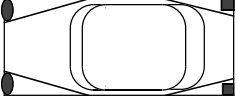


POLICE INCIDENT / CASE NUMBER		CRASH DATE											
COUNTY													
UNIT #	NAME (LAST, FIRST, MIDDLE)			DRIVER LICENSE NUMBER			STATE	SEX	RACE	DOB			
PED BIC	ADDRESS						PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()						
PRK PRP	VEHICLE OWNER <input type="checkbox"/> SAME						PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()						
FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE			INSURANCE POLICY NUMBER							
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 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____						DRIVER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____							
VEHICLE DAMAGE					MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$2500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$2500 <input type="checkbox"/> UNKNOWN			INJURY: <input type="checkbox"/> NO APPARENT <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SUSPECTED <input type="checkbox"/> SUSPECTED SERIOUS <input type="checkbox"/> FATAL EQUIPMENT: <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)													
UNIT #	<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 ()			INJURY: <input type="checkbox"/> NO APPARENT <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SUSP MINOR <input type="checkbox"/> SUSP SERIOUS <input type="checkbox"/> FATAL			LOCATION LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____						EQUIPMENT <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							
UNIT #	<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 ()			INJURY: <input type="checkbox"/> NO APPARENT <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SUSP MINOR <input type="checkbox"/> SUSP SERIOUS <input type="checkbox"/> FATAL			LOCATION LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____						EQUIPMENT <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							
UNIT #	<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 ()			INJURY: <input type="checkbox"/> NO APPARENT <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SUSP MINOR <input type="checkbox"/> SUSP SERIOUS <input type="checkbox"/> FATAL			LOCATION LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____						EQUIPMENT <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							
UNIT #	<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 ()			INJURY: <input type="checkbox"/> NO APPARENT <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SUSP MINOR <input type="checkbox"/> SUSP SERIOUS <input type="checkbox"/> FATAL			LOCATION LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____						EQUIPMENT <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							
UNIT #	<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 ()			INJURY: <input type="checkbox"/> NO APPARENT <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SUSP MINOR <input type="checkbox"/> SUSP SERIOUS <input type="checkbox"/> FATAL			LOCATION LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____						EQUIPMENT <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							
UNIT #	<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 ()			INJURY: <input type="checkbox"/> NO APPARENT <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SUSP MINOR <input type="checkbox"/> SUSP SERIOUS <input type="checkbox"/> FATAL			LOCATION LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____						EQUIPMENT <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							
UNIT #	<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 ()			INJURY: <input type="checkbox"/> NO APPARENT <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SUSP MINOR <input type="checkbox"/> SUSP SERIOUS <input type="checkbox"/> FATAL			LOCATION LF CF RF LR CR RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____						EQUIPMENT <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							

DISTRIBUTION			
OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY

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

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