

**BI-ANNUAL TRAFFIC SAFETY TREND REPORT**

The Ohio Traffic Safety Office (OTSO) is seeking information and stories about problem areas and trends in your area from the last 6 months that can be shared in driver training bulletins to students for purposes of helping young drivers learn about driving risks specific to their communities. Please submit 1 report for each county of coverage and include 1-2 photos for each incident.

DISTRICT	POST	SUBMITTED BY
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INCIDENT 1	DATE OF INCIDENT	INCIDENT REPORT NUMBER
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Crash Issues (*select all that apply*)

- | | | | | |
|-------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Dangerous Intersection | <input type="checkbox"/> Dangerous Stretch of Road | <input type="checkbox"/> Deer-Related |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Drug | <input type="checkbox"/> Failure to Yield | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Pedestrian |
| <input type="checkbox"/> Unbelted | <input type="checkbox"/> Teen – Related | <input type="checkbox"/> School Bus | <input type="checkbox"/> Speed | <input type="checkbox"/> Work Zone |

LOCATION 1	COUNTY 1
NARRATIVE 1	
CHARGES OR CITATIONS	

INCIDENT 2	DATE OF INCIDENT	INCIDENT REPORT NUMBER
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Crash Issues (*select all that apply*)

- | | | | | |
|-------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Dangerous Intersection | <input type="checkbox"/> Dangerous Stretch of Road | <input type="checkbox"/> Deer-Related |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Drug | <input type="checkbox"/> Failure to Yield | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Pedestrian |
| <input type="checkbox"/> Unbelted | <input type="checkbox"/> Teen – Related | <input type="checkbox"/> School Bus | <input type="checkbox"/> Speed | <input type="checkbox"/> Work Zone |

LOCATION 2	COUNTY 2
NARRATIVE 2	
CHARGES OR CITATIONS	

INCIDENT 3	DATE OF INCIDENT	INCIDENT REPORT NUMBER
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Crash Issues (*select all that apply*)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Dangerous Intersection	<input type="checkbox"/> Dangerous Stretch of Road	<input type="checkbox"/> Deer-Related
<input type="checkbox"/> Distracted	<input type="checkbox"/> Drug	<input type="checkbox"/> Failure to Yield	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Unbelted	<input type="checkbox"/> Teen – Related	<input type="checkbox"/> School Bus	<input type="checkbox"/> Speed	<input type="checkbox"/> Work Zone

LOCATION 3	COUNTY 3
NARRATIVE 3	
CHARGES OR CITATIONS	

INCIDENT 4	DATE OF INCIDENT	INCIDENT REPORT NUMBER
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Crash Issues (*select all that apply*)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Dangerous Intersection	<input type="checkbox"/> Dangerous Stretch of Road	<input type="checkbox"/> Deer-Related
<input type="checkbox"/> Distracted	<input type="checkbox"/> Drug	<input type="checkbox"/> Failure to Yield	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Unbelted	<input type="checkbox"/> Teen – Related	<input type="checkbox"/> School Bus	<input type="checkbox"/> Speed	<input type="checkbox"/> Work Zone

LOCATION 4	COUNTY 4
NARRATIVE 4	
CHARGES OR CITATIONS	

E-mail this form with all photos to trafficsafety@dps.ohio.gov
No later than March 1 and September 1 of each year.