



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Department of Public Safety



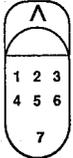
TRAFFIC CRASH REPORT

SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY		DISTRICT		LOCAL REPORT NUMBER			
		NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY		REPORTING DISTRICT		BEAT			
LOCATION	CRASHED OCCURED ON					MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
	MILEPOST					DAY OF WEEK		TOW AWAY		PHOTOGRAPHS BY: NONE	
	FEET/MILES OF					S M T W T F S		YES NO			
	<input type="checkbox"/> AT INTERSECTION WITH							TYPE OF CRASH			
<input type="checkbox"/> FEET/MILES OF							<input type="checkbox"/> TRAFFIC <input type="checkbox"/> NON-TRAFFIC				
PARTY 1	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER DRIVER OTHER					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE		PRIOR MECHANICAL DEFECTS NONE APPARENT REFER TO NARRATIVE		
OTHER	HOME PHONE			BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:				
	INSURANCE CARRIER			POLICY NUMBER			DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA		
	DIR OF TRAVEL ON STREET OR HIGHWAY			SPEED LIMIT			<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		
PARTY 2	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER DRIVER OTHER					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE		PRIOR MECHANICAL DEFECTS NONE APPARENT REFER TO NARRATIVE		
OTHER	HOME PHONE			BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:				
	INSURANCE CARRIER			POLICY NUMBER			DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA		
	DIR OF TRAVEL ON STREET OR HIGHWAY			SPEED LIMIT			<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		
PARTY 3	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER DRIVER OTHER					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE		PRIOR MECHANICAL DEFECTS NONE APPARENT REFER TO NARRATIVE		
OTHER	HOME PHONE			BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:				
	INSURANCE CARRIER			POLICY NUMBER			DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA		
	DIR OF TRAVEL ON STREET OR HIGHWAY			SPEED LIMIT			<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR		<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLLOVER		
PREPARER'S NAME				DISPATCH NOTIFIED			REVIEWER'S NAME			DATE REVIEWED	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A							



DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
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PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
	DESCRIPTION OF DAMAGE		<input type="checkbox"/> YES <input type="checkbox"/> NO

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGER 7 - STATION WAGON REAR 8 - REAR OCC. TRK OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS HELMETS A- NONE IN VEHICLE B- UNKNOWN C- LAP BELT USED D- LAP BELT NOT USED E- SHOULDER HARNESS USED F- SHOULDER HARNESS NOT USED G- LAP/SHOULDER HARNESS USED H- LAP/SHOULDER HARNESS NOT USED J- PASSIVE RESTRAINT USED K- PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L- AIR BAG DEPLOYED M- AIR BAG NOT DEPLOYED N- OTHER P- NOT REQUIRED CHILD RESTRAINT Q- IN VEHICLE USED R- IN VEHICLE NOT USED S- IN VEHICLE USE UNKNOWN T- IN VEHICLE IMPROPER USE	W/C BICYCLE DRIVER V- NO W- YES PASSENGER X- NO Y- YES	EJECTED FROM VEHICLE 0- NOT EJECTED 1- FULLY EJECTED 2- PARTIALLY EJECTED 3- UNKNOWN
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	TYPE OF VEHICLE	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A PASSENGER CAR / STATION WAGON				A STOPPED
B OTHER IMPROPER DRIVING	B CONTROLS NOT FUNCTIONING				B PASSENGER CAR W / TRAILER				B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C MOTORCYCLE / SCOOTER				C RAN OFF ROAD
	D NO CONTROLS PRESENT / FACTOR				D PICKUP OR PANEL TRUCK				D MAKING RIGHT TURN
C OTHER THAN DRIVER	TYPE OF COLLISION				E PICKUP / PANEL TRUCK W/ TRAILER				E MAKING LEFT TURN
D UNKNOWN*	A HEAD - ON				F SCHOOL BUS				F MAKING U TURN
E FELL ASLEEP	B SIDE SWIPE				G OTHER BUS				G BACKING
	C REAR END				H EMERGENCY VEHICLE				H SLOWING / STOPPING
	D BROADSIDE				I HIGHWAY CONST. EQUIPMENT				I PASSING VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)					J BICYCLE				J CHANGING LANES
A CLEAR	E HIT OBJECT				K OTHER VEHICLE				K PARKING MANEUVER
B CLOUDY	F OVERTURNED				L PEDESTRIAN				L ENTERING TRAFFIC
C RAINING	G VEHICLE / PEDESTRIAN				M MOPED				M OTHER UNSAFE TURNING
D FOG / VISIBILITY FT	H OTHER*								N XING INTO OPPOSING LANE
E OTHER	MOTOR VEHICLE INVOLVED WITH								O PARKED
F WIND	A NON - COLLISION								P MERGING
LIGHTING									Q TRAVELING WRONG WAY
A DAYLIGHT	B PEDESTRIAN				OTHER ASSOCIATED FACTORS (S)				
B DUSK - DAWN	C OTHER MOTOR VEHICLE	1	2	3					
C DARK - STREET LIGHTS	D MOTOR VEHICLE ON OTHER ROADWAY								
D DARK - NO STREET LIGHTS NOT	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING	F BICYCLE				B VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
	G ANIMAL				C VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3	
ROADWAY SURFACE									SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
A DRY	H FIXED OBJECT				D				A HAD NOT BEEN DRINKING
B WET	I OTHER OBJECT				E VISION OBSCUREMENT				B HBD-UNDER INFLUENCE
C SLIPPERY (MUDDY, OILY, ETC.)					F INATTENTION*				C HBD-NOT UNDER INFLUENCE*
D ROAD WIDTH					G STOP & GO TRAFFIC				D HBD-IMPAIRMENT UNKNOWN*
E NUMBER OF LANE					H				E HBD - LOW BAC
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)					I PREVIOUS COLLISION				F UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				G IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION				K DEFECTIVE VEH EQUIP: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				H IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								I NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				J SLEEPY/FATIGUED
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDED SHOULDER				M OTHER*				SPECIAL INFORMATION
F FLOODED*	F NOT IN ROAD				N NONE APPARENT				A HAZARDOUS MATERIAL
G OTHER*	G APPROACHING				O RUNAWAY VEHICLE				
H NO UNUSUAL CONDITIONS									

SKETCH



MISCELLANEOUS