:** When vehicles are traveling in opposite directions and the majority of the damage is related to the sides of the units.
- 9 – OTHER / UNKNOWN:** Self-explanatory.

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



REAR-END: Vehicles must be traveling in the same direction.



HEAD-ON: Vehicles must be traveling in opposite directions and the majority of the impact is the front area of both units.



ANGLE: When vehicles are traveling in perpendicular directions. Example: E/W to N/S.



SIDESWIPE, SAME DIRECTION: When vehicles are traveling in the same direction and the majority of the damage is related to the side of the units.



SIDESWIPE, OPPOSITE DIRECTION: When vehicles are traveling in opposite directions and the majority of the damage is related



BACKING: A unit backs into the side or front of another other unit that is either parked or moving forward.



REAR TO REAR: One vehicle backs into the rear of another vehicle that is either parked or moving in a reverse direction, and the majority of the impact is the rear area of both units.

MANNER OF COLLISION (Adapted from Figure 2: Manner of Collision and Associated Crash Diagrams - *Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition*.)

OH-1 – 32. DIRECTION OF TRAVEL

Enter the corresponding value for the crash lane's **DIRECTION OF TRAVEL**. Example:
 Indicate "3" when a westbound vehicle on 70 crosses the median and strikes a vehicle on the eastbound side of 70.
 Complete only when **ROADWAY DIVIDED** is indicated.

DIRECTION OF TRAVEL	
1	NORTH
2	SOUTH
3	EAST
4	WEST

OH-1 – 33. MEDIAN TYPE

Enter the corresponding value for the **MEDIAN TYPE** on the roadway. Complete only when **ROADWAY DIVIDED** is indicated.

MEDIAN TYPE	
1	DIVIDED FLUSH MEDIAN (<4 FEET)
2	DIVIDED FLUSH MEDIAN (≥4 FEET)
3	DIVIDED, DEPRESSED MEDIAN
4	DIVIDED, RAISED MEDIAN (ANY TYPE)
9	OTHER/UNKNOWN

OH-1 – 34. WORK ZONE CRASHES

Enter an "X" in any checkbox that apply to crash location. Checkboxes left blank default to "NO."
 If the first checkbox is marked "YES;" **WORKERS PRESENT** and **LAW ENFORCEMENT PRESENT** must also be marked, if applicable.

<input type="checkbox"/>	WORK ZONE RELATED
<input type="checkbox"/>	WORKERS PRESENT
<input type="checkbox"/>	LAW ENFORCEMENT PRESENT

These checkboxes 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 RELATED** 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.

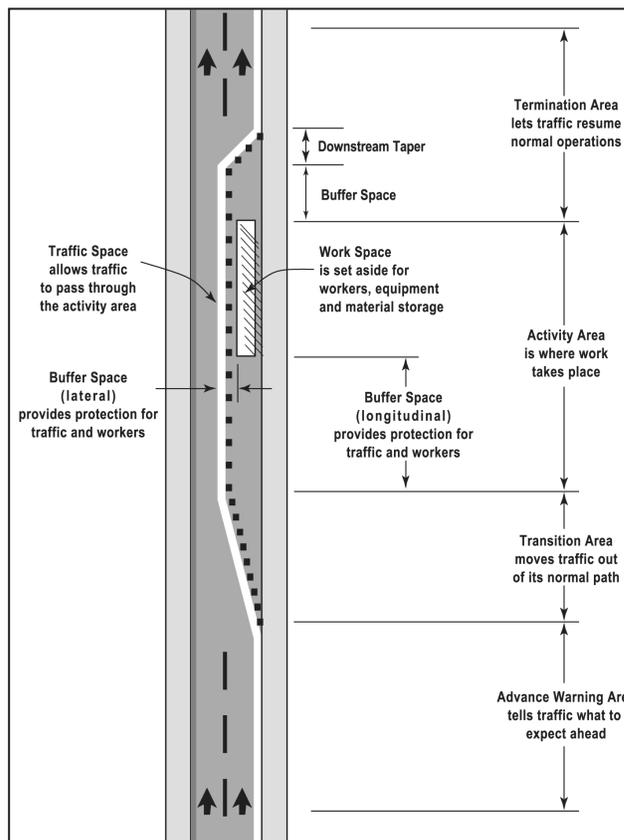
Examples:

- 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.
- A van in an open travel lane strikes a highway worker in the work zone.
- A highway construction vehicle working on the edge of the roadway is struck by a motor vehicle in transport in a construction zone.
- 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.
- 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.
- 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.

Exclude 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:

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



WORK ZONE DIAGRAM (Source: Figure 6: Diagram of a Work Zone Area - Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition.

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 – 35. WORK ZONE TYPE

If the crash is a **WORK ZONE RELATED** crash, indicate **WORK ZONE TYPE**. If not in a work zone, leave blank.

WORK ZONE TYPE	
<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

OH-1 – 36. LOCATION OF CRASH IN WORK ZONE

If **WORK ZONE RELATED** crash, indicate the location of the crash in relation to the work zone. Refer to **WORK ZONE RELATED / WORKERS PRESENT / LAW ENFORCEMENT IN WORK ZONE**.

LOCATION OF CRASH IN WORK ZONE	
<input type="checkbox"/>	1 - BEFORE THE 1ST 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

OH-1 – 37. ACTIVE SCHOOL ZONE

Enter an "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. Additionally, any time the school zone speed limit sign is active, enter an "X" in this field.

<input type="checkbox"/>	ACTIVE SCHOOL ZONE
--------------------------	--------------------

OH-1 – 38. LIGHT CONDITIONS

Enter the corresponding value for lighting conditions at the time of the crash.

LIGHT CONDITION	
<input type="checkbox"/>	1 - DAYLIGHT
<input type="checkbox"/>	2 - DAWN/DUSK
<input type="checkbox"/>	3 - DARK – LIGHTED ROADWAY
<input type="checkbox"/>	4 - DARK – ROADWAY NOT LIGHTED
<input type="checkbox"/>	5 - DARK – UNKNOWN ROADWAY LIGHTING
<input type="checkbox"/>	9 - OTHER / UNKNOWN

OH-1 – 39. WEATHER

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

WEATHER			
<input type="checkbox"/>	1 - CLEAR	<input type="checkbox"/>	6 - SNOW
<input type="checkbox"/>	2 - CLOUDY	<input type="checkbox"/>	7 - SEVERE CROSSWINDS
<input type="checkbox"/>	3 - FOG, SMOG, SMOKE	<input type="checkbox"/>	8 - BLOWING SAND, SOIL, DIRT, SNOW
<input type="checkbox"/>	4 - RAIN	<input type="checkbox"/>	9 - FREEZING RAIN OR FREEZING DRIZZLE
<input type="checkbox"/>	5 - SLEET, HAIL	<input type="checkbox"/>	99 - OTHER / UNKNOWN

OH-1 – 40. CONTOUR

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

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 - OTHER/UNKNOWN

OH-1 – 41. CONDITIONS

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

CONDITIONS	
<input type="checkbox"/>	1 - DRY
<input type="checkbox"/>	2 - WET
<input type="checkbox"/>	3 - SNOW
<input type="checkbox"/>	4 - ICE
<input type="checkbox"/>	5 - SAND, MUD, DIRT, OIL, GRAVEL
<input type="checkbox"/>	6 - WATER (STANDING, MOVING)
<input type="checkbox"/>	7 - SLUSH
<input type="checkbox"/>	9 - OTHER/UNKNOWN

OH-1 – 42. SURFACE

Enter the physical type of road surface at the location of the first harmful 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 "4 - **SLAG, GRAVEL, STONE.**" Otherwise, use the surface at impact.

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"/>	9 - OTHER/UNKNOWN

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 – 43. NARRATIVE

Do not include social security numbers in the narrative.

Write a brief, concise view of the crash, explaining how and why the crash happened in simple, easy-to-understand English. Refer to units by number. Ensure 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:

- For which unit did the light change from red to green?
- Was Unit #2 eastbound or westbound on East Main Street?
- 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 submitted narrative.

OH-1 – 44. DIAGRAM

A diagram should be made on all crashes except for animal crashes where no injuries are reported, and private property crashes.

It is not acceptable to indicate "See OH-2" in place of the diagram.

A diagram is a picture of what the investigating officer believes happened based on the information available. It is not how the scene appeared 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.

NARRATIVE	<div style="text-align: right; margin-bottom: 10px;">  Indicate the north direction with an "N" on the compass diagram. </div> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
-----------	--

TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 - 45. CRASH REPORTED DATE / TIME

CRASH REPORTED DATE / TIME											

Enter the numerical date and military time the crash was reported to the agency in the following format:

M	M	D	D	Y	Y	Y	Y	T	T	T	T
---	---	---	---	---	---	---	---	---	---	---	---

Ensure that a blank space remains between the date and the time.

Example: June 1, 2019 at 10:24 am would be entered as:

0	6	0	1	2	0	1	9	1	0	2	4
---	---	---	---	---	---	---	---	---	---	---	---

OH-1 - 46. DISPATCH DATE / TIME

DISPATCH DATE / TIME											

Enter the numerical date and military time law enforcement was dispatched to the crash scene.

OH-1 - 47. ARRIVAL DATE / TIME

ARRIVAL DATE / TIME											

Enter the numerical date and military time the first law enforcement officer arrived at the crash scene.

OH-1 - 48. SCENE CLEARED DATE / TIME

SCENE CLEARED DATE / TIME											

Enter the numerical date and military time the investigating officer left the crash scene.

OH-1 - 49. TOTAL TIME ROADWAY CLOSED

TOTAL TIME ROADWAY CLOSED											

Enter the total time (in minutes) any or all of the through lanes of the roadway are closed due to a blockage from the crash.

OH-1 - 50. 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.

OH-1 - 51. TOTAL MINUTES

TOTAL MINUTES											

Enter the total number of minutes required to complete the crash investigation from the time law enforcement was dispatched to the crash until all follow up investigations are complete. Complete field from left to right.

Example:

Dispatched time:	Cleared scene time:
1500	1700
On-scene time:	120 minutes
Other investigation:	45 minutes

165 TOTAL MINUTES

OH-1 - 52. OFFICER'S NAME

OFFICER'S NAME*

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

OH-1 - 53. OFFICER'S BADGE NUMBER

OFFICER'S BADGE NUMBER*

Enter the reporting officer's identification number assigned by his/her law enforcement agency, fill blocks from left to right.

OH-1 - 54. CHECKED BY OFFICER'S NAME

CHECKED BY OFFICER'S NAME*

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

OH-1 - 55. CHECKED BY OFFICER'S BADGE NUMBER

CHECKED BY OFFICER'S BADGE NUMBER*

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

OH-1 - 56. REPORT TAKEN BY

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

Enter an "X" in the checkbox as to whom obtained the information entered in the crash report.

OH-1 - 57. SUPPLEMENT

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

Enter an "X" if this report is being used for a correction or addition to a report previously sent to the Ohio Department of Public Safety (ODPS).

- Ensure the reason for the supplement is noted within the Narrative.
- Do not delete what was originally provided in the Narrative.
- Examples of 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 OH-1 was forwarded to ODPS; errors were found after the crash was submitted; or any data that would be changed if the OH-1 had not yet been sent. With the exception of the fields with the asterisk (*), only complete the fields that need changed.

OH-1 - 58. PAGE OF

PAGE	OF
------	----

Each page of the crash report must be sequentially numbered.

OWNER	2 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		4 OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		
	5 OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)				
	6 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		7 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	8 PLATE #	9 LICENSE STATE #	10 VEHICLE IDENTIFICATION #	11 VEHICLE YEAR	12 VEHICLE MAKE
	13 INSURANCE CARRIER	14 INSURANCE COMPANY	15 INSURANCE POLICY #	16 VEHICLE MODEL	
	<input type="checkbox"/> COMMERCIAL 17 USE	<input type="checkbox"/> IN EMERGENCY RESPONSE	18 US DOT #	22 TOWED BY (ANY NAME)	
	19 TRAILER RAMP	20 # OCCUPANTS	21 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	23 HAZARDOUS MATERIAL CLASSIFICATION	
	25 UNIT TYPE	26 # OF TRAILING UNITS	27 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	28 VEHICLE AUTONOMOUS MODE LEVEL	
	29 SPECIAL FUNCTION	30 CARGO BODY TYPE	31 VEHICLE DEFECTS	32 CRASH LOCATION AT IMPACT	
	33 ACTION	34 PRE-CRASH ACTIONS	35 CONTRIBUTING CIRCUMSTANCES	36 SEQUENCE OF EVENTS	
	37 COLLISION WITH FIXED OBJECT - STRUCK				
	38 FIRST HARMFUL EVENT MOST HARMFUL EVENT				

LOCAL REPORT NUMBER 1	
DAMAGE	
DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 37 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] 38 ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 39 1 - UNDERCARRIAGE 1-12 - REFER TO DIAGRAM 13 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 40 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 41 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 42	RAIL GRADE CROSSING 1 - NOT INVOLVED 43 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 44 TO _____ 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 45	DETECTED SPEED 47 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 46	48

TRAFFIC CRASH REPORT: **UNIT – OH-1U [HSY 8304]**

OH-1U – 9. **LICENSE PLATE NUMBER**

LICENSE PLATE #

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 (HSY 7002 OH-2 *Ohio Traffic Crash Report Diagram / Narrative Continuation*).

Do not record validation sticker number.

If a vehicle does not have a state-issued license plate (“XX” entered in LP STATE field), but has a unique combination of alpha-numeric characters that is designated by an 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.

OH-1U – 10. **VEHICLE IDENTIFICATION NUMBER**

VEHICLE IDENTIFICATION #

Enter the **VEHICLE IDENTIFICATION NUMBER** for this vehicle (manufacturer assigned number permanently affixed to the motor vehicle).

OH-1U – 11. **VEHICLE YEAR**

VEHICLE YEAR

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

OH-1U – 12. **VEHICLE MAKE**

VEHICLE MAKE

Enter the make given by the manufacturer to a line of vehicles. Example: Ford, Chevrolet, Chrysler, Volkswagen.

OH-1U – 13. **INSURANCE VERIFIED**

INSURANCE VERIFIED

Enter an “X” *only* if proof of insurance is shown.

OH-1U – 14. **INSURANCE COMPANY**

INSURANCE COMPANY

Enter the name of the insurance company and/or agent which insures the vehicle and/or driver.

INSURANCE POLICY #

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

OH-1U – 15. **COLOR**

COLOR

List the color of the vehicle using general colors. Examples: 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.

OH-1U – 16. **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.

OH-1U – 17. **TYPE OF USE**

Enter an “X” in the checkboxes that apply.

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

- **COMMERCIAL** – a motor vehicle used for the transportation of goods, property or people in interstate or intrastate commerce.
- **GOVERNMENT** – any government vehicle whether it is operated by the local, State, or federal government.
- **IN EMERGENCY RESPONSE** – Indicates operation of any motor vehicle that is legally authorized by a government authority to respond to emergencies with or without the use of emergency warning equipment, such as a police vehicle, fire truck, or ambulance while actually engaged in such response. Reference: *Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition*.

OH-1U – 18. **INTERLOCK DEVICE EQUIPPED**

INTERLOCK DEVICE EQUIPPED

Enter an “X” in the checkbox if the vehicle is equipped with interlock device.

Interlock device is defined as a device approved by the director of the Ohio Department of Public Safety that connects a breath analyzer to a motor vehicle’s ignition system, that is constantly available to monitor the concentration by weight of alcohol in the breath of any person attempting to start the motor vehicle by using its ignition system, and that deters starting the motor vehicle by use of its ignition system unless the person attempting to start the vehicle provides an appropriate breath sample for the device and the device determines that the concentration by weight of alcohol in the person’s breath is below a preset level.

OH-1U – 19. **HIT/SKIP UNIT**

HIT/SKIP UNIT

Enter an “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.

TRAFFIC CRASH REPORT: UNIT – OH-1U [HSY 8304]

OH-1U – 20. 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, enter with "00". Enter "00" for an unoccupied parked vehicle.

If UNIT TYPE is "23 – PEDESTRIAN/SKATER, 24 – WHEELCHAIR (ANY TYPE), 25 – OTHER NON-MOTORIST," leave blank.

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.

OH-1U – 21. US DOT NUMBER

Enter the US DOT number of carrier.

For more information, refer to FMCSA's *How to Find the Responsible Carrier and Correct U.S. DOT Number* below and on page 20.

US DOT #
<input style="width: 100%; height: 15px;" type="text"/>
VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

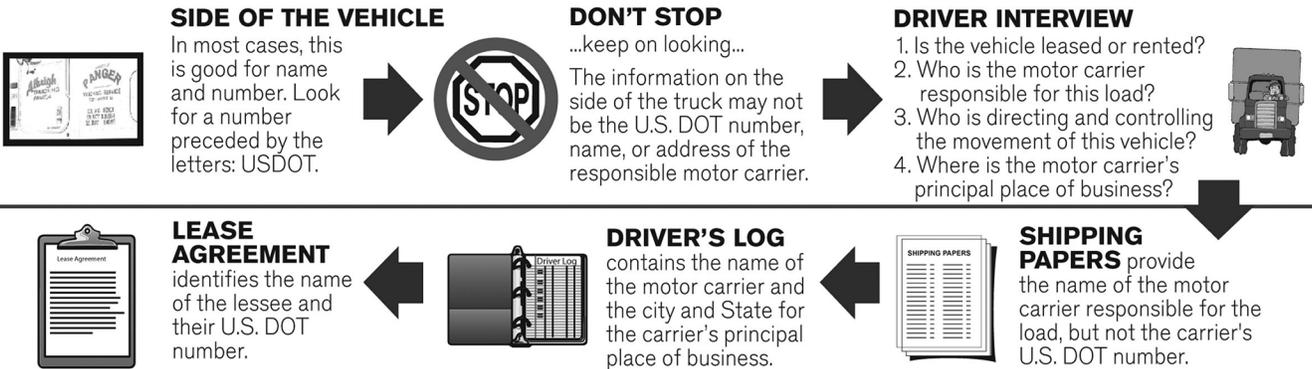
OH-1U – 22. VEHICLE WEIGHT GVWR / GCWR

Enter the weight rating of the vehicle from the FID sticker, found inside the driver's door or door pillar.

The gross vehicle weight rating (GVWR) is the manufacturer's recommended maximum loaded weight of a single vehicle and its load.

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).

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.

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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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OH-1U – 23. **TOWED BY**

TOWED BY: COMPANY NAME

Enter the towing company's name or, if private tow, enter "private."

OH-1U – 24. **HAZARDOUS MATERIAL**

HAZARDOUS MATERIAL		
<input type="checkbox"/>	MATERIAL RELEASED	CLASS # PLACARD ID #
<input type="checkbox"/>	PLACARD	_____

- **HAZARDOUS MATERIAL RELEASED:** Enter "X" in the checkbox if hazardous material was released. Indicate whether or not hazardous material was released from the cargo compartment. Leakage of fuel or oil carried by the vehicle for its own use **does not** qualify as a "hazardous material release."
- **PLACARD:** Enter "X" in the checkbox, if the vehicle had a hazardous material placard displayed. Complete this anytime a vehicle displaying a hazardous material placard is involved in a crash.
- **HAZARDOUS MATERIAL CLASS #:** 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 HM Priority Order chart. Only report the single-digit hazard class number and not the 2-digit class/division number (i.e., 5 instead of 5.1).

- **PLACARD ID NUMBER:** 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)

For additional information on entering a Hazardous Materials 4-digit Identification Number, refer to FMCSA's *Reporting Hazardous Materials Information on page 22*.

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):

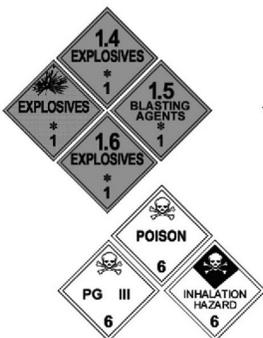
<p>1. DOES THE VEHICLE HAVE A HAZARDOUS MATERIALS PLACARD? YES <input checked="" type="radio"/> NO <input type="radio"/></p> <p>Placards should be on all four sides of the vehicle. For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and each end. 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. 5.1 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>

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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



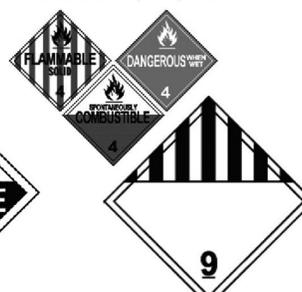
Class 7: Radioactive

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

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TRAFFIC CRASH REPORT: **UNIT – OH-1U [HSY 8304]**

UNIT TYPE	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
	4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
	5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
	6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP
	# OF TRAILING UNITS				

OH-1U – 25. **UNIT TYPE**

Enter the vehicle type indicating the general configuration or shape of the power unit involved in the motor vehicle crash.

If a single digit code applies, enter the applicable code in the far right space.

8 – MOTORCYCLE 3-WHEELED: Select regardless of whether the single tire is in the front or the rear of the motorcycle unless the 3-wheeled vehicle is an autocycle.

9 – AUTOCYCLE: A three-wheeled motorcycle that is manufactured to comply with federal safety requirements for motorcycles and is equipped with safety belts, a steering wheel, and seating does not require the operator to straddle or sit aside to the ride the motorcycle.

99 – UNKNOWN OR HIT/SKIP: Used for both motorists and non-motorists.

OH-1U – 26. **NUMBER OF TRAILING UNITS**

Enter the number of units being pulled by the power unit. Additional information regarding these units should be documented on the OH-2 form.

SAE level	Name	Narrative Definition	Execution of Steering and Acceleration/Deceleration	Monitoring of Driving Environment	Fallback Performance of Dynamic Driving Task	System Capability (Driving Modes)
Human driver monitors the driving environment						
0	No Automation	the full-time performance by the <i>human driver</i> of all aspects of the <i>dynamic driving task</i> , even when enhanced by warning or intervention systems	Human driver	Human driver	Human driver	n/a
1	Driver Assistance	the <i>driving mode</i> -specific execution by a driver assistance system of either steering or acceleration/deceleration using information about the driving environment and with the expectation that the <i>human driver</i> perform all remaining aspects of the <i>dynamic driving task</i>	Human driver and system	Human driver	Human driver	Some driving modes
2	Partial Automation	the <i>driving mode</i> -specific execution by one or more driver assistance systems of both steering and acceleration/deceleration using information about the driving environment and with the expectation that the <i>human driver</i> perform all remaining aspects of the <i>dynamic driving task</i>	System	Human driver	Human driver	Some driving modes
Automated driving system (“system”) monitors the driving environment						
3	Conditional Automation	the <i>driving mode</i> -specific performance by an <i>automated driving system</i> of all aspects of the dynamic driving task with the expectation that the <i>human driver</i> will respond appropriately to a <i>request to intervene</i>	System	System	Human driver	Some driving modes
4	High Automation	the <i>driving mode</i> -specific performance by an automated driving system of all aspects of the <i>dynamic driving task</i> , even if a <i>human driver</i> does not respond appropriately to a <i>request to intervene</i>	System	System	System	Some driving modes
5	Full Automation	the full-time performance by an <i>automated driving system</i> of all aspects of the <i>dynamic driving task</i> under all roadway and environmental conditions that can be managed by a <i>human driver</i>	System	System	System	All driving modes

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO <input type="checkbox"/> 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL <input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION	<input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION
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OH-1U – 27. **AUTONOMOUS MODE**

Enter the **AUTONOMOUS MODE** the vehicle was operating in at the time of the motor vehicle crash.

- **1 - YES** – Marked if any part of the driving task was being performed by an autonomous system.
- **2 - NO** – Marked if the human driving was performing all aspects of the dynamic driving task.
- **9 - OTHER/UNKNOWN** – Marked if the investigating officer is unaware, or it is a hit/skip crash.
- Blank for non-motorist or train.

AUTONOMOUS MODE is defined as the hardware and software that are collectively capable of performing part or all of the dynamic driving task on a sustained basis.

Dynamic driving task includes the operational (steering, braking, accelerating, monitoring the vehicle and roadway) and tactical (responding to events, determining when to change lanes, turn, use signals, etc.) aspects of the driving task, but not the strategic (determining destinations and waypoints) aspect of the driving task.

Driving mode is a type of driving scenario with characteristic dynamic driving task requirements (e.g., expressway merging, high-speed cruising, low speed traffic jam, closed-campus operations, etc.).

Request to intervene is notification by the automated driving system to a human driver to promptly begin, or resume, performance of the dynamic driving task.

OH-1U – 28. **AUTONOMOUS MODE LEVEL**

Enter the **AUTONOMOUS MODE LEVEL** the vehicle was operating in at the time of the motor vehicle crash if **AUTONOMOUS MODE** is marked as “**1 - YES**.”

0 – NO AUTOMATION: The full-time performance by the human driver of all aspects of the dynamic driving task, even when enhanced by warning or intervention systems.

1 – DRIVER ASSISTANCE: Driver assistance system of either steering or acceleration/deceleration using information about the driving environment and with the expectation that the human driver performs all remaining aspects of the dynamic driving task.

2 – PARTIAL AUTOMATION: The driving mode-specific execution by one or more driver assistance systems of both steering and acceleration/deceleration using information about the driving environment and with the expectation that the human driver performs all remaining aspects of the dynamic driving task.

3 – CONDITIONAL AUTOMATION: The driving mode-specific performance by an automated driving system of all aspects of the dynamic driving task with the expectation that the human driver will respond appropriately to a request to intervene.

4 – HIGH AUTOMATION: The driving mode-specific performance by an automated driving system of all aspects of the dynamic driving task, even if a human driver does not respond appropriately to a request to intervene.

5 – FULL AUTOMATION: The full-time performance by an automated driving system of all aspects of the dynamic driving task under all roadway and environmental conditions that can be managed by a human driver.

TRAFFIC CRASH REPORT: **UNIT – OH-1U [HSY 8304]**

OH-1U – 29. **SPECIAL FUNCTIONS**

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

SPECIAL FUNCTION	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

OH-1U – 30. **CARGO BODY TYPE**

Enter the body type of the vehicle. Enter "1" for non-motorists.

CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
				11 - DUMP	99 - OTHER / UNKNOWN

OH-1U – 31. **VEHICLE 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. When **CONTRIBUTING CIRCUMSTANCES** is "18 - OPERATING DEFECTIVE EQUIPMENT," this must be completed.

VEHICLE DEFECTS	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
	3 - TAIL LAMPS	6 - TIRE BLOWOUT			

OH-1U – 32. **NON-MOTORIST LOCATION AT IMPACT**

Enter the location of the non-motorist with respect to the roadway prior to the time of crash. If Unit is a motorist, leave blank.

NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	

OH-1U – 33. **ACTION**

Enter the action of the unit.

ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
	4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

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. Examples: 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. Examples: 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.

3 – STRIKING: A vehicle that impacted/collided with another vehicle, object or pedestrian; though it is not necessarily the vehicle at fault. 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. Examples: a pedestrian walks into the side of this vehicle; a bicyclist rear ends this vehicle; this vehicle is struck by another vehicle.

5 – BOTH STRIKING & STRUCK: Any combination of "3 - STRIKING" and "4 - STRUCK." Example: A vehicle #1 rear ends vehicle #2 causing vehicle #2 to rear end vehicle #3. The vehicle #2 will be shown as striking and struck.

OH-1U – 34. **PRE-CRASH ACTIONS**

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.

OH-1U – 35. CONTRIBUTING CIRCUMSTANCES

Enter the motorist/non-motorist’s action 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. Codes 20, 21, 22 are for non-motorists only.

CONTRIBUTING CIRCUMSTANCES	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
	6 - IMPROPER TURN	12 - IMPROPER BACKING			

OH-1U – 36. SEQUENCE OF EVENTS / FIRST HARMFUL EVENT / MOST HARMFUL EVENT

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**, 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.

SEQUENCE OF EVENTS		EVENTS			
1	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE – OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL – FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL – DEER	24 - OTHER MOVABLE OBJECT
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL – OTHER	
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
3				21 - PARKED MOTOR VEHICLE	
COLLISION WITH FIXED OBJECT – STRUCK					
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
6	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
				49 - FIRE HYDRANT	

FIRST HARMFUL EVENT MOST HARMFUL EVENT

32 – PORTABLE BARRIERS: 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: 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: 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: A 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.

37 – WALL: Any wall associated with the roadway and not associated with a building. This could include noise walls and retaining walls along the roadway.

99 – OTHER / UNKNOWN - Applies to any of these categories: **NON-COLLISION EVENTS; COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED; or COLLISION WITH FIXED OBJECT.**

Examples:

- A car leaves the right side of road, strikes a tree, overturning. The sequence would be: 08, 48, and 01.
- A car strikes another vehicle in the rear. The sequence would be: 20.
- Right front tire blowout, car leaves right side of road, striking ditch. The sequence would be: 06, 08, and 44.
- A car leaves the right side of road, overcorrects crossing road leaving left side of roadway, overturning and catching fire. The sequence would be: 08, 09, 01, and 02.

• **FIRST HARMFUL EVENT:** Enter the field number from the sequence of events that produced the first property damage, injury or death.

Examples:

- The first harmful event was striking the tree. The tree was recorded in Field #2 in the **SEQUENCE OF EVENTS**. The **FIRST HARMFUL EVENT** would then be a "2."
- The first harmful event was striking the vehicle in the rear. This was recorded in Field #1 in the **SEQUENCE OF EVENTS**. The **FIRST HARMFUL EVENT** would then be a "1."
- The first harmful event was the blown front tire. This was recorded in Field #1 in the **SEQUENCE OF EVENTS**. The **FIRST HARMFUL EVENT** would be a "1."
- The first harmful event was the vehicle overturning. This was recorded in Field #3 in the **SEQUENCE OF EVENTS**. The **FIRST HARMFUL EVENT** would be a "3."

• **MOST HARMFUL EVENT:** Enter the field 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 field number from the sequence of events that caused greatest degree of damage. If this unit did not incur damage, injury or death (as in the case of a non-contact vehicle), leave the **FIRST HARMFUL EVENT** and **MOST HARMFUL EVENT** fields blank.
- A non-contact vehicle is a vehicle that contributed to the crash but was neither struck by, nor struck, another unit. An example of a non-contact vehicle would be a 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 enter "13 - OTHER NON-COLLISION" for this vehicle in the **SEQUENCE OF EVENTS**.
- If a vehicle was just in the area and did not contribute to the crash, it should not be considered part of the crash. Enter the driver of such a vehicle as a witness.

OH-1U – 37. **DAMAGE**

Estimate total damage to vehicle, as result of crash.

DAMAGE	
DAMAGE SCALE	
1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	

1 – NONE: No damage.

2 – MINOR DAMAGE: Damage that does not affect the operation of or disable any part of the unit. This damage would be cosmetic in nature.

3 – FUNCTIONAL DAMAGE: Damage that affects the operation of the unit, or its parts, but is not disabling.

4 – DISABLING DAMAGE: Damage that precludes departure of the unit from the scene of the crash, in its usual daylight-operating manner, after simple repairs. As a result, the unit had to be towed, or carried from crash scene, or assisted by an emergency motor vehicle.

TRAFFIC CRASH REPORT: UNIT – OH-1U [HSY 8304]

OH-1U – 38. DAMAGED AREA(S)

Circle the damaged areas for units.

- Mark the checkbox for units with **NO DAMAGE, UNDERCARRIAGE DAMAGE, TOP OF VEHICLE DAMAGED, ALL-AREAS DAMAGED, OR UNIT NOT AT SCENE.**
- These checkboxes can be marked in addition to other indicated damage.

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

6

6

6

6

<input type="checkbox"/> - NO DAMAGE [0]	<input type="checkbox"/> - UNDERCARRIAGE [14]
<input type="checkbox"/> - TOP [13]	<input type="checkbox"/> - ALL AREAS [15]
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	

OH-1U – 39. INITIAL POINT OF CONTACT

Enter the corresponding value for the initial point of contact between the unit and the first item struck.

INITIAL POINT OF CONTACT

<input type="text"/>	0 - NO DAMAGE	14 - UNDERCARRIAGE
<input type="text"/>	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
<input type="text"/>	13 - TOP	99 - UNKNOWN

OH-1U – 40. TRAFFICWAY FLOW

Indicate whether traffic flow in the area of the crash was for one-way or two-way traffic at the location of the first harmful event. If the crash occurs on a road with a median or barrier device, the trafficway flow would be one-way.

TRAFFICWAY FLOW

<input type="text"/>	1 - ONE-WAY
<input type="text"/>	2 - TWO-WAY

OH-1U – 41. TRAFFIC CONTROL

Enter the type of traffic control device most applicable to the unit at the crash location.

TRAFFIC CONTROL

<input type="text"/>	1 - ROUNDABOUT	4 - STOP SIGN
<input type="text"/>	2 - SIGNAL	5 - YIELD SIGN
<input type="text"/>	3 - FLASHER	6 - NO CONTROL

OH-1U – 42. NUMBER OF THROUGH LANES ON ROAD

Indicate the number of lanes that traffic can proceed through. This would include lanes with through movement (through and left-turn, or through and right-turn) but not exclusive turn lanes.

If undivided roadway, enter the total number of through lanes in both directions. If divided roadway, enter the total through lanes in the vehicle's direction of travel.

OF THROUGH LANES ON ROAD

OH-1U – 43. RAIL GRADE CROSSING

Enter the corresponding value for the rail grade crossing information that describes the location of the crash.

RAIL GRADE CROSSING

<input type="text"/>	1 - NOT INVOLVED
<input type="text"/>	2 - INVOLVED-ACTIVE CROSSING
<input type="text"/>	3 - INVOLVED-PASSIVE CROSSING

TRAFFIC CRASH REPORT: **UNIT – OH-1U [HSY 8304]**

OH-1U – 44. **UNIT / NON-MOTORIST DIRECTION**

Indicate motorist/non-motorist direction by entering the direction from which the unit was traveling, and the direction the unit was traveling towards.

Example: A vehicle headed north on Vine Street turning west on 6th Street, would be recorded as from “2” to “4.”

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

OH-1U – 45. **UNIT SPEED**

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.

Complete fields left to right. If speed is unknown and not able to be estimated, **UNIT SPEED** may be blank.

UNIT SPEED
<input type="text"/>

OH-1U – 46. **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.

POSTED SPEED
<input type="text"/>

OH-1U – 47. **DETECTED SPEED**

Indicate the methodology used for determining the vehicle’s speed. If **UNIT SPEED** is blank, enter “3 - UNDETERMINED.”

DETECTED SPEED
<input type="text"/> 1 - STATED / ESTIMATED SPEED
<input type="text"/> 2 - CALCULATED / EDR
3 - UNDETERMINED

OH-1U – 48. **PAGE_OF_**

PAGE OF

Each page of the crash report must be sequentially numbered.

LOCAL REPORT NUMBER
 1

UNIT # 2 **NAME: LAST, FIRST, MIDDLE** 3

DATE OF BIRTH 4 **AGE** 5 **GENDER** 6

ADDRESS: STREET, CITY, STATE, ZIP 7

CONTACT PHONE - INCLUDE AREA CODE 8

INJURIES TAKEN BY 9 **INJURED TAKEN BY** 10 **EMS AGENCY (NAME)** 11 **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** 12 **SAFETY EQUIPMENT USED** 13 **PLIANT MET** 14 **SEATING POSITION** 15 **AIR BAG USAGE** 16 **EJECTION** 17 **TRAPPED** 18

OL STATE 19 **OPERATOR LICENSE NUMBER** 20 **OFFENSE CHARGED** 21 **LOCAL CODE** 22 **OFFENSE DESCRIPTION** 22 **CITATION NUMBER** 23

OL CLASS 24 **ENDORSEMENT SELECT UP TO 2** 25 **RESTRICTION SELECT UP TO 3** 26 **DRIVER DISTRACTED BY** 27 **ALCOHOL / DRUG SUSPECTED** 28 **CONDITION** 29 **ALCOHOL TEST** 30 **DRUG TEST(S)** 31 **STATUS** 32 **TYPE** 33 **VALUE** 34 **RESULT SELECT UP TO 4** 35

UNIT # **NAME: LAST, FIRST, MIDDLE**

DATE OF BIRTH **AGE** **GENDER**

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

INJURIES TAKEN BY **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED** **DOT-COMPLIANT MC HELMET** **SEATING POSITION** **AIR BAG USAGE** **EJECTION** **TRAPPED**

OL STATE **OPERATOR LICENSE NUMBER** **OFFENSE CHARGED** **LOCAL CODE** **OFFENSE DESCRIPTION** **CITATION NUMBER**

OL CLASS **ENDORSEMENT SELECT UP TO 2** **RESTRICTION SELECT UP TO 3** **DRIVER DISTRACTED BY** **ALCOHOL / DRUG SUSPECTED** **CONDITION** **ALCOHOL TEST** **DRUG TEST(S)**

UNIT # **NAME: LAST, FIRST, MIDDLE**

DATE OF BIRTH **AGE** **GENDER**

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

INJURIES TAKEN BY **INJURED TAKEN BY** **EMS AGENCY (NAME)** **INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)** **SAFETY EQUIPMENT USED** **DOT-COMPLIANT MC HELMET** **SEATING POSITION** **AIR BAG USAGE** **EJECTION** **TRAPPED**

OL STATE **OPERATOR LICENSE NUMBER** **OFFENSE CHARGED** **LOCAL CODE** **OFFENSE DESCRIPTION** **CITATION NUMBER**

OL CLASS **ENDORSEMENT SELECT UP TO 2** **RESTRICTION SELECT UP TO 3** **DRIVER DISTRACTED BY** **ALCOHOL / DRUG SUSPECTED** **CONDITION** **ALCOHOL TEST** **DRUG TEST(S)**

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT			ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT		TRAPPED	GENDER		CONDITION	DRUG TEST TYPE
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

TRAFFIC CRASH REPORT: **MOTORIST/NON-MOTORIST – OH-1M [HSY 8306]**

OH-1M – 1. **LOCAL REPORT NUMBER**

LOCAL REPORT NUMBER

Enter the Local Report Number as recorded on the **TRAFFIC CRASH REPORT** (HSY 7001 OH-1) 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-1P, etc.). Complete from left to right.

OH-1M – 2. **UNIT NUMBER**

UNIT #

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

OH-1M – 3. **NAME**

NAME: LAST, FIRST, MIDDLE

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

OH-1M – 4. **DATE OF BIRTH**

DATE OF BIRTH

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

OH-1M – 5. **AGE**

AGE

Enter the motorist/non-motorist's age. Examples: 6, 15, 103. Less than 1 year old, enter "0."

OH-1M – 6. **GENDER**

GENDER

Enter the occupant/witness's gender.

Enter F – for Female; M – for Male; U – for Unknown/Other.

OH-1M – 7. **ADDRESS**

ADDRESS: STREET, CITY, STATE, ZIP

Enter the motorist/non-motorist's street address, city, state, and zip code.

OH-1M – 8. **CONTACT PHONE**

CONTACT PHONE - INCLUDE AREA CODE

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

INJURIES

OH-1M – 9. **INJURIES**

Enter the motorist/non-motorist's injury level.

- 1 – FATAL:** Any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred.
- 2 – SUSPECTED SERIOUS INJURY:** Any injury other than fatal which results in one or more of the following:
 - Severe laceration resulting in exposure of underlying tissues/muscle/organs, or resulting in significant loss of blood
 - Broken or distorted extremity (arm or leg)
 - Crush injuries
 - Suspected skull, chest or abdominal injury other than bruises or minor lacerations
 - Significant burns (second and third degree burns over 10% or more of the body)
 - Unconsciousness when taken from the crash scene
 - Paralysis
- 3 – SUSPECTED MINOR INJURY:** Any injury that is evident at the scene of the crash, other than fatal or suspected serious injuries. Examples: lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).
- 4 – POSSIBLE INJURY:** Any injury recorded or claimed which is not a fatal, serious injury, or minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wound or injuries are readily evident.
- 5 – NO APPARENT INJURY:** There is no reason to believe that any person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

OH-1M – 10. **INJURED TAKEN BY**

INJURED TAKEN BY

Enter the mode of transportation to a medical facility.

Complete this field for every motorist/non-motorist reported as injured (including **POSSIBLE, SUSPECTED MINOR INJURY, SUSPECTED SERIOUS INJURY, or FATAL**).

Leave blank if **INJURIES** is reported as "5. NO APPARENT INJURY."

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.

OH-1M – 11. **EMS AGENCY**

EMS AGENCY (NAME)

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 EMS agency name that examined/treated the motorist/non-motorist at the scene.
- If the motorist/non-motorist was transported by an individual, leave this field blank.

OH-1M – 12. **INJURED TAKEN TO:**

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

Enter the medical facility name and city where the motorist/non-motorist was taken.

OH-1M – 13. **SAFETY EQUIPMENT USED**

SAFETY EQUIPMENT USED

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

OH-1M – 14. **DOT-COMPLIANT MC HELMET**

DOT-COMPLIANT MC HELMET

If the motorist/occupant was on a motorcycle or moped and was wearing a DOT-compliant motorcycle helmet, enter an "X" in the checkbox.

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. Reference: page 62 - *Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition*.

OH-1M – 15. **SEATING POSITION**

SEATING POSITION

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

OH-1M – 16. **AIR BAG USAGE**

AIR BAG USAGE

Enter the air bag deployment status relative to this motorist/occupant's seating position. Leave blank for non-motorist.

OH-1M – 17. **EJECTION**

EJECTION

Enter the ejection code corresponding to this motorist/occupant. Leave blank for non-motorist.

Record whether this motorist was completely, or partially, thrown from the passenger compartment of the motor vehicle, as a result of this crash.

1 - PARTIALLY EJECTED: When any part of the motorist is outside the vehicle, no matter the extent.

4 - NOT APPLICABLE: Any motorist that was seated in an area not commonly protected by safety belts (i.e., motorcycle, cargo area, etc.)

OH-1M – 18. **TRAPPED**

TRAPPED

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

Mechanical Means: Jaws of Life, etc.

Non-Mechanical Means: Examples:

- ▶ A car door is forcibly opened, or a window is broken to remove a passenger.
- ▶ A door is opened with a pry bar to remove a passenger.

TRAFFIC CRASH REPORT: **MOTORIST/NON-MOTORIST – OH-1M [HSY 8306]**

OH-1M – 19. **OPERATOR LICENSE STATE**

OL STATE

If the operator has a license, whether or not it is valid at the time of the crash, enter the abbreviation of operator’s license state/province of issuance. Examples: OH, KY, IN, NS (Nova Scotia).

If there is no state/province abbreviation for the operator’s license or if the license was not issued by a state/province, enter “XX.” Enter “MX” for operator’s license issued by any Mexican state.

U.S. States, Canadian Provinces and Mexico Abbreviations:

AB	ALBERTA, CN	ND	NORTH DAKOTA
AK	ALASKA	NE	NEBRASKA
AL	ALABAMA	NF	NEWFOUNDLAND, CN
AR	ARKANSAS	NH	NEW HAMPSHIRE
AZ	ARIZONA	NJ	NEW JERSEY
BC	BRITISH COLUMBIA, CN	NM	NEW MEXICO
CA	CALIFORNIA	NS	NOVA SCOTIA, CN
CO	COLORADO	NT	NORTHWEST TERRITORY, CN
CT	CONNECTICUT	NU	NUNAVUT, CN
DC	DISTRICT OF COLUMBIA	NV	NEVADA
DE	DELAWARE	NY	NEW YORK
FE	FEDERAL	OH	OHIO
FL	FLORIDA	OK	OKLAHOMA
FO	FOREIGN	ON	ONTARIO, CN
GA	GEORGIA	OR	OREGON
HI	HAWAII	PA	PENNSYLVANIA
IA	IOWA	PE	PRINCE EDWARD ISLAND, CN
ID	IDAHO	PR	PUERTO RICO
IL	ILLINOIS	QC	QUEBEC, CN
IN	INDIANA	RI	RHODE ISLAND
KS	KANSAS	SC	SOUTH CAROLINA
KY	KENTUCKY	SD	SOUTH DAKOTA
LA	LOUISIANA	SK	SASKATCHEWAN, CN
MA	MASSACHUSETTS	TN	TENNESSEE
MB	MANITOBA, CN	TX	TEXAS
MD	MARYLAND	UT	UTAH
ME	MAINE	VA	VIRGINIA
MI	MICHIGAN	VI	VIRGIN ISLANDS
MN	MINNESOTA	VT	VERMONT
MO	MISSOURI	WA	WASHINGTON
MS	MISSISSIPPI	WI	WISCONSIN
MT	MONTANA	WV	WEST VIRGINIA
MX	MEXICO (ALL STATES)	WY	WYOMING
NB	NEW BRUNSWICK, CN	XX	OTHER JURISDICTIONS
NC	NORTH CAROLINA	YT	YUKON TERRITORY, CN

OH-1M – 20. **OPERATOR LICENSE NUMBER**

OPERATOR LICENSE NUMBER

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. *Operator License Number:* A unique set of alphanumeric characters assigned by the authorizing agent issuing a driver license to the individual.

OH-1M – 21. **OFFENSE CHARGED, LOCAL CODE**

OFFENSE CHARGED

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 safety belt violations here. These violations and any others should be recorded in the narrative.

If a city ordinance or township code is used, instead of an ORC Section, enter an “X” in Local Code box.

If ORC is used, leave blank.

OH-1M – 22. **OFFENSE DESCRIPTION**

OFFENSE DESCRIPTION

Enter the description of the **OFFENSE CHARGED** to motorist/non-motorist directly related to the crash.

Example: Failure to control.

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

OH-1M – 23. **CITATION NUMBER**

CITATION NUMBER

Enter the **CITATION NUMBER** of the **OFFENSE CHARGED** to motorist/non-motorist directly related to the crash.

Include all letters and/or numbers of the citation number.

OL CLASS

OH-1M – 24. OPERATOR LICENSE CLASS

Enter the operator license class issued.
 Class indicates the motor vehicle type the driver is qualified to drive (with the operator's license issued).

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.

OL CLASS

- 1 - CLASS A
- 2 - CLASS B
- 3 - CLASS C
- 4 - REGULAR CLASS (OHIO = D)
- 5 - M/C MOPED ONLY
- 6 - NO VALID OL

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: If the license is valid only for motorcycle or moped operation, use this class type. If the operator has a motorcycle endorsement on an operator's license, do not use this class.

ENDORSEMENT
 SELECT UP TO 2

OH-1M – 25. ENDORSEMENT

Enter the endorsement(s) applicable to the vehicle being operated at the time of the crash.

Enter the two most applicable.

OL ENDORSEMENT

- H - HAZMAT
- M - MOTORCYCLE
- P - PASSENGER
- N - TANKER
- Q - MOTOR SCOOTER
- R - THREE-WHEEL MOTORCYCLE
- S - SCHOOL BUS
- T - DOUBLE & TRIPLE TRAILERS
- X - TANKER / HAZMAT

RESTRICTION SELECT UP TO 3

OH-1M – 26. RESTRICTION

Enter the operator license restrictions applicable to the vehicle being operated, at the time of the crash.

OL RESTRICTION(S)

- 1 - ALCOHOL INTERLOCK DEVICE
- 2 - CDL INTRASTATE ONLY
- 3 - CORRECTIVE LENSES
- 4 - FARM WAIVER
- 5 - EXCEPT CLASS A BUS
- 6 - EXCEPT CLASS A & CLASS B BUS
- 7 - EXCEPT TRACTOR-TRAILER
- 8 - INTERMEDIATE LICENSE RESTRICTIONS
- 9 - LEARNER'S PERMIT RESTRICTIONS
- 10 - LIMITED TO DAYLIGHT ONLY
- 11 - LIMITED TO EMPLOYMENT
- 12 - LIMITED - OTHER
- 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)
- 14 - MILITARY VEHICLES ONLY
- 15 - MOTOR VEHICLES WITHOUT AIR BRAKES
- 16 - OUTSIDE MIRROR
- 17 - PROSTHETIC AID
- 18 - OTHER

DRIVER DISTRACTED BY

OH-1M – 27. DRIVER DISTRACTED BY

Enter any driver distraction at the time of the crash.

DRIVER DISTRACTION

- 1 - NOT DISTRACTED
- 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)
- 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE
- 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE
- 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE
- 6 - PASSENGER
- 7 - OTHER DISTRACTION INSIDE THE VEHICLE
- 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE
- 9 - OTHER / UNKNOWN

OH-1M – 28. ALCOHOL / DRUG SUSPECTED

Enter an "X" in the checkboxes based on the officer's assessment of alcohol/drugs suspected for the motorist/non-motorist at the time of the crash.

ALCOHOL / DRUG SUSPECTED

ALCOHOL MARIJUANA

OTHER DRUG

CONDITION

OH-1M – 29. CONDITION

Enter the corresponding number based on the officer's assessment of the motorist/non-motorist's physical or emotional condition at the time of the crash.

CONDITION
1 - APPARENTLY NORMAL
2 - PHYSICAL IMPAIRMENT
3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)
4 - ILLNESS
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL
9 - OTHER / UNKNOWN

ALCOHOL TEST		
STATUS	TYPE	VALUE
		●

OH-1M – 30. ALCOHOL TEST STATUS

Enter the status of the alcohol chemical test performed.

- If #4 is entered, the results must be given in the **ALCOHOL TEST VALUE** box.
- If #5 is entered, the results must be supplemented to the Ohio Department of Public Safety (ODPS) when received by the reporting agency.

TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

Note: When a motorist/non-motorist is killed in a crash, the coroner usually completes a blood alcohol test.

Verify the testing with the coroner and supplement the OH-1 with the correct status for the subject.

OH-1M – 31. ALCOHOL TEST TYPE

Indicate specimen type for alcohol test performed.

ALCOHOL TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - BREATH
5 - OTHER

Note: When a motorist/non-motorist is killed in a crash, the coroner usually completes a blood alcohol test.

Verify the testing with the coroner and supplement the OH-1 with the correct status for the subject.

OH-1M – 32. ALCOHOL TEST VALUE

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.
- If "1 - NONE GIVEN" is misinterpreted as having administered a test with no alcohol detected, enter zeros.
- Enter zeros only if the actual test result is zero.
- For test refusal, leave blank.
- When test results are received, supplement to ODPS with the correct status for the subject.

Note: When a motorist/non-motorist is killed in a crash, the coroner usually completes a blood alcohol test.

Verify the testing with the coroner and supplement the OH-1 with the correct status for the subject.

DRUG TEST(S)		
STATUS	TYPE	RESULT SELECT UP TO 4

OH-1M – 33. DRUG TEST STATUS

Enter the status of the drug chemical test performed.

- If #4 is selected, the results must be given in the **DRUG TEST RESULTS** box.
- If #5 is selected, the results must be supplemented to ODPS when they are received by the reporting agency.

OH-1M – 34. DRUG TEST TYPE

Indicate specimen type for drug test performed.

DRUG TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - OTHER

OH-1M – 35. DRUG TEST RESULTS

Enter the results of the drug test. Supplement late results to ODPS.

DRUG TEST RESULT(S)
1 - AMPHETAMINES
2 - BARBITURATES
3 - BENZODIAZEPINES
4 - CANNABINOIDS
5 - COCAINE
6 - OPIATES / OPIOIDS
7 - OTHER
8 - NEGATIVE RESULTS

OH-1M – 36. PAGE OF

PAGE OF

Each page of the crash report must be sequentially numbered.

LOCAL REPORT NUMBER			
1			
UNIT #		NAME: LAST, FIRST, MIDDLE	
2		3	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	
7		8	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)
9	10	11	12
SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION
13		14	15
AGE		AIR BAG USAGE	EJECTION
5		16	17
GENDER		TRAPPED	
6		18	

UNIT #		NAME: LAST, FIRST, MIDDLE	
4		5	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	
7		8	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)
9	10	11	12
SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION
13		14	15
AGE		AIR BAG USAGE	EJECTION
5		16	17
GENDER		TRAPPED	
6		18	

UNIT #		NAME: LAST, FIRST, MIDDLE	
4		5	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	
7		8	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)
9	10	11	12
SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION
13		14	15
AGE		AIR BAG USAGE	EJECTION
5		16	17
GENDER		TRAPPED	
6		18	

UNIT #		NAME: LAST, FIRST, MIDDLE	
4		5	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	
7		8	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)
9	10	11	12
SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION
13		14	15
AGE		AIR BAG USAGE	EJECTION
5		16	17
GENDER		TRAPPED	
6		18	

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY			
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
2 - EMS	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
3 - POLICE	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
GENDER			
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
		13 - TRAILING UNIT	1 - NOT TRAPPED
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER
19		4		5	6
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			
7		8			
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER
19		4		5	6
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			
7		8			
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER
19		4		5	6
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE			
7		8			

TRAFFIC CRASH REPORT: OCCUPANT/WITNESS ADDENDUM – OH-1P [HSY 8355]

OH-1P – 1. 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-1P, etc.). Complete from left to right.

OH-1P – 2. UNIT NUMBER

UNIT #

Enter the 2-digit **UNIT NUMBER** of the unit for which each occupant is associated.
Examples: 01, 02, 03, etc.

- Enter the witness information in the witness fields – The only fields completed for a witness are:
 - NAME, DATE OF BIRTH, AGE, GENDER, ADDRESS, PHONE NUMBER.
 - All other fields remain blank.

OH-1P – 3. NAME

NAME: LAST, FIRST, MIDDLE

Enter the occupant's full name of in order of last, first, middle.

OH-1P – 4. DATE OF BIRTH

DATE OF BIRTH

Enter the occupant's numerical date of birth using the following format: MMDDYYYY. Example: August 14, 1985, is entered as 08141985.

OH-1P – 5. AGE

AGE

Enter the occupant's age. Examples: 6, 15, 103. Less than 1 year old, enter "0."

OH-1P – 6. GENDER

GENDER

Enter the occupant's gender.

Enter F – for Female; M – for Male; U – for Unknown/Other.

OH-1P – 7. ADDRESS

ADDRESS: STREET, CITY, STATE, ZIP

Enter the occupant's street address, city, state, and zip code.

OH-1P – 8. CONTACT PHONE

CONTACT PHONE - INCLUDE AREA CODE

Enter the occupant's contact telephone, including area code.

INJURIES

OH-1P – 9. INJURIES

Enter this occupant's injury level.

- 1 – FATAL:** Any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred.
- 2 – SUSPECTED SERIOUS INJURY:** Any injury other than fatal which results in one or more of the following:
 - Severe laceration resulting in exposure of underlying tissues/muscle/organs, or resulting in significant loss of blood
 - Broken or distorted extremity (arm or leg)
 - Crush injuries
 - Suspected skull, chest or abdominal injury other than bruises or minor lacerations
 - Significant burns (second and third degree burns over 10% or more of the body)
 - Unconsciousness when taken from the crash scene
 - Paralysis
- 3 – SUSPECTED MINOR INJURY:** Any injury that is evident at the scene of the crash, other than fatal or suspected serious injuries. Examples: lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/ muscle).
- 4 – POSSIBLE INJURY:** Any injury recorded or claimed which is not a fatal, serious injury, or minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wound or injuries are readily evident.
- 5 – NO APPARENT INJURY:** There is no reason to believe that any person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

OH-1P – 10. INJURED TAKEN BY

INJURED TAKEN BY

Enter the mode of transportation to a medical facility.

Complete this field for every occupant reported as injured at any level. Leave blank if **INJURIES** is reported as "5. NO APPARENT INJURY."

- 1 – NOT TRANSPORTED/TREATED AT SCENE:** Occupant was not transported. Does allow for the possibility, but does not necessarily mean, that the occupant was treated at the scene.

INJURED TAKEN BY	
1 - NOT TRANSPORTED / TREATED AT SCENE	
2 - EMS	
3 - POLICE	
9 - OTHER / UNKNOWN	

TRAFFIC CRASH REPORT: OCCUPANT/WITNESS ADDENDUM – OH-1P [HSY 8355]

OH-1P – 11. EMS AGENCY

EMS AGENCY (NAME)

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 occupant at the scene.
- If the occupant was transported by an individual, leave blank.

OH-1P – 12. INJURED TAKEN TO:

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

Enter the medical facility name and city where the occupant was taken.

OH-1P – 13. SAFETY EQUIPMENT USED

SAFETY EQUIPMENT USED

Enter the safety restraint/equipment in use by the occupant at the time of the crash.

SAFETY EQUIPMENT USED
1 - NONE USED - VEHICLE OCCUPANT
2 - SHOULDER BELT ONLY USED
3 - LAP BELT ONLY USED
4 - SHOULDER & LAP BELT USED
5 - CHILD RESTRAINT SYSTEM – FORWARD FACING
6 - CHILD RESTRAINT SYSTEM – REAR FACING
7 - BOOSTER SEAT
8 - HELMET USED
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)
10 - REFLECTIVE CLOTHING
11 - LIGHTING – PEDESTRIAN / BICYCLE ONLY
99 - OTHER / UNKNOWN

OH-1P – 14. DOT-COMPLIANT MC HELMET

DOT-COMPLIANT MC HELMET

If motorist/occupant was on a motorcycle or moped and was wearing a DOT-compliant motorcycle helmet, enter an “X” in the checkbox.

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. Reference: page 62 - *Model Minimum Uniform Crash Criteria (MMUCC) - Fifth Edition*.

OH-1P – 15. SEATING POSITION

SEATING POSITION

Enter this occupant’s location in, on, or outside of the vehicle prior to the crash.

SEATING POSITION
1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)
2 - FRONT – MIDDLE
3 - FRONT – RIGHT SIDE
4 - SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)
5 - SECOND – MIDDLE
6 - SECOND – RIGHT SIDE
7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)
8 - THIRD – MIDDLE
9 - THIRD – RIGHT SIDE
10 - SLEEPER SECTION OF TRUCK CAB
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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
99 - OTHER / UNKNOWN

AIR BAG USAGE

OH-1P – 16. AIR BAG USAGE

Enter the deployment status of an air bag relative to the seating position for this occupant.

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

EJECTION

OH-1P – 17. EJECTION

Enter this occupant's ejection code.

Record whether this occupant was completely, or partially thrown from the passenger compartment of the motor vehicle, as a result of this crash.

1 - PARTIALLY EJECTED: When any part of the motorist is outside the vehicle, no matter the extent.

4 - NOT APPLICABLE: Any motorist that was seated in an area not commonly protected by safety belts (i.e., motorcycle, cargo area, etc.)

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

TRAPPED

OH-1P – 18. TRAPPED

Enter the occupant's ability to free himself/herself from the vehicle.

Mechanical Means: Jaws of Life, etc.

Non-Mechanical Means: Examples:

- ▶ A car door is forcibly opened, or a window is broken to remove a passenger.
- ▶ A door is opened with a pry bar to remove a passenger.

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

OH-1P – 19. WITNESS INFORMATION

Enter each witness's information in the same manner as occupant fields 3 through 8.

OH-1P – 20. PAGE_OF_

PAGE OF

Each page of the crash report must be sequentially numbered.



OHIO REVISED CODE Chapter 5502: Department of Public Safety

5502.11 Written report of motor vehicle accident.

Every law enforcement agency representing a township, county, municipal corporation, or other political subdivision investigating a motor vehicle accident involving a fatality, personal injury, or property damage in an amount greater than one thousand dollars, within five days, shall forward a written report of such accident to the director of public safety on a form, which the director shall adopt subject to sections 119.01 to 119.13 of the Revised Code.

Amended by 129th General Assembly File No. 7, HB 114, §101.01, eff. 6/29/2011.

Effective Date: 11-12-1992; 09-16-2004.

5502.12 Use of written report of motor vehicle accident.

(A) The accident reports submitted pursuant to section 5502.11 of the Revised Code shall be for the use of the director of public safety for purposes of statistical, safety, and other studies. The law enforcement agency that submitted a report shall furnish a copy of such report and associated documents to any person claiming an interest arising out of a motor vehicle accident, or to the person's attorney, upon the payment of a nonrefundable fee of four dollars or the amount approved by the board of county commissioners of the county in which the law enforcement agency is located as provided in division (B) of this section. With respect to accidents investigated by the state highway patrol, the director of public safety shall furnish to such person all related reports and statements upon the payment of a nonrefundable fee of four dollars. The cost of photographs or any other electronic format shall be in addition to the nonrefundable four-dollar fee for the accident report, whether the report was submitted by the state highway patrol or another law enforcement agency. A law enforcement agency may charge a fee that is in excess of four dollars for photographs and other electronic formats if such a fee is approved by a board of county commissioners of the county in which the law enforcement agency is located as provided in division (B) of this section.

Such state highway patrol reports, statements, and photographs, in the discretion of the director of public safety, may be withheld until all criminal prosecution has been concluded; the director of public safety may require proof, satisfactory to the director, of the right of any applicant to be furnished such documents.

(B) If, after the effective date of this amendment, the state highway patrol is authorized to charge a nonrefundable fee in excess of four dollars for an accident report relating to an accident investigated by the state highway patrol and all related reports and statements or a fee in excess of four dollars for photographs or other electronic formats related to an accident report, a law enforcement agency described in section 5502.11 of the Revised Code shall be authorized to charge that same fee for an accident report relating to an accident investigated by that law enforcement agency and all related reports and statements or for photographs or other electronic formats related to an accident report investigated by that law enforcement agency upon approval of the board of county commissioners of the county in which that law enforcement agency is located.

Amended by 128th General Assembly File No. 9, HB 1, §101.01, eff. 7/17/2009.

Effective Date: 06-29-2001.



OHIO ADMINISTRATIVE CODE Chapter 4501-31: Traffic Accidents

4501-31-01 Reports of motor vehicle accidents.

(A) Pursuant to section 5502.11 of the Revised Code, every law enforcement agency representing a township, county, municipal corporation, or other political subdivision investigating a motor vehicle accident shall, within five days, forward a written report of such accident to the director of public safety on a form which the director shall prescribe in accordance with this rule. The report shall be known as the "Ohio traffic crash report" and shall be assigned form number "OH-1."

(B) As used in this rule:

- (1) "Accident" means a happening that is not expected, foreseen, or intended, sometimes resulting from negligence, that results in a fatality, personal injury, or property damage;
- (2) "Motor vehicle accident" or "traffic crash" means any accident arising from the operation or use of a motor vehicle involving a fatality, any personal injury, or property damage in an amount not less than the amount specified in section 5502.11 of the Revised Code, but does not include an accident occurring on private property nor any fatality, personal injury, or property damage directly caused by intentional assault, by theft, by the discharge of a firearm or explosive device, or by natural disaster;
- (3) "Investigating" a motor vehicle accident or traffic crash means the personal observation of the motor vehicles and crash scene by any trooper of the Ohio highway patrol or law enforcement officer of any township, county, municipal corporation, or other political subdivision and, if no trooper or other law enforcement officer is available to observe the crash scene, may include the preparation of an Ohio traffic crash report by a trooper or law enforcement officer based upon reliable information provided by persons who were involved in or witnessed the traffic crash.

(C) The director of public safety shall prescribe, and may from time to time amend, the form and contents of the Ohio traffic crash report. In prescribing and amending the crash report, the director shall, to the fullest practical extent, do all of the following:

- (1) Include all necessary elements to insure the accurate reporting of all relevant causes and conditions relating to the crash and the persons, motor vehicles, and other property involved in the crash;
- (2) Consider and incorporate any applicable federal standards;
- (3) Design the form and provide instructions and a procedure manual in a manner to facilitate clarity and ease of use; and
- (4) Consider suggestions submitted by any person for the addition, deletion, or amendment of any information in the crash report.

(D) The registrar of motor vehicles shall prescribe whatever forms may be necessary to report motor vehicle accidents to the bureau of motor vehicles for financial responsibility purposes pursuant to Chapter 4509. of the Revised Code. In doing so, the registrar may authorize the use of a copy of the Ohio traffic crash report as part of the reporting requirement or may prescribe other forms.

R.C. 119.032 review dates: 03/09/2012 and 03/09/2017

Promulgated Under: 119.03

Statutory Authority: R.C. 5502.11

Rule Amplifies: R.C. 5502.11

Prior Effective Dates: 7/24/81, 7/1/00, 12/5/02



HSY 7010 4/20 [760-1337]