

DATE		M M / D D / Y Y Y Y		S M T W T H F S		TIME OF CRASH (In Military Time)		FOR STATE USE ONLY																			
		2 0																									
LOCATION OF CRASH	COUNTY				CITY				Total Number of Vehicles Involved																		
	ROAD ON WHICH CRASH OCCURRED				STREET/HIGHWAY NO. (If no Hwy. No., identify by name)				Posted Speed Limit on the Street You Were Traveling																		
	DISTANCE FROM MILEPOST		FEET		N S E W		OF MILEPOST NO.		HIGHWAY NO.																		
	IF AT INTERSECTION				IF NOT AT INTERSECTION				PRIVATE PROPERTY? YES NO																		
	NAME OF INTERSECTING ROADWAY				O FEET O MILES		N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING																		
	IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES		N S E W		AND MILES		N S E W OF NEAREST CITY OR TOWN																		
YOUR VEHICLE (VEHICLE NUMBER - 1)					OTHER VEHICLE (VEHICLE NUMBER - 2)																						
DRIVER			PHONE		DRIVER			PHONE																			
DRIVER ADDRESS			CITY, STATE, ZIP		DRIVER ADDRESS			CITY, STATE, ZIP																			
DRIVER LICENSE			STATE NUMBER		DRIVER LICENSE			STATE NUMBER																			
YEAR (Plate expires)			STATE NUMBER		YEAR (Plate expires)			STATE NUMBER																			
LICENSE PLATE			ESTIMATED DAMAGE \$		LICENSE PLATE			ESTIMATED DAMAGE \$																			
YEAR MAKE MODEL BODY STYLE COLOR			YEAR MAKE MODEL BODY STYLE COLOR		YEAR MAKE MODEL BODY STYLE COLOR			YEAR MAKE MODEL BODY STYLE COLOR																			
VEHICLE ID NO. (VIN)			VEHICLE ID NO. (VIN)		VEHICLE ID NO. (VIN)			VEHICLE ID NO. (VIN)																			
OWNER NAME			PHONE		OWNER NAME			PHONE																			
OWNER ADDRESS			CITY, STATE, ZIP		OWNER ADDRESS			CITY, STATE, ZIP																			
INSURANCE COMPANY:			POLICY NO.:		INSURANCE COMPANY:			POLICY NO.:																			
<p>Complete this section for the driver and all injured persons in your vehicle, bicyclists, pedestrians, or fatalities involved in the crash, as applicable. In the boxes labeled 1-10, enter the option which best answers the questions in the appropriate box below.</p>																											
<b>Air Bags Deployed (up to 4 choices)</b> 00 - Not Deployed 02 - Curtain 03 - Front 04 - Side 97 - Not Applicable 98 - Other (knee, air belt, etc.) 99 - Unknown		<b>Driver Distracted By Action</b> 00 - Not Distracted 01 - Talking/Listening 02 - Manually Operating (texting, dialing, playing game, etc.) 03 - Other Action (looking away from task, etc.) 99 - Unknown		<b>Source of Distraction</b> 01 - Hands-free Mobile Phone 02 - Hand-held Mobile Phone 03 - Other Electronic Device 04 - Vehicle-Integrated Device 05 - Passenger/Other Non-Motorist 06 - External (to vehicle/non-motorist area) 07 - Other Distraction (animal, food, grooming, etc.) 97 - Not Applicable (not distracted) 99 - Unknown		<b>Driver Actions at Time of Crash (up to 4 choices)</b> 00 - No Contributing Action 01 - Disregarded Red Light 02 - Disregarded Stop Sign 03 - Disregarded Road Markings 04 - Disregarded Traffic Sign 05 - Failed to Keep in Proper Lane 06 - Failed to Yield Right-of-Way 07 - Followed too Closely 08 - Improper Backing 09 - Improper Passing 10 - Improper Turn		11 - Operated Motor Vehicle in Inattentive, Careless, Negligent or Erratic Manner 12 - Operated Motor Vehicle in Reckless or Aggressive Manner 13 - Over-Correcting/Over-Steering 14 - Ran Off Roadway 15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 16 - Wrong Side or Wrong Way 98 - Other Contributing Action 99 - Unknown																			
<b>1 Person Type Motorist</b> 01 - Driver 02 - Occupant  <b>Non-motorist (non-occupant of MV)</b> 03 - Bicyclist 04 - Other Cyclist 05 - Pedestrian		<b>3 Seating Position Row</b> 01 - Front 02 - Second 03 - Third 04 - Fourth 05 - Other Row (bus, 15-passenger van, etc.) 99 - Unknown		<b>6 Injury Severity</b> 00 - No Apparent Injury 01 - Fatal Injury 02 - Suspected Serious Injury 03 - Suspected Minor Injury 04 - Possible Injury 99 - Unknown		<b>8 Restraint Systems/Motorcycle Helmet Use</b> <b>Restraint Systems</b> 01 - Booster Seats 02 - Child Restraint - Forward Facing 03 - Child Restraint - Rear Facing 04 - Child Restraint - Type Unknown 05 - Lap Belt Only Used 06 - None Used - Motor Vehicle Occupant 07 - Restraint Used - Type Unknown 08 - Shoulder & Lap Belt Used 09 - Shoulder Belt Only Used 10 - Stretcher 11 - Wheelchair		<b>Motorcycle Helmet Use</b> 12 - DOT-Compliant 13 - Non DOT-Compliant 14 - Unknown if DOT-Compliant 15 - No Helmet 97 - Not Applicable 98 - Other 99 - Unknown																			
<b>2 Driver/Pedestrian Condition at Time of Crash</b> 01 - Apparently Normal 02 - Asleep or Fatigued 03 - Emotional (depressed, angry, disturbed, etc.) 04 - Ill (sick, fainted) 05 - Physically Impaired 06 - Under Influence of Alcohol, Drugs or Medication 97 - Not Applicable 98 - Other 99 - Unknown if Impaired		<b>4 Seat</b> 01 - Left 02 - Middle 03 - Right 98 - Other 99 - Unknown		<b>7 Injury Area</b> 00 - None 01 - Abdomen & Pelvis 02 - Entire Body 03 - Face 04 - Head 05 - Lower Extremity (legs) 06 - Neck 07 - Spine 08 - Chest (thorax) 09 - Upper Extremity (arms) 10 - Unspecified 99 - Unknown		<b>9 Ejection</b> 01 - Not Ejected 02 - Ejected, Partially 03 - Ejected, Totally 97 - Not Applicable 99 - Unknown		<b>10 Source of Transport to First Medical Facility</b> 00 - Not Transported 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement 98 - Other 99 - Unknown																			
NAME		DATE OF BIRTH (MM / DD / YYYY)		SEX M F		1 Person Type		2 Condition		3 Seating Row		4 Seat		5 Other Location		6 Injury Severity		7 Injury Area		8 Restraint System		9 Ejection		10 Transport			
		/ /																									
NAME		/ /																									
NAME		/ /																									
NAME		/ /																									

<b>LIGHT CONDITION</b> 01 - Daylight 02 - Dawn/Dusk 03 - Dark-Lighted 04 - Dark-Not Lighted 05 - Dark-Unk. Lighting 06 - Dusk 98 - Other 99 - Unknown	<b>CONTRIBUTING CIRCUMSTANCES – ROADWAY ENVIRONMENT</b> <i>(up to 2 choices)</i> 00 - None 01 - Absence of Sidewalks 02 - Animal(s) 03 - Prior Crash 04 - Prior Non-Recurring Incident 05 - Backup Due to Regular Congestion 06 - Debris 07 - Glare 08 - Obstructed Crosswalks 09 - Non-Highway Work 10 - Obstruction in Roadway 11 - Related to a Bus Stop 12 - Road Surface Condition (wet, icy, snow, slush, etc.) 13 - Roadway Width Restricted 14 - Ruts, Holes, Bumps 15 - Shoulders (none, low, soft, high) 16 - Toll Booth/Plaza Related 17 - Traffic Control Device 18 - Traffic Incident 19 - Visual Obstruction(s) 20 - Weather Conditions 21 - Work Zone 22 - Worn, Travel-Polished Surface 98 - Other 99 - Unknown	<b>TRAFFIC CONTROL DEVICE TYPE</b> <i>(up to 4 choices)</i> <b>TCD Type(s)</b> 00 - No Controls 01 - Person (flagger, law enforcement, crossing guard, etc.) <b>Signs</b> 02 - Railroad Crossing Sign 03 - School Zone Sign 04 - Stop Sign 05 - Yield Sign 06 - "Curve Ahead" Warning Sign 07 - Pedestrian Crossing Sign 08 - "Intersection Ahead" Warning Sign 09 - "Reduce Speed Ahead" Warning Sign 10 - Bicycle Crossing Sign 11 - Other Warning Sign <b>Signals</b> 12 - Flashing Traffic Control Signal 13 - Ramp Meter Signal 14 - Lane Use Control Signal 15 - Traffic Control Signal 16 - Flashing Railroad Crossing Signal (may include gates) 17 - Flashing School Zone Signal 18 - Other Signal <b>Pavement Markings</b> 19 - School Zone 20 - Railroad Crossing 21 - Pedestrian Crossing 22 - Bicycle Crossing 23 - Other Pavement Marking (excluding edge lines, centerlines or lane lines) 98 - Other 99 - Unknown	<b>GRADE / ROADWAY ALIGNMENT</b> <b>Horizontal Alignment</b> 01 - Curve Left 02 - Curve Right 03 - Straight 99 - Unknown <b>Grade</b> 01 - Downhill 02 - Hillcrest 03 - Level 04 - Sag (bottom) 05 - Uphill 99 - Unknown	<b>VEHICLE MOVEMENT BEFORE COLLISION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>VEH NO.</th> <th>N</th> <th>S</th> <th>E</th> <th>W</th> <th>ROAD OR HIGHWAY NAME</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	1						2					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																	
1																						
2																						
<b>WEATHER CONDITIONS</b> <i>(up to 2 choices)</i> 01 - Blowing Sand, Soil, Dirt 02 - Blowing Snow 03 - Clear 04 - Cloudy 05 - Fog, Smog, Smoke 06 - Freezing Rain/Drizzle 07 - Rain 08 - Severe Crosswinds 09 - Sleet or Hail 10 - Snow 98 - Other 99 - Unknown	<b>ROADWAY SURFACE CONDITION</b> 01 - Dry 02 - Ice/Frost 03 - Mud, Dirt, Gravel 04 - Oil 05 - Sand 06 - Slush 07 - Snow 08 - Water (standing, moving) 09 - Wet 98 - Other 99 - Unknown	<b>TRAFFIC CONTROL DEVICE WORKING</b> 00 - No Controls 01 - Device Functioning Properly 02 - Device Functioning Improperly 03 - Device Not Functioning 99 - Unknown	<b>TRAFFICWAY DESCRIPTION</b> <b>Travel Directions</b> 01 - One-Way 02 - Two-Way <b>Divided</b> 00 - Not Divided 01 - Not Divided, With a Continuous Left-Turn Lane 02 - Divided, Flush Median (greater than 4 ft. wide) 03 - Divided, Raised Median (curbed) 04 - Divided, Depressed Median 99 - Unknown <b>Barrier Type</b> 00 - No Barrier 01 - Cable Barrier 02 - Concrete Barrier (e.g. Jersey barrier) 03 - Earth Embankment 04 - Guardrail 98 - Other	<b>Vehicle 1 2</b> 01 <input type="checkbox"/> <input type="checkbox"/> Essentially Straight Ahead 02 <input type="checkbox"/> <input type="checkbox"/> Backing 03 <input type="checkbox"/> <input type="checkbox"/> Changing Lanes 04 <input type="checkbox"/> <input type="checkbox"/> Entering Traffic Lane 05 <input type="checkbox"/> <input type="checkbox"/> Leaving Traffic Lane 06 <input type="checkbox"/> <input type="checkbox"/> Making a U-turn 07 <input type="checkbox"/> <input type="checkbox"/> Negotiating a Curve 08 <input type="checkbox"/> <input type="checkbox"/> Parked 09 <input type="checkbox"/> <input type="checkbox"/> Passing/Overtaking a Vehicle 10 <input type="checkbox"/> <input type="checkbox"/> Slowing 11 <input type="checkbox"/> <input type="checkbox"/> Stopped in Traffic 12 <input type="checkbox"/> <input type="checkbox"/> Turning Left 13 <input type="checkbox"/> <input type="checkbox"/> Turning Right 98 <input type="checkbox"/> <input type="checkbox"/> Other 99 <input type="checkbox"/> <input type="checkbox"/> Unknown																		
<b>ROADWAY SURFACE</b> 01 - Asphalt 02 - Brick 03 - Concrete 04 - Dirt 05 - Gravel 98 - Other 99 - Unknown	<b>Was the crash in a construction, maintenance or utility work zone, or was it related to an activity within a work zone?</b> 01 - Yes 02 - No 99 - Unknown	<b>VEHICLE TOWED</b> 01 - Not Towed 02 - Towed-Disabling Damage 03 - Towed-No Disabling Damage	<b>INITIAL CONTACT POINT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>VEH. 1</th> <th>I</th> <th>VEH. 2</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> 00 - Non-Collision 13 - Top 14 - Undercarriage 15 - Cargo Loss 16 - Vehicle Not at Scene 99 - Unknown	VEH. 1	I	VEH. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
VEH. 1	I	VEH. 2																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				

**INDICATE BY DIAGRAM WHAT HAPPENED**

Indicate North

**DAMAGED AREAS**  
 00 - No Damage  
 13 - Top  
 14 - Undercarriage  
 15 - All Areas  
 16 - Vehicle Not at Scene  
 99 - Unknown

VEH. 1	VEH. 1	VEH. 2	VEH. 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VEH. 1	VEH. 1	VEH. 2	VEH. 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DESCRIBE WHAT HAPPENED (Refer to your vehicle as No. 1, any others as No. 2, No. 3, etc.)**

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<b>PROPERTY</b>	NON-VEHICLE OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	NON-VEHICLE OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WAS A POLICE OFFICER CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER NAME OR BADGE NUMBER		DEPARTMENT (Name of City, County, etc.)	
I certify, to the best of my knowledge, that this report is true and accurate.			OPERATOR SIGNATURE (Required if physically able)		DATE: