

STATE OF COLORADO TRAFFIC CRASH REPORT

To proceed, you must choose one of the
incident types below:

MOTORIZED TRAFFIC UNIT/OCCUPANT

TRAFFIC UNIT/NON-MOTORIST

STATE OF COLORADO TRAFFIC CRASH REPORT

☐ AMENDED/SUPPL. ☐ COUNTER REPORT ☐ PRIVATE PROPERTY ☐ PUBLIC LAND

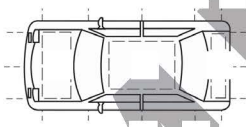
Page 2 of 5 Pages

Case #		Agency ORI				Agency Name					
Date of Report mm/dd/yyyy		Date of Crash mm/dd/yyyy		Time of Crash HH:MM		Officer Name		Officer Number			
Date Arrived mm/dd/yyyy		Date Roadway Cleared mm/dd/yyyy		Date Last Responder Left mm/dd/yyyy		Signature			Detail		
Time Arrived HH:MM		Time Roadway Cleared HH:MM		Time Last Responder Left HH:MM		Agency Code		Investigated at Scene <input type="checkbox"/>	District Number		
Number Killed	Number Injured	Total Vehicles		Total Non-Motorists		Juvenile(s) Involved <input type="checkbox"/>	Secondary Crash <input type="checkbox"/>	Construction Zone Related <input type="checkbox"/>	School Zone <input type="checkbox"/>		
Latitude °N		Longitude °W		County			City				
On Road/Street:						Intersection Offset Distance Unit <input type="checkbox"/>		01. Miles 02. Feet 03. At the Intersection			
Reference Intersecting Road/Street:						Intersection Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>			
Highway Number		Milepoint		Milepoint Offset Distance Unit <input type="checkbox"/>		01. Miles 02. Feet 03. At the Milepoint					
<input type="checkbox"/> Interstate Highway		<input type="checkbox"/> State Highway		<input type="checkbox"/> City St/County Rd.		Milepoint Offset Distance		Offset Direction N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>			
<input type="checkbox"/> Other Roadway											
Location <input type="checkbox"/>		01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side		04. Ran Off 'T' Intersection 05. Vehicle Crossed Center Median Into Opposing Lanes		06. On Private Property 07. Center Median/Island		Number of Lanes Blocked <input type="checkbox"/>			
Harmful Event Sequence		1st <input type="checkbox"/>		2nd <input type="checkbox"/>		3rd <input type="checkbox"/>		4th <input type="checkbox"/>			
Most Harmful Event <input type="checkbox"/>											
NON-COLLISION CRASH 01. Overturning/Rollover 44. Immersion, Full or Partial 45. Fell from Motor Vehicle 02. Other Non-Collision		COLLISION WITH NON-MOTORIST 03. School Age To/From School 05. Pedestrian 15. Bicycle/Motorized Bicycle		COLLISION WITH MOTOR VEHICLE IN TRANSPORT 06. Front to Front 07. Front to Rear		08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction COLLISION WITH OTHER VEHICLE 13. Parked Motor Vehicle COLLISION WITH ANIMAL 17. Domestic Animal 18. Wild Animal COLLISION WITH OBJECT 19. Light Pole/Utility Pole 20. Traffic Signal Pole		47. Electrical/Utility Box 21. Sign 41. Guardrail Face 42. Guardrail End 23. Cable Rail 24. Concrete Highway Barrier 48. Overhead Structure (Bridge) 49. Overhead Structure (Not Bridge) 50. Bridge Structure (Not Overhead) 26. Vehicle Debris or Cargo 27. Culvert or Headwall 28. Embankment 43. Ditch		46. Ground 29. Curb 30. Delineator/Milepost 31. Fence 32. Tree 33. Large Rocks or Boulder 34. Railroad Crossing Equipment 35. Barricade 36. Wall or Building 37. Crash Cushion/Traffic Barrel 38. Mailbox 39. Other Fixed Object (Describe in Narrative) 40. Other Non-Fixed Object (Describe in Narrative)	
Road Contour - Curves <input type="checkbox"/>		01. Straight 02. Curve Left 03. Curve Right 04. Unknown		Road Contour - Grade <input type="checkbox"/>		01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag/Bottom 06. Unknown					
Approach/Overtaking Turn <input type="checkbox"/>		01. Approach Turn 02. Overtaking Turn 03. Not Applicable		Lighting Condition <input type="checkbox"/>		01. Daylight 02. Dawn or Dusk 03. Dark-lighted 04. Dark-Unlighted					
Road Description <input type="checkbox"/>		01. At Intersection 02. Driveway Access Related 03. Intersection Related 04. Non-Intersection		05. Crossover-Related 06. Roundabout 08. Parking Lot 09. Ramp		10. Ramp-related 11. Alley Related 12. Share-Use Path or Trail 13. Auxiliary Lane		14. Mid-Block Crosswalk 15. Express/Managed/HOV Lane 16. Railroad Crossing Related			
Road Condition <input type="checkbox"/>		01. Dry 02. Wet 03. Muddy 04. Snowy 05. Icy 06. Slushy 07. Foreign Material		08. Dry W/Visible Icy Road Treatment 09. Wet W/Visible Icy Road Treatment 10. Snowy W/Visible Icy Road Treatment 11. Icy W/Visible Icy Road Treatment 12. Slushy W/Visible Icy Road Treatment 13. Sand/Gravel 14. Roto-Milled		Weather Condition 1st <input type="checkbox"/> 2nd <input type="checkbox"/>		00. Clear 01. Rain 02. Sleet or Hail 03. Fog 04. Dust 05. Wind 06. Cloudy 07. Freezing Rain or Freezing Drizzle 08. Snow 09. Blowing Snow			
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY											
Emergency Medical Services (Record all time using 24 Hr. time)					Traffic Control Device Functioning						
Time Notified HH:MM		Time Arrived at Scene HH:MM		Time Arrived at Hospital HH:MM		<input type="checkbox"/>		01. No Controls 02. Not Functioning 03. Functioning Improperly			
								04. Functioning Properly 06. Not Visible 05. Unknown			
If times are unknown provide name of responding services:											
Approved By					I.D. Number			Date mm/dd/yyyy			

Case #	Agency ORI	Agency Name
Describe Crash		
ADD CRASH DESCRIPTION	ATTACH FILES	VIEW ATTACHMENTS

Owner 1	Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name	First Name		MI
Address			City	State	ZIP
Damaged Prop. Description					



Owner 2	Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name	First Name		MI
Address			City	State	ZIP
Damaged Prop. Description					

Traffic Unit # <input type="text"/>	Case # <input type="text"/>	Agency ORI <input type="text"/>	Agency Name <input type="text"/>																																																	
Hit & Run <input type="checkbox"/> Parked <input type="checkbox"/>	(Driver) Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/> Phone <input type="text"/>																																																	
Non-Contact Vehicle <input type="checkbox"/>	(Driver) Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/> DOB <input type="text"/> mm/dd/yyyy																																																	
Driver License Number <input type="text"/>		Unlicensed Driver <input type="checkbox"/> CDL <input type="text"/> State <input type="text"/> Sex <input type="text"/>	Email <input type="text"/>																																																	
Primary Violation <input type="text"/>		DUI <input type="checkbox"/> Violation Code <input type="text"/>	Citation Number <input type="text"/> Common Code <input type="text"/>																																																	
Same Name <input type="checkbox"/>	Vehicle Owner Last Name <input type="text"/>		First Name <input type="text"/> MI <input type="text"/>																																																	
Same Addr. <input type="checkbox"/>	Vehicle Owner Street Address <input type="text"/>		City <input type="text"/> State <input type="text"/> ZIP <input type="text"/>																																																	
Insurance Company <input type="text"/>		<input type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date <input type="text"/> mm/dd/yyyy Policy Number <input type="text"/>																																																	
License Plate No. <input type="text"/>		State or Country <input type="text"/>																																																		
Vehicle Identification Number <input type="text"/>		Number of Trailers: <input type="text"/> Trailer 1: VIN# <input type="text"/> License Plate: <input type="text"/> Disabling Damage <input type="checkbox"/>																																																		
Make <input type="text"/> Model <input type="text"/> Body Type <input type="text"/> Color <input type="text"/>		No Damage <input type="checkbox"/> 																																																		
Towed <input type="checkbox"/> 00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage		Trailer 2: VIN# <input type="text"/> License Plate: <input type="text"/> Disabling Damage <input type="checkbox"/> Trailer 3: VIN# <input type="text"/> License Plate: <input type="text"/> Disabling Damage <input type="checkbox"/> Trailer 4: VIN# <input type="text"/> License Plate: <input type="text"/> Disabling Damage <input type="checkbox"/> Trailer 5: VIN# <input type="text"/> License Plate: <input type="text"/> Disabling Damage <input type="checkbox"/>																																																		
By: <input type="text"/>		Undercarriage <input type="text"/>																																																		
To: <input type="text"/>		1. Slight 2. Moderate 3. Severe License Plate: <input type="text"/> Disabling Damage <input type="checkbox"/>																																																		
<input type="checkbox"/> VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY) 00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions 08. Mechanical Failure 09. Obstructed Window(s) 10. Improper Load 16. Cargo/Equipment Loss or Spill 17. Cargo/Equipment Shift 14. Parking Violation 15. Other Defect(s) (Describe in Narrative) <input type="text"/>		TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY <div style="display: flex; justify-content: space-between;"> <div> CRASH AVOIDANCE MANEUVER <input type="checkbox"/> 00. No Avoidance Maneuver 07. Braking 08. Steering 09. Steering and Braking 10. Accelerating 11. Steering and Accelerating 06. Other Avoidance Maneuver (Describe in Narrative) <input type="text"/> </div> <div> FIRE/HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/> 00. No Fire/No Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/No Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident </div> </div>																																																		
DRIVER/OCCUPANT DETAILS																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F1</td><td>F2</td><td>F3</td><td>AGE</td></tr> <tr> <td></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>G1</td><td>G2</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>SEX</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>											A	B	C	D	E	F1	F2	F3	AGE		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	G1	G2	H	I	J	K	L	M	N	SEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DRIVER NAME AND ADDRESS ARE ABOVE EMS Trip # <input type="text"/> Taken To <input type="text"/>		AA <input type="text"/> Expired Date <input type="text"/> mm/dd/yyyy
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ADD PAGE

ADDITIONAL MOTOR VEHICLE OCCUPANTS

ADDITIONAL DAMAGED PROPERTIES

Traffic Unit # <input style="width:20px;" type="text"/>	Case # <input style="width:40px;" type="text"/>	Agency ORI <input style="width:40px;" type="text"/>	Agency Name <input style="width:90%; height: 20px;" type="text"/>
GENERAL VEHICLE FIELDS <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> VEHICLE TYPE <input style="width:20px;" type="text"/> CMV SECTIONS REQUIRED 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 27. Medium/Heavy Trucks GVWR/ GCWR 16,001 or over 02. School Bus (all school buses) </div> <div style="width: 45%;"> 03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus VEHICLES UNDER THE GVWR/ GCWR THRESHOLD 05. Passenger Car/Passenger Van 07. Pickup Truck/Utility Van 09. SUV 11. Motor Home 12. Motorcycle 28. Autocycle 15. Farm Equipment 20. Working Vehicle/Equipment OTHER VEHICLE 17. Light Rail 21. Heavy Train 23. Off Highway Vehicle/ATV 24. Snowmobile 25. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 16. Unknown (Hit and Run Only) </div> </div>			CARRIER TYPE <input style="width:20px;" type="text"/> 01. Interstate 02. Intrastate 03. Government Vehicle 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.) GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING <input style="width:40px;" type="text"/> Enter number of pounds. TOTAL NUMBER OF AXLES <input style="width:20px;" type="text"/> Enter the total number of axles including truck and trailer.
SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT <input style="width:20px;" type="text"/> 00. No Special Function 01. Vehicle Transporting Students To/From School 02. Bus – Transit 03. Bus – Charter 04. Bus – Shuttle 05. Bus – Other 06. Construction Equipment 07. Farm Equipment 08. Farm Vehicle 09. Ambulance 10. Police 11. Fire Truck 12. Non-Transport Emergency Services Vehicle 13. Safety Service 14. Towing – Incident Response 15. Other Incident Response 16. Highway/Maintenance 17. Truck Acting as Crash Attenuator 18. Public Utility 19. Military 20. Rental Truck 21. Taxi 22. Vehicle Used for Electronic Ride-hailing (Uber, Lyft etc.) 23. Other (Describe in Narrative) Emergency Lights Activated <input type="checkbox"/>			VEHICLE CONFIGURATION <input style="width:20px;" type="text"/> 01. Passenger Car (only if HM placarded) 02. Light Truck (only if HM placarded) 03. Bus/Limousine 04. Single-unit Truck (2 axles) 05. Single-unit Truck (3 or more axles) 06. Truck and Trailer 07. Truck Tractor (Bobtail) 08. Truck Tractor and Semi-Trailer 09. Truck Tractor and Double Trailers 10. Truck Tractor and Triple Trailers 11. Other (Describe in Narrative) CARGO BODY TYPE <input style="width:20px;" type="text"/> 01. Bus/ Limousine (seats 9-15 occupants, including the driver) 02. Bus/Limousine (seats 16 or more occupants, including the driver) 03. Van/Enclosed Box 04. Cargo Tank 05. Flatbed/Pickup 06. Dump Bed 07. Concrete Mixer 08. Auto Transporter 09. Garbage Refuse 10. Grain, Chips, Gravel 11. Pole 12. Intermodal Container 13. Vehicle Towing another Vehicle 14. Fire Apparatus 15. Ambulance 16. No Cargo Body 17. Other (Describe in Narrative)
DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT) <input style="width:20px;" type="text"/> 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest			
VEHICLE MOVEMENT - PRIOR TO IMPACT <input style="width:20px;" type="text"/> 01. Going Straight 02. Slowing 03. Stopped in Traffic 04. Making Right Turn 05. Making Left Turn 06. Making U-Turn 07. Passing 08. Backing 09. Entering/Leaving Parked Position 10. Parked 11. Changing Lanes 12. Swerve/Avoidance 13. Weaving 14. Out of Control 15. Traveled Wrong Way 16. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)			
ROADWAY SPEED LIMIT <input style="width:20px;" type="text"/> MPH		ESTIMATED VEHICLE SPEED <input style="width:20px;" type="text"/> MPH	DRIVER'S STATED SPEED <input style="width:20px;" type="text"/> MPH
DRIVER ACTIONS (OFFICER OPINION ONLY) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 00. No Contributing Action 02. Impeded Traffic 03. Failed to Yield ROW 04. Disregard Stop Sign 05. Failed to Stop at Signal 06. Disregarded Other Device/ Sign/Markings 07. Improper Turn 08. Turned from Wrong Lane or Position 10. Lane Violation 11. Improper Passing on Left 12. Improper Passing on Right 13. Followed Too Closely 14. Improper Backing 15. Signaling Violation 16. Reckless Driving </div> <div style="width: 45%;"> 17. Careless Driving (if used, next field can not be coded "00") 18. Speeding 19. Too Fast for Conditions 20. Racing 21. Over-Correcting/Over-Steering 22. Lacking Required Chains 23. Other Contributing Action (Describe in Narrative) 24. Distracted/Manipulating Vehicle Control 25. Distracted/Other Interior 26. Sun Glare 27. Not Observed 15. Other Factor (Describe in Narrative) 28. Illness </div> </div>			SEQUENCE OF CRASH EVENTS <div style="display: flex; justify-content: space-around;"> <input style="width:20px;" type="text"/> 1st <input style="width:20px;" type="text"/> 2nd <input style="width:20px;" type="text"/> 3rd <input style="width:20px;" type="text"/> 4th </div>
DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 00. No Apparent Contributing Factor 02. Asleep or Fatigued 03. Medical 04. Driver Inexperience 05. Aggressive Driving 06. Driver Unfamiliar With Area 07. Driver Emotionally Upset 08. Evading Law Enforcement Officer 09. Physical Disability 11. Distracted/Other Occupant 16. Age/Driver Ability 17. Looked/Did Not See 18. Talking on Phone/Holding 19. Talking on Phone/Hands Free 20. Manipulating Electronic Device 21. Distracted Eating/Drinking 22. Distracted/Smoking </div> <div style="width: 45%;"> 23. Distracted/Manipulating Vehicle Control 24. Distracted/Other Interior 25. Distracted/Other Exterior 26. Sun Glare 27. Not Observed 15. Other Factor (Describe in Narrative) 28. Illness </div> </div>			HAZARDOUS MATERIALS - PLACARDS Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing
AUTONOMOUS VEHICLE CAPABILITY 00. No Automation 01. Driver Assistance 02. Partial Automation 03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown Driver Ceded Control of Vehicle <input type="checkbox"/>			HAZARDOUS MATERIALS - RELEASE Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes HAZARDOUS MATERIALS - CODE Enter the four digit number from the placard. If no number on the placard enter the four digit Identification number from the shipping paper(s). <div style="text-align: center;">  </div> HAZARDOUS MATERIALS - CLASS Enter the one digit number taken from the bottom of the placard. <div style="text-align: center;">  </div>
CMV FIELDS Carrier Name <input style="width:90%; height: 20px;" type="text"/> Address <input style="width:90%; height: 20px;" type="text"/> Dot # <input style="width:20px;" type="text"/>			LIQUID HAZARDOUS MATERIALS Enter the amount of bulk liquid cargo at time of crash. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 01. 0 to 1,000 gallons 02. 1,001 to 2,000 gallons 03. 2,001 to 3,000 gallons 04. 3,001 to 4,000 gallons 05. 4,001 to 5,000 gallons </div> <div style="width: 45%;"> 06. 5,001 to 6,000 gallons 07. 6,001 to 7,000 gallons 08. 7,001 to 8,000 gallons 09. 8,001 gallons and over </div> </div>
Over Height <input type="checkbox"/>	Over Weight <input type="checkbox"/>	Over Length <input type="checkbox"/>	Over Width <input type="checkbox"/>
Permitted <input type="checkbox"/>			

Position In/On Vehicle <div style="text-align: center; margin: 10px;"> </div> <p>01. Driver 02-09. Passengers 10. Other ENCLOSED Passenger/Cargo Area 11. Other UN-ENCLOSED Passenger/Cargo Area 12. Sleeper Section of Truck 13. Trailer 14. Riding/Hanging on to Exterior of Vehicle or Trailer</p>				A AIRBAG - DEPLOYMENT 00. Not Equipped 01. Not Deployed 02. Deployed at pos. Only 03. Deployed at pos. and Others 04. Not Deployed at pos., Deployed at Others 05. Unknown (Describe in Narrative) G1																																																							
DRIVING RESTRICTIONS 00. None 01. Complied With 02. Not Complied With 03. Compliance Not Known 04. Did Not Comply With GDL 6 Months 05. Did Not Comply With GDL 12 Months B				AIRBAG - TYPE A. None B. Front C. Side D. Curtain E. Rear F. Multiple G. Knee H. Air Belt I. Center Console J. Pedestrian Airbag K. Other Airbag Type(Describe in Narrative) G2																																																							
DRIVING ENDORSEMENTS 00. None 01. Complied With 02. Not Complied With 03. Compliance Not Known C				INJURY SEVERITY 00. No Apparent Injury (O) 01. Possible Injury (C) 02. Suspected Minor Injury (B) 03. Suspected Serious Injury (A) 04. Fatal Injury (K) H																																																							
EJECTION 00. No 01. Yes – Partial 02. Yes – Full 03. Extricated D				ALCOHOL SUSPECTED (OFFICER OPINION ONLY) YES 01. Preliminary Breath Test 02. SFST 03. Observed 05. Other Method NO 06. Preliminary Breath Test 07. SFST 08. Observed 10. Other Method I																																																							
EJECTION PATH 00. Not Ejected/ Not applicable 01. Through Side Door Opening 02. Through Side Window 03. Through Windshield 04. Through Back Window 05. Through Back Door/Tailgate Opening 06. Through Roof Opening (Sun Roof/Convertible Top Down) 07. Through Roof (Convertible Top Up) 08. Other Path (e.g. Back of Pickup Truck) 09. Unknown E				TESTED FOR ALCOHOL 00. Not Tested 01. Blood 02. Breath 04. Other 05. Refusal 06. By Coroner – Unknown 07. By Coroner – Blood 08. By Coroner – Urine 09. By Coroner – Fluids 10. By Coroner – Other J																																																							
SAFETY EQUIPMENT - AVAILABLE A. None B. Shoulder and Lap Belt C. Shoulder Belt Only D. Lap Belt Only H. Child Restraint – Forward Facing I. Child Restraint – Rear Facing J. Child Restraint – Type Unknown K. Booster Seat F. N/A (e.g. Motorcycle) F1				MARIJUANA SUSPECTED (OFFICER OPINION ONLY) 00. Marijuana Not Suspected 01. Marijuana Suspected 02. Unknown K																																																							
SAFETY EQUIPMENT - USE (Restraints and MC Eye Protection) 00. Not Used 01. Properly Used 02. Improperly Used 03. Unknown F2				TESTED FOR MARIJUANA 00. Not Tested 01. Blood 04. Other 05. Refusal 06. By Coroner – Unknown 07. By Coroner – Blood 08. By Coroner – Urine 09. By Coroner – Fluids 10. By Coroner – Other L																																																							
SAFETY EQUIPMENT - HELMET A. N/A (e.g. Cars/Ped/etc.) B. No Helmet C. Available, Not Used D. Helmet Improperly used E. Helmet Properly used F. Unknown (Describe in Narrative) F3				OTHER DRUG/IMPAIRMENT SUSPECTED (OFFICER OPINION ONLY) YES 01. Drug Recognition Expert 02. SFST 03. Observed 04. Other Method NO 05. Drug Recognition Expert 06. SFST 07. Observed 08. Other Method M																																																							
TESTED FOR OTHER DRUGS 00. Not Tested 01. Blood 04. Other 05. Refusal 06. By Coroner – Unknown 07. By Coroner – Blood 08. By Coroner – Urine 09. By Coroner – Fluids 10. By Coroner – Other N				TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY DEAD AT SCENE 00. No 01. Yes AA																																																							
TRANSPORTED BY 01. Ambulance 02. Air 03. Not Transported 04. Other (Describe in Narrative) BB				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>TU#</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F1</th> <th>F2</th> <th>F3</th> <th>AGE</th> <th>Name/Address</th> <th>AA</th> <th>Expired Date</th> </tr> <tr> <td>G1</td> <td>G2</td> <td>H</td> <td>I</td> <td>J</td> <td>K</td> <td>L</td> <td>M</td> <td>N</td> <td>SEX</td> <td>EMS Trip #</td> <td>Taken To</td> <td>BB</td> </tr> <tr> <td colspan="11"></td> <td colspan="2">mm/dd/yyyy</td> </tr> <tr> <td colspan="11"></td> <td colspan="2">HH:MM</td> </tr> </table>				TU#	A	B	C	D	E	F1	F2	F3	AGE	Name/Address	AA	Expired Date	G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #	Taken To	BB												mm/dd/yyyy													HH:MM	
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