



Revised Report

Police Crash Report

Page _____ of _____

CRASH				GPS Lat.				GPS Long.					
Crash Date MM DD YYYY		Day of Week		MILITARY Time (24 hr clock)		County of Crash				Official DMV Use			
City of Town of				Landmarks at Scene									
Location of Crash (route/street)						Railroad Crossing ID no. (if within 150 ft.)				Local Case Number			
At Intersection With or _____ Miles Feet N S E W of						Location of Crash (route/street)				Mile Marker Number		Number of Vehicles	

VEHICLE #											
DRIVER										Driver Fled Scene	
Driver's Name (Last, First, Middle)										Gender	
Address (Street and Number)											
City				State		ZIP					
Birth Date MM DD YYYY		Drivers License Number				State		DL	CDL		
Safety Equip. Used		Air Bag	Ejected	Date of Death MM DD YYYY		Injury Type	EMS Transport				
Summons Issued As Result of Crash		Offenses Charged to Driver									

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Driver's Name (Last, First, Middle)										Gender	
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Birth Date MM DD YYYY		Drivers License Number				State		DL	CDL		
Safety Equip. Used		Air Bag	Ejected	Date of Death MM DD YYYY		Injury Type	EMS Transport				
Summons Issued As Result of Crash		Offenses Charged to Driver									

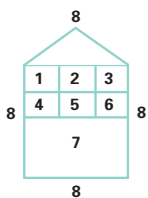
VEHICLE													
Vehicle Owner's Name (Last, First, Middle)										Same as Driver			
Address (Street and Number)													
City				State		ZIP							
Vehicle Year	Vehicle Make		Vehicle Model			Disabled	CMV	Towed					
Vehicle Plate Number				State		Approximate Repair Cost							
VIN								Oversize		Cargo Spill			
Name of Insurance Company (not agent)										Override		Underride	
Speed Before Crash	Speed Limit	Maximum Safe Speed		Under 8	ALL Passengers Age Count		8-17	18-21	Over 21				

VEHICLE													
Vehicle Owner's Name (Last, First, Middle)										Same as Driver			
Address (Street and Number)													
City				State		ZIP							
Vehicle Year	Vehicle Make		Vehicle Model			Disabled	CMV	Towed					
Vehicle Plate Number				State		Approximate Repair Cost							
VIN								Oversize		Cargo Spill			
Name of Insurance Company (not agent)										Override		Underride	
Speed Before Crash	Speed Limit	Maximum Safe Speed		Under 8	ALL Passengers Age Count		8-17	18-21	Over 21				

PASSENGER (only if injured or killed)											
Name of Injured (Last, First, Middle)						EMS Transport		Date of Death			
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YYYY		Gender				
Name of Injured (Last, First, Middle)						EMS Transport		Date of Death			
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YYYY		Gender				
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Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YYYY		Gender				

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Name of Injured (Last, First, Middle)						EMS Transport		Date of Death			
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YYYY		Gender				
Name of Injured (Last, First, Middle)						EMS Transport		Date of Death			
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YYYY		Gender				
Name of Injured (Last, First, Middle)						EMS Transport		Date of Death			
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YYYY		Gender				

Codes



POSITION IN/ON VEHICLE

1. Driver
- 2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

SAFETY EQUIPMENT USED

1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

AIRBAG

1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

INJURY TYPE

1. Dead Before Report Made
2. Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
3. Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
4. No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.
6. No Injury (driver only)

Investigating Officer		Badge/Code Number		Agency/Department Name and Code		Reviewing Officer		Report File Date	
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Police Crash Report

Revised Report

CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of	Local Case Number
				<input type="radio"/> Town of	

DRIVER INFORMATION

Veh	Veh	Driver's Action P1
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. No Improper Action
<input type="radio"/>	<input type="radio"/>	2. Exceeded Speed Limit
<input type="radio"/>	<input type="radio"/>	3. Exceeded Safe Speed But Not Speed Limit
<input type="radio"/>	<input type="radio"/>	4. Overtaking On Hill
<input type="radio"/>	<input type="radio"/>	5. Overtaking On Curve
<input type="radio"/>	<input type="radio"/>	6. Overtaking at Intersection
<input type="radio"/>	<input type="radio"/>	7. Improper Passing of School Bus
<input type="radio"/>	<input type="radio"/>	8. Cutting In
<input type="radio"/>	<input type="radio"/>	9. Other Improper Passing
<input type="radio"/>	<input type="radio"/>	10. Wrong Side of Road - Not Overtaking
<input type="radio"/>	<input type="radio"/>	11. Did Not Have Right-of-Way
<input type="radio"/>	<input type="radio"/>	12. Following Too Close
<input type="radio"/>	<input type="radio"/>	13. Fail to Signal or Improper Signal
<input type="radio"/>	<input type="radio"/>	14. Improper Turn - Wide Right Turn
<input type="radio"/>	<input type="radio"/>	15. Improper Turn - Cut Corner on Left Turn
<input type="radio"/>	<input type="radio"/>	16. Improper Turn From Wrong Lane
<input type="radio"/>	<input type="radio"/>	17. Other Improper Turn
<input type="radio"/>	<input type="radio"/>	18. Improper Backing
<input type="radio"/>	<input type="radio"/>	19. Improper Start From Parked Position
<input type="radio"/>	<input type="radio"/>	20. Disregarded Officer or Flagger
<input type="radio"/>	<input type="radio"/>	21. Disregarded Traffic Signal
<input type="radio"/>	<input type="radio"/>	22. Disregarded Stop or Yield Sign
<input type="radio"/>	<input type="radio"/>	23. Driver Distraction
<input type="radio"/>	<input type="radio"/>	24. Fail to Stop at Through High way - No Sign
<input type="radio"/>	<input type="radio"/>	25. Drive Through Work Zone
<input type="radio"/>	<input type="radio"/>	26. Fail to Set Out Flares or Flags
<input type="radio"/>	<input type="radio"/>	27. Fail to Dim Headlights
<input type="radio"/>	<input type="radio"/>	28. Driving Without Lights
<input type="radio"/>	<input type="radio"/>	29. Improper Parking Location
<input type="radio"/>	<input type="radio"/>	30. Avoiding Pedestrian
<input type="radio"/>	<input type="radio"/>	31. Avoiding Other Vehicle
<input type="radio"/>	<input type="radio"/>	32. Avoiding Animal
<input type="radio"/>	<input type="radio"/>	33. Crowded Off Highway
<input type="radio"/>	<input type="radio"/>	34. Hit and Run
<input type="radio"/>	<input type="radio"/>	35. Car Ran Away - No Driver
<input type="radio"/>	<input type="radio"/>	36. Blinded by Headlights
<input type="radio"/>	<input type="radio"/>	37. Other
<input type="radio"/>	<input type="radio"/>	38. Avoiding Object in Roadway
<input type="radio"/>	<input type="radio"/>	39. Eluding Police
<input type="radio"/>	<input type="radio"/>	40. Fail to Maintain Proper Control
<input type="radio"/>	<input type="radio"/>	41. Improper Passing
<input type="radio"/>	<input type="radio"/>	42. Improper or Unsafe Lane Change
<input type="radio"/>	<input type="radio"/>	43. Over Correction

Veh	Veh	Driver Vision Obscured P3
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Not Obscured
<input type="radio"/>	<input type="radio"/>	2. Rain, Snow, etc. on Windshield
<input type="radio"/>	<input type="radio"/>	3. Windshield Otherwise Obscured
<input type="radio"/>	<input type="radio"/>	4. Vision Obscured by Load on Vehicle
<input type="radio"/>	<input type="radio"/>	5. Trees, Crops, etc.
<input type="radio"/>	<input type="radio"/>	6. Building
<input type="radio"/>	<input type="radio"/>	7. Embankment
<input type="radio"/>	<input type="radio"/>	8. Sign or Signboard
<input type="radio"/>	<input type="radio"/>	9. Hillcrest
<input type="radio"/>	<input type="radio"/>	10. Parked Vehicle(s)
<input type="radio"/>	<input type="radio"/>	11. Moving Vehicle(s)
<input type="radio"/>	<input type="radio"/>	12. Sun or Headlight Glare
<input type="radio"/>	<input type="radio"/>	13. Other
<input type="radio"/>	<input type="radio"/>	14. Blind Spot
<input type="radio"/>	<input type="radio"/>	15. Smoke/Dust
<input type="radio"/>	<input type="radio"/>	16. Stopped Vehicle(s)

Veh	Veh	Type of Driver Distractions P4
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Looking at Roadside Incident
<input type="radio"/>	<input type="radio"/>	2. Driver Fatigue
<input type="radio"/>	<input type="radio"/>	3. Looking at Scenery
<input type="radio"/>	<input type="radio"/>	4. Passenger(s)
<input type="radio"/>	<input type="radio"/>	5. Radio/CD, etc.
<input type="radio"/>	<input type="radio"/>	6. Cell Phone
<input type="radio"/>	<input type="radio"/>	7. Eyes Not on Road
<input type="radio"/>	<input type="radio"/>	8. Daydreaming
<input type="radio"/>	<input type="radio"/>	9. Eating/Drinking
<input type="radio"/>	<input type="radio"/>	10. Adjusting Vehicle Controls
<input type="radio"/>	<input type="radio"/>	11. Other
<input type="radio"/>	<input type="radio"/>	12. Navigation Device

Veh	Veh	Drinking P5
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Had Not Been Drinking
<input type="radio"/>	<input type="radio"/>	2. Drinking - Obviously Drunk
<input type="radio"/>	<input type="radio"/>	3. Drinking - Ability Impaired
<input type="radio"/>	<input type="radio"/>	4. Drinking - Ability Not Impaired
<input type="radio"/>	<input type="radio"/>	5. Drinking - Not Known Whether Impaired
<input type="radio"/>	<input type="radio"/>	6. Unknown

Veh	Veh	Method of Alcohol Determination (by police) P6
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Blood
<input type="radio"/>	<input type="radio"/>	2. Breath
<input type="radio"/>	<input type="radio"/>	3. Refused
<input type="radio"/>	<input type="radio"/>	4. No Test

Veh	Veh	Drug Use P7
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Yes
<input type="radio"/>	<input type="radio"/>	2. No
<input type="radio"/>	<input type="radio"/>	3. Unknown

Veh	Veh	Condition of Driver Contributing to the Crash P2
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. No Defects
<input type="radio"/>	<input type="radio"/>	2. Eyesight Defective
<input type="radio"/>	<input type="radio"/>	3. Hearing Defective
<input type="radio"/>	<input type="radio"/>	4. Other Body Defects
<input type="radio"/>	<input type="radio"/>	5. Illness
<input type="radio"/>	<input type="radio"/>	6. Fatigued
<input type="radio"/>	<input type="radio"/>	7. Apparently Asleep
<input type="radio"/>	<input type="radio"/>	8. Other
<input type="radio"/>	<input type="radio"/>	9. Unknown

VEHICLE INFORMATION

Veh	Veh	Vehicle Maneuver V1
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Going Straight Ahead
<input type="radio"/>	<input type="radio"/>	2. Making Right Turn
<input type="radio"/>	<input type="radio"/>	3. Making Left Turn
<input type="radio"/>	<input type="radio"/>	4. Making U-Turn
<input type="radio"/>	<input type="radio"/>	5. Slowing or Stopping
<input type="radio"/>	<input type="radio"/>	6. Merging Into Traffic Lane
<input type="radio"/>	<input type="radio"/>	7. Starting From Parked Position
<input type="radio"/>	<input type="radio"/>	8. Stopped in Traffic Lane
<input type="radio"/>	<input type="radio"/>	9. Ran Off Road - Right
<input type="radio"/>	<input type="radio"/>	10. Ran Off Road - Left
<input type="radio"/>	<input type="radio"/>	11. Parked
<input type="radio"/>	<input type="radio"/>	12. Backing
<input type="radio"/>	<input type="radio"/>	13. Passing
<input type="radio"/>	<input type="radio"/>	14. Changing Lanes
<input type="radio"/>	<input type="radio"/>	15. Other
<input type="radio"/>	<input type="radio"/>	16. Entering Street From Parking Lot

Veh	Veh	Skidding Tire/Mark V2
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Before Application of Brakes
<input type="radio"/>	<input type="radio"/>	2. After Application of Brakes
<input type="radio"/>	<input type="radio"/>	3. Before and After Application of Brakes
<input type="radio"/>	<input type="radio"/>	4. No Visible Skid Mark/Tire Mark

Veh	Veh	Vehicle Body Type V3
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Passenger car
<input type="radio"/>	<input type="radio"/>	2. Truck - Pick-up/Passenger Truck
<input type="radio"/>	<input type="radio"/>	3. Van
<input type="radio"/>	<input type="radio"/>	4. Truck - Single Unit Truck (2-Axles)
<input type="radio"/>	<input type="radio"/>	7. Motor Home, Recreational Vehicle
<input type="radio"/>	<input type="radio"/>	8. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment
<input type="radio"/>	<input type="radio"/>	9. Bicycle
<input type="radio"/>	<input type="radio"/>	10. Moped
<input type="radio"/>	<input type="radio"/>	11. Motorcycle
<input type="radio"/>	<input type="radio"/>	12. Emergency Vehicle (Regardless of Vehicle Type)
<input type="radio"/>	<input type="radio"/>	13. Bus - School Bus
<input type="radio"/>	<input type="radio"/>	14. Bus - City Transit Bus/Privateley Owned Church Bus
<input type="radio"/>	<input type="radio"/>	15. Bus - Commercial Bus
<input type="radio"/>	<input type="radio"/>	16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.
<input type="radio"/>	<input type="radio"/>	18. Special Vehicle - Farm Machinery
<input type="radio"/>	<input type="radio"/>	19. Special Vehicle - ATV
<input type="radio"/>	<input type="radio"/>	21. Special Vehicle - Low-Speed Vehicle
<input type="radio"/>	<input type="radio"/>	22. Truck - Sport Utility Vehicle (SUV)
<input type="radio"/>	<input type="radio"/>	23. Truck - Single Unit Truck (3 Axles or More)
<input type="radio"/>	<input type="radio"/>	25. Truck - Truck Tractor (Bobtail-No Trailer)

Veh	Veh	Vehicle Damage V4
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Unknown
<input type="radio"/>	<input type="radio"/>	2. No damage
<input type="radio"/>	<input type="radio"/>	3. Overturned
<input type="radio"/>	<input type="radio"/>	4. Motor
<input type="radio"/>	<input type="radio"/>	5. Undercarriage
<input type="radio"/>	<input type="radio"/>	6. Totaled
<input type="radio"/>	<input type="radio"/>	7. Fire
<input type="radio"/>	<input type="radio"/>	8. Other

Veh	Veh	Vehicle Condition V5
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. No Defects
<input type="radio"/>	<input type="radio"/>	2. Lights Defective
<input type="radio"/>	<input type="radio"/>	3. Brakes Defective
<input type="radio"/>	<input type="radio"/>	4. Steering Defective
<input type="radio"/>	<input type="radio"/>	5. Puncture/Blowout
<input type="radio"/>	<input type="radio"/>	6. Worn or Slick Tires
<input type="radio"/>	<input type="radio"/>	7. Motor Trouble
<input type="radio"/>	<input type="radio"/>	8. Chains In Use
<input type="radio"/>	<input type="radio"/>	9. Other
<input type="radio"/>	<input type="radio"/>	10. Vehicle Altered
<input type="radio"/>	<input type="radio"/>	11. Mirrors Defective
<input type="radio"/>	<input type="radio"/>	12. Power Train Defective
<input type="radio"/>	<input type="radio"/>	13. Suspension Defective
<input type="radio"/>	<input type="radio"/>	14. Windows/Windshield Defective
<input type="radio"/>	<input type="radio"/>	15. Wipers Defective
<input type="radio"/>	<input type="radio"/>	16. Wheels Defective
<input type="radio"/>	<input type="radio"/>	17. Exhaust System

Veh	Veh	Special Function Motor Vehicle V6
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. No Special Function
<input type="radio"/>	<input type="radio"/>	2. Taxi
<input type="radio"/>	<input type="radio"/>	3. School Bus (Public or Private)
<input type="radio"/>	<input type="radio"/>	4. Transit Bus
<input type="radio"/>	<input type="radio"/>	5. Intercity Bus
<input type="radio"/>	<input type="radio"/>	6. Charter Bus
<input type="radio"/>	<input type="radio"/>	7. Other Bus
<input type="radio"/>	<input type="radio"/>	8. Military
<input type="radio"/>	<input type="radio"/>	9. Police
<input type="radio"/>	<input type="radio"/>	10. Ambulance
<input type="radio"/>	<input type="radio"/>	11. Fire Truck
<input type="radio"/>	<input type="radio"/>	12. Tow Truck
<input type="radio"/>	<input type="radio"/>	13. Maintenance
<input type="radio"/>	<input type="radio"/>	14. Unknown

Veh	Veh	EMV in service V7
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Yes
<input type="radio"/>	<input type="radio"/>	2. No

Veh	Veh	Truck Cover V8
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. Yes
<input type="radio"/>	<input type="radio"/>	2. No



Police Crash Report

Revised Report

CRASH					
Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number

CRASH INFORMATION

Location of First Harmful Event In Relation to Roadway C1
<input type="radio"/> 1. On Roadway <input type="radio"/> 2. Shoulder <input type="radio"/> 3. Median <input type="radio"/> 4. Roadside <input type="radio"/> 5. Gore <input type="radio"/> 6. Separator <input type="radio"/> 7. In Parking Lane or Zone <input type="radio"/> 8. Off Roadway, Location Unknown <input type="radio"/> 9. Outside Right-of-Way

Traffic Control Type C5
<input type="radio"/> 1. No Traffic Control <input type="radio"/> 2. Officer or Flagger <input type="radio"/> 3. Traffic Signal <input type="radio"/> 4. Stop Sign <input type="radio"/> 5. Slow or Warning Sign <input type="radio"/> 6. Traffic Lanes Marked <input type="radio"/> 7. No Passing Lines <input type="radio"/> 8. Yield Sign <input type="radio"/> 9. One Way Road or Street <input type="radio"/> 10. Railroad Crossing With Markings and Signs <input type="radio"/> 11. Railroad Crossing With Signals <input type="radio"/> 12. Railroad Crossing With Gate and Signals <input type="radio"/> 13. Other <input type="radio"/> 14. Pedestrian Crosswalk <input type="radio"/> 15. Reduced Speed – School Zone <input type="radio"/> 16. Reduced Speed – Work Zone <input type="radio"/> 17. Highway Safety Corridor

Roadway Description C9
<input type="radio"/> 1. Two-Way, Not Divided <input type="radio"/> 2. Two-Way, Divided, Unprotected Median <input type="radio"/> 3. Two-Way, Divided, Positive Median Barrier <input type="radio"/> 4. One-Way, Not Divided <input type="radio"/> 5. Unknown

Intersection Type C12
<input type="radio"/> 1. Not at Intersection <input type="radio"/> 2. Two Approaches <input type="radio"/> 3. Three Approaches <input type="radio"/> 4. Four Approaches <input type="radio"/> 5. Five-Point, or more <input type="radio"/> 6. Roundabout

Weather Condition C2
<input type="radio"/> 1. No Adverse Condition (Clear/Cloudy) <input type="radio"/> 3. Fog <input type="radio"/> 4. Mist <input type="radio"/> 5. Rain <input type="radio"/> 6. Snow <input type="radio"/> 7. Sleet/Hail <input type="radio"/> 8. Smoke/Dust <input type="radio"/> 9. Other <input type="radio"/> 10. Blowing Sand, Soil, Dirt, or Snow <input type="radio"/> 11. Severe Crosswinds

Roadway Alignment C6
<input type="radio"/> 1. Straight – Level <input type="radio"/> 2. Curve – Level <input type="radio"/> 3. Grade – Straight <input type="radio"/> 4. Grade – Curve <input type="radio"/> 5. Hillcrest – Straight <input type="radio"/> 6. Hillcrest – Curve <input type="radio"/> 7. Dip – Straight <input type="radio"/> 8. Dip – Curve <input type="radio"/> 9. Other <input type="radio"/> 10. On/Off Ramp

Roadway Defects C10
<input type="radio"/> 1. No Defects <input type="radio"/> 2. Holes, Ruts, Bumps <input type="radio"/> 3. Soft or Low Shoulder <input type="radio"/> 4. Under Repair <input type="radio"/> 5. Loose Material <input type="radio"/> 6. Restricted Width <input type="radio"/> 7. Slick Pavement <input type="radio"/> 8. Roadway Obstructed <input type="radio"/> 9. Other <input type="radio"/> 10. Edge Pavement Drop Off

Work Zone Related C13
<input type="radio"/> 1. Yes <input type="radio"/> 2. No

Work Zone Workers Present C14
<input type="radio"/> 1. With Law Enforcement <input type="radio"/> 2. With No Law Enforcement <input type="radio"/> 3. No Workers Present

Work Zone Location C15
<input type="radio"/> 1. Advance Warning Area <input type="radio"/> 2. Transition Area <input type="radio"/> 3. Activity Area <input type="radio"/> 4. Termination Area

Light Conditions C3
<input type="radio"/> 1. Dawn <input type="radio"/> 2. Daylight <input type="radio"/> 3. Dusk <input type="radio"/> 4. Darkness –Road Lighted <input type="radio"/> 5. Darkness –Road Not Lighted <input type="radio"/> 6. Darkness –Unknown Road Lighting <input type="radio"/> 7. Unknown

Roadway Surface Condition C7
<input type="radio"/> 1. Dry <input type="radio"/> 2. Wet <input type="radio"/> 3. Snowy <input type="radio"/> 4. Icy <input type="radio"/> 5. Muddy <input type="radio"/> 6. Oil/Other Fluids <input type="radio"/> 7. Other <input type="radio"/> 8. Natural Debris <input type="radio"/> 9. Water (Standing, Moving) <input type="radio"/> 10. Slush <input type="radio"/> 11. Sand, Dirt, Gravel

Relation to Roadway C11
Interchange Area: <input type="radio"/> 1. Main-Line Roadway <input type="radio"/> 2. Acceleration/Deceleration Lanes <input type="radio"/> 3. Gore Area (Between Ramp and Highway Edgelines) <input type="radio"/> 4. Collector/Distributor Road <input type="radio"/> 5. On Entrance/Exit Ramp <input type="radio"/> 6. Intersection at end of Ramp <input type="radio"/> 7. Other location not listed above within an interchange area (median, shoulder and roadside)

Work Zone Type C16
<input type="radio"/> 1. Lane Closure <input type="radio"/> 2. Lane Shift/Crossover <input type="radio"/> 3. Work on Shoulder or Median <input type="radio"/> 4. Intermittent or Moving Work <input type="radio"/> 5. Other

School Zone C17
<input type="radio"/> 1. Yes <input type="radio"/> 2. Yes - With School Activity <input type="radio"/> 3. No

Traffic Control Mechanical Device C4
<input type="radio"/> 1. Yes – Working <input type="radio"/> 2. Yes – Working and Obscured <input type="radio"/> 3. Yes – Not Working <input type="radio"/> 4. Yes – Not Working and Obscured <input type="radio"/> 5. Yes – Missing <input type="radio"/> 6. No Traffic Control Device Present

Roadway Surface Type C8
<input type="radio"/> 1. Concrete <input type="radio"/> 2. Blacktop, Asphalt, Bituminous <input type="radio"/> 3. Brick or Block <input type="radio"/> 4. Slag, Gravel, Stone <input type="radio"/> 5. Dirt <input type="radio"/> 6. Other

Intersection Area: <input type="radio"/> 8. Non-Intersection <input type="radio"/> 9. Within Intersection <input type="radio"/> 10. Intersection-Related - Within 150' <input type="radio"/> 11. Intersection-Related - Outside 150' Other Location: <input type="radio"/> 12. Crossover Related <input type="radio"/> 13. Driveway, Alley-Access - Related <input type="radio"/> 14. Railway Grade Crossing <input type="radio"/> 15. Other Crossing (Crossings for Bikes, School, etc.)
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Type of Collision C18
<input type="radio"/> 1. Rear End <input type="radio"/> 2. Angle <input type="radio"/> 3. Head On <input type="radio"/> 4. Sideswipe – Same Direction <input type="radio"/> 5. Sideswipe – Opposite Direction <input type="radio"/> 6. Fixed Object in Road <input type="radio"/> 7. Train <input type="radio"/> 8. Non-Collision <input type="radio"/> 9. Fixed Object – Off Road <input type="radio"/> 10. Deer <input type="radio"/> 11. Other Animal <input type="radio"/> 12. Pedestrian <input type="radio"/> 13. Bicyclist <input type="radio"/> 14. Motorcyclist <input type="radio"/> 15. Backed Into <input type="radio"/> 16. Other



Police Crash Report

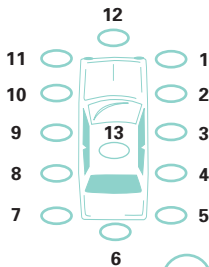
Revised Report

CRASH		Crash Date <input type="text" value="MM DD YYYY"/>		MILITARY Time (24 hr clock) <input type="text"/>	County of Crash <input type="text"/>	<input type="checkbox"/> City of <input type="checkbox"/> Town of	Local Case Number <input type="text"/>
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CRASH DIAGRAM

VEHICLE #

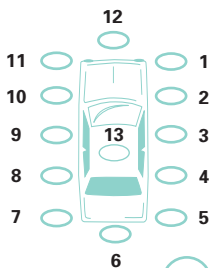
Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel—N/S/E/W

VEHICLE #

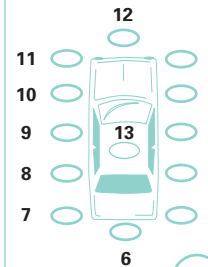
Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel—N/S/E/W

VEHICLE #

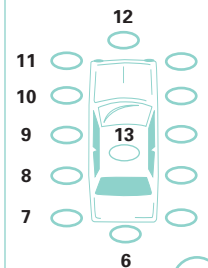
Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel—N/S/E/W

VEHICLE #

Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel—N/S/E/W



DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No
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CRASH DESCRIPTION

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event of Entire Crash that Results in First Injury or Damage.

COLLISION WITH FIXED OBJECT

- 1. Bank Or Ledge
- 2. Trees
- 3. Utility Pole
- 4. Fence Or Post
- 5. Guard Rail
- 6. Parked Vehicle
- 7. Tunnel, Bridge, Underpass, Culvert, etc.
- 8. Sign, Traffic Signal
- 9. Impact Cushioning Device
- 10. Other
- 11. Jersey Wall
- 12. Building/Structure
- 13. Curb
- 14. Ditch
- 15. Other Fixed Object
- 16. Other Traffic Barrier
- 17. Traffic Sign Support
- 18. Mailbox

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- 19. Pedestrian
- 20. Motor Vehicle In Transport
- 21. Train
- 22. Bicycle
- 23. Animal
- 24. Work Zone
- 25. Other Movable Object
- 26. Unknown Movable Object
- 27. Other

NON-COLLISION

- 28. Ran Off Road
- 29. Jack Knife
- 30. Overturn (Rollover)
- 31. Downhill Runaway
- 32. Cargo Loss or Shift
- 33. Explosion or Fire
- 34. Separation of Units
- 35. Cross Median
- 36. Cross Centerline
- 37. Equipment Failure (Tire, etc)
- 38. Immersion
- 39. Fell/Jumped From Vehicle
- 40. Thrown or Falling Object
- 41. Non-Collision Unknown
- 42. Other Non-Collision



Police Crash Report

Revised Report

CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number
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COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

- A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR) Any Motor Vehicle That Seats 9 or More People, Including the Driver A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight

AND The crash resulted in:

- A fatality:** any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash **OR** **An injury:** any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene **OR** **A tow-away:** any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

VEHICLE

Vehicle Configuration

V10

- 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard)
- 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard)
- 3. Bus (Seats 9-15 People, Including Driver)
- 4. Bus (Seats for 16 People or More, Including Driver)
- 5. Single Unit Truck (2 Axles, 6 Tires)
- 6. Single Unit Truck (3 or More Axles)
- 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)]
- 8. Truck Tractor (Bobtail)
- 9. Tractor/Semi-trailer (One Trailer)
- 10. Tractor/Doubles (Two Trailers)
- 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)

Cargo Body Type

V11

- 1. Bus (Seats 9-15 People, Including Driver)
- 2. Bus (Seats For 16 People or More, Including Driver)
- 3. Van/Enclosed Box
- 4. Cargo Tank
- 5. Flatbed
- 6. Dump
- 7. Concrete Mixer
- 8. Auto Transporter
- 9. Garbage/Refuse
- 10. Grain/Chips/Gravel
- 11. Pole-Trailer
- 12. Vehicle Towing Another Motor Vehicle
- 13. Intermodal Container Chassis
- 14. Logging
- 15. Other Cargo Body (Not Listed Above)
- 16. Not Applicable/ No Cargo Body

License Class

- Class A
- Class B
- Class C
- Class DRL (regular drivers license)
- Class M

Commercial Endorsement

- T-Double Trailer
- P-Passenger Vehicle
- N-Tank Vehicle
- H-Required To Be Placarded for Hazardous Materials
- X-Combined Tank/HAZMAT
- O-Other

GVWR/ GCWR

- 1. 10,000 lbs. or Less
- 2. 10,001-26,000 lbs.
- 3. Greater Than 26,000 lbs.

Hazardous Material

Hazardous Material Placard: Y N

If yes: HM 4-Digit	<input type="text"/>	HM Placard Name	<input type="text"/>	HM Class	<input type="text"/>	HM Cargo Present	<input type="radio"/> Y <input type="radio"/> N	HM Cargo Released	<input type="radio"/> Y <input type="radio"/> N
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Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
Carrier's ID Number	State (Intrastate Only)	City	State Zip
US DOT#	<input type="text"/>	<input type="text"/>	<input type="text"/>

Commercial/Non-Commercial V13

- 1. Interstate Carrier
- 2. Intrastate Carrier
- 3. Not in Commerce-Government (Trucks and Buses)
- 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

VEHICLE

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V10

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Carrier's ID Number	State (Intrastate Only)	City	State Zip
US DOT#	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Police Crash Report

Revised Report

CRASH	
Crash Date <input type="text"/>	MILITARY Time (24 hr clock) <input type="text"/>
County of Crash <input type="text"/>	City of <input type="text"/>
	Town of <input type="text"/>
Local Case Number <input type="text"/>	

PEDESTRIAN # <input type="text"/>	
Name of Injured (Last, First, Middle) <input type="text"/>	
Address (Street and Number) <input type="text"/>	
City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
Driver's License # <input type="text"/>	State <input type="text"/>
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N
Injury Type <input type="text"/>	Birthdate <input type="text"/> MM DD YYYY
	Date of Death <input type="text"/> MM DD YYYY

PEDESTRIAN # <input type="text"/>	
Name of Injured (Last, First, Middle) <input type="text"/>	
Address (Street and Number) <input type="text"/>	
City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
Driver's License # <input type="text"/>	State <input type="text"/>
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N
Injury Type <input type="text"/>	Birthdate <input type="text"/> MM DD YYYY
	Date of Death <input type="text"/> MM DD YYYY

Ped # <input type="text"/>	Ped # <input type="text"/>	Ped # <input type="text"/>	Ped # <input type="text"/>
Pedestrian Actions P10			
<input type="radio"/> 1. Crossing At Intersection With Signal	<input type="radio"/> 11. Hitching On Vehicle	<input type="radio"/> 2. Crossing At Intersection Against Signal	<input type="radio"/> 12. Walking In Roadway With Traffic - Sidewalks Available
<input type="radio"/> 3. Crossing At Intersection No Signal	<input type="radio"/> 13. Walking In Roadway With Traffic - Sidewalks Not Available	<input type="radio"/> 4. Crossing At Intersection Diagonally	<input type="radio"/> 14. Walking In Roadway Against Traffic - Sidewalks Available
<input type="radio"/> 5. Crossing Not At Intersection - Rural	<input type="radio"/> 15. Walking In Roadway Against Traffic - Side Walks Not Available	<input type="radio"/> 6. Crossing Not At Intersection - Urban	<input type="radio"/> 16. Working In Roadway
<input type="radio"/> 7. Coming From Behind Parked Cars	<input type="radio"/> 17. Standing In Roadway	<input type="radio"/> 8. Getting Off Or On School Bus	<input type="radio"/> 18. Lying In Roadway
<input type="radio"/> 9. Playing In Roadway	<input type="radio"/> 19. Not In Roadway	<input type="radio"/> 10. Getting Off Or On Another Vehicle	<input type="radio"/> 20. Other

Ped # <input type="text"/>	Ped # <input type="text"/>
Pedestrian Drinking P11	
<input type="radio"/> 1. Had Not Been Drinking	<input type="radio"/> 2. Drinking-Obviously Drunk
<input type="radio"/> 3. Drinking-Ability Impaired	<input type="radio"/> 4. Drinking-Ability Not Impaired
<input type="radio"/> 5. Drinking-Not Known Whether Impaired	
Condition of Pedestrian Contributing to the Crash P12	
<input type="radio"/> 1. No Defects	<input type="radio"/> 2. Eyesight Defective
<input type="radio"/> 3. Hearing Defective	<input type="radio"/> 4. Other Body Defects
<input type="radio"/> 5. Illness	<input type="radio"/> 6. Fatigued
<input type="radio"/> 7. Apparently Asleep	<input type="radio"/> 8. Other

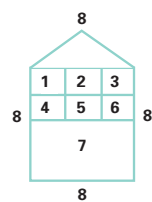
Ped # <input type="text"/>	Ped # <input type="text"/>
Method of Alcohol Determination by Police P13	
<input type="radio"/> 1. Blood	<input type="radio"/> 2. Breath
<input type="radio"/> 3. Refused	<input type="radio"/> 4. No Test
Pedestrian Drug Use P14	
<input type="radio"/> 1. Yes	<input type="radio"/> 2. No
<input type="radio"/> 3. Unknown	
Pedestrian Wear Reflective Clothing P15	
<input type="radio"/> 1. Yes	<input type="radio"/> 2. No

Use sections below for additional passengers.

VEHICLE # <input type="text"/>	
PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle) <input type="text"/>	
EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death <input type="text"/> MM DD YY
Position In/On Vehicle <input type="text"/>	Safety Equip Used <input type="text"/>
Airbag <input type="text"/>	Ejected <input type="text"/>
Injury Type <input type="text"/>	Birthdate <input type="text"/> MM DD YYYY
	Gender <input type="radio"/> M <input type="radio"/> F

VEHICLE # <input type="text"/>	
PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle) <input type="text"/>	
EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death <input type="text"/> MM DD YY
Position In/On Vehicle <input type="text"/>	Safety Equip Used <input type="text"/>
Airbag <input type="text"/>	Ejected <input type="text"/>
Injury Type <input type="text"/>	Birthdate <input type="text"/> MM DD YYYY
	Gender <input type="radio"/> M <input type="radio"/> F

Codes



- POSITION IN/ON VEHICLE**
- Driver
 - Passengers
 - Cargo Area
 - Riding/Hanging On Outside
 - All Other Passengers

- SAFETY EQUIPMENT USED**
- Lap Belt Only
 - Shoulder Belt Only
 - Lap and Shoulder Belt
 - Child Restraint
 - Helmet
 - Other
 - Booster Seat
 - No Restraint Used
 - Not Applicable

- AIRBAG**
- Deployed - Front
 - Not Deployed
 - Unavailable/Not Applicable
 - Keyed Off
 - Unknown
 - Deployed - Side
 - Deployed - Other (Knee, Air Belt, etc.)
 - Deployed - Combination

- EJECTED FROM VEHICLE**
- Not Ejected
 - Partially Ejected
 - Totally Ejected
- SUMMONS ISSUED AS A RESULT OF CRASH**
- Yes
 - No
 - Pending

- INJURY TYPE**
- Dead Before Report Made
 - Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
 - Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
 - No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.