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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.

• 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.
TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 – 2. LOCAL INFORMATION

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

OH-1 – 3. 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

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

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:
  - 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

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

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

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. COUMBIAANA 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
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.

**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**
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.

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.

OH-1 – 12. **LOCATION ROUTE TYPE**
Enter the route type if the road on which the crash occurred is identified as a 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).

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

OH-1 – 18. REFERENCE 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
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
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
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
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.
OH-1 – 23. CRASH SEVERITY

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


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

3 – MINOR INJURY SUSPECTED: Any injury that is evident at the scene of the crash, other than fatal or suspected serious injuries. Examples includes 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.

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.

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.

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.

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)


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.
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.”
TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

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.

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.

<table>
<thead>
<tr>
<th>DIRECTION of TRAVEL</th>
<th>1 - NORTH</th>
<th>2 - SOUTH</th>
<th>3 - EAST</th>
<th>4 - WEST</th>
</tr>
</thead>
</table>

OH-1 – 33. **MEDIAN TYPE**

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

<table>
<thead>
<tr>
<th>MEDIAN TYPE</th>
<th>1 - DIVIDED FLUSH MEDIAN (≤ 4 FEET)</th>
<th>2 - DIVIDED FLUSH MEDIAN (&gt; 4 FEET)</th>
<th>3 - DIVIDED, DEPRESSED MEDIAN</th>
<th>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)</th>
<th>9 - OTHER/UNKNOWN</th>
</tr>
</thead>
</table>

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.

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.)
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.

<table>
<thead>
<tr>
<th>WORK ZONE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - LANE CLOSURE</td>
</tr>
<tr>
<td>2 - LANE SHIFT/CROSSOVER</td>
</tr>
<tr>
<td>3 - WORK ON SHOULDER OR MEDIAN</td>
</tr>
<tr>
<td>4 - INTERMITTENT OR MOVING WORK</td>
</tr>
<tr>
<td>5 - OTHER</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>LOCATION OF CRASH IN WORK ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</td>
</tr>
<tr>
<td>2 - ADVANCE WARNING AREA</td>
</tr>
<tr>
<td>3 - TRANSITION AREA</td>
</tr>
<tr>
<td>4 - ACTIVITY AREA</td>
</tr>
<tr>
<td>5 - TERMINATION AREA</td>
</tr>
</tbody>
</table>

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.

OH-1 – 38. **LIGHT CONDITIONS**

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

<table>
<thead>
<tr>
<th>LIGHT CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - DAYLIGHT</td>
</tr>
<tr>
<td>2 - DAWN/DUSK</td>
</tr>
<tr>
<td>3 - DARK – LIGHTED ROADWAY</td>
</tr>
<tr>
<td>4 - DARK – ROADWAY NOT LIGHTED</td>
</tr>
<tr>
<td>5 - DARK – UNKNOWN ROADWAY LIGHTING</td>
</tr>
<tr>
<td>9 - OTHER / UNKNOWN</td>
</tr>
</tbody>
</table>

OH-1 – 39. **WEATHER**

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

<table>
<thead>
<tr>
<th>WEATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - CLEAR</td>
</tr>
<tr>
<td>2 - CLOUDY</td>
</tr>
<tr>
<td>3 - FOG, SMOG, SMOKE</td>
</tr>
<tr>
<td>4 - RAIN</td>
</tr>
<tr>
<td>5 - SLEET, HAIL</td>
</tr>
<tr>
<td>6 - SNOW</td>
</tr>
<tr>
<td>7 - SEVERE CROSSWINDS</td>
</tr>
<tr>
<td>8 - BLOWING SAND, SOIL, DIRT, SNOW</td>
</tr>
<tr>
<td>9 - FREEZING RAIN OR FREEZING DRIZZLE</td>
</tr>
<tr>
<td>99 - OTHER / UNKNOWN</td>
</tr>
</tbody>
</table>

OH-1 – 40. **CONTOUR**

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

<table>
<thead>
<tr>
<th>CONTOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - STRAIGHT LEVEL</td>
</tr>
<tr>
<td>2 - STRAIGHT GRADE</td>
</tr>
<tr>
<td>3 - CURVE LEVEL</td>
</tr>
<tr>
<td>4 - CURVE GRADE</td>
</tr>
<tr>
<td>9 - OTHER/UNKNOWN</td>
</tr>
</tbody>
</table>

OH-1 – 41. **CONDITIONS**

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

<table>
<thead>
<tr>
<th>CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - DRY</td>
</tr>
<tr>
<td>2 - WET</td>
</tr>
<tr>
<td>3 - SNOW</td>
</tr>
<tr>
<td>4 - ICE</td>
</tr>
<tr>
<td>5 - SAND, MUD, DIRT, OIL, GRAVEL</td>
</tr>
<tr>
<td>6 - WATER (STANDING, MOVING)</td>
</tr>
<tr>
<td>7 - SLUSH</td>
</tr>
<tr>
<td>9 - OTHER/UNKNOWN</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>SURFACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - CONCRETE</td>
</tr>
<tr>
<td>2 - BLACKTOP, BITUMINOUS, ASPHALT</td>
</tr>
<tr>
<td>3 - BRICK/BLOCK</td>
</tr>
<tr>
<td>4 - SLAG, GRAVEL, STONE</td>
</tr>
<tr>
<td>5 - DIRT</td>
</tr>
<tr>
<td>9 - OTHER/UNKNOWN</td>
</tr>
</tbody>
</table>
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 firm harmful event.
• Use a dotted line to show the direction of the vehicle after the first harmful event to final rest.
TRAFFIC CRASH REPORT: OH-1 [HSY 7001]

OH-1 – 45. 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 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

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

OH-1 – 47. 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

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

OH-1 – 49. 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

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

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:

<table>
<thead>
<tr>
<th>Dispatched time:</th>
<th>Cleared scene time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500</td>
<td>1700</td>
</tr>
<tr>
<td>On-scene time:</td>
<td>120 minutes</td>
</tr>
<tr>
<td>Other investigation:</td>
<td>45 minutes</td>
</tr>
</tbody>
</table>

165 TOTAL MINUTES

OH-1 – 52. OFFICER’S NAME

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

OH-1 – 53. 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

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

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

OH-1 – 56. REPORT TAKEN BY

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

OH-1 – 57. SUPPLEMENT

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

Each page of the crash report must be sequentially numbered.
TRAFFIC CRASH REPORT: UNIT – OH-1U [HSY 8304]

OH-1U – 1. 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-1U – 2. UNIT #

Enter a sequential number starting with “01” for each motorist/non-motorist involved in the crash, using two digits. Neither a trailer nor an animal qualify as a unit. In the case of a trailer, even if the trailer was the only thing damaged, record the information of the vehicle that was towing the trailer as the unit. If the trailer was not being towed, it should not be carried as a unit. Examples: 01, 02, 03, etc.

OH-1U – 3. OWNER NAME

Enter name of vehicle owner in order of last, first, middle. If same as driver, enter an “X” in the “SAME AS DRIVER” checkbox.

OH-1U – 4. OWNER PHONE

Enter owner contact phone number including area code. If same as driver, enter an “X” in the “SAME AS DRIVER” checkbox.

OH-1U – 5. OWNER ADDRESS

Enter the address, city, state and zip code of the vehicle owner. If same as driver, enter an “X” in the “SAME AS DRIVER” checkbox.

OH-1U – 6. COMMERCIAL CARRIER

Enter the carrier’s business name and full address including.

OH-1U – 7. COMMERCIAL CARRIER PHONE

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

OH-1U – 8. LP STATE

Enter the two-letter abbreviation for U.S. state, Canadian province, or “MX” for Mexico, that issued the vehicle’s license plate. If there is no state/province abbreviation for the vehicle’s license plate, or if the plate was not issued by a state/province enter “XX.”

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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Alberta, CN</td>
</tr>
<tr>
<td>AK</td>
<td>Alaska</td>
</tr>
<tr>
<td>AL</td>
<td>Alabama</td>
</tr>
<tr>
<td>AR</td>
<td>Arkansas</td>
</tr>
<tr>
<td>AZ</td>
<td>Arizona</td>
</tr>
<tr>
<td>BC</td>
<td>British Columbia, CN</td>
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<tr>
<td>MT</td>
<td>Montana</td>
</tr>
<tr>
<td>MX</td>
<td>Mexico (All States)</td>
</tr>
<tr>
<td>NB</td>
<td>New Brunswick, CN</td>
</tr>
<tr>
<td>NC</td>
<td>North Carolina</td>
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<tr>
<td>NE</td>
<td>Nebraska</td>
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<td>Newfoundland, CN</td>
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<td>New Jersey</td>
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<td>NM</td>
<td>New Mexico</td>
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<tr>
<td>NS</td>
<td>Nova Scotia, CN</td>
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<tr>
<td>NT</td>
<td>Northwest Territory, CN</td>
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<tr>
<td>NU</td>
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<td>OR</td>
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<td>Pennsylvania</td>
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<td>Puerto Rico</td>
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<td>RI</td>
<td>Rhode Island</td>
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<td>WV</td>
<td>West Virginia</td>
</tr>
<tr>
<td>WY</td>
<td>Wyoming</td>
</tr>
<tr>
<td>YT</td>
<td>Yukon Territory, CN</td>
</tr>
</tbody>
</table>
### OH-1U – 9. **LICENSE PLATE NUMBER**

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

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

### OH-1U – 11. **VEHICLE YEAR**

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

### OH-1U – 12. **VEHICLE MAKE**

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

### OH-1U – 13. **INSURANCE VERIFIED**

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

### OH-1U – 14. **INSURANCE COMPANY**

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

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**

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**

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.

- **COMMERCIAL** – a motor vehicle used for the transportation of goods, property or people in interstate or intrastate commerce.
  - **A commercial motor vehicle is any motor vehicle used for the transportation of goods, property or people in interstate or intrastate commerce.**
  - **Inclusions:**
    - Motor vehicle providing transportation of goods, property, or people for compensation (for-hire)
    - Privately owned motor vehicle providing transportation of privately owned goods or property in furtherance of a business enterprise
    - Privately owned motor vehicle providing passenger transportation in furtherance of a business enterprise

Examples:
1. A trucking company hauling a manufacturing company’s goods for a fee
2. A motor coach transporting passengers within and between cities and towns
3. A truck or truck tractor owned by an individual truck driver used to carry goods or property under contract
4. An airport shuttle bus service paid to transport persons to hotels and other businesses
5. A manufacturing company hauling its own products to retail stores
6. A retail store delivering products to its buyers
7. A business engaged in the transportation of students to and from school and school-related activities
8. An agricultural farm hauling its produce to market
9. A taxi or limousine service transporting passengers for a fee
TRAFFIC CRASH REPORT: UNIT – OH-1U [HSY 8304]

- Exclusions:
  - Privately owned motor vehicle providing private transportation of personal property or people

Examples:
1.) A noncommercial horse rancher transporting hay bales from his pasture on one side of the road to his stables on the other side in a medium truck
2.) Homeowner carrying recyclables to a drop-off point in a personally owned pickup truck greater than 10,000 lbs.
3.) Large family of 10 persons taking a trip in the family’s 12-person van

Note from ANSI 2.2.7.3
The definition of commercial vehicle for the purposes of this standard relates to vehicle use. Federal Code defines Commercial Motor Vehicles in Part 390.5 as follows: “Commercial motor vehicle means any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle —
1.) Has a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR), or gross vehicle weight or gross combination weight, of 10,001 pounds or more, whichever is greater; or
1.) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or
1.) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation.

- 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.

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

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.

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

SIDE OF THE VEHICLE
In most cases, this is good for name and number. Look for a number preceded by the letters: USDOT.

DON'T STOP
...keep on looking...
The information on the side of the truck may not be the U.S. DOT number, name, or address of the responsible motor carrier.

DRIVER INTERVIEW
1. Is the vehicle leased or rented?
2. Who is the motor carrier responsible for this load?
3. Who is directing and controlling the movement of this vehicle?
4. Where is the motor carrier’s principal place of business?

LEASE AGREEMENT
identifies the name of the lessee and their U.S. DOT number.

DRIVER'S LOG
contains the name of the motor carrier and the city and State for the principal place of business.

SHIPPING PAPERS
provide the name of the motor carrier responsible for the load, but not the carrier's U.S. DOT number.

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

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.

Federal Motor Carrier Safety Administration
U.S. Department of Transportation
www.fmcsa.dot.gov

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

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?
C. Polyester?

EXAMPLE 4: John Smith is driving a tractor/trailer owned and operated by ABC Trucking.
Who is the Motor Carrier:
A. John Smith?
B. ABC Trucking?
C. K&S Trucking?
D. 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?
D. 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**

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

OH-1U – 24. **Hazardous Material**

- **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

2. Class 1 (Explosives)  7. Division 6.1 (Poisonous Liquids)  12. Division 4.1 (Flammable Solid)
3. Class 7 (Radioactive Materials)  8. Division 5.1 (Oxidizer)  13. Class 3 (Flammable Liquids)
4. Division 2.3 (Poisonous Gases)  9. Division 4.3 (Dangerous When Wet)  14. Class 8 (Corrosive Materials)
5. Division 2.1 (Flammable Gases)  10. Division 5.2 (Organic Peroxide)  15. Class 3 (Combustible Liquids)
6. Division 2.2 (Nonflammable Gases)  11. Division 4.2 (Spontaneously Combustible)
```

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):

1. DOES THE VEHICLE HAVE A HAZARDOUS MATERIALS PLACARD? YES ☐ NO ☐
   Placards should be on all four sides of the vehicle. For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and each end.

2. ENTER THE FOUR-DIGIT NUMBER (OR NAME) FROM THE PLACARD 1993
   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.

3. ENTER THE HAZARDOUS MATERIALS CLASS NUMBER FROM THE BOTTOM OF THE PLACARD 3
   The Class Number can be a one- or two-digit number with a decimal in the middle. 5.1 It is critical for identifying and studying various types of hazardous materials involved in traffic crashes.

4. WAS HAZARDOUS CARGO RELEASED? YES ☐ NO ☐
   The intent of this question is to determine whether any of the placarded material was released or escaped from its transport container into the environment. Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should not be reported in this section.

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Nine Classes of Hazardous Materials

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

Class 2: Gases
Divisions: 2.1, 2.2, 2.3

Class 3: Flammable Liquid and Combustible Liquid

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

Class 5: Oxidizer and Organic Peroxide
Divisions 5.1, 5.2

Class 6: Poison (Toxic) and Poison Inhalation Hazard

Class 7: Radioactive

Class 8: Corrosive

Class 9: Miscellaneous

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Revised 06/05
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.

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

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 auticycle.

**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.
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/stop 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.

<table>
<thead>
<tr>
<th>SAE Level</th>
<th>Name</th>
<th>Narrative Definition</th>
<th>Execution of Steering and Acceleration/Deceleration</th>
<th>Monitoring of Driving Environment</th>
<th>Fallback Performance of Dynamic Driving Task</th>
<th>System Capability (Driving Modes)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0</strong></td>
<td>No Automation</td>
<td>the full-time performance by the human driver of all aspects of the dynamic driving task, even when enhanced by warning or intervention systems</td>
<td>Human driver</td>
<td>Human driver</td>
<td>Human driver</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>Driver Assistance</td>
<td>the driving mode-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 human driver perform all remaining aspects of the dynamic driving task</td>
<td>Human driver and system</td>
<td>Human driver</td>
<td>Human driver</td>
<td>Some driving modes</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Partial Automation</td>
<td>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 perform all remaining aspects of the dynamic driving task</td>
<td>System</td>
<td>Human driver</td>
<td>Human driver</td>
<td>Some driving modes</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Conditional Automation</td>
<td>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</td>
<td>System</td>
<td>System</td>
<td>Human driver</td>
<td>Some driving modes</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>High Automation</td>
<td>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</td>
<td>System</td>
<td>System</td>
<td>System</td>
<td>Some driving modes</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Full Automation</td>
<td>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</td>
<td>System</td>
<td>System</td>
<td>System</td>
<td>All driving modes</td>
</tr>
</tbody>
</table>

**AUTONOMOUS LEVELS – © SAE INTERNATIONAL**
TRAFFIC CRASH REPORT:  UNIT – OH-1U [HSY 8304]

**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.

**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.

<table>
<thead>
<tr>
<th>SPECIAL FUNCTION</th>
<th>1 - NONE</th>
<th>2 - TAXI</th>
<th>3 - ELECTRONIC RIDE SHARING</th>
<th>4 - SCHOOL TRANSPORT</th>
<th>5 - BUS - TRANSIT/COMMUTER</th>
<th>6 - BUS - CHARTERTOUR</th>
<th>7 - BUS - INTERCity</th>
<th>8 - BUS - SHUTTLE</th>
<th>9 - BUS - OTHER</th>
<th>10 - AMBULANCE</th>
<th>11 - FIRE</th>
<th>12 - MILITARY</th>
<th>13 - POLICE</th>
<th>14 - PUBLIC UTILITY</th>
<th>15 - CONSTRUCTION EQUIPMENT</th>
<th>16 - FARM</th>
<th>21 - MAIL CARRIER</th>
<th>99 - OTHER / UNKNOWN</th>
</tr>
</thead>
</table>

**OH-1U – 30. CARGO BODY TYPE**

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

<table>
<thead>
<tr>
<th>CARGO BODY TYPE</th>
<th>1 - NO CARGO BODY TYPE / NOT APPLICABLE</th>
<th>2 - BUS</th>
<th>3 - VEHICLE TOWING ANOTHER NON-MOTOR VEHICLE</th>
<th>4 - LOGGING</th>
<th>5 - INTERMODAL CONTAINER CHASSIS</th>
<th>6 - CARGO VANE/ENCLOSED BOX</th>
<th>7 - GRAIN/CHIPS/GRavel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8 - POLE</td>
<td>9 - CARGO TANK</td>
<td>10 - FLAT BED</td>
<td>11 - DUMP</td>
<td>12 - CONCRETE MIXER</td>
<td>13 - AUTO TRANSPORTER</td>
<td>14 - GARBAGE/REFUSE</td>
</tr>
</tbody>
</table>

**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.

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

**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.

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

25
OH-1U – 33. ACTION

Enter the action of the unit.

| ACTION | 1 - NON-CONTACT | 2 - NON-COLLISION | 3 - STRIKING | 4 - STRUCK | 5 - BOTH STRIKING & STRUCK | 6 - SLOWING OR STOPPED IN TRAFFIC | 7 - MAKING U-TURN | 8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE | 10 - PARKED | 11 - SLOWING OR STOPPED IN TRAFFIC | 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 15 - WALKING, RUNNING, JOGGING, PLAYING | 16 - WORKING | 17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE | 19 - STANDING | 20 - OTHER NON-MOTORIST | 21 - STANDING OUTSIDE DISABLED VEHICLE | 99 - OTHER / UNKNOWN |
| OH-1U – 33. ACTION | 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 the action of the unit. |
| | • 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. |
**TRAFFIC CRASH REPORT: UNIT – OH-1U [HSY 8304]**

**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.

<table>
<thead>
<tr>
<th>SEQUENCE OF EVENTS</th>
<th>EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3 - OVERTURN/ROLLER</td>
</tr>
<tr>
<td></td>
<td>2 - FIRE/EXPLOSION</td>
</tr>
<tr>
<td></td>
<td>3 - IMMERSION</td>
</tr>
<tr>
<td>2</td>
<td>4 - JACKKNIFE</td>
</tr>
<tr>
<td></td>
<td>5 - CARGO / EQUIPMENT LOSS OR SHIFT</td>
</tr>
<tr>
<td>3</td>
<td>6 - EQUIPMENT FAILURE</td>
</tr>
<tr>
<td></td>
<td>7 - SEPARATION OF UNITS</td>
</tr>
<tr>
<td></td>
<td>8 - BAND OFF ROAD RIGHT</td>
</tr>
<tr>
<td></td>
<td>9 - BAND OFF ROAD LEFT</td>
</tr>
<tr>
<td></td>
<td>10 - CROSS MEDIAN</td>
</tr>
<tr>
<td></td>
<td>11 - CROSS CENTERLINE – OPPOSITE DIRECTION OF TRAVEL</td>
</tr>
<tr>
<td></td>
<td>12 - OVERTURN, RUNAWAY</td>
</tr>
<tr>
<td></td>
<td>13 - OTHER NON-COLLISION</td>
</tr>
<tr>
<td></td>
<td>14 - PEDESTRIAN</td>
</tr>
<tr>
<td></td>
<td>15 - PEDESTCYCLE</td>
</tr>
<tr>
<td></td>
<td>16 - RAILWAY VEHICLE</td>
</tr>
<tr>
<td></td>
<td>17 - ANIMAL – FARM</td>
</tr>
<tr>
<td></td>
<td>18 - ANIMAL – DEER</td>
</tr>
<tr>
<td></td>
<td>19 - ANIMAL – OTHER</td>
</tr>
<tr>
<td></td>
<td>20 - MOTOR VEHICLE IN TRANSPORT</td>
</tr>
<tr>
<td></td>
<td>21 - PARKED MOTOR VEHICLE</td>
</tr>
<tr>
<td></td>
<td>22 - WORK ZONE MAINTENANCE EQUIPMENT</td>
</tr>
<tr>
<td></td>
<td>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</td>
</tr>
<tr>
<td></td>
<td>99 - OTHER / UNKNOWN -</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>DAMAGE SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - NONE</td>
</tr>
<tr>
<td>2 - MINOR DAMAGE</td>
</tr>
<tr>
<td>3 - FUNCTIONAL DAMAGE</td>
</tr>
<tr>
<td>4 - DISABLING DAMAGE</td>
</tr>
<tr>
<td>9 - UNKNOWN</td>
</tr>
</tbody>
</table>

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.

**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.
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.

<table>
<thead>
<tr>
<th>INITIAL POINT OF CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - NO DAMAGE</td>
</tr>
<tr>
<td>1-12 - REFER TO UNIT</td>
</tr>
<tr>
<td>13 - TOP</td>
</tr>
<tr>
<td>14 - UNDERCARRIAGE</td>
</tr>
<tr>
<td>15 - VEHICLE NOT AT SCENE</td>
</tr>
<tr>
<td>99 - UNKNOWN</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>TRAFFICWAY FLOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - ONE-WAY</td>
</tr>
<tr>
<td>2 - TWO-WAY</td>
</tr>
</tbody>
</table>

OH-1U – 41. TRAFFIC CONTROL
Enter the type of traffic control device most applicable to the unit at the crash location.

<table>
<thead>
<tr>
<th>TRAFFIC CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - ROUNDABOUT</td>
</tr>
<tr>
<td>2 - SIGNAL</td>
</tr>
<tr>
<td>3 - FLASHER</td>
</tr>
<tr>
<td>4 - STOP SIGN</td>
</tr>
<tr>
<td>5 - YIELD SIGN</td>
</tr>
<tr>
<td>6 - NO CONTROL</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th># OF THROUGH LANES ON ROAD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

OH-1U – 43. RAIL GRADE CROSSING
Enter the corresponding value for the rail grade crossing information that describes the location of the crash.

<table>
<thead>
<tr>
<th>RAIL GRADE CROSSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - NOT INVOLVED</td>
</tr>
<tr>
<td>2 - INVOLVED-ACTIVE CROSSING</td>
</tr>
<tr>
<td>3 - INVOLVED-PASSIVE CROSSING</td>
</tr>
</tbody>
</table>

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.”

<table>
<thead>
<tr>
<th>UNIT / NON-MOTORIST DIRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - NORTH</td>
</tr>
<tr>
<td>2 - SOUTH</td>
</tr>
<tr>
<td>3 - EAST</td>
</tr>
<tr>
<td>4 - WEST</td>
</tr>
<tr>
<td>5 - NORTHEAST</td>
</tr>
<tr>
<td>6 - NORTHWEST</td>
</tr>
<tr>
<td>7 - SOUTHEAST</td>
</tr>
<tr>
<td>8 - SOUTHWEST</td>
</tr>
<tr>
<td>9 - OTHER / UNKNOWN</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>UNIT SPEED</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>POSTED SPEED</th>
</tr>
</thead>
</table>

OH-1U – 47. DETECTED SPEED
Indicate the methodology used for determining the vehicle’s speed. If UNIT SPEED is blank, enter “3 - UNDETERMINED.”

<table>
<thead>
<tr>
<th>DETECTED SPEED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - STATED / ESTIMATED SPEED</td>
</tr>
<tr>
<td>2 - CALCULATED / EDR</td>
</tr>
<tr>
<td>3 - UNDETERMINED</td>
</tr>
</tbody>
</table>

OH-1U – 48. PAGE_OF
Each page of the crash report must be sequentially numbered.
<table>
<thead>
<tr>
<th>Local Report Number</th>
<th>Name: Last, First, Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS: STREET, CITY, STATE, ZIP</td>
<td></td>
</tr>
<tr>
<td>injuries</td>
<td>EMS agency (name)</td>
</tr>
<tr>
<td>OL class</td>
<td>endorsement select up to 3</td>
</tr>
</tbody>
</table>

### Injuries
- 1: Fatal
- 2: Suspected Serious Injury
- 3: Suspected Minor Injury
- 4: Possible Injury
- 5: No Apparent Injury

### Injuries Taken By
- 1: Not Transported / Treated at Scene
- 2: EMS
- 3: Police
- 9: Other / Unknown

### Safety Equipment
- 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, Knee, Etc.)
- 10: Reflective Clothing
- 11: Lighting - Pedestrian / Bicycle Only
- 99: Other / Unknown

### Air Bag
- 1: Not Deployed
- 2: Deployed Front
- 3: Deployed Side
- 4: Deployed Both Front / Side
- 5: Not Applicable
- 9: Deployment Unknown

### Ejection
- 1: Not Ejected
- 2: Partially Ejected
- 3: Totally Ejected
- 4: Not Applicable

### Trapped
- 1: Not Trapped
- 2: Extracted by Mechanical Means
- 3: Freed by Non-Mechanical Means

### OL Class
- 1: Class A
- 2: Class B
- 3: Class C
- 4: Regular Class (OHIO - D)
- 5: WC Wiped Only
- 6: No Valid OL

### OL Restriction(s)
- 1: Alcohol Interlock Device
- 2: CDL Intrasate Only
- 3: Corrective Lenses
- 4: Farm Operator
- 5: Except Class A Bus
- 6: Except Class B Bus
- 7: Except Tractor-Trailer
- 8: Intermediate License
- 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

### Gender
- 1: Female
- 2: Male
- U: Other / Unknown

### Date of Birth

### Age

### Gender

### Contact Phone - Include Area Code

### Date of Death

### Alcohol Test

### Drug Test(s)

### Driver Distraction

### Test Status

### OL Test Type

### Drug Test Type

### Drug Test Result(s)

### Condition

### Other

### Other

### Other

### Other

### Other

### Other

### Other

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

**OH-1M – 1. 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**

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

**OH-1M – 3. NAME**

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

**OH-1M – 4. 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**

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

**OH-1M – 6. GENDER**

Enter the occupant/witness’s gender. Enter F – for Female; M – for Male; U – for Unknown/Other.

**OH-1M – 7. ADDRESS**

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

**OH-1M – 8. CONTACT PHONE**

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

**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**

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

OH-1M – 13. **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**
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**
Enter this motorist/non-motorist’s location in, on, or outside of the vehicle, prior to the crash.

OH-1M – 16. **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**
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**
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
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:

<table>
<thead>
<tr>
<th>AB</th>
<th>Alberta, CN</th>
<th>ND</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>Alaska</td>
<td>NE</td>
<td>Nebraska</td>
</tr>
<tr>
<td>AL</td>
<td>Alabama</td>
<td>NF</td>
<td>Newfoundland, CN</td>
</tr>
<tr>
<td>AR</td>
<td>Arkansas</td>
<td>NH</td>
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</tr>
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<td>DC</td>
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<td>Rhode Island</td>
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<td>LA</td>
<td>Louisiana</td>
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<td>Massachusetts</td>
<td>SD</td>
<td>South Dakota</td>
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<tr>
<td>MB</td>
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<td>Saskatchewan, CN</td>
</tr>
<tr>
<td>MD</td>
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<td>TN</td>
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</tr>
<tr>
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<td>Maine</td>
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<tr>
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<td>MT</td>
<td>Montana</td>
<td>WA</td>
<td>Washington</td>
</tr>
<tr>
<td>MX</td>
<td>Mexico (All States)</td>
<td>WV</td>
<td>West Virginia</td>
</tr>
<tr>
<td>NB</td>
<td>New Brunswick, CN</td>
<td>WI</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>NC</td>
<td>North Carolina</td>
<td>WY</td>
<td>Wyoming</td>
</tr>
<tr>
<td>ND</td>
<td>North Dakota</td>
<td>XX</td>
<td>Other Jurisdictions</td>
</tr>
<tr>
<td>NE</td>
<td>Nebraska</td>
<td>MX</td>
<td>Mexico</td>
</tr>
</tbody>
</table>

OH-1M – 20. 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
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
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
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.
TRAFFIC CRASH REPORT: MOTORIST/NON-MOTORIST – OH-1M [HSY 8306]

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.

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.

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.

OH-1M – 26. RESTRICTION
Enter the operator license restrictions applicable to the vehicle being operated, at the time of the crash.

OH-1M – 27. DRIVER DISTRACTED BY
Enter any driver distraction at the time of the crash.

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.
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.

<table>
<thead>
<tr>
<th>CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: APPARENTLY NORMAL</td>
</tr>
<tr>
<td>2: PHYSICAL INAPPROPRIATE</td>
</tr>
<tr>
<td>3: EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td>
</tr>
<tr>
<td>4: ILLNESS</td>
</tr>
<tr>
<td>5: FELL ASLEEP, PAINTED, FATIGUED, ETC.</td>
</tr>
<tr>
<td>6: UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL</td>
</tr>
<tr>
<td>9: OTHER/UNKNOWN</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>TEST STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: NONE GIVEN</td>
</tr>
<tr>
<td>2: REFUSED</td>
</tr>
<tr>
<td>3: TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</td>
</tr>
<tr>
<td>4: TEST GIVEN, RESULTS KNOWN</td>
</tr>
<tr>
<td>5: TEST GIVEN, RESULTS UNKNOWN</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>ALCOHOL TEST TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: NONE</td>
</tr>
<tr>
<td>2: BLOOD</td>
</tr>
<tr>
<td>3: URINE</td>
</tr>
<tr>
<td>4: BREATH</td>
</tr>
<tr>
<td>5: OTHER</td>
</tr>
</tbody>
</table>

**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 0.093% 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.

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.

<table>
<thead>
<tr>
<th>DRUG TEST TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: NONE</td>
</tr>
<tr>
<td>2: BLOOD</td>
</tr>
<tr>
<td>3: URINE</td>
</tr>
<tr>
<td>4: OTHER</td>
</tr>
</tbody>
</table>

OH-1M – 35. **DRUG TEST RESULTS**

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

<table>
<thead>
<tr>
<th>DRUG TEST RESULT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: AMPHIPHETHINES</td>
</tr>
<tr>
<td>2: BARBITURATES</td>
</tr>
<tr>
<td>3: BENZODIAZEPINES</td>
</tr>
<tr>
<td>4: CANNABINOIDS</td>
</tr>
<tr>
<td>5: COCAINE</td>
</tr>
<tr>
<td>6: OPIATES/OPPIOIDS</td>
</tr>
<tr>
<td>7: OTHER</td>
</tr>
<tr>
<td>8: NEGATIVE RESULTS</td>
</tr>
</tbody>
</table>

OH-1M – 36. **PAGE**

Each page of the crash report must be sequentially numbered.
**Ohio Department of Public Safety**

**OCCUPANT/WITNESS ADDENDUM**

<table>
<thead>
<tr>
<th>UNIT #</th>
<th>NAME: LAST, FIRST, MIDDLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS: STREET, CITY, STATE, ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

### Injuries

- **1 - FATAL**
- **2 - SUSPECTED SERIOUS INJURY**
- **3 - SUSPECTED MINOR INJURY**
- **4 - POSSIBLE INJURY**
- **5 - NO APPEARANT INJURY**

### Injured Taken By

- **1 - NOT TRANSPORTED / TREATED AT SCENE**
- **2 - EMS**
- **3 - POLICE**
- **9 - OTHER / UNKNOWN**

### Gender

- **F - FEMALE**
- **M - MALE**
- **U - OTHER / UNKNOWN**

### 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**

### 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

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

### Ejection

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

### Trapped

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

---

**WITNESS**

<table>
<thead>
<tr>
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<tbody>
<tr>
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**WITNESS**

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**WITNESS**

<table>
<thead>
<tr>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>ADDRESS: STREET, CITY, STATE, ZIP</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

---

**OCCUPANT / WITNESS ADDENDUM**

**LOCAL REPORT NUMBER**

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE

**DOT-COMPLIANT MC HELMET**

**SEATING POSITION**

**AIR BAG USAGE**

**EJECTION**

**TRAPPED**

**INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)**

**ADDRESS:** STREET, CITY, STATE, ZIP

**NAME:** LAST, FIRST, MIDDLE

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE

**UNIT #**

**NAME: LAST, FIRST, MIDDLE**

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE

**UNIT #**

**NAME: LAST, FIRST, MIDDLE**

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE

**UNIT #**

**NAME: LAST, FIRST, MIDDLE**

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE

---

**INJURIES**

**INJURED TAKEN BY**

**EMS AGENCY (NAME)**

**INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)**

**SAFETY EQUIPMENT USED**

---

**AIR BAG USAGE**

---

**EJECTION**

---

**TRAPPED**

---

**NAME:** LAST, FIRST, MIDDLE

**ADDRESS:** STREET, CITY, STATE, ZIP

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE

**UNIT #**

**NAME: LAST, FIRST, MIDDLE**

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE

**UNIT #**

**NAME: LAST, FIRST, MIDDLE**

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE

---

**NAME:** LAST, FIRST, MIDDLE

**ADDRESS:** STREET, CITY, STATE, ZIP

**DATE OF BIRTH**

**AGE**

**GENDER**

**CONTACT PHONE** - INCLUDE AREA CODE
OH-1P – 1. 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

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

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

OH-1P – 4. 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

Enter the occupant’s age. Examples: 6, 15, 103. Less than 1 year old, enter “0.”

OH-1P – 6. GENDER

Enter the occupant’s gender.

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

OH-1P – 7. ADDRESS

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

OH-1P – 8. CONTACT PHONE

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

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

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
OH-1P - 11. EMS AGENCY
Enter the name of EMS agency/ambulance that responded to the scene, whether or not the EMS unit or ambulance transported anyone from the scene.

- If no transport was made, record the name of EMS agency that examined/treated the occupant at the scene.
- If the occupant was transported by an individual, leave blank.

OH-1P - 12. INJURED TAKEN TO:
Enter the medical facility name and city where the occupant was taken.

OH-1P - 13. SAFETY EQUIPMENT USED
Enter the safety restraint/equipment in use by the occupant at the time of the crash.

OH-1P - 14. 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
Enter this occupant’s location in, on, or outside of the vehicle prior to the crash.
OH-1P – 16. **AIR BAG USAGE**

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

<table>
<thead>
<tr>
<th>AIR BAG USAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - NOT DEPLOYED</td>
</tr>
<tr>
<td>2 - DEPLOYED FRONT</td>
</tr>
<tr>
<td>3 - DEPLOYED SIDE</td>
</tr>
<tr>
<td>4 - DEPLOYED BOTH FRONT/SIDE</td>
</tr>
<tr>
<td>5 - NOT APPLICABLE</td>
</tr>
<tr>
<td>9 - DEPLOYMENT UNKNOWN</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>EJECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - NOT EJECTED</td>
</tr>
<tr>
<td>2 - PARTIALLY EJECTED</td>
</tr>
<tr>
<td>3 - TOTALLY EJECTED</td>
</tr>
<tr>
<td>4 - NOT APPLICABLE</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>TRAPPED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - NOT TRAPPED</td>
</tr>
<tr>
<td>2 - EXTRICATED BY MECHANICAL MEANS</td>
</tr>
<tr>
<td>3 - FREED BY NON-MECHANICAL MEANS</td>
</tr>
</tbody>
</table>

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**

Each page of the crash report must be sequentially numbered.
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.

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