

Please Do Not Write In This Microfilm Space

# Tennessee Uniform Traffic Crash Report

Reporting Agency Name  
A8

Document Type

REFERENCE NUMBER A5

7228965

- ① Original Document (select 1) A4
- ② Supplement Document
- ③ Amended Document

Reference Number Override A6

Type of Crash

Local Agency Number A7

- ① Fatal (select 1) A10
- ② Injury
- ③ Property Damage (Over)
- ④ Property Damage (Under)

### Reporting Agency Type

- ① Tennessee Highway Patrol (THP) A9
  - ② City/Metropolitan Police Dept. (CPD)
  - ③ Sheriff's Office
  - ④ Capitol Police
  - ⑤ Commercial Vehicle Enforcement (CVE)
  - ⑥ College/University Campus
  - ⑦ National Park Service
  - ⑧ Other
- Investigation Complete? A10  
 ① Yes ② No  
 Photos Taken? A11  
 ① Yes ② No  
 If Yes, by Whom?  
 ① Police  
 ② Other

### Totals

Vehicles	Killed	Injured
A17	A18	A19
0 0	0 0	0 0
1 1	1 1	1 1
2 2	2 2	2 2
3 3	3 3	3 3
4 4	4 4	4 4
5 5	5 5	5 5
6 6	6 6	6 6
7 7	7 7	7 7
8 8	8 8	8 8
9 9	9 9	9 9

### Date of Crash

MONTH	DAY	YEAR
Jan	A20	
Feb		
Mar	0 0	0 0
Apr	1 1	1 1
May	2 2	2 2
Jun	3 3	3 3
Jul	4 4	4 4
Aug	5 5	5 5
Sep	6 6	6 6
Oct	7 7	7 7
Nov	8 8	8 8
Dec	9 9	9 9
unk	unk	unk

### Day of Crash

- ① SUN
- ② MON
- ③ TUES
- ④ WED
- ⑤ THURS
- ⑥ FRI
- ⑦ SAT
- ⑧ UNK

Time of Crash	County	City	Area
A22	A25	A26	A27
0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9

- Trafficway/Land Way/Private Way (select 1) A14
- ① Trafficway - OPEN
  - ② Trafficway - CLOSED
  - ③ Parking Lot
  - ④ Private Property or Private Road
- Additional Designation (select 1)  
 ① Urban  
 ② Rural  
 ③ Business  
 ④ Residential  
 ⑤ School
- Hit and Run? A10  
 ① Yes-Hit Motor Vehicle in Transport  
 ② Yes-Hit Pedestrian or Non-Motorist  
 ③ Yes-Hit Parked Vehicle or Object  
 ④ No Hit and Run
- Solved? A10  
 ① Yes ② No

### TDOT Use Only

### Rail/Crossing ID

ROUTE NUMBER	SPC CASE	CO. SEQ.	LOG MILE	LOC
A29				

### GPS Coordinate

LONGITUDE	LATITUDE
A30	

- Time Notified A23
- Time Arrived A24
- Police Pursuit Involved? A15  
 ① Yes ② No
- School Bus Related? A16  
 ① Yes ② No

### ON Hwy No. and / Street Name

### Estimated

- ① FT.
- ② MI.

### FROM/AT

### Hwy No. and / Street Name

### Mile Post

Vehicle Number	Total Number of Occupants	Driver Presence
A31		
① ② ③ ④	① ② ③ ④ ⑤ ⑥	① Driver Operated Vehicle
⑤ ⑥ ⑦ ⑧	Other	② Driver Operated Non-Contact Vehicle
⑨ ⑩ ⑪ ⑫		③ Driver Operated Government Vehicle
		④ Driverless Vehicle

Vehicle Number	Total Number of Occupants	Driver Presence
A31		
① ② ③ ④	① ② ③ ④ ⑤ ⑥	① Driver Operated Vehicle
⑤ ⑥ ⑦ ⑧	Other	② Driver Operated Non-Contact Vehicle
⑨ ⑩ ⑪ ⑫		③ Driver Operated Government Vehicle
		④ Driverless Vehicle

DRIVER First M.I. Last  
 NAME D2

ADDRESS Street & Number  
 D2

City & State ZIP Phone Number  
 D2

Driver's License Number State Exp. Year  
 D3

DRIVER First M.I. Last  
 NAME D2

ADDRESS Street & Number  
 D2

City & State ZIP Phone Number  
 D2

Driver's License Number State Exp. Year  
 D3

Date of Birth Age Sex Race  
 D4 D5 D6 (M) (F) ① White ③ Hispanic  
 ② Black ④ Other

License Class Endorsements Complied With? Restrictions Complied With?  
 D8 D9 D10 D11

Injury Code Safety Equipment AIRBAG EJECTED Ejection Path  
 P7 P9 P10 P11 P12

Date of Birth Age Sex Race  
 D4 D5 D6 (M) (F) ① White ③ Hispanic  
 ② Black ④ Other

License Class Endorsements Complied With? Restrictions Complied With?  
 D8 D9 D10 D11

Injury Code Safety Equipment AIRBAG EJECTED Ejection Path  
 P7 P9 P10 P11 P12

TRAPPED/ EXTRICATED ① Not Trapped ② Trapped/Extricated ③ Trapped/Not Extricated  
 P13 P14 (Y) (N)

Driver Residence ① Less 25 mi. ② Over 25 mi. ③ Out of State  
 D11 P15

TRAPPED/ EXTRICATED ① Not Trapped ② Trapped/Extricated ③ Trapped/Not Extricated  
 P13 P14 (Y) (N)

Driver Residence ① Less 25 mi. ② Over 25 mi. ③ Out of State  
 D11 P15

Year of Vehicle Make Model Color Body Type  
 V5 V6 V7 V8 V9

Vehicle ID Number Body Code  
 V11 V10

License Plate Number State Exp. Year  
 V12 V13 V14

Year of Vehicle Make Model Color Body Type  
 V5 V6 V7 V8 V9

Vehicle ID Number Body Code  
 V11 V10

License Plate Number State Exp. Year  
 V12 V13 V14

Vehicle Owner First M.I. Last  
 Same (Y) (N) V4

Street Address  
 V4

City & State ZIP Phone Number  
 V4

Vehicle Owner First M.I. Last  
 Same (Y) (N) V4

Street Address  
 V4

City & State ZIP Phone Number  
 V4

Violations D12 (may select 3) Charges:  
 ① None ② Alcohol/Drugs ③ Other Moving ④ Other Non-Moving ⑤ Pending  
 D13

Violations D12 (may select 3) Charges:  
 ① None ② Alcohol/Drugs ③ Other Moving ④ Other Non-Moving ⑤ Pending  
 D13

Investigating Officer Rank and Name: (Print Name) A40 Badge/ID Number A40 District/Zone A40 Car No. A40 Report Date A41

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## Harmful Event

### Most Harmful Event per Vehicle A32

(select 1 per vehicle)

#### Collision with Object Not Fixed

- |    |    |
|----|----|
| V1 | V2 |
| 08 | 08 |
| 09 | 09 |
| 10 | 10 |
| 50 | 50 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
| 14 | 14 |
| 15 | 15 |
| 18 | 18 |
- 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 | 30 | 30 |
| 19 | 19 | 31 | 31 |
| 20 | 20 | 32 | 32 |
| 21 | 21 | 33 | 33 |
| 22 | 22 | 34 | 34 |
| 23 | 23 | 35 | 35 |
| 24 | 24 | 38 | 38 |
| 25 | 25 | 39 | 39 |
| 26 | 26 | 40 | 40 |
| 27 | 27 | 41 | 41 |
| 28 | 28 | 42 | 42 |
| 29 | 29 | 47 | 47 |
| 46 | 46 | 43 | 43 |
- 17 17 Boulder
  - 19 19 Building
  - 20 20 Impact Attenuator
  - 21 21 Bridge Pier/Abutment
  - 22 22 Bridge Parapet End
  - 23 23 Bridge Rail
  - 24 24 Guardrail Face
  - 25 25 Guardrail End
  - 26 26 Median Barrier
  - 27 27 H-way Traffic Sign Post
  - 28 28 Overhead Sign Support
  - 29 29 Luminaire/Light Supp.
  - 46 46 Traffic Signal Support
  - 30 30 Utility Pole
  - 31 31 Other Post, Pole, Supp.
  - 32 32 Culvert
  - 33 33 Curb
  - 34 34 Ditch
  - 35 35 Embankment
  - 38 38 Fence
  - 39 39 Wall
  - 40 40 Mail Box
  - 41 41 Shrubbery
  - 42 42 Tree
  - 47 47 Fire Hydrant
  - 43 43 Other Fixed Object

#### Non-Collision

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

- |    |    |
|----|----|
| V1 | V2 |
| 99 | 99 |
- 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)

- |                        |                              |  |                               |
|------------------------|------------------------------|--|-------------------------------|
| <b>Non-Interchange</b> |                              | <b>Interchange Area <span style="float: right;">A34</span></b> |                               |
| 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

- |                   |                    |            |                                 |
|-------------------|--------------------|------------|---------------------------------|
| <b>(select 1)</b> |                    | <b>A35</b> |                                 |
| 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)* D14

- |    |    |
|----|----|
| V1 | V2 |
| 00 | 00 |
| 01 | 01 |
| 02 | 02 |
| 03 | 03 |
| 04 | 04 |
| 05 | 05 |
| 06 | 06 |
| 07 | 07 |
| 08 | 08 |
| 09 | 09 |
| 99 | 99 |
- 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 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
| 14 | 14 |
| 15 | 15 |
| 16 | 16 |
| 17 | 17 |
| 18 | 18 |
| 19 | 19 |
| 20 | 20 |
| 21 | 21 |
| 22 | 22 |
| 23 | 23 |
| 24 | 24 |
| 25 | 25 |
| 26 | 26 |
| 27 | 27 |
| 28 | 28 |
| 29 | 29 |
| 30 | 30 |
| 31 | 31 |
| 32 | 32 |
| 33 | 33 |
| 34 | 34 |
| 35 | 35 |
| 36 | 36 |
| 37 | 37 |
| 38 | 38 |
| 99 | 99 |
- 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
  - 99 99 Other (Narrative)
  - 99 99 Unknown Action

### Highway Construction/Maintenance Zone

- |   |                                   |                   |  |     |
|---|-----------------------------------|-------------------|--|-----|
| 1 | None                              | <i>(select 1)</i> |  | A38 |
| 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    | A36 |
| 2 | Dark--Not Lighted | 5 | Dusk    |     |
| 3 | Dark--Lighted     | 9 | Unknown |     |

### Weather Conditions (select 1)

- |    |                       |    |                                   |     |
|----|-----------------------|----|-----------------------------------|-----|
| 01 | No Adverse Conditions | 08 | Smog, Smoke                       | A37 |
| 02 | Rain                  | 09 | Blowing Sand, Soil, Dirt, or Snow |     |
| 03 | Sleet, Hail           |    |                                   |     |
| 04 | Snow                  | 10 | Severe Crosswind                  |     |
| 05 | Fog                   | 98 | Other (narrative)                 |     |
| 06 | Rain and Fog          | 99 | Unknown                           |     |
| 07 | Sleet and Fog         |    |                                   |     |

## Driver Alcohol/Drugs

### Presence (select 1) D16

- |    |    |            |     |
|----|----|------------|-----|
| V1 | V2 | (select 1) | D16 |
| 0  | 0  |            |     |
| 1  | 1  |            |     |
| 2  | 2  |            |     |
| 3  | 3  |            |     |
| 9  | 9  |            |     |
- 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 (select 1 if applies) D17

- |    |    |                       |     |
|----|----|-----------------------|-----|
| V1 | V2 | (select 1 if applies) | D17 |
| 1  | 1  |                       |     |
| 3  | 3  |                       |     |
| 4  | 4  |                       |     |
| 5  | 5  |                       |     |
| 8  | 8  |                       |     |
- 1 1 Evidential Test
  - 3 3 Behavioral
  - 4 4 Passive Alcohol Sensor
  - 5 5 Observed
  - 8 8 Other

### Alcohol (select 1) P16

- |                   |    |                              |    |     |
|-------------------|----|------------------------------|----|-----|
| <i>(select 1)</i> |    | <i>(select 1 if applies)</i> |    | P16 |
| V1                | V2 | V1                           | V2 |     |
| 95                | 95 | 1                            | 1  |     |
| 96                | 96 | 2                            | 2  |     |
| 97                | 97 | 3                            | 3  |     |
| 98                | 98 | 8                            | 8  |     |
| 99                | 99 |                              |    |     |
- 95 95 Test Refused
  - 96 96 None Given
  - 97 97 Test Given, Results Unknown
  - 98 98 Test Given, Insufficient Sample
  - 99 99 Unknown, if tested
- |                    |                          |
|--------------------|--------------------------|
| V1                 | V2                       |
| Alcohol Results    | Positive Results         |
| 00 00 Negative BAC | <input type="checkbox"/> |

### Drugs (select 1) P17

- |                   |    |                              |    |     |
|-------------------|----|------------------------------|----|-----|
| <i>(select 1)</i> |    | <i>(select 1 if applies)</i> |    | P17 |
| V1                | V2 | V1                           | V2 |     |
| 95                | 95 | 1                            | 1  |     |
| 96                | 96 | 2                            | 2  |     |
| 97                | 97 | 3                            | 3  |     |
| 98                | 98 | 8                            | 8  |     |
| 99                | 99 |                              |    |     |
- 95 95 Test Refused
  - 96 96 None Given
  - 97 97 Test Given, Results Unknown
  - 98 98 Test Given, Insufficient Sample
  - 99 99 Unknown, if tested
- |                             |                |
|-----------------------------|----------------|
| V1                          | V2             |
| Drug Results                | (may select 3) |
| 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     |                |

### Driver/Vehicle Maneuver (select 1)

- |    |    |     |
|----|----|-----|
| V1 | V2 | D15 |
| 00 | 00 |     |
| 01 | 01 |     |
| 02 | 02 |     |
| 03 | 03 |     |
| 04 | 04 |     |
| 05 | 05 |     |
| 06 | 06 |     |
| 07 | 07 |     |
| 08 | 08 |     |
| 09 | 09 |     |
| 10 | 10 |     |
| 11 | 11 |     |
| 12 | 12 |     |
| 13 | 13 |     |
| 14 | 14 |     |
| 15 | 15 |     |
| 16 | 16 |     |
| 17 | 17 |     |
| 18 | 18 |     |
| 19 | 19 |     |
| 20 | 20 |     |
| 21 | 21 |     |
| 22 | 22 |     |
| 23 | 23 |     |
| 24 | 24 |     |
| 25 | 25 |     |
| 98 | 98 |     |
| 99 | 99 |     |
- 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

# Vehicles

<p style="text-align: center;"><b>V1</b></p> <p>First Impact <span style="float: right;">00 01 02 03 04 05 06 07 08 09 10 12 99</span> V20</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>(may select 3) Darken Numbered Area(s) of Vehicle Damage</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20%;">10</td> <td style="width: 20%;">05</td> <td style="width: 20%;">06</td> <td style="width: 20%;">07</td> <td style="width: 20%;">08</td> </tr> <tr> <td colspan="2">REAR</td> <td colspan="2"></td> <td>FRONT</td> </tr> <tr> <td></td> <td>04</td> <td>03</td> <td>02</td> <td>01</td> </tr> </table> </div> <p>Under-carriage</p> <p> <input type="checkbox"/> 11 All Areas  <input type="checkbox"/> 12 Other  <input type="checkbox"/> 99 Unknown  <input type="checkbox"/> 00 None         </p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Extent of Damage <span style="float: right;">V22</span></p> <table style="width: 100%; text-align: center;"> <tr> <td>0 None</td> <td>4 Severe</td> </tr> <tr> <td>1 Very Minor</td> <td>5 Very Severe</td> </tr> <tr> <td>2 Minor</td> <td>9 Unknown</td> </tr> <tr> <td>3 Moderate</td> <td></td> </tr> </table> </div> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Truck/Bus Supplement <span style="float: right;">V16</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Emergency Use <span style="float: right;">V18</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Rollover <span style="float: right;">V19</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Fire <span style="float: right;">V17</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Estimated Damage <span style="float: right;">V24</span></p> <p> <input type="checkbox"/> 1 Under \$400  <input type="checkbox"/> 2 Over \$400         </p>	10	05	06	07	08	REAR				FRONT		04	03	02	01	0 None	4 Severe	1 Very Minor	5 Very Severe	2 Minor	9 Unknown	3 Moderate		<p style="text-align: center;"><b>V2</b></p> <p>First Impact <span style="float: right;">00 01 02 03 04 05 06 07 08 09 10 12 99</span> V20</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>(may select 3) Darken Numbered Area(s) of Vehicle Damage</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20%;">10</td> <td style="width: 20%;">05</td> <td style="width: 20%;">06</td> <td style="width: 20%;">07</td> <td style="width: 20%;">08</td> </tr> <tr> <td colspan="2">REAR</td> <td colspan="2"></td> <td>FRONT</td> </tr> <tr> <td></td> <td>04</td> <td>03</td> <td>02</td> <td>01</td> </tr> </table> </div> <p>Under-carriage</p> <p> <input type="checkbox"/> 11 All Areas  <input type="checkbox"/> 12 Other  <input type="checkbox"/> 99 Unknown  <input type="checkbox"/> 00 None         </p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Extent of Damage <span style="float: right;">V22</span></p> <table style="width: 100%; text-align: center;"> <tr> <td>0 None</td> <td>4 Severe</td> </tr> <tr> <td>1 Very Minor</td> <td>5 Very Severe</td> </tr> <tr> <td>2 Minor</td> <td>9 Unknown</td> </tr> <tr> <td>3 Moderate</td> <td></td> </tr> </table> </div> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Truck/Bus Supplement <span style="float: right;">V16</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Emergency Use <span style="float: right;">V18</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Rollover <span style="float: right;">V19</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Fire <span style="float: right;">V17</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Estimated Damage <span style="float: right;">V24</span></p> <p> <input type="checkbox"/> 1 Under \$400  <input type="checkbox"/> 2 Over \$400         </p>	10	05	06	07	08	REAR				FRONT		04	03	02	01	0 None	4 Severe	1 Very Minor	5 Very Severe	2 Minor	9 Unknown	3 Moderate	
10	05	06	07	08																																											
REAR				FRONT																																											
	04	03	02	01																																											
0 None	4 Severe																																														
1 Very Minor	5 Very Severe																																														
2 Minor	9 Unknown																																														
3 Moderate																																															
10	05	06	07	08																																											
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2 Minor	9 Unknown																																														
3 Moderate																																															
<p>Vehicle Defects (may select 2) <span style="float: right;">V26</span></p> <p> <input type="checkbox"/> 0 None         </p> <p>Vehicle Towed Due to Damage? <span style="float: right;">V25</span></p> <p> <input type="checkbox"/> 1 Driven Away  <input type="checkbox"/> 2 Towed Away         </p>	<p>Vehicle Special Use <span style="float: right;">V27</span></p> <p> <input type="checkbox"/> 0 None         </p> <p>Vehicle Trailer <span style="float: right;">V28</span></p> <p> <input type="checkbox"/> 0 None         </p> <p>If Towed, Where? <span style="float: right;">V23</span></p>																																														

<p style="text-align: center;"><b>V1</b></p> <p>First Impact <span style="float: right;">00 01 02 03 04 05 06 07 08 09 10 12 99</span> V20</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>(may select 3) Darken Numbered Area(s) of Vehicle Damage</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20%;">10</td> <td style="width: 20%;">05</td> <td style="width: 20%;">06</td> <td style="width: 20%;">07</td> <td style="width: 20%;">08</td> </tr> <tr> <td colspan="2">REAR</td> <td colspan="2"></td> <td>FRONT</td> </tr> <tr> <td></td> <td>04</td> <td>03</td> <td>02</td> <td>01</td> </tr> </table> </div> <p>Under-carriage</p> <p> <input type="checkbox"/> 11 All Areas  <input type="checkbox"/> 12 Other  <input type="checkbox"/> 99 Unknown  <input type="checkbox"/> 00 None         </p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Extent of Damage <span style="float: right;">V22</span></p> <table style="width: 100%; text-align: center;"> <tr> <td>0 None</td> <td>4 Severe</td> </tr> <tr> <td>1 Very Minor</td> <td>5 Very Severe</td> </tr> <tr> <td>2 Minor</td> <td>9 Unknown</td> </tr> <tr> <td>3 Moderate</td> <td></td> </tr> </table> </div> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Truck/Bus Supplement <span style="float: right;">V16</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Emergency Use <span style="float: right;">V18</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Rollover <span style="float: right;">V19</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Fire <span style="float: right;">V17</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Estimated Damage <span style="float: right;">V24</span></p> <p> <input type="checkbox"/> 1 Under \$400  <input type="checkbox"/> 2 Over \$400         </p>	10	05	06	07	08	REAR				FRONT		04	03	02	01	0 None	4 Severe	1 Very Minor	5 Very Severe	2 Minor	9 Unknown	3 Moderate		<p style="text-align: center;"><b>V2</b></p> <p>First Impact <span style="float: right;">00 01 02 03 04 05 06 07 08 09 10 12 99</span> V20</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>(may select 3) Darken Numbered Area(s) of Vehicle Damage</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20%;">10</td> <td style="width: 20%;">05</td> <td style="width: 20%;">06</td> <td style="width: 20%;">07</td> <td style="width: 20%;">08</td> </tr> <tr> <td colspan="2">REAR</td> <td colspan="2"></td> <td>FRONT</td> </tr> <tr> <td></td> <td>04</td> <td>03</td> <td>02</td> <td>01</td> </tr> </table> </div> <p>Under-carriage</p> <p> <input type="checkbox"/> 11 All Areas  <input type="checkbox"/> 12 Other  <input type="checkbox"/> 99 Unknown  <input type="checkbox"/> 00 None         </p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Extent of Damage <span style="float: right;">V22</span></p> <table style="width: 100%; text-align: center;"> <tr> <td>0 None</td> <td>4 Severe</td> </tr> <tr> <td>1 Very Minor</td> <td>5 Very Severe</td> </tr> <tr> <td>2 Minor</td> <td>9 Unknown</td> </tr> <tr> <td>3 Moderate</td> <td></td> </tr> </table> </div> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Truck/Bus Supplement <span style="float: right;">V16</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Emergency Use <span style="float: right;">V18</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Rollover <span style="float: right;">V19</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Fire <span style="float: right;">V17</span></p> <p> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No         </p> <p>Estimated Damage <span style="float: right;">V24</span></p> <p> <input type="checkbox"/> 1 Under \$400  <input type="checkbox"/> 2 Over \$400         </p>	10	05	06	07	08	REAR				FRONT		04	03	02	01	0 None	4 Severe	1 Very Minor	5 Very Severe	2 Minor	9 Unknown	3 Moderate	
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**Vehicle Going/On** V25

(N)	(E)	(S)	(W)	On:
-----	-----	-----	-----	-----

**Vehicle Going/On** V25

(N)	(E)	(S)	(W)	On:
-----	-----	-----	-----	-----

**Trafficway Flow** V31

V1	V2	(select 1)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Not Physically Divided (Two Way Trafficway)
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Divided Highway, Median Strip (Without Traffic Barrier)
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Divided Highway, Median Strip (With Traffic Barrier)
<input type="checkbox"/> 4	<input type="checkbox"/> 4	One Way Trafficway
<input type="checkbox"/> 9	<input type="checkbox"/> 9	Unknown

**Roadway Surface Type** V34

V1	V2	(select 1)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Asphalt
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Concrete
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Brick or Block
<input type="checkbox"/> 4	<input type="checkbox"/> 4	Gravel, Slag, or Stone
<input type="checkbox"/> 5	<input type="checkbox"/> 5	Dirt
<input type="checkbox"/> 8	<input type="checkbox"/> 8	Other (Narrative)
<input type="checkbox"/> 9	<input type="checkbox"/> 9	Unknown

**Trafficway Hazards** V37

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

**Traffic Control Devices** V36

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

**Roadway Route Signing** V29

V1	V2	(select 1)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Interstate
<input type="checkbox"/> 2	<input type="checkbox"/> 2	U.S. Route
<input type="checkbox"/> 3	<input type="checkbox"/> 3	State Route
<input type="checkbox"/> 4	<input type="checkbox"/> 4	County Route
<input type="checkbox"/> 5	<input type="checkbox"/> 5	Municipal Route
<input type="checkbox"/> 8	<input type="checkbox"/> 8	Other (Narrative)
<input type="checkbox"/> 9	<input type="checkbox"/> 9	Unknown

**Number of Travel Lanes** V30

V1	V2	(select 1)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	One Lane
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Two Lanes
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Three Lanes
<input type="checkbox"/> 4	<input type="checkbox"/> 4	Four Lanes
<input type="checkbox"/> 5	<input type="checkbox"/> 5	Five Lanes
<input type="checkbox"/> 6	<input type="checkbox"/> 6	Six Lanes
<input type="checkbox"/> 7	<input type="checkbox"/> 7	Seven or More Lanes
<input type="checkbox"/> 8	<input type="checkbox"/> 8	Other (See Narrative)
<input type="checkbox"/> 9	<input type="checkbox"/> 9	Unknown

**Roadway Surface Conditions** V35

V1	V2	(select 1)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Dry
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Wet
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Snow or Slush
<input type="checkbox"/> 4	<input type="checkbox"/> 4	Ice
<input type="checkbox"/> 5	<input type="checkbox"/> 5	Sand, Mud, Dirt or Oil
<input type="checkbox"/> 8	<input type="checkbox"/> 8	Other (Narrative)
<input type="checkbox"/> 9	<input type="checkbox"/> 9	Unknown

**Roadway Character** V33

V1	V2	Alignment: (select 1)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Curve
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Straight
<input type="checkbox"/> 9	<input type="checkbox"/> 9	Unknown
Profile: (select 1)		
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Level
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Grade
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Hillcrest
<input type="checkbox"/> 8	<input type="checkbox"/> 8	Other (Narrative)
<input type="checkbox"/> 9	<input type="checkbox"/> 9	Unknown

**Other Property Damage?** A39

(select all that apply)

<input type="checkbox"/> 1 State Property	<input type="checkbox"/> 3 City Property
<input type="checkbox"/> 2 County Property	<input type="checkbox"/> 4 Private Property

**Amount of Damage (Estimate)**

1 Under \$400     2 Over \$400

**Traffic Control Device Functioning?**

V1	V2	(select 1 if applies)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Device Not Functioning
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Device Functioning Improperly
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Device Functioning Properly

**Speed Limit**

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

**Access Control** V32

V1	V2	(select 1)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	No Control (Unlimited Access)
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Full Control (ONLY Ramp Entry and Exit)
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Other (Narrative)

**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 #	

Document Type

REFERENCE NUMBER

2 Supplement Document A4  
3 Amended Document

7228965

Local Agency Number A7

Reference Number Override A6

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Motorists (Passengers) and/or Non-Motorists

Vehicle Number P1 (1-2) P3 (3-7) P4 (8-10) P5 (20-30)	NAME First M.I. Last	Date of Birth P4	Age P5	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG P10 (00-30)
	ADDRESS Same as <input type="checkbox"/> Driver <input type="checkbox"/> Owner Street & Number City & State ZIP			1 Male Sex 2 Female P6	0 3 1 4 2 P7 P8 P9		01 31 20 32 28 99

Motorists (2)	Other Cyclist	EJECTED P11	Totally Ejected	Ejection Path P12	TRAPPED/EXTRICATED	Trapped/Extricated	Medical Transport P13 (Y) (N) P15	Ambulance/Hospital	Alcohol	Drugs
Non-Motorists P2 (7)	Other Pedestrian	0 Not Applicable	3 Partially Ejected	0 Not Applicable	3 Trapped/Not Extricated	0 Not Applicable				
5 Pedestrian	Other Non-Motorist	1 Not Ejected	9 Unknown	1 Not Trapped	9 Unknown					

Vehicle Number P1 (1-2) P3 (3-7) P4 (8-10) P5 (20-30)	NAME First M.I. Last	Date of Birth P4	Age P5	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG P10 (00-30)
	ADDRESS Same as <input type="checkbox"/> Driver <input type="checkbox"/> Owner Street & Number City & State ZIP			1 Male Sex 2 Female P6	0 3 1 4 2 P7 P8 P9		01 31 20 32 28 99

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5 Pedestrian	Other Non-Motorist	1 Not Ejected	9 Unknown	1 Not Trapped	9 Unknown					

Vehicle Number P1 (1-2) P3 (3-7) P4 (8-10) P5 (20-30)	NAME First M.I. Last	Date of Birth P4	Age P5	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG P10 (00-30)
	ADDRESS Same as <input type="checkbox"/> Driver <input type="checkbox"/> Owner Street & Number City & State ZIP			1 Male Sex 2 Female P6	0 3 1 4 2 P7 P8 P9		01 31 20 32 28 99

Motorists (2)	Other Cyclist	EJECTED P11	Totally Ejected	Ejection Path P12	TRAPPED/EXTRICATED	Trapped/Extricated	Medical Transport P13 (Y) (N) P15	Ambulance/Hospital	Alcohol	Drugs
Non-Motorists P2 (7)	Other Pedestrian	0 Not Applicable	3 Partially Ejected	0 Not Applicable	3 Trapped/Not Extricated	0 Not Applicable				
5 Pedestrian	Other Non-Motorist	1 Not Ejected	9 Unknown	1 Not Trapped	9 Unknown					

Vehicle Number P1 (1-2) P3 (3-7) P4 (8-10) P5 (20-30)	NAME First M.I. Last	Date of Birth P4	Age P5	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG P10 (00-30)
	ADDRESS Same as <input type="checkbox"/> Driver <input type="checkbox"/> Owner Street & Number City & State ZIP			1 Male Sex 2 Female P6	0 3 1 4 2 P7 P8 P9		01 31 20 32 28 99

Motorists (2)	Other Cyclist	EJECTED P11	Totally Ejected	Ejection Path P12	TRAPPED/EXTRICATED	Trapped/Extricated	Medical Transport P13 (Y) (N) P15	Ambulance/Hospital	Alcohol	Drugs
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Vehicle Number P1 (1-2) P3 (3-7) P4 (8-10) P5 (20-30)	NAME First M.I. Last	Date of Birth P4	Age P5	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG P10 (00-30)
	ADDRESS Same as <input type="checkbox"/> Driver <input type="checkbox"/> Owner Street & Number City & State ZIP			1 Male Sex 2 Female P6	0 3 1 4 2 P7 P8 P9		01 31 20 32 28 99

Motorists (2)	Other Cyclist	EJECTED P11	Totally Ejected	Ejection Path P12	TRAPPED/EXTRICATED	Trapped/Extricated	Medical Transport P13 (Y) (N) P15	Ambulance/Hospital	Alcohol	Drugs
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Vehicle Number P1 (1-2) P3 (3-7) P4 (8-10) P5 (20-30)	NAME First M.I. Last	Date of Birth P4	Age P5	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG P10 (00-30)
	ADDRESS Same as <input type="checkbox"/> Driver <input type="checkbox"/> Owner Street & Number City & State ZIP			1 Male Sex 2 Female P6	0 3 1 4 2 P7 P8 P9		01 31 20 32 28 99

Motorists (2)	Other Cyclist	EJECTED P11	Totally Ejected	Ejection Path P12	TRAPPED/EXTRICATED	Trapped/Extricated	Medical Transport P13 (Y) (N) P15	Ambulance/Hospital	Alcohol	Drugs
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5 Pedestrian	Other Non-Motorist	1 Not Ejected	9 Unknown	1 Not Trapped	9 Unknown					

Non-Motorist Number (A) (B) (C) (D) (E) (F)	Non-Motorist	Non-Motorist Number (A) (B) (C) (D) (E) (F)
<b>Location At Intersection</b> N1 N2 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 09 09 Unknown		<b>Location Not At Intersection</b> N1 N2 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	Vehicle Striking Non-Motorist
N1 N2 Condition (may select 3)	N2 Vehicle # (1-20-30)
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	N1 N2 Actions (may select 4) 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 Passengers 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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Document Type

2 Supplement Document	A4
3 Amended Document	
Local Agency Number	A7

REFERENCE NUMBER

7228965

Reference Number Override

A6

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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

### Carrier Identification Numbers

### Source:

• Interstate Carrier?  Y  N

US DOT \_\_\_\_\_ TN DOS \_\_\_\_\_

ICC MC \_\_\_\_\_

- Vehicle Side
- Shipping Papers
- Trip Manifest
- Driver
- Log Book

Carrier Name \_\_\_\_\_ Carrier Address \_\_\_\_\_

### Hazardous Material Information

• Hazardous Material Placard Displayed?  Y  N

• Hazardous Cargo was Released?  Y  N

Class Numbers

List the Hazardous Material(s) by name in this load: \_\_\_\_\_

UN Numbers

List the Name(s) of Released Hazardous Material(s): \_\_\_\_\_

### Vehicle Information

Combined Gross Vehicle Weight Rating \_\_\_\_\_

LBS \_\_\_\_\_

Total # of Axles \_\_\_\_\_

#### Vehicle Configuration

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

#### 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	

#### 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  |

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

### Carrier Information

### Carrier Identification Numbers

### Source:

• Interstate Carrier?  Y  N

US DOT \_\_\_\_\_ TN DOS \_\_\_\_\_

ICC MC \_\_\_\_\_

- Vehicle Side
- Shipping Papers
- Trip Manifest
- Driver
- Log Book

Carrier Name \_\_\_\_\_ Carrier Address \_\_\_\_\_

### Hazardous Material Information

• Hazardous Material Placard Displayed?  Y  N

• Hazardous Cargo was Released?  Y  N

Class Numbers

List the Hazardous Material(s) by name in this load: \_\_\_\_\_

UN Numbers

List the Name(s) of Released Hazardous Material(s): \_\_\_\_\_

### Vehicle Information

Combined Gross Vehicle Weight Rating \_\_\_\_\_

LBS \_\_\_\_\_

Total # of Axles \_\_\_\_\_

#### Vehicle Configuration

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

#### 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	

#### 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  |

PLEASE DO NOT WRITE IN THIS AREA



