

Major Reason For Not Seeing Danger

(Check one per vehicle)

VEHICLE	VEHICLE
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 <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)

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

Vehicle Condition

(Check one per vehicle)

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

Extent of Vehicle Deformity

(Check one per vehicle)

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

VEHICLE

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

Drug/Alcohol Testing

Alcohol Level Tested	Y	N
Driver No. 1		
Driver No. 2		
Pedestrian		

Restraint Use

<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

Did Air Bag Deploy?

Yes No

Driver Seat

Front Passenger

Helmet Use

Motorcycle

Yes No

Operator

Passenger

(✓) If No Air Bag Available

Restraint Use

<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).

Rescue Units At Scene

1.

2.

Date of Birth

Sex M F

1

2

3

4

5

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