

## Section A: Crash Location

City/Town Where Crash Occurred	Date of Crash	Time of Crash ____ : ____ AM ____ PM	# Vehicles Involved:
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Please complete Section A1 or A2 below to indicate the location of the crash.  
If you need additional space to describe the crash location, please use Section J on the last page of this form.

<p><b>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</b></p> <p><b>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</b></p> <p>Route# _____ Name of Roadway/Street _____</p> <p><b>Step 2: What was the name (or names) of the intersecting streets?</b></p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	<b>OR</b>	<p><b>SECTION A2: Complete this Section if the crash did <u>NOT</u> occur at an intersection:</b></p> <p><b>Step 1: Please indicate the route, roadway and address where the crash occurred:</b></p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____</p> <p><b>Step 2: Please provide as much of the following specific location information as possible:</b></p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p>
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## Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____				Was vehicle damage above \$1000? <u>Yes</u> <u>No</u>			
Driver's License Number	License State	Date of Birth	Age	Sex __ M __ F	License Class __ D __ A __ B __ C __ M __ Unknown	Commercial Driver's License Endorsements H __ Hazardous    N __ Tank vehicles    P __ Passenger transport T __ Doubles/Triples    X __ Tank and Hazardous	
Your Full Name (Last, First, Middle)			Street Address			City/Town	State    Zip
Insurance Company		Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make	

**Indicate your type of vehicle**

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
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Vehicle Travel Direction __ N __ S __ E __ W	<b>What Was Your Vehicle Doing Prior to the Crash?</b>				
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first?	What happened 2 <sup>d</sup> (if applicable)?	What happened 3 <sup>d</sup> (if applicable)?	What happened 4 <sup>h</sup> (if applicable)?
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

<p><b>Collision with</b></p> <ul style="list-style-type: none"> <li>1 Motor vehicle in traffic</li> <li>2 Parked motor vehicle</li> <li>3 Pedestrian</li> <li>4 Cyclist</li> <li>5 Animal- deer</li> <li>6 Animal- other</li> <li>7 Moped</li> <li>8 Work zone maintenance equipment</li> <li>9 Railway vehicle (train, engine)</li> <li>10 Other movable object</li> <li>11 Unknown movable object</li> <li>20 Curb</li> <li>21 Tree</li> <li>22 Utility pole</li> </ul>	<ul style="list-style-type: none"> <li>23 Light pole or other post/support</li> <li>24 Guardrail</li> <li>25 Median barrier</li> <li>26 Ditch</li> <li>27 Embankment/Sloping shoulder</li> <li>28 Highway traffic signpost</li> <li>29 Overhead sign support</li> <li>30 Fence</li> <li>31 Mailbox</li> <li>32 Crash cushion/Impact attenuator</li> <li>33 Bridge</li> <li>34 Bridge overhead structure</li> <li>35 Other fixed object (wall, building, tunnel)</li> <li>36 Unknown fixed object</li> </ul>	<p><b>Non-Collision</b></p> <ul style="list-style-type: none"> <li>40 Ran off road right</li> <li>41 Ran off road left</li> <li>42 Cross median/centerline</li> <li>43 Overturn/rollover</li> <li>44 Equipment failure (blown tire, brakes, etc)</li> <li>45 Fire/explosion</li> <li>46 Immersion</li> <li>47 Jackknife</li> <li>48 Cargo/equipment loss or shift</li> <li>49 Separation of units</li> <li>50 Downhill runaway</li> <li>51 Other non-collision</li> <li>52 Unknown non-collision</li> <li>97 Other</li> <li>99 Unknown</li> </ul>
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Was your Vehicle Towed From the Scene Due to Damage? <u>Yes</u> <u>No</u>	<p><b>Vehicle Damaged Area</b></p> <p>(circle up to three)</p>	<table style="width: 100%; text-align: center;"> <tr> <td>2</td> <td>3</td> <td>4</td> <td>0 None</td> </tr> <tr> <td>1</td> <td>9</td> <td>5</td> <td>10 Undercarriage</td> </tr> <tr> <td>8</td> <td>7</td> <td>6</td> <td>11 Totaled</td> </tr> <tr> <td></td> <td></td> <td></td> <td>97 Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td>99 Unknown</td> </tr> </table>	2	3	4	0 None	1	9	5	10 Undercarriage	8	7	6	11 Totaled				97 Other				99 Unknown
2	3	4	0 None																			
1	9	5	10 Undercarriage																			
8	7	6	11 Totaled																			
			97 Other																			
			99 Unknown																			

## Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
<b>Driver (See previous page)</b>											
<b>Name of Passenger 1</b> (Last, First, Middle)	Address										
	City/Town			State			Zip				
<b>Name of Passenger 2</b> (Last, First, Middle)	Address										
	City/Town			State			Zip				
<b>Name of Passenger 3</b> (Last, First, Middle)	Address										
	City/Town			State			Zip				

<b>A. Seating Position</b>	<b>B. Safety System Used</b>	<b>C. Air Bag Status</b>	<b>D. Air Bag Switch</b>
1 Front seat - left side (or motorcycle driver)	0 None used	1 Deployed-front	1 Switch in ON position
2 Front seat - middle	1 Shoulder and lap belt	2 Deployed-side	2 Switch in OFF position
3 Front seat - right side	2 Lap belt only	3 Deployed both front and side	3 ON-OFF switch not present
4 Second seat - left side (or motorcycle passenger)	3 Shoulder belt only	4 Not deployed	4 Unknown if switch is present
5 Second seat - middle	4 Child safety seat	5 Not applicable	99 Unknown
6 Second seat - right side	5 Helmet	99 Unknown	
7 Third row - left side (or motorcycle passenger)	99 Unknown		
8 Third row - middle			

<b>E. Ejected From Vehicle?</b>	<b>F. Trapped?</b>	<b>G. Injured?</b>	<b>H. Transported for Medical Care?</b>
0 Not ejected	0 Not trapped	1 Fatal injury	1 Not transported
1 Totally ejected	1 Freed by mechanical means	<u>Non-fatal injury:</u>	97 Other
2 Partially ejected	2 Freed by non-mechanical means	2 Incapacitating	2 EMS (emergency service)
3 Not applicable	99 Unknown	3 Non-incapacitating	3 Police
99 Unknown		4 Possible	
		5 No injury	
		99 Unknown	

## Section D: Other Vehicle(s) Involved in the Crash

<b>Number of occupants in the Vehicle:</b> _____		<b>Number of injured occupants:</b> _____		<b>Was Vehicle Damage above \$1000?</b> Yes ___ No ___		<b>Moped?</b> Yes ___ No ___		<b>Hit and Run?</b> Yes ___ No ___	
Driver's License Number	License State	Date of Birth	Age	Sex ___M___F	License Class ___D___A___B___C___H___M___Unknown	Commercial Driver's License Endorsements N ___ Tank vehicles P ___ Passenger transport X ___ Tank and Hazardous T ___ Doubles/Triples			
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town		State Zip	
Insurance Company			Vehicle Registration #		Reg. Type	Reg. State	Vehicle Year	Vehicle Make	

**Indicate type of vehicle**

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle)			Street Address			City/Town		State Zip	
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<b>Vehicle Travel Direction</b>	<b>What Was the Vehicle Doing Prior to the Crash?</b>	<b>Vehicle Damaged Area</b> (circle up to three)
___N___S ___E___W	1 Travelling straight ahead 2 Slowing or stopped 3 Turning right 4 Turning left 5 Changing lanes 6 Entering traffic lane 7 Leaving traffic lane 8 Making U-turn 9 Overtaking/passing 10 Backing 11 Parked 97 Other 99 Unknown	 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown

## Section E: Non-Motorist(s) Involved in the Crash

<b>Indicate the type of non-motorist involved</b>		1 Pedestrian	2 Cyclist	3 Skater	97 Other	99 Unknown
<b>What was the non-motorist doing prior to the crash?</b>				<b>Where was the non-motorist prior to the crash?</b>		
1 Entering or crossing location		6 Working on vehicle		1 Marked crosswalk at intersection		
2 Walking, running, or cycling		7 Standing		6 Median (but not on shoulder)		
3 Working		97 Other		2 At intersection but no crosswalk		
4 Pushing vehicle		99 Unknown		3 Non-intersection crosswalk		
5 Approaching or leaving vehicle				4 In roadway		
				5 Not in roadway		
				8 Shoulder		
				9 Sidewalk		
				10 Shared-use path or trails		
				99 Unknown		

Date of Birth/Age	Sex ___M___F	Full Name of Non-Motorist (Last, First, Middle)			Street Address		City/Town		State Zip	
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<b>Safety Equipment?</b>	<b>Injured?</b>	<b>Transported for Medical Care?</b>
0 None used	1 Fatal injury	1 Not transported
6 Helmet	<u>Non-fatal injury:</u>	97 Other
7 Protective pads (elbows, knees, etc.)	2 Incapacitating	2 EMS (emergency service)
8 Reflective clothing	3 Non-incapacitating	3 Police
	4 Possible	
	5 No injury	
	99 Unknown	
		<b>If transported, please indicate Hospital/Medical Facility:</b>

### Section F: Crash Conditions

<b>Light Conditions</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	<b>Weather Conditions (up to two)</b> 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown	<b>Traffic Control Device</b> 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	<b>Was the traffic control device functioning at the time of the crash?</b>  1 ___ Yes  2 ___ No	<b>Road Surface</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	<b>Roadway Intersection Type</b>  1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
<b>Trafficway Description</b> 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown	<b>School Bus Related?</b>  1 ___ Yes  2 ___ No	<b>Work Zone Related?</b>  1 ___ Yes  2 ___ No	<b>Manner of Collision</b> 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction  6 Head on 7 Rear to rear 99 Unknown		

### Section G: Crash Diagram

<p style="font-size: small; text-align: center;">Indicate North by Arrow</p>	Empty grid for drawing the crash diagram	<p><b>Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:</b></p> <p>→ = Direction                  1 = Vehicle 1 (Your Vehicle)                  2 = Vehicle 2                  O = Pedestrian/Non-motorist   = North</p> <p><b>Select one of the following if the crash did not occur on a public way:</b></p> <p>___ Off-street parking lot                  ___ Garage                  ___ Mall/shopping center                  ___ Other private way</p>
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### Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

### Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

### Section J: Description of What Happened


### Section K: Signature

_____ Print _____	Date _____
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“Signed under Pains and Penalties of Perjury”