


Highlighting edits generated by Pd' Programming.
 This document is provided "as is"

STATE OF COLORADO TRAFFIC CRASH REPORT

AMENDED/SUPPL. COUNTER REPORT PRIVATE PROPERTY **PUBLIC LAND** PAGE 1 OF PAGES

Case #		Agency ORI				Agency Name	
Date of Report (MM/DD/YYYY)		Date of Crash (MM/DD/YYYY)		Time of Crash (24 Hour)		Officer Name	
Date Arrived		Date Roadway Cleared		Date Last Responder Left		Signature	
Time Arrived		Time Roadway Cleared		Time Last Responder Left		Detail	
Number Killed		Number Injured		Total Vehicles		Total Non-Motorists	
Latitude		Longitude		County		City	
On Road/Street:				Intersection Offset Distance Unit		01. Miles 02. Feet 03. At the Intersection	
Reference Intersecting Road/Street:				Intersection Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
HWY NUMBER		MILEPOINT		Milepoint Offset Distance Unit		01. Miles 02. Feet 03. At the Milepoint	
<input type="checkbox"/> INTERSTATE HWY		<input type="checkbox"/> STATE HWY		<input type="checkbox"/> CITY ST/CNTY RD		Milepoint Offset Distance	
<input checked="" type="checkbox"/> OTHER RDWY						Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
LOCATION		01. On Roadway		04. Ran Off 'T' Intersection		06. On Private Property	
		02. Ran Off Left Side		05. Vehicle Crossed Center Median Into Opposing Lanes		07. Center Median/Island	
		03. Ran Off Right Side				Number of Lanes Blocked	
						LANE POSITION	
HARMFUL EVENT SEQUENCE		1st		2nd		3rd	
						4th	
						Most Harmful Event	
NON-COLLISION CRASH		08. Front to Side		47. Electrical/Utility Box		46. Ground	
01. Overturning/Rollover		09. Rear to Side		21. Sign		29. Curb	
44. Immersion, Full or Partial		10. Rear to Rear		41. Guardrail Face		30. Delineator/Milepost	
45. Fell from Motor Vehicle		11. Side to Side-Same Direction		42. Guardrail End		31. Fence	
02. Other Non-Collision		12. Side to Side-Opposite Direction		23. Cable Rail		32. Tree	
COLLISION WITH NON-MOTORIST		COLLISION WITH OTHER VEHICLE		24. Concrete Highway Barrier		33. Large Rocks or Boulder	
03. School Age To/From School		13. Parked Motor Vehicle		48. Overhead Structure (Bridge)		34. Railroad Crossing Equipment	
05. Pedestrian		COLLISION WITH ANIMAL		49. Overhead Structure (Not Bridge)		35. Barricade	
15. Bicycle/Motorized Bicycle		17. Domestic Animal		50. Bridge Structure (Not Overhead)		36. Wall or Building	
COLLISION WITH MOTOR VEHICLE IN TRANSPORT		18. Wild Animal		26. Vehicle Debris or Cargo		37. Crash Cushion/Traffic Barrel	
06. Front to Front		COLLISION WITH OBJECT		27. Culvert or Headwall		38. Mailbox	
07. Front to Rear		19. Light Pole/Utility Pole		28. Embankment		39. Other Fixed Object (Describe)	
		20. Traffic Signal Pole		43. Ditch		40. Other Non-Fixed Object (Describe)	
ROAD CONTOUR - CURVES		01. Straight		03. Curve Right		ROAD CONTOUR - GRADE	
		02. Curve Left		04. Unknown		01. Level	
						04. Downhill	
						02. Uphill	
						05. Sag/Bottom	
						03. Hill Crest	
						06. Unknown	
APPROACH/OVERTAKING TURN		01. Approach Turn		03. Not Applicable		LIGHTING CONDITION	
		02. Overtaking Turn				01. Daylight	
						03. Dark-lighted	
						02. Dawn or Dusk	
						04. Dark-Unlighted	
ROAD DESCRIPTION		01. At Intersection		05. Crossover-Related		10. Ramp-related	
		02. Driveway Access Related		06. Roundabout		14. Mid-Block Crosswalk	
		03. Intersection Related		08. Parking Lot		11. Alley Related	
		04. Non-Intersection		09. Ramp		12. Share-Use Path or Trail	
						13. Auxiliary Lane	
ROAD CONDITION		01. Dry		08. Dry W/Visible Icy Road Treatment		WEATHER CONDITION	
		02. Wet		09. Wet W/Visible Icy Road Treatment		1st	
		03. Muddy		10. Snowy W/Visible Icy Road Treatment		2nd	
		04. Snowy		11. Icy W/Visible Icy Road Treatment		00. Clear	
		05. Icy		12. Slushy W/Visible Icy Road Treatment		04. Dust	
		06. Slushy		13. Sand/Gravel		05. Wind	
		07. Foreign Material		14. Roto-Milled		08. Snow	
						09. Blowing Snow	
						01. Rain	
						02. Sleet or Hail	
						03. Fog	
						06. Cloudy	
						07. Freezing Rain or Freezing Drizzle	

Moved #4 to non-motorist page
 Removed #14&16
 Split #22 into #41&42
 Split #25 into #48-50
 Added #41-50

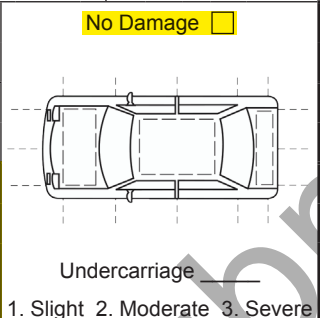
Rd Contour split into 2

TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY

EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)				TRAFFIC CONTROL DEVICE FUNCTIONING			
Time Notified		Time Arrived @ Scene		Time Arrived @ Hospital		01. No Controls	
						04. Functioning Properly	
						02. Not Functioning	
						06. Not Visible	
						03. Functioning Improperly	
						05. Unknown	
If times are unknown provide name of responding services:							

Approved By		I.D. Number		Date	
-------------	--	-------------	--	------	--



Traffic Unit # <input type="text"/>	Case # <input type="text"/>	Agency ORI <input type="text"/>	Agency Name <input type="text"/>
Hit & Run <input type="checkbox"/>	(Driver) Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/> Phone <input type="text"/>
Non-Contact Vehicle <input type="checkbox"/>	(Driver) Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/> DOB <input type="text"/>
Driver License Number <input type="text"/>	Unlicensed Driver <input type="checkbox"/>	CDL <input type="checkbox"/> State <input type="text"/> Sex <input type="text"/>	Email <input type="text"/>
Primary Violation <input type="text"/>	DUI <input type="checkbox"/>	Violation Code <input type="text"/>	Citation Number <input type="text"/> Common Code <input type="text"/>
Same Name <input type="checkbox"/>	Vehicle Owner Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Same Addr. <input type="checkbox"/>	Vehicle Owner Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
Insurance Company <input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date <input type="text"/>	Policy Number <input type="text"/>
License Plate No. <input type="text"/>	State or Country <input type="text"/>	Number of Trailers: <input type="text"/>	
Vehicle Identification Number <input type="text"/>	Year <input type="text"/>	Trailer 1: VIN# <input type="text"/>	Disabling Damage <input type="checkbox"/>
Make <input type="text"/>	Model <input type="text"/>	License Plate: <input type="text"/>	Disabling Damage <input type="checkbox"/>
Body Type <input type="text"/>	Color <input type="text"/>	Trailer 2: VIN# <input type="text"/>	Disabling Damage <input type="checkbox"/>
Towed <input type="checkbox"/>		Trailer 3: VIN# <input type="text"/>	Disabling Damage <input type="checkbox"/>
00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		License Plate: <input type="text"/>	Disabling Damage <input type="checkbox"/>
By: <input type="text"/>	Undercarriage <input type="text"/>		Trailer 4: VIN# <input type="text"/>
To: <input type="text"/>	1. Slight 2. Moderate 3. Severe		License Plate: <input type="text"/>
Trailer 5: VIN# <input type="text"/>		License Plate: <input type="text"/>	Disabling Damage <input type="checkbox"/>



<input type="checkbox"/>	VEHICLE DEFECT/CONDITION (OFFICER OPINION)
<input type="checkbox"/>	Removed #11-13 added 16-17
00. No Vehicle Defects	08. Mechanical Failure
01. Defective Head Light(s)	09. Obstructed Window(s)
02. Defective Brake/Tail Light(s)	10. Improper Load
03. Defective Signaling Device	16. Cargo/Equipment Loss or Spill
04. Brakes Defective/Out of Adjustment	17. Cargo/Equipment Shift
05. Defective Tires	14. Parking Violation
06. Sudden Tire Failure	15. Other Defect(s) (Describe in Narrative)
07. Improper Tires for Conditions	

TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY	
<input type="checkbox"/>	CRASH AVOIDANCE MANEUVER
00. No Avoidance Maneuver	07. Braking <input type="checkbox"/>
08. Steering <input type="checkbox"/>	Removed #1-5 added 7-11
09. Steering and Braking <input type="checkbox"/>	10. Accelerating <input type="checkbox"/>
11. Steering and Accelerating <input type="checkbox"/>	06. Other Avoidance Maneuver (Describe in Narrative)
06. Other Avoidance Maneuver (Describe in Narrative)	
<input type="checkbox"/>	FIRE/HAZARDOUS MATERIALS INVOLVEMENT
00. No Fire/No Haz-Mat Cargo	01. No Fire/Haz-Mat Cargo Not Involved
02. No Fire/Haz-Mat Incident	03. Vehicle Fire/No Haz-Mat Cargo
04. Vehicle Fire/Haz-Mat Cargo Not Involved	05. Vehicle Fire/Haz-Mat Incident

DRIVER/OCCUPANT DETAILS									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DRIVER NAME AND ADDRESS ARE ABOVE									
G1	G2	H	I	J	K	L	M	N	SEX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMS Trip # <input type="text"/> Taken To <input type="text"/>									
(Passenger) Name/Address <input type="text"/>									
A	D			E	F1	F2	F3	AGE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G1	G2	H	I	J	K	L	M	N	SEX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMS Trip # <input type="text"/> Taken To <input type="text"/>									
(Passenger) Name/Address <input type="text"/>									
A	D			E	F1	F2	F3	AGE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G1	G2	H	I	J	K	L	M	N	SEX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMS Trip # <input type="text"/> Taken To <input type="text"/>									
(Passenger) Name/Address <input type="text"/>									
A	D			E	F1	F2	F3	AGE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G1	G2	H	I	J	K	L	M	N	SEX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMS Trip # <input type="text"/> Taken To <input type="text"/>									
(Passenger) Name/Address <input type="text"/>									

Traffic Unit # <input type="text"/>		Case # <input type="text"/>		Agency ORI <input type="text"/>		Agency Name <input type="text"/>			
GENERAL VEHICLE FIELDS VEHICLE TYPE <input type="text"/> 03. Non-School Bus (9 occupants or more including driver) in commerce CMV SECTIONS REQUIRED 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 02. School Bus (all school buses) Removed #6,8,10,13,14 added 20-21,23-25,27,28 04. Transit Bus VEHICLES UNDER THE GVWR/ GCWR THRESHOLD 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle 15. Farm Equipment 20. Working Vehicle/Equipment OTHER VEHICLE 17. Light Rail 21. Heavy Train 23. Off Highway Vehicle/ATV 24. Snowmobile 25. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 16. Unknown (Hit and Run Only)						CARRIER TYPE <input type="text"/> 01. Interstate 02. Intrastate 03. Government Vehicle 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.)			
SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT <input type="text"/> 00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus - Transit 03. Bus - Charter 04. Bus - Shuttle 05. Bus - Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle 09. Ambulance 10. Police 11. Fire Truck 12. Non-Transport Emergency Services Vehicle 13. Safety Service Patrols - Incident Response 14. Towing - Incident Response 15. Other Incident Response 16. Highway/Maintenance 17. Truck Acting as Crash Attenuator 18. Public Utility 19. Military 20. Rental Truck 21. Taxi 22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.) 23. Other (Describe in Narrative) Emergency Lights Activated <input type="checkbox"/>						GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING <input type="text"/> Enter number of pounds. TOTAL NUMBER OF AXLES <input type="text"/> Enter the total number of axles including truck and trailer.			
DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT) 01. North 03. East 05. South 07. West 02. Northeast 04. Southeast 06. Southwest 08. Northwest						VEHICLE CONFIGURATION <input type="text"/> 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/Limousine 04. Single-unit Truck (2 axles) 05. Single-unit Truck (3 or more axles) 06. Truck and Trailer 07. Truck Tractor (Bobtail) 08. Truck Tractor and Semi-Trailer 09. Truck Tractor and Double Trailers 10. Truck Tractor and Triple Trailers 11. Other (Describe in Narrative)			
VEHICLE MOVEMENT - PRIOR TO IMPACT <input type="text"/> added 17-18 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)						CARGO BODY TYPE <input type="text"/> 01. Bus/ Limousine (seats 9-15 occupants, including the driver) 02. Bus/Limousine (seats 16 or more occupants, including the driver) 03. Van/Enclosed Box 04. Cargo Tank 05. Flatbed/Pickup 06. Dump Bed 07. Concrete Mixer 08. Auto Transporter 09. Garbage Refuse 10. Grain, Chips, Gravel 11. Pole 12. Intermodal Container 13. Vehicle Towing another Vehicle 14. Fire Apparatus 15. Ambulance 16. No Cargo Body 17. Other (Describe in Narrative)			
ROADWAY SPEED LIMIT <input type="text"/> MPH		ESTIMATED VEHICLE SPEED <input type="text"/> MPH		DRIVER'S STATED SPEED <input type="text"/> MPH		SEQUENCE OF CRASH EVENTS 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 4th <input type="text"/>			
DRIVER ACTIONS (OFFICER OPINION ONLY) 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> Removed #1&9 00. No Contributing Action 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device/ Sign/Markings 07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving 17. Careless Driving (if used, next field can not be coded "00") 18. Speeding 19. Too Fast for Conditions 20. Racing 21. Over-Correcting/Over-Steering 22. Lacking Required Chains 23. Other Contributing Action (Describe in Narrative)						NON-COLLISION 01. Ran Off the Road 02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift 06. Explosion or Fire 07. Separation of Units 08. Crossed the Median/ Center Line 09. Equipment Failure (Tires, etc.) 10. Other (Describe in Narrative)		COLLISION 11. Pedestrian 12. Motor Vehicle in Transport 13. Parked Motor Vehicle 14. Train 15. Pedal Cycle (Bicycle, Tricycle, etc.) 16. Animal 17. Fixed Object 18. Work Zone Maintenance Equipment 19. Other Movable Object 20. Other (Describe in Narrative)	
DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY) 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> Removed #1,10,12-14, added 16-28 00. No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer 09. Physical Disability 11. Distracted/Other Occupant 16. Age/Driver Ability 17. Looked/Did Not See 18. Talking on Phone/Holding 19. Talking on Phone/Hands Free 20. Manipulating Electronic Device 21. Distracted Eating/Drinking 22. Distracted/Smoking 23. Distracted/Manipulating Vehicle Control 24. Distracted/Other Interior 25. Distracted/Other Exterior 26. Sun Glare 27. Not Observed 15. Other Factor (Describe in Narrative) 28. Illness						HAZARDOUS MATERIALS - PLACARDS <input type="text"/> Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing		HAZARDOUS MATERIALS - RELEASE <input type="text"/> Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes	
AUTONOMOUS VEHICLE CAPABILITY 00. No Automation 01. Driver Assistance 02. Partial Automation 03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown Driver Ceded Control of Vehicle <input type="checkbox"/>						HAZARDOUS MATERIALS - CODE <input type="text"/> Enter the four digit number from the placard. If no number on the placard enter the four digit Identification number from the shipping paper(s). 		HAZARDOUS MATERIALS - CLASS <input type="text"/> Enter the one digit number taken from the bottom of the placard. 	
CMV FIELDS Carrier Name <input type="text"/> Address <input type="text"/> Dot # <input type="text"/> Over Height <input type="checkbox"/> Over Weight <input type="checkbox"/> Over Length <input type="checkbox"/> Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>						LIQUID HAZARDOUS MATERIALS <input type="text"/> Enter the amount of bulk liquid cargo at time of crash. 01. 0 to 1,000 gallons 06. 5,001 to 6,000 gallons 02. 1,001 to 2,000 gallons 07. 6,001 to 7,000 gallons 03. 2,001 to 3,000 gallons 08. 7,001 to 8,000 gallons 04. 3,001 to 4,000 gallons 09. 8,001 gallons and over 05. 4,001 to 5,000 gallons			

Traffic Unit # <input type="text"/>	Case # <input type="text"/>	Agency ORI <input type="text"/>	Agency Name <input type="text"/>
Last Name <input type="text"/>		First Name <input type="text"/>	
Street Address <input type="text"/>		Phone <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>	Email <input type="text"/>
Hit & Run /Left Scene <input type="checkbox"/>	Non-Contact Non-Motorist <input type="checkbox"/>	Driver License Number <input type="text"/>	State <input type="text"/> Sex <input type="text"/> DOB <input type="text"/>
Primary Violation <input type="text"/>	DUI <input type="checkbox"/>	Violation Code <input type="text"/>	Citation Number <input type="text"/> Common Code <input type="text"/>

<input type="text"/> NON-MOTORIST TYPE 01. Pedestrian 02. Wheelchair 03. Scooter 04. Personal Conveyance 05. Other Pedestrian 06. Bicyclist 07. Other Bicyclist/Cyclist 08. Other Non-Motorist	<input type="text"/> TYPE OF DESIGNATED BICYCLE/PEDESTRIAN FACILITY (ZONE) AVAILABLE FOR NON-MOTORIST AT TIME OF CRASH 01. Sidewalk 02. Crosswalk 03. Marked Bicycle Lane 04. Shared Travelway 05. Protected Bicycle Lane 06. Unmarked Paved Shoulder 07. Separate Bicycle Path/Trail 08. No Specific Facility 09. Other (Describe in Narrative)
---	--

<input type="text"/> NON-MOTORIST MOVEMENT - PRIOR TO IMPACT 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 16. Other (Describe in Narrative)	<input type="text"/> NON-MOTORIST ACTIONS (OFFICER OPINION ONLY) Removed 4-5,11, added 13-22 00. No Contributing Action 01. Failure to Obey Traffic Signs, Signals, or Officer 02. Cross/Enter at Intersection 03. Cross/Enter NOT at Intersection 06. Soliciting Rides 07. Traveling Along Roadway With Traffic (In or Adjacent to Travel Lane) 08. Traveling Along Roadway Against Traffic (In or Adjacent to Travel Lane) 09. Entering/Exiting Parked/Standing Vehicle 10. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching) 13. Traveling on Sidewalk With Traffic 14. Traveling on Sidewalk Against Traffic 15. Working in Trafficway (Incident Response) 16. Working in Trafficway (Maintenance Activities) 17. Improper Passing 18. Failure to Yield Right-Of-Way 19. Improper Turn/Merge 20. Dart/Dash 21. In Roadway Improperly (Standing, Lying, Working, Playing) 22. Panhandling 12. Other (Describe in Narrative)
--	--

<input type="text"/> NON-MOTORIST LOCATION AT TIME OF CRASH 01. Intersection – Marked Crosswalk 02. Intersection – Unmarked Crosswalk 03. Intersection – Other 04. Midblock – Marked Crosswalk 05. Midblock – Non-Crosswalk 06. Travel Lane – Other Location 07. Marked Bicycle Lane 08. Protected Bicycle Lane 09. Shoulder/Roadside 10. Sidewalk 11. Median/Crossing Island 12. Driveway Access 13. Shared-Use Path or Trail 14. Non-Trafficway Area 15. Other Location (Describe in Narrative)	<input type="text"/> NON-MOTORIST MOST APPARENT CONTRIBUTING FACTORS (OFFICER OPINION ONLY) 00. No Apparent Contributing Factor 01. Not Visible (Dark Clothing, No Lighting, etc.) 02. Emotionally Upset 03. Asleep or Fatigued 04. Illness/Medical 05. Inexperience 06. Aggressive 07. Unfamiliar With Area 08. Evading Law Enforcement Officer 09. Physical Disability 10. Distracted/Passenger 11. Distracted/Headphones 12. Distracted/Cell Phone 13. Distracted – Manipulating Electronic Device 14. Distracted/Other i.e. Food, Objects, Pet, etc. 15. Looked/Did Not See 16. Age/Ability 17. Sun Glare 18. Under The Influence of Alcohol or Drugs 19. Other Factor (Describe in Narrative)
---	---

<input type="text"/> NON-MOTORIST LEG OF INTERSECTION 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest	<input type="text"/> PROTECTIVE/REFLECTIVE DEVICES/CLOTHING 01. Reflector(s) 02. Front Light 03. Rear Light 04. Reflective Clothing
--	--

NON-MOTORIST DETAILS										
						F3 <input type="text"/>			AA <input type="text"/>	Expired Date
H <input type="text"/>	I <input type="text"/>	J <input type="text"/>	K <input type="text"/>	L <input type="text"/>	M <input type="text"/>	N <input type="text"/>			BB <input type="text"/>	Expired Time
						EMS Trip # <input type="text"/>		Taken To <input type="text"/>		

Traffic Unit #		Case #								Agency ORI			Agency Name		
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	

Traffic Unit #	<input type="checkbox"/>	Case #	Agency ORI	Agency Name
Owner 3	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 4	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 5	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 6	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 7	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 8	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 9	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
Owner 10	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				

<p>Position In/On Vehicle Removed #15 (ped)</p> <div style="text-align: center; margin-bottom: 5px;">14</div> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">03</td> <td style="width: 20px; text-align: center;">06</td> <td style="width: 20px; text-align: center;">09</td> <td style="width: 20px; text-align: center;">10/11/12</td> <td style="width: 20px; text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">05</td> <td style="text-align: center;">08</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">04</td> <td style="text-align: center;">07</td> <td></td> <td></td> </tr> </table> <p>01. Driver 02-09. Passengers 10. Other ENCLOSED Passenger/Cargo Area 11. Other UN-ENCLOSED Passenger/Cargo Area 12. Sleeper Section of Truck 13. Trailer 14. Riding/Hanging on to Exterior of Vehicle or Trailer</p>	03	06	09	10/11/12	13	02	05	08			01	04	07			A	<p>AIRBAG - DEPLOYMENT</p> <p>00. Not Equipped 01. Not Deployed 02. Deployed at pos. Only 03. Deployed at pos. and Others 04. Not Deployed at pos., Deployed at Others 05. Unknown (Describe in Narrative)</p> <p>AIRBAG - TYPE</p> <p>A. None B. Front C. Side D. Curtain E. Rear F. Multiple G. Knee H. Air Belt I. Center Console J. Pedestrian Airbag K. Other Airbag Type(Describe in Narrative)</p>	G1																					
03	06	09	10/11/12	13																																			
02	05	08																																					
01	04	07																																					
<p>DRIVING RESTRICTIONS</p> <p>00. None 01. Complied With 02. Not Complied With 03. Compliance Not Known 04. Did Not Comply With GDL 6 Months 05. Did Not Comply With GDL 12 Months</p>	B	<p>INJURY SEVERITY Redefined</p> <p>00. No Apparent Injury (O) 01. Possible Injury (C) 02. Suspected Minor Injury (B) 03. Suspected Serious Injury (A) 04. Fatal Injury (K)</p>	H																																				
<p>DRIVING ENDORSEMENTS</p> <p>00. None 02. Not Complied With 01. Complied With 03. Compliance Not Known</p>	C	<p>ALCOHOL SUSPECTED (OFFICER OPINION ONLY)</p> <p>YES Removed 4 & 9 NO</p> <p>01. Preliminary Breath Test 02. SFST 03. Observed 05. Other Method 06. Preliminary Breath Test 07. SFST 08. Observed 10. Other Method</p>	I																																				
<p>EJECTION</p> <p>00. No 01. Yes – Partial 02. Yes – Full 03. Extricated</p>	D	<p>TESTED FOR ALCOHOL Removed #3, added 7-10</p> <p>00. Not Tested 01. Blood 02. Breath 04. Other 05. Refusal 06. By Coroner – Unknown 07. By Coroner – Blood 08. By Coroner – Urine 09. By Coroner – Fluids 10. By Coroner – Other</p>	J																																				
<p>EJECTION PATH</p> <p>00. Not Ejected/ Not applicable 01. Through Side Door Opening 02. Through Side Window 03. Through Windshield 04. Through Back Window 05. Through Back Door/Tailgate Opening 06. Through Roof Opening (Sun Roof/Convertible Top Down) 07. Through Roof (Convertible Top Up) 08. Other Path (e.g. Back of Pickup Truck) 09. Unknown 10. Motorcycle</p>	E	<p>MARIJUANA SUSPECTED (OFFICER OPINION ONLY)</p> <p>00. Marijuana Not Suspected 01. Marijuana Suspected 02. Unknown</p>	K																																				
<p>SAFETY EQUIPMENT - AVAILABLE</p> <p>A. None B. Shoulder and Lap Belt C. Shoulder Belt Only D. Lap Belt Only H. Child Restraint – Forward Facing I. Child Restraint – Rear Facing J. Child Restraint – Type Unknown K. Booster Seat F. N/A (e.g. Motorcycle) Removed E,F,G, added H-K,F</p>	F1	<p>TESTED FOR MARIJUANA</p> <p>00. Not Tested 01. Blood 04. Other 05. Refusal 06. By Coroner – Unknown 07. By Coroner – Blood 08. By Coroner – Urine 09. By Coroner – Fluids 10. By Coroner – Other</p>	L																																				
<p>SAFETY EQUIPMENT - USE (Restraints and MC Eye Protection)</p> <p>00. Not Used 01. Properly Used 02. Improperly Used 03. Unknown Removed #4 (Bicycle)</p>	F2	<p>OTHER DRUG/IMPAIRMENT SUSPECTED (OFFICER OPINION ONLY)</p> <p>YES NO</p> <p>01. Drug Recognition Expert 02. SFST 03. Observed 04. Other Method 05. Drug Recognition Expert 06. SFST 07. Observed 08. Other Method</p>	M																																				
<p>SAFETY EQUIPMENT - HELMET Removed G (Bicycle)</p> <p>A. N/A (e.g. Cars/Ped/etc.) B. No Helmet C. Available, Not Used D. Helmet Improperly used E. Helmet Properly used F. Unknown (Describe in Narrative)</p>	F3	<p>TESTED FOR OTHER DRUGS Removed #2-3, added 7-10</p> <p>00. Not Tested 01. Blood 04. Other 05. Refusal 06. By Coroner – Unknown 07. By Coroner – Blood 08. By Coroner – Urine 09. By Coroner – Fluids 10. By Coroner – Other</p>	N																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>TU#</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F1</th> <th>F2</th> <th>F3</th> <th>AGE</th> <th>Name/Address</th> <th>AA</th> <th>Expired Date</th> </tr> <tr> <td>G1</td> <td>G2</td> <td>H</td> <td>I</td> <td>J</td> <td>K</td> <td>L</td> <td>M</td> <td>N</td> <td>SEX</td> <td>EMS Trip #</td> <td>Taken To</td> <td>BB</td> <td>Expired Time</td> </tr> </table>	TU#	A	B	C	D	E	F1	F2	F3	AGE	Name/Address	AA	Expired Date	G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time												
TU#	A	B	C	D	E	F1	F2	F3	AGE	Name/Address	AA	Expired Date																											
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #	Taken To	BB	Expired Time																										
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY										DEAD AT SCENE		AA		TRANSPORTED BY		BB																							
										00. No 01. Yes		01. Ambulance 02. Air 03. Not Transported 04. Other (Describe in Narrative)																											

DOR