

ABC TRAFFIC CRASH REPORT

DO NOT WRITE IN THIS SPACE

TIME & LOCATION					
Date of Crash	Time of Crash	Time Officer Notified	Time Officer Arrived	Invest. Agency Report No.	MV Crash Report No.
Country Code/City Code	Feet or	Mile(s)	Direction of	City or Town	County

SECTION 1 Pedestrian Vehicle

Driver Action	Year	Make	Type	Name	State	Vehicle Identification No.	License Plate No.
Date of Birth	Phone Number	Motor Vehicle Insurance Co.	Policy No.	Vehicle Removed By:			
Posted Speed	Estimated Speed	Alcohol Test Given?	Results	Drug Test Given?	Results		
Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Trapped	
Initial Travel Direction	Vehicle Action	Point of Initial Impact	Most Damaged Area	Extent of Damage			
Underride/Override	Total Occupants	Traffic Controls	Vehicle Config.	Cargo Body Type	Driver Condition	Vision Obscured	
Contributing Circumstances, Driver		Sequence of Event	1	2	3	4	
Emergency Vehicle Type	Emergency Status	Transported To	Approximate Cost to Repair or Replace				

SECTION 2 Pedestrian Vehicle

Driver Action	Year	Make	Type	Name	State	Vehicle Identification No.	License Plate No.
Date of Birth	Phone Number	Motor Vehicle Insurance Co.	Policy No.	Vehicle Removed By:			
Posted Speed	Estimated Speed	Alcohol Test Given?	Results	Drug Test Given?	Results		
Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Trapped	
Initial Travel Direction	Vehicle Action	Point of Initial Impact	Most Damaged Area	Extent of Damage			
Underride/Override	Total Occupants	Traffic Controls	Vehicle Config.	Cargo Body Type	Driver Condition	Vision Obscured	
Contributing Circumstances, Driver		Sequence of Event	1	2	3	4	
Emergency Vehicle Type	Emergency Status	Transported To	Approximate Cost to Repair or Replace				

Name and Address of Individual Injured or Deceased	<input type="checkbox"/> Injured	<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger
	<input type="checkbox"/> Deceased	<input type="checkbox"/> Bicyclist	<input type="checkbox"/> Pedestrian

Name and Address of Individual Injured or Deceased	<input type="checkbox"/> Injured	<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger
	<input type="checkbox"/> Deceased	<input type="checkbox"/> Bicyclist	<input type="checkbox"/> Pedestrian

Other Property Damaged	Damages Over \$750
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Property Owner's Name and Address

Full Narrative
