



GENERAL POLICE ORDER CLEVELAND DIVISION OF POLICE



EFFECTIVE DATE: MARCH 1, 2002	REVISED DATE:	NO. PAGES: 1 of 5	NUMBER: 8.1.03
SUBJECT: FORM-10 REPORTS FOR ACCIDENT INVESTIGATIONS			
ASSOCIATED MANUAL:		RELATED ORDERS: 6.1.02, 8.1.02	
CHIEF OF POLICE: <i>Edward F. Lohn, Chief</i>			

PURPOSE: To state information that must be included in an accident investigation Form-10 Report.

POLICY: The Cleveland Division of Police uses the Form-10 Supplementary Report (appendix A) for highly detailed information regarding fatal accidents, serious non-fatal accidents, accidents involving City of Cleveland vehicles or when otherwise directed by a supervisor. The Form-10 provides the basis for the follow-up investigation of serious motor vehicle accidents. Complete and accurate information enhances the chance of successful prosecution.

PROCEDURES: Investigators shall attach the Form-10 to the Ohio Traffic Accident Report (OH-1). When conducting an accident investigation requiring a Form-10 Report, the investigating officer shall type the following information in a narrative format on the Form-10.

I. Assignment Paragraph

A brief statement of day, date, time, assignment, working in company with ____, received assignment to respond to a location for a type of accident.

II. Arrival on Scene

A complete statement of what the investigator found upon arrival on scene, including information learned from witnesses and other public safety responders.

A. Victim(s), location and/or position upon arrival

B. Vehicles involved, location and/or position

1. Year, make, model, color, license plate

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2. Listing and computer check
3. Description of damage
- C. Operator(s) of the involved units
 1. Physical condition
 2. Signs of intoxication
- D. Non-involved vehicles; location, position (year, make, model, color, license plate)
- E. Mechanical condition of involved vehicles (process tow vehicles with a pre-accident deficiency to Lot #2)
- F. Point of original contact
 1. Physical evidence indicating the initial impact of the involved traffic units
 2. Secondary impacts indicated
- G. Final position of the involved traffic units
- H. Physical evidence pertinent to the investigation
 1. Location of marks on the roadway – skids, scrapes, and gauges
 2. Condition and function of traffic control devices
 3. Road conditions and/or defects
 4. Weather condition

III. Measurements

Officers shall measure with available equipment. If no measuring equipment is available, measure in paces, walking naturally with even steps. Establish a reference point and measure the following.

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- A. Roadway width, number of lanes
- B. Point of original contact and secondary impacts
- C. Skid-marks, yaw (slide slip marks), tire impressions
- D. Final position of all involved units, victims, evidentiary items
- E. Non-involved vehicles

IV. Photographs

Photograph the accident scene and evidence found in the travel path of the vehicle and from a distance that captures the whole scene and in 20-foot increments to final rest.

- A. Record location, number of rolls, number of exposures per roll, type of film, exposure time, lens opening, and officer taking the photos.
- B. Include photos of the following
 - 1. Marks and debris on the roadway
 - 2. Damage to vehicles and other involved objects
 - 3. Final position of vehicles
 - 4. Path of involved units (motor vehicle, pedestrians, etc.) prior to the incident

V. Witnesses

List all witnesses and their contact information. Obtain a hand written statement from each driver and witness with the Driver/Witness Accident Statement Form, C of C 71-1-E (appendix B). Officers shall ensure witnesses understand the importance of accuracy and completeness when providing their name, address, telephone numbers (home and work), and/or pager numbers. If a statement is not obtained, officers shall state reason.

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VI. Driver(s)

- A. Physical and/or behavioral impairments
 - 1. Alcohol
 - 2. Drugs and/or medicines
 - 3. Carbon monoxide
 - 4. Drowsiness and sleep
 - 5. Other (blackouts, seizures, etc.)
- B. Statement obtained or refused - admits driving or not
- C. Injury or hospitalization of drivers

VII. Hospital

- A. Condition of drivers/victim(s)
- B. Type of injury and seriousness of the injury
- C. Transported to which hospital by what means
- D. Name of treating physician and statements made by medical personnel
- E. Physical or behavioral impairments

VIII. Notifications

- A. Relatives (include the phone number and the name of the person notified)
- B. Accident Investigation Unit (AIU) (include the name of the person notified)
- C. Communication Control Section (include the name of the person notified)

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- D. Hospitalized persons or bodies taken to the coroner's, without family notification, shall be placed on the Hospital List with the name of person notified.

IX. Synopsis

A short summary of what occurred. This shall include strict and factual information obtained by the investigating officers. Opinions shall not be included.

X. Disposition

Arrests, tows (VIU number), incident reports and numbered, citation(s) and facts to the prosecutor.

XI. Attachments and Forwarding

- A. Completed OH-1 Report
- B. Witness statements
- C. Field sketch (post-accident situation map) and notes from on scene investigation
- D. The entire package shall be delivered to the AIU and AIU shall be contacted by telephone and provided with basic accident information if the package is not complete by shift's-end.