

TRAFFIC ACCIDENT REPORT

1. DATE OF ACCIDENT 2. TIME (USE MILITARY) 3. DAY OF WEEK 4. DATE OF THIS REPORT 5. TYPE OF ACCIDENT (CHECK ALL THAT APPLY, EXCEPT FOR PROPERTY DAMAGE) 6. COMPLAINT NUMBER

7. ACCIDENT OCCURRED ON (STREET DIRECTION, DISTANCE FROM MILE POST, RAMP) 8. FATALITY 02 INJURY 03 PROP. DAMAGE ONLY 04 HIT AND RUN 05 PEDESTRIAN INVOL. 9. DISTRICT 9. R A 10. NO. VEHICLES INVOL. 11. NO. INJURED PERSONS 12. NO. OF OCCUPANTS (INCLUDING DRIVER) Veh. 1 2 3 4

13. ENTER THE NO. OF FEET IN WHATEVER DIRECTION FROM THE NEAREST INTER. OR BLOCK ON FREEWAYS OR EXITS FROM THE NEAREST MILE POST OR RAMP. INDICATE IF ACCIDENT OCCURRED ON EXIT RAMP, ACCESS RAMP OR BRIDGE. CIRCLE THE CITY QUADRANT. FEET N S E W 14. IS THIS A CONSTRUCTION ZONE? 15. ON STREET AT INTERSECTION WITHIN 100' OF INTER. NOT AT INTERSECTION 16. OFF STREET PUBLIC SPACE PRIVATE PROPERTY 17. REPORT TAKEN ON SCENE? IF YES, NO NUMBER 18. PHOTOS TAKEN? IF YES, NO

1. DRIVER/PEDESTRIAN/FIXED OBJECT OWNER 19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) 20. SEX 21. BIRTHDATE 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE 22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) 23. HOME PHONE 24. PERMIT NUMBER AND STATE 25. BUS. PHONE 26. MODEL 27. MAKE 28. YEAR 29. BODY 30. COLOR 31. TAG NO./STATE/YEAR 32. VEH. ID NO. (VIN) 33. NAME OF OWNER (VEH./PROP.) (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" 34. PHONE NO. 35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) 36. OWNER NOTIFIED? YES NO

2. DRIVER/PEDESTRIAN/FIXED OBJECT OWNER 19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) 20. SEX 21. BIRTHDATE 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE 22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) 23. HOME PHONE 24. PERMIT NUMBER AND STATE 25. BUS. PHONE 26. MODEL 27. MAKE 28. YEAR 29. BODY 30. COLOR 31. TAG NO./STATE/YEAR 32. VEH. ID NO. (VIN) 33. NAME OF OWNER (VEH./PROP.) (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" 34. PHONE NO. 35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) 36. OWNER NOTIFIED? YES NO

3. DRIVER/PEDESTRIAN/FIXED OBJECT OWNER 19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) 20. SEX 21. BIRTHDATE 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE 22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) 23. HOME PHONE 24. PERMIT NUMBER AND STATE 25. BUS. PHONE 26. MODEL 27. MAKE 28. YEAR 29. BODY 30. COLOR 31. TAG NO./STATE/YEAR 32. VEH. ID NO. (VIN) 33. NAME OF OWNER (VEH./PROP.) (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" 34. PHONE NO. 35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) 36. OWNER NOTIFIED? YES NO

4. DRIVER/PEDESTRIAN/FIXED OBJECT OWNER 19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) 20. SEX 21. BIRTHDATE 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE 22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) 23. HOME PHONE 24. PERMIT NUMBER AND STATE 25. BUS. PHONE 26. MODEL 27. MAKE 28. YEAR 29. BODY 30. COLOR 31. TAG NO./STATE/YEAR 32. VEH. ID NO. (VIN) 33. NAME OF OWNER (VEH./PROP.) (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" 34. PHONE NO. 35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.) 36. OWNER NOTIFIED? YES NO

Non-Involved Witnesses 37. NAME ADDRESS PHONE NUMBER 38. SEAT LOCATION CODE 39. INJURY CODE 40. SEAT BELT/BAG CODE 41. EJECTION (THROWN FROM VEH.)

PERSONS INVOLVED table with columns: NAME, ADDRESS, PHONE NO., AGE, SEX, SEAT NO., CODE 39, BELT CODE 40, BAG CODE 41, EMPLOYED BY D.C. GOVT., TRANSPORTED TO HOSPITAL.

43.	Name of Injured Person	Where Taken (Hospital)	By Whom	Status	TEB Notified (Name)	Teletype Notified (Name)	Relative Notified (Name)
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
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				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			

VEHICLE NO. 1

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/ DIAGRAM)

46. VEHICLE WAS: 01 LEFT ON SCENE
 02 TOWED BY 03 DRIVEN AWAY BY

NAME:

47. LOCATION TOWED TO

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE

TO IMPACT _____ AFTER IMPACT _____

48. SKID MARKS

13 Hood
 14 Roof
 15 Trunk
 16 Undercarriage
 17 Overturned
 18 Other (Explain in Narrative)

VEHICLE NO. 2

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/ DIAGRAM)

46. VEHICLE WAS: 01 LEFT ON SCENE
 02 TOWED BY 03 DRIVEN AWAY BY

NAME:

47. LOCATION TOWED TO

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE

TO IMPACT _____ AFTER IMPACT _____

48. SKID MARKS

13 Hood
 14 Roof
 15 Trunk
 16 Undercarriage
 17 Overturned
 18 Other (Explain in Narrative)

VEHICLE NO. 3

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/ DIAGRAM)

46. VEHICLE WAS: 01 LEFT ON SCENE
 02 TOWED BY 03 DRIVEN AWAY BY

NAME:

47. LOCATION TOWED TO

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE

TO IMPACT _____ AFTER IMPACT _____

48. SKID MARKS

13 Hood
 14 Roof
 15 Trunk
 16 Undercarriage
 17 Overturned
 18 Other (Explain in Narrative)

VEHICLE NO. 4

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/ DIAGRAM)

46. VEHICLE WAS: 01 LEFT ON SCENE
 02 TOWED BY 03 DRIVEN AWAY BY

NAME:

47. LOCATION TOWED TO

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE

TO IMPACT _____ AFTER IMPACT _____

48. SKID MARKS

13 Hood
 14 Roof
 15 Trunk
 16 Undercarriage
 17 Overturned
 18 Other (Explain in Narrative)

PEDESTRIAN BIKE/MOTORCYCLE VEHICLE

Complaint No. _____

INDICATE TYPE OF
 FIXED OBJECT/VEHICLE
 INDICATE PORTED SPEED
 INDICATE VEHICLES BY NO.

NOTE: This report is used for statistical analysis of vehicular accidents and the prevention thereof. The data given represents the opinion and conclusions of the reporting officer based on his/her judgement after considering all of the facts disclosed through his/her investigation of this accident.

