OTHER DAMAGE

DAMAGED PROPERTY OTHER THAN VEHICLES (DESCRIBE AS COMPLETELY AS POSSIBLE)

◯ ON PAVEMENT OR _____ FEET ◯N ◯S ◯E ◯W OF PAVEMENT EDGE

OWNER'S NAME ◯ Other (Please List) ◯ DOH ◯ City | ADDRESS | CITY | STATE | ZIP

CODES

SEATING

1	2	3
4	5	6
7	8	9

B - Bicyclist
P - Pedestrian
E - Engineer (RR/Train)
M- Motorcycle, Snow-mobile, etc.
1 - Driver
4 - Passenger One
7 - Passenger Two
10 - Sleeper Section
11 - Other Enclosed Passenger Area/ Cargo Area
12 - Other Unenclosed Passenger Area/ Cargo Area
13 - Riding In/On Trailing Unit
14 - Riding On Vehicle Exterior
15 - Unknown
16 - Other (SEE NARRATIVE)

OCCUPANT PROTECTION
1 - None Installed
2 - None Used
3 - Lap Belt Only Used
4 - Shoulder Belt Only
5 - Lap and Shoulder Belt Used
6 - Child Safety Seat
7 - Helmet, Glasses/Shield
8 - Unknown

INJURY CLASSIFICATION
K - Killed
A - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene.
B - Bruises, Abrasions, Swelling, Limping, Etc.
C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness.
O - Not Injured

FIRST AID BY
1 - None
2 - Police
3 - Emergency Medical Technician
4 - Doctor / Nurse
5 - Rescue Squad
6 - Helicopter Crew
7 - Paramedic
8 - Unknown

AIRBAG DEPLOYED: 1 - Yes 2 - No 3 - Not equipped

EJECTED: 1 - No 2 - Yes 3 - Partially 4 - Unknown

TRAPPED/EXTRICATED: 1 - Not Trapped 2 - Trapped/Extricated 3 - Trapped/Not Extricated 4 - Unknown

MEDICALLY TRANSPORTED: 1 - No 2 - Yes 3 - Refused 4 - Unknown

	VEH. NO.	SEAT-ING	OCC. PROT.	AIR-BAG	EJEC-TED	TRAP/ EXTRI	IN-JURY	FIRST AID	MED TRAN
DRIVER →									
DRIVER →									

CRASH

VEHICLE FIRE OCCURRENCE
Veh. #: 0 ◯ No Fire Occurrence 1 ◯ Fire Occurred
Veh. #: 0 ◯ No Fire Occurrence 1 ◯ Fire Occurred

HAZARDOUS CARGO
Veh. #: 0 ◯ No 1 ◯ Yes 2 ◯ Unknown
Veh. #: 0 ◯ No 1 ◯ Yes 2 ◯ Unknown

PERSONS INVOLVED

NAME	M/F	AGE	ADDRESS

INJURED TAKEN TO: | INJURED TAKEN BY: | EMS/AMBS UNIT NUMBER | EMS RUN FORM NUMBER

PED

PEDESTRIAN ACTION: 1 ◯ Crossing at Intersection 2 ◯ Crossing Not at Intersection 3 ◯ Walking on Pavement With Traffic 4 ◯ Walking on Pavement Facing Traffic 5 ◯ Standing on Pavement 6 ◯ Playing on Pavement 7 ◯ Working on Pavement 8 ◯ Other on Pavement 9 ◯ Not on Pavement

Clothing: ◯ Light ◯ Dark

WITNESS

NAME OF WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER
					H ( ) W ( )
					H ( ) W ( )

ENVIRONMENT

LIGHT: 1 ◯ Daylight 2 ◯ Dark 3 ◯ Dark, Artificial Lights 4 ◯ Dusk 5 ◯ Dawn

WEATHER: 1 ◯ Clear 2 ◯ Cloudy 3 ◯ Raining 4 ◯ Fog/Smog 5 ◯ Snowing 6 ◯ Sleeting 7 ◯ Hailing 8 ◯ Crosswinds

ROADWAY SURFACE: 1 ◯ Dry 2 ◯ Wet 3 ◯ Snow 4 ◯ Ice 5 ◯ Muddy 6 ◯ Haz. Mat. 7 ◯ Other

ROADWAY CHARS.: 1 ◯ Straight and Level 2 ◯ Straight and Grade 3 ◯ Straight at Hillcrest 4 ◯ Curve and Level 5 ◯ Curve and Grade 6 ◯ Curve at Hillcrest 7 ◯ Straight and Rolling 8 ◯ Sag Curve

ROAD TYPE: 1 ◯ Blacktop 2 ◯ Concrete 3 ◯ Brick 4 ◯ Gravel 5 ◯ Dirt 6 ◯ Other: _____

TRAFFIC CONTROL: 1 ◯ Stop Sign 2 ◯ Traffic Signal 3 ◯ Yield Signal 4 ◯ Officer, Flagman 5 ◯ RR Gates, Signals 6 ◯ Construction Zone 7 ◯ School Zone 8 ◯ None 9 ◯ Other

FUNCTIONING? ◯ Yes ◯ No

NUMBER OF LANES: _____ WERE LANES CLEARLY MARKED? ◯ YES ◯ NO

VISION OBSCURED BY (Veh. #: ___ ___)
1 ◯ ◯ Not Obscured
2 ◯ ◯ Rain, Snow, Ice on Windshield
3 ◯ ◯ Trees, Bushes
4 ◯ ◯ Building(s)
5 ◯ ◯ Embankment
6 ◯ ◯ Signboard
7 ◯ ◯ Hillcrest
8 ◯ ◯ Parked Vehicle(s)
9 ◯ ◯ Moving Vehicle(s)
10 ◯ ◯ Blinding Headlights
11 ◯ ◯ Blinding Sunlight
12 ◯ ◯ Other
13 ◯ ◯ Unknown

CRASH TYPE

MANNER OF COLLISION:
1 ◯ Rear End
2 ◯ Head On
3 ◯ Same Direction Sideswipe
4 ◯ Opp. Direction Sideswipe
5 ◯ Rear-to-Rear
6 ◯ Single Vehicle Crash
7 ◯ Other

LEFT & RIGHT TURN: 8, 9
LEFT TURNS: 10, 11, 12, 13, 14, 15
RIGHT TURNS: 16, 17, 18, 19, 20

VEH. #: ___ ___ | VEH. #: ___ ___
First Event | Second Event | Third Event | Fourth Event

MOST HARMFUL EVENT: VEH. #: ___ VEH. #: ___

NON-COLLISION
01-Loss of Control
02-Cross centerline/median
03-Ran off roadway-left
04-Ran off roadway-right
05-Re-enter roadway
06-Overturn
07-Separation of units
08-Fire/explosion
09-Immersion
10-Jackknife
11-Downhill runaway
12-Cargo loss/shift
13-Individual fell from veh.
14-Stopped in traffic lane
15-Other noncollision

HAD A COLLISION WITH
16-Moving motor vehicle
17-Pedestrian
18-Bicyclist
19-Motor veh. in transport
20-Parked motor vehicle
21-Railroad/Train
22-Animal
23-Other non-fixed object
24-Bridge/pier/abutment
25-Bridge parapet end
26-Bridge rail
27-Guardrail face
28-Guardrail end
29-Median barrier
30-Highway traffic sign post
31-Highway signal post
32-Luminaire/light support
33-Utility pole
34-Other pole
35-Culvert
36-Curb
37-Ditch
38-Embankment
39-Fence
40-Mailbox
41-Tree
42-RR crossing signal
43-Building
44-Traffic island
45-Fire hydrant
46-Impact attenuator
47-Other fixed object

COMMERCIAL CARRIER

SCREENING INFORMATION:

NUMBER OF QUALIFYING VEHICLES INVOLVED:

Trucks with 6 or more tires or a Haz Mat Placard _____

Buses designed to carry 16 or more persons _____

NUMBER OF:

Persons Sustaining fatal injuries _____

Persons transported for IMMEDIATE medical treatment _____

Vehicles towed from the scene due to damage or provided assistance _____

VEHICLE NUMBER ◯ ◯ ◯ ◯ ◯ ◯ (1 2 3 4 5 6)

CARRIER INFORMATION SOURCE: 1 ◯ Shipping Papers 2 ◯ Vehicle Side 3 ◯ Log Book 4 ◯ Driver 5 ◯ Other

CARRIER NAME

ADDRESS

CITY | STATE | ZIP

USDOT | ICCMC

STATE # | GVWR

NUMBER OF AXLES PER UNIT: Tractor | Trailer 1 | Trailer 2 | Trailer 3

VEHICLE CONFIGURATION
1 ◯ Any 4-tire vehicle
2 ◯ Bus
3 ◯ Single unit truck (2 axles/6 or more tires)
4 ◯ Single unit truck (3 or more axles)
5 ◯ Truck with trailer
6 ◯ Truck tractor only (Bobtail)
7 ◯ Tractor with semi-trailer
8 ◯ Tractor with double trailers
9 ◯ Tractor with triple trailers
10 ◯ Other - Unable to classify

CDL TYPE: ◯ A ◯ B ◯ C ◯ None

ENDORS.: ◯ H ◯ N ◯ P ◯ T ◯ X

CDL RESTRICTIONS: ◯ K ◯ L ◯ M ◯ N ◯ None

CARGO BODY TYPE
1 ◯ Bus
2 ◯ Van/enclosed box
3 ◯ Cargo tank
4 ◯ Flatbed
5 ◯ Dump
6 ◯ Concrete Mixer
7 ◯ Auto Transport
8 ◯ Garbage or Refuse
9 ◯ Other (List Below)

HAZARDOUS MATERIAL
PLACARD: ◯ Yes ◯ No SPILL: ◯ Yes ◯ No

Name or 4 Digit Number from Diamond or Box: ___ ___ ___ ___

1 Digit Number from Bottom: ___

NAME OF INVESTIGATING OFFICER (Please Print) | NUMBER | NAME OF POLICE AGENCY | O.R.I. NUMBER

The data in this report reflects my best judgement and knowledge.

INVESTIGATING OFFICER'S SIGNATURE: | DATE OF COMPLETION

PHONE #: ( )

PHOTOS TAKEN ◯ VIDEOS TAKEN ◯ BY WHOM:

ASSISTING OFFICER: