MOTOR VEHICLE CRASH REPORT OVERLAY NO. 2

OCCUPANT, WITNESS, AND PROPERTY INFORMATION

OCCUPANT SEAT POSITION

11	12	13
21	22	23
31	32	33

11. Front Seat-left Side (Motorcycle Driver)
12. Front Seat-Middle
13. Front Seat-Right Side
21. Second Seat-Left Side (Motorcycle Passenger)
22. Second Seat-Middle
23. Second Seat-Right Side
31. Third Row-Left Side (Motorcycle Passenger)
32. Third Row-Middle
33. Third Row-Right Side
50. Sleeper Section of Cab (Truck)
51. Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit)
52. Passenger in Unenclosed Passenger or Cargo Area (Non-Trailing Unit)
55. Riding on Vehicle Exterior (Non-Trailing Unit)
56. Passenger in Trailing Unit
80. Bus Passenger
94. Damage Prop. (Public)
95. Damage Prop. (Private)
96. Pedestrian
97. Witness
99. Unknown

AGE – In Years (Code 00 for infants under 1 year, 99 for unknown.)

SEX

M – Male F – Female U – Unknown

ALCOHOL/OTHER DRUG INVOLVEMENT (ADI)

0. Neither Alcohol nor Other Drugs Present
1. Yes (Alcohol Present)
2. Yes (Other Drugs Present)
3. Yes (Alcohol and Other Drugs Present)
9. Unknown

ALCOHOL TESTING (AT)

0.14 AC is Coded 014
993 Field Sobriety Test Only
994 Test Refused
995 Test Not Given
996 Test Given (Results Unknown)

OTHER DRUG TESTING (DT)

0. Not Given
1. No Drugs Reported
2. Drugs Reported (If So, Specify **)
7. Test Given (Results Unknown)

**Identify results for the five regulated substances: Marijuana, Cocaine, Opiates, Amphetamines, & PCP.

SAFETY EQUIPMENT/RESTRAINTS

00. Not Installed
01. Not in Use
02. Lap Belt Only
03. Shoulder Belt Only or Automatic Belt Improperly Used
04. Lap and Shoulder Belts
05. Automatic Belts (Properly Used)
06. Equipment Failed
07. Helmet Worn
98. Not Applicable (Non-Motorist)
99. Restraint Use Unknown

CHILD RESTRAINTS

10. Child Not Restrained
11. Child Safety Seat (Used Properly)
12. Child Safety Seat (Used Improperly)

AIR BAG

0. None
1. Air Bag Deployed
2. Air Bag Not Deployed

INJURY CLASS.

WAS INJURED TAKEN TO MEDICAL FACILITY ?

	NO	YES
0. None	2. Disabling	5. Disabling
1. Fatal	3. Non-Disabling	6. Non-Disabling
	4. Possible / Claimed	7. Possible / Claimed

EJECTED/EXTRICATED

0. Not Applicable
1. Not Ejected
2. Totally Ejected
3. Partially Ejected
4. Trapped / Extricated
5. Trapped / Not Extricated

PROPERTY OWNER NOTIFIED

1. Yes
2. No

AMBULANCE RUN NUMBER

UNIT NUMBER

Do not list operator / pedestrian name and address.
List where fatalities and injuries were taken.

	UNIT	SEAT	AGE	SEX	ADI	AT	DT	SAFETY EQUIP.	AIR BAG	INJ.	EJC. EXT.	OWN. NOT.	OCCUPANT, WITNESS, PROPERTY OWNER NAME, ADDRESS, PHONE, PROPERTY DESCRIPTION
OPERATOR	1												
OPERATOR	2												
OCCUPANT, WIT, PROP													
OCCUPANT, WIT, PROP													
OCCUPANT, WIT, PROP													
OCCUPANT, WIT, PROP													
OCCUPANT, WIT, PROP													
OCCUPANT, WIT, PROP													

NOTE: IF MORE THAN TWO UNITS (OR SIX OCCUPANT / WITNESSES) ARE INVOLVED, USE AN EXTRA FORM ATTACHED TO THE ORIGINAL.

* DESCRIBE OR EXPLAIN IN NARRATIVE.

* * EXPLAIN IN REQUEST FOR RE-EXAM FORM.