

TRAFFIC CRASH REPORT



LOCAL REPORT # *	CRASH SEVERITY 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	PRIVATE PROPERTY 'X' IF YES	HIT/SKIP 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN 'X' IF YES	OH-2	OH-3	OH-1P	OTHER
N.C.I.C. # *	REPORTING AGENCY *	# UNITS	UNIT ERROR 98 = ANIMAL 99 = UNKNOWN	DATE OF CRASH *				
TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY # *	LATITUDE	LONGITUDE

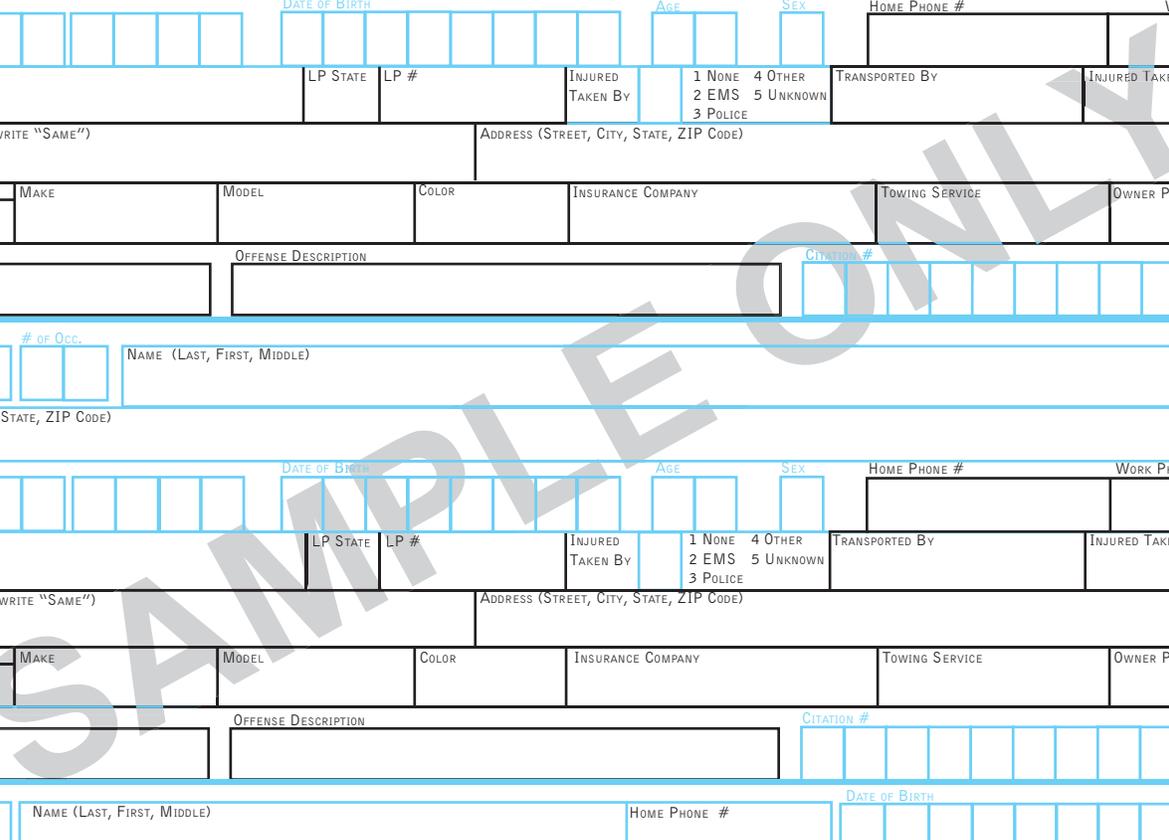
CRASH OCCURRED ON PREFIX CRASH LOCATION	TYPE LOC	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION
AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE	REF POINT	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	04 HOUSE NUMBER 05 TOWNSHIP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

A UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX
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	CITATION #	LOCAL CODE? 'X' IF YES

B UNIT #	# OF OCC.	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX
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	CITATION #	LOCAL CODE? 'X' IF YES

C UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE					
D UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE					

Motorist/Non-Motorist
Occupant



SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A 01 FRONT - LEFT (MC DRIVER) B 02 FRONT - MIDDLE C 03 FRONT - RIGHT D 04 SECOND - LEFT (MC PASS) E 05 SECOND - MIDDLE F 06 SECOND - RIGHT G 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) H 08 THIRD - MIDDLE I 09 THIRD - RIGHT J 10 SLEEPER SECTION OF CAB K 11 ENCLOSED CARGO AREA L 12 UNENCLOSED CARGO AREA M 13 TRAILING UNIT N 14 EXTERIOR O 15 OTHER P 16 NON-MOTORIST Q 17 UNKNOWN	A 01 NONE USED B 02 SHOULDER BELT ONLY C 03 LAP BELT ONLY D 04 SHOULDER/LAP BELT E 05 CHILD SAFETY SEAT F 06 MC HELMET USED G 07 USE UNKNOWN H 08 NONE USED I 09 HELMET USED J 10 PROTECTIVE PADS K 11 REFLECTIVE CLOTHING L 12 LIGHTING M 13 OTHER N 14 UNKNOWN	A 1 NOT DEPLOYED B 2 DEPLOYED-FRONT C 3 DEPLOYED-SIDE D 4 DEPLOYED BOTH FRONT/SIDE E 5 NOT APPLICABLE F 6 UNKNOWN	A 1 NOT PRESENT B 2 IN ON POSITION C 3 IN OFF POSITION D 4 UNKNOWN	A 1 NOT EJECTED B 2 TOTALLY EJECTED C 3 PARTIALLY EJECTED D 4 NOT APPLICABLE E 5 UNKNOWN	A 1 NOT TRAPPED B 2 EXTRICATED BY MECHANICAL MEANS C 3 FREED BY NON-MECHANICAL MEANS D 4 UNKNOWN	A 1 NO INJURY B 2 POSSIBLE C 3 NON-INCAPACITATING D 4 INCAPACITATING E 5 FATAL INJURY F 6 UNKNOWN

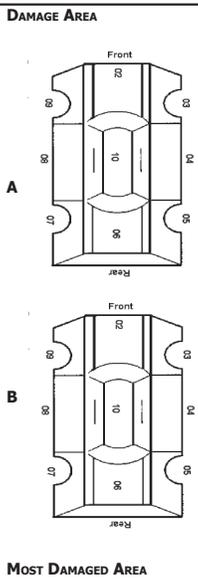
UNIT NUMBERS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Non-Motorist Location

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- MARKED CROSSWALK AT INTERSECTION
- INTERSECTION/ NO CROSSWALK
- NON-INTERSECTION CROSSWALK
- DRIVEWAY ACCESS CROSSWALK
- IN ROADWAY
- NOT IN ROADWAY
- MEDIAN (BUT NOT SHOULDER)
- ISLAND
- SHOULDER
- SIDEWALK
- WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- OUTSIDE TRAFFICWAY
- SHARED USE PATHS OR TRAILS
- UNKNOWN



PRE-CRASH ACTIONS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

MOTORIST

- MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
- BACKING
- CHANGING LANES
- OVERTAKING/PASSING
- TURNING RIGHT
- TURNING LEFT
- MAKING U-TURN
- ENTERING TRAFFIC LANE
- LEAVING TRAFFIC LANE
- PARKED
- SLOWING/STOPPED IN TRAFFIC
- DRIVERLESS
- OTHER
- UNKNOWN

Non-Motorist

- ENTERING/CROSSING IN SPECIFIED LOCATION
- WALKING, RUNNING, JOGGING, PLAYING, CYCLING
- WORKING
- PUSHING VEHICLE
- APPROACHING/LEAVING VEHICLE
- PLAYING/WORKING ON VEHICLE
- STANDING
- OTHER
- UNKNOWN

SEQUENCE OF EVENTS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-Collision

- OVERTURN/ROLLOVER
- FIRE/EXPLOSION
- IMMERSION
- JACKKNIFE
- CARGO/EQUIPMENT LOSS/SHIFT
- EQUIPMENT FAILURE
- SEPARATION OF UNITS
- RAN OFF ROAD RIGHT
- RAN OFF ROAD LEFT
- CROSS MEDIAN/CENTERLINE
- DOWNHILL RUNAWAY
- OTHER NON-COLLISION
- UNKNOWN NON-COLLISION

COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED

- PEDESTRIAN
- PEDALCYCLE
- RAILWAY VEHICLE
- ANIMAL - FARM
- ANIMAL - DEER
- ANIMAL - OTHER
- MOTOR VEHICLE IN TRANSPORT
- PARKED MOTOR VEHICLE
- WORK ZONE MAINTENANCE EQUIPMENT
- OTHER MOVABLE OBJECT
- UNKNOWN MOVABLE OBJECT

COLLISION WITH FIXED OBJECT

- IMPACT ATTENUATOR/CRASH CUSHION
- BRIDGE OVERHEAD STRUCTURE
- BRIDGE PIER OR ABUTMENT
- BRIDGE PARAPET
- BRIDGE RAIL
- GUARDRAIL FACE
- GUARDRAIL END
- MEDIAN BARRIER
- HIGHWAY TRAFFIC SIGN POST
- OVERHEAD SIGN POST
- LIGHT/LUMINARIES SUPPORT
- UTILITY POLE
- OTHER POST, POLE OR SUPPORT
- CULVERT
- CURB
- DITCH
- EMBANKMENT
- FENCE
- MAILBOX
- TREE
- OTHER FIXED OBJECT
- WORK ZONE MAINTENANCE EQUIPMENT
- UNKNOWN FIXED OBJECT
- OTHER
- UNKNOWN

POSTED SPEED

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

TRAFFIC CONTROL

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- NO CONTROLS
- STOP SIGN
- YIELD SIGN
- TRAFFIC SIGNAL
- TRAFFIC FLASHERS
- SCHOOL ZONE
- RAILROAD CROSSBUCKS
- RAILROAD FLASHERS
- RAILROAD GATES
- CONSTRUCTION BARRICADE
- POLICE OFFICER
- PAVEMENT MARKINGS
- CROSSWALK LINES
- WALK/DON'T WALK SIGNAL
- TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- OTHER

DRUG TEST STATUS

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NONE
- TEST REFUSED
- TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- TEST GIVEN, RESULTS KNOWN
- TEST GIVEN, RESULTS UNKNOWN
- UNKNOWN

DRUG TEST TYPE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NONE
- BLOOD
- URINE
- OTHER

TYPE OF UNIT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

MOTORIST

- SUB-COMPACT
- COMPACT
- MID SIZE
- FULL SIZE
- MINIVAN
- SPORT UTILITY VEHICLE
- PICKUP
- PANEL/VAN
- SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
- SINGLE UNIT TRUCK; 3+ AXLES
- TRUCK/TRAILER
- TRUCK TRACTOR (BOBTAIL)
- TRACTOR/SEMI-TRAILER
- TRACTOR/DOUBLE SHORT
- TRACTOR/DOUBLE LONG
- FIFTH WHEEL OR CONVERTER DOLLY
- TRACTOR/TRIPLES
- MOTORCYCLE
- MOTORIZED BICYCLE
- SCHOOL BUS
- CHURCH BUS
- PUBLIC BUS
- OTHER BUS
- POLICE VEHICLE
- FIRE TRUCK
- AMBULANCE/RESCUE
- TAXI
- MOTOR HOME
- TRAIN
- FARM VEHICLE
- FARM EQUIPMENT
- SNOWMOBILE
- CONSTRUCTION EQUIPMENT
- ALL OTHERS

MOST DAMAGED AREA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- NONE
- CENTER FRONT
- RIGHT FRONT
- RIGHT SIDE
- RIGHT REAR
- REAR CENTER
- LEFT REAR
- LEFT SIDE
- LEFT FRONT
- TOP AND WINDOWS
- UNDERCARRIAGE
- LOAD/TRAILER
- TOTAL (ALL AREAS)
- OTHER
- UNKNOWN

CONTRIBUTING CIRCUMSTANCES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

MOTORIST

- NONE
- FAILURE TO YIELD
- RAN RED LIGHT, OR STOP SIGN
- EXCEEDED SPEED LIMIT
- UNSAFE SPEED
- IMPROPER TURN
- LEFT OF CENTER
- FOLLOWED TOO CLOSELY/ACDA
- IMPROPER LANE CHANGE/ DROVE OFF ROAD/IMPROPER PASSING
- IMPROPER BACKING
- IMPROPER START FROM PARKED POSITION
- STOPPED OR PARKED ILLEGALLY
- OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
- SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
- FAILURE TO CONTROL
- VISION OBSTRUCTION
- DRIVER INATTENTIVE
- FATIGUE/ASLEEP
- OPERATING DEFECTIVE EQUIPMENT
- LOAD SHIFTING/FALLING/SPILLING
- OTHER IMPROPER ACTION
- UNKNOWN

Non-Motorist

- NONE
- IMPROPER CROSSING
- DARTING
- LYING AND/OR ILLEGALLY IN ROADWAY
- FAILURE TO YIELD RIGHT OF WAY
- NOT VISIBLE (DARK CLOTHING)
- INATTENTIVE
- FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
- WRONG SIDE OF THE ROAD
- OTHER
- UNKNOWN

DIRECTION

FROM	TO	FROM	TO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- NORTH
- SOUTH
- EAST
- WEST
- NORTHEAST
- NORTHWEST
- SOUTHEAST
- SOUTHWEST
- UNKNOWN

CONDITION

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- APPARENTLY NORMAL
- PHYSICAL IMPAIRMENT
- EMOTIONAL
- ILLNESS
- FELL ASLEEP, FAINTED, FATIGUED, ETC
- UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- OTHER
- UNKNOWN

DRUG TEST 1&2 RESULT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- NONE
- MARIJUANA
- COCAINE
- OPIATES
- AMPHETAMINES
- PCP
- OTHER
- UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NOT AN INTERSECTION
- FOUR-WAY INTERSECTION
- T-INTERSECTION
- Y-INTERSECTION
- TRAFFIC CIRCLE/ROUNDBOUT
- FIVE-POINT, OR MORE
- ON RAMP
- OFF RAMP
- CROSSOVER
- DRIVEWAY/ACCESS
- RAILWAY GRADE CROSSING
- SHARED-USE PATHS OR TRAILS
- UNKNOWN

POINT OF IMPACT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- NONE
- CENTER FRONT
- RIGHT FRONT
- RIGHT SIDE
- RIGHT REAR
- REAR CENTER
- LEFT REAR
- LEFT SIDE
- LEFT FRONT
- TOP AND WINDOWS
- UNDERCARRIAGE
- LOAD/TRAILER
- TOTAL (ALL AREAS)
- OTHER
- UNKNOWN

ACTION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- NON-CONTACT
- NON-COLLISION
- STRIKING
- STRUCK
- BOTH STRIKING AND STRUCK
- UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- TURN SIGNALS
- HEAD LAMPS
- TAIL LAMPS
- BRAKES
- STEERING
- TIRE BLOWOUT
- WORN OR SLICK TIRES
- TRAILER EQUIPMENT DEFECTIVE
- MOTOR TROUBLE
- DISABLED FROM PRIOR CRASH
- OTHER DEFECTS

FIRST HARMFUL EVENT

<input type="text"/>	<input type="text"/>
----------------------	----------------------

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

<input type="text"/>	<input type="text"/>
----------------------	----------------------

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

ALCOHOL/DRUG SUSPECTED

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NONE
- YES - ALCOHOL SUSPECTED
- YES - HBD NOT IMPAIRED
- YES - DRUGS SUSPECTED
- YES - ALCOHOL / DRUGS SUSPECTED
- UNKNOWN

ALCOHOL TEST STATUS

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NONE
- TEST REFUSED
- TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- TEST GIVEN, RESULTS KNOWN
- TEST GIVEN, RESULTS UNKNOWN
- UNKNOWN

ROAD CONTOUR

<input type="text"/>

- STRAIGHT LEVEL
- STRAIGHT GRADE
- CURVE LEVEL
- CURVE GRADE

ROAD CONDITIONS

<input type="text"/>	<input type="text"/>
----------------------	----------------------

PRIMARY SECONDARY

- DRY
- WET
- SNOW
- ICE
- SAND, MUD, DIRT, OIL, GRAVEL
- WATER (STANDING, MOVING)
- SLUSH
- DEBRIS**
- RUT, HOLES, BUMPS, UNEVEN PAVEMENT **
- OTHER
- UNKNOWN

**SECONDARY ROAD CONDITIONS

IN EMERGENCY RESPONSE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NO
- YES
- UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NO UNDERRIDE OR OVERRIDE
- UNDERRIDE, COMPARTMENT INTRUSION
- UNDERRIDE, NO COMPARTMENT INTRUSION
- UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
- OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- OVERRIDE, OTHER VEHICLE
- UNKNOWN

SPEED DETECTED

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- STATED
- ESTIMATED SPEED

SPEED

<input type="text"/>	<input type="text"/>
----------------------	----------------------

ALCOHOL TEST TYPE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NONE
- BREATH
- BLOOD
- OTHER
- URINE

ALCOHOL TEST RESULT

<input type="text"/>	<input type="text"/>
----------------------	----------------------

SUPPLEMENT * 'X' IF YES

<input type="text"/>							
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

LOCAL REPORT # *

<input type="text"/>							
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

DAMAGE SCALE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- NONE
- NON-FUNCTIONAL DAMAGE
- FUNCTIONAL DAMAGE
- DISABLING DAMAGE
- SEVERE
- UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

<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"/>
----------------------	----------------------	----------------------	----------------------

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

<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"/>
----------------------	----------------------	----------------------	----------------------

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

