PD 10 Rev. 7/86 Prescribing Directive G.O 401.3

TRAFFIC ACCIDENT REPORT

Metropolitan Police Department, Washington, D. C.

1. DATE OF ACCIDENT | 2. TIME (USE MILITARY) | 3. DAY OF WEEK | 4. DATE OF THIS REPORT | 5. TYPE OF ACCIDENT (CHECK ALL THAT APPLY, EXCEPT FOR PROPERTY DAMAGE) 01 ☐ FATALITY 02 ☐ INJURY 03 ☐ PROP. DAMAGE ONLY 04 ☐ HIT AND RUN 05 ☐ PEDESTRIAN 06 ☐ D.C. PROPERTY 07 ☐ NON-COLLISION | 6. COMPLAINT NUMBER

7. ACCIDENT OCCURRED ON (STREET, DIRECTION, DISTANCE FROM MILE POST, RAMP) | 8. DISTRICT | 9. R A | 10. NO. VEHICLES INVOL. | 11. NO. INJURED PERSONS | 12. NO. OF OCCUPANTS (INCLUDING DRIVER) Veh. 1 ____ 2 ____ 3 ____ 4 ____

13. ENTER THE NO. OF FEET IN WHATEVER DIRECTION, FROM THE NEAREST (INTER. OR BLOCK) ON FREEWAYS ENTER THE NO. OF FEET FROM THE NEAREST MILE-POST OR PARCO PEAK NO., INDICATE IF ACCIDENT OCCURRED ON EXIT RAMP, ACCESS RAMP OR BRIDGE. CIRCLE THE CITY QUADRANT. ____ FEET N S E W. ____ NW SW NE SE | 14. IS THIS A CONSTRUCTION ZONE ☐ YES ☐ NO | 15. ON STREET 01 ☐ AT INTERSECTION 02 ☐ WITHIN 100' OF INTER. 03 ☐ NOT AT INTERSECTION | 16. OFF STREET 01 ☐ PUBLIC SPACE 02 ☐ PRIVATE PROPERTY | 17. REPORT TAKEN ON SCENE? ☐ YES ☐ NO | 18. PHOTOS TAKEN? ☐ YES ☐ NO IF YES, NUMBER

STRIKING OBJECT

1. Driver / Pedestrian / Fixed Object ☐☐☐

19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE | 20. SEX ☐ 01 M ☐ 02 F | 21. BIRTHDATE

22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)

23. HOME PHONE | 24. PERMIT NUMBER AND STATE | 25. BUS. PHONE

OWNER: 26. MODEL | 27. MAKE | 28. YEAR | 29. BODY | 31. COLOR | 32. TAG NO., STATE/YEAR | 33. VEH. ID NO. (VIN)

34. NAME OF OWNER (VEH./PROP.). (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" | 35. PHONE NO.

36. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) | 37. OWNER NOTIFIED? ☐ YES ☐ NO

2. Driver / Pedestrian / Fixed Object ☐☐☐

19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE | 20. SEX ☐ 01 M ☐ 02 F | 21. BIRTHDATE

22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)

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OWNER: 26. MODEL | 27. MAKE | 28. YEAR | 29. BODY | 30. COLOR | 31. TAG NO., STATE/YEAR | 32. VEH. ID NO. (VIN)

33. NAME OF OWNER (VEH./PROP.). (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" | 34. PHONE NO.

35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) | 36. OWNER NOTIFIED? ☐ YES ☐ NO

3. Driver / Pedestrian / Fixed Object ☐☐☐

19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE | 20. SEX ☐ 01 M ☐ 02 F | 21. BIRTHDATE

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OWNER: 26. MODEL | 27. MAKE | 28. YEAR | 29. BODY | 30. COLOR | 31. TAG NO., STATE/YEAR | 32. VEH. ID NO. (VIN)

33. NAME OF OWNER (VEH./PROP.). (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" | 34. PHONE NO.

35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) | 36. OWNER NOTIFIED? ☐ YES ☐ NO

4. Driver / Pedestrian / Fixed Object ☐☐☐

19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE | 20. SEX ☐ 01 M ☐ 02 F | 21. BIRTHDATE

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OWNER: 26. MODEL | 27. MAKE | 28. YEAR | 29. BODY | 30. COLOR | 31. TAG NO., STATE/YEAR | 32. VEH. ID NO. (VIN)

33. NAME OF OWNER (VEH./PROP.). (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" | 34. PHONE NO.

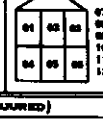
35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) | 36. OWNER NOTIFIED? ☐ YES ☐ NO

Non-involved Witnesses

37. NAME | ADDRESS | PHONE NUMBER

CODES

38. SEAT LOCATION CODE



07 STATION WAGON REAR
08 MOTORCYCLE/MOPED PASS.
09 OCCUPANT - BUS
10 PEDESTRIAN
11 BICYCLE RIDER
12 OTHER: SKATEBOARD, TRICYCLE, ETC.

39. INJURY CODE
00 UNKNOWN
01 FATAL
02 DISABLING
03 NON-DISABLING
04 NONE
05 COMPLAINT OF PAIN BUT NO VISIBLE INJURY

40. SEAT BELT/BAG CODE
00 USE UNKNOWN
01 NOT INSTALLED
02 NOT FASTENED
03 FASTENED
04 AIR BAG INSTALL.
05 BELT/BAG FAILED
06 AIR BAG DEPLOYED
07 CHILD RESTRAINT

41. EJECTION CODE (THROWN FROM VEH.)
00 UNKNOWN
01 NO
02 PARTIAL
03 TOTAL

PERSONS INVOLVED

42. NAME/ADDRESS/PHONE NO. (INCLUDE ALL OPERATORS, PASSENGERS AND PEDESTRIANS INVOLVED EVEN IF NOT INJURED)	AGE	SEX	PASS. IN VEH. NO.	CODE 38.	CODE 39.	BELT 40.	BAG 40.	CODE 41.	EMPLOYED BY D.C. GOVT.?	TRANSPORTED TO HOSPITAL?
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO

INJURED TO HOSPITAL

43. Name of Injured Person	Where Taken (Hospital)	By Whom	Status	TEB Notified (Name)	Teletype Notified (Name)	Relative Notified (Name)
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			

VEHICLE NO. 1

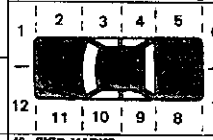
44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM)

46. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☐ TOWED BY 03 ☐ DRIVEN AWAY BY

NAME:

47. LOCATION TOWED TO

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE



13 Hood
14 Roof
15 Trunk
16 Undercarriage
17 Overturned
18 Other *(Explain in Narrative)*

48. SKID MARKS

TO IMPACT _____ AFTER IMPACT _____

VEHICLE NO. 2

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM)

46. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☐ TOWED BY 03 ☐ DRIVEN AWAY BY

NAME:

47. LOCATION TOWED TO

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE

13 Hood
14 Roof
15 Trunk
16 Undercarriage
17 Overturned
18 Other *(Explain in Narrative)*

48. SKID MARKS

TO IMPACT _____ AFTER IMPACT _____

VEHICLE NO. 3

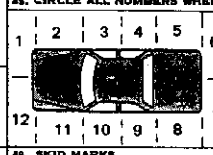
44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM)

46. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☐ TOWED BY 03 ☐ DRIVEN AWAY BY

NAME:

47. LOCATION TOWED TO

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE



13 Hood
14 Roof
15 Trunk
16 Undercarriage
17 Overturned
18 Other *(Explain in Narrative)*

48. SKID MARKS

TO IMPACT _____ AFTER IMPACT _____

VEHICLE NO. 4

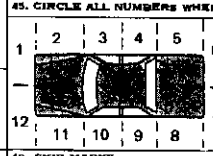
44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM)

46. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☐ TOWED BY 03 ☐ DRIVEN AWAY BY

NAME:

47. LOCATION TOWED TO

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE



13 Hood
14 Roof
15 Trunk
16 Undercarriage
17 Overturned
18 Other *(Explain in Narrative)*

48. SKID MARKS

TO IMPACT _____ AFTER IMPACT _____

49. DIAGRAM: THE PREDETERMINED NORTH IN THE TOP RIGHT HAND CORNER OF THIS SECTION SHALL NOT BE CHANGED BY THE REPORTING OFFICER. THE DIAGRAM MUST CORRESPOND TO ITEM NO. 44, AND THE NARRATIVE. IF THE REPORT IS BEING TAKEN BY AN OFFICER AFTER THE FACT, THE DIAGRAM SHALL BE COMPLETED TO SHOW THE GENERAL AREA IN WHICH THE ACCIDENT OCCURRED. FREEWAY ACCESS RAMPS, EXIT RAMPS, AND BRIDGES SHALL BE INDICATED.

NORTH

PEDESTRIAN ○ BIKE/MOTORCYCLE ○—○ VEHICLE ▭▷

— INDICATE TYPE OF FIXED OBJECT
— INDICATE DIRECTION →
— INDICATE POSTED SPEED
— INDICATE VEHICLES BY NO.

NOTE: This report is used for statistical analysis of vehicular accidents and the prevention thereof. The data given represents the opinion and conclusions of the reporting officer based on his/her judgement after considering all of the facts disclosed through his/her investigation of this accident.

Complaint No.

Darken the appropriate block in each category.

Police Action	50. Dr./Ped.	Arrest/NOI Number	Charge (Report must support the charge.)	DA/SUPERIOR COURT - HEARING DATE	DPW 40-1 Issued?	What Traffic Signs Present?
	No. ___					
	No. ___					

51. TYPE OF COLLISION

00 ☐ UNKNOWN
01 ☐ RIGHT ANGLE
02 ☐ LEFT TURN HIT VEH.
03 ☐ RIGHT TURN HIT VEH.
04 ☐ REAR END
05 ☐ SIDE SWIPED
06 ☐ HEAD ON
07 ☐ PARKED VEHICLE
08 ☐ FIXED OBJECT
09 ☐ RAN OFF ROADWAY
10 ☐ LEFT TURN HIT PED.
11 ☐ RIGHT TURN HIT PED.
12 ☐ STRAIGHT HIT PED.
13 ☐ BACKING HIT MOVING VEH.
14 ☐ BACKING HIT PARKED VEH.
15 ☐ BACKING HIT STOPPED VEH.
16 ☐ BACKING HIT PEDESTRIAN
17 ☐ NON-COLLISION ACCIDENT
99 ☐ OTHER

52. ROAD SURFACE

01 ☐ CONCRETE
02 ☐ ASPHALT
03 ☐ BRICK
04 ☐ GRAVEL
05 ☐ DIRT
99 ☐ OTHER

53. ROAD TYPE

01 ☐ STRAIGHT
02 ☐ CURVE
03 ☐ LEVEL
04 ☐ GRADE
05 ☐ CREST
06 ☐ UNDERPASS
07 ☐ RAMP
08 ☐ BRIDGE
09 ☐ OTHER

54. PEDESTRIAN ACTION

00 ☐ UNKNOWN
01 ☐ WITH SIGNAL IN CROSSWALK
02 ☐ AGAINST SIGNAL IN CROSSWALK
03 ☐ IN CROSSWALK - NO SIGNAL
04 ☐ FROM BETWEEN PARKED CARS
05 ☐ NOT IN CROSSWALK
06 ☐ IN UNMARKED CROSSWALK
99 ☐ OTHER

55. TRAFFIC CONTROLS

00 ☐ UNKNOWN
01 ☐ FLASHING
02 ☐ YIELD
03 ☐ STOP SIGN
04 ☐ SIGNAL
05 ☐ NONE
06 ☐ OFFICER
07 ☐ TURN RESTRICTED
99 ☐ OTHER

56. ROAD CONDITION

00 ☐ UNKNOWN
01 ☐ REPAIRING
02 ☐ DRY
03 ☐ WET
04 ☐ ICE/SNOW

57. STREET LIGHTING

00 ☐ UNKNOWN
01 ☐ DEFECTIVE
02 ☐ NONE
03 ☐ STREET LIGHTS ON
04 ☐ STREET LIGHTS OFF

58. LIGHT CONDITION

00 ☐ UNKNOWN
01 ☐ DAWN/DUSK
02 ☐ DARK
03 ☐ DAYLIGHT

59. TRAFFIC CONDITION

00 ☐ UNKNOWN
01 ☐ HEAVY
02 ☐ MEDIUM
03 ☐ LIGHT
99 ☐ OTHER

60. WEATHER

00 ☐ UNKNOWN
01 ☐ FOG/MIST
02 ☐ CLEAR
03 ☐ RAIN
04 ☐ SNOW
05 ☐ SLEET

61. PEDESTRIAN CLOTHING

01 ☐ UNKNOWN
02 ☐ WEARING DARK CLOTHING
03 ☐ WEARING LIGHT CLOTHING

62. DRIVER/PEDESTRIAN CONDITION

	1	2	3	4	
00	☐	☐	☐	☐	UNKNOWN
01	☐	☐	☐	☐	FATIGUED
02	☐	☐	☐	☐	ILL
03	☐	☐	☐	☐	PHYSICAL DEFECT
04	☐	☐	☐	☐	APPARENTLY ASLEEP
05	☐	☐	☐	☐	APPARENTLY NORMAL
99	☐	☐	☐	☐	OTHER

63. SOBRIETY

	1	2	3	4	
01	☐	☐	☐	☐	HAD NOT BEEN DRINKING
					HAD BEEN DRINKING AND
02	☐	☐	☐	☐	OBVIOUSLY DRUNK
03	☐	☐	☐	☐	ABILITY IMPAIRED
04	☐	☐	☐	☐	NOT IMPAIRED
05	☐	☐	☐	☐	IMPAIRMENT UNKN.
99	☐	☐	☐	☐	OTHER

64. CONTRIBUTING CIRCUMSTANCES - DARKEN THE PRIMARY FACTOR FOR ALL VEHICLES AND "X" ALL SECONDARY FACTORS

	1	2	3	4	
01	☐	☐	☐	☐	SPEED
02	☐	☐	☐	☐	DEFECTIVE BRAKES
03	☐	☐	☐	☐	FOLLOWING TOO CLOSE
04	☐	☐	☐	☐	AUTO RIGHT-OF-WAY
05	☐	☐	☐	☐	PED. RIGHT-OF-WAY
06	☐	☐	☐	☐	IMPROPER TURN
07	☐	☐	☐	☐	YIELD SIGN
08	☐	☐	☐	☐	STOP/GO LIGHT
09	☐	☐	☐	☐	FLASHING LIGHT
10	☐	☐	☐	☐	DIRECTIONAL LIGHT
11	☐	☐	☐	☐	STOP SIGN
12	☐	☐	☐	☐	ALCOHOL INFLUENCE
13	☐	☐	☐	☐	IMPROPER PASSING
14	☐	☐	☐	☐	WRONG WAY-ONE WAY ST.
15	☐	☐	☐	☐	WRONG SIDE OF STREET
16	☐	☐	☐	☐	IMPROPER STARTING
17	☐	☐	☐	☐	OTHER DEFECTS
18	☐	☐	☐	☐	PEDESTRIAN VIOLATION
19	☐	☐	☐	☐	NO VIOLATION
20	☐	☐	☐	☐	DRIVER INATTENTION
21	☐	☐	☐	☐	CHANGING LANES W/O CAUT.
22	☐	☐	☐	☐	FAIL TO SET PARKING BRAKE
23	☐	☐	☐	☐	OPEN DOOR TO TRAFFIC
24	☐	☐	☐	☐	DRUG INFLUENCE
25	☐	☐	☐	☐	IMPROPER BACKING
26	☐	☐	☐	☐	DEFECTIVE LIGHTS
27	☐	☐	☐	☐	PEDESTRIAN DRUNK
28	☐	☐	☐	☐	ROAD DEFECTS
29	☐	☐	☐	☐	DRIVER VISION OBSTRUCTED
30	☐	☐	☐	☐	RIGHT TURN ON RED
99	☐	☐	☐	☐	OTHER

66. VEHICLE TYPE

	1	2	3	4	
00	☐	☐	☐	☐	UNKNOWN
01	☐	☐	☐	☐	PASSENGER AUTO
02	☐	☐	☐	☐	TAXI CAB
03	☐	☐	☐	☐	BUS
04	☐	☐	☐	☐	MOTORCYCLE
05	☐	☐	☐	☐	TRUCK/TRACTOR
	—	—	—	—	NO. OF TRAILERS
	—	—	—	—	NO. OF WHEELS
06	☐	☐	☐	☐	BICYCLE
07	☐	☐	☐	☐	POLICE PATROL WAGON
08	☐	☐	☐	☐	POLICE MOTORCYCLE
09	☐	☐	☐	☐	POLICE SCOOTER
10	☐	☐	☐	☐	POLICE SCOUT CAR - ONE MAN
11	☐	☐	☐	☐	POLICE SCOUT CAR - TWO MAN
12	☐	☐	☐	☐	POLICE CRUISER - MARKED
13	☐	☐	☐	☐	POLICE CRUISER - UNMARKED
14	☐	☐	☐	☐	POLICE-OTHER
15	☐	☐	☐	☐	FIRE ENGINE
16	☐	☐	☐	☐	AMBULANCE
17	☐	☐	☐	☐	PEDESTRIAN - ON FOOT
18	☐	☐	☐	☐	FIXED OBJECT
19	☐	☐	☐	☐	NON-COLLISION
20	☐	☐	☐	☐	MOPED
99	☐	☐	☐	☐	OTHER (EXPLAIN IN NARRATIVE. INCLUDES SKATEBOARDS, TRICYCLES, PLAY VEHICLES, ETC.)

68. BLOOD ALCOHOL CONTENT

Dr./Ped. 1 _____ Dr./Ped. 3 _____

Dr./Ped. 2 _____ Dr./Ped. 4 _____

67. DRIVER ACTIONS

	1	2	3	4	
00	☐	☐	☐	☐	UNKNOWN
01	☐	☐	☐	☐	BACKING
02	☐	☐	☐	☐	TURNING RIGHT
03	☐	☐	☐	☐	TURNING LEFT
04	☐	☐	☐	☐	STOPPED/STANDING-TRAFFIC LANE
05	☐	☐	☐	☐	PARKED
06	☐	☐	☐	☐	ENTERING/LEAVING PARKED POSITION
07	☐	☐	☐	☐	MAKING "U" TURN
08	☐	☐	☐	☐	MERGING
09	☐	☐	☐	☐	RAN OFF ROAD
10	☐	☐	☐	☐	CHANGING LANES
11	☐	☐	☐	☐	GOING STRAIGHT
12	☐	☐	☐	☐	OVERTAKING
13	☐	☐	☐	☐	SLOWING/STOPPING
14	☐	☐	☐	☐	AVOIDING
99	☐	☐	☐	☐	OTHER

69. NARRATIVE: Give a concise statement, in your own words, of the facts that are not covered in this report, or to clarify any items that are not satisfactorily explained. Use Continuation Sheet of report for additional space. If statements are taken, use PD 118 (Def./Suspect Statement), or PD 119 (Compl./Witness Statement). If accident occurred in a construction zone, describe type of construction.

69. SIGNATURE OF REPORTING OFFICER	BADGE NO.	UNIT	70. SIGNATURE OF REVIEWING OFFICIAL	BADGE NO.	UNIT	71. REVIEWER	72. DISTRIBUTION

Item No.	73. **CONTINUATION SHEET** *(List item number of section continued with required information.)* ▶ Complaint No.