

**GUAM POLICE DEPARTMENT TRAFFIC CRASH REPORT**

|                                |  |  |  |  |  |   |  |  |  |  |  |                                |  |  |  |   |  |   |  |   |  |  |  |
|--------------------------------|--|--|--|--|--|---|--|--|--|--|--|--------------------------------|--|--|--|---|--|---|--|---|--|--|--|
| Reporting Agency Name          |  |  |  | Report Number  |  |   |  | Date Occurred  |  |  |  | Time Occurred                  |  |  |  | Date Invest.  |  |   |  | Time Invest.                            |  |  |  |
| City or Town Name              |  |  |  | Street or Highway  |  |   |  | <input type="checkbox"/> On Ramp                             |  | Exit #   |  | # of Lanes                     |  | Location Invest.   |  | Beat Area:  |  | <input type="checkbox"/> Invest. Completed      |  |   |  |  |  |
|                                |  |  |  |  |  |   |  | <input type="checkbox"/> Off Ramp                            |  |  |  |                                |  |  |  |   |  | <input type="checkbox"/> Photo Taken            |  |   |  |  |  |
| Nearest Intersection Street    |  |  |  | Dir. From Nearest Intersection to Crash  |  |   |  | Distance From Nearest Inter.                                 |  |  |  | Latitude                       |  |  |  | Photographs Taken By:                                 |  |   |  |   |  |  |  |
|                                |  |  |  | <input type="checkbox"/> At Inter. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W |  |   |  | <input type="checkbox"/> Feet <input type="checkbox"/> Miles |  |  |  | Longitude                      |  |  |  |   |  |   |  |   |  |  |  |
| Unit #                         |  | Driver's Last Name                                       |  | First Name   |  | M.I.  |  | DOB  |  | Class  |  | Unit #                         |  | Driver's Last Name                                       |  | First Name  |  | M.I.  |  | DOB                                     |  | Class  |  |
| Address                        |  |  |  | City   |  |   |  | Est. Spd.  |  | Posted Spd.  |  | Address                        |  |  |  | City  |  |   |  | Est. Spd.                               |  | Posted Spd.  |  |
| State                          |  | Zip  |  | Home Phone   |  | Cell Phone                                      |  | Work Phone   |  | Edu.   |  | State                          |  | Zip  |  | Home Phone  |  | Cell Phone                                      |  | Work Phone                              |  | Edu.   |  |
| Driver's License #             |  |  |  | <input type="checkbox"/> CDL   |  | Lic. State                                      |  | Milit. Involved  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Driver's License #             |  |  |  | <input type="checkbox"/> CDL                          |  | Lic. State                                      |  | Milit. Involved                         |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                |  |  |  |  |  |   |  | Branch of Service:   |  |  |  |                                |  |  |  |   |  |   |  | Branch of Service                       |  |  |  |
| M/V Violation                  |  | M/V Violation  |  | <input type="checkbox"/> Arrested  |  | <input type="checkbox"/> Verbally Warned        |  |  |  |  |  | M/V Violation                  |  | M/V Violation  |  | <input type="checkbox"/> Arrested                     |  | <input type="checkbox"/> Verbally Warned        |  |   |  |  |  |
|                                |  |  |  | <input type="checkbox"/> Cit. Issued   |  | Ticket Issued:                                  |  |  |  |  |  |                                |  |  |  | <input type="checkbox"/> Cit. Issued                  |  | Ticket Issued:                                  |  |   |  |  |  |
| Driver & Owner are Same        |  | <input type="checkbox"/>                                 |  | Owner's Last Name  |  | First Name                                      |  | M.I.   |  |  |  | Driver & Owner are Same        |  | <input type="checkbox"/>                                 |  | Owner's Last Name                                     |  | First Name                                      |  | M.I.                                    |  |  |  |
| Address                        |  |  |  | City   |  |   |  |  |  |  |  | Address                        |  |  |  | City  |  |   |  |   |  |  |  |
| State                          |  | Zip  |  | Home Phone   |  | Cell Phone                                      |  | Work Phone   |  |  |  | State                          |  | Zip  |  | Home Phone  |  | Cell Phone                                      |  | Work Phone                              |  |  |  |
| Insurance Company Name         |  |  |  | <input type="checkbox"/> No Ins.   |  | Insurance Policy Number                         |  |  |  |  |  | Insurance Company Name         |  |  |  | <input type="checkbox"/> No Ins.                      |  | Insurance Policy Number                         |  |   |  |  |  |
| Hit And Run                    |  |  |  | <input type="checkbox"/> Yes, M/V & Driver left Scene  |  | <input type="checkbox"/> Yes, Driver left Scene |  | <input type="checkbox"/> No                                  |  | <input type="checkbox"/> Unk                             |  | Hit And Run                    |  |  |  | <input type="checkbox"/> Yes, M/V & Driver left Scene |  | <input type="checkbox"/> Yes, Driver left Scene |  | <input type="checkbox"/> No             |  | <input type="checkbox"/> Unk                             |  |
| Registration #                 |  | <input type="checkbox"/> Not Reg.                        |  | State  |  | Yr Reg.   |  | VIN  |  |  |  | Registration #                 |  | <input type="checkbox"/> Not Reg.                        |  | State   |  | Yr Reg.   |  | VIN                                     |  |  |  |
| Veh Yr.                        |  | Make   |  | Model  |  | Color   |  | Plate Type   |  | Veh. Impound:  |  | Veh Yr.                        |  | Make   |  | Model   |  | Color   |  | Plate Type                              |  | Veh. Impound:  |  |
|                                |  |  |  |  |  |   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |  |  |   |  |   |  |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Veh Travel Direction           |  |  |  | <input type="checkbox"/> Northbound  |  | <input type="checkbox"/> Southbound             |  |  |  |  |  | Veh Travel Direction           |  |  |  | <input type="checkbox"/> Northbound                   |  | <input type="checkbox"/> Southbound             |  |   |  |  |  |
|                                |  |  |  | <input type="checkbox"/> Eastbound   |  | <input type="checkbox"/> Westbound              |  | <input type="checkbox"/> Not on Roadway                      |  | <input type="checkbox"/> Unk                             |  |                                |  |  |  | <input type="checkbox"/> Eastbound                    |  | <input type="checkbox"/> Westbound              |  | <input type="checkbox"/> Not on Roadway |  | <input type="checkbox"/> Unk                             |  |
| Vehicle Towed?                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Towing Company Name  |  |   |  | Haz Mat Placard?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Vehicle Towed?                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Towing Company Name                                   |  |   |  | Haz Mat Placard?                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                |  |  |  |  |  |   |  |  |  |  |  |                                |  |  |  |   |  |   |  |   |  |  |  |
| 1 Driver                       |  | 6 Witness  |  | <b>Person Type</b>   |  | 9 Occupant of a Non-Motor Veh                   |  | <b>Branch of Service</b>                                     |  | 1-Navy   |  | 5-Coast Guard                  |  | 1-A: Car, Jeep & Pickup                                  |  | <b>Class</b>  |  | 6-F: Motorcycle                                 |  | 7-G: Mini-Bus (15 pass. or              |  | less only)   |  |
| 2 Passenger                    |  | 7 Other Ped. (Wheelchair, Person in Building,            |  |  |  | Transportation Device                           |  | 1-Army   |  | 6-Mer. Marine  |  | 3-C: Truck-Tracker over10 tons |  | 2-B: Trucks 2.5 and over 10 tons                         |  |   |  | 8-H: Modified Vehicle                           |  | 9-I: Other Vehicle                      |  | 99-Unk   |  |
| 3 Pedestrian                   |  | Skater, Ped. conveyance, etc.)                           |  |  |  | 10 Unknown Type of Non-Motorist                 |  | 3-Marines  |  | 98-OTHER   |  | 4-D: Bus                       |  | 3-C: Truck-Tracker over10 tons                           |  |   |  | 4-Fatal   |  | 5 No Injury                             |  | 6 Unk  |  |
| 4 Bicyclist                    |  | 8 Occupant of Motor Veh. Not in Transport                |  |  |  | 11 Unknown                                      |  | 4-Air Force  |  |  |  | 5-E: Taxicab                   |  | 4-D: Bus   |  |   |  | 5 No Injury                                     |  | 6 Unk                                   |  |  |  |
| 5 Other Cyclist (Parked, etc.) |  |  |  |  |  |   |  |  |  |  |  |                                |  | 5-E: Taxicab   |  |   |  | 5 No Injury                                     |  | 6 Unk                                   |  |  |  |
| Unit ID                        |  | Sex  |  | Seat Position  |  | Other Location                                  |  | Air Bag Deployed   |  | Ejected  |  | Protection System              |  | Injury   |  |   |  |   |  |   |  |  |  |
| 1 Unit 1                       |  | M Male   |  | 13 Other Row (Bus)   |  | 17 N/A  |  | 1 N/A  |  | 1 No   |  | 1 N/A                          |  | 1 Child - Forw Facing                                    |  | 1 Complaints of Pain                                  |  |   |  |   |  |  |  |
| 2 Unit 2                       |  | F Female   |  | 14 Unk Row   |  | 18 Sleeper                                      |  | 2 No   |  | 2 Partially  |  | 2 None Used                    |  | 8 Child - Rear Facing                                    |  | 2 Non-Incapacitating                                  |  |   |  |   |  |  |  |
| 3 (etc.)                       |  | U Unk  |  | 15 Other Seat  |  | 19 Other Enclosed Area                          |  | 3 No   |  | 3 Totally  |  | 3 Shoulder & Lap               |  | 9 Booster Seat   |  | 3 Incapacitating                                      |  |   |  |   |  |  |  |
| or N/A                         |  |  |  | 16 Unk Seat  |  | 20 Other Unenclosed Area                        |  | 3 Front  |  | 4 N/A  |  | 4 Shoulder Only                |  | 10 Child - Unk   |  | 4 Fatal   |  |   |  |   |  |  |  |
|                                |  |  |  |  |  | 21 Towed Unit                                   |  |  |  |  |  |                                |  |  |  |   |  |   |  |   |  |  |  |



# GUAM POLICE DEPARTMENT TRAFFIC CRASH REPORT CODING GUIDE

**Type of Roadway**

- 1 Two-Way, Not Divided (No Median or Barrier)
- 2 Two-Way, Not Divided With a Continuous Left Turn Lane
- 3 Two-Way, Divided, Unprotected (painted >4 feet) Median
- 4 Two-Way, Divided, Positive Median Barrier
- 5 One-Way Trafficway
- 6 Unknown

**Road Surface Condition (Prevailing)**

- |       |                            |           |
|-------|----------------------------|-----------|
| 1 Dry | 3 Water (Standing, Moving) | 6 Oil     |
| 2 Wet | 4 Sand                     | 7 Other   |
|       | 5 Mud, Dirt, Gravel        | 8 Unknown |

**Light Condition (Prevailing)**

- |                  |                           |
|------------------|---------------------------|
| 1 Daylight       | 5 Dark - Not Lighted      |
| 2 Dawn           | 6 Dark - Unknown Lighting |
| 3 Dusk           | 7 Other                   |
| 4 Dark - Lighted | 8 Unknown                 |

**Weather Condition (Prevailing)**

- |                    |                     |
|--------------------|---------------------|
| 1 Clear            | 4 Rain              |
| 2 Cloudy           | 5 Hail              |
| 3 Fog, Smog, Smoke | 6 Severe Crosswinds |

**Manner of Impact**

- 1 Not a Collision Between Two Motor Vehicles in Transport
- 2 Rear End (Front-to-Rear)
- 3 Head-On (Front-to-Front)
- 4 Angle (Front-to-Side) Same Direction
- 5 Angle (Front-to-Side) Opposite Direction
- 6 Angle (Front-to-Side) Right Angle (Includes Broadside)
- 7 Angle-Direction Not Specified
- 8 Sideswipe, Same Direction
- 9 Sideswipe, Opposite Direction
- 10 Rear-to-Side
- 11 Rear-to-Rear
- 12 Other
- 13 Unknown

**School Bus Related Crash?**

(Directly Involved Indicates Contact was Made)

- ☐ Yes, Directly Involved    ☐ No
- ☐ Yes, Indirectly Involved

**Traffic Controls**

- |                                 |                           |
|---------------------------------|---------------------------|
| 1 No Controls                   | 7 Yield Signs             |
| 2 Person                        | 8 Warning Signs           |
| 3 Traffic Control Signal        | 9 Railway Crossing Device |
| 4 Flashing Traffic Control Sig. | 10 Pavement Markings      |
| 5 School Zone Signs             | 11 Other                  |
| 6 Stop Signs                    | 12 Unknown                |

**Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?**

- ☐ Yes    ☐ No    ☐ N/A

**Construction Zone Crash?**

(Crash Occurs in or Related to Construction, Maintenance, or Utility Work Zone. May include Vehicles Slowed or Stopped because of Work Zone)

- ☐ Yes    ☐ No

**Construction Workers Present?**

- ☐ Yes    ☐ No

**Contributing Circumstances Environment**

- 1 None
- 2 Weather Conditions
- 3 Physical Obstructions
- 4 Glare
- 5 Animal(s) in Roadway
- 6 Other
- 7 Unknown

1st

2nd

3rd

**Contributing Circumstances Road**

- 1 None
- 2 Road Surface Condition (Wet, etc.)
- 3 Debris
- 4 Rut, Holes, Bumps
- 5 Work Zones (Construction/Maintenance/Utility)
- 6 Worn, Travel-Polished Surface
- 7 Obstruction in Roadway
- 8 Traffic Control Device Inoperative, Missing or Obscured
- 9 Shoulders (None, Low, Soft, High)
- 10 Non-Highway Work
- 11 Other
- 12 Unknown

1st

2nd

3rd

**Unit Types**

- |  |               |  |               |
|--|---------------|--|---------------|
| 1 Passenger Car                          | 6 Motor Home  | 11 Motorcycle  | 17 Tow Truck  |
| 2 (Sport) Utility Vehicle                | 7 School Bus  | 12 Moped   | 18 Pedestrian |
| 3 Passenger Van                          | 8 Transit Bus | 13 Low Speed Vehicle   | 19 Bicyclist  |
| 4 Cargo Van (10K lbs [4,536 kg] or Less) | 9 Motor Coach | 14 Other Light Trucks (10K lbs [4,536 kg] or Less)               | 20 Witness    |
| 5 Pickup                                 | 10 Other Bus  | 15 Tractor Trailer or Combination (More than 10K lbs [4,536 kg]) | 21 Other      |
|  |               | 16 Medium/ Heavy Trucks (More than 10K lbs [4,536 kg])           |               |

☐ Yes    ☐ No    Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat?    ☐ Yes    ☐ No

☐ Yes    ☐ No    Was this Vehicle in Tow?    ☐ Yes    ☐ No

**Special Function Vehicle**

- |                       |                              |            |              |
|-----------------------|------------------------------|------------|--------------|
| 1 No Special Function | 3 Vehicle Used as School Bus | 5 Military | 7 Ambulance  |
| 2 Taxi                | 4 Vehicle Used as Other Bus  | 6 Police   | 8 Fire Truck |
|                       |                              |            | 9 Unknown    |

**Special Function Vehicle Response Code**

- |                            |  |   |           |
|----------------------------|--|---|-----------|
| 1-Code 1, Lights and Siren | 2-Code 2, Proceed w/out Lights and Siren stay within Traffic Law | 3-Code 3, Routine call proceed in a timely manner | 4-No Code |
|----------------------------|--|---|-----------|

Report Number



# GUAM POLICE DEPARTMENT TRAFFIC CRASH REPORT CODING GUIDE



Vehicle #

☐ Yes ☐ No ☐ Unk

Police, Ambulance or Fire Truck Responding to a Call?

Vehicle #

☐ Yes ☐ No ☐ Unk

Vehicle #

Motor Vehicle Position

Vehicle #

1 Motor Vehicle on Roadway

2 Motor Vehicle Parked

3 Working Vehicle/Equipment

Vehicle #

Damage Estimate

Extent of Damage

Damage Estimate

Vehicle #

1 No Damage Observed

2 Minor damage (&lt;= \$1000)

3 Functional Damage (&gt; \$1000)

4 Disabling Damage (&gt; \$1000)

Vehicle #

Most Harmful Event

Vehicle #

## Non-Collision:

- 1 Overturn/ Rollover
- 2 Fire/ Explosion
- 3 Immersion
- 4 Jackknife
- 5 Cargo/ Equip. Loss or Shift
- 6 Fell/ Jumped from Motor Veh.
- 7 Thrown or Falling Object
- 8 Other Non-Collision

Collision with Person, Motor Veh,  
or Non-Fixed Obj:

- 9 Pedestrian
- 10 Pedalcycle
- 11 Railway Vehicle (Train, Engine)
- 12 Animal
- 13 Motor Vehicle in Transport
- 14 Work Zone/ Maintenance Equipment
- 15 Other Non-Fixed Object

## Collision with Fixed Object:

- 16 Impact Attenuator/ Crash Cushion
- 17 Bridge Overhead Structure
- 18 Bridge Pier or Support
- 19 Bridge Rail
- 20 Culvert
- 21 Curb
- 22 Ditch
- 23 Embankment
- 24 Guardrail Face
- 25 Guardrail End
- 26 Jersey/ Concrete Traffic Barrier
- 27 Other Traffic Barrier
- 28 Tree (Standing)
- 29 Landscaping
- 30 Utility Pole(Elec/Tele)/ Light Support
- 31 Highway Lighting/ Light Standard
- 32 Traffic Sign/ Support
- 33 Traffic Signal/ Support
- 34 Traffic Control Box
- 35 Variable Message Board/ Arrow Board
- 36 Other Post, Pole, or Support
- 37 Fence
- 38 Mailbox
- 39 Other Fixed Obj. (Wall, Building, Tunnel, etc.)

40 Unknown - Most Harmful Event

Vehicle #

Vehicle Action Prior

Vehicle #

- 1 Movements Essentially Straight Ahead
- 2 Backing
- 3 Changing Lanes
- 4 Overtaking/ Passing
- 5 Turning Right

- 6 Turning Left
- 7 Making U-Turn
- 8 Leaving Traffic Lane
- 9 Entering Traffic Lane
- 10 Slowing

- 11 Negotiating a Curve
- 12 Parked
- 13 Stopped in Traffic
- 14 Other
- 15 Unknown

Vehicle #

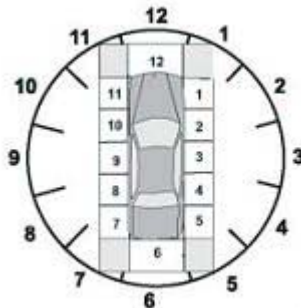
## Initial Impact Area

Clock Diagram  
Or

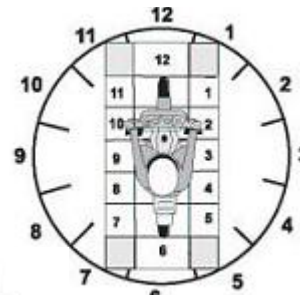
- 13 Top (Roof)
- 14 Undercarriage
- 15 Non-Collision
- 16 Unknown

## Most Damaged Area

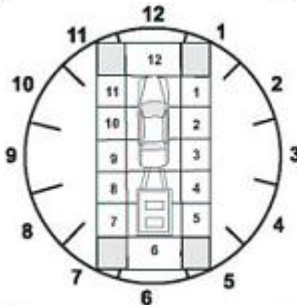
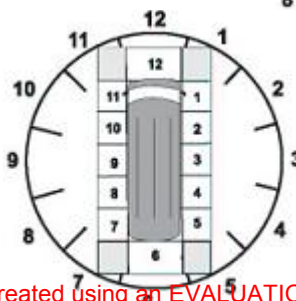
Vehicle #



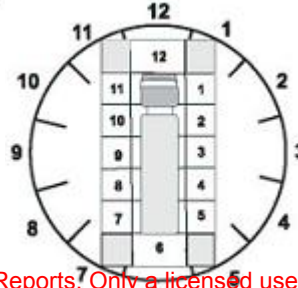
Passenger Car



Motorcycle

Passenger Car  
W/Trailer

Bus



Tractor Trailer

Vehicle #

## Initial Impact Area

Clock Diagram  
Or

- 13 Top (Roof)
- 14 Undercarriage
- 15 Non-Collision
- 16 Unknown

## Most Damaged Area

Vehicle #

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Report Number



# GUAM POLICE DEPARTMENT TRAFFIC CRASH REPORT CODING GUIDE



| 1st | Vehicle # | Sequence of Events   |  | Vehicle # | 1st |
|-----|-----------|--|--|-----------|-----|
|     |           | <b>Non-Collision:</b><br>1 Overturn/ Rollover<br>2 Fire/ Explosion<br>3 Immersion<br>4 Jackknife<br>5 Cargo/ Equipment Loss or Shift<br>6 Fell/ jumped from Motor Vehicle<br>7 Thrown or Falling Object<br>8 Other Non-Collision<br><br><b>Collision with Person, Motor Veh, or Non-Fixed Obj:</b><br>9 Pedestrian<br>10 Pedalcycle<br>11 Railway Vehicle (Train, Engine)<br>12 Animal<br>13 Motor Vehicle in Transport<br>14 Work Zone/ Maintenance Equip.<br>15 Other Non-Fixed Object | <b>Collision with Fixed Object:</b><br>16 Impact Attenuator/ Crash Cushion<br>17 Bridge Overhead Structure<br>18 Bridge Pier or Support<br>19 Bridge Rail<br>20 Culvert<br>21 Curb<br>22 Ditch<br>23 Embankment<br>24 Guardrail Face<br>25 Guardrail End<br>26 Jersey/ Concrete Traffic Barrier<br>27 Other Traffic Barrier<br><br>28 Tree (Standing)<br>29 Landscaping<br>30 Utility Pole(Elec/Tele)/ Light Support<br>31 Highway Lighting/ Light Standard<br>32 Traffic Sign/ Support<br>33 Traffic Signal/ Support<br>34 Traffic Control Box<br>35 Variable Message Board/ Arrow Board<br>36 Other Post, Pole, or Support<br>37 Fence<br>38 Mailbox<br>39 Other Fixed Obj. (Wall, Building, Tunnel, etc.) |           |     |
| 2nd |           |  |  |           | 2nd |
| 3rd |           |  |  |           | 3rd |
| 4th |           |  |  |           | 4th |

40 Unknown - Sequence of Events

| Driver Vehicle # | Driver Distracted  | Driver Vehicle #   |
|------------------|--|--|
|                  | 1 Not Distracted<br>2 Electronic Communication Devices (Cell Phone, Pager, etc.)<br>3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.) | 4 Other Inside the Vehicle<br>5 Other Outside the Vehicle<br>6 Unknown |

| Driver Vehicle # | Physical Condition of Driver   | Driver Vehicle #  |
|------------------|--|---|
|                  | 1 Apparently Normal<br>2 Emotional (Depressed, Angry, Disturbed, etc.)<br>3 Ill (Sick) | 4 Fell Asleep, Fainted, Fatigued, etc.<br>5 Under the Influence of Medications/Drugs/Alcohol<br>6 Other |

| 1st | Non-Motorist Safety Equipment   |   | 1st |
|-----|---|---|-----|
|     | 1 None<br>2 Helmet<br>3 Protective Pads Used (Elbows, Knees, Shins, etc.)<br>4 Reflective Clothing (Jacket, Backpack, etc.) | 5 Lighting<br>6 Other<br>7 N/A<br>8 Unknown |     |
| 2nd |   |   | 2nd |

| Alcohol and/or Drug Testing |                          |                      |                          |                          |                  |  |                     |
|-----------------------------|--------------------------|----------------------|--------------------------|--------------------------|------------------|--|---------------------|
| Driver Vehicle #            |                          | Chemical Test        | Driver Vehicle #         |                          | Driver Vehicle # |  | Alcohol Test Result |
| Alcohol                     | Drug                     |                      | Alcohol                  | Drug                     |                  |  |                     |
| <input type="checkbox"/>    | <input type="checkbox"/> | None Given           | <input type="checkbox"/> | <input type="checkbox"/> |                  |  | BAC                 |
| <input type="checkbox"/>    | <input type="checkbox"/> | Test Refused         | <input type="checkbox"/> | <input type="checkbox"/> |                  |  | Pending             |
|                             | <input type="checkbox"/> | Unknown if Tested    |                          | <input type="checkbox"/> |                  |  | Unknown             |
| <input type="checkbox"/>    | <input type="checkbox"/> | Blood                | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |                     |
| <input type="checkbox"/>    | <input type="checkbox"/> | Urine                | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |                     |
| <input type="checkbox"/>    | <input type="checkbox"/> | Serum                | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |                     |
| <input type="checkbox"/>    | <input type="checkbox"/> | Other                | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |                     |
| <input type="checkbox"/>    | <input type="checkbox"/> | Breath               | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |                     |
| Driver Vehicle #            |                          | Drug Test Result     | Driver Vehicle #         |                          |                  |  |                     |
| <input type="checkbox"/>    | <input type="checkbox"/> | Positive             | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |                     |
| <input type="checkbox"/>    | <input type="checkbox"/> | Negative             | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |                     |
| <input type="checkbox"/>    | <input type="checkbox"/> | Awaiting Test Result | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |                     |

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Report Number



GUAM POLICE DEPARTMENT TRAFFIC CRASH REPORT

Narrative/Diagram Supplemental



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Sample

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**GUAM POLICE DEPARTMENT TRAFFIC CRASH REPORT**  
***Additional Persons Supplemental***

[illegible]



# GUAM POLICE DEPARTMENT TRAFFIC CRASH REPORT

## Truck/Bus Crash Report Supplemental



|  |  |  |  |   |  |
|--|--|--|--|---|--|
| Report Number:   |  | MCSAP #:   |  | Unit ID:  |  |
| Citation Issued (check one):<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown   |  |  | License Class (check one):<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M |   |  |
| <b>General Instructions - Complete this form for EACH qualifying vehicle if the crash meets the criteria on the back of the form.</b>  |  |  |  |   |  |
| Check one:   |  | Qualifying Information   |  |   |  |
| <b>This form is being completed because this vehicle is:</b><br><input type="checkbox"/> A truck or truck combination > 10,000 lbs. GVWR/GCWR<br><input type="checkbox"/> A bus with seats for 9 or more persons, including driver<br><input type="checkbox"/> A vehicle of any type with a Hazardous Materials Placard (includes auto, light truck, van, 10,000 lbs. or less)   |  | <b>Number of:</b> (enter number in box provided)<br>Total involved vehicles in the crash: <input type="text"/><br>Persons sustaining <b>fatal</b> injuries: <input type="text"/><br>Injured persons transported for <b>immediate</b> medical treatment: <input type="text"/><br>Vehicles towed from scene due to <b>disabling damage</b> : <input type="text"/>  |  |   |  |
| <b>At the time of the Crash, THIS Vehicle was:</b><br><input type="checkbox"/> Operating on a Trafficway open to the public (In-Transport) <input type="checkbox"/> Parked on or off the Trafficway  |  |  |  |   |  |
|  |  | Vehicle Information  |  |   |  |
| <b>Vehicle Configuration:</b> <input type="text"/> (enter one code from below)<br>1 Passenger Car (only if vehicle has Hazardous Materials Placard)<br>2 Light Truck (only if vehicle has Hazardous Materials Placard)<br>3 Bus (seats for 9-15 people, including driver)<br>4 Bus (seats for 16 people or more, including driver)<br>5 Single-Unit Truck (2 axles, 6 tires)<br>6 Single-Unit Truck (3 or more axles)<br>7 Truck/Trailer(s) [Single-Unit Truck with Trailer(s)]<br>8 Truck Tractor (without trailer, bobtail or saddle mount)<br>9 Tractor/Semi-Trailer (one trailer)<br>10 Tractor/Doubles (two trailers)<br>11 Tractor/Triples (three trailers)<br>99 Other Truck > 10,000 lbs. (not listed above) |  | <b>Cargo Body Type:</b> <input type="text"/> (enter one code from below)<br>1 Bus (seats for 9-15 people, including driver)<br>2 Bus (seats for 16 people or more, including driver)<br>3 Van/Enclosed Box<br>4 Cargo Tank<br>5 Flatbed<br>6 Dump<br>7 Concrete Mixer<br>8 Auto Transporter<br>9 Garbage/Refuse<br>10 Grain, Chips, Gravel<br>11 Pole<br>12 Not Applicable/No Cargo Body<br>13 Intermodal Chassis<br>14 Logging<br>15 Vehicle Towing Another Motor Vehicle<br>98 Other Cargo Body (not listed above) |  |   |  |
| <b>GVWR/GCWR</b> (use GCWR for truck combinations): <input type="text"/><br>1 10,000 lbs. or less<br>2 10,001 - 26,000 lbs.<br>3 Greater than 26,000 lbs.  |  | <b>Hazardous Materials Involvement:</b><br>Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>If YES, include the following information from the Placard:</b><br>A. HM 4-Digit # or name from diamond or box: _____<br>B. HM Class # from bottom of diamond: _____<br>Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |  |
| <b>Bus Use:</b> <input type="text"/><br>0 Not a Bus<br>1 School (Public or Private)<br>2 Transit<br>3 Intercity<br>4 Charter<br>5 Other  |  |  |  |   |  |
| Check one:   |  | Motor Carrier Information  |  |   |  |
| <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not in Commerce-Government <input type="checkbox"/> Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)   |  |  |  |   |  |
| Carrier Name: _____  |  |  |  |   |  |
| Carrier Street Address (P.O. Box only if no street address): _____   |  |  |  |   |  |
| City/State/Zip: _____ Phone: _____   |  |  |  |   |  |
| Carrier Identification Number(s): <input type="checkbox"/> NONE USDOT# _____ MC/MX# _____ STATE# _____   |  |  |  |   |  |
|  |  | Sequence of Events   |  |   |  |
| Note: For <b>THIS</b> Vehicle - list up to four: Event 1 <input type="text"/> Event 2 <input type="text"/> Event 3 <input type="text"/> Event 4 <input type="text"/>   |  |  |  |   |  |
| <b>Non-Collisions</b><br>1 Ran Off Road<br>2 Jackknife<br>3 Overturn (Rollover)<br>4 Downhill Runaway<br>5 Cargo Loss or Shift<br>6 Explosion or Fire<br>7 Separation of Units   |  | <b>Non-Collisions (cont.)</b><br>8 Cross Median/Centerline<br>9 Equipment Failure (tire, brakes, steering, etc.)<br>10 Other Non-Collision<br><b>Collisions Involving/With</b><br>11 Pedestrian<br>12 Motor Vehicle In-Transport<br>13 Parked Motor Vehicle  |  | <b>Collisions Involving/With (cont.)</b><br>15 Train<br>16 Pedalcycle<br>17 Animal<br>18 Fixed Object<br>19 Work Zone Maintenance Equipment<br>20 Other Moveable Object<br>98 Other |  |



## Reporting Criteria for Truck and Bus Crashes

### IF THIS CRASH INCLUDES:

- 1 **Any** truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public highways,
- 2 **Any** motor vehicle with seats to transport nine (9) or more people, including the driver's seat,
- 3 **Any** vehicle displaying a hazardous materials placard (regardless of weight).

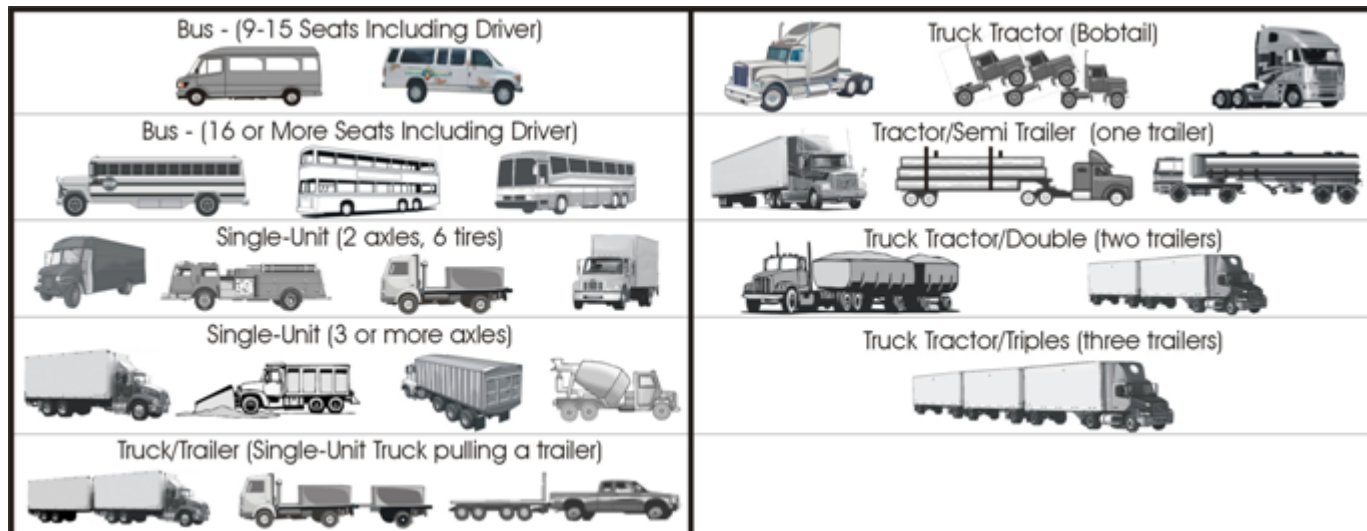
**And at least one motor vehicle in-transport operating on a trafficway open to the public, which results in:**

**A FATALITY:** **Any** person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash, **OR**

**AN INJURY:** **Any** person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, **OR**

**A TOW-AWAY:** **Any** motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

### Vehicle Configuration



### Cargo Body Type



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