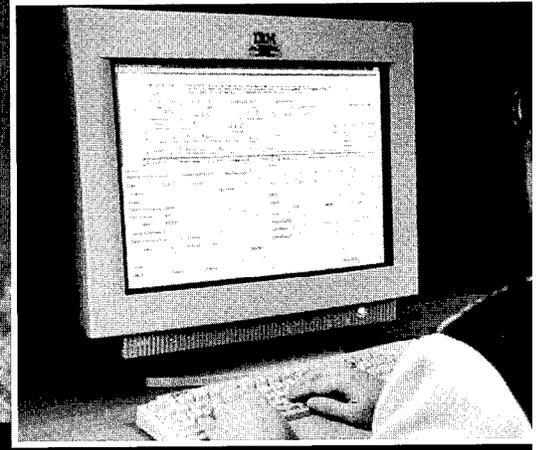
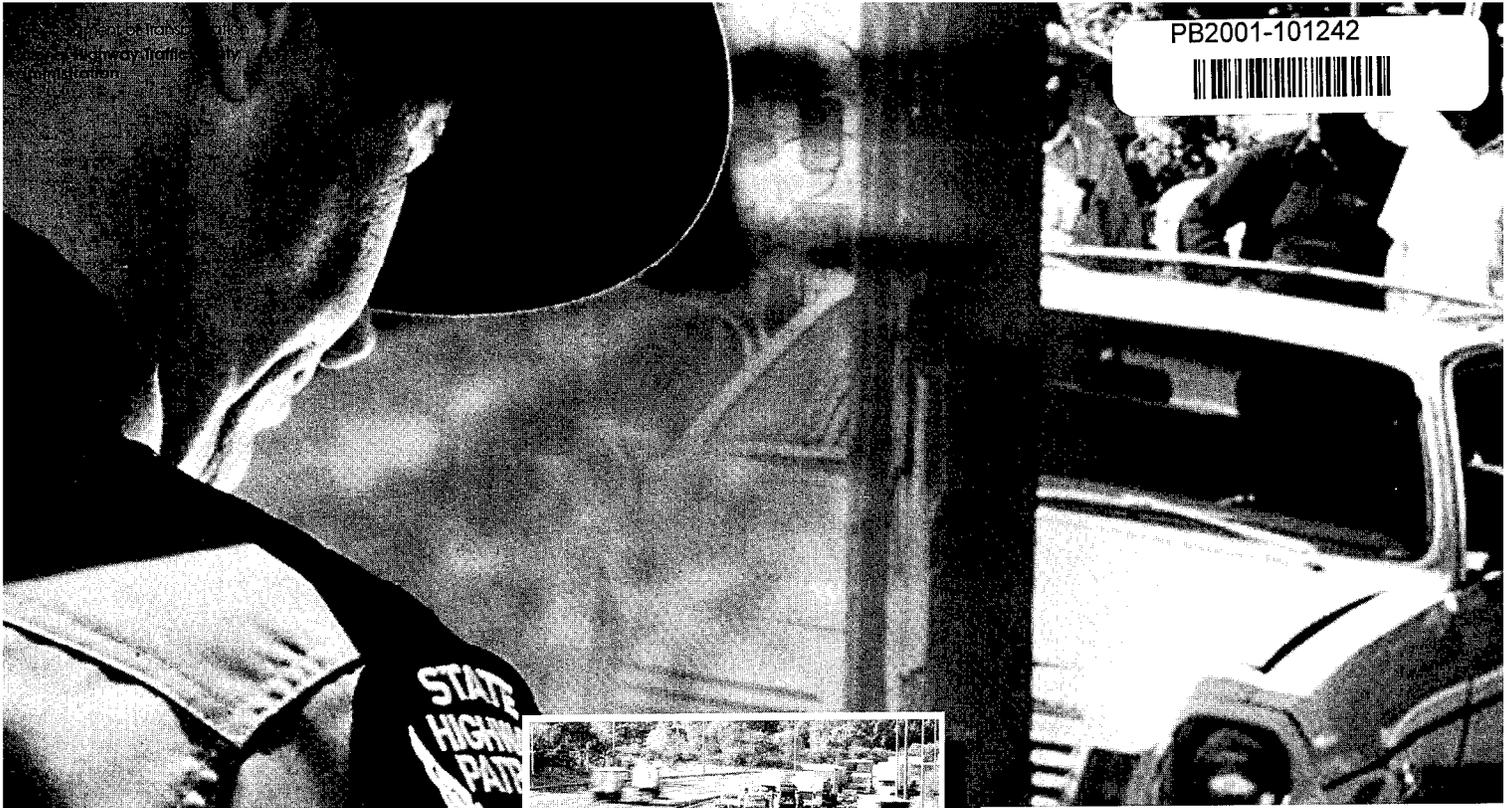


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Adopting the MMUCC Guideline

Working Together to Make State and Local
Crash Reporting More Comparable

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Crash Reporting More Comparable

December 1999

Table of Contents

<u>Section</u>	<u>Page</u>
Introduction	1
Findings	3
Summary by State	7
State of Delaware	8
State of Kentucky	11
State of Louisiana	14
State of Nevada	17
State of North Carolina	20
State of Ohio	23
State of Tennessee	26
The Next Steps	29
Appendix A – Summary of Responses from 46 States	31
Appendix B – MMUCC Questionnaire	32
Appendix C – Copies of Individual State Crash Report Forms	34

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Introduction

WORKING TOGETHER TO MAKE STATE AND LOCAL CRASH REPORT DATA MORE COMPARABLE

Case Study of States Adopting the MMUCC Guideline For Motor Vehicle Traffic Crash Reporting

Conversation overheard between two state staff at a recent meeting: "Wouldn't you know it? The federal government has come up with this new 'MMUCC' for states to deal with." Response, with a shrug of the shoulders: "MMUCC (Model Minimum Uniform Crash Criteria) looks pretty much like the same old stuff the states have been collecting for years. It's not going to be difficult for our state to adopt the new guideline at all."

What is "MMUCC" anyway? MMUCC is a "minimum set of crash data elements with standardized definitions that are relevant to injury control, highway and traffic safety. The only things federal about it are the few federal employees who were among the 42 private, public safety, engineering, transportation and research experts who joined together in a collaborative effort with state and local participants in 1997 to develop the first draft of MMUCC. Coincidentally, two Acts of Congress -- the Intermodal Transportation Efficiency Act of 1991, and the Transportation Equity Act (TEA21) of 1998 -- strongly encouraged such standardized reporting.

MMUCC is a guideline and not a mandate. Who needs another guideline? We do! There is no single, comprehensive guide for the huge and difficult-to-define area we know as "highway traffic safety information." Other data definitions and standards -- ANSI D-16, ANSI D-20, the NGA Commercial Vehicle Data Elements and CADRE-- are all valuable but have different uses. None are totally comprehensive, and none are totally independent. They complement each other, but each has a specific purpose. The specific purpose of MMUCC is to promote uniformity and comparability of crash data within states, between states and regions and the nation. MMUCC is not a mandate. The key word here is not compliance; it's comparability.

Should we be concerned about comparability? Only if we want to know if our state is at or below the national or regional level in alcohol-related fatalities, or seat belt usage, or speed related injuries; only if we might want to know why our state's school-bus related fatalities are so much higher than those relatively low figures of our neighboring state. If we can't compare, we can't identify problems, develop countermeasures, or evaluate our efforts. We'd have no relevant data as to whether or not our projects and programs are making any difference.

The National Association of Governors' Highway Safety Representatives (NAGHSR), and the National Highway Traffic Safety Administration (NHTSA) have shown their

commitment to better, more comparable data by establishing this project to capture relevant experiences of a select group of states which considered MMUCC in their crash report revision process. We believe that there are valuable lessons about MMUCC implementation that could benefit all states.

Each state in this report has a different story to tell, different experiences to share, different successes and failures from which we can learn. Each uses different approaches and techniques to achieve their goals. And achieve they do! These states are proud of their accomplishments, as they should be. They have significantly improved their crash data systems and made them more comparable with the nation, other regions, and other states. There is no surer way to improve traffic programs than by improving the very heart and soul that drives them: state crash data.

As you read through the summary of findings from the review team, and as you “listen” to the individual state experiences, we believe you will sense a commitment to uniformity and comparability we doubted was there. We also believe you’ll find, as we did, that at least for these seven states, there is no question about the importance of state crash reporting data. Highway traffic safety programs and projects simply could not exist without them. They are integral parts of every effort in every state to reduce injury and death on our nation’s roadways.

If you or your state want more information or help than this report can provide, please use the contacts listed at the close of each state’s “story.” These individuals have generously offered their time and materials wherever possible. NAGHSR and NHTSA remain available with specific information on this project, general information and plenty of support materials on MMUCC. Our sincere wish is that each of you who read this report will find at least one useful suggestion or valuable piece of information.

Findings

The major goal of this project has been to capture the experiences of seven states which had participated in a crash report revision process and adopted most of the recommended MMUCC data elements. We felt this information would be valuable to other states as well as NAGHSR, NHTSA, and FHWA. A MMUCC Review Team (Dave Bozak and Tom Boerner) was selected. The Team implemented the project in five steps: 1) Identify the candidate states through an initial survey (refer to Appendix A – Summary of Responses from 46 States), 2) Draft the questions for information collection, 3) Visit the states and conduct the interviews, 4) Write this report, and 5) Distribute the report. In the end, seven states were identified, four were visited by the MMUCC Review Team one was visited by a single member of the team since he was working in and under contract to the state, and finally, two states -- Delaware and Tennessee -- filled out the questionnaire without the team's presence, and provided additional information by phone and e-mail.

Much of what the Review Team found in the selected states was no surprise. For instance, the most common reason states gave for revising their reporting system was age and obsolescence. Given the average age of state crash reports, this was to be expected. But just how old and how obsolete could not have been expected. The average age of the forms and systems in six of the states reviewed was more than 15 years. The seventh state was uncertain when its last major revision had taken place. The most recent state systems were six, eight, and nine years old; the oldest were 17, 21 and 31 years old.

Other reasons for revision included the following: opportunity for new technology (collection, transmission, entry, access, and internet); new data needs; consistency with and/or requirements of state and national standards; elimination of supplemental reporting (deaths and motor carrier); need for automated system changes; backlog in reporting; high error rate; Y2K compliance; data sharing; computer generated forms; requirements of state strategic plans; timeliness and accuracy of information; improved processing; legislative direction and funding for a complete redesign of the state's crash reporting system, including crash element upgrade, report form and instruction manual development, and training.

Only one state had a formalized revision process in place prior to this latest revision effort. North Carolina used a standing Stakeholder Committee to guide those involved through the Joint Application Development (JAD) process. But every other state either created or adopted a similar group and process. They ranged from Louisiana's formal letter-of-appointment process to Kentucky's adoption of the impressive, currently-active group involving State Police, the state Transportation Cabinet, local law enforcement agencies, and other federal and state governmental agencies.

The review team was obviously interested in how states knew about MMUCC and in how and why they used this guide in their revision process. In one state, the safety management committee was co-chaired by a representative from the Office of Highway

Safety who was familiar with MMUCC and understood its value in a comprehensive data collection system. In another, the Crash Records Manager agreed that it would be beneficial to layer the MMUCC recommendations against the already-determined data element drafts produced by the JAD efforts. In still another, a small stakeholders group had been involved in a MMUCC development session at the 1997 Traffic Records Forum in Tucson. The stakeholders group found the MMUCC Guideline to be a timely and valuable aid in assisting the state in its revision process.

Another state -- one which had started revising its form long before MMUCC was developed -- participated in the 1997 Traffic Records Forum workshop on MMUCC. That state compared its re-designed form with MMUCC and found it to be very close to the Guideline's recommendations. Two states had staff working on MMUCC development and revisions, and became involved in that way. One state simply incorporated the MMUCC Guideline into their review process, which was conveniently under way at the time.

The actual review processes were varied and usually comprehensive. The individual "stories" by state (which follow this section) may be more helpful or valuable because of their detail. But some of what the team found can be summarized and may still be of interest and/or value. For instance, all seven states indicated that their reviews were "extensive," many indicating " very extensive." Also, every state required a justification for every data element accepted, whether new or old. One state went so far as to say, "This was important, and the fact that a nationally representative group of peers from other states had developed the MMUCC Guideline, including recommended data element rationale, was a real time-saver."

The average percent of MMUCC element definitions adopted by these seven states is 83 percent. For individual state comparisons, please refer to their respective sections under the heading "Summary by State." The determination of whether or not a data element was adopted or being collected by a state was based on the state name and definition of the data element as compared to the respective MMUCC data element. This does not imply that the names and definitions for all data elements deemed to be adopted were exactly the same. Further, while comparisons did include data element values for some of the determinations, this was not universally applied for each of the seven states. A detailed comparison of data values was beyond the scope of this case study. Hence, the reader should not conclude that the determination of each state's acceptance of MMUCC includes the value for each data element.

When asked whether or not MMUCC had been helpful in the review process, all seven states said yes: Delaware said, "Extremely;" Kentucky and Nevada used the Guide for post-development comparisons, since they had already drafted the elements; North Carolina highlighted its importance for credibility; Ohio noted that the review process went much faster with MMUCC, and much of the Guideline was adopted "as is;" and finally, Tennessee pointed out the Guide's value in providing data element rationale. The importance of MMUCC is not necessarily the current collection of recommended data elements, but rather the evolutionary process that has begun to move state

recordkeeping functions in a direction of increasing comparability for data that is critical to the management of highway safety programs.

When asked whether or not additional resources were necessary to adopt MMUCC, all seven states said, "No!" In fact, in states like Ohio where the review process was accelerated, MMUCC was certain to have saved time and money. All seven states indicated that they incorporated the Commercial Vehicle crash elements into their revised form. This should be a real savings for these states. The states were asked whether or not they used ANSI D-16.1. They generally said yes, but with some reservations. One state said its use was largely left to the FARS analyst. The rest of the states indicated they used it for reference, but admitted that familiarity with this important Guide at the road officer level simply is not there. The cost of making it available to all traffic officers has been prohibitive. ANSI D-16.1 is now available free of charge on the Internet at www.nsc.org/library.htm. This availability will help traffic enforcement all over our nation.

MMUCC and ANSI D-16.1 can be of great benefit, and they cost little or nothing to use. But they will not defray the normal costs of overhauling forms and systems. These costs are real and significant, running from a hundred thousand dollars or more, to several million dollars. Nor can they substitute for the absence of certain basic data such as a reliable and comprehensive roadway identification system for derivation of roadway-related data, or the absence of vehicle license plate information for linkage with VIN's.

Other problems identified by the review team but entirely separate from MMUCC or any other guideline are as follows: failure to recognize and resist new technologies which have yet to prove themselves (intelligent character recognition and various scanning techniques); failure to secure total commitment and support (including funding) from ALL stakeholders (outside of law enforcement) before even beginning the process; failure to allow sufficient time for development of procedures, training, and printing the crash report form. The Review Team found that it is essential that all stakeholders such as licensing, registration, roadways, and Emergency Medical Services (EMS) be involved from the outset.

The case study states were also asked, "Who or what could have been more helpful." Nobody suggested, "The state highway safety office." But the responses of six of the seven states interviewed suggests that these offices can be of great service. Not only can they provide funding in areas where no other possibilities existed, but the Governor's Highway Safety Representative or Highway Safety Coordinator in each state can be instrumental in securing the commitment and support from such stakeholders as licensing, registration, roadways and EMS. The single state which serves as a model in this respect is Louisiana, where the Governor's Highway Safety Representative was the driving force in convincing state officials and the Governor's Office to revise Louisiana's Police Accident Report form and process. The result was the transition from a very old form and process (31 years old) to a possible model for the future.

Since questions about state commitment to uniformity had been raised, we asked these seven states whether or not they saw any real benefit in the use of a uniform set of crash data elements. The answer was positive and, again, unanimous. Most cited crash data comparability. One state pointed out that data uniformity made the process easier because the definitions had already been established. Another said it helped overcome resistance to capturing additional data elements even if those elements didn't benefit the collecting agency. But the feelings of most states are summed up by Tennessee: "Yes, a uniform set of crash data elements provides a comparable basis for data analysis."

The seven states were asked, "What would the states have done differently?" Here are the responses: "Secured funding and support ("buy-in") before starting anything." "Used MMUCC Guideline as first draft for JAD review." "Taken a closer look at Intelligent Character Recognition (ICR) approach to motor vehicle crash reporting, and gotten more involvement of major components of the system (i.e., driver, vehicle, citation/adjudication, etc.)." "Involved more police agencies in the state's JAD planning process." "Begun the state bid/procurement process sooner for the crash report form." "Allowed more time for development of procedures and training."

The case study states were also asked, "Who or what could have been more help?" Four states responded unequivocally, "The experiences of other states." Two states suggested a national model form incorporating the MMUCC elements would have been useful. One state answered, "All of the above," because "Support from all agencies listed above is essential." But that state mentioned, however, that "The NSC Traffic Records Committee and NAGHSR have been the most helpful, along with other states' experiences."

The final question states were asked was advice for other states beginning the form/system revision process. Although somewhat duplicative of previous responses, the states indicated the following: "Be sure that all (involved) agencies are represented. Provide proper training up front. Know what's happening nationally and how it impacts your efforts, and vice versa." "Using the MMUCC Guideline as a first draft for the JAD process helps shorten the data element review and acceptance process." "Look to other states. Find good examples of crash reporting application to help demonstrate. . . the benefits and possibilities of improved crash . . . reporting systems." "Secure in advance, if possible, the necessary funding support and sufficient time to plan and conduct such a process." "Keep everyone involved and informed of the progress. The more prepared law enforcement is, the more ready they are to accept the change. Stakeholders must 'think outside the box.' Most stakeholders think only of their own needs, when licensing, registration, roadways, EMS and others have specific needs outside of law enforcement." "Secure the funding and other support ahead of the game, and have a proactive procedure for development and implementation."

Summary by State

The following represent abbreviated summaries of case study findings for Delaware, Kentucky, Louisiana, Nevada, North Carolina, Ohio and Tennessee. Each state was asked a series of questions about their process for revising the state's crash reporting data and their incorporation of recommended MMUCC data elements. A copy of the questionnaire is included in Appendix B. Copies of each state's crash report form is included in Appendix C.

The state summaries indicate the degree to which the states incorporated the MMUCC data elements themselves but not the values for each element. A comparison of each state's data values was beyond the scope of this report.

Copies of individual state responses may be obtained by contacting NHTSA at 202/366-5351 or NAGHSR at 202/789-0942.

MMUCC - Working Together to Make State and Local Crash Report Data More Comparable

✓ *Safety Management Committee/Office of Highway Safety leadership, stakeholder involvement, extremely comprehensive data element review, MMUCC the basis for comparison, involvement in development of MMUCC, rationale for capturing data elements, joint application development, pilot testing, training workshops, ANSI D16.1, state customization of data, and looking at the entire traffic records picture - key elements in the Delaware process.*

The state's data element/data dictionary development effort was initiated by its Safety Management Committee. The lack of significant data fields was the driving force behind the effort. The Office of Highway Safety was instrumental in ensuring that the data elements were consistent with state and national standards. There was also a need to eliminate supplemental reporting for fatal crashes and all motor carrier crashes. The new data dictionary includes all of the data elements necessary to collect information specific to those two types of crashes.

In Delaware, the State Police are the central repository for all crash reports. They have historically been the lead agency for updates/revisions. The last attempt at a revision was in 1995. A pilot revision was done but was unsuccessful. The intent was to switch to a one-page form with codes down the sides for reporting.

In this most recent revision effort, the review of each crash data element was extremely extensive. Each data element was reviewed and put through a series of questions such as: What information is obtained from this data field? Who uses it? Can the data be generated from other electronic sources? Why do we need it? Does it meet national standards?

The data element review process required that there should be a clear justification for each data element. The review team worked for eight months to review every data element. The review process explored which data elements should be collected at the crash scene as opposed to those which could be derived from other data elements or obtained from other sources through file linkage.

At the time of the review, the state was implementing a Digital Drivers License. The intent was to populate as many data fields as possible by electronic transmission of information. This would reduce officer time on the road and at the crash scene. As the number of elements to be added to the form increased, the state wanted to reduce the

time needed to complete the data collection process. In addition, they incorporated as many “pick lists” as possible for easy access and collection.

Data Element Review Process - The review committee was a sub-committee of the state’s safety management process. The group (consisting of six individuals who worked closely with the information) represented Highway Safety, State Police, Transportation, and Planning (statistical analysis). The committee worked together for eight months reviewing all of the elements and historical processes. Each member attended the Traffic Records Forum and the workshop on MMUCC. The group met weekly until all of the elements had been reviewed and data definitions had been outlined.

Upon completion of the data dictionary, the proposal was made to the State Police to develop the application for use in the field. At that time, officers were being equipped with laptop computers and a pilot project using GPS and GIS was underway. The limiting factors focused on funding.

Role of MMUCC - The safety management process was co-chaired by a representative from the Office of Highway Safety who was familiar with the MMUCC process and understood the need for incorporation of information into a comprehensive data collection system.

It was extremely helpful to have the MMUCC Guideline and recommendations during the data element review process. The definitions were very informative and helped to eliminate confusion for the entire committee. They also helped participants realize that certain elements were defined differently between agencies. It was estimated that 80% of the state’s data dictionary incorporates recommendations from MMUCC.

Resources - No additional resources were necessary for the state to incorporate MMUCC Guideline recommendations during the review process; however, the state is still limited in the resources needed for statewide implementation, form revision, system upgrade, etc.

The state feels that the use of a more uniform set of crash data elements benefits highway safety program planning, problem identification and evaluation. A comprehensive approach ensures that the state is collecting the same information for all crashes and will allow for better problem identification and evaluation. In the past it has been difficult to determine specific problems due to the inconsistent damage thresholds on reporting or missing data elements, such as belt use or bicycle helmet use.

Data Uniformity - Delaware indicated that states vary and some of the elements may not apply to all states. For example, fixed objects may be different for different states or transport type may change. There is a need for state customization but also limits on that customization to ensure that data collected can give a true picture of the problem.

New Technology - The increasing influence of new technology in the collection and processing of crash/traffic records information will impact future changes to the state's crash report form and database. Technology can definitely make information more readily available and is essential, but resources will continue to be limited in both personnel and funding.

Advice from the state representatives included the importance of acquiring the funding and the buy-in from state leaders before undertaking a major crash report data element and data dictionary review/upgrade. Strategic planning is essential. The state needs to be able to look at the entire traffic records picture, not just this one project. It is important that state leaders understand the impact on the state agencies in developing and implementing system upgrades.

Other Considerations – States need to sell the benefits and acquire the resources for crash reporting system upgrades. In Delaware, it is anticipated that two parallel systems (paper and electronic) will be run to collect data until everyone is capable of accessing the data electronically. States need to be sure that all agencies are represented in any crash reporting system upgrades and that they provide the proper training up front.

For further information regarding Delaware's data element/data dictionary development effort, please contact Tricia Roberts, Director, Delaware Office of Highway Safety, P.O. Box 1321, Dover, Delaware 19903-1321, 302/739-3295

MMUCC - Working Together to Make State and Local Crash Report Data More Comparable

✓ *Kentucky State Police leadership, federal and state funding, comprehensive data element review, anticipating future data element needs, bubble-code crash report form, joint application development, pilot testing, incorporating ANSI D16.1 into the crash reporting manual, FARS involvement, less reliance on linking with other traffic records files, the amount of time and complexity of data capture for law enforcement - key elements in the Kentucky process.*

Kentucky's crash report form/system revision effort began in 1993 because of a combination of factors. First, it had been 15 years since the form had been revised. The form/data content was lacking in many areas, the system needed revamping, and requirements of other state and federal agencies dictated that changes were needed. As the lead agency in this effort, the Kentucky State Police is the primary agency in the state responsible for crash report form updates/revisions.

Major changes were needed in the crash report form and automated system for processing crash report information. Federal and state matching funds were provided to make the needed changes.

The most recent revision of the Uniform Police Traffic Collision Report was prepared by the Kentucky State Police, Kentucky Transportation Cabinet, local law enforcement agencies, and other federal and state governmental agencies.

Data Element Review Process – Early on, the review of each crash data element had been very extensive. Several drafts had been developed after successive JAD sessions. The data element review process required that each data element be justified. This was a reality that preceded the introduction of MMUCC. MMUCC subsequently helped somewhat to validate the exhaustive approach taken by the state.

The state did review which data elements could be collected at the crash scene as opposed to linkage; however, at this point in time, the use of linkage to other safety data files for purposes of capturing or deriving other crash related data elements is very minimal.

The most recent revision, which is slated for implementation in January 2000, amounted to a change from a one-page report, containing less than 100 data elements, to a multi-page report, containing an increased number of data elements. The emphasis in this revision effort was on the anticipation of future changes.

The first JAD efforts to review the crash data elements one-by-one were intense, becoming easier in subsequent efforts. Three major reviews were undertaken, beginning in 1993, to arrive at the present “bubble-code” draft form. However, the state subsequently chose to defer implementation in order to conduct further review and evaluation of the proposed data elements and crash report form.

Role of MMUCC – The decision to use the MMUCC Guideline was made when the Crash Records Manager agreed that it would be beneficial to layer the MMUCC Guideline recommendations against the already determined data element drafts produced by the JAD efforts. The MMUCC Guideline had not been available during the review in 1993. It was reassuring to see the high degree of agreement between MMUCC Guideline recommendations and the state data element determinations when MMUCC was published.

The state did adopt most of the data elements outlined in MMUCC as captured at the scene; however, agreement was very minimal with the 38 linked or derived data elements. Overall, approximately 70 percent of the MMUCC data element recommendations were adopted.

Resources - No additional resources were necessary for the state to incorporate the MMUCC Guideline during the data element review process since the major data element review effort had already been conducted.

Data Uniformity - The state does see advantages in the use of a more uniform set of crash data elements for highway safety program planning, problem identification, and evaluation. However, the state is resisting the collection of any additional data elements unless those data elements fit the needs of other data collection agencies and there is concurrence and support from those agencies.

New Technology – The state felt that future changes would be more expensive, since they would rely on outside vendors for all system changes, including the crash form.

Other Considerations – Kentucky believed that coordinating the data elements for linkage between traffic record system components would be a complex process for all agencies involved. However, an option the state should consider is evaluating the result of the state’s CODES (Crash Outcome Data Evaluation System) project – which links crash to injury data and other traffic records – in order to determine what modifications could be made to facilitate future linkage.

A model form incorporating the MMUCC data elements would have been helpful to them during their report form/system upgrade effort. The state did use MMUCC; however, it would have been more helpful at the time if the MMUCC draft had not been going through continual drafts and changes.

The state feels that being recognized for their innovative efforts would help them to further promote changes that are needed in traffic forms to management as well as to the officer in the field.

Using the MMUCC Guideline as a first draft for JAD process review would help to shorten the data element review and acceptance process.

The state was concerned that if too much detailed information was collected, will the officer completing the report understand what all the data elements and data values mean? Officers should not have to be constantly referring to a manual when completing the traffic collision report. If the terminology is confusing, how meaningful are the data that are reported?

The state did not adopt MMUCC's recommendations for "not reported" or "unknown". If cases are submitted to the state without data element fields completed, the reports will be returned to the investigating officers/agencies.

Prior to the recent revision effort, the state utilized a separate report for commercial vehicle crashes; however, the new form being implemented January 2000 will incorporate all of the NGA required data elements into a single form.

The ANSI-D16.1 Manual on Classification of Motor Vehicle Traffic Accidents has been used extensively for FARS and Accident Reconstruction applications. It also has been incorporated into the new Crash Report Manual, however, officers in the field probably do not know about or of the importance of ANSI – D16.1.

For further information regarding Kentucky's crash report form/system revision effort, please contact Sergeant John Carrico, Assistant Commander, Kentucky State Police, Records Section, 1250 Louisville Road, Frankfort, Kentucky 40601, 502/227-8700.

MMUCC - Working Together to Make State and Local Crash Report Data More Comparable

✓ *Governor's Highway Safety Representative leadership, various sources of support and funding, extensive stakeholder involvement, comprehensive data element review, MMUCC the basis for comparison, rationale for capturing data elements, pilot testing, training workshops, ANSI D16.1, internet crash reporting, looking ahead, permanent traffic records coordinating committee - key elements in the Louisiana process.*

The state's crash report revision/system upgrade effort was initiated by the Highway Safety Commission. Leadership provided by the Governor's Highway Safety Representative has been key to the success of this state's system upgrade effort. The update of the Uniform Traffic Crash Report, database and data gathering system was initiated as a result of various sources of support and funding, including the Department of Transportation and Development (DOTD), Motor Carrier support, and Traffic Records support from the National Highway Traffic Safety Administration (NHTSA). Section 2005 of TEA-21 provided a financial incentive to help the state establish a permanent traffic records committee. Overall planning guidance was provided in the form of a traffic records assessment in 1994 and a traffic records strategic plan in 1996. The Highway Safety Commission is continuing efforts to utilize the assessment and to implement the strategic plan for improving the state's traffic records system.

The goal of this most recent effort was to provide a uniform traffic crash report and data system to all law enforcement agencies that was comprehensive, was easily completed, provided the basis for data linkage, was free of error and facilitated automation. The recent revision effort was primarily due to general obsolescence of the current reporting system, backlog in reporting, high error rate, commercial vehicle crash data not included, lack of access to crash files, etc. Moreover, the state felt that it was for a major system revision and upgrade.

Data Element Review Process – The state's crash reporting revision process was the result of the contributions of numerous local, state and federal organizations and the Transportation Equity Act for the 21st Century (TEA-21). Previous revision efforts include a major system revision in 1968; more recently, incremental changes were made. For example, changes for commercial motor vehicle (CMV) elements were adopted in 1991 and 1993.

The initial review was conducted by a small stakeholder group comprised of law enforcement, driver license, EMS, public health, traffic engineering, highway safety,

crash training and reconstruction specialist, and data representatives. This group then shared initial findings and recommendations with a larger stakeholder group.

The data review process followed MMUCC in exploring which data elements could be collected at the crash scene as opposed to those which could be derived from other data elements or obtained from other sources through file linkage. The State developed a new uniform set of crash data elements, adopting approximately 80% of the MMUCC element definitions as presented in the MMUCC Guideline.

Changes were made after pilot testing and additional discussions concerning the flow of the document, content, usability, and general utility. Over fifty law enforcement departments, fire departments, federal and state agencies, and health organizations participated in this endeavor.

The crash report was revised after much research, study, discussion and collaboration with various levels of crash investigators from law enforcement, prosecutors, doctors, researchers, trainers, etc.

Role of MMUCC - The fact that a nationally representative group of peers from other states had developed the MMUCC Guideline, including recommended data element rationale, was a real time-saver. The structure of the MMUCC Guideline provided stakeholders with a framework to begin the data element comparisons. The stakeholder group had been aware of MMUCC and found the Guideline to be both a timely and valuable aid to assist in the Louisiana effort.

Resources - No additional resources were needed to incorporate the MMUCC recommendations. The MMUCC Guideline represented hundreds of hours of legwork, which was helpful in the revision and update of the crash report/data element structure, and which saved Louisiana staff from having to repeat the effort.

Data Uniformity – Consensus was that if standardization ultimately causes the data to become more comparable, complete, timely and accurate, it should greatly enhance the use of the data by all users.

New Technology – State representatives felt that the increasing influence of new technology in the collection and processing of crash/traffic records information would make future changes easier and less expensive. The State hopes to greatly expand the electronic collection, and transmission of motor vehicle traffic crash data and the modification of the state traffic crash report, using the Internet.

Other Considerations – The ANSI D16.1 Manual on Classification of Motor Vehicle Traffic Accidents was one of the documents used by the stakeholder groups in the data element review, report form revision and system upgrade efforts. It is unknown as to the degree of usage of the ANSI D16.1 Manual by law enforcement statewide. It was

generally agreed that this would be a good supplement to the materials provided to law enforcement trainers throughout the state.

If the state could have done the process over, they would have taken a closer look at the Intelligent Character Recognition (ICR) approach to motor vehicle traffic crash reporting. They would have placed a greater emphasis on the participation and involvement by selected representatives of the highway safety community, especially representatives of major components of the traffic records system, i.e., driver, vehicle, citation/adjudication, etc.

One thing that would still be of benefit to this state's system upgrade effort would be access to a successful traffic records marketing system, such as a traffic records newsletter and a statewide highway safety conference. Advice they provided for other states included the importance of examining other state experiences and participating in the National Safety Council's Annual Traffic Records Forum.

The state is interested in developments in other states, such as the Iowa model for crash data collection and the AASHTO effort for a long-range plan for a Transportation Safety Information Management System (TSIMS). The State feels as others do that the strengths and benefits from each of these "model" approaches, as well as other State system development efforts, should be linked to avoid duplication of effort and to avoid diluting the traffic records system improvement effort in the U.S.

For further information regarding Louisiana's crash report revision/system upgrade effort, please contact James Champagne, Executive Director, Louisiana Highway Safety Commission, P.O. Box 66336, Baton Rouge, Louisiana 70896, 225/925-6991.

MMUCC - Working Together to Make State and Local Crash Report Data More Comparable

✓ *Department of Motor Vehicles and Public Safety leadership, Traffic Accident System Planning and Design, verification of the actual need for each data element, better capture of NGA data elements, joint application development, the need for local involvement, pilot testing, need for a traffic records coordinator, ANSI D16.1, portable computers, looking ahead - key elements in the Nevada process.*

Nevada's crash report form/system upgrade effort began with the Traffic Accident System Planning and Design Project. The focus of this effort was Y2K compliance, a statewide repository for motor vehicle traffic crash reporting and additional data elements/statistics that were needed. It was determined that a re-design of the crash report form was needed. As the lead agency, the Department of Motor Vehicles and Public Safety (DMV/PS) is the responsible agency for crash report form updates/revisions in the state.

It had also been determined that a revision in the crash report form would allow the automated capture of certain data, computer generated forms, the ability to initiate an immediate crash record as soon as dispatch was notified, data sharing between the Nevada Highway Patrol (NHP) and the Nevada Department of Transportation (NDOT), and the initiation of compliance for commercial motor vehicle (CMV) related data in lieu of the current supplemental form.

The state did not have an established process for revising the crash report form, even though a traffic records committee had existed in the past which had met whenever a need arose. Prior to this most recent revision effort, the state had revised its state crash report form in August 1994, when additional insurance information was added, and prior to that in November 1990.

Data Element Review Process – Three JAD sessions were conducted with numerous follow-up meetings. All of the major agencies were involved in a process, which spanned 2 ½ years. A pilot test of a proposed new crash report form was conducted by a select number of troopers within NHP Headquarters.

In the revision effort, the review of each crash data element was very extensive. All data elements were reviewed to verify that the statistical needs of all involved were met. A considerable amount of time was spent in JAD sessions discussing each data element. There had to be a justification for each data element. Input for the data

element discussions was open to any suggestions, and wherever possible, accommodations were made if a need was expressed for a data element. The result was a five-page crash report form.

Regarding exploring which data elements could be collected at the crash scene versus obtaining them through other means, state representatives commented that linking to their roadway file would give stakeholders good data for only the state highways and not for county and local roads. They did comment that capabilities for linking to the roadway file should soon increase with the new Geographic Information System (GIS) being implemented.

Nevada's current system does not address first harmful event, manner of impact, or force of collision as presented in MMUCC. Those elements are indicated by the state's fairly extensive listing of crash types that cover the MMUCC criteria. The current system contains data only for the vehicle type and extent of damage. Personal data are only input for two drivers and/or pedestrians. Occupants are tracked by position in vehicle, seatbelt usage, and injury severity. Citation data/violation codes are not targeted in the data collection. Currently, no EMS data are entered relating to the transportation of the injured person.

Role of MMUCC - After state staff were invited to participate in the 1997 MMUCC workshop in Tucson, it was decided to compare the state crash report re-design which preceded MMUCC with MMUCC itself. They were pleased to see that the state's re-design was very close to the MMUCC Guideline recommendations. The state adopted approximately 82% of the MMUCC recommendations for data element definitions.

Resources - No additional resources were required to incorporate MMUCC, since the review process had preceded the final development of the MMUCC Guideline.

Data Uniformity - The state does see advantages in the use of a more uniform set of crash data elements for highway safety program planning, problem identification and evaluation. Its goal for many years has been to achieve uniformity at the state and local level by establishing a central repository in the state for motor vehicle traffic crash reporting and the use of a standard crash report for all severity levels of crashes, including property damage only (PDO) crashes. Improved comparability of crash data would benefit all users and stakeholders in highway safety.

New Technology - The increasing influence of technology in crash report input, processing, and output should make the transition to newer applications easier. Crash reporting by the Highway Patrol is performed using portable computers now. In addition to portable computers, other technologies under development and/or which are receiving limited application in separate pilot efforts include GIS/GPS, CDPD data transmission, and the use of the Internet, for applications such as posting documents to a web site.

Other Considerations – If the state could begin the data element review process over, it would place greater emphasis on getting local law enforcement agencies involved in the state's JAD planning process. Involving more stakeholders (including top management) in the early planning processes would have helped to ensure greater support and transition to an improved/updated crash reporting system.

If the MMUCC Guideline had been available sooner, it may have helped establish credibility with the project and could have engendered greater support from local stakeholders as well as top management.

At this stage, state would benefit from funding support and approval to establish the position of traffic records coordinator. The coordinator would help lead the state traffic records committee and implement the state's traffic records system strategic plan.

Nevada encouraged states to examine other states' experiences with crash reporting systems and MMUCC. Find good examples of crash reporting applications in other states to help demonstrate to the state traffic records committee the benefits and possibilities associated with an improved crash reporting system.

The state has been using a separate crash report for crashes involving commercial vehicles, primarily for the Highway Patrol. Clark County and others have been using the state's standard crash report form to report CMV crashes. The separate CMV form is being incorporated onto the back of the new crash report form.

For further information regarding Nevada's crash report form/system upgrade effort, please contact Joanne Keller, Highway Safety Coordinator, Department of Motor Vehicles & Public Safety, 555 Wright Way, Carson City, Nevada 89711, 775/687-3243.

MMUCC - Working Together to Make State and Local Crash Report Data More Comparable

✓ *State Division of Motor Vehicles/Department of Transportation leadership, legislative funding, extensive stakeholder involvement, comprehensive data element review, MMUCC the basis for comparison, rationale for capturing data elements, parallel development and involvement in MMUCC, joint application development, pilot testing, training workshops, ANSI D16.1, electronic reporting, looking ahead, renewing the state traffic records coordinating committee, and updating the state traffic records strategic plan - key elements in the North Carolina process.*

The state's crash report revision/system upgrade effort began when representatives from the State Division of Motor Vehicles/Department of Transportation received legislative approval and funding for a complete redesign of the state's crash reporting system, including redoing the crash data elements, report form, instruction manual and training. The state had previously revised its crash report form in 1993.

The state legislature provided \$3.5 million in funding to upgrade the complete system infrastructure for capturing crash data out in the field and electronically transmitting it to the state. Included in this new system redesign was a document imaging/data entry component and an "internet crash report form" component as another option for state and local jurisdictions to submit data to the state.

The review of each crash data element was very extensive. A stakeholder group comprised of representatives from 34 separate agencies, including state and local law enforcement, reviewed each data element. The fact that the data element review process required each data element to be justified was a major selling point for the process.

During the review process, the stakeholder group explored which data elements could or should be collected at the crash scene as opposed to those which could be derived from other data elements or obtained from other sources through file linkage. The state decided to exceed MMUCC Guideline recommendations and to continue capturing select information at the crash scene rather than through linkage. Examples include the Vehicle Identification Number (VIN), and several roadway related data elements.

Data Element Review Process - The first meeting of stakeholders to discuss changes or revisions in the DMV-349 Crash Report Form was held in Raleigh in December 1997. This daylong meeting began the process of comparing the MMUCC Guideline with current crash data collected in the State. The objective at this stage of the Crash

Reporting Project was to (1) justify which data elements to collect (assess who needed them), (2) focus on combining the DMV-349 with the DMV-349C (for commercial vehicles), and (3) determine how the data should be collected.

Three other daylong meetings were held in Raleigh in January, February and March 1998. The result was the agreement on data that would be collected in the proposed new crash reporting system, the creation of a North Carolina version of the MMUCC Guideline for Crash Reporting, and a first draft of a revised DMV-349.

The draft of the DMV-349 Crash Report Form was presented during several Traffic Records Training Workshops, during which a number of questions concerning the proposed new form were posed by local and state law enforcement representatives. Updates of the draft DMV-349 were presented as the workshops progressed.

These workshops, coordinated by the UNC Highway Safety Research Center, and sponsored by the state Highway Safety Office averaged approximately 30-40 law enforcement officers in attendance per workshop. Following the workshops, a small stakeholder group further refined the DMV-349 based on input received during the law enforcement training sessions. Finally, a pad design of crash report forms was created for pilot testing.

Presentations regarding the New DMV-349 and crash report pad were made to the MMUCC Expert Panel in Washington, D.C. in April 1998 and to the 24th International Forum on Traffic Records and Highway Information Systems in July 1998.

During a three week period in July-August 1998, participating officers from 15 agencies were instructed to complete the current DMV-349 and/or DMV-349C just as they currently do and submit them through normal channels. They were instructed to complete the new draft DMV-349 and to critique the new form, as well as the draft Instruction Manual, in addition to the condensed information from the manual that is contained on the DMV-349 "card stock" pad.

Following the DMV-349 pilot test, the small stakeholder group reconvened to review the suggested changes from the pilot and/or other suggestions and to prioritize recommendations for both form and data content modifications. From this stage of the form redesign process, preparations were made for production of the final printing of the DMV-349.

Role of MMUCC - DMV's Director of Traffic Records had been involved in the development of the MMUCC Guideline, and it was intended from the beginning that the MMUCC Guideline structure of data element definitions, rationale, and specific data element attributes would serve as the backbone for the State's data element review process. Overall, approximately 90 percent of the MMUCC data element recommendations were adopted. Having the MMUCC Guideline and recommendations added credibility to the data element review process. The fact that a nationally representative group of stakeholders had gone through a similar process caused the

North Carolina stakeholders to take more seriously the tedious effort of reviewing each data element in the review.

Resources - The state felt that MMUCC actually helped to reduce resources that may have been necessary to complete the review process without a guide such as MMUCC.

Data Uniformity – The state did see advantages in the use of a more uniform set of crash data elements for highway safety program planning, problem identification and evaluation.

New Technology - The state felt that the increasing influence of new technology in the collection and processing of crash/traffic records information would make future changes to the crash report form and database easier and less expensive. They projected that within five years, the majority of motor vehicle traffic crash reporting/data capture would be automated in the state. Currently over 200 cities in the state have automated crash data entry. As the reliance on paper lessens, limitations such as the use of an 8½ x 11" piece of paper for recording crash data elements, will give way to technology guided prompts for more efficient and effective capture of information and greater ease of making future changes at less cost.

Other Considerations - Now that the upgrade of the state's crash file component of the highway safety information system is nearly complete, a renewal of the state's traffic records coordinating committee is needed. Possibly a first order of business for this group would be to revisit the recent strategic plan and encourage communication with other states and efforts (such as the Iowa National Model, the AASHTO TSIMS effort and others) to formulate a long-range highway safety information systems plan for 2000 and beyond.

One alarming factor that was learned during the process was the lack of awareness or use of the ANSI-D16.1 Manual on Classification of Motor Vehicle Traffic Accidents. During twelve (12) train-the-trainer workshops involving 500 law enforcement trainers throughout the state, less than 5 out of 500 training officers had ever heard of or seen a D16 Manual! This finding helped to stimulate discussion leading to this issue being addressed by the National Safety Council (NSC) Traffic Records Committee. The ANSI D16.1 is now available for free (see reference on page 5). Plans are underway to develop a training and promotional package for the Classification Manual.

For further information regarding North Carolina's crash report revision/system upgrade effort, please contact Rosa Gill, Director, Traffic Records & Data Control, North Carolina Division of Motor Vehicles, 1100 New Bern Avenue, Raleigh, North Carolina 27697, 919/733-2725.

MMUCC - Working Together to Make State and Local Crash Report Data More Comparable

✓ *Department of Public Safety leadership, strategic plan recommendation, extensive data element review, adopting MMUCC almost verbatim, parallel development and involvement in MMUCC, pilot testing, obtaining roadway data through linkage, intelligent character recognition (ICR) format, need for access to ANSI D16.1 by all law enforcement, looking ahead, training, "thinking outside the box" - key elements in the Ohio process.*

The state's recent crash report/system upgrade effort began more than five years ago with a recommendation in the Ohio traffic records strategic plan. The strategic plan recommended Ohio redesign the entire crash reporting process from form design to data capture and storage. Leading the revision, the Ohio Department of Public Safety (ODPS) is responsible for crash report form updates/revisions in the state. Prior to this most recent revision effort, the last time the state revised its state crash report form was 1982.

Data Element Review Process - The initial assessment of the data elements was extensive; however, when the decision was made to adopt the MMUCC Guideline recommendations, the state went mainly with the descriptions in the MMUCC Guideline. Exceptions included cases where law enforcement required more detail.

It was determined that roadway information could be obtained through linkage to the Ohio Department of Transportation (ODOT) roadway files. Even city street data were available through this source, although the timeliness of updating the roadway data for city streets was not as current as that for state highways.

In late 1997, a crash report focus group was created. The group consisted of representatives from the Ohio State Highway Patrol, the Buckeye Sheriff's Association, the Ohio Association of Chiefs of Police, the Ohio Department of Transportation, county engineers, city engineers and the Ohio Department of Public Safety. The focus group looked at six forms from other states. Three sample forms were chosen, and a "mostly numeric template-based" form, modeled from the Washington State form, was chosen as the most desirable.

In August 1998, ODPS decided to incorporate the MMUCC data elements into the new form. In February 1999, the focus group met to review the newly created form. A

working group met weekly until the form was re-designed and the instruction manual was ready for the pilot. A two-month pilot of the new form and manual began in June 1999. Results and follow-up from the pilot are expected in the Fall of 1999.

Role of MMUCC - ODPS was in the process of re-designing the crash report when the final version of the MMUCC was published. The state had representatives that participated in the development of the MMUCC Guideline. With the possibility of expanded grant allocations, the state's process was at a point where it could easily convert to the MMUCC Guideline recommendations. Using the MMUCC Guideline, the data element review process has moved much faster due to an already existing base of data element research which Ohio was able to easily adopt. The state adopted nearly all (95%) of the MMUCC Guideline data element definitions.

Resources - Additional resources were not required to incorporate the MMUCC Guideline during the data element review process. MMUCC provided a basis to easily adopt the recommendations. In-house staff was utilized to make the change from the previous data elements to MMUCC, incorporating the new data fields. The key was that the MMUCC Guideline recommendations were not all that different from the crash data the state had been collecting on the old crash report form.

Data Uniformity - Moving towards a more uniform set of crash data elements for highway safety program planning, problem identification and evaluation has made the state's process easier due to the definitions that had already been established. The main complaint so far has been law enforcement's objection to the amount of data required to be collected.

New Technology - Costs for implementing new technology enhancements to the system will continue to increase whether it is for personnel or equipment. State representatives visited Iowa to examine their model. The state envisions the use of portable computers, magnetic stripe and bar code technology for capturing driver and vehicle information as next generation applications. It also believes that the design of the new crash report, i.e., "ICR-based", will lend itself nicely to a transition to pen-based computing with pick lists, drop down windows, etc.

Changes in the form and database will become easier. Locals will be more apt to participate, since they will have the ability to capture their own data locally and maintain their own automated crash reporting.

Other Considerations - It would have been helpful if NHTSA, FHWA, NAGHSR, AASHTO, or NSC, etc., had created a recommended crash report form that incorporated the MMUCC data elements. This state spent approximately \$60,000 on its form development. A model form would allow states to use the form as designed, or make minor modifications or design changes on their own, instead of having to go through a major design process. It would provide them a starting point.

Advice for other states included keeping everyone involved and informed of the progress. The more prepared law enforcement is the more ready they are to accept the change. It is important to convince stakeholders to "think outside the box." The tendency for individual traffic records committee stakeholders is to only think in terms of what is important to their needs.

The state has used the ANSI-D16.1 Manual on Classification of Motor Vehicle Traffic Accidents as a reference; however, because of the high costs involved, it will be almost impossible to use the Manual without additional funding.

For further information regarding Ohio's crash report/system upgrade effort, please contact Abby Warchal, Project Manager, Office of Technology & Information Services, Ohio Department of Public Safety, 1970 West Broad Street, Columbus, Ohio 43223, 614/466-7517.

MMUCC - Working Together to Make State and Local Crash Report Data More Comparable

✓ *Governor's Highway Safety Office/Department of Safety leadership, state funding, comprehensive data element review, rationale for capturing data elements, scannable crash report form, pilot testing, training workshops, ANSI D16.1, looking ahead, renewing the state traffic records coordinating committee, and new technology - key elements in the Tennessee process.*

Tennessee's crash report form revision effort began when the Governor's Highway Safety Office initiated a discussion with the Department of Safety's Planning and Research Section pertaining to the development of a scannable crash report form. From this discussion, funding was provided for the development project. The goal was to improve the timeliness and accuracy of information received and processed, as well as to improve the capability to respond to requests from various data users. In Tennessee, the Department of Safety is the agency that is responsible for crash report form updates and revisions. Prior to this effort, the last time the state revised its state crash report form (SF-0394) was in May 1991.

Data Element Review Process - Each data element on the existing SF-0394 form was reviewed one by one and compared with the ANSI D-20.1 Data Element Dictionary, ANSI D16.1 Manual on Classification of Motor Vehicle Traffic Accidents, NGA Motor Carrier Accident Data Elements/SafetyNet, CADRE, FARS Data Elements, and the MMUCC Guideline. Each data element was reviewed to determine who needs this information, what is needed and why it is needed. File linkage was considered as a possibility with certain data elements, e.g., driver license and vehicle registration files, EMS files, and roadway files. It was determined that file linkage information may not always be the information desired for some of these data elements. Collecting the information at the crash scene proved to be the more reliable source. Total uninjured and total non-motorist information can be derived from other data elements.

Staff members of the Planning and Research Section were assigned the project to develop a scannable crash report. Sample scannable forms were obtained from other state agencies, federal agencies, and local agencies. Data elements were identified and their structure established after comparison of the other forms and aforementioned guidelines. Contact was also made with other state departments and federal agencies for input on data elements. A draft scannable form was developed with the assistance of an outside vendor. Grant funding was obtained for the equipment, technical assistance and printing of the form. The draft form was pilot tested by local and state

officers. Input from this pilot test was used to revise the draft form. The revised draft form was distributed for further testing and input resulting in a third draft revision with data element changes. The third draft was introduced at a statewide traffic safety conference in August 1998.

Department of Safety enforcement personnel adopted the third draft for use in November 1998. Officers utilizing the form and questions raised from local agencies resulted in a fourth revision. The fourth revision has gone through a final print and is awaiting implementation.

Role of MMUCC - The MMUCC Guideline was incorporated into the review process when it became available in draft form in 1997. Approximately 84 percent of the MMUCC data element recommendations were adopted. It was helpful to have the MMUCC Guideline and recommendations during the data element review process, especially useful was the data element rationale provided.

Resources - Additional resources were not required by the state to incorporate the MMUCC Guideline recommendations.

Data Uniformity – The state did see advantages in the use of a more uniform set of crash data elements and providing a comparable basis for data analysis for highway safety program planning, problem identification and evaluation. The data elements and data values chosen by the state during the review process enabled them to achieve their goal of improving the capability to respond to various data users.

New Technology – The increasing influence of new technology in the collection and processing of crash/traffic records information will cause the initial setup costs to be expensive both in terms of funding and man-hours. System and operation procedures must be determined, hardware and software must be acquired, and training must be provided. New technology such as electronic flow of information and imaging will make collection and processing of information easier and as time goes on less expensive.

Other Considerations - If they could have started over, the state would have allowed more time for development of procedures and training. They also could have used more help from states which had undertaken similar processes. Next time they plan to have a more proactive procedure for development and implementation, and the necessary funding and support up front.

Currently, report form SF-0394 requires a supplemental form for commercial motor vehicle information. As a result of the update process, this information has been incorporated into the scannable report form SF-1203. While the ANSI-D16.1 Manual on Classification of Motor Vehicle Traffic Accidents may not be available to each individual officer investigating crashes, it is the Manual referred to when determining the criteria and guidelines for reporting of crashes to the Department of Safety.

For further information regarding Tennessee's crash report form revision effort, please contact Sgt. Lee Chaffin, Planning & Research, Tennessee Department of Public Safety, 275 Stewarts Ferry Pike, Donelson, Tennessee 37214, 615/741-0065.

The Next Steps

As a result of a multi-state survey (refer to Appendix A), which led to the selection of the states included in this case study, it was learned that ten other states are in the beginning stages of updating their crash report forms and automating their reporting systems, while seven other states could be preparing for changes. The following recommendations are suggestions to FHWA and NHTSA to help these and other states.

- Immediately contact and follow-up with the states identified as “in the process of updating their forms, systems, etc.,” to make sure they have considered the MMUCC Guideline recommendations and are apprised of the findings and recommendations from this report.
- Conduct further outreach to the 17 states identified in the survey as well as other interested states by introducing them to the training and promotional materials recently developed for MMUCC.
- Coordinate MMUCC Guideline promotional and training efforts with the National Safety Council’s Traffic Records Committee, which is establishing an on-line Task Group of Accident/Crash Records Managers in the U.S. Promotion of MMUCC could be conducted through www.traffic-records.org
- Encourage the development and support for state Traffic Records Coordinating Committees (TRCC) which can impact many of the recommendations in this report, in addition to other ongoing efforts, e.g., Traffic Records System Strategic Plans, etc.
- Continue efforts to compile MMUCC promotional materials, e.g., good examples of crash reporting, benefits of comparable, as well as timely, accurate and complete crash and other traffic records information for highway safety. These materials would enhance and expand on MMUCC Guideline promotional materials that have already been developed.
- Add a strong voice of support to increased promotional and training development efforts for the ANSI D16.1 Standard.
- Continue to monitor other state efforts to adopt the MMUCC Guideline data elements and identify additional states that have successfully incorporated MMUCC data elements.
- Develop a training workshop for state highway safety offices on the importance of state crash reporting systems, the use of the data, and the leadership role that

Governors' Highway Safety Representatives and Coordinators can play in improving state data systems.

- Continue efforts to promote findings from this report by encouraging states to:
 - ✓ Use the MMUCC Guideline as a starting point for JAD development and review
 - ✓ Review what other states are doing as a first step
 - ✓ Convene/use a TRCC to get everyone involved
 - ✓ Emphasize training for data collection and analysis
 - ✓ Emphasize importance of management involvement and support

Appendix A – Summary of Responses from 46 States

Responses to the MMUCC inquiry were received from 46 states. From these responses and follow-up letters and telephone contacts, the 7 states included in this report were contacted for more detailed information. Of the 39 states not included in this study:

- 10 states are in the beginning stages of updating their crash report forms, automated reporting systems, etc.
- 7 could be preparing for changes in the not too distant future, since it has been at least 6-7 years since they had changed or updated their crash report forms
- 10 states completed changes/updates to their crash report forms just prior to the MMUCC Guideline development. Many of these felt that their individual comparisons with MMUCC were high.

Of the remaining states, some are looking into automating their crash reporting, but most indicated that there are no plans at present to modify their crash report form.

The following represent select comments from the states surveyed.

1. This state is in the beginning stages of updating its form and would like to talk with other states to avoid reinventing the wheel.
2. There was little cooperation/communication during our form revision process. As a result, our form does not meet the needs of some users.
3. We recently revised the property damage threshold from \$1,000 to \$3,000. We would like to know what other states are doing with respect to property damage.
4. Our state wrote a crash report revision project into our 411 proposal. It's been more than 20 years since we revised our form.
5. Recent crash report/system upgrade effort ran into problems. State is preparing to address this and other efforts in a revised strategic plan.
6. Our recent form revision was essentially a reformat and clarification effort designed to help the user understand what is required on various parts of the form.
7. Our crash reporting system upgrade is on hold. The focus is on Y2K issues.
8. State created a new database, but funding ran short to revise the form. No state law exists requiring police agencies to report to a central agency.
9. In implementing an ICR crash report data capture solution, state ran into higher than expected error rate, which has caused problems for the state.

Appendix B – MMUCC Questionnaire

State of _____

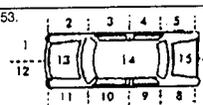
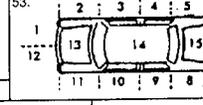
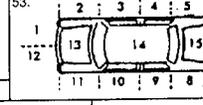
Model Minimum Uniform Crash Criteria MMUCC Guideline Questionnaire

1. What agency is responsible for crash report form updates/revisions?
2. Does your state have an established process for revising the crash report form?
3. Prior to this most recent revision effort, when was the last time your state revised its state crash report form?
4. How did this most recent effort begin?
5. Was the recent revision effort begun for reasons other than the typical changes or revisions to the crash data elements?
6. In your state's recent revision effort, how extensive was the review of each crash data element?
7. How was the decision made to incorporate MMUCC into the data element review process?
8. Did your data element review process require that each data element be justified as to why it was needed?
9. Did your data element review process explore which data elements can or should be collected at the crash scene as opposed to those which can be derived from other data elements or obtained from other sources through file linkage?
10. Could you tell us a little more about the group and the process used in conducting the data element review?
11. Were additional resources necessary for your state to incorporate the MMUCC Guideline during your data element review process?
12. Was it helpful to have the MMUCC Guideline and recommendations during the data element review process?

13. When your state decided to adopt a MMUCC data element, did it accept that element 100 percent?
14. Can you estimate for us approximately what percent of the MMUCC Guideline data element recommendations your state did adopt?
15. Can you tell us which MMUCC data elements your state did not adopt and why?
16. Please list any of the MMUCC data elements which you partially adopted and why.
17. Does your state use a separate crash report form to record data regarding crashes involving commercial motor vehicles?
18. Has your state considered incorporating your separate CMV form into your official state crash report form?
19. Has your state used the ANSI-D16.1 Manual on Classification of Motor Vehicle Traffic Accidents?
20. Do you see advantages in the use of a more uniform set of crash data elements for highway safety program planning, problem identification and evaluation?
21. Do you see any disadvantages in data uniformity such as having states adopt recommendations from the MMUCC Guideline for crash reporting?
22. Do you feel that the increasing influence of new technology in the collection and processing of crash/traffic records information will make future changes to your crash report form and data base easier and less expensive, or the opposite?
23. If you had the opportunity to go back and repeat recent efforts to revise your crash report data elements, crash report form, training, etc., what would you do differently?
24. Who do you feel could have been more help to you during your recent revision effort (NHTSA, FHWA, NAGHSR, AASHTO, NSC Traffic Records Committee, other states which have recently gone through similar processes, Others)?
25. At this stage of your development, is there any other kind of help which might still be valuable to your state?
26. What other types of advice would you have for other states just beginning the data element, report form, training, etc. revision process?

Appendix C – Copies of Individual State Crash Report Forms

The following represent copies of the state crash report forms at the time of the study. For complete sets of crash report forms, including coding sheets, supplemental forms, special forms, such as multi-occupant vehicle forms, etc., please contact the individuals listed after each state's abbreviated summary.

<input type="checkbox"/> REPORTABLE PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> FATALITY										<input type="checkbox"/> NON-REPORTABLE <input type="checkbox"/> LATE REPORT <input type="checkbox"/> HAZ/MAT. <input type="checkbox"/> COMM. VEH.										STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT										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"/>		13. WEATHER CONDITION <input type="checkbox"/>		14. SURFACE CONDITION <input type="checkbox"/>																																																																																																																																																																																																																																																																																								
10. NUMBER & NAME OF STREET OR HIGHWAY - CTY. RTE. NO. - INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.																				15. TRAFFIC CONTROL <input type="checkbox"/>		16. FUNCT. PROPER <input type="checkbox"/>																																																																																																																																																																																																																																																																																					
11. NON. INTSECT. _____ FEET <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E _____ MILES <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W OF:										INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.										17. COLLISION INVOLVED <input type="checkbox"/>		18. ON RDWY. <input type="checkbox"/>		19. EMERG. RESPON. <input type="checkbox"/>		20. _____ MILES <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E _____ IN: _____ CITY OR TOWN <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W _____ OF:		21. CTY.		22. CODE		23. MILE POINT																																																																																																																																																																																																																																																																											
16. PRIM. CONTRIB. CIRCUM. <input type="checkbox"/>										8. SPEED TOO FAST		11. DISREGARD TRAFFIC SIGNAL		14. FOLLOWING TOO CLOSE		17. MECH. DEFECT		15. MADE IMPROPER TURN		16. DRIVING UNDER INFLUENCE		24. NAME NO. 1 LAST FIRST		24. NAME NO. 2 LAST FIRST																																																																																																																																																																																																																																																																																			
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 <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F			30. DRIVERS LICENSE NO.					31. STATE		32. DOB			33. AGE		34. SEX <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F																																																																																																																																																																																																																																																																																
35. SOBRIETY <input type="checkbox"/>					36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>			RESULT 0. _____ %			35. SOBRIETY <input type="checkbox"/>					36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>			RESULT 0. _____ %		TEST NUMBER																																																																																																																																																																																																																																																																																		
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 \$		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 NO.										50. CHARGE/SECTION NO.																																																																																																																																																																																																																																																																																																	
51. ARREST NO.										51. ARREST NO.																																																																																																																																																																																																																																																																																																	
52. NO. 1 TOWED BY:										52. NO. 2 TOWED BY:																																																																																																																																																																																																																																																																																																	
TO:										TO:																																																																																																																																																																																																																																																																																																	
53. 										53. 																																																																																																																																																																																																																																																																																																	
1. REAR										2. PASSING		3. ANGLE		4. RIGHT TURN		5. RIGHT TURN		11. OTHER		52. NO. 2 TOWED BY:																																																																																																																																																																																																																																																																																							
6. HEAD ON										7. SIDESWIPE		8. INDICATE OBJECT		9. LEFT TURN		10. LEFT TURN		53. 																																																																																																																																																																																																																																																																																									
12. LIGHT COND.										13. WEATHER										14. SURFACE										15. CONTROLS										17. COLLISION INVOLVED																																																																																																																																																																																																																																																																			
18. DAYLIGHT										19. DAWN/DUSK										20. DARK/LIT										21. DARK/UNLIT										22. CLEAR										23. RAIN										24. SNOW/SLEET										25. FOG										26. CLOUDY										27. DRY										28. WET										29. SNOWY										30. ICY										31. STOP SIGN										32. STOP & GO LIGHT										33. YIELD SIGN										34. WARNING SIGN										35. LANE MARKINGS										36. FLASHING SIGNAL										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 } 37. TYPE										54. BLOOD }										55. URINE }										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.					PAGE 1 OF ____																																																																																																																																																																																																																																																																								

FORM 438 REV. 1/68

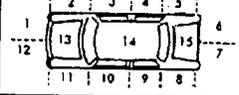
24. NAME NO. 3					LAST					FIRST					M.I.				
25. STREET ADDRESS																			
26. CITY					27. STATE			28. ZIP			29. PHONE								
30. DRIVERS LICENSE NO.					31. STATE			32. DOB			33. AGE		34. SEX M F						
35. SOBRIETY <input type="checkbox"/>		36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>		RESULT 0. _____%			TEST NUMBER										
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											
47. VEHICLE/TRACTOR OWNER: LAST					FIRST					M.I.									
48. STREET					CITY					STATE									
49. INSURANCE COMPANY					NUMBER														
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. 							
<div style="text-align: right; font-size: 2em; font-weight: bold;">○ N</div>																			

DIAGRAM OF COLLISION

PAGE _____ OF _____

<input type="checkbox"/> 60. CONTINUATION	STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT INJURY INFORMATION	1.	COMPLAINT NUMBER	2.	DSP H.Q. NO. (LEAVE BLANK)	
<input type="checkbox"/> 80. SUPPLEMENT		TROOP/DEPARTMENT _____				
INITIAL REPORT DATE _____						
OPERATOR #1 _____						
OPERATOR #2 _____						

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.		GENERAL			76. INJURY CLASS			78. RESTRAINT (CONT.)			81. IF PEDESTRIAN INVOLVED PLACE CODE IN BLOCK																	
<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td rowspan="3" style="writing-mode: vertical-rl; text-orientation: mixed;">C A R</td> <td>1</td><td>2</td><td>3</td> <td rowspan="3" style="writing-mode: vertical-rl; text-orientation: mixed;">M/C</td> </tr> <tr> <td>4</td><td>5</td><td>6</td> </tr> <tr> <td>7</td><td>8</td><td>9</td> </tr> <tr> <td colspan="4" style="text-align: center;">10-EXT. OF VEHICLE</td> </tr> </table>		C A R	1	2	3	M/C	4	5	6	7	8	9	10-EXT. OF VEHICLE				1. YES 2. NO 3. UNKNOWN 4. N/A 5. PENDING 6. NONE 7. OTHER			74. POSSIBLE INJURY 75. NON - INCAPACITATING 76. INCAPACITATING INJURY 77. FATAL INJURY 77. EJECTION 78. PARTIALLY EJECTED 79. TOTAL EJECTION 80. NO EJECTION			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.			PED # 1 <input type="text"/> PED # 2 <input type="text"/> 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		
C A R	1		2	3	M/C																							
	4		5	6																								
	7	8	9																									
10-EXT. OF VEHICLE																												
79. POSTED SPEED LIMIT		66. DRIVER			78. RESTRAINT			66. REMOVED																				
VEHICLE # 1 _____ VEHICLE # 2 _____ VEHICLE # 3 _____ VEHICLE # 4 _____		67. PASSENGER 68. PEDESTRIAN 69. PEDALCYCLIST												LAP BELT ONLY 82. FASTENED 83. NOT FASTENED LAP & SHOULDER 84. LAP ONLY USED 85. NEITHER USED 86. SHOULDER ONLY 87. BOTH USED			97. AMBULANCE 98. PARAMEDIC 99. HELICOPTER 100. PRIV. OWNED VEH.											
		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 _____																	

FORM 439 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

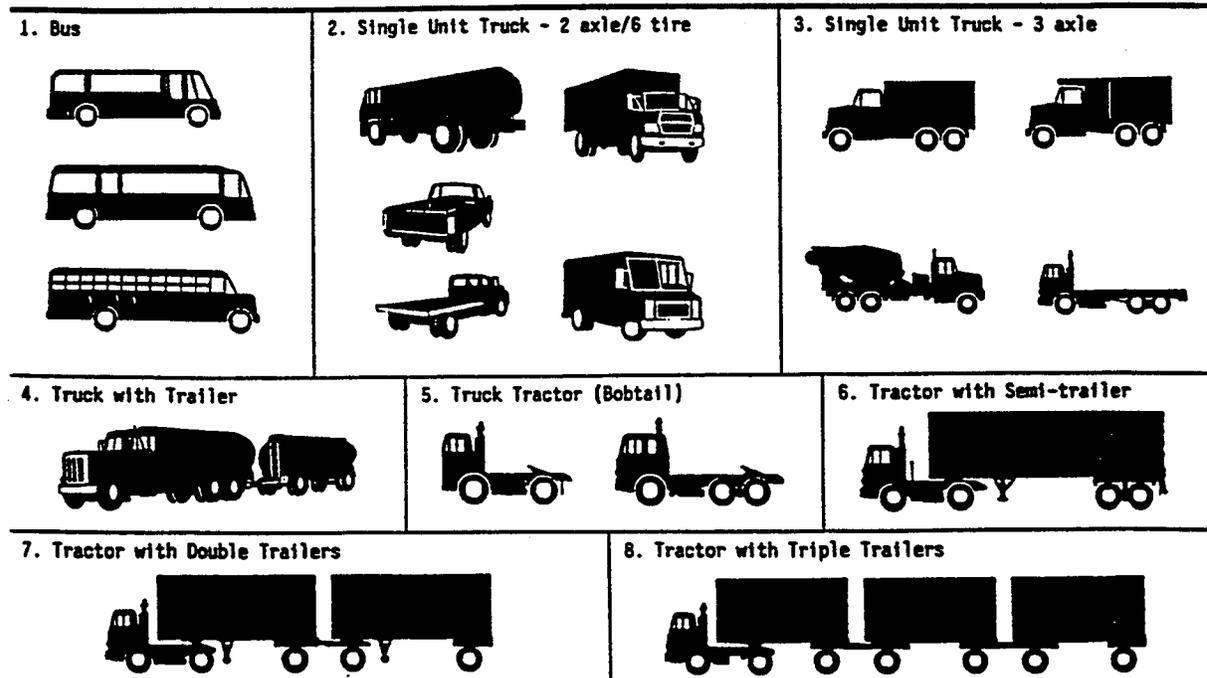
Y. Light Condition _____

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

Z. Apparent Driver Condition _____

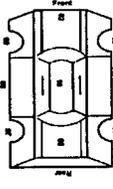
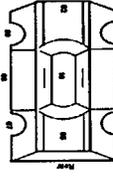
- (1) Appeared normal
- (2) Had been drinking
- (3) Illegal drug use
- (4) Sick
- (5) Fatigue
- (6) Asleep
- (7) Medication
- (8) Unknown

TYPICAL VEHICLE SILHOUETTES



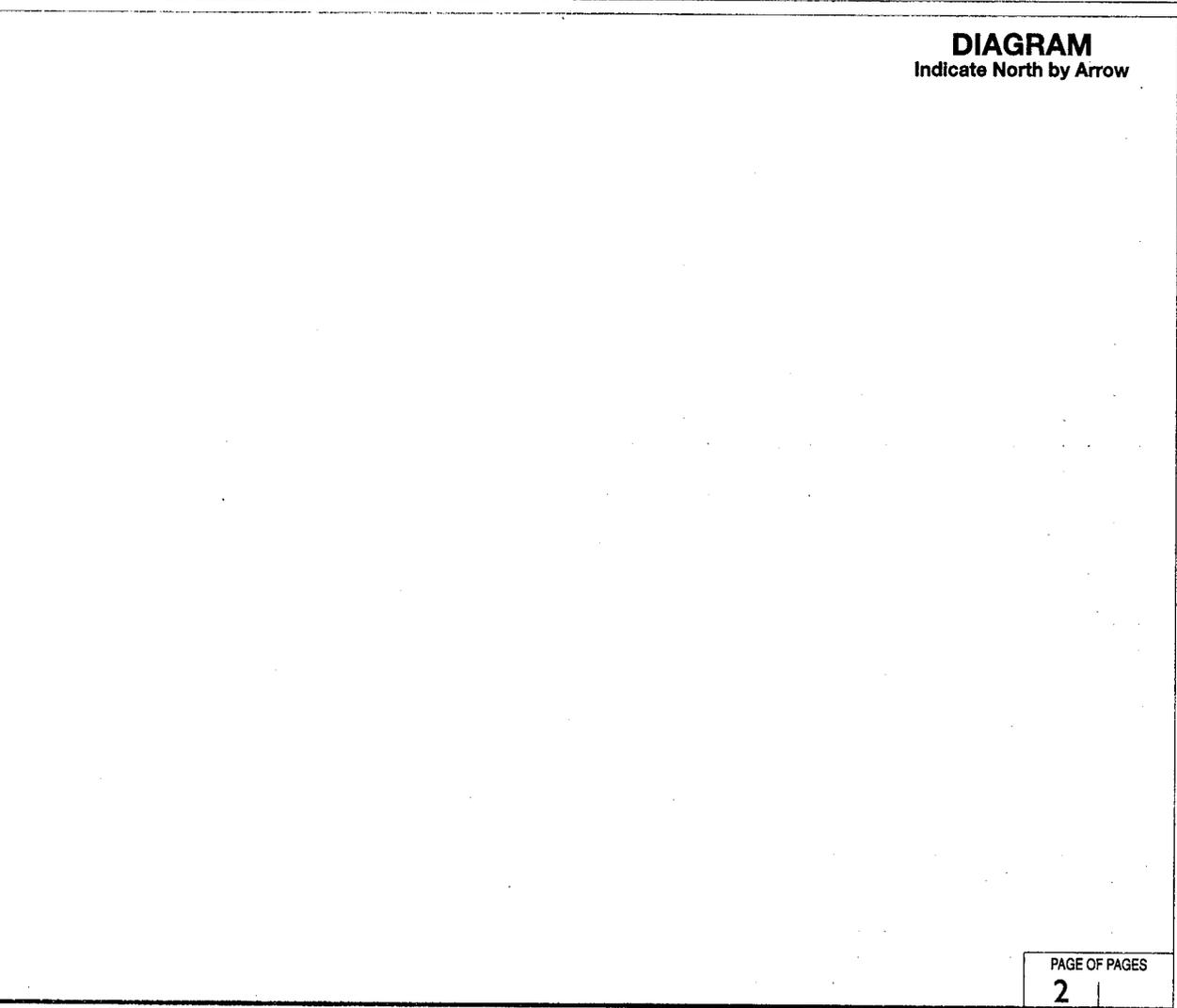
Officer's Name _____

IBM # _____

UNIT NUMBERS <input type="text"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <input type="text"/> <input type="text"/> <input type="text"/>	POSTED SPEED <input type="text"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text"/> <input type="text"/>
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVE/LESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMBUESION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <input type="text"/> <input type="text"/> <input type="text"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE <input type="text"/> <input type="text"/>
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 POLICE VEHICLE 24 FIRE TRUCK 25 AMBULANCE/RESCUE 26 TAXI 27 MOTOR HOME 28 TRAM 29 FARM VEHICLE 30 FARM EQUIPMENT 31 SNOWMOBILE 32 CONSTRUCTION EQUIPMENT 33 ALL OTHERS NON-MOTORIST 34 ANIMAL W/RIDER 35 ANIMAL W/RUGGY 36 BICYCLE 37 PEDESTRIAN 38 PEDALCYCLIST 39 SKATER 40 OTHER-NON MOTORIST 41 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text"/> <input type="text"/> <input type="text"/>	01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 OTHER	DIRECTION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/>
TYPE OF UNIT <input type="text"/> <input type="text"/> <input type="text"/>	MOTORIST 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 NO IMPROPER DRIVING 02 FAILED TO YIELD RIGHT OF WAY 03 DISREGARDED TRAFFIC SIGNS, SIGNALS, ROAD MARKINGS 04 EXCEEDED SPEED LIMIT 05 DRIVING TOO FAST FOR CONDITIONS 06 MADE AN IMPROPER TURN 07 WRONG SIDE OR WRONG WAY 08 FOLLOWED TOO CLOSELY/ACDA 09 FAILURE TO DRIVE IN PROPER LANE/ RUNNING OFF ROAD/ IMPROPER PASSING 10 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 11 SWERVING OR AVOIDING DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC 12 OVER-CORRECTING/OVER-STEERING 13 VISIBILITY OBSTRUCTED 14 INATTENTION/DISTRACTION 15 FATIGUE/SLEEP 16 OPERATING DEFECTIVE EQUIPMENT 17 LOAD SHIFTING/FALLING/SPILLING 18 OTHER IMPROPER ACTION 19 UNKNOWN NON-MOTORIST 20 IMPROPER CROSSING 21 DARTING 22 LYING AND/OR ILLEGALLY IN ROADWAY 23 FAILURE TO YIELD RIGHT OF WAY 24 NOT VISIBLE (DARK CLOTHING) 25 INATTENTIVE 26 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 27 WRONG SIDE OF THE ROAD 28 OTHER 29 UNKNOWN	1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	1 NONE 2 BLOOD 3 URINE 4 OTHER 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
POINT OF IMPACT <input type="text"/> <input type="text"/> <input type="text"/>	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP, FAINTED, FATIGUED, ETC 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 8 UNKNOWN	1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/>	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP, FAINTED, FATIGUED, ETC 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 8 UNKNOWN	01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP, FAINTED, FATIGUED, ETC 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 8 UNKNOWN	01 ON ROADWAY 02 ON SHOULDER 03 IN MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 7 UNKNOWN
DAMAGE SCALE <input type="text"/> <input type="text"/> <input type="text"/>	01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NONE 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	01 STATED 2 ESTIMATED SPEED	01 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	01 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
DAMAGE AREA <input type="text"/> <input type="text"/> <input type="text"/>	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 STATED 2 ESTIMATED SPEED	01 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 11 OTHER 12 UNKNOWN
VEHICLE DEFECT CODE ONLY IF '17' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/>	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 TOTAL (ALL AREAS) 13 OTHER 14 UNKNOWN	01 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	01 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	01 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN

Narrative	
REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN
WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
LIGHT CONDITIONS <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK <input type="checkbox"/> 5 OTHER
MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 ANGLE <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 8 UNKNOWN	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA
WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	
Diagram	
Truck/Bus THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH AT LEAST 2 AXLES AND 6 TIRES; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 16 PERSONS, INCLUDING DRIVER.	
THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.	
COMPANY: _____ COMPANY PHONE: _____ ADDRESS (STREET, CITY, ST, ZIP CODE): _____	
US DOT: _____ CC MC: _____ PUCO: _____ TRAILER LP ST: _____ TRAILER LP YEAR: _____ TRAILER LP #: _____	CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (16+ INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRANI/CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN
CARRIER SOURCE <input type="checkbox"/> 1 SHIPPING PAPERS (TRUCK) <input type="checkbox"/> 2 VEHICLE SIDE <input type="checkbox"/> 3 TRIP MANIFEST (BUS) <input type="checkbox"/> 4 LOGBOOK <input type="checkbox"/> 5 OTHER <input type="checkbox"/> 6 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000
CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	
Police Action	
DISPATCH: _____ ARRIVED: _____ CLEARED: _____ OTHER: _____	
OFFICER'S NAME: _____ CHECKED BY: _____ DATE REPORT FILED: _____	
PRINTED NAME: _____	

		LOCAL CODE
1	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PROPERTY DAMAGE-OTHER THAN VEHICLES	PROPERTY <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
OWNER/ADDRESS		
2	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PROPERTY DAMAGE-OTHER THAN VEHICLES	PROPERTY <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
OWNER/ADDRESS		
3	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PROPERTY DAMAGE-OTHER THAN VEHICLES	PROPERTY <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
OWNER/ADDRESS		



PAGE OF PAGES
2



MASTER FILE #: 00017108

KSP 74 Revised 1/2000

A. Pre-Collision Vehicle Action:

- 1 Avoiding Object in Roadway
- 2 Backing
- 3 Changing Lanes
- 4 Entering Parked Position
- 5 Going Straight Ahead
- 6 Leaving Traffic Lane
- 7 Making Left Turn
- 8 Making Right Turn
- 9 Making U Turn
- 10 Merging
- 11 Overtaking
- 12 Parked
- 13 Slowing or Stopping
- 14 Starting From Parking
- 15 Starting in Traffic
- 16 Stopped in Traffic
- 17 Wrong Way
- 97 Other
- 98 Unknown

B. Unit Type Code:

- 1 Bicycle
- 2 Bus
- 3 Emergency Vehicle—In Response
- 4 Emergency Vehicle—Non-Response
- 5 Farm Tractor and/or Farm Equipment
- 6 Go-Cart
- 7 Hit & Run/Unknown
- 8 Lt. Truck (Van, Sports Utility, Pick-up)
- 9 Military Vehicle
- 10 Motorcycle
- 11 Motor Home/Recreational Vehicle
- 12 Motor Scooter or Motor Bicycle
- 13 Other Public Owned Vehicle
- 14 Passenger Car
- 15 Passenger Car & Trailer
- 16 Pedestrian
- 17 Railroad Train
- 18 Riding Animal/Animal-Drawn Vehicle
- 19 School Bus
- 20 Taxicab
- 21 Truck & Trailer
- 22 Truck—Single Unit
- 23 Truck Tractor & Semi-Trailer
- 24 Truck—Other Combination
- 97 Other

C. G.I.H.D.:

- 1 Yes
- 2 No

D. Overturned:

- 1 Yes
- 2 No

E. Contributing Factors—Human:

- 1 Alcohol Involvement
- 2 Cell Phone
- 3 Disregard Traffic Control
- 4 Distraction
- 5 Drug Involvement
- 6 Emotional
- 7 Exceeded Stated Speed Limit
- 8 Failed to Yield Right of Way
- 9 Fatigue
- 10 Fell Asleep
- 11 Following Too Close
- 12 Improper Backing
- 13 Improper Passing
- 14 Inattention
- 15 Lost Consciousness/Fainted
- 16 Medication
- 17 Misjudge Clearance
- 18 Not Under Proper Control
- 19 Overcorrecting/Oversteering
- 20 Physical Disability
- 21 Sick
- 22 Too Fast for Conditions
- 23 Turning Improperly
- 24 Weaving in Traffic
- 97 Other
- 99 None Detected

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT



IMPORTANT INSTRUCTIONS:

1. Use a black or blue ballpoint pen to completely fill in the appropriate ovals along the sides and body of the Traffic Collision Report. PENCILS, MARKERS, FELT-TIP, OR OTHER COLOR PENS ARE NOT ACCEPTABLE.

Correct Way: ○ ○ ●
Wrong Way: ⊗ ⊘ ⊖

A minimum amount of "white-out" is acceptable to correct errors.

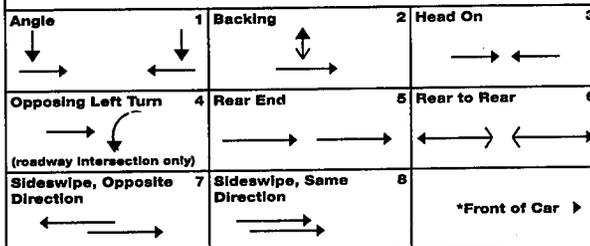
2. Using the front of the Cover Code Sheet, fill in the correct corresponding ovals located down both sides of the Unit Pages of the Traffic Collision Report. This information pertains to each unit involved in the traffic collision.
3. The back of the Cover Code Sheet identifies the information needed to correctly answer items 14–23 also on the Unit Pages of the Traffic Collision Report. This information pertains to "individuals" involved in the traffic collision.
4. Use upper case block letters to fill in text information.

JOHN DOE

0 1 2 3 4 5 6 7 8 9

5. There are separate supplemental reports in the back of each report pad.
6. See the Traffic Collision Manual for procedures on submitting a supplemental traffic collision report.

Manner of Collision Legend:



F. 1st & 2nd Event Collision—Non-Fixed Object

- Animal 1
- Bicycle 2
- Deer 3
- Motor Vehicle in Transport, Other Roadway 4
- Other Motor Vehicle 5
- Pedestrian 6
- Railroad Train 7
- Other Object/Not Fixed 8

G. Fixed Object

- Bridge Parapet End 9
- Bridge Pier, Abutment 10
- Bridge Rail 11
- Building/Wall 12
- Crash Cushion/Impact Attenuator 13
- Culvert/Head Wall 14
- Curbing 15
- Earth Embankment/Rock Cut/Ditch 16
- Fence 17
- Fire Hydrant 18
- Guardrail End 19
- Guardrail Face 20
- Light/Luminaire Support 21
- Mailbox 22
- Median Barrier 23
- Other Post, Pole or Support 24
- Overhead Sign Support 25
- Sign Post 26
- Snow Embankment 27
- Toll Booth 28
- Traffic Signal Support 29
- Tree 30
- Utility Pole 31
- Other Fixed Object 32

H. Non-Collision

- Fell From Vehicle 33
- Fire/Explosion 34
- Jackknife 35
- Overtaken 36
- Ran Off Roadway (Only) 37
- Submersion 38
- Other Non-Collision 39

I. Contributing Factors—Vehicular

- Brakes Defective 1
- Headlights Defective 2
- Load Securement 3
- Other Lighting Defective 4
- Oversized Load On Vehicle 5
- Overweight 6
- Steering Failure 7
- Tire Failure 8
- Tow Hitch Defective/Sep. of Units 9
- Other 97
- None Detected 99

J. Contributing Factors—Environmental

- Animals Action 1
- Construction Work Zone 2
- Debris in Roadway 3
- Fixed Object(s) 4
- Glare 5
- Holes/Deep Ruts/Bumps 6
- Improperly Parked Vehicle(s) 7
- Improper/Non-Working Traffic Controls 8
- Maintenance/Utility Work Zone 9
- Shoulders Defective/Drop-off 10
- Slippery Surface 11
- View Obstructed/Limited 12
- Water Pooling 13
- Other 97
- None Detected 99

K. Underride/Override

- No Underride or Override 1
- Override, Motor Vehicle in Transport 2
- Override, Other Vehicle 3
- Underride (Compartment Intrusion) 4
- Underride (Compt. Intrusion Unknown) 5
- Underride (No Compartment Intrusion) 6
- Unknown 98

COLOR CODE	
Orange—Required	
Red—Fatal	
Gray—Injury Only	
Blue—Commercial Vehicle	
14 Person Type	
1	Driver
2	Passenger
3	Pedestrian
4	Animal-Drawn/Ridden
5	Bicyclist
6	Train Engineer
7	Witness
8	Owner
<input type="radio"/> Yes <input type="radio"/> No	
16 Position In/On Vehicle	
1	Driver
2-9	Passenger
10	Riding/Hanging On Outside
11	Sleeper Compartment
12	Pickup Bed
13	Trailer
17 Injury Severity	
1	Fatal
2	Incapacitating
3	Non-Incapacitating
4	Possible Injury
5	None Detected
1	Head/Face
2	Neck
3	Chest
4	Back
5	Abdomen/Pelvis
6	Arms/Hands
7	Legs/Feet
8	Multiple—Entire Body
19 Restraint Use	
1	Shoulder/Lap Belt
2	Installed/Not In Use
3	Lap Belt Only
4	Shoulder Belt Only
5	Child Safety Seat
6	Helmet
7	Helmet Not Used
8	Other Passive Restraint
9	Not Installed
20 Air Bag	
1	Installed/Not Deployed
2	Deployed—Front
3	Deployed—Side
4	Not Installed
21 Trapped	
1	Not Trapped
2	Extricated By Mechanical Means
3	Freed By Non-Mechanical Means
22 Ejection From Vehicle	
1	Not Ejected
2	Partially Ejected
3	Totally Ejected
Ejection Path	
23 (Fatal Only)	
1	Not Ejected/Not Applicable
2	Through Side Door Opening
3	Through Side Window
4	Through Windshield
5	Through Back Window
6	Through Back Door
7	Tailgate Opening
8	Through Roof Opening (sunroof, convertible, top down)
9	Through Roof
10	Other Path (e.g., back of pickup truck)
11	Unknown

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LOCAL CODE										1st 2nd			
UNIT # TOWED <input type="checkbox"/> <input checked="" type="checkbox"/>		REMOVED TO:		# OCCUPANTS		PEDESTRIAN FACTORS							
1						<input type="checkbox"/> APPROACHING OR LEAVING VEHICLE AT INTERSECTION <input type="checkbox"/> CROSSING AGAINST SIGNAL <input type="checkbox"/> CROSSING WITH SIGNAL <input type="checkbox"/> DARK CLOTHING/NOT VISIBLE <input type="checkbox"/> DARTING INTO ROAD <input type="checkbox"/> DRINKING <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> GETTING ON/OFF VEHICLE <input type="checkbox"/> IN CROSSWALK <input type="checkbox"/> JOGGING				<input type="checkbox"/> LYING IN ROADWAY <input type="checkbox"/> NOT AT INTERSECTION <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> PHYSICAL IMPAIRMENT <input type="checkbox"/> PLAYING IN ROADWAY <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> SKATING/SKATEBOARDING <input type="checkbox"/> WALKING IN ROADWAY <input type="checkbox"/> WORKING IN ROADWAY <input type="checkbox"/> WORKING ON VEHICLE		G G	
OPERATOR'S LIC. NO.				STATE KY <input type="checkbox"/>									
OPERATOR'S LICENSE RESTRICTIONS <input type="checkbox"/> <input type="checkbox"/>				COMP <input type="checkbox"/> <input type="checkbox"/>		CO. RESIDENT <input type="checkbox"/> <input type="checkbox"/>							
OPERATOR LAST NAME FIRST NAME M.I.				CDL <input type="checkbox"/> <input type="checkbox"/>		OWNER <input type="checkbox"/> <input type="checkbox"/>							
DATE OF BIRTH		STREET NUMBER AND NAME				CITY		STATE		ZIP CODE			
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP						DATE OF BIRTH		DATE OF DEATH					
NAME						14		15		16			
ADDRESS						17		18		19			
NAME						20		21		22			
ADDRESS						23		24		25			
NAME						26		27		28			
ADDRESS						29		30		31			
NAME						32		33		34			
ADDRESS						35		36		37			
NAME						38		39		40			
ADDRESS						41		42		43			
VEHICLE YEAR		MAKE		MODEL		TYPE		STATE		REGISTRATION NUMBER			
VEHICLE ID. NUMBER				VEHICLE INSURED <input type="checkbox"/> <input type="checkbox"/>		NAME OF INSURANCE CO.				COLOR OF VEHICLE			
1ST AREA OF CONTACT		COMBINATION VEHICLE		EXTENT OF DAMAGE		AIR BAG SWITCH		TRAVEL DIRECTION					
<input type="checkbox"/> VERY MINOR <input type="checkbox"/> MINOR <input type="checkbox"/> MINOR/MOD <input type="checkbox"/> MODERATE <input type="checkbox"/> MOD/SEVERE		<input type="checkbox"/> SEVERE <input type="checkbox"/> VERY SEVERE <input type="checkbox"/> OTHER PROPERTY <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> ON <input type="checkbox"/> OFF <input type="checkbox"/> NOT PRESENT		ESTIMATED TRAVEL SPEED		BETWEEN & MPH					
COMMERCIAL VEH. <input type="checkbox"/> <input type="checkbox"/>		HAZ. CARGO <input type="checkbox"/> <input type="checkbox"/>		HAZ. SPILL <input type="checkbox"/> <input type="checkbox"/>		HAZ. CARGO CODE		TYPE CARGO/COMMODITY		NAS SAFETY REPORT #			
<input type="checkbox"/> SINGLE <input type="checkbox"/> COMBINATION <input type="checkbox"/> BOBTAIL		NO. AXLES		NO. TRAILERS		US DOT #		ICC MC #		CRASH AVOIDANCE (Fatal Only)			
GVMR TOTAL		MOTOR CARRIER NAME		MOTOR CARRIER ADDRESS		CARRIER NAME SOURCE		<input type="checkbox"/> BRAKING (NO SKIDMARKS; DRIVER STATED) <input type="checkbox"/> BRAKING (SKIDMARKS EVIDENT) <input type="checkbox"/> BRAKING (OTHER REPORTED EVIDENCE) <input type="checkbox"/> NO AVOIDANCE MANEUVER REPORTED <input type="checkbox"/> OTHER AVOIDANCE MANEUVER <input type="checkbox"/> STEERING (EVIDENCE OR STATED) <input type="checkbox"/> STEERING AND BRAKING (EVIDENCE OR STATED)		MOST HARMFUL EVENT			
MOTOR CARRIER ADDRESS		CARRIER NAME SOURCE		<input type="checkbox"/> DRIVER <input type="checkbox"/> LOG BOOK <input type="checkbox"/> SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS) <input type="checkbox"/> SIDE OF VEHICLE <input type="checkbox"/> SINGLE STATE REGISTRATION		VIOLATION CODES		CITATION NUMBER		CASE NUMBER			
SUSPECTED DRINKING DRIVER <input type="checkbox"/> <input type="checkbox"/>		METHOD OF DETERMINATION		<input type="checkbox"/> FIELD SOBRIETY TEST <input type="checkbox"/> OBSERVATION <input type="checkbox"/> P.B.T. <input type="checkbox"/> OTHER		TEST OFFERED		CHEMICAL TEST:		TESTED FOR:			
RESULTS		PAGE OF PAGES		3		<input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> ALCOHOL <input type="checkbox"/> BREATH <input type="checkbox"/> REFUSED <input type="checkbox"/> DRUGS		TAKEN BY		SENT TO			
													
MASTER FILE #: 00017108													
NCS® EM-203975-4:8543 GS03 Printed in U.S.A. KSP 74 Revised 1/2000													

LOCAL CODE										F 1st 2nd																		
UNIT # 2		TOWED <input type="checkbox"/> <input checked="" type="checkbox"/>		REMOVED TO:		# OCCUPANTS		PEDESTRIAN FACTORS																				
OPERATOR'S LIC. NO.				STATE KY		<input type="checkbox"/> APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> CROSSING AGAINST SIGNAL <input type="checkbox"/> CROSSING WITH SIGNAL <input type="checkbox"/> DARK CLOTHING/NOT VISIBLE <input type="checkbox"/> DARTING INTO ROAD <input type="checkbox"/> DRINKING <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> GETTING ON/OFF VEHICLE <input type="checkbox"/> IN CROSSWALK <input type="checkbox"/> JOGGING				<input type="checkbox"/> LYING IN ROADWAY <input type="checkbox"/> NOT AT INTERSECTION <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> PHYSICAL IMPAIRMENT <input type="checkbox"/> PLAYING IN ROADWAY <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> SKATING/SKATEBOARDING <input type="checkbox"/> WALKING IN ROADWAY <input type="checkbox"/> WORKING IN ROADWAY <input type="checkbox"/> WORKING ON VEHICLE																		
OPERATOR'S LICENSE RESTRICTIONS <input type="checkbox"/> <input checked="" type="checkbox"/>		COMP <input type="checkbox"/> <input checked="" type="checkbox"/>		CO. RESIDENT <input type="checkbox"/> <input checked="" type="checkbox"/>		OWNER <input type="checkbox"/> <input checked="" type="checkbox"/>																						
OPERATOR LAST NAME		FIRST NAME		M.I.																								
DATE OF BIRTH		STREET NUMBER AND NAME				CITY		STATE		ZIP CODE																		
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP					DATE OF BIRTH		DATE OF DEATH		14		15		16		17		18		19		20		21		22		23	
NAME																												
ADDRESS																												
NAME																												
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VEHICLE YEAR		MAKE		MODEL		TYPE		STATE		REGISTRATION NUMBER		YEAR																
VEHICLE ID. NUMBER				VEHICLE INSURED <input type="checkbox"/> <input checked="" type="checkbox"/>		NAME OF INSURANCE CO.				COLOR OF VEHICLE																		
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<input type="checkbox"/> VERY MINOR <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MOD/SEVERE		<input type="checkbox"/> SEVERE <input type="checkbox"/> VERY SEVERE <input type="checkbox"/> OTHER PROPERTY <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> UNKNOWN				<input type="checkbox"/> ON <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> OFF		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		ESTIMATED TRAVEL SPEED		BETWEEN _____ & _____ MPH																
COMMERCIAL VEH. <input type="checkbox"/> <input checked="" type="checkbox"/>		HAZ. CARGO <input type="checkbox"/> <input checked="" type="checkbox"/>		HAZ. CARGO SPILL <input type="checkbox"/> <input checked="" type="checkbox"/>		HAZ. CARGO CODE		TYPE CARGO/COMMODITY		NAS SAFETY REPORT #		CRASH AVOIDANCE (Fatal Only)		MOST HARMFUL EVENT														
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GVWR TOTAL		MOTOR CARRIER NAME				MOTOR CARRIER ADDRESS		CARRIER NAME SOURCE		<input type="checkbox"/> DRIVER <input type="checkbox"/> LOG BOOK <input type="checkbox"/> SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS) <input type="checkbox"/> SIDE OF VEHICLE <input type="checkbox"/> SINGLE STATE REGISTRATION																		
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TEST OFFERED		CHEMICAL TEST:		TESTED FOR:		TAKEN BY		SENT TO		RESULTS		PAGE OF PAGES		4														
<input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH		<input type="checkbox"/> URINE <input type="checkbox"/> REFUSED		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS																								



MASTER FILE #: 00017108

KSP 74 Revised 1/2000

TOTAL NUMBER OF VEHICLES INVOLVED

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



LAT. _____

LONG. _____ TIME (0000) _____ DISTRICT/ZONE _____ TROOP _____

PAGE #

0 1

DATE OF CRASH _____

IN PARISH OF _____ PARISH CODE _____

ON PRIMARY ROADWAY _____

MILEPOST _____ CITY OR TOWN _____

DISTANCE _____ MILES _____ NE _____ FEET _____ SW _____ STREET/HIGHWAY _____ AT INTERSECTION _____ NOT AT INTERSECTION _____

DISTANCE _____ MILES _____ NE _____ FEET _____ SW _____ STREET/HIGHWAY _____ AT INTERSECTION _____ NOT AT INTERSECTION _____

CONSTR/MAINT. ZONE HIT & RUN
DOTD PROPERTY DAMAGE PHOTOS MADE
RR TRAIN INVOLVED FATALITY

CRASH OCCURRED ON
A. INTERSTATE
B. U.S. HWY
C. STATE HWY
D. PARISH ROAD
E. CITY STREET
F. PRIVATE PROPERTY
G. TOLL ROAD
H. OTHER

VEHICLE #01
A. PASSENGER CAR D. A, B, OR C WITH TRAILER G. OFF-ROAD VEHICLE J. OTHER BUS M. TRUCK WITH TRAILER(S)
B. LT. TRUCK (PU., ETC.) E. MOTORCYCLE H. EMERGENCY VEHICLE K. MOTOR HOME N. FARM EQUIPMENT
C. VAN F. PEDALCYCLE I. SCHOOL BUS L. SINGLE UNIT TRUCK O. OTHER

YEAR _____ MAKE _____ MODEL _____ # DOORS _____ # AXLES _____ # TIRES _____

V.I.N. _____ VEHICLE TOWED _____ A. YES B. NO C. LEFT AT SCENE REMOVED BY _____

LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____ TYPE _____ REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
D. OTHER

TRAILER DESCRIPTION _____ YEAR _____ MAKE _____ TYPE _____ LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____

DRIVER'S NAME (LAST, FIRST, MI) _____ DATE OF BIRTH _____

STREET ADDRESS _____ TELEPHONE # _____ CITY _____ STATE _____ ZIP _____

CLASS _____ ENDORSEMENTS _____ DRIVER'S LICENSE NUMBER _____ INSTRUCTED TO EXCHANGE INFORMATION? YES _____ NO _____ TRANSPORTED TO MEDICAL FACILITY A. YES C. UNKNOWN B. NO D. REFUSED AID

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) _____ SAME AS DRIVER? YES _____ NO _____

STREET ADDRESS _____ SR-10 FURNISHED? YES _____ NO _____

CITY _____ STATE _____ ZIP _____ PROOF OF INSURANCE? YES _____ NO _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____ STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY A. YES C. UNKNOWN B. NO D. REFUSED AID

CITY _____ STATE _____ ZIP _____ NAME OF AGENCY _____ TIME OF NOTIFICATION _____ TIME OF ARRIVAL _____ TIME ALL LANES OPENED _____

INVESTIGATING AGENCY _____ INVESTIGATION COMPLETE? YES _____ NO _____ INVESTIGATING POLICE AGENCY _____ A. STATE C. PARISH B. CITY D. OTHER REPORT COMPLETED _____

INVESTIGATING OFFICER'S NAME (PRINT) _____ SIGNATURE _____ BADGE # _____ SUPERVISOR'S INITIALS _____

DPSSP 3105

VEHICLE #02

- A. PASSENGER CAR
- B. LT. TRUCK (P.U., ETC.)
- C. VAN
- D. A, B, OR C WITH TRAILER
- E. MOTORCYCLE
- F. PEDALCYCLE
- G. OFF-ROAD VEHICLE
- H. EMERGENCY VEHICLE
- I. SCHOOL BUS
- J. OTHER BUS
- K. MOTOR HOME
- L. SINGLE UNIT TRUCK
- M. TRUCK WITH TRAILER(S)
- N. FARM EQUIPMENT
- O. OTHER

PAGE # 02

YEAR [] MAKE [] MODEL [] # DOORS [] # AXLES [] # TIRES []

V.L.N. [] VEHICLE TOWED A. YES B. NO C. LEFT AT SCENE REMOVED BY []

LICENSE PLATE [] YEAR [] STATE [] NUMBER [] TYPE [] REASON TOWED
 A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION D. OTHER

TRAILER DESCRIPTION [] YEAR [] MAKE [] TYPE [] LICENSE PLATE [] YEAR [] STATE [] NUMBER []

DRIVER'S NAME (LAST, FIRST, M) [] DATE OF BIRTH []

STREET ADDRESS [] TELEPHONE # [] POSITION [] EJECTION [] TRAP/EXTRICATED [] AIR BAG [] OCC PROT SYS [] SEX [] RACE [] AGE [] INJURY []

CITY [] STATE [] ZIP [] TRANSPORTED TO MEDICAL FACILITY A. YES C. UNKNOWN B. NO D. REFUSED AID

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) [] SAME AS DRIVER? YES NO

SR-10 FURNISHED? YES NO

PROOF OF INSURANCE? YES NO

NOTICE OF VIOLATION ISSUED? YES NO

OCCUPANT'S NAME (LAST, FIRST, MI) [] POSITION [] EJECTION [] TRAP/EXTRICATED [] AIR BAG [] OCC PROT SYS [] SEX [] RACE [] AGE [] INJURY []

STREET ADDRESS [] TRANSPORTED TO MEDICAL FACILITY A. YES C. UNKNOWN B. NO D. REFUSED AID

CODES					
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	A - NOT EJECTED	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NOT DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING / SEVERE
C - FRONT SEAT-RIGHT SIDE	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NOT DEPLOYED / SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING / MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	D - UNKNOWN	D - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE / COMPLAINT
E - SECOND SEAT-MIDDLE			E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE				F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)				G - HELMETS USED	
H - THIRD ROW-MIDDLE				H - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE					
J - SLEEPER SECTION OF CAB (TRUCK)					
K - PASSENGER IN OTHER ENCLOSED (NON-TRAILING UNIT)					
L - PASSENGER IN OTHER UNENCLOSED (NON-TRAILING UNIT)					
M - PASSENGER ON TRAIN OR STREET CAR					
N - TRAILING UNIT					
O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					
P - UNKNOWN					

INSURANCE VEHICLE # 1		INSURANCE VEHICLE # 2	
INSURANCE CO, NAME (NOT AGENCY NAME)	EFFECTIVE DATE	INSURANCE CO, NAME (NOT AGENCY NAME)	EFFECTIVE DATE
POLICY NUMBER	EXPIRATION DATE	POLICY NUMBER	EXPIRATION DATE
AGENT'S NAME	PHONE # ()	AGENT'S NAME	PHONE # ()
AGENT'S ADDRESS		AGENT'S ADDRESS	

EMERGENCY SERVICES AMBULANCE [] TIME CALLED [] ARRIVED SCENE [] DEPARTED SCENE [] ARRIVED HOSPITAL [] RESCUE UNIT []

AMBULANCE SERVICE [] FIRE DEPARTMENT []

**STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
CONTRIBUTING FACTORS AND CONDITIONS**

COMPUTER NUMBER _____ PAGE #

- 03

WRITE APPROPRIATE LETTER IN BLOCK

<p align="center">ROAD SURFACE (ONE PER COLUMN)</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ECT.) F. UNKNOWN G. OTHER</p> <p>A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT F. UNKNOWN G. OTHER</p>	<p align="center">ROADWAY CONDITIONS</p> <p>A. NO DEFECTS B. DEFECTIVE SHOULDERS C. HOLES D. DEEP RUTS E. BUMPS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. FLOODING L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY N. OTHER DEFECTS</p>	<p align="center">LIGHTING</p> <p>A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN G. UNKNOWN</p>	<p align="center">KIND OF LOCATION</p> <p>A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY H. OTHER</p>	<p align="center">PRIMARY FACTOR</p> <p align="center">SECONDARY FACTOR</p> <p>A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS</p>																																																												
<p align="center">TYPE OF ROADWAY</p> <p>A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER E. UNKNOWN F. OTHER</p>	<p align="center">WEATHER</p> <p>A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAUL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW I. UNKNOWN J. OTHER</p>	<p align="center">VIOLATION</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS V. OTHER</p>	<p align="center">REASON FOR MOVEMENT</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>	<p align="center">ACCESS CONTROL</p> <p>A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) D. UNKNOWN E. OTHER</p>																																																												
<p align="center">VISION OBSCUREMENTS</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. UNKNOWN O. NO OBSCUREMENTS P. OTHER</p>	<p align="center">CONDITION OF DRIVER</p> <p>A. NORMAL B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p align="center">HARMFUL EVENTS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">VEH 1</th> <th style="width:25%;">VEH 2</th> </tr> </thead> <tbody> <tr> <td>A. OVERTURNED</td> <td>N. IMPACT ATTENUATOR</td> <td>FIRST HARMFUL EVENT</td> </tr> <tr> <td>B. FIRE/EXPLOSION</td> <td>O. BRIDGE-PIER OR ABUTMENT</td> <td>FIRST HARMFUL EVENT</td> </tr> <tr> <td>C. IMMERSION</td> <td>P. BRIDGE-PARAPET END</td> <td>MOST HARMFUL EVENT</td> </tr> <tr> <td>D. JACKKNIFE</td> <td>Q. BRIDGE-RAIL</td> <td>MOST HARMFUL EVENT</td> </tr> <tr> <td>E. OTHER NONCOLLISION</td> <td>R. GUARDRAIL FACE</td> <td></td> </tr> <tr> <td>F. PEDESTRIAN</td> <td>S. GUARDRAIL END</td> <td></td> </tr> <tr> <td>G. PEDALCYCLE</td> <td>T. MEDIAN BARRIER</td> <td></td> </tr> <tr> <td>H. RAILWAY TRAIN</td> <td>U. HIGHWAY TRAFFIC</td> <td></td> </tr> <tr> <td>I. ANIMAL</td> <td>V. SIGN POST</td> <td></td> </tr> <tr> <td>J. MOTOR VEHICLE IN TRANSPORT</td> <td>W. OVERHEAD SIGN SUPPORT</td> <td></td> </tr> <tr> <td>K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY</td> <td>X. LUMINAIRE/LIGHT SUPPORT</td> <td></td> </tr> <tr> <td>L. PARKED MOTOR VEHICLE</td> <td>Y. UTILITY POLE</td> <td></td> </tr> <tr> <td>M. OTHER OBJECT (NOT FIXED)</td> <td>Z. CULVERT</td> <td></td> </tr> <tr> <td></td> <td>AA. CURB</td> <td>EE. FENCE</td> </tr> <tr> <td></td> <td>BB. EMBANKMENT</td> <td>FF. TREE</td> </tr> <tr> <td></td> <td>CC. MAIL BOX</td> <td>GG. UNKNOWN</td> </tr> <tr> <td></td> <td>DD. DITCH</td> <td>HH. OTHER FIXED OBJECT</td> </tr> </tbody> </table>				VEH 1	VEH 2	A. OVERTURNED	N. IMPACT ATTENUATOR	FIRST HARMFUL EVENT	B. FIRE/EXPLOSION	O. BRIDGE-PIER OR ABUTMENT	FIRST HARMFUL EVENT	C. IMMERSION	P. BRIDGE-PARAPET END	MOST HARMFUL EVENT	D. JACKKNIFE	Q. BRIDGE-RAIL	MOST HARMFUL EVENT	E. OTHER NONCOLLISION	R. GUARDRAIL FACE		F. PEDESTRIAN	S. GUARDRAIL END		G. PEDALCYCLE	T. MEDIAN BARRIER		H. RAILWAY TRAIN	U. HIGHWAY TRAFFIC		I. ANIMAL	V. SIGN POST		J. MOTOR VEHICLE IN TRANSPORT	W. OVERHEAD SIGN SUPPORT		K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY	X. LUMINAIRE/LIGHT SUPPORT		L. PARKED MOTOR VEHICLE	Y. UTILITY POLE		M. OTHER OBJECT (NOT FIXED)	Z. CULVERT			AA. CURB	EE. FENCE		BB. EMBANKMENT	FF. TREE		CC. MAIL BOX	GG. UNKNOWN		DD. DITCH	HH. OTHER FIXED OBJECT						
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<p align="center">RELATION TO ROADWAY</p> <p>A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. OFF ROADWAY G. GORE H. UNKNOWN I. OTHER</p>	<p align="center">ALIGNMENT</p> <p>A. STRAIGHT-LEVEL B. STRAIGHT LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP, HUMP-STRAIGHT J. DIP, HUMP-CURVE K. UNKNOWN L. OTHER</p>	<p align="center">MOVEMENT PRIOR TO CRASH</p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p align="center">VEHICLE CONDITION</p> <p>A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED L. UNKNOWN DEFECTS M. OTHER</p>	<p align="center">TRAFFIC CONTROL CONDITIONS</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN</p>																																																												
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DPSSP 3106

INVESTIGATING OFFICER'S INITIALS

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE / PEDESTRIAN SUPPLEMENT

VEHICLE

PEDESTRIAN

VEHICLE #	A. PASSENGER CAR	E. MOTORCYCLE	I. SCHOOL BUS	M. TRUCK WITH TRAILER(S)
	B. LT. TRUCK (P.U., ETC.)	F. PEDALCYCLE	J. OTHER BUS	N. FARM EQUIPMENT
	C. VAN	G. OFF-ROAD VEHICLE	K. MOTOR HOME	O. OTHER
	D. A, B, OR C WITH TRAILER	H. EMERGENCY VEHICLE	L. SINGLE UNIT TRUCK	

YEAR MAKE MODEL # DOORS # AXLES # TIRES

V.I.N. VEHICLE TOWED A. YES B. NO C. LEFT AT SCENE REMOVED BY

LICENSE PLATE YEAR STATE NUMBER TYPE REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
D. OTHER

TRAILER DESCRIPTION LICENSE PLATE YEAR STATE NUMBER

DRIVER'S NAME (LAST, FIRST, MI) DATE OF BIRTH

POSITION EJECTION TRAP/EXTRICATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY

STREET ADDRESS TELEPHONE #

CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY
A. YES C. UNKNOWN
B. NO D. REFUSED AID

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION?
YES NO NAME OF FACILITY

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) SAME AS DRIVER? YES NO

SR-10 FURNISHED? YES NO

PROOF OF INSURANCE? YES NO

NOTICE OF VIOLATION ISSUED? YES NO

STREET ADDRESS STATE ZIP

CITY STATE ZIP

OCCUPANT'S NAME (LAST, FIRST, MI) POSITION EJECTION TRAP/EXTRICATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY
A. YES C. UNKNOWN
B. NO D. REFUSED AID NAME OF FACILITY

CITY STATE ZIP

PEDESTRIAN'S NAME (LAST, FIRST, MI) TRANSPORTED TO MEDICAL FACILITY
A. YES C. UNKNOWN
B. NO D. REFUSED AID NAME OF FACILITY

STREET ADDRESS TELEPHONE #

CITY STATE ZIP

LIGHT DARK LIGHT DARK SEX RACE AGE INJURY CODE

UPPER BODY CLOTHING LOWER BODY CLOTHING

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT EJECTED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - NOT DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - NOT DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	D - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT		E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	P - UNKNOWN			G - HELMETS USED	
H - THIRD ROW-MIDDLE				H - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE					

DPSSP 3107

INVESTIGATING OFFICER'S INITIALS

CONTRIBUTING FACTORS AND CONDITIONS

PAGE #

WRITE APPROPRIATE LETTER IN BLOCK

<p>VISION OBSCUREMENTS</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. UNKNOWN O. NO OBSCUREMENTS P. OTHER</p>	<p>CONDITION OF DRIVER AND PEDESTRIANS</p> <p>A. NORMAL B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - IMPAIRED - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH</p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p>VEHICLE CONDITION</p> <p>A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED L. UNKNOWN DEFECTS M. OTHER</p>	<p>TRAFFIC CONTROL CONDITIONS</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN</p>
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<p>VEHICLE LIGHTING</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS D. UNKNOWN</p>	<p>ALCOHOL/DRUG INVOLVEMENT</p> <p>ALCOHOL/DRUGS PRESENT A. NEITHER ALCOHOL OR DRUGS PRESENT B. YES (ALCOHOL PRESENT) C. YES (DRUGS PRESENT) D. YES (ALCOHOL AND DRUGS PRESENT) E. NOT REPORTED F. UNKNOWN</p>
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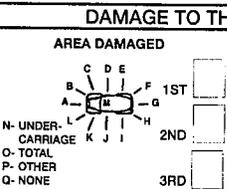
<p>VIOLATION</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS V. OTHER</p>	<p>REASON FOR MOVEMENT</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>
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<p>TRAFFIC CONTROL</p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, WATCHMAN L. RR CROSSING, SIGN</p> <p>M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL W. UNKNOWN X. OTHER</p>	<p>HARMFUL EVENTS</p> <p>A. OVERTURNED B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. OTHER NONCOLLISION F. PEDESTRIAN G. PEDALCYCLE H. RAILWAY TRAIN I. ANIMAL J. MOTOR VEHICLE IN TRANSPORT K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY L. PARKED MOTOR VEHICLE</p> <p>M. OTHER OBJECT (NOT FIXED) N. IMPACT ATTENUATOR O. BRIDGE-PIER OR ABUTMENT P. BRIDGE-PARAPET END Q. BRIDGE-RAIL R. GUARDRAIL FACE S. GUARDRAIL END T. MEDIAN BARRIER U. HIGHWAY TRAFFIC SIGN POST V. OVERHEAD SIGN SUPPORT W. LUMINAIRE/LIGHT SUPPORT</p> <p>VEHICLE</p> <p>X. UTILITY POLE Y. OTHER POLE Z. CULVERT AA. CURB BB. EMBANKMENT CC. MAIL BOX DD. DITCH EE. FENCE FF. TREE GG. UNKNOWN HH. OTHER FIXED OBJECT</p>
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<p>PEDESTRIAN ACTIONS</p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE</p> <p>H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY OR UNKNOWN L. NOT APPLICABLE M. OTHER IN ROADWAY</p>	<table border="1"> <thead> <tr> <th>CITATION NO.</th> <th>VEH.</th> <th>PED.</th> <th>R.S. OR ORD. NO.</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>	CITATION NO.	VEH.	PED.	R.S. OR ORD. NO.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<p>HEADED</p> <p><input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W</p>	<p>DIRECTION BEFORE CRASH</p> <p>ON STREET OR HIGHWAY OR DRIVE</p>	<p>FINAL LOCATION OF VEHICLES</p>	<p>DISTANCE TRAVELED AFTER IMPACT</p>	<p>SPEED</p> <p>EST. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>POSTED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SKIDMARK DATA (FEET)</p> <p>FR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>RR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>RL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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DAMAGE TO THIS VEHICLE

<p>AREA DAMAGED</p>  <p>N- UNDER CARRIAGE O- TOTAL P- OTHER Q- NONE R- UNKNOWN</p>	<p>EXTENT OF DEFORMITY</p> <p>A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE I- UNKNOWN</p>
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INSURANCE INFORMATION

INSURANCE CO. NAME (NOT AGENCY NAME)	EFFECTIVE DATE
POLICY NUMBER	EXPIRATION DATE
AGENT'S NAME	PHONE #
AGENT'S ADDRESS	

VEHICLE NO.

STATE OF LOUISIANA
UNIFORM TRUCK/BUS CRASH SUPPLEMENT

COMPUTER NUMBER -

WHEN TO USE THIS FORM: ANSWERS TO QUESTIONS BELOW DETERMINE USE.
DID THIS CRASH INVOLVE —

DID THIS CRASH RESULT IN —

- 1. A COMMERCIAL TRUCK WITH AT LEAST 2 AXLES, 6 TIRES OR HAZ MAT PLACARD? YES NO
- 2. A BUS WITH SEATS FOR 16 OR MORE PERSONS, INCLUDING DRIVER? YES NO

- 3. PERSON(S) FATALY INJURED? YES NO
- 4. INJURED PERSON(S) TAKEN AWAY FOR MEDICAL ATTENTION? YES NO
- 5. VEHICLE(S) TOWED DUE TO DAMAGE? YES NO

STOP. IF RESPONSE TO BOTH QUESTIONS IS "NO," DO NOT FILL OUT FORM. IF RESPONSE IS "YES" TO 1 OR 2, PROCEED TO QUESTION 3.

STOP. IF RESPONSE TO 3, 4, AND 5 IS "NO," DO NOT COMPLETE THIS FORM. IF RESPONSE IS "YES" TO 3, 4, OR 5, PLEASE COMPLETE THIS FORM.

SCREENING INFORMATION

NUMBER OF QUALIFYING VEHICLES INVOLVED:
TRUCKS WITH 2 OR MORE AXLES, 6 OR MORE TIRES OR A HAZ MAT PLACARD

BUSES DESIGNED TO CARRY 16 OR MORE PERSONS

NUMBER OF VEHICLES PROVIDED ASSISTANCE OR TOWED FROM SCENE DUE TO DAMAGE

NUMBER OF PERSONS:
SUSTAINING FATAL INJURIES

TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT

TOTAL NUMBER OF SUPPLEMENT FORMS REQUIRED

VEHICLE INFORMATION

VEHICLE CONFIGURATION		
1 BUS	4 TRUCK/TRAILER	7 TRACTOR/DOUBLES
2 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES	5 TRUCK/TRACTOR	8 LOG TRUCK
3 SINGLE UNIT TRUCK, 3 OR MORE AXLES	6 TRACTOR/SEMI-TRAILER	9 OTHER HEAVY TRUCK

CARGO BODY TYPE			
1 BUS	4 FLATBED	7 AUTO TRANSPORTER	
2 VAN/ENCLOSED BOX	5 DUMP TRUCK	8 LOG TRUCK	
3 CARGO TANK	6 CONCRETE MIXER	9 GARBAGE/REFUSE	0 OTHER

GROSS VEHICLE WEIGHT RATING (GVWR)

TRUCK, TRACTOR OR BUS

TRAILER OR TRAILERS TOTAL

TOTAL NO. OF AXLES (INCL. TRAILERS)

TRANSPORTING HAZARDOUS MATERIALS? YES NO

HAZARDOUS MATERIAL RELEASED FROM CONTAINER? YES NO

DID THIS VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD? YES NO

CLASS ID NO.

CLASS ID NO.

CLASS ID NO.

CARRIER INFORMATION

NAME:

STREET ADDRESS:

CITY: STATE ZIP

CARRIER PHONE NO.

SOURCE:
1. SHIPPING PAPERS 3. DRIVER
2. VEHICLE SIDE 4. OTHER

DRIVER INFORMATION

(LAST, FIRST, MI)

STATE NO. STATE

US DOT

SEE VEHICLE CRASH REPORT FOR ADDITIONAL DRIVER INFORMATION

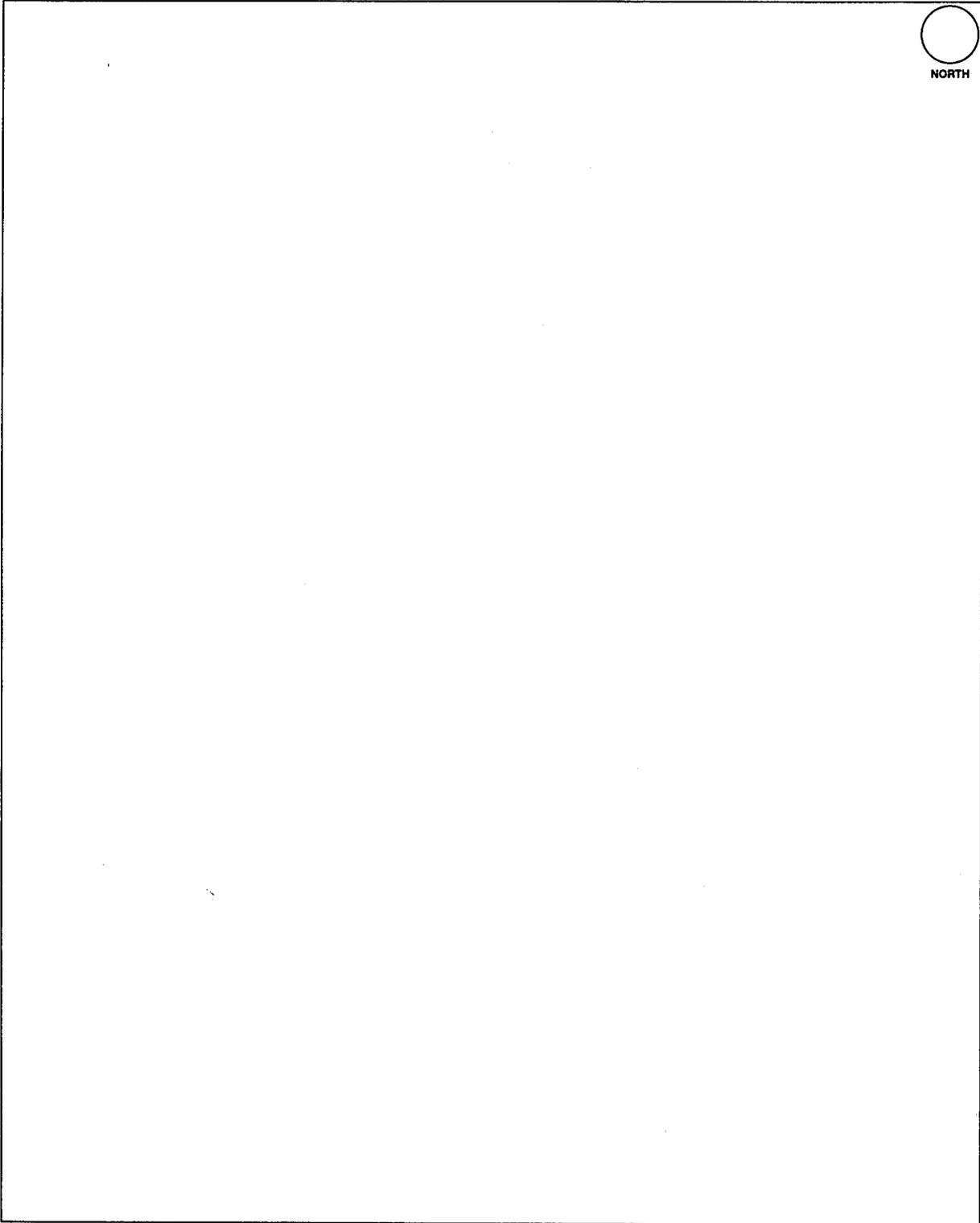
ICC MC

SEQUENCE OF EVENTS (FOR THIS VEHICLE)			
EVENT #1	EVENT #2	EVENT #3	EVENT #4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. RAN OFF ROAD	G. SEPARATION OF UNITS	L. TRAIN	M. PEDALCYCLE
B. JACKKNIFED	H. OTHER	N. ANIMAL	O. FIXED OBJECT
C. OVERTURNED OR ROLLOVER	COLLISION INVOLVING	P. OTHER	
D. DOWNHILL RUNAWAY	I. PEDESTRIAN		
E. CARGO LOSS OR SHIFT	J. MOTOR VEHICLE IN TRANSPORT		
F. EXPLOSION OR FIRE	K. PARKED VEHICLE		

COMMENTS: _____

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
ALTERNATIVE GRID

COMPUTER NUMBER					PAGE #	



INVESTIGATING OFFICER'S INITIALS

DMV-PS Accident Report Number	STATE OF NEVADA TRAFFIC ACCIDENT REPORT			INVESTIGATING AGENCY REPORT NUMBER				
Date of Accident		Time of Accident (24 Hr)	Day of Week	Date of Call	Time of Call (24 Hr)	Time Of Arrival (24 Hr)	Accident Severity	Measurements Taken In
							<input type="checkbox"/> Property <input type="checkbox"/> Injuriy <input type="checkbox"/> Fatal <input type="checkbox"/> U.S. <input type="checkbox"/> Metric	
Miles		City or Town	Check If in City or Town	County	GPS Location	Lat.	Lon.	1 Divided 2 Undivided
On Street, Road, or Highway		Ramp Descriptor	Feet Meters	N	S	E	W	Marker
								No. of Lanes
At Intersection of		or	Feet Meters	Miles Kilometers	N	S	E	W
								Of Intersection With
V1/5	V-	<input type="checkbox"/> DRIVER <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN	Acc. Class	1-Phantom 2-Hit & Run	V-	<input type="checkbox"/> DRIVER <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN	Acc. Class	1-Phantom 2-Hit & Run
	Vehicle Traveling	North	South	East	West	At (Est.mph)	Posted	In Lane
V1/6	Driver Name (exactly as printed on license)							
V1/7	Address (Include Number and Street)							
V2/8	City or Town	State	Zip Code	City or Town	State	Zip Code		
V2/9	Date of Birth	License Number	State of License	Unlicensed	Recommend Re-exam	Date of Birth	License Number	State of License
V2/10	Name (exactly as printed on Registration) Check if Same as Driver	Company Owned	Name (exactly as printed on Registration) Check if Same as Driver	Company Owned				
11	Address (Include Number and Street)							
12	City or Town	State	Zip Code	City or Town	State	Zip Code		
13	Insured by (Check if NOT Insured)	Policy No.	Insured by (Check if NOT Insured)	Policy No.				
14	Plate Number	State of Reg.	Vehicle Year & Make	Veh. Color	Insurance Effective Dates	Plate Number	State of Reg.	Vehicle Year & Make
15	Vehicle Identification Number	Vehicle Identification Number	Vehicle Damage Impact	BAC Test	Alcohol Results	Drug Results	DL Type	Endorsements
16	DL Type	Endorsements	No. of Occup.	Public Property	Vehicle Removed By	Vehicle Removed To	DL Type	Endorsements
17	Vehicle Removed By	Vehicle Removed To	Vehicle Removed By	Vehicle Removed To				
18	Trailing Unit License	State of Reg.	Year & Make	Vehicle Identification Number	Trailing Unit License	State of Reg.	Year & Make	Vehicle Identification Number
19	Registered Owner (Check if Company Owned)	Color	Registered Owner (Check if Company Owned)	Color				
20	No.	Violator Name (Check if Arrested)	Nevada Revised Statute	NOC Code	Charge	Citation Number	No.	Violator Name (Check if Arrested)
21	No.	Violator Name (Check if Arrested)	Nevada Revised Statute	NOC Code	Charge	Citation Number		
22	Witnesses (Name, Address, City, State, Zip)	Road Width Traveled Portion	Feet Meters	Feet Meters	Feet Meters	Feet Meters	Feet Meters	Feet Meters
23		Paved Shoulder	Total Storage/Turn Lane	Median Width				
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THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

No. of Units Involved Form of Supplemental Report Non-Reportable Date Date Received by DMV

LOCATION 33 Relation to Roadway Surface Crash occurred In Near Municipality (24 Hour Clock) Miles N S E W outside municipality

UNIT # VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE Driver First Middle Last Address City State Zip D.L. # CDL License DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions 37 Alcohol/ Drugs Suspected 38 Alcohol/ Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI)

Owner Same as Driver? Address City State Zip Plate # Plate State Year VIN Vehicle Make Year 41 Vehicle Style (Type) 42 Vehicle Drivable 43 TAD 44 Estimated Damage Insurance Company Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source: Truck Shipping papers Driver Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle including Trailers State State# IFTA# Gross Vehicle Weight Rating FE# Fleet#

Table with columns 21-32 and rows A-H. Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

46 Name of EMS 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# _____ Unit# _____	VEHICLE INFO.	Veh.# _____	Veh.# _____	ROADWAY INFO.	WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level) Unit# _____ Unit# _____	60 Authorized Speed Limit			69 Road Feature	78 Workzone Area	
	49 Vehicle Maneuver/Action	61 Estimate of Original Traveling Speed		70 Road Character	79 Work Activity	
	50 Non-Motorist Action	62 Estimate of Speed at Impact		71 Road Classification	80 Work Area Marked	
	51 Non-Motorist Location Prior to Impact	63 Tire Impressions Before Impact (ft.)		72 Road Surface Type	81 Crash Location	
	52 Crash Sequence - First Event for This Unit	64 Distance Traveled After Impact (ft.)		73 Road Configuration	TRAILER INFO. Unit# _____ Unit# _____	
	53 Crash Sequence - Second Event *	65 Emergency Vehicle Use		74 Access Control		82 Trailer Type
	54 Crash Sequence - Third Event *	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes		1st Trailer No. Axles Width (inches) Length (feet)
	55 Crash Sequence - Fourth Event *	67 School Bus - Contact Vehicle *	<input type="checkbox"/>	76 Traffic Control Type	2nd Trailer No. Axles Width (inches) Length (feet)	
	56 Most Harmful Event for This Unit	68 School Bus - Noncontact Vehicle *	<input type="checkbox"/>	77 Traffic Control Oper	83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home	
57 Distance/Direction to Object Struck	COMMERCIAL VEHICLE: Hazardous Materials Involvement			Overwidth Permit # _____		
58 Vehicle Underride/Override	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank)					
59 Vehicle Defects	Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No					
84 DIAGRAM						
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Indicate North</div>						
Unit# _____ was: <input type="checkbox"/> Traveling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> on _____ Unit# _____ was: <input type="checkbox"/> Traveling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> on _____ <input type="checkbox"/> Parked Facing N S E W <input type="checkbox"/> Parked Facing N S E W						
85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)						
86 Type/Owner _____ Owner Address _____ Phone _____ State _____ Property? <input type="checkbox"/> Estimated Damage \$ _____ ADDITIONAL PROPERTY DAMAGE _____						
WITNESSES						
Name _____ Address _____ Phone No. (_____) _____ Name _____ Address _____ Phone No. (_____) _____ TRAFFIC VIOLATION(S) _____						
Name _____ Charge(s) _____ (Citation # optional) Name _____ Charge(s) _____						
Officer Name _____		Officer Number _____		Department _____		
Date of Report _____						

- (1) Locality
 1 Rural (<30% developed)
 2 Mixed (30% to 70% developed)
 3 Urban (>70% developed)
- (2) Predominant Development Type
 1 Farms, woods, pastures
 2 Residential
 3 Commercial
 4 Institutional
 5 Industrial
- (3) Road Surface Condition
 1 Dry
 2 Wet
 3 Water (standing, moving)
 4 Ice
 5 Snow
 6 Slush
 7 Sand, Mud, Dirt, Gravel
 8 Fuel, Oil
 9 Other*
 10 Unknown
- (4-5) Weather Condition (Maximum - two per crash)
 1 Clear
 2 Cloudy
 3 Rain
 4 Snow
 5 Fog, smog, smoke
 6 Sleet, hail, freezing rain/drizzle
 7 Severe crosswinds
 8 Blowing sand, dirt, snow
 9 Other*
- (6) Weather Contributed To the Crash
 1 Yes 2 No 3 Unknown
- (7) Ambient Light
 1 Daylight
 2 Dusk
 3 Dawn
 4 Dark - lighted roadway
 5 Dark - roadway not lighted
 6 Dark - unknown lighting
 7 Other*
 8 Unknown

North Carolina Crash Report Form DMV-349

A reportable motor vehicle crash must meet at least one of the following criteria:

- results in a fatality, or
- a non-fatal personal injury, or
- property damage of \$1,000 or greater, or
- property damage of any amount to a vehicle seized

In addition, a reportable motor vehicle crash must occur on a trafficway (any land way open to the public as a matter of right or custom for moving persons or property from one place to another) or occur after the motor vehicle runs off the roadway but before events are stabilized.

The terms collision, accident, and crash are synonymous when describing a motor vehicle crash.

(FILLING OUT THE DMV-349)

**(*) EXPLAIN IN CRASH NARRATIVE
 (-) IF QUESTION DOES NOT APPLY, USE A DASH
 (If a section does not apply, draw diagonal line through section)**

ONLY USE "CHECK BLOCKS" IF THEY APPLY

The Division of Motor Vehicles (DMV) requests that:

1. The DMV-349 should be typewritten or if handwritten the officer should use black ink,
2. The report should be legible. This is of the utmost importance for clarity, when reports are microfilmed or imaged for later storage, and
3. The original should be submitted to the DMV Traffic Records Section.

(20) Commercial Motor Vehicle (CMV)

A commercial motor vehicle (CMV) is defined as a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

- a. Has a gross combination weight rating of 10,001 or more pounds inclusive of a towed unit, or
- b. Is designed to transport 16 or more passengers, including the driver, or
- c. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, Subpart F).

If the vehicle is a CMV, check box 20 on the DMV-349

- (8-9) Contributing Circumstances, Non-Motorist (Maximum - two per person)
- 0 None
 - 1 Coming from behind parked veh.
 - 2 Daring
 - 3 Lying and/or illegally in roadway
 - 4 Failure to yield right of way
 - 5 Not visible (dark clothing, etc.)
 - 6 Inattentive (talking, eating, etc.)
 - 7 Failure to obey traffic signs, Signals
 - 8 Wrong side of road
 - 9 Other*
 - 10 Unknown

- (12-13) Contributing Circumstances, Roadway (Maximum - two per crash)
- 0 None (no unusual conditions)
 - 1 Road Surface Condition
 - 2 Debris
 - 3 Rut, holes, bumps
 - 4 Work zone (construction, maintenance, utility)
 - 5 Worn travel-polished surface
 - 6 Obstruction in roadway
 - 7 Traffic control device inoperative, not visible or missing
 - 8 Shoulders low, soft or high
 - 9 No shoulders
 - 10 Non-highway work
 - 11 Other*
 - 12 Unknown

- (10-11) CRASH LEVEL
 First Harmful Event & Most Harmful Event
- 0 Unknown
Non-Collision
 1 Ran off road - right
 2 Ran off road - left
 3 Ran off road - straight
 4 Backknife
 5 Overtaken/follower
 13 Other non-collision*
- Collision of Motor Vehicle With**
 14 Pedestrian
 15 Pedalcyclist
 16 RR train, engine
 17 Animal
 18 Movable object*
 19 Fixed object*
- Collision of Two or More Motor Vehicles**
 20 Parked motor vehicle
 21 Rear end, slow or stop
 22 Rear end, turn
 23 Left turn, same roadway
 24 Left turn, different roadways
 25 Right turn, same roadway
 26 Right turn, different roadways
 27 Head on
 28 Sideswipe, same direction
 29 Sideswipe, opposite direction
 30 Angle
 31 Backing up
 32 Other collision with vehicle*

- (14-19) Contributing Circumstances, Driver (Maximum - three per driver)
- 0 No contributing circumstances indicated
 - 1 Disregarded yield sign
 - 2 Disregarded stop sign
 - 3 Disregarded other traffic signs
 - 4 Disregarded traffic signals
 - 5 Disregarded road markings
 - 6 Exceeded authorized speed limit
 - 7 Exceeded safe speed for conditions
 - 8 Failure to reduce speed
 - 9 Improper turn
 - 10 Right turn on red
 - 11 Crossed centerline/going wrong way
 - 12 Improper lane change
 - 13 Use of improper lane
 - 14 Overcorrected/oversteered
 - 15 Passed stopped school bus
 - 16 Passed on hill
 - 17 Passed on curve
 - 18 Other improper passing
 - 19 Failed to yield right of way
 - 20 Inattention
 - 21 Improper backing
 - 22 Improper parking
 - 23 Driver distracted
 - 24 Improper or no signal
 - 25 Followed too closely
 - 26 Operated vehicle in erratic, reckless, careless, negligent or aggressive manner
 - 27 Swerved or avoided due to wind, slippery surface, vehicle, object, non-motorist
 - 28 Visibility obstructed
 - 29 Operated defective equipment
 - 30 Alcohol use
 - 31 Drug use
 - 32 Other*
 - 33 Unable to determine
 - 34 Unknown

- (21) Vehicle Number 1, 2, 3, etc.
- (22) Person Type
 1 Driver
 2 Passenger
 Non-Motorist (including)
 3 Pedestrian
 4 Pedalcyclist
 5 Roller skater, roller blader, etc.
 6 Other*
 7 Unknown
- (23) Seating Position
 1 Front - left (Driver, motorcycle driver)
 2 Front - middle
 3 Front - right
 4 Second seat - left (motorcycle passenger)
 5 Second seat - middle
 6 Second seat - right
 7 Third row - left (motorcycle passenger)
 8 Third row - middle
 9 Third row - right
 10 Sleeper section of cab (truck)
 11 Passenger in other enclosed area (refer to multi-occupant form)
 12 Passenger in unenclosed area (pickup)
 13 Trailing unit
 14 Riding on vehicle exterior
 15 Unknown

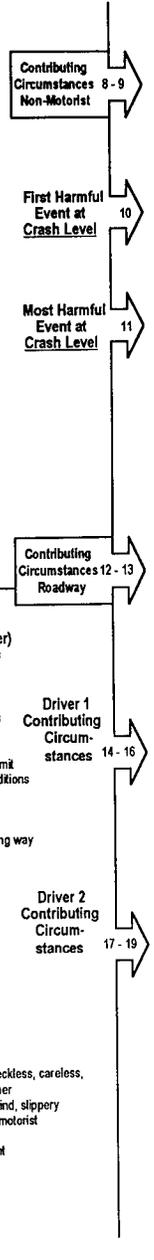
- (24) DOB mmvdd/ccyy (If unavailable approx. Age)
- (25) Ethnicity
 W White
 B Black
 N Native American
 H Hispanic
 A Asian
 O Other*
 U Unknown
- (26) Gender
 M Male
 F Female
 U Unknown

- (27) Occupant/Non-Motorist Protection
 0 None used
 1 Lap belt only
 2 Shoulder and lap belt
 3 Shoulder belt only
 4 Child restraint
 5 Helmet (motorcyclist or Non-Motorist)
 Codes #4-8 Non-Motorist
 6 Protective pads
 7 Reflective clothing
 8 Lighting
 9 Other*
 10 Unable to determine
- (28) Air Bag Deployed
 0 No Air Bag(s)
 1 Not deployed
 2 Deployed front
 3 Deployed side
 4 Deployed both front and side
 5 Unknown
- (29) Air Bag Switch Status
 0 No ON-OFF switch
 1 Switch in ON position
 2 Switch in OFF position
 4 Unknown if Switch present
 5 Unknown pos. in vehicle

- (30) Trapped
 1 Yes
 2 No
 3 Unknown
- (31) Ejection
 1 Not ejected
 2 Totally ejected
 3 Partially ejected
 4 Unknown
- (32) Injury Status
 1 Killed
 2 A type injury (disabling)
 3 B type injury (evident)
 4 C type injury (possible)
 5 No injury
 6 Unknown

Names and Addresses
 Names and addresses are necessary for all persons involved in the crash, including non-motorists, as well as motor vehicle occupants.
 This will help later investigations, including identifying persons previously involved in a crash, as well as persons whose injury status is later updated following a crash.

Vehicle Towing Towed To/By:



(33) Relation to Roadway Surface

The location of the first harmful event (at the crash level) as it relates to its position within or outside the trafficway

- 1 On Roadway (Surface)
 - Off Roadway
 - 2 Shoulder
 - 3 Median
 - 4 Roadside
 - 5 Outside Trafficway

(34) Vision Obstruction

- 0 None
- 1 Vehicle window(s) obscured
- 2 Trees, crops, brush, etc.
- 3 Building(s)
- 4 Embankment
- 5 Sign(s)
- 6 Hillcrest
- 7 Parked vehicle(s)
- 8 Vehicle(s) in traffic/moving
- 9 Blinded, headlights
- 10 Blinded, sunlight
- 11 Blinded, other lights
- 12 Other*
- 13 Unknown

(35) Physical Condition

- 1 Appearance normal
- 2 Illness
- 3 Fatigue
- 4 Fell asleep, fainted, loss of consciousness
- 5 Impairment due to medications, drugs, alcohol
- 6 Medical condition
- 7 Other physical impairment
- 8 Restriction not complied with
- 9 Other*
- 10 Unknown

(36) Driver License Restrictions
Restrictions assigned to an individual's driver license by the license examiner.

Indicate restrictions shown on the Driver's License. For out-of-state drivers, write out the restriction.

(37) Alcohol/Drugs Suspected

- 0 No
- 1 Yes - alcohol, impairment suspected
- 2 Yes - alcohol, no impairment detected
- 3 Yes - other drugs, impairment suspected
- 4 Yes - other drugs, no impairment detected
- 5 Yes - alcohol and other drugs, impairment suspected
- 6 Yes - alcohol and other drugs, no impairment detected
- 7 Unknown

(38) Alcohol/Drugs

- Test Status
- 0 No test
 - 1 Alcohol test
 - 2 Test for other drugs
 - 3 Alcohol & other drugs test
 - 4 Test refused
 - 5 Unknown

(39) Alcohol/Drugs

- Test Results
- 0 No test
 - 1 No alcohol or other drugs
 - 2 Alcohol (percent BAC)
 - 3 Other drugs reported
 - 4 Contaminated sample/unusable
 - 5 Pending
 - 6 Unknown

(40) Vehicle Seizure (DWI)

Check this box if the crash involves alcohol or other drugs in sufficient amount to constitute a DWI, and the vehicle is "seized."

(41) Vehicle Style (Type)

- 1 Passenger car
- 2 Pickup
- 3 Light truck (mini-van, panel)
- 4 Sport utility
- 5 Van
- 6 Commercial bus
- 7 School bus
- 8 Activity bus
- 9 Other bus
- 10 Single unit truck (2-axle, 6-tire)
- 11 Single unit truck (3 or more axles)
- 12 Truck/trailer
- 13 Truck/tractor (i.e., bobtail)
- 14 Tractor/semi-trailer
- 15 Tractor/doubles
- 16 Unknown heavy truck
- 17 Taxicab
- 18 Farm equipment
- 19 Farm tractor
- 20 Motorcycle
- 21 Moped
- 22 Motor scooter or motor bike
- 23 Pedalcycle
- 24 Pedestrian
- 25 Motor home/recreational vehicle
- 26 Other*
- 27 All terrain vehicle (ATV)
- 28 Unknown

(42) Vehicle Drivable

Vehicle is disabled by damage severe enough to prevent driving it. For comparison purposes, this data element could be used as a minimum reporting threshold for "property damage only" crashes.

(43) TAD

Damaged Areas

- FC Front center
- FD Front distributed
- FL Front left corner
- FR Front right corner
- BC Rear center
- BD Rear distributed
- BL Rear left corner
- BR Rear right corner
- LP Left side (door)
- RP Right side (door)
- LFO Left side front quarter
- RFO Right side front quarter
- LBO Left side rear quarter
- RBO Right side rear quarter
- LD Left side distributed
- RD Right side distributed
- L&T Left side & top (rollover)
- R&T Right side & top (rollover)
- TOP Top
- UND Undersneath

Extent of Deformity

The Severity of Damage is based on a scale of "0" being no damage and "7" being the most severe damage

(44) Estimated Damage

Dollar estimate of the cost to restore the vehicle to its condition just prior to the crash, or the estimated value of the vehicle before the crash, whichever is less. For a "totaled" vehicle, enter a dollar estimate of the retail value of the vehicle prior to the crash. Do not enter the word "totaled".

A vehicle being towed by another is part of the towing vehicle and its damage should be included in the "Parts Damaged" and "Amount of Damage" categories.

(45) Cargo Body Type

- 1 Bus (seats for 16 or more, including driver)
- 2 Bus (seats for less than 16, including driver)
- 3 Van/enclosed box
- 4 Grain/chips/gravel truck
- 5 Pole truck
- 6 Cargo tank
- 7 Flatbed
- 8 Dump
- 9 Concrete mixer
- 10 Auto transporter
- 11 Garbage/refuse
- 12 Log truck
- 13 Other*

(46) Name of EMS

Record the name of the EMS (or EMS unit number if available) that responded to the crash. A letter designation, unique to each injured person is provided in the first column of the Occupant and Non-Motorist Section. This unique identifier must precede the name of the EMS for each injured person being transported.

Example: A - Cumberland County Ambulance

(47) Injured Taken by EMS to

Record the destination of the injured person preceded by the unique letter designation (from the first column) for the person involved, if they were taken to a hospital, clinic, doctor's office, or other place of emergency medical aid. Include both name of treatment facility and city or town.

Example: A - N.C. Memorial, Chapel Hill; B - Duke Hospital, Durham, etc.

KEY DEFINITIONS

CRASH/MOTOR VEHICLE/UNIT

A motor vehicle crash is any event that results in death, injury or property damage attributable directly to a motor vehicle or its load in transport, but not involving aircraft or watercraft. It must occur on a trafficway or after the motor vehicle runs off the roadway but before events are stabilized.

A motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which any person or property may be transported or drawn upon a highway.

A unit is any motor vehicle, pedestrian, pedalcyclist, moped or other road vehicle, excluding railway vehicles, which can be shown on the report as "other" RR train.

DRIVERLESS MOTOR VEHICLE

A driverless motor vehicle, though previously parked, or a motor vehicle out of control while being towed or pushed, is considered to be a motor vehicle in transport. Also, an abandoned motor vehicle, upon a roadway, is considered to be a motor vehicle in transport. This principle does not apply to such devices as farm or industrial machinery, highway graders, construction machinery, or similar devices which are not in use at the time of the crash for transport.

HIT & RUN

A hit & run vehicle is one which was involved in the crash as the "striking vehicle" or as the "vehicle struck" but which left the scene. The appropriate box must be checked, e.g., vehicle 1, vehicle 2, etc. and any information that is known, included in the Driver and/or Vehicle areas.

NON-CONTACT VEHICLE OR NON-MOTORIST

Non-contact phantom motor vehicles or non-motorists are units that caused the crash but left the scene. They should not be counted in the number of units, but should be referred to in the narrative.

Non-contact motor vehicles or non-motorists are units that caused the crash and remained at the scene. They should be counted as units with identifying information, and referred to in the narrative. A school bus could be an example of a non-contact vehicle that is related to a crash (refer to data element #68).

SCHOOL BUS

A motor vehicle used for the transportation of any school pupil at or below the 12th grade level to or from a public or private school or school-related activity.

A school bus must be externally identifiable by the color yellow, the words "school bus", flashing red lights located on the front and rear, and identifying lettering on both sides indicating the school or school district served, or the company operating the bus.

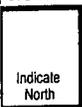
MOTOR VEHICLE STATUS

The use of the device at the time of the crash is the primary criterion for establishing motor vehicle status. For example:

1. A registered motor vehicle is being drawn by a team of horses on a city street; it is considered other road vehicle.
2. A registered motor vehicle is being used to draw a plow engaged in breaking ground on a farm; it is considered farm machinery while engaged in plowing.
3. A registered truck is engaged in spreading concrete at a road construction site; it is construction machinery.
4. A motorized highway grader, under its own power, is moving from one work place to another on a public way; it is considered a motor vehicle in transport.
5. A registered truck, with a blade attached, is engaged in plowing snow from a trafficway; it is considered road maintenance machinery.
6. A riding, motorized lawn mower, under its own power, is being driven from one home to another on a city street; it is considered a motor vehicle in transport.
7. A military tank is being moved, under its own power, from the firing range to the motor pool, on a land way of a military post; it is considered a motor vehicle in transport.

48 POINTS OF INITIAL CONTACT (Write in Codes)		VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED		
Unit# _____		60 Authorized Speed Limit	Veh # _____	69 Road Feature	78 Workzone Area			
Unit# _____		61 Estimate of Original Traveling Speed	Veh # _____	70 Road Character	79 Work Activity			
CRASH SEQUENCE (Unit Level)		62 Estimate of Speed at Impact		71 Road Classification	80 Work Area Marked			
49 Vehicle Maneuver/Action	Unit# _____	63 Tire Impressions Before Impact (ft.)		72 Road Surface Type	81 Crash Location			
50 Non-Motonst Action	Unit# _____	64 Distance Traveled After Impact (ft.)		73 Road Configuration	TRAILER INFO.			
51 Non-Motonst Location Prior to Impact	Unit# _____	65 Emergency Vehicle Use		74 Access Control	Unit# _____	Unit# _____		
52 Crash Sequence - First Event for This Unit	Unit# _____	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	82 Trailer Type			
53 Crash Sequence - Second Event	Unit# _____	67 School Bus - Contact Vehicle	<input type="checkbox"/>	76 Traffic Control Type	1st Trailer No. Axles			
54 Crash Sequence - Third Event	Unit# _____	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper	Width (inches)			
55 Crash Sequence - Fourth Event	Unit# _____	COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: <input type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No					Length (feet)	
56 Most Harmful Event for This Unit	Unit# _____						2nd Trailer No. Axles	
57 Distance/Direction to Object Struck	Unit# _____						Width (inches)	
58 Vehicle Underride/Override	Unit# _____						Length (feet)	
59 Vehicle Defects	Unit# _____	83 Unit# _____			Overwidth Permit # _____			
		Overwidth Trailer and Overwidth Mobile Home						

64 DIAGRAM



Unit# _____ was: Traveling on _____ Unit# _____ was: Traveling on _____
 Parked Facing N S E W Parked Facing N S E W

65 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

68 Type/Owner _____ Owner Address _____ ADDITIONAL PROPERTY DAMAGE _____ State Property? Estimated Damage \$ _____
 Phone _____

WITNESSES
 Name _____ Address _____ Phone No. (_____) _____
 Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S)
 Name _____ Charge(s) _____
 Name _____ Charge(s) _____
 (Citation # optional)

Officer Name _____ Officer Number _____ Department _____ Date of Report _____

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

No. of Units Involved Form of Supplemental Report Non-Reportable Date County Time Local Use/Patrol Area Date Received by DMV

LOCATION 33 Relation to Roadway Surface Crash occurred in Near Municipality (24 Hour Clock) outside municipality Miles N S E W

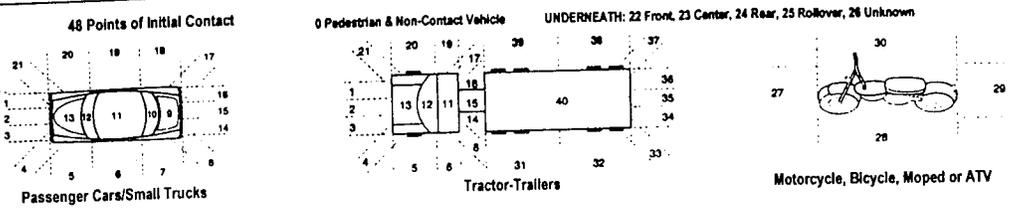
UNIT # 19 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver First Middle Last Address City State Zip D.L. # CDL License 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

Owner Same as Driver? Address City State Zip Plate # Plate State Plate Year VIN Vehicle Make Year 41 Vehicle Style (Type) 42 Vehicle Drivable Yes No 43 TAD 44 Estimated Damage Insurance Company Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source: Truck Shipping papers Driver Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle Including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns 21-32 and rows A-H. Includes 'Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver' and 'Veh# Towed To/By'.

46 Name of EMS 47 Injured Taken by EMS to (Treatment Facility and City or Town)



(49) Vehicle Maneuver/Action

- 1 Stopped in travel lane
- 2 Parked out of travel lanes
- 3 Parked in travel lanes
- 4 Going straight ahead
- 5 Changing lanes or merging
- 6 Passing
- 7 Making right turn
- 8 Making left turn
- 9 Making U turn
- 10 Backing
- 11 Slowing or stopping
- 12 Starting in roadway
- 13 Parking
- 14 Leaving parked position
- 15 Avoiding object in road
- 16 Other*

(50) Non-motorist Action

- 1 Entering or crossing specified location
- 2 Walking, riding, running/jogging with traffic
- 3 Walking, riding, running/jogging against traffic
- 4 Working
- 5 Pushing vehicle
- 6 Approaching or leaving vehicle
- 7 Playing
- 8 Standing
- 9 Other*

(51) Non-motorist Location Prior to Crash

- 1 Marked crosswalk at intersection
- 2 At intersection but no crosswalk
- 3 Non-intersection crosswalk
- 4 Driveway access crosswalk
- 5 In roadway
- 6 Not in roadway
- 7 Median (but not on shoulder)
- 8 Island
- 9 Shoulder
- 10 Sidewalk
- 11 Within 10 feet of roadway (not on shoulder, median, sidewalk, island)
- 12 Beyond 10 feet of roadway (within trafficway)
- 13 Outside trafficway
- 14 Shared-use path or trails

(52-56) VEHICLE LEVEL

Crash Sequence of Harmful Events (First, Second, Third, Fourth), fields 52-55, and Most Harmful Event, field 56 for each Unit (Vehicle)

If a vehicle has only one event, then only one code is required. Vehicles can have up to 4 harmful events. The Most Harmful Event may or may not be one of the 4 events.

0 Unknown

Non-Collision

- 1 Ran off road right
- 2 Ran off road left
- 3 Ran off road straight ahead
- 4 Jackknife
- 5 Overturn/rollover
- 6 Crossed centerline/median
- 7 Downhill runaway
- 8 Cargo/equipment loss or shift
- 9 Fire/explosion
- 10 Immersion
- 11 Equipment failure (tires, brakes, etc.)
- 12 Separation of units
- 13 Other non collision*

Collision of Motor Vehicle With

- 14 Pedestrian
- 15 Pedalcyclist
- 16 RR train, engine
- 17 Animal
- 18 Movable object*

Collision of Two or More Motor Vehicles

- 20 Parked motor vehicle
- 21 Rear end, slow or stop
- 22 Rear end, turn
- 23 Left turn, same roadway
- 24 Left turn, different roadways
- 25 Right turn, same roadway
- 26 Right turn, different roadways
- 27 Head on
- 28 Sideswipe, same direction
- 29 Sideswipe, opposite direction
- 30 Angle
- 31 Backing up
- 32 Other collision with vehicle*

(57) Distance & Direction from Road to Object Struck

- 0 None
- 1 In road
- 2 Right of road, 0-10 ft.
- 3 Right of road, 11-30 ft.
- 4 Right of road, over 30 ft.
- 5 Left of road, 0-10 ft.
- 6 Left of road, 11-30 ft.
- 7 Left of road, over 30 ft.
- 8 Straight ahead, 0-10 ft.
- 9 Straight ahead, 11-30 ft.
- 10 Straight ahead, over 30 ft.

(58) Vehicle Underride/Override

An underride refers to a vehicle sliding under another vehicle during a crash. An override refers to a vehicle riding up over another vehicle. Both can occur with a parked vehicle.

- 1 Underride
- 2 Override
- 3 Neither Underride or Override
- 4 Unknown

(59) Vehicle Defects Maximum of two per Vehicle

- 0 None detected
- 1 Brakes
- 2 Headlights
- 3 Rear lights
- 4 Steering
- 5 Tires
- 6 Other defects*
- 7 Unknown

(60) Authorized Speed Limit

Authorized speed limit for the vehicle at the time of the crash. The authorization may be indicated by the posted speed limit, blinking sign at construction zones, restricted speed for permitted vehicles

(61) Estimate of Original Speed

Estimated speed in miles per hour for each vehicle involved in the collision. Estimates reflect the speed of each vehicle at the moment the driver initially perceived an existing hazard.

Collision with Fixed Object

- 33 Tree
- 34 Utility pole (with or without light)
- 35 Luminaire pole (non-breakaway)
- 36 Luminaire pole (breakaway)
- 37 Official highway sign (non-breakaway)
- 38 Official highway sign (breakaway)
- 39 Overhead sign support
- 40 Commercial sign
- 41 Guardrail end on shoulder
- 42 Guardrail face on shoulder
- 43 Guardrail end in median
- 44 Guardrail face in median
- 45 Shoulder barrier end (non-guardrail)
- 46 Shoulder barrier face (non-guardrail)
- 47 Median barrier end (non-guardrail)
- 48 Median barrier face (non-guardrail)
- 49 Bridge rail end
- 50 Bridge rail face
- 51 Overhead part of underpass
- 52 Pier on shoulder of underpass
- 53 Pier in median of underpass
- 54 Abutment (supporting wall) of underpass
- 55 Traffic island curb or median
- 56 Catch basin or culvert on shoulder
- 57 Catch basin or culvert in median
- 58 Ditch
- 59 Embankment
- 60 Mailbox
- 61 Fence or fence post
- 62 Construction barrier
- 63 Crash cushion
- 64 Other fixed object*

(62) Estimate of Speed at Impact

Estimated speed in miles per hour for each vehicle involved in the collision. Estimates reflect the speed of each vehicle at the moment of impact.

(63) Tire Impressions Before Impact

Length (in feet) of the tire impressions (skid marks, tire print yaw) for each vehicle involved in the collision, prior to impact.

(64) Distance Traveled After Impact

Distance (in feet) each vehicle or pedestrian traveled after impact as a result of the force of the collision.

(65) Emergency Vehicle Use

Indicates vehicles which are on an emergency response, i.e., traveling with physical emergency signals in use: lights, siren sounding, etc.

- 1 Firetruck
- 2 EMS Vehicle, Ambulance, Rescue Squad, etc.
- 3 Military
- 4 Police
- 5 Other

(66) Post Crash Fire

If "Yes" check block.

(67) School Bus - Contact Vehicle

If "Yes" check block. This data element is used to determine "school bus related." The school bus, with or without a pupil on board, is directly involved as a contact vehicle.

(68) School Bus - Noncontact Vehicle

If "Yes" check block. This data element is used to determine "school bus related." The school bus, with or without a pupil on board, is indirectly involved as a noncontact vehicle.

(69) Road Feature

- 0 No special feature
 - 1 Bridge
 - 2 Bridge approach
 - 3 Underpass
 - 4 Driveway, public
 - 5 Driveway, private
 - 6 Alley intersection
- Intersection of roadways (7-12)**
- 7 Four-way intersection
 - 8 T-intersection
 - 9 Y-intersection
 - 10 Traffic circle/roundabout
 - 11 Five-point, or more
 - 12 Related to intersection
 - 13 Non-intersection median crossing
 - 14 End or beginning-divided highway
- Interchange (15-21)**
- 15 Off-ramp entry
 - 16 Off-ramp proper
 - 17 Off-ramp terminal on crossroad
 - 18 Merge lane between on and off ramp
 - 19 On-ramp entry
 - 20 On-ramp proper
 - 21 On-ramp terminal on crossroad
 - 22 Railroad crossing
 - 23 Tunnel
 - 24 Shared-use paths or trails
 - 25 Other*

(70) Road Character - Horizontal and Vertical Alignment

- 1 Straight, level
- 2 Straight, hillycrest
- 3 Straight, grade
- 4 Straight, bottom (sag)
- 5 Curve, level
- 6 Curve, hillycrest
- 7 Curve, grade
- 8 Curve, bottom (sag)
- 9 Other*

(71) Road Classification

- 1 Interstate
- 2 US Route
- 3 NC Route
- 4 State Secondary Route
- 5 Local Street
- 6 Public Vehicular Area
- 7 Private Road, Driveway
- 8 Other*

(72) Road Surface Type

- 1 Concrete
- 2 Grooved concrete
- 3 Smooth asphalt
- 4 Coarse asphalt
- 5 Gravel
- 6 Sand
- 7 Soil
- 8 Other*

(73) Road Configuration (Trafficway Description)

- 1 One-way, not divided
- 2 Two-way, not divided
- 3 Two-way, divided, unprotected median
- 4 Two-way, divided, positive median barrier
- 5 Unknown

(74) Access Control

- 1 No access control
- 2 Full access control
- 3 Partial access control

(75) Number of Lanes

Total number of lanes in both directions in the trafficway. If parking lot, enter "0"

(76) Traffic Control Device

- 0 No control present
- 1 Stop sign
- 2 Yield sign
- 3 Stop and go signal
- 4 Flashing signal with stop sign
- 5 Flashing signal without stop sign
- 6 RR gate and flasher
- 7 RR flasher
- 8 RR crossbucks only
- 9 Human control
- 10 Warning sign
- 11 School zone signs
- 12 Flashing stop and go signal
- 13 Double yellow line, no passing zone
- 14 Other*

(77) Traffic Control Operating

- 1 Yes
- 2 No
- 3 Unknown

(78 - 81) Work Zone Related

(78) Did crash occur in or near

- 1 Construction work area
- 2 Maintenance work area
- 3 Utility work area
- 4 Intermittent/moving work - e.g., patching pothole
- 5 No

(79) Work activity at time of crash

- 1 On going
- 2 No apparent activity

(82) Trailer Type

- 0 No trailer
- Non-semi trailers
- 1 Boat
- 2 Camper
- 3 Utility
- 4 Horse
- 5 House trailer (mobile home)
- 6 Towed vehicle
- 7 Other non-semi

Semi trailers

- 8 Tanker
- 9 Enclosed van
- 10 Flatbed or platform
- 11 Other semi trailer
- 12 Double trailer

(83) Overwidth Trailer/Mobile Home

Enter the number of the vehicle piking overwidth trailer, including overwidth mobile home, followed by the permit number.

(84) Crash Diagram

The diagram should include:

- 1 Roads and intersecting roads; if a vehicle is struck exiting a driveway, give the name of the business or resident
- 2 Direction of travel for each lane
- 3 All pertinent roadside features
- 4 Paths of travel for vehicles, pedestrians, bicyclists, etc.
- 5 Tire marks and debris
- 6 Measurements pertinent to the location of the point of impact. Use a tape for distances up to 500 feet. Use an odometer for greater distances

For crashes within an Interchange:

- 1 Add a small line sketch of the interchange and show an "x" where the crash occurred
- 2 Sketch should be less than 25% of the total diagram area, and
- 3 Conform to the north arrow
- 4 Identify number, name of the road(s), ramps, and service roads shown

(85) Crash Narrative

Provide a word description of events occurring prior to, during, and after the crash which are not elsewhere on the form. Note all pertinent and unusual aspects of the crash. Statements made in this narrative should be in the opinion of the investigating officer.

(86) Additional Property Damage

Enter any property other than motor vehicles that was damaged, identify the property and its owner and enter an estimate of the dollar damage. Damage to signs, buildings, mailboxes, fences, etc., should be entered here.

(80) Work area marked with warning signs, cones

- 1 Yes
- 2 No

(81) Location of crash

- 1 Before work area
- 2 In work area approach taper
- 3 Adjacent to actual work area

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)



CRASH SEVERITY
 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP

1 NOT HIT/SKIP
 2 SOLVED
 3 UNSOLVED

PHOTOS TAKEN

OH-2	OH-3	OH-1P	OTHER

REPORTING AGENCY *

98 = ANIMAL
 99 = UNKNOWN

DAY OF WEEK

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

LATITUDE

LONGITUDE

CRASH OCCURRED ON		TYPE LOC		TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX	CRASH LOCATION			1 NAMED STREET	3 NUMBERED ROUTE		
				2 NUMBERED STREET			
AT / REFERENCE		REFERENCE POINT USED		04 HOUSE NUMBER		08 PLACE NAME W/O REFERENCE	
DIST REFERENCE	DR	PREFIX	REFERENCE	01 STATE LINE	05 TOWNSHIP BOUNDARY	09 DRIVEWAY	
				02 INTERSECTION 2 STREETS	06 MILE POST	10 STREET OR ROUTE W/O REFERENCE	
				03 COUNTY LINE	07 CORPORATION LIMIT		

A NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # _____ WORK PHONE # _____

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME")				ADDRESS (STREET, CITY, STATE, ZIP CODE)			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	

OFFENSE CHARGED	OFFENSE DESCRIPTION

B NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # _____ WORK PHONE # _____

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME")				ADDRESS (STREET, CITY, STATE, ZIP CODE)			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	

OFFENSE CHARGED	OFFENSE DESCRIPTION

C NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # _____

INJURED TAKEN BY: 1 NONE 4 OTHER, 2 EMS 5 UNKNOWN, 3 POLICE

TRANSPORTED BY _____ INJURED TAKEN TO _____

D NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # _____

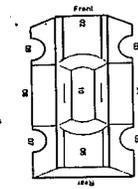
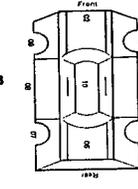
INJURED TAKEN BY: 1 NONE 4 OTHER, 2 EMS 5 UNKNOWN, 3 POLICE

TRANSPORTED BY _____ INJURED TAKEN TO _____

Motorist/Non-Motorist

Occupant

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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UNIT NUMBERS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	A	B	1	1	2	2	3	3	4	4	POSTED SPEED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text"/> <input type="text"/>
A	B														
1	1														
2	2														
3	3														
4	4														
Non-Motorist Location <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN Non-Motorist 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	Non-Collision 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE <input type="text"/> <input type="text"/>										
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	MOST DAMAGED AREA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Direction FROM TO FROM TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
TYPE OF UNIT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	POINT OF IMPACT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN Non-Motorist 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	First Harmful Event <input type="text"/> <input type="text"/>	CONDITION <input type="text"/> <input type="text"/>	1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING										
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS Non-Motorist 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Most Harmful Event <input type="text"/> <input type="text"/>	1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	TYPE OF INTERSECTION <input type="text"/> <input type="text"/>										
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text"/> <input type="text"/>	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 HORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	Speed Detected <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text"/>										
DAMAGE SCALE <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text"/> <input type="text"/>	Speed <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text"/> <input type="text"/>	1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	ROAD CONDITIONS <input type="text"/> <input type="text"/>										
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	SUPPLEMENTARY REPORT # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE										

TOP COPY - DDPS BOTTOM COPY - AGENCY

Document Type
 1 Original Document (select 1)
 2 Supplement Document
 3 Amended Document
 Reference Number Override
 Local Agency Number

Reporting Agency Name
 A8

Type of Crash
 1 Fatal (select 1)
 2 Injury
 3 Property Damage (Over)
 4 Property Damage (Under)

Reporting Agency Type	Totals			Date of Crash			Day of Crash	Time of Crash	County	City	Area	Trafficway/Land Way/Private Way
	Vehicles	Killed	Injured	MONTH	DAY	YEAR						
1 Tennessee Highway Patrol (THP)				Jan			1	SUN				1 Trafficway - OPEN (select 1)
2 City/Metropolitan Police Dept. (CPD)				Feb			2	MON				2 Trafficway - CLOSED
3 Sheriff's Office				Mar	0	0	3	TUES				3 Parking Lot
4 Capitol Police				Apr	1	1	4	WED				4 Private Property or Private Road
5 Commercial Vehicle Enforcement (CVE)				May	2	2	5	THURS				Additional Designation (select 1) 1 Hit and Run? 2 Yes-Hit Motor Vehicle in Transport 3 Yes-Hit Pedestrian or Non-Motorist 4 Yes-Hit Parked Vehicle or Object 5 No Hit and Run Solved? 1 Yes 2 No
6 College/University Campus				Jun	3	3	6	FRI				
7 National Park Service				Jul	4	4	7	SAT				
8 Other				Aug	5	5	8	UNK				
Investigation Complete?				Sep	6	6						
Photos Taken?				Oct	7	7						
1 Yes 2 No				Nov	8	8						
If Yes, by Whom?				Dec	9	9						
1 Police 2 Other				unk	unk	unk						

TDOT Use Only

Rail/Crossing ID Time Notified Time Arrived Police Pursuit Involved? Yes No

ROUTE NUMBER SPC CASE CO. SEQ. LOG MILE LOC GPS Coordinate LONGITUDE LATITUDE School Bus Related? Yes No

ON Hwy No. and / Street Name Estimated FT. N FROM/AT Hwy No. and / Street Name Mile Post
 A31 W E S A31

Vehicle Number	Total Number of Occupants	Driver Presence	Vehicle Number	Total Number of Occupants	Driver Presence
1 2 3 4 5 6 7 8 9 10 20 30	0 1 2 3 4 5 6 Other <u> </u>	1 Driver Operated Vehicle 2 Driver Operated Non-Contact Vehicle 3 Driver Operated Government Vehicle 4 Driverless Vehicle	1 2 3 4 5 6 7 8 9 10 20 30	0 1 2 3 4 5 6 Other <u> </u>	1 Driver Operated Vehicle 2 Driver Operated Non-Contact Vehicle 3 Driver Operated Government Vehicle 4 Driverless Vehicle
DRIVER NAME D2	First M.I. Last		DRIVER NAME D2	First M.I. Last	
ADDRESS D2	Street & Number		ADDRESS D2	Street & Number	
City & State D2	ZIP Phone Number		City & State D2	ZIP Phone Number	
Driver's License Number D3	State Exp. Year		Driver's License Number D3	State Exp. Year	
Date of Birth D4	Age D5 Sex D6 Race D7	1 White 3 Hispanic 2 Black 4 Other	Date of Birth D4	Age D5 Sex D6 Race D7	1 White 3 Hispanic 2 Black 4 Other
License Class D8	Endorsements D9 Complied With? D10	Restrictions D10 Complied With? D11	License Class D8	Endorsements D9 Complied With? D10	Restrictions D10 Complied With? D11
Injury Code D12	Safety Equipment P9 AIRBAG P10	EJECTION Path P12	Injury Code D12	Safety Equipment P9 AIRBAG P10	EJECTION Path P12
TRAPPED/EXTRICATED D13	0 Not Applicable 2 Trapped/Extricated 9 Unknown	Medical Transport Y N	TRAPPED/EXTRICATED D13	0 Not Applicable 2 Trapped/Extricated 9 Unknown	Medical Transport Y N
Driver Residence D14	1 Less 25 mi. 3 Out of State Ambulance/Hospital P15		Driver Residence D14	1 Less 25 mi. 3 Out of State Ambulance/Hospital P15	
Year of Vehicle V5	Make V6 Model V7 Color V8 Body Type V9		Year of Vehicle V5	Make V6 Model V7 Color V8 Body Type V9	
Vehicle ID Number V11	Body Code V10		Vehicle ID Number V11	Body Code V10	
License Plate Number V12	State V13 Exp. Year V14		License Plate Number V12	State V13 Exp. Year V14	
Vehicle Owner V4	First M.I. Last		Vehicle Owner V4	First M.I. Last	
Street Address V4			Street Address V4		
City & State V4	ZIP Phone Number		City & State V4	ZIP Phone Number	
Violations (may select 3) V15	Charges: D15		Violations (may select 3) V15	Charges: D15	
Investigating Officer Rank and Name (Print Name) A10	Badge/ID Number A10 District/Zone A10 Car No. A10 Report Date V11		Investigating Officer Rank and Name (Print Name) A10	Badge/ID Number A10 District/Zone A10 Car No. A10 Report Date V11	

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 G503

Harmful Event

Most Harmful Event per Vehicle

(select 1 per vehicle)

Collision with Object Not Fixed

V1	V2
08	08 Pedestrian
09	09 Pedalcycle
10	10 Railway Train
50	50 Deer (Animal)
11	11 Other Animal
12	12 Motor Vehicle in Transport
13	13 Motor Vehicle in Transport in Other Roadway
14	14 Parked Motor Vehicle
15	15 Other Type Non-Motorist
18	18 Other Object (Not Fixed)

Collision with Fixed Object

V1	V2	V1	V2
17	17 Boulder	30	30 Utility Pole
19	19 Building	31	31 Other Post, Pole, Supp.
20	20 Impact Attenuator	32	32 Culvert
21	21 Bridge Pier/Abutment	33	33 Curb
22	22 Bridge Parapet End	34	34 Ditch
23	23 Bridge Rail	35	35 Embankment
24	24 Guardrail Face	38	38 Fence
25	25 Guardrail End	39	39 Wall
26	26 Median Barrier	40	40 Mail Box
27	27 H-way Traffic Sign Post	41	41 Shrubbery
28	28 Overhead Sign Support	42	42 Tree
29	29 Luminaire/Light Supp.	47	47 Fire Hydrant
46	46 Traffic Signal Support	43	43 Other Fixed Object

Non-Collision

V1	V2	V1	V2
01	01 Overturn	05	05 Fell/Jumped from Vehicle
02	02 Fire/Explosion	07	07 Other Non-Collision
03	03 Immersion	16	16 Thrown or Falling Object
04	04 Jackknife		

V1	V2
99	99 Unknown Most Harmful Event

First Harmful Event for the Crash

--	--

Manner of Collision at First Harmful Event (select 1)

0	Not Collision with Motor Vehicle in Transport	4	Angle
1	Rear-End	5	Sideswipe, Same Direction
2	Head-On	6	Sideswipe, Opposite Direction
3	Rear-to-Rear	9	Unknown

Relation to Junction at First Harmful Event (select 1)

Non-Interchange		Interchange Area	
01	Non-Junction	10	Intersection
02	Intersection	11	Intersection-Related
03	Intersection-Related	12	Driveway
04	Driveway, Alley Access, etc.	13	Entrance/Exit Ramp Related
05	Entrance/Exit Ramp Related	14	Crossover-Related
06	Rail Grade Crossing	15	Other Location in Interchange
07	Crossover-Related	19	Unknown, Interchange Area
09	Unknown-Non-Interchange		

99 Unknown Relation to Junction

Relation to Roadway at First Harmful Event

(select 1)			
01	On Roadway	06	Off Roadway-Location Unknown
02	Shoulder	07	In Parking Lane
03	Median	08	Gore
04	Roadside-Left	11	Parking Lot or Private Property
05	Roadside-Right	99	Unknown
10	Outside Trafficway		

Driver Factors

Driver Condition (may select 3)

V1	V2
00	00 Appeared Normal
01	01 Had Been Drinking
02	02 Illegal Drug Use
03	03 Ill (Sick)
04	04 Apparently Fatigued
05	05 Apparently Asleep
06	06 Reaction to Drugs/Medication
07	07 Failure to Take Drugs/Medication
08	08 Physical Impairment (Narrative)
09	09 Emotional (Depressed, Angry, Disturbed)
99	99 Unknown Condition

Driver Actions (may select 5)

V1	V2
10	10 No Contributing Actions
11	11 Inattentive (Eating, Reading, Talking, etc.)
12	12 Interfered With by Passenger
13	13 Driving Left of Center
14	14 Driving Wrong Way on One-Way Roadway
15	15 Failure to Comply with License Restrictions
16	16 Failure to Keep in Proper Lane or Running Off Road
17	17 Failure to Yield Right of Way
18	18 Failure to Obey Traffic Controls
19	19 Failure to Observe Warnings or Instructions
20	20 Failure to Signal Intentions
21	21 Failure to Use Lights
22	22 Following Improperly
23	23 Improper Backing
24	24 Improper Lane Changing
25	25 Improper Passing
26	26 Improper Turn
27	27 Improperly Towing or Pushing Vehicle
28	28 Improperly Carrying Hazardous Cargo
29	29 Improper Loading of Vehicle Cargo or Passengers
30	30 Operator Inexperience
31	31 Operating without Required Equipment
32	32 Over Correcting
33	33 Careless or Erratic Driving
34	34 Reckless or Negligent Driving
35	35 Speed Too Fast
36	36 Speed Too Slow
37	37 Vision Obstructed, By What? (Narrative)
38	38 Using Telephone, Two-Way Radio
98	98 Other (Narrative)
99	99 Unknown Action

Highway Construction/Maintenance Zone

1	None	(select 1)
2	Construction Zone	
3	Maintenance Zone (Short Duration)	
4	Utility Zone (Short Duration)	
5	Work Zone, Type Unknown	
9	Unknown	

Light Conditions (select 1)

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

Weather Conditions (select 1)

01	No Adverse Conditions	08	Smog, Smoke
02	Rain	09	Blowing Sand, Soil,
03	Sleet, Hail		Dirt, or Snow
04	Snow	10	Severe Crosswind
05	Fog	98	Other (narrative)
06	Rain and Fog	99	Unknown
07	Sleet and Fog		

Driver Alcohol/Drugs

Presence

V1	V2	(select 1)
0	0	Neither Alcohol or Drugs Present
1	1	Yes (Alcohol Present)
2	2	Yes (Drugs Present)
3	3	Yes (Alcohol and Drugs Present)
9	9	Unknown

Determination Method

V1	V2	(select 1 if applies)
1	1	Evidential Test
3	3	Behavioral
4	4	Passive Alcohol Sensor
5	5	Observed
8	8	Other

Alcohol

(select 1)		Test Type (select 1 if applies)			
V1	V2	V1	V2		
95	95	Test Refused	1	1	Blood
96	96	None Given	2	2	Breath
97	97	Test Given, Results Unknown	3	3	Urine
98	98	Test Given, Insufficient Sample	8	8	Other
99	99	Unknown, if tested			
Alcohol Results		V1	V2		
00	00	Negative BAC	Positive Results		

Drugs

(select 1)		Test Type (select 1 if applies)			
V1	V2	V1	V2		
95	95	Test Refused	1	1	Blood
96	96	None Given	2	2	Breath
97	97	Test Given, Results Unknown	3	3	Urine
98	98	Test Given, Insufficient Sample	8	8	Other
99	99	Unknown, if tested			
Drug Results					
00	00	No Drugs Detected			
02	02	Marijuana			
03	03	Cocaine			
04	04	Opiates			
05	05	Amphetamines			
06	06	PCP			
08	08	Other Drug Medication			
09	09	Drug Type Unknown			

(may select 3)

Driver/Vehicle Maneuver (select 1)

V1	V2
00	00 Going Straight
01	01 Negotiating Curve
02	02 Passing or Overtaking Another Vehicle
03	03 Right Turn to Private Drive
04	04 Right Turn to Street
05	05 Right Turn on Red Permitted
06	06 Right Turn on Red Not Permitted
07	07 Left Turn to Private Drive
08	08 Left Turn to Street
09	09 Turning from Wrong Lane
10	10 Making a U-Turn
11	11 Slowing or Stopped for Signal or Sign
12	12 Slowing or Stopped for Turning Traffic
13	13 Slowing or Stopped for Entering Traffic
14	14 Slowing or Stopped Other
15	15 Stopped in Traffic Lane
16	16 Starting in Traffic
17	17 Backing from Drive
18	18 Backing from On Street Parking Space
19	19 Backing Up
20	20 Entering from Private Drive
21	21 Leaving a Parked Position
22	22 Parked Legally-Yes
23	23 Parked Legally-No
24	24 Changing Lanes or Merging
25	25 Maneuvering to Avoid Another Vehicle, Animal, Pedestrian, Object, etc.
98	98 Other (Narrative)
99	99 Unknown

Document Type

REFERENCE NUMBER

2 Supplement Document
3 Amended Document

7209627

Local Agency Number A7

Reference Number Override A6

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Motorists (Passengers) and/or Non-Motorists

Form with 6 vehicle entries. Each entry includes fields for Vehicle Number, Name (First, M.I., Last), Date of Birth, Age, Injury Code, SEAT Position, SAFETY Equipment, AIRBAG, ADDRESS, Driver/Owner status, Street & Number, City & State, ZIP, Motorists (Other Cyclist, Pedestrian, Bicyclist), Non-Motorists (Other Cyclist, Pedestrian, Bicyclist), EJECTED status, Ejection Path, TRAPPED/EXTRICATED status, Medical Transport, Ambulance/Hospital, Alcohol, and Drugs.

Non-Motorist Number A B C D E F Non-Motorist

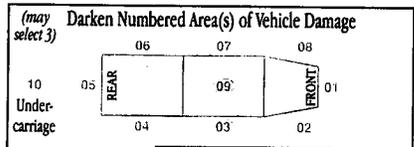
Table with columns for Location At Intersection (N1 N2) and Location Not At Intersection (N1 N2). Rows include: 01 01 In Crosswalk, 02 02 On Roadway, Not in Crosswalk, 03 03 On Roadway, Crosswalk Not Available, 04 04 On Roadway, Crosswalk Availability Unknown, 05 05 Not on Roadway, 06 06 In Parking Lane, 07 07 On Road Shoulder, 08 08 Other, Not on Roadway, 09 09 Unknown, 10 10 In Crosswalk, 11 11 On Roadway, Not in Crosswalk, 12 12 On Roadway, Crosswalk Not Available, 13 13 On Roadway, Crosswalk Availability Unknown, 14 14 In Parking Lane, 15 15 On Road Shoulder, 16 16 Bike Path, 17 17 Outside Trafficway, 18 18 Other, Not on Roadway, 19 19 Unknown.

Vehicle Striking Non-Motorist N1 Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30 N2 Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Table with columns for Condition (may select 3) and Actions (may select 4). Rows include: 00 00 Appeared Normal, 01 01 Had Been Drinking, 02 02 Illegal Drug Use, 03 03 Ill (Sick), 04 04 Reaction to Drugs/Medication, 05 05 Failure to Take Drugs/Medication, 06 06 Blind, 07 07 Restricted to Wheelchair, 08 08 Other Physical Impairment (Narrative), 09 09 Emotional (Depressed, Angry, Disturbed), 99 99 Unknown Condition, 10 10 No Contributing Actions, 20 20 Not Visible, 21 21 Darting, Running or Stumbling into Road, 22 22 Crossing with Signal, 23 23 Crossing against Signal, 24 24 Crossing, No Signal, 25 25 Coming from Behind Parked Car, 26 26 Standing in Safety Zone, 27 27 Getting on or off Other Vehicle, 28 28 Pushing or Working on Vehicle, 29 29 Other Working in Roadway, 30 30 Construction/Maintenance/Utility Worker, 31 31 Playing in Roadway, 32 32 Lying in Roadway, 33 33 Walking in Roadway, 34 34 Walking beside Roadway, 41 41 Failure to Keep in Proper Lane or Running off Road, 42 42 Failure to Yield Right of Way, 43 43 Failure to Obey Traffic Controls, 44 44 Failure to Observe Warnings or Instructions, 45 45 Failure to Signal Intentions, 46 46 Failure to Use Lights, 47 47 Improper Loading of Vehicle Cargo or Passenger, 48 48 Operator Inexperience, 49 49 Operating without Required Equipment, 50 50 Riding in Roadway Against Traffic, 61 61 Vision Obstructed, By What? (Narrative), 99 99 Unknown Action.

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V1 Vehicles												V2																							
First Impact 00 01 02 03 04 05 06 07 08 09 10 12 99 <div style="border: 1px solid black; padding: 5px; margin: 5px;"> (may select 3) Darken Numbered Area(s) of Vehicle Damage  </div>												Truck/Bus Supplement 1 Yes 2 No Emergency Use 1 Yes 2 No Rollover 1 Yes 2 No Fire 1 Yes 2 No Estimated Damage 1 Under \$400 2 Over \$400																							
Vehicle Defects (may select 2) 0 None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												Vehicle Special Use 0 None <input type="checkbox"/> <input type="checkbox"/>												Vehicle Trailer 0 None <input type="checkbox"/> <input type="checkbox"/>											
Vehicle Towed Due to Damage? 1 Driven Away 2 Towed Away												If Towed, Where? V25																							

Vehicle Going/On												Vehicle Going/On											
N W E On: _____ V25 S												N W E On: _____ V25 S											

Trafficway Flow	
V1	V2 (select 1)
1	1 Not Physically Divided (Two Way Trafficway)
2	2 Divided Highway, Median Strip (Without Traffic Barrier)
3	3 Divided Highway, Median Strip (With Traffic Barrier)
4	4 One Way Trafficway
9	9 Unknown

Roadway Surface Type	
V1	V2 (select 1)
1	1 Asphalt
2	2 Concrete
3	3 Brick or Block
4	4 Gravel, Slag, or Stone
5	5 Dirt
8	8 Other (Narrative)
9	9 Unknown

Trafficway Hazards	
V1	V2 (may select 3)
00	00 No Apparent Hazards
01	01 Inadequate Warning of Exits, Lanes Narrowing, Traffic Control, etc.
02	02 Defective Shoulders
03	03 No or Obscured Pavement Markings
04	04 Holes, Deep Ruts, Bumps
05	05 Loose Material on Surface
06	06 Slippery Surface
07	07 Surface Under Water
08	08 Surface Washed Out
10	10 Under Construction/Maintenance
11	11 Recent Previous Accident Scene Nearby
12	12 Street Lights Not Working
13	13 Traffic Control Device Not Visible
98	98 Other Hazards (Narrative)
99	99 Unknown

Traffic Control Devices	
V1	V2 (select 1)
00	00 No Controls
01	01 Traffic Light
02	02 Flashing Yellow (Caution)
03	03 Flashing Red (Stop)
04	04 Lane Use Control Signal
05	05 Stop Sign
06	06 Yield Sign
07	07 School Zone Signs
08	08 Warning Signs
09	09 Construction Zone Controls
10	10 RR Crossbucks
11	11 RR Flasher
12	12 RR Gates
13	13 Traffic Control Person
98	98 Other (Narrative)

Roadway Route Signing	
V1	V2 (select 1)
1	1 Interstate
2	2 U.S. Route
3	3 State Route
4	4 County Route
5	5 Municipal Route
8	8 Other (Narrative)
9	9 Unknown

Number of Travel Lanes	
V1	V2 (select 1)
1	1 One Lane
2	2 Two Lanes
3	3 Three Lanes
4	4 Four Lanes
5	5 Five Lanes
6	6 Six Lanes
7	7 Seven or More Lanes
8	8 Other (See Narrative)
9	9 Unknown

Roadway Surface Conditions	
V1	V2 (select 1)
1	1 Dry
2	2 Wet
3	3 Snow or Slush
4	4 Ice
5	5 Sand, Mud, Dirt or Oil
8	8 Other (Narrative)
9	9 Unknown

Other Property Damage?	
(select all that apply)	
1 State Property	3 City Property
2 County Property	4 Private Property
Amount of Damage (Estimate)	
1 Under \$400	2 Over \$400

Traffic Control Device Functioning?	
V1	V2 (select 1 if applies)
1	1 Device Not Functioning
2	2 Device Functioning Improperly
3	3 Device Functioning Properly

Speed Limit	
V1	V2
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Access Control	
V1	V2 (select 1)
1	1 No Control (Unlimited Access)
2	2 Full Control (ONLY Ramp Entry and Exit)
3	3 Other (Narrative)

Roadway Character	
V1	V2 Alignment:
1	1 Curve (select 1)
2	2 Straight
9	9 Unknown
V1	V2 Profile:
1	1 Level (select 1)
2	2 Grade
3	3 Hillcrest
8	8 Other (Narrative)
9	9 Unknown

Owner Information for Other Property Damage	
Name	Phone:
Address	Describe Property
Name	Phone:
Address	Describe Property

Witness			
Name: First	MI	Last	
Address: Street & Number			
City & State		ZIP	
Date of Birth	Home Phone #		

Witness			
Name: First	MI	Last	
Address: Street & Number			
City & State		ZIP	
Date of Birth	Home Phone #		

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Truck & Bus Crash Information (This Section Must Be Completed for Each Truck or Bus Involved in This Crash.)

When To Use This Section: *Did the crash involve...*

Part A
 A truck with at least two axles and six tires? Y N
 A truck with a hazardous materials placard? Y N
 A bus designed to carry 16 or more persons, including the driver? Y N

Part B
 Any person who was fatally injured? Y N
 Any injured person requiring transport for immediate medical treatment? Y N
 One or more vehicles that had to be towed from the scene as a result of the crash? Y N
 One or more vehicles that required repair or were provided assistance before proceeding from scene under own power? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Crash Information Section. If there are any "YES" answers, continue to Part B.
STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Crash Information Section...

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

• Interstate Carrier? Y N

Carrier Name _____ Carrier Address _____

Carrier Identification Numbers

US DOT _____ TN DOS _____
 ICC MC _____

Source: Vehicle Side Shipping Papers
 Trip Manifest
 Driver Log Book

Hazardous Material Information

• Hazardous Material Placard Displayed? Y N
 • Hazardous Cargo was Released? Y N

Class Numbers [] []
 UN Numbers [] [] [] [] [] []

List the Hazardous Material(s) by name in this load: _____
 List the Name(s) of Released Hazardous Material(s): _____

Vehicle Information

Combined Gross Vehicle Weight Rating _____ LBS Total # of Axles _____

Vehicle Configuration

1. Bus
 2. Single unit truck, 2 axles, 6 tires
 3. Single unit truck 3+ axles
 4. Truck/Trailer
 5. Truck/Tractor
 6. Tractor/Semi-Tractor
 7. Tractor/Doubles
 8. Tractor/Triples
 9. Unknown Heavy Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE (Mark a total of one to four events in the order that they occurred.)

1 2 3 4	Ran off Road	1 2 3 4	Collision involving motor vehicle in transp.
1 2 3 4	Jackknife	1 2 3 4	Collision involving parked motor vehicle
1 2 3 4	Overturn (Rollover)	1 2 3 4	Collision involving train
1 2 3 4	Downhill Runaway	1 2 3 4	Collision involving pedalcycle
1 2 3 4	Cargo Loss or Shift	1 2 3 4	Collision involving animal
1 2 3 4	Explosion or Fire	1 2 3 4	Collision involving fixed object
1 2 3 4	Separation of Units	1 2 3 4	Collision involving other object
1 2 3 4	Collision involving pedestrian	1 2 3 4	Other

Cargo Body Type

1. Bus	6. Concrete Mixer
2. Van/Enclosed box	7. Auto Transporter
3. Cargo Tank	8. Garbage/Refuse
4. Flatbed	9. Other
5. Dump	

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

• Interstate Carrier? Y N

Carrier Name _____ Carrier Address _____

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 • Hazardous Cargo was Released? Y N

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 7. Tractor/Doubles
 8. Tractor/Triples
 9. Unknown Heavy Truck

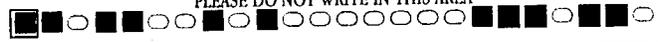
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1 2 3 4	Separation of Units	1 2 3 4	Collision involving other object
1 2 3 4	Collision involving pedestrian	1 2 3 4	Other

Cargo Body Type

1. Bus	6. Concrete Mixer
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5. Dump	

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