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**Crash Case Identifier:**

Crash Classification <b>1</b>		Hit & Run?	Private Property?	Departmental?	Traffic Section Classification <b>2</b>
Date of Crash <b>01/31/2007</b>	Time of Crash Hrs.	Grid Number	Sector Number		County <b>3</b>
Officer Description of Location					
X Coordinate			Y Coordinate		

**CRASH ENVIRONMENT**

Location of First Harmful Event <b>4</b>	Manner of Crash/Collision Impact <b>5</b>
Ambient Light <b>6</b>	Road Surface Condition <b>7</b>
Weather Conditions (up to two) <b>8</b>	

**ROADWAY CHARACTERISTICS**

Contributing Circumstances:	Environment <b>9</b>
	Roadway <b>10</b>
Type of Road <b>11</b>	Type of Roadway Junction <b>12</b>
Traffic Control Type <b>13</b>	

**SCHOOL BUS RELATED?**

School Bus Related? <b>14</b>	Children Involved?
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**WORK ZONE RELATED?**

Work Zone Related?	Type of Work Zone <b>15</b>	Workers Present?
Work Zone Location of Crash <b>16</b>		

**SEQUENCE OF EVENTS**

First Harmful Event <b>17</b>
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**PRIMARY CONTRIBUTING CIRCUMSTANCE**

Primary Contributing Circumstance <b>18</b>
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**INCIDENT INFO**

Reporting Police Agency Identifier	Type of Police Agency <b>19</b>
Date Crash Reported to Police Agency <b>01/31/2007</b>	Time Crash Reported to Police Agency Hrs.
Time Officer Notified of Crash Hrs.	Time Officer Arrived At Scene Hrs.
Date of Report <b>01/31/2007</b>	Source of Information <b>20</b>
Exchange Information Given to All Drivers?	Investigation Made at Scene?
Referred to Special Unit	Other Technical Investigating Agency

Is All Information Known/Applicable for this Unit?
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**DRIVER INFORMATION**

Driver's License Number	License State <b>21</b>	License Expiration Date
License Class	License Endorsements <b>NONE</b>	License Restrictions <b>NONE</b>

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Driver's Name - Last		First	Middle	Suffix 22
Address				
City			State 23	Zip
Date of Birth	Age	Gender	Phone	
Driver Distraction 24		Alcohol/Drugs Suspected 25		
Alcohol Test Status 26		Alcohol Type of Test 27	Alcohol Test Results	
Drug Test Status 28		Drug Type of Test 29	Drug Test Results 30	
Insurance Co. Name			Insurance Co. Phone Number	
Insurance Policy #			Insurance Expiration Date	

**DRIVER INJURY INFORMATION**

Injury Status 31	Occupant Protection System Use 32
Description of Injuries	
Airbag Deployment 33	Airbag Switch Status 34
Ejection 35	Ejection Path 36
Trapped 37	
Source of Transport 38	Transported to 39
EMS Response Agency ID	EMS Response Run Number
Physician's Name	Admission Status 40

**CITATION INFORMATION**

Cited 41

Ticket Number 1	Violation Charge Code 1	Dangerous Moving Violation?
Violation Charge 1		
Ticket Number 2	Violation Charge Code 2	Dangerous Moving Violation?
Violation Charge 2		
Ticket Number 3	Violation Charge Code 3	Dangerous Moving Violation?
Violation Charge 3		
Ticket Number 4	Violation Charge Code 4	Dangerous Moving Violation?
Violation Charge 4		

**VEHICLE INFORMATION**

License Plate #	State 42	Year	Vehicle Year	Make 43	Model
Style 44	Color 45	VIN #		Departmental Veh Type 46	Vehicle Number

**OWNER INFORMATION**

Owner's Name - Last		First	Middle	Suffix 47
Company Name (If Owner)				
Address				
City			State 48	Zip

**OTHER INFORMATION**

Speed Limit	Speed Limit Units	Vehicle Role	Vehicle Maneuver/Action
	01 - MPH	49	50
Approximate Cost to Repair or Replace		Direction of Travel Before Crash	
Point of Impact			Direction of Force to Vehicle
Most Damaged Area		Extent of Damage	
		51	
Underride/Overide	Total Occupants	Traffic Control Device Type	
52	53	54	
Trafficway	Access Control		
55	56		
Vehicle Configuration			
57			
Cargo Body Type			
58			
Driver Condition			
59			
Contributing Circumstances, Driver (up to two)			
60			
Emergency Vehicle?	Emergency Use?	Emergency Vehicle Type	
		61	
Vehicle Towed?	Vehicle Towed By	Vehicle Towed To	
	62	63	

**SEQUENCE OF EVENTS**

First Event
64
Second Event
65
Third Event
66
Fourth Event
67
Most Harmful Event for this Vehicle
68

**COMMERCIAL MOTOR VEHICLE INFORMATION**

Is CMV?	Criteria for Reporting Carrier Information (up to three)		
	69		
Source of Information			
70			
Carrier Name			
Carrier Address		City	State
			71
Phone Number	Carrier ID Number	Carrier ID Issuing Authority	
		72	
Number of Axles	Gross Vehicle Weight Rating		
	73		

**TRAILER INFORMATION**

Unit #	Trailer Year	Trailer Make	Trailer Model	
		74		
VN Number		Registration number	Registration State	Registration Year
Cargo Body Type				
75				

**001 OWNER INFO**

Owner Last Name	Owner First Name	Owner Middle Name	Suffix
Owner Company Name			
Street Address			
City	State	Zip Code	

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HazMat placarded?	HazMat released? 76	HazMat Class 77	Placard Number
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**MISCELLANEOUS**

Did Trailer Detach from Unit?	Cost to Repair	Extent of Damage 78
Most Damaged Area	Underride Override 79	
Point of Impact	Direction of Force to Vehicle	Direction of Travel Before Crash
Vehicle Role 80	Vehicle Maneuver Action 81	

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Person Type 82	Injury Status 83		License Number	State 84
Name - Last	First	Middle	Suffix 85	
Address		City	State 86	Zip
Date of Birth	Age	Gender	Phone #	Unit No.
Seating Position 87				
Occupant Protection System Use 88			Airbag Deployment 89	
Airbag Switch Status 90		Ejection Path 91		
Ejection 92	Trapped 93			
Description of injuries			Admission Status 0 - Not Applicable	
Source of Transport 94	Transported to 95		Physician's Name	
BMS Response Agency ID		BMS Response Run Number		

**ALCOHOL/DRUGS**

Alcohol/Drugs Suspected 96		
Alcohol Test Status 97	Alcohol Type of Test 98	Alcohol Test Results
Drug Test Status 99	Drug Type of Test 100	Drug Test Results 101

**NON-MOTORIST**

Type 102	Unit No. of Vehicle Striking Non-Motorist
Location Prior to Impact 103	
Action 104	
Condition 105	
Safety Equipment (up to 2) 106	
Contributing Circumstances (up to 2) 107	

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Object Type 108	Object Damaged 109	Pole #	
Estimate of Damage		Was owner or tenant notified?	
Owner's Full Name - Last	First	Middle	Suffix 110
Company Owner			
Address			
City		State 111	Zip Code

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<b>W I T H E S S 001</b>	License Number		License State <b>112</b>	
	Last Name	First Name	Middle Name	Suffix <b>113</b>
	Address			
	City	State <b>114</b>	Zip	
	Home Phone #		Work Phone #	

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<b>A T T A C H M E N T</b>	Description	