

MISSOURI UNIFORM CRASH REPORT

PAGE _____ OF _____

1 — GENERAL CRASH INFORMATION				AGENCY NAME AND ORI																			
SPACE USED FOR BARCODE																							
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER		NO. VEH. INV.							
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>															
CRASH DATE		MM/DD/YYYY		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVEST. DATE		TIME ARRIVED (MIL.)		DATE OF RDWY. CLEAR		TIME OF RDWY. CLEAR		INVEST. AT SCENE					
														<input type="checkbox"/> NA		<input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No					
CRASH TYPE	ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE																
	<input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		<input type="checkbox"/> Overturning <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife <input type="checkbox"/> Fell / Jumped From MV		<input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision <input type="checkbox"/> Thrown or Falling Object <input type="checkbox"/> Other Object		<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Pedestrian <input type="checkbox"/> Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle <input type="checkbox"/> Other Non-Motorist		<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle (Front to Side)		<input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)												
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA — Answer the following to determine if the "Commercial Vehicle" fields in Section 7H must be completed.																							
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> No — No commercial vehicle fields need completion. <input type="checkbox"/> Yes — Go to number 2. →																							
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No — No commercial vehicle fields need completion. <input type="checkbox"/> Yes — Complete Section 7H for appropriate vehicle.																							
EVIDENTIARY PHOTOS TAKEN		BY WHOM		AVAILABLE FROM																			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Investigating Agency																			
EVIDENTIARY VIDEO TAKEN		BY WHOM		AVAILABLE FROM																			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Investigating Agency																			
RECONSTRUCTION		BY WHOM		AVAILABLE FROM																			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Investigating Agency																			
2 — LOCATION																							
COUNTY				MUNICIPALITY				BEAT / ZONE		TRP/DIST/PCT		GPS COORDINATES (DD MM SS.S FORMAT)											
												LAT: N LONG: W											
ON				RDWY. DIR.		DISTANCE FROM		LOCATION		INTERSECTING													
						<input type="checkbox"/> NA ____ Feet ____ . ____ Miles		<input type="checkbox"/> After <input type="checkbox"/> NA <input type="checkbox"/> Before <input type="checkbox"/> At															
SPEED LIMIT		ROADWAY MAINTAINED BY		<input type="checkbox"/> Unknown						SPEED LIMIT		INT. DIR.		GEO — CODE									
		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other																					
TRAFFICWAY				ROADWAY ALIGNMENT				ROADWAY PROFILE															
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown				<input type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)															
INTERSECTION TYPE				PERPENDICULAR				ANGLED / SKEWED				ROUNDBABOUT / TRAFFIC CIRCLE				Enter Codes		ROADWAY CONDITION		ROADWAY SURFACE			
<input type="checkbox"/> NA				<input type="checkbox"/> Cross Intersection (4-Way) <input type="checkbox"/> T-Intersection				<input type="checkbox"/> Y-Intersection <input type="checkbox"/> Five or More Legs and Not Circular				<input type="checkbox"/> Roundabout <input type="checkbox"/> Other Circular Intersection <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)						LIGHT CONDITION		WEATHER / ENVIRON CONDITION			
3 — DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None																							
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality																							
4 — WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative																							
NAME & ADDRESS (Street, City, State, Zip)														PHONE NUMBER									
5 — NON-MOTORIST <input type="checkbox"/> NA <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Other Non-Motorist <input type="checkbox"/> PEDESTRIAN SPECIAL FUNCTION <input type="checkbox"/> NA																							
(NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prior Motor Vehicle Occupant <input type="checkbox"/> Personal Conveyance Type (Enter Code) <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Tow Operator <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> EMS																							
NO.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER									
DATE OF BIRTH		SEX		STRUCK BY VEH #:		INJ		TRANS-PORT		SAFETY DEVICES		LOCATION		<input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> Shoulder / Roadside		<input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown		BICYCLE LANE / FACILITY (Enter Code)					
CROSSING ROAD <input type="checkbox"/> NA				ACTIONS <input type="checkbox"/> NA / None				ORIGIN / DESTINATION <input type="checkbox"/> NA															
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> With Flashing Beacon <input type="checkbox"/> Unknown				<input type="checkbox"/> Intersection — Marked Crosswalk <input type="checkbox"/> Intersection — Unmarked Crosswalk <input type="checkbox"/> Midblock — Marked Crosswalk <input type="checkbox"/> Midblock — No Crosswalk <input type="checkbox"/> Unknown				<input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.				<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running / Cycling / Riding In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic				<input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Going To / From Transit <input type="checkbox"/> Unknown (Explain)							
PROBABLE CONTRIBUTING CIRCUMSTANCES				None				Improper Passing				Following Too Close				In Roadway Improperly (Standing, Lying, Working, Playing, Stopped)				Other (Explain)			
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Distracted / Inattentive (If marked, fill in Codes) →				<input type="checkbox"/> Not Visible (Dark Clothing, No Lighting, etc.) <input type="checkbox"/> Improper Turn				<input type="checkbox"/> Improper Start from Park								<input type="checkbox"/> Unknown (Explain)							
<input type="checkbox"/> Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> Wrong-Way <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Improper Lane Usage / Change																DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA				ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1	N	E	S	W	U	V2	N	E	S	W	U	V3	N	E	S	W	U	V4	N	E	S	W	U	V5	N	E	S	W	U	V6	N	E	S	W	U

INDICATE NORTH

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 — DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO.		7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)																PHONE NUMBER										
DRIVER LICENSE / ID NUMBER						STATE		LIC STATUS			<input type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> NA			<input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Unknown			LIC TYPE			<input type="checkbox"/> Operator Class _____ <input type="checkbox"/> CDL Class _____ <input type="checkbox"/> NA			<input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed			<input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Yes (add code) <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unk		
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG		SAFETY DEVICES		INDICATION OF IMPROPER USE?		VISION OBSTRUCTED		<input type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare		<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)					
DRIVER LICENSE RESTRICTIONS						Alcohol Interlock Required on License?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> NA		Alcohol Interlock Present?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA						
PROOF OF INSURANCE						INSURANCE COMPANY						<input type="checkbox"/> Expired		PHONE NO. (Optional)				POLICY NUMBER				<input type="checkbox"/> NA		<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required																												

7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	<input type="checkbox"/> SAD	PHONE NUMBER	<input type="checkbox"/> SAD
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YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC.

LICENSE—PLATE NO.	<input type="checkbox"/> Temporary Tag	STATE	YEAR	VIN
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TOWED FROM SCENE	TOWED BY	<input type="checkbox"/> Unknown <input type="checkbox"/> NA	VEHICLE DAMAGE (Mark all damaged areas)	<input type="checkbox"/> None / No Damage																		
<input type="checkbox"/> Yes <input type="checkbox"/> No			INITIAL IMPACT NO:	<input type="checkbox"/> 18 - Undercarriage <input type="checkbox"/> 22 - Cargo <input type="checkbox"/> 19 - Windshield <input type="checkbox"/> 23 - Unknown <input type="checkbox"/> 20 - Burned <input type="checkbox"/> 24 - Other <input type="checkbox"/> 21 - Trailer / Towed Unit (Explain)																		
TOWED DUE TO DIS. DAMAGE			<input type="checkbox"/> NA																			
<input type="checkbox"/> Yes <input type="checkbox"/> No			<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr> <td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <tr> <td>1</td> <td>15</td> <td>16</td> <td>17</td> <td>8</td> <td></td> </tr> <tr> <td>14</td> <td>13</td> <td>12</td> <td>11</td> <td>10</td> <td>9</td> </tr> </table>	2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	
2	3	4	5	6	7																	
1	15	16	17	8																		
14	13	12	11	10	9																	

VEHICLE BODY TYPES—Automobiles/Specialty Vehicles ☐ Vehicle Used As Public Conveyance ☐ Vehicle Used for Electronic Ride-Hailing (Transportation Network Company)

<input type="checkbox"/> Passenger Car <input type="checkbox"/> Passenger Van (<9 Seats) <input type="checkbox"/> 9-12 Passenger Van <input type="checkbox"/> 15- Passenger Van <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle/Moped	<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other </div>	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown </div>	<input type="checkbox"/> Autocycle <input type="checkbox"/> Recreational Off-Highway Vehicles (ROV) <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Unknown (Explain) _____	<input type="checkbox"/> Cargo Van _____ <input type="checkbox"/> Pickup _____ <input type="checkbox"/> Other Heavy Truck _____ <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Truck Tractor _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) </div>	<div style="border: 1px solid black; padding: 5px;"> GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown </div>
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FIRST TRAILER / TOWED UNIT	YEAR	MAKE										MODEL										Record Subsequent Trailer / Towed Units in Section 9 — Narrative.
	LICENSE — PLATE NO.		STATE	YEAR	VIN																	
SECOND TRAILER / TOWED UNIT	YEAR	MAKE										MODEL										
	LICENSE — PLATE NO.		STATE	YEAR	VIN																	

AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE	If marked Yes , complete Automation System Levels Engaged at Time of Crash and Driver Ceded Control fields →	AUTOMATION SYSTEM LEVELS ENGAGED AT TIME OF CRASH	DRIVER CEDED CONTROL
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> No Automation <input type="checkbox"/> Partial Automation <input type="checkbox"/> High Automation <input type="checkbox"/> Automation System(s) Engaged Level Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown <input type="checkbox"/> NA

EMERGENCY VEHICLE INVOLVEMENT <input type="checkbox"/> NA				CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA			
<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run		<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Crash Ahead	<input type="checkbox"/> Other Incident Ahead	<input type="checkbox"/> Unknown (Explain)
<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" or "B") →	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated					

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES ☐ Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES	<input type="checkbox"/> Unknown	ANIMAL CODE(S)	FIXED OBJECT CODE(S)

ALCOHOL USE ☐ Yes ☐ No ☐ Unknown ☐ NA

MARIJUANA USE ☐ Yes ☐ No ☐ Unknown ☐ NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES										<input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8) <input type="checkbox"/> None <input type="checkbox"/> Unknown (Explain)										DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8)										<input type="checkbox"/> NA									
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------------------------	--	--	--	--	--	--	--	--	--

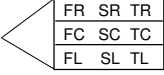
7E. WORK ZONE			TYPE OF WORK ZONE		<input type="checkbox"/> NA	LOCATION OF THE CRASH		<input type="checkbox"/> NA <input type="checkbox"/> Unknown	LAW ENFORCEMENT PRESENT	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work on Shoulder or Median		<input type="checkbox"/> Before the First Work Zone Warning Sign	<input type="checkbox"/> Transition Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Workers Present			<input type="checkbox"/> Lane Shift / Crossover	<input type="checkbox"/> Other Type of Work Zone			<input type="checkbox"/> Activity Area	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Intermittent or Moving Work	<input type="checkbox"/> Unknown		<input type="checkbox"/> Advanced Warning Area	<input type="checkbox"/> Termination Area			

7F. TRAFFIC CONTROL						CONTROL MALFUNCTIONING / INOPERATIVE / MISSING	
<input type="checkbox"/> None <input type="checkbox"/> Unknown							
Electric:	<input type="checkbox"/> Green / Yellow / Red	<input type="checkbox"/> Flashing Red	<input type="checkbox"/> Flashing Yellow	<input type="checkbox"/> Ramp Meter	<input type="checkbox"/> Other Electric (Explain)		
Other	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> No Passing Zone	<input type="checkbox"/> Turn Restricted	<input type="checkbox"/> Officer / Flagman	<input type="checkbox"/> Signal On School Bus		
Controls:	<input type="checkbox"/> Warning Sign / Device	<input type="checkbox"/> Railway Crossing Sign / Device	<input type="checkbox"/> School Zone	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Other (Explain)		
					<input type="checkbox"/> Yes (Explain)	<input type="checkbox"/> No	
					<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	

7G.	OCCUPANTS — NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS- PORT	EJEC- TION	AIR BAG			SAFETY DEVICES		IMPROPER USE?	PHONE NUMBER
													<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
													<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
													<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
													<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
													<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
													<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	

7 — DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER									
DRIVER LICENSE / ID NUMBER				STATE		LIC STATUS			<input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown			LIC TYPE			<input type="checkbox"/> Operator Class _____ <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> CDL Class _____ <input type="checkbox"/> MC Only <input type="checkbox"/> NA <input type="checkbox"/> Interm / Grad <input type="checkbox"/> Unlicensed			ENDORSEMENTS						
DATE OF BIRTH			SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	INDICATION OF IMPROPER USE?		VISION OBSTRUCTED		<input type="checkbox"/> Not Obstructed <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Windshield <input type="checkbox"/> Building <input type="checkbox"/> Hillcrest <input type="checkbox"/> Load on Veh <input type="checkbox"/> Embankment <input type="checkbox"/> Parked Veh		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Glare								
DRIVER LICENSE RESTRICTIONS Alcohol Interlock Required on License? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA															Alcohol Interlock Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA									
PROOF OF INSURANCE				INSURANCE COMPANY				<input type="checkbox"/> Expired				PHONE NO. (Optional)			POLICY NUMBER <input type="checkbox"/> NA			<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required																								
7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD															PHONE NUMBER <input type="checkbox"/> SAD									
YEAR		MAKE				MODEL				COLOR			VEH. TYPE		TOTAL NO. OF OCC.									
LICENSE — PLATE NO. <input type="checkbox"/> Temporary Tag STATE YEAR VIN																								
TOWED FROM SCENE		TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA				VEHICLE DAMAGE (Mark all damaged areas)				<input type="checkbox"/> None / No Damage 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Trailer / Towed Unit (Explain)														
<input type="checkbox"/> Yes <input type="checkbox"/> No						INITIAL IMPACT NO: 2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9																		
TOWED DUE TO DIS. DAMAGE						<input type="checkbox"/> NA																		
<input type="checkbox"/> Yes <input type="checkbox"/> No																								
VEHICLE BODY TYPES — Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance <input type="checkbox"/> Vehicle Used for Electronic Ride-Hailing (Transportation Network Company)																								
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Autocycle <input type="checkbox"/> Cargo Van _____ <input type="checkbox"/> Passenger Van (<9 Seats) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> ATV <input type="checkbox"/> Recreational Off-Highway Vehicles (ROV) <input type="checkbox"/> Pickup _____ <input type="checkbox"/> 9-12 Passenger Van <input type="checkbox"/> School Bus <input type="checkbox"/> 2 Wh <input type="checkbox"/> Motor Home <input type="checkbox"/> Other Heavy Truck _____ <input type="checkbox"/> 15- Passenger Van <input type="checkbox"/> Intercity <input type="checkbox"/> 3 Wh <input type="checkbox"/> Farm Implements <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires _____ <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> 4 Wh <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Single-unit Truck; 3 or more axles _____ <input type="checkbox"/> Limousine (7-8 W / Driver) <input type="checkbox"/> Charter / Tour <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Limousine (9-15 W / Driver) <input type="checkbox"/> Other <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Truck Tractor _____ <input type="checkbox"/> Motorized Bicycle / Moped																								
GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown																								
FIRST TRAILER / TOWED UNIT		YEAR MAKE				MODEL				Record Subsequent Trailer / Towed Units in Section 9 — Narrative.														
		LICENSE — PLATE NO. STATE YEAR VIN																						
SECOND TRAILER / TOWED UNIT		YEAR MAKE				MODEL																		
		LICENSE — PLATE NO. STATE YEAR VIN																						
AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE		If marked Yes , complete Automation System Levels Engaged at Time of Crash and Driver Ceded Control fields ———→				AUTOMATION SYSTEM LEVELS ENGAGED AT TIME OF CRASH							DRIVER CEDED CONTROL											
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						<input type="checkbox"/> No Automation <input type="checkbox"/> Partial Automation <input type="checkbox"/> High Automation <input type="checkbox"/> Automation System(s) Engaged Level Unknown <input type="checkbox"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Unknown							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA											
EMERGENCY VEHICLE INVOLVEMENT <input type="checkbox"/> NA																								
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" or "B") ———→ <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated																								
CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA																								
<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)																								
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																								
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown																								
ANIMAL CODE(S) FIXED OBJECT CODE(S)																								
ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																								
MARIJUANA USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																								
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																								
<input type="checkbox"/> None <input type="checkbox"/> Unknown (Explain)																								
DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8) <input type="checkbox"/> NA																								
7E. WORK ZONE		TYPE OF WORK ZONE <input type="checkbox"/> NA				LOCATION OF THE CRASH <input type="checkbox"/> NA <input type="checkbox"/> Unknown				LAW ENFORCEMENT PRESENT														
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Lane Closure <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Other Type of Work Zone <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Unknown				<input type="checkbox"/> Before the First Work Zone Warning Sign <input type="checkbox"/> Transition Area <input type="checkbox"/> Activity Area <input type="checkbox"/> Advanced Warning Area <input type="checkbox"/> Termination Area				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA														
7F. TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown																								
Electric: <input type="checkbox"/> Green / Yellow / Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other Electric (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																								
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																								
<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																								
7G. OCCUPANTS — NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)																								
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	IMPROPER USE?		PHONE NUMBER													
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA															
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA															
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA															
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA															
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA															
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA															

7H. — COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> NA		Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.													
VEH NO.	MOTOR CARRIER IDENTIFICATION (Leasee, etc.) — NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO										PHONE NUMBER <input type="checkbox"/> SAO				
COMMERCIAL / NON-COMMERCIAL		<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Not In Commerce — Government Vehicle	<input type="checkbox"/> Not In Commerce — Other Vehicle	MC / MX / ICC NO.					USDOT NO.					
		<input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce — Rental Vehicle												
CARGO BODY TYPE	<input type="checkbox"/> Enclosed Box	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Garbage / Refuse	<input type="checkbox"/> Pole Trailer	<input type="checkbox"/> Vehicle Towing Another Veh.	<input type="checkbox"/> Intermodal Container Chassis	<input type="checkbox"/> NA (No Cargo Body)	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown					
	<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log										
HAZARDOUS MATERIALS	PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	4-DIGIT NO.	CLASS	HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME									
8 — CODES															
ROADWAY CONDITION CODES 1. Dry 2. Wet 3. Snow 4. Ice / Frost 5. Slush 7. Standing Water 8. Moving Water 9. Other (Explain) 11. Mud, Dirt, Gravel 12. Sand U. Unknown (Explain)				ROADWAY SURFACE CODES 1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt / Sand 6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (Explain)				LIGHT CONDITION CODES 1. Daylight 2. Dark-Lighted 3. Dark-Unlighted 6. Dark-Unknown Lighting 7. Other (Explain) 8. Dawn / Dusk U. Unknown (Explain)				WEATHER / ENVIRONMENTAL CONDITION CODES 1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet / Hail 6. Freezing (Temp) 7. Fog / Mist 10. Severe Crosswinds 11. Other (Explain) 12. Blowing Snow 13. Smoke / Smog U. Unknown (Explain)			
SEAT LOCATION XX — Not Known M — Motorcycle CP — Commercial Passenger OE — Occupant — Enclosed Load Area OU — Occupant — Unenclosed Load Area RC — Rail Crew VE — Riding on Motor Vehicle Exterior (non-trailing unit) SS — Sleeper Section of Cab (truck) TU — Trailing Unit SV — Other (Explain in Narrative) NA — Not Applicable				INJURY (Enter Numerical Value) 1. (K) Fatal Injury 2. (A) Suspected Serious Injury 3. (B) Suspected Minor Injury 4. (C) Possible Injury 5. (O) No Apparent Injury U. Unknown N. NA		TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA		EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown		AIR BAG 1. None / Not Applicable 3. Not Deployed 4. Removed 5. Deployed — Front 6. Deployed — Side 7. Deployed — Curtain 8. Deployed — Other (Knee, Air Belt, etc.) 10. Deployment Unknown U. Air Bag Presence Unknown		SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint — Forward Facing 12. Child Restraint — Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other (Explain) 16. Child Restraint — Type Unknown 17. Stretcher 18. Wheelchair 19. Lighting 20. Reflectors U. Use Unknown N. Not Applicable			
PERSONAL CONVEYANCE TYPE CODES 1. Scooter — Mobility Assistance / Motorized 2. Scooter — Stand-up / Motorized 3. Stand-up / Non-motorized 4. Stand-up / Motorized-Other 5. Stroller 6. Rideable Toy 7. Other (Explain)						BICYCLE LANE / FACILITY CODES 1. Signed Route (No Pavement Marking) 2. Shared Lane Markings 3. On-street Bike Lanes 4. On-street Buffered Bike Lanes 5. Separated Bike Lanes 6. Off-street Trails / Sidepaths 7. Other (Explain) U. Unknown N. Not Applicable									
DISTRACTED / INATTENTIVE CODES 1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device 5. Communication Device — Hand-held 6. Communication Device — Hands Free 7. Communication Device — Texting / E-mailing 8. Communication Device — Web Browsing 9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming 13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)															
ENDORSEMENT CODES 1. H — Hazardous Materials 2. N — Tank Vehicle 3. P — Passenger 4. S — School 5. T — Double / Triple Trailers 6. X — Combination of Tank Vehicle and Hazardous Materials 7. Other Non-commercial License Endorsements (e.g., Motorcycle, etc.)															
VEHICLE TYPE CODES 1. Motor Vehicle In Transport 2. Parked Motor Vehicle 3. Working Motor Vehicle U. Unknown				OTHER VEHICLE CODES 1. Riding Mower / Garden Tractor 2. Golf Cart 3. Snowmobile 4. Forklift 6. Low Speed Vehicle (LSV) 7. Other (Explain)											
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding) 1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start In Traffic 10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing / Merging Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road 19. Airborne 20. Ran Off Roadway — Right 21. Ran Off Roadway — Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo / Equipment Loss / Shift 27. Equipment Failure 28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian (**) 31. Collision Inv. Bicycle / Pedalcycle (**) 32. Collision Inv. Railway Vehicle 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**) 37. Collision Inv. Other Object (Explain) 38. Other Non-collision 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell / Jumped From MV 44. Thrown / Falling Object 46. Ran Off Roadway — Other (Explain) 47. Cross Separator 48. Collision Inv. Other Non-motorist (**) 49. Struck By Falling, Shifting Cargo, Object Set In Motion by Motor Vehicle 50. End Departure (T-intersection, Dead-end, etc.)															
ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS 60. Deer 61. Farm Animal 62. Dog 63. Other Animal U. Unknown															
FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS 20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole / Guy Wire 24. Fence 25. Street Light Support 26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier 32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End 38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support 44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown															
PROBABLE CONTRIBUTING CIRCUMSTANCES (Items with double-asterisk [**] require additional coding) 1. Vehicle Defects (Explain) 3. Improperly Stopped in Roadway 4. Speed — Exceeded Limit 5. Too Fast For Conditions 6. Improper Passing 7. Failure to Obey Traffic Signs, Signals, or Officer 8. Wrong Side (Not Passing) 9. Following Too Close 10. Improper Signal 11. Improper Backing 12. Improper Turn 13. Improper Lane Usage / Change 14. Wrong Way 15. Improper Start From Park 16. Improperly Parked 17. Failed To Yield 18. Alcohol 19. Drugs 20. Physical Impairment (Explain) 21. Distracted / Inattentive (**) 23. Vision Obstructed 24. Driver Fatigue / Asleep 25. Failed to Dim Headlights 26. Failed to Use Lights 27. Improper Towing / Pushing 28. Overcorrected 29. Improper Riding / Clinging To Vehicle Exterior 30. Failed To Secure Load / Improper Loading 31. Animal(s) In Roadway 32. Object / Obstruction in Roadway 33. Other (Explain)															

9. NARRATIVE / STATEMENTS

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)