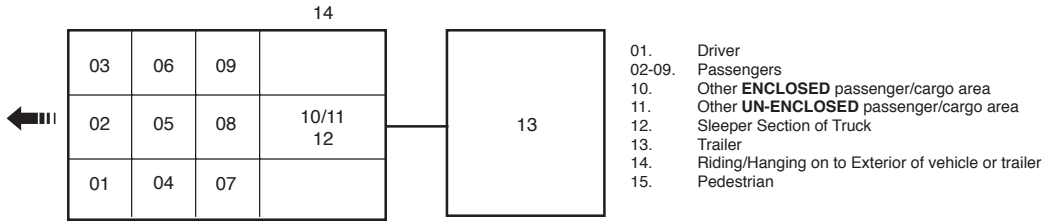


<p>A. LOCATION</p> <p>01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side 04. Ran Off 'T' Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes 06. On Private Property</p>	<p>K. VEHICLE / VEHICLE COMBINATION FMC (Overlay C) Required</p> <p>01. Vehicle / Vehicle Combination (10,001 lbs. and over) 02. School Bus (all school buses) 03. Non-school Bus (9 occupants or more including driver) in commerce 04. Transit Bus GVWR 10,000 lbs. or Less 05. Passenger Car / Passenger Van 06. Passenger Car / Passenger Van W/ Trailer 07. Pickup Truck / Utility Van</p> <p>08. Pickup Truck / Utility Van W/Trailer 09. SUV 10. SUV W/Trailer 11. Motor Home 12. Motorcycle 13. Bicycle 14. Motorized Bicycle 15. Farm Equipment 16. Hit & Run Unknown 17. Light Rail 18. Other (Describe in Narrative)</p>
<p>B. HARMFUL EVENT SEQUENCE</p> <p>NON-COLLISION ACCIDENT 01. Overturning 02. Other Non-Collision</p> <p>COLLISION WITH PEDESTRIAN 03. School Age To / From School 04. Pedestrian on Toy Motorized Veh.</p> <p>COLLISION WITH MOTOR VEHICLE IN TRANSPORT 06. Front to Front 07. Front to Rear 08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction</p> <p>COLLISION WITH OTHER VEHICLE 13. Parked Motor Vehicle 14. Railway Vehicle/Light Rail 15. Bicycle 16. Road Maintenance Equipment</p> <p>COLLISION WITH ANIMAL 17. Domestic Animal 18. Wild Animal</p> <p>COLLISION WITH OBJECT 19. Light Pole / Utility Pole 20. Traffic Signal Pole 21. Sign 22. Guard Rail 23. Cable Rail 24. Concrete Highway Barrier 25. Bridge Structure 26. Vehicle Debris or Cargo 27. Culvert or Headwall 28. Embankment 29. Curb 30. Delineator Post 31. Fence 32. Tree 33. Large Rocks or Boulder 34. Railroad Crossing Equipment 35. Barricade 36. Wall or Building 37. Crash Cushion / Traffic Barrel 38. Mailbox 39. Other Fixed Object (Specify in Narrative) 40. Other Object (Specify in Narrative)</p>	<p>L. DIRECTION OF TRAVEL – PRIOR TO IMPACT</p> <p>01. North 02. Northeast 03. East 04. Southeast</p> <p>05. South 06. Southwest 07. West 08. Northwest</p>
<p>C. APPROACH/OVERTAKING TURN</p> <p>01. Approach Turn 02. Overtaking Turn 03. Not Applicable</p>	<p>M. VEHICLE MOVEMENT – PRIOR TO IMPACT</p> <p>01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering / Leaving Parked Position</p> <p>10. Parked 11. Changing Lanes 12. Avoiding Object in Roadway 13. Weaving 14. Spun Out of Control 15. Drove Wrong Way 16. Other (Describe in Narrative)</p>
<p>D. ROAD DESCRIPTION</p> <p>01. At Intersection 02. Driveway Access Related 03. Intersection Related 04. Non-Intersection</p> <p>05. Alley Related 06. Roundabout 07. Highway Interchange 08. Parking Lot</p>	<p>N. ROADWAY SPEED LIMIT - Vehicles Only</p> <p>Traffic Unit #1 or _____</p> <p>Traffic Unit #2 or _____</p>
<p>E. ROAD CONTOUR</p> <p>01. Straight On-Level 02. Straight On-Grade 03. Curve On-Level</p> <p>04. Curve On-Grade 05. Hillcrest</p>	<p>P. ESTIMATED VEHICLE SPEED - Vehicles Only</p> <p>Traffic Unit #1 or _____</p> <p>Traffic Unit #2 or _____</p>
<p>F. ROAD SURFACE</p> <p>01. Concrete 02. Blacktop 03. Brick or Block 04. Gravel, Slag or Stone</p> <p>05. Dirt 06. Other (Describe in Narrative) 07. Unknown</p>	<p>Q. DRIVER ACTIONS (Officer Opinion Only)</p> <p>00. No Action 01. Exceeded Safe/ Posted Speed 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device 07. Improper Turn 08. Turned from Wrong Lane or Position 09. Other Improper Turns</p> <p>10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving 17. Careless Driving (if used, block R can not be coded "00")</p>
<p>G. ROAD CONDITION</p> <p>01. Dry 02. Wet 03. Muddy 04. Snowy 05. Icy 06. Slushy 07. Foreign Material</p> <p>08. Dry W/Visible Icy Road Treatment 09. Wet W/Visible Icy Road Treatment 10. Snowy W/Visible Icy Road Treatment 11. Icy W/Visible Icy Road Treatment 12. Slushy W/Visible Icy Road Treatment</p>	<p>R. DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTOR (Officer Opinion Only)</p> <p>00. No Apparent Contributing Factor 01. Asleep at the Wheel 02. Driver Fatigue 03. Illness / Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer</p> <p>09. Physical Disability 10. DUI, DWAI, DUID 11. Distracted / Passenger 12. Distracted / Cell Phone 13. Distracted / Radio 14. Distracted / Other i.e. Food, Objects, Pet, etc. 15. Other Factor (Describe in Narrative)</p>
<p>H. LIGHTING CONDITION</p> <p>01. Daylight 02. Dawn or Dusk 03. Dark - Lighted 04. Dark - Unlighted</p>	<p>S. BY PEDESTRIAN ACTION (Officer Opinion Only)</p> <p>01. Cross Against Signal 02. Cross / Enter at Intersection 03. Cross / Enter NOT at Intersection 04. Standing in Roadway 05. Playing in Roadway 06. Soliciting Rides 07. Walking in Roadway in Direction of Traffic 08. Walking in Roadway Against Direction of Traffic 09. Entering / Exiting Vehicle 10. Pushing / Working on Vehicle 11. Lying in Roadway 12. Other (Describe in Narrative)</p>
<p>J. ADVERSE WEATHER CONDITION</p> <p>00. None 01. Rain 02. Snow / Sleet / Hail</p> <p>03. Fog 04. Dust 05. Wind</p>	<p>T. VEHICLE DEFECT / CONDITION (Officer Opinion Only)</p> <p>00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions 08. Mechanical Failure 09. Obstructed Window(s)</p> <p>10. Improper Load 11. Spilled Load – Commercial Aggregate 12. Spilled Load – Commercial Non- Aggregate 13. Spilled Load – Other 14. Parking Violation 15. Other Defect(s) (Describe in Narrative)</p>

Traffic Unit #

Position In / On Vehicle



Compliance with Driving Restrictions

- 00. Not Restricted
- 01. Complied With Restrictions
- 02. Did Not Comply With Restrictions
- 03. Compliance With Restrictions Not Known

Compliance with Driving Endorsements

- 00. No Driving Endorsements
- 01. Endorsements Required and Complied With
- 02. Endorsements Required and Not Complied With
- 03. Endorsements Required and Compliance Not Known

Safety equipment used

- | | | |
|---|--|--|
| <p>SYSTEM</p> <ul style="list-style-type: none"> A. None B. Shoulder and Lap Belt C. Shoulder belt only D. Lap belt only E. Child safety restraint F. Motorcycle G. Bicycle | <p>USE (Restrains & MC Eye Protection)</p> <ul style="list-style-type: none"> 00. Not used 01. Properly used 02. Improperly used 03. Unknown 04. Bicycle | <p>HELMET</p> <ul style="list-style-type: none"> A. N/A (Cars/Trucks) B. No Helmet C. Available, not used D. Helmet Improperly used E. Helmet Properly used F. Unknown G. Bicycle Helmet |
|---|--|--|

Air Bag

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> 00. Not Equipped 01. Not Deployed 02. Deployed at pos. only 03. Deployed at pos. & others | <ul style="list-style-type: none"> 04. Not deployed at pos., deployed at others 05. Unknown | <ul style="list-style-type: none"> A. None B. Front C. Side D. Curtain E. Rear F. Multiple |
|--|---|--|

Ejection

- | | |
|---|--|
| <ul style="list-style-type: none"> 00. No 01. Yes - Partial | <ul style="list-style-type: none"> 02. Yes - Full 03. Extricated |
|---|--|

Suspected alcohol (Officer Opinion Only)

- 00. No
- 01. Yes
- 02. Unknown

Suspected drugs (Officer Opinion Only)

- 00. No
- 01. Yes
- 02. Unknown

Injury Severity

- | | |
|--|---|
| <ul style="list-style-type: none"> 00. No injury 01. Complaint of injury 02. Evident - non-incapacitating | <ul style="list-style-type: none"> 03. Evident - incapacitating 04. Fatal |
|--|---|

Age Age *MUST BE* in whole Numbers (Under the Age of 1 year Age = 0)

Sex

Name / Address

Traffic Unit #

Position In / On Vehicle

Compliance with Driving Restrictions

Compliance with Driving Endorsements

Safety Equipment Used -System

-Use

-Helmet

Air Bag -Deployment

Air Bag -Type

Ejection

Suspected alcohol (Officers Opinion Only)



Suspected drugs (Officers Opinion Only)

Injury Severity

Age *MUST BE* in whole Numbers (Under the Age of 1 year Age = 0)

Sex

Name / Address

<p>AA. CARRIER TYPE</p> <p>01. Interstate</p> <p>02. Intrastate</p> <p>03. Government Vehicle (10,001lbs. GVWR and over)</p> <p>04. Not in Commerce (10,001lbs. GVWR and over) (If #4 is chosen, complete only blocks CC, DD, EE, FF, and GG or NN.)</p>	<p>HH. HAZARDOUS MATERIALS</p> <p>Did the vehicle have a hazardous material placard?</p> <p>00. No</p> <p>01. Yes</p>
<p>BB. SOURCE OF NAME</p> <p>01. Log Book</p> <p>02. Shipping Papers, Truck, Bus, or Trip Manifest</p> <p>03. Driver</p> <p>04. Side of Vehicle</p>	<p>JJ. HAZARDOUS MATERIALS</p> <p>Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank)</p> <p>00. No</p> <p>01. Yes</p>
<p>CC. GROSS VEHICLE WEIGHT RATING</p> <p>01. Under 10,001 Pounds</p> <p>02. 10,001 to 26,000 Pounds</p> <p>03. 26,001 Pounds and Over</p>	<p>KK. HAZARDOUS MATERIALS</p> <p>Enter the four digit number from the placard. If no number on the placard enter the four digit identification number from the shipping paper(s).</p> <div style="text-align: center;">  </div>
<p>DD. TOTAL NUMBER OF AXLES</p> <p>Enter the total number of axles including truck and trailer.</p>	<p>LL. HAZARDOUS MATERIALS</p> <p>Enter the one digit number taken from the bottom of the placard.</p> <div style="text-align: center;">  </div>
<p>EE. VEHICLE CONFIGURATION</p> <p>01. Passenger Car (only if HM placarded)</p> <p>02. Light Truck (only if HM placarded)</p> <p>03. Bus/ Limousine</p> <p>04. Single-unit Truck (2 axles)</p> <p>05. Single-unit Truck (3 or more axles)</p> <p>06. Truck and Trailer</p> <p>07. Truck Tractor (Bobtail)</p> <p>08. Truck Tractor and Semi-Trailer</p> <p>09. Truck Tractor and Double Trailers</p> <p>10. Truck Tractor and Triple Trailers</p> <p>11. Other (Describe in narrative)</p>	<p>MM. LIQUID HAZARDOUS MATERIALS</p> <p>Enter the amount of bulk liquid cargo at time of accident.</p> <p>01. 0 to 1,000 gallons</p> <p>02. 1,001 to 2,000 gallons</p> <p>03. 2,001 to 3,000 gallons</p> <p>04. 3,001 to 4,000 gallons</p> <p>05. 4,001 to 5,000 gallons</p> <p>06. 5,001 to 6,000 gallons</p> <p>07. 6,001 to 7,000 gallons</p> <p>08. 7,001 to 8,000 gallons</p> <p>09. 8,001 gallons and over</p>
<p>FF. CARGO BODY TYPE</p> <p>01. Bus/ Limousine (seats 9-15 occupants including the driver)</p> <p>02. Bus/Limousine (seats 16 or more occupants including the driver)</p> <p>03. Van/ Enclosed Box</p> <p>04. Cargo Tank</p> <p>05. Flatbed/Pickup</p> <p>06. Dump Bed</p> <p>07. Concrete Mixer</p> <p>08. Auto Transporter</p> <p>09. Garbage Refuse</p> <p>10. Grain, Chips, Gravel</p> <p>11. Pole</p> <p>12. Intermodal Container</p> <p>13. Vehicle Towing another Vehicle</p> <p>14. Fire Aparatus</p> <p>15. Ambulance</p> <p>16. No Cargo Body</p> <p>17. Other (Describe in Narrative)</p>	<p>GG. SEQUENCE OF ACCIDENT EVENTS</p>

<p>GG. Block AA Top</p>	<p>SEQUENCE OF ACCIDENT EVENTS</p>	<p>NN . Block AA Bottom</p>
<p>NON-COLLISION</p> <p>01. Ran Off the Road</p> <p>02. Jackknifed</p> <p>03. Overturning</p> <p>04. Downhill Runaway</p> <p>05. Cargo Loss or Shift</p> <p>06. Explosion or Fire</p> <p>07. Separation of Units</p> <p>08. Crossed the Median/Center Line</p> <p>09. Equipment Failure (Tires, etc.)</p> <p>10. Other (Describe in Narrative)</p>	<p>COLLISION</p> <p>11. Pedestrian</p> <p>12. Motor Vehicle inTransport</p> <p>13. Parked Motor Vehicle</p> <p>14. Train</p> <p>15. Pedal Cycle (Bicycle, Tricycle, etc.)</p> <p>16. Animal</p> <p>17. Fixed Object</p> <p>18. Work Zone Maintenance Equipment</p> <p>19. Other Movable Object</p> <p>20. Other (Describe in Narrative)</p>	<p>1st</p> <p>2nd</p> <p>3rd</p> <p>4th</p>