

POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W T H F S S N	CRASH TIME AM PM	POLICE NOTIFIED AM PM	POLICE ARRIVAL AM PM	DMV FILE NUMBER
COUNTY	ROAD ON WHICH CRASH OCCURRED		LATITUDE	LONGITUDE	MILE POST	DMV CODE

WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD
 NEAR _____ MILES E W

WITHIN _____ FEET N S OF NEAREST CITY / TOWN
 NEAR _____ MILES E W

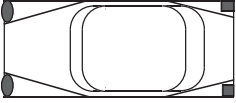
PROPERTY DAMAGE PUBLIC PROPERTY DAMAGE ESTIMATE: UNDER \$1500 OVER \$1500 UNKNOWN HAZ. MATERIALS PHOTOS TAKEN TRAIN R/R TRUCK / BUS

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
PED BIC	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()				
PRK PRP	VEHICLE OWNER <input type="checkbox"/> SAME	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()				

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER					
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N UNKNOWN BY: TO: DRIVER TAKEN: Y N UNKNOWN BY: TO:

VEHICLE DAMAGE

FRONT 

MARK ALL THAT APPLY:
 DAMAGE ESTIMATE NONE UNDER \$1500 OVER \$1500 ROLLOVER UNDERCAR TOTALED UNKNOWN

INJURY: NONE COMPLAINT OF PAIN VISIBLE INJURY INCAPACITATED FATAL

EQUIPMENT: NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

ACTION / ARREST / CITES

USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)

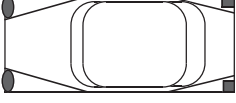
HIT AND RUN	SUSPECT NAME	AKA	IN CUSTODY Y N
	ADDRESS	OTHER INFORMATION:	
	SEX RACE DOB HT WT HAIR EYES LOCAL ID		

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
PED BIC	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()				
PRK PRP	VEHICLE OWNER <input type="checkbox"/> SAME	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()				

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER					
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N UNKNOWN BY: TO: DRIVER TAKEN: Y N UNKNOWN BY: TO:

VEHICLE DAMAGE

FRONT 

MARK ALL THAT APPLY:
 DAMAGE ESTIMATE NONE UNDER \$1500 OVER \$1500 ROLLOVER UNDERCAR TOTALED UNKNOWN

INJURY: NONE COMPLAINT OF PAIN VISIBLE INJURY INCAPACITATED FATAL

EQUIPMENT: NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

ACTION / ARREST / CITES

USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)

HIT AND RUN	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS				
	SEX RACE DOB PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LRF <input type="checkbox"/> CCF <input type="checkbox"/> RRF <input type="checkbox"/> LRR <input type="checkbox"/> CCR <input type="checkbox"/> RRR	OTHER:	EJECTED Y P N	EXTRCTD Y N
	PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP				

HIT AND RUN	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS				
	SEX RACE DOB PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LRF <input type="checkbox"/> CCF <input type="checkbox"/> RRF <input type="checkbox"/> LRR <input type="checkbox"/> CCR <input type="checkbox"/> RRR	OTHER:	EJECTED Y P N	EXTRCTD Y N
	PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP				

HIT AND RUN	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS				
	SEX RACE DOB PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LRF <input type="checkbox"/> CCF <input type="checkbox"/> RRF <input type="checkbox"/> LRR <input type="checkbox"/> CCR <input type="checkbox"/> RRR	OTHER:	EJECTED Y P N	EXTRCTD Y N
	PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP				

DISTRIBUTION

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY
-----------------------	------	--------	-------------

Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

<p>FIRST HARMFUL EVENT</p> <p>NON COLLISION</p> <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain) <p>COLLISION WITH</p> <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST <p>CRASH TYPE</p> <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN <p>FIXED OBJECT</p> <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE O/PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCRT or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER FIXED (Explain) <p>OTHER OBJECT (NOT FIXED)</p> <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain) <p>EVENT LOCATION</p> <p>ON ROADWAY</p> <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA <p>OFF ROADWAY</p> <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN <p>SPECIAL ZONE</p> <input type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER	<p>WEATHER</p> <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOWN <p>SURFACE CONDITION</p> <p>#1 #2</p> <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER (Explain) <p>SURFACE TYPE</p> <p>#1 #2</p> <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER <p>LIGHT</p> <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN <p>TRAFFIC CONTROL TYPE</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS <input type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> TURN LANES <input type="checkbox"/> UNKNOWN <p>TRAFFIC CONTROL DEVICE CONDITION</p> <p>#1 #2</p> <input type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM PROPER POSITION <input type="checkbox"/> OBSCURED BY OTHER SIGNS <input type="checkbox"/> OBSCURED BY PARKED VEHICLE <input type="checkbox"/> OBSCURED BY VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTN <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN	<p>ROAD CHARACTER</p> <p>#1 #2</p> <input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE <p>VEH #1 ___ NUMBER OF LANES</p> <p>VEH #2 ___ NUMBER OF LANES</p> <p>___ TOTAL NUMBER OF LANES</p> <p>ROAD FLOW</p> <p>#1 #2</p> <input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVIDED <p>MEDIAN TYPE</p> <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN <p>DRIVER LICENSE VIOLATION</p> <p>DRIVER</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input type="checkbox"/> SUSPNDed / REVOKED <input type="checkbox"/> UNLICENSED <p>★ DRIVER FACTORS</p> <p>DRIVER</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISRGRD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDE/WAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>★ IMPAIRMENT</p> <p>DRIVER</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input type="checkbox"/> UNKNOWN <p>DETERMINED BY:</p> <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>RESULTS OF TEST:</p> <p>D1 ___% D2 ___%</p> <input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE	<p>★VEH RELATED FACTORS</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER <p>VEHICLE MOVEMENT</p> <p>#1 #2</p> <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER <p>TRAILER TYPE</p> <p>#1 #2</p> <input type="checkbox"/> LOG BUNK <input type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOWN	<p>TRUCK CONFIGURATION</p> <p>#1 #2</p> <input type="checkbox"/> TRUCK (2 or 3 AXLE) <input type="checkbox"/> TRUCK / TRACTOR-SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER (Explain) <p>★ PASSENGER FACTORS</p> <p>PASS UNIT #1</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>PASS UNIT #2</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>PEDESTRIAN LOCATION</p> <p>IN ROAD</p> <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE <p>INTERSECTION</p> <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE <p>OTHER</p> <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN	<p>PEDESTRIAN TYPE</p> <input type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>★ PEDESTRIAN ACTION</p> <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <input type="checkbox"/> APPRCH / LEAVE SC BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOWN <p>PED / BIKE VISIBILITY</p> <p>CLOTHING</p> <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE <p>OTHER</p> <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN <p>★ PED / BIKE FACTORS</p> <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)			
<p>SKETCH & NARRATIVE</p> <p align="left"> ↑ </p> <p>(NOT TO SCALE)</p>						<p>UNIT</p>	<p>1</p>	<p>2</p>
<p>SKID MARKS TO (FEET) _____</p> <p>DISTANCE AFTER (FEET) _____</p>								

POLICE INCIDENT / CASE NUMBER	CRASH DATE				
COUNTY					

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
--------	----------------------------	-----------------------	-------	-----	------	-----

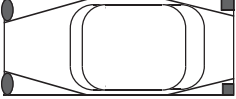
PED BIC	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()
---------	---------	---

PRK PRP	VEHICLE OWNER <input type="checkbox"/> SAME	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()
---------	--	---

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER
----------	---------	---------	--	-------------------------

EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR
---------------	-------------	-------------------------------------	----------------------	-------	------	------	-------	-------	-------

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N <input type="checkbox"/> UNKNOWN BY: TO:	DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:
--	--

VEHICLE DAMAGE		MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN	INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP ACTION / ARREST / CITES
----------------	---	--	---

USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
--------	---	---------

SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> CR <input type="checkbox"/> RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
-----	------	-----	---	---	---	--------	---------------	-------------

PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
---	--

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
--------	---	---------

SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> CR <input type="checkbox"/> RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
-----	------	-----	---	---	---	--------	---------------	-------------

PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
---	--

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
--------	---	---------

SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> CR <input type="checkbox"/> RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
-----	------	-----	---	---	---	--------	---------------	-------------

PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
---	--

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
--------	---	---------

SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> CR <input type="checkbox"/> RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
-----	------	-----	---	---	---	--------	---------------	-------------

PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
---	--

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
--------	---	---------

SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> CR <input type="checkbox"/> RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
-----	------	-----	---	---	---	--------	---------------	-------------

PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
---	--

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
--------	---	---------

SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> CR <input type="checkbox"/> RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
-----	------	-----	---	---	---	--------	---------------	-------------

PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
---	--

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
--------	---	---------

SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> CR <input type="checkbox"/> RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
-----	------	-----	---	---	---	--------	---------------	-------------

PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
---	--

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
--------	---	---------

SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()	INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	LOCATION <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> CR <input type="checkbox"/> RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
-----	------	-----	---	---	---	--------	---------------	-------------

PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:	EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
---	--

DISTRIBUTION			
---------------------	--	--	--

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY
-----------------------	------	--------	-------------

Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

<p>SURFACE CONDITION</p> <p>#3</p> <p><input type="checkbox"/> DRY</p> <p><input type="checkbox"/> WET</p> <p><input type="checkbox"/> SNOW / SLUSH</p> <p><input type="checkbox"/> ICY</p> <p><input type="checkbox"/> MUDDY</p> <p><input type="checkbox"/> DEBRIS</p> <p><input type="checkbox"/> RUTS / HOLES / BUMPS</p> <p><input type="checkbox"/> WORN / POLISHED</p> <p><input type="checkbox"/> LOW / SOFT SHOULDER</p> <p><input type="checkbox"/> OTHER (Explain)</p> <p>SURFACE TYPE</p> <p>#3</p> <p><input type="checkbox"/> CONCRETE</p> <p><input type="checkbox"/> BLACKTOP / ASPHALT</p> <p><input type="checkbox"/> GRAVEL</p> <p><input type="checkbox"/> DIRT</p> <p><input type="checkbox"/> OTHER</p> <p>TRAFFIC CONTROL TYPE</p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> SCHOOL BUS LIGHTS</p> <p><input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER</p> <p><input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL</p> <p><input type="checkbox"/> TRAFFIC SIGNAL</p> <p><input type="checkbox"/> FLASHING BEACON</p> <p><input type="checkbox"/> STOP SIGN</p> <p><input type="checkbox"/> YIELD SIGN</p> <p><input type="checkbox"/> RR CROSSING GATES</p> <p><input type="checkbox"/> RR CROSSING BUCKS</p> <p><input type="checkbox"/> RR FLASHING SIGNAL</p> <p><input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS</p> <p><input type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES</p> <p><input type="checkbox"/> SCHOOL SIGNAL</p> <p><input type="checkbox"/> OTHER REG SIGN</p> <p><input type="checkbox"/> TURN LANES</p> <p><input type="checkbox"/> UNKNOWN</p> <p>TRAFFIC CONTROL DEVICE CONDITION</p> <p>#3</p> <p><input type="checkbox"/> NO MALFUNCTION</p> <p><input type="checkbox"/> DOWN / MISSING</p> <p><input type="checkbox"/> TURNED FROM PROPER POSITION</p> <p><input type="checkbox"/> OBSCURED BY OTHER SIGNS</p> <p><input type="checkbox"/> OBSCURED BY PARKED VEHICLE</p> <p><input type="checkbox"/> OBSCURED BY VEGETATION</p> <p><input type="checkbox"/> LIGHTS MALFUNCTION</p> <p><input type="checkbox"/> LIGHTS STUCK</p> <p><input type="checkbox"/> GATES INOPERATIVE</p> <p><input type="checkbox"/> GATE ARM MISSING</p> <p><input type="checkbox"/> OTHER RR MALFUNCTN</p> <p><input type="checkbox"/> OTHER IMPAIRMENT</p> <p><input type="checkbox"/> UNKNOWN</p>	<p>ROAD CHARACTER</p> <p>#3</p> <p><input type="checkbox"/> STRAIGHT and LEVEL</p> <p><input type="checkbox"/> STRAIGHT w/ GRADE</p> <p><input type="checkbox"/> CURVED and LEVEL</p> <p><input type="checkbox"/> CURVED w/ GRADE</p> <p>VEH #3 ____ NUMBER OF LANES</p> <p>____ TOTAL NUMBER OF LANES</p> <p>ROAD FLOW</p> <p>#3</p> <p><input type="checkbox"/> ONE WAY TRAFFIC</p> <p><input type="checkbox"/> NOT PHYSLY DIVIDED</p> <p>MEDIAN TYPE</p> <p><input type="checkbox"/> UNPAVED</p> <p><input type="checkbox"/> BARRIER</p> <p><input type="checkbox"/> PAVED</p> <p><input type="checkbox"/> CONT LEFT TURN</p> <p>DRIVER LICENSE VIOLATION</p> <p>DRIVER</p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> INSTRUCTION PERMIT</p> <p><input type="checkbox"/> LICENSE RESTRICTION</p> <p><input type="checkbox"/> EXPIRED LICENSE</p> <p><input type="checkbox"/> OUT OF CLASS</p> <p><input type="checkbox"/> SUSPNDED / REVOKED</p> <p><input type="checkbox"/> UNLICENSED</p> <p>★ DRIVER FACTORS</p> <p>DRIVER</p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> CELL PHONE USE</p> <p><input type="checkbox"/> OBSTRUCTED VIEW</p> <p><input type="checkbox"/> FAILED TO YIELD ROW</p> <p><input type="checkbox"/> DISRGRD TRAF SIGN</p> <p><input type="checkbox"/> TOO FAST FOR COND</p> <p><input type="checkbox"/> MADE IMPROPER TURN</p> <p><input type="checkbox"/> WRONG SIDE/WAY</p> <p><input type="checkbox"/> FOLLOW TOO CLOSELY</p> <p><input type="checkbox"/> IMPROPER LANE CHNG</p> <p><input type="checkbox"/> IMPROPER BACKING</p> <p><input type="checkbox"/> IMPROPER PASSING</p> <p><input type="checkbox"/> IMPROPER SIGNAL</p> <p><input type="checkbox"/> IMPROPER PARKING</p> <p><input type="checkbox"/> FATIGUE / DROWSY</p> <p><input type="checkbox"/> ILL / BLACKOUT</p> <p><input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> OTHER (Explain)</p> <p>★ IMPAIRMENT</p> <p>DRIVER</p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> UNDER INFL - DRUGS</p> <p><input type="checkbox"/> UNDER INFL - ALCOHOL</p> <p><input type="checkbox"/> UNDER INFL - MEDS</p> <p><input type="checkbox"/> UNKNOWN</p> <p>DETERMINED BY:</p> <p><input type="checkbox"/> INTOXILYZER TEST</p> <p><input type="checkbox"/> BLOOD OR URINE TEST</p> <p><input type="checkbox"/> FIELD SOB. TEST</p> <p><input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.)</p> <p><input type="checkbox"/> DRE EVALUATION</p> <p><input type="checkbox"/> STATEMENTS</p> <p><input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> OTHER (Explain)</p> <p>RESULTS OF TEST:</p> <p>D1 ____ %</p> <p><input type="checkbox"/> NO TEST GIVEN</p> <p><input type="checkbox"/> TEST REFUSED</p> <p><input type="checkbox"/> TESTED FOR DRUGS</p> <p><input type="checkbox"/> RESLTS NOT AVAILABLE</p>	<p>★VEH RELATED FACTORS</p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> BRAKES</p> <p><input type="checkbox"/> STEERING</p> <p><input type="checkbox"/> POWER PLANT</p> <p><input type="checkbox"/> SUSPENSION</p> <p><input type="checkbox"/> TIRES</p> <p><input type="checkbox"/> EXHAUST</p> <p><input type="checkbox"/> LIGHTS</p> <p><input type="checkbox"/> SIGNALS</p> <p><input type="checkbox"/> WINDOWS / WINDSHLD</p> <p><input type="checkbox"/> RESTRAINT SYSTEM</p> <p><input type="checkbox"/> WHEELS</p> <p><input type="checkbox"/> COUPLING</p> <p><input type="checkbox"/> CARGO</p> <p><input type="checkbox"/> OTHER</p> <p>VEHICLE MOVEMENT</p> <p>#3</p> <p><input type="checkbox"/> BACKING</p> <p><input type="checkbox"/> STOPPED</p> <p><input type="checkbox"/> STRAIGHT AHEAD</p> <p><input type="checkbox"/> TURNING RIGHT</p> <p><input type="checkbox"/> TURNING LEFT</p> <p><input type="checkbox"/> MAKING U-TURN</p> <p><input type="checkbox"/> ENTER TRAFFIC LANE</p> <p><input type="checkbox"/> LEAVE TRAFFIC LANE</p> <p><input type="checkbox"/> OVERTAKING</p> <p><input type="checkbox"/> CHANGING LANES</p> <p><input type="checkbox"/> AVOIDING MANEUVER</p> <p><input type="checkbox"/> MERGING</p> <p><input type="checkbox"/> PARKING</p> <p><input type="checkbox"/> NEGOTIATING A CURVE</p> <p><input type="checkbox"/> OTHER</p> <p>TRAILER TYPE</p> <p>#3</p> <p><input type="checkbox"/> LOG BUNK</p> <p><input type="checkbox"/> SEMITRAILER</p> <p><input type="checkbox"/> POLE TRAILER</p> <p><input type="checkbox"/> FULL TRAILER</p> <p><input type="checkbox"/> MOBILE HOME</p> <p><input type="checkbox"/> UTILITY TRAILER</p> <p><input type="checkbox"/> TRAVEL TRAILER</p> <p><input type="checkbox"/> BOAT TRAILER</p> <p><input type="checkbox"/> FARM EQUIPMENT</p> <p><input type="checkbox"/> HORSE TRAILER</p> <p><input type="checkbox"/> VEHICLE IN TOW</p> <p><input type="checkbox"/> OTHER / UNKNOWN</p> <p>TRUCK CONFIGURATION</p> <p>#3</p> <p><input type="checkbox"/> TRUCK (2 or 3 AXLE)</p> <p><input type="checkbox"/> TRUCK / TRACTOR-SEMI</p> <p><input type="checkbox"/> TRUCK and TRAILER</p> <p><input type="checkbox"/> DOUBLE TRAILERS</p> <p><input type="checkbox"/> TRIPLE TRAILERS</p> <p><input type="checkbox"/> DROMEDARY and SEMI</p> <p><input type="checkbox"/> HEAVY HAUL CONFIG</p> <p><input type="checkbox"/> BUS</p> <p><input type="checkbox"/> OTHER (Explain)</p> <p>★ PASSENGER FACTORS</p> <p>PASS UNIT #3</p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> INTERFERED w/DRIVER</p> <p><input type="checkbox"/> UNDER INFL - DRUGS</p> <p><input type="checkbox"/> UNDER INFL - ALCOHOL</p> <p><input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> OTHER (Explain)</p>
---	---	--