

STATE OF COLORADO TRAFFIC CRASH REPORT

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

MOTORIZED TRAFFIC UNIT/OCCUPANT


TRAFFIC UNIT/NON-MOTORIST

SAMPLE

STATE OF COLORADO TRAFFIC CRASH REPORT

AMENDED/SUPPL. COUNTER REPORT PRIVATE PROPERTY PUBLIC LAND

Page 2 of 5 Pages

Case #		Agency ORI				Agency Name	
Date of Report <small>mm/dd/yyyy</small>		Date of Crash <small>mm/dd/yyyy</small>		Time of Crash <small>HH:MM</small>		Officer Name	
Date Arrived <small>mm/dd/yyyy</small>		Date Roadway Cleared <small>mm/dd/yyyy</small>		Date Last Responder Left <small>mm/dd/yyyy</small>		Officer Number	
Time Arrived <small>HH:MM</small>		Time Roadway Cleared <small>HH:MM</small>		Time Last Responder Left <small>HH:MM</small>		Signature	
Number Killed		Number Injured		Total Vehicles		Total Non-Motorists	
Latitude		Longitude		County		City	
On Road/Street:		Intersection Offset Distance Unit		01. Miles		02. Feet	
Reference Intersecting Road/Street:		Intersection Offset Distance		Offset Direction		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
Highway Number		Milepoint		Milepoint Offset Distance Unit		01. Miles	
<input type="checkbox"/> Interstate Highway <input type="checkbox"/> Other Roadway		<input type="checkbox"/> State Highway <input type="checkbox"/> City St/County Rd.		Milepoint Offset Distance		02. Feet	
Location		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	
Harmful Event Sequence 01. On Roadway 02. Ran Off Left Side 03. Ran Off Right Side 04. Immersion, Full or Partial 05. Fell from Motor Vehicle 06. Other Non-Collision 07. School Age To/From School 08. Pedestrian 09. Bicycle/Motorized Bicycle 10. Collision With Motor Vehicle In Transport 11. Front to Front 12. Front to Rear		08. Front to Side 09. Rear to Side 10. Rear to Rear 11. Side to Side-Same Direction 12. Side to Side-Opposite Direction 13. Parked Motor Vehicle 14. Collision With Animal 15. Domestic Animal 16. Wild Animal 17. Collision With Object 18. Light Pole/Utility Pole 19. Traffic Signal Pole		17. Domestic Animal 18. Wild Animal 19. Collision With Object 20. Light Pole/Utility Pole 21. Traffic Signal Pole		20. Traffic Signal Pole 21. Electrical/Utility Box 22. Sign 23. Guardrail Face 24. Guardrail End 25. Cable Rail 26. Concrete Highway Barrier 27. Overhead Structure (Bridge) 28. Overhead Structure (Not Bridge) 29. Bridge Structure (Not Overhead) 30. Vehicle Debris or Cargo 31. Culvert or Headwall 32. Embankment 33. Ditch	
Road Contour - Curves		Road Contour - Grade		Lighting Condition		Most Harmful Event	
01. Straight 02. Curve Left 03. Curve Right 04. Unknown		01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag/Bottom 06. Unknown		01. Daylight 02. Dawn or Dusk 03. Dark-lighted 04. Dark-Unlighted		01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag/Bottom 06. Unknown	
Approach/Overtaking Turn		Road Description		Weather Condition		Road Condition	
01. Approach Turn 02. Overtaking Turn 03. Not Applicable		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 10. Ramp-related 11. Alley Related 12. Share-Use Path or Trail 13. Auxiliary Lane	
01. Dry 02. Wet 03. Muddy 04. Snowy 05. Icy 06. Slushy 07. Foreign Material		08. Dry W/Visible Icy Road Treatment 09. Wet W/Visible Icy Road Treatment 10. Snowy W/Visible Icy Road Treatment 11. Icy W/Visible Icy Road Treatment 12. Slushy W/Visible Icy Road Treatment 13. Sand/Gravel 14. Roto-Milled		14. Mid-Block Crosswalk 15. Express/Managed/HOV Lane 16. Railroad Crossing Related		14. Mid-Block Crosswalk 15. Express/Managed/HOV Lane 16. Railroad Crossing Related	
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY							
Emergency Medical Services (Record all time using 24 Hr. time)				Traffic Control Device Functioning			
Time Notified <small>HH:MM</small>		Time Arrived at Scene <small>HH:MM</small>		Time Arrived at Hospital <small>HH:MM</small>		01. No Controls 02. Not Functioning 03. Functioning Improperly	
						04. Functioning Properly 05. Not Visible 06. Unknown	
If times are unknown provide name of responding services:							
Approved By				I.D. Number		Date <small>mm/dd/yyyy</small>	

Case #	Agency ORI	Agency Name
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Describe Crash

SAMPLE

ADD CRASH DESCRIPTION	ATTACH FILES	VIEW ATTACHMENTS
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Owner 1	Public Property Damaged <input type="checkbox"/>	Damaged Prop. Last Name	First Name	MI
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Address	City	State	ZIP
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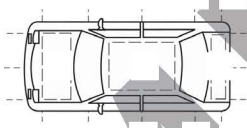
Damaged Prop. Description

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

Traffic Unit # <input type="text"/>	Case # <input type="text"/>	Agency ORI <input type="text"/>	Agency Name <input type="text"/>
Hit & Run <input type="checkbox"/> Parked <input type="checkbox"/>	(Driver) Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/> Phone <input type="text"/>
Non-Contact Vehicle <input type="checkbox"/>	(Driver) Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/> DOB <input type="text"/> mm/dd/yyyy
Driver License Number <input type="text"/>	Unlicensed Driver <input type="checkbox"/>	CDL <input type="text"/>	State <input type="text"/> Sex <input type="text"/> Email <input type="text"/>
Primary Violation <input type="text"/>	DUI <input type="checkbox"/>	Violation Code <input type="text"/>	Citation Number <input type="text"/> Common Code <input type="text"/>
Same Name <input type="checkbox"/>	Vehicle Owner Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Same Addr. <input type="checkbox"/>	Vehicle Owner Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
Insurance Company <input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> No Proof	Expiration Date <input type="text"/> mm/dd/yyyy	Policy Number <input type="text"/>
License Plate No. <input type="text"/>	State or Country <input type="text"/>	Number of Trailers: <input type="text"/>	
Vehicle Identification Number <input type="text"/>	Year <input type="text"/>	Trailer 1: VIN# <input type="text"/>	Disabling Damage <input type="checkbox"/>
Make <input type="text"/>	Model <input type="text"/>	License Plate: <input type="text"/>	Disabling Damage <input type="checkbox"/>
Body Type <input type="text"/>	Color <input type="text"/>	Trailer 2: VIN# <input type="text"/>	Disabling Damage <input type="checkbox"/>
Towed <input type="checkbox"/>	00. Not towed 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage	License Plate: <input type="text"/>	Disabling Damage <input type="checkbox"/>
By: <input type="text"/>	Undercarriage <input type="text"/>	Trailer 3: VIN# <input type="text"/>	Disabling Damage <input type="checkbox"/>
To: <input type="text"/>	1. Slight 2. Moderate 3. Severe	License Plate: <input type="text"/>	Disabling Damage <input type="checkbox"/>





<input type="checkbox"/> VEHICLE DEFECT/CONDITION (OFFICER OPINION ONLY) 00. No Vehicle Defects 01. Defective Head Light(s) 02. Defective Brake/Tail Light(s) 03. Defective Signaling Device 04. Brakes Defective/Out of Adjustment 05. Defective Tires 06. Sudden Tire Failure 07. Improper Tires for Conditions 08. Mechanical Failure 09. Obstructed Window(s) 10. Improper Load 16. Cargo/Equipment Loss or Spill 17. Cargo/Equipment Shift 14. Parking Violation 15. Other Defect(s) (Describe in Narrative)	TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY CRASH AVOIDANCE MANEUVER <input type="checkbox"/> 00. No Avoidance Maneuver 07. Braking 08. Steering 09. Steering and Braking 10. Accelerating 11. Steering and Accelerating 06. Other Avoidance Maneuver (Describe in Narrative)		FIRE/HAZARDOUS MATERIALS INVOLVEMENT <input type="checkbox"/> 00. No Fire/No Haz-Mat Cargo 01. No Fire/Haz-Mat Cargo Not Involved 02. No Fire/Haz-Mat Incident 03. Vehicle Fire/No Haz-Mat Cargo 04. Vehicle Fire/Haz-Mat Cargo Not Involved 05. Vehicle Fire/Haz-Mat Incident
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DRIVER/OCCUPANT DETAILS											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DRIVER NAME AND ADDRESS ARE ABOVE <input type="text"/> mm/dd/yyyy <input type="text"/> HH:MM	
G1	G2	H	I	J	K	L	M	N	SEX		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EMS Trip # <input type="text"/> Taken To <input type="text"/> (Passenger) Name/Address <input type="text"/>	AA Expired Date <input type="text"/> mm/dd/yyyy BB Expired Time <input type="text"/> HH:MM
<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"/>	EMS Trip # <input type="text"/> Taken To <input type="text"/> (Passenger) Name/Address <input type="text"/>	AA Expired Date <input type="text"/> mm/dd/yyyy BB Expired Time <input type="text"/> HH:MM
<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"/>	EMS Trip # <input type="text"/> Taken To <input type="text"/> (Passenger) Name/Address <input type="text"/>	AA Expired Date <input type="text"/> mm/dd/yyyy BB Expired Time <input type="text"/> HH:MM
<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"/>	EMS Trip # <input type="text"/> Taken To <input type="text"/> (Passenger) Name/Address <input type="text"/>	AA Expired Date <input type="text"/> mm/dd/yyyy BB Expired Time <input type="text"/> HH:MM

ADD PAGE

ADDITIONAL MOTOR VEHICLE OCCUPANTS

ADDITIONAL DAMAGED PROPERTIES

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

Position In/On Vehicle <div style="text-align: center; margin-bottom: 5px;">14</div> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <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: 20px;"></td> </tr> <tr> <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 style="text-align: center;">01</td> <td style="text-align: center;">04</td> <td style="text-align: center;">07</td> <td style="text-align: center;"></td> </tr> </table> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <p>01. Driver 02-09. Passengers 10. Other ENCLOSED Passenger/Cargo Area 11. Other UN-ENCLOSED Passenger/Cargo Area</p> </div> <div style="width: 40%;"> <p>12. Sleeper Section of Truck 13. Trailer 14. Riding/Hanging on to Exterior of Vehicle or Trailer</p> </div> </div>				03	06	09		02	05	08	10/11/12	01	04	07		A	AIRBAG - DEPLOYMENT 00. Not Equipped 01. Not Deployed 02. Deployed at pos. Only 03. Deployed at pos. and Others 04. Not Deployed at pos., Deployed at Others 05. Unknown (Describe in Narrative)	G1
03	06	09																
02	05	08	10/11/12															
01	04	07																
DRIVING RESTRICTIONS 00. None 01. Complied With 02. Not Complied With 03. Compliance Not Known 04. Did Not Comply With GDL 6 Months 05. Did Not Comply With GDL 12 Months				B	AIRBAG - TYPE A. None B. Front C. Side D. Curtain E. Rear F. Multiple G. Knee H. Air Belt I. Center Console J. Pedestrian Airbag K. Other Airbag Type(Describe in Narrative)	G2												
DRIVING ENDORSEMENTS 00. None 02. Not Complied With 01. Complied With 03. Compliance Not Known				C	INJURY SEVERITY 00. No Apparent Injury (O) 01. Possible Injury (C) 02. Suspected Minor Injury (B) 03. Suspected Serious Injury (A) 04. Fatal Injury (K)	H												
EJECTION 00. No 01. Yes - Partial 02. Yes - Full 03. Extricated				D	ALCOHOL SUSPECTED (OFFICER OPINION ONLY) YES 01. Preliminary Breath Test 02. SFST 03. Observed 05. Other Method NO 06. Preliminary Breath Test 07. SFST 08. Observed 10. Other Method	I												
EJECTION PATH 00. Not Ejected/ Not applicable 01. Through Side Door Opening 02. Through Side Window 03. Through Windshield 04. Through Back Window 05. Through Back Door/Tailgate Opening 06. Through Roof Opening (Sun Roof/Convertible Top Down) 07. Through Roof (Convertible Top Up) 08. Other Path (e.g. Back of Pickup Truck) 09. Unknown 10. Motorcycle				E	TESTED FOR ALCOHOL 00. Not Tested 01. Blood 02. Breath 04. Other 05. Refusal 06. By Coroner - Unknown 07. By Coroner - Blood 08. By Coroner - Urine 09. By Coroner - Fluids 10. By Coroner - Other	J												
SAFETY EQUIPMENT - AVAILABLE A. None B. Shoulder and Lap Belt C. Shoulder Belt Only D. Lap Belt Only H. Child Restraint - Forward Facing I. Child Restraint - Rear Facing J. Child Restraint - Type Unknown K. Booster Seat F. N/A (e.g. Motorcycle)				F1	MARIJUANA SUSPECTED (OFFICER OPINION ONLY) 00. Marijuana Not Suspected 01. Marijuana Suspected 02. Unknown	K												
SAFETY EQUIPMENT - USE (Restraints and MC Eye Protection) 00. Not Used 01. Properly Used 02. Improperly Used 03. Unknown				F2	TESTED FOR MARIJUANA 00. Not Tested 01. Blood 04. Other 05. Refusal 06. By Coroner - Unknown 07. By Coroner - Blood 08. By Coroner - Urine 09. By Coroner - Fluids 10. By Coroner - Other	L												
SAFETY EQUIPMENT - HELMET A. N/A (e.g. Cars/Ped/etc.) B. No Helmet C. Available, Not Used D. Helmet Improperly used E. Helmet Properly used F. Unknown (Describe in Narrative)				F3	OTHER DRUG/IMPAIRMENT SUSPECTED (OFFICER OPINION ONLY) YES 01. Drug Recognition Expert 02. SFST 03. Observed 04. Other Method NO 05. Drug Recognition Expert 06. SFST 07. Observed 08. Other Method	M												
TESTED FOR OTHER DRUGS 00. Not Tested 01. Blood 04. Other 05. Refusal 06. By Coroner - Unknown 07. By Coroner - Blood 08. By Coroner - Urine 09. By Coroner - Fluids 10. By Coroner - Other				F3	TESTED FOR OTHER DRUGS 00. Not Tested 01. Blood 04. Other 05. Refusal 06. By Coroner - Unknown 07. By Coroner - Blood 08. By Coroner - Urine 09. By Coroner - Fluids 10. By Coroner - Other	N												
TU#	A	B	C	D	E	F1	F2	F3	AGE	Name/Address	AA	Expired Date						
												mm/dd/yyyy						
G1	G2	H	I	J	K	L	M	N	SEX	EMS Trip #	Taken To	BB						
												HH:MM						
TO BE FILLED OUT ONLY IN THE EVENT OF A FATALITY				DEAD AT SCENE 00. No 01. Yes		AA	TRANSPORTED BY 01. Ambulance 02. Air 03. Not Transported 04. Other (Describe in Narrative)					BB						

If you are missing a page, you can find buttons for each available page below

Your newly spawned page will generate prior to this page (sequentially). Please navigate back to access this new spawned page to fill it in.

ADD CRASH DESCRIPTION	ADDITIONAL MOTOR VEHICLE OCCUPANTS	ADDITIONAL DAMAGED PROPERTIES
TRAFFIC UNIT GENERAL VEHICLE AND CMV	MOTORIZED TRAFFIC UNIT OCCUPANT	TRAFFIC UNIT NONMOTORIST