

**Locality**  
 1 Business/Commercial 3 School/Playground 5 Agricultural 7 Residential  
 2 Industrial/Manufacturing 4 Recreational Area 6 Undeveloped

**Light Conditions**  
 1 Day 3 Dark - Street Lights On 5 Dark - No Street Lights  
 2 Dawn/Dusk 4 Dark - Street Lights Off

**Weather Conditions - Two Selections Possible**  
 1 Clear 3 Rain 5 Sleet/Hail 7 Blowing Dust/Sand A Smoke/Smog  
 2 Cloudy 4 Snow 6 Fog 8 Severe Cross Winds

**Road Surface Conditions**  
 1 Dry 3 Slush 5 Snow 7 Water  
 2 Wet 4 Ice 6 Mud 9 Other

**Other Road Conditions**  
 0 None 4 High/Low Shoulder 8 Flooded  
 1 Ruts/Bumps/Holes 5 Loose Gravel/Seal Coat 9 Poor Pavement  
 2 Slick Asphalt (Bleeding) 6 Under Construction Markings  
 3 Washboard 7 Lane Closed

Officer # \_\_\_\_\_ Case No. \_\_\_\_\_

**Road Type**  
 1 2-Way & Raised/Depressed Divider 5 Ramp  
 2 2-Way & 2-Way Left Turn Lane Divider 6 Alley  
 3 One-Way 7 Rest Area  
 4 2-Way & No Divider 8 Port of Entry  
 A 2-Way & 2 Double Yellow Painted Divider 9 Other

**Road Surface Type**  
 1 Concrete 2 Paved (Asphalt/Brick) 3 Gravel/Stone 4 Dirt

**Roadway Geometrics**  
 1 Straight 2 Curve  
 1 Upgrade/Downgrade 3 Hillcrest 5 Level

**Traffic Control**  
 0 None 4 Flashing Beacon 8 Officer/Flagger  
 1 Stop Sign 5 Traffic Signal-Ped. Only A School Bus Signal  
 2 Yield 6 R. R. Gates/Signal B No-Pass Barrier Line  
 3 Traffic Signal 7 R. R. Flashing Beacon C Construction Signing

**SPECIFY** 1 Functioning 2 Not Functioning 3 Removed

**UNIT # 1 CONTRIBUTING CIRCUMSTANCES - 3 Possible** **UNIT # 2**

0 None 5 Improper Lane Change 11 Improper Turn 17 Wheel Defect 22 Inattention 28 Improperly Parked  
 1 Exceeded Posted Speed 6 Following Too Close 12 Failed to Signal 18 Light Defect 23 Vision Obstruction 31 Previous Accident  
 2 Speed Too Fast for Conditions 7 Drove Left of Center 13 Failed to Yield 19 Other Vehicle Defect 24 Asleep/Drowsy 32 Distraction in/on Vehicle (List)  
 3 Too Slow for Traffic 8 Off Roadway / Over Corrected 14 Passed Stop Sign 21 Alcohol Impaired 25 Sick 35 Improper use of Turn Lane  
 4 Improper Overtaking 10 Improper Backing 15 Disregarded Signal 26 Fatigued 27 Physical Impairment 99 Other

**VISION OBSTRUCTION**

0 None 3 Roadway Slope/Snowbank 7 Bright Headlights 12 Splash/Spray from Other Vehicle 15 Traffic Sign  
 1 Curve in Road 4 Trees/Crop/Brush 8 Weather Conditions 18 Vehicle Stopped on Roadway 16 Billboard/Fence  
 2 Hill Crest 5 Reflection from Surface 10 Rain/Snow/Ice on Windows 13 Moving Vehicle 17 Building  
 6 Bright Sunlight 11 Cracked/Dirty Windows 14 Parked Vehicle 99 Other

**POINT OF IMPACT**

Auto / Motorcycle / Tractor with Semi Trailer  Trailing Unit #1  Trailing Unit #2 

INITIAL Point of Impact  
 PRINCIPLE Point of Impact

13 Top & Windows 14 Undercarriage 33 Top 34 Undercarriage 53 Top 54 Undercarriage

**EXTENT OF DEFORMITY**

0 None 1 Very Minor 2 Minor 3 Minor/Moderate 4 Moderate 5 Moderate/Severe 6 Severe 7 Very Severe

Towed Due to Damage  Yes  No Towed By: \_\_\_\_\_ Towed Due to Damage  Yes  No

**Driver of UNIT # 1 ALCOHOL / DRUG INVOLVEMENT Driver of UNIT # 2**

1 Neither Alcohol or Drugs Detected 2 Yes - Alcohol 3 Yes - Drugs 4 Yes - Both

**Alcohol / Drug Test**

Alcohol Test  Drug Test

1 None Given 2 Test Refused 3 Blood Test 4 Urine Test 5 Breath Test 6 Field Test

BAC Test Results: \_\_\_\_\_ Drug Used (if known): \_\_\_\_\_ Drug Test Results: \_\_\_\_\_

**UNIT # 1 COMMERCIAL VEHICLE UNIT # 2**  
 Refer to Instruction Sheet before completing

**Cargo Body**

1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Pickup Bed

# Axles	GVWR-Power	GVWR-All Trailers	ICC # For Load	DOT # For Load
Hazardous Material Placard: <input type="checkbox"/> Yes <input type="checkbox"/> No Spilled: <input type="checkbox"/> Yes <input type="checkbox"/> No Haz-Mat # _____				

**Carrier Name & ICC# or DOT# for Load obtained from...**

1 Shipping Papers 2 Vehicle Side 3 Driver 4 Log Book 9 Other

(If Carrier different from Vehicle Owner)	Carrier Name	(If Carrier different from Vehicle Owner)	Carrier Name
	Address		Address
	City State Zip		City State Zip