DRIVERS OR PEDESTRIANS: 801

	1	2		1	2	
01	☐	☐	Apparently normal	06 ☐	☐	H.B.D.—Not under influence
02	☐	☐	Apparently asleep	07 ☐	☐	H.B.D.—Impairment unknown
03	☐	☐	Fatigued	08 ☐	☐	Drugs—Under influence
04	☐	☐	Physical impairment	09 ☐	☐	Drugs—Impairment unknown
05	☐	☐	H.B.D.—Under influence	10 ☐	☐	Condition unknown

TESTS ADMINISTERED TO DRIVERS/PEDESTRIANS: 802

No.	Type	Administered at	Results

VISION OBSCURED BY: 803

	1	2		1	2		1	2		1	2	
01	☐	☐	Structure (explain)	05 ☐	☐	Lack of/improper mirror	09 ☐	☐	Sunglare	13 ☐	☐	Other (explain)
02	☐	☐	Embankment	06 ☐	☐	Rain, snow, ice on windshield	10 ☐	☐	Headlights	14 ☐	☐	Vision not obscured
03	☐	☐	Hillcrest/curve	07 ☐	☐	Other windshield obscurement	11 ☐	☐	Vehicle design (explain)	15 ☐	☐	Unknown if obscured
04	☐	☐	Bushes/trees	08 ☐	☐	Vehicle load/occupants	12 ☐	☐	Other parked/moving vehicle			

No.:	Seat Belts: 804		Ejected: 805		Injury: 806		No.:	Seat Belts: 804		Ejected: 805		Injury: 806	
	Installed	Used	Yes	No	Class	Site		Installed	Used	Yes	No	Class	Site

INJURY/OCCUPANT

No.:	Position:	Name: *(Last, First, Initial)* 807	Address *(Street, City, State)* 808	809 Age:	810 Sex:	Seat Belts: 811 Installed	Used	Ejected: 812 Yes	No	Injury: 813 Class	Site

ROAD SURFACE: 814

1	☐	☐ Asphalt
2	☐	☐ Concrete
3	☐	☐ Oiled
4	☐	☐ Dirt/gravel
5	☐	☐ Other.....

ROAD WIDTH: 815

Traveled portion	1	ft.
Paved shoulder	2	ft.
Total	3	ft.
Storage/turn lane	4	ft.
Median width	5	ft.

TRAFFIC CONTROL: *(Check One or More)* 816

	1	2		1	2	
01	☐	☐	Centerline	06 ☐	☐	Stop sign
02	☐	☐	Marked lanes	07 ☐	☐	Yield sign
03	☐	☐	Speed zone	08 ☐	☐	No passing zone
04	☐	☐	Signal light	09 ☐	☐	Warning sign
05	☐	☐	Flashing signal	10 ☐	☐	Other (explain)
11	☐	☐	Functioning	13 ☐	☐	Not functioning
12	☐	☐	Obscured	14 ☐	☐	No control

SPEED: *(Vehicles Only)* 817

		No. 1	No. 2
Post speed limit	1		
Speed *(Investigator estimate)*	2		
Distance traveled after impact	3		

VEHICLE DAMAGED AREAS: 818

	1	2		1	2	
01	☐	☐	Front	06 ☐	☐	Rear
02	☐	☐	Right front	07 ☐	☐	Right rear
03	☐	☐	Left front	08 ☐	☐	Left rear
04	☐	☐	Right side	09 ☐	☐	Top or underside
05	☐	☐	Left side	10 ☐	☐	No damage

VEHICLES REMOVED: 819

No. 1 To.....

By.....

No. 2 To.....

By.....

INJURED/FATALITIES TRANSPORTED: 820

To.....

By.....

To.....

By.....

POLICE NOTIFIED: 821

Date...../...../.....

Time.....

Arrived Scene.....

Elapsed Time.....

MOTORCYCLE ONLY HELMET USED: 822

	Yes	No
Number		
Passenger		
Passenger		

WITNESSES: *(Other Than Vehicle Occupant)* 823

Name.....

Address.....

Name.....

Address.....

ADDITIONAL INFORMATION/DETAILS: 824