☐ REPORTABLE PROPERTY DAMAGE ☐ NON-REPORTABLE
☐ 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
/ /					/		

10 NUMBER & NAME OF STREET OR HIGHWAY CTY. RTE NO ● INTERSECTING WITH STREET OR ROAD – CTY RTE NO.

ON

11 NON INTSECT ___ FEET ___ MILES [N] [E] [S] [W] OF INTERSECTING WITH STREET OR ROAD – CTY RTE NO

13 WEATHER CONDITION

14 SURFACE CONDITION

16 PRIM CONTRIB CIRCUM ☐ 8. SPEED TOO FAST 9. FAIL TO YIELD ROW 10. PASSED STOP SIGN 11 DISREGARD TRAFFIC SIGNAL 12 DROVE LEFT OF CENTER 13 IMPROPER PASSING 14. FOLLOWING TOO CLOSE 15. MADE IMPROPER TURN 16. DRIVING UNDER INFLUENCE 17 MECH DEFECT

15. TRAFFIC CONTROL ☐ FUNCT PROPER ☐

17 COLLISION INVOLVED ☐ 18 ON RDWY ☐ 19 EMERG RESPON ☐ 20 ___ MILES [N] [E] [S] [W] ___ IN ___ OF CITY OR TOWN

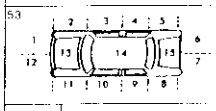
21 CTY 22 CODE 23 MILE POINT ●

24 NAME NO. 1 LAST FIRST MI	24 NAME NO. 2 LAST FIRST MI
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 ☐ 36 TESTED ☐ 37 TYPE ☐ RESULT 0. ___ % TEST NUMBER	35 SOBRIETY ☐ 36 TESTED ☐ 37 TYPE ☐ RESULT 0 ___ % TEST NUMBER
38 VEHICLE YR 39 VEHICLE MAKE 40 MODEL 41 BODY STYLE ☐	38 VEHICLE YR 39. VEHICLE MAKE 40 MODEL 41 BODY STYLE ☐
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 MI	47. VEHICLE/TRACTOR OWNER LAST FIRST MI
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

TO.

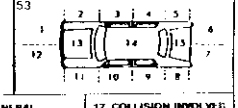
53



52 NO 2 TOWED BY

TO

53



CODE **WITNESS INFORMATION:** (NAME, ADDRESS, PHONE NO., LOCATION)

55.

GENERAL
1 YES
2 NO
3 UNKNOWN
4 N/A
5 PENDING
6 NONE
7 OTHER

12 LIGHT COND
18 DAYLIGHT
19 DAWN/DUSK
20 DARK/LIT
21 DARK/UNLIT

13 WEATHER
22 CLEAR
23 RAIN
24 SNOW/SLEET
25 FOG
26 CLOUDY

14 SURFACE
27 DRY
28 WET
29 SNOWY
30 ICY

15 CONTROLS
31 STOP SIGN
32 STOP & GO LIGHT
33 YIELD SIGN
34 WARNING SIGN
35 LANE MARKINGS
36 FLASHING SIGNAL

17 COLLISION INVOLVED
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

35 SOBRIETY
48 NOT DRINKING
49 HBD NOT IMPAIRED
50 HBD IMPAIRMENT UNK
51 UNDER THE INFLUENCE

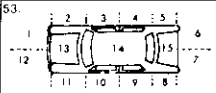
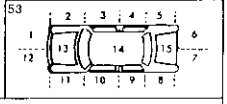
52 PBT
53 BREATH
54 BLOOD
55 URINE
} 37 TYPE

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 (5)

56 INVESTIGATING OFFICER RANK I.D. NUMBER	57 SUPERVISOR'S APPROVAL DATE	58 REVIEWER	59.

PAGE 1 OF ___

FORM 438 REV 1/88

24. NAME LAST FIRST M.I. NO. 3					24. NAME LAST FIRST M.I. 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 ☐	36. TESTED ☐	37. TYPE ☐	RESULT 0. ____ %	TEST NUMBER	35. SOBRIETY ☐	36. TESTED ☐	37. TYPE ☐	RESULT 0. ____ %	TEST NUMBER
38. VEHICLE YR.	39. VEHICLE MAKE	40. MODEL	41. BODY STYLE ☐		38. VEHICLE YR.	39. VEHICLE MAKE	40. MODEL	41. BODY STYLE ☐	
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. 3 TOWED BY:	USE THIS SPACE FOR SKETCHING DAMAGE TO TRAILERS, MOTORCYCLES, ETC.				52. NO. 4 TOWED BY:				
TO:					TO:				
53. 					53. 				

N

DIAGRAM OF COLLISION

PAGE ____ OF ____

☐ 60. CONTINUATION

☐ 80. SUPPLEMENT

INITIAL REPORT DATE

OPERATOR #1

OPERATOR #2

STATE OF DELAWARE
UNIFORM TRAFFIC
COLLISION REPORT
INJURY INFORMATION

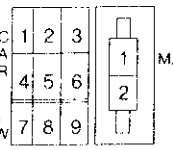
TROOP/DEPARTMENT

1. COMPLAINT NUMBER

2. DSP HQ. NO. (LEAVE BLANK)

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.



10=EXT. OF VEHICLE

79. POSTED SPEED LIMIT

VEHICLE #1 _____

VEHICLE #2 _____

VEHICLE #3 _____

VEHICLE #4 _____

GENERAL

1. YES
2. NO
3. UNKNOWN
4. N/A
5. PENDING
6. NONE
7. OTHER

74. STATUS

66. DRIVER
67. PASSENGER
68. PEDESTRIAN
69. PEDALCYCLIST

75. FIRST AID

70. POLICE
71. FIREMAN
72. AMBULANCE
73. REFUSED

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

M/C 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

PED. # 1 _____ PED. # 2 _____

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

56-INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58. REVIEWER	59. PAGE ____ OF ____

FORM 439 REV 10/87

☐ 60. CONTINUATION

☐ 80. SUPPLEMENT

INITIAL REPORT DATE

OPERATOR #1

OPERATOR #2

STATE OF DELAWARE
UNIFORM TRAFFIC
COLLISION REPORT
CONTINUATION/SUPPLEMENT

TROOP/DEPARTMENT

1. COMPLAINT NUMBER

2. DSP HQ. NO. (LEAVE BLANK)

CODE	55.

56. INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58. REVIEWER	59. PAGE ____ OF ____

FORM 439 A REV. 10/87

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_____

(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_____

(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 _____

(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

Form No. 438A

Revised 11/96

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

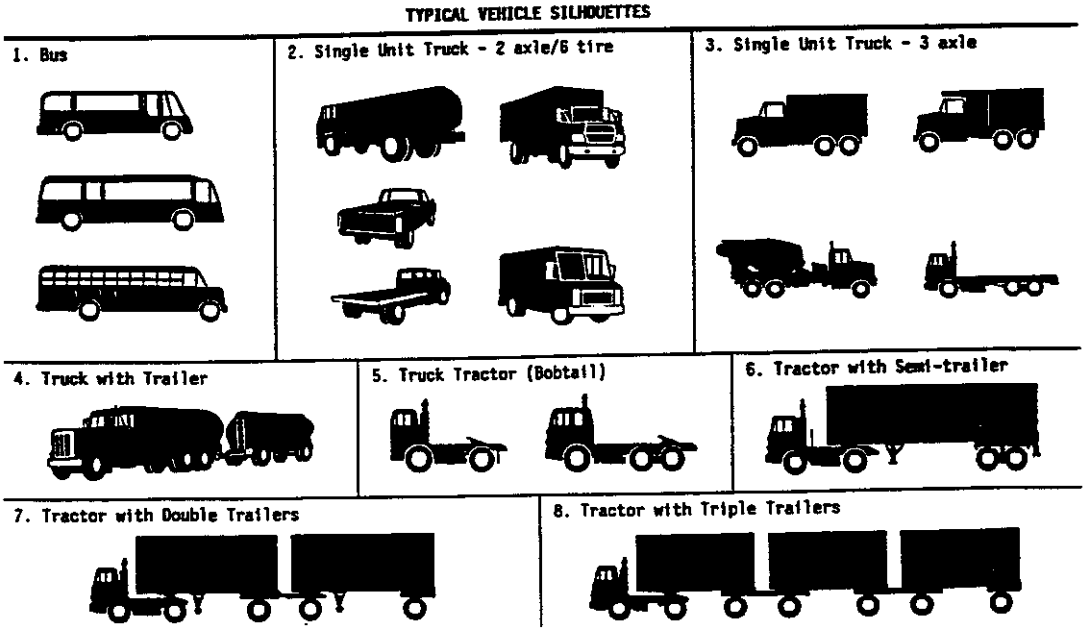
Y. Light Condition _____

(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



Officer's Name_____ IBM #_____

STATE OF DELAWARE
Fatal Accident Reporting System (FARS)

1. DATE OF ACCIDENT: _____ MMDDYY

2. VICTIM INFORMATION

VIC#	VICTIM NAME	VEH#	SEX (M/F)	AGE	DEATH DATE	TIME	RESTRAINT (Y/N)	AIRBAG (Y/N/Unk)	ALCOHOL (Y/N)
1)									
2)									
3)									
4)									

3. Ejection: _____
(1) No
(2) Yes

Vic#(s) Ejected: _____

4. Vic# _____ Ejection Path: _____
Vic# _____ Ejection Path: _____
(1) Side Door Opening
(2) Side Window
(3) Windshield
(4) Back Window
(5) Back Door / Tailgate
(6) Roof / Sunroof / Convertible Top Down
(7) Roof / Convertible Top Up
(8) Other Path: _____
(9) Unknown

5.

TRAVEL SPEED	# OCCUPANTS	DAMAGE
VEH #1 ____	____	____
VEH #2 ____	____	____
VEH #3 ____	____	____
VEH #4 ____	____	____

EMS NOTIFIED	EMS ARRIVED	@ HOSPITAL
VIC #1 ____	____	____
VIC #2 ____	____	____
VIC #3 ____	____	____
VIC #4 ____	____	____

6. Extrication Data:

NAME or VICTIM#	VEH#

7. List of Passengers NON-FATAL & UNINJURED:

VEH#	AGE	SEAT#	SEX (M/F)	INJURED (Y/N)	RESTRAINT (Y/N)

Seat Chart

1	2	3	Car
4	5	6	
7	8	9	S/W
10 Exterior			

1 2 M/C

8. Number of Travel Lanes: _____

9. Traffic Flow: _____
(1) Not Physically Divided (two-way trafficway)
(2) Divided Highway, median strip, without traffic barrier
(3) Divided Highway, median strip with traffic barrier
(4) One-Way Trafficway
(9) Unknown

10. Roadway Alignment: _____
(1) Straight
(2) Curve
(9) Unknown

11. Roadway Surface: _____
(1) Concrete
(2) Blacktop
(3) Other

12. Roadway Profile: _____
(1) Level
(2) Grade
(3) Hillcrest
(4) Sag
(9) Unknown

13. Construction / Maintenance: _____
(0) None
(1) Yes
(2) Maintenance
(3) Utility
(4) Work Zone/ Type Unk.

14. Fire Occurance: _____
(0) No Fire
(1) Fire in Veh. during Accident
Veh# _____

15. Commercial Vehicle Involved? _____
(0) No
(1) Yes
Veh# _____

16. Possible Distractions: _____
(1) Cellular Phone
(2) Fax Machine
(3) Computer
(4) Navigaional System
(5) Two-Way Radio
(6) Heads-Up Display
(7) Other: _____

Form # SLR93