

# Police Crash Report

If a question does not apply, enter an "X". • If an answer is unknown, enter a "U" or appropriate number. • "Other" explain in crash description. FR300T (Rev 9/03)

<b>Traffic control</b> 1. No traffic control 2. Officer or flagger 3. Traffic signal 4. Stop sign 5. Slow or warning sign 6. Traffic lanes marked 7. No passing lines 8. Yield sign 9. One way road or street 10. Railroad crossing with markings and signs 11. Railroad crossing with signals 12. Railroad crossing with gate and signals 13. Other 14. Pedestrian crosswalk 15. Reduced speed – school zone 16. Reduced speed – work zone 17. Special corridor	<b>Vehicle maneuver</b> 1. Going straight ahead 2. Making right turn 3. Making left turn 4. Making U-turn 5. Slowing or stopping 6. Starting in traffic lane 7. Starting from parked position 8. Stopped in traffic lane 9. Ran off road – right 10. Ran off road – left 11. Parked 12. Backing 13. Passing 14. Changing lanes 15. Other 16. Entering street from parking lot	Vehicle 1 21 Vehicle 2 22 Vehicle w/ 23 Vehicle 1 24 Vehicle 2 25 Vehicle 1 26 Vehicle 2 27 Vehicle 1 28 Vehicle 2 29 Vehicle 1 30 Vehicle 2 31 Vehicle 1 32 Vehicle 2 33 Vehicle 1 34 Vehicle 2 35 Pedestrian 36 Vehicle 1 37 Vehicle 2 38 Pedestrian 39 Vehicle 1 40 Vehicle 2 41 Pedestrian 42 Vehicle 1 43 Vehicle 2 44 Pedestrian 45 Vehicle 1 46 Vehicle 2 47 Vehicle 1 48 Vehicle 2 49 Vehicle 1 50 Vehicle 2 51
<b>Was traffic control working?</b> 1. Yes 2. No	<b>Collision with fixed object</b> 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	Vehicle 1 26 Vehicle 2 27
<b>Roadway alignment</b> 1. Straight – Level 2. Curve – Level 3. Grade – Straight 4. Grade – Curve 5. Hillcrest – Straight 6. Hillcrest – Curve 7. Dip – Straight 8. Dip – Curve 9. Other 10. On/Off Ramp	<b>Driver's action</b> 1. No improper action 2. Exceeded speed limit 3. Exceeded safe speed but not speed limit 4. Overtaking on hill 5. Overtaking on curve 6. Overtaking at intersection 7. Improper passing of school bus 8. Cutting in 9. Other improper passing 10. Wrong side of road – not overtaking 11. Did not have right-of-way 12. Following too close 13. Fail to signal or improper signal 14. Improper turn – wide right turn 15. Improper turn – cut corner on left turn 16. Improper turn from wrong lane 17. Other improper turn 18. Improper backing 19. Improper start from parked position 20. Disregarded officer or flagger 21. Disregarded traffic signal 22. Disregarded stop or yield sign 23. Driver distraction 24. Fail to stop at through highway – no sign 25. Drive through work zone 26. Fail to set out flares or flags 27. Fail to dim headlights 28. Driving without lights 29. Improper parking location 30. Avoiding pedestrian 31. Avoiding other vehicle 32. Avoiding animal 33. Crowded off highway 34. Hit and run 35. Car ran away – no driver 36. Blinded by headlights 37. Other 38. Avoiding object in roadway 39. Eluding police 40. Fail to maintain proper control 41. Improper passing 42. Improper or unsafe lane change 43. Over correction	Vehicle 1 28 Vehicle 2 29 Vehicle 1 30 Vehicle 2 31 Vehicle 1 32 Vehicle 2 33
<b>Weather</b> 1. Clear 2. Cloudy 3. Fog 4. Mist 5. Rain 6. Snow 7. Sleet/Hail 8. Smoke/Dust 9. Other	<b>Driver vision obscured</b> 1. Not obscured 2. Rain, snow, etc. on windshield 3. Windshield otherwise obscured 4. Vision obscured by load on vehicle 5. Trees, crops, etc. 6. Building 7. Embankment 8. Sign or signboard 9. Hillcrest 10. Parked vehicle(s) 11. Moving vehicle(s) 12. Sun or headlight glare 13. Other 14. Blind spot 15. Smoke/dust 16. Stopped vehicle(s)	<b>Type of driver distractions</b> 1. Looking at roadside incident 2. Driver fatigue 3. Looking at scenery 4. Passenger(s) 5. Radio/CD, etc. 6. Cell phone 7. Eyes not on road 8. Daydreaming 9. Eating/drinking 10. Adjusting vehicle controls 11. Other
<b>Roadway surface condition</b> 1. Dry 2. Wet 3. Snowy 4. Icy 5. Muddy 6. Oil/other fluids 7. Other 8. Natural debris 9. Roadway flooded	<b>Condition of driver/pedestrian contributing to the crash</b> 1. No defects 2. Eyesight defective 3. Hearing defective 4. Other body defects 5. Illness 6. Fatigued 7. Apparently asleep 8. Other	Vehicle 1 34 Vehicle 2 35 Pedestrian 36 Vehicle 1 37 Vehicle 2 38 Pedestrian 39
<b>Roadway defects</b> 1. No defects 2. Holes, ruts, bumps 3. Soft or low shoulder 4. Under repair 5. Loose material 6. Restricted width 7. Slick pavement 8. Roadway obstructed 9. Other	<b>Drinking</b> 1. Had not been drinking 2. Drinking – Obviously drunk 3. Drinking – Ability impaired 4. Drinking – Ability not impaired 5. Drinking – Not known whether impaired	<b>Method of alcohol determination (by police)</b> 1. Blood 2. Breath 3. Refused 4. No test
<b>Light conditions</b> 1. Dawn 2. Daylight 3. Dusk 4. Darkness – roadway lighted 5. Darkness – roadway not lighted	<b>See reverse side for vehicle types and diagrams</b>	
<b>Kind of locality</b> 1. School 2. Church 3. Playground 4. Open country 5. Business/Industrial 6. Residential 7. Interstate/Limited access 8. Other 9. Bridge/Tunnel 10. Parking lot	<b>Work zone</b> 1. Active 2. Inactive 3. No work zone 4. Unknown	Vehicle 1 40 Vehicle 2 41 Pedestrian 42
<b>Work zone – workers present</b> 1. Yes 2. No 3. Unknown	<b>Surface type</b> 1. Concrete 2. Blacktop, asphalt, bituminous 3. Brick or block 4. Slag, gravel, stone 5. Dirt 6. Other 7. Unknown	Vehicle 1 43 Vehicle 2 44 Pedestrian 45 Vehicle 1 46 Vehicle 2 47

<b>Vehicle occupied (or pedestrian)</b> 1. Vehicle No. 1 2. Vehicle No. 2 B Bicyclist P Pedestrian O Other	<b>Injury type</b> 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.	<b>Pedestrian actions</b> 1. Crossing at intersection – with signal 2. Crossing at intersection – against signal 3. Crossing at intersection – no signal 4. Crossing at intersection – diagonally 5. Crossing not at intersection – rural 6. Crossing not at intersection – urban 7. Coming from behind parked cars 8. Getting off or on school bus 9. Playing in roadway 10. Getting off or on another vehicle 11. Hitching on vehicle 12. Walking in roadway with traffic – sidewalks available 13. Walking in roadway with traffic – sidewalks not available 14. Walking in roadway against traffic – sidewalks available 15. Walking in roadway against traffic – sidewalks not available 16. Working in roadway 17. Standing in roadway 18. Lying in roadway 19. Not in roadway 20. Other
<b>Position in/on vehicle</b> 1. Driver 2-6. Passengers 7. Cargo area 8. Riding/hanging on outside 9-98. All other passengers	<b>Drug use</b> 1. Yes 2. No 3. Not reported 4. Unknown	<b>Vehicle condition</b> 1. No defects 2. Lights defective 3. Brakes defective 4. Steering defective 5. Puncture/blowout 6. Worn or slick tires 7. Motor trouble 8. Chains in use 9. Other 10. Vehicle altered
<b>Safety equipment used</b> 1. No restraint used 2. Lap belt only 3. Shoulder belt only 4. Lap and shoulder belts 5. Child restraint 6. Helmet 7. Other 8. Booster seat	<b>Skidding/tire mark</b> 1. Before application of brakes 2. After application of brakes 3. Before and after application of brakes 4. No visible skid mark/tire mark	<b>Vehicle damage</b> 1. Unknown 2. No damage 3. Overturned 4. Motor 5. Undercarriage 6. Totaled 7. Fire 8. Other
<b>Air bag</b> 1. Deployed 2. Not deployed 3. Unavailable 4. Keyed off 5. Unknown	<b>Ejection from vehicle</b> 1. Not ejected 2. Partially ejected 3. Totally ejected	<b>Birth date</b> MM   DD   YYYY
<b>Gender</b> M/F	Names of injured (If deceased give date of death)	

**Vehicle type (put in box A)**

- |  |   |
|--|---|
| 1. Passenger car   | 15. Bus – commercial passenger bus (seats 9 –15 people, including driver) |
| 2. Truck – pick-up/passenger truck   | 16. Other   |
| 3. Van   | 17. Bus – commercial passenger bus (seats 15+ people, including driver)   |
| 4. Truck – straight truck (2-axle), flat bed, dump truck, wrecker, tractor truck | 18. Special vehicle – farm equip, go-cart, hearse, bookmobile             |
| 5. Truck – tractor trailer   | 19. Special vehicle – ATV   |
| 6. Truck – tractor twin-trailer  | 20. Special vehicle – golf cart   |
| 7. Motor home, recreational vehicle  | 21. Special vehicle – low-speed vehicle                                   |
| 8. Special vehicle – oversized vehicle/earthmover/road equipment                 | 22. Truck – sport utility vehicle   |
| 9. Bicycle   | 23. Truck – straight truck (3 or more axles)                              |
| 10. Moped  | 24. Truck – tractor triple-trailer  |
| 11. Motorcycle   | 25. Truck – truck tractor (bobtail – no trailer)                          |
| 12. Emergency vehicle  |   |
| 13. Bus – school bus   |   |
| 14. Bus – city transit bus/privately-owned church bus                            |   |

**Emergency vehicle type (put in box B)**

- |                   |                |
|-------------------|----------------|
| 1. Not applicable | 5. Tow truck   |
| 2. Police         | 6. Military    |
| 3. Fire           | 7. Maintenance |
| 4. Ambulance      | 8. Other       |

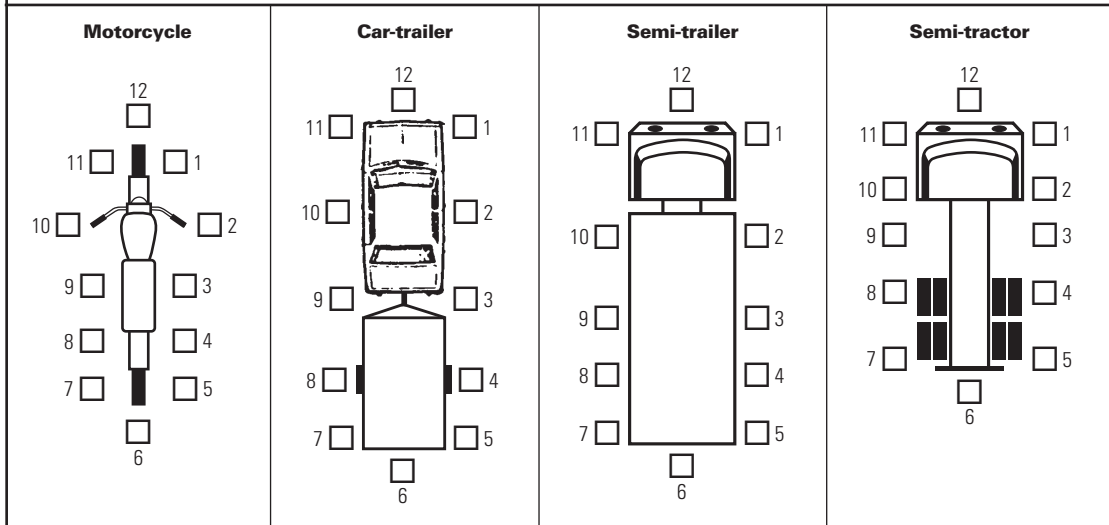
**Emergency vehicle status (put in box C)**

- |                         |                   |
|-------------------------|-------------------|
| 1. Yes, in emergency    | 3. Not applicable |
| 2. No, not in emergency | 4. Unknown        |

**Impact areas**

The impact areas are for the full vehicle including the trailer (if any). (i.e., for a car, 9 is the driver's door but for a car and trailer a 9 could be the hitch point).

- |                              |                            |                              |
|------------------------------|----------------------------|------------------------------|
| 1. Right side – front corner | 6. Rear                    | 11. Left side – front corner |
| 2. Right side – front        | 7. Left side – rear corner | 12. Front                    |
| 3. Right side – middle       | 8. Left side – rear        | 13. Top (roof)               |
| 4. Right side – rear         | 9. Left side – middle      |                              |
| 5. Right side – rear corner  | 10. Left side – front      |                              |



# Police Crash Report

Crash date	MM / DD / YYYY	Day of week	Military time (24 hr. clock)	County of crash	Official DMV use
<input type="checkbox"/> City of	Landmark at scene			GPS Lat.	
<input type="checkbox"/> Town of				GPS Long.	

1	Location of crash (route/street)	Railroad crossing ID no. (if within 150 ft.)	Mile marker number	Local case number
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<input type="checkbox"/> at intersection with or ___ miles ___ feet	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of	Location of crash (route/street)	Number of vehicles
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Vehicle No. 1				Vehicle No. 2 (or pedestrian <input type="checkbox"/> )			
2	Driver's name (last, first, middle)	Driver fled scene <input type="checkbox"/>	Yrs. dr. experience	Driver's name (last, first, middle)	Driver fled scene <input type="checkbox"/>	Yrs. dr. experience	

3	Address (street and no.)			Address (street and no.)		
	City	State	ZIP	City	State	ZIP

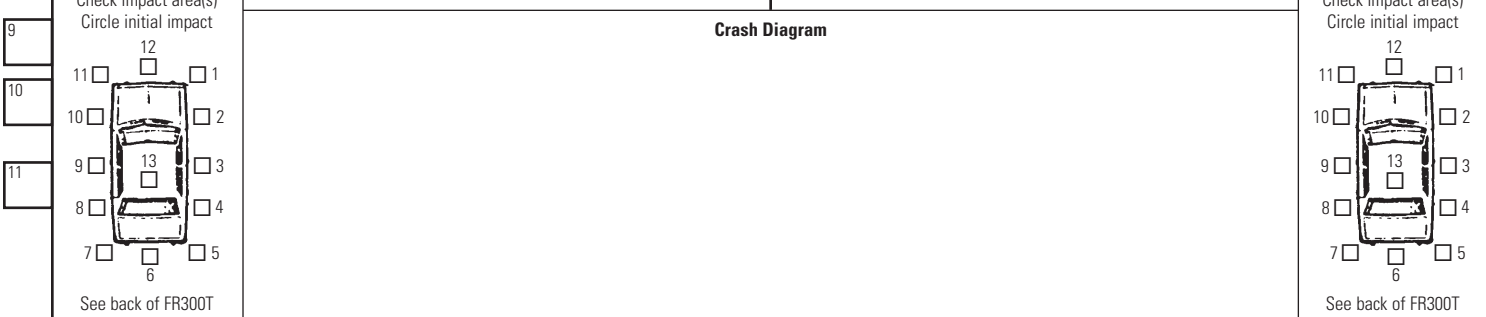
4	Birth date	MM / DD / YYYY	Gender	Driver's license number	<input type="checkbox"/> DL <input type="checkbox"/> CDL	State	Birth date	MM / DD / YYYY	Gender	Driver's license number	<input type="checkbox"/> DL <input type="checkbox"/> CDL	State
	Vehicle owner's name (last, first, middle) or Commercial motor carrier <input type="checkbox"/> same as driver						Vehicle owner's name (last, first, middle) or Commercial motor carrier <input type="checkbox"/> same as driver					

5	Address (street and no.)			Address (street and no.)		
	City	State	ZIP	City	State	ZIP

6	<b>A</b> Veh. type	Veh. year	Veh. make	Veh. model	CMV <input type="checkbox"/>	Towed <input type="checkbox"/>	<b>A</b> Veh. type	Veh. year	Veh. make	Veh. model	CMV <input type="checkbox"/>	Towed <input type="checkbox"/>
	Vehicle plate number	State	<b>B</b> EMV type	<b>C</b> EMV in service	Approximate repair cost		Vehicle plate number	State	<b>B</b> EMV type	<b>C</b> EMV in service	Approximate repair cost	
7	VIN						VIN					

8	<b>CMV only</b>	U.S. DOT no. or VA no.	Placard no. and class or name	<b>CMV only</b>	U.S. DOT no. or VA no.	Placard no. and class or name
	No. of axles	Truck cover	GVWR	No. of axles	Truck cover	GVWR
	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> 10,000 and under <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> over 26,000	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> 10,000 and under <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> over 26,000
			<input type="checkbox"/> HAZMAT <input type="checkbox"/> Oversize			<input type="checkbox"/> HAZMAT <input type="checkbox"/> Oversize
			<input type="checkbox"/> Cargo spill <input type="checkbox"/> Override <input type="checkbox"/> Underride			<input type="checkbox"/> Cargo spill <input type="checkbox"/> Override <input type="checkbox"/> Underride

9	<b>Vehicle no. 1 damage</b>	Name of insurance company (not agent)	<b>Vehicle no. 2 damage</b>	Name of insurance company (not agent)
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Speed				Speed			
Before crash	Limit	Max safe	Lane dir.	Lane dir.	Before crash	Limit	Max safe
Passengers age count				Passengers age count			
Less 6	6-17	18-21	Over 21	Less 6	6-17	18-21	Over 21

Damage to property other than vehicles	Approximate repair cost	Object struck (tree, fence, etc.)	Property owner's name (last, first, middle) and address
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Crash description

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Offenses charged driver

<b>All injured</b>	12	13	14	15	16	17	18	19	20	Names of injured (If deceased give date of death)	EMS transport	Date of death MM/DD/YYYY

Investigating officer	Badge/code no.	Agency/department name and code no.	Reviewing officer	Report file date
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