

Delaware - 1

- REPORTABLE PROPERTY
- NON-REPORTABLE
- DAMAGE
- LATE REPORT
- PERSONAL INJURY
- HAZ/MAT.
- FATALITY
- COMM. VEH.

STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT

TROOP/DEPARTMENT

1. COMPLAINT NO.
2. DSP HQ. NO. (LEAVE BLANK)

3. MON. - DATE - YEAR	4. DAY	5. TIME OCCURRED	6. NOTIFIED	7. ARRIVED	8. GRID NO.	9. SECTOR	12. LIGHT CONDITION <input type="checkbox"/>
10. NUMBER & NAME OF STREET OR HIGHWAY - CTY. RTE. NO. ● INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.							13. WEATHER CONDITION <input type="checkbox"/>
11. ON: _____ INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.							14. SURFACE CONDITION <input type="checkbox"/>
11. NON. FEET <input type="checkbox"/> <input type="checkbox"/> E INTERSECT. _____ MILES <input type="checkbox"/> <input type="checkbox"/> W OF:							15. TRAFFIC CONTROL <input type="checkbox"/>

16. PRIM. CONTRIB. CIRCUM. <input type="checkbox"/>	8. SPEED TOO FAST	11. DISREGARD TRAFFIC SIGNAL	14. FOLLOWING TOO CLOSE	17. MECH. DEFECT	15. TRAFFIC CONTROL <input type="checkbox"/>	FUNCT. PROPER <input type="checkbox"/>	
18. ON RDWY. <input type="checkbox"/>		9. FAIL TO YIELD ROW		12. DROVE LEFT OF CENTER		21. CTY.	
17. COLLISION INVOLVED <input type="checkbox"/>		10. PASSED STOP SIGN		13. IMPROPER PASSING		22. CODE	
19. EMERG. RESPON. <input type="checkbox"/>		20. _____ MILES <input type="checkbox"/> <input type="checkbox"/> IN: _____ CITY OR TOWN		16. DRIVING UNDER INFLUENCE		23. MILE POINT	

24. NAME NO. 1 LAST FIRST M.I.	24. NAME NO. 2 LAST FIRST M.I.		
25. STREET ADDRESS			
26. CITY	27. STATE	28. ZIP	29. PHONE
26. CITY	27. STATE	28. ZIP	29. PHONE

30. DRIVERS LICENSE NO.	31. STATE	32. DOB	33. AGE	34. SEX <input type="checkbox"/> M <input type="checkbox"/> F	30. DRIVERS LICENSE NO.	31. STATE	32. DOB	33. AGE	34. SEX <input type="checkbox"/> M <input type="checkbox"/> F
35. SOBRIETY <input type="checkbox"/>	36. TESTED <input type="checkbox"/>	37. TYPE <input type="checkbox"/>	TEST NUMBER RESULT 0. ____ %		35. SOBRIETY <input type="checkbox"/>	36. TESTED <input type="checkbox"/>	37. TYPE <input type="checkbox"/>	TEST NUMBER RESULT 0. ____ %	
38. VEHICLE YR.	39. VEHICLE MAKE	40. MODEL	41. BODY STYLE <input type="checkbox"/>		38. VEHICLE YR.	39. VEHICLE MAKE	40. MODEL	41. BODY STYLE <input type="checkbox"/>	

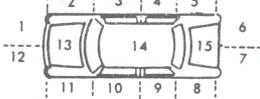
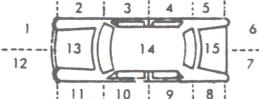
42. REGISTRATION NO.	43. STATE	44. COLOR	45. DAMAGE \$	46. TRAILERS 0 1 2 3	42. REGISTRATION NO.	43. STATE	44. COLOR	45. DAMAGE \$	46. TRAILERS 0 1 2 3
47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.					47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.				

48. STREET CITY STATE	48. STREET CITY STATE		
49. INSURANCE COMPANY NUMBER			
49. INSURANCE COMPANY NUMBER			
50. CHARGE/SECTION NUMBER	51. ARREST NO.	50. CHARGE/SECTION NO.	51. ARREST NO.

52. NO. 1 TOWED BY:	1. REAR	2. PASSING	3. ANGLE	4. RIGHT TURN	5. RIGHT TURN	11. OTHER	52. NO. 2 TOWED BY:
TO:							TO:
53.	6. HEAD ON	7. SIDESWIPE	8. INDICATE OBJECT	9. LEFT TURN	10. LEFT TURN		53.

CODE	WITNESS INFORMATION: (NAME, ADDRESS, PHONE NO., LOCATION)	GENERAL	17. COLLISION INVOLVED
55.		1. YES 2. NO 3. UNKNOWN 4. N/A 5. PENDING 6. NONE 7. OTHER	37. MV IN TRANSPORT 38. NON-COL. OVERTURN 39. MV ON OTHER RDWY 40. PEDESTRIAN 41. PARKED VEHICLE 42. RAILROAD TRAIN 43. PEDALCYCLIST 44. ANIMAL 45. FIXED OBJECT* 46. OTHER OBJECT* 47. OTHER NON-COLLIS.
		12. LIGHT COND. 18. DAYLIGHT 19. DAWN/DUSK 20. DARK/LIT 21. DARK/UNLIT	35. SOBRIETY
		13. WEATHER 22. CLEAR 23. RAIN 24. SNOW/SLEET 25. FOG 26. CLOUDY	48. NOT DRINKING 49. HBD NOT IMPAIRED 50. HBD IMPAIRMENT UNK 51. UNDER THE INFLUENCE
		14. SURFACE 27. DRY 28. WET 29. SNOWY 30. ICY	52. PBT 53. BREATH } 37. TYPE 54. BLOOD } 55. URINE }
		15. CONTROLS 31. STOP SIGN 32. STOP & GO LIGHT 33. YIELD SIGN 34. WARNING SIGN 35. LANE MARKINGS 36. FLASHING SIGNAL	41. BODY STYLE 56. PASSENGER CAR 57. PICK-UP TRUCK 58. VAN/PANEL TRUCK 59. FARM VEHICLE 60. MOTORCYCLE 61. BUS 62. SCHOOL BUS 63. 6 WHEEL TRUCK 64. 10 WHEEL TRUCK 65. TRACT. & SEMI. TR.(S)

56. INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58. REVIEWER	59.
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24. NAME NO. 3					24. NAME NO. 4										
25. STREET ADDRESS					25. STREET ADDRESS										
26. CITY		27. STATE	28. ZIP	29. PHONE		26. CITY		27. STATE	28. ZIP	29. PHONE					
30. DRIVERS LICENSE NO.			31. STATE	32. DOB	33. AGE	34. SEX M F	30. DRIVERS LICENSE NO.			31. STATE	32. DOB	33. AGE	34. SEX M F		
35. SOBRIETY <input type="checkbox"/>		36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>		TEST NUMBER RESULT 0. ____ %		35. SOBRIETY <input type="checkbox"/>		36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>		TEST NUMBER RESULT 0. ____ %	
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47. VEHICLE/TRACTOR OWNER: LAST					47. VEHICLE/TRACTOR OWNER: LAST										
48. STREET					48. STREET										
49. INSURANCE COMPANY					49. INSURANCE COMPANY										
50. CHARGE/SECTION NUMBER					50. CHARGE/SECTION NO.										
51. ARREST NO.					51. ARREST NO.										
52. NO. 3 TOWED BY:		USE THIS SPACE FOR SKETCHING DAMAGE TO TRAILERS, MOTORCYCLES, ETC.								52. NO. 4 TOWED BY:					
TO:										TO:					
53.										53.					
															

O
N

<input type="checkbox"/> 60. CONTINUATION <input type="checkbox"/> 80. SUPPLEMENT INITIAL REPORT DATE OPERATOR #1 OPERATOR #2	STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT INJURY INFORMATION	1. _____ 2. _____ COMPLAINT NUMBER	_____ TROOP/DEPARTMENT	DSP HQ. NO. (LEAVE BLANK)
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I-1	61. NAME: LAST FIRST	M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.	
62. ADDRESS			M F												
63. PHONE		64. INJURIES										68. T & R			
65. EXAMINED BY DR.			66. REMOVED BY		67. REMOVED TO										T & A
I-2	61. NAME: LAST FIRST	M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.	
62. ADDRESS			M F												
63. PHONE		64. INJURIES										68. T & R			
65. EXAMINED BY DR.			66. REMOVED BY		67. REMOVED TO										T & A
I-3	61. NAME: LAST FIRST	M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.	
62. ADDRESS			M F												
63. PHONE		64. INJURIES										68. T & R			
65. EXAMINED BY DR.			66. REMOVED BY		67. REMOVED TO										T & A
I-4	61. NAME: LAST FIRST	M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.	
62. ADDRESS			M F												
63. PHONE		64. INJURIES										68. T & R			
65. EXAMINED BY DR.			66. REMOVED BY		67. REMOVED TO										T & A
I-5	61. NAME: LAST FIRST	M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.	
62. ADDRESS			M F												
63. PHONE		64. INJURIES										68. T & R			
65. EXAMINED BY DR.			66. REMOVED BY		67. REMOVED TO										T & A

73. SEAT NO. <table style="width:100%; text-align: center;"> <tr> <td style="width:5%;"></td> <td style="width:5%;">1</td> <td style="width:5%;">2</td> <td style="width:5%;">3</td> <td rowspan="3" style="width:10%; vertical-align: middle;">M/C</td> </tr> <tr> <td style="width:5%; text-align: center;">C A R</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td style="width:5%; text-align: center;">9 SW</td> <td>7</td> <td>8</td> <td>9</td> </tr> </table> <p>10=EXT. OF VEHICLE</p>		1	2	3	M/C	C A R	4	5	6	9 SW	7	8	9	GENERAL 1. YES 2. NO 3. UNKNOWN 4. N/A 5. PENDING 6. NONE 7. OTHER 74. STATUS	76. INJURY CLASS 74. POSSIBLE INJURY 75. NON - INCAPACITATING 76. INCAPACITATING INJURY 77. FATAL INJURY 77. EJECTION 78. PARTIALLY EJECTED 79. TOTAL EJECTION 80. NO EJECTION 78. RESTRAINT LAP BELT ONLY 82. FASTENED 83. NOT FASTENED LAP & SHOULDER 84. LAP ONLY USED 85. NEITHER USED 86. SHOULDER ONLY 87. BOTH USED	78. RESTRAINT (CONT.) CHILD RESTRAINTS 88. CHILD RESTR. USED 89. OTHER RESTR. USED 90. NONE USED MC HELMET 91. NONE USED 92. USED PASSIVE RESTRAINTS 93. AIR BAG DEPLOYED 94. AIR BAG INOPERABLE 95. AUTO RESTR. USED 96. AUTO RESTR. INOPER. 66. REMOVED 97. AMBULANCE 98. PARAMEDIC 99. HELICOPTER 100. PRIV. OWNED VEH.	81. IF PEDESTRIAN INVOLVED PLACE CODE IN BLOCK <table style="width:100%; text-align: center;"> <tr> <td style="width:50%;">PED # 1</td> <td style="width:50%;">PED # 2</td> </tr> <tr> <td><input style="width:50px; height:20px;" type="text"/></td> <td><input style="width:50px; height:20px;" type="text"/></td> </tr> </table> 101. CROSSING AT INTERS. 102. CROSSING NOT AT INTERS. 103. WALKING WITH TRAFFIC 104. WALKING AGAINST TRAFFIC 105. STANDING 106. PUSH OR WORK ON VEH. 107. OTHER WORKING 108. PLAYING 109. OTHER (DESCRIBE) _____ _____ 110. NOT IN RDW. ANY ACTION	PED # 1	PED # 2	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
	1	2	3	M/C																	
C A R	4	5	6																		
9 SW	7	8	9																		
PED # 1	PED # 2																				
<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>																				
79. POSTED SPEED LIMIT VEHICLE #1 _____ VEHICLE #2 _____ VEHICLE #3 _____ VEHICLE #4 _____	66. DRIVER 67. PASSENGER 68. PEDESTRIAN 69. PEDALCYCLIST 75. FIRST AID 70. POLICE 71. FIREMAN 72. AMBULANCE 73. REFUSED	56-INVESTIGATING OFFICER RANK I.D. NUMBER 57. SUPERVISOR'S APPROVAL DATE 58. REVIEWER 59.																			
PAGE _____ OF _____																					

STATE OF DELAWARE DELAWARE STATE POLICE COMMERCIAL VEHICLE ACCIDENT SUPPLEMENT

A. Complaint Number _____		
B. Carrier's Identification Numbers		
US DOT _____	ICC MC _____	
C. Interstate Carrier _____ YES _____ NO		
D. Carrier's Name _____		
Source: _____ Vehicle Side		
_____ Shipping Papers or Trip Manifest		
_____ Driver		
_____ Log Book		
E. Carrier's Address _____		
_____ Street	_____ City	
_____ State	_____ Zip	
F. Driver's Dispatch Phone Number _____		
G. Date & time of Accident _____		
_____ Mth.	_____ Day	_____ Year
		_____ Time
H. Accident Location		
_____ Route/Street	_____ City	_____ County
L. Driver's Name		
_____ Last	_____ First	_____ M.I.
J. Driver's Date of Birth _____		
_____ Mth.	_____ Day	_____ Year
K. Driver's License Number & License State		
_____ License Number	_____ License State	
L. Vehicle Configuration		
<ul style="list-style-type: none"> (1) Bus (seats for 16 people or more, including driver) (2) Single-unit truck, 2 axle, 6 tires (3) Single-unit truck, 3 or more axles (4) Truck/trailer (5) Truck tractor (bobtail) (6) Tractor/semitrailer (7) Tractor/double (8) Tractor/triple (9) Unknown Truck, Cannot classify 		

M. Cargo Body Type _____		
<ul style="list-style-type: none"> (1) Bus (seats for 16 people or more, including driver) (2) Van/Enclosed Box (3) Cargo Tank (4) Flatbed (5) Dump (6) Concrete Mixer (7) Auto Transporter (8) Garbage/Refuse (9) Other 		
N. Number of Axles (including trailers) _____		
O. Gross Vehicle Weight Rating _____ lb.		
P. Vehicle Identification Number _____		
Q. Vehicle License # & License State		
_____ License #	_____ State	
R. Hazardous Materials Involvement		
Hazardous Materials Placard? (1) YES _____ (2) NO _____		
Haz Mat Release of Cargo? (1) YES _____ (2) NO _____		
Haz Mat Name _____		
Haz Mat 4-digit Number _____		
Haz Mat 1-Digit Number _____		
S. Sequence of Events (for this vehicle)		
#1 _____	#2 _____	#3 _____
<ul style="list-style-type: none"> (1) Ran off Road (2) Jackknife (3) Overturn (Rollover) (4) Downhill Runaway (5) Cargo Loss or Shift (6) Explosion or Fire (7) Separation of Units (8) Collision Involving Pedestrian (9) Collision Involving Motor Vehicle in Transport (10) Collision Involving Parked Motor Vehicle (11) Collision Involving Train (12) Collision Involving Pedalcycle (13) Collision Involving Animal (14) Collision Involving Fixed Object (15) Collision Involving Other Object (16) Other 		
OVER		

T. Trafficway _____

- (1) Not Physically divided (two-way trafficway)
- (2) Divided highway, median strip, w/o traffic barrier
- (3) Divided highway, median strip, w/traffic barrier
- (4) One-way trafficway

U. Access control _____

- (1) No control (unlimited access)
- (2) Full control (only ramp entry and exit)
- (3) Other

V. Weather Condition _____

- (1) No adverse condition
- (2) Rain
- (3) Sleet, hail
- (4) Snow
- (5) Fog
- (6) Blowing sand, soil, dirt, or snow
- (7) Severe crosswinds
- (8) Other
- (9) Unknown

W. Number of Fatalities: _____ **Number of Injuries** _____

Number of vehicles involved in accident _____
Was any vehicle towed away? YES _____ NO _____

X. Road Surface Condition _____

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, mud, dirt, or soil
- (8) Other
- (9) Unknown

Y. Light Condition _____

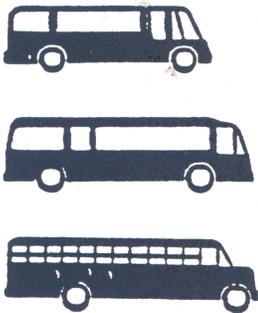
- (1) Daylight
- (2) Dark - Not lighted
- (3) Dark - lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

Z. Apparent Driver Condition _____

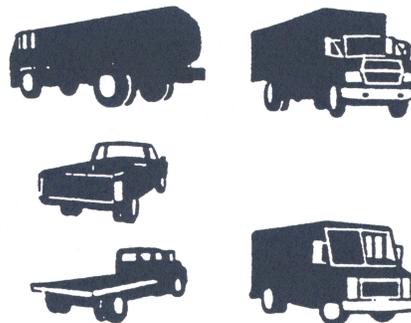
- (1) Appeared normal
- (2) Had been drinking
- (3) Illegal drug use
- (4) Sick
- (5) Fatigue
- (6) Asleep
- (7) Medication
- (8) Unknown

TYPICAL VEHICLE SILHOUETTES

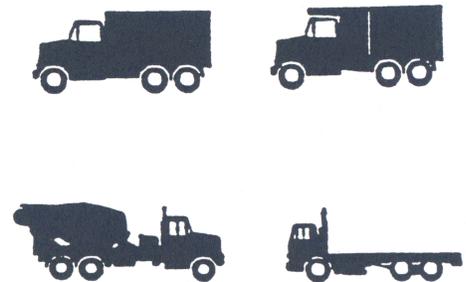
1. Bus



2. Single Unit Truck - 2 axle/6 tire



3. Single Unit Truck - 3 axle



4. Truck with Trailer



5. Truck Tractor (Bobtail)



6. Tractor with Semi-trailer



7. Tractor with Double Trailers



8. Tractor with Triple Trailers

