

DOCUMENT CONTROL NUMBER (DO NOT USE)					LOCAL AGENCY USE				REFERENCE NUMBER									
VEH NO. _____ <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	ALCOHOL			DRUGS						
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE								0	YES	YES	YES	YES	YES	YES	YES	POS	YES
	OR _____ ZIP _____								1									
	TAKEN TO _____ BY _____								2									
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO	NO								
	4																	
VEH NO. _____ <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	ALCOHOL			DRUGS						
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE								0	YES	YES	YES	YES	YES	YES	YES	POS	YES
	OR _____ ZIP _____								1									
	TAKEN TO _____ BY _____								2									
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO	NO								
	4																	
VEH NO. _____ <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	ALCOHOL			DRUGS						
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE								0	YES	YES	YES	YES	YES	YES	YES	POS	YES
	OR _____ ZIP _____								1									
	TAKEN TO _____ BY _____								2									
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO	NO								
	4																	
VEH NO. _____ <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	ALCOHOL			DRUGS						
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE								0	YES	YES	YES	YES	YES	YES	YES	POS	YES
	OR _____ ZIP _____								1									
	TAKEN TO _____ BY _____								2									
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO	NO								
	4																	
VEH NO. _____ <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	ALCOHOL			DRUGS						
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE								0	YES	YES	YES	YES	YES	YES	YES	POS	YES
	OR _____ ZIP _____								1									
	TAKEN TO _____ BY _____								2									
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO	NO								
	4																	
VEH NO. _____ <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	ALCOHOL			DRUGS						
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE								0	YES	YES	YES	YES	YES	YES	YES	POS	YES
	OR _____ ZIP _____								1									
	TAKEN TO _____ BY _____								2									
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO	NO								
	4																	
VEH NO. _____ <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	ALCOHOL			DRUGS						
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE								0	YES	YES	YES	YES	YES	YES	YES	POS	YES
	OR _____ ZIP _____								1									
	TAKEN TO _____ BY _____								2									
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO	NO								
	4																	

LIST BELOW ALL CHILD PASSENGERS UNDER FOUR (4) YEARS OF AGE

VEH NO. _____	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	Held	CHILD RESTRAINT DEVICE											
										Available	Used	Used Properly									
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE	Yrs.	M	0						YES	YES	YES									
	OR _____ ZIP _____												1	YES	YES	YES					
	TAKEN TO _____ BY _____												2								
	MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)												3				NO	NO	NO		
	4																				
	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	Held	CHILD RESTRAINT DEVICE											
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE									Yrs.	M	0						YES	YES	YES	
	OR _____ ZIP _____																				1
	TAKEN TO _____ BY _____																				2
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO												
	4																				
	NAME _____	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	Held	CHILD RESTRAINT DEVICE											
	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE									Yrs.	M	0						YES	YES	YES	
	OR _____ ZIP _____																				1
	TAKEN TO _____ BY _____																				2
MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	3	NO	NO	NO	NO	NO	NO	NO	NO												
	4																				

WITNESSES

(1) Name _____ Age _____ Race _____ Sex _____
 Address _____ (Business Phone) _____ (Residence Phone) _____

(2) Name _____ Age _____ Race _____ Sex _____
 Address _____ (Business Phone) _____ (Residence Phone) _____

(3) Name _____ Age _____ Race _____ Sex _____
 Address _____ (Business Phone) _____ (Residence Phone) _____