<table>
<thead>
<tr>
<th>Case #</th>
<th>DOR CODE</th>
<th>Accident Date</th>
<th>Agency</th>
</tr>
</thead>
</table>

Describe Accident

Carrier Name

Address

Carrier Identification #

Carrier Name

Address

Carrier Identification #
<table>
<thead>
<tr>
<th>Case #</th>
<th>DOR CODE</th>
<th>Accident Date</th>
<th>Agency</th>
</tr>
</thead>
</table>

### EMERGENCY MEDICAL SERVICES
(Record all time using 24 Hr. time)

<table>
<thead>
<tr>
<th>Time Notified</th>
<th>Time Arrived @ Scene</th>
<th>Time Arrived @ Hospital</th>
</tr>
</thead>
</table>

If times are unknown provide name of responding services

### TRAFFICWAY FLOW

- [ ] 01. Not Divided (Two Way)
- [ ] 02. Divided, Median W/O Barrier
- [ ] 03. Divided, Median W/Barrier
- [ ] 04. One Way

### NUMBER OF TRAVEL LANES

If the accident is totally contained on half of a divided highway (physical barrier not painted median), only count the number of travel lanes on that half.

### TRAFFIC CONTROL DEVICE FUNCTIONING

- [ ] 01. No Controls
- [ ] 02. Not Functioning
- [ ] 03. Functioning Improperly
- [ ] 04. Functioning Properly
- [ ] 05. Unknown

List the Most Significant Types of Traffic Control Devices

### MUST BE COMPLETED FOR ALL PERSONS INVOLVED EXCEPT UNINJURED BUS/RAILWAY PASSENGERS.

#### (A) Traffic Unit Number (list Traffic Unit Number as on DR 2447)

#### (B) Position in Vehicle

<table>
<thead>
<tr>
<th>03</th>
<th>06</th>
<th>09</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>05</td>
<td>08</td>
</tr>
<tr>
<td>01</td>
<td>04</td>
<td>07</td>
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<tr>
<td>10/11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### (C) Ejection Path

- [ ] 00. Not Ejected/Not applicable
- [ ] 01. Through Side Door Opening
- [ ] 02. Through Side Window
- [ ] 03. Through Windshield
- [ ] 04. Through Back Window
- [ ] 05. Through Back Door/Tailgate Opening
- [ ] 06. Through Roof Opening (sun roof/convertible top down)
- [ ] 07. Through Roof (convertible top up)
- [ ] 08. Other Path (e.g. back of pickup truck)
- [ ] 09. Unknown

#### (D) Alcohol Suspected

- [ ] Yes > 01. Preliminary Breath Test
  - [ ] 02. SFST
  - [ ] 03. Observed
  - [ ] 04. Other
  - [ ] 05. Passive Alcohol Sensor
    - [ ] 06. Other method
    - [ ] 07. SFST
    - [ ] 08. Observed

- [ ] No > 06. Preliminary Breath Test
  - [ ] 07. SFST
  - [ ] 08. Other method

#### (E) Tested for Alcohol

- [ ] 00. Not Tested
  - [ ] 01. Blood
  - [ ] 02. Breath
  - [ ] 03. Urine
  - [ ] 04. Other
  - [ ] 05. Refusal
  - [ ] 06. By Coroner

#### (F) Other Drug/Impairment Suspected

- [ ] Yes > 01. Drug Recognition Expert
  - [ ] 02. SFST
  - [ ] 03. Observed
  - [ ] 04. Other
  - [ ] 05. Drug Recognition Expert
    - [ ] 06. SFST
    - [ ] 07. Observed
    - [ ] 08. Other Method

#### (G) Tested for Other Drugs

- [ ] 00. Not Tested
  - [ ] 01. Blood
  - [ ] 02. Breath
  - [ ] 03. Urine
  - [ ] 04. Other
  - [ ] 05. Refusal
  - [ ] 06. By Coroner

#### (H) Dead at Scene

- [ ] Yes
  - [ ] Name
  - [ ] Taken to
  - [ ] Date
  - [ ] Expired
  - [ ] Time

### ACCIDENT AVOIDANCE MANEUVER

- [ ] 00. No Avoidance Maneuver
- [ ] 01. Braking (Skid marks evident)
- [ ] 02. Braking (Per driver, no skid marks evident)
- [ ] 03. Braking (Per witness, no skid marks evident)
- [ ] 04. Steering (Evidence or stated)
- [ ] 05. Steering & Braking (Evidence or stated)
- [ ] 06. Other Avoidance Maneuver

### FIRE/HAZARDOUS MATERIALS INVOLVEMENT

- [ ] 00. No Fire/No Haz-Mat Cargo
- [ ] 01. No Fire/Haz-Mat Cargo Not Involved
- [ ] 02. No Fire/Haz-Mat Incident
- [ ] 03. Vehicle Fire/No Haz-Mat Cargo
- [ ] 04. Vehicle Fire/Haz-Mat Cargo Not Involved
- [ ] 05. Vehicle Fire/Haz-Mat Incident