Page 1 of DOT-1-174	1A (HWY-T) Rev. (	06/08						Report I	Number:				
(1) Crime Code (2) County	(3) District	(4) Beat (5) W	atch	(6) Dat	e/Time/Da	y Occurre	ed	(7) Date/Time/Day Reported					
		ĺ	ĺ										
(8) Report Type (9) T	otal Involved	(10) Nu	mber Of	(11) Tow	/12\ H	it & Run	(13) Fire	(14) Photo	(15) 9	select One			
MV MC	MOP BC	PED WITN KIL											
Major (01) Minor (02)	l l l		1113	O No (01) O Yes (02)	O No		O No (01) O Yes (02	O No (01) O Yes (02)	O None (00)	O Tunnel (02) O Ramp (03)			
					O res	5 (02	O 165 (02			Rallip (03)			
(16) Times Police	(	18) Weather Condit	ions (Select	: up to 2)				(19) Light/L	ighting				
Sent Arrive	O Clear (01	) O Hazy, Fog, S	maka (04)	O Snow (0	7)	O Daylig	sht (01)	Spot Illuminatior	(04) O Darl	k/No Lights (07)			
		, ,, ,,			·					-			
(17) Times EMS	Cloudy (0	D2) O Windy, Seve Crosswind ((		O Blowing Soil (08)	Sand/	O Dawr		Continuous Lighting (05)	O Dari	k/Unknown (08)			
Sent Arrive	O D. (02)	_ ,	*	_	(00)	O 5 -1			06)	(00)			
	O Rain (03)	O Sleet/Hail (0	6)	O Unknow	n (09)	O Dusk	(03)	Dark/Lights Off (	06) Onk	nown (09)			
(20) Location		(21) Traffic Level			(22) 1	Trafficwa	y Description		(	23) GPS Location			
O School (01) O Recrea	itional (05)	O Light (01)	O 2-Way	Undivided (01			_	Divided, Mediar	n Barrier (04)	Latitude			
O Business (02)		O Medium (02)		Undivided wit			•	Trafficway (05)	r barrier (6 1)				
	velopment (07)	O Heavy (03)		rn Lane (02)	ui Coiit.		○ 1-vvay	ITatticway (03)					
O Industrial (04) Other				Divided, Unpr	otactad Ma	odian (03)	Other (	06)		Longitude			
			2-vvay,	Divided, Oripi	otected ivit	eulari (03)	O Other (	00)					
	(24)	Name of Street or I	Highway				(25) Ci	ity/Town	(26) W	ork Zone			
									O No (01)	O Yes (02)			
O (27) Route No.	(28) Mile Post N	Marker (29) Dista	ance and Di	rection		(	30) Refer (Mil	e Marker, Inter	section Etc.)				
C (27) Noute No.	(20) Mile 1 030 M	(23) Diste	arree arra Dr	rection			Joy Herer (IVIII	e marker, meer	Jection, Ltd.,				
	(e) ( le		1				(245) 4 (						
(31A) Location of	r First Harmful E	event					(31B) Acti	on					
Intersection	Off Roadwa		Non-Colli		_		on with Obje	ct/Animal		Bicycle or Moped			
01 Intersection Area 02 Driveway Access	25 Median ( 26 Outside F		Road	urn/Rollover oı wav	n	( <b>Cont</b> . 30 Ci	•		70 Unknown 71 Riding in Bi	keway			
On Roadway - Not at Intersection	(Trafficw		1	urn/Rollover of	ff		nbankment/Re <sup>.</sup>	taining Wall	72 Riding Outs	ide of Bikeway			
10 Left or Inner Lane	Off Roadwa	y - Other	Road	,		32 Fe		C		oad/No Bikeway			
11 Right or Outer Lane	30 Driveway	1	03 Subm 04 Fire/Ex				tility Pole/Light affic Signal/Sigi		74 Riding off R 75 Crossing Ro				
12 Other Main Lane 13 Merge/Transition Lane	31 Private Ro 32 Parking L		05 Jackknife 35 Other Post/					Pole/Support 76 Fell In/On Roadway					
14 Acceleration Lane	Other Road			Off Roadway	055 04		npact Attenuato ushion	or/Crash	77 Other (Spec Block)	ify in Synopsis			
15 Deceleration Lane	40 Entrance		Shift	o/Equipment Lo	055 01	_	usilion oncrete Traffic	Barrier	*	BANG'S Townson			
16 Left Turn Lane	41 Railway (			ımped from M	lotor		ther Traffic Barı		(Except Mope	MV in Transport			
17 Right Turn Lane 18 Bikeway	42 Midblock		Vehic				ee (Standing)	ding) 80 Head On					
19 Bus/HOV/Zipper Lane	43 HOV Cro 44 Gore	ssover Lane		hill Runaway ation of Units			/drant ailbox	81 Rear End					
Off Roadway	45 Separato		11 Cross	Median/Cente	erline	42 Aı	nimal		82 Sideswipe - 83 Sideswipe -	Same Direction Opposite			
20 Left Shoulder 21 Right Shoulder	46 Parking L			ment Failure	hiosts		ther (Specify in ock)	the Synopsis	Direction	оррозис			
22 Left Roadside	48 Other (Sp	cy Escape Ramp pecify in		vn or Falling O · Non-Collision			ion with Perso		84 Angle - San				
23 Right Roadside	Synopsis			Synopsis Bloc			i <b>on with Perso</b> nknown	on	85 Angle - Opp 86 Angle - Not	oosite Direction Specified			
24 Median Enter the Local	ation of the			with Object/	Animal	51 Cı	rossing in Cross		87 Broadside	. specified			
1 1	UL EVENT (31A)		20 Overh 21 Guard	nead Cables			rossing Outside		88 Rear to Side				
(31) Segue	nce of Events		21 Guard				rossing no Cros arting Out	SSWdIK	89 Rear to Rea 90 Other (Spec				
# Unit Unit/0 (31B) Action		Init/0 (31B) Action	23 Culve	rt		55 W	alking in Road		Block)	. , ., .,			
" One Onivo (S1b) Action		(31b) Action	24 Ditch	o Overbood Ctu	v ctvo		aying/Exercising	g in Roadway	Collision with	MV - Other			
				e Overhead Str e Pier or Suppo			recting Traffic Ishing/Working	on Vehicle	100 MV in Oth				
			27 Bridge	e Rail		59 G	etting On/Off V		101 Railway Ve Engine)	enicie (Train/			
			28 Buildi 29 Tunne				oadwork ther (Specify in	Synonoic	102 Parked M\				
			Z9 IUIINE	:1			ock)	3yi iopsis	103 Work Zon	e/Maintenance			
									Equip.				
					Enter the Se	equence N	lumber of the	FIRST HARMFUL	EVENT (31C)				
				믐		·							
			7		Enter the Se	equence N	lumber of the	MOST HARMFUL	<u>EVENT</u> (31D)				
Officer's Rank and Name	e Offic	cer's ID Number	Date/Ti	me	Supervisor	r's Rank <u>a</u>	nd Name	Supervisor's II	D Number	Date/Time			

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Donort	Number:	
report	nullibel.	

(32) Unit No. (33) No	o. of Occ.		UNI	T INFORMATI	ON			
		(34) Unit	Class				(35) Race	
O Passenger Car (01)		School Bus (09)	)	O Farm Vehicle/Equip	ment (17)	O White (01)		Hawaiian (08)
O Passenger Van (02)		Other Bus (10)		O Motor Coach (18)		O Black (02)		Samoan (09)
O Pickup Truck (03)		Motorcycle (11)		O Motor Home (19)		O American India		Tongan (10)
O SUV/MPVH (04)		Motor Scooter	(12)	O Recreational Vehicl	e (20)	O Chinese (04)	_	Vietnamese (11)
O Cargo Van < 10,001 lb		Moped (13)		Other (21)		O Japanese (05)		Filipino (12)
Other Truck < 10,001		D Bicycle (14)		O Unknown (22)		O Korean (06)		Unknown (13)
O Truck > 10,000 lbs. (07		Pedestrian (15)				O Puerto Rican (0	/)	Other (14)
O Transit Bus (08)		J Maint./Constru	ct. Equipment (16)	Mama	(20) MI	(39) Se		(40) DOB
(36) Last	ivame		(37) First <b>1</b>	Name	(38) MI		F (02)	(40) DOB
(41) Street No.			(42) Street	t Name			Pl., Blvd., Etc.	(44) Apt/Suite Number
(41) Street No.			(42) 3(166)	t Name		(43) 30.,	TI., DIVU., Ltc.	(44) Aposuite Number
(45) C	litv		(46) Sta	ate	(47) Zip	Code	(48) Home I	Phone Number
(15)	····,		(10,511		(11)	(	)	-
	(49) Oc	cupation				(50) Employer/Comp	any Name	
O Unemployed (00)		vt. Civ. (07)	O Student - H.S. (	14)			•	
O U.S. Army (01)	O State Go	ovt. (08)	O Student - Col. (		Work Phone N	lumber	(52) Other I	Phone/Pager Number
O U.S. Navy (02)	O County	Govt. (09)	O U.S. Tourist (16)	( )	-	(	( )	-
O U.S. Air Force (03)	○ Foreign	Govt./Civ. (10)	O Foreign Tourist (	(17) (53) Driver's	License Numb	er (54) St./Juris. (5	55) Class (56) F	Restrict. (57) Endorse.
O U.S. Marines (04)	O Retired (	(11)	O Police Officer (1	8)				
O U.S. Coast Guard (05)	O Student	- Elem. (12)	Other (19)	(58) CDL	. Туре	(59)	Driver's Licens	se Status
Other Military (06)	O Student	- Inter. (13)	O Not Stated (20)	O Non-CDL (0	1)	O Valid (01)	O Expired (0	05) O Permit (09)
(85) SFST GIVE	N	(86) S	FST Results	O Non-CDL/Re	1	O Not Licensed (02)	O Revoked (	[CD1] (10)
	i			O CDL (03)		O Canceled (03)	O Suspende	d (07) [CDL] (10)
O No (01)	Refused (03)	O Passed (01)	O Does Not App (03)	O CDL (03)		Canceled (03) Denied (04)	O Suspende	d (07) [CDL] (10)
	Refused (03)	O Passed (01) O Failed (02)	O Does Not App	O CDL (03)		Canceled (03) Denied (04)	O Suspende	d (07) [CDL] (10)
○ No (01) ○ ○ ○ Yes (02)	Refused (03)	Passed (01) Failed (02) Test Results	O Does Not App (03)	(60) Insurance	e Policy Numbe	Canceled (03) Denied (04)  r (61) Exp. Date	O Suspende	d (07) [CDL] (10) al (08) surance Carrier
○ No (01) ○ Yes (02) (87A) Status	(87) Alcohol (87B)	Passed (01) Failed (02) Test Results Type	O Does Not App (03) (87C) Results	(60) Insurance		Canceled (03) Denied (04)  r (61) Exp. Date	O Suspende	d (07) [CDL] (10)
○ No (01) ○ Yes (02) (87A) Status ○ None (00)	(87) Alcohol (87B)	Passed (01) Failed (02) Test Results Type ad (01)	O Does Not App (03)	(60) Insurance	e Policy Numbe	Canceled (03) Denied (04)  r (61) Exp. Date Owner Name	O Suspende	d (07) [CDL] (10) al (08) surance Carrier  (64) Phone Number ) -
○ No (01) ○ Yes (02) (87A) Status	(87) Alcohol (87B)	Passed (01) Failed (02) Test Results Type ad (01)	O Does Not App (03) (87C) Results	(60) Insurance	e Policy Numbe	Canceled (03) Denied (04)  r (61) Exp. Date	O Suspende	d (07) [CDL] (10) al (08) surance Carrier
○ No (01) ○ Yes (02) (87A) Status ○ None (00)	(87) Alcohol (87B)	Passed (01) Failed (02)  Test Results Type  and (01)  with (02)	O Does Not App (03) (87C) Results	(60) Insurance	e Policy Numbe	Canceled (03) Denied (04)  or (61) Exp. Date Owner Name (66) Street Name	Suspende Provisiona (62) In	d (07) [CDL] (10) al (08) surance Carrier  (64) Phone Number ) - [(67)St., Pl.] (68) Ste. #
○ No (01) ○ Yes (02)  (87A) Status ○ None (00) ○ Refused (01) ○ Given (02)	(87) Alcohol (87B) (87B) (Bloc Bread Other	Passed (01) Failed (02) Test Results Type ad (01) ath (02) er (03) est Results	(87C) Results  Value (01)  Pending (02)	(60) Insurance	e Policy Numbe	Canceled (03) Denied (04)  or (61) Exp. Date Owner Name (66) Street Name	O Suspende	d (07) [CDL] (10) al (08) surance Carrier  (64) Phone Number ) - [(67)St., Pl.] (68) Ste. #
○ No (01) ○ Yes (02)  (87A) Status ○ None (00) ○ Refused (01) ○ Given (02)  (88A) Status	(87) Alcohol (87B)  Bloc Brea Othe (88B) Drug Te	Passed (01) Failed (02) Test Results Type od (01) with (02) eer (03) est Results Type	ODoes Not App (03)  (87C) Results  O Value (01)	(60) Insurance	e Policy Numbe	Canceled (03) Denied (04)  Towner Name  (66) Street Name	Suspende Provisiona (62) In (70) S	d (07) [CDL] (10) al (08) surance Carrier  (64) Phone Number ) - [(67)St., Pl.] (68) Ste. #
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○ No (01) ○ Yes (02)  (87A) Status ○ None (00) ○ Refused (01) ○ Given (02)  (88A) Status ○ None (00) ○ Refused (01) ○ Given (02)	(87) Alcohol (87B)  (87	Passed (01) Failed (02) Test Results Type od (01) with (02) eer (03) est Results Type od (01) e (02) er (03)	(87C) Results  Value (01)  Pending (02)  (88C) Results  Positive (01)  Negative (02)	(65) Str. No.	(69)  O 2-DSW (04)  O P/U Truck	Canceled (03) Canceled (04)  Per (61) Exp. Date  Owner Name  (66) Street Name  City  (72) Vehicle Bod  (3) Cyan (08) Cyan (08) Cyan (08) Cyan (09)	Suspende Provisiona (62) In  (70) S  y Type  07) Suspende  PCMC	(64) Phone Number ) - (67)St., Pl. (68) Ste. # tate (71) Zip Code  0)
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○ No (01) ○ Yes (02)  (87A) Status ○ None (00) ○ Refused (01) ○ Given (02)  (88A) Status ○ None (00) ○ Refused (01) ○ Given (02)	(87) Alcohol (87B)  Bloc Brea Othe (88B)  Bloc Urin Othe	Passed (01) Failed (02) Test Results Type od (01) with (02) eer (03) est Results Type od (01) e (02) er (03)	(87C) Results Value (01) Pending (02)  (88C) Results Positive (01) Negative (02) Pending (03)	(60) Insurance (65) Str. No.	(69)  O 2-DSW (04)  O P/U Truck	Canceled (03) Canceled (04)  Per (61) Exp. Date  Owner Name  (66) Street Name  City  (72) Vehicle Bod  SUV/MPVH (05) Van (08) (06) Truck (09)  Lic. Plate No.	Suspende Provisiona (62) In (70) S  y Type 07) O Bus (1 O PCMC O M-Scc (78) Trailer Pla	(64) Phone Number (64) Phone Number (67) St., Pl. (68) Ste. # (71) Zip Code (71) Dip Code (71) Dip Code (72) Other (15) (73) Ste. (79) Lic. Plate St.
○ No (01) ○ Yes (02)  (87A) Status ○ None (00) ○ Refused (01) ○ Given (02)  (88A) Status ○ None (00) ○ Refused (01) ○ Given (02)	(87) Alcohol (87B)  Bloc Oth (88B) Drug To (88B) Urin Oth Color (Top/E	Passed (01) Failed (02) Test Results Type od (01) with (02) eer (03) est Results Type od (01) e (02) er (03)	(87C) Results (87C) Results Value (01) Pending (02)  (88C) Results Positive (01) Negative (02) Pending (03)  75) Vehicle Make	(60) Insurance (65) Str. No.	(69)  O 2-DSW (04)  O P/U Truck	Canceled (03)  Denied (04)  Pr (61) Exp. Date  Owner Name  (66) Street Name  City  (72) Vehicle Bod  (3) O Van (08)  (06) Truck (09)  Lic. Plate No.  (81) Emer. V.  No (01)	Suspende Provisiona (62) In (70) S  y Type 07) O Bus (1 O PCMC O M-Scc (78) Trailer Pla	(64) Phone Number (64) Phone Number (67) St., Pl. (68) Ste. # (67) Code (79) Lic. Plate St. (82) Vehicle Stolen (82) Vehicle Stolen
No (01) Yes (02)  (87A) Status  None (00) Refused (01) Given (02)  (88A) Status None (00) Refused (01) Given (02)  (73) Vehicle Year (74) V	(87) Alcohol (87B)  Bloc Oth (88B) Drug To (88B) Urin Oth Color (Top/E	Passed (01) Failed (02) Test Results Type ad (01) ath (02) er (03) est Results Type ad (01) e (02) er (03)  Gottom) (80) Vehic (83) Special Use	(87C) Results (Value (01) Pending (02)  (88C) Results Positive (01) Negative (02) Pending (03)	(60) Insurance (65) Str. No.	(69)  O 2-DSW (04)  O P/U Truck	Canceled (03)  Denied (04)  Pr (61) Exp. Date  Owner Name  (66) Street Name  City  (72) Vehicle Bod  (3) O Van (08)  (06) Truck (09)  Lic. Plate No.  (81) Emer. V.  No (01)	Suspende Provisiona (62) In  (70) S  y Type  O7) O Bus (1  O PCMC O M-Scc (78) Trailer Pla  /eh. In Use  O Yes (02)  er/Cargo Type	(64) Phone Number (64) Phone Number (67) St., Pl. (68) Ste. # (67) Code (79) Lic. Plate St. (82) Vehicle Stolen (82) Vehicle Stolen
(87A) Status (87A) Status (None (00) (88A) Status (None (00) (88A) Status (None (00) (Refused (01) (Refused (01) (Given (02) (73) Vehicle Year (74) V	(87) Alcohol (87B)  Bloc Otho (88B) Clarific (88B) Clarific (88B) Clarific (900)	Passed (01) Failed (02) Test Results Type ad (01) Ath (02) Ath (02) Ath (03) Ath (04) Ath (05) Ath (06) Ath (07) Ath (08) Ath (08	(87C) Results (Value (01) Pending (02)  (88C) Results Positive (01) Negative (02) Pending (03)  75) Vehicle Make	(60) Insurance (65) Str. No.  (2-DSD (01) (2-DSD (02) (2-DCV (03) (76) Vehicle M	(69)  O 2-DSW (04  O 4-DSW (05  O P/U Truck (177)	Canceled (03)  Denied (04)  Pr (61) Exp. Date  Owner Name  (66) Street Name  (66) Street Name  City  (72) Vehicle Bod  (4) SUV/MPVH (05)  Van (08)  (06) Truck (09)  City Lic. Plate No. (81) Emer. Value (14)  No (01)  (84) Trail	Suspende Provisiona (62) In  (70) S  y Type  O7) Bus (1  PCMC  M-Scc  78) Trailer Pla  /eh. In Use  Yes (02)  er/Cargo Type  ock (04)	(64) Phone Number (64) Phone Number (67) (67)St., Pl. (68) Ste. # tate (71) Zip Code  (71) Dip Code (71) Dip Code (71) Dip Code (72) Other (15) (73) Lic. Plate St. (82) Vehicle Stolen No (01) Yes (02)
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Unit No.  UNIT INFORMATION (Cont.)												
(89) Citations Citation Number Offense Co		(90) Est. Damages  \$3,000 or Greater (01)  Less than \$3,000 (02)	(91) Exte	O Functional (02) O Disabling (03)	(92) Is this a CMV or Other QUALIFYING Vehicle?  No (01) Yes (02)  If yes, go to  CMV SUPPLEMENT							
	N	(95A) Object (1) Struck/Da			Struck/Damage Description							
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:  8 7  Circle Damaged Areas	6 (94) Direction From To	(95B) (Object 1) Owner's (95C) (Object 1) Owner's (95D) Estimated Dama  \$3,000 or Great \$Less than \$3,00	ges to Object 1 er (01)	(96C) (Object 2 ( ) (96D) Estimar	ject 2) Owner's Name  2) Owner's Phone Number  - ted Damages to Object 2  0 or Greater (01) nan \$3,000 (02)							
(97) Motor Vehicle Maneux         ○ Straight Ahead (01)       ○ Parking (07)         ○ Changing Lanes (02)       ○ Parked (08)         ○ Merging (03)       ○ Start from Parked         ○ Overtaking/       ○ Stopped in Traffic (1°         Passing (04)       ○ Start in Traffic (1°         ○ Slowing/Stopping (05)       ○ Right Turn on Red         ○ Backing (06)       ○ Turning Right (13°	O Turning Left (14) O U-Turn (15) O Entering Traffic (16) C (10) O Negotiating a Curve (17) d (12) O Other (18)	Maneuver (01)  O Traffic Controls (02)  O Mechanical Failure (03)  O Avoid Other	Maneuver  Avoid Pedestrian (05)  Avoid Bicycle (06)  Avoid Obj./ Animal (07)  Avoid Prior MVA (08)  Other (09)	O No Controls (0) O Traffic Signal (0)	Device (07)  Warning Sign (08)  Railway X-ing Device (09)							
(100) Traffic Control Condition  Functioning Properly (01)  Knocked Down (02)  Obscured (03)  Red Malfunction (04)  Yellow Malfunction (05)  Green Malfunction  Lights Not Character Malfunction  Other Malfunction	ction (06) ction (07) Nor anging (08) Solid Yello ction (09) Skip-Dash Yello	w (01) O Curb/M w (02) O Bikewa te (03) O Crosswa te (04) O O w (05) O O	Lft ng, Yellow (06) edian, Etc. (07)  y Marking (08)  k Marking (09)  Turn Lane (10)	Rgt None (00 Right (02) Both Sid	O) O None (00) O Bike Route [Signed] (01) es (03) Bike Lane Stripe (02) O Separate Path/ Lane (03)							
(104) Vehicle Factors (Select Up to 2)  None (00) Suspension (08) Worn Tires (01) Wheels (09) Tire Failure (02) Power Train (10) Window/Windshield (11) Headlights (04) Taillights (05) Signals (06) Steering (07)  O Suspension (08) Window/Windshield (11) Mirrors (12) Wipers (13) Taillights (05) O Trailer Coupling (14) O Other (15)	O Trees/Brush/Fence (01) O Embankment (02) O Building (03) O Moving Vehicle (04)	O Glare (06) O Weather Condition (07) O Pedestrian (08) O Animal(s) in O Alco	ttention (01) ( sjudgment (02) ( igue (03) (	(Select up to 2)  Illness (06)  Legal Meds. (07)  Emotional (08)  Phys. Impaired (09)  Other (10)	(107) Driver Distracted By  Not Distracted (00) Cellular Phone (01) Other Elect. Comm. Device (02) Other Electronic Device (03) Other Inside Vehicle (04) Other Outside Vehicle (05) Other Occupant (06)							
No Improper Action (00)  Drove too Fast for Conditions (01)  Exceed Posted Speed Limit (02)  Disregard Traffic Signals (03)  Disregard Red Light (04)  Disregard Other Trfc. Ctrl. Dev. (05)  Failure to Yield  Wrong Side/Wa  Crossed Cente  Ran Off Road ( Failure to Keep  Proper Lane (1)  Improper Turn  Improper Passin	ay (07)	O Illegally in Roadw O Improper Crossin Ckless O Pedestrian Viol. O Inattention [Talki Etc.] (22) O Bicycle Violation	ction (18)	sphalt (02) C Gravel (03) C Oirt (04) Other (05)	(110) Roadway Surface  Dry (01) Slush (07)  Wet (02) Ice/Frost (08)  Mud, Dirt, Water (09)  Gravel (03) Sand (10)  Debris (04)  Oil (05)  Snow (06)							
(111) Other Roadway Co  None (00)  Ruts, Holes, Etc. (01)  No Shoulder (02)  Officer's Rank and Name  (111) Other Roadway Co  Low Shoulder (03)  Soft Shoulder (04)  High Shoulder (05)	O Loose Material (06) O Worn, Polished (07)	(112) Roadway Alignm  Straight (01)  Curve Left (02)  Curve Right (03)  Supervisor's		(113) Roadw  Level (01)  Hillcrest (02  Uphill (03)  Supervisor's ID No								

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Report Numb	er·

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Synopsis	(Accide	ent De	escrip	tion.	Refe	r to u	inits b	y nur	nber)	:																				
	Officer's	Rank	and I	\lame			Offic	er's ID	) Nua	her-		Date	/Time		c	IIDAR	visor's	: Rapl	c and	Name		Supe	rvico	-راد،	Numb	or L		Date/T	ime	
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Report Number:\_\_\_\_\_

(120) ALL PERSONS													
E - Ejection	H - Injury Class	I - Injury Area	J - Accident Site Care	L - Medical Facility									
00 Not Ejected 01 Ejected, Total 02 Ejected, Partial 03 N/A Non-motorist 04 Unknown  F - Safety Equipment Use 00 Not Present 01 Not Used 02 Shoulder/Lap Belt Used	00 None 01 Possible 02 Non-Incapaci- tating 03 Incapacitating 04 Fatal 05 Unknown	00 None 01 Head 02 Face 03 Eye 04 Neck 05 Thorax (Chest) 06 Spine/Back 07 Shoulder/Upper Arm 08 Elbow/Lower Arm/Hand	00 None 01 First Aid 02 Resuscitation 03 Extrication 04 Both 1 & 2 05 Both 1 & 3 06 Both 2 & 3 07 Other 08 Refused	Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp.	Molokai/Lanai 11 Molokai General Hosp. 12 Lanai Comm. Hospital  Kauai County 13 Wilcox Memorial Hosp. 14 Kauai Vet. Mem. Hosp.  C&C Honolulu	C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Kapiolani Med Pali Momi 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center							
03 Lap Belt Only Used 04 Shoulder Belt Only Used 05 Not Able to Determine 06 Child Restraint (Forward) 07 Child Restraint (Rear) 08 Booster Seat 09 Child Restraint (Unk. Type) 10 Child Restraint (Improper) 11 Helmet Used		09 Abdomen/Pelvis 10 Hip/Upper Leg 11 Knee/Lower Leg/Foot 12 Entire Body	K - Trans. to Med. Facility 00 Not Transported 01 EMS 02 Police 03 Helicopter 04 Private Vehicle 05 Other	07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic	15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu	27 Straub Cinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hosp. 30 Waianae Comp. Ctr. 99 Other							
12 N/A (Non-Motorist) 13 Unknown	94 80	<b>40 10 50 20</b>	B →92	- Position in Unit		M - Condition 01 Refused Treatment 02 Released							
G - Air Bag Deployed  00 Not Present  01 Not Deployed  02 Deployed - Front  03 Deployed - Side  04 Deployed - Other  05 Deployed - Combination  06 Deployed - Curtain		60 30 95 otor Vehicle ons use 1 in place of 0		orcycle/Moped/Bicycle  12	Pedestrian  •	03 Good, Fair 04 Serious, Guarded 05 Critical 06 Dead on Arrival 07 Dead Other							

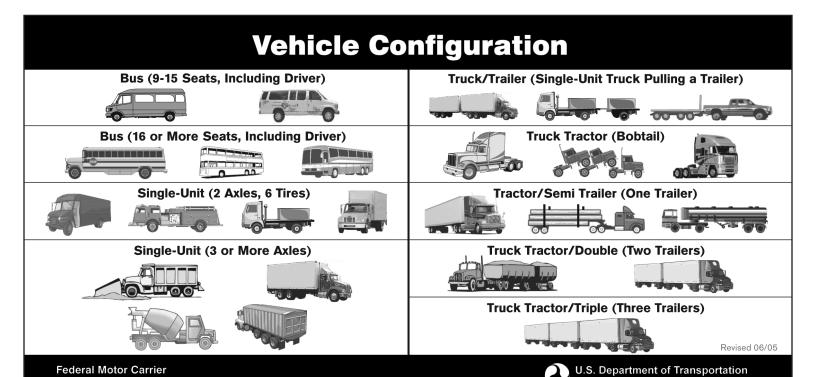
Name and Address	A Unit	B Posit.	C Age	D Sex	E Eject	F Safety	G Air Bag	H Injury	l Area	J Care	K Trans	L Hosp.	M Cond.	N EMS No.
Officer's Rank and Name Officer's ID Nur	nber	Dat	e/Time		Superv	visor's Ra	ank and	Name	Sup	ervisor'	s ID Nun	nber	Dat	e/Time

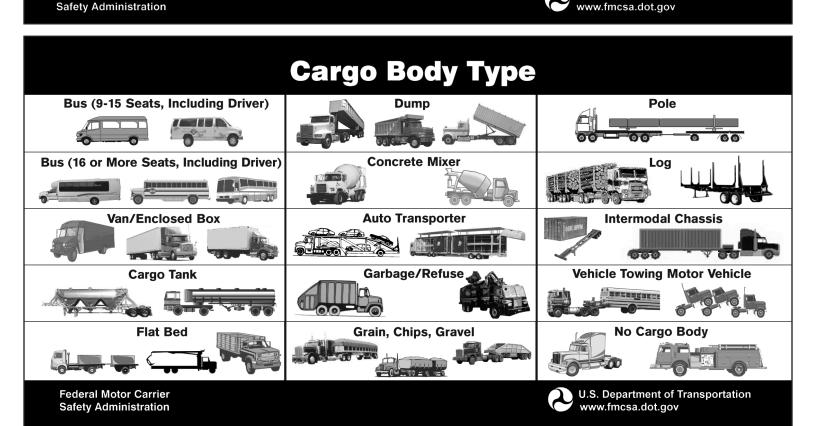
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DOT-	1-174F (HWY-T) Rev. 06/08	

Report Number:	
INCOULT INGILIBET.	

Unit No.	Commercial Motor Vehicle Supplement									
INSTRUCTIONS:										
<b>IF</b> number 1	, 2, or 3 apply, <b>AND</b> either A,	B, or C apply; <b>THE</b>	N complete this supp	olement for each CMV o	or qualifying vehicle.					
_ 1	ANY truck having a gross vehicle weig greater than 10,000 lbs., or a gross or rating (GCWR) greater than 10,000 lb	ght rating (GVWR) ombined vehicle weight	ANY person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash, OR;							
2	ANY Motor Vehicle with seats to tran people including the driver's seat; OR	B	ANY person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, OR;							
3	ANY vehicle displaying a hazardous m regardless of the weight.	naterials placard	<b>4</b>	ANY motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.						
QUALIFYING INFORMATION										
(200) This form is being	g completed because this vehicle is:	(201)	Number of	(202) At the time of	of the crash, this vehicle was:					
O A truck or truck combin	nation over 10,000 lbs. (GVWR/GCWR)	Total involved		Operating on a trafficway open to the public.						
O A bus with seats for 9 o	or more, including the driver.	Person(s) sustaining Fat	ne crash:	O Parked On/Off the trafficway.						
O A vehicle of any type w	ith a Hazardous Materials placard.	reison(s) sustaining rat	ai iiijuiy.							
		Injured Person(s) Transp IMMEDIATE Tr								
		Vehicles towe DISABLING D	I							
		VEHICLE INFO								
(203) V	ehicle Configuration	,	go Body Type	(205) GVWR, GCWR (Use	GCWR for truck combinations)					
_	th Hazardous Materials Placard) (01)	O Not Applicable/No c		O 10,000 lbs., or less (01)						
	Hazardous Materials Placard) (02)	O Bus (seats 9-15 inclu		O 10,001 lbs., to 26,000 lbs. (02)						
O Bus (Seats 9-15 including the driver) (03)		O Bus (seats 16 or mo	re including the driver) (02)	Over 26,000 lbs. (03)						
O Bus (Seats 16 or more including the driver) (04)		O Van/Enclosed Box (0	3)	(206	5) Bus Use					
O Single Unit Truck (2 Axles/6 Tires) (05)		O Cargo Tank (04)		O Not a Bus (00)						
O Single Unit Truck (3 or more Axles) (06)		O Flatbed (05)		O School [public or private] (01)						
O Truck/Trailer(s) [Single Unit Truck with Trailer(s)] (07)		O Dump (06)		○ Transit (02)						
O Truck/Tractor (without t	railer, bobtail, or saddlemount) (08)	O Concrete Mixer (07)		O Inter-city (03)						
O Tractor/Semi-Trailer (one trailer) (09)		O Auto Transporter (08	3)	O Charter (04)						
O Tractor/Doubles (two trailers) (10)		○ Garbage/Refuse (09	)	Other (05)						
O Tractor/Triples (three tra	ilers) (11)	O Grain, Chips, Gravel	(10)	(207) Hazardous Materials						
Other truck over 10,000	O lbs. (not listed above) (99)	O Pole (11)		HAZMAT Placard Present O No (01) O Yes (02)						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		O Vehicle Towing Ano		If yes, HM 4-Digit #/Name from Diamond:						
		O Log (14)		If yes, HM Class # bottom of Diamond:						
		Other Cargo Body N	lot Listed (98)	Was HAZMAT released						
				from vehicle's cargo:	O No (01) O Yes (02)					
		MOTOR CARRIER								
(208) Type of Carrier		(209) Employer/Com	pany Name		(217) Carrier Identification No.					
O Interstate Carrier (01)					○ None					
O Intrastate Carrier (02)	(210) Str. No.	211) Street Name	(212) Apt/S	te (213) Phone No.	. O None					
O Not in Commerce - Govt. (03)					US DOT #:					
O Not in Commerce	(24.4) 6'-		ME) (1.1.	(246) 7' 6 1	MC/MX #:					
- Other (04)	(214) City	(2	215) State	(216) Zip Code	State #:					
(Over 10,000 lbs. GVWR/GCWR)					σιαις π.					
Officer's Rank an	d Name Officer's ID Number	Date/Time	Supervisor's Rank and	Name Supervisor's ID	Number Date/Time					

#### **Commercial Motor Vehicle Supplement**





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Report Number:	
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		Narra	ative		
Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
		I	1		