



# UNIT

LOCAL REPORT NUMBER

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UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR <input type="checkbox"/> 3 - FUNCTIONAL <input type="checkbox"/> 4 - DISABLING <input type="checkbox"/> 9 - UNKNOWN	
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)				
LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	
<input type="text"/>			<input type="text"/>	

US DOT	VEHICLE WEIGHT GVWR/GCWR	CARGO BODY TYPE	TRAFFICWAY DESCRIPTION
<input type="text"/>	<input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	<input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL <input type="checkbox"/> 09 - POLE <input type="checkbox"/> 10 - CARGO TANK <input type="checkbox"/> 11 - FLAT BED <input type="checkbox"/> 12 - DUMP <input type="checkbox"/> 13 - CONCRETE MIXER <input type="checkbox"/> 14 - AUTO TRANSPORTER <input type="checkbox"/> 15 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER/UNKNOWN	<input type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		
<input type="text"/>	<input type="checkbox"/>		
HM CLASS NUMBER			
<input type="text"/>			

NON-MOTORIST LOCATION PRIOR TO IMPACT	TYPE OF USE	UNIT TYPE	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)	
<input type="text"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="text"/> 02 - INTERSECTION - NO CROSSWALK <input type="text"/> 03 - INTERSECTION - OTHER <input type="text"/> 04 - MIDDLEBLOCK - MARKED CROSSWALK <input type="text"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="text"/> 06 - BICYCLE LANE <input type="text"/> 07 - SHOULDER/ROADSIDE <input type="text"/> 08 - SIDEWALK <input type="text"/> 09 - MEDIAN/CROSSING ISLAND <input type="text"/> 10 - DRIVEWAY ACCESS <input type="text"/> 11 - SHARED-USE PATH OR TRAIL <input type="text"/> 12 - NON-TRAFFICWAY AREA <input type="text"/> 99 - OTHER/UNKNOWN	<input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	<input type="text"/> 99 - UNKNOWN OR HIT / SKIP	<input type="checkbox"/> 01 - SUB-COMPACT <input type="checkbox"/> 02 - COMPACT <input type="checkbox"/> 03 - MID SIZE <input type="checkbox"/> 04 - FULL SIZE <input type="checkbox"/> 05 - MINIVAN <input type="checkbox"/> 06 - SPORT UTILITY VEHICLE <input type="checkbox"/> 07 - PICKUP <input type="checkbox"/> 08 - VAN <input type="checkbox"/> 09 - MOTORCYCLE <input type="checkbox"/> 10 - MOTORIZED BICYCLE <input type="checkbox"/> 11 - SNOWMOBILE/ATV <input type="checkbox"/> 12 - OTHER PASSENGER VEHICLE	<input type="checkbox"/> 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES <input type="checkbox"/> 14 - SINGLE UNIT TRUCK; 3+ AXLES <input type="checkbox"/> 15 - SINGLE UNIT TRUCK / TRAILER <input type="checkbox"/> 16 - TRUCK/TRACTOR (BOBTAIL) <input type="checkbox"/> 17 - TRACTOR/SEMI-TRAILER <input type="checkbox"/> 18 - TRACTOR/DOUBLE <input type="checkbox"/> 19 - TRACTOR/TRIPLES <input type="checkbox"/> 20 - OTHER MED/HEAVY VEHICLE	<input type="checkbox"/> 21 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 22 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 23 - ANIMAL WITH RIDER <input type="checkbox"/> 24 - ANIMAL WITH BUGGY, WAGON, SURREY <input type="checkbox"/> 25 - BICYCLE/PEDACYCLIST <input type="checkbox"/> 26 - PEDESTRIAN/SKATER <input type="checkbox"/> 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD

SPECIAL FUNCTION	09 - AMBULANCE	17 - FARM VEHICLE	MOST DAMAGED AREA	08 - LEFT SIDE	99 - UNKNOWN	ACTION
<input type="text"/> 01 - NONE <input type="text"/> 02 - TAXI <input type="text"/> 03 - RENTAL TRUCK (OVER 10K LBS) <input type="text"/> 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) <input type="text"/> 05 - BUS - TRANSIT <input type="text"/> 06 - BUS - CHARTER <input type="text"/> 07 - BUS - SHUTTLE <input type="text"/> 08 - BUS - OTHER	<input type="text"/> 10 - FIRE <input type="text"/> 11 - HIGHWAY/MAINTENANCE <input type="text"/> 12 - MILITARY <input type="text"/> 13 - POLICE <input type="text"/> 14 - PUBLIC UTILITY <input type="text"/> 15 - OTHER GOVERNMENT <input type="text"/> 16 - CONSTRUCTION EQUIP.	<input type="text"/> 18 - FARM EQUIPMENT <input type="text"/> 19 - MOTORHOME <input type="text"/> 20 - GOLF CART <input type="text"/> 21 - TRAM <input type="text"/> 22 - OTHER (EXPLAIN IN NARRATIVE)	<input type="text"/> 01 - NONE <input type="text"/> 02 - CENTER FRONT <input type="text"/> 03 - RIGHT FRONT <input type="text"/> 04 - RIGHT SIDE <input type="text"/> 05 - RIGHT REAR <input type="text"/> 06 - REAR CENTER <input type="text"/> 07 - LEFT REAR	<input type="text"/> 09 - LEFT FRONT <input type="text"/> 10 - TOP AND WINDOWS <input type="text"/> 11 - UNDERCARRIAGE <input type="text"/> 12 - LOAD/TRAILER <input type="text"/> 13 - TOTAL(ALL AREAS) <input type="text"/> 14 - OTHER		<input type="text"/> 1 - NON-CONTACT <input type="text"/> 2 - NON-COLLISION <input type="text"/> 3 - STRIKING <input type="text"/> 4 - STRUCK <input type="text"/> 5 - STRIKING/STRUCK <input type="text"/> 9 - UNKNOWN

PRE-CRASH ACTIONS	MOTORIST	07 - MAKING U-TURN	13 - NEGOTIATING A CURVE	NON-MOTORIST	21 - OTHER NON-MOTORIST ACTION
<input type="text"/> 99 - UNKNOWN	<input type="checkbox"/> 01 - STRAIGHT AHEAD <input type="checkbox"/> 02 - BACKING <input type="checkbox"/> 03 - CHANGING LANES <input type="checkbox"/> 04 - OVERTAKING/PASSING <input type="checkbox"/> 05 - MAKING RIGHT TURN <input type="checkbox"/> 06 - MAKING LEFT TURN	<input type="checkbox"/> 08 - ENTERING TRAFFIC LANE <input type="checkbox"/> 09 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 - DRIVERLESS	<input type="checkbox"/> 14 - OTHER MOTORIST ACTION	<input type="checkbox"/> 15 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING <input type="checkbox"/> 17 - WORKING <input type="checkbox"/> 18 - PUSHING VEHICLE <input type="checkbox"/> 19 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 20 - STANDING	

CONTRIBUTING CIRCUMSTANCES	MOTORIST	11 - IMPROPER BACKING	NON-MOTORIST	VEHICLE DEFECTS
<input type="text"/> PRIMARY <input type="text"/> SECONDARY <input type="text"/> 99 - UNKNOWN	<input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - FAILURE TO YIELD <input type="checkbox"/> 03 - RAN RED LIGHT <input type="checkbox"/> 04 - RAN STOP SIGN <input type="checkbox"/> 05 - EXCEEDED SPEED LIMIT <input type="checkbox"/> 06 - UNSAFE SPEED <input type="checkbox"/> 07 - IMPROPER TURN <input type="checkbox"/> 08 - LEFT OF CENTER <input type="checkbox"/> 09 - FOLLOWED TOO CLOSELY/ACDA <input type="checkbox"/> 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	<input type="checkbox"/> 12 - IMPROPER START FROM PARKED POSITION <input type="checkbox"/> 13 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER <input type="checkbox"/> 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) <input type="checkbox"/> 16 - WRONG SIDE/WRONG WAY <input type="checkbox"/> 17 - FAILURE TO CONTROL <input type="checkbox"/> 18 - VISION OBSTRUCTION <input type="checkbox"/> 19 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 20 - LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/> 21 - OTHER IMPROPER ACTION	<input type="checkbox"/> 22 - NONE <input type="checkbox"/> 23 - IMPROPER CROSSING <input type="checkbox"/> 24 - DARTING <input type="checkbox"/> 25 - LYING AND/OR ILLEGALLY IN ROADWAY <input type="checkbox"/> 26 - FAILURE TO YIELD RIGHT OF WAY <input type="checkbox"/> 27 - NOT VISIBLE (DARK CLOTHING) <input type="checkbox"/> 28 - INATTENTIVE <input type="checkbox"/> 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER <input type="checkbox"/> 30 - WRONG SIDE OF THE ROAD <input type="checkbox"/> 31 - OTHER NON-MOTORIST ACTION	<input type="text"/> 01 - TURN SIGNALS <input type="text"/> 02 - HEAD LAMPS <input type="text"/> 03 - TAIL LAMPS <input type="text"/> 04 - BRAKES <input type="text"/> 05 - STEERING <input type="text"/> 06 - TIRE BLOWOUT <input type="text"/> 07 - WORN OR SLICK TIRES <input type="text"/> 08 - TRAILER EQUIPMENT DEFECTIVE <input type="text"/> 09 - MOTOR TROUBLE <input type="text"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="text"/> 11 - OTHER DEFECTS

SEQUENCE OF EVENTS	1	2	3	4	5	6	NON-COLLISION EVENTS	10 - CROSS MEDIAN OR SUPPORT			
<input type="text"/> FIRST HARMFUL EVENT <input type="text"/> MOST HARMFUL EVENT <input type="text"/> 99 - UNKNOWN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 01 - OVERTURN/ROLLOVER <input type="checkbox"/> 02 - FIRE/EXPLOSION <input type="checkbox"/> 03 - IMMERSION <input type="checkbox"/> 04 - JACKKNIFE <input type="checkbox"/> 05 - CARGO/EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) <input type="checkbox"/> 07 - SEPARATION OF UNITS <input type="checkbox"/> 08 - RAN OFF ROAD RIGHT <input type="checkbox"/> 09 - RAN OFF ROAD LEFT	<input type="checkbox"/> 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON-COLLISION			
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED						COLLISION WITH FIXED OBJECT					
<input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE (TRAIN, ENGINE) <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT						<input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT			<input type="checkbox"/> 25 - IMPACT ATTENUATOR/CRASH CUSHION <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 32 - PORTABLE BARRIER <input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 39 - LIGHT/LUMINARIES SUPPORT <input type="checkbox"/> 40 - UTILITY POLE <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 47 - MAILBOX <input type="checkbox"/> 48 - TREE <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51 - WALL, BUILDING, TUNNEL <input type="checkbox"/> 52 - OTHER FIXED OBJECT		

UNIT SPEED	POSTED SPEED	TRAFFIC CONTROL	UNIT DIRECTION
<input type="text"/>	<input type="text"/>	<input type="text"/> 01 - NO CONTROLS <input type="text"/> 02 - STOP SIGN <input type="text"/> 03 - YIELD SIGN <input type="text"/> 04 - TRAFFIC SIGNAL <input type="text"/> 05 - TRAFFIC FLASHERS <input type="text"/> 06 - SCHOOL ZONE <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	<input type="text"/> FROM <input type="text"/> TO <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 7 - SOUTHEAST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - UNKNOWN