

LOCATION

Date of Crash: M T W Th F S Sun
 1 2 3 4 5 6 7

Time of Crash: HRS. CRASH REPORTED BY: 1 State Police 3 Sheriff 2 City Police 4 Other

Time of Notification: HRS. Time of Arrival: HRS.

COUNTY: CITY OR TOWN: HIGHWAY CLASSIFICATION: 1 Interstate 3 WV 5 City 2 U.S. 4 County 6 Other

CRASH OCCURRED ON ROUTE 1 STREET 1 MAXIMUM SPEED LIMIT: Posted Not Posted ADVISORY SPEED: IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE

AT INTERSECTION WITH ROUTE 2 STREET 2 MAXIMUM SPEED LIMIT: Posted Not Posted ADVISORY SPEED: 1 Main Road 2 Main Road at Interchange 3 Entrance Ramp On (N S E W) Side 4 Exit Ramp On (N S E W) Side

IF NOT AT INTERSECTION: FEET MILES N E S W OF

RELATION TO ROADWAY (Location of First Impact): 1 On Road 4 Outside of Median 2 Median Shoulder/Curb 3 Shoulder 5 Gore 6 Other/Unknown

IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE SPECIAL REFERENCE OR GIS/GPS COORDINATES

DRIVER

DRIVER'S FULL NAME: ADDRESS: CITY: STATE: ZIP:

DATE OF BIRTH: SOCIAL SECURITY NUMBER: DRIVER LICENSE NUMBER: CDL Jr. Operator's Learner's Perm. STATE: LICENSE RESTRICTION(S) VIOLATED:

CITATION NUMBER: CITATION CHARGE: DRIVER CONDITION: 1 Normal 4 Ill 7 Other 2 Fatigued 5 Drinking 8 Unknown 3 Asleep 6 Medication

SOBRIETY TEST GIVEN: Yes No Refused Test Not Offered TYPE OF TEST GIVEN: FIELD BLOOD BREATH PBT URINE OTHER N/A TEST RESULTS:

DRIVER ACTION: 1 Going Straight Ahead 4 U-Turning 7 Parking 10 Merging 13 Entering or Leaving Driveway 2 Turning Right 5 Changing Lanes 8 Parked 11 Slowing or Stopping 14 Pulling Out from Parking Space 3 Turning Left 6 Passing 9 Backing 12 Stopped in Traffic Lane 15 Other (SEE NARRATIVE)

VEHICLE

OWNER'S FULL NAME: SAME AS DRIVER ADDRESS: SAME AS DRIVER CITY: STATE: ZIP:

YEAR: MAKE: MODEL: STYLE: COLOR (List Primary/Secondary):

LICENSE PLATE NUMBER: STATE: YEAR: VEHICLE IDENTIFICATION NUMBER:

DIRECTION TRAVEL: (If turning, enter direction BEFORE turn.) N E ON ROUTE 1 ABOVE S W (Or Street) 2 ABOVE TOTAL OCCUPANTS OF THIS VEHICLE: EXTENT OF DAMAGE: DRIVEABLE: Yes No DAMAGED AREA(S): PT. OF INITIAL IMPACT:

TOWED DUE TO DAMAGE: Yes No TOWED BY: TOWED TO:

AUTO LIABILITY INSURANCE: Yes No INSURANCE COMPANY: POLICY NO.: AGENT:

CONTRIBUTING CIRCUMSTANCES: (Check One or More)

4 <input type="checkbox"/> Changing Lanes Improperly	11 <input type="checkbox"/> Turning Improperly	18 <input type="checkbox"/> Driver Under Influence
5 <input type="checkbox"/> Following Too Closely	12 <input type="checkbox"/> Passing Improperly	19 <input type="checkbox"/> Pedestrian Under Influence
6 <input type="checkbox"/> Disregarded Traffic Control	13 <input type="checkbox"/> Parking Improperly	20 <input type="checkbox"/> Slippery Pavement
7 <input type="checkbox"/> Did Not Have Right of Way	14 <input type="checkbox"/> Backing Improperly	21 <input type="checkbox"/> Other Roadway Defects
8 <input type="checkbox"/> Failure to Maintain Control	15 <input type="checkbox"/> Avoiding Animal or Vehicle	22 <input type="checkbox"/> Previous Accident
9 <input type="checkbox"/> Driving Under Minimum Speed	16 <input type="checkbox"/> Distraction Inside Vehicle	23 <input type="checkbox"/> Left of Center
10 <input type="checkbox"/> No Signal or Improper Signal	17 <input type="checkbox"/> Walking Violation	24 <input type="checkbox"/> Other (SEE NARRATIVE)

1 No Improper Driving
 2 Exceeding Speed Limit
 3 Exceeding Safe Speed

12 UNDERCARRIAGE
 13 NONE/NON-APPARENT
 14 OTHER/UNKNOWN
 15 ALL AREAS

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FORM OVERRIDE #

DRIVER'S PHONE #:

WORK PHONE #:

DRIVER'S PHONE #:

WORK PHONE #:

DAMAGED PROPERTY OTHER THAN VEHICLES (DESCRIBE AS COMPLETELY AS POSSIBLE) ON PAVEMENT OR _____ FEET
N S E W
 OF PAVEMENT EDGE

OWNER'S NAME Other (Please List) **ADDRESS** **CITY** **STATE** **ZIP**
 DOH
 City

SEATING

1	2	3
4	5	6
7	8	9

B - Bicyclist
P - Pedestrian
E - Engineer (RR/Train)
M - Motorcycle, Snowmobile, etc.:
1 - Driver
4 - Passenger One
7 - Passenger Two

10 - Sleeper Section
11 - Other Enclosed Passenger Area/ Cargo Area
12 - Other Unenclosed Passenger Area/ Cargo Area
13 - Riding In/On Trailing Unit
14 - Riding On Vehicle Exterior
15 - Unknown
16 - Other (SEE NARRATIVE)

OCCUPANT PROTECTION

1 - None Installed
2 - None Used
3 - Lap Belt Only Used
4 - Shoulder Belt Only
5 - Lap and Shoulder Belt Used
6 - Child Safety Seat
7 - Helmet, Glasses/Shield
8 - Unknown

INJURY CLASSIFICATION

K - Killed
A - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene.
B - Bruises, Abrasions, Swelling, Limping, Etc.
C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness.
O - Not Injured

FIRST AID BY

1 - None
2 - Police
3 - Emergency Medical Technician
4 - Doctor / Nurse
5 - Rescue Squad
6 - Helicopter Crew
7 - Paramedic
8 - Unknown

MEDICALLY TRANSPORTED

1 - No 2 - Yes 3 - Refused 4 - Unknown

AIRBAG DEPLOYED
1 - Yes 2 - No 3 - Not equipped

EJECTED
1 - No 2 - Yes 3 - Partially 4 - Unknown

TRAPPED/EXTRICATED
1 - Not Trapped 2 - Trapped/Extricated 3 - Trapped/Not Extricated 4 - Unknown

VEH. NO. **SEAT. ING.** **OCC. PROT.** **AIR. BAG** **EJEC. TED** **TRAP/ EXTRI.** **IN. JURY** **FIRST AID** **MED. TRAN.**

VEHICLE FIRE OCCURRENCE

Veh. #: No Fire Occurrence Fire Occurred

HAZARDOUS CARGO

Veh. #: No Yes Unknown

DRIVER
→

DRIVER
→

PENNSOLVENSE

NAME	M/F	AGE	ADDRESS

INJURED TAKEN TO: **INJURED TAKEN BY:** **EMS/AMBS UNIT NUMBER** **EMS RUN FORM NUMBER**

PEDESTRIAN ACTION: 1 Crossing at Intersection 2 Crossing Not at Intersection 3 Walking on Pavement With Traffic 4 Walking on Pavement Facing Traffic 5 Standing on Pavement 6 Playing on Pavement 7 Working on Pavement 8 Other on Pavement 9 Not on Pavement

1 Light 2 Dark

PHONE NUMBER

WITNESSES

NAME OF WITNESS **ADDRESS** **CITY** **STATE** **ZIP**

H ()
W ()
H ()
W ()

ENVIRONMENT

LIGHT
1 Daylight
2 Dark
3 Dark, Artificial Lights
4 Dusk
5 Dawn

WEATHER
1 Clear
2 Cloudy
3 Raining
4 Fog/Smog
5 Snowing
6 Snow
7 Hailing
8 Crosswinds

ROADWAY SURFACE
1 Dry
2 Wet
3 Snow
4 Ice
5 Muddy
6 Haz. Mat.
7 Other

ROADWAY CHARS.
1 Straight and Level
2 Straight and Grade
3 Straight at Hillcrest
4 Curve and Level
5 Curve and Grade
6 Curve at Hillcrest
7 Straight and Rolling
8 Sag Curve

ROAD TYPE
1 Blacktop
2 Concrete
3 Brick
4 Gravel
5 Dirt
6 Other

TRAFFIC CONTROL
1 Stop Sign
2 Traffic Signal
3 Yield Signal
4 Officer, Flagman
5 RR Gates, Signals
6 Construction Zone
7 School Zone
8 None
9 Other

VISION OBSCURED BY

1 Not Obscured
2 Rain, Snow, Ice on Windshield
3 Trees, Bushes
4 Building(s)
5 Embankment
6 Signboard

7 Hillcrest
8 Parked Vehicle(s)
9 Moving Vehicle(s)
10 Blinding Headlights
11 Blinding Sunlight
12 Other
13 Unknown

NUMBER OF LANES: **WERE LANES CLEARLY MARKED?** YES NO **FUNCTIONING?** Yes No

CRASH TYPE

MANNER OF COLLISION:

1 Rear End
2 Head On
3 Same Direction Sideswipe
4 Opp. Direction Sideswipe
5 Rear-to-Rear
6 Single Vehicle Crash
7 Other

LEFT & RIGHT TURN

8 LEFT TURNS
9 RIGHT TURNS

VEH. SEQUENCE OF EVENTS (Use Codes at Right)

VEH. #: [] [] [] [] [] [] [] []
VEH. #: [] [] [] [] [] [] [] []
First Event Second Event Third Event Fourth Event

MOST HARMFUL EVENT

VEH. #: [] [] VEH. #: [] []

NON-COLLISION
01-Loss of Control
02-Cross centerline/median
03-Ran off roadway-left
04-Ran off roadway-right
05-Ran over roadway
06-Overturn
07-Separation of units
08-Fire/explosion
09-Immersion
10-Jackknife
11-Downhill runaway
12-Cargo loss/shift
13-Individual fell from veh.
14-Stopped in traffic lane
15-Other noncollision

HAD A COLLISION WITH
16-Moving motor vehicle
17-Pedestrian
18-Bicyclist
19-Motor veh. in transport
20-Parked motor vehicle
21-Railroad/Train
22-Animal
23-Other non-fixed object
24-Bridge/pier/abutment
25-Bridge parapet end
26-Bridge rail
27-Guardrail face
28-Guardrail end
29-Median barrier
30-Highway traffic sign post
31-Highway signal post
32-Luminaire/light support
33-Utility pole
34-Other pole
35-Culvert
36-Curb
37-Ditch
38-Embankment
39-Fence
40-Mailbox
41-Tree
42-RR crossing signal
43-Building
44-Traffic island
45-Fire hydrant
46-Impact attenuator
47-Other fixed object

COMMERCIAL CARRIER

SCREENING INFORMATION:

NUMBER OF QUALIFYING VEHICLES INVOLVED: _____

Trucks with 6 or more tires or a Haz Mat Placard _____

Buses designed to carry 16 or more persons _____

NUMBER OF: _____

Persons Sustaining fatal injuries _____

Persons transported for IMMEDIATE medical treatment _____

Vehicles towed from the scene due to damage or provided assistance _____

VEHICLE NUMBER
1 2 3 4 5 6

CARRIER INFORMATION SOURCE:
1 Shipping Papers 2 Vehicle Side
3 Log Book 4 Driver 5 Other

VEHICLE CONFIGURATION

1 Any 4-tire vehicle
2 Bus
3 Single unit truck (2 axles/6 or more tires)
4 Single unit truck (3 or more axles)
5 Truck with trailer
6 Truck tractor only (Bobtail)
7 Tractor with semi-trailer
8 Tractor with double trailers
9 Tractor with triple trailers
10 Other - Unable to classify

CDL TYPE
 A B C None

ENDORS.
 H N P T X

CDL RESTRICTIONS
 K L M None

CARGO BODY TYPE
1 Bus
2 Van/enclosed box
3 Cargo tank
4 Flatbed
5 Dump
6 Concrete Mixer
7 Auto Transport
8 Garbage or Refuse
9 Other (List Below)

HAZARDOUS MATERIAL

PLACARD: Yes No **SPILL:** Yes No

Name or 4 Digit Number from Diamond or Box: _____

1 Digit Number from Bottom: _____

NUMBER OF AXLES PER UNIT

Tractor Trailer 1 Trailer 2 Trailer 3

NAME OF INVESTIGATING OFFICER (Please Print) **NUMBER** **NAME OF POLICE AGENCY** **O.R.I. NUMBER**

The data in this report reflects my best judgement and knowledge.

INVESTIGATING OFFICER'S SIGNATURE: _____ **DATE OF COMPLETION** _____

PHONE #:

PHOTOS TAKEN BY WHOM:

ASSISTING OFFICER:

