Commonwealth of Virginia • Department of Motor Vehicles

Police Crash Report

If a question does not apply, enter an "X". • If an answer is unknown, enter a "U" or appropriate number. • "Other" explain in crash description. FR300T (Rev 9/03)

1 Traffic control
1. No traffic control
2. Officer or flagger
3. Traffic signal
4. Stop sign
5. Slow or warning sign
6. Traffic lanes marked
7. No passing lines
8. Yield sign
9. One way road or street
10. Railroad crossing with markings and signs
11. Railroad crossing with signals
12. Railroad crossing with gate and signals
13. Other
14. Pedestrian crosswalk
15. Reduced speed – school zone
16. Reduced speed – work zone
17. Special corridor

2 Was traffic control working?
1. Yes 2. No

3 Roadway alignment
1. Straight – Level
2. Curve – Level
3. Grade – Straight
4. Grade – Curve
5. Hillcrest – Straight
6. Hillcrest – Curve
7. Dip – Straight
8. Dip – Curve
9. Other
10. On/Off Ramp

4 Weather
1. Clear
2. Cloudy
3. Fog
4. Mist
5. Rain
6. Snow
7. Sleet/Hail
8. Smoke/Dust
9. Other

5 Roadway surface condition
1. Dry
2. Wet
3. Snowy
4. Icy
5. Muddy
6. Oil/other fluids
7. Other
8. Natural debris
9. Roadway flooded

6 Roadway defects
1. No defects
2. Holes, ruts, bumps
3. Soft or low shoulder
4. Under repair
5. Loose material
6. Restricted width
7. Slick pavement
8. Roadway obstructed
9. Other

7 Light conditions
1. Dawn
2. Daylight
3. Dusk
4. Darkness – roadway lighted
5. Darkness – roadway not lighted

8 Kind of locality
1. School
2. Church
3. Playground
4. Open country
5. Business/Industrial
6. Residential
7. Interstate/Limited access
8. Other
9. Bridge/Tunnel
10. Parking lot

9 Work zone
1. Active 2. Inactive 3. No work zone 4. Unkown

10 Work zone – workers present
1. Yes 2. No 3. Unknown

11 Surface type
1. Concrete
2. Blacktop, asphalt, bituminous
3. Brick or block
4. Slag, gravel, stone
5. Dirt
6. Other
7. Unknown

Vehicle maneuver
1. Going straight ahead
2. Making right turn
3. Making left turn
4. Making U-turn
5. Slowing or stopping
6. Starting in traffic lane
7. Starting from parked position
8. Stopped in traffic lane
9. Ran off road – right
10. Ran off road – left
11. Parked
12. Backing
13. Passing
14. Changing lanes
15. Other
16. Entering street from parking lot

Vehicle 1 21
Vehicle 2 22

Type of collision
1. Rear end
2. Angle
3. Head on
4. Sideswipe – same direction
5. Sideswipe – opposite direction
6. Fixed object in road
7. Train
8. Non-collision
9. Fixed object – off road
10. Deer
11. Other animal
12. Pedestrian
13. Bicyclist
14. Motorcyclist
15. Backed into
16. Other

1st event: Vehicle w/ 23
2nd event: Vehicle 1 24
Vehicle 2 25

Collision with fixed object
1. Bank or ledge
2. Trees
3. Utility pole
4. Fence or post
5. Guard rail
6. Parked vehicle
7. Tunnel, bridge, underpass, culvert, etc.
8. Sign, traffic signal
9. Impact cushioning device
10. Other
11. Jersey wall
12. Building/structure

Vehicle 1 26
Vehicle 2 27

Driver's action
1. No improper action
2. Exceeded speed limit
3. Exceeded safe speed but not speed limit
4. Overtaking on hill
5. Overtaking on curve
6. Overtaking at intersection
7. Improper passing of school bus
8. Cutting in
9. Other improper passing
10. Wrong side of road – not overtaking
11. Did not have right-of-way
12. Following too close
13. Fail to signal or improper signal
14. Improper turn – wide right turn
15. Improper turn – cut corner on left turn
16. Improper turn from wrong lane
17. Other improper turn
18. Improper backing
19. Improper start from parked position
20. Disregarded officer or flagger
21. Disregarded traffic signal
22. Disregarded stop or yield sign
23. Driver distraction
24. Fail to stop at through highway – no sign
25. Drive through work zone
26. Fail to set out flares or flags
27. Fail to dim headlights
28. Driving without lights
29. Improper parking location
30. Avoiding pedestrian
31. Avoiding other vehicle
32. Avoiding animal
33. Crowded off highway
34. Hit and run
35. Car ran away – no driver
36. Blinded by headlights
37. Other
38. Avoiding object in roadway
39. Eluding police
40. Fail to maintain proper control
41. Improper passing
42. Improper or unsafe lane change
43. Over correction

Vehicle 1 28
Vehicle 2 29
Vehicle 1 30
Vehicle 2 31
Vehicle 1 32
Vehicle 2 33

Driver vision obscured
1. Not obscured
2. Rain, snow, etc. on windshield
3. Windshield otherwise obscured
4. Vision obscured by load on vehicle
5. Trees, crops, etc.
6. Building
7. Embankment
8. Sign or signboard
9. Hillcrest
10. Parked vehicle(s)
11. Moving vehicle(s)
12. Sun or headlight glare
13. Other
14. Blind spot
15. Smoke/dust
16. Stopped vehicle(s)

Type of driver distractions
1. Looking at roadside incident
2. Driver fatigue
3. Looking at scenery
4. Passenger(s)
5. Radio/CD, etc.
6. Cell phone
7. Eyes not on road
8. Daydreaming
9. Eating/drinking
10. Adjusting vehicle controls
11. Other

Condition of driver/pedestrian contributing to the crash
1. No defects
2. Eyesight defective
3. Hearing defective
4. Other body defects
5. Illness
6. Fatigued
7. Apparently asleep
8. Other

Vehicle 1 34
Vehicle 2 35
Pedestrian 36
Vehicle 1 37
Vehicle 2 38
Pedestrian 39

See reverse side for vehicle types and diagrams

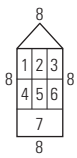
Drinking
1. Had not been drinking
2. Drinking – Obviously drunk
3. Drinking – Ability impaired
4. Drinking – Ability not impaired
5. Drinking – Not known whether impaired

Method of alcohol determination (by police)
1. Blood
2. Breath
3. Refused
4. No test

Vehicle 1 40
Vehicle 2 41
Pedestrian 42

Vehicle occupied (or pedestrian)
1. Vehicle No. 1
2. Vehicle No. 2
B Bicyclist
P Pedestrian
O Other

Position in/on vehicle
1. Driver
2-6. Passengers
7. Cargo area
8. Riding/hanging on outside
9-98. All other passengers



Safety equipment used
1. No restraint used
2. Lap belt only
3. Shoulder belt only
4. Lap and shoulder belts
5. Child restraint
6. Helmet
7. Other
8. Booster seat

Air bag
1. Deployed
2. Not deployed
3. Unavailable
4. Keyed off
5. Unknown

Ejection from vehicle
1. Not ejected
2. Partially ejected
3. Totally ejected

Birth date MM | DD | YYYY

Gender M/F

Injury type
1. Dead before report made
2. Visible signs of injury, as bleeding wound or distorted member or had to be carried from scene.
3. Other visible injury, as bruises, abrasions, swelling, limping, etc.
4. No visible injury, but complaint of pain, or momentary unconsciousness.

Pedestrian actions
1. Crossing at intersection – with signal
2. Crossing at intersection – against signal
3. Crossing at intersection – no signal
4. Crossing at intersection – diagonally
5. Crossing not at intersection – rural
6. Crossing not at intersection – urban
7. Coming from behind parked cars
8. Getting off or on school bus
9. Playing in roadway
10. Getting off or on another vehicle
11. Hitching on vehicle
12. Walking in roadway with traffic – sidewalks available
13. Walking in roadway with traffic – sidewalks not available
14. Walking in roadway against traffic – sidewalks available
15. Walking in roadway against traffic – sidewalks not available
16. Working in roadway
17. Standing in roadway
18. Lying in roadway
19. Not in roadway
20. Other

Drug use
1. Yes
2. No
3. Not reported
4. Unknown

Vehicle condition
1. No defects
2. Lights defective
3. Brakes defective
4. Steering defective
5. Puncture/blowout
6. Worn or slick tires
7. Motor trouble
8. Chains in use
9. Other
10. Vehicle altered

Skidding/tire mark
1. Before application of brakes
2. After application of brakes
3. Before and after application of brakes
4. No visible skid mark/tire mark

Vehicle damage
1. Unknown
2. No damage
3. Overturned
4. Motor
5. Undercarriage
6. Totaled
7. Fire
8. Other

Vehicle 1 43
Vehicle 2 44
Pedestrian 45
Vehicle 1 46
Vehicle 2 47
Vehicle 1 48
Vehicle 2 49
Vehicle 1 50
Vehicle 2 51

12 13 14 15 16 17 18 19 20

Names of injured (If deceased give date of death) | EMS transport | Date of death MM/DD/YYYY

Vehicle type (put in box A)

1. Passenger car
2. Truck – pick-up/passenger truck
3. Van
4. Truck – straight truck (2-axle), flat bed, dump truck, wrecker, tractor truck
5. Truck – tractor trailer
6. Truck – tractor twin-trailer
7. Motor home, recreational vehicle
8. Special vehicle – oversized vehicle/ earthmover/road equipment
9. Bicycle
10. Moped
11. Motorcycle
12. Emergency vehicle
13. Bus – school bus
14. Bus – city transit bus/privately-owned church bus
15. Bus – commercial passenger bus (seats 9 –15 people, including driver)
16. Other
17. Bus – commercial passenger bus (seats 15+ people, including driver)
18. Special vehicle – farm equip, go-cart, hearse, bookmobile
19. Special vehicle – ATV
20. Special vehicle – golf cart
21. Special vehicle – low-speed vehicle
22. Truck – sport utility vehicle
23. Truck – straight truck (3 or more axles)
24. Truck – tractor triple-trailer
25. Truck – truck tractor (bobtail – no trailer)

Emergency vehicle type (put in box B)

1. Not applicable
2. Police
3. Fire
4. Ambulance
5. Tow truck
6. Military
7. Maintenance
8. Other

Emergency vehicle status (put in box C)

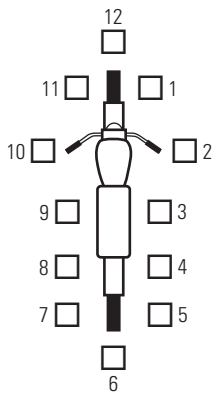
1. Yes, in emergency
2. No, not in emergency
3. Not applicable
4. Unknown

Impact areas

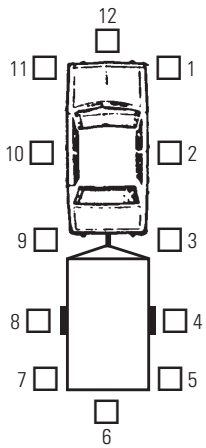
The impact areas are for the full vehicle including the trailer (if any). (i.e., for a car, 9 is the driver's door but for a car and trailer a 9 could be the hitch point).

1. Right side – front corner
2. Right side – front
3. Right side – middle
4. Right side – rear
5. Right side – rear corner
6. Rear
7. Left side – rear corner
8. Left side – rear
9. Left side – middle
10. Left side – front
11. Left side – front corner
12. Front
13. Top (roof)

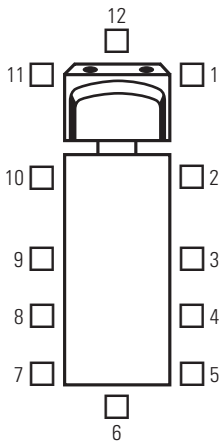
Motorcycle



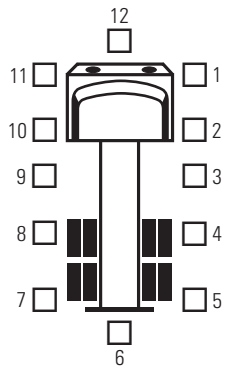
Car-trailer



Semi-trailer



Semi-tractor



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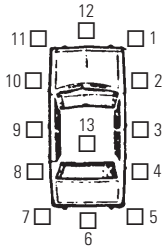
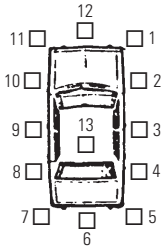
Page ___ of ___ pages ☐ **Supplemental report**

Police Crash Report

DMV Copy FR300P (Rev 9/03)

Crash date MM / DD / YYYY	Day of week	Military time (24 hr. clock)	County of crash	Official DMV use
☐ City of ☐ Town of		Landmark at scene	GPS Lat.	
1 Location of crash (route/street)		Railroad crossing ID no. (if within 150 ft.)	GPS Long.	Mile marker number / Local case number
☐ at intersection with or _____ ☐ miles ☐ feet N S E W ☐☐☐☐ of	Location of crash (route/street)			Number of vehicles

Vehicle No. 1	Vehicle No. 2 (or pedestrian ☐)
2 Driver's name (last, first, middle) / Driver fled scene ☐ / Yrs. dr. experience	Driver's name (last, first, middle) / Driver fled scene ☐ / Yrs. dr. experience
3 Address (street and no.)	Address (street and no.)
City / State / ZIP	City / State / ZIP
4 Birth date MM / DD / YYYY / Gender / Driver's license number ☐ DL ☐ CDL / State	Birth date MM / DD / YYYY / Gender / Driver's license number ☐ DL ☐ CDL / State
Vehicle owner's name (last, first, middle) or Commercial motor carrier ☐ same as driver	Vehicle owner's name (last, first, middle) or Commercial motor carrier ☐ same as driver
5 Address (street and no.)	Address (street and no.)
City / State / ZIP	City / State / ZIP
6 A Veh. type / Veh. year / Veh. make / Veh. model / CMV ☐ / Towed ☐	A Veh. type / Veh. year / Veh. make / Veh. model / CMV ☐ / Towed ☐
Vehicle plate number / State / B EMV type / C EMV in service / Approximate repair cost	Vehicle plate number / State / B EMV type / C EMV in service / Approximate repair cost
7 VIN	VIN
CMV only U.S. DOT no. or VA no. / Placard no. and class or name	**CMV only** U.S. DOT no. or VA no. / Placard no. and class or name
8 No. of axles / Truck cover Y ☐ N ☐ / GVWR ☐ 10,000 and under ☐ 10,001 to 26,000 ☐ over 26,000 / ☐ HAZMAT ☐ Oversize / ☐ Cargo spill ☐ Override ☐ Underride	No. of axles / Truck cover Y ☐ N ☐ / GVWR ☐ 10,000 and under ☐ 10,001 to 26,000 ☐ over 26,000 / ☐ HAZMAT ☐ Oversize / ☐ Cargo spill ☐ Override ☐ Underride
Vehicle no. 1 damage	Name of insurance company (not agent)
9 Check impact area(s) Circle initial impact	
10 	**Crash Diagram**
11 See back of FR300T	
Speed: Before crash / Limit / Max safe / Lane dir.	
Passengers age count: Less 6 / 6-17 / 18-21 / Over 21	

Vehicle no. 2 damage	Name of insurance company (not agent)
Check impact area(s) Circle initial impact	
	
See back of FR300T	
Speed: Lane dir. / Before crash / Limit / Max safe	
Passengers age count: Less 6 / 6-17 / 18-21 / Over 21	

Indicate north by arrow

Damage to property other than vehicles	Approximate repair cost	Object struck (tree, fence, etc.)	Property owner's name (last, first, middle) and address

Crash description

Offenses charged driver

All injured

12	13	14	15	16	17	18	19	20	Names of injured (If deceased give date of death)	EMS transport	Date of death MM/DD/YYYY

Investigating officer	Badge/code no.	Agency/department name and code no.	Reviewing officer	Report file date