

FATAL  CMV  SCHOOL BUS  RAILROAD  MEDICAL ADVISORY BOARD

SUPPLEMENT  ACTIVE SCHOOL ZONE  ON PRIVATE DRIVE OR ROAD/PRIVATE PROPERTY/PARKING LOT

<b>Total Num. Units</b>	<b>Total Num. Prsns</b>	<b>TxDOT Crash ID</b>
-------------------------	-------------------------	-----------------------



**Texas Peace Officer's Crash Report (Form CR-3 ALTERNATE 7/1/11)**

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844-274-7457

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.). Page \_\_\_ of \_\_\_ i

<b>*Crash Date</b> (MM/DD/YYYY)		<b>*Crash Time</b> (24HRMM)		<b>Case ID</b>			<b>Local Use</b>										
<b>*County Name</b>				<b>*City Name</b>				<b>Outside City Limits</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Roadway Part</b>		<input type="checkbox"/> 1-Main/Proper Lane		<input type="checkbox"/> 2-Service/Frontage Road		<input type="checkbox"/> 3-Entrance/On Ramp		<input type="checkbox"/> 4-Exit/Off Ramp		<input type="checkbox"/> 5-Connector/Flyover		<input type="checkbox"/> 98-Other (Narrative)		<b>Toll Road/Lane</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Speed Limit</b>	
<b>Construction Zone</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes, no workers		<input type="checkbox"/> Yes, workers present		<b>Latitude</b> (Decimal) _____ . _____			<b>Longitude</b> (Decimal) _____ . _____			<b>In your opinion, did crash result in at least \$1,000 damage to any one person's property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>*Address</b>																	

**Intersecting Road, Or If Crash Not At Intersection, Provide Nearest Intersecting Road Or Reference Marker**

<b>Crash at Intersection</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If No, Distance from Intersection/Reference Marker</b>				<input type="checkbox"/> FT <input type="checkbox"/> MI		<b>Direction From Intersection/Reference Marker</b>			
<input type="checkbox"/> Address <input type="checkbox"/> Reference Marker						<b>Railroad Crossing Num.</b>					

**Unit, Driver and Persons Information**

<b>Unit Number</b>		<b>Parked Vehicle</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Did this unit "Hit and Run"?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Police, Fire, EMS on Emergency (Narrative)																			
<b>Unit Descript.</b>		<input type="checkbox"/> 1-Motor Vehicle		<input type="checkbox"/> 2-Train		<input type="checkbox"/> 3-Pedalcyclist		<input type="checkbox"/> 4-Pedestrian		<input type="checkbox"/> 5-Motorized Conveyance		<input type="checkbox"/> 6-Towed/Trailer		<input type="checkbox"/> 7-Non-Contact		<input type="checkbox"/> 98-Other (Narrative)									
<b>LP State</b>		<b>LP Number</b>		<b>VIN</b>																					
<b>Vehicle Year</b>		<b>Vehicle Make</b>				<b>Vehicle Model</b>				<b>Vehicle Color</b>															
<b>Body Style</b>		<input type="checkbox"/> P2 (2DR Passenger Car)		<input type="checkbox"/> P4 (4DR Passenger Car)		<input type="checkbox"/> PK (Pickup)		<input type="checkbox"/> AM (Ambulance)		<input type="checkbox"/> BU (Bus)		<input type="checkbox"/> SB (Yellow School Bus)		<input type="checkbox"/> FE (Farm Equip.)		<input type="checkbox"/> FT (Fire Truck)		<input type="checkbox"/> MC (Motorcycle)		<input type="checkbox"/> SV (SUV)		<input type="checkbox"/> PC (Police Car/Truck)		<input type="checkbox"/> PM (Police Motorcycle)	
		<input type="checkbox"/> TL (Trailer, Semi, Pole)		<input type="checkbox"/> TR (Truck)		<input type="checkbox"/> TT (Truck Tractor)		<input type="checkbox"/> VN (Van)		<input type="checkbox"/> 98-Other (Narrative)		<input type="checkbox"/> 99-Unknown													
<b>DL/ID Type</b>		<input type="checkbox"/> 1-Driver License		<input type="checkbox"/> 2-Commercial Driver License		<input type="checkbox"/> 3-Occupational		<input type="checkbox"/> 4-ID Card		<input type="checkbox"/> 5-Unlicensed		<input type="checkbox"/> 98-Other		<input type="checkbox"/> 99-Unknown											
<b>DL/ID State</b>		<b>DL/ID Number</b>				<b>DL Class</b>		<b>DOB</b> (MM/DD/YYYY)				<b>CDL Endorse.</b>		<b>DL Restrict.</b>											

**Address**  
(Street, City, State, Zip)

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		<b>Owner/Lessee Name &amp; Address</b>										<b>Proof of Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Expired	
--	--	--	--	--	--	--	--	--	--	--	--	---	--

<b>Insurance Company</b>				<b>Policy Number</b>				<b>Ins. Company Phone Number</b>			
--------------------------	--	--	--	----------------------	--	--	--	----------------------------------	--	--	--

<b>Vehicle Inventoried</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Towed By</b>						<b>Towed To</b>					
---	--	-----------------	--	--	--	--	--	-----------------	--	--	--	--	--

<b>1. Person Type</b>		<b>2. Seat Position</b>				<b>3. Injury Severity</b>		<b>4. Ethnicity</b>		<b>5. Ejected</b>		<b>6. Restraint Used</b>				<b>7. Airbag</b>		<b>8. Helmet Use</b>	
1-Driver 2-Passenger/ Occupant 3-Pedalcyclist 4-Pedestrian 5-Motorcycle Driver 6-Motorcycle Passenger 98-Other (Narrative) 99-Unknown		1-Front Left 2-Front Center 3-Front Right 4-2nd Seat Left 5-2nd Seat Center 6-2nd Seat Right 7-3rd Seat Left 8-3rd Seat Center 9-3rd Seat Right 10-Cargo Area 11-Outside Vehicle 13-Other in Vehicle 14-Passenger in Bus 16-Pedestrian, Pedalcyclist, or Motorized Conveyance 98-Other (Narrative) 99-Unknown				A - Incapacitating Injury B - Non-Incapacitating Injury C - Possible Injury K - Killed N - Not Injured 99 - Unknown		W - White B - Black H - Hispanic A - Asian I - Amer. Indian/ Alaskan Native 98 - Other 99 - Unknown		1-No 2-Yes 3-Yes, Partial 97-Not Applicable 99-Unknown		1-Shoulder & Lap Belt 2-Shoulder Belt Only 3-Lap Belt Only 4-Child Seat Facing Forward 5-Child Seat Facing Rear 6-Child Seat, Unknown 7-Child Booster Seat 96-None 97-Not Applicable 98-Other (Narrative) 99-Unknown				1-Not Deployed 2-Deployed, Front 3-Deployed, Side 4-Deployed, Rear 5-Deployed, Multiple 97-Not Applicable 99-Unknown		1-Not Worn 2-Worn, Damaged 3-Worn, Not Damaged 4-Worn, Unknown Damage 97-Not Applicable 99-Unknown If Worn	

Person Num.	1. Person Type	2. Seat Position	Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed)				3. Injury Severity	4. Age	5. Ethnicity	6. Sex	7. Ejected	8. Restraint	9. Airbag	10. Helmet	11. Sol. (Y or N)

<b>Driver/Primary Person: Alcohol Specimen</b>										<b>Alcohol Test Result</b>				
<input type="checkbox"/> 1-Breath <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative)														

<b>Drug Specimen</b> <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative)						<b>Drug Test Result</b> <input type="checkbox"/> 1-Positive <input type="checkbox"/> 2-Negative <input type="checkbox"/> 97-Not Applicable <input type="checkbox"/> 99-Unknown					
--	--	--	--	--	--	--	--	--	--	--	--

<b>Drug Category</b>		<input type="checkbox"/> 2-CNS Depressants		<input type="checkbox"/> 3-CNS Stimulants		<input type="checkbox"/> 4-Hallucinogens		<input type="checkbox"/> 6-Narcotic Analgesics		<input type="checkbox"/> 7-Inhalants		<input type="checkbox"/> 8-Cannabis	
		<input type="checkbox"/> 10-Disassociative Anesthetics		<input type="checkbox"/> 11-Multiple Drugs (Narrative)		<input type="checkbox"/> 97-Not Applicable		<input type="checkbox"/> 98-Other Drugs (Narrative)		<input type="checkbox"/> 99-Unknown			

**Additional Unit, Driver and Persons Information**

<b>Unit Number</b>	<b>Parked Vehicle</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Did this unit "Hit and Run"?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Police, Fire, EMS on Emergency (Narrative)
--------------------	--	--	---

<b>Unit Descript.</b>	<input type="checkbox"/> 1-Motor Vehicle	<input type="checkbox"/> 2-Train	<input type="checkbox"/> 3-Pedalcyclist	<input type="checkbox"/> 4-Pedestrian	<input type="checkbox"/> 5-Motorized Conveyance	<input type="checkbox"/> 6-Towed/Trailer	<input type="checkbox"/> 7-Non-Contact	<input type="checkbox"/> 98-Other (Narrative)
-----------------------	--	----------------------------------	---	---------------------------------------	---	--	--	---

<b>LP State</b>	<b>LP Number</b>	<b>VIN</b>	
-----------------	------------------	------------	--

<b>Vehicle Year</b>	<b>Vehicle Make</b>	<b>Vehicle Model</b>	<b>Vehicle Color</b>
---------------------	---------------------	----------------------	----------------------

<b>Body Style</b>	<input type="checkbox"/> P2 (2DR Passenger Car)	<input type="checkbox"/> P4 (4DR Passenger Car)	<input type="checkbox"/> PK (Pickup)	<input type="checkbox"/> AM (Ambulance)	<input type="checkbox"/> BU (Bus)	<input type="checkbox"/> SB (Yellow School Bus)
	<input type="checkbox"/> FE (Farm Equip.)	<input type="checkbox"/> FT (Fire Truck)	<input type="checkbox"/> MC (Motorcycle)	<input type="checkbox"/> SV (SUV)	<input type="checkbox"/> PC (Police Car/Truck)	<input type="checkbox"/> PM (Police Motorcycle)
	<input type="checkbox"/> TL (Trailer, Semi, Pole)	<input type="checkbox"/> TR (Truck)	<input type="checkbox"/> TT (Truck Tractor)	<input type="checkbox"/> VN (Van)	<input type="checkbox"/> 98-Other (Narrative)	<input type="checkbox"/> 99-Unknown

<b>DL/ID Type</b>	<input type="checkbox"/> 1-Driver License	<input type="checkbox"/> 2-Commercial Driver License	<input type="checkbox"/> 3-Occupational	<input type="checkbox"/> 4-ID Card	<input type="checkbox"/> 5-Unlicensed	<input type="checkbox"/> 98-Other	<input type="checkbox"/> 99-Unknown
-------------------	---	--	---	------------------------------------	---------------------------------------	-----------------------------------	-------------------------------------

<b>DL/ID State</b>	<b>DL/ID Number</b>	<b>DL Class</b>	<b>DOB (MM/DD/YYYY)</b>	<b>CDL Endorse.</b>	<b>DL Restrict.</b>
--------------------	---------------------	-----------------	-------------------------	---------------------	---------------------

**Address**  
(Street, City, State, Zip)

<input type="checkbox"/> Owner	<b>Owner/Lessee Name &amp; Address</b>	<b>Proof of Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Exempt
<input type="checkbox"/> Lessee			<input type="checkbox"/> No <input type="checkbox"/> Expired

<b>Insurance Company</b>	<b>Policy Number</b>	<b>Ins. Company Phone Number</b>
--------------------------	----------------------	----------------------------------

<b>Vehicle Inventoried</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Towed By</b>	<b>Towed To</b>
----------------------------	--	-----------------	-----------------

<b>1. Person Type</b>	<b>2. Seat Position</b>	<b>3. Injury Severity</b>	<b>4. Ethnicity</b>	<b>5. Ejected</b>	<b>6. Restraint Used</b>	<b>7. Airbag</b>	<b>8. Helmet Use</b>
1-Driver	1-Front Left	A - Incapacitating Injury	W - White	1-No	1-Shoulder & Lap Belt	1-Not Deployed	1-Not Worn
2-Passenger/ Occupant	2-Front Center	B - Non-Incapacitating Injury	B - Black	2-Yes	2-Shoulder Belt Only	2-Deployed, Front	2-Worn, Damaged
3-Pedalcyclist	3-Front Right	C - Possible Injury	H - Hispanic	3-Yes, Partial	3-Lap Belt Only	3-Deployed, Side	3-Worn, Not Damaged
4-Pedestrian	4-2nd Seat Left	K - Killed	A - Asian	97-Not Applicable	4-Child Seat Facing Forward	4-Deployed, Rear	4-Worn, Unknown Damage
5-Motorcycle Driver	5-2nd Seat Center	N - Not Injured	I - Amer. Indian/ Alaskan Native	99-Unknown	5-Child Seat Facing Rear	5-Deployed, Multiple	97-Not Applicable
6-Motorcycle Passenger	6-2nd Seat Right	99 - Unknown	98 - Other		6-Child Seat, Unknown	97-Not Applicable	99-Unknown If Worn
98-Other (Narrative)	7-3rd Seat Left		99 - Unknown		7-Child Booster Seat	99-Unknown	
99-Unknown	8-3rd Seat Center						
	9-3rd Seat Right						
	10-Cargo Area						
	11-Outside Vehicle						
	13-Other in Vehicle						
	14-Passenger in Bus						
	16-Pedestrian, Pedalcyclist, or Motorized Conveyance						
	98-Other (Narrative)						
	99-Unknown						

Person Num.	1. Person Type	2. Seat Position	Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed)	3. Injury Severity	Age	4. Ethnicity	Sex	5. Ejected	6. Restraint	7. Airbag	8. Helmet	Sol. (Y or N)

<b>Driver/Primary Person: Alcohol Specimen</b>	<input type="checkbox"/> 1-Breath <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative)	<b>Alcohol Test Result</b>
--	---	----------------------------

<b>Drug Specimen</b>	<input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative)	<b>Drug Test Result</b> <input type="checkbox"/> 1-Positive <input type="checkbox"/> 2-Negative <input type="checkbox"/> 97-Not Applicable <input type="checkbox"/> 99-Unknown
----------------------	---	--

<b>Drug Category</b>	<input type="checkbox"/> 2-CNS Depressants	<input type="checkbox"/> 3-CNS Stimulants	<input type="checkbox"/> 4-Hallucinogens	<input type="checkbox"/> 6-Narcotic Analgesics	<input type="checkbox"/> 7-Inhalants	<input type="checkbox"/> 8-Cannabis
	<input type="checkbox"/> 10-Disassociative Anesthetics	<input type="checkbox"/> 11-Multiple Drugs (Narrative)	<input type="checkbox"/> 97-Not Applicable	<input type="checkbox"/> 98-Other Drugs (Narrative)	<input type="checkbox"/> 99-Unknown	

**Disposition of Injured/Killed (If additional lines are needed use the "Disposition of Additional Injured/Killed Form")**

Unit Num.	Person Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)

**Damage Other Than Vehicles**

Damaged Property Other than Vehicles	Owner's Name	Owner's Address



Commercial Motor Vehicle

<b>Unit Num.</b>	<input type="checkbox"/> 10,001+ LBS	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	<b>Vehicle Operation</b>	<input type="checkbox"/> 1-Interstate Commerce	<input type="checkbox"/> 2-Intrastate Commerce	<input type="checkbox"/> 3-Not in Commerce	<input type="checkbox"/> 4-Government	<input type="checkbox"/> 5-Personal	
<b>Carrier ID Type</b>	<input type="checkbox"/> 1-US DOT	<input type="checkbox"/> 2-TxDOT	<input type="checkbox"/> 3-ICC/MC	<b>Carrier ID Num.</b>	<b>Carrier Corp. Name</b>					
<b>Carrier Primary Address</b>				<b>Total Num. Axles</b>				<b>Total Num. Tires</b>		
<b>Vehicle Type</b>	<input type="checkbox"/> 1-Passenger Car	<input type="checkbox"/> 2-Light Truck	<input type="checkbox"/> 3-Bus (9-15)	<input type="checkbox"/> 4-Bus (>15)	<input type="checkbox"/> 5-Single Unit Truck (2 Axles 6 Tires)	<input type="checkbox"/> 6-Single Unit Truck (3 or More Axles)	<input type="checkbox"/> 7-Truck Trailer			
	<input type="checkbox"/> 8-Truck Tractor (Bobtail)	<input type="checkbox"/> 9-Tractor/Semi Trailer	<input type="checkbox"/> 10-Tractor/Double Trailer	<input type="checkbox"/> 11-Tractor/Triple Trailer	<input type="checkbox"/> 98-Other (Narrative)	<input type="checkbox"/> 99-Unknown Heavy Truck				
<b>Roadway Access</b>	<input type="checkbox"/> 1-Full Access Control	<input type="checkbox"/> 2-Partial Access Control	<input type="checkbox"/> 3-No Access Control		<input type="checkbox"/> RGVV				<b>Haz Mat. Released</b>	<input type="checkbox"/> Yes
					<input type="checkbox"/> GVWR				<input type="checkbox"/> No	
<b>Haz Mat. Class Num.</b>	<input type="checkbox"/> 1-Explosives	<input type="checkbox"/> 2-Gases	<input type="checkbox"/> 3-Flammable Liquids	<input type="checkbox"/> 4-Flammable Solids	<input type="checkbox"/> 5-Oxidizers & Organic Peroxides	<b>Hazardous Material ID Number</b>				
	<input type="checkbox"/> 6-Toxic Materials & Infectious Substances	<input type="checkbox"/> 7-Radioactive Materials	<input type="checkbox"/> 8-Corrosive Materials	<input type="checkbox"/> 9-Miscellaneous Dangerous Goods						
<b>Haz Mat. Class Num.</b>	<input type="checkbox"/> 1-Explosives	<input type="checkbox"/> 2-Gases	<input type="checkbox"/> 3-Flammable Liquids	<input type="checkbox"/> 4-Flammable Solids	<input type="checkbox"/> 5-Oxidizers & Organic Peroxides	<b>Hazardous Material ID Number</b>				
	<input type="checkbox"/> 6-Toxic Materials & Infectious Substances	<input type="checkbox"/> 7-Radioactive Materials	<input type="checkbox"/> 8-Corrosive Materials	<input type="checkbox"/> 9-Miscellaneous Dangerous Goods						
<b>Cargo Body Style</b>	<input type="checkbox"/> 1-Bus (9-15)	<input type="checkbox"/> 2-Bus (>15)	<input type="checkbox"/> 3-Van/Enclosed Box	<input type="checkbox"/> 4-Cargo Tank	<input type="checkbox"/> 5-Flatbed	<input type="checkbox"/> 6-Dump				
	<input type="checkbox"/> 7-Concrete Mixer	<input type="checkbox"/> 8-Auto Transporter	<input type="checkbox"/> 9-Garbage Refuse	<input type="checkbox"/> 10-Grain Chips Gravel	<input type="checkbox"/> 11-Pole	<input type="checkbox"/> 13-Intermodal				
	<input type="checkbox"/> 14-Logging	<input type="checkbox"/> 15-Vehicle Towing Another Vehicle		<input type="checkbox"/> 97-Not Applicable	<input type="checkbox"/> 98-Other (Narrative)					
<b>Trailer 1</b>	<b>Unit Num.</b>	<input type="checkbox"/> RGVV			<b>Trailer 2</b>	<b>Unit Num.</b>	<input type="checkbox"/> RGVV			
		<input type="checkbox"/> GVWR					<input type="checkbox"/> GVWR			
<b>Type</b>	<input type="checkbox"/> 1-Full Trailer		<input type="checkbox"/> 2-Semi-Trailer		<input type="checkbox"/> 3-Pole Trailer					
	<input type="checkbox"/> 1-Full Trailer		<input type="checkbox"/> 2-Semi-Trailer		<input type="checkbox"/> 3-Pole Trailer					

9. Sequence of Events

1-Non-Collision: Ran Off Road	8-Non-Collision: Cross Median/Centerline	15-Collision: Train
2-Non-Collision: Jackknife	9-Non-Collision: Equipment Failure	16-Collision: Pedalcycle
3-Non-Collision: Overturn Rollover	10-Non-Collision: Other	17-Collision: Animal
4-Non-Collision: Downhill Runaway	11-Non-Collision: Unknown	18-Collision: Fixed Object
5-Non-Collision: Cargo Loss/Shift	12-Collision: Pedestrian	19-Collision: Work Zone Maintenance Equip.
6-Non-Collision: Explosion/Fire	13-Collision: Motor Vehicle in Transport	20-Collision: Other Movable Object
7-Non-Collision: Separation of Units	14-Collision: Parked Motor Vehicle	21-Collision: Unknown Movable Object
		98-Other (Narrative)

9. Sequence of Events

Event 1	Event 2	Event 3	Event 4

Contributing Factors, Vehicle Defects, and Damage Rating

10. Factors and Conditions

1-Animal on Road, Domestic	22-Failed to Control Speed	35-FTYROW, Stop Sign	49-Improper Start from Parked Position	62-Taking Medication (Narrative)
2-Animal on Road, Wild	23-Failed to Drive in Single Lane	36-FTYROW, To Pedestrian	50-Load Not Secure	63-Turned Improperly, Cut Corner on Left
3-Backed Without Safety	24-Failed to Give Half of Roadway	37-FTYROW, Turning Left	51-Opened Door into Traffic Lane	64-Turned Improperly, Wide Right
4-Changed Lane when Unsafe	25-Failed to Heed Warning Sign	38-FTYROW, Turn on Red	52-Overized Vehicle or Load	65-Turned Improperly, Wrong Lane
14-Disabled in Traffic Lane	26-Failed to Pass to Left Safely	39-FTYROW, Yield Sign	53-Overtake and Pass Insufficient Clearance	66-Turned when Unsafe
15-Disregard Stop and Go Signal	27-Failed to Pass to Right Safely	40-Fatigued or Asleep	54-Parked and Failed to Set Brake	67-Under Influence, Alcohol
16-Disregard Stop Sign or Light	28-Failed to Signal or Gave Wrong Signal	41-Faulty Evasive Action	55-Parked in Traffic Lane	68-Under Influence, Drug
17-Disregard Turn Marks at Intersection	29-Failed to Stop at Proper Place	42-Fire in Vehicle	56-Parked without Lights	69-Wrong Side, Approach or Intersection
18-Disregard Warning Sign at Construction	30-Failed to Stop for School Bus	43-Fleeing or Evading Police	57-Passed in No Passing Lane	70-Wrong Side, Not Passing
19-Distracted in Vehicle	31-Failed to Stop for Train	44-Followed Too Closely	58-Passed on Right Shoulder	71-Wrong Way, One Way Road
20-Driver Inattention	32-FTYROW, Emergency Vehicle	45-Had Been Drinking	59-Pedestrian FTYROW to Vehicle	72-Cell/Mobile Phone Use
21-Drove Without Headlights	33-FTYROW, Open Intersection	46-Handicapped Driver (Narrative)	60-Unsafte Speed	73-Road Rage
	34-FTYROW, Private Drive	47-Ill (Narrative)	61-Speeding, (Over Limit)	98-Other (Narrative)
		48-Impaired Visibility (Narrative)		

10. Contributing Factors (Investigator's Opinion)

11. Vehicle Defects

11. Vehicle Defects (Investigator's Opinion)

Unit Num.	Contributing	May Have Contributed	11. Vehicle Defects	Unit Num.	Contributing	May Have Contributed
			5-Defective or No Headlamps			
			6-Defective or No Stop Lamps			
			7-Defective or No Tail Lamps			
			8-Defective or No Turn Signal Lamps			
			9-Defective or No Trailer Brakes			
			10-Defective or No Vehicle Brakes			
			11-Defective Steering Mechanism			
			12-Defective or Slick Tires			
			13-Defective Trailer Hitch			
			98-Other (Narrative)			

Charges

Unit Num.	Person Num.	Charge	Citation/Reference Num.

Investigator Information

<b>Time Notified</b> (24HRMM)	<b>How Notified</b>	<b>Time Arrived</b> (24HRMM)	<b>Report Date</b> (MM/DD/YYYY)
<b>Investigation Complete</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investigators Name</b> (Print) First Initial, Last Name	<b>Badge/ID Num.</b>	<b>District/Area</b>
<b>ORI Num.</b>	<b>*Agency</b>		



