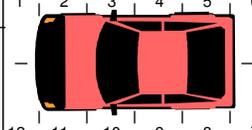
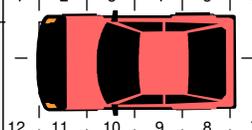
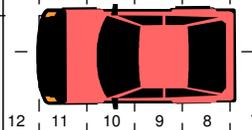
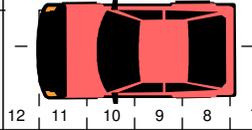


INJURED TO HOSPITAL	43. Name of Injured Person	Where Taken (Hospital)	By Whom	Status	Major Crash Notified (Name)	Teletype Notified (Name)	Relative Notified (Name)
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			
				<input type="checkbox"/> Admitted <input type="checkbox"/> Released			

Vehicle No. 1	44. Direction Of Travel and Street (Must be same as in narrative diagram)	45. Circle All Numbers Where There is Damage.	<p>49. Diagram: The predetermined north in the right hand corner of this section shall not be changed by the Reporting Officer. The diagram must correspond to Item No. 44, and the narrative. If the report is being taken by an officer, after the fact, the diagram shall be completed to show the general area in which the crash occurred. Freeway access ramps, exit ramps and bridges shall be indicated.</p> <div style="text-align: right;">  North </div> <div style="border: 1px dashed black; height: 400px; width: 100%; margin-top: 20px;"></div>	
	46. Vehicle was: 01 <input type="checkbox"/> Left on scene 02 <input type="checkbox"/> Towed by 03 <input type="checkbox"/> Driven Away by			13 Hood 14 Roof 15 Trunk 16 Undercarriage 17 Overturned 18 Other (Explain in Narrative)
	Name:	48. Skid Marks To Impact _____ After Impact _____		
	47. Location Towed To			
Vehicle No. 2	44. Direction Of Travel and Street (Must be same as in narrative diagram)	45. Circle All Numbers Where There is Damage.		
	46. Vehicle was: 01 <input type="checkbox"/> Left on scene 02 <input type="checkbox"/> Towed by 03 <input type="checkbox"/> Driven Away by			13 Hood 14 Roof 15 Trunk 16 Undercarriage 17 Overturned 18 Other (Explain in Narrative)
	Name:	48. Skid Marks To Impact _____ After Impact _____		
	47. Location Towed To			
Vehicle No. 3	44. Direction Of Travel and Street (Must be same as in narrative diagram)	45. Circle All Numbers Where There is Damage.		
	46. Vehicle was: 01 <input type="checkbox"/> Left on scene 02 <input type="checkbox"/> Towed by 03 <input type="checkbox"/> Driven Away by			13 Hood 14 Roof 15 Trunk 16 Undercarriage 17 Overturned 18 Other (Explain in Narrative)
	Name:	48. Skid Marks To Impact _____ After Impact _____		
	47. Location Towed To			
Vehicle No. 4	44. Direction Of Travel and Street (Must be same as in narrative diagram)	45. Circle All Numbers Where There is Damage.		
	46. Vehicle was: 01 <input type="checkbox"/> Left on scene 02 <input type="checkbox"/> Towed by 03 <input type="checkbox"/> Driven Away by			13 Hood 14 Roof 15 Trunk 16 Undercarriage 17 Overturned 18 Other (Explain in Narrative)
	Name:	48. Skid Marks To Impact _____ After Impact _____		
	47. Location Towed To			



- Indicate type of fixed object
- Indicate direction 
- indicate posted speed
- indicate vehicles by No.

Note: This report is used for statistical analysis of vehicular crashes and the prevention thereof. The data given represents the opinion and conclusions of the reporting officer based on his or her judgement after considering all the facts disclosed through his/her investigation of this crash. Complaint No. _____

Darken the appropriate block in each category.

Police Action	50. Dr./Ped	Arrest / NOI Number	Charge (Report must support charge.)			BTA/ Superior Court Hearing Date)	DPW 40-1 Issued?	What Traffic Signs Present?				
	No.											
	No.											
51. Type of Crash					52. Road Surface		53. Road Type		54. Pedestrian Action		55. Traffic controls	
00 <input type="checkbox"/> Unknown 05 <input type="checkbox"/> Side Swiped 10 <input type="checkbox"/> Left Turn Hit PED. 15 <input type="checkbox"/> Backing Hit Parked Veh. 01 <input type="checkbox"/> Right Angle 06 <input type="checkbox"/> Head On 11 <input type="checkbox"/> Right Turn Hit PED. 16 <input type="checkbox"/> Backing Hit Pedestrian. 02 <input type="checkbox"/> Left Turn Hit Veh. 07 <input type="checkbox"/> Parked Vehicle 12 <input type="checkbox"/> Straight Hit Ped. 17 <input type="checkbox"/> Non-Collision Accident 03 <input type="checkbox"/> Right Turn Hit Veh. 08 <input type="checkbox"/> Fixed Object 13 <input type="checkbox"/> Backing Hit Moving Veh. 99 <input type="checkbox"/> Other 04 <input type="checkbox"/> Rear End 09 <input type="checkbox"/> Ran Off Roadway 14 <input type="checkbox"/> Backing Hit Parked Veh.					01 <input type="checkbox"/> Concrete 02 <input type="checkbox"/> Asphalt 03 <input type="checkbox"/> Brick 04 <input type="checkbox"/> Gravel 05 <input type="checkbox"/> Dirt 99 <input type="checkbox"/> Other		01 <input type="checkbox"/> Straight 02 <input type="checkbox"/> Curve 03 <input type="checkbox"/> Level 04 <input type="checkbox"/> Grade 05 <input type="checkbox"/> Crest 06 <input type="checkbox"/> UnderPass 07 <input type="checkbox"/> Ramp 08 <input type="checkbox"/> Bridge 99 <input type="checkbox"/> Other		00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> With Signal In Crosswalk 02 <input type="checkbox"/> Against Signal In Crosswalk 03 <input type="checkbox"/> In Crosswalk - No Signal 04 <input type="checkbox"/> From Between parked Cars 05 <input type="checkbox"/> Not in Crosswalk 06 <input type="checkbox"/> In Unmarked Crosswalk 99 <input type="checkbox"/> Other		00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Flashing 02 <input type="checkbox"/> Yield 03 <input type="checkbox"/> Stop Sign 04 <input type="checkbox"/> Signal 05 <input type="checkbox"/> None 06 <input type="checkbox"/> Officer 07 <input type="checkbox"/> Restricted Turn 99 <input type="checkbox"/> Other	
56. Road Condition		57. Street Lighting		58. Light Condition		59. Traffic Condition		60. Weather				
00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Repairing 02 <input type="checkbox"/> Dry 03 <input type="checkbox"/> Wet 04 <input type="checkbox"/> Ice/ Snow		00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Defective 02 <input type="checkbox"/> None 03 <input type="checkbox"/> Street Lights On 04 <input type="checkbox"/> Street Lights Off		00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Dawn/ Dusk 02 <input type="checkbox"/> Dark 03 <input type="checkbox"/> Daylight		00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Heavy 02 <input type="checkbox"/> Medium 03 <input type="checkbox"/> Light 04 <input type="checkbox"/> Other		00 <input type="checkbox"/> Unknown 01 <input type="checkbox"/> Fog/ Mist 02 <input type="checkbox"/> Clear 03 <input type="checkbox"/> Rain 04 <input type="checkbox"/> Snow 05 <input type="checkbox"/> Sleet				
62. Driver / Pedestrian Condition					63. Contributing Circumstances. Darken The Primary Factor For All Vehicles And "X" All Secondary Factors.					64. Insurance		
1 2 3 4 00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fatigued 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ILL 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical Defect 04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apparently Asleep 05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apparently Normal 99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other					1 2 3 4 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Speed 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Brakes 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Following Too Close 04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto Right-Of-Way 05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ped. Right-Of-Way 06 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Red Light Running 07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yield Sign 08 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stop / Go Light 09 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flashing Light 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Directional Light 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stop Sign 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alcohol Influence 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Passing 14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrong Way-One Way St. 15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrong Side of Street 16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cell Phone Use 17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Distraction. (Explain in Narrative) 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Defects 19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pedestrian violation 20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No violation 21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driver Inattention 22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Changing Lanes Without Caut. 23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fail To Set Parking Brake 24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Open Door To Traffic 25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence 26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Backing 27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Lights 28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pedestrian Drunk 29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Road Defects 30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driver Vision Obstructed 31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn On Red 99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other					01 <input type="checkbox"/> Unknown 02 <input type="checkbox"/> Wearing Dark Clothing 03 <input type="checkbox"/> Wearing Light Clothing		
65. Sobriety												
1 2 3 4 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Had Not Been Drinking 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Had Been Drinking and Obviously Drunk Ability Impaired 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not Impaired 04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Impairment Unknown 05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other												
66. Vehicle Type: Private				67. Vehicle Type: Commercial				68. Vehicle Type: Government				
1 2 3 4 00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passenger Auto 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Motorcycle 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bicycle 04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SUV 05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pick Up Truck 06 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moped 07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreational Vehicle 08 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Minivan 09 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Taxi Cab 99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Explain In Narrative. Include SkateBoards,Tricycles, Play Vehicles, Etc.)				1 2 3 4 00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tour Bus 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Metro Bus 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passenger Van 04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cargo Van 05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> School Bus 06 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tow Truck 07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Truck / Tractor --- --- --- --- No. Of Trailers --- --- --- --- No. Of Wheels 99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Explain In Narrative. Include SkateBoards,Tricycles, Play Vehicles, Etc.)				1 2 3 4 00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passenger Van 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cargo Van 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passenger Auto 04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Motorcycle 05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bicycle 06 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tow Truck 07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SUV 08 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Police Vehicle 09 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bus 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ambulance 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire Truck 99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Explain In Narrative. Include SkateBoards,Tricycles, Play Vehicles, Etc.)				
69. Blood Alcohol Content				70. Driver Actions								
DR./Ped. 1 _____ DR./Ped. 1 _____ DR./Ped. 1 _____ DR./Ped. 1 _____				1 2 3 4 00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown 04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stopped / Standing-Traffic Lane 08 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Merging 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OverTaking 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Backing 05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parked 09 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ran Off Road 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing/Stopping 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turning Right 06 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entering / Leaving Parked Position 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Changing Lanes 14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Avoiding 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turning Left 07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Making "U" Turn 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Going Straight 99 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other								

