

Major Reason For Not Seeing Danger
(Check one per vehicle)

VEHICLE 1		VEHICLE 2	
1	<input type="checkbox"/> None	8	<input type="checkbox"/> Traffic sign
2	<input type="checkbox"/> Rain, snow or ice on windows	9	<input type="checkbox"/> Billboard
3	<input type="checkbox"/> Dirty windows	10	<input type="checkbox"/> Parked vehicle
4	<input type="checkbox"/> Glare	11	<input type="checkbox"/> Moving vehicle
5	<input type="checkbox"/> Trees, crops, etc.	12	<input type="checkbox"/> Other (Specify)
6	<input type="checkbox"/> Buildings		
7	<input type="checkbox"/> Embankment		

Driver's Condition
(Check one per vehicle)

VEHICLE 1		VEHICLE 2	
1	<input type="checkbox"/> Normal	1	<input type="checkbox"/> Normal
2	<input type="checkbox"/> Fatigue/Asleep	2	<input type="checkbox"/> Fatigue/Asleep
3	<input type="checkbox"/> Illness	3	<input type="checkbox"/> Illness
4	<input type="checkbox"/> Drinking	4	<input type="checkbox"/> Drinking
5	<input type="checkbox"/> Illegal Drugs	5	<input type="checkbox"/> Illegal Drugs
6	<input type="checkbox"/> Medication	6	<input type="checkbox"/> Medication
7	<input type="checkbox"/> Unknown	7	<input type="checkbox"/> Unknown
8	<input type="checkbox"/> Other (Specify)	8	<input type="checkbox"/> Other (Specify)

Pedestrian Actions
(Check one)

1	<input type="checkbox"/> Properly crossing roadway
2	<input type="checkbox"/> Improperly crossing roadway
3	<input type="checkbox"/> Playing
4	<input type="checkbox"/> Moving with traffic
5	<input type="checkbox"/> Moving against traffic
6	<input type="checkbox"/> Working on vehicle
7	<input type="checkbox"/> Standing/sitting
8	<input type="checkbox"/> Getting in/out vehicle
9	<input type="checkbox"/> Lying down
10	<input type="checkbox"/> Other (Specify)

Pedestrian Location
(Check one)

At Intersection	
1	<input type="checkbox"/> With signal
2	<input type="checkbox"/> Without signal
Not at Intersection	
3	<input type="checkbox"/> Crosswalk with pedestrian signal
4	<input type="checkbox"/> Crosswalk
5	<input type="checkbox"/> On roadway
6	<input type="checkbox"/> Off roadway

Pedestrian Condition
(Check one)

1	<input type="checkbox"/> Normal
2	<input type="checkbox"/> Fatigue/Asleep
3	<input type="checkbox"/> Illness
4	<input type="checkbox"/> Drinking
5	<input type="checkbox"/> Illegal Drugs
6	<input type="checkbox"/> Medication
7	<input type="checkbox"/> Unknown
8	<input type="checkbox"/> Other (Specify)

Weather Condition (Check one)

1	<input type="checkbox"/> No adverse conditions	5	<input type="checkbox"/> Fog
2	<input type="checkbox"/> Rain	6	<input type="checkbox"/> High winds
3	<input type="checkbox"/> Sleet, hail or freezing rain	7	<input type="checkbox"/> Other (Specify)
4	<input type="checkbox"/> Snow		

Light Condition (Check one)

1	<input type="checkbox"/> Daylight
2	<input type="checkbox"/> Dawn-Dusk
3	<input type="checkbox"/> Dark-With street lighting
4	<input type="checkbox"/> Dark

Traffic Control
(Check up to two)

1	<input type="checkbox"/> None	10	<input type="checkbox"/> Pedestrian signal
2	<input type="checkbox"/> Yield sign	11	<input type="checkbox"/> Pedestrian crosswalk
3	<input type="checkbox"/> Stop sign	12	<input type="checkbox"/> Railroad gates and lights
4	<input type="checkbox"/> All-Way stop	13	<input type="checkbox"/> Railroad flashing lights
5	<input type="checkbox"/> Flashing beacon	14	<input type="checkbox"/> Railroad crossing sign
6	<input type="checkbox"/> Traffic signal	15	<input type="checkbox"/> Officer/Flagperson
7	<input type="checkbox"/> Traffic signal in flashing mode	16	<input type="checkbox"/> No Passing Zone
8	<input type="checkbox"/> School speed zone	17	<input type="checkbox"/> Other (Specify)
9	<input type="checkbox"/> Roadwork signing		

Road Character
(Check one)

1	<input type="checkbox"/> Straight and level
2	<input type="checkbox"/> Straight and on slope
3	<input type="checkbox"/> Straight and on hilltop
4	<input type="checkbox"/> Curved and level
5	<input type="checkbox"/> Curved and on slope
6	<input type="checkbox"/> Curved and on hilltop

Road Surface
(Check one)

1	<input type="checkbox"/> Concrete
2	<input type="checkbox"/> Asphalt
3	<input type="checkbox"/> Brick
4	<input type="checkbox"/> Gravel
5	<input type="checkbox"/> Dirt
6	<input type="checkbox"/> Other (Specify)

Road Surface Condition
(Check one)

1	<input type="checkbox"/> Dry
2	<input type="checkbox"/> Wet
3	<input type="checkbox"/> Snowy-icy
4	<input type="checkbox"/> Other (Specify)

Total Number of Through Lanes (Check one)

1	<input type="checkbox"/> One lane	3	<input type="checkbox"/> Three lanes	5	<input type="checkbox"/> Five lanes
2	<input type="checkbox"/> Two lanes	4	<input type="checkbox"/> Four lanes	6	<input type="checkbox"/> Six or more lanes

Median Type
(Check one)

1	<input type="checkbox"/> Median barrier
2	<input type="checkbox"/> Raised median (Curbed)
3	<input type="checkbox"/> Grass median (No curb)
4	<input type="checkbox"/> Painted (No curb)
5	<input type="checkbox"/> None

Work Zone
(Check one)

1	<input type="checkbox"/> Road construction zone
2	<input type="checkbox"/> Road maintenance zone (repair with traffic control)
3	<input type="checkbox"/> Road maintenance activity (snowplowing, mowing, striping, etc.)
4	<input type="checkbox"/> Utility activity
5	<input type="checkbox"/> None

Major Contributing Human Factor (Check one per accident)

VEHICLE 1		VEHICLE 2	
1	<input type="checkbox"/> Speed too fast for conditions	11	<input type="checkbox"/> Wrong way in one-way traffic
2	<input type="checkbox"/> Exceeding speed limit	12	<input type="checkbox"/> Improper lane change
3	<input type="checkbox"/> Backing unsafely	13	<input type="checkbox"/> Drove left of center
4	<input type="checkbox"/> Ran stop sign	14	<input type="checkbox"/> Evasive action
5	<input type="checkbox"/> Disregarded traffic signal	15	<input type="checkbox"/> Improper overtaking
6	<input type="checkbox"/> Failure to yield	16	<input type="checkbox"/> Improper loading or securing of cargo
7	<input type="checkbox"/> Following too closely	17	<input type="checkbox"/> None
8	<input type="checkbox"/> Improper right turn on red	18	<input type="checkbox"/> Other (Specify)
9	<input type="checkbox"/> Other improper turn		
10	<input type="checkbox"/> Improper or no turn signal		

Major Contributing Environmental Factor
(Check one)

1	<input type="checkbox"/> Animal on roadway
2	<input type="checkbox"/> Debris on roadway
3	<input type="checkbox"/> Water standing on roadway
4	<input type="checkbox"/> Pavement defect
5	<input type="checkbox"/> Previous accident
6	<input type="checkbox"/> Vision obstruction
7	<input type="checkbox"/> Bad weather
8	<input type="checkbox"/> None
9	<input type="checkbox"/> Other (Specify)

Vehicle Movement Before Collision

Veh No	N S E W				Road or Highway Name
1					
2					

Circle Point of Impact & Shade Damaged Area

VEH 1					VEH 2				
2	1	3	1	4	2	1	3	1	4
1		5			1		5		
8		7	1	6	8		7	1	6
9	<input type="checkbox"/> Top & windows				9	<input type="checkbox"/> Top & windows			
10	<input type="checkbox"/> Undercarriage				10	<input type="checkbox"/> Undercarriage			
11	<input type="checkbox"/> All areas				11	<input type="checkbox"/> All areas			
12	<input type="checkbox"/> Unknown				12	<input type="checkbox"/> Unknown			

Disposition of Vehicle
(Check one per vehicle)

VEHICLE 1		VEHICLE 2	
1	<input type="checkbox"/> Towed-due to damages	1	<input type="checkbox"/> Towed-due to damages
2	<input type="checkbox"/> Towed-other reasons	2	<input type="checkbox"/> Towed-other reasons
3	<input type="checkbox"/> Left at scene	3	<input type="checkbox"/> Left at scene
4	<input type="checkbox"/> Driven away	4	<input type="checkbox"/> Driven away
5	<input type="checkbox"/> Unknown	5	<input type="checkbox"/> Unknown

Vehicle Condition
(Check one per vehicle)

VEHICLE 1		VEHICLE 2	
1	<input type="checkbox"/> No apparent defects	1	<input type="checkbox"/> No apparent defects
2	<input type="checkbox"/> Defective brakes	2	<input type="checkbox"/> Defective brakes
3	<input type="checkbox"/> Defective lights	3	<input type="checkbox"/> Defective lights
4	<input type="checkbox"/> Defective signals	4	<input type="checkbox"/> Defective signals
5	<input type="checkbox"/> Defective steering	5	<input type="checkbox"/> Defective steering
6	<input type="checkbox"/> Defective tires	6	<input type="checkbox"/> Defective tires
7	<input type="checkbox"/> Unknown	7	<input type="checkbox"/> Unknown
8	<input type="checkbox"/> Other (Specify)	8	<input type="checkbox"/> Other (Specify)

Extent of Vehicle Deformity
(Check one per vehicle)

VEHICLE 1		VEHICLE 2	
1	<input type="checkbox"/> None	1	<input type="checkbox"/> None
2	<input type="checkbox"/> Minor	2	<input type="checkbox"/> Minor
3	<input type="checkbox"/> Moderate	3	<input type="checkbox"/> Moderate
4	<input type="checkbox"/> Severe	4	<input type="checkbox"/> Severe
5	<input type="checkbox"/> Unknown	5	<input type="checkbox"/> Unknown

VEHICLE 1

1	<input type="checkbox"/> Going ahead
2	<input type="checkbox"/> Passing
3	<input type="checkbox"/> Turning right
4	<input type="checkbox"/> Turning left
5	<input type="checkbox"/> Making "U" turn
6	<input type="checkbox"/> Slowing down
7	<input type="checkbox"/> Starting in traffic lane
8	<input type="checkbox"/> Starting from parked position
9	<input type="checkbox"/> Backing up
10	<input type="checkbox"/> Stopped in traffic lane
11	<input type="checkbox"/> Stalled in traffic lane
12	<input type="checkbox"/> Parked
13	<input type="checkbox"/> Improperly parked
14	<input type="checkbox"/> Merging
15	<input type="checkbox"/> Changing lanes

Restraint Use

VEH 1			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1-No restraint available
2-Restraint not used
3-Lap belt
4-Lap & shoulder belt
5-Automatic belt
6-Child restraint
7-Unknown

Air Bag

Seat Position	Did Air Bag Deploy?		(✓) If No Air Bag Available	
	Yes	No		
Driver Seat				
Front Passenger				
Helmet Use	Motorcycle		Bicycle	
	Yes	No	Yes	No
Operator				
Passenger				

Restraint Use

VEH 2			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1-No restraint available
2-Restraint not used
3-Lap belt
4-Lap & shoulder belt
5-Automatic belt
6-Child restraint
7-Unknown

Complete This Section For All Injured Persons
(Complete a continuation report, if more than three were injured).

Veh #	Name	Address	Date of Birth	Sex M F	Injury				
					1 Seat Pos.	2 Eject	3 Body Reg.	4 Inj Sev.	5 Trans.

Property	Object Damaged	Name of Owner	Address	Phone	Approx. Cost of Damage \$

Witnesses	Name	Address	Phone

Was Investigation Made at Scene?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is Investigation Complete?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Were Photographs Taken	<input type="checkbox"/> YES <input type="checkbox"/> NO	Copy of Police Report	<input type="checkbox"/> YES <input type="checkbox"/> NO
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