Total Number of Vehicles

VEHICLE OVERLAY

M. Contributing Circumstances, Driver
(Enter one per driver)

01. No improper driving
02. Failed to yield right of way
03. Disregarded traffic signs, signals, road markings
04. Exceeded authorized speed limit
05. Driving too fast for conditions
06. Made improper turn
07. Wrong side or wrong way
08. Followed too closely
09. Failure to keep in proper lane or running off road
10. Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner
11. Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.
12. Over-correcting/over-steering
13. Visibility obstructed
14. Inattention
15. Mobile phone distraction
16. Distracted - other
17. Fatigued/asleep
18. Operating defective equipment
19. Other improper action
20. Unknown

N. Traffic Control Device *(Enter one per vehicle)*

1. No controls
2. Traffic control signal
3. Flashing traffic control signal
4. School zone sign
5. Stop sign
6. Yield sign
7. Warning sign
8. Railroad crossing device
9. Unknown

O. Extent of Damage *(Enter one per vehicle)*

1. None/minor damage
2. Functional damage
3. Disabling damage (requires towing from scene)
4. Severe/vehicle totaled
5. Unknown

P. Driver's Condition *(Enter one per driver)*

1. Apparently normal
2. Physical impairment
3. Emotional (depressed, angry, disturbed, etc.)
4. Illness
5. Fell asleep, fainted, fatigued, etc.
6. Under the influence of medications/drugs/alcohol
7. Other*
8. Unknown

Q. Disposition of Vehicle *(Enter one per vehicle)*

1. Towed - due to damages
2. Towed - other reasons
3. Left at scene
4. Driven away
5. Unknown

Sequence of Events

Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.

Enter the Most Harmful Event in box 5. This is the event which produced the most severe injury or greatest property damage for this vehicle.

Non-collision
01. Overturn/rollover
02. Fire/explosion
03. Immersion
04. Jackknife
05. Cargo/equipment loss or shift
06. Equipment failure (blown tire, brake failure, etc.)
07. Separation of units
08. Ran off road right
09. Ran off road left
10. Cross median/centerline
11. Downhill runaway
12. Other non-collision
13. Unknown non-collision

Collision with person, vehicle, or object not fixed
14. Pedestrian
15. Bicycle (pedalcycle)
16. Railway vehicle (train, engine, etc.)
17. Animal
18. **Motor vehicle in transport**
19. Parked motor vehicle
20. Work zone maintenance equipment
21. Other movable object
22. Unknown movable object

Collision with fixed object
23. Impact attenuator/crash cushion
24. Bridge overhead structure
25. Bridge pier or abutment
26. Bridge parapet end
27. Bridge rail
28. Guardrail face
29. Guardrail end
30. Median barrier
31. Highway traffic sign post
32. Overhead sign support
33. Light/luminaire support
34. Utility pole
35. Other post, pole or support
36. Culvert
37. Curb
38. Ditch
39. Embankment
40. Fence
41. Mailbox
42. Tree
43. Other fixed object (wall, building, tunnel, etc.)
44. Work zone maintenance equipment
45. Unknown fixed object
46. Other*
47. Unknown

Vehicle #1

1. First Event ----------
2. Second Event ----------
3. Third Event ----------
4. Fourth Event ----------
5. Most Harmful Event ---
6. Vehicle Authorized Speed Limit (mph) -----

Vehicle #2

1. First Event ----------
2. Second Event ----------
3. Third Event ----------
4. Fourth Event ----------
5. Most Harmful Event ---
6. Vehicle Authorized Speed Limit (mph) -----

Complete this section for all injured persons
(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
			/ /						