

PEDESTRIAN ACTION ("X" all that apply)

Was Pedestrian Involved? 1 YES 2 NO

1 Crossing at intersection-with Signal
 2 Same-Against Signal
 3 Same-No Signal
 4 Same-Diagonally
 5 Crossing Not at Intersection

Was Crosswalk Available? 1 YES 2 NO
 Was Crosswalk Marked? 1 YES 2 NO
 Was Pedestrian Within Crosswalk Markings or Extension of Sidewalk Lines? 1 YES 2 NO

6 Coming from Behind Parked Cars
 8 Standing in Safety Zone
 9 Getting On or Off Other Vehicle
 10 Pushing or Working on Vehicle
 11 Other Working in Roadway
 12 Playing in Roadway
 14 Lying in Roadway

7 Walking in Roadway
 a. With Traffic
 b. Against Traffic
 Was Sidewalk Available? 1 YES 2 NO

16 Walking Beside Roadway
 a. With Traffic
 b. Against Traffic
 Was Sidewalk Available? 1 YES 2 NO
 Was Pedestrian on Sidewalk? 1 YES 2 NO

15 Not in Roadway, Other _____

 (explain)

ACCIDENT INVOLVED

1 Motor Vehicle/Other Motor Vehicle
 2 Motor Vehicle/Railroad Train
 3 Motor Vehicle/Farm Implement
 4 Motor Vehicle/ Animal Drawn Vehicle
 5 Motor Vehicle/Bicycle
 6 Motor Vehicle/Other Pedalcycle
 Type Pedalcycle? _____

7 Motor Vehicle/Animal
 8 Motor Vehicle/Pedestrian
 9 Motor Vehicle Miscellaneous Actions
 Type Action? _____

10 Motor Vehicle Overturned in Roadway

Motor Vehicle Ran Off Roadway And

11 Overturned
 12 Struck Fixed Object
 Type Object? _____

13 Other _____

 (explain)

OTHER PROPERTY DAMAGED?

YES if Yes: PUBLIC
 NO PRIVATE

AMOUNT OF DAMAGE (ESTIMATE)

1 UNDER \$400 3 OVER \$400

OWNER:
 NAME _____

ADDRESS _____

DESCRIBE PROPERTY _____

ROADWAY TYPE-1 ("X" one)

VEH
 1 2
 1 Interstate
 2 U.S. Route
 3 State Route
 4 County Route
 5 Municipal Route
 6 Other

 (explain)

ROADWAY TYPE-2 ("X" all that apply)

VEH
 1 2
 3 One Way
 6 Ramp (Entrance/Exit)
 1 Two Lane
 2 Four Lane
 4 Divided Lanes
 By What _____

 (explain)

5 Other _____

 (explain)

ROADWAY HAZARDS ("X" all that apply)

VEH
 1 2
 5 No Apparent Hazards
 1 Defective Shoulders
 2 Holes, Deep Ruts
 7 No or Obscured Pavement Markings
 3 Loose Material on Surface
 8 Construction/Maintenance Zone
 4 Other Hazards

 (explain)

TRAFFIC CONTROLS

VEH
 1 2
 1 No Controls
 2 Traffic Light
 10 Flashing Yellow (Caution)
 11 Flashing Red (Stop)
 12 Lane Use Control
 3 Stop Sign
 8 4-Way Stop
 4 Yield
 13 Construction Zone Controls
 5 RR Crossbucks
 6 RR Flasher
 7 RR Gates
 9 Other _____

 (explain)

Was Traffic Control Visible?
 Veh. 1 YES NO
 Veh. 2 YES NO

Was Traffic Control Functioning Properly?
 Veh. 1 YES NO
 Veh. 2 YES NO

ROADWAY SURFACE TYPE

VEH
 1 2
 1 Asphalt
 4 Concrete
 2 Brick
 3 Gravel
 5 Dirt
 6 Other

 (explain)

ROADWAY SURFACE CONDITIONS

VEH
 1 2
 4 Dry
 3 Wet
 2 Snow
 1 Ice
 5 Mud
 6 Other

 (explain)

ROADWAY CHARACTER ("X" two)

VEH
 1 2
 1 Curve
 2 Straight

3 Upgrade
 4 Downgrade
 5 Level

DRIVER CONTRIBUTING FACTORS ("X" all that apply)

DRIVER
 1 2
 11 None
 5 Drinking
 6 Speeding
 1 Failure to Yield
 2 Following too Closely
 14 Reckless Driving
 3 Improper Passing
 4 Improper Turn
 8 Disregard Signal or Sign
 9 Wrong Side of Road
 15 Wrong Way
 7 Weather
 13 Vision Obstructed
 By What? _____

10 Other _____

 (explain)

TYPE OF ACTION ("X" all that apply)

DRIVER
 1 2
 1 Going Straight
 18 Negotiating Curve
 19 Passing or Overtaking Another Vehicle
 3 Right Turn to Private Drive
 2 Right Turn to Street
 20 Right Turn on Red Permitted
 21 Right Turn on Red Not Permitted
 5 Left Turn to Private Drive
 4 Left Turn to Street
 22 Turning From Wrong Lane
 6 Slowing or Stopped for Signal or Sign
 7 Slowing or Stopped for Turning Traffic
 8 Slowing or Stopped for Entering Traffic
 9 Slowing or Stopped Other
 (explain) _____

10 Starting in Traffic
 11 Starting from Parked Position
 12 Stopped in Traffic Lane
 13 **Parked (Legally - 1 YES 2 NO)**
 14 Backing from Drive
 15 Backing from On-Street Parking Space
 17 Entering from Private Drive
 16 Other _____

 (explain)

VEHICLE CONDITION ("X" all that apply)

	VEH. 1	VEH.2
Was vehicle moved prior to investigation?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
Was vehicle burned?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
Was vehicle modified? If yes, explain?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO

VEHICLE DEFECTS

	VEH. 1	VEH. 2
Did officer check for defect?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO

("X" all that apply)

VEH
 1 2
 6 No Apparent Defects
 1 Defective Brakes
 3 Defective Steering Mechanism
 4 Defective Tires
 8 Defective Headlights
 9 Defective Signal Lights
 10 Defective Tail Lights
 11 Defective Other Lights

5 Other _____

 (explain)

CONDITION OF DRIVER or PEDESTRIAN
 ("X" all that apply)

1 2 P
 2 Had Not Been Drinking
 3 Had Been Drinking
 6 Physical Defect
 7 Ill (Sick)
 5 Ability Not Impaired
 4 Ability Impaired
 8 Apparently Asleep
 10 Apparently Drugged
 1 Apparently Normal
 9 Unknown if Drinking
 11 Other _____

 (explain)

HAZARDOUS CARGO

Did Accident Involve Hazardous Cargo? 1 YES 2 NO
 (If yes, "X" all that apply)

	VEH	VEH
	1 2	1 2
0 <input type="checkbox"/> <input type="checkbox"/> NONE	5 <input type="checkbox"/> <input type="checkbox"/> Oxidizers	6 <input type="checkbox"/> <input type="checkbox"/> Etiologic Materials
1 <input type="checkbox"/> <input type="checkbox"/> Explosives	2 <input type="checkbox"/> <input type="checkbox"/> Gases	7 <input type="checkbox"/> <input type="checkbox"/> Radioactive Materials
3 <input type="checkbox"/> <input type="checkbox"/> Flammable Liquids	4 <input type="checkbox"/> <input type="checkbox"/> Flammable Solids	8 <input type="checkbox"/> <input type="checkbox"/> Corrosives
		9 <input type="checkbox"/> <input type="checkbox"/> Misc. _____ _____ (explain)