| Occupant Unit Number | NAME Last | First | M.I. | Date of Birth | Sex (M) (F) | Severity (K) (N) (A) (B) (C) | SEAT Position | SAFETY Equipment | AIRBAG (1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown |
|---|---|---|---|---|---|---|---|---|---|
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | ADDRESS Street & Number | | City & State | | ZIP | | | | |
| Address Same as Operator (Yes) (No) | EJECTED (1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown | | TRAPPED/ EXTRICATED (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown | | | Medical Transport (Y) (N) | Agency Space | | |

| Occupant Unit Number | NAME Last | First | M.I. | Date of Birth | Sex (M) (F) | Severity (K) (N) (A) (B) (C) | SEAT Position | SAFETY Equipment | AIRBAG (1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown |
|---|---|---|---|---|---|---|---|---|---|
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | ADDRESS Street & Number | | City & State | | ZIP | | | | |
| Address Same as Operator (Yes) (No) | EJECTED (1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown | | TRAPPED/ EXTRICATED (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown | | | Medical Transport (Y) (N) | Agency Space | | |

## Type of Accident

First Harmful Event 80

Most Harmful Event

| Unit Number | Unit Number |
|---|---|
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 81 | (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) |

(select one per vehicle)

### Collision With Object Not Fixed

| | | |
|---|---|---|
| (1) | Motor Vehicle in Transport | (1) |
| (2) | Parked Motor Vehicle | (2) |
| (3) | Deer | (3) |
| (4) | Pedalcycle | (4) |
| (5) | Pedestrian | (5) |
| (6) | Railway Train | (6) |
| (7) | Other Animal | (7) |
| (8) | Motor Vehicle in Transport In Other Roadway | (8) |
| (9) | Other Object (Not Fixed) | (9) |

### Collision With Fixed Object

| | | |
|---|---|---|
| (10) | Traffic Sign Post | (10) |
| (11) | Traffic Signal | (11) |
| (12) | Utility Pole | (12) |
| (13) | Lum. Light Support | (13) |
| (14) | Other Post | (14) |
| (15) | Tree | (15) |
| (16) | Mailbox | (16) |
| (17) | Guardrail Face | (17) |
| (18) | Guardrail End | (18) |
| (19) | Median Barrier | (19) |
| (20) | Bridge Parapet End | (20) |
| (21) | Bridge/Pier/Abut. | (21) |
| (22) | Impact Attenuator | (22) |
| (23) | Overhead Sign Post | (23) |
| (24) | Bridge Rail | (24) |
| (25) | Culvert | (25) |
| (26) | Ditch | (26) |
| (27) | Curb | (27) |
| (28) | Embankment | (28) |
| (29) | Fence | (29) |
| (30) | Other Fixed Object | (30) |
| (31) | Unknown | (31) |

### Non-Collision

| | | |
|---|---|---|
| (32) | Overturn | (32) |
| (33) | Fire/Explosion | (33) |
| (34) | Immersion | (34) |
| (35) | Jackknife | (35) |
| (36) | Other Non-Collision | (36) |

## Driver Condition

| Unit Number | Unit Number |
|---|---|
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) |

### Driver Factors (Or Pedestrians) 88

| | | |
|---|---|---|
| (1) | Appeared Normal | (1) |
| (2) | Reduced Alertness | (2) |
| (3) | Ability Impaired | (3) |
| (4) | Not Observed | (4) |

### Presence 89

| | | |
|---|---|---|
| (5) | Neither Alcohol nor Drugs Present | (5) |
| (6) | Yes—Alcohol Present | (6) |
| (7) | Yes—Drugs Present | (7) |
| (8) | Yes—Alcohol & Drugs Present | (8) |
| (9) | Unknown | (9) |

### Alcohol 90

| AC Value | AC Value |
|---|---|
| | |

| | | |
|---|---|---|
| (10) | Test Not Given | (10) |
| (11) | Test Refused | (11) |
| (12) | Test Given, Alcohol Unknown | (12) |
| (13) | Test Given, No Alcohol Reported | (13) |

### Drugs 91

| | | |
|---|---|---|
| (14) | Test Not Given | (14) |
| (15) | Test Refused | (15) |
| (16) | Test Given, Drugs Unknown | (16) |
| (17) | Test Given, No Drugs Reported | (17) |
| (18) | Drugs Reported (Specify Below) | (18) |
| (19) | Marijuana | (19) |
| (20) | Cocaine | (20) |
| (21) | Opiates | (21) |
| (22) | Amphetamines | (22) |
| (23) | PCP | (23) |
| (24) | Other Drug Medication | (24) |
| (25) | Type Unknown | (25) |

Unit # (2) (3) (4) (5) (6) (7) (8) (9) (10)

**Pedestrian** 92

| Location | Action |
|---|---|
| (1) In Crosswalk | (1) Walking not Facing Traffic |
| (2) In Roadway | (2) Disregarded Signal |
| (3) Not in Roadway | (3) Darting into Road |
| (4) On Sidewalk | (4) Dark Clothing |
| | (5) Walking Facing Traffic |

**Manner of Collision** 93

(1) No Collision with Motor Vehicle in Transport
(2) Rear-end
(3) Head On
(4) Rear to Rear
(5) Angle
(6) Sideswipe, Same Direction
(7) Sideswipe, Opposite Direction
(8) Unknown

Unit # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Darken Numbered Area(s) of Vehicle Damage 94

(6) (7) (8) (5) REAR (9) FRONT (1) (4) (3) (2)

(0) None
(10) Undercarriage
(11) Total (Damage to all Areas)
(12) Other
(13) Unknown

95 Extent of Damage

| | |
|---|---|
| (0) None | (4) Severe |
| (1) Very Minor | (5) Very Severe |
| (2) Minor | (6) Unknown |
| (3) Moderate | |

Vehicle Towed Due to Damage (Y) (N) 96 | Vehicle Removed By: 97

Unit # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Darken Numbered Area(s) of Vehicle Damage 94

(6) (7) (8) (5) REAR (9) FRONT (1) (4) (3) (2)

(0) None
(10) Undercarriage
(11) Total (Damage to all Areas)
(12) Other
(13) Unknown

95 Extent of Damage

| | |
|---|---|
| (0) None | (4) Severe |
| (1) Very Minor | (5) Very Severe |
| (2) Minor | (6) Unknown |
| (3) Moderate | |

Vehicle Towed Due to Damage (Y) (N) 96 | Vehicle Removed By: 97

82 Fixed Object Struck

| Unit # | Unit # | Unit # | Unit # |
|---|---|---|---|
| | | | |

Govt. Damage Tag # 83

PROPERTY OWNER 84 Last First M.I.

ADDRESS 85 Street & Number

City & State 86 ZIP Phone Number 87 ( )