

# STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT

- REPORTABLE PROPERTY DAMAGE
- NON-REPORTABLE
- PERSONAL INJURY
- LATE REPORT
- FATALITY
- HAZ/MAT.
- COMM. VEH.

TROOP/DEPARTMENT \_\_\_\_\_

3. MON. - DATE - YEAR	4. DAY	5. TIME OCCURRED	6. NOTIFIED	7. ARRIVED	8. GRID NO.	9. SECTOR	12. LIGHT CONDITION <input type="checkbox"/>
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10. NUMBER & NAME OF STREET OR HIGHWAY - CTY. RTE. NO. • INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.	13. WEATHER CONDITION <input type="checkbox"/>
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11. NON. FEET <input type="checkbox"/> E INTSECT. _____ MILES <input type="checkbox"/> W OF: INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.	14. SURFACE CONDITION <input type="checkbox"/>
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16. PRIM. CONTRIB. <input type="checkbox"/>	8. SPEED TOO FAST	11. DISREGARD TRAFFIC SIGNAL	14. FOLLOWING TOO CLOSE	17. MECH. DEFECT	15. MADE IMPROPER TURN	16. DRIVING UNDER INFLUENCE	15. TRAFFIC CONTROL <input type="checkbox"/>	FUNCT. PROPER <input type="checkbox"/>
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17. COLLISION INVOLVED <input type="checkbox"/>	18. ON RDWY. <input type="checkbox"/>	19. EMERG. RESPON. <input type="checkbox"/>	20. _____ MILES <input type="checkbox"/> E _____ MILES <input type="checkbox"/> W OF:	CITY OR TOWN	21. CTY.	22. CODE	23. MILE POINT
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24. NAME NO. 1 LAST FIRST M.I.	24. NAME NO. 2 LAST FIRST M.I.
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25. STREET ADDRESS	25. STREET ADDRESS
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26. CITY	27. STATE	28. ZIP	29. PHONE	26. CITY	27. STATE	28. ZIP	29. PHONE
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30. DRIVERS LICENSE NO.	31. STATE	32. DOB	33. AGE	34. SEX	30. DRIVERS LICENSE NO.	31. STATE	32. DOB	33. AGE	34. SEX
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35. SOBRIETY <input type="checkbox"/>	36. TESTED <input type="checkbox"/>	37. TYPE <input type="checkbox"/>	TEST NUMBER	RESULT 0. _____%	35. SOBRIETY <input type="checkbox"/>	36. TESTED <input type="checkbox"/>	37. TYPE <input type="checkbox"/>	TEST NUMBER	RESULT 0. _____%
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38. VEHICLE YR.	39. VEHICLE MAKE	40. MODEL	41. BODY STYLE <input type="checkbox"/>	38. VEHICLE YR.	39. VEHICLE MAKE	40. MODEL	41. BODY STYLE <input type="checkbox"/>
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42. REGISTRATION NO.	43. STATE	44. COLOR	45. DAMAGE \$	46. TRAILERS 0 1 2 3	42. REGISTRATION NO.	43. STATE	44. COLOR	45. DAMAGE \$	46. TRAILERS 0 1 2 3
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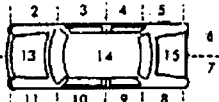
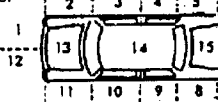
47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.	47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.
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48. STREET CITY STATE	48. STREET CITY STATE
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49. INSURANCE COMPANY NUMBER	49. INSURANCE COMPANY NUMBER
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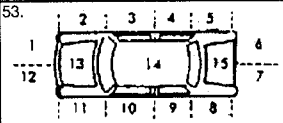
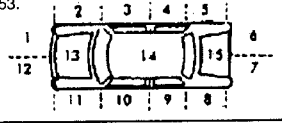
50. CHARGE/SECTION NO.	50. CHARGE/SECTION NO.
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52. NO. 1 TOWED BY:	1. REAR	2. PASSING	3. ANGLE	4. RIGHT TURN	5. RIGHT TURN	11. OTHER	52. NO. 2 TOWED BY:
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53. 	6. HEAD ON	7. SIDESWIPE	8. INDICATE OBJECT	9. LEFT TURN	10. LEFT TURN	53. 
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CODE	WITNESS INFORMATION: (NAME, ADDRESS, PHONE NO., LOCATION)	GENERAL	17. COLLISION INVOLVED
55.		1. YES 2. NO 3. UNKNOWN 4. N/A 5. PENDING 6. NONE 7. OTHER 12. LIGHT COND. 18. DAYLIGHT 19. DAWN/DUSK 20. DARK/LIT 21. DARK/UNLIT 13. WEATHER 22. CLEAR 23. RAIN 24. SNOW/SLEET 25. FOG 26. CLOUDY 14. SURFACE 27. DRY 28. WET 29. SNOWY 30. ICY 15. CONTROLS 31. STOP SIGN 32. STOP & GO LIGHT 33. YIELD SIGN 34. WARNING SIGN 35. LANE MARKINGS 36. FLASHING SIGNAL	37. MV IN TRANSPORT 38. NON-COL. OVERTURN 39. MV ON OTHER RDWY 40. PEDESTRIAN 41. PARKED VEHICLE 42. RAILROAD TRAIN 43. PEDALCYCLIST 44. ANIMAL 45. FIXED OBJECT* 46. OTHER OBJECT* 47. OTHER NON-COLLIS. 35. SOBRIETY 48. NOT DRINKING 49. HBD NOT IMPAIRED 50. HBD IMPAIRMENT UNK 51. UNDER THE INFLUENCE 52. PBT 53. BREATH } 37. 54. BLOOD } TYPE 55. URINE } 41. BODY STYLE 56. PASSENGER CAR 57. PICK-UP TRUCK 58. VAN/PANEL TRUCK 59. FARM VEHICLE 60. MOTORCYCLE 61. BUS 62. SCHOOL BUS 63. 6 WHEEL TRUCK 64. 10 WHEEL TRUCK 65. TRACT. & SEMI. TR.(S)

56. INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58. REVIEWER	59.
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24. NAME <b>NO. 3</b>				LAST				FIRST				M.I.															
25. STREET ADDRESS												25. STREET ADDRESS															
26. CITY				27. STATE		28. ZIP		29. PHONE				26. CITY				27. STATE		28. ZIP		29. PHONE							
30. DRIVERS LICENSE NO.						31. STATE		32. DOB		33. AGE		34. SEX <b>M F</b>		30. DRIVERS LICENSE NO.						31. STATE		32. DOB		33. AGE		34. SEX <b>M F</b>	
35. SOBRIETY <input type="checkbox"/>		36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>		TEST NUMBER RESULT 0. _____%						35. SOBRIETY <input type="checkbox"/>		36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>		TEST NUMBER RESULT 0. _____%									
38. VEHICLE YR.		39. VEHICLE MAKE				40. MODEL				41. BODY STYLE <input type="checkbox"/>		38. VEHICLE YR.		39. VEHICLE MAKE				40. MODEL				41. BODY STYLE <input type="checkbox"/>					
42. REGISTRATION NO.		43. STATE		44. COLOR		45. DAMAGE \$		46. TRAILERS 0 1 2 3				42. REGISTRATION NO.		43. STATE		44. COLOR		45. DAMAGE \$		46. TRAILERS 0 1 2 3							
47. VEHICLE/TRACTOR OWNER: LAST						FIRST						47. VEHICLE/TRACTOR OWNER: LAST						FIRST									
48. STREET						CITY						48. STREET						CITY									
49. INSURANCE COMPANY						NUMBER						49. INSURANCE COMPANY						NUMBER									
50. CHARGE/SECTION NO.						51. ARREST NO.						50. CHARGE/SECTION NO.						51. ARREST NO.									
52. NO. 3 TOWED BY:		USE THIS SPACE FOR SKETCHING DAMAGE TO TRAILERS, MOTORCYCLES, ETC.												52. NO. 4 TOWED BY:													
TO:														TO:													
53. 														53. 													



60. CONTINUATION

80. SUPPLEMENT

INITIAL REPORT DATE \_\_\_\_\_

OPERATOR #1 \_\_\_\_\_

OPERATOR #2 \_\_\_\_\_

# STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT INJURY INFORMATION

TROOP/DEPARTMENT \_\_\_\_\_

COMPLAINT NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_

DSP. HQ. NO. (LEAVE BLANK)

**I-1** 61. NAME: LAST FIRST M.I. 69. SEX 70. AGE 71. VEH # 72. NO. IN VEH 73. SEAT NO. 74. STATUS 75. FIRST AID 76. INJURY CLASS 77. EJECT 78-1. RE-STRNT. 78-2. RESTR. PROPR. 78-3. PASS. RESTR.

62. ADDRESS M F

63. PHONE 64. INJURIES 68. T & R

65. EXAMINED BY DR. 66. REMOVED BY [ ] 67. REMOVED TO T & A

**I-2** 61. NAME: LAST FIRST M.I. 69. SEX 70. AGE 71. VEH # 72. NO. IN VEH 73. SEAT NO. 74. STATUS 75. FIRST AID 76. INJURY CLASS 77. EJECT 78-1. RE-STRNT. 78-2. RESTR. PROPR. 78-3. PASS. RESTR.

62. ADDRESS M F

63. PHONE 64. INJURIES 68. T & R

65. EXAMINED BY DR. 66. REMOVED BY [ ] 67. REMOVED TO T & A

**I-3** 61. NAME: LAST FIRST M.I. 69. SEX 70. AGE 71. VEH # 72. NO. IN VEH 73. SEAT NO. 74. STATUS 75. FIRST AID 76. INJURY CLASS 77. EJECT 78-1. RE-STRNT. 78-2. RESTR. PROPR. 78-3. PASS. RESTR.

62. ADDRESS M F

63. PHONE 64. INJURIES 68. T & R

65. EXAMINED BY DR. 66. REMOVED BY [ ] 67. REMOVED TO T & A

**I-4** 61. NAME: LAST FIRST M.I. 69. SEX 70. AGE 71. VEH # 72. NO. IN VEH 73. SEAT NO. 74. STATUS 75. FIRST AID 76. INJURY CLASS 77. EJECT 78-1. RE-STRNT. 78-2. RESTR. PROPR. 78-3. PASS. RESTR.

62. ADDRESS M F

63. PHONE 64. INJURIES 68. T & R

65. EXAMINED BY DR. 66. REMOVED BY [ ] 67. REMOVED TO T & A

**I-5** 61. NAME: LAST FIRST M.I. 69. SEX 70. AGE 71. VEH # 72. NO. IN VEH 73. SEAT NO. 74. STATUS 75. FIRST AID 76. INJURY CLASS 77. EJECT 78-1. RE-STRNT. 78-2. RESTR. PROPR. 78-3. PASS. RESTR.

62. ADDRESS M F

63. PHONE 64. INJURIES 68. T & R

65. EXAMINED BY DR. 66. REMOVED BY [ ] 67. REMOVED TO T & A

<p><b>SEAT NO.</b></p> <table style="border: 1px solid black; text-align: center; width: 100px; height: 100px;"> <tr><td>C</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>A</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>R</td><td>7</td><td>8</td><td>9</td></tr> </table> <p style="text-align: center;">M/C</p> <p style="text-align: center;">1 2</p> <p>10=EXT. OF VEHICLE</p>	C	1	2	3	A	4	5	6	R	7	8	9	<p><b>79. POSTED SPEED LIMIT</b></p> <p>VEHICLE #1 _____</p> <p>VEHICLE #2 _____</p> <p>VEHICLE #3 _____</p> <p>VEHICLE #4 _____</p>	<p><b>GENERAL</b></p> <p>1. YES 2. NO 3. UNKNOWN 4. N/A 5. PENDING 6. NONE 7. OTHER</p> <p>74. STATUS</p> <p>66. DRIVER 67. PASSENGER 68. PEDESTRIAN 69. PEDALCYCLIST</p> <p>75. FIRST AID</p> <p>70. POLICE 71. FIREMAN 72. AMBULANCE 73. REFUSED</p>	<p><b>76. INJURY CLASS</b></p> <p>74. POSSIBLE INJURY 75. NON-INCAPACITATING 76. INCAPACITATING INJURY 77. FATAL INJURY</p> <p>77. EJECTION</p> <p>78. PARTIALLY EJECTED 79. TOTAL EJECTION 80. NO EJECTION</p> <p>78. RESTRAINT</p> <p><b>LAP BELT ONLY</b> 82. FASTENED 83. NOT FASTENED <b>LAP &amp; SHOULDER</b> 84. LAP ONLY USED 85. NEITHER USED 86. SHOULDER ONLY 87. BOTH USED</p>	<p><b>78. RESTRAINT (CONT.)</b></p> <p><b>CHILD RESTRAINTS</b> 88. CHILD RESTR. USED 89. OTHER RESTR. USED 90. NONE USED</p> <p><b>MC HELMET</b> 91. NONE USED 92. USED</p> <p><b>PASSIVE RESTRAINTS</b> 93. AIR BAG DEPLOYED 94. AIR BAG INOPERABLE 95. AUTO RESTR. USED 96. AUTO RESTR. INOPER.</p> <p>66. REMOVED</p> <p>97. AMBULANCE 98. PARAMEDIC 99. HELICOPTER 100. PRIV. OWNER VEH.</p>	<p><b>81. IF PEDESTRIAN INVOLVED PLACE CODE IN BLOCK</b></p> <p style="text-align: center;">PED. #1      PED. #2</p> <p style="text-align: center;">[ ]      [ ]</p> <p>101. CROSSING AT INTERS. 102. CROSSING NOT AT INTERS. 103. WALKING WITH TRAFFIC 104. WALKING AGAINST TRAFFIC 105. STANDING 106. PUSH OR WORK ON VEH. 107. OTHER WORKING 108. PLAYING 109. OTHER (DESCRIBE)</p> <p>110. NOT IN RDW. ANY ACTION</p>
C	1	2	3														
A	4	5	6														
R	7	8	9														

56. INVESTIGATING OFFICER \_\_\_\_\_ RANK \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_ 57. SUPERVISOR'S APPROVAL DATE \_\_\_\_\_ 58. REVIEWER \_\_\_\_\_ 59. PAGE \_\_\_\_\_ OF \_\_\_\_\_

