



# TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED |
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|                                       |   |   |                         |                 |  |
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| LOCAL INFORMATION                     |   | REPORTING AGENCY NCIC *                   | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR<br>98 - ANIMAL<br>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                                    |   |                         |                 |  |

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

|   |   |                        |                     |               |              |              |                          |               |
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| REPORT TAKEN BY<br><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    |              |              |                          |               |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

OCCUPANT

|             |                           |               |     |  |
|-------------|---------------------------|---------------|-----|--|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT<br><input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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OCCUPANT

|             |                           |               |     |  |
|-------------|---------------------------|---------------|-----|--|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT<br><input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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OCCUPANT

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT<br><input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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OCCUPANT

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT<br><input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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OCCUPANT

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT<br><input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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OCCUPANT

|             |                           |               |     |  |
|-------------|---------------------------|---------------|-----|--|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT<br><input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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| <b>INJURIES</b><br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | <b>SAFETY EQUIPMENT USED</b><br>99 - UNKNOWN SAFETY EQUIPMENT<br><br><b>MOTORIST</b><br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USE | <b>NON-MOTORIST</b><br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE COATING<br>13 - LIGHTING<br>14 - OTHER |
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| <b>SEATING POSITION</b><br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<br>07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK) | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | <b>AIR BAG USAGE</b><br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS |
|--|---|---|--|---|