



UNIT #										TOWED <input type="checkbox"/> Y <input type="checkbox"/> N		REMOVED TO:		# OCCUPANTS		MASTER FILE NUMBER		LOCAL CODE		1st 2nd																							
OPERATOR'S LIC. NO.										STATE		KY <input type="checkbox"/>		PEDESTRIAN FACTORS																													
OPERATOR'S LICENSE RESTRICTIONS <input type="checkbox"/> Y <input type="checkbox"/> N										COMP <input type="checkbox"/> Y <input type="checkbox"/> N		CO. RES. <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> APPROACHING OR LEAVING VEHICLE		<input type="checkbox"/> DRUG RELATED		<input type="checkbox"/> PHYSICAL IMPAIRMENT		<input type="checkbox"/> AT INTERSECTION		<input type="checkbox"/> GETTING ON/OFF VEHICLE		<input type="checkbox"/> PLAYING IN ROADWAY		<input type="checkbox"/> CROSSING AGAINST SIGNAL		<input type="checkbox"/> IN CROSSWALK		<input type="checkbox"/> PUSHING VEHICLE		<input type="checkbox"/> SKATING/SKATEBOARDING		<input type="checkbox"/> JOGGING		<input type="checkbox"/> LYING IN ROADWAY		<input type="checkbox"/> WALKING IN ROADWAY		<input type="checkbox"/> WORKING IN ROADWAY		<input type="checkbox"/> WORKING ON VEHICLE	
OPERATOR LAST NAME										FIRST NAME		M.I.		OWNER <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> DARK CLOTHING/NOT VISIBLE		<input type="checkbox"/> DARTING INTO ROAD		<input type="checkbox"/> DRINKING		<input type="checkbox"/> NOT AT INTERSECTION		<input type="checkbox"/> NOT IN ROADWAY																			
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											
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VEHICLE YEAR MAKE										MODEL		TYPE		STATE		REGISTRATION NUMBER		YEAR																									
VEHICLE ID. NUMBER										VEHICLE INSURED		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"/> SEVERE		<input type="checkbox"/> ON		<input type="checkbox"/> NOT PRESENT		<input type="checkbox"/> (N) (S) (E) (W)																									
<input type="checkbox"/> MINOR										<input type="checkbox"/> VERY SEVERE		<input type="checkbox"/> OFF		ESTIMATED TRAVEL SPEED																													
<input type="checkbox"/> MINOR/MOD										<input type="checkbox"/> OTHER PROPERTY		BETWEEN _____ & _____ MPH																															
<input type="checkbox"/> MODERATE										<input type="checkbox"/> NO DAMAGE																																	
<input type="checkbox"/> MOD/SEVERE										<input type="checkbox"/> UNKNOWN																																	
COMMERCIAL VEH. <input type="checkbox"/> Y <input type="checkbox"/> N										HAZ. CARGO SPILL <input type="checkbox"/> Y <input type="checkbox"/> N		HAZ. CARGO CODE		TYPE CARGO/COMMODITY		NAS SAFETY REPORT #		CRASH AVOIDANCE (Fatal Only)		MOST HARMFUL EVENT																							
<input type="checkbox"/> SINGLE										NO. AXLES		NO. TRAILERS		US DOT #		ICC MC #		<input type="checkbox"/> BRAKING (NO SKIDMARKS; DRIVER STATED)		<input type="checkbox"/> BRAKING (SKIDMARKS EVIDENT)																							
<input type="checkbox"/> COMBINATION																		<input type="checkbox"/> BRAKING (OTHER REPORTED EVIDENCE)		<input type="checkbox"/> NO AVOIDANCE MANEUVER REPORTED																							
<input type="checkbox"/> BOBTAIL																		<input type="checkbox"/> OTHER AVOIDANCE MANEUVER		<input type="checkbox"/> STEERING (EVIDENCE OR STATED)																							
GVWR TOTAL										MOTOR CARRIER NAME								<input type="checkbox"/> STEERING AND BRAKING (EVIDENCE OR STATED)																									
MOTOR CARRIER ADDRESS										CARRIER NAME SOURCE								<input type="checkbox"/> DRIVER		<input type="checkbox"/> SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS)		<input type="checkbox"/> SIDE OF VEHICLE																					
										<input type="checkbox"/> LOG BOOK								<input type="checkbox"/> SINGLE STATE REGISTRATION																									
VIOLATION CODES										CITATION NUMBER		CASE NUMBER		SUSPECTED DRINKING DRIVER <input type="checkbox"/> Y <input type="checkbox"/> N		METHOD OF DETERMINATION		<input type="checkbox"/> FIELD SOBRIETY TEST		<input type="checkbox"/> P.B.T.																							
TEST OFFERED <input type="checkbox"/> Y <input type="checkbox"/> N										CHEMICAL TEST: <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH		TESTED FOR: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		TAKEN BY		SENT TO		RESULTS		<input type="checkbox"/> OBSERVATION		<input type="checkbox"/> OTHER																					

SAMPLE