


# STATE OF COLORADO TRAFFIC CRASH REPORT

AMENDED/SUPPL.  COUNTER REPORT  PRIVATE PROPERTY  PUBLIC LAND PAGE 1 OF     PAGES

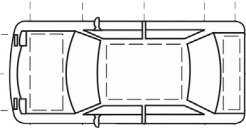
Case #		Agency ORI				Agency Name				
Date of Report (MM/DD/YYYY)		Date of Crash (MM/DD/YYYY)		Time of Crash (24 Hour)		Officer Name		Officer Number		
Date Arrived		Date Roadway Cleared		Date Last Responder Left		Signature			Detail	
Time Arrived		Time Roadway Cleared		Time Last Responder Left		Agency 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		Longitude		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"/>				
HWY NUMBER		MILEPOINT		Milepoint Offset Distance Unit <input type="checkbox"/>		01. Miles	02. Feet	03. At the Milepoint		
<input type="checkbox"/> INTERSTATE HWY	<input type="checkbox"/> STATE HWY	<input type="checkbox"/> CITY ST/CNTY 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 RDWY	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"/>	LANE POSITION <input type="checkbox"/>
<b>HARMFUL EVENT SEQUENCE</b>		1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	Most Harmful Event <input type="checkbox"/>				
<b>NON-COLLISION CRASH</b>		01. Overturning/Rollover	02. Immersion, Full or Partial	03. Fell from Motor Vehicle	04. Other Non-Collision	05. School Age To/From School	06. Pedestrian	07. Bicycle/Motorized Bicycle	08. Front to Front	09. Front to Rear
<b>COLLISION WITH NON-MOTORIST</b>		01. Front to Side	02. Rear to Side	03. Rear to Rear	04. Side to Side-Same Direction	05. Side to Side-Opposite Direction	06. Parked Motor Vehicle	07. Collision With Animal	08. Domestic Animal	09. Wild Animal
<b>COLLISION WITH MOTOR VEHICLE IN TRANSPORT</b>		01. Front to Side	02. Rear to Side	03. Rear to Rear	04. Side to Side-Same Direction	05. Side to Side-Opposite Direction	06. Concrete Highway Barrier	07. Overhead Structure (Bridge)	08. Overhead Structure (Not Bridge)	09. Bridge Structure (Not Overhead)
<b>COLLISION WITH OBJECT</b>		01. Electrical/Utility Box	02. Sign	03. Guardrail Face	04. Guardrail End	05. Cable Rail	06. Vehicle Debris or Cargo	07. Culvert or Headwall	08. Embankment	09. Ditch
<b>ROAD CONTOUR - CURVES</b>		01. Straight	02. Curve Left	03. Curve Right	04. Unknown	<b>ROAD CONTOUR - GRADE</b>		01. Level	02. Uphill	03. Hill Crest
<b>APPROACH/OVERTAKING TURN</b>		01. Approach Turn	02. Overtaking Turn	03. Not Applicable	04. Unknown	<b>LIGHTING CONDITION</b>		01. Daylight	02. Dawn or Dusk	03. Dark-lighted
<b>ROAD DESCRIPTION</b>		01. At Intersection	02. Driveway Access Related	03. Intersection Related	04. Non-Intersection	05. Crossover-Related	06. Roundabout	07. Parking Lot	08. Ramp	09. Ramp
<b>ROAD CONDITION</b>		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
<b>WEATHER CONDITION</b>		01. Clear	02. Rain	03. Sleet or Hail	04. Fog	05. Snow	06. Wind	07. Cloudy	08. Dust	09. Freezing Rain or Freezing Drizzle
<b>ROAD CONDITION</b>		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
<b>WEATHER CONDITION</b>		01. Clear	02. Rain	03. Sleet or Hail	04. Fog	05. Snow	06. Wind	07. Cloudy	08. Dust	09. Freezing Rain or Freezing Drizzle
<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b>										
<b>EMERGENCY MEDICAL SERVICES (Record all time using 24 Hr. time)</b>						<b>TRAFFIC CONTROL DEVICE FUNCTIONING</b>				
Time Notified		Time Arrived @ Scene		Time Arrived @ Hospital		<input type="checkbox"/>	01. No Controls	02. Not Functioning	03. Functioning Improperly	04. Functioning Properly
						<input type="checkbox"/>	05. Unknown	06. Not Visible	07. Unknown	08. Unknown
If times are unknown provide name of responding services:										

Approved By			I.D. Number			Date		
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Case #	Agency ORI	Agency Name
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**Describe Crash**


<b>Owner 1</b>	Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name	First Name	MI
Address		City	State	ZIP
Damaged Prop. Description				
<b>Owner 2</b>	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"/>	(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"/>		
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"/> Policy Number <input type="text"/>		
License Plate No. <input type="text"/>		State or Country <input type="text"/>			
Vehicle Identification Number <input type="text"/>		Year <input type="text"/>			
Make <input type="text"/>	Model <input type="text"/>	No Damage <input type="checkbox"/>			
Body Type <input type="text"/>	Color <input type="text"/>				
Towed <input type="checkbox"/>				00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage	
By: <input type="text"/>				Undercarriage	
To: <input type="text"/>				1. Slight 2. Moderate 3. Severe	
				Trailer 1: VIN# <input type="text"/> License Plate: <input type="text"/> Disabling Damage <input type="checkbox"/> 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"/>	

<input type="checkbox"/> <b>VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY)</b> 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)	<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b> <table style="width:100%;"> <tr> <td style="width:50%;"> <b>CRASH AVOIDANCE MANEUVER</b> <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)                 </td> <td style="width:50%;"> <b>FIRE/HAZARDOUS MATERIALS INVOLVEMENT</b> <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                 </td> </tr> </table>	<b>CRASH AVOIDANCE MANEUVER</b> <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)	<b>FIRE/HAZARDOUS MATERIALS INVOLVEMENT</b> <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
<b>CRASH AVOIDANCE MANEUVER</b> <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)	<b>FIRE/HAZARDOUS MATERIALS INVOLVEMENT</b> <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		

DRIVER/OCCUPANT DETAILS													
	A	B	C	D	E	F1	F2	F3	AGE	DRIVER NAME AND ADDRESS ARE ABOVE	AA	Expired Date	
	<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"/>	<input type="text"/>	<input type="text"/>
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # <input type="text"/>	Taken To <input type="text"/>	BB	Expired Time
	<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"/>	(Passenger) Name/Address <input type="text"/>		<input type="text"/>	<input type="text"/>
	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address <input type="text"/>	AA	Expired Date	
	<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"/>	
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # <input type="text"/>	Taken To <input type="text"/>	BB	Expired Time
	<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"/>	(Passenger) Name/Address <input type="text"/>		<input type="text"/>	<input type="text"/>
	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address <input type="text"/>	AA	Expired Date	
	<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"/>	
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # <input type="text"/>	Taken To <input type="text"/>	BB	Expired Time
	<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"/>	(Passenger) Name/Address <input type="text"/>		<input type="text"/>	<input type="text"/>
	A			D	E	F1	F2	F3	AGE	(Passenger) Name/Address <input type="text"/>	AA	Expired Date	
	<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"/>	
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip # <input type="text"/>	Taken To <input type="text"/>	BB	Expired Time
	<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"/>	(Passenger) Name/Address <input type="text"/>		<input type="text"/>	<input type="text"/>

Traffic Unit # <input type="text"/>	Case # <input type="text"/>	Agency ORI <input type="text"/>	Agency Name <input type="text"/>
<b>GENERAL VEHICLE FIELDS</b> <input type="text"/> <b>VEHICLE TYPE</b> 01. Medium/Heavy Trucks GVWR/ GCWR between 10,001 and 16,000 02. School Bus (all school buses) 03. Non-School Bus (9 occupants or more including driver) in commerce 04. Transit Bus <b>VEHICLES UNDER THE GVWR/ GCWR THRESHOLD</b> 05. Passenger Car/Passenger Van 06. Pickup Truck/Utility Van 07. SUV 08. Motor Home 09. Motorcycle 10. Autocycle 11. Farm Equipment 12. Working Vehicle/Equipment 13. Light Rail 14. Heavy Train 15. Off Highway Vehicle/ATV 16. Snowmobile 17. Low Speed Vehicle 18. Other Vehicle Type (Describe in Narrative) 19. Unknown (Hit and Run Only)			<b>CARRIER TYPE</b> <input type="text"/> 01. Interstate 02. Intrastate 03. Government Vehicle 04. Not in Commerce (If #04 is chosen, complete only the underlined fields below.) <b>GROSS VEHICLE WEIGHT RATING/GROSS COMBINATION WEIGHT RATING</b> <input type="text"/> Enter number of pounds. <b>TOTAL NUMBER OF AXLES</b> <input type="text"/> Enter the total number of axles including truck and trailer. <b>VEHICLE CONFIGURATION</b> <input 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)
<input type="text"/> <b>SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT</b> 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) <b>Emergency Lights Activated</b> <input type="checkbox"/>			<b>CARGO BODY TYPE</b> <input 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)
<input type="text"/> <b>DIRECTION OF TRAVEL - PRIOR TO IMPACT (PRIOR TO TURNING MOVEMENT)</b> 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest			<b>SEQUENCE OF CRASH EVENTS</b> 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 4th <input type="text"/>
<input type="text"/> <b>VEHICLE MOVEMENT - PRIOR TO IMPACT</b> 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 17. Entering Traffic Way/Merge 18. Negotiating a Curve 16. Other (Describe in Narrative)			<b>NON-COLLISION</b> 01. Ran Off the Road 02. Jackknifed 03. Overturning 04. Downhill Runaway 05. Cargo Loss or Shift 06. Explosion or Fire 07. Separation of Units 08. Crossed the Median/Center Line 09. Equipment Failure (Tires, etc.) 10. Other (Describe in Narrative) <b>COLLISION</b> 11. Pedestrian 12. Motor Vehicle in Transport 13. Parked Motor Vehicle 14. Train 15. Pedal Cycle (Bicycle, Tricycle, etc.) 16. Animal 17. Fixed Object 18. Work Zone Maintenance Equipment 19. Other Movable Object 20. Other (Describe in Narrative)
<input type="text"/> <b>ROADWAY SPEED LIMIT</b> <input type="text"/> MPH <input type="text"/> <b>ESTIMATED VEHICLE SPEED</b> <input type="text"/> MPH <input type="text"/> <b>DRIVER'S STATED SPEED</b> <input type="text"/> MPH		<b>DRIVER ACTIONS (OFFICER OPINION ONLY)</b> 1st <input type="text"/> 2nd <input type="text"/> 00. No Contributing Action 01. Impeded Traffic 02. Failed to Yield ROW 03. Disregard Stop Sign 04. Failed to Stop at Signal 05. Disregarded Other Device/ Sign/Markings 06. Improper Turn 07. Turned from Wrong Lane or Position 08. Lane Violation 09. Improper Passing on Left 10. Improper Passing on Right 11. Followed Too Closely 12. Improper Backing 13. Signaling Violation 14. Reckless Driving 15. Careless Driving (if used, next field can not be coded "00") 16. Speeding 17. Too Fast for Conditions 18. Racing 19. Over-Correcting/Over-Steering 20. Lacking Required Chains 21. Other Contributing Action (Describe in Narrative)	
<input type="text"/> <b>DRIVER - MOST APPARENT HUMAN CONTRIBUTING FACTORS (OFFICER OPINION ONLY)</b> 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 00. No Apparent Contributing Factor 01. Asleep or Fatigued 02. Medical 03. Driver Inexperience 04. Aggressive Driving 05. Driver Unfamiliar With Area 06. Driver Emotionally Upset 07. Evading Law Enforcement Officer 08. Physical Disability 09. Distracted/Other Occupant 10. Age/Driver Ability 11. Looked/Did Not See 12. Talking on Phone/Holding 13. Talking on Phone/Hands Free 14. Manipulating Electronic Device 15. Distracted Eating/Drinking 16. Distracted/Smoking 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			<b>HAZARDOUS MATERIALS - PLACARDS</b> Did the vehicle have a hazardous material placard? 00. No 01. Yes 02. Required but Missing <input type="text"/> <b>HAZARDOUS MATERIALS - RELEASE</b> Was hazardous cargo from the placarded truck released? (Do not count fuel from the vehicle fuel tank) 00. No 01. Yes <input type="text"/> <b>HAZARDOUS MATERIALS - CODE</b> Enter the <b>four</b> digit number from the placard. If no number on the placard enter the <b>four</b> digit Identification number from the shipping paper(s). 
<input type="text"/> <b>AUTONOMOUS VEHICLE CAPABILITY</b> 00. No Automation 01. Driver Assistance 02. Partial Automation 03. Conditional Automation 04. High Automation 05. Full Automation 06. Unknown <b>Driver Ceded Control of Vehicle</b> <input type="checkbox"/>			<b>HAZARDOUS MATERIALS - CLASS</b> Enter the one digit number taken from the bottom of the placard. 
<b>CMV FIELDS</b>			
Carrier Name <input type="text"/>		Liqud HAZARDOUS MATERIALS <input type="text"/> Enter the amount of bulk liquid cargo at time of crash.	
Address <input type="text"/>		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 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	
Over Height <input type="checkbox"/>	Over Weight <input type="checkbox"/>	Over Length <input type="checkbox"/>	Over Width <input type="checkbox"/> Permitted <input type="checkbox"/>

Traffic Unit # <input type="text"/>	Case # <input type="text"/>	Agency ORI <input type="text"/>	Agency Name <input type="text"/>
Last Name <input type="text"/>		First Name <input type="text"/>	
Street Address <input type="text"/>		Phone <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>	Email <input type="text"/>
Hit & Run /Left Scene <input type="checkbox"/>	Non-Contact Non-Motorist <input type="checkbox"/>	Driver License Number <input type="text"/>	State <input type="text"/> Sex <input type="text"/> DOB <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"/>
<input type="text"/> <b>NON-MOTORIST TYPE</b> 01. Pedestrian 02. Wheelchair 03. Scooter 04. Personal Conveyance 05. Other Pedestrian 06. Bicyclist 07. Other Bicyclist/Cyclist 08. Other Non-Motorist		<input type="text"/> <b>TYPE OF DESIGNATED BICYCLE/PEDESTRIAN FACILITY (ZONE) AVAILABLE FOR NON-MOTORIST AT TIME OF CRASH</b> 01. Sidewalk 02. Crosswalk 03. Marked Bicycle Lane 04. Shared Travelway 05. Protected Bicycle Lane 06. Unmarked Paved Shoulder 07. Separate Bicycle Path/Trail 08. No Specific Facility 09. Other (Describe in Narrative)	
<input type="text"/> <b>NON-MOTORIST MOVEMENT - PRIOR TO IMPACT</b> 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. Other (Describe in Narrative)		<input type="text"/> <b>NON-MOTORIST ACTIONS (OFFICER OPINION ONLY)</b> 00. No Contributing Action 01. Failure to Obey Traffic Signs, Signals, or Officer 02. Cross/Enter at Intersection 03. Cross/Enter NOT at Intersection 04. Soliciting Rides 05. Traveling Along Roadway With Traffic (In or Adjacent to Travel Lane) 06. Traveling Along Roadway Against Traffic (In or Adjacent to Travel Lane) 07. Entering/Exiting Parked/Standing Vehicle 08. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching) 09. Traveling on Sidewalk With Traffic 10. Traveling on Sidewalk Against Traffic 11. Working in Trafficway (Incident Response) 12. Working in Trafficway (Maintenance Activities) 13. Improper Passing 14. Failure to Yield Right-Of-Way 15. Improper Turn/Merge 16. Dart/Dash 17. In Roadway Improperly (Standing, Lying, Working, Playing) 18. Panhandling 19. Other (Describe in Narrative)	
<input type="text"/> <b>NON-MOTORIST LOCATION AT TIME OF CRASH</b> 01. Intersection – Marked Crosswalk 02. Intersection – Unmarked Crosswalk 03. Intersection – Other 04. Midblock – Marked Crosswalk 05. Midblock – Non-Crosswalk 06. Travel Lane – Other Location 07. Marked Bicycle Lane 08. Protected Bicycle Lane 09. Shoulder/Roadside 10. Sidewalk 11. Median/Crossing Island 12. Driveway Access 13. Shared-Use Path or Trail 14. Non-Trafficway Area 15. Other Location (Describe in Narrative)		<input type="text"/> <b>NON-MOTORIST MOST APPARENT CONTRIBUTING FACTORS (OFFICER OPINION ONLY)</b> 00. No Apparent Contributing Factor 01. Not Visible (Dark Clothing, No Lighting, etc.) 02. Emotionally Upset 03. Asleep or Fatigued 04. Illness/Medical 05. Inexperience 06. Aggressive 07. Unfamiliar With Area 08. Evading Law Enforcement Officer 09. Physical Disability 10. Distracted/Passenger 11. Distracted/Headphones 12. Distracted/Cell Phone 13. Distracted – Manipulating Electronic Device 14. Distracted/Other i.e. Food, Objects, Pet, etc. 15. Looked/Did Not See 16. Age/Ability 17. Sun Glare 18. Under The Influence of Alcohol or Drugs 19. Other Factor (Describe in Narrative)	
<input type="text"/> <b>NON-MOTORIST LEG OF INTERSECTION</b> 01. North 02. Northeast 03. East 04. Southeast 05. South 06. Southwest 07. West 08. Northwest		<input type="text"/> <b>PROTECTIVE/REFLECTIVE DEVICES/CLOTHING</b> 01. Reflector(s) 02. Front Light 03. Rear Light 04. Reflective Clothing	

NON-MOTORIST DETAILS										
							F3 <input type="text"/>	AA	Expired Date	
							BB	Expired Time		
H	I	J	K	L	M	N	EMS Trip #		Taken To	
<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"/>	

Traffic Unit #		Case #								Agency ORI			Agency Name		
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	
TU#	A				D	E	F1	F2	F3	AGE	(Passenger) Name/Address			AA	Expired Date
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #		Taken To	BB	Expired Time	

Traffic Unit #	<input type="checkbox"/>	Case #	Agency ORI	Agency Name
<b>Owner 3</b>	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
<b>Owner 4</b>	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
<b>Owner 5</b>	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
<b>Owner 6</b>	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
<b>Owner 7</b>	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
<b>Owner 8</b>	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
<b>Owner 9</b>	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				
<b>Owner 10</b>	Damaged Prop. Last Name		First Name	
Address				
City			State	ZIP
Damaged Property Description				



<b>Position In/On Vehicle</b> <div style="text-align: center; margin-bottom: 5px;">14</div> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">03</td> <td style="width: 20px; text-align: center;">06</td> <td style="width: 20px; text-align: center;">09</td> <td style="width: 100px;"></td> <td style="width: 20px; text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">←</td> <td style="text-align: center;">02</td> <td style="text-align: center;">05</td> <td style="text-align: center;">08</td> <td style="text-align: center;">10/11/12</td> </tr> <tr> <td></td> <td style="text-align: center;">01</td> <td style="text-align: center;">04</td> <td style="text-align: center;">07</td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">                 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>										03	06	09		13	←	02	05	08	10/11/12		01	04	07		<b>A</b>	<b>AIRBAG - DEPLOYMENT</b> 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)	<b>G1</b>
03	06	09		13																							
←	02	05	08	10/11/12																							
	01	04	07																								
<b>DRIVING RESTRICTIONS</b> 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>B</b>	<b>AIRBAG - TYPE</b> 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)	<b>G2</b>															
<b>DRIVING ENDORSEMENTS</b> 00. None 02. Not Complied With 01. Complied With 03. Compliance Not Known										<b>C</b>	<b>INJURY SEVERITY</b> 00. No Apparent Injury (O) 01. Possible Injury (C) 02. Suspected Minor Injury (B) 03. Suspected Serious Injury (A) 04. Fatal Injury (K)	<b>H</b>															
<b>EJECTION</b> 00. No 01. Yes – Partial 02. Yes – Full 03. Extricated										<b>D</b>	<b>ALCOHOL SUSPECTED (OFFICER OPINION ONLY)</b> <b>YES</b> 01. Preliminary Breath Test 02. SFST 03. Observed 05. Other Method <b>NO</b> 06. Preliminary Breath Test 07. SFST 08. Observed 10. Other Method	<b>I</b>															
<b>EJECTION PATH</b> 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 10. Motorcycle										<b>E</b>	<b>TESTED FOR ALCOHOL</b> 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	<b>J</b>															
<b>SAFETY EQUIPMENT - AVAILABLE</b> 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)										<b>F1</b>	<b>MARIJUANA SUSPECTED (OFFICER OPINION ONLY)</b> 00. Marijuana Not Suspected 01. Marijuana Suspected 02. Unknown	<b>K</b>															
<b>SAFETY EQUIPMENT - USE</b> (Restraints and MC Eye Protection) 00. Not Used 01. Properly Used 02. Improperly Used 03. Unknown										<b>F2</b>	<b>TESTED FOR MARIJUANA</b> 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	<b>L</b>															
<b>SAFETY EQUIPMENT - HELMET</b> 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)										<b>F3</b>	<b>OTHER DRUG/IMPAIRMENT SUSPECTED (OFFICER OPINION ONLY)</b> <b>YES</b> 01. Drug Recognition Expert 02. SFST 03. Observed 04. Other Method <b>NO</b> 05. Drug Recognition Expert 06. SFST 07. Observed 08. Other Method	<b>M</b>															
<b>TESTED FOR OTHER DRUGS</b> 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										<b>F3</b>	<b>TESTED FOR OTHER DRUGS</b> 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	<b>N</b>															
<b>TU#</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F1</b>	<b>F2</b>	<b>F3</b>	<b>AGE</b>	<b>Name/Address</b>	<b>AA</b>	<b>Expired Date</b>															
<b>G1</b>	<b>G2</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>	<b>SEX</b>	<b>EMS Trip #</b>	<b>Taken To</b>	<b>BB</b>	<b>Expired Time</b>														
<b>TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY</b>										<b>DEAD AT SCENE</b> 00. No 01. Yes		<b>AA</b>	<b>TRANSPORTED BY</b> 01. Ambulance 02. Air 03. Not Transported 04. Other (Describe in Narrative)			<b>BB</b>											

DOR