



Revised Report

# Police Crash Report

Page \_\_\_\_\_ of \_\_\_\_\_

<b>CRASH</b>				GPS Lat.				GPS Long.									
Crash Date	MM	DD	YYYY	Day of Week	MILITARY Time (24 hr clock)	County of Crash				Official DMV Use							
<input type="radio"/> City of <input type="radio"/> Town of				City or Town Name				Landmarks at Scene									
Location of Crash (route/street)						Railroad Crossing ID no. (if within 150 ft.)				Local Case Number							
<input type="radio"/> At Intersection With or _____						<input type="checkbox"/> Miles <input type="checkbox"/> Feet				N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W <input type="radio"/> of		Location of Crash (route/street)		Mile Marker Number		Number of Vehicles	

<b>VEHICLE #</b> [ ]													
<b>DRIVER</b>													
Driver's Name (Last, First, Middle)										Driver Fled Scene <input type="radio"/>		Gender <input type="radio"/> M <input type="radio"/> F	
Address (Street and Number)													
City						State		ZIP					
Birth Date		MM		DD		YYYY		Drivers License Number		State		DL <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> CDL <input type="radio"/> Y <input type="radio"/> N	
Safety Equip. Used		Air Bag		Ejected		Date of Death		Injury Type		EMS Transport <input type="radio"/> Y <input type="radio"/> N			
Summons Issued As Result of Crash		Offenses Charged to Driver											

<b>VEHICLE #</b> [ ]													
<b>DRIVER</b>													
Driver's Name (Last, First, Middle)										Driver Fled Scene <input type="radio"/>		Gender <input type="radio"/> M <input type="radio"/> F	
Address (Street and Number)													
City						State		ZIP					
Birth Date		MM		DD		YYYY		Drivers License Number		State		DL <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> CDL <input type="radio"/> Y <input type="radio"/> N	
Safety Equip. Used		Air Bag		Ejected		Date of Death		Injury Type		EMS Transport <input type="radio"/> Y <input type="radio"/> N			
Summons Issued As Result of Crash		Offenses Charged to Driver											

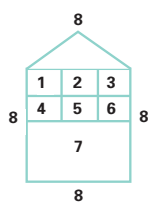
<b>VEHICLE</b>											
Vehicle Owner's Name (Last, First, Middle)										Same as Driver <input type="radio"/>	
Address (Street and Number)											
City						State		ZIP			
Vehicle Year		Vehicle Make		Vehicle Model		Disabled <input type="radio"/>		CMV <input type="radio"/>		Towed <input type="radio"/>	
Vehicle Plate Number				State		Approximate Repair Cost					
VIN						<input type="radio"/> Oversize <input type="radio"/> Cargo Spill					
Name of Insurance Company (not agent)										<input type="radio"/> Override <input type="radio"/> Underwrite	
Speed Before Crash		Speed Limit		Maximum Safe Speed		Under 8		ALL Passengers Age Count		Over 21	

<b>VEHICLE</b>											
Vehicle Owner's Name (Last, First, Middle)										Same as Driver <input type="radio"/>	
Address (Street and Number)											
City						State		ZIP			
Vehicle Year		Vehicle Make		Vehicle Model		Disabled <input type="radio"/>		CMV <input type="radio"/>		Towed <input type="radio"/>	
Vehicle Plate Number				State		Approximate Repair Cost					
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Name of Insurance Company (not agent)										<input type="radio"/> Override <input type="radio"/> Underwrite	
Speed Before Crash		Speed Limit		Maximum Safe Speed		Under 8		ALL Passengers Age Count		Over 21	

<b>PASSENGER (only if injured or killed)</b>													
Name of Injured (Last, First, Middle)						EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death MM DD YY					
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate MM DD YYYY		Gender <input type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle)						EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death MM DD YY					
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate MM DD YYYY		Gender <input type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle)						EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death MM DD YY					
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate MM DD YYYY		Gender <input type="radio"/> M <input type="radio"/> F	

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Name of Injured (Last, First, Middle)						EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death MM DD YY					
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate MM DD YYYY		Gender <input type="radio"/> M <input type="radio"/> F	
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Name of Injured (Last, First, Middle)						EMS Transport <input type="radio"/> Y <input type="radio"/> N		Date of Death MM DD YY					
Position In/On Vehicle		Safety Equip Used		Airbag		Ejected		Injury Type		Birthdate MM DD YYYY		Gender <input type="radio"/> M <input type="radio"/> F	

### Codes



### POSITION IN/ON VEHICLE

- Driver
- 2-6. Passengers
- Cargo Area
- Riding/Hanging On Outside
- 9-98. All Other Passengers

### SAFETY EQUIPMENT USED

- Lap Belt Only
- Shoulder Belt Only
- Lap and Shoulder Belt
- Child Restraint
- Helmet
- Other
- Booster Seat
- No Restraint Used
- Not Applicable

### AIRBAG

- Deployed - Front
- Not Deployed
- Unavailable/Not Applicable
- Keyed Off
- Unknown
- Deployed - Side
- Deployed - Other (Knee, Air Belt, etc.)
- Deployed - Combination

### EJECTED FROM VEHICLE

- Not Ejected
  - Partially Ejected
  - Totally Ejected
- SUMMONS ISSUED AS A RESULT OF CRASH**
- Yes
  - No
  - Pending

### INJURY TYPE

- Dead Before Report Made
- Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
- Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
- No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.
- No Injury (driver only)

Investigating Officer		Badge/Code Number		Agency/Department Name and Code		Reviewing Officer		Report File Date	
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# Police Crash Report

Revised Report

<b>CRASH</b>		Crash Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MILITARY Time (24 hr clock) <input type="text"/>	County of Crash <input type="text"/>	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number <input type="text"/>
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## CRASH INFORMATION

**Location of First Harmful Event In Relation to Roadway C1**

- 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

**Weather Condition C2**

- 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

**Light Conditions C3**

- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness – Road Lighted
- 5. Darkness – Road Not Lighted
- 6. Darkness – Unknown Road Lighting
- 7. Unknown

**Traffic Control Device C4**

- 1. Yes – Working
- 2. Yes – Working and Obscured
- 3. Yes – Not Working
- 4. Yes – Not Working and Obscured
- 5. Yes – Missing
- 6. No Traffic Control Device Present

**Traffic Control Type C5**

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed – School Zone
- 16. Reduced Speed – Work Zone
- 17. Highway Safety Corridor

**Roadway Alignment C6**

- 1. Straight – Level
- 2. Curve – Level
- 3. Grade – Straight
- 4. Grade – Curve
- 5. Hillcrest – Straight
- 6. Hillcrest – Curve
- 7. Dip – Straight
- 8. Dip – Curve
- 9. Other
- 10. On/Off Ramp

**Roadway Surface Condition C7**

- 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

**Roadway Surface Type C8**

- 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slag, Gravel, Stone
- 5. Dirt
- 6. Other

**Roadway Description C9**

- 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

**Roadway Defects C10**

- 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

**Relation to Roadway C11**

**Interchange Area:**

- 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgelines)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

**Intersection Area:**

- 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

**Other Location:**

- 12. Crossover Related
- 13. Driveway, Alley-Access - Related
- 14. Railway Grade Crossing
- 15. Other Crossing (Crossings for Bikes, School, etc.)

**Intersection Type C12**

- 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-Point, or more
- 6. Roundabout

**Work Zone C13**

- 1. Yes
- 2. No

**Work Zone Workers Present C14**

- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

**Work Zone Location C15**

- 1. Advance Warning Area
- 2. Transition Area
- 3. Activity Area
- 4. Termination Area

**Work Zone Type C16**

- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

**School Zone C17**

- 1. Yes
- 2. Yes - With School Activity
- 3. No

**Type of Collision C18**

- 1. Rear End
- 2. Angle
- 3. Head On
- 4. Sideswipe – Same Direction
- 5. Sideswipe – Opposite Direction
- 6. Fixed Object in Road
- 7. Train
- 8. Non-Collision
- 9. Fixed Object – Off Road
- 10. Deer
- 11. Other Animal
- 12. Pedestrian
- 13. Bicyclist
- 14. Motorcyclist
- 15. Backed Into
- 16. Other



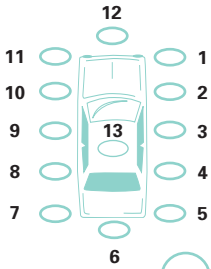
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**VEHICLE #**

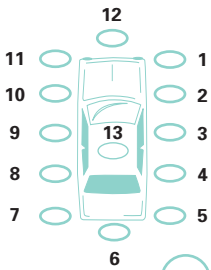
Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel-N/S/E/W

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

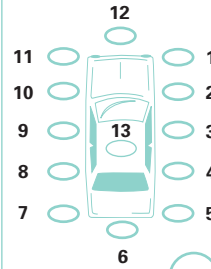


Veh Dir of Travel-N/S/E/W

## CRASH DIAGRAM

**VEHICLE #**

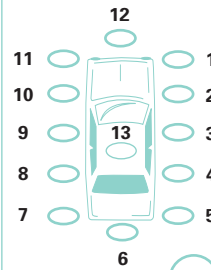
Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel-N/S/E/W

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel-N/S/E/W

Indicate North by Arrow

### DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost <input type="text"/>	Object Struck (Tree, Fence, etc.) <input type="text"/>	Property Owners Name (Last, First, Middle) <input type="text"/>	Address (Street and Number) <input type="text"/>	VDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No
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### CRASH DESCRIPTION

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### CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Harmful Event of Entire Crash that Results in First Injury or Damage.

#### COLLISION WITH FIXED OBJECT

- |   |                           |
|---|---------------------------|
| 1. Bank Or Ledge                            | 10. Other                 |
| 2. Trees                                    | 11. Jersey Wall           |
| 3. Utility Pole                             | 12. Building/Structure    |
| 4. Fence Or Post                            | 13. Curb                  |
| 5. Guard Rail                               | 14. Ditch                 |
| 6. Parked Vehicle                           | 15. Other Fixed Object    |
| 7. Tunnel, Bridge, Underpass, Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal                     | 17. Traffic Sign Support  |
| 9. Impact Cushioning Device                 | 18. Mailbox               |

#### COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- |                                |                            |
|--------------------------------|----------------------------|
| 19. Pedestrian                 | 24. Work Zone              |
| 20. Motor Vehicle In Transport | 25. Other Movable Object   |
| 21. Train                      | 26. Unknown Movable Object |
| 22. Bicycle                    | 27. Other                  |
| 23. Animal                     |                            |

#### NON-COLLISION

- |                         |                                   |
|-------------------------|-----------------------------------|
| 28. Ran Off Road        | 35. Cross Median                  |
| 29. Jack Knife          | 36. Cross Centerline              |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway    | 38. Immersion                     |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle      |
| 33. Explosion or Fire   | 40. Thrown or Falling Object      |
| 34. Separation of Units | 41. Non-Collision Unknown         |
|                         | 42. Other Non-Collision           |



# Police Crash Report

Revised Report

## CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="checkbox"/> City of <input type="checkbox"/> Town of	Local Case Number
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### COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

- A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR)       Any Motor Vehicle That Seats 9 or More People, Including the Driver       A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight

#### AND The crash resulted 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, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

### VEHICLE #

#### Vehicle Configuration V10

- 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard)
- 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard)
- 3. Bus (Seats 9-15 People, Including Driver)
- 4. Bus (Seats for 16 People or More, Including Driver)
- 5. Single Unit Truck (2 Axles, 6 Tires)
- 6. Single Unit Truck (3 or More Axles)
- 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)]
- 8. Truck Tractor (Bobtail)
- 9. Tractor/Semi-trailer (One Trailer)
- 10. Tractor/Doubles (Two Trailers)
- 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)

#### Cargo Body Type V11

- 1. Bus (Seats 9-15 People, Including Driver)
- 2. Bus (Seats For 16 People or More, Including Driver)
- 3. Van/Enclosed Box
- 4. Cargo Tank
- 5. Flatbed
- 6. Dump
- 7. Concrete Mixer
- 8. Auto Transporter
- 9. Garbage/Refuse
- 10. Grain/Chips/Gravel
- 11. Pole-Trailer
- 12. Vehicle Towing Another Motor Vehicle
- 13. Intermodal Container Chassis
- 14. Logging
- 15. Other Cargo Body (Not Listed Above)
- 16. Not Applicable/ No Cargo Body

#### License Class P8

- Class A
- Class B
- Class C
- Class DRL (regular drivers license)
- Class M

#### Commercial Endorsement P9

- T-Double Trailer
- P-Passenger Vehicle
- N-Tank Vehicle
- H-Required To Be Placarded for Hazardous Materials
- X-Combined Tank/HAZMAT
- 0-Other

#### GVWR/ GCWR V12

- 1. 10,000 lbs. or Less
- 2. 10,001-26,000 lbs.
- 3. Greater Than 26,000 lbs.

#### Hazardous Material

Hazardous Material Placard:  Y  N

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input type="checkbox"/> Y <input type="checkbox"/> N	HM Cargo Released <input type="checkbox"/> Y <input type="checkbox"/> N
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#### Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)			
Carrier's ID Number	State (Intrastate Only)	City	State	Zip
US DOT#				

#### Commercial/Non-Commercial v13

- 1. Interstate Carrier
- 2. Intrastate Carrier
- 3. Not in Commerce-Government (Trucks and Buses)
- 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

### VEHICLE #

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- 11. Pole-Trailer
- 12. Vehicle Towing Another Motor Vehicle
- 13. Intermodal Container Chassis
- 14. Logging
- 15. Other Cargo Body (Not Listed Above)
- 16. Not Applicable/ No Cargo Body

#### License Class P8

- Class A
- Class B
- Class C
- Class DRL (regular drivers license)
- Class M

#### Commercial Endorsement P9

- T-Double Trailer
- P-Passenger Vehicle
- N-Tank Vehicle
- H-Required To Be Placarded for Hazardous Materials
- X-Combined Tank/HAZMAT
- 0-Other

#### GVWR/ GCWR V12

- 1. 10,000 lbs. or Less
- 2. 10,001-26,000 lbs.
- 3. Greater Than 26,000 lbs.

#### Hazardous Material

Hazardous Material Placard:  Y  N

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input type="checkbox"/> Y <input type="checkbox"/> N	HM Cargo Released <input type="checkbox"/> Y <input type="checkbox"/> N
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#### Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)			
Carrier's ID Number	State (Intrastate Only)	City	State	Zip
US DOT#				

#### Commercial/Non-Commercial v13

- 1. Interstate Carrier
- 2. Intrastate Carrier
- 3. Not in Commerce-Government (Trucks and Buses)
- 4. Not in Commerce-Other Truck (Over 10,000 lbs.)



# Police Crash Report

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## CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number
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## PEDESTRIAN # [ ]

Injured Name of Injured (Last, First, Middle)					
Address (Street and Number)					
City			State	ZIP	
Driver's License #				State	
Gender	EMS Transport	Injury Type	Birthdate	Date of Death	
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N		MM DD YYYY	MM DD YYYY	

Ped #	Ped #	Ped #	Ped #
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### Pedestrian Actions P10

<input type="radio"/> N/A	<input type="radio"/> N/A	1. Crossing At Intersection With Signal	<input type="radio"/>	<input type="radio"/>	11. Hitching On Vehicle	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Crossing At Intersection Against Signal	<input type="radio"/>	<input type="radio"/>	12. Walking In Roadway With Traffic - Sidewalks Available	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Crossing At Intersection No Signal	<input type="radio"/>	<input type="radio"/>	13. Walking In Roadway With Traffic - Sidewalks Not Available	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. Crossing At Intersection Diagonally	<input type="radio"/>	<input type="radio"/>	14. Walking In Roadway Against Traffic - Sidewalks Available	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Crossing Not At Intersection - Rural	<input type="radio"/>	<input type="radio"/>	15. Walking In Roadway Against Traffic - Side Walks Not Available	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6. Crossing Not At Intersection - Urban	<input type="radio"/>	<input type="radio"/>	16. Working In Roadway	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7. Coming From Behind Parked Cars	<input type="radio"/>	<input type="radio"/>	17. Standing In Roadway	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8. Getting Off Or On School Bus	<input type="radio"/>	<input type="radio"/>	18. Lying In Roadway	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	9. Playing In Roadway	<input type="radio"/>	<input type="radio"/>	19. Not In Roadway	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	10. Getting Off Or On Another Vehicle	<input type="radio"/>	<input type="radio"/>	20. Other	<input type="radio"/>	<input type="radio"/>

## PEDESTRIAN # [ ]

Injured Name of Injured (Last, First, Middle)					
Address (Street and Number)					
City			State	ZIP	
Driver's License #				State	
Gender	EMS Transport	Injury Type	Birthdate	Date of Death	
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N		MM DD YYYY	MM DD YYYY	

Ped #	Ped #	Ped #	Ped #
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### Pedestrian Drinking P11

<input type="radio"/>	<input type="radio"/>	1. Had Not Been Drinking
<input type="radio"/>	<input type="radio"/>	2. Drinking-Obviously Drunk
<input type="radio"/>	<input type="radio"/>	3. Drinking-Ability Impaired
<input type="radio"/>	<input type="radio"/>	4. Drinking-Ability Not Impaired
<input type="radio"/>	<input type="radio"/>	5. Drinking-Not Known Whether Impaired

### Method of Alcohol Determination by Police P13

<input type="radio"/>	<input type="radio"/>	1. Blood
<input type="radio"/>	<input type="radio"/>	2. Breath
<input type="radio"/>	<input type="radio"/>	3. Refused
<input type="radio"/>	<input type="radio"/>	4. No Test

### Condition of Pedestrian Contributing to the Crash P12

<input type="radio"/>	<input type="radio"/>	1. No Defects
<input type="radio"/>	<input type="radio"/>	2. Eyesight Defective
<input type="radio"/>	<input type="radio"/>	3. Hearing Defective
<input type="radio"/>	<input type="radio"/>	4. Other Body Defects
<input type="radio"/>	<input type="radio"/>	5. Illness
<input type="radio"/>	<input type="radio"/>	6. Fatigued
<input type="radio"/>	<input type="radio"/>	7. Apparently Asleep
<input type="radio"/>	<input type="radio"/>	8. Other

### Pedestrian Drug Use P14

<input type="radio"/>	<input type="radio"/>	1. Yes
<input type="radio"/>	<input type="radio"/>	2. No
<input type="radio"/>	<input type="radio"/>	3. Unknown

### Pedestrian Wear Reflective Clothing P15

<input type="radio"/>	<input type="radio"/>	1. Yes
<input type="radio"/>	<input type="radio"/>	2. No

Use sections below for additional passengers.

## VEHICLE # [ ]

### PASSENGER (only if injured or killed)

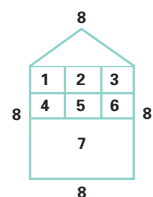
Name of Injured (Last, First, Middle)					EMS Transport	Date of Death		
					<input type="radio"/> Y <input type="radio"/> N	MM	DD	YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender		
					MM DD YYYY	<input type="radio"/> M <input type="radio"/> F		

## VEHICLE # [ ]

### PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)					EMS Transport	Date of Death		
					<input type="radio"/> Y <input type="radio"/> N	MM	DD	YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender		
					MM DD YYYY	<input type="radio"/> M <input type="radio"/> F		

### Codes



- POSITION IN/ON VEHICLE**
1. Driver
  - 2-6. Passengers
  7. Cargo Area
  8. Riding/Hanging On Outside
  - 9-98. All Other Passengers

- SAFETY EQUIPMENT USED**
1. Lap Belt Only
  2. Shoulder Belt Only
  3. Lap and Shoulder Belt
  4. Child Restraint
  5. Helmet
  6. Other
  7. Booster Seat
  8. No Restraint Used
  9. Not Applicable

- AIRBAG**
1. Deployed - Front
  2. Not Deployed
  3. Unavailable/Not Applicable
  4. Keyed Off
  5. Unknown
  6. Deployed - Side
  7. Deployed - Other (Knee, Air Belt, etc.)
  8. Deployed - Combination

- EJECTED FROM VEHICLE**
1. Not Ejected
  2. Partially Ejected
  3. Totally Ejected

- SUMMONS ISSUED AS A RESULT OF CRASH**
1. Yes
  2. No
  3. Pending

- INJURY TYPE**
1. Dead Before Report Made
  2. Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
  3. Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
  4. No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.