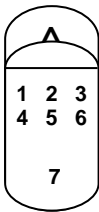


TRAFFIC COLLISION CODING

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
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DATE OF COLLISION (MO. DAY YEAR)		TIME (2400)	NCIC #		OFFICER I.D.	NUMBER
PROPERTY DAMAGE	OWNER'S NAME			OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE					

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M / C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES		1	2	3	SPECIAL INFORMATION		1	2	3	MOVEMENT PRECEDING COLLISION	
A VC SECTION VIOLATED : CITED <input type="checkbox"/> YES <input type="checkbox"/> NO		A CONTROLS FUNCTIONING					A HAZARDOUS MATERIAL					A STOPPED	
B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*					B CELL PHONE HANDHELD IN USE					B PROCEEDING STRAIGHT	
C OTHER THAN DRIVER*		C CONTROLS OBSCURED					C CELL PHONE HANDSFREE IN USE					C RAN OFF ROAD	
D UNKNOWN*		D NO CONTROLS PRESENT / FACTOR*					D CELL PHONE NOT IN USE					D MAKING RIGHT TURN	
		TYPE OF COLLISION					E SCHOOL BUS RELATED					F MAKING LEFT TURN	
		A HEAD - ON					F 75 FT MOTORTRUCK COMBO					F MAKING U TURN	
		B SIDE SWIPE					G 32 FT TRAILER COMBO					G BACKING	
		C REAR END					H					H SLOWING / STOPPING	
		D BROADSIDE					I					I PASSING OTHER VEHICLE	
		E HIT OBJECT					J					J CHANGING LANES	
		F OVERTURNED					K					K PARKING MANEUVER	
		G VEHICLE / PEDESTRIAN					L					L ENTERING TRAFFIC	
		H OTHER*					M					M OTHER UNSAFE TURNING	
		MOTOR VEHICLE INVOLVED WITH					N					N XING INTO OPPOSING LANE	
		A NON - COLLISION					O					O PARKED	
		B PEDESTRIAN										P MERGING	
		C OTHER MOTOR VEHICLE					OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)					Q TRAVELING WRONG WAY	
		D MOTOR VEHICLE ON OTHER ROADWAY							R OTHER *				
		E PARKED MOTOR VEHICLE											
		F TRAIN					A VC SECTION VIOLATION : CITED <input type="checkbox"/> YES <input type="checkbox"/> NO						
		G BICYCLE					B VC SECTION VIOLATION : CITED <input type="checkbox"/> YES <input type="checkbox"/> NO						
		H ANIMAL					C VC SECTION VIOLATION : CITED <input type="checkbox"/> YES <input type="checkbox"/> NO						
		I FIXED OBJECT:					D						
		J OTHER OBJECT:					E VISION OBSCUREMENT:					A HAD NOT BEEN DRINKING	
							F INATTENTION* :					B HBD - UNDER INFLUENCE	
							G STOP & GO TRAFFIC					C HBD - NOT UNDER INFLUENCE*	
							H ENTERING / LEAVING RAMP					D HBD - IMPAIRMENT UNKNOWN*	
							I PREVIOUS COLLISION					E UNDER DRUG INFLUENCE*	
							J UNFAMILIAR WITH ROAD					F IMPAIRMENT - PHYSICAL*	
							K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO					G IMPAIRMENT NOT KNOWN	
							L UNINVOLVED VEHICLE					H NOT APPLICABLE	
							M OTHER*:					I SLEEPY / FATIGUED*	
							N NONE APPARENT						
							O RUNAWAY VEHICLE						

SKETCH <div style="text-align: center; margin-top: 50px;"> INDICATE NORTH</div>	MISCELLANEOUS
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