

# Police Crash Report



Revised Report

Page \_\_\_\_\_ of \_\_\_\_\_

<b>CRASH</b>				GPS Lat.				GPS Long.					
Crash Date	MM	DD	YYYY	Day of Week	MILITARY Time (24 hr clock)	County of Crash				Official DMV Use			
<input type="radio"/> City of _____ <input type="radio"/> Town of _____				City or Town Name				Landmarks at Scene					
Location of Crash (route/street)						Railroad Crossing ID no. (if within 150 ft.)				Local Case Number			
<input type="radio"/> At Intersection With or _____						<input type="checkbox"/> Miles <input type="checkbox"/> Feet				N S E W <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of			
Location of Crash (route/street)						Mile Marker Number				Number of Vehicles			

<b>VEHICLE #</b> _____											
<b>DRIVER</b>											
Driver's Name (Last, First, Middle)										Driver Fled Scene <input type="radio"/>	
Address (Street and Number)										Gender <input type="radio"/> M <input type="radio"/> F	
City				State		ZIP					
Birth Date		MM		DD		YYYY		Drivers License Number		State	
								DL		CDL	
								<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	
Safety Equip. Used		Air Bag		Ejected		Date of Death		Injury Type		EMS Transport	
						MM DD YYYY				<input type="radio"/> Y <input type="radio"/> N	
Summons Issued As Result of Crash		Offenses Charged to Driver									

<b>VEHICLE #</b> _____											
<b>DRIVER</b>											
Driver's Name (Last, First, Middle)										Driver Fled Scene <input type="radio"/>	
Address (Street and Number)										Gender <input type="radio"/> M <input type="radio"/> F	
City				State		ZIP					
Birth Date		MM		DD		YYYY		Drivers License Number		State	
								DL		CDL	
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Safety Equip. Used		Air Bag		Ejected		Date of Death		Injury Type		EMS Transport	
						MM DD YYYY				<input type="radio"/> Y <input type="radio"/> N	
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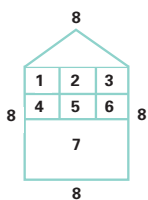
<b>VEHICLE</b>											
Vehicle Owner's Name (Last, First, Middle)										Same as Driver <input type="radio"/>	
Address (Street and Number)											
City				State		ZIP					
Vehicle Year		Vehicle Make		Vehicle Model		Disabled		CMV		Towed	
						<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Vehicle Plate Number				State		Approximate Repair Cost					
VIN						<input type="radio"/> Oversize		<input type="radio"/> Cargo Spill			
Name of Insurance Company (not agent)						<input type="radio"/> Override		<input type="radio"/> Underride			
Speed Before Crash		Speed Limit		Maximum Safe Speed		Under 8		ALL Passengers Age Count		Over 21	
								8-17		18-21	

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Speed Before Crash		Speed Limit		Maximum Safe Speed		Under 8		ALL Passengers Age Count		Over 21	
								8-17		18-21	

<b>PASSENGER (only if injured or killed)</b>													
Name of Injured (Last, First, Middle)										EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death	
		MM		DD		YY							
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate		Gender	
										MM DD YYYY		<input type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle)										EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death	
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Name of Injured (Last, First, Middle)										EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death	
		MM		DD		YY							
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate		Gender	
										MM DD YYYY		<input type="radio"/> M <input type="radio"/> F	

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		MM		DD		YY							
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate		Gender	
										MM DD YYYY		<input type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle)										EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death	
		MM		DD		YY							
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate		Gender	
										MM DD YYYY		<input type="radio"/> M <input type="radio"/> F	
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		MM		DD		YY							
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate		Gender	
										MM DD YYYY		<input type="radio"/> M <input type="radio"/> F	

### Codes



### POSITION IN/ON VEHICLE

1. Driver
- 2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

### SAFETY EQUIPMENT USED

1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

### AIRBAG

1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

### EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

### SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

### INJURY TYPE

1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

Investigating Officer		Badge/Code Number		Agency/Department Name and Code		Reviewing Officer		Report File Date	
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# Police Crash Report

## Revised Report

<b>CRASH</b>		Crash Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MILITARY Time (24 hr clock) <input type="text"/>	County of Crash <input type="text"/>	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number <input type="text"/>
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### CRASH INFORMATION

**Location of First Harmful Event in Relation to Roadway** C1

- 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

**Weather Condition** C2

- 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

**Light Conditions** C3

- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness – Road Lighted
- 5. Darkness – Road Not Lighted
- 6. Darkness – Unknown Road Lighting
- 7. Unknown

**Traffic Control Device** C4

- 1. Yes – Working
- 2. Yes – Working and Obscured
- 3. Yes – Not Working
- 4. Yes – Not Working and Obscured
- 5. Yes – Missing
- 6. No Traffic Control Device Present

**Traffic Control Type** C5

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed – School Zone
- 16. Reduced Speed – Work Zone
- 17. Highway Safety Corridor

**Roadway Alignment** C6

- 1. Straight – Level
- 2. Curve – Level
- 3. Grade – Straight
- 4. Grade – Curve
- 5. Hillcrest – Straight
- 6. Hillcrest – Curve
- 7. Dip – Straight
- 8. Dip – Curve
- 9. Other
- 10. On/Off Ramp

**Roadway Surface Condition** C7

- 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

**Roadway Surface Type** C8

- 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slag, Gravel, Stone
- 5. Dirt
- 6. Other

**Roadway Description** C9

- 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

**Roadway Defects** C10

- 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

**Relation to Roadway** C11

**Interchange Area:**

- 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgelines)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

**Intersection Area:**

- 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

**Other Location:**

- 12. Crossover Related
- 13. Driveway, Alley-Access - Related
- 14. Railway Grade Crossing
- 15. Other Crossing (Crossings for Bikes, School, etc.)

**Intersection Type** C12

- 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-Point, or more
- 6. Roundabout

**Work Zone** C13

- 1. Yes
- 2. No

**Work Zone Workers Present** C14

- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

**Work Zone Location** C15

- 1. Advance Warning Area
- 2. Transition Area
- 3. Activity Area
- 4. Termination Area

**Work Zone Type** C16

- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

**School Zone** C17

- 1. Yes
- 2. Yes - With School Activity
- 3. No

**Type of Collision** C18

- 1. Rear End
- 2. Angle
- 3. Head On
- 4. Sideswipe – Same Direction
- 5. Sideswipe – Opposite Direction
- 6. Fixed Object in Road
- 7. Train
- 8. Non-Collision
- 9. Fixed Object – Off Road
- 10. Deer
- 11. Other Animal
- 12. Pedestrian
- 13. Bicyclist
- 14. Motorcyclist
- 15. Backed Into
- 16. Other



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Revised Report

<b>CRASH</b>		Crash <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY		MILITARY Time (24 hr clock) <input type="text"/>	County of Crash <input type="text"/>	<input type="text"/> City of <input type="text"/> Town of	Local Case Number <input type="text"/>
Crash Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

Veh Dir of Travel - N/S/E/W

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

Veh Dir of Travel - N/S/E/W

**VEHICLE #**

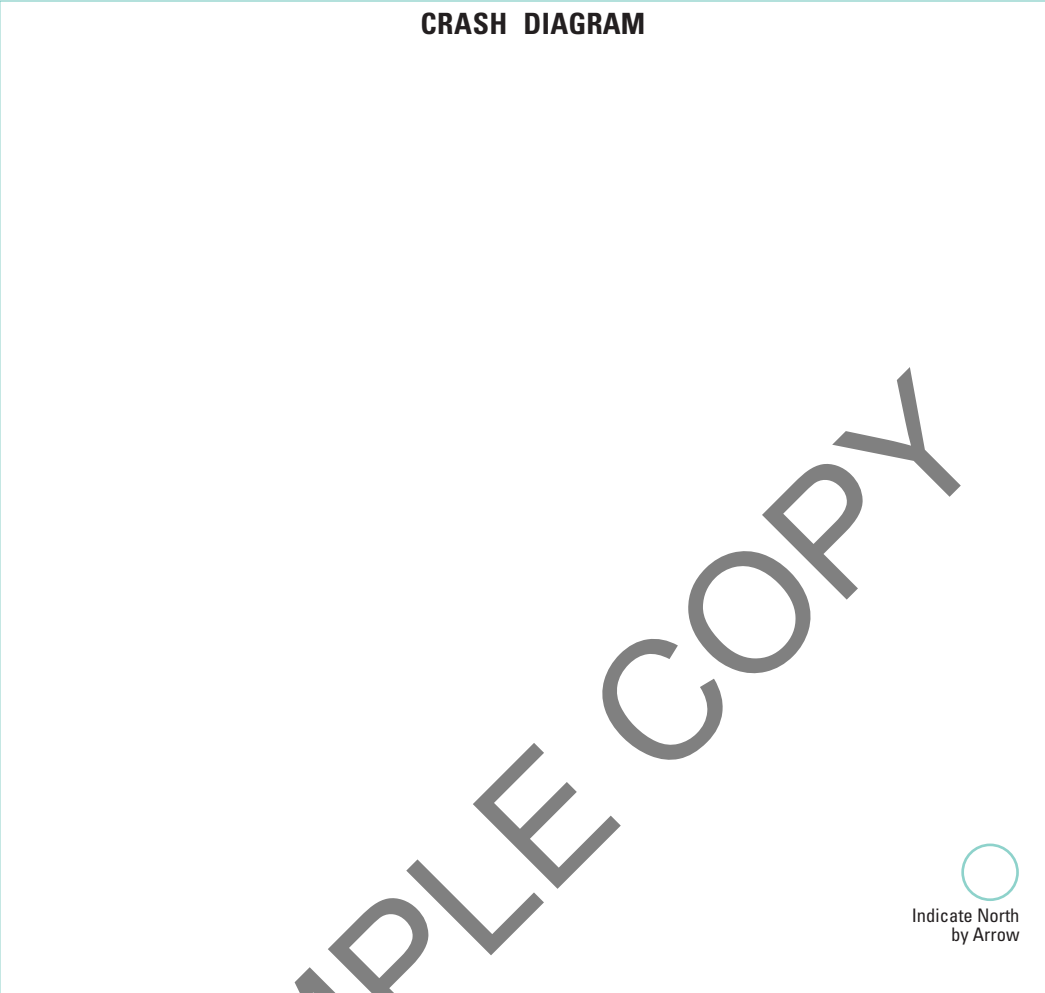
Fill In Impact Area(s).  
Initial Impact.

Veh Dir of Travel - N/S/E/W

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

Veh Dir of Travel - N/S/E/W



<b>DAMAGE TO PROPERTY OTHER THAN VEHICLES</b>	Approx. Repair Cost <input type="text"/>	Object Struck (Tree, Fence, etc.) <input type="text"/>	Property Owners Name (Last, First, Middle) <input type="text"/>	Address (Street and Number) <input type="text"/>	VDOT Property <input type="radio"/> Yes <input type="radio"/> No
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**CRASH DESCRIPTION**

**CRASH EVENTS**

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Harmful Event of Entire Crash that Results in First Injury or Damage.

- COLLISION WITH FIXED OBJECT**
1. Bank Or Ledge
  2. Trees
  3. Utility Pole
  4. Fence Or Post
  5. Guard Rail
  6. Parked Vehicle
  7. Tunnel, Bridge, Underpass, Culvert, etc.
  8. Sign, Traffic Signal
  9. Impact Cushioning Device
  10. Other
  11. Jersey Wall
  12. Building/Structure
  13. Curb
  14. Ditch
  15. Other Fixed Object
  16. Other Traffic Barrier
  17. Traffic Sign Support
  18. Mailbox

- COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT**
19. Pedestrian
  20. Motor Vehicle In Transport
  21. Train
  22. Bicycle
  23. Animal
  24. Work Zone
  25. Other Movable Object
  26. Unknown Movable Object
  27. Other
  28. Ran Off Road
  29. Jack Knife
  30. Overturn (Rollover)
  31. Downhill Runaway
  32. Cargo Loss or Shift
  33. Explosion or Fire
  34. Separation of Units

- NON-COLLISION**
35. Cross Median
  36. Cross Centerline
  37. Equipment Failure (Tire, etc)
  38. Immersion
  39. Fell/Jumped From Vehicle
  40. Thrown or Falling Object
  41. Non-Collision Unknown
  42. Other Non-Collision



# Police Crash Report

Revised Report

## CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number
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### COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

- A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR)       Any Motor Vehicle That Seats 9 or More People, Including the Driver       A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight

AND The crash resulted in:

- A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash      OR      An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene      OR      A tow-away: any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

### VEHICLE #

Vehicle Configuration	V10	Cargo Body Type	V11	License Class	P8	Commercial Endorsement	P9
<input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard)		<input type="radio"/> 1. Bus (Seats 9-15 People, Including Driver)	<input type="radio"/> 10. Grain/Chips/Gravel	<input type="radio"/> Class A		<input type="radio"/> T-Double Trailer	
<input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard)		<input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver)	<input type="radio"/> 11. Pole-Trailer	<input type="radio"/> Class B		<input type="radio"/> P-Passenger Vehicle	
<input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver)		<input type="radio"/> 3. Van/Enclosed Box	<input type="radio"/> 12. Vehicle Towing Another Motor Vehicle	<input type="radio"/> Class C		<input type="radio"/> N-Tank Vehicle	
<input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver)		<input type="radio"/> 4. Cargo Tank	<input type="radio"/> 13. Intermodal Container Chassis	<input type="radio"/> Class DRL (regular drivers license)		<input type="radio"/> H-Required To Be Placarded for Hazardous Materials	
<input type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires)		<input type="radio"/> 5. Flatbed	<input type="radio"/> 14. Logging	<input type="radio"/> Class M		<input type="radio"/> X-Combined Tank/HAZMAT	
<input type="radio"/> 6. Single Unit Truck (3 or More Axles)		<input type="radio"/> 6. Dump	<input type="radio"/> 15. Other Cargo Body (Not Listed Above)			<input type="radio"/> 0-Other	
<input type="radio"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)]		<input type="radio"/> 7. Concrete Mixer	<input type="radio"/> 16. Not Applicable/ No Cargo Body				
<input type="radio"/> 8. Truck Tractor (Bobtail)		<input type="radio"/> 8. Auto Transporter					
<input type="radio"/> 9. Tractor/Semi-trailer (One Trailer)		<input type="radio"/> 9. Garbage/Refuse					
<input type="radio"/> 10. Tractor/Doubles (Two Trailers)							
<input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)							
				<b>GVWR/ GCWR</b>	V12		
						<input type="radio"/> 1. 10,000 lbs. or Less	
						<input type="radio"/> 2. 10,001-26,000 lbs.	
						<input type="radio"/> 3. Greater Than 26,000 lbs.	

### Hazardous Material

Hazardous Material Placard:  Y  N

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input type="radio"/> Y <input type="radio"/> N	HM Cargo Released <input type="radio"/> Y <input type="radio"/> N
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### Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
Carrier's ID Number	State (Intrastate Only)	City	State Zip
US DOT#			

### Commercial/Non-Commercial V13

1. Interstate Carrier  
 2. Intrastate Carrier  
 3. Not in Commerce-Government (Trucks and Buses)  
 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

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### Hazardous Material

Hazardous Material Placard:  Y  N

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input type="radio"/> Y <input type="radio"/> N	HM Cargo Released <input type="radio"/> Y <input type="radio"/> N
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### Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
Carrier's ID Number	State (Intrastate Only)	City	State Zip
US DOT#			

### Commercial/Non-Commercial V13

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# Police Crash Report

## Revised Report

### CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number
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### PEDESTRIAN #

Name of Injured (Last, First, Middle)					
Address (Street and Number)					
City			State	ZIP	
Driver's License #				State	
Gender	EMS Transport	Injury Type	Birthdate	Date of Death	
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N		MM DD YYYY	MM DD YYYY	

### PEDESTRIAN #

Name of Injured (Last, First, Middle)					
Address (Street and Number)					
City			State	ZIP	
Driver's License #				State	
Gender	EMS Transport	Injury Type	Birthdate	Date of Death	
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N		MM DD YYYY	MM DD YYYY	

Ped # <input type="text"/>	Ped # <input type="text"/>	Ped # <input type="text"/>	Ped # <input type="text"/>
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<b>Pedestrian Actions</b> P10 <input type="radio"/> 1. Crossing At Intersection With Signal <input type="radio"/> 2. Crossing At Intersection Against Signal <input type="radio"/> 3. Crossing At Intersection No Signal <input type="radio"/> 4. Crossing At Intersection Diagonally <input type="radio"/> 5. Crossing Not At Intersection – Rural <input type="radio"/> 6. Crossing Not At Intersection – Urban <input type="radio"/> 7. Coming From Behind Parked Cars <input type="radio"/> 8. Getting Off Or On School Bus <input type="radio"/> 9. Playing In Roadway <input type="radio"/> 10. Getting Off Or On Another Vehicle	<input type="radio"/> 11. Hitching On Vehicle <input type="radio"/> 12. Walking In Roadway With Traffic – Sidewalks Available <input type="radio"/> 13. Walking In Roadway With Traffic – Sidewalks Not Available <input type="radio"/> 14. Walking In Roadway Against Traffic – Sidewalks Available <input type="radio"/> 15. Walking In Roadway Against Traffic – Side Walks Not Available <input type="radio"/> 16. Working In Roadway <input type="radio"/> 17. Standing In Roadway <input type="radio"/> 18. Lying In Roadway <input type="radio"/> 19. Not In Roadway <input type="radio"/> 20. Other
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Ped # <input type="text"/>	Ped # <input type="text"/>	Ped # <input type="text"/>	Ped # <input type="text"/>
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<b>Pedestrian Drinking</b> P11 <input type="radio"/> 1. Had Not Been Drinking <input type="radio"/> 2. Drinking-Obviously Drunk <input type="radio"/> 3. Drinking -Ability Impaired <input type="radio"/> 4. Drinking -Ability Not Impaired <input type="radio"/> 5. Drinking -Not Known Whether Impaired	<b>Method of Alcohol Determination by Police</b> P13 <input type="radio"/> 1. Blood <input type="radio"/> 2. Breath <input type="radio"/> 3. Refused <input type="radio"/> 4. No Test
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<b>Condition of Pedestrian Contributing to the Crash</b> P12 <input type="radio"/> 1. No Defects <input type="radio"/> 2. Eyesight Defective <input type="radio"/> 3. Hearing Defective <input type="radio"/> 4. Other Body Defects <input type="radio"/> 5. Illness <input type="radio"/> 6. Fatigued <input type="radio"/> 7. Apparently Asleep <input type="radio"/> 8. Other	<b>Pedestrian Drug Use</b> P14 <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown
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<b>Pedestrian Wear Reflective Clothing</b> P15 <input type="radio"/> 1. Yes <input type="radio"/> 2. No
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Use sections below for additional passengers.

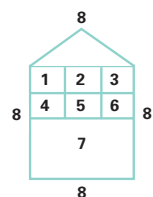
### VEHICLE #

<b>PASSENGER</b> (only if injured or killed)										
Name of Injured (Last, First, Middle)					EMS Transport	Date of Death				
					<input type="radio"/> Y <input type="radio"/> N	MM	DD	YY		
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender				
					MM DD YYYY	<input type="radio"/> M <input type="radio"/> F				

### VEHICLE #

<b>PASSENGER</b> (only if injured or killed)										
Name of Injured (Last, First, Middle)					EMS Transport	Date of Death				
					<input type="radio"/> Y <input type="radio"/> N	MM	DD	YY		
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender				
					MM DD YYYY	<input type="radio"/> M <input type="radio"/> F				

### Codes



- POSITION IN/ON VEHICLE**
- Driver
  - Passengers
  - Cargo Area
  - Riding/Hanging On Outside
  - All Other Passengers

- SAFETY EQUIPMENT USED**
- Lap Belt Only
  - Shoulder Belt Only
  - Lap and Shoulder Belt
  - Child Restraint
  - Helmet
  - Other
  - Booster Seat
  - No Restraint Used
  - Not Applicable

- AIRBAG**
- Deployed – Front
  - Not Deployed
  - Unavailable/Not Applicable
  - Keyed Off
  - Unknown
  - Deployed – Side
  - Deployed – Other (Knee, Air Belt, etc.)
  - Deployed – Combination

- EJECTED FROM VEHICLE**
- Not Ejected
  - Partially Ejected
  - Totally Ejected
- SUMMONS ISSUED AS A RESULT OF CRASH**
- Yes
  - No
  - Pending

- INJURY TYPE**
- Dead
  - Serious Injury
  - Minor/Possible Injury
  - No Apparent Injury