Police Officer’s Instruction Manual for Completing the Police Crash Report (FR300P)

Virginia Department of Motor Vehicles
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The instructions in this manual have been prepared to assist police officers in completing the Police Crash Report (FR300P)

The primary purpose of crash investigation and reporting is to determine and properly document the causal factors associated with motor vehicle crashes. Information from the police crash report is used to develop programs and activities to reduce the number and severity of motor vehicle crashes. National, state and local agencies rely on this data to set funding priorities and program development. State agencies such as the Virginia Department of Motor Vehicles (DMV), the Department of State Police (VSP) and the Department of Transportation (VDOT) use information from the crash reports to develop and implement programs that directly influence the lives of all Virginians.

The motor vehicle laws of Virginia under §46.2-373 require law enforcement officers to submit a police crash report to the DMV for all reportable crashes within 24 hours after the completion of the crash investigation. An excerpt from that code section follows.

§46.2-373. Report by law-enforcement officer investigating accident.
   A. Every law-enforcement officer who in the course of duty investigates a motor vehicle accident resulting in injury to or death of any person or total property damage to an apparent extent of $1,000 or more, either at the time of and at the scene of the accident or thereafter and elsewhere, by interviewing participants or witnesses shall, within twenty-four hours after completing the investigation, forward a written report of the accident to the Department. The report shall include the name or names of the insurance carrier or of the insurance agent of the automobile liability policy on each vehicle involved in the accident.

Crashes meeting the severity criteria occurring on public property are reportable to the DMV. Public property is considered to be highways, roads, streets and public parking lots maintained by state, county or municipal funds. Crashes occurring on private property, even though they may meet the severity criteria, are not reportable to the DMV.

Crashes that are clearly non-reportable based on the definition of severity or location should not be sent to the DMV. Also, to reduce the number of supplemental reports, it is recommended that the FR300P not be sent to the DMV until after completion of the crash investigation.

The Police Crash Report (FR300P) is a standard 8 ½” x 11” form that consists of an original and two carbon copies. The original has printed on the top “DMV Copy” and is the only copy that should be forwarded to the DMV. The other two copies “Agency Copy” are for police agency use. Pads of FR300F (Field Notes), which are the exact replica of the FR300P without the carbons, are also available for police use. Also provided is the FR300T, which is the template to be used to complete the FR300P and FR300F. Forms FR300P and FR300F are available upon request from: Department of Motor Vehicles, P.O. Box 27412, Richmond, Virginia 23269-0001. Fax number (804) 367-1054
GENERAL INSTRUCTIONS

Entering Information in the Boxes

When entering information in the boxes in the right margin of the report on the second page, consider the vehicle on the left of the report (vehicle #1 space) as vehicle #3. The vehicle defined on the right of the report (vehicle #2 space) as vehicle #4. So, when completing the report, and when asked for information regarding vehicle #3, that information should be recorded on the second page in the boxes labeled vehicle #1. For vehicle #4, information should be recorded on the second page in the boxes labeled vehicle #2. This process should continue with crashes involving more than 4 vehicles adding additional pages as necessary.

Vehicles that do not Make Physical Contact

A vehicle that did not make physical contact with another vehicle should be reported on the FR300P and considered as being involved in the crash if its operation contributed to or caused the crash. List this vehicle as the last vehicle on the report. Also, a parked vehicle, hit and run vehicle, or bicycle should be listed as the last vehicle on the report. Of course there can only be one last vehicle; so with a combination of the above, make those vehicles the final vehicles on the report. Pedestrians should be listed after all vehicles have been listed.

Reporting Additional Vehicles

When reporting additional vehicles, indicate the proper number of the vehicle, such as vehicle #3, vehicle #4, etc. The third vehicle should be labeled “3” in the box “Vehicle No.” above the area requesting operator information, in the crash diagram, and in column 12. The fourth vehicle should be labeled “4” in the box “Vehicle No.” above the area requesting operator information, in the crash diagram, and in column 12. Continue this labeling process for all subsequent vehicles.

Parked Vehicles

A parked vehicle is not considered parked if it impedes the normal flow of traffic. For example, a vehicle stopped in the roadway discharging passengers should not be considered parked vehicles. For vehicles legally parked, enter the word “parked” in the driver name field and enter all other information pertinent to the owner and vehicle.

Other Vehicles

A mini-bike, trail bike, bicycle or animal-drawn vehicle should be recorded as a vehicle for the
purposes of this report. A person on skates, coaster wagon, sled or other similar devices should be classified as a pedestrian.

When to Forward the FR300P

The FR300P should be forwarded to the DMV within twenty-four hours of the completed crash investigation. In the rare instance when a supplemental report is necessary, after the original FR300P has been sent to the DMV, the box labeled “Supplemental report” in the upper left-hand side of the form should be checked. Sufficient identifying information such as accident date, location, people involved and vehicle identification should be included on the supplemental report. Information changed, deleted or added from the original FR300P should be highlighted. Attach a photocopy of the original FR300P to the supplemental report. Supplemental reports are difficult and time consuming for DMV to process. So, do not send the original FR300P to the DMV until the crash investigation is completed.

Reviewing the Report for Accuracy

Investigating police officers and reviewing officers should ensure that the report is completed in its entirety and that the report is internally consistent. It is important to ensure that all information for each vehicle is recorded and coded in the appropriate box for that vehicle. There should only be one, vehicle #1 regardless of the number of vehicles in the crash (and so on for vehicles 2, 3, 4 etc.). All information related to each vehicle should appear in the appropriate space for that vehicle including the coding in the right margin of the FR300P. Please describe in the “Crash description” any situations relevant to crash causation where there is no code to describe the event or action.

SPECIFIC INSTRUCTIONS

Body of the FR300P

1. **Page** of **pages**

If it is necessary to use more than one FR300P because of the number of vehicles involved, persons injured or another reason, indicate the page in the upper left corner of the report.

*Example* - Crash requiring 2 pages:

1st page: Page 1 of 2 pages.
2nd page: Page 2 of 2 pages.

2. **Supplemental report**

In the rare instance when a supplemental report is necessary, after the original FR300P has been sent to the DMV, place an “X” in the box labeled Supplemental report.

3. **Crash date**

Indicate in numbers the month, day and year the crash took place. Use the following format **MM / DD / YYYY**.

*Example* – January 5, 2003 should be written on the FR300P as: 01 05 2003

4. **Day of week**

Indicate the day of the week the crash took place by using the first three letters of the day.

Sunday – Sun  Monday – Mon
Tuesday – Tue  Wednesday – Wed
Thursday – Thu  Friday – Fri
Saturday – Sat
5. **Military time (24 hour clock)**

Indicate time the crash took place using a 24-hour format (military time).

- 12 Midnight is expressed as 2400 hours
- 12 Noon is expressed as 1200 hours
- A crash occurring at 10:35 PM would be written on the FR300P as 2235
- A crash occurring at 10:35 AM would be written on the FR300P as 1035.

6. **County of crash**

Indicate the county in which the crash occurred. If the crash occurred in a city, leave this space blank. If the crash occurred in a town, indicate the County of crash in block (6).

7. **Official DMV use**

The Department of Motor Vehicles uses this space for their document number.

8. **City of / Town of**

Indicate the jurisdiction of the crash by checking the appropriate box and writing in the city or town name. If the crash did not occur within the corporate limits of a city or town, leave this space blank.

9. **Landmark at scene**

If the crash occurred on a street or highway on which houses or businesses are numbered, indicate the address nearest the crash scene. In a rural location indicate a reference point that could be used to locate the crash.

**Example:**

Indicate House # 1312 in the space for a crash occurring in front of a house at 1312 W. Main St. Or indicate Pole # AD56 for a crash being reference by a numbered utility pole. Other reference points could be a culvert headwall number or bridge.

10. **GPS Lat. / GPS Long.**

GPS (Global Positioning System) is a worldwide radio-navigation system formed from a constellation of 24 satellites and their ground stations. GPS uses these "man-made stars" as reference points to calculate positions accurate to a matter of meters.

Using a GPS receiver, take a reading at the location of the crash (first harmful event), for example on the street in front of 1312 W. Main Street. The receiver should display two readings, a latitude and longitude. The readings should be expressed in decimal degree format. Indicate in the GPS Lat. space the latitude reading and in the GPS Long. space the longitude reading.

**Example:**

Indicate 37.546083 in the GPS Lat. space and –77.457583 in the GPS Long. space for a crash that occurred on the street in front of 1312 W. Main Street.

The GPS reading should be made as close to the location of the first harmful event as possible.

If a GPS receiver is not available, leave these spaces blank.

11. **Location of crash (route/street)**

Indicate the street name or route number on which the crash occurred. Use the route number whenever possible, rather than the local name by which a highway may be known. When using a street name include the closest address if possible (1312 W. Main St.).

12. **At intersection with or ___ miles ___ feet ___°N ___°E ___°W of Location of crash (route/street)**

If the crash occurred at an intersection check the intersection box.

If not at an intersection, indicate the distance in feet or miles (accurate to within .01 mile
if possible -- short distances are more easily represented in feet than parts of a mile) and the direction of the crash from the nearest highway or street, bridge, railroad crossing, alley, underpass, overpass, creek, or other permanent physical landmark. Indicate the name/route number of the intersecting /referenced street, or referenced landmarks. If there are multiple intersections at that location, indicate which intersection. For example, indicate .23 miles E. of the east intersection of said route.

13. **Railroad crossing ID no. (if within 150 ft.)**

If the crash occurred within 150 feet of a railroad grade crossing, place its seven-character (6 numeric, 1 alphabetic) identifier in the space provided. The seven-character identifier may be on the crossing signpost, gatepost, switchbox or nearby utility pole.

14. **Mile Marker Number**

If the crash occurred on a highway where mile markers (milepost) are present, indicate the accident to the nearest tenth of a mile. Always determine the distance from the lower numbered marker to the accident location.

**Example:**

A crash occurring between mile markers 85 and 86, three tenths of a mile past mile marker 85 would be marked as **85.30**.

15. **Local Case Number**

Indicate the investigating agency’s case or report number.

16. **Number of Vehicles**

Indicate the number of vehicles involved in the crash.

If there are three or more vehicles additional pages must be completed. A vehicle that did not make physical contact with another vehicle should be shown on the report and considered as being involved in the crash if its operation contributed to or caused the crash.

17. **Driver’s name (last, first, middle)**

Enter the name of the operator of the vehicle. Each operator’s name must be printed last name, first name and middle name exactly as it appears on their driver’s license. Follow the same format if the driver is unlicensed, pedestrian, bicyclist, etc.

18. **Driver fled scene**

Place an “**X**” in this box in a case where the operator/driver fled the scene of the crash.

19. **Years of experience**

Indicate the number of years the individual has been operating the type of vehicle involved in the crash.

**Example:**

A crash occurs involving a motorcyclist. Indicate (in round numbers) the number of years this individual has been riding a motorcycle.

The individual may have been driving a standard motor vehicle for 30 years, but only riding a motorcycle for 1 year. In this case “**Years of experience**” is 1 year.

20. 21. 22. 23. **Address (street and no.), City, State, Zip**

Enter the operator’s current complete street address including city, state and zip code in the space provided. The current address may be different than the address shown on the driver’s license.

24. **Birth Date**

Indicate by numbers the operator’s date of birth in the form of **MM/DD/YYYY**.
Example:

A driver born on October 3, 1946 would appear as 10 03 1946.

25. **Gender**

Indicate gender of the operator using “F” to signify female and “M” to signify male.

26. 27. **Driver’s license number, DL, CDL**

Indicate the driver’s license number of the operator. This number should be taken from the operator’s current driver’s license.

If the operator has a state and military operator’s license, indicate the state license number.

Place an “X” in the box labeled DL if the driver’s license is a standard driver’s license.

Place an “X” in the box labeled CDL if the driver’s license is a commercial driver’s license.

28. **State**

Enter the standard abbreviation of the state that issued the driver’s license.

29. 30. **Vehicle owner’s name (last, first, middle) or Commercial motor carrier**

Enter the vehicle owner’s name in the order of last name, first name, and middle name.

If a commercial vehicle is involved check the shipping document to verify the commercial motor carrier name and address.

If the driver is also the owner and the license and registration documents indicate such, place an “X” in the box labeled same as driver and do not complete vehicle owner name and address section.

If a tractor-trailer is involved and each piece of equipment is owned separately, enter the name and address of the owner of the tractor only. Make certain the commercial motor carrier name and address information are complete.

If a firm rents a vehicle to perform commerce, enter the name and address of the business renting the vehicle rather than the vehicle rental agency.

31. 32. 33. 34. **Address (street and no.), City, State Zip**

Enter the owner’s current complete street address including city, state and zip code in the space provided.

If the vehicle driver and owner are the same and an “X” has been marked in the box labeled same as driver in the driver’s name section and all the address fields are complete in the owner’s section then this section may be omitted.

35. **Veh. type**

Select the code from the back of the template that best describes the vehicle type.

Example:

If a crash involves a **sport utility vehicle**, code “22”, for **Truck – sport utility vehicle**, should be entered in the Veh. type space.

Example:

If a crash involves a **15-passenger van (excluding the driver)** and the vehicle is used commercially (for profit) or non-profit (Church, YMCA, Boy Scouts, Girl Scouts, etc.) to transport people, the appropriate code from the back of the template is “17” for **Bus – commercial passenger bus (seats 15+ people including the driver)**. If a 15-passenger van (excluding the driver) is solely for personal use and not for profit or not transporting people for a non-profit group, code “3” for **Van** should be recorded in the Veh. type space.
Example:
If a crash involves a **9-15 passenger van (including the driver)** and the vehicle is used commercially (for profit) to transport people, the appropriate code from the back of the template is “15” for **Bus** – **commercial passenger bus (seats 9-15 people, including driver).**

If a 9-15 passenger van (including the driver) is used by a non-profit or for personal use, code “3” for **Van** should be recorded in the **Veh. type** space.

36. 37. 38. **Veh. year, Veh. make, Veh. model**

Indicate the year, make (Ford, Chevrolet, Chrysler, Cadillac, etc.) and model (Crown Victoria, Impala, Pacifica, DeVille, etc).

39. **CMV**

Place an “X” in the box if the crash involved a **Commercial motor vehicle** which means any self-propelled or towed motor vehicle used on the highways of Virginia to transport passengers or property when the vehicle:

(1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of more than 10,000 pounds, whichever is greater; or

(2) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or

(3) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation (excluding solely personal use); or

(4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C.

Example:
If a crash involves a **15-passenger (excluding the driver) YMCA van,** place an “X” in the box designating this vehicle as a Commercial Motor Vehicle (CMV).

Example:
If a crash involves a **9-15 passenger (including the driver) airport shuttle van,** place an “X” in the box designating this vehicle as a Commercial Motor Vehicle (CMV).

Example:
If a crash involves a step van used to deliver bread to the local grocery store and the van has a gross vehicle weight rating of more than 10,000 lbs, place an “X” in the box designating this vehicle as a Commercial Motor Vehicle (CMV).

Example:
If a crash involves a **school bus,** place an “X” in the box designating this vehicle as a Commercial Motor Vehicle (CMV).

40. **Towed**

Place an “X” in the box if the vehicle was towed from the crash scene. This applies to any vehicle involved in the collision.

41. **Vehicle plate number**

Enter the entire number from the license plate on the vehicle and to assure accuracy compare it with the registration information.

42. **State**

Enter the standard abbreviation of the state issuing the license plates.
43. **EMV type**

If the vehicle involved in the crash was an emergency motor vehicle select the code from the back of the template that best describes the emergency vehicle type, and record the code in the **EMV type** space.

**Example:**

If a crash involves a police vehicle, enter code “2” for **Police**.

44. **EMV in service**

If the vehicle involved in the crash was an emergency motor vehicle indicate the service status of the vehicle by selecting the appropriate code from the back of the template.

**Example:**

If a crash involves an ambulance responding to a crash scene, enter code “1” for **Yes, in emergency**.

45. **VIN**

Enter the vehicle’s Vehicle Identification Number (VIN) in this space. The VIN can be found on the vehicle or on the vehicle registration information.

46. **Approximate repair cost**

Enter the estimated cost to repair the vehicle. If the vehicle is totally destroyed, indicate an approximate used-car cost for a similar vehicle.

47. **U.S. DOT no. or VA no.**

Indicate the motor carrier identification number in this space.

The U.S. DOT number is an identification number issued by the U.S. Department of Transportation. It is usually 7 digits and located on the power unit.

48. **Placard no. and class or name**

Indicate for all placarded commercial motor vehicles the hazardous material placard number and class or name. The hazardous material placard will have an icon (flame, skull and crossbones, etc), a large number or name and a small digit number on a diamond shaped placard.

**Example**

A crash occurs involving a placarded commercial motor vehicle. The placard has a flame icon, a large number 1993 and a smaller number “3” near the bottom of the placard; indicate 1993 as the placard number and “3” as the class.

**Example:**

A crash occurs involving a placarded commercial motor vehicle. The placard has a flame icon, the words Flammable Liquid and a small number “3” near the bottom of the placard, indicate Flammable Liquid as the placard name and “3” as the class.

49. **No. of axles**

Indicate in this space the number of axles on the commercial motor vehicle.

**Example:**

If a crash involves a delivery truck with a gross vehicle weight rating over 10,000 lbs with a steering axle and a single drive axle, a “2” should be entered in the **No. of axles** space.
Example

If a crash involves a delivery truck over 10,000 lbs with a steering axle and tandem drive axles; a “3” should be entered in the No. of axles space.

Example:

If a crash involves a tractor-trailer and the power unit has a steering axle and tandem drive axles and the trailer has tandem axles, a “5” should be entered in the No. of axles space.

50. Truck covered

Indicate in the space provided whether the truck was covered or not covered. This section pertains to covering the loads of trucks pursuant to §46.2-1156 paragraph B of the Code of Virginia.

Example:

If a crash involves a truck/load that is required to be covered and is not covered, place an “X” in the “No” space indicated by an “N”.

Example:

If a crash involves a truck/load required to be covered and was covered, place an “X” in the “Yes” space indicated by a “Y”.

Example:

If a crash involves a truck/load that is not required to be covered, write N/A in the entire Truck covered space.

51. GVWR

Indicate in the space provided the gross vehicle weight rating of the commercial vehicle involved in a crash. Place an “X” in the box that best describes the GVWR.

52. Hazmat, Oversize

Indicate in the space provided whether the commercial motor vehicle involved in the crash was carrying hazardous material in a quantity required to be placarded by placing an “X” in box labeled Hazmat.

Indicate in the space provided whether the commercial motor vehicle involved in the crash was an oversized load by placing an “X” in the box labeled Oversize.

Oversize refers to any commercial vehicle:
• over 8 ½ feet wide
• over 13 ½ feet tall
• any tractor-trailer over 65 feet long
• any straight truck over 40 feet long.

53. Cargo spill, Override, Underride

Indicate in the space provided whether the commercial motor vehicle involved in the crash experienced a hazardous materials cargo spill by placing an “X” in the box labeled Cargo spill. Cargo spill refers to hazardous material only and does not include fuel from the vehicle’s fuel tank.

Indicate in the space provided whether the commercial motor vehicle crash involved an override by placing an “X” in the box labeled Override. An override refers to this motor vehicle riding up over another vehicle.

Indicate in the space provided whether the commercial motor vehicle crash involved an underride by placing an “X” in the box labeled Underride. An underride refers to another motor vehicle sliding under this motor vehicle.

Either override or underride can occur with a parked motor vehicle.
54. **Name of insurance company (not agent)**

Enter the name of the insurance company that provides liability insurance for the vehicle. **Do not use the agent name.**

If there is no liability insurance on the vehicle indicate **None**. If it is not known whether the vehicle is insured indicate **Unknown**.

55. **Vehicle Damage**

Check the boxes around and on top of the vehicle to indicate all points of impact. **Circle the box or area of initial impact.**

> **Initial impact is the point of first contact. Refer to the guide on the back of the template to indicate damage for motorcycles, car-trailer, semi-trailer, semi-tractor.**

**Example:**

If a crash involves a car-trailer struck from the left side at the trailer hitch indicate the impact point by placing an “X” in box “9” in the **Vehicle damage** space and circle that area indicating initial impact.

56. **Speed**

Indicate speed of the vehicle before the crash, the speed limit and the maximum safe speed. Speed before the crash may be determined by examining physical evidence and witnesses. The speed limit is the posted speed. Maximum safe speed is an opinion based on road, traffic, weather and light conditions.

57. **Lane dir.**

Indicate the direction (NSEW) of travel of the vehicle prior to the first event by placing an “N” for North, “S” for South, “E” for East or “W” for West in the space labeled **Lane dir.**

**Example:**

If a crash involves a sport utility vehicle that runs off the road while traveling westbound, overcorrects, runs off the road on the opposite side and overturns, indicate lane direction by placing a “W” in the space labeled **Lane dir.**

58. **Passengers age count**

Indicate in the space provided the number of passengers (excluding driver) in each age category.

59. **Crash Diagram**

Draw a diagram of the crash in this area. Draw each vehicle and number the vehicles to correspond with vehicle #1, vehicle #2, vehicle #3, etc.

Indicate each vehicle’s direction of travel by an arrow. Use a **solid line** to indicate each vehicle’s path prior to the crash and a **dotted line** indicating their path after impact.

Illustrate a railroad using: 

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+++++++++++++++.
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Indicate roadway, boundary, crossing, intersection, etc., that are pertinent to the crash.

Indicate the direction north by placing an arrow pointing north in the circle. The crash diagram is not intended to be a scale diagram, but an accurate representation of:

(1) direction from which vehicles and pedestrians were approaching before the crash

(2) point of impact (this can be determined by examining the physical evidence)

(3) where vehicles came to rest after the collision.
60. **Vehicle No. 2 (or pedestrian)**

Indicate that the information contained in this section pertains to a pedestrian by placing an “X” in the box labeled (or pedestrian).

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

Indicate an approximate repair cost of any object(s) damaged other than vehicles involved in the crash. Describe the object(s) damaged other than vehicles involved in the crash. Indicate owner’s name and address of the object damaged other than the vehicles.

64. **Crash Description**

Describe, in simple language, what occurred in the crash. If the first event is not clear on the diagram, describe the event that began the chain of events that led to the crash. This area should also be used to describe items indicated as “other” on the form.

65. **Offenses charged driver**

Describe each violation and indicate which driver was charged.

66. **Column 12 – Vehicle occupied (or pedestrian)**

Indicate in the space provided which vehicle each person injured/killed occupied. These numbers should match the numbers used to identify the operator and vehicle. Use the letter “B” to indicate the individual was a bicyclist and the letter “P” to indicate a pedestrian. The letter “O” is to be used for other.

**Example:**

If a crash involves three vehicles and a pedestrian and the pedestrian is killed and an occupant of vehicle #3 is injured, indicate on separate lines the pedestrian as “P” and the vehicle occupant as “3” (for occupying vehicle #3).

67. **Column 13 – Position in/on vehicle**

Indicate in the space provided the seating position of each injured/killed.

If there are four people injured/killed in the front seat the additional person should be coded as an additional “2”.

In that case the following codes would appear in column 13:

- “1” for the driver
- “2” for middle passenger “a”
- “2” for middle passenger “b”
- “3” for the right side passenger.

If there were 5 people injured/killed in the front seat:

- “1” for the driver
- “2” for middle passenger “a”
- “2” for middle passenger “b”
- “2” for middle passenger “c”
- “3” for the right side passenger.

The same coding should be used for more than 3 people injured/killed in the rear seat, however this time the code to duplicate is code “5”.

If an individual were injured/killed seated on another’s lap, or a child is being held, the code for each would correspond to the person’s seating position. If the right side front passenger is injured and the child on their lap is injured code both as “3”.

A motorcycle or bicycle rider should be coded as “1”. A motorcycle or bicycle rear passenger should be coded as “4”. A motorcycle sidecar passenger should be coded as “2”.

Use codes 9-98 for injured/killed passengers in vehicles with more than 6 seating positions.
Example:

If a vehicle has a seating capacity of nine (3 in the front, 3 in the middle and 3 in the rear), position “9” would be the right seat in the third row of seats.

68. **Column 14 – Safety equipment used**

Indicate in the space provided the safety equipment used by the injured/killed occupant.

A child restraint is an approved child safety seat, to be attached to the vehicle, and has internal webbing to secure the child in the seat.

A booster seat is a child safety seat with no internal webbing, used to boost the child up so they can be secured with the vehicle’s lap/shoulder harness. A booster seat can have a low back or a high back.

Helmet should apply to motorcycle/bicycle rider and passenger(s).

69. **Column 15 – Air bag**

Indicate in the space provided airbag deployment status for each injured/killed occupant.

When available the driver is covered by an airbag in the steering wheel and the other two front seat passengers are covered by an airbag in the dash. In some cases the front and rear passengers are covered by side impact air bags.

Starting in model year 1998, all new passenger cars must have dual airbags (driver and passenger side). Starting in model year 1999, all new light trucks must have dual airbags. Older vehicles may be equipped with airbags.

To determine if a vehicle has an airbag check over the sun visor on the driver and passenger side for an airbag warning label. Look for the word “airbag” or letters “SRS” or “SIR” or something similar on the dash indicating a supplemental restraint system/airbag is available.

If a vehicle is equipped with airbags and the airbag deploys for a specific seating position, indicate in the space provided code “1” for **deployed**.

If a vehicle is equipped with airbags and the airbag does not deploy for a specific seating position, indicate in the space provided code “2” for **not deployed**.

If a vehicle is not equipped with airbags or airbags are not provided in the injured/killed seating position, indicate in the space provided code “3” for **unavailable**.

If a vehicle has front seats only and is equipped with driver and passenger side airbags a device is available to key off the airbag on the passenger side in order to transport young children. Check the device indicator on the dash and if a passenger is injured/killed in that seating position and the airbag is keyed off, indicate in the space provided code “4” for **keyed off**.

Code “5” is for cases where airbag deployment status is unknown.

70. **Column 16 – Ejection from vehicle**

Indicate in the space provided whether the injured/killed occupant was ejected from the interior of the motor vehicle. “Partially ejected” means a portion of an occupant’s body protruded from the interior of the motor vehicle. This column does not apply to motorcyclist or bicyclists.

71. **Column 17 – Date of Birth**

Indicate by numbers the injured/killed occupant’s date of birth in the form of **MM/DD/YYYY**. If only the age is known, enter the age in the space provided for day of birth.
72. **Column 18 – Gender**

   Indicate gender of the injured/killed occupant using “F” to signify female and “M” to signify male.

73. **Column 19 – Injury type**

   Indicate in the space provided the most severe type of injury for each injured/killed occupant listed even though they may have numerous injuries. The investigating officer is only responsible for recording the apparent injuries at the crash scene.

74. **Column 20 – Pedestrian actions**

   Indicate in the space provided for any pedestrian listed as injured/killed their actions prior to the crash.

75. **Names of injured (If deceased give date of death)**

   Enter the injured/killed occupant’s name in the order of last name, first name, and middle name. If the occupant is deceased enter the date of death in the space provided, use the form MM/DD/YYYY.

76. **EMS transport**

   Indicate in the space provided whether the injured/killed occupant was transported by emergency medical services personnel, using “Y” to signify yes they were transported and “N” they were not transported.

77. **Investigating officers**

   Enter the investigating officer’s name in the space provided. The officer’s name must be printed clearly, use the form last name, first name, and middle initial.

78. **Badge/code no.**

   Enter in the space provided the investigating officer’s badge number or code.

79. **Agency/department name and code no.**

   Enter in the space provided the name of the investigating police agency/department and agency code.

80. **Reviewing officer**

   After the crash report has been reviewed for accuracy and completeness the reviewing officer or supervisor should enter their name or initials in the space provided.

81. **Report file date**

   Indicate in the space provided the date the crash report is prepared use the form MM/DD/YYYY.

**Boxes On the Sides and Bottom of the FR300P**

The crash report FR300P has eleven small boxes in its left margin numbered in order from 1 through 11. In its right margin there are thirty-one small boxes numbered in order from 21 through 51.

Every report prepared must have each one of these boxes filled in with the proper entry as determined from the correspondingly numbered “arrow” blocks on the template (FR300T).

If an arrow block does not apply to the particular crash being reported, enter an “X” in the corresponding box on the report form. If the proper entry for any block is unknown, enter a “U” or other appropriate number in the corresponding box on the report form. If any box is coded with a number corresponding to the category “other” provide a brief explanation in the crash description.

If there is more than one description within the block that applies to the crash, choose the description that is most significant to the crash scenario/crash causation.
Example:

If a crash involves two vehicles where vehicle #1 was traveling in excess of the speed limit and crashed into the rear of vehicle #2 after overtaking it on a hill, indicate code “2” (Exceeded speed limit) in the **Driver’s action Box 28**.

In this scenario code “2” is more appropriate than code “4” (Overtaking on hill) because excessive speed contributed to the overtaking.

**Most of the descriptions within the arrowed blocks on the FR300T are self-explanatory. However, the following require discussion.**

**Box 6 – Roadway Defects**

Indicate a roadway defect only if it was a contributing factor in the crash.

**Example:**

A soft or low shoulder may or may not have contributed to a head-on collision. If the roadway defects did not contribute to crash causation and no other defect contributed to the crash then an “X” would be placed in **Box 6**.

If there were no roadway defects place a “1” in **Box 6**.

**Box 8 – Kind of locality**

If there is a school or playground within ½ block in an urban or semi-urban area or within ½ mile in a non-urban area, enter code “1” **school** or code “3” **playground** whichever is appropriate. Otherwise, choose the appropriate description to enter into **Box 8**.

**Box 9 – Work zone**

Indicate for each crash whether it occurred within an active work zone, an inactive work zone, no work zone or an area unknown as to whether it is a work zone.

A work zone is an area of highway with highway construction, maintenance, or utility work activities. Signs, channelizing devices, barriers, pavement markings, and/or work vehicles typically mark a work zone.

It extends from the first warning sign or flashing lights on a vehicle to the END ROAD WORK sign or the last traffic control device.

A work zone is typically divided into five physical areas:

1. advance warning area tells traffic what to expect ahead
2. transition area moves traffic out of its normal path
3. buffer area provides protection for traffic and workers
4. activity area where work takes place
5. termination area lets traffic resume normal operations.

A work zone may exist for short or long durations and may include stationary or moving activities.

If the crash **did not** occur within any of the physical areas described above it **did not** occur within a work zone. In this case for **Box 9** the appropriate code is “3” **no work zone**.

If the crash occurred within any of the physical areas described above it occurred within a work zone. It must be determined if the work zone was active. An active work zone is a work zone where work is in progress. The “work in progress” includes active work related to setting up and removing the physical work zone as well as the actual activity associated with the maintenance, construction, or utility work.
If there is activity/work in progress the work zone is active and code “1” Active should be entered into Box 9.

If the crash occurred within any of the physical areas described above it occurred within a work zone. However, if there is no activity or work in progress then the work zone is inactive. In this case for Box 9 the appropriate code is “2” Inactive.

Indicate code “4” in Box 9 if it is unknown if the work zone is active or inactive.

**Box 10 – Work zone – workers present**

Indicate in the space provided whether there were workers present in the work zone.

If the crash occurred in the work zone and there are one or more workers in the work zone when the crash occurred, enter code “1” Yes in Box 10. In this case Box 9 should indicate an active work zone.

If the crash occurred in the work zone and there were no workers in the work zone when the crash occurred, enter code “2” No in Box 10. In this case Box 9 should indicate an inactive work zone.

Indicate code “3” in Box 10 if it is unknown whether workers are present in the work zone.

If Box 9 indicates that there was no work zone then enter an “X” in Box 10 indicating this block does not apply to this crash.

**Box 23, 24 and 25 – Type of collision**

Indicate in Box 23 the type of collision that best describes the first event in this crash. A first event is the first collision or non-collision that begins the chain of events in the crash. Regardless of the subsequent events for the vehicles in the crash the first event remains the same.

**Example:**

If a crash involves three vehicles where vehicle #1 ran off the roadway to the right, overcorrected and crashed head-on into vehicle #2 after crossing the centerline and vehicle #3 strikes vehicle #2 in the rear, indicate for first event Box 23 code “8” Non-collision.

In this case the first event that began the chain of events that lead up to the crash was running off the roadway.

In this crash indicate the second event as follows:

- vehicle #1, Box 24 code “3” Head on
- vehicle #2, Box 25 code “3” Head on
- vehicle #3 Box 24 (on an additional form) code “1” Rear end.

**Box 28 and 29 – Driver’s action**

If a crash involves code 23 Driver distraction, indicate such in the appropriate box.

In Box 32 and/or Box 33 select the action that best describes the distraction noted in Box 28 and/or 29.

**Boxes 34 through 39 and Boxes 43 through 45 – Condition of driver/pedestrian contributing to the crash, Drinking and Drug use**

Indicate in these boxes your opinion as to the condition of the individuals involved in the crash.

Select a driver condition that in your opinion contributed to the crash occurring. This information is to be used to determine what highway safety actions need to be taken to eliminate future crashes.

Indicating that a person is impaired by drugs or alcohol does not require that they be charged with an offense of driving while...
under the influence of drugs or alcohol.
Court approved evidence may not be available.

Examples of the FR300P (crash report) and FR300T (template) are included in this manual. Also included is a sample completed FR300P. Make copies as necessary of the manual for distribution and training.

**Box 46 and 47 – Vehicle condition**

Indicate the vehicle defect or condition that was a contributing factor to the crash.

**Box 50 and 51 – Vehicle damage**

Indicate in the space provided the word that best describes the most severe damage to the vehicle. If two or more words apply to a vehicle, choose the word that more accurately describes the event.

**Example:**

If a vehicle catches fire during the chain of events and a total loss is a result, indicate code “7” Fire in the appropriate box. While fire and totaled are both correct, fire is more descriptive of the crash events.

**Vehicle type**

On the back of the template is a guide for selecting vehicle type. Most of the vehicle types are self-explanatory, however some require explanation/definitions.

**Code 21 –Special vehicle – low-speed vehicles**

Low-speed vehicles may be operated on certain public highways in Virginia. See §46.2-908.3 of the code of Virginia. Low-speed vehicles must possess required equipment to be legal. See §46.2-908.2 of the Code of Virginia.

**Code 22 –Truck – sport utility vehicles**

Typically a sport utility vehicle is a motor vehicle designed for carrying ten or fewer people, and generally considered a multi-purpose vehicle that is designed to have off-road capabilities. These vehicles are generally but not always four-wheel drive (4x4), or all-wheel drive and have increased ground clearance.
Appendix
## Police Crash Report

### Vehicle No. 1
- **Driver's name (last, first, middle):**
- **Address (street and no.):**
- **City:**
- **State:**
- **ZIP:**
- **VEH type:**
- **VEH make:**
- **VEH model:**
- **VIN:**
- **GVWR:**
- **HARMAF:**
- **Cargos:**
- **Underride:**

### Vehicle No. 2
- **Driver's name (last, first, middle):**
- **Address (street and no.):**
- **City:**
- **State:**
- **ZIP:**
- **VEH type:**
- **VEH make:**
- **VEH model:**
- **VIN:**
- **GVWR:**
- **HARMAF:**
- **Cargos:**
- **Underride:**

### Crash Diagram
- **Lanep plot:**
- **Objects struck:**
- **Property owner's name (last, first, middle) and address:**

### Damage to Property Other Than Vehicles
- **Approximate repair cost:**

### All Injured
- **Names of injured (if deceased give date of death):**
- **EMS transport:**
- **Date of death:**

### Investigators
- **Badge/code no.:**
- **Agency/department name and code no.:**
- **Reviewing officer:**
- **Report file date:**
### 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
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

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### 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).

**Motorcycle**
- 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)

**Car-trailer**

**Semi-trailer**

**Semi-tractor**
Code of Virginia

§ 46.2-373. Report by law-enforcement officer investigating accident.
A. Every law-enforcement officer who in the course of duty investigates a motor vehicle accident resulting in injury to or death of any person or total property damage to an apparent extent of $1,000 or more, either at the time of and at the scene of the accident or thereafter and elsewhere, by interviewing participants or witnesses shall, within twenty-four hours after completing the investigation, forward a written report of the accident to the Department. The report shall include the name or names of the insurance carrier or of the insurance agent of the automobile liability policy on each vehicle involved in the accident.
B. Any report filed pursuant to subsection A of this section shall include information as to (i) the speed of each vehicle involved in the accident and (ii) the type of vehicles involved in all accidents between passenger vehicles and vehicles or combinations of vehicles used to transport property, and (iii) whether any trucks involved in such accidents were covered or uncovered.
C. The Department shall supply copies of accident reports received under this section to the Commonwealth Transportation Commissioner who shall exercise the authority granted to him under §§ 46.2-870 through 46.2-878 to reduce speed limits where accident frequency or severity or other factors may indicate the course of action to be warranted.
(Code 1950, § 46-399; 1958, c. 541, § 46.1-401; 1975, c. 553; 1986, c. 639; 1988, cc. 662, 897; 1989, c. 727; 1992, cc. 149, 413.)

§ 46.2-908.2. Low-speed vehicles; required equipment.
Every low-speed vehicle operated upon a highway shall be equipped with head lights, brake lights, tail lights, reflex reflectors, an emergency or parking brake, an externally mounted rearview mirror, an internally mounted rearview mirror, a windshield, one or more windshield wipers, a speedometer, an odometer, braking for each wheel, a safety belt system, and a vehicle identification number.
(2002, cc. 214, 234.)

§ 46.2-908.3. Low-speed vehicles; operation on highways; license required; registration required; safety and emissions inspections not required.
Low-speed vehicles may be operated on public highways where the maximum speed limit is no greater than thirty-five miles per hour, but this limitation shall not prohibit the operation of low-speed vehicles across intersections with highways whose maximum speed limits are greater than thirty-five miles per hour. Operation of low-speed vehicles shall be prohibited on any highway where the Department of Transportation or the local governing body of the locality having control of the highway, as the case may be, has prohibited their operation in the interest of safety and such prohibition is indicated by conspicuously posted signs.
Low-speed vehicles shall be operated on public highways only by persons who hold driver's licenses or learner's permits issued as provided in Chapter 3 (§ 46.2-300 et seq.) of this title.
Low-speed vehicles shall be titled and registered as provided in Chapter 6 (§ 46.2-600 et seq.) of this title and shall be subject to the same requirements as to insurance applicable to other motor vehicles under that chapter.
The operator of any low-speed vehicle being operated on the highways in the Commonwealth shall have in his possession: (i) the registration card issued by the Department or the registration card issued by the state or country in which the low-speed vehicle is registered, and (ii) his driver's license, learner's permit, or temporary driver's permit. The provisions of Article 21 (§ 46.2-1157 et seq.) and Article 22 (§ 46.2-1176 et seq.) of Chapter 10 of this title shall not apply to low-speed vehicles.
(2002, cc. 214, 234.)
### Hazardous Materials Class

<table>
<thead>
<tr>
<th>Class</th>
<th>Division</th>
<th>Name of Class or Division</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1.1</td>
<td>Explosives (Mass Detonations)</td>
<td>Dynamite</td>
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<td></td>
<td>1.2</td>
<td>Mass Fire Hazards</td>
<td>Ammunition for Cannons</td>
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<tr>
<td></td>
<td>1.3</td>
<td>Minor Hazards</td>
<td>Display Fireworks</td>
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<td></td>
<td>1.4</td>
<td>Very Insensitive</td>
<td>Small Arms Ammunition</td>
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<td></td>
<td>1.5</td>
<td>Extremely Insensitive</td>
<td>Blasting Agents</td>
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<td>1.6</td>
<td></td>
<td>Explosive Devices</td>
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<td>2.3</td>
<td>Poisonous/Toxic Gases</td>
<td>Fluorine, Compressed</td>
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<td>Spontaneous Combustible</td>
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<td>Dangerous When Wet</td>
<td>Peroxide</td>
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### Sample Hazardous Material Placards

![Sample Hazardous Material Placards](image)