
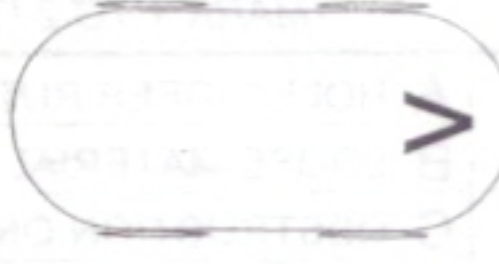


SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY		JUDICIAL DISTRICT		LOCAL REPORT NUMBER			
		NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY		REPORTING DISTRICT		BEAT			
LOCATION	COLLISION OCCURRED ON					MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
	MILEPOST INFORMATION					DAY OF WEEK		TOW AWAY		PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
	FEET/MILES OF					S M T W T F S		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: FEET/MILES OF							STATE HWY REL <input type="checkbox"/> YES <input type="checkbox"/> NO			
PARTY 1	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR		LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:					
	INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
	DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____		
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR		LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:					
	INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
	DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____		
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR		LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:					
	INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA	
	DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____		
PREPARER'S NAME			DISPATCH NOTIFIED			REVIEWER'S NAME			DATE REVIEWED		
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A								

DATE OF COLLISION (MO. DAY YEAR)		TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
PROPERTY DAMAGE	OWNER'S NAME		OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE				
SEATING POSITION		OCCUPANTS		SAFETY EQUIPMENT	
		L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED		M / C BICYCLE- HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	
		CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE		EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	
				INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER	
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.					
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES		SPECIAL INFORMATION	
A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO		A CONTROLS FUNCTIONING B CONTROLS NOT FUNCTIONING* C CONTROLS OBSCURED D NO CONTROLS PRESENT / FACTOR*		A HAZARDOUS MATERIAL B CELL PHONE HANDHELD IN USE C CELL PHONE HANDSFREE IN USE D CELL PHONE NOT IN USE E SCHOOL BUS RELATED F 75 FT MOTORTRUCK COMBO G 32 FT TRAILER COMBO H I J K L M N O	
B OTHER IMPROPER DRIVING*		TYPE OF COLLISION A HEAD - ON B SIDE SWIPE C REAR END D BROADSIDE E HIT OBJECT F OVERTURNED G VEHICLE / PEDESTRIAN H OTHER*:		1 2 3	
C OTHER THAN DRIVER*		MOTOR VEHICLE INVOLVED WITH A NON - COLLISION B PEDESTRIAN C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY E PARKED MOTOR VEHICLE F TRAIN G BICYCLE H ANIMAL: I FIXED OBJECT: J OTHER OBJECT:		1 2 3	
D UNKNOWN*		PEDESTRIAN'S ACTIONS A NO PEDESTRIANS INVOLVED B CROSSING IN CROSSWALK - AT INTERSECTION C CROSSING IN CROSSWALK - NOT AT INTERSECTION D CROSSING - NOT IN CROSSWALK E IN ROAD - INCLUDES SHOULDER F NOT IN ROAD G APPROACHING / LEAVING SCHOOL BUS		1 2 3	
WEATHER (MARK 1 TO 2 ITEMS) A CLEAR B CLOUDY C RAINING D SNOWING E FOG / VISIBILITY FT. F OTHER*: G WIND				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) A VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO B VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO C VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO D E VISION OBSCUREMENT: F INATTENTION*: G STOP & GO TRAFFIC H ENTERING / LEAVING RAMP I PREVIOUS COLLISION J UNFAMILIAR WITH ROAD K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO L UNINVOLVED VEHICLE M OTHER*: N NONE APPARENT O RUNAWAY VEHICLE	
LIGHTING A DAYLIGHT B DUSK - DAWN C DARK - STREET LIGHTS D DARK - NO STREET LIGHTS E DARK - STREET LIGHTS NOT FUNCTIONING*				1 2 3	
ROADWAY SURFACE A DRY B WET C SNOWY - ICY D SLIPPERY (MUDDY, OILY, ETC.)				1 2 3	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS) A HOLES, DEEP RUT* B LOOSE MATERIAL ON ROADWAY* C OBSTRUCTION ON ROADWAY* D CONSTRUCTION - REPAIR ZONE E REDUCED ROADWAY WIDTH F FLOODED* G OTHER*: H NO UNUSUAL CONDITIONS				1 2 3	
				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) A HAD NOT BEEN DRINKING B HBD - UNDER INFLUENCE C HBD - NOT UNDER INFLUENCE* D HBD - IMPAIRMENT UNKNOWN* E UNDER DRUG INFLUENCE* F IMPAIRMENT - PHYSICAL* G IMPAIRMENT NOT KNOWN H NOT APPLICABLE I SLEEPY / FATIGUED*	
SKETCH		INDICATE NORTH		MISCELLANEOUS	

DATE OF COLLISION (MO. DAY YEAR)				TIME (2400)		NCIC #		OFFICER I.D.					NUMBER						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED		
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER							
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D. O. B. / ADDRESS																	TELEPHONE		
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:		
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS																	TELEPHONE		
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<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D. O. B. / ADDRESS																	TELEPHONE		
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:		
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME						I.D. NUMBER		MO. DAY YEAR			REVIEWER'S NAME						MO. DAY YEAR		

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)

INDICATE
NORTH

PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
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