



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY 1 - FATAL 2 - INJURY 3 - PDO	HIT/SKIP 1 - SOLVED 2 - UNSOLVED
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LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY			
<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-1P				
<input type="checkbox"/> OH-3	<input type="checkbox"/> OTHER				

COUNTY *	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
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DEGREES/MINUTES/SECONDS LATITUDE ::	LONGITUDE ::	O R	DECIMAL DEGREES LATITUDE	LONGITUDE
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND	E - EASTBOUND W - WESTBOUND	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST AL - ALLEY AV - AVENUE BL - BOULEVARD	CR - CIRCLE CT - COURT DR - DRIVE	HE - HEIGHTS HW - HIGHWAY LA - LANE	MP - MILEPOST PK - PARKWAY PI - PIKE	PL - PLACE RD - ROAD SQ - SQUARE	ST - STREET TE - TERRACE TL - TRAIL	WA - WAY
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LOCATION ROUTE NUMBER LOCATION ROUTE TYPE	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE	ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF <input type="checkbox"/> N,S,E,W	REFERENCE ROUTE TYPE	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE
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REFERENCE POINT USED <input type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER	CRASH LOCATION <input type="checkbox"/>	01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ ROUNDABOUT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <input type="checkbox"/>	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE	5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR <input type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL	4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/>	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS *	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	*SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT <input type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR	5 - BACKING 6 - ANGLE 7 - SIDESWIPE, -SAME DIRECTION	8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER <input type="checkbox"/>	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE	4 - RAIN 5 - SLEET, HAIL 6 - SNOW	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE <input type="checkbox"/>	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK	4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/>	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY	5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	9 - UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN	4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/>	1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE

REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
OFFICER'S NAME *		OFFICER'S BADGE NUMBER		CHECKED BY				