

**\*ANY OPTION FOLLOWED BY THE (\*) MUST BE FURTHER EXPLAINED IN THE NARRATIVE.**

**1 CONTRIBUTING CIRCUMSTANCES**

**2. PRE-CRASH VEHICLE ACTION**

- |                           |                                   |
|---------------------------|-----------------------------------|
| 1. Going Straight Ahead   | 12. Passing                       |
| 2. Turning on Red         | 13. Backing                       |
| 3. Making Right Turn      | 14. Starting in Traffic           |
| 4. Making Left Turn       | 15. Slowing or Stopping           |
| 5. Making U Turn          | 16. Stopped in Traffic            |
| 6. Exiting to Ramp        | 17. Start From Parked Pos.        |
| 7. Merging                | 18. Entering Parked Pos.          |
| 8. Changing Lanes         | 19. Parked                        |
| 9. Driving Left of Center | 20. Avoiding Obj. in Road         |
| 10. Crossed Median        | 21. Driverless Moving             |
| 11. Overtaking            | 22. Other*                        |
|                           | 23. Driving Off Road on the Right |

**3 COLLISION INVOLVED**

- |                               |   |
|-------------------------------|---|
| 1. Other Motor Veh            | 14. Curbing                               |
| 2. Pedestrian(s)              | 15. Fence                                 |
| 3. Bicyclist                  | 16. Bridge Support                        |
| 4. RR/Train                   | 17. Culvert/Head Wall/ Drainage Structure |
| 5. Animal Drawn Veh           | 18. Snow Embankment                       |
| 6. Animal                     | 19. Earth Embankment/ Rock Cut/Ditch      |
| 7. ___ Deer-List Number Also  | 20. Fire Hydrant                          |
| 8. Light Support/Utility Pole | 21. Traffic Signal                        |
| 9. Guide Rail/Median Barrier  | 22. Mail Box                              |
| 10. Impact Attenuator         | 23. Other Non-Fixed Obj*                  |
| 11. Sign Post                 | 24. Other Fixed Obj*                      |
| 12. Tree                      |   |
| 13. Building/Wall             |   |

**4. TRAFFIC CONTROLS**

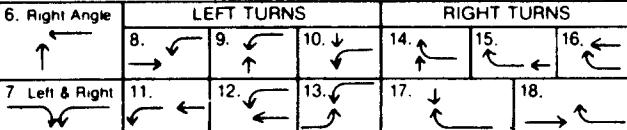
- |   |                                     |
|---|-------------------------------------|
| 1. Officer/Crossing Guard/Flagman       | 7. Stop Sign                        |
| 2. R.R. Crossing Gate/Flagman           | 8. Yield Sign                       |
| 3. R.R. Crossing Flashing Signal        | 9. Lane Control                     |
| 4. R.R. Crossing Sign/Pavement Markings | 10. No Passing Zone                 |
| 5. Traffic Control Signal               | 11. Other Regulatory Sign/Markings* |
| 6. Flashing Signal                      | 12. None                            |

**5. WERE AUTOMATED CONTROLS OPERATING PROPERLY?**

1. Yes      2. No\*

**6. COLLISION DIAGRAM**

1. Rear End  
2. Head On  
3. Same Direction Sideswipe  
4. Opp. Direction Sideswipe  
5. Off Road Collision

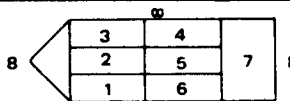


**16. INJURED**

1. Vehicle 1      P - Pedestrian  
2. Vehicle 2      B - Bicyclist  
                         O - Other\*

**17. POSITION IN OR ON VEHICLE**

- 2-7 Passengers  
6. Include Passengers on Motorcycle  
7. Include Person in Truck Bed  
8. Riding/Hanging on Outside



**18. SAFETY EQUIPMENT USED (Drivers and Injured)**

- |                 |                    |           |           |
|-----------------|--------------------|-----------|-----------|
| 1. No Restraint | 3. Harness         | 5. Helmet | 7. Other* |
| 2. Lap Belt     | 4. Child Restraint | 6. Airbag |           |

**18A. WAS SAFETY EQUIPMENT EFFECTIVE?**

1. Yes      2. No

**19. EJECTION/TRAPPED (Drivers and Injured)**

- |                      |               |           |
|----------------------|---------------|-----------|
| 1. Not Ejected       | 3. Ejected    | 5. Pinned |
| 2. Partially Ejected | 4. Trapped In | Under     |

**20. LIST NAMES AND ADDRESSES OF INJURED**

- Alcoholic Beverages
- Illegal Drugs
- Prescription Drugs
- Driver Apparently Asleep
- Driver Inattention
- Driver Illness
- Unsafe Speed\*
- Failure to Yield Right of Way
- Disregarded Signal/Regulatory Sign
- Left of Center
- Improper Passing
- Improper Turning
- Improper Lane Usage
- Following Too Closely
- Unsafe Backing
- Wrong Way on One Way
- Pedestrian(s) Actions\*
- Passenger Distraction
- Violation Driver License Restrictions
- Engine Failure or Defective
- Accelerator Failure or Defective
- Brake Failure or Defective
- Tire Failure or Defective
- Headlight Defective or Not On
- Other Lights Defective\*
- Steering Failure
- Window/Windshield Defective
- Oversize/Overweight Load
- Insecure/Leaky Load
- Tow Hitch Failure
- Animal(s) Present on Roadway
- Glare
- Surface Material Loose
- Material on Surface (Include Weather)
- Holes/Ruts in Surface
- Shoulder Defective
- Road Under Construction\*
- Obstruction Not Marked
- Lane Marking Obscured
- View Obstructed By A Veh
- View Obstructed By\*
- Other\*
- Jack Knifing

**7. CRASH TYPE**

- |                |                  |
|----------------|------------------|
| 1. Hit and Run | 3. Overturned    |
| 2. Collision   | 4. Non-Collision |

**8. LOCATION OF FIRST DAMAGE OR INJURY**

- |                     |             |
|---------------------|-------------|
| 1. Intersection     | 5. Shoulder |
| 2. Driveway Access  | 6. Median   |
| 3. Interchange Area | 7. Roadway  |
| 4. Off Roadway      |             |

**9. KIND OF LOCALITY**

- |                           |                     |
|---------------------------|---------------------|
| 1. School/ Playground     | 4. Rural            |
| 2. Residential            | 5. Public Park      |
| 3. Commercial/ Industrial | 6. Urban Interstate |

**10. ROAD CONSTRUCTION/MAINTENANCE/UTILITY WORK PRESENT?**

1. Yes      2. No

**11. LIGHT CONDITION**

- |                            |                             |
|----------------------------|-----------------------------|
| 1. Daylight                | 4. Dark (Street Lights Off) |
| 2. Dawn/Dusk               | 5. Dark (No Street Lights)  |
| 3. Dark (Street Lights On) |                             |

**12. WEATHER**

- |           |                              |
|-----------|------------------------------|
| 1. Clear  | 5. Sleet/Hail/ Freezing Rain |
| 2. Cloudy | 6. Fog/Smoke/Smog            |
| 3. Rain   |                              |
| 4. Snow   |                              |

**13. ROAD SURFACE**

- |             |                |
|-------------|----------------|
| 1. Concrete | 3. Brick       |
| 2. Blacktop | 4. Dirt/Gravel |
|             | 5. Other*      |

**14. ROAD CHARACTER**

- |                       |                    |
|-----------------------|--------------------|
| 1. Straight/Level     | 4. Curve/Level     |
| 2. Straight/Grade     | 5. Curve/Grade     |
| 3. Straight/Hillcrest | 6. Curve/Hillcrest |

**15. SURFACE CONDITION**

Must use 1-6

- |          |             |
|----------|-------------|
| 1. Dry   | 4. Slush    |
| 2. Wet   | 5. Snow/Ice |
| 3. Muddy | 6. Other*   |

**15A. WERE HAZARDOUS MATERIALS INVOLVED?**

1. Yes      2. No

**21. NATURE OF MOST SEVERE INJURY**

- |                |                    |                         |
|----------------|--------------------|-------------------------|
| 1. Severed     | 5. Abrasion        | 8. Fracture/Dislocation |
| 2. Internal    | 6. Minor Bleeding  | 9. Contusion/Bruse      |
| 3. Minor Burn  | 7. Severe Bleeding | 10. Complaint of Pain   |
| 4. Severe Burn | (Arterial)         | 11. None Visible        |

**22. LOCATION OF MOST SEVERE INJURY**

- |          |                         |                         |
|----------|-------------------------|-------------------------|
| 1. Chest | 6. Back                 | 9. Abdomen/Pelvis       |
| 2. Neck  | 7. Shoulder             | 10. Hip/Upper Leg       |
| 3. Eye   | Upper Arm               | 11. Knee/Lower Leg/Foot |
| 4. Face  | 8. Elbow/Lower Arm/Hand | 12. Entire Body         |
| 5. Head  |                         |                         |

**23. VICTIMS INJURY STATUS**

- |                   |                |
|-------------------|----------------|
| 1. Conscious      | 4. Unconscious |
| 2. Semi-conscious | 5. Shock       |
| 3. Incoherent     | 6. Dead        |
|                   | 7. Refused Med |

**27. TEST GIVEN**

- |            |            |
|------------|------------|
| 1. None    | 3. Drug    |
| 2. Alcohol | 4. Refused |

**28. TYPE GIVEN**

- |          |           |
|----------|-----------|
| 1. Blood | 3. Breath |
| 2. Urine | 4. Other* |

**29. RESULTS**

- |            |         |         |
|------------|---------|---------|
| 24. EMS NO | 25. AGE | 26. SEX |
|------------|---------|---------|

**MOTOR VEHICLE TYPE**

1. Passenger car/station wagon
2. Pickup
3. Van
4. Truck
5. Semi Tractor (Only)
6. Semi Tractor/1 Trailer
- 6A. Semi Tractor/2 Trailers
7. Combination Vehicle
8. Recreational Vehicle
9. Bus
10. School Bus
11. Police Car
12. Fire Truck
13. Ambulance
14. Motorcycle
15. Moped
16. Snowmobile
17. Motorized Bicycle, Motor Scooter, Minibike
18. Farm Equipment
19. Special Vehicle
20. Other\*

**VEHICLE USE**

1. Personal (Farm, Company)
2. Commercial (Buses, Taxis, Common and Contract Carriers)
3. Rental, not leased
4. School
5. Police, Fire, Ambulance
6. On emergency run
7. Military
8. Highway Department
9. Other Government (Postal, Welfare, etc.)
10. Public Utilities (Gas, Electric, etc.)
11. Other\*

**DRIVER LICENSE RESTRICTIONS**

- A. Glasses or Contact Lenses
- B. Outside Rearview Mirror
- C. Daylight Driving Only
- D. Automatic Transmission
- G. Special Controls
- I. Employment Only
- K. Motorcycle Only
- M. To and From Employment Only
- N. Employers Vehicle Only
- U. Power Steering
- V. P.P. Chauffeurs Rest. to Taxi Only
- X. Authorized State Owned Vehicles Only
- Y. Special Restrictions
  1. Probation DWI
  2. Probation HTO
  3. Photo Exempt

**APPARENT PHYSICAL STATUS**

1. Normal
2. Had Been Drinking
3. Physical Handicaps
4. Ill
5. Fatigued
6. Asleep
7. Drugs/Medication

**ESTIMATE OF DAMAGES**

1. Under \$750
2. \$750 - \$1000
3. \$1001 - \$2500
4. \$2501 - \$5000
5. \$5001 - \$10,000
6. \$10,001 - \$25,000
7. \$25,001 - \$50,000
8. \$50,001 - \$100,000
9. Over \$100,000