

TRAFFIC CRASH REPORT



Metropolitan Police Department, Washington, DC

Record N/A in any field that does not apply to this event. For yes/no questions, circle one.
 All dates should be formatted as mm/dd/yyyy.
 Explain any "other" response in narrative.

Official MPD Document

1 Date of Crash 03/12/2011	2 Time of Crash (Use military) 20:30	3 Day of Week Saturday	4 Date of Report 03/12/2011	5 Complaint Number (CCN)		6 UCC Number	
7 Type of Crash (Check all that apply) <input type="checkbox"/> 01 Fatality <input checked="" type="checkbox"/> 03 Property Damage Only <input type="checkbox"/> 02 Injury <input type="checkbox"/> 04 Hit & Run <input type="checkbox"/> 05 Pedestrian <input type="checkbox"/> 06 D.C Prop <input type="checkbox"/> 07 Non-Collision <input checked="" type="checkbox"/> 08 Comm.Veh <input type="checkbox"/> 09 Other			8 Location (Street/bridge/tunnel name/ & quadrant) 3241 M STREET NW		9 District 2	10 PSA 206	
Enter the number of feet, in whatever direction, from the nearest intersection or block (0 feet if at an exact location). On freeways, enter the number of feet from the nearest mile post or PEPCO pole no., etc. Indicate if accident occurred on exit ramp, bridge, tunnel or other. Finally, circle the city quadrant.							
11 Location Type and Name N/A Feet from Intersection/Block: Freeway Mile Post: N/A PEPCO Pole No: N/A Exit Ramp: N/A Bridge: _____ Tunnel: _____ Other: _____ Circle Quadrant: _____							
12 Construction Zone? No		13. On-Street Location <input type="checkbox"/> 01 At Intersection <input type="checkbox"/> 02 Within 100' of Intersection <input checked="" type="checkbox"/> 03 Not at Intersection <input type="checkbox"/> 04 Private Property <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other		14. Off-Street Location <input checked="" type="checkbox"/> 01 Public Space <input type="checkbox"/> 02 Private Property <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other: _____		15 Report taken on Scene? Yes	
16 Photos taken? No	17 If yes, # Photos 0	17 # vehicles Involved 2	18 # Injured Persons 0	20 # Fatalities 0			
189 (Type of Crash) Side Swiped	190 (Road Surface) Asphalt	191 (Road Type) Straight	192 (Road Condition) Dry	193 (Street Lighting) Street Lights On	194 (Light Condition) Dark (Lighted)		
195 (Weather)	196 (Traffic Condition)	197 (Roadway Type)	198 (Traffic Controls)	199 (Pedestrian Action)			
Clear or No Adverse Condition	Heavy	Two-Way, Unprotected Median	Two-Way, Not Divided	N/A			

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STRIKING VEHICLE[STRIKING OBJECT(TYPE,CONTACT INFO,INSURANCE,ETC)]							Associated Vehicle #: 1
21 OBJECT TYPE (Describe fixed object and damage in narrative)	22 LastName First Middle	23 Sex	24 DOB	25 Street Address		26 City,State,Zip	
Other	Pf	M					
27 Home/Cell/ Number	28 Work Number	29 License Number	30 State	31 Class	32 Ins Exp Date	33 Driver Insurance Co.Name	
			MD	B	12/11	Other	
35 Make	36 Model	37 Year	38 Body	39 Color	40 Vehicle ID Number (VIN)		
VANHOOL	BUS	2009	Other	Red			
42 State	43 Year	44 Owner's Last Name First Middle		45 Owner Notified ?	46 Owner's Street Address		
DC	2011			Yes			
48 Owner's Telephone #	49 Veh.Insurance Co(If different from #133)		VehSeq 200 a	VehSeq 200 b	VehSeq 200 c	Veh Seq 200 d	
	NATIONAL UNION FIRE INS CO		Collision with moving vehicle	Not applicable, no more vehicles or event sequences for this vehicle	Not applicable, no more vehicles or event sequences for this vehicle	Not applicable, no more vehicles or event sequences for this vehicle	
211a-d Driver/Pedestrian Distraction	212a-d Primary Contributing Circumstance	213a-d Driver Action	214a-d Vehicle Type:Private		215 a-d Vehicle Type Govt	216a-d Vehicle type:Comm	
Unknown	No Violation	Changing Lanes	N/A		N/A	Bus (seats more than 15 people, including driver)	
19a-d # Occupants (Incl Driver)							
1							
ADDITIONAL VEHICLE							Associated Vehicle #: 2
21 OBJECT TYPE (Describe fixed object and damage in narrative)	22 LastName First Middle	23 Sex	24 DOB	25 Street Address		26 City,State,Zip	
Car		M	08/14/1974	9f			
27 Home/Cell/ Number	28 Work Number	29 License Number	30 State	31 Class	32 Ins Exp Date	33 Driver Insurance Co.Name	
			MD	C	08/11	Geico	
35 Make	36 Model	37 Year	38 Body	39 Color	40 Vehicle ID Number (VIN)		
HONDA	ACCORD	1996	Sedan (4-door)	Black	1f		
42 State	43 Year	44 Owner's Last Name First Middle		45 Owner Notified ?	46 Owner's Street Address		
MD	2011			Yes	9f		
48 Owner's Telephone #	49 Veh.Insurance Co(If different from #133)		VehSeq 200 a	VehSeq 200 b	VehSeq 200 c	Veh Seq 200 d	
210a-d Cell Phone/Other Electronic Device Present(Y/N)							

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			Collision with moving vehicle	Not applicable, no more vehicles or event sequences for this vehicle	Not applicable, no more vehicles or event sequences for this vehicle	Not applicable, no more vehicles or event sequences for this vehicle	N/A
211a-d Driver/Pedestrian Distraction	212a-d Primary Contributing Circumstance	213a-d Driver Action	214a-d Vehicle Type:Private	215 a-d Vehicle Type Govt	216a-d Vehicle type:Comm	19a-d # Occupants (Incl Driver)	
Unknown	No Violation	Changing Lanes	Passenger Auto	N/A	NA	1	
PRIVATE, GOVERNMENT & COMMERCIAL VEHICLE INFORMATION							Associated Vehicle #: 1
217a-d Bus Type	218a-d Cargo Body Type		219a-d US DOT#		220a-d MC #/MX #		
Intercity	N/A		N/A		N/A		
221a-d State #	222a-d Issuing State		223a-d Gros Vehicle/Combination Weight Rating		224a-d Interstate Vehicle Type		
D.C	DC		10,001-26,000 lbs		N/A		
225a-d Carrier Name	226a-d Carrier Address(Street # and Name, Quadrant, Apt.#, City, State & Zip)		227a-z haz Mat Placard?(yes/no)		228a-d If Yes, 4 digit Placard Number		
WMATA			N				
229a-d Haz Mat Class Number	230a-d Hazardous Cargo Materials Released?(yes/no)						
N/A	Y						

Sample

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INVOLVED PERSONS:					Associated Vehicle #: 1	
137a-c Assoc. W/Vehicle#	138a-c Last Name,First Name		139a-c Street Address,City,State,Zip		140a-c Home/Cell/Work#	
1					33	
141a-c Sex	142a- c Age	143a-c Empl. by DC Govt	144a-cTaken to hosp?	146a-c Where Taken (Hospital)	147a-c By Whom(Last Name,First Name)	
F	57	No	No			
148 a-c Major Crash Notified?	149 a-c Teletype Notified ?	150a-c Relative Notified? (If Yes,Last & First Name & Relationship)	151 a-c Status (Admitted,Released, UnKnown)	201a-c(Seat Location Code)	202a-c(Seat belt code)	
No	No			Driver	Fastened	
203a-c(Air Bag Code)	204a-c (Ejection Code)	205a-c (Injury Code)	206a-c Driver/Pedestrian Condition	207a-c Impairment	208 a-c Type of Test Conducted	209a-c Blood Alcohol Content)
Air Bag Installed	None	No Injury	Normal	Had not been drinking	No test Conducted	
INVOLVED PERSONS:					Associated Vehicle #: 2	
137a-c Assoc. W/Vehicle#	138a-c Last Name,First Name		139a-c Street Address,City,State,Zip		140a-c Home/Cell/Work#	
2			9c			
141a-c Sex	142a- c Age	143a-c Empl. by DC Govt	144a-cTaken to hosp?	146a-c Where Taken (Hospital)	147a-c By Whom(Last Name,First Name)	
F	36	No	No			
148 a-c Major Crash Notified?	149 a-c Teletype Notified ?	150a-c Relative Notified? (If Yes,Last & First Name & Relationship)	151 a-c Status (Admitted,Released, UnKnown)	201a-c(Seat Location Code)	202a-c(Seat belt code)	
No	No			Driver	Fastened	
203a-c(Air Bag Code)	204a-c (Ejection Code)	205a-c (Injury Code)	206a-c Driver/Pedestrian Condition	207a-c Impairment	208 a-c Type of Test Conducted	209a-c Blood Alcohol Content)
Air Bag Installed	None	No Injury	Normal	Had not been drinking	No test Conducted	



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VEHICLE CONDITION			Associated Vehicle #: 1
<p>158 Striking Object/Vehicle Direction of Travel and Street Before Crash (must match narrative and diagram)</p> <p><input type="checkbox"/> 01 N/B <input type="checkbox"/> 02 E/B <input type="checkbox"/> 03 S/B <input checked="" type="checkbox"/> 04 W/B <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other</p> <p>159 Disabled? No</p>	<p>160 Skid Marks To Impact: NONE After Impact: NONE <input type="checkbox"/> N/A</p>	<p>161 Area With Damage:</p> <p><input type="checkbox"/> 13 Hood <input type="checkbox"/> 16 Undercarriage <input type="checkbox"/> 14 Roof <input type="checkbox"/> 17 Overturned <input type="checkbox"/> 15 Trunk <input checked="" type="checkbox"/> 18 Other(Explain in narrative)</p>	<p>162 Vehicle Was..</p> <p><input type="checkbox"/> 01 Left on Scene <input type="checkbox"/> 02 Towed By: Towed to: Towing Control # <input checked="" type="checkbox"/> 03 Driven Away By: _____ <input type="checkbox"/> 97 N/A 99 Other _____</p>
<p>158 Additional Vehicle Direction of Travel and Street Before Crash (must match narrative and diagram)</p> <p><input type="checkbox"/> 01 N/B <input type="checkbox"/> 02 E/B <input type="checkbox"/> 03 S/B <input checked="" type="checkbox"/> 04 W/B <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other</p> <p>159 Disabled? No</p>	<p>160 Skid Marks To Impact: NONE After Impact: NONE <input type="checkbox"/> N/A</p>	<p>161 Area With Damage:</p> <p><input type="checkbox"/> 13 Hood <input type="checkbox"/> 16 Undercarriage <input type="checkbox"/> 14 Roof <input type="checkbox"/> 17 Overturned <input type="checkbox"/> 15 Trunk <input checked="" type="checkbox"/> 18 Other(Explain in narrative)</p>	<p>162 Vehicle Was..</p> <p><input type="checkbox"/> 01 Left on Scene <input type="checkbox"/> 02 Towed By: Towed to: Towing Control # <input checked="" type="checkbox"/> 03 Driven Away By: _____ <input type="checkbox"/> 97 N/A 99 Other _____</p>

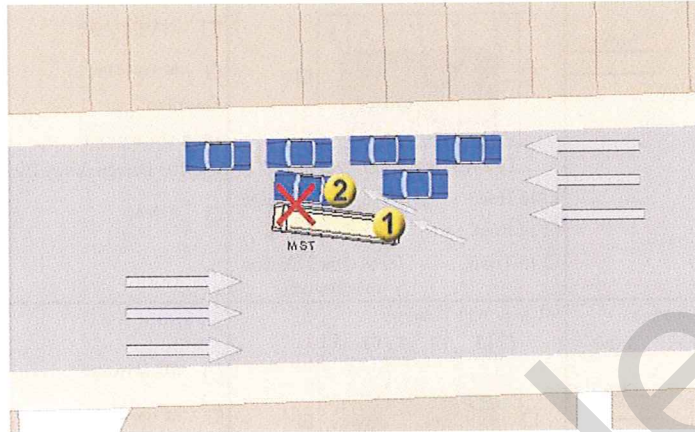
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178 Crash Diagram(Not to Scale)(The diagram must correspond to the narrative.If the report is being taken by an officer after the fact,the diagram shall be completed to show the general area in which the crash occurred.Please indicate freeway access ramps,exit ramps and bridges.Indicate type of fixed object(s) ,direction,posted speed and vehicles by number indicated in spaces above)



Location: 3241 M STREET NW

179 Detailed Narrative(Give a concise statement,in your own words,of the facts that are not covered in this report,or clarify any items that are not satisfactorily explained("other" answers).if statements are taken ,use PD118(Defendant/Suspect Statement) or PD119 (Complainant/Witness statement).If accident occurred in a construction zone,describe type of construction zone.Wherever possible ,list the item number of the corresponding section.

ON THE LISTED DATE AND TIME IN FRONT OF 3241 M ST NW HEADING WESTBOUND, VEHICLE 1 WAS PASSING A DOUBLE PARKED CAR AND ATTEMPTING TO GET BACK OVER TO THE RIGHT LANE WHEN HE STRUCK VEHICLE 2. VEHICLE 2 WAS ALSO PASSING THE DOUBLE PARKED CAR AND SWITCHING BACK TO THE RIGHT LANE WHEN HE STRUCK VEHICLE 1. VEHICLE 1 HAD NO DAMAGE. NO NOI WAS ISSUED DUE TO CONFLICTING STATEMENTS. NO WITNESSES WERE ON SCENE/

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This report is used for statistical analysis of vehicular crashes and the prevention thereof. The data given represents the opinion and conclusion of the reporting officer, based on his/her judgement after considering all the facts disclosed through his/her investigation of this crash.

180 Reporting Member's Name/CAD/Badge#	181 Unit	182 Signature	183 Official's Name/CAD/Badge #	184 Official's Unit
ξ [Signature]	16	ξ		16
185 Official's Signature	186 Reviewer	187 Distribution	188 Date	Complaint Number(CCN)
[Signature]	[Signature]			

Approved by Unit Supervisor:

Approved by Staff Reviewer:

Sample

Sample