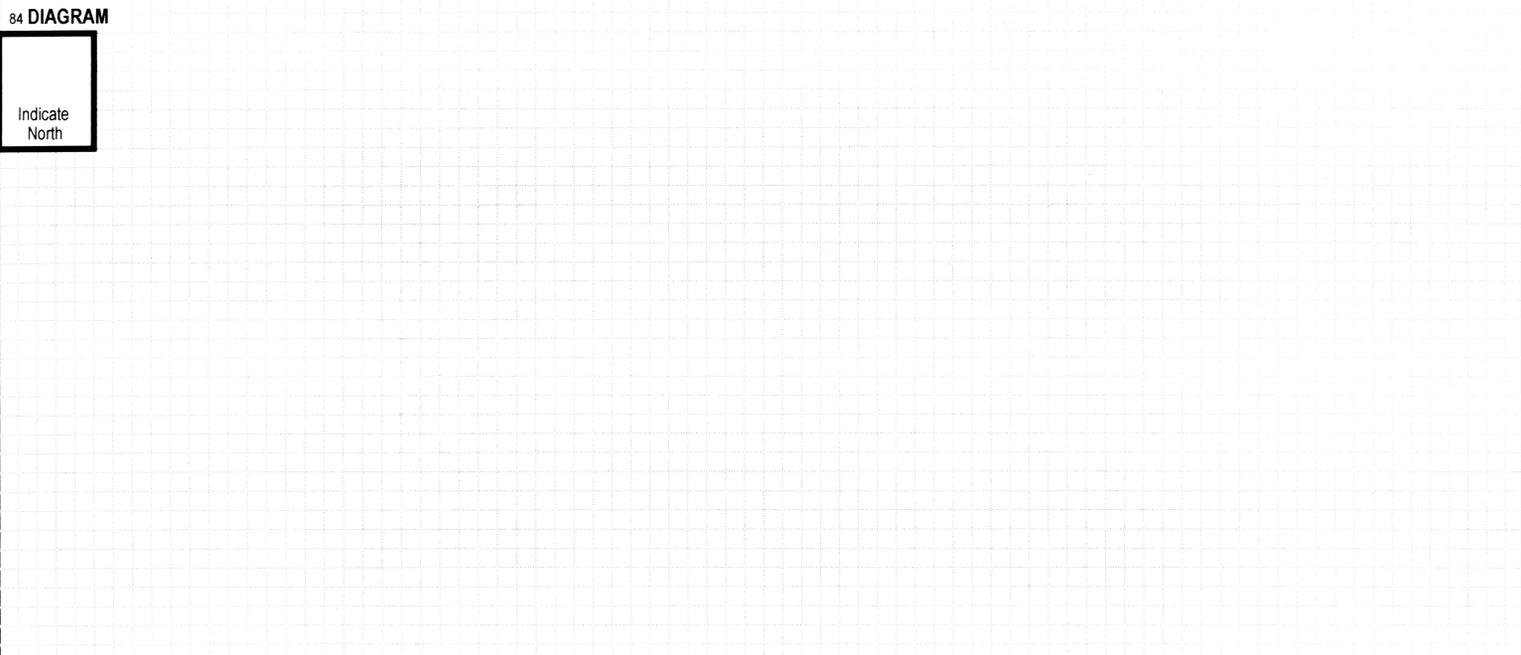


48 POINTS OF INITIAL CONTACT (Write in Codes)		VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED			
Unit# _____		Veh # _____		Veh.# _____		69 Road Feature			
Unit# _____		60 Authorized Speed Limit				78 Workzone Area			
CRASH SEQUENCE (Unit Level)		61 Estimate of Original Traveling Speed		70 Road Character		79 Work Activity			
Unit# _____ Unit# _____		62 Estimate of Speed at Impact		71 Road Classification		80 Work Area Marked			
49 Vehicle Maneuver/Action		63 Tire Impressions Before Impact (ft.)		72 Road Surface Type		81 Crash Location			
50 Non-Motorist Action		64 Distance Traveled After Impact (ft.)		73 Road Configuration		TRAILER INFO.			
51 Non-Motorist Location Prior to Impact		65 Emergency Vehicle Use		74 Access Control		Unit# _____ Unit# _____			
52 Crash Sequence - First Event for This Unit		66 Post Crash Fire (if "Yes" check block) <input type="checkbox"/> <input type="checkbox"/>		75 Number of Lanes		82 Trailer Type			
53 Crash Sequence - Second Event "		67 School Bus - Contact Vehicle " <input type="checkbox"/> <input type="checkbox"/>		76 Traffic Control Type		1st Trailer No. Axles			
54 Crash Sequence - Third Event "		68 School Bus - Noncontact Vehicle " <input type="checkbox"/> <input type="checkbox"/>		77 Traffic Control Oper		Width (inches)			
55 Crash Sequence - Fourth Event "		COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate:  Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No - - - - - - - - - -		Length (feet)		2nd Trailer No. Axles			
56 Most Harmful Event for This Unit				Width (inches)		Length (feet)		83 Unit# _____	
57 Distance/Direction to Object Struck				Overwidth Trailer and Overwidth Mobile Home		Overwidth Permit #		_____	
58 Vehicle Underride/Override									
59 Vehicle Defects									



Unit# _____ was: Traveling on _____ Parked Facing **N S E W**

Unit# _____ was: Traveling on _____ Parked Facing **N S E W**

85 **NARRATIVE** (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

86 Type/Owner _____ Owner Address _____ Phone _____ State Property? Estimated Damage \$ _____

ADDITIONAL PROPERTY DAMAGE _____

WITNESSES

Name _____ Address _____ Phone No. (_____) _____

Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____ (Citation # optional)

Name _____ Charge(s) _____

Officer Name _____ Officer Number _____ Department _____ Date of Report _____