

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*

Grid for LOCAL REPORT #

CRASH SEVERITY

1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

'X' IF YES

HIT/SKIP

1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN

'X' IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.# \*

Grid for N.C.I.C.#

REPORTING AGENCY \*

Reporting Agency Name

# UNITS

Grid for # UNITS

UNIT ERROR

98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*

Grid for DATE OF CRASH

TIME OF CRASH

Grid for TIME OF CRASH

DAY OF WEEK

Grid for DAY OF WEEK

CITY \*

Grid for CITY

VILLAGE \*

Grid for VILLAGE

TWP \*

Grid for TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

Name of City/Village/Township

COUNTY # \*

Grid for COUNTY #

LATITUDE

Grid for LATITUDE

LONGITUDE

Grid for LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

Crash Location

TYPE LOC

Grid for TYPE LOC

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION

AT / REFERENCE

DIST REFERENCE

DR

PREFIX

REFERENCE

Grid for AT / REFERENCE

REF POINT

Grid for REF POINT

REFERENCE POINT USED

01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

Motorist/Non-Motorist

A

UNIT #

# OF OCC.

Grid for UNIT #

Grid for # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Address

SOCIAL SECURITY NUMBER

Grid for SOCIAL SECURITY NUMBER

DATE OF BIRTH

Grid for DATE OF BIRTH

AGE

Grid for AGE

SEX

Grid for SEX

HOME PHONE #

Grid for HOME PHONE #

WORK PHONE #

Grid for WORK PHONE #

DL STATE

DL #

Grid for DL STATE and DL #

LP STATE

LP #

Grid for LP STATE and LP #

INJURED TAKEN BY

Grid for INJURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

Grid for TRANSPORTED BY

INJURED TAKEN TO

Grid for INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

Owner Name

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Address

YEAR

Grid for YEAR

MAKE

Grid for MAKE

MODEL

Grid for MODEL

COLOR

Grid for COLOR

INSURANCE COMPANY

Grid for INSURANCE COMPANY

TOWING SERVICE

Grid for TOWING SERVICE

OWNER PHONE #

Grid for OWNER PHONE #

OFFENSE CHARGED

Grid for OFFENSE CHARGED

OFFENSE DESCRIPTION

Grid for OFFENSE DESCRIPTION

CITATION #

Grid for CITATION #

LOCAL CODE?

'X' IF YES

B

UNIT #

# OF OCC.

Grid for UNIT #

Grid for # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Address

SOCIAL SECURITY NUMBER

Grid for SOCIAL SECURITY NUMBER

DATE OF BIRTH

Grid for DATE OF BIRTH

AGE

Grid for AGE

SEX

Grid for SEX

HOME PHONE #

Grid for HOME PHONE #

WORK PHONE #

Grid for WORK PHONE #

DL STATE

DL #

Grid for DL STATE and DL #

LP STATE

LP #

Grid for LP STATE and LP #

INJURED TAKEN BY

Grid for INJURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

Grid for TRANSPORTED BY

INJURED TAKEN TO

Grid for INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

Owner Name

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Address

YEAR

Grid for YEAR

MAKE

Grid for MAKE

MODEL

Grid for MODEL

COLOR

Grid for COLOR

INSURANCE COMPANY

Grid for INSURANCE COMPANY

TOWING SERVICE

Grid for TOWING SERVICE

OWNER PHONE #

Grid for OWNER PHONE #

OFFENSE CHARGED

Grid for OFFENSE CHARGED

OFFENSE DESCRIPTION

Grid for OFFENSE DESCRIPTION

CITATION #

Grid for CITATION #

LOCAL CODE?

'X' IF YES

Occupant

C

UNIT #

NAME (LAST, FIRST, MIDDLE)

Grid for UNIT #

HOME PHONE #

Grid for HOME PHONE #

DATE OF BIRTH

Grid for DATE OF BIRTH

AGE

Grid for AGE

SEX

Grid for SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Address

INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

Grid for TRANSPORTED BY

INJURED TAKEN TO

Grid for INJURED TAKEN TO

D

UNIT #

NAME (LAST, FIRST, MIDDLE)

Grid for UNIT #

HOME PHONE #

Grid for HOME PHONE #

DATE OF BIRTH

Grid for DATE OF BIRTH

AGE

Grid for AGE

SEX

Grid for SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Address

INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

Grid for TRANSPORTED BY

INJURED TAKEN TO

Grid for INJURED TAKEN TO

SEATING POSITION

- 01 FRONT - LEFT (MC DRIVER)
- 02 FRONT - MIDDLE
- 03 FRONT - RIGHT
- 04 SECOND - LEFT (MC PASS)
- 05 SECOND - MIDDLE
- 06 SECOND - RIGHT
- 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)
- 08 THIRD - MIDDLE
- 09 THIRD - RIGHT
- 10 SLEEPER SECTION OF CAB
- 11 ENCLOSED CARGO AREA
- 12 UNENCLOSED CARGO AREA
- 13 TRAILING UNIT
- 14 EXTERIOR
- 15 OTHER
- 16 NON-MOTORIST
- 17 UNKNOWN

SAFETY EQUIPMENT

- MOTORIST**  
01 NONE USED  
02 SHOULDER BELT ONLY  
03 LAP BELT ONLY  
04 SHOULDER/LAP BELT  
05 CHILD SAFETY SEAT  
06 MC HELMET USED  
07 USE UNKNOWN  
**NON-MOTORIST**  
08 NONE USED  
09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTING  
13 OTHER  
14 UNKNOWN

AIR BAG

- 01 NOT-DEPLOYED
- 02 DEPLOYED-FRONT
- 03 DEPLOYED-SIDE
- 04 DEPLOYED BOTH FRONT/SIDE
- 05 NOT APPLICABLE
- 06 UNKNOWN

AIR BAG SWITCH

- 01 NOT PRESENT
- 02 IN ON POSITION
- 03 IN OFF POSITION
- 04 UNKNOWN

EJECTION

- 01 NOT EJECTED
- 02 TOTALLY EJECTED
- 03 PARTIALLY EJECTED
- 04 NOT APPLICABLE
- 05 UNKNOWN

TRAPPED

- 01 NOT TRAPPED
- 02 EXTRICATED BY MECHANICAL MEANS
- 03 FREED BY NON-MECHANICAL MEANS
- 04 UNKNOWN

INJURIES

- 01 NO INJURY
- 02 POSSIBLE
- 03 NON-INCAPACITATING
- 04 INCAPACITATING
- 05 FATAL INJURY
- 06 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES

UNIT NUMBERS  
A B

NON-MOTORIST LOCATION  
A B

- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION/NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT  
A B

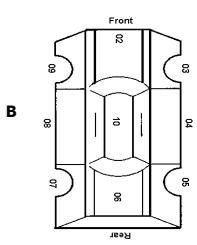
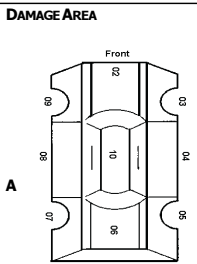
- MOTORIST**
- 01 SUB-COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 MINIVAN
- 06 SPORT UTILITY VEHICLE
- 07 PICKUP
- 08 PANEL/VAN
- 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
- 10 SINGLE UNIT TRUCK; 3+ AXLES
- 11 TRUCK/TRAILER
- 12 TRUCK TRACTOR (BOBTAIL)
- 13 TRACTOR/SEMI-TRAILER
- 14 TRACTOR/DOUBLE SHORT
- 15 TRACTOR/DOUBLE LONG
- 16 FIFTH WHEEL OR CONVERTER DOLLY
- 17 TRACTOR/TRIPLES
- 18 MOTORCYCLE
- 19 MOTORIZED BICYCLE
- 20 SCHOOL BUS
- 21 CHURCH BUS
- 22 PUBLIC BUS
- 23 OTHER BUS
- 24 POLICE VEHICLE
- 25 FIRE TRUCK
- 26 AMBULANCE/RESCUE
- 27 TAXI
- 28 MOTOR HOME
- 29 TRAIN
- 30 FARM VEHICLE
- 31 FARM EQUIPMENT
- 32 SNOWMOBILE
- 33 CONSTRUCTION EQUIPMENT
- 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/RIDER
- 36 ANIMAL W/BUGGY
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDALCYCLIST
- 40 SKATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

IN EMERGENCY RESPONSE  
A B

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE  
A B

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 SEVERE
- 6 UNKNOWN



MOST DAMAGED AREA  
A B

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT  
A B

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

ACTION  
A B

- 1 NON-CONTACT
- 2 NON-COLLISION
- 3 STRIKING
- 4 STRUCK
- 5 BOTH STRIKING AND STRUCK
- 6 UNKNOWN

STRIKING VEHICLE:  
OVERRIDE/ UNDERRIDE  
A B

- 1 NO UNDERRIDE OR OVERRIDE
- 2 UNDERRIDE, COMPARTMENT INTRUSION
- 3 UNDERRIDE, NO COMPARTMENT INTRUSION
- 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERRIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS  
A B

- MOTORIST**
- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
- 02 BACKING
- 03 CHANGING LANES
- 04 OVERTAKING/PASSING
- 05 TURNING RIGHT
- 06 TURNING LEFT
- 07 MAKING U-TURN
- 08 ENTERING TRAFFIC LANE
- 09 LEAVING TRAFFIC LANE
- 10 PARKED
- 11 SLOWING/STOPPED IN TRAFFIC
- 12 DRIVERLESS
- 13 OTHER
- 14 UNKNOWN
- NON-MOTORIST**
- 15 ENTERING/CROSSING IN SPECIFIED LOCATION
- 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
- 17 WORKING
- 18 PUSHING VEHICLE
- 19 APPROACHING/LEAVING VEHICLE
- 20 PLAYING/WORKING ON VEHICLE
- 21 STANDING
- 22 OTHER
- 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES  
A B

- MOTORIST**
- 01 NONE
- 02 FAILURE TO YIELD
- 03 RAN RED LIGHT, OR STOP SIGN
- 04 EXCEEDED SPEED LIMIT
- 05 UNSAFE SPEED
- 06 IMPROPER TURN
- 07 LEFT OF CENTER
- 08 FOLLOWED TOO CLOSELY/ACDA
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- 10 IMPROPER BACKING
- 11 IMPROPER START FROM PARKED POSITION
- 12 STOPPED OR PARKED ILLEGALLY
- 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
- 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
- 15 FAILURE TO CONTROL
- 16 VISION OBSTRUCTION
- 17 DRIVER INATTENTION
- 18 FATIGUE/ASLEEP
- 19 OPERATING DEFECTIVE EQUIPMENT
- 20 LOAD SHIFTING/FALLING/SPILLING
- 21 OTHER IMPROPER ACTION
- 22 UNKNOWN
- NON-MOTORIST**
- 23 NONE
- 24 IMPROPER CROSSING
- 25 DARTING
- 26 LYING AND/OR ILLEGALLY IN ROADWAY
- 27 FAILURE TO YIELD RIGHT OF WAY
- 28 NOT VISIBLE (DARK CLOTHING)
- 29 INATTENTIVE
- 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
- 31 WRONG SIDE OF THE ROAD
- 32 OTHER
- 33 UNKNOWN

VEHICLE DEFECT  
CODE ONLY IF '19'  
SELECTED ABOVE  
A B

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE BLOWOUT
- 07 WORN OR SLICK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS  
A B  
1 1  
2 2  
3 3  
4 4

- NON-COLLISION**
- 01 OVERTURN/ROLLOVER
- 02 FIRE/EXPLOSION
- 03 IMMERSION
- 04 JACKKNIFE
- 05 CARGO/EQUIPMENT LOSS/SHIFT
- 06 EQUIPMENT FAILURE
- 07 SEPARATION OF UNITS
- 08 RAN OFF ROAD RIGHT
- 09 RAN OFF ROAD LEFT
- 10 CROSS MEDIAN/CENTERLINE
- 11 DOWNHILL RUNAWAY
- 12 OTHER NON-COLLISION
- 13 UNKNOWN NON-COLLISION
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**
- 14 PEDESTRIAN
- 15 PEDALCYCLE
- 16 RAILWAY VEHICLE
- 17 ANIMAL - FARM
- 18 ANIMAL - DEER
- 19 ANIMAL - OTHER
- 20 MOTOR VEHICLE IN TRANSPORT
- 21 PARKED MOTOR VEHICLE
- 22 WORK ZONE MAINTENANCE EQUIPMENT
- 23 OTHER MOVABLE OBJECT
- 24 UNKNOWN MOVABLE OBJECT
- COLLISION WITH FIXED OBJECT**
- 25 IMPACT ATTENUATOR/CRASH CUSHION
- 26 BRIDGE OVERHEAD STRUCTURE
- 27 BRIDGE PIER OR ABUTMENT
- 28 BRIDGE PARAPET
- 29 BRIDGE RAIL
- 30 GUARDRAIL FACE
- 31 GUARDRAIL END
- 32 MEDIAN BARRIER
- 33 HIGHWAY TRAFFIC SIGN POST
- 34 OVERHEAD SIGN POST
- 35 LIGHT/LUMINARIES SUPPORT
- 36 UTILITY POLE
- 37 OTHER POST, POLE OR SUPPORT
- 38 CULVERT
- 39 CURB
- 40 DITCH
- 41 EMBANKMENT
- 42 FENCE
- 43 MAILBOX
- 44 TREE
- 45 OTHER FIXED OBJECT
- 46 WORK ZONE MAINTENANCE EQUIPMENT
- 47 UNKNOWN FIXED OBJECT
- 48 OTHER
- 49 UNKNOWN

FIRST HARMFUL EVENT  
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT  
A B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED  
A B

- 1 STATED
- 2 ESTIMATED SPEED

SPEED  
A B

POSTED SPEED  
A B

TRAFFIC CONTROL  
A B

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSBUCKS
- 08 RAILROAD FLASHERS
- 09 RAILROAD GATES
- 10 CONSTRUCTION BARRICADE
- 11 POLICE OFFICER
- 12 PAVEMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION  
FROM TO FROM TO  
A B

- 1 NORTH
- 2 SOUTH
- 3 EAST
- 4 WEST
- 5 NORTHEAST
- 6 NORTHWEST
- 7 SOUTHEAST
- 8 SOUTHWEST
- 9 UNKNOWN

CONDITION  
A B

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED  
A B

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - HBD NOT IMPAIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL/DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS  
A B

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

ALCOHOL TEST TYPE  
A B

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT  
A B

DRUG TEST STATUS  
A B

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

DRUG TEST TYPE  
A B

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT  
A B  
1 2 1 2

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPATES
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION  
A B

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDBOUT
- 06 FIVE-POINT, OR MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSSOVER
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED-USE PATHS OR TRAILS
- 13 UNKNOWN

OCURRENCE  
A B

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR  
A B

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS  
PRIMARY SECONDARY  
A B

- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, OIL, GRAVEL
- 06 WATER (STANDING, MOVING)
- 07 SLUSH
- 08 DEBRIS\*\*
- 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*
- 10 OTHER
- 11 UNKNOWN

\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT \*  
'X' IF YES  
LOCAL REPORT # \*  
A B

# Narrative


<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 No 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> <input type="checkbox"/> 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 No 2 Yes 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 No 2 Yes 3 UNKNOWN

## Diagram

Write an "N" on the compass diagram to indicate the direction of north.

<b>Truck/Bus</b>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	<b>A</b>	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
UNIT # <input type="checkbox"/>	COMPANY (FROM SHIPPING PAPERS) _____		COMPANY PHONE _____
	ADDRESS (STREET, CITY, ST, ZIP CODE) _____		

US DOT <input type="checkbox"/>	ICC MC <input type="checkbox"/>	PUCO <input type="checkbox"/>	TRAILER LP ST. <input type="checkbox"/>	TRAILER LP YEAR <input type="checkbox"/>	TRAILER LP # <input type="checkbox"/>	PLACARD # <input type="checkbox"/>	# DIA. <input type="checkbox"/>
<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Material Released</b>
<input type="checkbox"/>	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	<input type="checkbox"/> 1 LESS/EQUAL 10,000	<input type="checkbox"/> 1 CLASS A	<input type="checkbox"/> 1 No	<input type="checkbox"/> 1 No
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	<input type="checkbox"/> 2 10,001 - 26,000	<input type="checkbox"/> 2 CLASS B	<input type="checkbox"/> 2 YES	<input type="checkbox"/> 2 YES
	04 GRAIN/CHIPS/GRAVEL	08 DUMP	12 OTHER	<input type="checkbox"/> 3 MORE THAN 26,000	<input type="checkbox"/> 3 CLASS C	<input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 3 NOT APPLICABLE
			13 UNKNOWN		<input type="checkbox"/> 4 CLASS M		<input type="checkbox"/> 4 UNKNOWN
					<input type="checkbox"/> 5 CLASS D		

## Police Action

<b>DATE CRASH REPORTED</b>	<b>TIME REC CALL</b>	<b>DISPATCH</b>	<b>ARRIVED</b>	<b>CLEARED</b>	<b>OTHER</b>	<b>TOTAL MINUTES</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OFFICER'S NAME *</b>	<b>SADGE # *</b>	<b>CHECKED BY</b>	<b>DATE REPORT FILED *</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>REPORT TAKEN BY</b>	1 POLICE AGENCY 2 MOTORIST	<b>REPORT TAKEN AT</b>	1 SCENE 2 STATION 3 OTHER	<b>SUPPLEMENT *</b> "X" IF YES	<b>LOCAL REPORT # *</b>	<input type="checkbox"/>