



COLERAIN POLICE DEPARTMENT



4200 SPRINGDALE ROAD • COLERAIN, OHIO 45251 • 513-321-COPS

Mark C. Denney, CLEE
Chief of Police

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March 16, 2020

The Colerain Police Department wishes to express our gratitude to motorists who have been involved in traffic crashes on the roadways and have assisted us in our efforts to reduce exposures and the spread of the coronavirus by exchanging information at the scene and either responding to the police department in person to file the report, or who have requested a report packet be emailed to them.

We recognize that adding one more step in the process to filing a crash report is inconvenient, but it is everyone's responsibility to take all of the precautions we can to protect each other during this time of pandemic. To that end, and in an effort to ease the reporting burden as much as possible, we have created a crash reporting packet that you may either have emailed to you or pick up at the police station and take home to complete in the comfort of your own home and email back once it is completed. The packet will allow you to provide all of the information that one of our Traffic Safety Officers will need to complete your crash report while eliminating personal contact and potential exposures for all of us.

The information requested in the packet is easy to follow and self-explanatory. Please completely fill out as much of the packet as you are able and then **return it by email** – please **DO NOT** mail it via U.S. Mail or return it in person to the office – our clerical staff has been instructed **NOT** to accept documents for the foreseeable future. Please make sure to complete the OH-3 "witness statement" if you were a driver in the crash; these are used for drivers' statements as well as witnesses. You may also email pictures of the vehicles/damage if you wish and we will include those with our report. If you elect to include photos, please retain your own copy of the photo as well. You will receive an email or phone call to let you know that your packet was received and a crash report was made based on the information provided. We will make every effort to do this expeditiously, but please understand that this may take a bit longer than normal reporting procedures, especially obtaining information from all involved parties.

Please email completed packets and any related photos to Traffic Safety Officer Patrick Quinn at: pquinn@colerain.org. He will coordinate the assignment and completion of the reports among our Traffic Safety Unit. Your report may be handled by one of several officers and you will be contacted by the reporting officer once the report is complete.



Crash Report Information

How many total vehicles in this crash? _____

Date of Crash: _____ Location of Crash: _____

Time of Crash: _____ Road Conditions: _____ Weather: _____

Your information: Email address: _____

Driver's Name: _____ Wearing seat belt? YES..... NO

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ DOB: _____

Driver's License # _____ State: _____ Expiration: _____

Insurance Company: _____ Policy # _____

Vehicle Year: _____ Make: _____ Model: _____ Color: _____

License Plate: _____ State: _____ Last 6 digits of VIN # _____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Your speed: _____ Posted speed limit: _____ Airbags deployed: YES..... NO

Your Passenger or Witness (circle which) information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Wearing seat belt: YES..... NO

DOB: _____ Phone # _____ Psgr seating location: _____

Your Passenger or Witness (circle which) information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Wearing seat belt: YES..... NO

DOB: _____ Phone # _____ Psgr seating location: _____

Your Passenger or Witness (circle which) information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Wearing seat belt: YES..... NO

DOB: _____ Phone # _____ Psgr seating location: _____

Your Passenger or Witness (circle which) information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Wearing seat belt: YES..... NO

DOB: _____ Phone # _____ Psgr seating location: _____

Other drivers/vehicles involved in this crash:

Driver's Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____ Driver's License # _____ State: _____ Expiration: _____
Insurance Company: _____ Policy # _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____

Other drivers/vehicles involved in this crash:

Driver's Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____ Driver's License # _____ State: _____ Expiration: _____
Insurance Company: _____ Policy # _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____

Other drivers/vehicles involved in this crash:

Driver's Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____ Driver's License # _____ State: _____ Expiration: _____
Insurance Company: _____ Policy # _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____

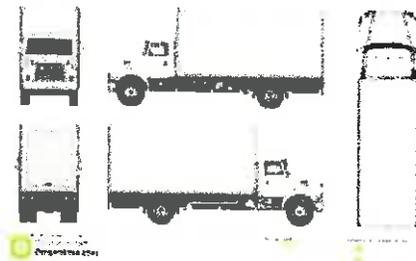
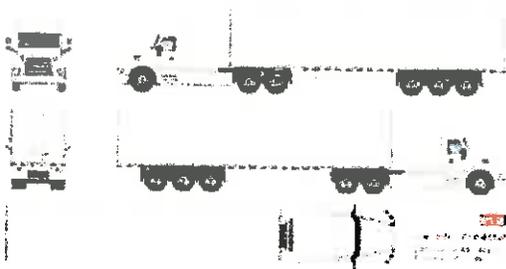
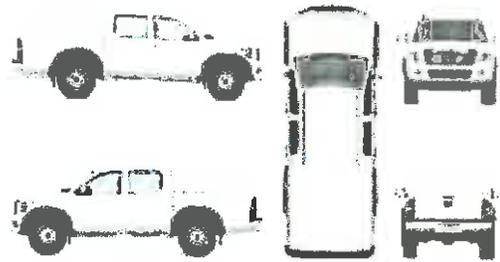
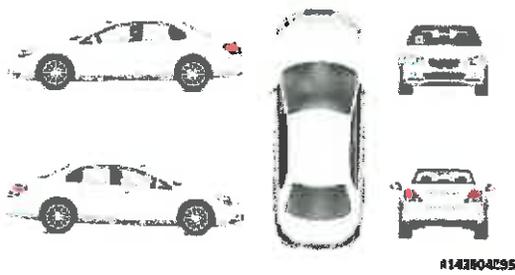
Other drivers/vehicles involved in this crash:

Driver's Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____ Driver's License # _____ State: _____ Expiration: _____
Insurance Company: _____ Policy # _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____

Have you included vehicle/damage photos with your online submission? YES..... NO

Have you completed the OH-3 statement form and submitted it online with your packet? YES..... NO

Please indicate the damage to YOUR vehicle, either by circling or shading the damaged area:



Please provide a drawing depicting how the crash occurred:

