

Seating Position			13 – Front row other	21 – On vehicle exterior (non-trailing unit)	Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment
Operator			14 – Second row other	22 – Unenclosed cargo area									
1	2	3	15 – Third row other	23 – Enclosed cargo area									
4	5	6	16 – Fourth row other	24 – Sleeper section of cab (truck)									
7	8	9	17 – Motorcycle passenger	25 – Seating Position "1" NOT Operator									
10	11	12	18 – Pedalcycle passenger	96 – Not applicable (Pedestrian)									
			19 – Bus passenger	97 – Other									
			20 – Trailing unit	99 – Unknown									

UNIT 1	Transported to:	EMS Trip #
UNIT 2	Transported to:	EMS Trip #

A
Manner of Collision

PERSONS INJURED	1. Name:	Date of Birth											
	Address:	Transported to:	EMS Trip #										
	2. Name:	Date of Birth											
	Address:	Transported to:	EMS Trip #										
	3. Name:	Date of Birth											
	Address:	Transported to:	EMS Trip #										
	4. Name:	Date of Birth											
	Address:	Transported to:	EMS Trip #										

B
Location of First Harmful Event

DIAGRAM	ACCIDENT DIAGRAM	Non-Motorist Action
	Indicate North	
C Roadway Surface Condition		Non-Motorist Location
E Light Condition	Roadway Surface Type	
		F Weather Conditions

NARRATIVE	ACCIDENT NARRATIVE: Describe What Happened	Trafficway Description

Witness (Last, First, Middle)	Phone No	Address	City	State	Zip
-------------------------------	----------	---------	------	-------	-----

Officer Filing Report & ID No.	Date Notified	Time Notified	Date Arrived	Time Arrived
--------------------------------	---------------	---------------	--------------	--------------

Agency Name	Agency Type
	<input type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other

Officer Approving Report	Date Approved	Red Tag #:	Agency Use
		Unit 1	

Investigation made at scene?	Photos Taken?	Unit 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	