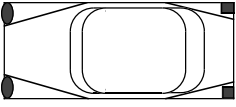


POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W T H F S S N	CRASH TIME AM PM	POLICE NOTIFIED AM PM	POLICE ARRIVAL AM PM	DMV FILE NUMBER
COUNTY	ROAD ON WHICH CRASH OCCURRED		LATITUDE	LONGITUDE	MILE POST	DMV CODE
<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD <input type="checkbox"/> NEAR _____ MILES E W			<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN <input type="checkbox"/> NEAR _____ MILES E W			
<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROPERTY DAMAGE   ESTIMATE: <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN			<input type="checkbox"/> HAZ. MATERIALS <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> TRAIN R/R <input type="checkbox"/> TRUCK / BUS			

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
PED BIC PRK PRP	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (   )				
	VEHICLE OWNER <input type="checkbox"/> SAME	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (   )				

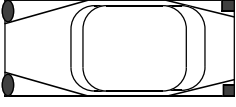
FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER					
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR
VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N <input type="checkbox"/> UNKNOWN				DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN					
BY: TO:				BY: TO:					

VEHICLE DAMAGE		<b>MARK ALL THAT APPLY:</b> DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN	<b>INJURY:</b> <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL  <b>EQUIPMENT:</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
ACTION / ARREST / CITES			

HIT AND RUN	SUSPECT NAME			AKA			IN CUSTODY Y N	
	ADDRESS						OTHER INFORMATION:	
	SEX	RACE	DOB	HT	WT	HAIR	EYES	LOCAL ID

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
PED BIC PRK PRP	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (   )				
	VEHICLE OWNER <input type="checkbox"/> SAME	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (   )				

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER					
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR
VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N <input type="checkbox"/> UNKNOWN				DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN					
BY: TO:				BY: TO:					

VEHICLE DAMAGE		<b>MARK ALL THAT APPLY:</b> DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN	<b>INJURY:</b> <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL  <b>EQUIPMENT:</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP
ACTION / ARREST / CITES			

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS						
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (   )	<b>INJURY</b> <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	<b>LOCATION</b> LF CF RF LR CR RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN			BY: TO:			<b>EQUIPMENT</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP		

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS						
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (   )	<b>INJURY</b> <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	<b>LOCATION</b> LF CF RF LR CR RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN			BY: TO:			<b>EQUIPMENT</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP		

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS						
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL (   )	<b>INJURY</b> <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL	<b>LOCATION</b> LF CF RF LR CR RR	OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN			BY: TO:			<b>EQUIPMENT</b> <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP		

DISTRIBUTION			
OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY

**Check ONE box in all categories. Check ALL boxes that apply in categories with (★).**

<p><b>FIRST HARMFUL EVENT</b></p> <p><b>NON COLLISION</b></p> <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain) <p><b>COLLISION WITH</b></p> <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST <p><b>CRASH TYPE</b></p> <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN <p><b>FIXED OBJECT</b></p> <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE O/PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCRT or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER FIXED (Explain) <p><b>OTHER OBJECT (NOT FIXED)</b></p> <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain) <p><b>EVENT LOCATION</b></p> <p><b>ON ROADWAY</b></p> <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA <p><b>OFF ROADWAY</b></p> <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN <p><b>SPECIAL ZONE</b></p> <input type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER	<p><b>WEATHER</b></p> <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOWN <p><b>SURFACE CONDITION</b></p> <p>#1 #2</p> <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER (Explain) <p><b>SURFACE TYPE</b></p> <p>#1 #2</p> <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER <p><b>LIGHT</b></p> <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN <p><b>TRAFFIC CONTROL TYPE</b></p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS <input type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> TURN LANES <input type="checkbox"/> UNKNOWN <p><b>TRAFFIC CONTROL DEVICE CONDITION</b></p> <p>#1 #2</p> <input type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM PROPER POSITION <input type="checkbox"/> OBSCURED BY OTHER SIGNS <input type="checkbox"/> OBSCURED BY PARKED VEHICLE <input type="checkbox"/> OBSCURED BY VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTN <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN	<p><b>ROAD CHARACTER</b></p> <p>#1 #2</p> <input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE <p>VEH #1 ___ NUMBER OF LANES</p> <p>VEH #2 ___ NUMBER OF LANES</p> <p>___ TOTAL NUMBER OF LANES</p> <p><b>ROAD FLOW</b></p> <p>#1 #2</p> <input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVIDED <p><b>MEDIAN TYPE</b></p> <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN <p><b>DRIVER LICENSE VIOLATION</b></p> <p><b>DRIVER</b></p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input type="checkbox"/> SUSPND / REVOKED <input type="checkbox"/> UNLICENSED <p><b>★ DRIVER FACTORS</b></p> <p><b>DRIVER</b></p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISRGRD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDE/WAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p><b>★ IMPAIRMENT</b></p> <p><b>DRIVER</b></p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input type="checkbox"/> UNKNOWN <p><b>DETERMINED BY:</b></p> <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p><b>RESULTS OF TEST:</b></p> <p>D1 ___% D2 ___%</p> <input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE	<p><b>★VEH RELATED FACTORS</b></p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER <p><b>VEHICLE MOVEMENT</b></p> <p>#1 #2</p> <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER <p><b>TRAILER TYPE</b></p> <p>#1 #2</p> <input type="checkbox"/> LOG BUNK <input type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOWN	<p><b>TRUCK CONFIGURATION</b></p> <p>#1 #2</p> <input type="checkbox"/> TRUCK (2 or 3 AXLE) <input type="checkbox"/> TRUCK / TRACTOR-SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER (Explain) <p><b>★ PASSENGER FACTORS</b></p> <p><b>PASS UNIT #1</b></p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p><b>PASS UNIT #2</b></p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p><b>PEDESTRIAN LOCATION</b></p> <p><b>IN ROAD</b></p> <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE <p><b>INTERSECTION</b></p> <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE <p><b>OTHER</b></p> <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN	<p><b>PEDESTRIAN TYPE</b></p> <input type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p><b>★ PEDESTRIAN ACTION</b></p> <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <input type="checkbox"/> APPRCH / LEAVE SC BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOWN <p><b>PED / BIKE VISIBILITY</b></p> <p><b>CLOTHING</b></p> <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE <p><b>OTHER</b></p> <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN <p><b>★ PED / BIKE FACTORS</b></p> <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)			
<p><b>SKETCH &amp; NARRATIVE</b></p> <p align="center"> <span style="font-size: 2em; vertical-align: middle;">↑</span> </p> <p>(NOT TO SCALE)</p>						<p>UNIT</p>	<p>1</p>	<p>2</p>
						<p>SKID MARKS TO (FEET) _____</p>		<p>DISTANCE AFTER (FEET) _____</p>