

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



Virginia Department of Motor Vehicles

Table of Contents

Introduction -----	3
General Instructions -----	4
Type of Entries -----	4
How to Complete Additional Report Forms if Necessary -----	4
Reporting Additional Vehicles -----	4
Entering Information in the Boxes -----	4
Vehicles that do not Make Physical Contact -----	4
Parked Vehicles -----	4
Other Vehicles -----	4
When to Forward the FR300P -----	5
Reviewing the Report for Accuracy -----	5
Specific Instructions -----	5
Body of the FR300P -----	5-15
Boxes On the Sides and Bottom of the FR300P -----	15-18
Appendix -----	19
FR300P Numbered Guide -----	20
Blank FR300P -----	21
Blank FR300T Front -----	22
Blank FR300T Back -----	23
Code of Virginia §46.2-373, §46.2-908.3 and §46.2-908.2 -----	24
Hazardous Materials Class & Sample Hazardous Materials Placards -----	25

INTRODUCTION

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

Types of Entries

The FR300P requires two types of entries. The first type is data entered into the body of the report. The second type is information entered into the numbered boxes on the sides and bottom of the report. The appropriate entry in the numbered boxes is determined from the overlay template (FR300T). When completing the form **use a typewriter or print plainly in ink.** Approved computer generated forms are acceptable. Use the largest font possible for legible keying.

How to Complete Additional Report Forms if Necessary

Use a second report form to list additional drivers and vehicles. If there is insufficient space for the crash narrative use a sheet of plain paper for the added information. Record the proper page numbers in the upper left corner of the report. Insure that the crash date and location are identical on all pages. It is not necessary to duplicate any other information recorded on the first page provided all pages are stapled together.

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.

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.

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**

Tuesday – **Tue**

Thursday – **Thu**

Saturday – **Sat**

Monday – **Mon**

Wednesday – **Wed**

Friday – **Fri**

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☐S☐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.

If the CMV does not have a U.S. DOT number indicate in this space (if applicable) the Virginia assigned identification number also located on the power unit. If there is no U.S. DOT number and no Virginia number leave this space blank.

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:
+++++

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. 63. 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” on the steering

wheel; 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.

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.

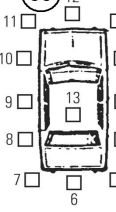
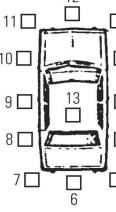
Examples of the **FR300P** (crash report) and **FR300T** (template) are included in this manual. Also included is a sample completed FR300P. Make copies as necessary of the manual for distribution and training.

Appendix ---


Police Crash Report

DMV Copy

FR300P (Rev 9/03)

Crash date MM / DD / YYYY <u>3</u>		Day of week <u>4</u>		Military time (24 hr. clock) <u>5</u>		County of crash <u>6</u>		Official DMV use <u>7</u>				
<input type="checkbox"/> City of <u>8</u>		Landmark at scene <u>9</u>		GPS Lat. <u>10</u>								
Location of crash (route/street) <u>11</u>		Railroad crossing ID no. (if within 150 ft.) <u>13</u>		GPS Long. <u>10</u>		Mile marker number <u>14</u>		Local case number <u>15</u>				
<input type="checkbox"/> at intersection with or <u>12</u> miles <input type="checkbox"/> feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of		Location of crash (route/street)				Number of vehicles <u>16</u>						
Vehicle No. 1					Vehicle No. 2 (or pedestrian) <input type="checkbox"/> 60							
Driver's name (last, first, middle) <u>17</u>					Driver's name (last, first, middle)							
Driver fled scene <input type="checkbox"/> Yrs. dr. experience <u>19</u>					Driver fled scene <input type="checkbox"/> Yrs. dr. experience							
Address (street and no.) <u>20</u>					Address (street and no.)							
City <u>21</u> State <u>22</u> ZIP <u>23</u>					City State ZIP							
Birth date MM / DD / YYYY <u>24</u> Gender <u>25</u> Driver's license number <u>26</u> <input type="checkbox"/> DL <input type="checkbox"/> CDL State <u>28</u>					Birth date MM / DD / YYYY Gender Driver's license number <input type="checkbox"/> DL <input type="checkbox"/> CDL State							
Vehicle owner's name (last, first, middle) or Commercial motor carrier <input type="checkbox"/> same as driver <u>30</u>					Vehicle owner's name (last, first, middle) or Commercial motor carrier <input type="checkbox"/> same as driver							
Address (street and no.) <u>31</u>					Address (street and no.)							
City <u>32</u> State <u>33</u> ZIP <u>34</u>					City State ZIP							
A Veh. type Veh. year Veh. make <u>37</u> Veh. model <u>38</u> <input type="checkbox"/> CMV <input type="checkbox"/> Towed <u>40</u>					A Veh. type Veh. year Veh. make Veh. model <input type="checkbox"/> CMV <input type="checkbox"/> Towed							
Vehicle plate number <u>41</u> State <u>42</u> B EMV type <u>43</u> C EMV in service <u>44</u> Approximate repair cost <u>46</u>					Vehicle plate number State B EMV type C EMV in service Approximate repair cost							
VIN <u>45</u>					VIN							
U.S. DOT no. or VA no. <u>47</u> Placard no. and class or name <u>48</u>					U.S. DOT no. or VA no. Placard no. and class or name							
CMV only No. of axles <u>49</u> Truck cover <input type="checkbox"/> GVWR <input type="checkbox"/> 10,000 and under <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> over 26,000 <input type="checkbox"/> HAZMAT <input type="checkbox"/> Oversize <input type="checkbox"/> Cargo spill <input type="checkbox"/> Override <input type="checkbox"/> Underride <input type="checkbox"/>					CMV only No. of axles Y <input type="checkbox"/> N <input type="checkbox"/> GVWR <input type="checkbox"/> 10,000 and under <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> over 26,000 <input type="checkbox"/> HAZMAT <input type="checkbox"/> Oversize <input type="checkbox"/> Cargo spill <input type="checkbox"/> Override <input type="checkbox"/> Underride <input type="checkbox"/>							
Name of insurance company (not agent) <u>54</u>					Name of insurance company (not agent)							
Vehicle no. 1 damage					Vehicle no. 2 damage							
Check impact area(s) Circle initial impact <u>55</u>					Check impact area(s) Circle initial impact							
												
See back of FR300T					See back of FR300T							
Speed Before crash <u>56</u> Limit <u>57</u> Max safe <u>57</u>					Speed Lane dir. Before crash Limit Max safe							
Passengers age count Less 6 6-17 <u>58</u> 18-21 Over 21					Passengers age count Less 6 6-17 18-21 Over 21							
Damage to property other than vehicles <u>61</u> Approximate repair cost					Object struck (tree, fence, etc.) <u>62</u> Property owner's name (last, first, middle) and address <u>63</u>							
Crash description <u>64</u>												
Offenses charged driver <u>65</u>												
All injured	12 <u>66</u>	13 <u>67</u>	14 <u>68</u>	15 <u>69</u>	16 <u>70</u>	17 <u>71</u>	18 <u>72</u>	19 <u>73</u>	20 <u>74</u>	Names of injured (If deceased give date of death) <u>75</u>	EMS transport <u>76</u>	Date of death MM/DD/YYYY
Investigating officer <u>77</u>					Badge/code no. <u>78</u>		Agency/department name and code no. <u>79</u>		Reviewing officer <u>80</u>		Report file date <u>81</u>	

Police Crash Report

	Crash date		MM / DD / YYYY		Day of week		Military time (24 hr. clock)		County of crash						Official DMV use								21																
	<input type="checkbox"/> City of <input type="checkbox"/> Town of									Landmark at scene						GPS Lat.											22												
1	Location of crash (route/street)									Railroad crossing ID no. (if within 150 ft.) ➤						GPS Long.			Mile marker number .			Local case number			23														
	<input type="checkbox"/> at intersection with or _____ <input type="checkbox"/> miles <input type="checkbox"/> feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									Location of crash (route/street)									Number of vehicles			24																	
	Vehicle No. 1																	Vehicle No. 2 (or pedestrian <input type="checkbox"/>)																	25				
2	Driver's name (last, first, middle) Driver fled scene <input type="checkbox"/> Yrs. dr. experience																	Driver's name (last, first, middle) Driver fled scene <input type="checkbox"/> Yrs. dr. experience																	26				
	Address (street and no.)																	Address (street and no.)																	27				
3	City State ZIP																	City State ZIP																	28				
	Birth date		MM / DD / YYYY		Gender		Driver's license number <input type="checkbox"/> DL <input type="checkbox"/> CDL				State		Birth date		MM / DD / YYYY		Gender		Driver's license number <input type="checkbox"/> DL <input type="checkbox"/> CDL				State		29														
4	Vehicle owner's name (last, first, middle) or Commercial motor carrier <input type="checkbox"/> same as driver																	Vehicle owner's name (last, first, middle) or Commercial motor carrier <input type="checkbox"/> same as driver																	30				
	Address (street and no.)																	Address (street and no.)																	31				
5	City State ZIP																	City State ZIP																	32				
6	A Veh. type		Veh. year		Veh. make				Veh. model				CMV <input type="checkbox"/> Towed <input type="checkbox"/>		A Veh. type		Veh. year		Veh. make				Veh. model				CMV <input type="checkbox"/> Towed <input type="checkbox"/>		33										
	Vehicle plate number				State		B EMV type		C EMV in service		Approximate repair cost			Vehicle plate number				State		B EMV type		C EMV in service		Approximate repair cost			34												
7	VIN																	VIN																	35				
	CMV only		U.S. DOT no. or VA no.				Placard no. and class or name									CMV only		U.S. DOT no. or VA no.				Placard no. and class or name									36								
8			No. of axles		Truck cover Y <input type="checkbox"/> N <input type="checkbox"/>		GVWR <input type="checkbox"/> 10,000 and under <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> over 26,000				<input type="checkbox"/> HAZMAT <input type="checkbox"/> Oversize		<input type="checkbox"/> Cargo spill <input type="checkbox"/> Override <input type="checkbox"/> Underride					No. of axles		Truck cover Y <input type="checkbox"/> N <input type="checkbox"/>		GVWR <input type="checkbox"/> 10,000 and under <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> over 26,000				<input type="checkbox"/> HAZMAT <input type="checkbox"/> Oversize		<input type="checkbox"/> Cargo spill <input type="checkbox"/> Override <input type="checkbox"/> Underride			37								
	Vehicle no. 1 damage		Name of insurance company (not agent)															Vehicle no. 2 damage		Name of insurance company (not agent)															38				
9	Check impact area(s) Circle initial impact		Crash Diagram 																	Check impact area(s) Circle initial impact																			39
10	11 <input type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 13 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/>																			11 <input type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 13 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/>																			40
11	See back of FR300T																			See back of FR300T																			41
	Speed Before crash Limit Max safe Lane dir. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																							Speed Before crash Limit Max safe Lane dir. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>															
	Passengers age count Less 6 6-17 18-21 Over 21		Passengers age count Less 6 6-17 18-21 Over 21																			43																	
	Damage to property other than vehicles ➤		Approximate repair cost		Object struck (tree, fence, etc.)				Property owner's name (last, first, middle) and address														44																
	Crash description																																		45				
																																			46				
																																			47				
	Offenses charged driver																																		48				
All injured	12		13		14		15		16		17		18		19		20		Names of injured (If deceased give date of death)						EMS transport		Date of death MM/DD/YYYY		49										
																													50										
																													51										
Investigating officer					Badge/code no.			Agency/department name and code no.							Reviewing officer					Report file date																			

Police Crash Report

If a question does not apply, enter an "X". • If an answer is unknown, enter a "U" or appropriate number. • "Other" explain in crash description. FR300T (Rev 9/03)

1	Traffic control 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. Special corridor	Vehicle maneuver 1. Going straight ahead 2. Making right turn 3. Making left turn 4. Making U-turn 5. Slowing or stopping 6. Starting in traffic lane 7. Starting from parked position 8. Stopped in traffic lane 9. Ran off road – right 10. Ran off road – left 11. Parked 12. Backing 13. Passing 14. Changing lanes 15. Other 16. Entering street from parking lot	Vehicle 1 21 Vehicle 2 22	
2	Was traffic control working? 1. Yes 2. No	Type of collision 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	1st event: Vehicle w/ 23 2nd event: Vehicle 1 24 Vehicle 2 25	
3	Roadway alignment 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	Collision with fixed object 1. Bank or ledge 2. Trees 3. Utility pole 4. Fence or post 5. Guard rail 6. Parked vehicle 7. Tunnel, bridge, underpass, culvert, etc. 8. Sign, traffic signal 9. Impact cushioning device 10. Other 11. Jersey wall 12. Building/structure	Vehicle 1 26 Vehicle 2 27	
4	Weather 1. Clear 2. Cloudy 3. Fog 4. Mist 5. Rain 6. Snow 7. Sleet/Hail 8. Smoke/Dust 9. Other	Driver's action 1. No improper action 2. Exceeded speed limit 3. Exceeded safe speed but not speed limit 4. Overtaking on hill 5. Overtaking on curve 6. Overtaking at intersection 7. Improper passing of school bus 8. Cutting in 9. Other improper passing 10. Wrong side of road – not overtaking 11. Did not have right-of-way 12. Following too close 13. Fail to signal or improper signal 14. Improper turn – wide right turn 15. Improper turn – cut corner on left turn 16. Improper turn from wrong lane 17. Other improper turn 18. Improper backing 19. Improper start from parked position 20. Disregarded officer or flagger 21. Disregarded traffic signal 22. Disregarded stop or yield sign 23. Driver distraction 24. Fail to stop at through highway – no sign 25. Drive through work zone 26. Fail to set out flares or flags 27. Fail to dim headlights 28. Driving without lights 29. Improper parking location 30. Avoiding pedestrian 31. Avoiding other vehicle 32. Avoiding animal 33. Crowded off highway 34. Hit and run 35. Car ran away – no driver 36. Blinded by headlights 37. Other 38. Avoiding object in roadway 39. Eluding police 40. Fail to maintain proper control 41. Improper passing 42. Improper or unsafe lane change 43. Over correction	Vehicle 1 28 Vehicle 2 29 Vehicle 1 30 Vehicle 2 31 Vehicle 1 32 Vehicle 2 33	
5	Roadway surface condition 1. Dry 2. Wet 3. Snowy 4. Icy 5. Muddy 6. Oil/other fluids 7. Other 8. Natural debris 9. Roadway flooded	Driver vision obscured 1. Not obscured 2. Rain, snow, etc. on windshield 3. Windshield otherwise obscured 4. Vision obscured by load on vehicle 5. Trees, crops, etc. 6. Building 7. Embankment 8. Sign or signboard 9. Hillcrest 10. Parked vehicle(s) 11. Moving vehicle(s) 12. Sun or headlight glare 13. Other 14. Blind spot 15. Smoke/dust 16. Stopped vehicle(s)	Vehicle 1 34 Vehicle 2 35 Pedestrian 36 Vehicle 1 37 Vehicle 2 38 Pedestrian 39	
6	Roadway defects 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	Type of driver distractions 1. Looking at roadside incident 2. Driver fatigue 3. Looking at scenery 4. Passenger(s) 5. Radio/CD, etc. 6. Cell phone 7. Eyes not on road 8. Daydreaming 9. Eating/drinking 10. Adjusting vehicle controls 11. Other	Vehicle 1 40 Vehicle 2 41 Pedestrian 42	
7	Light conditions 1. Dawn 2. Daylight 3. Dusk 4. Darkness – roadway lighted 5. Darkness – roadway not lighted	Condition of driver/pedestrian contributing to the crash 1. No defects 2. Eyesight defective 3. Hearing defective 4. Other body defects 5. Illness 6. Fatigued 7. Apparently asleep 8. Other	Vehicle 1 43 Vehicle 2 44 Pedestrian 45 Vehicle 1 46 Vehicle 2 47	
8	Kind of locality 1. School 2. Church 3. Playground 4. Open country 5. Business/Industrial 6. Residential 7. Interstate/Limited access 8. Other 9. Bridge/Tunnel 10. Parking lot	Drinking 1. Had not been drinking 2. Drinking – Obviously drunk 3. Drinking – Ability impaired 4. Drinking – Ability not impaired 5. Drinking – Not known whether impaired	Vehicle 1 48 Vehicle 2 49 Vehicle 1 50 Vehicle 2 51	
9	Work zone 1. Active 2. Inactive 3. No work zone 4. Unknown	Method of alcohol determination (by police) 1. Blood 2. Breath 3. Refused 4. No test		
10	Work zone – workers present 1. Yes 2. No 3. Unknown	See reverse side for vehicle types and diagrams		
11	Surface type 1. Concrete 2. Blacktop, asphalt, bituminous 3. Brick or block 4. Slag, gravel, stone 5. Dirt 6. Other 7. Unknown	Vehicle occupied (or pedestrian) 1. Vehicle No. 1 2. Vehicle No. 2 B Bicyclist P Pedestrian O Other		
12	Position in/on vehicle 1. Driver 2-6. Passengers 7. Cargo area 8. Riding/hanging on outside 9-98. All other passengers	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.	Pedestrian actions 1. Crossing at intersection – with signal 2. Crossing at intersection – against signal 3. Crossing at intersection – no signal 4. Crossing at intersection – diagonally 5. Crossing not at intersection – rural 6. Crossing not at intersection – urban 7. Coming from behind parked cars 8. Getting off or on school bus 9. Playing in roadway 10. Getting off or on another vehicle 11. Hitching on vehicle 12. Walking in roadway with traffic – sidewalks available 13. Walking in roadway with traffic – sidewalks not available 14. Walking in roadway against traffic – sidewalks available 15. Walking in roadway against traffic – sidewalks not available 16. Working in roadway 17. Standing in roadway 18. Lying in roadway 19. Not in roadway 20. Other	Drug use 1. Yes 2. No 3. Not reported 4. Unknown
13	Safety equipment used 1. No restraint used 2. Lap belt only 3. Shoulder belt only 4. Lap and shoulder belts 5. Child restraint 6. Helmet 7. Other 8. Booster seat	Air bag 1. Deployed 2. Not deployed 3. Unavailable 4. Keyed off 5. Unknown	Ejection from vehicle 1. Not ejected 2. Partially ejected 3. Totally ejected	Vehicle condition 1. No defects 2. Lights defective 3. Brakes defective 4. Steering defective 5. Puncture/blowout 6. Worn or slick tires 7. Motor trouble 8. Chains in use 9. Other 10. Vehicle altered
14	Birth date MM DD YYYY	Gender M/F	Skidding/tire mark 1. Before application of brakes 2. After application of brakes 3. Before and after application of brakes 4. No visible skid mark/tire mark	
15	Vehicle damage 1. Unknown 2. No damage 3. Overturned 4. Motor 5. Undercarriage 6. Totaled 7. Fire 8. Other	Names of injured (If deceased give date of death)	EMS transport	
16	Date of death MM/DD/YYYY			

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 14. Bus – city transit bus/private-owned church 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

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).		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)	
Motorcycle 	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

Class	Division	Name of Class or Division	
1	1.1	Explosives (Mass Detonations)	Dynamite
	1.2	Projection Hazard	
	1.3	Mass Fire Hazards	Ammunition for Cannons
	1.4	Minor Hazards	Display Fireworks
	1.5	Very Insensitive	Small Arms Ammunition
	1.6	Extremely Insensitive	Blasting Agents Explosive Devices
2	2.1	Flammable Gasses	Propane
	2.2	Non-Flammable Gases	Helium
	2.3	Poisonous/Toxic Gases	Fluorine, Compressed
3	---	Flammable Liquids	Gasoline, Alcohol, Diesel Fuel, Fuel Oils
4	4.1	Flammable Solids	Ammonium Picrate, Wetted White
	4.2	Spontaneous Combustible	Phosphorus
	4.3	Dangerous When Wet	Peroxide
5	5.1	Oxidizers	Ammonium Nitrate
	5.2	Organic Peroxides	Methyl Ethyl Ketone Peroxide
6	6.1	Poison (Toxic Materials)	Potassium Cyanide
	6.2	Infectious Substances	Anthrax Virus
7	---	Radioactive	Uranium
8	---	Corrosives	Hydrochloric Acid, Battery Acid, Formaldehyde
9	---	Miscellaneous Hazardous Materials	
None	---	Orm-D (Other Regulated Materials-Domestic)	Food Flavorings, Medicines, Cleaning Compounds and Other Consumer Commodities
None	---	Combustible Liquids	Fuel Oil

Sample Hazardous Material Placards

