## MAIL TO: STATE OF COLORADO MOTOR VEHICLE TRAFFIC RECORDS DENVER, CO 80261-0016

STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/S	SUPPL.	☐ C	OUNTER REPORT	☐ PRIVATE	PROF	PERTY		IC LANE			GES
Case #			Agency ORI				Agend	y Name			
Date of Report (M	M/DD/YYYY)	Date o	of Crash (MM/DD/YYYY)	Time of Crash (24	Hour)	Officer Na	ame			Officer Number	
Date Arrived		Date F	Roadway Cleared	Date Last Respond	der Left	Signature				Detail	
Time Arrived		Time F	Roadway Cleared	Time Last Respond	der Left	Agency C	ode		Inves at Sc	tigated District Number	er
Number Killed	Number ii	njured	Total Vehicles	Total Non-Motoris	sts	Juvenile(s Involved	) Seco	ndary	Construct Zone Rela		
Latitude		.°N	Longitude -	°W	Coun	ty	· · · · · · · · · · · · · · · · · · ·		City		
On Road/Street:		. IN				Intersection Distance			01. Miles 03. At the	02. Feet Intersection	
Reference Interse	ecting Road	d/Stree	t:			Intersection	on Offset D	istance	Offset Direction	N S E W	<i>-</i>
HWY NUMBER			MILEPOINT			Milepoint Distance			01. Miles 03. At the	02. Feet Milepoint	
☐ INTERSTATE ☐ OTHER RDW		STA	ATE HWY CIT	Y ST/CNTY RD		Milepoint	Offset Dist	ance	Offset Direction	N S E W	/ <u> </u>
LOCATION	01. On R 02. Ran 03. Ran	Off Left s	Side 05. Vehicle Cross			ate Property Median/Islan	id	Number of Lanes Blocked		LANE POSITION	
HARMFUL SEQUEN		1st	2	nd I	3	rd		4th		Most Harmful Event	
NON-COLLISION C 01. Overturning/Roll 44. Immersion, Full 45. Fell from Motor v 02. Other Non-Collis COLLISION WITH I 03. School Age To/F 05. Pedestrian 15. Bicycle/Motorize COLLISION WITH I TRANSPORT 06. Front to Front 07. Front to Rear	over or Partial /ehicle sion <b>VON-MOTO</b> rom School d Bicycle		08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Sar 12. Side to Side-Op COLLISION WITH 13. Parked Motor V COLLISION WITH 17. Domestic Animal COLLISION WITH 19. Light Pole/Utility 20. Traffic Signal Po	posite Direction DTHER VEHICLE ehicle ANIMAL I DBJECT Pole	21. Sig 41. Gu 42. Gu 23. Ca 24. Co 48. Ov 49. Ov 50. Bri 26. Vel 27. Cu	ardrail Face ardrail End ble Rail ncrete Highwerhead Strudge Structur hicle Debris lvert or Heachbankment	way Barrier cture (Bridge cture (Not Br e (Not Overl or Cargo	29. 30. 31. 32. 33. 34. ridge) 35. head) 36. 37. 38. 39.	Railroad Cro Barricade Wall or Build Crash Cush Mailbox Other Fixed	s or Boulder ossing Equipment	
ROAD	ONTOUR		01. Straight 02. Curve Left	03. Curve Right 04. Unknown	R	OAD CON	TOUR -	02.	Level Uphill Hill Crest	04. Downhill 05. Sag/Bottom 06. Unknown	
APPROACH/OV	ERTAKIN TUR		01. Approach Turn 02. Overtaking Turn	03. Not Applicable			HTING DITION	1 1	Daylight Dawn or Du	03. Dark-lighted sk 04. Dark-Unlighted	
ROAD DES			01. At Intersection 02. Driveway Acces 03. Intersection Rela	ated 08. Parkii n 09. Ramp	dabout ng Lot	11. 12.	Ramp-relate Alley Relate Share-Use Auxiliary La	ed Path or Tra	15. Exp	Block Crosswalk ress/Managed/HOV Lane	
ROAD	04. S 05. k 06. S	Vet Iuddy Snowy	09. Wét W/ 10. Snowy 11. Icy W/V 12. Slushy 13. Sand/G		atment reatme tment			05. Hail 06.	1st  Dust Wind Cloudy Freezing Ra	2nd 08. Snow 09. Blowing Snow ain or Freezing Drizzle	ı
EMEDOENOV	EDICA: 0	ED\#C		ED OUT ONLY I	N THE				DEVICE	ELINCTIONING	
Time Notified	EDICAL S		res (Record all time un me Arrived @ Scene	Time Arrived	@ Hos		01. 02.	No Control Not Function	S	FUNCTIONING  04. Functioning Properl 06. Not Visible 05. Unknown	ly
If times are unknown	own provid	le name	e of responding service	ces:					,p. 0 p 0 (1)		
Approved By					I.D. N	umber				Date	

Case #		Agency ORI			Agency	Name						
Describe	e Crash											
											)	
							X					
					N							
Owner	Public Property Damage	d $\square$ Dam	naged Prop	p. Last N	ame			Firs	t Name		,	MI
1 Address	, , , , , , , , , , , , , , , , , , , ,					City				State	ZIP	
						Oity				Otate		
Damage	d Prop. Description									,	'	
Owner	Public Property Damage	d Dam	naged Prop	p. Last N	ame		1	Firs	t Name			MI
2 Address		<u> </u>				City				State	ZIP	
Audiess						City				State		
Damage	d Prop. Description					J.					ļ	

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## MOTORIZED TRAFFIC UNIT/OCCUPANT PAGE \_\_\_ OF \_\_\_ PAGES

Traffic Unit #						Ag	Agency ORI				Agency Name								
Hit & Run	(Drive	r) Las	st Nan	ne		,	Fir	st Na	ame	,			MI	Phone					
Non-Contact Vehicle	(Drive	r) Str	eet Ad	Idress			Cit	ty					State	ZIP	D	ОВ			
Driver License	Number	r					- 1	licer		CDL	State	Sex	Email						
Primary Violati	ion						Dri	iver		ition Code			Citatio	n Number		Common Code			
Filliary violati	ЮП							וע	VIOIA	ilion Codi	5		Citatio	iii Nuilibei		Ommon	Cou		
Same Vo	ehicle O	wner	Last N	Name							First Na	ame							MI
Same Vo	ehicle O	wner	Street	t Addre	ess						City				Stat	e ZIF			
Insurance Con	npany							Non	e Proof	Expirat	ion Date	9		Policy Num	ber				
License Plate	No.				S	tate or			1001		Number	of Traile	ers:						
Vehicle Identifi	cation N	umbe	er				Ye	ar			Trailer 1	: VIN#			Ň				
Make		Mod	ما								License Trailer 2		X				Disa	bling Dan	mage 🗌
iviake		MOU	EI				No Da	ama	ge		License	_					Diea	bling Dan	mage $\square$
Body Type		Colo	or				1				Trailer 3	: VIN#					Disa		
						(C:		<u></u> '			License	Plate:					Disa	bling Dan	mage 🗌
Towed 00. N	Not towed  Towed Due	e to Di	isabling	Damag	ge					<u> </u>	Trailer 4	: VIN#							
02.7	Towed Due Towed, Bui Damage	t Not I	Due to l	Disablin	ig						License						Disa	bling Dan	mage 🗌
Ву:						U	nderca	arriad	je		Trailer 5 License								
To:						1. Sligh	t 2. M	oder	ate 3	. Severe								bling Dan	
1 1 1 1	HICLE D				ON				1		BE FIL			NLY IN TH				TALITY RDOUS	
00. No Vehicle D						nical Fail			Ч.			MANE	UVER		MATERIA	ALS INV	/OLV	EMENT	
01. Defective He	ake/Tail Li	ght(s)	)	10.	Improp	cted Wind er Load	,		07	). No Avoid 7. Braking		aneuver		0	0. No Fire/ 1. No Fire/	Haz-Mat	t Carg	o Not Inv	olved
03. Defective Sig 04. Brakes Defe	ctive/Out of	of Adj	ustmen	it 17.	Cargo/l	Equipme Equipme	nt Shift		09	3. Steering 9. Steering	and Bral	king		0:	2. No Fire/ 3. Vehicle	Fire/No I	Haz-N	1at Cargo	
05. Defective Tire 06. Sudden Tire 07. Improper Tire	Failure	dition		15.		y Violation Defect(s)		be in	11	Accelera     Steering	and Acc	elerating	) (Danasilas		4. Vehicle Involved	1		_	i
07. Improper file			15		Ivalian	ve)	DF	RIVE		CCUPAN			(Describe	in Narrative) 0	b. venicie	FIFE/Haz	z-iviat i	ncident	1.
A	В	С	D	E	F1	F2	F3	AC						1	1	AA	Expi	ired Date	
								Ш		DRI	/ER NAN	IE AND	ADDRE	SS ARE ABO	VE				
G1 G2	Н			K	L	<u> </u>	N	SE		MS Trip :	#		Taken	То		BB	Expi	ired Time	
A			D	E	F1	F2	F3	AC	E (P	assenger)	) Name/A	ddress				AA	Expi	ired Date	
										<b>3</b> -7									
G1 G2	н	1	J	K	L	M	N	SE	X							ВВ	Expi	ired Time	
									E	MS Trip	#		Taken	То					
A			D	E	F1	F2	F3	AC	GE (P	assenger)	) Name/A	ddress				AA	Expi	ired Date	
																	]		
G1 G2	<u>H</u>		J	K	L	M	N	SE		MS Trip :	#		Taken	То		ВВ	Expi	ired Time	
A		4	D	E	F1	F2	F3	AC		assenger		ddress				AA	  Evni	ired Date	
		Ī		<u>-</u>							,							Tou Date	
G1 G2	Н	I	J	K	_ <b>L</b>	M	N	SE								ВВ	Expi	ired Time	
									E	MS Trip	#		Taken	То					

Traffic			Case #		Agen	cy ORI		Agency Name	
Unit #	L								
				GENERAL VEHICLE FIE	LDS			CARRIER 01. Interst	
	VE	EHICL	E TYPE	03. Non-School Bus (9 occu		15. Farm Equ	ipment /ehicle/Equipment	TYPE 02. Intrast	(11 #0+ 13 01103011,
	] 			or more including driver) commerce	) in	•		Vehicle	complete only the
			REQUIRED  y Trucks GVWR/	04. Transit Bus		OTHER VEHI 17. Light Rail	CLE	GROSS VEHICLE WEIGHT	
			en 10,001 and	VEHICLES UNDER THE G	VWR/	21. Heavy Tra		RATING/GROSS COMBINATI	<u>ON</u>
16,0		. //	. T	GCWR THRESHOLD		<ol> <li>Off Highw</li> <li>Snowmob</li> </ol>	ay Vehicle/ATV	WEIGHT RATING	Enter number of pounds.
			y Trucks GVWR/ or over	<ul><li>05. Passenger Car/Passeng</li><li>07. Pickup Truck/Utility Van</li></ul>	ger van	25. Low Spee		TOTAL NUMBER OF AXLES  Enter the total number of axles	
			I school buses)	09. SUV			icle Type (Describe	including truck and trailer.	
				<ul><li>11. Motor Home</li><li>12. Motorcycle</li></ul>		in Narrativ 16. Unknown	(e) (Hit and Run Only)	i i	VEHICLE
				28. Autocycle			( , , , , , , , , , , , , , , , , ,	01. Passenger Car (only if HM placarded)	CONFIGURATION
	SF	PECIA	L FUNCTION OF	MOTOR VEHICLE IN TRAN	SPORT			02. Light Truck (only if HM	08. Truck Tractor and Semi-
				09. Ambulance		18. Public Util	ity	placarded) 03. Bus/Limousine	Trailer  09. Truck Tractor and Double
00. No				10. Police 11. Fire Truck		19. Military 20. Rental Tru	ick	04. Single-unit Truck (2 axles)	
		Transp	orting Students	12. Non-Transport Emergen	су	21. Taxi	ior.	05. Single-unit Truck (3 or more axles)	10. Truck Tractor and Triple Trailers
02. Bus			JI .	Services Vehicle			sed for Electronic	06. Truck and Trailer	11. Other (Describe in
03. Bus – Charter 04. Bus – Shuttle				13. Safety Service Patrols – Incident Respon	nse		ng (Uber, Lyft etc.) scribe in Narrative)	07. Truck Tractor (Bobtail)	Narrative)
04. Bus 05. Bus				14. Towing – Incident Respon	nse		,	01. Bus/ Limousine (seats	CARGO
06. Con	nstru	ction E	quipment	15. Other Incident Response 16. Highway/Maintenance	Э			9-15 occupants, including the driver)	BODY TYPE
07. Far			nt	17. Truck Acting as Crash Atte	enuator	Emergency L Activated	ights	02. Bus/Limousine (seats 16 or	
08. Fan								more occupants, including the driver)	11. Pole 12. Intermodal Container
		IRECT  1. North		- PRIOR TO IMPACT (PRIOI st 05. South	R TO TI	JRNING MOVE 07. West	EMENT)	03. Van/Enclosed Box	13. Vehicle Towing another
	02	2. North	neast 04. So	utheast 06. Southwes	st	08. Northwest		04. Cargo Tank	Vehicle
	VE	EHICL	E MOVEMENT -	PRIOR TO IMPACT		10.0		05. Flatbed/Pickup 06. Dump Bed	<ol> <li>Fire Apparatus</li> <li>Ambulance</li> </ol>
				06. Making U-Turn 07. Passing		<ul><li>12. Swerve/Av</li><li>13. Weaving</li></ul>	voldance	07. Concrete Mixer	16. No Cargo Body
01. Goi				08. Backing		14. Out of Co		08. Auto Transporter 09. Garbage Refuse	<ol> <li>Other (Describe in Narrative)</li> </ol>
02. Slov 03. Sto			offic	<ol><li>Entering/Leaving Parket Position</li></ol>	d	15. Traveled \	Vrong Way raffic Way/Merge	SEQUENCE OF	
04. Mal				10. Parked		18. Negotiatin		CRASH EVENTS	
05. Mal	_ <u> </u>			11. Changing Lanes			scribe in Narrative)	1st	2nd 3rd 4th
	DADV	WAY S	PEED LIMIT	ESTIMATED VEHICLE SF	PEED	DRIVER'S	STATED SPEED	NON-COLLISION 01. Ran Off the Road	COLLISION 11. Pedestrian
I RU									11. Pedesinan
RC			MPH		MPH		MPH	02. Jackknifed	12. Motor Vehicle in Transport
	<u> </u>			NS (OFFICER OPINION ONL				1 02. Jackknifed 03. Overturning	<ul><li>12. Motor Vehicle in Transport</li><li>13. Parked Motor Vehicle</li></ul>
1st		2nd			-Y)	17. Careless		02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift	<ul><li>12. Motor Vehicle in Transport</li><li>13. Parked Motor Vehicle</li><li>14. Train</li><li>15. Pedal Cycle</li></ul>
1st			DRIVER ACTIO	NS (OFFICER OPINION ONL 07. Improper Turn 08. Turned from Wrong Land Position	-Y)	17. Careless (if used, r coded "00	Driving next field can not be ")	1 02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift 06. Explosion or Fire	<ul><li>12. Motor Vehicle in Transport</li><li>13. Parked Motor Vehicle</li><li>14. Train</li><li>15. Pedal Cycle (Bicycle, Tricycle, etc.)</li></ul>
1st	Con	ntributir	DRIVER ACTIO	NS (OFFICER OPINION ONL 07. Improper Turn 08. Turned from Wrong Land Position 10. Lane Violation	-Y) e or	17. Careless (if used, r coded "00 18. Speeding	Driving lext field can not be ")	02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift	<ul><li>12. Motor Vehicle in Transport</li><li>13. Parked Motor Vehicle</li><li>14. Train</li><li>15. Pedal Cycle</li></ul>
1st 00. No 02. Imp 03. Fai	Con bede led to	ntributired Traff	DRIVER ACTIO	NS (OFFICER OPINION ONL 07. Improper Turn 08. Turned from Wrong Land Position 10. Lane Violation 11. Improper Passing on Le 12. Improper Passing on Ri	Y) e or	17. Careless (if used, r coded "00 18. Speeding 19. Too Fast 20. Racing	Driving lext field can not be "") for Conditions	1 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	<ul> <li>12. Motor Vehicle in Transport</li> <li>13. Parked Motor Vehicle</li> <li>14. Train</li> <li>15. Pedal Cycle (Bicycle, Tricycle, etc.)</li> <li>16. Animal</li> <li>17. Fixed Object</li> <li>18. Work Zone</li> </ul>
1st 00. No 02. Imp 03. Fai 04. Dis	Con pede led to rega	ntributir ed Traff to Yield ard Sto	DRIVER ACTIO ng Action ic I ROW p Sign	NS (OFFICER OPINION ONL 07. Improper Turn 08. Turned from Wrong Land Position 10. Lane Violation 11. Improper Passing on Le 12. Improper Passing on Ri 13. Followed Too Closely	Y) e or	17. Careless (if used, r coded "00" 18. Speeding 19. Too Fast 20. Racing 21. Over-Com	Driving next field can not be "")  for Conditions recting/Over-Steering	1 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	<ol> <li>Motor Vehicle in Transport</li> <li>Parked Motor Vehicle</li> <li>Train</li> <li>Pedal Cycle         <ul> <li>(Bicycle, Tricycle, etc.)</li> </ul> </li> <li>Animal</li> <li>Fixed Object</li> <li>Work Zone         <ul> <li>Maintenance Equipment</li> </ul> </li> </ol>
1st 00. No 02. Imp 03. Fai 04. Dis 05. Fai 06. Dis	Con pede iled to rega iled to	ntributir ed Traff to Yield ard Sto to Stop arded C	ng Action ic ROW p Sign at Signal Other Device/	NS (OFFICER OPINION ONL 07. Improper Turn 08. Turned from Wrong Land Position 10. Lane Violation 11. Improper Passing on Le 12. Improper Passing on Ri 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation	Y) e or	17. Careless (if used, r coded "00" 18. Speeding 19. Too Fast' 20. Racing 21. Over-Corr 22. Lacking F 23. Other Cor	Driving next field can not be "")  for Conditions recting/Over-Steering Required Chains ntributing Action	1 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	<ol> <li>Motor Vehicle in Transport</li> <li>Parked Motor Vehicle</li> <li>Train</li> <li>Pedal Cycle (Bicycle, Tricycle, etc.)</li> <li>Animal</li> <li>Fixed Object</li> <li>Work Zone Maintenance Equipment</li> <li>Other Movable Object</li> <li>Other (Describe in</li> </ol>
1st 00. No 02. Imp 03. Fai 04. Dis 05. Fai 06. Dis	Con pede iled to rega iled to	ntributir ed Traff to Yield ard Sto to Stop	ng Action ic ROW p Sign at Signal other Device/	NS (OFFICER OPINION ONL 07. Improper Turn 08. Turned from Wrong Lane Position 10. Lane Violation 11. Improper Passing on Reduced Interpretation of Reduced Interpretation	e or eft ght	17. Careless (if used, r. coded "00 18. Speeding 19. Too Fast 20. Racing 21. Over-Con 22. Lacking F 23. Other Col (Describe	Driving lext field can not be ")" for Conditions recting/Over-Steering Required Chains htributing Action in Narrative)	1 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)	<ol> <li>Motor Vehicle in Transport</li> <li>Parked Motor Vehicle</li> <li>Train</li> <li>Pedal Cycle         <ul> <li>(Bicycle, Tricycle, etc.)</li> </ul> </li> <li>Animal</li> <li>Fixed Object</li> <li>Work Zone         <ul> <li>Maintenance Equipment</li> </ul> </li> <li>Other Movable Object</li> <li>Other (Describe in Narrative)</li> </ol>
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Hit 8			Non-Contact Non-Motorist	Driver License Number	r				State	Sex	DOB			
		Violatio			DUI	Violation	Code	Citatio	on Number		Common	Code		
	N	ON-MOT	TORIST TYPE			TYPE OF DESIGNATED BICYCLE/PEDESTRIAN FACILITY (ZONE) AVAILABLE FOR NON-MOTORIST AT TIME OF CRASH								
02. V 03. S	01. Pedestrian 05. Other Pedestrian 02. Wheelchair 06. Bicyclist 03. Scooter 07. Other Bicyclist/Cyclist 04. Personal Conveyance 08. Other Non-Motorist						ewalk sswalk rked Bicycle Lane ared Travelway tected Bicycle Lane		07 08	. Separate	ed Paved S e Bicycle Pa ific Facility escribe in N	ath/Trail		
NON-MOTORIST MOVEMENT - PRIOR TO IMPACT							OTORIST ACTIONS (	OFFICE	R OPINION	ONLY)			lst	2nd
01. Going Straight 10. Parked 02. Slowing 11. Changing Lanes 03. Stopped in Traffic 12. Swerve/Avoidance 04. Making Right Turn 13. Weaving 05. Making Left Turn 14. Out of Control 06. Making U-Turn 15. Traveled Wrong Way 07. Passing 17. Entering Traffic Way/Merge 08. Backing 18. Negotiating a Curve 09. Entering/Leaving Parked Position 16. Other (Describe in Narrative)						01. Fail Offi 02. Cro 03. Cro 06. Soli 07. Trav or A 08. Trav (In o 09. Ente 10. Disa	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 Factivities) 16. Working in Trafficway (Incident Factivities) 17. Improper Passing 18. Failure to Yield Right-Of-Way 19. Improper Turn/Merge 20. Dart/Dash 21. In Roadway Improperly (Standin Working, Playing) 22. Panhandling 12. Other (Describe in Narrative)						raffic st Traffic nt Resp enance	c ponse)
	N	ON-MOT	ORIST LOCATION	AT TIME OF CRASH			OTORIST MOST APP ER OPINION ONLY)	ARENT	CONTRIBU	TING FAC	L			
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						01. Not 02. Em 03. Asle 04. Illne 05. Ine 06. Agg 07. Unf 08. Eva 09. Phy	1st 2nd  00. No Apparent Contributing Factor 11. Distracted/Headphones 01. Not Visible (Dark Clothing, No Lighting, etc.) 12. Distracted/Cell Phone 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						ectronic jects, P	Pet, etc.
NON-MOTORIST LEG OF INTERSECTION							CTIVE/REFLECTIVE	DEVICE	S/CLOTHIN	G			3	
01.         North         05.         South           02.         Northeast         06.         Southwest           03.         East         07.         West           04.         Southeast         08.         Northwest							lector(s) nt Light ar Light lective Clothing							*
		-			NON-	MOTOR	RIST DETAILS							
					F3						AA	Expired [	Date	
H I J K L M N							Trip #	Takon	To		BB	Expired T	Time	

## ADDITIONAL MOTOR VEHICLE OCCUPANTS PAGE \_\_\_ OF \_\_\_ PAGES

Traffic Unit #		Ca	se#					Age	ency O	RI	Agency Name		
TU#	A			D	Е	F1	F2	   F3	AGE	(Passenger) Name/Address	<u> </u>	I AA	Expired Date
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10#	A				<u>E</u>	1 -	<u>                                    </u>	<u>  F3</u>	AGE	(Passenger) Name/Address		AA	Expired Date
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## ADDITIONAL DAMAGED PROPERTIES PAGE \_\_\_ OF \_\_\_ PAGES

Traffic Unit #		Case #	Agen	cy ORI		Agency Name	Э			
	Damad	led Prop. Last Name			First Name					
3 Address										
City							State	ZIP		
Damage	d Prop	erty Description					,			
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Address										
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Damage	d Prop	erty Description								
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Owner 6	Damaç	ed Prop. Last Name			First Name	<b>\</b>				
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City							State	ZIP		
Damage	d Prop	erty Description					1	1		

Position In/On Vehicle	Α	AIRBAG - DEPLOYMENT  00. Not Equipped  04. Not Deployed at pos., Deployed	G1
14		01. Not Deployed at Others	<u> </u>
03 06 09		02. Deployed at pos. Only 03. Deployed at pos. and Others (Describe in Narrative)	
02 05 08 10/11/12 13		AIRBAG - TYPE	
01   04   07		A. None E. Real I. Center Console	G2
01. Driver 12. Sleeper Section of 02-09. Passengers 13. Trailer 14. Riding/Hanging on 11. Other UN-ENCLOSED Passenger/Cargo Area 11. Other UN-ENCLOSED Passenger/Cargo Area of Vehicle or Traile	to Exterio		
DRIVING RESTRICTIONS		INJURY SEVERITY 00. No Apparent Injury (O) 03. Suspected Serious Injury (A)	H
00. None 03. Compliance Not Known 01. Complied With 04. Did Not Comply With GDL 6 Months 02. Not Complied With 05. Did Not Comply With GDL 12 Month		01. Possible Injury (C) 02. Suspected Minor Injury (B) 04. Fatal Injury (K)	
	15	ALCOHOL SUSPECTED (OFFICER OPINION ONLY)	1
DRIVING ENDORSEMENTS  00. None  01. Complied With	С	YES 01. Preliminary Breath Test 02. SFST  NO 06. Preliminary Breath Test 07. SFST	•
02. Not Complied With 03. Compliance Not Known		03. Observed 08. Observed 05. Other Method 10. Other Method	
EJECTION	D		
00. No 01. Yes – Partial 02. Yes – Full 03. Extricated		00. Not Tested 05. Refusal 09. By Coroner – Fluids	J
EJECTION PATH  00. Not Ejected/ Not applicable 01. Through Side Door Opening (Sun Roof/Convertible Top Dow	E	01. Blood 06. By Coroner – Unknown 10. By Coroner – Other 02. Breath 07. By Coroner – Blood 08. By Coroner – Urine	
02. Through Side Window 07. Through Roof (Convertible Top U	p)	MARIJUANA SUSPECTED (OFFICER OPINION ONLY)	
03. Through Windshield 08. Other Path (e.g. Back of Pickup Truc 04. Through Back Window 10. Motorcycle	k)	00. Marijuana Not Suspected 01. Marijuana Suspected 02. Unknown	K
05. Through Back Door/Tailgate Opening 09. Unknown		TESTED FOR MARIJUANA	L
A. None  I. Child Restraint – Rear Facing	F1	00. Not Tested 05. Refusal 08. By Coroner – Urine	
B. Shoulder and Lap Belt J. Child Restraint – Type Unknown C. Shoulder Belt Only K. Booster Seat		01. Blood 06. By Coroner – Unknown 09. By Coroner – Fluids 04. Other 07. By Coroner – Blood 10. By Coroner – Other	
D. Lap Belt Only H. Child Restraint – Forward Facing		OTHER DRUG/IMPAIRMENT SUSPECTED (OFFICER OPINION ONLY)  VES  NO	M
SAFETY EQUIPMENT - USE	F2	01 Drug Recognition Expert 05 Drug Recognition Expert	
(Restraints and MC Eye Protection) 02. Improperly Used	LFZ	02. SFST 06. SFST 07. Observed 07. Observed	
00. Not Used 03. Unknown 01. Properly Used		04. Other Method 08. Other Method	
SAFETY EQUIPMENT - HELMET		TESTED FOR OTHER DRUGS	
A. N/A (e.g. Cars/Ped/etc.)  D. Helmet Improperly used	F3	Oc. Not rested	N
B. No Helmet C. Available, Not Used E. Helmet Properly used F. Unknown (Describe in Narrative)		01. Blood 06. By Coroner – Unknown 09. By Coroner – Fluids U04. Other 07. By Coroner – Blood 10. By Coroner – Other	
TU# A B C D E F1 F2 F3	AGE	E Name/Address AA Expired Date	
G1 G2 H I J K L M N	SEX	C EMS Trip # Taken To BB Expired Time	
TO BE FILLED OUT ONLY IN DEAD AT SCENE	TRA	NSPORTED BY	<del></del>
THE EVENT OF A FATALITY 00. No 01. Yes	<b>1</b>	mbulance 02. Air 03. Not Transported 04. Other (Describe in Narrative)	BB