

*North Carolina Department of Transportation
Division of Motor Vehicles*

***North Carolina
Traffic Accident Report
Instruction Manual***



*Collision Reports Section
In accordance with Section 20-166.1
Motor Vehicle Laws of North Carolina*

Revised July, 1989

TRAFFIC ACCIDENT REPORTS

INTRODUCTION

Traffic Accident Report DMV-349 (Rev. 7/89) is to be used by law enforcement officers to report motor vehicle accidents in North Carolina.

The form is designed to comply with the provisions of North Carolina law (General Statute 20-166.1) and provisions of the National Highway Safety Act of 1966.

These instructions are intended to result in information which will comply substantially with the current American National Standards Institute (ANSI) Standard 16.1.

Since accident reports by law enforcement officers form the basis for establishment of new traffic safety programs and evaluation of on-going programs, it is extremely important that information given on the forms be accurate and complete.

North Carolina General Statute 20-166.1 requires that law enforcement officers report to the Division of Motor Vehicles within 10 days any collision resulting in death, injury or vehicle damage of \$500.00 or more.

General Statute 20-166.1 (h) states, in part "All collision reports required by this section shall be made on forms supplied or approved by the Division." Traffic Accident Report DMV-349 is the form which is to be supplied and approved by the Division of Motor Vehicles.

One *LEGIBLE, the original if possible*, copy of the report is to be forwarded to the Division in accordance with General Statute 20-166.1. Copies should be mailed to:

Collision Reports Section
N. C. Division of Motor Vehicles
1100 New Bern Avenue
Raleigh, N. C. 27697-0001

It is important that this copy be completely legible, and of such quality that it can be microfilmed without loss of legibility. Only one copy need be sent to the Division of Motor Vehicles.

Black carbon paper should be used if a carbon copy is to be submitted. Handwritten copies should be made with a black ball-point pen.

The form will be supplied in pads of 50 blanks, 8½" × 14". It is intended that, after the front page of the form is completed using the codes on the front side of the stub, the form should be removed from the pad *in its entirety* so that the codes on the back side of the stub can be used in completing the back page of the form. The stub should be removed at the perforation and discarded, reducing the size of the form to a standard 8½" × 11" filing size.

A sample form is included in this manual.

SUPPLEMENTS TO TRAFFIC ACCIDENT REPORTS

If a "Supplemental Report" must be written, please check the box on the top of the DMV-349 indicating
☐ **Supplemental Report.**

Supplemental traffic accident reports must be submitted when:

1. The original report was incomplete because of lack of information or an incomplete investigation.
2. A correction on the original report is necessary because of inaccurate information.
3. If a person dies of injuries sustained in a traffic accident within one year of the accident, a supplemental DMV-349 must be completed and filed.

Supplemental reports must be completed on a separate DMV-349 from the original report. The location portion of the form must be completed and shall include the date, time, day of the week and location of the accident. List *only* the names of the drivers (or owner, if no driver) as shown on the original report. Then list the additional information or correction to be made.

If the original report included a hit and run driver and the driver has been apprehended, the supplement must include all the information for that respective driver and vehicle on both sides of the report.

Supplemental reports shall be forwarded in the same manner as original reports.

DEFINITIONS:

1. **Road**—The road is that part of a highway which includes both the roadway and any shoulder alongside the roadway.
2. **Roadway**—A roadway is that part of a highway designed, improved, and ordinarily used for vehicular travel, exclusive of the shoulder. If the highway includes two or more separate roadways, they should be regarded separately.
3. **Pedestrian**—Any person not in or upon a motor vehicle or other road vehicle.

Includes: persons afoot, sitting, or working upon a land way or place; persons in or operating a pedestrian conveyance. Pedestrian conveyances include baby carriages, scooters, skis, sleds, wheel chairs (non-motorized).

4. **Motor Vehicle**—Any mechanically or electrically powered device not operated on rails, upon which or by which any person or property may be transported or drawn upon a road. Includes any device being drawn or pushed by motor vehicles and any device when detached while in motion or set in motion by a motor vehicle. Includes any load upon or in a motor vehicle, or upon or in any device being towed or pushed by a motor vehicle.

Includes, but not limited to:

Automobiles, trucks, buses, motorcycles, and motor scooters.

Construction machinery, farm and industrial machinery, road building equipment, forestry equipment and similar devices equipped with wheels or treads, while in transport under own power.

Specialized motorized devices such as go-carts, mini bikes, dune buggies, snow mobiles and motorized wheel chairs.

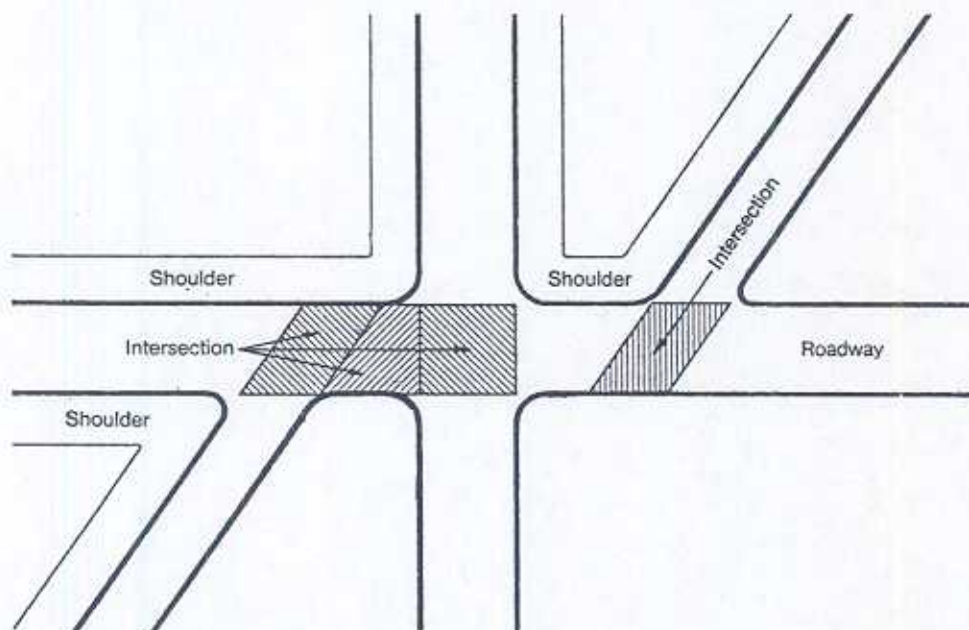
Excludes mopeds.

5. **Reportable Accident**—An accident involving a vehicle in transport resulting in death, injury or property damage of \$500.00 or more.
6. **Public Vehicular Area**—Any area that is generally open to and used by the public for vehicular traffic, including by way of illustration and not limitation any drive, driveway, road, roadway, street, alley, or parking lot upon the grounds and premises of:
 - a. Any public or private hospital, college, university, school, orphanage, church, or any of the institutions, parks or other facilities maintained and supported by the State of North Carolina or any of its subdivisions; or
 - b. Any service station, drive-in theater, supermarket, store, restaurant, or office building, or any other business, residential, or municipal establishment providing parking space for customers, patrons, or the public.
 - c. Any property owned by the United States and subject to the jurisdiction of the State of North Carolina. (The inclusion of property owned by the United States in this definition shall not limit assimilation of North Carolina law when applicable under the provisions of Title 18, United States Code, section 13.)

The term "public vehicular area" shall also include any beach area used by the public for vehicular traffic as well as any road opened to vehicular traffic within or leading to a subdivision for use by subdivision residents, their guests, and members of the public, whether or not the subdivision roads have been offered for dedication to the public. The term "public vehicular area" shall not be construed to mean any private property not generally open to and used by the public.

7. **Private Road or Driveway**—Every road or driveway not open to the use of the public as a matter of right for the purpose of vehicular traffic.
8. **Intersection**—An area which (1) contains a crossing or connection of two or more roadways not classified as driveway access and (2) is embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of the roadways. Where the distance along a roadway between two areas meeting these criteria is less than 30 feet, the two areas and the roadway connecting them are considered to be parts of a single intersection.

INTERSECTION



INSTRUCTION GUIDE:

A form with each item numbered follows this page. Items of the form have been extracted and placed with the instruction for that item.

Note that the codes for section (4), Accident Sequence, and for item (7) D, Trailer Type are listed below. (Codes for section (16), Roadway, Driver, Vehicle and Environmental Features are on page 29.)

ACCIDENT SEQUENCE CODES

1. VEHICLE MANEUVER/ PEDESTRIAN ACTION: VEHICLE

1. Stopped in travel lane
2. Parked out of travel lanes
3. Parked in travel lanes
4. Going straight ahead
5. Changing lanes or merging
6. Passing
7. Making right turn
8. Making left turn
9. Making U turn
10. Backing
11. Slowing or stopping
12. Starting in roadway
13. Parking
14. Leaving parked position
15. Avoiding object in road
16. Other (describe)
17. Crossing at intersection

18. Crossing not at intersection

19. Coming from behind parked vehicle
20. Walking with traffic
21. Walking against traffic
22. Getting on or off vehicle
23. Standing in road
24. Working in road
25. Playing in road
26. Lying in road
27. Other in road
28. Not in road

2. ACCIDENT TYPE: RAN OFF ROAD

1. Right
2. Left
3. Straight ahead
4. Overtake
5. Other

COLLISION OF MOTOR VEHICLE WITH

6. Pedestrian
7. Parked vehicle

8. Train

9. Bicycle
10. Moped
11. Animal

12. Fixed object

13. Other object
14. Rear end, slow or stop
15. Rear end, turn
16. Left turn, same roadway
17. Left turn, different roadways
18. Right turn, same roadway
19. Right turn, different roadways
20. Head on
21. Sideswipe
22. Angle
23. Backing

3. OBJECT STRUCK (ex- cluding another motor vehicle in traffic)

1. None

2. Parked vehicle

3. Bicycle, moped
4. Pedestrian
5. Animal
6. Tree
7. Utility pole (with or without light)
8. Luminaire pole (non-breakaway)
9. Luminaire pole (breakaway)
10. Official highway sign (non-breakaway)
11. Official highway sign (breakaway)
12. Commercial sign
13. Guardrail end on shoulder
14. Guardrail face on shoulder
15. Guardrail end in median
16. Guardrail face in median
17. Shoulder barrier end
18. Shoulder barrier face

19. Median barrier end

20. Median barrier face

21. Bridge rail end

22. Bridge rail face

23. Overhead part of underpass

24. Pier on shoulder of underpass

25. Pier in median of underpass

26. Abutment (supporting wall of underpass)

27. Curb, median or traffic island

28. Catch basin or culvert on shoulder

29. Catch basin or culvert in median

30. Ditch bank

31. Mailbox

32. Fence or fence post

33. Construction barrier

34. Crash cushion

35. Other object (describe)

4. DISTANCE

1. In road

2. Right of road, 0-10 ft.

3. Right of road, 11-30 ft.

4. Right of road, over 30 ft.

5. Left of road, 0-10 ft.

6. Left of road, 11-30 ft.

7. Left of road, over 30 ft.

8. None or N/A

9. Straight ahead, 0-10 ft.

10. Straight ahead, 11-30 ft.

11. Straight ahead, over 30 ft.

5. TRAILER TYPE:

NON-SEMI TRAILERS

BT = Boat

CT = Camper

UT = Utility

HE = Horse

HS = House trailer

(mobile home)

TV = Towed vehicle

OT = Other

SEMI TRAILERS

TN = Tanker

VN = Enclosed Van

FB = Flatbed

DT = Double/Twin

OS = Other semi

DMV-349 (Rev. 7/89) ☐ SUPPLEMENTAL REPORT

1 Date: A 19 B Day of Week: C Time: D (24 Hour Clock)

3 Accident Occurred in A County ☐ In B Incorporated City C
 Outside City or Town: D Miles ☐ Near E or Town of F
 on G Highway Number (I., U.S., N.C., R.P., R.U.), if within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.
 RR. Crossing No. H ☐ At or I ☐ From J Toward K
 L Feet (0 ft. if intersec.) Use Highway Number, Street Name, or Adjacent County or State Line Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line

2 Local Use **Do not write in these spaces**
 DMV Report No.: C
 Date Received by DMV: D
 Patrol Area A B D

4 **1. VEHICLE MANEUVER/PEDESTRIAN ACTION** **2. ACCIDENT TYPE** **3. OBJECT STRUCK AND 4. DISTANCE**

Veh. 1		Veh. 2 or Ped.		Veh. 1		Veh. 2 or Ped.		Vehicle 1		Vehicle 2	
Object	Distance	Object	Distance	Object	Distance	Object	Distance	Object	Distance	Object	Distance
<u> A </u>	<u> B </u>	<u> C </u>	<u> D </u>	<u> E </u>	<u> F </u>	<u> G </u>	<u> H </u>	<u> I </u>	<u> J </u>	<u> K </u>	<u> L </u>

5 **6** **VEHICLE NO. 1** ☐ HIT & RUN

Driver: A First B Middle C Last Name D
 Address: E City: F State: G Zip Code: H
 Same Address as on Driver's License? ☐ Yes ☐ No Driver's License? ☐ Yes ☐ No Driver's Phone No.: I
 Race/ Sex: J K L.C. No.: L State: M
 Date of Birth: N Month O Day P Year Q Specify Restriction: R
 Veh. Year: S Veh. Make: T Veh. Type: U Tr. Type: V
 S-Tr.: 1. Length W Width X Axles Y 2. Length Z Width AA Axles AB
 Hazardous Material ☐ F Spilled? ☐ Yes ☐ No ☐ G Commercial Vehicle ☐
 Lic. Plate No.: AC State: AD Year: AE
 VIN: AF
 Owner: AG
 Address: AH City: AI State: AJ Zip Code: AK
 (Parts TAD Damaged): AL Estimated Damage: \$ AM
 Vehicle Drivable? ☐ Yes ☐ No ☐ M Post Crash Fire? ☐ Yes ☐ No ☐ N
 Removed to: AN By: AO Authority: AP

8 **9** **VEHICLE NO. 2** ☐ PEDESTRIAN ☐ OTHER ☐ HIT & RUN

Driver: A First B Middle C Last Name D
 Address: E City: F State: G Zip Code: H
 Same Address as on Driver's License? ☐ Yes ☐ No Driver's License? ☐ Yes ☐ No Driver's Phone No.: I
 Race/ Sex: J K L.C. No.: L State: M
 Date of Birth: N Month O Day P Year Q Specify Restriction: R
 Veh. Year: S Veh. Make: T Veh. Type: U Tr. Type: V
 S-Tr.: 1. Length W Width X Axles Y 2. Length Z Width AA Axles AB
 Hazardous Material ☐ F Spilled? ☐ Yes ☐ No ☐ G Commercial Vehicle ☐
 Lic. Plate No.: AC State: AD Year: AE
 VIN: AF
 Owner: AG
 Address: AH City: AI State: AJ Zip Code: AK
 (Parts TAD Damaged): AL Estimated Damage: \$ AM
 Vehicle Drivable? ☐ Yes ☐ No ☐ M Post Crash Fire? ☐ Yes ☐ No ☐ N
 Removed to: AN By: AO Authority: AP

Other Property Damaged: 10 Estimated Damage: 11 Owner Name: 12 Address: 13

11 **INJURY SECTION INSTRUCTIONS:** Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at bottom). Names and addresses are necessary for persons who were injured. **12**

Seat	Inj. Cl.	Belt/Hel.	Race	Sex	Age	First Name	Last Name	First Name	Last Name
Left Front	<u> A </u>	<u> B </u>	<u> C </u>	<u> D </u>	<u> E </u>	<u> F </u>	<u> G </u>	<u> H </u>	<u> I </u>
Center Front									
Right Front									
Left Rear									
Center Rear									
Right Rear									

Total Number Occupants: G Total Number Injured: H Total Number Occupants: G Total Number Injured: H

Ambulance Requested: ☐ Yes ☐ No ☐ 13 If Yes, Ambulance Arrived At: B (24 Hour Clock)

Injured Taken To: C (Treatment Facility and City or Town)

14 **Injury Class** **Belt/Helmet**

K—Killed
 A—Incapacitating (injury obviously serious enough to prevent carrying on normal activities for at least 24 hours; e.g., massive loss of blood, broken bone)
 B—Nonincapacitating injury other than K or A evident at the scene
 C—No visible sign of injury but complaint of pain or momentary unconsciousness
 O—No injury

1. None or not used
 2. Lap only
 3. Lap and shoulder
 4. Child restraint system
 7. If motorcycle, helmet in use
 8. Unable to determine

Vehicle 1 **Vehicle 2**
 Airbags ☐ Yes ☐ No ☐ Yes ☐ No
 Deployed ☐ Yes ☐ No ☐ Yes ☐ No

TRAFFIC ACCIDENT REPORT—Send To: N. C. Division of Motor Vehicles
 Raleigh, N. C. 27697-0001

ADDED BY (initials)
 MARKS

POINT(S) OF INITIAL CONTACT Write in Codes		(15)	
VEH. 1	VEH. 2		
A	B		
ROLLOVER <input type="checkbox"/> Yes <input type="checkbox"/> No CROSSED MEDIAN <input type="checkbox"/> Yes <input type="checkbox"/> No		ROLLOVER <input type="checkbox"/> Yes <input type="checkbox"/> No CROSSED MEDIAN <input type="checkbox"/> Yes <input type="checkbox"/> No	
		O. No Contact Underneath: 22. Front 23. Center 24. Rear 25. Unknown	
		Motorcycle Bicycle or Moped	
ROADWAY INFORMATION (16)			
1. Locality	8. Road Surface	14. Vision Obstruction	18. Vehicle Defects
2. Development Type	9. Road Defects	15. Physical Condition	19. Speed Limit (for each vehicle)
3. Road Feature	10. Road Condition	16. Intoxication	20. Estimated Original Traveling Speed
4. Road Character	11. Light Condition	17. Chemical Test Given	21. Estimated Speed at Impact
5. Road Class	12. Weather	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	22. Tire Impressions Before Impact (ft.)
6. Number of Lanes	13. Traffic Control		23. Distance Traveled After Impact (ft.)
7. Road Configuration	Operating <input type="checkbox"/> Yes <input type="checkbox"/> No Visible <input type="checkbox"/> Yes <input type="checkbox"/> No		
DRIVER 1 DRIVER 2 OR PED. VEH. 1 VEH. 2			
(17)			
INDICATE NORTH			
Vehicle 1 was Traveling <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W on (18)			
Vehicle 2 was Traveling <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W on			
DESCRIBE WHAT HAPPENED:			
(19)			
WIT- Name (20) Address Phone No.			
NESSES: Name (20) Address Phone No.			
ARRESTS: Name (21) Charge(s) (Cit. No.)			
Name (21) Charge(s) (Cit. No.)			
Sign Here Officer's Rank and Name (22) Number Department Date of Report			
CONTRIBUTING CIRCUMSTANCES (Check as many as apply)			
Driver 1 (23) Driver 2 Driver			
1. No violation indicated 10. Pass stopped school bus 19. Safe movement violation			
2. Alcohol use 11. Passing on hill 20. Following too closely			
3. Drug use 12. Passing on curve 21. Improper backing			
4. Yield 13. Other improper passing 22. Improper parking			
5. Stop sign 14. Improper lane change 23. Unable to determine			
6. Traffic signal 15. Use of improper lane 24. Left of center			
7. Exceeding speed limit 16. Improper turn 25. Right turn on red			
8. Exceeding safe speed 17. Improper or no signal 26. Other			
9. Minimum speed law 18. Improper vehicle equipment			
RESERVED FOR CITY OR OTHER USE			
(24)			
RESERVED FOR STATE USE			
Driver 1 Driver 2			
24. Direction (25)			
25. Violation			
26. Misc. Action			
27. Charges			
28. Investigating Agency:			

DMV-349 (Rev. 7/89)

☐ SUPPLEMENTAL REPORTTRAFFIC ACCIDENT REPORT—Send To: N. C. Division of Motor Vehicles
Raleigh, N. C. 27697-0001

LOCATION		Date: <u>May 1</u> 19 <u>89</u> Day of Week: <u>Monday</u> Time: <u>1:53:0</u> (24 Hour Clock)		Local Use		Do not write in these spaces DMV Report No.:																																																																																																									
		Accident Occurred in <u>Wake</u> County <input type="checkbox"/> In <u>Raleigh</u> Incorporated City		Patrol Area		Date Received by DMV:																																																																																																									
		Outside City or Town _____ Miles <input type="checkbox"/> Near _____ of City or Town Limits N S E W																																																																																																													
		on <u>US 70</u> Highway Number (I, U.S., N.C., R.P., R.J.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.		RR Crossing No. _____																																																																																																											
ACCIDENT SEQUENCE		0.11 Miles <input type="checkbox"/> At or _____ (0 ft. if intersect.) N S E W from <u>RP 1934</u> Toward <u>RP 1936</u>		Use Highway Number, Street Name, or Adjacent Town, or Adjacent County or State Line																																																																																																											
1. VEHICLE MANEUVER/ PEDESTRIAN ACTION		2. ACCIDENT TYPE		3. OBJECT STRUCK AND 4. DISTANCE																																																																																																											
Veh. 1 <u>5</u> Veh. 2 or Ped. <u>4</u>		FIRST HARMFUL EVENT <u>22</u>		MOST HARMFUL EVENT: Repeat Code if same as for FIRST HARMFUL EVENT Veh. 1 <u>22</u> Veh. 2 or Ped. <u>22</u>		Vehicle 1 Object <u>14</u> Distance <u>2</u>																																																																																																									
						Vehicle 2 Object <u>1</u> Distance <u>—</u>																																																																																																									
No. of Units Involved <u>2</u>		VEHICLE NO. 1 <input type="checkbox"/> HIT & RUN		VEHICLE NO. 2 <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/> HIT & RUN																																																																																																											
Driver: <u>George Lee Washington</u> First Middle Last Name		Driver: <u>Jonathan Daniel Jones</u> First Middle Last Name																																																																																																													
Address: <u>122 Jones Street</u>		Address: <u>Route 8, Box 233</u>																																																																																																													
City: <u>Fayetteville</u> State: <u>NC</u> Zip Code: <u>27061</u>		City: <u>Raleigh</u> State: <u>NC</u> Zip Code: <u>27609</u>																																																																																																													
Same Address as on Yes No Driver's License? <input checked="" type="checkbox"/> Phone No.: <u>(919) 555-2121</u>		Same Address as on Yes No Driver's License? <input checked="" type="checkbox"/> Phone No.: <u>(919) 871-5100</u>																																																																																																													
Race/ Sex: <u>BM</u> Driver's Lic. No.: <u>778877</u> State: <u>NC</u>		Race/ Sex: <u>WM</u> Driver's Lic. No.: <u>2305006</u> State: <u>NC</u>																																																																																																													
Date of Birth: <u>2-24-39</u> Specify Restriction: <u>—</u>		Date of Birth: <u>11-25-27</u> Specify Restriction: <u>1 (glasses)</u>																																																																																																													
Veh. Year: <u>'85</u> Month <u>May</u> Day <u>1</u> Year <u>85</u> Veh. Make: <u>Merck</u> Veh. Type: <u>II-T</u> Tr. Type: <u>DT</u>		Veh. Year: <u>'83</u> Month <u>Year</u> Day <u>27</u> Veh. Make: <u>Ford</u> Veh. Type: <u>P</u> Tr. Type: <u>—</u>																																																																																																													
S-Tir.: 1. Length <u>28'</u> Width <u>96"</u> Axles <u>2</u> 2. Length <u>28'</u> Width <u>96"</u> Axles <u>2</u>		S-Tir.: 1. Length <u>—</u> Width <u>—</u> In. Axles <u>—</u> 2. Length <u>—</u> Width <u>—</u> In. Axles <u>—</u>																																																																																																													
Hazardous Material <input type="checkbox"/> Spilled? <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial Vehicle <input type="checkbox"/>		Hazardous Material <input type="checkbox"/> Spilled? <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial Vehicle <input type="checkbox"/>																																																																																																													
Lic. Plate No.: <u>X930621</u> State: <u>NC</u> Year: <u>'89</u>		Lic. Plate No.: <u>TY5931</u> State: <u>NC</u> Year: <u>'89</u>																																																																																																													
VIN: <u>1EVBYBB4FG375452</u>		VIN: <u>MGBGQ24653EX263120</u>																																																																																																													
Owner: _____		Owner: <u>SAME AS ABOVE</u>																																																																																																													
Address: _____		Address: <u>SAME AS ABOVE</u>																																																																																																													
City: _____ State: _____ Zip Code: _____		City: _____ State: _____ Zip Code: _____																																																																																																													
(Parts TAD Damaged): _____ Estimated Damage: \$ _____		(Parts TAD Damaged): <u>LBQ-3, LFQ-3</u> Estimated Damage: \$ <u>3000</u>																																																																																																													
Vehicle Drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No Post Crash Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Drivable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Post Crash Fire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																													
Removed to: _____		Removed to: <u>Strick's Wrecker Station</u>																																																																																																													
By: _____ Authority: _____		By: <u>Strick's Wrecker</u> Authority: <u>Rotation</u>																																																																																																													
Other Property Damaged: <u>Guardrail</u>		Estimated Damage: <u>100</u>		Owner Name: <u>NC - DOT</u> Address: <u>Raleigh, NC</u>																																																																																																											
INJURY SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at bottom). Names and addresses are necessary for persons who were injured.																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Seat</th> <th>Inj. Cl.</th> <th>Belt/Hel.</th> <th>Race</th> <th>Sex</th> <th>Age</th> <th>First Name</th> <th>Last Name</th> </tr> </thead> <tbody> <tr> <td>Left Front</td> <td><u>0</u></td> <td><u>2</u></td> <td><u>B</u></td> <td><u>M</u></td> <td><u>56</u></td> <td colspan="2">DRIVER 1</td> </tr> <tr> <td>Center Front</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Right Front</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Left Rear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Center Rear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Right Rear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Left Front</td> <td><u>A</u></td> <td><u>1</u></td> <td><u>W</u></td> <td><u>M</u></td> <td><u>57</u></td> <td colspan="2">DRIVER 2, PEDESTRIAN, OTHER</td> </tr> <tr> <td>Center Front</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Right Front</td> <td><u>C</u></td> <td><u>2</u></td> <td><u>W</u></td> <td><u>F</u></td> <td><u>52</u></td> <td colspan="2"><u>Susan Ann Jones</u> <u>Route 8, Box 233</u> <u>Raleigh, NC</u></td> </tr> <tr> <td>Left Rear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Center Rear</td> <td><u>O</u></td> <td><u>4</u></td> <td><u>W</u></td> <td><u>F</u></td> <td><u>60</u></td> <td colspan="2"></td> </tr> <tr> <td>Right Rear</td> <td><u>B</u></td> <td><u>9</u></td> <td><u>W</u></td> <td><u>M</u></td> <td><u>13</u></td> <td colspan="2"><u>Jerry Dean Smith</u> <u>1325 Majolica Road</u> <u>Charlotte, NC</u></td> </tr> </tbody> </table>								Seat	Inj. Cl.	Belt/Hel.	Race	Sex	Age	First Name	Last Name	Left Front	<u>0</u>	<u>2</u>	<u>B</u>	<u>M</u>	<u>56</u>	DRIVER 1		Center Front								Right Front								Left Rear								Center Rear								Right Rear								Left Front	<u>A</u>	<u>1</u>	<u>W</u>	<u>M</u>	<u>57</u>	DRIVER 2, PEDESTRIAN, OTHER		Center Front								Right Front	<u>C</u>	<u>2</u>	<u>W</u>	<u>F</u>	<u>52</u>	<u>Susan Ann Jones</u> <u>Route 8, Box 233</u> <u>Raleigh, NC</u>		Left Rear								Center Rear	<u>O</u>	<u>4</u>	<u>W</u>	<u>F</u>	<u>60</u>			Right Rear	<u>B</u>	<u>9</u>	<u>W</u>	<u>M</u>	<u>13</u>	<u>Jerry Dean Smith</u> <u>1325 Majolica Road</u> <u>Charlotte, NC</u>	
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Ambulance Requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Ambulance Arrived At: <u>1:54:0</u> (24 Hour Clock)																																																																																																															
Injured Taken To: <u>Wake Medical Center, Raleigh, NC</u> (Treatment Facility and City or Town)																																																																																																															

K—Killed

A—Incapacitating (injury obviously serious enough to prevent carrying on normal activities for at least 24 hours, e. g., massive loss of blood, broken bones)

B—Nonincapacitating (injury other than K or A evident at the scene)

C—No visible sign of injury but complaint of pain or momentary unconsciousness

O—No injury

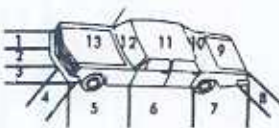
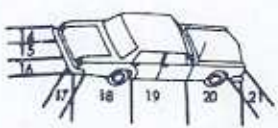
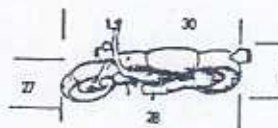
Injury Class

Belt/Helmet

- None or not used
- Lap only
- Lap and shoulder
- Child restraint system
- If motorcycle, helmet in use
- Unable to determine

Vehicle 1	Vehicle 2
Airbags	Airbags
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deployed	Deployed
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

POINT(S) OF INITIAL CONTACT Write in Codes		VEH. 1		VEH. 2	
		1		8	
		7		5	
		ROLLOVER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ROLLOVER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		CROSSED MEDIAN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CROSSED MEDIAN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

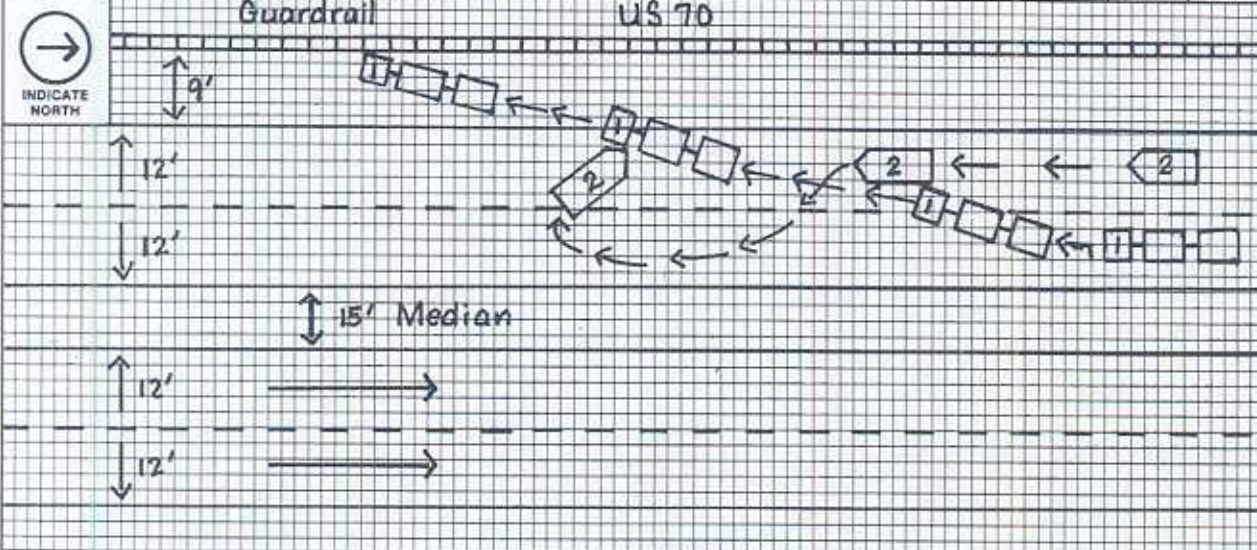




O: No Contact 22. Front 23. Center 24. Rear 25. Unknown

Motorcycle
Bicycle or
Moped

ROADWAY INFORMATION				DRIVER 1		DRIVER 2 OR PED.		VEH. 1		VEH. 2	
1. Locality	1	8. Road Surface	4	14. Vision Obstruction		18. Vehicle Defects		3	3		
2. Development Type	1	9. Road Defects	7	15. Physical Condition		19. Speed Limit (for each vehicle)		55	55		
3. Road Feature	14	10. Road Condition	1	16. Intoxication		20. Estimated Original Traveling Speed		55	55		
4. Road Character	3	11. Light Condition	1	17. Chemical Test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	21. Estimated Speed at Impact		55	55		
5. Road Class	2	12. Weather	2	18. Intoxication	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	22. Tire Impressions Before Impact (ft.)		0	0		
6. Number of Lanes	4	13. Traffic Control	11	23. Distance Traveled After Impact (ft.)		317		313			
7. Road Configuration	3	Operating Visible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No									

Guardrail US 70



15' Median

Vehicle 1 was Traveling ☐ N ☒ S ☐ E ☐ W on US 70 Vehicle 2 was Traveling ☐ N ☒ S ☐ E ☐ W on US 70

DESCRIBE WHAT HAPPENED: Veh 1 in inside lane and veh 2 in outside lane were traveling S on US 70. Veh 1 attempted to change lanes and struck veh 2 in the left rear quarter. Veh 2 lost control striking veh 1 again on the left rear tandem wheel of the cab. Veh 1 then ran off the right side of the road and struck a guardrail.

WIT- Name <u>Frank F. James</u>	Address <u>B.H. Mobile Homes</u>	Phone No. <u>(919) 928-1380</u>
NEESSES: Name _____	Address _____	Phone No. _____
ARRESTS: Name <u>George Lee Washington</u>	Charge(s) <u>Safe Movement</u>	(Cit. No.) <u>6438575</u>
Name _____	Charge(s) _____	(Cit. No.) _____

Sign Here Signature 1278 SHP May 1, 1989

Officer's Rank and Name Number Department Date of Report

CONTRIBUTING CIRCUMSTANCES (Check as many as apply)					
Driver 1		Driver 2		Driver 3	
1	2	1	2	1	2
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. No violation indicated		10. Pass stopped school bus		19. Safe movement violation	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2. Alcohol use		11. Passing on hill		20. Following too closely	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3. Drug use		12. Passing on curve		21. Improper backing	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4. Yield		13. Other improper passing		22. Improper parking	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
5. Stop sign		14. Improper lane change		23. Unable to determine	
<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
6. Traffic signal		15. Use of improper lane		24. Left of center	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
7. Exceeding speed limit		16. Improper turn		25. Right turn on red	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
8. Exceeding safe speed		17. Improper or no signal		26. Other _____	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
9. Minimum speed law		18. Improper vehicle equipment			
<input type="checkbox"/>		<input type="checkbox"/>			

RESERVED FOR CITY OR OTHER USE		
RESERVED FOR STATE USE		
Driver 1		Driver 2
24. Direction		
25. Violation		
26. Misc. Action		
27. Charges		
28. Investigating Agency:		

INSTRUCTIONS:

1. DATE OF ACCIDENT

Date: A 19B Day of Week: C Time: D
Month Day Year (24 Hour Clock)

- A. Enter name of month (not number), day of month and year. (Month may be abbreviated.) Example: Jan. 7, 1979.
- B. Write in day of week (*must agree with date*).
- C. Enter time of day that accident occurred, using a 24 hour clock. Noon is 1200, midnight is 2400. For accidents occurring exactly at midnight, use day and date as though accident occurred at 2359.
Example: 8 o'clock in the morning would be 0800
8:15 o'clock in the evening would be 2015

2. RESERVED BOXES

Local Use A	Do not write in these spaces DMV Report No.: C
Patrol Area B	Date Received by DMV: D

- A. Local Use: Urban and County Police—Use as directed by local authority.
B. Patrol Area: Highway Patrol—Enter patrol area of district in which accident occurred.
C,D. Do not write in these spaces, as they are reserved for DMV use.

3. ACCIDENT LOCATION

LOCATION	Accident Occurred in <u>A</u> County		<input type="checkbox"/> In <input type="checkbox"/> Near		Incorporated City or Town of <u>C</u>	
	Outside City or Town <u>D</u> Miles		<input type="checkbox"/> N <input type="checkbox"/> SE <input type="checkbox"/> E <input type="checkbox"/> W		of City or Town Limits	
	on <u>F</u> Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.					
	<u>H</u> Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		RR Crossing No. <u>G</u>		Toward <u>K</u>	
	Feet (0 ft. if intersec.)		from <u>J</u> Use Highway Number, Street Name, or Adjacent County or State Line		Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line	

3.1 URBAN ACCIDENTS

- A. Write out full name of county in which accident occurred.
- B. Check "In". (Indicates accident occurred within an incorporated city or town.)
- C. Enter name of town or city in which accident occurred.
- D, E. Leave blank since accident occurred within city limits.

For accidents occurring at an *Intersection* of two or more streets or roads: (See Figure 1.)

- F. Enter the name of one of the streets of the intersection. If ramp or service road, also indicate "ramp" or "service road". This normally would be the name of the road or street upon which vehicle number one was operating during or just immediately before the accident.
- G. Leave blank.
- H. Enter "0" for distance. The zero is properly placed in the feet section as indicated below.
- I. Leave blank.
- J. Strike out "Or From" and enter the name of one other street of the intersection and a direction, enclosed in parentheses, toward a third street which would be encountered by going in that direction on the street named in "F".
- K. Enter the name of the third street defined in instruction "J".

EXAMPLE: Urban Intersection

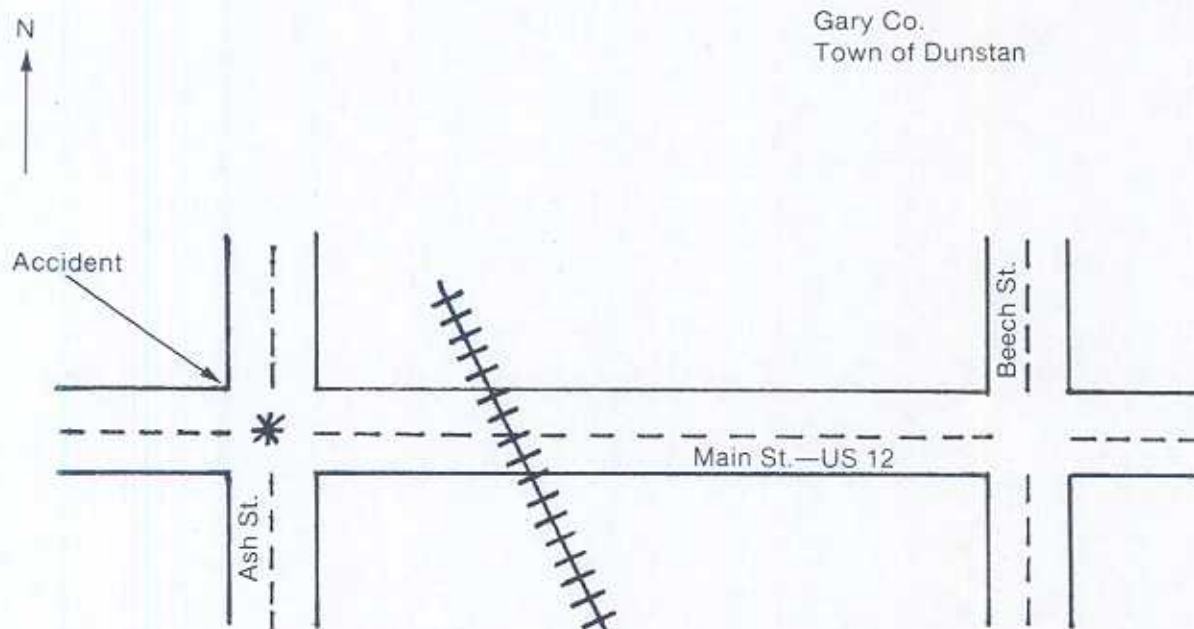


Figure 1

LOCATION	Accident Occurred in <u>Grady</u> ^A County		<input checked="" type="checkbox"/> In Incorporated City <u>Dunstan</u>	
	Outside City or Town <u>D</u> Miles		<input type="checkbox"/> Near or Town of <u>C</u> <u>Dunstan</u>	
			<input type="checkbox"/> of City or Town Limits	
			N S E W	
on <u>Main Street</u> ^F				
Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.				
RR. Crossing No.: <u>G</u>				
<u>0</u> Miles		<input type="checkbox"/> ^H <input type="checkbox"/> ^I <input type="checkbox"/> ^J <input type="checkbox"/> ^K		
<u>0</u> Feet (0 ft. if intersec.)		N S E W <u>Ash Street (E)</u> ^J		
		Use Highway Number, Street Name, or Adjacent County or State Line		
		Toward <u>Beech Street</u> ^K		
		Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line		

For Urban Non-Intersection Accidents: (See Figure 2.)

- F. Enter the name of the street on which the accident occurred. If ramp or service road, also indicate "ramp" or "service road".
- G. If not a rail-highway grade crossing, leave blank. If accident occurred at a rail-highway grade crossing, enter the number posted at the site. This number is composed of six digits and a letter, such as 687 422 T. It may be found strapped to a railroad signal post or part of the gate structure, on the crossbuck sign, or mounted on a separate post. If the number is missing or illegible, write in the name of the railroad company owning or operating on the tracks (such as Southern, SCL, etc.) and strike through "No." on the form.
- H. Enter distance (in feet) from nearest intersecting street.
- I. Enter direction from nearest intersecting street to the scene of the accident. Two blocks may be checked to indicate an intermediate direction, such as Northeast.
- (☒ ☐ ☒ ☐
N S E W
- J. Strike out "At or" and enter the name of the nearest intersecting street.
- K. Enter the name of a street which would be encountered by going from the nearest intersecting street in the direction given, past the scene of the accident. The scene of the accident should be *between* the two streets named in J and K, with the direction *from* J to K being as noted in I.

EXAMPLE: Urban Non-Intersection

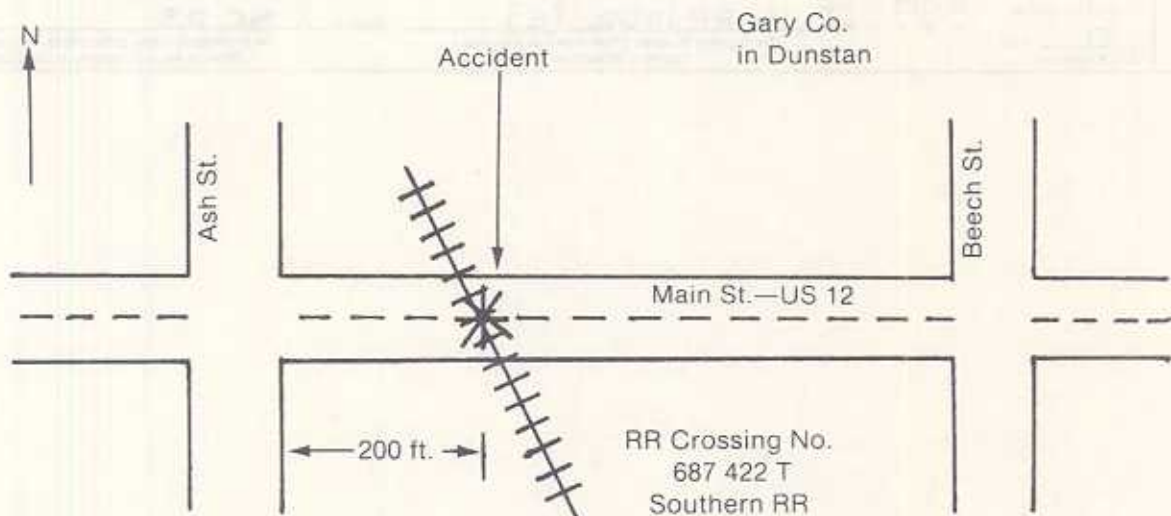


Figure 2

LOCATION	Accident Occurred in <u>Gary A</u> County <input checked="" type="checkbox"/> <u>B</u> in Incorporated City <u>Dunstan</u>	
	Outside City or Town <u>D</u> Miles <input type="checkbox"/> <u>N</u> <input type="checkbox"/> <u>S</u> <input type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> of City or Town Limits	
	on <u>Main Street</u> Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.	
	RR Crossing No.: <u>687 422 T</u> <u>G</u>	
<u>200</u> Feet (0 ft. if intersec.) H Miles <input type="checkbox"/> <u>I</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/> <u>S</u> <input type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u> from <u>Ash Street</u>		Toward <u>Beech Street</u> Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line

3.2 RURAL ACCIDENTS

Items A through E are intended to give *general* locations of scenes of accidents.

Items F through K are intended to enable engineers to make on-the-scene investigation for possible engineering improvement of high accident locations. *It is vital that information supplied by reporting officers be accurate and complete.*

- A. Write out full name of county in which accident occurred.
- B. Check "Near".
- C. Enter name of incorporated city or town nearest scene of accident.
- D. Enter road distance measured to the nearest 0.1 mile from the nearest city or town to the scene of the accident.
- E. Enter direction from city or town named in "C" to the scene of the accident. Two blocks may be checked to indicate an intermediate direction, such as Northeast.

(☒ ☐ ☒ ☐).
N S E W

LOCATION	Accident Occurred in <u>Gary A</u> County <u>3.50</u> Miles		<input type="checkbox"/> In Incorporated City <input checked="" type="checkbox"/> Near or Town of <u>C Dunstan</u> <input type="checkbox"/> Outside City or Town Limits N S E W	
	on <u>US 3 F</u> <small>Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.</small>			
	<input type="checkbox"/> H Miles <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> W		RR Crossing No. <u>G</u> <input type="checkbox"/> J <u>RP 1402 (E)</u> <small>Use Highway Number, Street Name, or Adjacent County or State Line</small>	
	<input type="checkbox"/> Feet <small>(0 ft. if intersec.)</small>		Toward <u>K NC 23</u> <small>Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line</small>	

For *Rural Intersection* accidents: (See Figure 3.)

F. Enter the class and number of one road of the intersection. Use the highest classification of the roads of the intersection in accordance with the listing below: [Usually this is given as the road upon which the vehicle was operating during or just prior to the accident.]

- (1) I—Interstate
- (2) U.S.—U.S. numbered roads
- (3) N.C.—N.C. numbered roads
- (4) R.P.—Paved secondary roads
- (5) R.U.—Unpaved secondary roads
- (6) P.V.A.—Public vehicular area (Give brief description of location.)
- (7) P.P.—Private property (Give brief description of location.)

If a road has more than one classification and number, use the *highest class with the lowest number*.

Example: U.S. 70, U.S. 401, and N.C. 50 are at certain locations the same road. In this case, use U.S. 70. Also enter "ramp" or "service road" if applicable.

G. Leave blank.

H. Enter "0" feet for distance in the "Feet" section.

I. Leave blank.

J. Strike out "Or From" and enter the name of one other road of the intersection. Also include the direction (in parentheses) traveling on F to another intersecting road, city limit, county or state line that will be defined in K.

K. For another reference, enter the name of the nearest road, city, county or state line from the intersection where the accident occurred, in the direction identified in J.

EXAMPLE: Rural Intersection

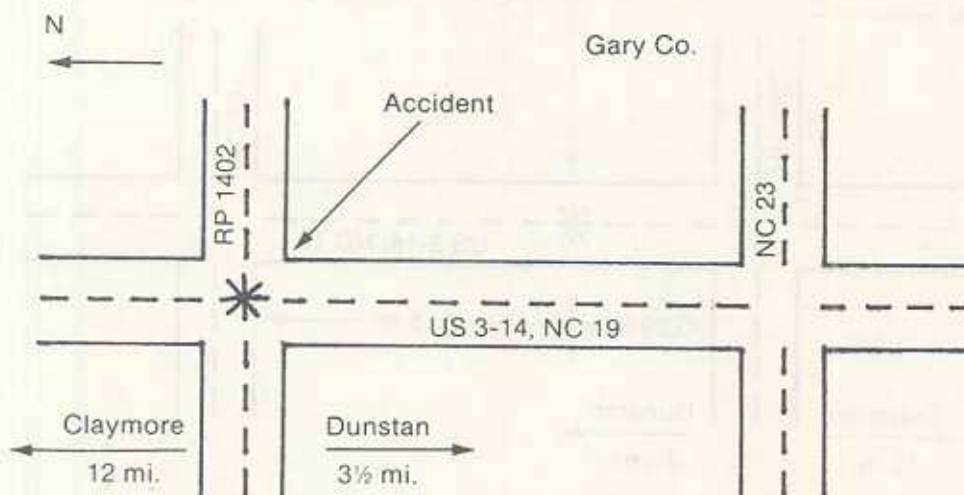


Figure 3

LOCATION	Accident Occurred in <u>GARY</u> County		B <input type="checkbox"/> In Incorporated City or Town of <u>Dunstan</u>		
	Outside City or Town <u>3.5</u> Miles		<input checked="" type="checkbox"/> Near <input type="checkbox"/> At <input type="checkbox"/> of City or Town Limits		
	on <u>US 3</u>		RR. Crossing No. <u>G</u>		
	Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.		Use Highway Number, Street Name, or Adjacent County or State Line		
H <u>0</u> Miles		I <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		J <u>RP 1402 (E)</u>	
(0 ft. if Intersec.)		Feet		Toward K <u>NC 23</u>	
				Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line	

For Rural Non-Intersection accidents: (See Figure 4.)

- F. Enter the class and number of the road on which the accident occurred. If a road has more than one classification or number, use the *highest class with the lowest number*.
Example: For U.S. 3, U.S. 14, and N.C. 19, enter U.S. 3.
- G. If accident occurred at a rail-highway grade crossing, enter number as described in the *Urban Non-Intersection* (page 12; G) accident instructions. Otherwise leave blank.
- H. Enter the distance in feet, if less than 500 feet, from the scene of the accident to the nearest intersecting road, county or state line or milepost marker on interstate roads. If the distance from the scene of the accident is more than 500 feet, enter the distance to the nearest one-hundredth mile. The miles and tenths of miles should be read directly from the odometer, and the hundredth should be estimated (0.01 miles is about 53 feet). If the measured distance is 10.0 miles or more, a closer reference point should be used.
- I. Enter direction from the nearest intersecting road, county or state line to the scene of the accident. Two blocks may be checked to indicate an intermediate direction such as Southeast.
(☐ ☒ ☒ ☐
N S E W
- J. Strike out "At or" and enter the nearest intersecting road name, county or state line or milepost marker on interstate roads identified as a reference in I.
- K. For a second reference, enter the name of the road, city, county or state which would be encountered by going from the reference named in J in the direction checked in I, past the scene of the accident. (The scene of the accident should be between the entries named in J and K.)

EXAMPLE: Rural Non-Intersection

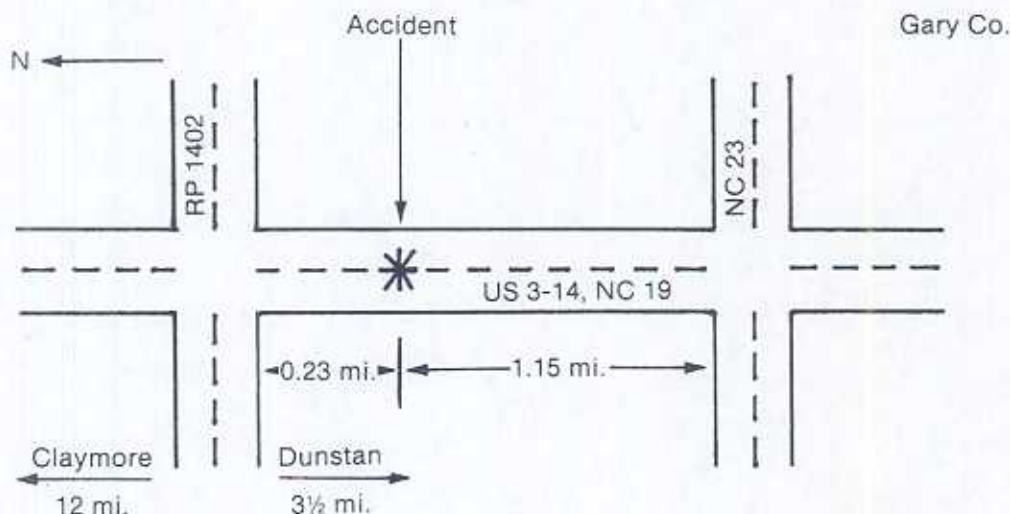


Figure 4

LOCATION	Accident Occurred in <u>Gary</u> County <input checked="" type="checkbox"/> In <u>Dunstan</u> <input type="checkbox"/> Incorporated City or Town of <u>Dunstan</u>	
	Outside City or Town <u>0.23</u> Miles <input checked="" type="checkbox"/> Near <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> of City or Town Limits
	on <u>US 3</u> Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.	
	RR. Crossing No.: <u>G</u>	
	<u>0.23</u> Miles <input type="checkbox"/> I <input type="checkbox"/> At or <input type="checkbox"/> W from <u>J RP 1402</u> Use Highway Number, Street Name, or Adjacent County or State Line	Toward <u>K NC 23</u> Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line
	Feet (0 ft. if intersec.)	

3.3 EXAMPLES FOR SPECIAL ACCIDENT LOCATIONS

Except as noted, follow general instructions as given in the sections on urban or rural accident locations.

- (1) Reference for accidents occurring on interstate roads may be milepost marker without reference to any other road, county or state line.

Example: Mile 143

- (2) *Non-Intersection Accidents Near Interchange:* (See Figure 5.)

H, J. Do not use any ramp or service road terminal or intersection as the reference in J. If J is a divided highway, the distance in H should be to the center of the median on the crossing road J.

EXAMPLE: Non-Intersection Near Interchange

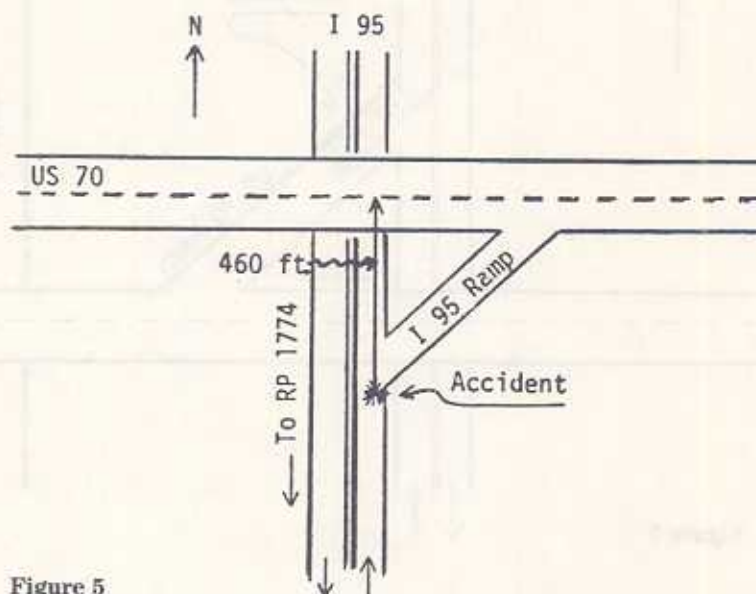


Figure 5

LOCATION	Accident Occurred in <u>Gary</u> ^A County <u>B</u> ^B <input type="checkbox"/> In <input checked="" type="checkbox"/> Near <input type="checkbox"/> of City or Town of <u>Dunstan</u>	
	Outside City or Town <u>2.1</u> Miles <input type="checkbox"/> <input checked="" type="checkbox"/> of City or Town Limits	
	on <u>I 95</u> ^F Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.	
	RR. Crossing No.: <u>G</u>	
	<u>460</u> ^H Miles <input type="checkbox"/> <input checked="" type="checkbox"/> ^I <input type="checkbox"/> ^J <input type="checkbox"/> ^K <input type="checkbox"/> ^L <input type="checkbox"/> ^M <input type="checkbox"/> ^N <input type="checkbox"/> ^O <input type="checkbox"/> ^P <input type="checkbox"/> ^Q <input type="checkbox"/> ^R <input type="checkbox"/> ^S <input type="checkbox"/> ^T <input type="checkbox"/> ^U <input type="checkbox"/> ^V <input type="checkbox"/> ^W <input type="checkbox"/> ^X <input type="checkbox"/> ^Y <input type="checkbox"/> ^Z <input type="checkbox"/> ^{AA} <input type="checkbox"/> ^{AB} <input type="checkbox"/> ^{AC} <input type="checkbox"/> ^{AD} <input type="checkbox"/> ^{AE} <input type="checkbox"/> ^{AF} <input type="checkbox"/> ^{AG} <input type="checkbox"/> ^{AH} <input type="checkbox"/> ^{AI} <input type="checkbox"/> ^{AJ} <input type="checkbox"/> ^{AK} <input type="checkbox"/> ^{AL} <input type="checkbox"/> ^{AM} <input type="checkbox"/> ^{AN} 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type="checkbox"/> ^{DJ} <input type="checkbox"/> ^{DK} <input type="checkbox"/> ^{DL} <input type="checkbox"/> ^{DM} <input type="checkbox"/> ^{DN} <input type="checkbox"/> ^{DO} <input type="checkbox"/> ^{DP} <input type="checkbox"/> ^{DQ} <input type="checkbox"/> ^{DR} <input type="checkbox"/> ^{DS} <input type="checkbox"/> ^{DT} <input type="checkbox"/> ^{DU} <input type="checkbox"/> ^{DV} <input type="checkbox"/> ^{DW} <input type="checkbox"/> ^{DX} <input type="checkbox"/> ^{DY} <input type="checkbox"/> ^{DZ} <input type="checkbox"/> ^{EA} <input type="checkbox"/> ^{EB} <input type="checkbox"/> ^{EC} <input type="checkbox"/> ^{ED} <input type="checkbox"/> ^{EE} <input type="checkbox"/> ^{EF} <input type="checkbox"/> ^{EG} <input type="checkbox"/> ^{EH} <input type="checkbox"/> ^{EI} <input type="checkbox"/> ^{EJ} <input type="checkbox"/> ^{EK} <input type="checkbox"/> ^{EL} <input type="checkbox"/> ^{EM} <input type="checkbox"/> ^{EN} <input type="checkbox"/> ^{EO} <input type="checkbox"/> ^{EP} <input type="checkbox"/> ^{EQ} <input type="checkbox"/> ^{ER} <input type="checkbox"/> ^{ES} <input type="checkbox"/> ^{ET} <input type="checkbox"/> ^{EU} <input type="checkbox"/> ^{EV} <input type="checkbox"/> ^{EW} <input type="checkbox"/> ^{EX} <input type="checkbox"/> ^{EY} <input type="checkbox"/> ^{EZ} <input type="checkbox"/> ^{FA} <input type="checkbox"/> ^{FB} <input type="checkbox"/> ^{FC} <input type="checkbox"/> ^{FD} <input type="checkbox"/> ^{FE} <input type="checkbox"/> ^{FG} <input type="checkbox"/> ^{FH} <input type="checkbox"/> ^{FI} <input type="checkbox"/> ^{FJ} <input type="checkbox"/> ^{FK} <input type="checkbox"/> ^{FL} <input type="checkbox"/> ^{FM} <input type="checkbox"/> ^{FN} <input type="checkbox"/> ^{FO} <input type="checkbox"/> ^{FP} <input type="checkbox"/> ^{FQ} <input type="checkbox"/> ^{FR} <input type="checkbox"/> ^{FS} <input type="checkbox"/> ^{FT} <input type="checkbox"/> ^{FU} <input type="checkbox"/> ^{FV} <input type="checkbox"/> ^{FW} <input type="checkbox"/> ^{FX} <input type="checkbox"/> ^{FY} <input type="checkbox"/> ^{FZ} <input type="checkbox"/> ^{GA} <input type="checkbox"/> ^{GB} <input type="checkbox"/> ^{GC} <input type="checkbox"/> ^{GD} <input type="checkbox"/> ^{GE} <input type="checkbox"/> ^{GF} <input type="checkbox"/> ^{GG} <input type="checkbox"/> ^{GH} <input type="checkbox"/> ^{GI}

(3) *Accidents on Interchange Ramp:* (See Figure 6.)

F. Enter the name of the road from which the ramp exits, followed by the word "ramp".

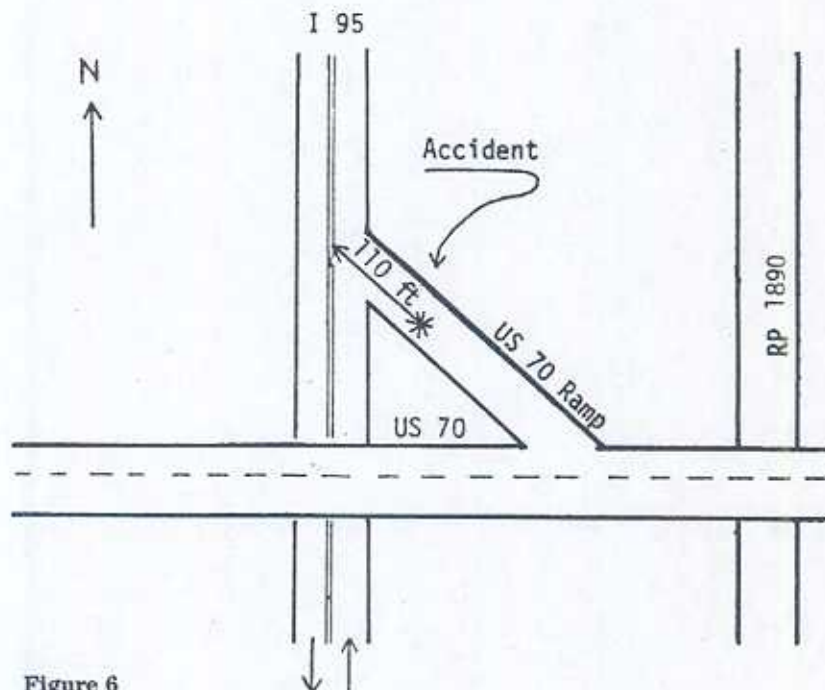
H,J. Enter the distance in feet from the scene of the accident to the road (J) that the ramp serves.
Distances should be measured to the center of the other road given.**EXAMPLE: Interchange Ramp**

Figure 6

LOCATION	Accident Occurred in <u>Gary A</u> County <u>Dal</u> Miles <u>0.21</u> Outside City or Town	<input type="checkbox"/> In <input checked="" type="checkbox"/> Near <input type="checkbox"/> of City or Town Limits <input type="checkbox"/> of City or Town Limits	Incorporated City <u>Dunstan</u>
	on <u>F</u> <u>US 70 Ramp</u>	Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.	
	<u>110</u> Feet (0 ft. if Intersec.)	RR Crossing No.: <u>G</u>	
	<u>110</u> Miles	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Toward <u>K</u> <u>RP 1890</u> Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line
		from <u>J</u> <u>I 95 (E)</u> Use Highway Number, Street Name, or Adjacent County or State Line	

(4) *Accidents on Service Roads:* (See Figure 7.)

F. Enter the class and number of the service road. If the service road is not numbered, enter the class and number of the road it parallels, add the word "service road", and indicate that the road is unnumbered.

Example: I-95 Service Road (Unnumbered)

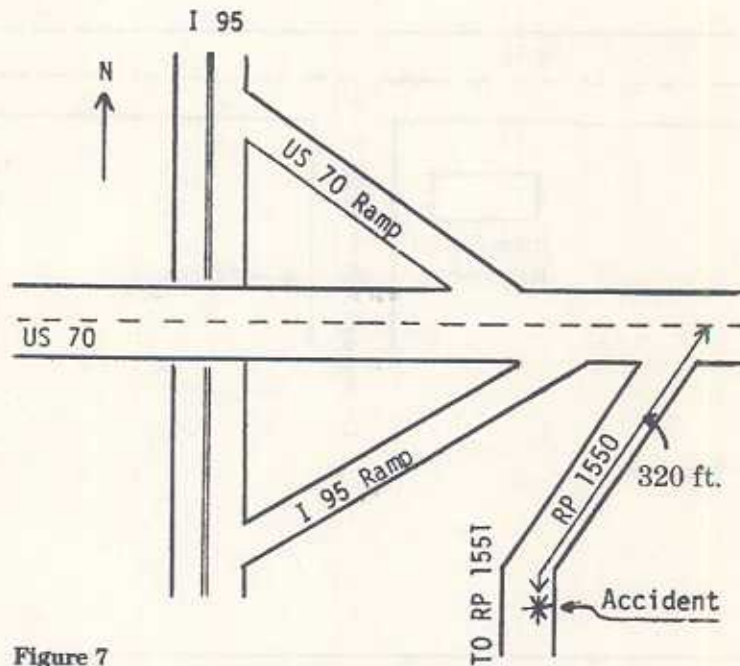
EXAMPLE: Service Road

Figure 7

LOCATION	Accident Occurred in <u>Grady</u> County <u>A</u>		B <input type="checkbox"/> In Incorporated City <u>Dunstan</u>	
	Outside City or Town <u>0.24</u> Miles		Near <input checked="" type="checkbox"/> or Town of <u>C</u> of City or Town Limits	
	on <u>RP 1550</u>		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	
	Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.			
H <u>320</u> Miles		RR. Crossing No.: <u>G</u>		
(0 R. if intersec.)		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from <u>J</u> <u>US 70</u>		Toward <u>K</u> <u>RP 1551</u>
		Use Highway Number, Street Name, or Adjacent County or State Line		Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line

(5.) *Accidents on Private Property:* (See Figure 8.)

Enter "Non-Traffic" in either the local use or patrol area boxes.

F. Enter P.P. and place in parentheses a brief description or name of the private drive, or other private area.

H,J. Enter the distance in feet if less than 500 feet or in miles and tenths of miles to the road or street (J) located nearest the accident.

K. Leave blank unless private drive or road leads to another numbered road or street.

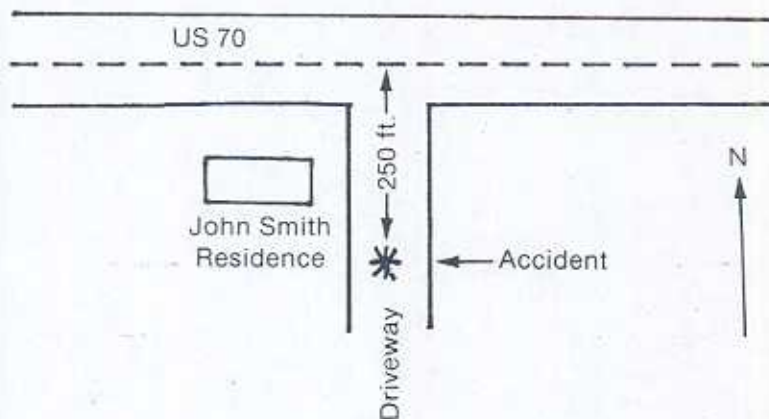
EXAMPLE: Private Property

Figure 8

LOCATION	Accident Occurred in <u>Gary, A</u> County <input checked="" type="checkbox"/> In <u>Dunstan</u> Incorporated City	
	Outside City or Town <u>0.2</u> Miles <input checked="" type="checkbox"/> Near <input checked="" type="checkbox"/> of City or Town Limits	
	on <u>F PP (John Smith Residence)</u>	
	Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.	
RR. Crossing No. <u>G -</u>		
<u>250</u> Feet (0 ft. if intersec.)		
N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from <u>J US 70</u>		
Use Highway Number, Street Name, or Adjacent County or State Line		Toward <u>K -</u>
		Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line

(6.) *Accidents on Public Vehicular Area:* (See Figure 9.)

F. Enter P.V.A. and place in parentheses a brief description of where the accident occurred, name of shopping center, business, etc.

H,J. Enter the distance in feet if less than 500 feet or in miles and tenths of miles to the road or street (J) located nearest the accident.

K. Leave blank unless private drive or road leads to another numbered road or street.

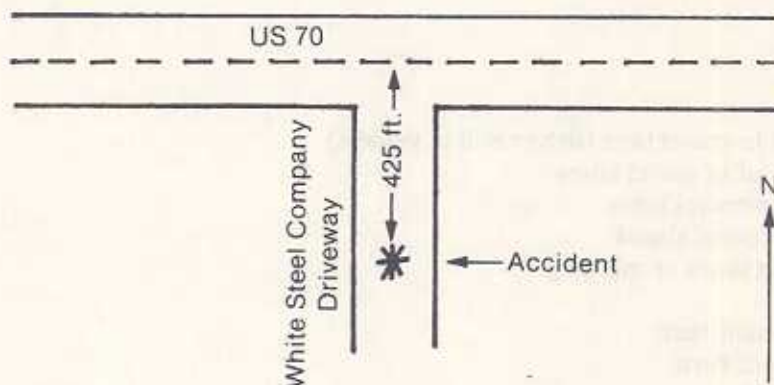
EXAMPLE: Public Vehicular Area

Figure 9

LOCATION	Accident Occurred in <u>Gary</u> ^A County ^B <input type="checkbox"/> In <input checked="" type="checkbox"/> Near <input type="checkbox"/> Outside City or Town <u>0.2</u> Miles <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> of City or Town Limits		Incorporated City <u>Dunstan</u>	
	on <u>F PVA (White Steel Co. Drive)</u>			
	Highway Number (I., U.S., N.C., R.P., R.U.). If within corporate limit or no highway number, identify by street name. If ramp or service road, indicate on line.			
	RR. Crossing No.: <u>G -</u>			
	<u>425</u> Feet (0 ft. if intersec.)		Toward <u>K -</u>	
N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from <u>J US 70</u>		Use Highway Number, Street Name, Incorporated Town, or Adjacent County or State Line		

4. ACCIDENT SEQUENCE

ACCIDENT SEQUENCE	1. VEHICLE MANEUVER/ PEDESTRIAN ACTION		2. ACCIDENT TYPE		3. OBJECT STRUCK AND 4. DISTANCE			
					Vehicle 1		Vehicle 2	
	Veh. 1	Veh. 2 or Ped.	FIRST HARMFUL EVENT	MOST HARMFUL EVENT: Repeat Code If same as for FIRST HARMFUL EVENT Veh. 1 Veh. 2 or Ped.	Object	Distance	Object	Distance
					D	E	F	G
	A		B	C				

In filling out this section, use the codes given below:

- A. **VEHICLE MANEUVER/PEDESTRIAN ACTION**—For *each* vehicle or pedestrian, enter the code number for the item that best describes the actions of the driver or pedestrian *just prior to* the accident.

Vehicle

1. Stopped in travel lane (driver still in vehicle)
2. Parked out of travel lanes
3. Parked in travel lanes
4. Going straight ahead
5. Changing lanes or merging
6. Passing
7. Making right turn
8. Making left turn
9. Making U turn
10. Backing (takes priority over other maneuvers)
11. Slowing or stopping
12. Starting in roadway (mostly from driveways, public or private)
13. Parking
14. Leaving parked position
15. Avoiding object in road
16. Other

Pedestrian

17. Crossing at intersection
18. Crossing not at intersection
19. Coming from behind parked vehicle
20. Walking with traffic
21. Walking against traffic
22. Getting on or off vehicle
23. Standing in roadway
24. Working in roadway
25. Playing in roadway
26. Lying in roadway
27. Other in roadway
28. Not in roadway

B.C. ACCIDENT TYPE

- B. FIRST HARMFUL EVENT—Identify the *first* event in a continuous series of events which resulted in damage or personal injury.

For example, if a vehicle runs off the roadway to the right, returns to the roadway out of control, and runs head-on into another motor vehicle, the *First Harmful Event* is coded as "Ran off roadway, right". Use Accident Type codes given at top of form and defined below.

Ran off Roadway

1. Right—vehicle runs off right side of the roadway as first in series of harmful events.
2. Left—vehicle runs off left side of the roadway as first in series of harmful events.
3. Straight ahead—vehicle runs through "Y" or "T" intersection.

Non-Collision

4. Overtake
5. Other (e.g., falling from a moving vehicle).

Collision of Motor Vehicle with

6. Pedestrian—as defined in general instructions.
7. Parked vehicle—whether the vehicle is legally parked or not. In general a parked vehicle has no operator. *Do not confuse this type accident with collision with a vehicle stopped in traffic or moving into or out of a parked position.*
8. Train—train on a railroad track and motor vehicle on roadway.
9. Bicycle—includes devices known as bicycles, pedacycles, unicycles, and sidecars or trailers attached to those devices, *all of which are moved by human power.*
10. Moped—a motorized bicycle with a motor up to 50 cc but which can also be pedaled.
11. Animal—wild or unattended domestic. (Attended animal should be coded as "Other object".)
12. Fixed object—object which is fixed or permanent such as a manhole, raised median, bridge railing.
13. Other object—object other than those covered in 6 through 12 such as barricades, barrels to guide traffic, animal ridden, driven or led.

Collision of Motor Vehicle with Another Motor Vehicle

14. Rear end, slow, or stop—rear end collision with one vehicle going at a slower speed, slowing down or stopping in traffic.
15. Rear end, turn—rear end collision with front vehicle turning.
16. Left turn, same roadway—collision with both vehicles traveling on *same* roadway prior to one or both turning left; may occur in passing maneuver or vehicles may be meeting.
17. Left turn, different roadways—collision of vehicles traveling on *different* roadways prior to one or both turning left.
18. Right turn, same roadway—collision with both vehicles traveling on the *same* roadway prior to one or both turning right. (Occurs in passing on right at intersections, meeting of one-way road with two-way road, etc.) If one vehicle was turning left while the other was turning right, then code according to the vehicle which appeared to *cause* the accident.
19. Right turn, different roadways—collision of vehicles traveling on *different* roadways prior to one or both turning right. If one vehicle was turning left while the other was turning right, then code according to the vehicle which appeared to *cause* the accident.
20. Head on—head on collision of motor vehicles moving in opposite directions in which initial contact is on the fronts of both vehicles.
21. Sideswipe—the collision of vehicles in which contact usually results from attempting to pass too closely, skidding, or other side-to-side initial contact. Damage is generally along entire side of vehicle.
22. Angle collision—collision most often resulting in the vehicles hitting at or near right angles, with the front of one vehicle striking the side of the other vehicle. Most often occurs at an intersection when two vehicles are going straight on intersecting roads and neither vehicle is turning.
23. Backing—collision in which one vehicle backs into another, generally stopped or parked vehicle.

- C. MOST HARMFUL EVENT—Using the same accident type codes defined in "B" on page 21, identify for *each* vehicle or pedestrian the most harmful or serious event in the accident sequence. If there are no further events after the first harmful event or if later events are less serious, repeat the code given in "B".

Example: As in "B", Vehicle 1 runs off right side of the roadway, then swerves back onto the roadway and strikes Vehicle 2 head-on. Code "1" (ran off roadway, right) for the *first* harmful event and "20" (collision of motor vehicle with another motor vehicle head-on) for the *most* harmful event for Vehicle 1. Vehicle 2 is then knocked into a utility pole as a result of the impact. A "12" (collision of motor vehicle with fixed object) would be coded for the most harmful event for Vehicle 2 *if* the collision with the utility pole was more harmful than the initial collision with Vehicle 1. Otherwise, a "20" would also be entered for Vehicle 2's most harmful event.

D,E. OBJECT STRUCK INFORMATION, VEHICLE 1

- D. OBJECT—(*excluding* another motor vehicle *in traffic*)—Identify object struck by entering appropriate code from the "Object Struck" list. If more than one object is struck (such as a mailbox and then a tree), enter code for object inflicting the greatest damage (in this case, most likely the tree). "1" signifies no object struck.

1. None
2. Parked vehicle
3. Bicycle, moped
4. Pedestrian
5. Animal
6. Tree
7. Utility pole (with or without light) generally called "telephone pole"
8. Luminaire pole (non-breakaway) "light pole", not telephone pole
9. Luminaire pole (breakaway)
10. Official highway sign (non-breakaway)
11. Official highway sign (breakaway)
12. Commercial sign
13. Guardrail end on shoulder
14. Guardrail face on shoulder (face is portion between ends of guardrail)
15. Guardrail end in median
16. Guardrail face in median
17. Shoulder barrier end
18. Shoulder barrier face
19. Median barrier end
20. Median barrier face
21. Bridge rail end
22. Bridge rail face
23. Overhead part of underpass
24. Pier on shoulder of underpass
25. Pier in median of underpass
26. Abutment (supporting wall of underpass)
27. Curb, median or traffic island
28. Catch basin or culvert on shoulder
29. Catch basin or culvert in median
30. Ditch bank
31. Mailbox
32. Fence or fence post
33. Construction barrier
34. Crash cushion
35. Other object (describe also in narrative)

Non-
guardrail

E. **DISTANCE**—If an object was struck, enter the appropriate code to describe its distance and direction *from edge of roadway*. The edge of the roadway is where the roadway meets the shoulder. If no object struck, enter an 8.

1. In road
2. Right of road, 0-10 ft.
3. Right of road, 11-30 ft.
4. Right of road, over 30 ft.
5. Left of road, 0-10 ft.
6. Left of road, 11-30 ft.
7. Left of road, over 30 ft.
8. None or N/A
9. Straight ahead, 0-10 ft.
10. Straight ahead, 11-30 ft.
11. Straight ahead, over 30 ft.

F.G. **OBJECT STRUCK INFORMATION, VEHICLE 2:** USE SAME INSTRUCTION AS FOR D,E, VEHICLE 1.

5. NUMBER OF UNITS INVOLVED

No. of Units Involved
<input type="text"/>

Enter *total* number of units involved. A unit is any motor vehicle (See 4. under definitions), pedestrian, bicycle, moped, or other road vehicle *excluding railway vehicles*. A motor vehicle with a trailer is one unit, one vehicle towing another is one unit and a dual trailer is one unit. (If more than two units are involved, additional forms will be necessary.)

6. DRIVER, VEHICLE 1, HIT AND RUN

No. of Units Involved	VEHICLE NO. 1			<input type="checkbox"/> HIT & RUN
Driver:	A			
	First	Middle	Last Name	
Address:	B			
City:			State:	Zip Code:
Same Address as on Driver's License?	Yes <input type="checkbox"/> C	No <input type="checkbox"/> D	Driver's Phone No.:	
Race/ Sex:	E	Driver's Lic. No.:	F	State:
Date of Birth:	G	Specify Restriction:	H	
	Month	Day	Year	

Check if Hit and Run.

- A. List *driver's name* as it appears on *driver's license*.
- B. List current address of driver, giving street or road, city, state, and zip code. *Post office box addresses should be avoided*. If driver is not available, use address shown on driver's license.
- C. Indicate whether driver's current address is the same as appears on driver's license. *This information is important to DMV*.
- D. List *driver's phone number*, including area code if known, e.g., (919) 962-2202.
- E. Indicate *race and sex* of driver.

W—White	F—Female
B—Black	M—Male
I—Indian	
O—Other	
- F. Copy *driver's license number* and *state of issue* from driver's license. If driver has a permit, write "permit".
- G. List *date (month, day, year)* of birth as shown on driver's license or other valid document.
- H. Specify any *restriction* indicated on license without regard to compliance by the driver. Use code on N. C. driver's license. For out-of-state drivers, write out the restriction(s).

7. VEHICLE 1 (All odd-numbered vehicles should be identified on *left* side of form.)

Veh. Year: <u>A</u>	Veh. Make: <u>B</u>	Veh. Type: <u>C</u>	Tr. Type: <u>D</u>
S-Tr. 1. Length <u>E</u> Ft.	Width <u> </u> In.	Axles <u> </u>	2. Length <u> </u> Ft.
Hazardous Material <input type="checkbox"/> F Spilled? <input type="checkbox"/> Yes <input type="checkbox"/> No		G Commercial Vehicle <input type="checkbox"/>	
Lic. Plate No.: <u>H</u>		State: <u> </u> Year: <u> </u>	
VIN: <u>I</u>			
Owner: <u>J</u>			
Address: <u> </u>			
City: <u> </u>		State: <u> </u>	Zip Code: <u> </u>
(Parts TAD Damaged): <u>K</u>		Estimated Damage: \$ <u>L</u>	
Vehicle Drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No		M Post Crash Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Removed to: <u>O</u>		N	
By: <u>P</u>		Authority: <u>Q</u>	

List vehicle *model year* (A), *make* (B), *body type* (C), and where applicable *trailer type* (D).

A. *Model Year*—(e.g., 1978)

B. *Make*—(e.g., Chev., Ford)

C. *Vehicle Type*—Use abbreviations as indicated below:

- P.....Two or four door sedan (passenger vehicle)
- SW.....Station wagon (passenger, van-passenger)
- SWT.....Station wagon (truck, van-cargo)
- CB.....Commercial bus
- SB.....School bus
- AB.....Activity bus
- T-2A.....Truck with two axles
- T-3A.....Truck with three axles
- TT-T.....Truck tractor with trailer (identify trailer type)
- TT.....Truck tractor only
- Taxi.....Taxicab
- FE.....Farm equipment (other than farm tractor)
- FTR.....Farm tractor
- MC.....Motorcycle
- MP.....Moped (has both motor and pedals)
- MS.....Motor scooter or motor bike
- AMB.....Ambulance
- BI.....Bicycle
- RV.....Recreational vehicle, self-contained
- TRV....."Camper" mounted on two axle truck

D. *Trailer Type*—Use abbreviations as indicated below. Note: A "Semi trailer" is one where a significant portion of its weight is supported by the towing vehicle.

Non-semi trailers:

- BT.....Boat
- CT.....Camper
- UT.....Utility
- HE.....Horse
- HS.....House trailer (mobile home)
- TV.....Towed vehicle
- OT.....Other

Semi trailers:

- TN.....Tanker
- VN.....Van (enclosed trailer)
- FB.....Flat-bed or platform
- DT.....Dual trailers
- OS.....Other

- E. *Semi Trailer*—Enter the length in feet and width in inches of the trailer measuring the outside dimensions. Enter the number of axles on trailer. If a dual trailer, enter the length, width and number of axles for each trailer.
- F. *Hazardous Material*—Check box if vehicle carried hazardous material. Indicate whether hazardous cargo was spilled.
- G. Check if vehicle is a commercial vehicle.
- H. List *license plate number, state* and *year* plate is valid. Accurate plate number is essential.
- I. "VIN" is "Vehicle Identification Number" which is found on or near the left front door post, or on or near firewall, as well as on N. C. Registration Card. (Title number is not VIN.) To insure accuracy, please enter this number and check it in reverse order.
- J. *Owner Name and Address*—If owner and driver are same, enter "same as driver"; otherwise list owner's name and address as it appears on registration card or other valid document.
- K. *TAD (Parts Damaged)*—List the areas of the vehicle which were damaged in the collision. TAD rating users, enter the TAD rating. If more than one rating is used to indicate primary damage in more than one area, separate the two ratings by a slant line (/).
- L. *Estimated Damage*—Enter a dollar estimate of the cost to restore the vehicle to its condition just prior to the collision or an estimate of the value of the vehicle before the crash—whichever is less. For "totaled" vehicle, enter a dollar estimate of the retail value of the vehicle prior to the crash. Do *not* enter the word "totaled". Note that a vehicle being towed by another is part of the towing vehicle and its damage should be included in the "Parts Damaged" and "Amount of Damage" categories.
- M. *Vehicle Drivable*—Indicate whether the vehicle was, or could have been, safely driven away from the scene of the collision.
- N. *Post Crash Fire*—Indicate whether there was a post crash fire.
- O. *Removed to*—Record where vehicle was taken from the scene.
- P. *Removed by*—Indicate by whom vehicle was removed from the scene.
- Q. *Authority*—Record by whose authority vehicle was removed.

8. DRIVER VEHICLE 2, PEDESTRIAN, OTHER, HIT AND RUN

<input type="checkbox"/> VEHICLE NO. 2		<input type="checkbox"/> PEDESTRIAN		<input type="checkbox"/> OTHER		<input type="checkbox"/> HIT & RUN	
Driver: <u>A</u>							
First		Middle		Last Name			
Address: <u>B</u>							
City: <u></u>		State: <u></u>		Zip Code: <u></u>			
Same Address as on Driver's License? C		Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's Phone No.: <u>D</u>			
Race/ Sex: <u>E</u>		Driver's Lic. No.: <u>F</u>		State: <u></u>			
Date of Birth: <u>G</u>		Specify Restriction: <u>H</u>					
Month		Day		Year			

Check if vehicle, pedestrian, other, or Hit and Run.

For Driver of Vehicle 2—Instructions for items 8A through 8H are the same as for Vehicle 1, items 6A through 6H.

For Pedestrian, Bicyclist, Moped Operator, Other—

- A. Enter *name*.
- B. Enter *current address*.
- C. Leave blank.
- D. Enter *phone number*, including area code if known.
- E. Enter *race* and *sex* as in instruction 6E.
- F. Leave blank.
- G. Enter *date of birth* if determined. Otherwise, enter estimate of age enclosed in parentheses.
Example: (EST 14) for estimated age 14.
- H. Leave blank.

9. VEHICLE 2 (All even-numbered vehicles should be identified on *right* side of form.)

Veh. Year: <u>A</u>	Veh. Make: <u>B</u>	Veh. Type: <u>C</u>	Tir. Type: <u>D</u>
S-Tir.: 1. Length <u>E</u> Ft.	Width <u> </u> In.	Axles <u> </u>	2. Length <u> </u> Ft.
Width <u> </u> In.	Axles <u> </u>		
Hazardous Material <input type="checkbox"/> F	Spilled? <input type="checkbox"/> Yes <input type="checkbox"/> No	G Commercial Vehicle: <input type="checkbox"/>	
Lic. Plate No.: <u>H</u>	State: <u> </u>	Year: <u> </u>	
VIN: <u>I</u>			
Owner: <u>J</u>			
Address: <u> </u>			
City: <u> </u>	State: <u> </u>	Zip Code: <u> </u>	
(Parts TAD Damaged): <u>K</u>	Estimated Damage: \$ <u>L</u>		
Vehicle Drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>M</u>	Post Crash Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N</u>		
Removed to: <u>O</u>			
By: <u>P</u>	Authority: <u>Q</u>		

For motor vehicles and mopeds, instructions for items 9A through 9Q are identical to those for items 7A through 7Q except that mopeds will not have a license plate or a VIN.

For bicycles, enter *make* (e.g., Schwinn, Columbia) and *vehicle type* (BI). Leave remaining items blank. For pedestrians, leave items 9A through 9Q blank.

10. PROPERTY DAMAGE

Other Property Damaged: <u> </u>	Estimated Damage: <u> </u>	Owner Name: <u> </u>
<u> </u>	\$ <u> </u>	Address: <u> </u>
<u> </u>		<u> </u>

If property *other than* motor vehicles was damaged, identify the property and its owner and enter an estimate of the dollar damage. Damage to signs, buildings, mailboxes, fences, etc., should be entered here.

11. INJURIES—VEHICLE 1 OCCUPANTS

Seat	Inj. Cl.	Belt/Hel.	Race Sex	Age	Injured Names and Addresses	
					First Name	Last Name
Left Front	A	B	C	D	E	DRIVER 1
Center Front						
Right Front					F	
Left Rear						
Center Rear						
Right Rear						
Total Number Occupants: G					Total Number Injured: H	

Injury Section Instructions:
Give Injury Class, Belt Usage, Race/Sex and Age of *All Occupants* in the space corresponding to the seat occupied (see codes below). For motorcycles, enter helmet usage. Names and addresses are necessary for persons who were *injured*. (It may help later investigations to list name, age and address of all passengers.)

- A. **Injury Class**—Entries must be made to identify the injury classification of *each* occupant in Vehicle 1. Use injury definitions given at bottom of form and described further below:

K—Dead.

A—Injury obviously serious enough to prevent the person injured from performing his normal activities for at least one day beyond the day of the accident. Massive loss of blood, broken bone, unconsciousness of more than momentary duration are examples.

B—Obvious injury, other than Class K or Class A, which is evident at the scene. Bruises, swelling, limping, soreness, are examples. Class B injury would not necessarily prevent the person from carrying on his normal activities.

C—No visible injury, but person complains of pain, or has been momentarily unconscious.

O—No injury.

- B. **Belt/Helmet Use**—Entries for *each* occupant must be made in accordance with the following code definitions.

1—None or not used (belt or helmet)

2—Lap only

3—Lap and shoulder

4—Child restraint system

7—If motorcycle, helmet was used

9—Unable to determine

- C. **Race/Sex**—Enter for *each* occupant, using codes given in 6E, page 23.
- D. **Age (in years)**—Enter for each occupant (including driver). Enter 0 if child is less than a year old.
- E. **Driver Name and Address**—need not be inserted, regardless of injury classification, since it is shown elsewhere on the form (6, A, B page 23).
- F. **Injured Names and Addresses**—must be given for *all injured occupants in the spaces provided opposite* the identified seated positions.
- G. **Total Number Occupants**—Enter the total number of persons who were in Vehicle 1, including the driver.
- H. **Total Number Injured**—Enter the total number injured (including driver) in Vehicle 1 who were injured (including killed).

12. INJURIES—VEHICLE 2 OCCUPANTS, PEDESTRIANS, OTHERS

Seat	Inj. Cl.	Belt/Hel.	Race Sex	Age	Injured Names and Addresses		
					First Name	Last Name	
Left Front	A	B	C	D	E DRIVER 2, PEDESTRIAN, OTHER		
Center Front							
Right Front					F		
Left Rear							
Center Rear							
Right Rear							
Total Number Occupants:					G	Total Number Injured: H	

Injury Section Instructions:

Give Injury Class, Belt Usage, Race/Sex and Age of *All Occupants* in the space corresponding to the seat occupied (see codes, page 28). For motorcycle, enter helmet usage. Names and addresses are necessary for persons who were *injured*. (It may help later investigations to list name, age and address of all passengers.)

- A-F. For Driver of Vehicle 2, complete in accordance with instructions for 11A through 11F. For Pedestrian, Bicyclist or Moped Operator, strike out "left front" and enter injury class, race/sex and age. If more than one person was struck and injured (e.g., a passenger), strike out seating position and enter injury class, race/sex, age and name and address in "center front".
- G,H. Complete same as for Vehicle 1.

13. EMERGENCY ASSISTANCE

Ambulance Requested? <input type="checkbox"/> Yes A <input type="checkbox"/> No	If Yes, Ambulance Arrived At: B (24 Hour Clock)
Injured Taken To: C (Treatment Facility and City or Town)	

- A. If ambulance was called, check "yes". If no ambulance was called or if a call was made and cancelled, check "no".
- B. Enter time ambulance arrived, if applicable. Use 24 hour clock.
- C. Record destination of injured persons (by Veh. No.) if they were taken to a hospital, clinic, doctor's office, or other place of emergency medical aid. Include both name of treatment facility *and* city or town.

Example: N. C. Memorial, Chapel Hill (Veh. 1); Duke Hospital, Durham (Veh. 2)

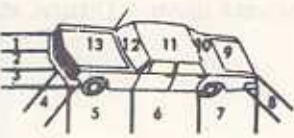
14. AIRBAGS

Vehicle 1	Vehicle 2
Airbags	Airbags
<input type="checkbox"/> Yes A <input type="checkbox"/> No	<input type="checkbox"/> Yes A <input type="checkbox"/> No
Deployed	Deployed
<input type="checkbox"/> Yes B <input type="checkbox"/> No	<input type="checkbox"/> Yes B <input type="checkbox"/> No

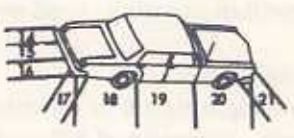
- A. Check if vehicle had airbags.
- B. Check if airbags deployed.

15. POINT(S) OF INITIAL CONTACT


POINT(S) OF INITIAL CONTACT Write in Codes		VEH. 1		VEH. 2	
		A		B	
ROLOVER		ROLOVER		ROLOVER	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CROSSED MEDIAN		CROSSED MEDIAN		CROSSED MEDIAN	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



0. No Contact



Underneath:
22. Front
23. Center
24. Rear
25. Unknown



Motorcycle
Bicycle or
Moped

- A. Record number corresponding to the points of initial contact of Vehicle 1 with another vehicle, person or object. If contact overlaps areas, more than one number should be recorded. Example: For back distributed impact on an automobile, record "14, 15, 16".
Check box indicating rollover information *in addition* to any other numbers recorded. If the vehicle *rolled over* and it is impossible to determine initial impact point, enter 26 (unknown).
- B. Apply instructions for 15A to Vehicle 2 (excluding pedestrians).
- C. If there is no contact, (fell from moving vehicle, for example), then the entry should be a zero "0".
- D. Crossed Median—a vehicle is considered to have crossed the median if any part of that vehicle enters a lane of opposing traffic on a divided highway, whether or not the crossing vehicle collides with anything and regardless of where the crossing vehicle finally stops.

16. ROADWAY, DRIVER, VEHICLE AND ENVIRONMENTAL FEATURES

- | | | | | | |
|---|---|--|---|---|--|
| 1. LOCALITY
1. Rural (<30% developed)
2. Mixed (30% to 70% developed)
3. Urban (>70% developed)
2. PREDOMINANT DEVELOPMENT TYPE
1. Farms, woods, pastures
2. Residential
3. Commercial
4. Institutional
5. Industrial
3. ROAD FEATURE
1. Bridge
2. Underpass
3. Driveway, public
4. Driveway, private
5. Alley intersection
6. Intersection of roadways
7. Non-intersection median crossing
8. End or beginning of divided highway
9. Interchange ramp
10. Interchange service road
11. Railroad crossing | 12. Tunnel
13. Other (write in narrative)
14. No special features
4. ROAD CHARACTER
1. Straight, level
2. Straight, hillcrest
3. Straight, grade
4. Straight, bottom (sag)
5. Curve, level
6. Curve, hillcrest
7. Curve, grade
8. Curve, bottom (sag)
5. ROAD CLASS
1. Interstate
2. U. S. route
3. N. C. route
4. State secondary route
5. Local street
6. Public vehicular area
7. Private road, property or driveway
6. NUMBER OF LANES
Enter "0" if parking lot
7. ROAD CONFIGURATION
1. Undivided, one-way
2. Undivided, two-way | 8. ROAD SURFACE
1. Concrete
2. Grooved concrete
3. Smooth asphalt
4. Coarse asphalt
5. Gravel
6. Sand
7. Soil
8. Other (write in narrative)
9. ROAD DEFECTS
1. Loose material on surface
2. Holes, deep ruts
3. Low shoulders
4. Soft shoulders
5. Other defects
6. Under construction with defects
7. No defects
8. Under construction no defects
10. ROAD CONDITION
1. Dry
2. Wet | 3. Muddy
4. Snowy
5. Icy
6. Other (write in narrative)
11. LIGHT CONDITION
1. Daylight
2. Dusk
3. Dawn
4. Darkness (street lighted)
5. Darkness (street not lighted)
12. WEATHER
1. Clear
2. Cloudy
3. Raining
4. Snowing
5. Fog, smog, smoke, dust
6. Sleet or hail
13. TRAFFIC CONTROL
1. Stop sign
2. Yield sign
3. Stop and go signal
4. Flashing signal with stop sign
5. Flashing signal without stop sign
6. RR gate and flasher | 7. RR flasher
8. RR crossbucks only
9. Human control
10. Other (write in narrative)
11. No control present
14. VISION OBSTRUCTION
1. None
2. Vehicle window(s) obscured
3. Trees, crops, brush, etc.
4. Building(s)
5. Embankment
6. Sign(s)
7. Hillcrest
8. Parked vehicle(s)
9. Moving vehicle(s)
10. Blinded, headlights
11. Blinded, sunlight
12. Blinded, other lights
13. Other (write in narrative)
14. Unknown
15. PHYSICAL CONDITION
1. Normal
2. Ill
3. Fatigued | 4. Asleep
5. Impairment due to medicine or drugs
6. Other physical impairment
7. Restriction not complied with
8. Condition not known
16. INTOXICATION
1. Had not been drinking
2. Drinking—ability impaired
3. Drinking—unable to determine impairment
4. Unknown
5. Drinking—not impaired
17. CHEMICAL TEST GIVEN
18. VEHICLE DEFECTS
(List one or more)
1. Defective brakes
2. Defective headlights
3. Defective rear lights
4. Defective steering
5. Defective tires
6. Other defects
7. Not known if defective
8. No defects detected |
|---|---|--|---|---|--|

ROADWAY INFORMATION				DRIVER 1	DRIVER 2 OR PED.	VEH. 1	VEH. 2
1. Locality	8. Road Surface	14. Vision Obstruction			18. Vehicle Defects		
2. Development Type	9. Road Defects	15. Physical Condition			19. Speed Limit (for each vehicle)		
3. Road Feature	10. Road Condition	16. Intoxication			20. Estimated Original Traveling Speed		
4. Road Character	11. Light Condition	17. Chemical Test			21. Estimated Speed at Impact		
5. Road Class	12. Weather	Given	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	22. Tire Impressions Before Impact (ft.)		
6. Number of Lanes	13. Traffic Control		<input type="checkbox"/> No	<input type="checkbox"/> No	23. Distance Traveled After Impact (ft.)		
7. Road Configuration	Operating <input type="checkbox"/> Yes <input type="checkbox"/> No Visible <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Refused	<input type="checkbox"/> Refused			

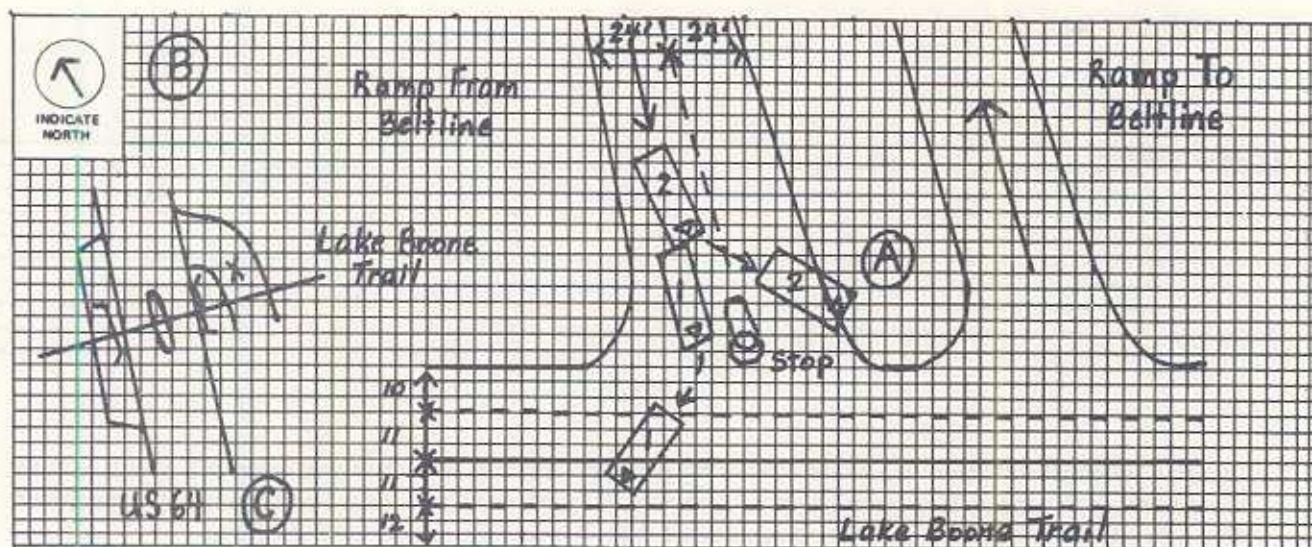
Using the coding stub at the *top* of the report, enter the number of each item which best describes the following:

- Locality**—The general type and level of development in the vicinity of the accident. For example, if the estimated total development is less than 30% or about 1/3 of road frontage on both sides over a substantial distance from the scene of the accident, then enter a "1" for rural development.
- Development type**—The predominant type of development in the area in which the accident occurred. Examples are:
 Commercial (mainly retail stores)
 Institutional (schools, hospitals, government buildings, etc.)

3. **Road feature**—Examples are:
Underpass ("road-on" going under an overhead structure)
Driveway, public (shopping center, service station, etc.)
Non-intersection median crossing (road serving as private drive, a U-turn, etc.)
4. **Road character**—Examples are:
Straight, grade (a straight uphill or downhill road)
Straight, bottom (sag—opposite of hillcrest)
5. **Road class (I, U.S., etc.)**—Use highest class (use road class for local streets having route designation)
6. **Number of lanes**—The total number of thru lanes of the "road-on" at the point of the accident (if two-way, total for both directions). Do not count turning lanes unless they are continuous between intersections. Enter "O" for parking lots.
7. **Road configuration**—Note that median must be present for a divided road.
8. **Road surface**—Examples are:
Grooved concrete (areas where the concrete surface has been sawed, scratched or molded to form grooves intended to improve traction or to make tire noise).
Soil (dirt surfaces not identifiable as sand, gravel, or any paved type).
9. **Road defects**—Examples are:
Loose material on surface (generally refers to a paved surface with sand, gravel, or other movable material on it).
Soft shoulders (could occur on both paved and unpaved roads from excessive moisture or dry, loose material not properly compacted).
10. **Road condition**—Describes the roadway surface conditions.
11. **Light condition**—Note that extremely cloudy conditions may be classified as dawn (or dusk) if the ambient light conditions are similar.
12. **Weather**—If weather conditions (for example, smoke or hail) were a causative factor in the accident, they should be further identified in the narrative.
13. **Traffic control**—The kind of traffic control device (if any) present at the accident site and whether it was operating and visible at the time. Examples are:
RR crossbucks only (the black on white cross-arm device)
Human control (law officer, railroad flagman, etc.)
14. **Vision obstruction**—Code describing what, if anything, prevented driver or pedestrian from seeing that movement could be made in safety. If "other" write in narrative. If vehicle driverless, leave blank.
15. **Physical condition**—Enter appropriate code for each driver or pedestrian. If vehicle driverless, leave blank.
16. **Intoxication (alcohol)**—Enter appropriate code for each driver or pedestrian. If vehicle driverless, leave blank.
17. **Chemical test given**—Check appropriate box for each driver or pedestrian. If vehicle driverless, leave blank.
18. **Vehicle defects**—Enter appropriate code(s) for each vehicle; if "other" describe in narrative. If pedestrian, enter a dash (—) for Vehicle 2.
19. **Speed limit**—Posted speed limit for *each* vehicle. If pedestrian, enter a dash (—) for Vehicle 2.
20. **Estimated original traveling speed**—Estimated speed in miles per hour for each vehicle involved. These estimates are to reflect the speed of each vehicle at the moment the driver initially perceived an existing hazard. If pedestrian, enter a dash (—) for Vehicle 2.

21. **Estimated speed at impact**—Estimated speed in miles per hour for each vehicle involved. These estimates are to reflect the speed of each vehicle *at the moment of impact*. If pedestrian, enter a dash (—) for Vehicle 2.
22. **Tire impressions before impact**—Length (in feet) of tire impressions for each vehicle prior to impact. If pedestrian, enter a dash (—) for Vehicle 2.
23. **Distance traveled after impact**—Distance (in feet) each vehicle traveled after impact.

17. ACCIDENT DIAGRAM



The accident diagram is an important part of the accident report in that it enables the investigating officer to illustrate the special relationships that existed between the vehicles and environment at the time of the collision. Care should be exercised to see that any roadway or roadside feature that might possibly have contributed to or have been a causative factor in the accident is shown. For example, if a vehicle is struck while exiting a driveway, give the name of any business located there or the name of the resident at the private driveway.

A. Draw a *diagram* of the accident scene; the diagram should include:

1. Roads and intersecting roads, widths of roads, shoulders and median strips.
2. Direction of travel for each traffic lane.
3. All roadside features pertinent to the accident (parked cars, trees, buildings, traffic signs and signals, etc.)
4. Path of travel for involved vehicles and pedestrians prior to, at and after the collision.
5. Tire marks and debris, if important in the accident or otherwise needed.
6. Measurements pertinent to the location of the point of impact should be shown on the diagram. Measure distances up to 500 feet with a tape, use odometer measurement of distances over 500 feet (528 = 1/10 mi.).

B. Draw arrow pointing (true) north (*relative to scene*).

- C. When an accident occurs within an interchange (grade separation) area, the investigating officer should add a small line sketch of the interchange shape and show an "X" on it at the point the accident actually occurred. This small sketch should not use more than 25 percent of the total area and should also conform to the north arrow of the main accident sketch. Be sure to identify by name or number, or both, the roads, ramps, and service roads shown.

18. VEHICLE DIRECTION OF MOVEMENT:

Enter the direction each vehicle was headed at the time of the accident. This direction is the "compass" direction. If the direction is between two of the four cardinal points then two blocks can be checked such as NW, SW, etc. The street name or route number is then entered for each vehicle on the form.

Example:

Vehicle 1 was Traveling <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W on <u>US 70</u>	Vehicle 2 was Traveling <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W on <u>US 70</u>
--	--

19. ACCIDENT NARRATIVE

DESCRIBE WHAT HAPPENED:

Insert a word description of events occurring prior to, during, and after the accident which are not elsewhere on the form. The description should note *all pertinent and unusual* aspects of the accident. When this is done, the narrative becomes one of the most important parts of the form.

20. WITNESSES

WIT-	Name _____	Address _____	Phone No. _____
NESSES:	Name _____	Address _____	Phone No. _____

Identify any reliable witness(es) who may be of help in future investigation by giving name, address and phone number.

21. ARRESTS

ARRESTS: Name _____	Charge(s) _____	(Cit. No.) _____
Name _____	Charge(s) _____	(Cit. No.) _____

Enter names of any arrested persons and charges preferred. Citation numbers are not required.

22. OFFICER'S SIGNATURE

Sign Here	Officer's Rank and Name	Number	Department	Date of Report
-----------	-------------------------	--------	------------	----------------

Enter name, rank, identification and department of officer preparing report. Report should be signed. Date of the report should be the *date it was signed*.

23. CONTRIBUTING CIRCUMSTANCES

CONTRIBUTING CIRCUMSTANCES (Check as many as apply)					
Driver			Driver		
1	2		1	2	
<input type="checkbox"/>	<input type="checkbox"/>	1. No violation indicated	<input type="checkbox"/>	<input type="checkbox"/>	10. Pass stopped school bus
<input type="checkbox"/>	<input type="checkbox"/>	2. Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	11. Passing on hill
<input type="checkbox"/>	<input type="checkbox"/>	3. Drug use	<input type="checkbox"/>	<input type="checkbox"/>	12. Passing on curve
<input type="checkbox"/>	<input type="checkbox"/>	4. Yield	<input type="checkbox"/>	<input type="checkbox"/>	13. Other improper passing
<input type="checkbox"/>	<input type="checkbox"/>	5. Stop sign	<input type="checkbox"/>	<input type="checkbox"/>	14. Improper lane change
<input type="checkbox"/>	<input type="checkbox"/>	6. Traffic signal	<input type="checkbox"/>	<input type="checkbox"/>	15. Use of improper lane
<input type="checkbox"/>	<input type="checkbox"/>	7. Exceeding speed limit	<input type="checkbox"/>	<input type="checkbox"/>	16. Improper turn
<input type="checkbox"/>	<input type="checkbox"/>	8. Exceeding safe speed	<input type="checkbox"/>	<input type="checkbox"/>	17. Improper or no signal
<input type="checkbox"/>	<input type="checkbox"/>	9. Minimum speed law	<input type="checkbox"/>	<input type="checkbox"/>	18. Improper vehicle equipment
					19. Safe movement violation
					20. Following too closely
					21. Improper backing
					22. Improper parking
					23. Unable to determine
					24. Left of center
					25. Right turn on red
					26. Other _____

Indicate all contributing circumstances by Drivers 1 and 2 which were or may have been precipitating factors in the accident. Bear in mind that the cause of such movement is not to be entered here. For example, a driver may fail to stop at a stop sign due to brake failure. The contributing circumstances checked would be "Stop Sign". (Brake failure would be indicated elsewhere on the report.)

24. RESERVED FOR CITY OR OTHER USE

RESERVED FOR CITY OR OTHER USE

This space is for city, county or municipal police department or Highway Patrol use for *any purpose whatsoever*. It may also be used by the reporting officer to continue the accident narrative should additional space be needed.

25. RESERVED FOR STATE USE

RESERVED FOR STATE USE		
	Driver 1	Driver 2
24. Direction		
25. Violation		
26. Misc. Action		
27. Charges		
28. Investigating Agency: _____		

Do not use this space.