

FATAL CMV INVOLVED SCHOOL BUS RELATED RAILROAD RELATED MEDICAL ADVISORY BOARD HIT AND RUN AMENDMENT/ SUPPLEMENT

PLACE WHERE CRASH OCCURRED _____ LOC # _____
 COUNTY _____ CITY OR TOWN _____ ORI # _____
 IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES N S E W OF _____ DPS # _____

Location of Crash
 Confirm the following information: city or town the crash occurred, road on which a crash occurred, intersecting streets (if applicable), and the documented speed limit on the street. Also confirm the date of the crash, day of the week and time. If any information in this section or any section throughout is incorrect, contact an attorney immediately.

ROAD ON WHICH CRASH OCCURRED _____
 BLOCK NUMBER _____
 INTERSECTING STREET OR RR X'ING NUMBER _____
 BLOCK NUMBER _____
 NOT AT INTERSECTION _____
 DATE OF CRASH _____
 MONTH _____ DAY _____ YEAR _____

UNIT # 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER
 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER
 3-PEDALCYCLIST 6-TOWED
 VIN# _____ ALTERED VEHICLE HEIGHT YES NO
 YEAR MODEL _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____
 DRIVER'S NAME _____ PHONE NUMBER _____
 LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP) _____
 DRIVER'S LICENSE STATE _____ NUMBER _____ CLASS TYPE _____ ENDORSEMENTS _____ RESTRICTIONS _____ DATE OF BIRTH _____
 LICENSE STATUS 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
 DRIVER'S ETHNICITY 1-WHITE 4-ASIAN 2-HISPANIC 5-OTHER 3-BLACK DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
 TYPE OF ALCOHOL SPECIMEN TAKEN _____ TEST RESULTS _____
 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED
 LESSEE OWNER
 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)
 LIABILITY INSURANCE YES NO EXP _____ INSURANCE COMPANY NAME _____

Driver Information
 The following boxes record information for drivers involved in the crash, including vehicle makes and models, license and insurance information, and driver contact information. In addition, police record information on drunk drivers – DUI test results, type of test administered, and drug categories if applicable.

UNIT # 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER
 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER
 3-PEDALCYCLIST 6-TOWED
 VIN# _____ ALTERED VEHICLE HEIGHT YES NO
 YEAR MODEL _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____
 DRIVER'S NAME _____ PHONE NUMBER _____
 LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP) _____
 DRIVER'S LICENSE STATE _____ NUMBER _____ CLASS TYPE _____ ENDORSEMENTS _____ RESTRICTIONS _____ DATE OF BIRTH _____
 LICENSE STATUS 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
 DRIVER'S ETHNICITY 1-WHITE 4-ASIAN 2-HISPANIC 5-OTHER 3-BLACK DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
 TYPE OF ALCOHOL SPECIMEN TAKEN _____ TEST RESULTS _____
 1-BREATH 2-BLOOD 3-URINE 4-NONE
 LESSEE OWNER
 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)
 LIABILITY INSURANCE YES NO EXP _____ INSURANCE COMPANY NAME _____

Charges Filed
 The following information is especially important to accident victims injured due to negligence. If an officer arrested a driver at the scene of the accident, that driver's name, charges filed and citation number will be included on the accident report. This section also documents what time an officer was notified of the crash and time arrived at scene.

DAMAGE TO PROPERTY OTHER THAN VEHICLE _____
 OBJECT _____
 IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO
 CHARGES FILED
 NAME _____ CHARGE _____ CITATION# _____
 NAME _____ CHARGE _____ CITATION# _____
 TIME NOTIFIED OF CRASH _____ DATE _____ HOUR _____ HOW _____ TIME ARRIVED AT SCENE _____ DATE _____ HOUR _____ DATE OF REPORT _____
 TYPED OR PRINTED NAME OF INVESTIGATOR _____ ID# _____ AGENCY _____ DIST/AREA _____ REPORT COMPLETE YES NO

SEAT POSITION	SOLICITATION	EJECTED	RESTRAINT USED	AIRBAG	HELMET USE	INJURY SEVERITY
1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT 7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN	INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SO LICIT, N=NO SO LICIT).	1-NO 2-YES 3-YES PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNK	7-BODYSIDE SEAT 8-NONE 9-OTHER 10-UNKNOWN	1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	1-NONE, DAMAGED 2-NOT WORN, NOT DAMAGED 3-NOT WORN, UNK. DAMAGE 4-NOT WORN 5-UNKNOWN IF WORN 6-KILLED 7-TWO-WAY, DIVIDED, UNPROTECTED MEDIAN 8-NON-IMPACTING INJURY 9-POSSIBLE INJURY 10-NOT INJURED 11-UNKNOWN

UNIT# _____ TOWED DUE TO _____ YES NO
 DISABLING DAMAGE _____ VEHICLE REMOVED TO _____ BY _____

ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1											
2											
3											
4											
5											

UNIT# _____ TOWED DUE TO _____ YES NO
 DISABLING DAMAGE _____ VEHICLE REMOVED TO _____ BY _____

ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6											
7											
8											
9											
10											

PED. PEDAL, MOT. CONVY, ETC. _____ COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE
 CASUALTY NAME (LAST, FIRST, MI) _____ INJURY CODE _____

DISPOSITION OF KILLED OR INJURED

ITEM#	TAKEN TO

COMPLETE THIS SECTION IF PERSON KILLED (If a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY) _____
 DIAGRAM _____
 1-TWO-WAY, NOT DIVIDED
 2-TWO-WAY, DIVIDED, UNPROTECTED MEDIAN
 3-TWO-WAY, DIVIDED, PROTECTED BARRIER
 4-ONE-WAY
 5-UNKNOWN

Narrative
 This section contains some of the most valuable information to injury victims: the accident investigator's narrative opinion of what happened at the accident scene. This includes acts of negligence, road conditions, traffic signals, lighting, weather, potential vehicle defects and a pictorial diagram of the direction vehicles were traveling before the crash. Look over this information carefully. It could be the difference between receiving compensation for your accident and being blamed for the accident.

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S

UNIT#	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY NOT HAVE CONTRIBUTED
1	1-MAINWAY ON ROAD CORNER/STC 2-MAINWAY ON ROAD W/BLD 3-BACKED WITHOUT SAFETY 4-CHANGED LANE WHEN UNLAFE 5-D SEE VEHICLE DEFECTS 6-DISABLED IN TRAFFIC LANE 7-DISREGARD STOP SIGN AND GO SIGNAL 8-DISREGARD STOP SIGN OR LIGHT 9-DISREGARD TURN MARKS AT INTERSECTION 10-DISREGARD WARNING SIGN AT CONSTRUCTION 11-OBSTRUCTION IN VEHICLE 12-DRIVER INATTENTION 13-DRIVE WITHOUT HEADLIGHTS 14-FAILED TO CONTROL SPEED 15-FAILED TO DRIVE IN SINGLE LANE 16-FAILED TO GIVE HALF OF ROADWAY 17-FAILED TO HEED WARNING SIGN 18-FAILED TO PASS TO LEFT SAFELY 19-FAILED TO PASS TO RIGHT SAFELY 20-FAILED TO GIVE SIGNAL OR WRONG SIGNAL 21-FAILED TO STOP AT PROPER PLACE 22-FAILED TO STOP FOR SCHOOL BUS 23-FAILED TO STOP FOR TRAIN 24-FAILED TO YIELD ROW-EMERGENCY VEHICLE 25-FAILED TO YIELD ROW-OPEN INTERSECTION 26-FAILED TO YIELD ROW-FRONT DRIVE 27-FAILED TO YIELD ROW-STOP SIGN 28-FAILED TO YIELD ROW-TURNING LEFT 29-FAILED TO YIELD ROW-TURN OR RED 30-FAILED TO YIELD ROW-YIELD SIGN 40-FA-TIGGED OR ASLEEP 41-FAULTY EVASIVE ACTION 42-FIRE IN VEHICLE 43-FLEETING OR EVADING POLICE 44-FOLLOWED TOO CLOSELY 45-HAD BEEN DRIVING 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE) 47-ILL (EXP. IN NARRATIVE) 48-IMPAIRED VISIBILITY (EXP. IN NARRATIVE) 49-IMPROPER START FROM PARKED POSITION 50-LOAD NOT SECURED 51-OPENED DOOR TO TRAFFIC LANE 52-OVERSIZE VEHICLE OR LOAD 53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE 54-PARKED AND FAILED TO SET BRAKES 55-PARKED IN TRAFFIC LANE 56-PARKED WITHOUT LIGHTS 57-PASSED IN NO PASSING ZONE 58-PASSED ON RIGHT SHOULDER 59-PED-PEDALCYCLIST/MOT.CON.FTY ROW TO VEHICLE 60-SPEEDING (UNDER LIMIT) 61-SPEEDING (OVER LIMIT) 62-TAKING MEDICATION (EXP. IN NARRATIVE) 63-TURNED IMPROPERLY - CUT CORNER ON LEFT 64-TURNED IMPROPERLY - MADE RIGHT 65-TURNED IMPROPERLY - WRONG LANE 66-TURNED WHEN UNSAFE 67-UNDER INFLUENCE - ALCOHOL 68-UNDER INFLUENCE - DRUGS 69-WRONG SIDE - APPROACH OR IN INTERSECTION 70-WRONG SIDE - NOT PASSING	1-DEFENSIVE 2-OFFICER 3-FLAGMAN 4-SIGNAL LIGHT 5-FLASHING RED LIGHT 6-FLASHER 7-DEFENSIVE 8-DEFENSIVE 9-DEFENSIVE 10-DEFENSIVE 11-DEFENSIVE 12-DEFENSIVE 13-DEFENSIVE 14-DEFENSIVE 15-DEFENSIVE 16-DEFENSIVE 17-DEFENSIVE 18-DEFENSIVE 19-DEFENSIVE 20-DEFENSIVE 21-DEFENSIVE 22-DEFENSIVE 23-DEFENSIVE 24-DEFENSIVE 25-DEFENSIVE 26-DEFENSIVE 27-DEFENSIVE 28-DEFENSIVE 29-DEFENSIVE 30-DEFENSIVE 31-DEFENSIVE 32-DEFENSIVE 33-DEFENSIVE 34-DEFENSIVE 35-DEFENSIVE 36-DEFENSIVE 37-DEFENSIVE 38-DEFENSIVE 39-DEFENSIVE 40-DEFENSIVE 41-DEFENSIVE 42-DEFENSIVE 43-DEFENSIVE 44-DEFENSIVE 45-DEFENSIVE 46-DEFENSIVE 47-DEFENSIVE 48-DEFENSIVE 49-DEFENSIVE 50-DEFENSIVE 51-DEFENSIVE 52-DEFENSIVE 53-DEFENSIVE 54-DEFENSIVE 55-DEFENSIVE 56-DEFENSIVE 57-DEFENSIVE 58-DEFENSIVE 59-DEFENSIVE 60-DEFENSIVE 61-DEFENSIVE 62-DEFENSIVE 63-DEFENSIVE 64-DEFENSIVE 65-DEFENSIVE 66-DEFENSIVE 67-DEFENSIVE 68-DEFENSIVE 69-DEFENSIVE 70-DEFENSIVE 71-DEFENSIVE 72-DEFENSIVE 73-DEFENSIVE 74-DEFENSIVE 75-DEFENSIVE 76-DEFENSIVE 77-DEFENSIVE 78-DEFENSIVE 79-DEFENSIVE 80-DEFENSIVE 81-DEFENSIVE 82-DEFENSIVE 83-DEFENSIVE 84-DEFENSIVE 85-DEFENSIVE 86-DEFENSIVE 87-DEFENSIVE 88-DEFENSIVE 89-DEFENSIVE 90-DEFENSIVE 91-DEFENSIVE 92-DEFENSIVE 93-DEFENSIVE 94-DEFENSIVE 95-DEFENSIVE 96-DEFENSIVE 97-DEFENSIVE 98-DEFENSIVE 99-DEFENSIVE 100-DEFENSIVE

VEHICLE DEFECTS

VEHICLE DEFECTS	PART OF THE ROADWAY	ROADWAY ALIGNMENT	LIGHT CONDITION
1-DEFECTIVE OR NO HEADLAMPS 2-DEFECTIVE OR NO STOP LAMPS 3-DEFECTIVE OR NO TAIL LAMPS 4-DEFECTIVE OR NO TURN SIG. LAMPS 5-DEFECTIVE OR NO TRAILER BRAKES 6-DEFECTIVE OR NO VEHICLE BRAKES 7-DEFECTIVE OR NO STEERING MECH. 8-DEFECTIVE OR BUCK TIGHTS 9-DEFECTIVE TRAILER HITCH	1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-CURT RAMP 5-CONNECTOR 6-DETOUR 7-OTHER	1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLSIDE 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLSIDE 7-OTHER 8-UNKNOWN 9-UNKNOWN	1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNK. LIGHTING 5-DAWN 6-DUSK 7-OTHER 8-UNKNOWN 9-UNKNOWN

TYPE OF ROAD SURFACE

TYPE OF ROAD SURFACE	WEATHER	SURFACE CONDITION
1-CONCRETE 2-BLACKTOP 3-GRACK 4-GRVEL 5-DIRT 6-OTHER 7-UNKNOWN	1-CLEAR/CLDY 2-SUN 3-SLEET/RAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-BEYOND CROSSWINDS 8-OTHER 9-UNKNOWN	1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLEET 6-ICE 7-SAND, MUD, DIRT 8-OTHER 9-UNK