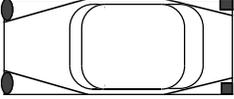


POLICE INCIDENT / CASE NUMBER		CRASH DATE															
COUNTY																	
<b>UNIT #</b>	NAME (LAST, FIRST, MIDDLE)						DRIVER LICENSE NUMBER			STATE	SEX	RACE	DOB				
PED BIC PRK PRP	ADDRESS						PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (      )										
VEHICLE OWNER		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (      )															
FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY			INSURANCE POLICY NUMBER											
			<input type="checkbox"/> NONE														
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)				LICENSE PLATE NUMBER		STATE	YEAR	MAKE	MODEL		STYLE	COLOR			
VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N <input type="checkbox"/> UNKNOWN						DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN											
BY: TO:						BY: TO:											
VEHICLE DAMAGE												<b>MARK ALL THAT APPLY:</b> DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN					
						<b>INJURY:</b> <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL <b>EQUIPMENT:</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP						ACTION / ARREST / CITES					
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)																	
<b>UNIT #</b>	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS						ADDRESS										
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (      )			<b>INJURY</b> <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL			<b>LOCATION</b> LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N				
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN						BY: TO:						<b>EQUIPMENT</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP					
<b>UNIT #</b>	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS						ADDRESS										
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (      )			<b>INJURY</b> <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL			<b>LOCATION</b> LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N				
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN						BY: TO:						<b>EQUIPMENT</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP					
<b>UNIT #</b>	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS						ADDRESS										
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (      )			<b>INJURY</b> <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL			<b>LOCATION</b> LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N				
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN						BY: TO:						<b>EQUIPMENT</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP					
<b>UNIT #</b>	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS						ADDRESS										
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (      )			<b>INJURY</b> <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL			<b>LOCATION</b> LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N				
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN						BY: TO:						<b>EQUIPMENT</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP					
<b>UNIT #</b>	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS						ADDRESS										
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (      )			<b>INJURY</b> <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL			<b>LOCATION</b> LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N				
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN						BY: TO:						<b>EQUIPMENT</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP					

<b>DISTRIBUTION</b>															
OFFICER NAME / NUMBER						DATE			AGENCY			APPROVED BY			

**Check ONE box in all categories. Check ALL boxes that apply in categories with (★).**

<p><b>SURFACE CONDITION</b></p> <p>#3</p> <p><input type="checkbox"/> DRY</p> <p><input type="checkbox"/> WET</p> <p><input type="checkbox"/> SNOW / SLUSH</p> <p><input type="checkbox"/> ICY</p> <p><input type="checkbox"/> MUDDY</p> <p><input type="checkbox"/> DEBRIS</p> <p><input type="checkbox"/> RUTS / HOLES / BUMPS</p> <p><input type="checkbox"/> WORN / POLISHED</p> <p><input type="checkbox"/> LOW / SOFT SHOULDER</p> <p><input type="checkbox"/> OTHER (Explain)</p> <p><b>SURFACE TYPE</b></p> <p>#3</p> <p><input type="checkbox"/> CONCRETE</p> <p><input type="checkbox"/> BLACKTOP / ASPHALT</p> <p><input type="checkbox"/> GRAVEL</p> <p><input type="checkbox"/> DIRT</p> <p><input type="checkbox"/> OTHER</p> <p><b>TRAFFIC CONTROL TYPE</b></p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> SCHOOL BUS LIGHTS</p> <p><input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER</p> <p><input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL</p> <p><input type="checkbox"/> TRAFFIC SIGNAL</p> <p><input type="checkbox"/> FLASHING BEACON</p> <p><input type="checkbox"/> STOP SIGN</p> <p><input type="checkbox"/> YIELD SIGN</p> <p><input type="checkbox"/> RR CROSSING GATES</p> <p><input type="checkbox"/> RR CROSSING BUCKS</p> <p><input type="checkbox"/> RR FLASHING SIGNAL</p> <p><input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS</p> <p><input type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES</p> <p><input type="checkbox"/> SCHOOL SIGNAL</p> <p><input type="checkbox"/> OTHER REG SIGN</p> <p><input type="checkbox"/> TURN LANES</p> <p><input type="checkbox"/> UNKNOWN</p> <p><b>TRAFFIC CONTROL DEVICE CONDITION</b></p> <p>#3</p> <p><input type="checkbox"/> NO MALFUNCTION</p> <p><input type="checkbox"/> DOWN / MISSING</p> <p><input type="checkbox"/> TURNED FROM PROPER POSITION</p> <p><input type="checkbox"/> OBSCURED BY OTHER SIGNS</p> <p><input type="checkbox"/> OBSCURED BY PARKED VEHICLE</p> <p><input type="checkbox"/> OBSCURED BY VEGETATION</p> <p><input type="checkbox"/> LIGHTS MALFUNCTION</p> <p><input type="checkbox"/> LIGHTS STUCK</p> <p><input type="checkbox"/> GATES INOPERATIVE</p> <p><input type="checkbox"/> GATE ARM MISSING</p> <p><input type="checkbox"/> OTHER RR MALFUNCTN</p> <p><input type="checkbox"/> OTHER IMPAIRMENT</p> <p><input type="checkbox"/> UNKNOWN</p>	<p><b>ROAD CHARACTER</b></p> <p>#3</p> <p><input type="checkbox"/> STRAIGHT and LEVEL</p> <p><input type="checkbox"/> STRAIGHT w/ GRADE</p> <p><input type="checkbox"/> CURVED and LEVEL</p> <p><input type="checkbox"/> CURVED w/ GRADE</p> <p>VEH # 3 ____ NUMBER OF LANES</p> <p>____ TOTAL NUMBER OF LANES</p> <p><b>ROAD FLOW</b></p> <p>#3</p> <p><input type="checkbox"/> ONE WAY TRAFFIC</p> <p><input type="checkbox"/> NOT PHYSLY DIVIDED</p> <p><b>MEDIAN TYPE</b></p> <p><input type="checkbox"/> UNPAVED</p> <p><input type="checkbox"/> BARRIER</p> <p><input type="checkbox"/> PAVED</p> <p><input type="checkbox"/> CONT LEFT TURN</p> <p><b>DRIVER LICENSE VIOLATION</b></p> <p><b>DRIVER</b></p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> INSTRUCTION PERMIT</p> <p><input type="checkbox"/> LICENSE RESTRICTION</p> <p><input type="checkbox"/> EXPIRED LICENSE</p> <p><input type="checkbox"/> OUT OF CLASS</p> <p><input type="checkbox"/> SUSPNDED / REVOKED</p> <p><input type="checkbox"/> UNLICENSED</p> <p><b>★ DRIVER FACTORS</b></p> <p><b>DRIVER</b></p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> CELL PHONE USE</p> <p><input type="checkbox"/> OBSTRUCTED VIEW</p> <p><input type="checkbox"/> FAILED TO YIELD ROW</p> <p><input type="checkbox"/> DISRGRD TRAF SIGN</p> <p><input type="checkbox"/> TOO FAST FOR COND</p> <p><input type="checkbox"/> MADE IMPROPER TURN</p> <p><input type="checkbox"/> WRONG SIDE/WAY</p> <p><input type="checkbox"/> FOLLOW TOO CLOSELY</p> <p><input type="checkbox"/> IMPROPER LANE CHNG</p> <p><input type="checkbox"/> IMPROPER BACKING</p> <p><input type="checkbox"/> IMPROPER PASSING</p> <p><input type="checkbox"/> IMPROPER SIGNAL</p> <p><input type="checkbox"/> IMPROPER PARKING</p> <p><input type="checkbox"/> FATIGUE / DROWSY</p> <p><input type="checkbox"/> ILL / BLACKOUT</p> <p><input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> OTHER (Explain)</p> <p><b>★ IMPAIRMENT</b></p> <p><b>DRIVER</b></p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> UNDER INFL - DRUGS</p> <p><input type="checkbox"/> UNDER INFL - ALCOHOL</p> <p><input type="checkbox"/> UNDER INFL - MEDS</p> <p><input type="checkbox"/> UNKNOWN</p> <p><b>DETERMINED BY:</b></p> <p><input type="checkbox"/> INTOXILYZER TEST</p> <p><input type="checkbox"/> BLOOD OR URINE TEST</p> <p><input type="checkbox"/> FIELD SOB. TEST</p> <p><input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.)</p> <p><input type="checkbox"/> DRE EVALUATION</p> <p><input type="checkbox"/> STATEMENTS</p> <p><input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> OTHER (Explain)</p> <p><b>RESULTS OF TEST:</b></p> <p>D1 ____ %</p> <p><input type="checkbox"/> NO TEST GIVEN</p> <p><input type="checkbox"/> TEST REFUSED</p> <p><input type="checkbox"/> TESTED FOR DRUGS</p> <p><input type="checkbox"/> RESLTS NOT AVAILABLE</p>	<p><b>★VEH RELATED FACTORS</b></p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> BRAKES</p> <p><input type="checkbox"/> STEERING</p> <p><input type="checkbox"/> POWER PLANT</p> <p><input type="checkbox"/> SUSPENSION</p> <p><input type="checkbox"/> TIRES</p> <p><input type="checkbox"/> EXHAUST</p> <p><input type="checkbox"/> LIGHTS</p> <p><input type="checkbox"/> SIGNALS</p> <p><input type="checkbox"/> WINDOWS / WINDSHLD</p> <p><input type="checkbox"/> RESTRAINT SYSTEM</p> <p><input type="checkbox"/> WHEELS</p> <p><input type="checkbox"/> COUPLING</p> <p><input type="checkbox"/> CARGO</p> <p><input type="checkbox"/> OTHER</p> <p><b>VEHICLE MOVEMENT</b></p> <p>#3</p> <p><input type="checkbox"/> BACKING</p> <p><input type="checkbox"/> STOPPED</p> <p><input type="checkbox"/> STRAIGHT AHEAD</p> <p><input type="checkbox"/> TURNING RIGHT</p> <p><input type="checkbox"/> TURNING LEFT</p> <p><input type="checkbox"/> MAKING U-TURN</p> <p><input type="checkbox"/> ENTER TRAFFIC LANE</p> <p><input type="checkbox"/> LEAVE TRAFFIC LANE</p> <p><input type="checkbox"/> OVERTAKING</p> <p><input type="checkbox"/> CHANGING LANES</p> <p><input type="checkbox"/> AVOIDING MANEUVER</p> <p><input type="checkbox"/> MERGING</p> <p><input type="checkbox"/> PARKING</p> <p><input type="checkbox"/> NEGOTIATING A CURVE</p> <p><input type="checkbox"/> OTHER</p> <p><b>TRAILER TYPE</b></p> <p>#3</p> <p><input type="checkbox"/> LOG BUNK</p> <p><input type="checkbox"/> SEMITRAILER</p> <p><input type="checkbox"/> POLE TRAILER</p> <p><input type="checkbox"/> FULL TRAILER</p> <p><input type="checkbox"/> MOBILE HOME</p> <p><input type="checkbox"/> UTILITY TRAILER</p> <p><input type="checkbox"/> TRAVEL TRAILER</p> <p><input type="checkbox"/> BOAT TRAILER</p> <p><input type="checkbox"/> FARM EQUIPMENT</p> <p><input type="checkbox"/> HORSE TRAILER</p> <p><input type="checkbox"/> VEHICLE IN TOW</p> <p><input type="checkbox"/> OTHER / UNKNOWN</p> <p><b>TRUCK CONFIGURATION</b></p> <p>#3</p> <p><input type="checkbox"/> TRUCK (2 or 3 AXLE)</p> <p><input type="checkbox"/> TRUCK / TRACTOR-SEMI</p> <p><input type="checkbox"/> TRUCK and TRAILER</p> <p><input type="checkbox"/> DOUBLE TRAILERS</p> <p><input type="checkbox"/> TRIPLE TRAILERS</p> <p><input type="checkbox"/> DROMEDARY and SEMI</p> <p><input type="checkbox"/> HEAVY HAUL CONFIG</p> <p><input type="checkbox"/> BUS</p> <p><input type="checkbox"/> OTHER (Explain)</p> <p><b>★ PASSENGER FACTORS</b></p> <p><b>PASS UNIT # 3</b></p> <p>#3</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> INTERFERED w/DRIVER</p> <p><input type="checkbox"/> UNDER INFL - DRUGS</p> <p><input type="checkbox"/> UNDER INFL - ALCOHOL</p> <p><input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> OTHER (Explain)</p>
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