## Traffic Crash Report

### Crash Information
- **Date of Crash:**
- **Time of Crash:**
- **City:**
- **Village:**
- **Township:**
- **Address:**
- **Name:**
- **Owner Name:**
- **Driver Name:**
- **Occupant Name:**

### Crash Details
- **Crash Occurred On:**
  - **Date:**
  - **Time:**
- **Type Location Point Used:**
  - **Reference Point Used:**
  - **Local Information:**
    - **Reference Point Used:**
    - **Mile Post:**
    - **Street Name:**
    - **County Line:**
    - **Corporation Limit:**
- **First Person Injured:**
  - **Name:**
  - **Address:**
  - **Phone Numbers:**
- **Second Person Injured:**
  - **Name:**
  - **Address:**
  - **Phone Numbers:**
- **Third Person Injured:**
  - **Name:**
  - **Address:**
  - **Phone Numbers:**

### Offense
- **Offense Charged:**
- **Offense Description:**

### Motorist/Non-Motorist
- **Owner Name:**
- **Address:**
- **Phone Numbers:**

### Occupant
- **Address:**
- **Phone Numbers:**

### Seating Position
- **Position:**
- **Motorist:**
- **Non-Motorist:**

### Safety Equipment
- **Motorist:**
- **Non-Motorist:**

### Air Bag
- **Motorist:**
- **Non-Motorist:**

### Air Bag Switch
- **Motorist:**
- **Non-Motorist:**

### Ejection
- **Motorist:**
- **Non-Motorist:**

### Trapped
- **Motorist:**
- **Non-Motorist:**

### Injuries
- **Motorist:**
- **Non-Motorist:**

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**Supplemental Information:**

- **Top Copy - OPD:**
- **Bottom Copy - Agency:**
<table>
<thead>
<tr>
<th>Type of Unit</th>
<th>Most Damaged Area</th>
<th>Contributing Circumstances</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motorist</td>
<td>1. None</td>
<td>1. None</td>
<td>1. None</td>
</tr>
<tr>
<td></td>
<td>2. Center Front</td>
<td>2. Center Front</td>
<td>2. None</td>
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<tr>
<td></td>
<td>3. Right Front</td>
<td>3. Right Front</td>
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<tr>
<td></td>
<td>4. Right Side</td>
<td>4. Right Side</td>
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<tr>
<td></td>
<td>5. Rear Center</td>
<td>5. Rear Center</td>
<td>5. None</td>
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<tr>
<td></td>
<td>6. Rear Left</td>
<td>6. Rear Left</td>
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<tr>
<td></td>
<td>7. Left Rear</td>
<td>7. Left Rear</td>
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<tr>
<td></td>
<td>10. Top and Windows</td>
<td>10. Top and Windows</td>
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<tr>
<td></td>
<td>11. Underskirt</td>
<td>11. Underskirt</td>
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<td></td>
<td>12. Load/Trailers</td>
<td>12. Load/Trailers</td>
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<td></td>
<td>13. Total (All Areas)</td>
<td>13. Total (All Areas)</td>
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<tr>
<td></td>
<td>14. Other</td>
<td>14. Other</td>
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</tr>
<tr>
<td></td>
<td>15. Unknown</td>
<td>15. Unknown</td>
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</tr>
</tbody>
</table>

**Point of Impact**
- 01. None
- 02. Center Front
- 03. Right Front
- 04. Right Side
- 05. Rear Center
- 06. Rear Left
- 07. Left Rear
- 08. Left Side
- 09. Left Front
- 10. Top and Windows
- 11. Underskirt
- 12. Load/Trailers
- 13. Total (All Areas)
- 14. Other
- 15. Unknown

**Motorist**
- 01. None
- 02. Center Front
- 03. Right Front
- 04. Right Side
- 05. Rear Center
- 06. Rear Left
- 07. Left Rear
- 08. Left Side
- 09. Left Front
- 10. Top and Windows
- 11. Underskirt
- 12. Load/Trailers
- 13. Total (All Areas)
- 14. Other
- 15. Unknown

**Vehicular Damage**
- 01. Vehicle Damage Code Only
- 02. Underside
- 03. Underside, Compartment
- 04. Underside, Compartment, Intrusion
- 05. Underside, Compartment, Intrusion, Unknown
- 06. Overhead, Motor Vehicle in Transport
- 07. Overhead, Other Vehicle
- 08. Unknown

**Sequence of Events**
- 01. Pre-Crash Actions
- 02. In-Crash Actions
- 03. Post-Crash Actions

**Pre-Crash Actions**
- 01. Motorist
- 02. Pedestrian
- 03. Cyclist
- 04. Other Non-Motorist
- 05. Unknown

**In-Crash Actions**
- 01. Motorist
- 02. Pedestrian
- 03. Cyclist
- 04. Other Non-Motorist
- 05. Unknown

**Post-Crash Actions**
- 01. Motorist
- 02. Pedestrian
- 03. Cyclist
- 04. Other Non-Motorist
- 05. Unknown

**Sequence of Events**
- 01. Non-Collision
- 02. Overturn/rollover
- 03. Intersection
- 04. Underside
- 05. Extrication
- 06. Fatality
- 07. Injuries
- 08. Emergency Contact
- 09. Police Contact
- 10. Fire Department
- 11. Ambulance/Rescue
- 12. Other Non-Motorist
- 13. Unknown

**Vehicular Damage**
- 01. Vehicle Damage Code Only
- 02. Underside
- 03. Underside, Compartment
- 04. Underside, Compartment, Intrusion
- 05. Underside, Compartment, Intrusion, Unknown
- 06. Overhead, Motor Vehicle in Transport
- 07. Overhead, Other Vehicle
- 08. Unknown

**Road Conditions**
- 01. Dry
- 02. Wet
- 03. Snow
- 04. Ice
- 05. Sand, Mud, Dry, Oil, Gravel
- 06. Water (Standing, Moving)
- 07. Slush
- 08. Damp
- 09. Ruts, Holes, Bumps, Uneven Pavement
- 10. Other
- 11. Unknown

**Traffic Control**
- 01. No Controls
- 02. Stop Signs
- 03. Yield Signs
- 04. Traffic Signals
- 05. Traffic Flashers
- 06. School Zones
- 07. RailroadCrossings
- 08. Railroad Flashers
- 09. Railroad Gates
- 10. Construction Barricades
- 11. Police Officers
- 12. Parking Mergings
- 13. Crosswalk Lines
- 14. Walk/Don't Walk Signal
- 15. Traffic Control Device Inoperative, Missing, Obstructed
- 16. Other

**Drug Test Status**
- 01. None
- 02. Test Refused
- 03. Test Given, Contaminated Sample/Urinal
- 04. Test Given, Results Unknown
- 05. Test Given, Results Known
- 06. Unknown

**Drug Test Type**
- 01. None
- 02. Blood
- 03. Urine
- 04. Other

**Drug Test Result**
- 01. None
- 02. Marulina
- 03. Cocaine
- 04. Opiates
- 05. Amphetamines
- 06. PCP
- 07. Other
- 08. Unknown at Time of Reporting

**Type of Intersection**
- 01. N/A
- 02. Four-Way Intersection
- 03. Three-Way Intersection
- 04. Two-Way Intersection
- 05. One-Way
- 06. Stop Sign
- 07. Traffic Circle/Stop/Roundabout
- 08. Five-Point, More
- 09. On Ramp
- 10. Off Ramp
- 11. Crossover
- 12. Driveway/Violation
- 13. Railway Grade Crossing
- 14. Shared-Use Paths Or Trails
- 15. Unknown

**Occurrence**
- 01. Apparent Normal
- 02. Physical Impairment
- 03. Emotional
- 04. Intoxication
- 05. Failed Asleep
- 06. Under the Influence Of Medication
- 07. Other
- 08. Unknown

**Alcohol/Drug Suspected**
- 01. None
- 02. Yes
- 03. Yes Alcohol Suspected
- 04. Yes Heroin Suspected
- 05. Yes Alcohol/Heroin Suspected
- 06. Unknown

**Alcohol Test Status**
- 01. None
- 02. Test Refused
- 03. Test Given, Contaminated Sample/Urinal
- 04. Test Given, Results Known
- 05. Test Given, Results Unknown
- 06. Unknown

**Alcohol Test Type**
- 01. Dry
- 02. Wet
- 03. Snow
- 04. Ice
- 05. Sand, Mud, Dry, Oil, Gravel
- 06. Water (Standing, Moving)
- 07. Slush
- 08. Damp
- 09. Ruts, Holes, Bumps, Uneven Pavement
- 10. Other
- 11. Unknown

**Secondary Road Conditions Only**
- 01. Secondary Road Conditions
- 02. Wet
- 03. Snow
- 04. Ice
- 05. Sand, Mud, Dry, Oil, Gravel
- 06. Water (Standing, Moving)
- 07. Slush
- 08. Damp
- 09. Ruts, Holes, Bumps, Uneven Pavement
- 10. Other
- 11. Unknown
## Traffic Crash Report - Occupant Addendum

**Local Report #:**

**N.C.I.C #:**

**Reporting Agency #:**

**Date of Crash #:**

### Unit # 1

**Name (Last, First, Middle):**

**Home Phone #:**

**Address (Street, City, State, Zip Code):**

**Date of Birth:**

**Age:**

**Sex:**

**Injured Taken By:**

- 1 None
- 2 EMS
- 3 Police

**Transported By:**

- 1 None
- 2 EMS
- 3 Police

**Injured Taken To:**

### Unit # 2

**Name (Last, First, Middle):**

**Home Phone #:**

**Address (Street, City, State, Zip Code):**

**Date of Birth:**

**Age:**

**Sex:**

**Injured Taken By:**

- 1 None
- 2 EMS
- 3 Police

**Transported By:**

- 1 None
- 2 EMS
- 3 Police

**Injured Taken To:**

### Unit # 3

**Name (Last, First, Middle):**

**Home Phone #:**

**Address (Street, City, State, Zip Code):**

**Date of Birth:**

**Age:**

**Sex:**

**Injured Taken By:**

- 1 None
- 2 EMS
- 3 Police

**Transported By:**

- 1 None
- 2 EMS
- 3 Police

**Injured Taken To:**

### Unit # 4

**Name (Last, First, Middle):**

**Home Phone #:**

**Address (Street, City, State, Zip Code):**

**Date of Birth:**

**Age:**

**Sex:**

**Injured Taken By:**

- 1 None
- 2 EMS
- 3 Police

**Transported By:**

- 1 None
- 2 EMS
- 3 Police

**Injured Taken To:**

### Seating Position

<table>
<thead>
<tr>
<th>Position</th>
<th>01 Front - Left (MC Driver)</th>
<th>02 Front - Middle</th>
<th>03 Rear - Right</th>
<th>04 Rear - Left (MC Pass)</th>
<th>05 Rear - Middle</th>
<th>06 Rear - Right</th>
<th>07 Third - Left (MC Passenger/Driver)</th>
<th>08 Third - Middle</th>
<th>09 Third - Right</th>
<th>10 Sleeper Section of Cab</th>
<th>11 Enclosed Cargo Area</th>
<th>12 Unenclosed Cargo Area</th>
<th>13 Trailing Unit</th>
<th>14 Extension</th>
<th>15 Other</th>
<th>16 Non-Motorist</th>
<th>17 Unknown</th>
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</table>

### NFPA Signage

<table>
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<tr>
<th>Signage Type</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
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<th>J</th>
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</tbody>
</table>

### Blank for Witness

**Supplement:**

X if Yes

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**HSY 8355**

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**Top Copy - ODFS**

**Bottom Copy - Agency**
I, ________________________________

(PRINTED)

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

______________________________

(OFFICERS NAME)

AT ________________________________

,LOCATION)

ADDRESS OF WITNESS

SIGNATURE OF WITNESS

OFFICERS SIGNATURE

PHONE

HSY 7003