PD 10 Rev. 7/86 Prescribing Directive G.O 401.3

TRAFFIC ACCIDENT REPORT

Metropolitan Police Department, Washington, D. C.

1. DATE OF ACCIDENT | 2. TIME (USE MILITARY) | 3. DAY OF WEEK | 4. DATE OF THIS REPORT | 5. TYPE OF ACCIDENT (CHECK ALL THAT APPLY, EXCEPT FOR PROPERTY DAMAGE) 01 ☐ FATALITY 02 ☐ INJURY 03 ☐ PROP. DAMAGE ONLY 04 ☐ HIT AND RUN 05 ☐ PEDESTRIAN 06 ☐ D.C. PROPERTY 07 ☐ NON-COLLISION | 6. COMPLAINT NUMBER

7. ACCIDENT OCCURRED ON (STREET, DIRECTION, DISTANCE FROM MILE POST, RAMP) | 8. DISTRICT | 9. B A | 10. NO. VEHICLES INVOL. | 11. NO. INJURED PERSONS | 12. NO. OF OCCUPANTS (INCLUDING DRIVER) Veh. 1 ____ 2 ____ 3 ____ 4 ____

13. ENTER THE NO. OF FEET, IN WHATEVER DIRECTION, FROM THE NEAREST INTER. OR BLOCK. ON FREEWAYS ENTER THE NO. OF FEET FROM THE NEAREST MILE-POST OR PEPCO POLE NO., INDICATE IF ACCIDENT OCCURRED ON EXIT RAMP, ACCESS RAMP OR BRIDGE. CIRCLE THE CITY QUADRANT. ____ FEET N S E W ____ NW SW NE SE | 14. IS THIS A CONSTRUCTION ZONE ☐ YES ☐ NO | 15. ON STREET 01 ☐ AT INTERSECTION 02 ☐ WITHIN 100' OF INTER. 03 ☐ NOT AT INTERSECTION | 16. OFF STREET 01 ☐ PUBLIC SPACE 02 ☐ PRIVATE PROPERTY | 17. REPORT TAKEN ON SCENE? ☐ YES ☐ NO | 18. PHOTOS TAKEN? ☐ YES ☐ NO IF YES, NUMBER

STRIKING OBJECT

1. ☐ Driver ☐ Pedestrian ☐ Fixed Object

19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)
19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE | 20. SEX ☐ 01 M ☐ 02 F | 21. BIRTHDATE
22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)
23. HOME PHONE | 24. PERMIT NUMBER AND STATE | 25. BUS. PHONE

OWNER: 26. MODEL | 27. MAKE | 28. YEAR | 29. BODY | 31. COLOR | 32. TAG NO., STATE/YEAR | 33. VEH. ID NO. (VIN)
34. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" | 35. PHONE NO.
36. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) | 37. OWNER NOTIFIED? ☐ YES ☐ NO

3. ☐ Driver ☐ Pedestrian ☐ Fixed Object

19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)
19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE | 20. SEX ☐ 01 M ☐ 02 F | 21. BIRTHDATE
22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)
23. HOME PHONE | 24. PERMIT NUMBER AND STATE | 25. BUS. PHONE

OWNER: 26. MODEL | 27. MAKE | 28. YEAR | 29. BODY | 30. COLOR | 31. TAG NO., STATE/YEAR | 32. VEH. ID NO. (VIN)
33. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" | 34. PHONE NO.
35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) | 36. OWNER NOTIFIED? ☐ YES ☐ NO

2. ☐ Driver ☐ Pedestrian ☐ Fixed Object

19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)
19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE | 20. SEX ☐ 01 M ☐ 02 F | 21. BIRTHDATE
22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)
23. HOME PHONE | 24. PERMIT NUMBER AND STATE | 25. BUS. PHONE

OWNER: 26. MODEL | 27. MAKE | 28. YEAR | 29. BODY | 30. COLOR | 31. TAG NO., STATE/YEAR | 32. VEH. ID NO. (VIN)
33. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" | 34. PHONE NO.
35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) | 36. OWNER NOTIFIED? ☐ YES ☐ NO

4. ☐ Driver ☐ Pedestrian ☐ Fixed Object

19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)
19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE | 20. SEX ☐ 01 M ☐ 02 F | 21. BIRTHDATE
22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)
23. HOME PHONE | 24. PERMIT NUMBER AND STATE | 25. BUS. PHONE

OWNER: 26. MODEL | 27. MAKE | 28. YEAR | 29. BODY | 30. COLOR | 31. TAG NO., STATE/YEAR | 32. VEH. ID NO. (VIN)
33. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" | 34. PHONE NO.
35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) | 36. OWNER NOTIFIED? ☐ YES ☐ NO

Non-Involved Witnesses

37. NAME | ADDRESS | PHONE NUMBER

CODES

38. SEAT LOCATION CODE

07 STATION WAGON REAR
08 MOTORCYCLE/MOPED PASS.
09 OCCUPANT - BUS
10 PEDESTRIAN
11 BICYCLE RIDER
12 OTHER: SKATEBOARD, TRICYCLE, ETC.

39. INJURY CODE
00 UNKNOWN
01 FATAL
02 DISABLING
03 NON-DISABLING
04 NONE
05 COMPLAINT OF PAIN BUT NO VISIBLE INJURY

40. SEAT BELT/BAG CODE
00 USE UNKNOWN
01 NOT INSTALLED
02 NOT FASTENED
03 FASTENED
04 AIR BAG INSTALL.
05 BELT/BAG FAILED
06 AIR BAG DEPLOYED
07 CHILD RESTRAINT

41. EJECTION CODE (THROWN FROM VEH.)
00 UNKNOWN
01 NO
02 PARTIAL
03 TOTAL

PERSONS INVOLVED

42. NAME/ADDRESS/PHONE NO. (INCLUDE ALL OPERATORS, PASSENGERS AND PEDESTRIANS INVOLVED EVEN IF NOT INJURED)	AGE	SEX	PASS. IN VEH. NO.	CODE 38.	CODE 39.	BELT 40.	BAG 40.	CODE 41.	EMPLOYED BY D.C. GOVT.?	TRANSPORTED TO HOSPITAL?
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO