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WORLDWIDE ACCIDENT DATA STANDARDIZATION

VOLUME II: APPENDICES

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FINAL REPORT

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| 16. Abstract <p>Information has been compiled on the state of accident data collection in a number of countries--both at the mass data (police report) level and at the in-depth level. In addition to a literature review, personal contacts were made with scientists and engineers in England, Germany, Sweden, Finland, Canada, and Australia to discuss current reporting practices for in-depth or case study reports.</p> <p>Police accident reporting forms usually contain almost the same kinds of material in all of the countries studied. This includes information about the location of the accident, time, personal characteristics of the drivers, injury, the environment, and some indication of causation. However, the local development of different conventions for recording such information, and differences in case selection procedures, make it difficult to aggregate data across national boundaries or to compare data from different countries.</p> <p>For in-depth or case study reporting, the Abbreviated Injury Scale is used rather consistently worldwide, although not all users keep up with the most recent modifications. The use of the Occupant Injury Classification (OIC) and the Injury Severity Score (ISS) is less universal, although both are used in a number of countries. The most common vehicle damage scale is the Collision Deformation Classification (CDC) or a version of its predecessor, the Vehicle Damage Index (VDI). These practices make the in-depth data more comparable than the mass data. However, since sampling for in-depth cases typically comes from a sampling frame of the police reports, variation in the coverage of police reporting among countries leads to uncertainty in some aspects of the in-depth data files.</p> <p>Some innovations in reporting methods were found in remote places, and it is judged that all could profit from a more frequent and closer communication on the methods for reporting accident information for case studies. It is recommended that a more formal survey be conducted using computerized communication and conferencing techniques during the next year.</p> | | | |
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A major effort in this study involved direct discussion with persons in many parts of the world who are currently concerned with accident investigation and accident data analysis. We appreciate their willingness to meet and discuss their work freely. The principal visits are shown on page 75 of Volume I of this report.

Of great assistance in the literature review was the work of the students in the 1985-86 session of Civil Engineering 470 taught at The University of Michigan by Dr. Waissi. Each of the students in the course chose a topic in the traffic accident field for development of a term paper. While their work is not quoted directly, their efforts were important to this report.

Oliver Carsten and Michael Sivak assisted the authors by reading early versions of the manuscript and suggesting changes and additions. Leda Ricci was responsible for the final editing and formatting for publication.

The authors truly appreciate all of these efforts, and stand ready to accept responsibility for remaining errors and inconsistencies.

James O'Day
Gary Waissi

VOLUME II: CONTENTS

| | |
|--|-----|
| ACKNOWLEDGMENTS | iv |
| LIST OF TABLES | vii |
| APPENDICES | 81 |
| A. Proposed Standardized Forms for EEC Member Countries, 1975 | 83 |
| B. Italian Proposal for NATO-CCMS Short Form | 89 |
| C. Swedish Proposal NATO-CCMS: Coding of Accident Types Driver Behavior, and Vehicle Movement | 93 |
| D. U.S. Proposal for Modified CARF Forms: NATO-CCMS | 95 |
| E. Accident Reporting in Australia | 105 |
| F. Accident Reporting in the United Kingdom | 137 |
| G. Accident Reporting in Denmark | 143 |
| H. Fatal Accident Reporting in Finland | 149 |
| I. Accident Reporting in West Germany | 183 |
| J. Fatal Accident Reporting in the United States | 207 |
| K. Accident Reporting in Canada | 213 |

LIST OF TABLES

| | Page |
|---|-------------|
| A.1 Record Layout for Police Statistics and Vehicle or Medical Information | 84 |
| A.2 Vehicle Inspection Record Summary Form | 87 |
| A.3 Medical Record Summary Form | 87 |
| G.1 Description of Locality, Coding in Denmark 1976 | 144 |
| G.2 Description of Accident, Coding in Denmark 1976 | 145 |

APPENDICES

APPENDICES

APPENDIX A

**PROPOSED STANDARDIZED FORMS FOR TRAFFIC ACCIDENT DATA
FOR THE EEC MEMBER COUNTRIES, 1975**

(Andreasen 1975)

In Tables A.1, A.2, and A.3, the proposed standardized forms for accident data, vehicle inspection summary, and medical record summary are presented.

APPENDIX A

TABLE A.1

RECORD LAYOUT FOR POLICE STATISTICS AND
VEHICLE OR MEDICAL INFORMATION
(Proposed for EEC in 1975, Andreasen 1975)

| Subject | # of Char | Code |
|---|--------------|--|
| Recording Period | 2 | Calendar Year |
| Country Identification | 2 | 01-09 |
| Accident Type (ECE Classification) | 1 | 0-9 |
| Availability | 2 | |
| Type of Area | 1 | 1 = urban 2 = nonurban |
| Visibility | 1 | 1 = normal 2 = poor |
| Road Condition | 1 | 1 = normal 2 = poor |
| Code identifying the role of the vehicle in accident | 1 | 1-9 (serial number) |
| Type of vehicle | 1 | 1 = private car 2 = light truck (<3,000 kg) 3 = heavy truck (>3,000 kg) 4 = public service vehicle 5 = motorcycle 6 = moped 7 = bicycle 8 = pedestrian 9 = other |
| Type of Road | 1 | 1 = motorway (or expressway) 2 = more than two lanes 3 = two lanes |
| Vehicle Inspection | 1 | 1 = carried out 2 = not carried out |
| Braking System | 1 | 1 = fault 2 = no fault |
| Braking System/Fault | 1 | 1 = serious 2 = not serious |
| Steering System | 1 | 1 = fault 2 = no fault |
| Steering System/Fault | 1 | 1 = serious 2 = not serious |

TABLE A.1 (Continued)

| Subject | # of Char | Code |
|---|-----------|--|
| Lights/Directional Indicators: Hazard Signal | 1 | 1=fault 2=no fault |
| Lights/Directional Indicators: Hazard Signal/Fault | 1 | 1=serious 2=not serious |
| Tires | 1 | 1=fault 2=no fault |
| Tires/Fault | 1 | 1=serious 2=not serious |
| Passive Safety Equipment | 1 | 1=fault 2=no fault |
| Passive Safety Equipment: Fault | 1 | 1=serious 2=not serious |
| Other | 1 | 1=fault 2=no fault |
| Other/Fault | 1 | 1=serious 2=not serious |
| Individual Code Number | 1 | 1-9 (serial number) |
| Seating Position | 1 | 1=driver 2=passenger front 3=passenger back |
| Age | 2 | 00-99 |
| Sex | 1 | 1=male 2=female |
| Intoxication (alcohol) | 2 | blank=not known/not examined 00-99=0.00-0.99% |
| Injury | 1 | 1=fatal 2=serious 3=slight 4=no injury |
| Cause of Injury | 1 | 1=steering wheel/windshield 2=right/left angle collision 3=rear-end collision 4=rollover 5=ejected from vehicle 6=knocked down by 2-wheeled vehicle 7=run over while on a 2-wheeled vehicle 8=other cause |

TABLE A.1 (Continued)

| Subject | # of Char | Code |
|---------------------|-----------|---|
| Type of Injury | 1 | 1 = cerebral concussion, fracture of the cranium, lesions of the face 2 = lesions of the thorax/abdomen 3 = lesions of the spinal column/pelvis 4 = fracture/dislocation or severe strain in the shoulder, arm, or hand 5 = fracture/dislocation or severe strain in the hip, leg, or foot 6 = serious injury to several limbs 7 = burns 8 = slight injuries to tissues only |
| Period of Treatment | 3 | 000-999 days hospitalized |
| Time Off Work | 3 | 000-999 weeks incapacitated |

TABLE A.2
VEHICLE INSPECTION RECORD SUMMARY FORM
 (Proposed for EEC in 1975)

| Description | Type of Vehicle* | | | | | |
|-----------------------------|------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Number of Vehicles Examined | | | | | | |
| Braking System: | | | | | | |
| Fault | | | | | | |
| Serious Fault | | | | | | |
| Steering System: | | | | | | |
| Fault | | | | | | |
| Serious Fault | | | | | | |
| Lights, Turning Signals | | | | | | |
| Hazard Signals: | | | | | | |
| Fault | | | | | | |
| Serious Fault | | | | | | |
| Tires: | | | | | | |
| Fault | | | | | | |
| Serious Fault | | | | | | |
| Passive Safety Devices: | | | | | | |
| Fault | | | | | | |
| Serious Fault | | | | | | |
| Miscellaneous: | | | | | | |
| Fault | | | | | | |
| Serious Fault | | | | | | |

*Vehicle type according to Table A.1.

TABLE A.3
MEDICAL RECORD SUMMARY FORM
 (Proposed for EEC in 1975)

| Description | Cause of Injury* | | | | | |
|----------------------------|------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Period of Treatment (days) | | | | | | |
| Time Off Work (weeks) | | | | | | |
| Total Casualties | | | | | | |
| Type of Injury (1-8)* | | | | | | |

*Cause and type of injury according to Table A.1.

APPENDIX A

APPENDIX B

ITALIAN PROPOSAL FOR NATO-CMSS SHORT FORM
NATO-CCMS CONFERENCE 1973

(Franchini 1973)

| | | | | | | | | | | | | |
|--|--|--|---|---|---------|---|--|---------------------------|--|-----------------|----|--|
| ACCIDENT REPORT | | | COUNTRY | | TEAM | | | CASE NUMBER | | CARD No. | | |
| | | | 1 2 | | 3 4 5 6 | | | 7 8 9 10 | | 11 12 | | |
| MONTH DAY YEAR | | | LIGHTING | | | SURFACE COVERING | | | | | | |
| 13 14 15 16 17 18 | | | 19 | | | (1) Day light (2) Dark (3) Dawn/Dusk (0) Unknown | | | | | | |
| | | | (1) Good adherence (2) Low adherence (wet, snow, ice) | | | | | | 20 | | | |
| COLLISION LOCATION | | | TYPE OF ROADWAY | | | | | | (9) Another (3) Not applicable (0) Unknown | | | |
| (1) Urban (2) Rural (3) Motorway (4) Highway (0) Unknown | | | | | | | | | 21 | | | |
| CROSS ROAD | | NUMBER OF VEHICLES INVOLVED | | THE VEHICLE WAS: | | NUMBER OF IMPACTS | | | | | | |
| (1) Yes (2) No (0) Unknown | | 23 | | 24 | | (1) moving forward (2) moving back (4) stopped (0) unknown | | 25 | | | 26 | |
| VEHICLE | | MAKE, MODEL | | YEAR | | BODY STYLE | | DRIVE SIDE | | | | |
| 27 28 29 30 | | 19 31 32 | | 33 34 | | L.H.D. R.H.D. | | 35 36 | | | | |
| CURB WEIGHT | | | VEHICLE LOADING | | | | | | | | | |
| 37 38 39 | | | (4) Below full rated load (5) Near full rated load (6) Above full rated load (0) Unknown | | | | | | | | | |
| | | | 40 | | | | | | | | | |
| COLLISION CONFIGURATION (PRINCIPAL IMPACT) | | | | | | | | | | | | |
| VEHICLE TO OBJECT | | VEHICLE TO VEHICLE | | ROLLOVER | | RAN OFF THE ROADWAY | | VEHICLE TO PEDESTRIAN | | OTHER (1, 2, 0) | | |
| (1) Yes, but impact number unknown (2) No (4) First impact | | (5) Side swipe (6) Rear impact (7) Other | | (5) Second impact (6) Third impact (7) Unknown (0) Unknown | | | | | | | | |
| 41 | | 42 | | 43 | | 44 | | 45 | | 46 | | |
| VEHICLE TO VEHICLE | | | | VEHICLE TO STOPPED VEHICLE | | | | VEHICLE TO MOVING VEHICLE | | | | |
| (2) No (3) Head-on (4) Side impact | | | | (1, 2, 3, 0) | | | | (1, 2, 3) | | | | |
| (5) Side swipe (6) Rear impact (7) Other | | | | | | | | | | | | |
| 47 | | | | 48 | | | | 49 | | | | |
| FIRST IMPACT | | | SECOND IMPACT | | | THIRD IMPACT | | | | | | |
| 50 51 | | | 52 53 | | | 54 55 | | | | | | |

Figure 1

APPENDIX B

| | | | | | | | | | | | | | | | |
|---|----------------------|----------------------|----------------------|--|----------------------|---|----------------------|--|--|---|--|--|--|--|--|
| ACCIDENT REPORT | | | | COUNTRY | | TEAM | | | | CASE NUMBER | | | | CARD No. | |
| | | | | <input type="text"/> <input type="text"/> 1 2 | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 4 5 6 | | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7 8 9 10 | | | | <input type="text"/> <input type="text"/> 11 12 | |
| VDI. PRIMARY DEFORMATION | | | | | | VDI. SECONDARY DEFORMATION | | | | | | | | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 13 14 15 16 17 18 19 20 21 | | | | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22 23 24 25 26 27 28 29 30 | | | | | | | | | |
| DOORS OPENED | | | DOORS JAMMED CLOSED | | | | VIDI | | | | | | | | |
| Front | | Rear | | Front | | Rear | | VEHICLE INT. DEF. INDEX | | | | | | | |
| left | right | left | right | left | right | left | right | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | |
| 31 | | 32 | | 33 | | 34 | | (1, 2, 3, 4, 5, 6, 0) | | | | | | | |
| 35 | | 36 | | 37 | | 38 | | (1, 2, 3, 0) | | | | | | | |
| EXTERNAL OBJECT INTRUSION | | | | | | STEERING WHEEL HUB DISPLACEMENT | | | | | | | | | |
| (2) No | | (6) Person | | | | | | | | | | | | | |
| (4) Load of truck | | (7) Pole or tree | | | | | | | | | | | | | |
| (5) Other vehicle | | (8) Other | | | | | | | | | | | | | |
| | | | | | | <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | |
| | | | | | | 51 | | 52 53 54 55 56 57 58 59 60 | | | | | | | |
| WINDSHIELD | | | | | | | | | | | | | | | |
| (4) Laminate 38 | | Cracked | | Broken | | Popped out | | Bond separated | | | | | | | |
| (5) Laminate 76 | | (1, 2, 3, 0) | | (1, 2, 3, 0) | | (1, 2, 3, 0) | | (1, 2, 3, 0) | | | | | | | |
| (6) Tempered | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | |
| (7) Other | | 62 | | 63 | | 64 | | 65 | | | | | | | |
| (0) Unknown 61 | | | | | | | | | | | | | | | |
| WINDSHIELD CONTACT | | | | | | | | | | | | | | | |
| By occupant | | By steering wheel | | By hood | | By external object | | Other | | | | | | | |
| (1, 2, 3, 0) | | (1, 2, 3, 0) | | (1, 2, 3, 0) | | or person (1, 2, 3, 0) | | (1, 2, 3, 0) | | | | | | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | |
| 66 | | 67 | | 68 | | 69 | | 70 | | | | | | | |
| SPEED AT IMPACT | | | | | | EQUIVALENT TEST PROCEDURE | | | | | | | | | |
| (1) 0-15 km/h | | (6) 56-65 km/h | | | | (1) Frontal, barrier, distributed 0° | | | | | | | | | |
| (2) 16-25 | | (7) 66-75 | | | | (2) Frontal, barrier, distributed 30° | | | | | | | | | |
| (3) 26-35 | | (8) 76-85 | | | | (3) Frontal, pole | | | | | | | | | |
| (4) 36-45 | | (9) over 85 | | | | (4) Side, moving barrier 90° | | | | | | | | | |
| (5) 46-55 | | (0) unclassifiable | | | | (5) Side, rigid pole | | | | | | | | | |
| | | | | | | (6) Rear, moving barrier | | | | | | | | | |
| | | | | | | (7) Other | | | | | | | | | |
| | | | | | | (0) Unclassifiable | | | | | | | | | |
| Estimated speed | | Calculated speed | | Equivalent Test speed | | | | | | | | | | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | | |
| 71 | | 72 | | 73 | | 74 | | | | | | | | | |

Figure 1 - Continued

| | | | | | |
|--|---|--|---|---|--|
| ACCIDENT REPORT | | COUNTRY | TEAM | CASE NUMBER | CARD No. |
| | | <input type="text"/> <input type="text"/> 1 2 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 4 5 6 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7 8 9 10 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 11 12 |
| OTHER VEHICLE | MAKE, MODEL | YEAR | BODY STYLE | DRIVE SIDE | |
| <input type="text"/> | <input type="text"/> | 19 <input type="text"/> <input type="text"/> 17 18 | <input type="text"/> <input type="text"/> 19 20 | L.H.D. <input type="text"/> | R.H.D. <input type="text"/> |
| CURB WEIGHT | | VEHICLE LOADING | | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 23 24 25 | | (4) Below full rated load (5) Near full rated load (6) Above full rated load (0) Unknown <input type="text"/> 26 | | | |
| VDI - PRIMARY DEFORMATION | | | VDI - SECONDARY DEFORMATION | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27 28 29 30 31 32 33 34 35 | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36 37 38 39 40 41 42 43 44 | | |
| VIDI VEHICLE INT. DEF. INDEX | | | VEHICLE NUMBER | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 45 46 47 48 49 50 51 52 53 54 | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 55 56 57 58 | | |
| SPEED AT IMPACT | | | EQUIVALENT TEST PROCEDURE | | |
| (1) 0-15 km/h (6) 56-65 km/h (2) 16-25 (7) 66-75 (3) 26-35 (8) 76-85 (4) 36-45 (9) over 85 (5) 46-55 (0) Unclassifiable | | | (1) Frontal, barrier, distributed 0° (2) Frontal, barrier, distributed 30° (3) Frontal, pole (4) Side, moving barrier, 90° (5) Side, rigid pole (6) Rear, moving barrier (7) Other (8) Unclassifiable | | |
| Estimated speed <input type="text"/> 59 | Calculated speed <input type="text"/> 60 | Equivalent test speed <input type="text"/> 61 | <input type="text"/> 62 | | |

Figure 1 - Continued

APPENDIX B

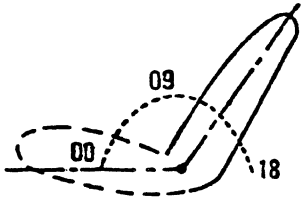
| | | | | | | | | | | | | | | |
|---|--|---|----------------------------|--|--|--|--|---|----------------------------|--|----------------------------|---|----------------------------|----------------------------|
| ACCIDENT REPORT | | COUNTRY | TEAM | | | | CASE NUMBER | | | | CARD No. | | | |
| | | <input type="text"/> 1 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> 5 | <input type="text"/> 6 | <input type="text"/> 7 | <input type="text"/> 8 | <input type="text"/> 9 | <input type="text"/> 10 | <input type="text"/> 11 | <input type="text"/> 12 | | |
| OCCUPANT INFORMATIONS | | | | | | | | | | | | | | |
| Occupant Number | Seat location (4) Front (6) Third (5) Rear (7) Other (0) Unknown | Position (7) Right C. (4) Left (8) Right (5) Left C. (0) Unkn. (6) Center | | Sex (4) M* (5) F* (0) U* | Age (years) | Height (dm) | | Weight (Kg) | | | | | | |
| <input type="text"/> 13 | <input type="text"/> 14 | <input type="text"/> 15 | <input type="text"/> 16 | <input type="text"/> 17 | <input type="text"/> 18 | <input type="text"/> 19 | <input type="text"/> 20 | <input type="text"/> 21 | <input type="text"/> 22 | <input type="text"/> 23 | | | | |
| OVERALL SEVERITY OF INJURIES | | EJECTION | | | | | | | | | | | | |
| <input type="text"/> 24 | | DEGREE OF EJECTION (2) None (4) Partial (5) Complete (0) Unknown | | <input type="text"/> 26 | AREA OF EJECTION (3) Not applicable (4) Window left side (5) Window right side (6) Door left side | | EJECTION AREA (7) Tailgate or backlight (8) Windshield (9) Roof or open convertible (0) Unknown | | | | | <input type="text"/> 27 | | |
| OCCUPANT INJURY DETAIL | | | | | | | | | | | | | | |
| HEAD | <input type="text"/> 28 | <input type="text"/> 29 | <input type="text"/> 30 | <input type="text"/> 31 | <input type="text"/> 32 | <input type="text"/> 33 | SPINE | <input type="text"/> 34 | <input type="text"/> 35 | <input type="text"/> 36 | <input type="text"/> 37 | <input type="text"/> 38 | <input type="text"/> 39 | |
| CHEST | <input type="text"/> 40 | <input type="text"/> 41 | <input type="text"/> 42 | <input type="text"/> 43 | <input type="text"/> 44 | <input type="text"/> 45 | ABDOM | <input type="text"/> 46 | <input type="text"/> 47 | <input type="text"/> 48 | <input type="text"/> 49 | <input type="text"/> 50 | <input type="text"/> 51 | |
| UPPER M. | <input type="text"/> 52 | <input type="text"/> 53 | <input type="text"/> 54 | <input type="text"/> 55 | <input type="text"/> 56 | <input type="text"/> 57 | LOWER M. | <input type="text"/> 59 | <input type="text"/> 60 | <input type="text"/> 61 | <input type="text"/> 62 | <input type="text"/> 63 | <input type="text"/> 64 | <input type="text"/> 65 |
| SEAT PERFORMANCE | | | | | | SEAT BACK ANGLE (after impact) | | | | | | | | |
| TYPE OF SEAT | SEAT INTACT (1, 2, 3, 0) | DAMAGE (choose two) (3) Not applicable (4) Deformed (5) Displaced (6) Failure of mounting (7) Failure of adjusters (8) Failure anti-tilt lock (0) Unknown | | | |  | | | | | | | | |
| <input type="text"/> 66 | <input type="text"/> 67 | <input type="text"/> 68 | <input type="text"/> 69 | <input type="text"/> 70 | | | | | | | <input type="text"/> 71 | | | |
| HEAD RESTRAINT | | TYPE | | | | ADJUSTMENT | | | | | | | | |
| EQUIPPED (1, 2, 0) | | <input type="text"/> 72 | | (3) Not applicable (4) Integrated (5) Adjustable | | <input type="text"/> 73 | (3) Not applicable (6) Too low (4) Correct (5) Too high | | | | | <input type="text"/> 74 | | |
| SEAT BELT | | TYPE | | USE | | WORN | | RESTRAINT SEPARATION | | | | | | |
| (1) Lap only (2) Diagonal only (3) Not applicable (4) 3-point sliding loop manual (5) 3-point sliding loop automatic (6) 3-point not sliding loop manual (7) 3-point not sliding loop automatic (8) Full harness (9) Child restraint (0) Unknown | | <input type="text"/> 75 | | (1, 2, 3, 0) <input type="text"/> 76 | | (1) Correctly (2) Twisted (3) Not applicable (4) Slack (5) Incorrect pos. (6) Unknown <input type="text"/> 77 | | Buckle (1, 2, 3, 0) <input type="text"/> 78 | | Webbing (1, 2, 3, 0) <input type="text"/> 79 | | Anchorage hardware (1, 2, 3, 0) <input type="text"/> 80 | | |

Figure 1 -Continued

*M = Male, F = Female, U = Unknown

APPENDIX C

**SWEDISH PROPOSAL FOR CODING ACCIDENT TYPES, DRIVER BEHAVIOR,
AND VEHICLE MOVEMENT FOR NATO-CCMS CONFERENCE 1973**

(Bohlin and Samuelsson 1973)

Accident Type**COLLISION BETWEEN VEHICLES DRIVING IN THE SAME DIRECTION**

- 01 While the case vehicle was overtaking another vehicle it swerved to the left whereupon the vehicle collided
- 02 Collision between an overtaking vehicle and the case vehicle swerving to the left
- 03 Collision between the case vehicle and a vehicle which suddenly changed lane
- 04 Collision between the case vehicle and a vehicle in front of it, which suddenly braked
- 05 Collision between the case vehicle and a stationary vehicle
- 06 Collision from behind between a vehicle and the case vehicle when braking
- 07 Collision from behind between a vehicle and the stationary case vehicle
- 08 Miscellaneous

COLLISION BETWEEN VEHICLES DRIVING IN OPPOSITE DIRECTIONS

- 09 Collision between the case vehicle and an approaching vehicle on a collision course
- 10 Collision between an approaching vehicle and the case vehicle which was out of control
- 11 Collision between the case vehicle when overtaking and an approaching vehicle
- 12 Collision between an approaching vehicle and the case vehicle making a left turn
- 13 Collision between the case vehicle and an approaching vehicle making a left turn

COLLISION BETWEEN VEHICLES AT CROSSROADS

- 15 Collision between the case vehicle and a vehicle approaching from the left
- 16 Collision between the case vehicle and a vehicle approaching from the right
- 17 Collision between the case vehicle entering a motorway and an approaching vehicle on the motorway
- 18 Collision between the case vehicle on a motorway and a vehicle entering the motorway
- 19 Collision between the case vehicle driving into a traffic circle and a vehicle coming from the left
- 20 Collision between the case vehicle driving in a traffic circle and a vehicle entering the traffic circle

SINGLE VEHICLE ACCIDENT

- 22 The driver of the case vehicle in trying to avoid an obstacle lost control of the vehicle and ran off the road
- 23 The driver of the case vehicle lost control of the vehicle and ran off the road
- 24 The driver of the case vehicle collided with an obstacle on the road
- 25 Miscellaneous

APPENDIX C

COLLISION WITH PEDESTRIAN OR LARGE ANIMAL

- 26 The case vehicle collided with a pedestrian/animal crossing the road
- 27 The case vehicle collided with a pedestrian/animal walking on the road
- 28 Miscellaneous

Driver's Behavior

BRAKING

- 01 Did not try to brake
- 02 Braked without locking the wheels
- 03 Braked so that the wheels locked
- 04 Braked so that the wheels locked at a late stage
- 05 Braked so that the wheels locked but regained adhesion
- 06 Braked by "pumping"
- 07 Braked with locked wheels but stopped braking

STEERING

- 01 Did not try to avoid accident by steering
- 02 Tried to change course but car continued straight forward
- 03 Managed to steer

Vehicle Behavior

SKIDDING

- 01 Did not skid
- 02 Skidded straight forward
- 03 Skidded sideways
- 04 Swung round

VEHICLE MOVEMENT

- 01 Car remained in own lane
- 02 Car moved to the left from own lane
- 03 Car moved to the right from own lane

APPENDIX D

**U.S. PROPOSAL FOR MODIFIED CARF FORMS
(NATO-CCMS CONFERENCE, 1973)
(Cromack 1973)**

**ELEMENTS OF THE MODIFIED COLLISION
ANALYSIS REPORT FORM—JUNE 1973**

ACCIDENT DESCRIPTION

- Date of Accident _____
(Month) (Day) (Year)
- Time of Accident _____
(Use 24 Hour Clock; 0001 to 2400)
- Time of Day _____
Day/Night/Dawn/Dusk/Dark, but lighted
(Circle one)
- Accident Location _____
Urban/Rural
(Circle one)
- Type of Roadway: No. 1 _____ No. 2 _____ No. 3 _____
(Enter one no. in each blank from the list below)
 - 01 2-Way-Expressway/Autobahn-Divided
 - 02 2-Way-Expressway/Autobahn-Not Divided
 - 03 2-Way-Multilane-Divided
 - 04 2-Way-Multilane-Not Divided
 - 05 2-Way-Single Lane (Each Way)
 - 06 1-Way-Multilane
 - 07 1-Way-Single Lane
 - 08 Entrance or Exit Ramp
 - 09 Parking Lot or Private/Commercial Driveway
 - 10 Other _____
 - 11 Not Applicable
- Intersection or Cross Road (Grade Level) _____
(Enter one no. in the blank from the list below)
 - 1 No Intersection or Near Intersection But Not a Contributing Factor to Accident
 - 2 3-Leg Intersection (Y, Tee, etc.)
 - 3 4-Leg or More Intersection
 - 4 Road/Railroad Tracks
 - 5 Road/Private or Commercial Driveway (Only if Driveway is a Contributing Factor)
 - 6 Bicycle Crossing
 - 7 Pedestrian Crosswalk or Animal Crossing
 - 8 Rotary, Round, Traffic Circle, etc.
 - 9 Other _____
- Other Characteristics of Road in Accident Vicinity _____
(Enter three nos. in the blanks from the list below)
 - 01 No Other Characteristics (Open Highway, Roadway, Thru Lane)
 - 02 Bridge or Overpass, on Bridge
 - 03 Bridge or Overpass, Approaches
 - 04 Tunnel or Underpass, Inside
 - 05 Tunnel or Underpass, Approaches
 - 06 Viaduct, on Viaduct
 - 07 Viaduct, on Ramp

(List Continued—Next Page)

APPENDIX D

- 08 Viaduct Ramp Intersection with Viaduct Lane or with Street
or Road at Lower Level
- 09 Entrance Ramp
- 10 Exit Ramp
- 11 Acceleration/Deceleration Lane
- 12 Weaving Section
- 13 Turning/Storage Lane
- 14 Truck/Climbing Lane
- 15 Parking Lane
- 16 Midblock City Street Thru Lane
- 17 Other Lane _____
- 18 Parking Lot—Private (Apartments)
- 19 Parking Lot—Commercial (Stores)
- 20 Driveway—Private
- 21 Driveway—Commercial
- 22 Other _____
- 00 Unknown

- Cloud Conditions Clear/Partly Cloudy/Cloudy/Unknown
(Circle one)
- Precipitation None/Fog-Mist/Rain/Sleet/Hail/Snow/Unknown
(Circle one)
- Temperature Above 0°C—Hot/Above 0°C—Mild/About 0°C/Below 0°C
(Circle one)
- Traffic Control _____
(Enter one no. in each blank from the list below)
 - 1 No Control or Not Applicable
 - 2 Stop Sign(s)
 - 3 Yield (Give Way) Sign(s)
 - 4 Traffic Signals (Stop/Go)
 - 5 Flashing Signals (Red, Yellow, etc.)
 - 6 Police or Watchman Control (Human)
 - 7 Crossing Gates (With or Without Signal)
 - 8 Other _____
 - 0 Unknown
- Road/Roadside Defects or Hazardous Conditions Reported/Observed Yes/No/Unknown
(Note: Answer "yes," only if relevant) (Circle one)

Describe _____
- Number of Vehicles Involved _____
(Enter all vehicles, contact and non-contact)

COLLISION SKETCH AND NARRATIVE

The collision configuration and objects contacted codes for each vehicle will be determined from the collision sketch and narrative by analysts at a later time. The codes are comprehensive and not suited for field use.

On the sketch, show vehicle(s) path(s), road(s) (indicate no. of lanes, widths, other relevant data if available), location of traffic controls, fixed and moving objects, skid and other marks, sand, gravel, and debris, etc. Show speed limit(s).

Describe how the accident occurred and list only the significant objects contacted by each vehicle, traffic intensity, vertical road characteristics (if applicable), etc. Report relevant comments by occupants and witnesses.

A large grid for drawing a collision sketch, consisting of 20 columns and 15 rows of small squares.A series of horizontal lines for writing a narrative, consisting of 15 parallel lines.

APPENDIX D

VEHICLE DESCRIPTION (One for Each Vehicle)

- Vehicle Number (Assign each vehicle in the accident a separate number, starting with 1,2,3, . . . etc.) _____
- Vehicle Identification Number or Chassis No. _____
- Vehicle Registration Number _____
- Vehicle Make _____
- Vehicle Model _____
- Vehicle Model Year _____
- Vehicle 5-Digit Code _____

(Country)
(Manufacturer)
(Division)
(Body Type)
- Body Style _____

(Enter one no. in the blank from the list below)

- | | |
|--------------------------------------|-----------------------------|
| (00) Unknown | (15) City bus |
| (01) Two-door hardtop | (16) Intercity bus |
| (02) Two-door sedan or coupe | (17) School bus |
| (03) Four-door hardtop | (18) Suburban bus |
| (04) Four-door sedan | (19) Bicycle |
| (05) Station Wagon | (20) Pedestrian |
| (06) Convertible (hardtop) | (21) Pickup with camper |
| (07) Convertible (soft-top) | (22) Dune buggy |
| (08) Van | (23) Motor home |
| (09) Taxicab | (24) Chassis mounter camper |
| (10) Motorcycle, motor scooter, etc. | (25) Fire apparatus |
| (11) Pickup | (26) Ambulance, hearse |
| (12) Truck | (27) Police cruiser |
| (13) Multi-stop delivery truck | (28) Prison van |
| (14) Truck-tractor | (29) Other _____ |
| | (99) N/A |

- Right- or Left-hand Drive _____ Right/Left _____

(Circle one)
- Vehicle Weight _____ Kg _____

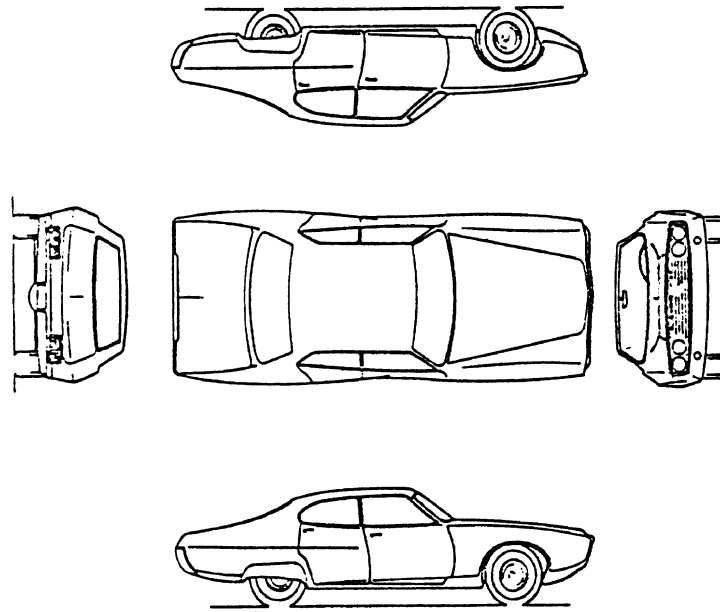
(Weight)
(Category)

(From the list below indicate which weight category is reported)

- | | |
|---|---|
| 1 | Manufacturers Curb Weight for Basic Vehicle |
| 2 | Empty Weight (Including Options) |
| 3 | Actual Weight (With Passengers, Load, Etc.) |
| 0 | Not Applicable Because Weight Unknown |

- Damage Sketch

Use views shown in NATO CARF and GM CIPR Form but develop more appropriate/applicable vehicle line drawings. All dimensions to be in cm. Indicate all damage and show dimensions of crush and deformation. Accuracy is essential.



- Primary Vehicle Deformation Index _____ / _____ %
- Secondary Vehicle Deformation Index _____ / _____ %
- Estimated Speed
 - Prior to Impact _____ Kph ± _____ Kph
 - At Impact _____ Kph ± _____ Kph
- Barrier Equivalent Speed _____ Kph ± _____ Kph
- Which Roadway Was Vehicle on Before Impact _____
(Refer to the "Type of Roadway" and enter No. 1, 2 or 3 in the blank)
- Vehicle Defects or Hazardous Conditions Reported/Observed _____
Yes/No/NA/Unknown
(Circle one)
- Doors Opened During Collision _____
None/RF/LF/RR/LR/Tailgate/Unknown
(Circle one or more)
- Did Fire Occur _____
Yes/No/Unknown
(Circle one)

APPENDIX D

- Extent of Fire _____
(Enter one no. in blank from list below)

- 1 Not Applicable
Damage to all exterior or to interior engine or trunk compartments
- 2 Minor - Superficial paint and/or tire damage from fire.
- 3 Moderate -
- 4 Severe - Major destruction or melting of components, including electrical.
Involvement of the interior passenger compartment with or without exterior damage
- 5 Minor - Minor upholstery side panel or headlining damage—burning of electrical insulation.
- 6 Moderate - Major upholstery, etc., damage. Smoke and fumes present to a hazardous degree.
- 7 Severe - Interior structural fire damage including melting of electrical conductors, instruments and seats.
Fire destruction of entire vehicle
- 8 General melting or destructive explosion of major portion of vehicle.
- 9 Unknown

(Circle one)

- Steering Assembly Damage? Yes/No/NA/Unk
Evidence of Occupant Contact? Yes/No/NA/Unk
- Energy Absorbing Unit Collapse? Yes/No/NA/Unk
- Instrument Panel Damage? Yes/No/NA/Unk
Evidence of Occupant Contact? Yes/No/NA/Unk
- Right Interior Side Damage? Yes/No/NA/Unk
Evidence of Damage? Yes/No/NA/Unk
- Left Interior Side Damage? Yes/No/NA/Unk
Evidence of Damage? Yes/No/NA/Unk
- Windscreen Type Tempered/15 Mil/30 Mil/Other/Unknown

(Circle one)

- Windscreen Cracked? Yes/No/NA/Unk
- Windscreen Broken? Yes/No/NA/Unk
- Windscreen Popped Out? Yes/No/NA/Unk
Evidence of Occupant Contact? Yes/No/NA/Unk
- Right Side Glass Damage? Yes/No/NA/Unk
Evidence of Damage? Yes/No/NA/Unk
- Left Side Glass Damage? Yes/No/NA/Unk
Evidence of Damage? Yes/No/NA/Unk
- Backlight Glass Damage? Yes/No/NA/Unk
Evidence of Damage? Yes/No/NA/Unk
- Other Interior Components Damaged? Yes/No/NA/Unk
Specify _____

- Occupant Compartment Intrusion or Reduction in Size Yes/No/NA/Unk

- Head Restraints (Check Appropriate Box)
 - None
 - Integral
 - Adjustable
 - Unknown
- Head Restraint Adjustment (Check Appropriate Box)
 - Not Applicable, None, Integral
 - Up
 - Down
 - Unknown
- Type and Location of Restraints (Fill in no. from list below)

| | | | |
|----------------|----|----|----|
| RF | LF | RR | LR |
| | | | |
| | | | |
| | | | |
| | | | |
| // // // // // | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|-----|----|----|
| LRR | LR | LF |
| CRR | CR | CF |
| RRR | RR | RF |

Front of Vehicle

- 01 Lap Belt Only
- 02 Diagonal Belt Only
- 03 Not Applicable or None
- 04 3-Point Sliding Loop—Manual (Static)
- 05 3-Point Sliding Loop—Automatic (Retractor or Inertia Reel)
- 06 3-Point Non-Sliding—Manual (Static)
- 07 3-Point Non-Sliding—Automatic (Retractor or Inertia Reel)
- 08 Full Harness or Y-Harness
- 09 Child Restraint (Type _____ Model No. _____)
- 10 Air Bag, Only
- 11 Air Bag and Lap Belt
- 12 Air Bag, Lap Belt and Shoulder Strap
- 13 Passive Belt Restraint
- 00 Unknown

- Number of Occupants in Vehicle _____

OCCUPANT DESCRIPTION (Fill out one for each occupant in each vehicle, whether injured or not)

- Vehicle No. in which Occupant was Riding _____
- Occupant No. (Assign each occupant in a given vehicle a number—1, 2, 3 . . .etc.—The driver will always be No. 1.)
- Seat Location Front/Rear (Second)/Third (Sta. Wagon)/Other/Unknown
(Circle one)
- Position On Seat Left/Left Center/Center/Right Center/Right/Lying on Seat/Unknown
(Circle one)
- Age _____ years
- Weight _____ kg
- Height _____ cm

APPENDIX D

• Sex _____

• Restraint System Use _____
 (Enter one no. in blank from list below)

- 0 Unknown
- 1 Complete System, as equipped
- 2 None Used
- 3 Lap Belt Only
- 4 Diagonal Belt Only
- 5 Passive System Only
- 6 Child Restraint
- 9 Other

• Degree of Occupant Ejection None/Partial/Complete/Unknown
 (Circle one)

• Area of Ejection _____
 (Enter one no. in blank from list below)

- 0 Unknown
- 1 Window, Left Side
- 2 Window, Right Side
- 3 Not Applicable
- 4 Window Rear
- 5 Door, Left Side
- 6 Door, Right Side
- 7 Tailgate or Backlight
- 8 Windscreen
- 9 Roof or Open Convertible

• Vision Limitations (Driver Only) _____
 (Enter one to three nos. in blanks, from list below)

- 1 Weather Conditions
- 2 Smoke
- 3 Glare
- 4 Fixed Objects, Parked Vehicle
- 5 Moving Objects
- 6 Vision Not Limited
- 9 Other _____
- 0 Unknown

• Overall Severity of Injuries _____
 (Enter one no. in blank from list below)

- 00 None
- 01 Minor
- 02 Non-Dangerous, Moderate
- 03 Non-Dangerous, Severe
- 04 Dangerous, Serious
- 05 Dangerous, Critical
- 06 Fatal Lesion Plus 1 Region with Severe or Less
- 07 Fatal Lesion Plus 1 Region with Serious or Critical
- 08 Fatal Lesions in 2 Regions
- 09 Fatal Lesions in 3 or More Regions
- 10 Fatal But Details Unknown
- 98 Presence of Injury Unknown
- 99 Injured, But Details Unknown

• Occupant Injury Classification

| Occ. No. | Veh. No. | Region | Aspect | Lesion | System/ Organs | Effect | AIS | Areas of Possible Contact | | | | |
|----------|----------|--------|--------|--------|-------------------|--------|-----|---------------------------|--|--|--|--|
| | | | | | | | | | | | | |

APPENDIX E

AUSTRALIAN FATAL ACCIDENT REPORT FORMS
(Scott and Furphy Engineers 1985)

The following are data elements contained in the fatal accident report forms used in Australia.

List of Variables on Accident Form

- Accident number
- Month of occurrence
- Year of occurrence
- Day of week of occurrence
- Number of persons killed in accident
- Number of vehicles involved in accident
- Accident location
- Road User Movement (RUM) classification
- Accident type
- Road hierarchy classification
- Highway classification (federal, state, etc.)
- Local government area
- Day of month
- Time of day
- Number of persons hospitalized
- Number of persons injured
- Urban or rural
- Route number
- Type of carriageway separation
- Location classification
- Intersection type
- Intersection form
- Type of traffic controls present
- Bridge, culvert, or causeway
- Light conditions
- Weather conditions
- Visibility limitations
- Horizontal road alignment
- Vertical road alignment
- Number of persons involved in accident
- Railway crossing (type)
- Construction zone
- Road surface conditions
- Road surface type
- Speed limit
- Contributing party not directly involved in collision

APPENDIX E

Traffic Unit Card

Accident number
Vehicle number
Number of persons killed in vehicle
Vehicle type
Vehicle body type
Total licensed driving experience
Licensed driver experience in class of vehicle involved
Driver license type
First object struck by vehicle
Second object struck by vehicle
Number of people hospitalized in vehicle
Vehicle manufacturer
Make or model of vehicle
Vehicle model year
Registration type of vehicle
State of registration
Trailer towed by vehicle
Vehicle overturned in accident
Fire occurred in vehicle
Vehicle motion at time of accident
Number of people injured, received medical attention, but not hospitalized
Number of people injured but did not receive medical attention
Number of people not injured
Trailer/caravan type

Data Relative to Persons in Accident

Accident number
Vehicle number
Person number
Person's location in vehicle
Age
Sex
Blood alcohol content
Restraint type and availability
Helmet used
Extent of injuries
Severity of injuries (modified AIS scale)
Location of injuries (major body regions only)
Pedestrian movement
Elapsed time until death
Place of death

**Australian Fatal Accident File:
Accident-, Vehicle-, and Person-Level Coding Forms**

CARD TYPE 1

APPENDIX E

| FIELD | NAME | COLUMNS | DEFINITION AND CODE INSTRUCTION / NOTES | RANGE | EQ |
|-------|--------|---------|--|--------------|----|
| 1 | ACCNO. | 1 - 4 | UNIQUE ACCIDENT NUMBER : FOR STATE NUMBERS SEE NOTE 1 | 1-9999 | 1 |
| 2 | CTA | 5 | 1 TO BE CODED | 1 | 2 |
| 3 | STA | 6 | STATE OR TERRITORY IN WHICH ACCIDENT OCCURRED NSW - 1 VICTORIA - 2 QLD - 3 SOUTH AUSTRALIA - 4 WEST AUSTRALIA - 5 TASMANIA - 6 A.C.T - 7 N.T - 8 | 1 - 3 | 3 |
| 4 | MTH | 7 - 8 | MONTH ACCIDENT OCCURRED NOTE: Provide the best estimate if month unavailable JANUARY - 1 FEBRUARY - 2 MARCH - 3 APRIL - 4 MAY - 5 JUNE - 6 JULY - 7 AUGUST - 8 SEPTEMBER - 9 OCTOBER - 10 NOVEMBER - 11 DECEMBER - 12 UNKNOWN - 99 | 1 - 99 | 4 |
| 5 | YEAR | 9 - 12 | YEAR ACCIDENT OCCURRED 1982 1983 | 1982 1983 | 5 |
| 6 | DWC | 13 | DAY OF WEEK ACCIDENT OCCURRED MONDAY - 1 TUESDAY - 2 WEDNESDAY - 3 THURSDAY - 4 FRIDAY - 5 SATURDAY - 6 SUNDAY - 7 NOT KNOWN - 9 | 1 - 9 | 6 |
| 7 | NDDED | 14-15 | NUMBER OF PEOPLE KILLED IN ACCIDENT CODE NUMBER OF PEOPLE UNKNOWN - 99 | 1 - 99 | 7 |
| 8 | NVEH | 16-17 | NUMBER OF VEHICLES INVOLVED IN ACCIDENT CODE NUMBER FROM ACCIDENT REPORT OR ACCIDENT DESCRIPTION | 1 - 99 | 8 |
| 9 | ACLOC | 18 | ACCIDENT LOCATION MID-BLOCK LOCATION 1 WITHIN INTERSECTION 2 RELATED TO INTERSECTION 3 NOT KNOWN 9 | 1 - 9 | 9 |
| 10 | RUM | 19-20 | ROAD USER MOVEMENT (RUM) CLASSIFICATION (See NOTE 4.1.10) SEE RUM CLASSIFICATION SHEET FOR ACCIDENT DESCRIPTION | 1 - 99 | 10 |
| 11 | ACCTYP | 21-22 | ROAD ACCIDENT TYPE (See NOTE 4.1.11) NOTE 1. The description is of the first event and not necessarily the approach angle of the vehicles prior to the accident NOTE 2. "on carriageway" means on the travelled way and/or shoulders "off carriageway" refers to other parts of the road reserve, or as described in Section 1a of the A.B.S. description of road vehicle accidents NOTE 3: Footpath is to be considered 'off carriageway' (a) <u>VEHICLE TO VEHICLE COLLISION</u> CODE RIGHT TURN INTO ONCOMING VEH. 0 RIGHT ANGLE COLLISION..... 1 ACUTE ANGLE-SAME DIRECTION (SIDESWIPE)..... 2 OBTUSE ANGLE-OPPOSITE DIRECTION (90-180 DEGREES)... 3 HEAD ON COLLISION..... 4 REAR END COLLISION..... 5 COLLISION WITH PARKED VEHICLE..... 6 COLLISION WITH REVERSING VEHICLE..... 7 OTHER VEHICLE/VEHICLE..... 8 NOT KNOWN..... 9 ON OFF (b) <u>SINGLE VEHICLE C'WAY C'WAY</u> STRUCK PEDESTRIAN.....11 21 STRUCK ANIMAL.....12 22 STRUCK OBJECT.....13 23 OVERTURNED.....14 24 | | 11 |

APPENDIX E

| FIELD | NAME | COLUMNS | DEFINITION | CODING INSTRUCTIONS/NOTES | RANGE | PAGE |
|-------|--------|---------|--|--|----------------------------------|------|
| 11 | ACCTYP | 21-22 | ROAD ACCIDENT TYPE (CONTINUED) | <p>(c) FALL FROM MOVING C/WAY</p> <p>VEHICLE.....15 OTHER (SPECIFY).....16 NOT KNOWN.....99</p> | <p>ON OFF</p> <p>C/WAY C/WAY</p> | 11 |
| 12 | DUMMY | 23-24 | DUMMY VARIABLE | NOT TO BE CODED | - | 11 |
| 13 | RDHCY | 25-26 | ROAD HEIRARCHY CLASSIFICATION (NASSRA) (See NOTE 4.1.13) | | 1 - 99 | 13 |
| | | | <p><u>ROADS IN RURAL AREAS</u></p> <p>CLASS 1 - THOSE ROADS WHICH FORM THE PRINCIPAL AVENUE FOR COMMUNICATION BETWEEN MAJOR REGIONS OF THE COMMONWEALTH, INCLUDING DIRECT CONNECTIONS BETWEEN CAPITAL CITIES. THESE ARE THE PRINCIPALS NATIONAL ROUTES.</p> <p>CLASS 2 - THOSE ROADS, NOT BEING CLASS 1, WHOSE MAIN FUNCTION IS TO FORM THE PRINCIPAL AVENUE OF COMMUNICATION FOR MOVEMENTS:</p> <ul style="list-style-type: none"> BETWEEN A CAPITAL CITY AND ADJOINING STATES AND THEIR CAPITAL CITIES; or BETWEEN A CAPITAL CITY AND KEY TOWNS; or BETWEEN KEY TOWNS. <p>CLASS 3 - THOSE ROADS, NOT BEING CLASS 1 or 2, WHOSE MAIN FUNCTION IS TO FORM AN AVENUE OF COMMUNICATION FOR MOVEMENTS:</p> <ul style="list-style-type: none"> BETWEEN IMPORTANT CENTRES AND THE CLASS 1 AND CLASS 2 ROADS AND/OR KEY TOWNS; or BETWEEN IMPORTANT CENTRES; or OF AN ARTERIAL NATURE WITHIN A TOWN IN A RURAL AREA <p>CLASS 4 - THOSE ROADS, NOT BEING CLASS 1,2, OR 3, WHOSE MAIN FUNCTION IS TO PROVIDE ACCESS TO ABUTTING PROPERTY (INCLUDING PROPERTY WITHIN A TOWN IN A RURAL AREA).</p> <p>CLASS 5 - THOSE ROADS WHICH PROVIDE ALMOST EXCLUSIVELY FOR ONE ACTIVITY OR FUNCTION AND WHICH CANNOT BE ASSIGNED TO CLASSES 1,2,3, OR 4.</p> <p><u>ROADS IN URBAN AREAS</u></p> <p>CLASS 6 - THOSE ROADS WHOSE MAIN FUNCTION IS TO FORM THE PRINCIPAL AVENUE OF COMMUNICATION FOR MASSIVE TRAFFIC MOVEMENTS</p> <p>CLASS 7 - THOSE ROADS, NOT BEING CLASS 6: WHOSE MAIN FUNCTION IS TO SUPPLEMENT THE CLASS 6 ROADS IN PROVIDING FOR TRAFFIC MOVEMENTS OR WHICH DISTRIBUTE TRAFFIC TO LOCAL STREET SYSTEMS</p> <p>CLASS 8 - THOSE ROADS, NOT BEING CLASS 6 OR 7, WHOSE MAIN FUNCTION IS TO PROVIDE ACCESS TO ABUTTING PROPERTY</p> <p>CLASS 9 - THOSE ROADS WHICH PROVIDE ALMOST EXCLUSIVELY FOR ONE ACTIVITY OR FUNCTION AND WHICH CANNOT BE ASSIGNED TO CLASS 6,7 OR 8.</p> <p>OTHER ROADS</p> <p>NOT KNOWN</p> | <p>CODE</p> <p>- 1</p> <p>- 2</p> <p>- 3</p> <p>- 4</p> <p>- 5</p> <p>- 6</p> <p>- 7</p> <p>- 8</p> <p>- 9</p> <p>-10</p> <p>-99</p> | | |
| 14 | HWY | 27 | HIGHWAY CLASSIFICATION | <p>NATIONAL HWY - 1</p> <p>STATE HWY - 2</p> <p>See NOTE 4.1.14 NOT APPLICABLE - 3</p> <p>NOT KNOWN - 9</p> | 1 - 9 | 14 |
| 15 | LGA | 28-31 | LOCAL GOVERNMENT AREA | NOTE: REFER FOR STATE MAP THAT IDENTIFIES L.G.A. NUMBERS AFTER LOCATING ACCIDENT | 1-9999 | 15 |
| | | | Refer L.G.A. maps provided | | | |
| 16 | DYMTM | 32-33 | DAY OF MONTH ACCIDENT OCCURRED: | <p>FIRST DAY - 01</p> <p>SECOND DAY - 02</p> <p>THIRTY-FIRST DAY - 31</p> <p>UNKNOWN - 99</p> | 1 - 99 | 16 |

APPENDIX E

| FIELD | NAME | COLUMNS | DEFINITION | CODING INSTRUCTIONS/NOTES | RANGE | FLD |
|-------|---------|---------|---|--|---------|-----|
| 17 | TIME | 34-35 | TIME OF ACCIDENT See Note 4.1.17 | USING THE 24 HOUR CLOCK CODE FOR RELEVANT HOUR e.g. ACCIDENT OCCURRED AT 4.04 - 05 SEE SHEET FOR TIME CODES UNKNOWN - 99 | 0-24 | 17 |
| 18 | NHOSP | 36-37 | NUMBER OF PERSONS HOSPITALISED | Excludes any Persons killed Unknown = 99 | 0-99 | 18 |
| 19 | NINJURD | 38-39 | NUMBER INJURED AND REQUIRING MEDICAL ATTENTION | See Note 4.1.19 For fields 19, 20, 21 Code the best estimate of persons <u>excluding</u> any persons killed Unknown = 99 | 0-99 | 19 |
| 20 | INJOIND | 40-41 | NUMBER INJURED NOT REQUIRING MEDICAL ATTENTION | | 0-99 | 20 |
| 21 | INVOINJ | 42-43 | NUMBER OF PERSONS INVOLVED NOT REQUIRING MEDICATION | | 0-99 | 21 |
| 22 | URBAN | 44 | TYPE OF ENVIRONMENT | DESCRIBED BY PRINCIPAL ADJACENT LAND USE DEFINITION URBAN.....1 RURAL.....2 NOT KNOWN.....3 | 1 - 3 | 22 |
| 23 | ROUTE | 45-47 | ROUTE NUMBER OF MAJOR ROAD (See note 4.1.23) | CODE ACTUAL ROUTE NUMBER (E.G. 51) IDENTIFIED FROM STATE MAPS NOT APPLICABLE - 999 | 1 - 999 | 23 |
| 24 | MED | 48 | TYPE OF CARRIAGEWAY SEPARATION | NO MEDIAN - 0 WITH MEDIAN -PAINTED - 1 -PAINTED (OTHER) - 2 -PAVED, GRAVEL, L'SCAPE - 3 -PHYSICAL BARRIER - 4 -OTHER - 5 -NOT KNOWN - 9 | 0-9 | 24 |
| 25 | LOCCLS | 49 | LOCATION CLASSIFICATION | NORMAL ROAD - 1 PUBLIC PARKING AREA - 2 OTHER PUBLIC AREA - 3 OTHER - 4 NOT KNOWN - 9 | 1-9 | 25 |
| 26 | INT | 50 | INTERSECTION TYPE DEFINITION | NOT INTERSECTION - 0 X INTERSECTION - 1 Y INTERSECTION - 2 T INTERSECTION - 3 MULTI-LEG INTERSECTION - 4 NOT KNOWN - 9 | 0-9 | 26 |
| 27 | DESINT | 51 | INTERSECTION FORM | NOT INTERSECTION - 0 AT GRADE INTERSECTION (NOT R'ABOUT) - 1 GRADE SEPARATION - 2 ROUNDAABOUT - 3 NOT KNOWN - 9 | 0-9 | 27 |
| 28 | TRAFCTL | 52-53 | TYPE OF TRAFFIC CONTROLS PRESENT | NON PRESENT..... 1 STOP SIGN..... 2 GIVE-WAY SIGN..... 3 FLASHING SIGNALS..... 4 TRAFFIC CONTROL SIGNALS (RED, AMBER, GREEN)..... 5 GIVE-WAY TO-RIGHT SIGN..... 6 RAILWAY CROSSING LIGHTS..... 7 PEDESTRIAN OPERATED SIGNALS/ PELICAN CROSSING..... 8 | 1-99 | 28 |

APPENDIX E

| FIELD | NAME | COLUMNS | DEFINITION | CODING INSTRUCTIONS/NOTES | RANGE | FILE |
|-------|--------|---------|---|---|--------|------|
| 28 | TRFCTC | 52-53 | TYPE OF TRAFFIC CONTROLS PRESENT (CONTINUED) | PEDESTRIAN CROSSING (NOT SIGNALS)..... 9 SCHOOL CROSSING (ATTENDED OR NOT ATTENDED).....10 POLICE OFFICER/ROAD PATROL/ROAD/RAILWAY WORKER.....11 Warning Signs.....20 NOT NOTED BY 3RD PARTY.....29 | 1-99 | 28 |
| 29 | BDGE | 54 | WHETHER BRIDGE, CULVERT OR CAUSEWAY PRESENT/pipeline cattlegrid | NOT PRESENT..... 1 BRIDGE, CULVERT, CAUSEWAY..... 2 NOT NOTED BY 3RD PARTY..... 3 | 1 - 3 | 29 |
| 30 | LIGHT | 55 | LIGHT CONDITIONS AT TIME OF ACCIDENT | DAYLIGHT..... 1 DUSK OR DAWN..... 2 DARK - STREET LIGHTS OPERATING.. 3 DARK - STREET LIGHTS NOT OPERATING OR NO STREET LIGHTING EXISTS..... 4 NOT NOTED BY 3RD PARTY..... 9 | 1 - 9 | 30 |
| 31 | WEATH. | 56 | WEATHER CONDITIONS AT TIME OF ACCIDENT | FINE..... 1 RAIN..... 2 SNOW/SLEET..... 3 FOG..... 4 NOT NOTED..... 9 | 1 - 9 | 31 |
| 32 | VISIB | 57-58 | VISIBILITY LIMITATIONS NOTE: Code the major limitation if more than one is present | NO VISIBILITY LIMITATIONS NOTED BY 3RD PARTY..... 1 NO VISIBILITY LIMITATIONS PRESENT..... 2 SMOKE OR DUST IN AIR..... 3 GLARING SUN..... 4 LIMITED VISIBILITY DUE TO SNOW, RAIN, FOG, MIST, SLEET..... 5 INEFFECTIVE LIGHTING ON SLOW OR PARKED VEHICLES..... 6 PARKED CARS (E.G. PEDESTRIANS STEPPING OUT FROM BETWEEN VEHICLES..... 7 DRIVER DAZZLED BY HEADLIGHTS... 8 DIRTY WINDSCREEN..... 9 ROAD SIGNS.....10 FENCE.....11 BUILDING.....12 HEAVY TRAFFIC.....13 LIMITED VISIBILITY DUE TO ROAD DESIGN EG. CURVE, CREST ETC. OBSURED VIEW None or ineffective lighting.....15 | 1 - 14 | 32 |
| 33 | HORIZ | 59 | HORIZONTAL ROAD ALIGNMENT (For the major road) | STRAIGHT 1 CURVE..... 2 NOT NOTED BY 3RD PARTY..... 3 | 1-3 | 33 |
| 34 | VERT. | 60 | VERTICAL ROAD ALIGNMENT (For the major road) | LEVEL..... 1 CREST OF HILL (WITHIN 100 m)... 2 BOTTOM OF HILL (WITHIN 100 m).. 3 SLOPE - GENTLE..... 4 - STEEP..... 5 - UNDEFINED..... 6 NOT NOTED BY 3RD PARTY..... 9 | 1-9 | 34 |
| 35 | NUMBER | 61-62 | NUMBER OF PERSONS INVOLVED IN ACCIDENT (See Note 4.1...)- provide best estimate | CODE NUMBER FROM ACCIDENT FORM, INCLUDING DRIVERS OF VEHICLES AND ANY PERSONS KILLED NOT KNOWN.....99 | 1-99 | 35 |
| 36 | RWAY | 63 | RAILWAY CROSSING TYPE AT ACCIDENT LOCATION | NO CROSSING..... 0 WARNING SIGNS ONLY..... 1 FLASHING LIGHTS ONLY..... 2 LIGHTS WITH GATES AND BOOMS.... 3 STOP SIGNS ONLY..... 4 UNPROTECTED CROSSING..... 5 OTHER..... 6 NOT NOTED BY 3 RD PARTY..... 9 | 1-9 | 36 |

APPENDIX E

| FIELD | NAME | COLUMNS | DEFINITION | CODING INSTRUCTIONS/NOTES | RANGE | FLD |
|-------|---------|---------|--|--|-------|-----|
| 37 | CONST. | 64 | ACCIDENT OCCURRED AS PART OF A CONSTRUCTION ZONE OR ASSOCIATED TRAFFIC DIVERSION | YES DEFINITELY..... 1 NO DEFINITELY..... 2 NOT NOTED BY 3RD PARTY..... 3 | 1-3 | 37 |
| 38 | SFCOND | 65 | ROAD SURFACE CONDITIONS | DRY..... 1 WET..... 2 ICE/SNOW..... 3 MUDDY..... 4 NOT KNOWN..... 9 | 1-9 | 38 |
| 39 | RDSFC | 66 | ROAD SURFACE TYPE AT ACCIDENT LOCATION | SEALED/PAVED..... 1 UNSEALED..... 2 PART SEALED/UNSEALED..... 3 NOT NOTED BY 3RD PARTY..... 9 | 1-9 | 39 |
| 40 | LIMIT | 66-69 | SPEED LIMIT AT ACCIDENT LOCATION | CODE SPEED LIMIT AS K.P.H. THIS MAY NOT APPEAR ON SOME ACCIDENT FORMS, AND THEREFORE MAY NEED TO BE OBTAINED FROM THE LOCATION AND LOCAL KNOWLEDGE UNKNOWN.....999 | 1-999 | 40 |
| 41 | CONTPTY | 70 | CONTRIBUTING PARTY NOT DIRECTLY INVOLVED IN COLLISION | NO OTHER PARTY INVOLVED..... 0 OTHER VEHICLE..... 1 OTHER PEDESTRIAN..... 2 OTHER ANIMAL..... 3 OTHER..... 4 NOT KNOWN BY 3RD PARTY..... 9 | 0-9 | 41 |

APPENDIX E

CARD TYPE 2

| FIELD | NAME | COLUMNS | DEFINITIONS | CODING INSTRUCTIONS/NOTES | RANGE | PL |
|-------|--------|---------|--|---|--------|----|
| 6 | BDYTYP | 12-14 | VEHICLE BODY TYPE CLASSIFICATION - CONT'D | <p style="text-align: right;">NO. TRAILERS</p> <p style="text-align: right;">↓</p> FUEL TANKERS TRAILER AND.....34 x OTHER TANKER TRAILER AND.....35 x BULK CARRIER TRAILER AND.....36 x OTHER TYPE TRAILER AND.....37 x vi) <u>EMERGENCY VEHICLES</u> AMBULANCE, FIRE ENGINE, POWER CAR, Police car.....40 vii) <u>TAXI/HIRE CAR</u>41 viii) <u>ROAD PLANT VEHICLES,</u> (GRADERS, BULLDOZERS, ETC)....42 ix) <u>OTHER</u> TRAM.....43 TRACTOR ON ROAD.....44 CART OR WHEELCHAIR45 Locomotive.....46 Unknown.....99 | 0 -999 | 6 |
| 7 | LICEXP | 15-16 | Total Licensed Driving Experience | CODE THIS VARIABLE TO THE NEAREST NUMBER OF WHOLE YEARS NOTE: WHEN AGE FIRST LICENSED AND AGE ARE ONLY SPECIFIED REMEMBER BASE DATES ARE FOR 1982 or 1983 (NOT 1985) LESS THAN 6 MONTHS.....00 BETWEEN 6 MONTHS AND 17 MONTHS...01 18 MONTHS - 2½ YEARS.....02 ETC NO LICENCE.....97 NOT APPLICABLE.....98 NOT KNOWN.....99 | 0 -99 | 7 |
| 8 | EXPCL | 17-18 | LICENSED DRIVING EXPERIENCE IN CLASS OF VEHICLE INVOLVED | CODE NUMBER OF YEARS AS DEFINED ABOVE NOT APPLICABLE.....98 NOT KNOWN CODE IS.....99 | 0 -99 | 8 |
| 9 | LICTYP | 19-20 | DRIVER LICENCE TYPE | NOT APPLICABLE (EG. BICYCLE).....1 FULL LICENCE.....2 PROBATIONARY/PROVISIONAL LICENCE.....3 LEARNERS PERMIT.....4 CONDITIONAL LICENCE.....5 SPECIAL LICENCE (ISSUED BY COURT AFTER DRINK/DRIVING CONVICTION) DISQUALIFIED/SUSPENDED.....6 LICENCE EXPIRED.....7 NEVER HAD A LICENCE.....8 LICENCED BUT NOT FOR THIS COUNTRY.....9 LICENCED BUT NOT FOR THIS VEHICLE TYPE.....10 NOT NOTED.....99 | 1-99 | 9 |
| 10 | ENDNT | 21-22 | DO NOT CODE THIS FIELD | | | 10 |

APPENDIX E

| FIELD | NAME | COLUMNS | DEFINITIONS | CODING INSTRUCTIONS/NOTES | RANGE | FLD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|------------------------|------------------------|--|--|-------|------------------------|------------------------|--------|--|--|-----------------------|----|----|--------------------|--|--|---------------|----|----|-----------|----|----|-----------------------|--|--|-----------|----|----|-----------------------|----|----|-----------------------|----|----|------------------|----|----|-------------------|--|--|----------------|----|----|----------------------|----|----|-----------------|----|----|---------------------|----|----|-----------------|----|----|---------------|----|----|----------------------|--|--|-----------------------|----|----|------------------------|--|--|-------------------------|--|--|----------------|----|----|---------------------|----|----|------------------|----|----|-----------------|----|----|-------------------|----|----|-----------------------|----|----|------------|----|----|-----------------|----|----|----------------------|--|--|------------------|----|----|---------------|----|----|-----------------------|----|----|--------------|----|----|----------------------|--|--|-------------------|----|----|--------------------|----|----|-----------|----|----|-----------------|----|----|---------------|----|----|--------------|----|----|--|--|
| 11 | FSTOBJ | 23-24 | FIRST OBJECT STRUCK BY THE VEHICLE BEING CONSIDERED | | 1 -99 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <table border="0"> <tr> <td></td> <td>1st OBJECT STRUCK CODE</td> <td>2nd OBJECT STRUCK CODE</td> </tr> <tr> <td>OBJECT</td> <td></td> <td></td> </tr> <tr> <td>NO OBJECT STRUCK.....</td> <td>01</td> <td>01</td> </tr> <tr> <td>VEHICLE IN TRAFFIC</td> <td></td> <td></td> </tr> <tr> <td>"STREAM".....</td> <td>02</td> <td>02</td> </tr> <tr> <td>TREE.....</td> <td>03</td> <td>03</td> </tr> <tr> <td>ELECTRICITY/TELEGRAPH</td> <td></td> <td></td> </tr> <tr> <td>POLE.....</td> <td>04</td> <td>04</td> </tr> <tr> <td>TRAFFIC LIGHT POLE...</td> <td>05</td> <td>05</td> </tr> <tr> <td>TRAFFIC SIGN POLE....</td> <td>06</td> <td>06</td> </tr> <tr> <td>BRIDGE RAIL.....</td> <td>07</td> <td>07</td> </tr> <tr> <td>BRIDGE SUPPORT OR</td> <td></td> <td></td> </tr> <tr> <td>ABUSEMENT.....</td> <td>08</td> <td>08</td> </tr> <tr> <td>OVERHEAD BRIDGE.....</td> <td>09</td> <td>09</td> </tr> <tr> <td>GUARD RAIL.....</td> <td>10</td> <td>10</td> </tr> <tr> <td>GUARD RAIL END.....</td> <td>11</td> <td>11</td> </tr> <tr> <td>GUIDE POST.....</td> <td>12</td> <td>12</td> </tr> <tr> <td>MAIL BOX.....</td> <td>13</td> <td>13</td> </tr> <tr> <td>PARKED VEHICLE (CAR,</td> <td></td> <td></td> </tr> <tr> <td>TRUCKS, BUS, ETC)....</td> <td>14</td> <td>14</td> </tr> <tr> <td>DISABLED VEHICLE WHICH</td> <td></td> <td></td> </tr> <tr> <td>IS PARTED (CARS, TRUCK,</td> <td></td> <td></td> </tr> <tr> <td>BUS, ETC).....</td> <td>15</td> <td>15</td> </tr> <tr> <td>CULVERT, DRAIN.....</td> <td>16</td> <td>16</td> </tr> <tr> <td>BRICK FENCE.....</td> <td>17</td> <td>17</td> </tr> <tr> <td>WIRE FENCE.....</td> <td>18</td> <td>18</td> </tr> <tr> <td>WOODEN FENCE.....</td> <td>19</td> <td>19</td> </tr> <tr> <td>STATIONARY MACHINERY.</td> <td>20</td> <td>20</td> </tr> <tr> <td>ROCKS.....</td> <td>21</td> <td>21</td> </tr> <tr> <td>EMBANKMENT.....</td> <td>22</td> <td>22</td> </tr> <tr> <td>LARGE ANIMAL (HORSE,</td> <td></td> <td></td> </tr> <tr> <td>COW, SHEEP).....</td> <td>23</td> <td>23</td> </tr> <tr> <td>KANGAROO.....</td> <td>24</td> <td>24</td> </tr> <tr> <td>SMALL ANIMAL (DOG)...</td> <td>25</td> <td>25</td> </tr> <tr> <td>HYDRANT.....</td> <td>26</td> <td>26</td> </tr> <tr> <td>WATER (CAR IN RIVER,</td> <td></td> <td></td> </tr> <tr> <td>LAKE, OCEAN).....</td> <td>27</td> <td>27</td> </tr> <tr> <td>RAILWAY TRAIN.....</td> <td>28</td> <td>28</td> </tr> <tr> <td>KERB.....</td> <td>29</td> <td>29</td> </tr> <tr> <td>PEDESTRIAN.....</td> <td>30</td> <td>30</td> </tr> <tr> <td>Building.....</td> <td>31</td> <td>31</td> </tr> <tr> <td>Unknown.....</td> <td>99</td> <td>99</td> </tr> </table> | | 1st OBJECT STRUCK CODE | 2nd OBJECT STRUCK CODE | OBJECT | | | NO OBJECT STRUCK..... | 01 | 01 | VEHICLE IN TRAFFIC | | | "STREAM"..... | 02 | 02 | TREE..... | 03 | 03 | ELECTRICITY/TELEGRAPH | | | POLE..... | 04 | 04 | TRAFFIC LIGHT POLE... | 05 | 05 | TRAFFIC SIGN POLE.... | 06 | 06 | BRIDGE RAIL..... | 07 | 07 | BRIDGE SUPPORT OR | | | ABUSEMENT..... | 08 | 08 | OVERHEAD BRIDGE..... | 09 | 09 | GUARD RAIL..... | 10 | 10 | GUARD RAIL END..... | 11 | 11 | GUIDE POST..... | 12 | 12 | MAIL BOX..... | 13 | 13 | PARKED VEHICLE (CAR, | | | TRUCKS, BUS, ETC).... | 14 | 14 | DISABLED VEHICLE WHICH | | | IS PARTED (CARS, TRUCK, | | | BUS, ETC)..... | 15 | 15 | CULVERT, DRAIN..... | 16 | 16 | BRICK FENCE..... | 17 | 17 | WIRE FENCE..... | 18 | 18 | WOODEN FENCE..... | 19 | 19 | STATIONARY MACHINERY. | 20 | 20 | ROCKS..... | 21 | 21 | EMBANKMENT..... | 22 | 22 | LARGE ANIMAL (HORSE, | | | COW, SHEEP)..... | 23 | 23 | KANGAROO..... | 24 | 24 | SMALL ANIMAL (DOG)... | 25 | 25 | HYDRANT..... | 26 | 26 | WATER (CAR IN RIVER, | | | LAKE, OCEAN)..... | 27 | 27 | RAILWAY TRAIN..... | 28 | 28 | KERB..... | 29 | 29 | PEDESTRIAN..... | 30 | 30 | Building..... | 31 | 31 | Unknown..... | 99 | 99 | | |
| | 1st OBJECT STRUCK CODE | 2nd OBJECT STRUCK CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBJECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO OBJECT STRUCK..... | 01 | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE IN TRAFFIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| "STREAM"..... | 02 | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TREE..... | 03 | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELECTRICITY/TELEGRAPH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLE..... | 04 | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAFFIC LIGHT POLE... | 05 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAFFIC SIGN POLE.... | 06 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRIDGE RAIL..... | 07 | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRIDGE SUPPORT OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABUSEMENT..... | 08 | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OVERHEAD BRIDGE..... | 09 | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GUARD RAIL..... | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GUARD RAIL END..... | 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GUIDE POST..... | 12 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAIL BOX..... | 13 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARKED VEHICLE (CAR, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUCKS, BUS, ETC).... | 14 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISABLED VEHICLE WHICH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS PARTED (CARS, TRUCK, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUS, ETC)..... | 15 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CULVERT, DRAIN..... | 16 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRICK FENCE..... | 17 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WIRE FENCE..... | 18 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WOODEN FENCE..... | 19 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATIONARY MACHINERY. | 20 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROCKS..... | 21 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMBANKMENT..... | 22 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LARGE ANIMAL (HORSE, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COW, SHEEP)..... | 23 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KANGAROO..... | 24 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ANIMAL (DOG)... | 25 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HYDRANT..... | 26 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WATER (CAR IN RIVER, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAKE, OCEAN)..... | 27 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RAILWAY TRAIN..... | 28 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KERB..... | 29 | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PEDESTRIAN..... | 30 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building..... | 31 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown..... | 99 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | SCOBJ | 25-26 | SECOND OBJECT STRUCK BY THIS VEHICLE NOTE: THE SAME CODES EXIST FOR FIELDS 11 AND 12 | | 1 -99 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | NUHOSP | 27-28 | NUMBER OF PEOPLE ASSOCIATED WITH THIS VEHICLE HOSPITALISED | CODE NUMBER OF PEOPLE EXCLUDE FATALS | 0 -99 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | MANUF | 29-43 | MANUFACTURER'S NAME | CODE AS IDENTIFIED ON THE ACCIDENT FORM OR AS PER REGISTRATION DETAILS, WITHOUT CONSIDERING MANUFACTURER'S NAME CHANGES | x 15 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | MODEL | 44-58 | MAKE OR MODEL OF VEHICLE | CODE AS IDENTIFIED IN THE ACCIDENT FORM OR PER WITNESS STATEMENTS IN THE CASE OF MOTORCYCLES CODE THE ENGINE CAPACITY | x 15 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | YEAR | 59-60 | YEAR OF MODEL | CODE THE LAST TWO DIGITS OF THE YEAR NOT KNOWN..... 99 | 1 -99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | REGTYP | 61 | REGISTRATION TYPE OF THIS VEHICLE *See Note 4.2.17 <i>3-CARS, DC, or CC included As Govt. Vehicles</i> | UNREGISTERED..... 1 PRIVATE..... 2 PRIVATE AND BUSINESS..... 3 FOR CARRIAGE OF PASSENGERS FOR HIRE..... 4 FOR CARRIAGE FOR GOODS FOR HIRE OR IN COURSE OF TRADE..... 5 FOR PRIMARY PRODUCE BUSINESS..... 6 GOVERNMENT VEHICLE (INCLUDING POLICE CAR)..... 7 UNKNOWN..... 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

APPENDIX E

| FIELD | NAME | COLUMNS | DEFINITIONS | CODING INSTRUCTIONS/NOTES | RANGE | FILE |
|-------|----------|---------|--|--|--------|------|
| 18 | STREG | 62 | STATE OF REGISTRATION NOTE: Include Commonwealth vehicle CC CC 95 State in which accident occurred | NOT APPLICABLE (EG. BICYCLE).... 0 NSW (EXCLUDING A.C.T.)..... 1 VICTORIA..... 2 QUEENSLAND..... 3 SOUTH AUSTRALIA (EXCLUDING N.T.)..... 4 WEST AUSTRALIA..... 5 TASMANIA..... 6 A.C.T..... 7 N.T..... 8 UNKNOWN..... 9 | 0 - 9 | 18 |
| 19 | TTLR | 63 | TRAILER TOWED BY THIS VEHICLE | YES 1 NO..... 2 NOT KNOWN..... 9 | 1 - 9 | 19 |
| 20 | OTURN | 64 | VEHICLE OVERTURNED IN ACCIDENT NOTE: THIS MAY NOT BE AVAILABLE FOR THE ACCIDENT RECORD, INVESTIGATE WITNESS RECORDS, SUBSEQUENT POLICE RECORDS, A PHOTOGRAPHS | BICYCLE OR MOTORCYCLE..... 1 YES..... 2 NO..... 3 NOT KNOWN..... 9 | 1 - 9 | 20 |
| 21 | FIREOC | 65 | FIRE OCCURED IN THIS VEHICLE | YES..... 1 NO..... 2 NOT KNOWN..... 9 | 1 - 9 | 21 |
| 22 | VMOT | 66 | VEHICLE MOTION AT TIME OF ACCIDENT | STATIONARY (IN TRAFFIC)... 1 MOVING VEHICLE..... 2 PARKED..... 3 NOT KNOWN..... 9 | 1 - 9 | 22 |
| 23 | TVEHINJ | 67-68 | NUMBER OF PEOPLE ASSOCIATED WITH THIS VEHICLE INJURED, RECEIVED MEDICAL ATTENTION - BUT NOT HOSPITALISED | UNKNOWN.....99 CODE NUMBER OF PEOPLE | 0 - 99 | 23 |
| 24 | TVEHOMEL | 69-70 | NUMBER OF PEOPLE ASSOCIATED WITH THIS VEHICLE INJURED BUT WHO DO NOT RECEIVE MEDIAL ATTENTION | UNKNOWN.....99 CODE NUMBER OF PEOPLE | 0 - 99 | 24 |
| 25 | TVEHO | 71-72 | NUMBER OF PEOPLE ASSOCIATED WITH THIS VEHICLE NOT INJURED | UNKNOWN.....99 CODE NUMBER OF PEOPLE | 0 - 99 | 25 |
| 26 | TRLR | 73-74 | TRAILER/CARAVAN TYPE | VERY LIGHT UP TO 0.75.T. G.V.M.... 1 LIGHT .75 TO 3.5.T. G.V.M..... 2 MEDIUM 3.7.T. TO 10.T. G.V.M..... 3 HEAVY OVER 10.T. G.V.M..... 4 NOT APPLICABLE..... 8 NOT KNOWN..... 9 | 1-9 | 26 |
| | | | | | | |

APPENDIX E

CARD TYPE 3

APPENDIX E

| FIELD | NAME | COLUMNS | DEFINITION | CODING INSTRUCTIONS/NOTES | RANGE | FLD |
|-------|--------|---------|---|---|---------|-----|
| 1 | AACNO. | 1 - 4 | UNIQUE ACCIDENT NUMBER | USE THE ACCIDENT NUMBER ALLOCATED TO THIS ACCIDENT ON CARDS 1 AND 2 | 1-9999 | 1 |
| 2 | CTC | 5 | CARD TYPE NUMBER | 3 SHOULD BE CODED FOR THIS FIELD | 3 | 2 |
| 3 | VEHN. | 6 - 7 | VEHICLE NUMBER RUM VEHICLE IN WHICH THE PERSON WHOSE DATA FOLLOWS WAS ASSOCIATED | PEDESTRIAN OR RIDER OF ANIMAL..... 0 NOT KNOWN.....99 | 0 -99 | 3 |
| 4 | PERSN. | 8 - 9 | PERSONS NUMBER | THERE MUST BE ONE PERSON LEVEL SET OF DATA PROVIDED FOR EACH PERSON UP TO THAT SPECIFIED IN FIELD OF CARD 2 | 0 -99 | 4 |
| 5 | PERSLC | 10-11 | PERSONS LOCATION IN VEHICLE | NOT NOTED WHICH POSITION BY 3RD PARTY.....99 DRIVER OF VEHICLE OTHER THAN MOTORCYCLE/BICYCLE.....01 PEDESTRIAN.....02 BICYCLE/TRICYCLE RIDER.....03 BICYCLE/TRICYCLE PILLION.....04 RIDER - ANIMAL.....05 MOTORCYCLE/TRAIL BIKE RIDER.....06 MOTORCYCLE/TRAIL BIKE PILLION.....07 SIDE CARE PASSENGER.....08 <u>CAR/TRUCK/VAN</u> SEATED FRONT CENTRE.....09 SEATED FRONT LEFT.....10 SEATED REAR RIGHT.....11 SEATED REAR CENTRE.....12 SEATED REAR LEFT.....13 SEATED OTHER REAR OF CAR/TRUCK/VAN.....14 LYING DOWN ON FRONT SEAT.....15 LYING DOWN ON REAR SEAT.....16 LYING DOWN IN REAR PART OF VEHICLE OTHER THAN REAR SEAT, EG. UTE/STATION WAGON.....17 STANDING ON FRONT SEAT.....18 STANDING IN REAR SEAT.....19 STANDING IN REAR PART OF VEHICLE OTHER THAN REAR SEAT EG. UTE/STATION WAGON.....20 PERSON IN DRIVER'S LAP.....21 PERSON IN PASSENGER'S LAP.....22 PERSON IN FRONT SEAT BUT DON'T KNOW EXACTLY WHERE.....23 PERSON IN REAR SEAT BUT DON'T KNOW EXACTLY WHERE.....24 BUS PASSENGER.....25 ON ROOF/BONNET.....26 | 0-99 | 5 |
| 6 | AGE | 12-13 | PERSON AGE IN YEARS ROUNDED DOWN NOTE: THIS RELATES TO THE AGE OF THE PERSON AT THE TIME OF THE ACCIDENT IN 1982 OR 1983. IF AGE IS NOT SPECIFIED FOR PASSENGER ON THE ACCIDENT FORM - USE EITHER 1982 OR 1983 AS THE BASE YEAR TO ASSESS AGE | EG. UNDER ONE.....0 2 YEARS AND OVER BUT UNDER 3.....2 ETC, ETC.....98 98 YEARS AND OVER.....98 NOT KNOWN.....99 | 0 -99 | 6 |
| 7 | SEX | 14 | PERSON SEX | MALE.....1 FEMALE.....2 UNKNOWN.....9 | 1 - 9 | 7 |
| 8 | BLDALC | 15-17 | BLOOD ALCOHOL CONTENT (See Note 4.3.8) NOTE: THIS DATA MAY BE AVAILABLE ON THE ACCIDENT FORM UNLESS:- 1. COURT ACTION IS STILL PROCEEDING 2. THE DRIVER IS KILLED IN WHICH CASE THE FIGURE MAY BE IN THE CORONERS REPORT | TAKE PERCENTAGE x 1000 ROUNDED DOWN AND ZERO FILLED EG. .085% = 055 NO ALCOHOL (000).....000 UNKNOWN.....999 | 000-999 | 8 |

Australian State Accident Coding Forms

ITEMS AVAILABLE ON COMPUTER RECORD ARE MARKED R/P

P.T. 51

QUEENSLAND POLICE
TRAFFIC ACCIDENT REPORT

Reporting Station: _____ Accident No.: _____
Division in which accident occurred: _____

Time: Hours Date: _____ Day of Week: _____

LOCATION: Suburb/Town/Shire Area: _____ Street/Road/Highway/Place: _____ At Intersection: _____
At: _____ On: _____ With: _____

If not at intersection: Distance and Direction: _____ From: _____ Show nearest identifiable feature, e.g. cross street, landmark: _____

Unit 1: HEADED—Direction: _____ ON—Street, Road, Highway, etc.: _____ Unit 2: HEADED—Direction: _____ ON—Street, Road, Highway, etc.: _____
Unit 3: _____ Unit 4: _____

| | |
|----------|--|
| Acc. No. | |
| Div. | |
| St. 1 | |
| St. 2 | |
| L.A.A. | |

N.B. It is ESSENTIAL that an entry be made in EVERY LETTERED SECTION. If the section does not apply mark not applicable or insert zeros.

A NATURE OF ACCIDENT (Initial impact)

Hit parked vehicle 01
Other Vehicle to Vehicle Collisions
Angle 02
Rear-end 03
Head-on 04
Sideswipe—same direction 05
Sideswipe—opp. direction 06
Single Vehicle Accidents
Overturned 07
Hit fixed obstruction (specify): 08
Hit other object (specify): 09
Hit pedestrian on Ped. X'ing 10
Hit pedestrian elsewhere 11
Hit animal, incl. rid. horse 12
Other (specify): 13
Passenger Injury Only (No Vehicle Damage)
Fall from moving vehicle 14
Other (e.g. whiplash) (specify): 15
Other Accidents (specify): 16

B Did event marked above occur on carriageway? Yes 1 No 2

C CONTRIBUTING CIRCUMSTANCES

| | | | |
|------------------------|--------|--------|----|
| Excessive speed | Unit 1 | Unit 2 | 01 |
| Fail to give way | | | 02 |
| Following too close | | | 03 |
| Improper overtaking | | | 04 |
| Not keeping left | | | 05 |
| Improper turn | | | 06 |
| Disobey traffic signal | | | 07 |
| Disobey stop sign | | | 08 |
| Defective lights | | | 09 |
| Defective brakes | | | 10 |
| Had been drinking | | | 11 |
| Inexperience | | | 12 |
| Other (specify) | | | 13 |
| Not applicable | | | 14 |
| Office Use | | | 99 |

D Light

Daylight 1
Dawn or dusk 2
Darkness—lighted 3
Darkness—unlighted 4

E Atmospheric Conditions

Clear 1
Raining 2
Smoke/Dust 3
Fog 4

F Road Surface

Sealed—Dry 1
—Wet 2
Unsealed—Dry 3
—Wet 4

G Horizontal Features

Straight 1
Curve—view obscured 2
Curve—view open 3

H Vertical Features

Level 1
Slight grade 2
Steep grade 3
Crest 4
Dip (not floodway) 5

I Traffic Control

Police 01
Road/Railway worker 02
School X'ing with flags 03
Traffic lights—
Operating stop/go 04
Flashing amber 05
Stop sign 06
Give way sign 07
Pedestrian X'ing 08
Railway gate/boom/light 09
Other sign/light control 10
(specify) _____
No sign or control 99

J Special Features Intersection

—cross 10
—“T” 11
—“Y” 12
—multiple 13
—interchange 14
Bridge, culvert, causeway 20
Railway crossing 30
Median opening 40
Merg. lane, nr. intersect 50
Merging lane, other 60
Other (specify) _____
Not applicable 99

K Divided Road

Yes 1
No 2

L Maximum Prescribed Speed Limit

_____ km/h

M PEDESTRIAN MOVEMENT

Get on or off vehicle 01
Walking with traffic 02
Walking against traffic 03
Standing 04
Push or work on vehicle 05
Other working 06
Playing 07
Cross at intersection 08
Cross otherwise 09
Not on carriageway 10
Other (specify) _____
Not applicable 99

N PROPERTY DAMAGE (other than vehicle)

Value (if nil insert zeros) \$ _____
Nature: _____
Owner's name and address: _____

O Total No. of Units Involved

P TYPE OF UNITS INVOLVED

| | | | | |
|---------------------|----|----|----|----|
| | U1 | U2 | U3 | U4 |
| Car, station wagon | | | | |
| Utility, panel van | | | | |
| Truck | | | | |
| Articulated vehicle | | | | |
| Omnibus | | | | |
| Motor cycle | | | | |
| Tractor | | | | |
| Other motor vehicle | | | | |
| Bicycle | | | | |
| Pedestrian | | | | |
| Animal—controlled | | | | |
| —uncontrolled | | | | |
| Railway vehicle | | | | |
| Other (specify) | | | | |

Q WAS UNIT ENGAGED IN TOWING?

| | | | | |
|-------------------------|----|----|----|----|
| | U1 | U2 | U3 | U4 |
| Not towing | | | | |
| Towing caravan | | | | |
| Towing trailer—box | | | | |
| —boat | | | | |
| —other | | | | |
| Towing machinery | | | | |
| Towing, other (specify) | | | | |
| Not known | | | | |
| Not applicable | | | | |

R WHAT VEHICLES WERE GOING TO DO

| | | | | |
|--------------------|----|----|----|----|
| | U1 | U2 | U3 | U4 |
| Go straight: ahead | | | | |
| Overtake | | | | |
| Make right turn | | | | |
| Make left turn | | | | |
| Make U turn | | | | |
| Change lanes | | | | |
| Slow or stop | | | | |
| Start in lane | | | | |
| Start from parked | | | | |
| Reverse | | | | |
| Stay stopped | | | | |
| Remain parked | | | | |
| Other (specify) | | | | |
| Not applicable | | | | |

| UNIT 1 | UNIT 2 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----|---|---|----|----|----|---|----|----|----|---|--|---|---|---|---|----|----|----|---|----|----|----|---|
| ① PARTICULARS OF VEHICLES —If unit pedestrian or animal, leave section blank | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make <input checked="" type="checkbox"/> Office Use Registration No. _____ State _____ Owner's Name _____ Address _____ | Make _____ Office Use Registration No. _____ State _____ Owner's Name _____ Address _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE Nil <input type="checkbox"/> 1 Slight <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Severe <input type="checkbox"/> 4 | DAMAGE Nil <input type="checkbox"/> 1 Slight <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Severe <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Damage — Mark location of damage on vehicle—car, station wagons, utilities and panel van by circling numbers. <table style="display:inline-table; border:1px solid black; margin-left:20px;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>6</td></tr> <tr><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table> | 2 | 3 | 4 | 5 | 13 | 14 | 15 | 6 | 12 | 11 | 10 | 9 | Location of Damage — Mark location of damage on vehicle—car, station wagons, utilities and panel van by circling numbers. <table style="display:inline-table; border:1px solid black; margin-left:20px;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>6</td></tr> <tr><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table> | 2 | 3 | 4 | 5 | 13 | 14 | 15 | 6 | 12 | 11 | 10 | 9 |
| 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | 15 | 6 | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 11 | 10 | 9 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | 15 | 6 | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 11 | 10 | 9 | | | | | | | | | | | | | | | | | | | | | | |
| Was Unit Towed Away? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 No. of persons in unit _____ | Was Unit Towed Away? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 No. of persons in unit _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Vehicles (including towed vehicles)—brief description of damage | Other Vehicles (including towed vehicles)—brief description of damage | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|---|
| ② PARTICULARS OF DRIVER, RIDER OR PEDESTRIAN —If unit animal or unattended vehicle, leave section blank | |
| Name _____ Address _____ | Name _____ Address _____ |
| Lic No. _____ State <input checked="" type="checkbox"/> Office Use Expires _____ Date of Birth _____ | Lic No. _____ State _____ Office Use Expires _____ Date of Birth _____ |
| Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> 1 <input type="checkbox"/> Female <input type="checkbox"/> 2 <input type="checkbox"/> Unknown <input type="checkbox"/> 3 | Sex <input type="checkbox"/> Male <input type="checkbox"/> 1 <input type="checkbox"/> Female <input type="checkbox"/> 2 <input type="checkbox"/> Unknown <input type="checkbox"/> 3 |
| Licence Type—Open <input type="checkbox"/> 1 —Provisional <input type="checkbox"/> 2 —Learner <input type="checkbox"/> 3 | Licence Type—Open <input type="checkbox"/> 1 —Provisional <input type="checkbox"/> 2 —Learner <input type="checkbox"/> 3 |
| Blood Specimen Taken <input type="checkbox"/> Result _____ Not req'd <input type="checkbox"/> | Blood Specimen Taken <input type="checkbox"/> Result _____ Not req'd <input type="checkbox"/> |
| Failed to supply breath or blood <input type="checkbox"/> | Failed to supply breath or blood <input type="checkbox"/> |

| CODES | | ROAD USER | SEAT BELTS | SEVERITY |
|---|--|------------------------------|-----------------------------------|--|
| *AGE. Enter full years. For infants under 1 year show "00". | | 1 Motor Driver 4 Passenger | 1 Fitted—worn 4 Not Fitted | 1 Dead |
| SEX 1—male 2—female 3—unknown | | 2 Motor Cyclist 5 Pedestrian | 2 Fitted—not worn 5 Unknown | 2 Admitted to hospital |
| | | 3 Pedal Cyclist 6 Other | 3 Fitted—unknown 6 Not applicable | 3 Received Med. treatment—not admitted |
| | | | | 4 Minor injury—first aid or no treatment |

| Name and Address | Coded Particulars | Nature of Injury (Post Mortem if Available) <input checked="" type="checkbox"/> |
|------------------|---|---|
| | Age <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Road User <input checked="" type="checkbox"/> | |
| | Unit Number <input checked="" type="checkbox"/> Seat Belts | |
| | Severity <input checked="" type="checkbox"/> Office Use | |
| | Age Sex Road User | |
| | Unit Number Seat Belts | |
| | Severity Office Use | |
| | Age Sex Road User | |
| | Unit Number Seat Belts | |
| | Severity Office Use | |
| | Age Sex Road User | |
| | Unit Number Seat Belts | |
| | Severity Office Use | |

First Aid by—Name) _____ INJURED (by Name) TAKEN TO _____

COMPLETE ONLY IF PERSON KILLED OR INJURED—Describe what happened—refer to Units by Numbers: Unit 1, Unit 2, etc.

P.D. 83

SOUTH AUSTRALIA POLICE

ROAD TRAFFIC ACCIDENT

A.R. No.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

INSTRUCTIONS:

1. If handwritten, use BLACK biro only.
2. Use BLOCK letters only.
3. Where alternatives are shown, place an 'X' in the appropriate box.

e.g. Yes No

4. Complete both sides of form.

Station: _____

Place an 'X' in the appropriate box:

- FATAL GOVT. DEPT.
 DEPARTMENTAL HIT RUN
 INJURY ARREST
 MANNER DANGEROUS D.U.I.
 EXCEED P.C.A.

If person arrested or reported, state offence:

ARRESTED / REPORTED

TIME

Date of accident: ____/____/19____ Time: ____:____:____ am pm
 Day of week: Mon Tue Wed Thurs Fri Sat Sun

LOCATION

What was accident between: e.g. car & truck, 2 cars, car & fence etc. _____
 Where did accident happen: (name intersection, roads etc.) _____
 _____ Town or Suburb: _____
 If accident not at intersection or junction, name of nearest side street or landmark: _____
 If accident not at intersection or junction, the nearest side street or landmark is _____ metres
 N S E W from the accident scene. _____ kilometres
 Did Police attend at scene: Yes No Area speed limit: _____ km/h.

UNIT 1

Registration number: _____ Year, make & type of vehicle, or type of property: _____
 Name of road travelled on: _____
 Direction of travel: N NE E SE S SW W NW
 Driver's full name: _____ Sex: M F
 Address: _____ Occupation: _____
 Age: _____ years If Juvenile - O of B ____/____/19____ Driver's licence number: _____
 Licence: (1) State of issue: _____ (2) Codes: _____ (3) Type: Learners Probationary Full
 Driving experience in type of vehicle involved in accident: _____ years. Total driving experience: _____ years.
 If vehicle was towing a trailer, caravan etc., state type and registration number: _____
 Estimated speed of Unit 1 immediately prior to the accident: _____ km/h.

UNIT 2

Registration number: _____ Year, make & type of vehicle, or type of property: _____
 Name of road travelled on: _____
 Direction of travel: N NE E SE S SW W NW
 Driver's full name: _____ Sex: M F
 Address: _____ Occupation: _____
 Age: _____ years If Juvenile - O of B ____/____/19____ Driver's licence number: _____
 Licence: (1) State of issue: _____ (2) Codes: _____ (3) Type: Learners Probationary Full
 Driving experience in type of vehicle involved in accident: _____ years. Total driving experience: _____ years.
 If vehicle was towing a trailer, caravan etc., state type and registration number: _____
 Estimated speed of Unit 2 immediately prior to the accident: _____ km/h.

DAMAGE

DAMAGE - UNIT 1
 Estimated cost of repair: \$.....
 Was damage: slight moderate extensive
 Was vehicle towed from scene: Yes No Unknown

DAMAGE - UNIT 2
 Estimated cost of repair: \$.....
 Was damage: slight moderate extensive
 Was vehicle towed from scene: Yes No Unknown

Total Damage: \$.....

INJURIES

| Full Name, Occupation and Address | Type of Road User | Vehicle Unit No. | Sex | Age | Position in Vehicle | INCLUDE MINOR INJURIES | | | | | |
|-----------------------------------|--|--|--|-----|---------------------|--|---|--|---|--|--|
| | | | | | | Injury Details | | | Treatment | | |
| 1. _____ | <input type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Pass. <input type="checkbox"/> Ped. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Head <input type="checkbox"/> Chest/Body <input type="checkbox"/> Multiple | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Not Treated <input type="checkbox"/> By Private Dr. <input type="checkbox"/> Treated at Hospital | | |
| 2. _____ | <input type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Pass. <input type="checkbox"/> Ped. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Internal <input type="checkbox"/> Shock <input type="checkbox"/> Limbs | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Fatal | | |
| 3. _____ | <input type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Pass. <input type="checkbox"/> Ped. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Neck <input type="checkbox"/> Other | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | | |

| | | | | |
|--------------------------------|----------------------------|---------------------------------|---------------------------|------------------------------|
| STATISTICAL DATA | TYPE OF LOCATION | TYPE OF ACCIDENT | APPARENT ERRORS | BLOOD ALCOHOL CONTENT |
| | INTERSECTION ETC. | 1. Rear end | 1. Excessive speed | 1. Not tested |
| | 1. Interchange | 2. Hit fixed object | 2. Fell to stand | 2. Refus B/A Test |
| | 2. 4 Cross | 3. Side swipe | 3. Fell to keep left | 3. Sober on reporting |
| | 3. Y Junction | 4. Right angle | 4. Change lanes to danger | 4. Tested Under P.C.A. |
| | 4. T Junction | 5. Head on | 5. Fell give way right | 5. Tested: Charged P.C. |
| | 5. Multiple | 6. Hit pedestrian | 6. Incorrect turn | 5. A.A. breath |
| | 6. Rail Crossing | 7. Hit bus | 7. Reverse w/o due care | |
| | | 8. Hit truck accident | 8. Follow too closely | |
| | | 9. Hit parked vehicle | 9. Overtake w/o due care | |
| BETWEEN INTERSECTIONS | 10. Hit animal | 10. Disobey traffic lights | | |
| 1. Crossover | 11. Hit object on road | 11. stop sign | 6. Charged D.U.I. | |
| 2. Rail Crossing | 12. Left Rd out of control | 12. give way sign | Blood Test: | |
| 3. Divided | 13. | 13. police signal | 1. 2. | |
| 4. Not divided | | 14. rail signal | | |
| 5. One way street | | 16. Incorrect or no signal | | |
| 6. Freeway | | 17. Instantiation | | |
| 7. Ramp on | | 18. No error indicated | | |
| 8. Ramp off | | 19. Other | | |
| 9. Pedestrian Crossing | | 20. Dangerous driving | | |
| | | 20. D.U.I. | | |
| ROAD FEATURES | VEHICLE MOVEMENT | PEDESTRIAN MOVEMENT | OFFICE USE ONLY | |
| 1. Straight road | 1. Right turn | 1. Walk on footpath | RESPONSIBILITY | |
| 2. Curve or bend | 2. Left turn | 2. On Pedestrian Crossing | 1. Driver/Rider | |
| 3. Bridge, Culvert or Causeway | 3. U turn | 3. Within 20m Crossing | 2. Passenger | |
| | 4. Swerving | 4. Alight parked vehicle | 3. Pedestrian | |
| | 5. Reversing | 5. Walk between parked vehicles | 4. Animal | |
| | 6. Stopped on road | 6. Walk on road | 5. Other | |
| | 7. Straight ahead | 7. against traffic | | |
| | 8. Enter private driveway | 8. Pushing or Work on vehicle | | |
| | 9. Leave private driveway | 9. Playing on road | | |
| | 10. Parked | 10. Crossing w/o control | | |
| | 11. Parking angle | | | |
| | 12. Parking parallel | | | |
| | 13. Unparking angle | | | |
| | 14. Unparking parallel | | | |
| | 15. Overtaking on right | | | |
| | 16. Overtaking on left | | | |
| | 17. | | | |
| ROAD CONDITIONS | TRAFFIC CONTROLS | | | |
| 1. Sealed | 1. Traffic signals | | | |
| 2. Not sealed | 2. Railway Crossing - Boom | | | |
| | 3. Flashing signals | | | |
| | 4. No control | | | |
| | 5. Stop signs | | | |
| | 6. Give way signs | | | |
| | 7. No control | | | |
| | 8. Round - a - bout | | | |
| WEATHER | | | | |
| 1. Raining | | | | |
| 2. Not raining | | | | |
| LIGHTING | | | | |
| 1. Daylight | | | | |
| 2. Dawn/Dusk | | | | |
| 3. Night | | | | |

WITNESSES - DO NOT INCLUDE THOSE INJURED

Name: Address: Tel:

Name: Address: Tel:

Name: Address: Tel:

Name: Address: Tel:

DESCRIPTION

BRIEF DESCRIPTION OF ACCIDENT:

.....

.....

.....

.....

PLAN

SYMBOLS FOR PLAN

Street Intersection 

Curved Street 

Persons 

Vehicle 1 

Vehicle 2 

(Direction of travel indicated by arrow in symbol)

INDICATE NORTH WITH AN ARROW

Reported to or at by at hours on / 19.....

Date: / 19.....

Signature of Member Rank UD No.

APPENDIX E

| P4 TRAFFIC ACCIDENT REPORT | | | | | | | | | | ALL INFORMATION SUPPLIED WITHOUT PREJUDICE | | | | | | | | | | | | | | | | | |
|---|--|----------------------------------|--|----------------------|--|---|--|---|--|--|--|--|--|----------------------|--|---------------------|--|-------------|--|--------------|--|-------------|--|------------|--|----------|--|
| TIME | | DATE | | No. VEH. | | No. KILLED | | No. INJ. | | LATE REPORT YES <input type="checkbox"/> NO <input type="checkbox"/> | | PARTICULARS YES <input type="checkbox"/> EXCHANGED NO <input type="checkbox"/> | | | | | | | | | | | | | | | |
| DAY | | 1. SUN 3. TUE 5. THU 7. SAT | | 2. MON 4. WED 6. FRI | | MUNIC. | | NEAREST STATION | | DIV. | | | | | | | | | | | | | | | | | |
| STREET | | TYPE | | SUBURB TOWN | | INTERSECTION YES <input type="checkbox"/> NO <input type="checkbox"/> | | TYPE | | SKETCH (SHOW NORTH POINT WITH ARROW) | | | | | | | | | | | | | | | | | |
| KMS METRES | | OF | | CLASS | | TRAFFIC LIGHTS | | SURFACE | | | | | | | | | | | | | | | | | | | |
| 1. FREEWAY | | 2. HIGHWAY | | 3. TRUNK | | 4. MAIN | | 5. OTHER | | | | | | | | | | | | | | | | | | | |
| FEATURES | | 1. STRAIGHT | | 2. CURVE | | 3. CREST | | 4. LEVEL | | | | | | 5. GRADE | | | | | | | | | | | | | |
| INTERSECTION TYPE | | 1. X | | 2. Y | | 3. T | | 4. MULTIPLE | | | | | | 5. ROUNDABOUT | | 6. NOT INTERSECTION | | | | | | | | | | | |
| 1. DIVIDED | | 2. NOT DIVIDED | | 1. LIGHT | | 2. MEDIUM | | 3. HEAVY | | | | | | 1. PEDESTRIAN CROSS. | | 2. STOP SIGN | | 3. GIVE WAY | | 4. POLICE | | 5. NIL | | | | | |
| CAT. | | IMPACT ITEM | | MAP REF. | | ROUTE | | SECTION | | | | | | L.G.A. | | 1. OPEN | | 2. OBSCURED | | 1. ON 3. NIL | | 2. OFF | | | | | |
| 1. | | 2. | | 3. | | 1. | | 2. | | | | | | 3. | | 1. FINE | | 2. RAINING | | 3. OVERCAST | | 4. FOG | | 5. SNOWING | | 6. OTHER | |
| 1. | | 2. | | 3. | | 1. | | 2. | | | | | | 3. | | 1. DAWN | | 2. DAYLIGHT | | 3. DUSK | | 4. DARKNESS | | | | | |
| IF COLLISION AT DRIVEWAY INDICATE | | IF VEH. - 1. ENTERING 2. LEAVING | | STREET No. | | PROPERTY NAME | | TYPE OF PREMISES: 1. RESID. 2. INDUST. 3. RETAIL 4. RURAL | | | | | | | | | | | | | | | | | | | |
| VEHICLE No. | | | | | | VEHICLE No. | | | | | | | | | | | | | | | | | | | | | |
| DRIVER | | | | | | DRIVER | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| POST CODE | | | | | | POST CODE | | | | | | | | | | | | | | | | | | | | | |
| LIC. No. | | | | | | LIC. No. | | | | | | | | | | | | | | | | | | | | | |
| STATE CLASS TYPE EXPERIENCE YRS MTHS | | | | | | STATE CLASS TYPE EXPERIENCE YRS MTHS | | | | | | | | | | | | | | | | | | | | | |
| AGE | | | | | | AGE | | | | | | | | | | | | | | | | | | | | | |
| 1. MALE 2. FEM. | | | | | | 1. MALE 2. FEM. | | | | | | | | | | | | | | | | | | | | | |
| SEAT BELT 1. WORN 2. NOT WORN 3. NOT FITTED | | | | | | SEAT BELT 1. WORN 2. NOT WORN 3. NOT FITTED | | | | | | | | | | | | | | | | | | | | | |
| HELMET 1. OPEN 2. FULL FACE 3. NOT WORN | | | | | | HELMET 1. OPEN 2. FULL FACE 3. NOT WORN | | | | | | | | | | | | | | | | | | | | | |
| BREATH TEST 1. POS. 2. NEG. 3. NO TEST | | | | | | BREATH TEST 1. POS. 2. NEG. 3. NO TEST | | | | | | | | | | | | | | | | | | | | | |
| REASON NO TEST | | | | | | REASON NO TEST | | | | | | | | | | | | | | | | | | | | | |
| ANALYSIS | | | | | | ANALYSIS | | | | | | | | | | | | | | | | | | | | | |
| OWNER (USE O/D IF DRIVER) | | | | | | OWNER (USE O/D IF DRIVER) | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| REG. No. | | | | | | REG. No. | | | | | | | | | | | | | | | | | | | | | |
| STATE YEAR MAKE | | | | | | STATE YEAR MAKE | | | | | | | | | | | | | | | | | | | | | |
| BODY LOAD WEIGHT 1. UNDER 4.5 TONNE 2. OVER 4.5 TONNE | | | | | | BODY LOAD WEIGHT 1. UNDER 4.5 TONNE 2. OVER 4.5 TONNE | | | | | | | | | | | | | | | | | | | | | |
| TOWED AWAY 1. YES 2. NO | | | | | | TOWED AWAY 1. YES 2. NO | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE CODE | | | | | | DAMAGE CODE | | | | | | | | | | | | | | | | | | | | | |
| VEH. LIGHTS 1. ON 2. OFF | | | | | | VEH. LIGHTS 1. ON 2. OFF | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF OCCUPANTS | | | | | | NUMBER OF OCCUPANTS | | | | | | | | | | | | | | | | | | | | | |
| SPEED KPH | | | | | | SPEED KPH | | | | | | | | | | | | | | | | | | | | | |
| STREET OF TRAVEL | | | | | | STREET OF TRAVEL | | | | | | | | | | | | | | | | | | | | | |
| DIRECTION | | | | | | DIRECTION | | | | | | | | | | | | | | | | | | | | | |
| MAN. STREET FACT. LEG. ACT. | | | | | | MAN. STREET FACT. LEG. ACT. | | | | | | | | | | | | | | | | | | | | | |
| OTH. UNIT TYPE UNIT TOWED | | | | | | OTH. UNIT TYPE UNIT TOWED | | | | | | | | | | | | | | | | | | | | | |
| WITNESS NAME | | | | | | WITNESS NAME | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| RESP. PARTY. | | | | | | POLICE ACTION (INC. INF. NOTICE No.) | | | | | | | | | | | | | | | | | | | | | |
| SUMMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCENE 1. YES VISITED 2. NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURY No. FROM VEHICLE No. | | | | | | INJURY No. FROM VEHICLE No. | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | NAME | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 1. MALE 2. FEM. AGE EJECTED 1. YES 2. NO POSITION | | | | | | 1. MALE 2. FEM. AGE EJECTED 1. YES 2. NO POSITION | | | | | | | | | | | | | | | | | | | | | |
| SEAT BELT/HELMET HELMET TYPE CHILD RES. WORN 1. YES 2. NO | | | | | | SEAT BELT/HELMET HELMET TYPE CHILD RES. WORN 1. YES 2. NO | | | | | | | | | | | | | | | | | | | | | |
| INJURIES | | | | | | INJURIES | | | | | | | | | | | | | | | | | | | | | |
| 1. TREAT 2. ADMIT | | | | | | 1. TREAT 2. ADMIT | | | | | | | | | | | | | | | | | | | | | |
| HOSP. ADM. No. | | | | | | HOSP. ADM. No. | | | | | | | | | | | | | | | | | | | | | |
| BLOOD SAMP. No. 1. POS. 2. NEG. ANALYSIS | | | | | | BLOOD SAMP. No. 1. POS. 2. NEG. ANALYSIS | | | | | | | | | | | | | | | | | | | | | |
| TIME OF DEATH | | | | | | DATE OF DEATH | | | | | | | | | | | | | | | | | | | | | |
| REPORTING OFFICER No. | | | | | | CHECKING OFFICER No. | | | | | | RANK | | | | | | | | | | | | | | | |
| RANK STATION SIGNATURE DATE | | | | | | SIGNATURE DATE | | | | | | DATE | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--|---|---|--|--|-----------------------------------|---|---|---|---|---|---|---|---|---|---|
| TASMANIA POLICE | | Page No. _____ of Pages _____ | ACC Traffic Control Use Only | | | | | | | | | | | | |
| TRAFFIC ACCIDENT REPORT | | ACTION: <input type="checkbox"/> No Further Report <input type="checkbox"/> Full Accident File | | | | | | | | | | | | | |
| District: _____ | Division: _____ | Station: _____ | Station File No. _____ | | | | | | | | | | | | |
| Time: _____ a.m./p.m. Day of Week: _____ | | Date: _____ | No. Units Involved: _____ | | | | | | | | | | | | |
| Scene visited Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Accident on _____ (road, road, etc.) _____ (road or locality) _____ (municipality) | | | | | | | | | | | | | | | |
| At _____ from _____ | | House No. _____ | H.E.C. Pole No. _____ | | | | | | | | | | | | |
| DRIVERS | SOBRIETY Unit 1 Unit 2 Had not been drinking <input type="checkbox"/> <input type="checkbox"/> Not known whether drinking <input type="checkbox"/> <input type="checkbox"/> Had been drinking and not obviously affected <input type="checkbox"/> <input type="checkbox"/> Obviously affected <input type="checkbox"/> <input type="checkbox"/> | | BLOOD ALCOHOL CONTENT Unit 1 Unit 2 Tested but no result available <input type="checkbox"/> <input type="checkbox"/> Not tested <input type="checkbox"/> <input type="checkbox"/> Blood alcohol level _____% _____% | | | | | | | | | | | | |
| | | | INJURY CODE | K Dead before report made H Admitted to hospital M Received medical treatment but not detained T First aid only O No apparent injury | | | | | | | | | | | |
| | | | | (Mark POSITION of occupants with an X) <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 40px;"> <tr><td>C</td><td>B</td><td>A</td></tr> <tr><td>D</td><td>E</td><td>F</td></tr> </table> <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 40px; margin-left: 20px;"> <tr><td>I</td><td>H</td><td>G</td></tr> <tr><td>J</td><td>K</td><td>L</td></tr> </table> | C | B | A | D | E | F | I | H | G | J | K |
| | C | B | A | | | | | | | | | | | | |
| D | E | F | | | | | | | | | | | | | |
| I | H | G | | | | | | | | | | | | | |
| J | K | L | | | | | | | | | | | | | |
| UNIT 1: Ped./Veh. Make: _____ Type: _____ Year: _____ Reg. No: _____ | | Age | Sex | INJURY CODE | OCCUPANT RESTRAINTS | | | | | | | | | | |
| A | Drivers Licence No.: _____ Type: _____ Years Driving Experience: _____ Occupation: _____ | | | | Worn Not Worn Not Worn Not Fitted | | | | | | | | | | |
| B | (Full Name) _____ (Address) _____ | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | | | |
| Vehicle Towed: YES/NO To: _____ | | | | | | | | | | | | | | | |
| UNIT 2: Ped./Veh. Make: _____ Type: _____ Year: _____ Reg. No: _____ | | | | | | | | | | | | | | | |
| G | Drivers Licence No.: _____ Type: _____ Years Driving Experience: _____ Occupation: _____ | Age | Sex | INJURY CODE | OCCUPANT RESTRAINTS | | | | | | | | | | |
| H | (Full Name) _____ (Address) _____ | | | | Worn Not Worn Not Worn Not Fitted | | | | | | | | | | |
| I | | | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | |
| Vehicle Towed: YES/NO To: _____ | | | | | | | | | | | | | | | |
| Names and Addresses of WITNESSES | | | | Age | Accident viewed from | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| <input type="radio"/> SHOW NORTH BY ARROW | | BRIEF DESCRIPTION: (use attachment if insufficient space) | | | | | | | | | | | | | |
| SKETCH OF SCENE (See reverse for instructions) | | Reporting Officer: _____ (NOTE THAT FORM CONTINUES ON REVERSE) | | | | | | | | | | | | | |
| | | Rank and No.: _____ Date: _____/_____/_____ | | | | | | | | | | | | | |
| | | _____ | | | | | | | | | | | | | |
| | | _____ | | | | | | | | | | | | | |

* See instructions for completion, No. 15.

Copy

REPORT OF ROAD TRAFFIC ACCIDENT
POLICE DEPARTMENT, WESTERN AUSTRALIA

Use **BLOCK LETTERS** throughout. When boxes are provided print only one character per box. Under Vehicle 1 enter all the information listed for you and your vehicle. Under Vehicle 2 and Vehicle 3 enter as many details as you can for any other drivers and pedestrians involved. If more than 3 vehicles and pedestrians involved, use additional form(s).

HIT RUN
LOCAL No
STATE No

1 YOUR VEHICLE

(a) SURNAME OTHER NAMES

(b) ADDRESS

(c) PHONE No. Work Home (d) SEX (M or F) (e) DATE OF BIRTH: / /

(f) DRIVER'S LICENCE No. STATE OF ISSUE CLASSES: EXPIRY DATE: / /

DATE DRIVER'S LICENCE RENEWED: / /

(g) PROBATION (YES or NO) (h) OCCUPATION (i) EMPLOYER

(j) MAKE AND MODEL (Auto or Man) (k) COLOUR (l) BODY TYPE OF VEHICLE
(eg. Sedan, Utility)

(m) REGISTRATION No. STATE OF REGISTRATION: EXPIRY DATE: / /

(n) OWNER'S NAME (o) ADDRESS
(If at for driver, write as above)

(p) DESCRIPTION OF DAMAGE: (q) ESTIMATED COST: \$

(r) VEHICLE REQUIRED TOWING? (Y or N)

2 VEHICLE 2 PEDESTRIAN OR OTHER

(a) SURNAME OTHER NAMES

(b) ADDRESS

(c) SEX (M or F) (d) DATE OF BIRTH: / / (e) DRIVER'S LICENCE No. STATE OF ISSUE:

(f) MAKE AND MODEL (Auto or Man) (g) COLOUR (h) BODY TYPE OF VEHICLE
(eg. Sedan, Utility)

(i) REGISTRATION No. STATE OF REGISTRATION:

(j) DESCRIPTION OF DAMAGE:

(k) VEHICLE REQUIRED TOWING? (Y or N)

3 VEHICLE 3 PEDESTRIAN OR OTHER

(a) SURNAME OTHER NAMES

(b) ADDRESS

(c) SEX (M or F) (d) DATE OF BIRTH: / / (e) DRIVER'S LICENCE No. STATE OF ISSUE:

(f) MAKE AND MODEL (Auto or Man) (g) COLOUR (h) BODY TYPE OF VEHICLE
(eg. Sedan, Utility)

(i) REGISTRATION No. STATE OF REGISTRATION:

(j) DESCRIPTION OF DAMAGE:

(k) VEHICLE REQUIRED TOWING? (Y or N)

4 LOCATION OF ACCIDENT

OCURRED AT (road, street name) AT INTERSECTION OF (road, street name)

NAME OF SUBURB, TOWN, LOCALITY

IF NOT AT Metres N S E W
INTERSECTION X Metres of
(Intersecting road, kilometre post, 10m, 1km, 3m, SLK post, etc.)

5 DAY OF ACCIDENT SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

6 DATE OF ACCIDENT / / **7 TIME OF ACCIDENT**: Hours (24 Hour clock) of AM PM

8 CASUALTY DETAILS (If no injuries, go to Section 9, Witnesses)

| CASUALTY NAMES | VEHICLE NUMBER | AGE (Years) | SEX | | DRIVER | PASSENGER | PEDESTRIAN | ADMITTED TO HOSPITAL | INJURED | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| | | | MALE | FEMALE | | | | | Require medical attention | Require hospital |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. WITNESSES

| NAME | ADDRESS | Telephone Work | Number Home | TYPE OF WITNESS (Independent Passenger, etc.) |
|-------|---------|----------------|-------------|---|
| | | | | |
| | | | | |

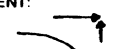
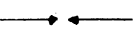



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COPY

| 9. WITNESSES (Continued) | | TYPE OF WITNESS (Independent, Passenger, etc.) | |
|--|--|--|---|
| NAME | ADDRESS | Telephone Number Work | Home |
| | | | |
| | | | |
| ACCIDENT FEATURES (Cross all appropriate boxes) | | | |
| 10. Traffic Control <input type="checkbox"/> Traffic lights <input type="checkbox"/> Stop sign <input type="checkbox"/> Giveaway sign <input type="checkbox"/> Zebra crossing <input type="checkbox"/> Rail level crossing - Boom gates <input type="checkbox"/> Rail level crossing - Flashing lights only <input type="checkbox"/> Rail level crossing - Stop Signs <input type="checkbox"/> Rail level crossing - Unguarded <input type="checkbox"/> School crossing <input type="checkbox"/> No sign or control <input type="checkbox"/> Other - specify | 11. Road Features <input type="checkbox"/> 4 way intersection (crossroads) <input type="checkbox"/> 3 way junction <input type="checkbox"/> Multiple intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Medium opening <input type="checkbox"/> Railway crossing <input type="checkbox"/> Bridge <input type="checkbox"/> Subway <input type="checkbox"/> Driveway <input type="checkbox"/> No special feature <input type="checkbox"/> Other - specify | 12. Road Alignment <input type="checkbox"/> Curve <input type="checkbox"/> Straight 14. Road Grade <input type="checkbox"/> Level <input type="checkbox"/> Crest of hill <input type="checkbox"/> Slope 16. Atmospheric Conditions <input type="checkbox"/> Clear <input type="checkbox"/> -Raining <input type="checkbox"/> Fog, smoke, dust <input type="checkbox"/> Other - specify | 13. Road Conditions <input type="checkbox"/> Wet <input type="checkbox"/> Dry 15. Road Surface <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed 17. Lighting <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn or dusk <input type="checkbox"/> Darkness - Street lights on <input type="checkbox"/> Darkness - Street lights off <input type="checkbox"/> Darkness - Street lights not provided |
| 18. Estimate of Total Damage. Under \$300 <input type="checkbox"/> Over \$370 <input type="checkbox"/> | | | |
| 19. DESCRIPTION AND DETAILS OF ACCIDENT | | | |
| Briefly describe how accident happened, stating clearly the direction of travel of vehicles involved. Include approximate speeds of vehicles, vehicle types, applicable details of injuries received, if seat belts worn, and which vehicle had traffic control lights, if applicable. | | | |
| <p style="font-size: 2em; opacity: 0.5;">COPY</p> | | | |
| 20. Did parties involved agree to report this accident? | | 21. No. of forms used to report the accident..... | |
| 22. SKETCH OF LOCALITY (Attach extra sheet if insufficient space) 1. Show north point. 2. Label vehicles (registration number) and show street names. 3. Select appropriate symbols for diagram. 4. Show all objects struck and by which vehicle. | | | |
| VEHICLE <input checked="" type="checkbox"/> (Front) PEDESTRIAN LAMP POST | | | |
| 23. HIT RUN ACCIDENT (Y or N)..... If yes, Sex of Driver (M or F)..... Estimated age..... Description..... | | 24. FOR DRIVER REPORTED ACCIDENTS Signature..... Time..... AM/PM Date..... Witness to signature..... PC No..... Station..... A/L Date..... | |

APPENDIX E

| | | | | | | | | | | | | | |
|---|---|--|------------------|---|------------------|---|------------------------|--|-------|-------|--------------------------|--------------------------|--------------------------|
| VICTORIA POLICE | | FORM 5 13 - 2 (Rev 1982) | DATE OF ACCIDENT | TIME OF ACCIDENT | SPEED ZONE LIMIT | STATION A/B NO | TRAFFIC DEPT. FILE NO. | | | | | | |
| TRAFFIC ACCIDENT REPORT | | | / / | 24 HR | (KM/H) | | | | | | | | |
| THIS FORM MUST ACCOMPANY FORM 5 13 - 1 | | | | | | | | | | | | | |
| LOCATION | OCCURRED ON (NAME OF STREET, ROAD OR HIGHWAY) | | | ALSO FOR COUNTRY | | IN TOWN OF OR BETWEEN TOWNS OF | | | | | | | |
| | DISTANCE TO INTERSECTION | | | MUNICIPALITY | | AND | | | | | | | |
| SKETCH OF LOCALITY | N/S/E/W | | | | | (HIGHWAY ONLY) NEAREST KILOMETRE POST - (INSERT NUMBER) | | | | | | | |
| | OF (NEAREST INTERSECTING STREET, ROAD OR HIGHWAY) | | | (DISTANCE) | | NEAREST LANDMARK | | | | | | | |
| SHOW NORTH WITH ARROW | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| INSTRUCTIONS | | | | | | | | | | | | | |
| 1 LETTER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY AN ARROW | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 NUMBER EACH PEDESTRIAN AND SHOW DIRECTION OF MOVEMENT BY - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 IF DIRECTION UNKNOWN SHOW AS - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4 USE SOLID LINE TO SHOW VEHICLE PATH BEFORE ACCIDENT AND DOTTED LINE AFTER ACCIDENT | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SHOW RAILWAY BY - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| NOTE - SHOW DISTANCE AND DIRECTIONS TO ANY INTERSECTIONS/LANDMARKS AND IDENTIFY BY NAME - INDICATE ROAD WIDTH AND ANY SKIDMARKS - SHOW ALL TRAFFIC CONTROL DEVICES | | | | | | | | | | | | | |
| (REFER TO VEHICLES AND PEDESTRIANS BY THE SAME LETTERS AND NUMBERS AS ON THE SKETCH) EXCLUDE ANY VERBAL STATEMENT OR ADMISSION | | | | | | | | | | | | | |
| SECTION 80 MCA COMPLIED WITH | | | | | | | | | | | | | |
| 1 NOT APPLICABLE 2 YES 3 NO <table style="float: right; margin-left: 20px;"> <tr> <td>VEH A</td> <td>VEH B</td> <td>VEH C</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | | | | | | | VEH A | VEH B | VEH C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VEH A | VEH B | VEH C | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| POLICE OPINION OF RESPONSIBILITY | | | | | | | | | | | | | |
| (SPECIFY SUBSEQUENT OBJECT OR ANIMAL HIT) | | | | | | | | | | | | | |
| TO BE EXPRESSED IF POSSIBLE | | | | | | | | | | | | | |
| DESCRIBE ACCIDENT BRIEFLY | | | | | | | | | | | | | |
| TYPE OF ACCIDENT 1 ON CARRIAGEWAY 2 RUN OFF CARRIAGEWAY 3 OFF CARRIAGEWAY COLLISION OF VEHICLE WITH 1 OTHER VEHICLE (INCLUDE BICYCLE) 2 PEDESTRIAN 3 STRUCK ANIMAL (NOT RIDDEN) 4 FIXED OBJECT 5 OTHER OBJECT **SPECIFY NON COLLISION AND 6 OVERTURNED 7 FELL FROM/IN MOVING VEHICLE 8 NO OBJECT STRUCK 9 OTHER ACCIDENT VEHICLE MOVEMENT (SELECT ONE OR MORE) 1 GOING STRAIGHT AHEAD 2 TURNING RIGHT 3 TURNING LEFT 4 LEAVING A DRIVEWAY 5 U TURNING 6 CHANGING LANES 7 OVERTAKING 8 MERGING 9 REVERSING 10 PARKING OR UNPARKING 11 PARKED - STANDING ALLOWED 12 PARKED - STANDING PROHIBITED 13 STATIONARY AFTER BEING IN ACCIDENT 14 STATIONARY - BROKEN DOWN 15 OTHER STATIONARY 99 NOT KNOWN 1 NOT APPLICABLE 2 SKIDDING ON CARRIAGEWAY 3 SKIDDING ON GRAVEL SHOULDER 4 SWERVING 5 DRIVERLESS MOVING VEHICLE CAUGHT FIRE 1 YES 2 NO 9 NOT KNOWN | | TRAFFIC CONTROL 1 CONTROLLED 2 NO CONTROL 3 CONTROL OUT OF ORDER/ MALFUNCTIONING TYPE OF CONTROL (SELECT ONE OR MORE) 1 INTERSECTION SIGNALS OPERATING STOP/GO 2 INTERSECTION SIGNALS FLASHING 3 PUSH BUTTON PEDESTRIAN SIGNALS NOT CONTROLLING INTERSECTION 4 PEDESTRIAN CROSSING 5 RAILWAY X-ING GATES/BOOMS 6 RAILWAY X-ING FLASHING LIGHTS/ BELLS ONLY 7 RAILWAY X-ING NO AUTOMATIC SIGNALS 8 ROUNDABOUT SIGN 9 STOP SIGN 10 GIVE WAY SIGN 11 SCHOOL CROSSING WITH FLAGS 12 SCHOOL CROSSING WITHOUT FLAGS 13 POLICE 14 OTHER SPECIFY 15 NOT APPLICABLE ROAD CHARACTER 1 CROSS INTERSECTION 2 T INTERSECTION 3 Y INTERSECTION 4 MULTIPLE INTERSECTION 5 NOT AT INTERSECTION 6 DEAD END 7 ROAD CLOSURE 8 PRIVATE PROPERTY (SELECT ONE OR MORE) 1 STRAIGHT 2 CURVE 3 DIVIDED ROAD 4 MEDIAN OPENING (NOT AT INTERSECTION) 5 BRIDGE, CULVERT OR CAUSEWAY 6 DRIVEWAY OR CROSSOVER 7 ROADWORKS ROAD SURFACE CONDITION 1 DRY 2 WET 3 MUDDY 4 SNOW OR ICY 1 PAVED 2 UNPAVED OR GRAVEL | | PEDESTRIAN SECTION (RELATES TO FIRST PEDESTRIAN HIT) PEDESTRIAN MOVEMENTS 1 NOT APPLICABLE 2 CROSSING CARRIAGEWAY 3 WORKING, PLAYING, LYING OR STANDING ON CARRIAGEWAY 4 WALKING ON CARRIAGEWAY WITH TRAFFIC 5 WALKING ON CARRIAGEWAY AGAINST TRAFFIC 6 PUSHING OR WORKING ON VEHICLE 7 WALKING TO, FROM OR BOARDING TRAM 8 WALKING TO, FROM OR BOARDING OTHER VEHICLE SPECIFY 9 NOT ON CARRIAGEWAY (e.g. footpath) 99 NOT KNOWN DID PED. EMERGE FROM BEHIND STATIONARY VEHICLE? 1 NOT APPLICABLE 2 YES 3 NO 9 NOT KNOWN DID PED. COMPLY WITH CONTROL? 1 NOT APPLICABLE 2 YES 3 NO 9 NOT KNOWN TYPE OF CROSSING SUPERVISION 1 NOT APPLICABLE 2 SUPERVISOR (WHITE UNIFORM) 3 BY LAWS OFFICER 4 OTHER SPECIFY | | VEHICLE TYPE 1 CAR 2 STATION WAGON 3 TAXI 4 UTILITY 5 PANEL VAN 6 ARTICULATED VEHICLE (semitr) 7 TRUCK (including semi) 8 BUS/COACH 9 MINIBUS (12 seats or less) 10 MOTORCYCLE, MOPED, MOTOR SCOOTER 11 BICYCLE 12 HORSE DRAWN/HORSE RIDDEN 13 TRAM 14 RAILWAY TRAIN/TROLLEY 15 EMERGENCY SERVICE ON CALL 16 OTHER VEHICLE **SPECIFY TYPE ATMOSPHERIC CONDITIONS (SELECT ONE OR MORE) 1 CLEAR 2 RAINING OR SNOWING 3 FOG 4 SMOKE OR DUST IN THE AIR 5 STRONG WINDS | | LIGHT CONDITIONS 1 DAYLIGHT 2 DUSK OR DAWN 3 DARK - STREET LIGHTS ON 4 DARK - STREET LIGHTS OFF 5 DARK - NO STREET LIGHTS 6 DARK - STREET LIGHT DETAILS NOT KNOWN WERE PRESCRIBED LAMPS ALIGHT? HEAD, TAIL, NUMBER PLATE, BRAKE CLEARANCE (TRUCKS ONLY), PARKING INDICATORS (IF TURNING) 1 NOT APPLICABLE 2 YES 3 NO 9 NOT KNOWN WAS VEHICLE ENGAGED IN TOWING? (DO NOT INCLUDE SEMI) 1 NOT TOWING 2 TOWING - CARAVAN 3 TOWING - TRAILER 4 TOWING - OTHER SPECIFY 9 NOT KNOWN IF TOWING TOWED AWAY 1 YES 2 NO 9 NOT KNOWN | | | | | |

| | | | | |
|---|---|-----------------------------------|--|--|
| Revised 1982 | | Form 512 | CUT OFF WHEN FILE COMPLETE | |
| VICTORIA POLICE ACCIDENT CARD | | | No. | |
| TACo No. | | DATE RECEIVED | | |
| Stn A. B. No. | | | | |
| DATE OF ACCIDENT (DAY / MONTH / YEAR) | TIME OF ACCIDENT (24HR) | SPEED ZONE (Km Hr) | | |
| LOCATION (Name of Street, Road, Highway) | | MUNICIPALITY | | |
| NEAREST INTERSECTING STREET | DISTANCE (Metres) | DIRECTION (N S E W) | | |
| CITY AREA (MELWAY REF) | COUNTRY AREA (BETWEEN TOWNS OF and) | | | |
| TYPE OF ACCIDENT | VEHICLE DETAILS | REG No. | EXPIRY | |
| Struck PEDESTRIAN <input type="checkbox"/> | A. _____ | _____ | / / | |
| Struck CYCLIST <input type="checkbox"/> | B. _____ | _____ | / / | |
| Struck MOTOR VEHICLE <input type="checkbox"/> | C. _____ | _____ | / / | |
| Other VEHICULAR * <input type="checkbox"/> | | | | |
| NON-VEHICULAR * <input type="checkbox"/> | | | | |
| NATURE OF ACCIDENT: | | | | |
| Right Angle  | <input type="checkbox"/> Head On  | <input type="checkbox"/> | | |
| Right Against  | <input type="checkbox"/> Off Road  | <input type="checkbox"/> | | |
| Rear End  | <input type="checkbox"/> Other* _____ | <input type="checkbox"/> | | |
| * please describe briefly | | | | |
| Accident Form No. 513 TO BE COMPILED YES <input type="checkbox"/> NO <input type="checkbox"/> | | | RUM No. <input type="checkbox"/> | |
| IS FURTHER POLICE ACTION TO BE TAKEN RE ACCIDENT | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| NAMES and ADDRESSES of all DRIVERS and INJURED PERSONS only | | | | |
| NAME | Driver <input type="checkbox"/> | KILLED <input type="checkbox"/> | Licence No. | |
| ADDRESS | Other <input type="checkbox"/> | INJURED <input type="checkbox"/> | Expiry | |
| | Vehicle <input type="checkbox"/> | NOT INJ. <input type="checkbox"/> | / / | |
| NAME | Driver <input type="checkbox"/> | KILLED <input type="checkbox"/> | Licence No. | |
| ADDRESS | Other <input type="checkbox"/> | INJURED <input type="checkbox"/> | Expiry | |
| | Vehicle <input type="checkbox"/> | NOT INJ. <input type="checkbox"/> | / / | |
| NAME | Driver <input type="checkbox"/> | KILLED <input type="checkbox"/> | Licence No. | |
| ADDRESS | Other <input type="checkbox"/> | INJURED <input type="checkbox"/> | Expiry | |
| | Vehicle <input type="checkbox"/> | NOT INJ. <input type="checkbox"/> | / / | |
| NAME | Driver <input type="checkbox"/> | KILLED <input type="checkbox"/> | Licence No. | |
| ADDRESS | Other <input type="checkbox"/> | INJURED <input type="checkbox"/> | Expiry | |
| | Vehicle <input type="checkbox"/> | NOT INJ. <input type="checkbox"/> | / / | |
| Signature | Rank | No | | |
| STATION | DATE / / | | | |

TRAFFIC DEPARTMENT

TRAFFIC DEPARTMENT

FILE No.

FILE No.

A

B

Note: To remain on Form 513 at all times.

Note: To be attached to Form 513A prior to despatch to RoSTA

Ref.: Station Accident Book *No.

Officer in Charge,

.....Station

The File No. shown above has been allotted to the Form 512 in this matter, and should be quoted relevant to any future enquiry.

Please cross-reference to the Station Accident Book, and affix conjoined Part "A" to Report Form 513 and Part "B" to Statistics Sheet Form 513A.

Officer in Charge
TRAFFIC DEPARTMENT

* To be inserted prior to despatch of Form 512 to Traffic Department.

Fold here - DO NOT DETACH

APPENDIX E

| Date | Referred to: | Action taken |
|------|--------------|--------------|
| | | |

| Vehicle Registration | Towing Company |
|----------------------|----------------|
| (1) | |
| (2) | |
| (3) | |

| | |
|--|--|
| TO BE SUBMITTED FOR NON INJURY ACCIDENTS | WHERE NO POLICE ACTION IS CONTEMPLATED |
|--|--|

Officer in Charge
 T District.

1. I am satisfied as a result of my enquiries that no person was injured nor prosecutable offence committed.
2. For filing please.

| | | |
|-----------|------|-----|
| Signature | Rank | No. |
| Station | Date | |

APPENDIX F

**ACCIDENT REPORTING IN THE UNITED KINGDOM
OFFICIAL ACCIDENT INVESTIGATION FORMS, STATS-19 FORMS**

The accident-, vehicle-, and casualty-level police report forms are shown in this appendix. The United Kingdom in-depth forms, as used at Birmingham and Loughborough, are published in Mackay et al. (1985) and are not duplicated here.

Accident Record continued Attendant Circumstances For local use only

1-28 PARISH, TOWN & COMMUNITY COUNCIL AREAS 1-29 POLICE/LA SPECIAL PROJECTS

1-30 RECORD TYPE

1-31 CLEAR LANGUAGE DESCRIPTION OF LOCATION

1-32 RECORD TYPE

1-33 CLEAR LANGUAGE DESCRIPTION OF ACCIDENT

APPENDIX F

VEHICLE RECORD

2-1 RECORD TYPE 1 2 3 4 5 6 7 8 9 10 11 12 13 14

6 Amended vehicle record 2-2 POLICE FORCE 3 4 5 6 7 8 9 10 11

2-5 TYPE OF VEHICLE 15 16 17 18 19 20 21 22 23 24

2-6 TOWING AND ARTICULATION 2-7 MANOEUVRES 19 20 21 22 23 24

2-8 VEHICLE MOVEMENT COMPASS POINT 1 N 2 NE 3 E 4 SE 5 S 6 SW 7 W 8 NW 9 10 11

2-9 VEHICLE LOCATION AT TIME OF ACCIDENT 12 13 14 15 16 17 18 19 20 21 22 23 24

2-10 JUNCTION LOCATION OF VEHICLE AT FIRST IMPACT 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-11 SKIDDING AND OVERTURNING 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-12 HIT OBJECT IN CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-13 VEHICLE LEAVING CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-14 HIT OBJECT OFF CARRIAGEWAY 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-15 VEHICLE SUFFIX LETTER 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-16 FIRST POINT OF IMPACT 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-17 OTHER VEHICLE HIT (VEH REF NO) 33 34 35 36 37 38 39 40 41 42 43 44 45

2-18 PART(S) DAMAGED 36 37 38 39 40 41 42 43 44 45

2-19 NO OF AXLES 39 40 41 42 43 44 45

2-20 MAXIMUM PERMISSIBLE GROSS WEIGHT 40 41 42 43 44 45

2-21 SEX OF DRIVER 42 43 44 45

2-22 AGE OF DRIVER (Years, estimated if necessary) 43 44 45

2-23 BREATH TEST 45 46 47 48 49 50 51 52 53 54 55

2-24 HIT AND RUN 46 47 48 49 50 51 52 53 54 55

2-25 DTP SPECIAL PROJECTS 47 48 49 50 51 52 53 54 55

2-26 POLICE/LA 51 52 53 54 55

2-27 VEHICLE LEAVING CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-28 VEHICLE MOVEMENT COMPASS POINT 1 N 2 NE 3 E 4 SE 5 S 6 SW 7 W 8 NW 9 10 11

2-29 VEHICLE LOCATION AT TIME OF ACCIDENT 12 13 14 15 16 17 18 19 20 21 22 23 24

2-30 SKIDDING AND OVERTURNING 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-31 HIT OBJECT IN CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-32 VEHICLE LEAVING CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-33 HIT OBJECT OFF CARRIAGEWAY 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-34 VEHICLE SUFFIX LETTER 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-35 FIRST POINT OF IMPACT 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-36 OTHER VEHICLE HIT (VEH REF NO) 33 34 35 36 37 38 39 40 41 42 43 44 45

2-37 PART(S) DAMAGED 36 37 38 39 40 41 42 43 44 45

2-38 NO OF AXLES 39 40 41 42 43 44 45

2-39 MAXIMUM PERMISSIBLE GROSS WEIGHT 40 41 42 43 44 45

2-40 SEX OF DRIVER 42 43 44 45

2-41 AGE OF DRIVER (Years, estimated if necessary) 43 44 45

2-42 BREATH TEST 45 46 47 48 49 50 51 52 53 54 55

2-43 HIT AND RUN 46 47 48 49 50 51 52 53 54 55

2-44 DTP SPECIAL PROJECTS 47 48 49 50 51 52 53 54 55

2-45 POLICE/LA 51 52 53 54 55

2-46 VEHICLE LEAVING CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-47 VEHICLE MOVEMENT COMPASS POINT 1 N 2 NE 3 E 4 SE 5 S 6 SW 7 W 8 NW 9 10 11

2-48 VEHICLE LOCATION AT TIME OF ACCIDENT 12 13 14 15 16 17 18 19 20 21 22 23 24

2-49 SKIDDING AND OVERTURNING 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-50 HIT OBJECT IN CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-51 VEHICLE LEAVING CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-52 HIT OBJECT OFF CARRIAGEWAY 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-53 VEHICLE SUFFIX LETTER 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-54 FIRST POINT OF IMPACT 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-55 OTHER VEHICLE HIT (VEH REF NO) 33 34 35 36 37 38 39 40 41 42 43 44 45

2-56 PART(S) DAMAGED 36 37 38 39 40 41 42 43 44 45

2-57 NO OF AXLES 39 40 41 42 43 44 45

2-58 MAXIMUM PERMISSIBLE GROSS WEIGHT 40 41 42 43 44 45

2-59 SEX OF DRIVER 42 43 44 45

2-60 AGE OF DRIVER (Years, estimated if necessary) 43 44 45

2-61 BREATH TEST 45 46 47 48 49 50 51 52 53 54 55

2-62 HIT AND RUN 46 47 48 49 50 51 52 53 54 55

2-63 DTP SPECIAL PROJECTS 47 48 49 50 51 52 53 54 55

2-64 POLICE/LA 51 52 53 54 55

2-65 VEHICLE LEAVING CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-66 VEHICLE MOVEMENT COMPASS POINT 1 N 2 NE 3 E 4 SE 5 S 6 SW 7 W 8 NW 9 10 11

2-67 VEHICLE LOCATION AT TIME OF ACCIDENT 12 13 14 15 16 17 18 19 20 21 22 23 24

2-68 SKIDDING AND OVERTURNING 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-69 HIT OBJECT IN CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-70 VEHICLE LEAVING CARRIAGEWAY 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-71 HIT OBJECT OFF CARRIAGEWAY 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-72 VEHICLE SUFFIX LETTER 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-73 FIRST POINT OF IMPACT 32 33 34 35 36 37 38 39 40 41 42 43 44 45

2-74 OTHER VEHICLE HIT (VEH REF NO) 33 34 35 36 37 38 39 40 41 42 43 44 45

2-75 PART(S) DAMAGED 36 37 38 39 40 41 42 43 44 45

2-76 NO OF AXLES 39 40 41 42 43 44 45

2-77 MAXIMUM PERMISSIBLE GROSS WEIGHT 40 41 42 43 44 45

2-78 SEX OF DRIVER 42 43 44 45

2-79 AGE OF DRIVER (Years, estimated if necessary) 43 44 45

2-80 BREATH TEST 45 46 47 48 49 50 51 52 53 54 55

2-81 HIT AND RUN 46 47 48 49 50 51 52 53 54 55

2-82 DTP SPECIAL PROJECTS 47 48 49

Department of Transport CASUALTY RECORD

3-1 RECORD TYPE 1 2 3 4 5
1 New casualty record
5 Amended casualty record

3-2 POLICE FORCE 3 4 5 6 7 8 9 10 11

3-3 ACCIDENT REF NO. 12 13 14

3-4 VEHICLE REF NO. 15 16 17 18 19 20 21

3-5 CASUALTY REF NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-6 CASUALTY CLASS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-7 SEX OF CASUALTY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-8 AGE OF CASUALTY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-9 SEVERITY OF CASUALTY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-10 PEDESTRIAN LOCATION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-11 PEDESTRIAN MOVEMENT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-12 PEDESTRIAN DIRECTION 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-13 SCHOOL PUPIL CASUALTY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-14 SEAT BELT USAGE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-15 CAR PASSENGER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-16 PSV PASSENGER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-17 DTP SPECIAL PROJECTS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-18 RECORD TYPE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-19 POLICE/LA SPECIAL PROJECTS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

For local use only

3-18 RECORD TYPE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-19 SCHOOL ATTENDED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

3-20 POLICE/LA SPECIAL PROJECTS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

APPENDIX F

APPENDIX G

ACCIDENT REPORTING IN DENMARK

In all of Denmark's accident-report forms, the goal has been to use extensive coding providing separate instructions and minimal verbal descriptions. The contents of the forms can be summarized as follows:

- Identification and provisional information
- Scene of accident
- Concepts: general accident factors (time, place, weather conditions, etc.); unit factors (vehicle type, road type, etc.); human factors for each person involved (age, sex, injury type and severity, seating position, etc.)
- Accident type: According to the ten ECE categories (0-9) (see Accident Type Definitions) extended to 67 accident types
- Description of locality
- Accident description: Vehicle (unit) information, information on persons involved

The coding of the forms is done using instructions and a code sheet. The code sheet is divided into two main categories: description of locality and description of accident. The first one of these, as shown in Table G.1, is divided into seven groups describing various aspects of the accident location. The second, description of accident, is divided into twenty groups describing the vehicle(s) and persons involved. See Table G.1 for a more detailed listing of these categories.

APPENDIX G

TABLE G.1
DESCRIPTION OF LOCALITY, CODING IN DENMARK 1976
(Andreasen 1975)

| Item | Description |
|------|--|
| 1 | Urban or Rural Area 1 Urban development 2 Rural District |
| 2 | Ribbon Development (with direct access to street or road) 1 Shopping thoroughfare 2 Industrial area 3 Residential area, highrise development 4 Residential area, detached housing and low-rise development 5 Other ribbon development fronting the road 6 Unbuilt area or ribbon development, not incident at road . |
| 3 | Junctions, etc. 1 Crossroads 2 T-junction 3 Other junction 4 Exit or entrance 5 Rail crossing: manned, full gates or half gates 6 Rail crossing: unmanned, sound or light signal 7 Rail crossing: unmanned, other 8 Curve 9 Straight section of a road |
| 4 | Road Condition 1 Dry 2 Wet, not slippery 3 Wet, slippery 4 Ice, snow, etc. |
| 5 | Weather Condition 1 Clear 2 Good visibility, some precipitation 3 Poor visibility, rain 4 Poor visibility, other precipitation 5 Poor visibility, fog 6 Poor visibility, other causes |
| 6 | Light Conditions 1 Daylight 2 Dusk 3 Dark |
| 7 | Illumination 1 Good 2 Poor 3 Nonexistent |

TABLE G.2

DESCRIPTION OF ACCIDENT, CODING IN DENMARK 1976
(Andreasen 1975)

| Item | Description |
|-------|--|
| 11 | Vehicle Information (Unit) 11 Passenger car 12 Taxi 13 Rented car 14 Ambulance, emergency vehicle 21 Van, pickup truck, gross weight < 2,000 kg 22 Van, pickup truck, gross weight 2,000–3,000 kg 31 Truck > 3,000 kg 32 Truck with trailer > 3,000 kg 33 Articulated vehicle 34 Bus 35 Tractor, motorized equipment, etc. with/without trailer 36 Train 37 Horse-drawn vehicle, person riding horse, other non-motorized vehicle 41 Motorcycle with/without sidecar 51 Moped 61 Bicycle 71 Pedestrian 99 Unidentified |
| | Obstructions On the Roadway 81 Animals 82 Stones, beets, or other loose objects 83 Barriers, etc. 84 Other objects on or in the roadway |
| | Obstructions Off the Roadway 91 Roadside trees 92 Crash barriers on the divider 93 Other crash barriers 94 Pole (illumination, other), fence, etc. 95 Other objects off the roadway |
| 11-13 | Vehicle Registration Enter license plate number For foreign vehicles, also enter country identification Enter 99 for hit and run |
| 14 | Type of Street or Road 1 Motorway, expressway 2 Motorway, expressway entrance, exit ramps 3 Other road with central divider 4 Other one-way traffic 5 Two-way traffic: 4+ lanes with central divider or lane markings |

TABLE G.2 (Continued)

| Item | Description |
|----------------|---|
| 14 (contd.) | 6 Two-way traffic: 3 marked lanes 7 Two-way traffic: Other road section with central divider 8 Two-way traffic: other road section without central divider 9 Access to parking, gas station, or other similar access |
| 15 | Bicycle Track or Pedestrian Crossing <i>To be completed only if accident involves bicycles, mopeds, or pedestrians</i> 1 Bicycle/moped on bicycle track 2 Bicycle/moped at entrance/exit ramps of a bicycle track 3 Bicycle/moped not using available bicycle track 4 Bicycle/moped, no bicycle track available 5 Pedestrian on pedestrian crossing 6 Other pedestrian |
| 16 | Traffic Lights and Road Signals, etc. 1 Stop signal 2 Yield signal 3 Green for traffic concerned 4 Amber for traffic concerned 5 Red for traffic concerned 6 Flashing traffic light (amber) at intersection/pedestrian crossing 7 Other permanent road signs 8 Temporary road signs 9 No road signs |
| 17 | Estimated Speed 1 Stopped vehicle 2 Low speed after veering off the road 3 < 40 KPH (km per hour) 4 40-60 KPH 5 60-80 KPH 6 > 80 KPH - Leave blank if now known |
| 21 | Information on Persons Involved Category of Person 1 Driver: Driver license < 1 year 2 Driver: Driver license 1-3 years 3 Driver: Driver license 3-5 years 4 Driver: Driver license \geq 5 years 5 Driver: Without driver license where required 6 Driver: Otherwise without driver license 7 Front-seat passenger 8 Other passenger 9 Pedestrian |

TABLE G.2 (Continued)

| Item | Description |
|------|--|
| 22 | Personal Injuries 1 Fatal 2 Serious Injury 3 Minor Injury - Leave blank if uninjured |
| 23 | Nature of Injury 1 Concussion, fractured skull, facial lesion, eye lesion 2 Thoracic and/or abdominal lesion 3 Lesion of the vertebral column and/or pelvis 4 Fracture/dislocation or severe spraining of shoulder, arm, or hand 4 Fracture/dislocation or severe spraining of the hip, leg, or foot 6 Serious injury to several parts of the body 7 Burns 8 Superficial injury only - Leave blank if uninjured |
| 24 | Cause of Injury 1 Steering wheel, steering column, dashboard, or windshield 2 Injured by lateral impact 3 Injured by rear impact 4 Injured through rollover 5 Ejected from the car 6 Run into a vehicle while on a two-wheeled vehicle 7 Run into a two-wheeled vehicle while on a two-wheeled vehicle or as a pedestrian 8 Other or unknown cause - Leave blank if not injured |
| 25 | Hospital, etc. 1 Hospitalized 2 Treatment facility other than hospital 3 Not treated at hospital or treatment facility - Leave blank if not injured |
| 26 | Influence of Alcohol Enter alcohol level as parts per thousand, two digits only (e.g., 0.015%, enter 15) - Leave blank if negative alcohol reading |
| 27 | State of Health, etc. 1 Under the influence of medication or drugs 2 Incapable of driving for other reasons - Leave blank where no observations are indicated |

TABLE G.2 (Continued)

| Item | Description |
|-------|---|
| 28 | Seat Belt, Crash Helmet, Child's Safety Seat (if applicable) 1 Seat belt in use 2 Crash helmet in use 3 Child's safety seat in use 4 1 to 3 not in use 5 Details unknown |
| 30-34 | Personal I.D. Number If not known, enter two last digits of the year of birth, and 1 = male, 2 = female |

APPENDIX H

FATAL ACCIDENT REPORTING IN FINLAND

(VALT 1984)

Accident Type Coding in Finland

For accident-type coding, the VALT (1984) divides accidents into ten categories (0 to 9), and each of the categories are further divided into several accident types. The accident-type categories adopted by VALT in Finland correspond closely to those represented in the ECE regulations.

A vehicle is any registered vehicle (including passenger car, truck, van, motorcycle, streetcar, etc.) using public streets, and roadways. A bicycle can be either a moped or a bicycle. The ten categories, and the respective 63 accident types in these categories, are listed below.

0. Vehicles Traveling in the Same Direction,
No Turning Movements

- 00. Passing
- 01. Double passing (two cars attempting to pass at the same time)
- 02. Lane change, one lane to right
- 03. Lane change, one lane to left
- 04. Sideswipe
- 05. Stopped vehicle starts to move and joins the vehicle flow
- 06. Rear-end collision into a decelerating vehicle
- 07. Rear-end collision into a moving vehicle, other than 06
- 08. Rear-end collision into a stopped vehicle

1. Vehicles Traveling in the same Direction,
One Vehicle Turning

- 10. Rear-end collision into a right-turning vehicle
- 11. Other collision with a right-turning vehicle
- 12. Rear-end collision into a left-turning vehicle
- 13. other collision with a left-turning vehicle
- 14. U-turn collision with a vehicle traveling in the same direction
- 15. Vehicle turning right, bicycle on the bicycle crossing
- 16. Vehicle turning left, bicycle on the bicycle crossing

2. Vehicles Traveling in Opposite Directions

- 20. Head-on collision on a straight road section
- 21. Head-on collision on a curve
- 22. Head-on collision on a straight road section when attempting to pass
- 23. Head-on collision on a curve when attempting to pass

APPENDIX H

3. Vehicles Traveling in Opposite Directions, One Vehicle Turning

30. Left-turn collision with a vehicle in opposing thru traffic
31. Opposing vehicles turning in the same direction
32. Opposing vehicles turning in the opposing direction
33. U-turn collision with a vehicle traveling in the opposing direction
34. Right-turn collision with a bicycle traveling in the same direction as the opposing thru traffic
35. Left-turn collision with a bicycle traveling in the same direction as the opposing thru traffic

4. Vehicle paths crossing

40. Vehicle paths crossing, both traveling through an intersection
41. Vehicle and bicycle paths crossing, both traveling through an intersection
42. Vehicle and bicycle paths crossing, bicycle on a designated bicycle crossing, not at an intersection

5. Vehicle Paths Crossing, One Vehicle Turning

50. Right turn into a vehicle flow in same direction in front of a vehicle traveling through an intersection
51. Right turn into a vehicle flow in opposing direction in front of a vehicle traveling through an intersection
52. Left turn into a vehicle flow in same direction in front of a vehicle traveling through an intersection
53. Left turn into a vehicle flow in opposing direction in front of a vehicle traveling through an intersection
54. Both vehicles turning left

6. Pedestrian Accident: Pedestrian on Designated Pedestrian Crossing

60. Pedestrian on crossing before the intersection
61. Pedestrian on crossing after the intersection, vehicle traveling through intersection
62. Pedestrian on crossing, vehicle turning left
63. Pedestrian on crossing, vehicle turning right
64. Pedestrian on crossing, no intersection
65. Pedestrian on crossing, car stopped or parked in front of the pedestrian crossing

7. Pedestrian Accident: Pedestrian not on Designated Pedestrian Crossing

70. Pedestrian came behind a stopped or parked car to cross the road or street
71. Pedestrian crossed the road or street, other than 70
72. Pedestrian standing on the roadway
73. Pedestrian walking in direction of traffic on street or roadway
74. Pedestrian walking against traffic flow on street or roadway
75. Pedestrian on a walkway or traffic island

8. Loss of Control of Vehicle

80. Loss of control of vehicle and veering out to right side of street or roadway on a straight road section
81. Loss of control of vehicle and veering out to left side of street or roadway on a straight road section
82. Loss of control of vehicle and veering out to right side of street or roadway on a right-turn curve
83. Loss of control of vehicle and veering out to left side of street or roadway on a right-turn curve
84. Loss of control of vehicle and veering out to right side of street or roadway on a left-turn curve
85. Loss of control of vehicle and veering out to left side of street or roadway on a left-turn curve
86. Loss of control of vehicle and veering out in intersection area

9. Other Accident

90. Collision with an animal
91. Rear-end collision into a parked car on right side of the roadway or street
92. Rear-end collision into a parked car on left side of the roadway or street
93. Collision into a traffic island
94. Collision into an obstruction on street or roadway
95. Rollover on street or roadway
96. Reversing the car on street or roadway
97. Car and train on rail crossing
98. Pedestrian and train on rail crossing
99. Other

Data Elements in Finland's Fatal Accident Report Forms

Fatal accident investigation in Finland is carried out by a special team. The team consists of at least the following specialist members: a police accident investigator, a vehicle engineer, a road and traffic engineer, and a medical doctor. Each team member is assigned specific tasks and uses standard forms for reporting (see attached). A description of the forms follows.

POLICE MEMBER (Forms PK-85-1 to PK-85-9)

- Form PK-85-1: General background and description of the accident.
- Form PK-85-2: Personal information of person involved.
 - Description of sequence of events before the accident, and the accident itself
 - Trip purpose
 - Driver license and class
 - Need/use of eye glasses/hearing aid
 - Illnesses
 - Was driver in a hurry
 - Influence of drugs/medication/alcohol

APPENDIX H

Convictions
Education
For example, any specific or strong emotional experiences
before the accident

- Form PK-85-9: Interview of eyewitness(es)
The above forms contain information for rail crossing accidents also.

VEHICLE ENGINEER (Forms PK-85-10 to PK-85-15)

- Form PK-85-10: General information and description of the involved vehicles
 - Vehicle make and model
 - Vehicle type
 - Year of first registration
 - Manufacturer's body identification code
 - Vehicle weight
 - Date of last mandatory vehicle inspection
 - Name of owner, name of driver
 - General description of the accident
- Form PK-85-11: Evaluation of vehicle safety and vehicle construction with respect to sustained injuries
 - License number
 - General appearance and condition of the vehicle
 - Usage of headlights at the time of the accident
 - Working condition of head and rear lights
 - Safety belts (front seat/back seat), child (infant) restraints or seats
 - Windshield, other windows
 - Steering wheel, steering column
 - Seats, head restraints
 - Other internal or external fixtures of the vehicle
 - Vehicle Deformation Classification (according to the West German HUK-verband classification) for front, rear, and side impact (scale 1 to 5, where 1=minor damage and 5=total damage extending to occupant compartment, in side impact a total damage of the occupant compartment), doors and locks, corrosion of body, estimated value of vehicle before accident, estimated value of damage, estimated speed at impact.
- Form PK-85-12: Vehicle damage (for each involved vehicle)
 - Graph of the impact direction (in a 12-point compass) and vehicle deformation
 - Seating positions
 - Graph of impact points of occupants in vehicle interior and sketch of reconstructed accident at initial impact (on separate sheet)
 - Vehicle control during accident
 - Cause of deformation
- Form PK-85-13: Mechanical condition of vehicle
 - Braking system
 - Steering system
 - Wheel suspension and support (front, rear)

Horn
 Directional indicators
 Windshield and wipers
 Headlights and headlight cleaning system
 Heater
 Engine and power train
 Exhaust system
 Radio and cassette recorder
 Driving time recorder (trucks)
 Warning signals and devices (four-way flashers)
 Marks on accident site
 Opinion about accident cause(s)

- Form PK-85-14: Tires
 - Make, type
 - Size/recommended or required size
 - Condition
 - Air pressure
 - Studded or not, number of studs per 300 mm, condition of studs
- Form PK-85-15: Mechanical condition and safety of bicycle, if involved

ROAD/TRAFFIC ENGINEER (Forms PK-85-16 to PK-85-22)

- Form PK-85-16: General description of accident and accident site
- Form PK-85-17: Road geometry
- Form PK-85-18: Sight distances, traffic control, pavement surface with respect to weather and seasonal variation, structures, etc. at the immediate accident proximity
- Form PK-85-19: Pavement surface condition and maintenance
- Form PK-85-20: Weather, lighting conditions, and visibility
- Form PK-85-21: Speed limits, traffic volumes and mix, opinion about accident causes, safety improvement proposals
- Form PK-85-22: Intersection type, geometry, traffic control, sight distances

MEDICAL DOCTOR (Forms PK-85-23 to PK-85-26)

- Form PK-85-23: General description of injuries
 - Cause(s) of injuries
 - First aid given
 - How transported from the accident site

APPENDIX H

- Form PK-85-24: Continuation of Form PK-85-23
 - Effect of first aid
 - Condition at arrival to hospital or other facility
 - Duration hospitalized, estimated lost working days
 - Physical handicap as a result of the accident (estimated percentage)

- Form PK-85-25: Injury severity using the modified AIS (Abbreviated Injury Scale) with the ISS (Injury Severity Score) for five categories
 - General
 - Head and Neck
 - Chest
 - Abdominal
 - Extremities and/or pelvic girdle

- Form PK-85-26
 - Illnesses at the present time or previously
 - Medication, drugs, alcohol
 - Other (sleeplessness, etc.)

VALT Fatal Accident Report Forms

APPENDIX H

Vakuutusyhtiöiden Liikenne-
turvallisuustoimikunta — VALT

1

POLIISIJÄSEN
TUTKIMUSLOMAKE

PK 85

VAHINGON YLEISTIEDOT JA KUVAUS

_____ läänin tutkijalautakunta Vahinko n:o _____

Vahinkoaika ____/____ 198 ____ klo _____ Viikopäivä _____

Kunta _____ Tie _____

Paikka _____

Ilmoitusaika tutkijalautakunnalle ____/____ 198 ____ klo _____ Ilmoittaja _____

Poliisijäsenen tutkimusaika (Päivämäärät ja kellonajat) _____

Paikalla käyneet jäsenet _____

Silminnäkijät: Nimi, osoite ja puhelin (Kertomukset silminnäkijän haastattelulomakkeelle)

Kuvaus tapahtumasta (jäsenen tutkimusten mukaan)

— Liikennetilanne ja osallisten lähitavoitteet (aikomukset) ennen vaaratilannetta

— Osallisten havainnot ja arviot (ennakointi) ennen vaaratilannetta

— Mitä osalliset päättivät tehdä ja miksi ennen vaaratilannetta

— Todellinen tapahtuman kulku

— Tutkijalautakunnan arvio osallisten nopeuksista ennen vaaratilannetta

— Miksi näin tapahtui

Turvallisuuden parannusehdotukset

Poliisin-liikenneonnettomuusraportti n:o _____ Onnettomuustyyppi n:o _____

VALT

2

POLIISIJÄSEN
TUTKIMUSLOMAKE PK 85

Vahinko n:o

MUKANA OLLEET HENKIÖT (ei linja-auton ja junien vammautumattomia matkustajia)

| Nimi (ja osoite ja puh.n:o, jos tiik tarvitsee) | Synt. aika | Suku- puoli | Ominaisuus, sijainti ja suhde kuljettajaan | Vammat | Ilmoitettu laak.jäsenelle |
|--|---------------|--|--|--------|---|
| | | <input type="checkbox"/> m <input type="checkbox"/> n | | | <input type="checkbox"/> kyllä <input type="checkbox"/> ei |
| | | <input type="checkbox"/> m <input type="checkbox"/> n | | | <input type="checkbox"/> kyllä <input type="checkbox"/> ei |
| | | <input type="checkbox"/> m <input type="checkbox"/> n | | | <input type="checkbox"/> kyllä <input type="checkbox"/> ei |
| | | <input type="checkbox"/> m <input type="checkbox"/> n | | | <input type="checkbox"/> kyllä <input type="checkbox"/> ei |

LISÄTIETOJA (henkilöiden ulossinkoutuminen, jääminen alle, juuttuminen jne.) _____

12. Koska osallinen tajusi vahingonvaaran?

- 1 Ei tajunnut lainkaan
- 2 1 sekuntia ennen vahinkoa
- 3 n. 2 "
- 4 n. 3 "
- 5 n. 4 "
- 6 n. 5 "
- 7 yli 5 "

9 Ei tiedossa

13. Oliko jokin este, jonka vuoksi osallinen ei tajunnut vaaraa aikaisemmin?

- 1 Vaaraa ei ollut aikaisemmin havaittavissa
- 2 Ei ollut
- 3 Oli, mikä _____

9 Ei tiedossa

14. Koska osallinen havaitsi toisen osapuolen?

- 1 Ei toista osapuolta
- 2 Ei havainnut lainkaan
- 3 1 sekuntia ennen vahinkoa
- 4 n. 2 "
- 5 n. 3 "
- 6 n. 4 "
- 7 n. 5 "
- 8 yli 5 "

9 Ei tiedossa

15. Mitä nopeutta toinen osapuoli näytti käyttävän ennen vaaratilannetta?

- 1 Ei toista osapuolta

16. Miten osallinen arveli toisen osapuolen toimivan?

- 1 Ei toista osapuolta

17. Miten toinen osapuoli toimi todellisuudessa?

- 1 Ei toista osapuolta

18. Mitä osallinen teki vahingon estämiseksi?

- 1 Ei mitään
- 2 Antoi äänimerkin
- 3 Vilkkutti valoja
- 4 Jarrutti
- 5 Lisäsi nopeutta
- 6 Väisti muuten
- 7 Yritti hallita ajoneuvoa

8 Jotain muuta, mitä _____

9 Ei tiedossa

19. Jos osallinen ei tehnyt mitään vahingon estämiseksi, niin miksi ei?

- 1 Teki jotain
- 2 Ei tajunnut vahingonvaaraa
- 3 Ei ehtinyt
- 4 Ei katsonut tarpeelliseksi
- 5 Ei kyennyt
- 6 Tekninen vika ajoneuvossa
- 8 Jostain muusta syystä, mistä _____

9 Ei tiedossa

20. Tapahtuiko osalliselle tai jollekin muulle jotain poikkeavaa juuri ennen vahinkotilannetta?

- 1 Ei tapahtunut
- 2 Osallinen sai sairauskohtauksen
- 3 Osallinen nukahti
- 4 Osallinen säikähti
- 8 Jotain muuta, mitä _____

9 Ei tiedossa

M 21. Ketkä mukanaolleista henkilöistä käyttivät turvavyötä tai suojakypärää ja ketkä eivät?

M 22. Käyttikö kuljettaja moottoriajoneuvossaan valoja ja jos käytti, niin mitä valoja?

- 1 Valojen käyttö ei ollut tarpeellista
- 2 Käytti asianmukaisia valoja
- 3 Käytti sopimattomia/virheellisiä valoja
- 4 Ei käyttänyt lainkaan valoja, vaikka olisi pitänyt käyttää
- 9 Ei tiedossa

K 23. Käyttikö kevyen liikenteen osallinen heijastimia ja/tai valoja?

- 1 Heijastimien ja/tai valojen käyttö ei ollut tarpeellista
- 5 Käytti riittäviä ja näkyi hyvin
- 6 Käytti puutteellisia, huonosti näkyviä
- 7 Ei käyttänyt lainkaan, vaikka olisi pitänyt käyttää
- 9 Ei tiedossa

M 24. Kuljettajan kokonaisajoaika liikkeellelähdistä alkaen _____

M 25. Oliko kuljettajalla ajon aikana taukoja?

- 1 Ei ollut
- 2 Oli, ajoaika viimeisestä tauosta _____
- 9 Ei tiedossa

26. Oliko kiire entitä perille?

- 1 Ei ollut kiirettä
- 2 Oli kiire, miksi _____
- 8 Jotain muuta, mitä _____
- 9 Ei tiedossa

27. Mikä oli matkan pääasiallinen tarkoitus tai luonne?

- 1 Ammattiajo
- 2 Työmatka
- 3 Koulumatka
- 4 Asiointimatka
- 5 Ravintolassa käynti
- 6 Muu vapaa-ajan matka
- 7 Ajeli tai liikkui muuten vain
- 8 Muu, mikä _____
- 9 Ei tiedossa

28. Kauanko osallinen oli nukkunut viimeksi? _____

29. Kauanko osallinen oli ollut valveilla ennen vahinkoa? _____ t

30. Tunsiko osallinen itsensä väsyneeksi?

- 1 Ei
- 2 Kyllä, miksi _____
- 9 Ei tiedossa

31. Onko/oliko osallisella ajokortti?

- 1 On/oli voimassa oleva
- 2 Ei voimassa olevaa, syy miksi ei voimassa _____
- 3 Ei ollenkaan (siirry kohtaan 34)
- 9 Ei tiedossa

32. Nykyisen tai viimeisen voimassa

oleen ajokortin laatu _____
sen mahdolliset ehdot _____

33. Ensimmäisen ajokortin laatu _____
sen antoaika _____

34. Missä osallinen on/oli saanut ajo-opetusta?

- 1 Autokoulussa
- 2 Yksityisluvalla
- 3 Puolustusvoimissa
- 8 Muualla, missä _____
- 9 Ei tiedossa

VALT

6

POLIISIJÄSEN
TUTKIMUSLOMAKE PK 85

35. Osallisen kokonaisajokilometrimäärä
moottoriajoneuvoilla _____

36. Osallisen nykyinen vuotuinen ajokilometrimäärä
moottoriajoneuvoilla _____

M37. Osallisen ajokilometrimäärä onnettomuusajoneuvolla

M 38. Minkälaisissa olosuhteissa osallinen on/oli
yleensä ajanut? _____

39. Kuinka usein osallinen on/oli liikkunut
vahinkopaikalla? _____

40. Oliko vahinkopaikalla tehty tai tapahtunut
muutoksia osallisen edellisen käyntikerran jälkeen?

- 1 Ei
- 2 Oli, mitä _____
- _____
- _____
- 9 Ei tiedossa

41. Onko/oliko osallisella silmälasit ja jos on/oli,
niin millaiset?

- 1 Ei ollenkaan lasveja
- 2 Lähilasit
- 3 Kaukolasit
- 4 Yleislasit
- 5 Piilolasit
- 9 Ei tiedossa

42. Käyttikö osallinen vahinkohetkellä silmälasia
ja jos käytti, niin millaisia?

- 1 Ei käyttänyt minkäänlaisia
- 2 Käytti lähilaseja
- 3 .. kaukolaseja
- 4 .. yleislasia
- 5 .. piilolaseja
- 9 Ei tiedossa

43. Onko/oliko osallisella ollut erityisiä vaikeuksia
liikkuessaan (perään merkitään millaisia)?

- 1 Hämärällä _____
- 2 Pimeällä _____
- 3 Sateella _____
- 4 Yöllä (vuorokauden ajan vuoksi) _____
- _____
- 5 Kirkkaalla päivänvalolla (häikäisy tmv.)
- 7 Ei erityisiä vaikeuksia
- 8 Muulloin _____
- _____
- 9 Ei tiedossa

44. Onko/oliko osallisella seuraavia pitkäaikaisia
sairauksia, vammoja tai vajavuuksia?

- 1 Näkövika, silmäsairaus
(mm. hämäräsokeus, näkökentän vajaus)
- 2 Kuulovika, korvasairaus
- 3 Huimaukskohtauksia
- 4 Tajuttomuuskohtauksia
- 5 Kouristuksia, kaatumatauti
- 6 Unettomuus, päänsärky
- 7 Mielisairaus, psyykkinen häiriö
- 8 Sydänvika
- 9 Verenpainetauti
- 10 Sokeritauti
- 11 Munuaistauti
- 12 Liikuntaelinten sairaus
- 13 Poikkeavan helppo nukahtamistaipumus tai
liiallinen päivääikainen väsymys
- 14 Vaikea vamma, vika
- 15 Muu pitkällinen sairaus, mikä

- 16 Ei pitkäaikaisia sairauksia
- 99 Ei tiedossa

45. Onko/oliko osallinen vahingon tapahtuma-
ajankohtana lyhytaikaisesti sairas (influenssa tms.)
tai saiko hän yllättävän ennen esiintymättömän
sairauskohtauksen?

1 Ei

2 Kyllä, mikä _____

9 Ei tiedossa

46. Onko/oliko osallinen viimeisen 3 vrk:n aikana
ottanut lääkettä?

1 Ei

2 Kyllä, mitä _____

9 Ei tiedossa

47. Osallisen toiminta kuluneena päivänä
(tai yleensä ennen vahinkoa)

1 Tavanomaisia toimia

2 Poikkeuksellista työtä, mitä _____

3 Poikkeuksellista harjoitusta, urheilua tms. _____

8 Muuta poikkeuksellista _____

9 Ei tiedossa

48. Osallisen ruokailu ennen onnettomuutta

1 Ruokaa _____

2 Välipalaa _____

8 Muuta _____

9 Ei tiedossa

49. Aika em. ruokailusta

50. Onko/oliko osalliselle sattunut lähimenneisyydessä
jotain seuraavia elämänmuutoksia?

1 Lähiomaisen kuolema

2 Avioliitto

3 Avioero

4 Asunnon vaihto

5 Iso voitto

6 Omaisuuden menetys

7 Työpaikan vaihto

8 Virka-aseman muutos

9 Vaikeuksia työssä

10 Terveystilan muutos

11 Muu, mikä _____

12 Ei erityisiä

99 Ei tiedossa

51. Oliko osallinen ennen vahinkoa

1 Ärtynyt tai kiihtynyt

2 Masentunut

3 Muun tunnetilan vallassa, mikä _____

4 Ei erityisesti (normaaliolotila)

9 Ei tiedossa

52. Onko/oliko osallisella aiempia liikennevahinkoja
(syyllisenä tai syyttömänä)?

1 Ei

2 Kyllä, millaisia, koska _____

SILMINNÄKIJÄN HAASTATTELULOMAKE Vahinko n:o _____ Haastattelu pvm ____/____/198__

Nimi _____ Henkilötunnus _____

Osoite ja puheiin _____

Sijainti vahinkohetkellä _____

Kuinka vahinko tapahtui? Kertomus näkemisestä ja kuulemisesta esim. aikajärjestyksessä _____

Miksi vahinko tapahtui? Silminnäkijän käsitys vahinkoon johtaneista tekijöistä _____

Silminnäkijän sukulaisuus- tai tuttavuussuhde johonkin osalliseen _____

Havaintojen tekoa vaikeuttaneet seikat (esim. huono näkyvyys, näköesteet, muut tapahtumat yms.) _____

Jäsenen arvio silminnäkijän kertomuksen luotettavuudesta perusteluineen _____

_____/____/198__

AJONEUVON TURVALLISUUS JA RAKENTEEN MERKITYS VAMMOIHIN

Ajoneuvo n:o _____

Yleiskunto _____ Km _____

Väri _____ Sävy _____ Ulkop. puhtaus _____

Valojen käyttö _____

Valojen kunto, etuvalot _____ takavalot _____

Valojen puhtaus, etuvalot _____ takavalot _____

Turvavyöt (suojak., lastenistuin)
etuistuimilla _____ takaistuimilla _____

Turvavöiden (suojak., lastenistuin) arvioitu vaikutus _____

Tuulilasi: materiaali _____ särkyi irtosi säilyi ehjänä

Tuulilasin vaikutus vammoihin _____

Muut lasit _____

Ohjauspyörä: pintapainetta pienentävä rakenne on eiOhjauspyörä: taipunut murtunut ei muodonmuutoksiaOhjauspylväs ja -akseli työnt. taakse >13 cm <13 cm taipunut ei liikkunut

Etuistuimen kiinnitys _____

Etuistuimen selkänojat _____

Pääntuet _____

Muut istuimet _____

Sisäpehmusteet _____

Henkilövahinkoja aiheuttaneet sisä- ja ulkopuoliset rakenteet ja laitteet _____

Ovet ja lukot _____

Korin muodonmuutosluokka (1 = vähäiset, 5 = täydell. tuhoutunut) _____

Korin korroosioauriot runsaat lievät ei korroosioaurioita

Korin korroosioauriokohdat _____

Ajoneuvon käypä arvo _____ Omais.vah. arvo _____

Ajonopeus _____ Arvion perusteet _____

VALT

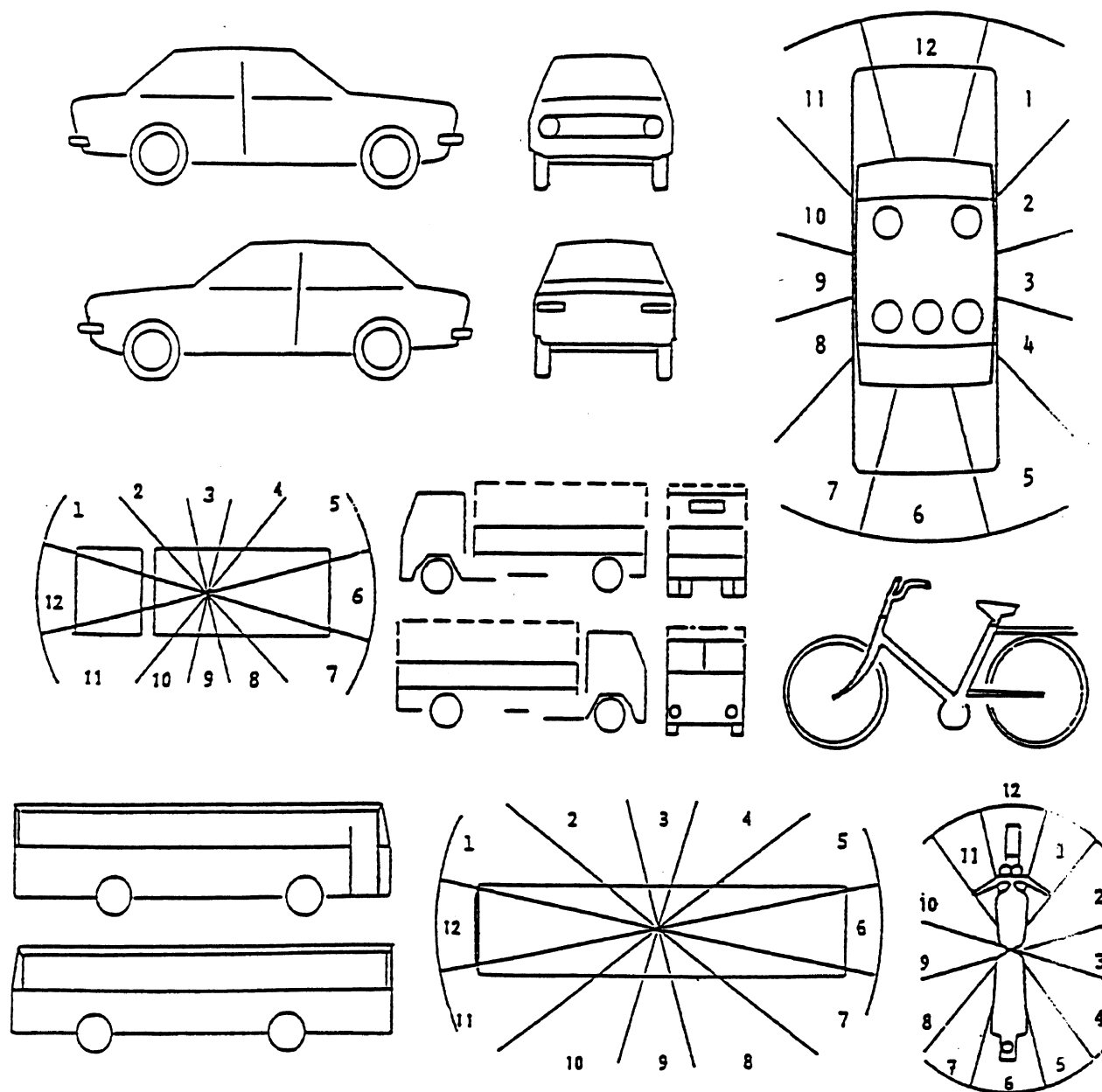
12

AUTOTEKNINEN JÄSEN
TUTKIMUSLOMAKE PK 85

AJONEUVON VAURIOT

Rek.n:o _____

Oma ja vastapuolen törmäyssuunta sekä henkilöiden iskeytymissuunnat merkitään ko. piirrokseen nuoliilla. Muodonmuutosalueet viivoitetaan. Luonnos yhteensovituksen perusteella konstruoidusta törmäystilanteesta ensikosketushetkellä piirretään vapaalla kädellä lomakkeen taakse. Luonnokseen piirretään myös tie ja mahdolliset jäljet siinä.



Ajohallinta vahinkotapahtuman kuluessa _____

Toiminta-aika _____

Toiminta toiminta-aikana _____

Vaurioiden aiheuttajat _____

AJONEUVON MEKAANINEN KUNTO

Ajoneuvon n:o _____

Jarrut _____

Ohjauslaitteet _____

Muut hallintalaitteet _____

Etupyörien tuenta (väl., asento) _____

Etupyörien jousitus _____

Takapyörien tuenta (väl., asento) _____

Takapyörien jousitus _____

Heilauksenvaimentimet _____

Äänimerkki _____ Suuntavalot _____

Tuulilasin kunto _____ puhtaus _____

Tuulilasin pyyhkimet _____ pesulaite _____

Lyhtyjen pyyhkimet _____ pesulaite _____

Lämmityslaitteen kunto _____ säätö _____

Moottori, voimansiirto _____

Pakokaasujärjestelmä _____

Radio ja/tai nauhuri ja muut _____

Ajopiirturi ja sen käyttö _____

Varoituslaitteet ja käyttö _____

Jäljet vahinkopaikalla _____

Lisätietoja _____

Käsitys vahinkoon vaikuttaneista tekijöistä ja parannusehdotukset _____

Ajoneuvo n:o _____

RENKAAT

| | Merkki ja lyyyppi | Koko ja rakenne A = alkuperäispinta P = pinnoitettu | Kuluspinnan urasyvyys, kuluneisuus ja kunto | Paine aly | Pitokyky % | Nastojen määrä 300 mm | Nastojen tuikonema mm | Nastojen kunto |
|----|-------------------|---|--|--------------|---------------|-----------------------------|-----------------------------|-------------------|
| VE | | A <input type="checkbox"/> P <input type="checkbox"/> | | | | | | |
| OE | | A <input type="checkbox"/> P <input type="checkbox"/> | | | | | | |
| VT | | A <input type="checkbox"/> P <input type="checkbox"/> | | | | | | |
| OT | | A <input type="checkbox"/> P <input type="checkbox"/> | | | | | | |

Oikea rengaskoko: edessä _____ takana _____

Oikeat rengaspaineet: edessä _____ takana _____

Lisätietoja: _____

POLKUPYÖRÄN MEKAANINEN KUNTO JA TURVALLISUUS

Polkupyöräilijän nimi _____

Polkupyörän jarrut (rakenne, kunto ja käyttö) _____

Ohjauslaitteet (ohjaintanko, -kannatin, etuhaarukka) _____

Etupyörän kiinnitys _____

Takapyörän .. _____

Voimansiirto (vaihteet) _____

Runko _____ Väri _____

Eturengas _____

Takarengas _____

Etuväli (käyttö ja merkitys) _____

Takaväli (käyttö ja merkitys) _____

Takaheijastin (kunto ja merkitys) _____

Poljinheijastimet _____

Etuheijastin _____ Turvaviiri (asento) _____

Sivuheijastimet _____ Peilit _____

Soittokello (käyttö ja merkitys) _____

Kuorma, lisälaitteet ja rakenteet _____

Puutteellisuudet _____ Yleiskunto _____

Polkupyörän vauriot _____

Käypä arvo _____ Omais.vah. arvo _____

POLKUPYÖRÄILIJÄN TOIMINTA

Ajohallinta _____ Toiminta-aika _____

Toiminta toiminta-aikana _____

Arvioitu ajonopeus ja arvion perusteet _____

KÄSITYS VAHINKOON VAIKUTTAVISTA TEKIJÖISTÄ JA PARANNUSEHDOTUKSET _____

_____ / _____ 198 _____

_____ läänin tutkijalautakunta Vahinko n:o _____

VAHINKOPAIKKA

Tien/kadun laji _____ Tie-/katuosoite _____

Vahinkopaikan nimi tai muu tunnistuspaikka _____

Tarkka vahinkopaikka tien/kadun alkupisteestä tmv:sta _____

Vahinkotapahtuman alkamispaikat tarkasta vahinkopaikasta

1. osall. _____ m 2. osall. _____ m

KUVAUS TAPAHTUMASTA (jäsenen tutkimusten mukaan)

Paikalla tapahtuneet aikaisemmat liikennevahingot kolmen edellisen vuoden kuluessa

Yleiskuvaus niistä (V)

TIEN GEOMETRIA

Tienkohta (V)

- 1 linja/katuväli
 2 yleisten teiden/katujen liittymä
 3 yksityisen tien tai tontin liittymä
 4 linja-autopysäkki
 5 levähdysalueen kohta tai liittymä
 6 tietyömaan kohta
 7 rautatien tasonsteys
 8 muu, mikä _____

9 ei tiedossa

Tie vaakatasossa (A)

- | | 1. | 2. osallinen |
|----------------------------|--------------------------|-----------------|
| 1 <input type="checkbox"/> | <input type="checkbox"/> | suora |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | kaarteen alku |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | kaarre |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | kaarteen loppu |
| 8 <input type="checkbox"/> | <input type="checkbox"/> | muu, mikä _____ |
| 9 <input type="checkbox"/> | <input type="checkbox"/> | ei tiedossa |

Kaarresäde $r =$ _____ m 1. osallinen

$r =$ _____ m 2. osallinen

TIEN GEOMETRIA

Tie pystytasossa (A)

1. 2. osallinen
- 1 vaakasuora, ei mäki
- 2 nousu _____ %
- 3 lasku _____ %
- 4 mäenharjanne
- 5 notkelma
- 8 muu, mikä _____
- 9 ei tiedossa

 Poikkesiko onnettomuuspaikan geometria
 tien yleisestä geometriasta? Miten? (V)

Ajoradan päällystemateriaali (A)

1. osall. _____
2. osall. _____

Ajokaistojen lukumäärä ajosuunnassa (A)

1. osall. _____ 2. osall. _____

Oliko ajorata kaksisuuntainen (A)

1. 2. osallinen
- 1 kyllä
- 2 ei

Mitat 1. osall. 2. osall.

Ajoradan leveys _____ m (A)

Ajoradan sivukaltevuus (A)

- oikea kaista _____ %
- vasen kaista _____ %

(väärän suunt. kaltevuus miinusmerk.)

Päällystetyn pientareen leveys (A)

1. osall. 2. osall.
- oikea piennar _____ m
- vasen piennar _____ m

Sorapientareen leveys

- oikea piennar _____ m
- vasen piennar _____ m

Kevyen liikenteen väylät (V)

Oliko osallisen käyttämällä tiellä

1. 2. osall.
- 1 ei kevyen liikenteen väyliä
- 2 jalkakäytävä
- 3 jk/pp-tie

 Jos oli jalkakäytävä tai jk/pp-tie, niin oliko se
 erotettu ajoradasta

1. 2. osall.
- 1 ei jalkakäytävää tai jk/pp-tietä
- 2 maalauksin
- 3 reunakivellä
- 4 erotuskaistalla (leveys _____ m)
- 5 kaiteella
- 6 täysin erillinen väylä
- 8 muu

Pengerluiskat (ojan sisäluiskat (T))

1. osall. 2. osall.
- oikea: kaltevuus _____ l:n
- pituus _____ m
- vasen: kaltevuus _____ l:n
- pituus _____ m

Leikkausluiskat (ojan ulkoluiskat (T))

- oikea: kaltevuus _____ l:n
- pituus _____ m
- vasen: kaltevuus _____ l:n
- pituus _____ m

 Ojan poikkileikkauksen muoto (T)
 (piirros tarvittaessa)

NÄKEMÄT (A)

Näkemät vahingon alkamispaikasta ajosuunnassa (A)

1. osall. 2. osall.

Olivatko näkemät riittävät käytetyillä nopeuksilla?

1. 2. osallinen
- 1 kyllä
- 2 ei

 Olivatko näkemät olleet riittävät nopeusrajoituksen
 mukaisella nopeudella?

1. 2. osallinen
- 1 kyllä
- 2 ei

NÄKEMÄT (A)

Näkemän rajoitti

- | 1. | 2. osallinen |
|----------------------------|---|
| 1 <input type="checkbox"/> | <input type="checkbox"/> kupera tie |
| 2 <input type="checkbox"/> | <input type="checkbox"/> maa- tai kalliioleikkaus |
| 3 <input type="checkbox"/> | <input type="checkbox"/> puut, metsä |
| 4 <input type="checkbox"/> | <input type="checkbox"/> aita (myös pensasaita) |
| 5 <input type="checkbox"/> | <input type="checkbox"/> rakennukset, kojut |
| 6 <input type="checkbox"/> | <input type="checkbox"/> lumivalli |
| 7 <input type="checkbox"/> | <input type="checkbox"/> muu liikenne |
| 8 <input type="checkbox"/> | <input type="checkbox"/> muu, mikä _____ |

Estikö toinen ajoneuvo riittävää näkemistä?

- | 1. | 2. osallinen |
|----------------------------|---|
| 1 <input type="checkbox"/> | <input type="checkbox"/> ei |
| 2 <input type="checkbox"/> | <input type="checkbox"/> kyllä (pysäköity/liikkuva) |
| 9 <input type="checkbox"/> | <input type="checkbox"/> ei tiedossa |

LIIKENTEEN OHJAUS (V)

Liikennemerkkit (saa merkitä useita rasteja)

- | 1. | 2. osallinen |
|----------------------------|---|
| 1 <input type="checkbox"/> | <input type="checkbox"/> ei oleellista merkkiä |
| 2 <input type="checkbox"/> | <input type="checkbox"/> 231 (etuajo-oik. rist.) |
| 3 <input type="checkbox"/> | <input type="checkbox"/> 232 (pakollinen pys.) |
| 4 <input type="checkbox"/> | <input type="checkbox"/> 351 (ohituskielto) |
| 5 <input type="checkbox"/> | <input type="checkbox"/> 111-114 (mutka) |
| 6 <input type="checkbox"/> | <input type="checkbox"/> 511 (suojatie) |
| 7 <input type="checkbox"/> | <input type="checkbox"/> 152 (lapsi) |
| 8 <input type="checkbox"/> | <input type="checkbox"/> muu oleellinen, mikä _____ |
| 9 <input type="checkbox"/> | <input type="checkbox"/> ei tiedossa |

Sulkuviivat tapahtumapaikalla (V)

- | 1. | 2. osallinen |
|----------------------------|--------------------------------------|
| 1 <input type="checkbox"/> | <input type="checkbox"/> ei |
| 2 <input type="checkbox"/> | <input type="checkbox"/> kyllä |
| 9 <input type="checkbox"/> | <input type="checkbox"/> ei tiedossa |

Oliko liikenteen ohjaus (merkit, tiemerkinntät, opasteet ym.) tarkoituksenmukainen? Jos ei, niin miksi? _____

TIEN RAKENTEIDEN JA YMPÄRISTÖN VAIKUTUS ONNETTOMUUDEN SEURAUKSIIN (V)

Aiheuttiko tai pahensiko joku liikenneympäristötekijä onnettomuuden seurauksia (aineell. ja henk. vahingot)?

- | 1. | 2. osallinen |
|----------------------------|---|
| 1 <input type="checkbox"/> | <input type="checkbox"/> kaide |
| 2 <input type="checkbox"/> | <input type="checkbox"/> ojan muoto, liittymä tai rumpu |
| 3 <input type="checkbox"/> | <input type="checkbox"/> pylväät |
| 4 <input type="checkbox"/> | <input type="checkbox"/> pitkä ja/tai jyrkkä luiska |
| 5 <input type="checkbox"/> | <input type="checkbox"/> puut |
| 6 <input type="checkbox"/> | <input type="checkbox"/> kivi tai kalliioleikkaus |
| 7 <input type="checkbox"/> | <input type="checkbox"/> ei mikään |
| 8 <input type="checkbox"/> | <input type="checkbox"/> muu, mikä _____ |
| 9 <input type="checkbox"/> | <input type="checkbox"/> ei tiedossa |

Mikäli rakenteilla tai ympäristöllä on ollut vaikutusta, ko. tekijä merkitään rekonstruktiopiirrookseen. Tarvittaessa laaditaan erillinen selvitys esim. kaiteen tai siltarummun muodosta ja rakenteesta.

KELI (V)

Sanallinen kuvaus tien pinnasta vahinkopaikalla ja -hetkellä (jos tarpeen)

Kelityyppi (oleellisin)

- | 1. | 2. osallinen |
|-----------------------------|--|
| paljas | |
| 1 <input type="checkbox"/> | <input type="checkbox"/> kuiva kesäkeli (lämpötila >0°) |
| 2 <input type="checkbox"/> | <input type="checkbox"/> kuiva talvikeli (lämpötila ≤0°) |
| vetinen | |
| 3 <input type="checkbox"/> | <input type="checkbox"/> kostea (ei roisku) |
| 4 <input type="checkbox"/> | <input type="checkbox"/> märkä (roiskuva) |
| luminen | |
| 5 <input type="checkbox"/> | <input type="checkbox"/> tuiskuavaa tai kinostunutta irtolunta, osittain paljas |
| 6 <input type="checkbox"/> | <input type="checkbox"/> tasaisesti irtonaista lunta |
| 7 <input type="checkbox"/> | <input type="checkbox"/> tasaisesti pakkautunutta lunta, lumipolanne |
| 8 <input type="checkbox"/> | <input type="checkbox"/> sohjoa |
| jäinen | |
| 9 <input type="checkbox"/> | <input type="checkbox"/> paljas jääpolanne |
| 10 <input type="checkbox"/> | <input type="checkbox"/> tuiskuavaa tai kinostunutta irtolunta jään päällä, jää osittain näkyvissä |
| 11 <input type="checkbox"/> | <input type="checkbox"/> tasainen irtolumi jään päällä |
| 12 <input type="checkbox"/> | <input type="checkbox"/> vetinen jää, iljanne |
| 13 <input type="checkbox"/> | <input type="checkbox"/> peilijää, ohut jääkalvo |
| 14 <input type="checkbox"/> | <input type="checkbox"/> suolakura |
| 15 <input type="checkbox"/> | <input type="checkbox"/> ajourat paljaat, muuten luminen, jäinen tai sohjoinen |
| 88 <input type="checkbox"/> | <input type="checkbox"/> muu, mikä _____ |
| 99 <input type="checkbox"/> | <input type="checkbox"/> ei tiedossa |

Kitkakerroin lukkojarrutuksessa ko. autolla

1. osall. _____ 2. osall. _____

KELI (V)

Kelin vaihtelu tien pinnassa

- | | 1. | 2. osallinen |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> keli (kitka) muuttumaton poikittais- ja pituussuunnassa |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> keli (kitka) vaihteli poikittaissuunnassa (esim. ajourat), kuvaus alle |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> keli (kitka) vaihteli pitkittäissuunnassa, kuvaus alle |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> keli (kitka) vaihteli sekä poikittais- että pitkittäissuunnassa, kuvaus alle |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> ei tiedossa |

Poikkesiko vahinkopaikan keli osallisten käyttämän tien kelistä? Jos poikkesi, niin miten?

- 9 ei tiedossa

KUNNOSSAPITO (V)

Vahinkopaikalla kelin parantamiseksi tehdyt kunnossapitotoimet. Ruutuihin merkitään kunnossapidon jäljen havaittavuutta onnettomuushetkellä kuvaavat numerokoodit

Jos keli ei ollut kunnossapitoa edellyttävä, siirrytään kysymykseen aurasvalleista.

- 1 = hyvä
 2 = kohtalainen
 3 = huono
 4 = ei lainkaan havaittavissa

- | | 1. | 2. osallinen | toimenpiteestä
kulunut aika |
|---|--------------------------|--------------------------|--------------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | auraus _____ h |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | höyläys _____ h |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | hiekoitus _____ h |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | suolaus _____ h |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | suolahiekoitus _____ h |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | sohjonpoisto _____ h |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | muu, mikä _____ h |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | ei tiedossa |

Kunnossapitotoimien paikka. Merkitään ruutuun kp-toimenpiteen koodi edellisestä kohdasta.

- | | 1. | 2. osallinen |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> molemmat kaistat |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> vain toinen kaista, kumpi? _____ |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> ajoradan keskellä _____ |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> ei tiedossa |

Poikkesiko vahinkopaikan kunnossapito jonkun osallisen käyttämän tien kunnossapidosta? Jos poikkesi, niin mitä?

Aurasvallien korkeus osallisen käyttämällä teillä

- | | 1. | 2. osall |
|---------------------|-------|----------|
| oikealla puolella | _____ | m |
| vasemmalla puolella | _____ | m |

Aurasväljen leveys _____ m

Kulumisurien syvyys (mm)
 (päällysteessä olevat urat) _____ m

Oliko osallisten käyttämällä teillä vaurioita, kuten kuoppia, painumia, kohoumia, pientareen reunan murtumia ym. Tarvittaessa laaditaan piirros, josta näkyy vaurioiden m. ja

Oliko vahinkopaikan kunnossapidossa muita puutteita (esim. yliauraus, irtosoraa, liikennemerkkit peitossa, tiemerkinnät peitossa tai kuluneet, epätasaiset päällysteet, paikkaukset tms.)? Jos oli, niin mitä?

SÄÄ, VALOISUUS JA NÄKYVYYS

Säätyyppi

- 1 kirkas
 2 pilvipouta
 3 tihkusade
 4 vesisade
 5 räntäsade
 6 lumisade
 7 sumu
 8 muu, mikä _____

- 9 ei tiedossa

Ilman lämpötila _____ °C

Tien pinnan lämpötila (A) _____ °C

Sateen tai sumun voimakkuus

- 1 ei lainkaan
 2 heikko
 3 kohtalainen
 4 kova
 9 ei tiedossa

Valoisuus

- 1 päivänvalo
 2 hämärä
 3 pimeä
 9 ei tiedossa

Valaistus (V)

- | | 1.
osall. | liit-
tymä | 2.
osall. | |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | valaisematon (ei laitteita) |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | valaistus toiminnassa |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | valaistus ei toiminnassa |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ei liittymää |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ei tiedossa |

Toiminnassa olleen valaistuksen teho

- | | 1.
osall. | liit-
tymä | 2.
osall. | |
|---|--------------------------|--------------------------|--------------------------|-------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | hyvä |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | kohtalainen |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | huono |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ei tiedossa |

Meteorologinen näkyvyys (V)

- 1 hyvä (yli 500 m)
 2 kohtalainen (200—500 m)
 3 huono (alle 200 m)
 9 ei tiedossa

Muut säähän tai valoisuuteen liittyvät tekijät
(esim. kova tuuli)

NÄKEMINEN (A)

- | | 1. | 2. osallinen |
|---|--------------------------|-----------------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> esteetön |

Näkemistä rajoittaneet tekijät, muut kuin kiinteät esteet (voi merkitä useita rasteja)

- 2 häikäisy auringon valosta
 3 häikäisy ajoneuvon valoista
 5 sää
 6 pimeys
 8 tuulen nostattama pölypilvi
 9 ajoneuvon nostattama pölypilvi
 10 tuulen nostattama lumipilvi
 11 ajoneuvon nostattama lumipilvi
 12 kuraroiske
 13 pakokaasu
 15 muu, mikä _____

- 99 ei tiedossa

NOPEUSRAJOITUKSET:

Mitkä olivat pienimmät osallisia koskeneet rajoitukset?

1. osall. _____ 2. osall. _____
_____ km/h _____ km/h

Rajoituksen laji (tarvittaessa useita rasteja)

- | | |
|---|---|
| 1 | 2 osallinen |
| 1 | <input type="checkbox"/> <input type="checkbox"/> 80 km/h yleisrajoitus |
| 2 | <input type="checkbox"/> <input type="checkbox"/> tiekohtainen |
| 3 | <input type="checkbox"/> <input type="checkbox"/> paikallinen |
| 4 | <input type="checkbox"/> <input type="checkbox"/> aluerajoitus |
| 5 | <input type="checkbox"/> <input type="checkbox"/> ajoneuvokohtainen |
| 6 | <input type="checkbox"/> <input type="checkbox"/> kuljettajakohtainen |
| 7 | <input type="checkbox"/> <input type="checkbox"/> muu, mikä _____ |

LIIKENNE

Vahingon tapahtuma-ajan tuntiliikennemäärät moottoriajoneuvo-osallisten kulkusuunnissa

1. osall. kulkus. _____ ma/h
2. osall. kulkus. _____ ma/h

Oliko liikenteessä, esim. sen koostumuksessa tai määrässä jotain tavallisuudesta poikkeavaa? Jos oli, niin mitä?

MUUTOKSET

Viimeisen kolmen vuoden aikana vahinkopaikalla tehdyt muutokset (laatu ja pvm.)

PÄÄTELMÄ

Liikenneteknisen jäsenen käsitys vahingon syistä ja varsinkin tie- ja liikenneteknisten tekijöiden vaikutuksesta vahinkoon

Turvallisuuden parannusehdotukset

Muita vahinkoon liittyviä seikkoja

LIITTYMÄTIEDOT (täytetään vain liittymissä tapahtuneista vahingoista) (V)

Liittymätyyppi

- 1 ei liittymää
 2 eritasoliittymä
 3 pääsuunnassa kanavoitu (myös maalauksilla)
 tasoliittymä tai liikenteenjaka
 4 sivusuunnassa kanavoitu tasoliittymä
 5 molemmissa suunnissa kanavoitu tasoliittymä
 6 avoin liittymä
 8 muu, mikä _____

 9 ei tiedossa

Liittymäkulman suuruus _____
 (tulosuuntien välinen kulma)

Kumpi osallinen oli väistämismvelvollinen?

- 1
 2

 Näkemät 25 m:n etäisyydeltä liittymästä toisen
 osapuolen tulosuuntaan

1. osall. _____ m
 2. osall. _____ m

 Näkemät 6 m:n etäisyydeltä liittymästä toisen
 osapuolen tulosuuntaan

1. osall. _____ m
 2. osall. _____ m

Jos osallinen tuli kärkikolmion tai stop-merkin takaa,
 niin mikä oli näkemä merkin kohdalta (tai pysähtymis-
 viivalta) toisen osapuolen tulosuuntaan?

1. osall. _____ m
 2. osall. _____ m

Näkemän liittymässä rajoitti

1. 2. osallinen
 1 maa- tai kallioleikkaus, kivi
 2 lumivalli
 3 metsä, puut
 4 pensaat, aita
 5 liikennemerkki
 6 rakennus tms.
 7 ei oleellisia rajoituksia
 8 muu liikenne
 9 muu, mikä _____

Oliko näkemä 25 m:n etäisyydeltä riittävä?

1. 2. osallinen
 1 kyllä
 2 ei
 9 ei tiedossa

Oliko näkemä 6 m:n etäisyydeltä riittävä?

1. 2. osallinen
 1 kyllä
 2 ei
 9 ei tiedossa

Oliko näkemä kärkikolmion tai stop-merkin luota riittävä?

1. 2. osallinen
 1 kyllä
 2 ei
 3 ei liikennemerkkiä
 9 ei tiedossa

Etäisyydet, joista liittymä voidaan havaita

1. osall. tulosuunnassa _____
 2. osall. tulosuunnassa _____
 9 ei tiedossa

Oliko havaintoetäisyys riittävä?

1. 2. osallinen
 1 kyllä
 2 ei, miksi _____

 9 ei tiedossa

Ensiavun vaikutus

- 1 Ei ensiapua
 2 Ei voida arvioida
 3 Pelasti kuolemalta
 4 Esti muuten tilan pahenemisen
 5 Ei vaikutusta
 6 Pahensi tilaa
 7 Aiheutti kuoleman
 8 Muu _____

 9 Ei tiedossa

Tila hoitoon tullessa

- 1 Kuollut, ei elvytystä
 2 Kuollut, elvytystä yritetty
 3 Vaikeasti vammautunut
 4 Lievästi vammautunut
 5 Tutkittava ja tarkkailtava
 6 Ei hoitoa vaativa tai kuljetusta
 8 Muu _____

 9 Ei tiedossa

Hoitopaikka

- 1 Ei hoitotarvetta tai -paikkaa
 2 Kotihoito
 3 Lääkäriasema, yksit. lääk.
 4 Terveyskeskus, poliklinikka
 5 Terveyskeskus, vuodeosasto
 6 Aluesairaala
 7 Keskussairaala tms.
 11 Ei hoitoa (kuollut)
 88 Muu _____

 99 Ei tiedossa

Hoitoaika (terveyskeskuksessa, sairaalassa tms.)

- 1 Ei hoidon tarvetta tai paikkaa
 2 Käynti
 3 Käynti ja jälkitarkastus
 4 0—3 vrk
 5 4—14 vrk
 6 2 vk—3 kk
 7 Yli 3 kk
 8 Pysyvä hoitoa vaativa vamma
 11 Ei hoitoa (kuollut)
 99 Ei tiedossa

Työkyvyttömyysaika

- 1 Ei työkyvyttömyyttä
 2 1—3 vrk
 3 4—7 vrk
 4 8—14 vrk
 5 2—4 vk
 6 1—3 kk
 7 Yli 3 kk
 11 Kuollut
 88 Muu _____
 99 Ei tiedossa

Arvioitu invalideetti _____ %

- 11 Kuollut
 99 Ei tiedossa

Lisätietoja _____

Lääkärin käsitys vammautumiseen, hälytysjärjestelyyn, ensiapuun, kuljetukseen ja hoitoon

liittyvistä erityispiirteistä _____

Vammautuneen nimi _____

Vahinko n:o _____

ASSOCIATED INJURY SCALE

| SEVERITY CODE | SEVERITY CATEGORY/INJURY DESCRIPTION | SEVERITY CODE | SEVERITY CATEGORY/INJURY DESCRIPTION |
|-----------------------------|---|---------------|--------------------------------------|
| 1 <input type="checkbox"/> | NO INJURY | | |
| 1 <input type="checkbox"/> | MINOR | | |
| 1 <input type="checkbox"/> | GENERAL | | |
| | - Aches all over | | |
| | - Minor lacerations, contusions, and abrasions (first aid-simple closure) | | |
| | - All 1 st or small 2 nd or small 3 rd burns | | |
| 2 <input type="checkbox"/> | HEAD AND NECK | | |
| | - Cerebral injury with headache; dizziness; no loss of consciousness | | |
| | - "Whiplash" complaint with no anatomical or radiological evidence | | |
| | - Abrasions and contusions of ocular apparatus (lids, conjunctiva, cornea, uveal injuries), vitreous or retinal hemorrhage | | |
| | - Fractures and/or dislocations of teeth | | |
| 3 <input type="checkbox"/> | CHEST | | |
| | - Muscle aches or chest wall stiffness | | |
| 4 <input type="checkbox"/> | ABDOMINAL | | |
| | - Muscle aches; seat belt abrasions; etc. | | |
| 5 <input type="checkbox"/> | EXTREMITIES | | |
| | - Minor sprains and fractures and/or dislocation of digits. | | |
| 2 <input type="checkbox"/> | MODERATE | | |
| 1 <input type="checkbox"/> | GENERAL | | |
| | - Extensive contusions; abrasions; large lacerations; avulsions less than 3" wide) | | |
| | - 10-20 % body surface 2 nd or 3 rd burns | | |
| 2 <input type="checkbox"/> | HEAD AND NECK | | |
| | - Cerebral injury with or without skull fracture, less than 15 minutes unconsciousness; no post-traumatic amnesia | | |
| | - Undisplaced skull or facial bone fractures or compound fracture of nose | | |
| | - Lacerations of the eye and appendages; retinal detachment | | |
| | - Disfiguring lacerations | | |
| | - "Whiplash" - severe complaints with anatomical or radiological evidence | | |
| 3 <input type="checkbox"/> | CHEST | | |
| | - Single rib or sternal fractures | | |
| | - Major contusions of chest wall without hemothorax or pneumothorax or respiratory embarrassment | | |
| 4 <input type="checkbox"/> | ABDOMINAL | | |
| | - Major contusion of abdominal wall | | |
| 5 <input type="checkbox"/> | EXTREMITIES AND/OR PELVIC GIRDLE | | |
| | - Compound fractures of digits | | |
| | - Undisplaced long bone or pelvic fractures | | |
| | - Major sprains of major joints | | |
| 3 <input type="checkbox"/> | SEVERE (Not Life-threatening) | | |
| 1 <input type="checkbox"/> | GENERAL | | |
| | - Extensive contusions; abrasions; large lacerations involving more than two extremities, or large avulsions greater than 3" wide) | | |
| | - 20-30 % body surface 2 nd or 3 rd burns | | |
| 2 <input type="checkbox"/> | HEAD AND NECK | | |
| | - Cerebral injury with or without skull fracture, with unconsciousness more than 15 minutes; without severe neurological signs; brief post-traumatic amnesia less than 3 hours | | |
| | - Displaced closed skull fractures without unconsciousness or other signs of intracranial injury | | |
| | - Loss of eye, or avulsion of optic nerve | | |
| | - Displaced facial bone fractures or those with orbital or orbital involvement | | |
| | - Cervical spine fractures without cord damage | | |
| 3 <input type="checkbox"/> | CHEST | | |
| | - Multiple rib fractures without respiratory embarrassment | | |
| | - Hemothorax or pneumothorax | | |
| | - Rupture of diaphragm | | |
| | - Lung contusion | | |
| 4 <input type="checkbox"/> | ABDOMINAL | | |
| | - Contusion of abdominal organs | | |
| | - Extraperitoneal bladder rupture | | |
| | - Retroperitoneal hemorrhage | | |
| | - Avulsion of ureter | | |
| | - Laceration of testis | | |
| | - Thoracic or lumbar spine fractures without neurological involvement | | |
| 5 <input type="checkbox"/> | EXTREMITIES AND/OR PELVIC GIRDLE | | |
| | - Displaced simple long-bone fractures, and/or multiple hand and foot fractures | | |
| | - Single open long-bone fractures | | |
| | - Pelvic fracture with displacement | | |
| | - Dislocation of major joints | | |
| | - Multiple amputations of digits | | |
| | - Lacerations of the major nerves or vessels of extremities | | |
| 4 <input type="checkbox"/> | SEVERE (Life-threatening, Survival Probable) | | |
| 1 <input type="checkbox"/> | GENERAL | | |
| | - Severe lacerations and/or avulsions with dangerous hemorrhage | | |
| | - 30-40% surface 2 nd or 3 rd burns | | |
| 2 <input type="checkbox"/> | HEAD AND NECK | | |
| | - Cerebral injury with or without skull fracture, with unconsciousness of more than 15 minutes, with definite abnormal neurological signs; post-traumatic amnesia 3-12 hours | | |
| | - Compound skull fracture | | |
| 3 <input type="checkbox"/> | CHEST | | |
| | - Open chest wounds (flail chest; pneumothorax; myocardial contusion without circulatory embarrassment; pericardial injuries) | | |
| 4 <input type="checkbox"/> | ABDOMINAL | | |
| | - Minor laceration of intra-abdominal contents to include ruptured spleen, kidney, and injuries to tail of pancreas | | |
| | - Intraperitoneal bladder rupture | | |
| | - Avulsion of the genitals | | |
| | - Thoracic and/or lumbar spine fractures with paraplegia | | |
| 5 <input type="checkbox"/> | EXTREMITIES | | |
| | - Multiple closed long-bone fractures | | |
| | - Amputation of limbs | | |
| 5 <input type="checkbox"/> | CRITICAL (Survival Uncertain) | | |
| 1 <input type="checkbox"/> | GENERAL | | |
| | - Over 40 % body surface 2 nd or 3 rd burns | | |
| 2 <input type="checkbox"/> | HEAD AND NECK | | |
| | - Cerebral injury with or without skull fracture with unconsciousness of more than 24 hours; post-traumatic amnesia more than 12 hours; intracranial hemorrhage; signs of increased intracranial pressure; increasing state of consciousness, brady-cardia under 60, progressive rise in the blood pressure of progressive pupil inequality | | |
| | - Cervical spine injury with quadriplegia | | |
| | - Major arterial obstruction | | |
| 3 <input type="checkbox"/> | CHEST | | |
| | - Chest injuries with major respiratory embarrassment; laceration of trachea, bronchus, etc. | | |
| | - Aortic laceration | | |
| | - Myocardial rupture or contusion with circulatory embarrassment | | |
| 4 <input type="checkbox"/> | ABDOMINAL | | |
| | - Rupture, avulsion or severe laceration of intra-abdominal vessels or organs except kidney, spleen or ureter | | |
| 5 <input type="checkbox"/> | EXTREMITIES | | |
| | - Multiple open limb fractures | | |
| 6 <input type="checkbox"/> | FATAL (Within 24 hours) | | |
| 1 <input type="checkbox"/> | - Fatal lesions of single region of body, plus injuries of other body regions of severity Code 3 or less | | |
| | - Fatal from burns regardless of degree | | |
| 7 <input type="checkbox"/> | FATAL (Within 24 hours) | | |
| 1 <input type="checkbox"/> | - Fatal lesions of single region of body, plus injuries of other body regions of Severity Code 4 or 5 | | |
| 8 <input type="checkbox"/> | FATAL | | |
| 1 <input type="checkbox"/> | - 2 fatal lesions in 2 regions of body | | |
| 9 <input type="checkbox"/> | FATAL | | |
| 1 <input type="checkbox"/> | - 3 or more fatal injuries | | |
| | - Incineration by fire | | |
| 99 <input type="checkbox"/> | SEVERITY UNKNOWN | | |
| 1 <input type="checkbox"/> | - Injured, but severity not known | | |
| 98 <input type="checkbox"/> | PRESENCE UNKNOWN | | |
| 1 <input type="checkbox"/> | - Presence of injury not known | | |

VALT

26

LÄÄKÄRIJÄSEN
TUTKIMUSLOMAKE

PK 85

_____ läänin tutkijalautakunta Vahinko n:o _____

Täytetään jokaisesta osallisesta, jos poliisitutkinnassa on ilmennyt lääketieteellisiä taustatekijöitä

Osallisen nimi _____ Täyttöpäivä ____/____ 198__

Sairaudet

Onko teillä tällä hetkellä tai ollut aikaisemmin?

| | Ei | On | Ollut aikaisemmin |
|---|--------------------------|--------------------------|--------------------------|
| Näkövika, silmäsairaus (mm. hämäräsokeus, näkökentän vajaus) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kuulovika, korvasairaus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Huimaukskohtauksia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tajuttomuuskohtauksia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kouristuksia, kaatumatauti | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unettomuus, päänsärky | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mielisairaus, psyykinen häiriö | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sydänvika | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verenpainetauti | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sokeritauti | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Munuaistauti | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liikuntaelinten sairaus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poikkeavan helppo nukahtamistaipumus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaikea vamma, vika | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Muu pitkäaikainen sairaus, mikä | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oletteko tunteneet itsenne viime päivinä huonokuntoiseksi tai sairaaksi? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lääkitys osallisen ilmoituksen mukaan viimeisen 3 vuorokauden sisällä | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Nimi

Annos

Lääke 1. _____

Lääke 2. _____

Lääke 3. _____

Alkoholi: Puhallustulos _____ ‰ Verenalkoholipitoisuus _____ ‰

Lääkkeet (kem. tutkimus): _____

Muut tekijät ja havainnot: väsymys, syömättömyys jne. _____

Lääkärjäsenen käsitys lääketieteellisten yms. taustatekijöiden todennäköisestä tai mahdollisesta vaikutuksesta havainto- ja toimintakyvyn ja sen myötä vahingon syntymiseen _____

APPENDIX H

APPENDIX I

ACCIDENT REPORTING IN WEST GERMANY
(HUK-Verband 1985, Bierau 1985)

This appendix contains:

1. Copies of the official police accident report forms used in West Germany,
2. A list of data elements in the HUK-Verband accident report forms, and
3. Copies of the HUK-Verband accident report forms.

APPENDIX I

West Germany Official Police Accident Report Forms
(Bureau 1985)



| | | |
|---|---|--|
| Dienststelle Tgb. Nr.: <input type="text"/> | An Bußgeldbehörde/Staatsanwaltschaft Ordnungswarigkeit verjährt am: <input type="text"/> | Tatbestands- <input type="checkbox"/> Protokollaufnahme <input type="checkbox"/> RB Krs Gem <input type="text"/> <input type="text"/> <input type="text"/> |
| Unfallart Zusammenstoß m. and. Fahrzeug, das anhält, anhält o. i. ruh. Verkehr steht vorausfährt oder wartet <input type="checkbox"/> 1 seitlich in gleicher Richtung fährt entgegenkommt <input type="checkbox"/> 2 einbiegt oder kreuzt <input type="checkbox"/> 3 Zusammenstoß zw. Fzg. und Fußg. <input type="checkbox"/> 4 Aufprall auf Hindernis auf Fahrbahn <input type="checkbox"/> 5 Abkommen von Fahrbahn nach rechts <input type="checkbox"/> 6 Abkommen von Fahrbahn nach links <input type="checkbox"/> 7 Unfall anderer Art <input type="checkbox"/> 8 | Behördenkennung <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Unfalldatum (Tag/Monat/Jahr) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Unfallzeit (h/min) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Anzahl der Beteiligten <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Getötete <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Schwerverletzte <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Leichtverletzte <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Charakteristik der Unfallstelle Kreuzung <input type="checkbox"/> 1 Einmündung/Anschluß <input type="checkbox"/> 2 Grundstücksein- oder -ausfahrt <input type="checkbox"/> 3 Steigung/Gelälle <input type="checkbox"/> 4 Kuppe <input type="checkbox"/> 5 Kurve <input type="checkbox"/> 6 | innerorts <input type="checkbox"/> 1 außerorts <input type="checkbox"/> 2 Fahrtrichtung Ordn. Nr. <input type="text"/> <input type="text"/> aufsteigend <input type="checkbox"/> 1 absteigend <input type="checkbox"/> 2 | Straßenschlüssel <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Haus-Nr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Straßenklasse <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Straßen-Nr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> km <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Besondere Merkmale der Unfallstelle Unübersichtlich <input type="checkbox"/> 1 Schienengleicher Wegübergang <input type="checkbox"/> 2 Fußgängerüberweg <input type="checkbox"/> 3 Fußgängerfurt <input type="checkbox"/> 4 Haltestelle <input type="checkbox"/> 5 Arbeitsstelle <input type="checkbox"/> 6 | von Netzknoten A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> nach B <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Station (km) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Unfalltyp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sondererhebung <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Verkehrsregelung Verkehrsregelungsposten <input type="checkbox"/> 1 Lichtzeichenanlage in Betrieb <input type="checkbox"/> 2 Lichtzeichenanlage außer Betrieb <input type="checkbox"/> 3 Geschwindigkeitsbegrenzung durch VZ angeordnet -km/h <input type="text"/> <input type="text"/> | Lichtverhältnisse Dämmerung <input type="checkbox"/> 1 Dunkelheit <input type="checkbox"/> 2 Straßenbeleuchtung in Betrieb <input type="checkbox"/> 3 Straßenbeleuchtung außer Betrieb <input type="checkbox"/> 4 | Straßenbefestigung Betondecke <input type="checkbox"/> 1 Schwarzdecke <input type="checkbox"/> 2 Pflaster <input type="checkbox"/> 3 Sonstige befestigte Straße <input type="checkbox"/> 4 Unbefestigte Straße <input type="checkbox"/> 5 |
| Straßenzustand Naß <input type="checkbox"/> 1 Glattes <input type="checkbox"/> 2 Schneeglätte <input type="checkbox"/> 3 Gestreut <input type="checkbox"/> 4 Schlüpfrigkeit (Ol, Dung, Laub usw.) <input type="checkbox"/> 5 Schadhafte Fahrbahn <input type="checkbox"/> 6 | Witterung Regen <input type="checkbox"/> 1 Schneefall/Hagel <input type="checkbox"/> 2 Nebel/Dunst (Sicht: ca. m) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sturm/Böen <input type="checkbox"/> 3 | Vorläufig festgestellte Ursachen gemäß Verzeichnis Nr. 01-69 Ordn. Nr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ordn. Nr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gemäß Verzeichnis 70-89 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| (Datum) | | (Unterschrift und Amtsbezeichnung des aufnehmenden Beamten) |

| | | | |
|---|---|---|--|
| Blatt 2 (Nur bei Unfallanzeigen B und C) | Behördenkennung | Unfalldatum (Tag/Monat/Jahr) | Unfallzeit (h/min) |
| Beteiligte Personen und Fahrzeuge | Ordn.-Nr. 1314 Verkehrsfl. 1 Jugendl. Heranw. Alkoholeinw. BAK | Ordn.-Nr. 1314 Verkehrsfl. 1 Jugendl. Heranw. Alkoholeinw. BAK | Ordn.-Nr. 1314 Verkehrsfl. 1 Jugendl. Heranw. Alkoholeinw. BAK |
| Familiennamen/Staatsang. -auch Geburtsname- Vornamen PLZ, Wohnort Straße, Nr. Beruf Geboren am bzw. Personen- kennzeichen/Geschlecht Geburtsort Kreis Gesetzlicher Vertreter Art der Verkehrsbeteiligung | Tag Mon Jahr 16 21 27 männl. 1 weibl. 2 29 30 | Tag Mon Jahr 16 21 27 männl. 1 weibl. 2 29 30 | |
| Fahrerlaubnis | Klasse Tag Mon. Jahr ausstellende Behörde | Klasse Tag Mon. Jahr ausstellende Behörde | |
| Kraftfahrzeughalter/ Staatsang. PLZ, Wohnort Straße, Nr. Fahrzeugart Hersteller Typ/Erstzulassungsjahr Kennzeichen Nationalitätszeichen (außer „D“) Benutzer Zulässiges Gesamtgewicht | Kfz Anhänger 31 33 34 37 38 39 40 43 Lkw/Zugfahrzeug 44 45 kg Anhänger kg 46 48 | Kfz Anhänger 31 33 34 37 38 39 40 43 Lkw/Zugfahrzeug 44 45 kg Anhänger kg 46 48 | |
| Unfallfolgen bei Beteiligten Personenschaden Sachschaden (volle DM) | Art der bekannten Verletzungen: getötet 1 schwerv. 2 leichtv. 3 49 50 52 53 55 56 58 59 61 | Art der bekannten Verletzungen: getötet 1 schwerv. 2 leichtv. 3 49 50 52 53 55 56 58 59 61 | |
| Unfallfolgen bei sonstigen Geschädigten (nur bei Unfallanzeige B) | | | |
| Ordn.-Nr. | Name, Vorname, PLZ, Wohnort, Straße | Art des Sachschadens | Sachschaden (volle DM) |
| Zeugen Name, Vorname | | Alter | PLZ, Wohnort, Straße |
| Ordn.-Nr. | Ordnungswidrigkeiten, Anhörung der Betroffenen nach Belehrung gem. §§ 55 OWG, 163 a u. 136 StPO | Bußgeldvorschlag | |
| Gepfugt und weitergeleitet mit (Nur bei Unfallanzeige B) | | | |
| Anlagen | | (Datum) | (Unterschrift und Amtsbez.) |

APPENDIX I

| | | | | |
|---|------------------------------------|-----------------|---|---------------------------|
| Blatt 3 (Nur bei Unfallanzeige C) | | Behördenkennung | Unfalldatum (Tag/Monat/Jahr) | Unfallzeit (h/min) |
| Sonstige Geschädigte | | | | |
| Ordn.-Nr. | Name, Vorname, PLZ Wohnort, Straße | Alter | 1. Art des Sachschadens und der bekannten Verletzungen 2. Angabe, ob getötet a) schwerverletzt b) leichtverletzt c) | Sachschaden (volle DM) |
| Verkehrstüchtigkeit der Unfallbeteiligten unter Angabe der Ordnungsnummer des Beteiligten (bei Alkoholeinfluß stets Angabe der Ausfallerscheinungen): | | | | |
| Schäden oder Spuren an Fahrzeugen, die auf den Unfallhergang schließen lassen, techn. Mängel der beteiligten Fahrzeuge unter Angabe der Ordn.-Nr.: | | | | |
| Besonderheiten zur Verkehrslage, zum Unfallort, zur Verkehrsregelung usw., soweit nicht auf Blatt 1 vermerkt: | | | | |
| Strafprozessuale Maßnahmen unter Angabe der Ordn.-Nr.: | | | | |
| Geprüft und weitergeleitet mit | | Anlagen | | |
| (Datum) | | | (Unterschrift und Amtsbez.) | |

Data Elements in HUK-Verband Accident Report Forms
(HUK-Verband 1985)

- **ACCIDENT FORM** (Unfallkarte) Contains information on the accident situation, and environmental accident conditions.
 - Insurance company and policy
 - Case number
 - Date (year, month, day), day of week, time of day
 - Road class
 - Direction of movement before impact, estimated speed before impact, estimated speed at impact
 - Road geometry
 - Traffic volume
 - Weather condition
 - Pavement surface condition (dry, wet, ice, snow, etc.)
 - Light and visibility, sight distances
 - Vehicle identification code, model year
 - Damage severity
 - Driver license years
 - Number of: occupants, injured, fatally injured
 - Age, sex, and occupant seated position
 - Maneuver to prevent accident (if any), braking
 - Cause of accident (17 codes)
 - Sequence of accident events
 - Antilock braking system (ABS)

For vehicle coding, a 7-digit code, HUK-Car Model Code, is used. This code consists of the following:

1. Vehicle type (one digit)
2. Country of origin (one digit)
3. Vehicle manufacturer (one digit)
4. Car model (two digits)
5. Car engine HP, truck weight, or motorcycle engine size (cubic inches) (two digits)

For vehicle deformation classification HUK-Deformation Classification is used.

- **VEHICLE FORM** (Wagenkarte) Detailed information and description of vehicle damage, and extent of deformation for each involved vehicle.
 - Case number
 - Car model code (HUK code)
 - Impact direction (Sketch 1), impact area (Sketch 2),
 - Damage area including width and height (Sketch 3)
 - Roof
 - Degree of damage
 - Rollover
 - Fire
 - Windshield (Sketch 4), other windows

APPENDIX I

VEHICLE FORM

(contd.)

- Internal surfaces or doors (Sketch 5), doors opened at impact, door function after impact
- Front and back seat structural parts
- Dashboard
- Rear Window
- Engine support structure
- Firewall between engine and passenger compartment
- Steering wheel and column
- Battery
- Gasoline tank
- Other parts in the passenger compartment
- Estimated repair cost
- Color of the vehicle
- Other

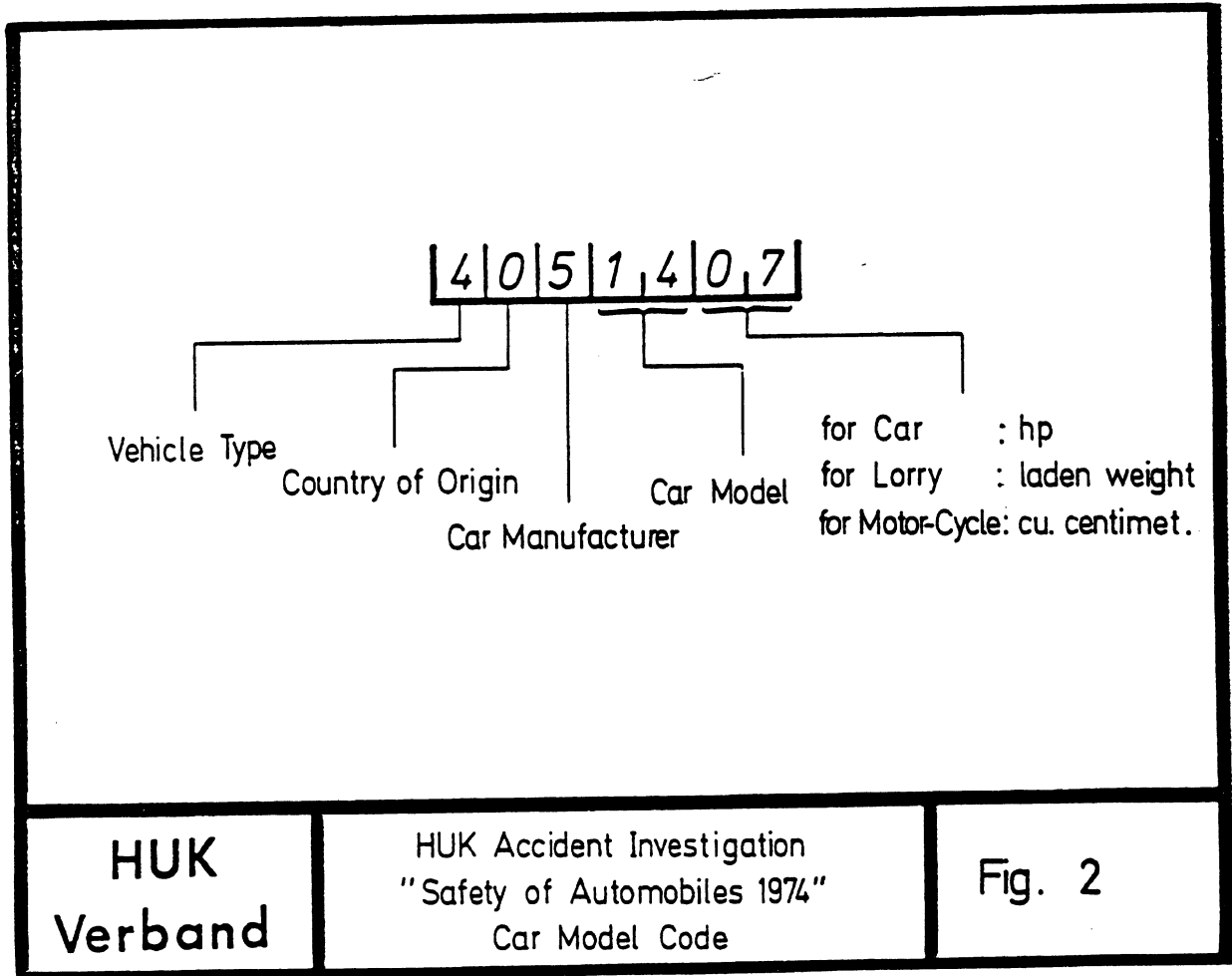
NOTE: Sketches 1 to 5 refer to prepared sketches on the vehicle form.

● PERSON FORM (Personekarte)

This form is filled out for each occupant, injured or uninjured. Injury severity is recording using the AIS scale supplemented by verbal description of the hospital report. The duration of inpatient hospitalization as well as possible total incapacitation is recorded.

- Case number
- Seated position before impact
- Age, height, weight, sex
- Availability and use of seat belt, function of seat belt, head restraints
- Injured body parts (using AIS for body regions)
- Lost working days, evaluation of safety-belt effectiveness, and heat restraint, sketch

German HUK-Verband Report Forms
(HUK-Verband 1985)



| UNFALLKARTE | | Versicherungsgesellschaft Abkürzung | | 5-Gleichen nach Anzahl | | geprüft belegt | |
|-------------------------|----------------------|--|--------------------------|---------------------------|------------------------|---|----------------|
| LS 1 | Auswertstufe | LS 18 | Geschwindigkeit | LS 25 | Witterungsverhältnisse | | |
| LS 2 3 | Kategorie/Unfalljahr | 1 übermäßig gleichmäßig | 2 übermäßig ungenügend | 1 Sonne | 2 Regen | 3 Schneefall | 4 Hagelschauer |
| LS 4 5 6 7 8 9 | Fallnummer | 3 übermäßig über | 4 feste Mitteltemperatur | 5 Nebel leicht | 6 Nebel dicht | 7 Sturm | 8 andere |
| LS 10 11 | Unfalltag | 9 n.e. | | 9 n.e. | | | |
| LS 12 13 | Unfallmonat | Fahrergruppe | Kauf. Geschw. | LS 26 | Fahrerzustand | | |
| LS 14 | Wochentag | A v. B | A v. B | 1 trocken | 2 feucht | 3 nass | 4 Neuschnee |
| 1 Montag | | LS 18 | 20 21 22 km/h | 5 feste Schneedecke | 6 Schneematsch | 7 Glätte | 8 Wasserfahne |
| 2 Dienstag | | 1 1 1 1 | 0 -15 | 9 n.e. | | | |
| 3 Mittwoch | | 2 2 2 2 | 16-30 | | | | |
| 4 Donnerstag | | 3 3 3 3 | 31-45 | | | | |
| 5 Freitag | | 4 4 4 4 | 46-60 | | | | |
| 6 Samstag | | 5 5 5 5 | 61-80 | | | | |
| 7 Sonntag | | 6 6 6 6 | 81-100 | | | | |
| LS 15 16 | Unfallort | 7 7 7 7 | 101-120 | | | | |
| 1 Kreisstraße | 5 | 8 8 8 8 | 121-140 | | | | |
| 2 Land-, Staatsstraße | 6 | 9 9 9 9 | 141-160 | | | | |
| 3 Bundesstraße | 7 | LS 23 | 161-180 | | | | |
| 4 Autobahn | 8 | 1 Unfallort (in Sicht Fahrzeug B) | 181-200 | | | | |
| überhöht | 9 | 2 Rechtskurve | 201-220 | | | | |
| n.e. | n.e. | 3 Gerade | 221-240 | | | | |
| | | 4 Kreuzung | 241-260 | | | | |
| | | 5 n.e. | 261-280 | | | | |
| | | LS 24 | 281-300 | | | | |
| | | 1 mäßig | 301-320 | | | | |
| | | 2 mittel | 321-340 | | | | |
| | | 3 stark | 341-360 | | | | |
| | | 4 n.e. | 361-380 | | | | |
| | | 5 n.e. | 381-400 | | | | |
| LS 29 30 31 32 33 34 35 | Fahrzeug | 51 52 53 54 55 56 57 | Fig. Nr. | LS 73 74 | U.a. | 77 78 | |
| 1 A | | 1 1 1 1 1 1 1 | 1 | 0 1 | 0 1 | 1 Untersachsen | |
| 2 B | | 2 2 2 2 2 2 2 | 2 | 0 2 | 0 2 | 2 Oberfläch. Geschwindigkeit | |
| 3 A | | 3 3 3 3 3 3 3 | 3 | 0 3 | 0 3 | 3 Überholen | |
| 4 B | | 4 4 4 4 4 4 4 | 4 | 0 4 | 0 4 | 4 Verfahrtsverletzung | |
| 5 A | | 5 5 5 5 5 5 5 | 5 | 0 5 | 0 5 | 5 Rechts/abgeleitet | |
| 6 B | | 6 6 6 6 6 6 6 | 6 | 0 6 | 0 6 | 6 Abbiegen | |
| 7 A | | 7 7 7 7 7 7 7 | 7 | 0 7 | 0 7 | 7 Wenden | |
| 8 B | | 8 8 8 8 8 8 8 | 8 | 0 8 | 0 8 | 8 Rückwärtsfahren | |
| 9 A | | 9 9 9 9 9 9 9 | 9 | 0 9 | 0 9 | 9 Handbremse auf Fahrbahn | |
| 10 B | | 10 10 10 10 10 10 10 | 10 | 0 10 | 0 10 | 10 Übermutung | |
| 11 A | | 11 11 11 11 11 11 11 | 11 | 0 11 | 0 11 | 11 Unaufmerksamkeit | |
| 12 B | | 12 12 12 12 12 12 12 | 12 | 0 12 | 0 12 | 12 Öffnen der Tür | |
| 13 A | | 13 13 13 13 13 13 13 | 13 | 0 13 | 0 13 | 13 Blendung durch Fahrzeug | |
| 14 B | | 14 14 14 14 14 14 14 | 14 | 0 14 | 0 14 | 14 Blendung durch Sonne | |
| 15 A | | 15 15 15 15 15 15 15 | 15 | 0 15 | 0 15 | 15 Beleuchtungsdefekt | |
| 16 B | | 16 16 16 16 16 16 16 | 16 | 0 16 | 0 16 | 16 Bremsmangel | |
| 17 A | | 17 17 17 17 17 17 17 | 17 | 0 17 | 0 17 | 17 Mangelhafte Reifen | |
| 18 B | | 18 18 18 18 18 18 18 | 18 | 0 18 | 0 18 | 18 Andere technische Mängel | |
| 19 A | | 19 19 19 19 19 19 19 | 19 | 0 19 | 0 19 | 19 Alkohol (‰) | |
| 20 B | | 20 20 20 20 20 20 20 | 20 | 0 20 | 0 20 | 20 Unfallschuld | |
| 21 A | | 21 21 21 21 21 21 21 | 21 | 0 21 | 0 21 | 1 Abkommen von der Fahrbahn | |
| 22 B | | 22 22 22 22 22 22 22 | 22 | 0 22 | 0 22 | 2 Auffahren | |
| 23 A | | 23 23 23 23 23 23 23 | 23 | 0 23 | 0 23 | 3 Schleudern ohne Bremsverhalten | |
| 24 B | | 24 24 24 24 24 24 24 | 24 | 0 24 | 0 24 | 4 Schleudern durch Bremsung | |
| 25 A | | 25 25 25 25 25 25 25 | 25 | 0 25 | 0 25 | 5 Schleudern mit block. Rädern - Gerade | |
| 26 B | | 26 26 26 26 26 26 26 | 26 | 0 26 | 0 26 | 6 Schleudern mit block. Rädern - Kurve | |
| 27 A | | 27 27 27 27 27 27 27 | 27 | 0 27 | 0 27 | ABS | |
| 28 B | | 28 28 28 28 28 28 28 | 28 | 0 28 | 0 28 | 1 Antilocksystem | |
| 29 A | | 29 29 29 29 29 29 29 | 29 | 0 29 | 0 29 | 2 0% | |
| 30 B | | 30 30 30 30 30 30 30 | 30 | 0 30 | 0 30 | 3 30% | |
| 31 A | | 31 31 31 31 31 31 31 | 31 | 0 31 | 0 31 | 4 70% | |
| 32 B | | 32 32 32 32 32 32 32 | 32 | 0 32 | 0 32 | 5 100% | |
| 33 A | | 33 33 33 33 33 33 33 | 33 | 0 33 | 0 33 | 6 n.e. | |
| 34 B | | 34 34 34 34 34 34 34 | 34 | 0 34 | 0 34 | | |
| 35 A | | 35 35 35 35 35 35 35 | 35 | 0 35 | 0 35 | | |
| 36 B | | 36 36 36 36 36 36 36 | 36 | 0 36 | 0 36 | | |
| 37 A | | 37 37 37 37 37 37 37 | 37 | 0 37 | 0 37 | | |
| 38 B | | 38 38 38 38 38 38 38 | 38 | 0 38 | 0 38 | | |
| 39 A | | 39 39 39 39 39 39 39 | 39 | 0 39 | 0 39 | | |
| 40 B | | 40 40 40 40 40 40 40 | 40 | 0 40 | 0 40 | | |
| 41 A | | 41 41 41 41 41 41 41 | 41 | 0 41 | 0 41 | | |
| 42 B | | 42 42 42 42 42 42 42 | 42 | 0 42 | 0 42 | | |
| 43 A | | 43 43 43 43 43 43 43 | 43 | 0 43 | 0 43 | | |
| 44 B | | 44 44 44 44 44 44 44 | 44 | 0 44 | 0 44 | | |
| 45 A | | 45 45 45 45 45 45 45 | 45 | 0 45 | 0 45 | | |
| 46 B | | 46 46 46 46 46 46 46 | 46 | 0 46 | 0 46 | | |
| 47 A | | 47 47 47 47 47 47 47 | 47 | 0 47 | 0 47 | | |
| 48 B | | 48 48 48 48 48 48 48 | 48 | 0 48 | 0 48 | | |
| 49 A | | 49 49 49 49 49 49 49 | 49 | 0 49 | 0 49 | | |
| 50 B | | 50 50 50 50 50 50 50 | 50 | 0 50 | 0 50 | | |
| 51 A | | 51 51 51 51 51 51 51 | 51 | 0 51 | 0 51 | | |
| 52 B | | 52 52 52 52 52 52 52 | 52 | 0 52 | 0 52 | | |
| 53 A | | 53 53 53 53 53 53 53 | 53 | 0 53 | 0 53 | | |
| 54 B | | 54 54 54 54 54 54 54 | 54 | 0 54 | 0 54 | | |
| 55 A | | 55 55 55 55 55 55 55 | 55 | 0 55 | 0 55 | | |
| 56 B | | 56 56 56 56 56 56 56 | 56 | 0 56 | 0 56 | | |
| 57 A | | 57 57 57 57 57 57 57 | 57 | 0 57 | 0 57 | | |
| 58 B | | 58 58 58 58 58 58 58 | 58 | 0 58 | 0 58 | | |
| 59 A | | 59 59 59 59 59 59 59 | 59 | 0 59 | 0 59 | | |
| 60 B | | 60 60 60 60 60 60 60 | 60 | 0 60 | 0 60 | | |
| 61 A | | 61 61 61 61 61 61 61 | 61 | 0 61 | 0 61 | | |
| 62 B | | 62 62 62 62 62 62 62 | 62 | 0 62 | 0 62 | | |
| 63 A | | 63 63 63 63 63 63 63 | 63 | 0 63 | 0 63 | | |
| 64 B | | 64 64 64 64 64 64 64 | 64 | 0 64 | 0 64 | | |
| 65 A | | 65 65 65 65 65 65 65 | 65 | 0 65 | 0 65 | | |
| 66 B | | 66 66 66 66 66 66 66 | 66 | 0 66 | 0 66 | | |
| 67 A | | 67 67 67 67 67 67 67 | 67 | 0 67 | 0 67 | | |
| 68 B | | 68 68 68 68 68 68 68 | 68 | 0 68 | 0 68 | | |
| 69 A | | 69 69 69 69 69 69 69 | 69 | 0 69 | 0 69 | | |
| 70 B | | 70 70 70 70 70 70 70 | 70 | 0 70 | 0 70 | | |
| 71 A | | 71 71 71 71 71 71 71 | 71 | 0 71 | 0 71 | | |
| 72 B | | 72 72 72 72 72 72 72 | 72 | 0 72 | 0 72 | | |
| 73 A | | 73 73 73 73 73 73 73 | 73 | 0 73 | 0 73 | | |
| 74 B | | 74 74 74 74 74 74 74 | 74 | 0 74 | 0 74 | | |
| 75 A | | 75 75 75 75 75 75 75 | 75 | 0 75 | 0 75 | | |
| 76 B | | 76 76 76 76 76 76 76 | 76 | 0 76 | 0 76 | | |
| 77 A | | 77 77 77 77 77 77 77 | 77 | 0 77 | 0 77 | | |
| 78 B | | 78 78 78 78 78 78 78 | 78 | 0 78 | 0 78 | | |
| 79 A | | 79 79 79 79 79 79 79 | 79 | 0 79 | 0 79 | | |
| 80 B | | 80 80 80 80 80 80 80 | 80 | 0 80 | 0 80 | | |
| 81 A | | 81 81 81 81 81 81 81 | 81 | 0 81 | 0 81 | | |
| 82 B | | 82 82 82 82 82 82 82 | 82 | 0 82 | 0 82 | | |
| 83 A | | 83 83 83 83 83 83 83 | 83 | 0 83 | 0 83 | | |
| 84 B | | 84 84 84 84 84 84 84 | 84 | 0 84 | 0 84 | | |
| 85 A | | 85 85 85 85 85 85 85 | 85 | 0 85 | 0 85 | | |
| 86 B | | 86 86 86 86 86 86 86 | 86 | 0 86 | 0 86 | | |
| 87 A | | 87 87 87 87 87 87 87 | 87 | 0 87 | 0 87 | | |
| 88 B | | 88 88 88 88 88 88 88 | 88 | 0 88 | 0 88 | | |
| 89 A | | 89 89 89 89 89 89 89 | 89 | 0 89 | 0 89 | | |
| 90 B | | 90 90 90 90 90 90 90 | 90 | 0 90 | 0 90 | | |

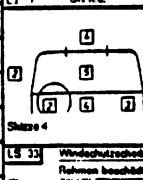
HUK
Verband

HUK Accident Investigation
"Safety of Automobiles 1974": Crash Data

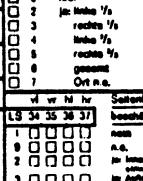
Fig. 1

WAGENKARTE A.


| | | | |
|--|--|---|---|
| <p>LS 1) Assenverteilung</p> <p>LS 2 3) Kartennart A</p> <p>LS 4 5 6 7 8 9) Fuß-Nr.</p> <p>LS 10 11 12 13 14 15 16) Fahr-Nr.</p> <p>LS 17 18) Antriebsrichtung Skizze 1</p> <p>LS 19 20) Antriebsflüche Skizze 2</p> <p>LS 21 22) Beschädigungs-Nähe Skizze 4</p> <p>LS 23) Deck</p> <p>LS 24) Beschädigungshöhe Skizze 3</p> <p>LS 25) Beschädigungsgrad</p> <p>LS 26) Eis</p> <p>LS 27 28) Zeit Nr.</p> <p>LS 29) Überdachung</p> <p>LS 30) Brand</p> <p>LS 31) Wendeschraub. beschädigt</p> <p>LS 32) Wendeschraub. (Luberm) getrieht</p> <p>LS 33) Wendeschraub. Rahmen beschädigt</p> <p>LS 34 35 36 37) Schrauben</p> <p>LS 38 39 40 41) Rahmen</p> <p>LS 42 43) Vorderz. schrauben beschädigt</p> | <p>LS 32) Wendeschraub. (Luberm) getrieht</p> <p>LS 33) Wendeschraub. Rahmen beschädigt</p> <p>LS 34 35 36 37) Schrauben</p> <p>LS 38 39 40 41) Rahmen</p> <p>LS 42 43) Vorderz. schrauben beschädigt</p> | <p>LS 44) Armutorenbröt. beschädigt</p> <p>LS 45) Heckschabe</p> <p>LS 46 47 48 49) Türen auf-gesprungen</p> <p>LS 50 51 52 53) Türen auf-gesprungen</p> <p>LS 54) Stichtreifen beschädigt</p> <p>LS 55) Motorüberhitzung beschädigt</p> <p>LS 56) Stromverl. beschädigt</p> | <p>LS 50) Lenkstule beschädigt</p> <p>LS 51) Lenkstule deformiert: nur Seite</p> <p>LS 52) Lenkstule deformiert: nach oben</p> <p>LS 53) Lenkstule deformiert: Art n.e.</p> <p>LS 54) Lenkstule in Innenraum geschoben</p> <p>LS 55) Lenktrah. beschädigt</p> <p>LS 56) Batterie beschädigt</p> <p>LS 57) Kraftstoffbehälter beschädigt</p> <p>LS 58) Verstärkung</p> <p>LS 59) Verstärkung</p> <p>LS 60) Verstärkung</p> <p>LS 61) Verstärkung</p> <p>LS 62) Verstärkung</p> <p>LS 63) Verstärkung</p> <p>LS 64) Verstärkung</p> <p>LS 65) Verstärkung</p> <p>LS 66) Verstärkung</p> <p>LS 67) Verstärkung</p> <p>LS 68) Verstärkung</p> <p>LS 69) Verstärkung</p> <p>LS 70) Verstärkung</p> <p>LS 71) Verstärkung</p> |
|--|--|---|---|



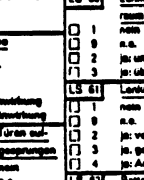
Skizze 1



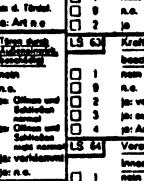
Skizze 2



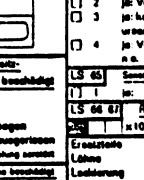
Skizze 3



Skizze 4



Skizze 5

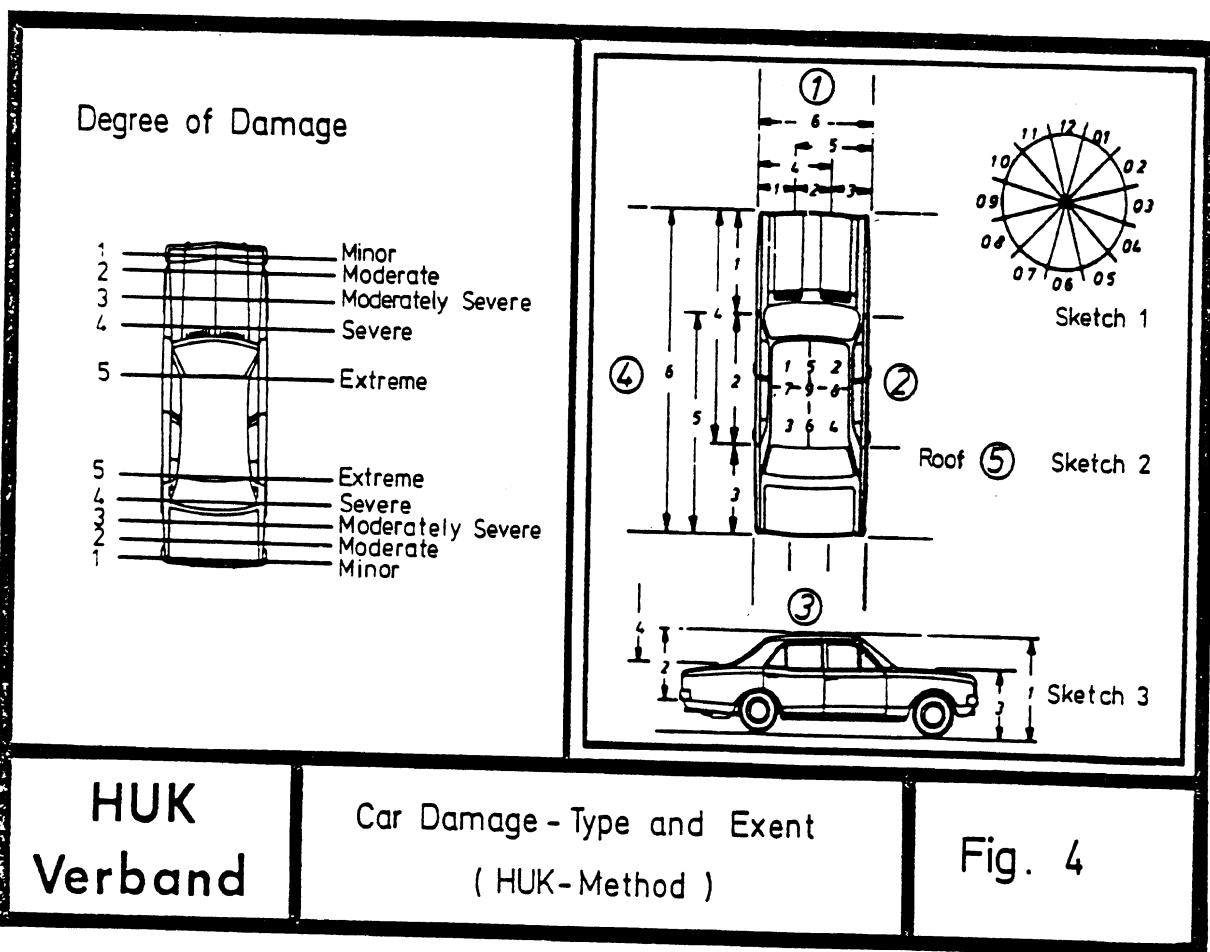


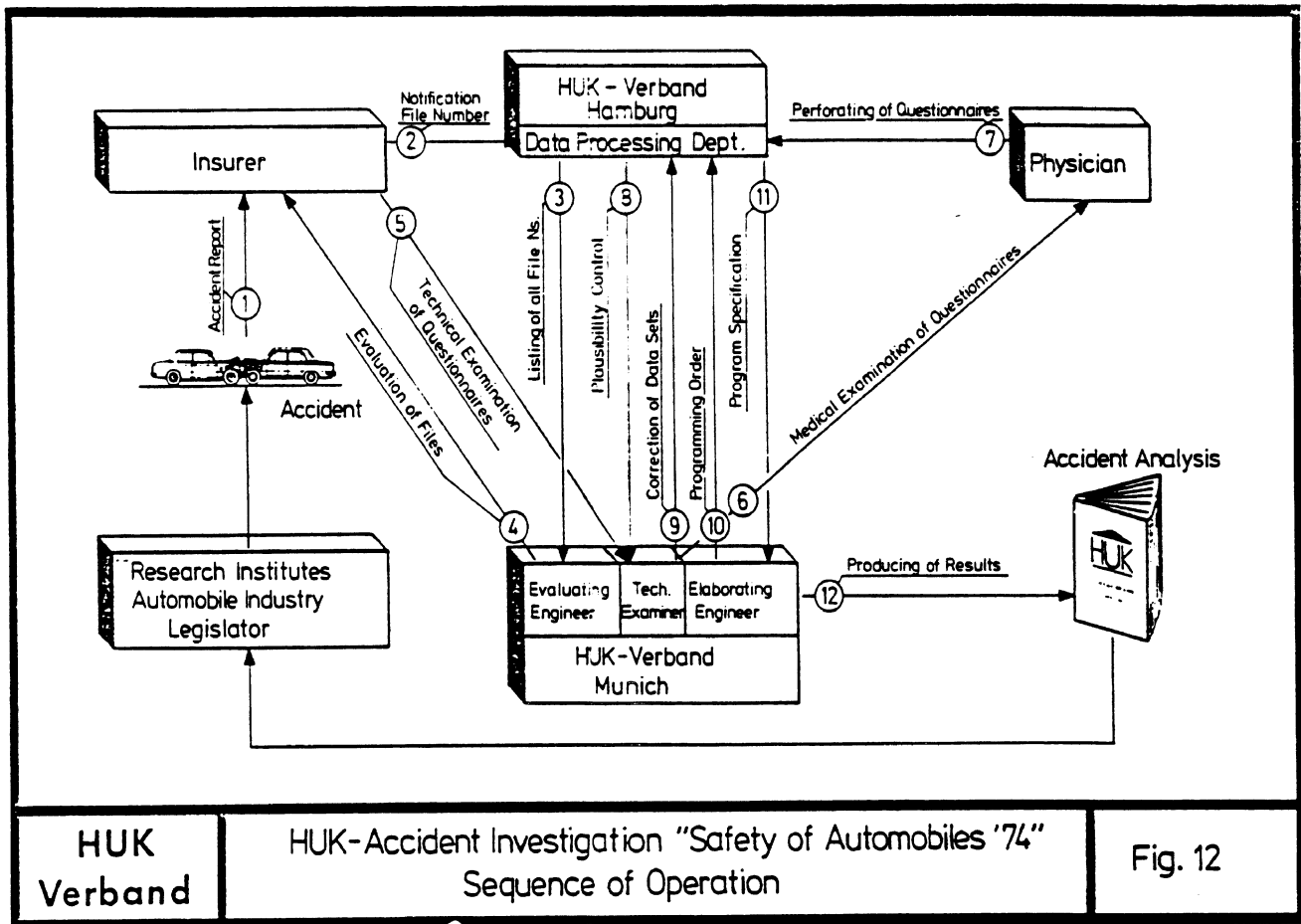
Skizze 6

HUK
Verband

HUK Accident Investigation
"Safety of Automobiles 1974":
Data on Car Damage

Fig. 3

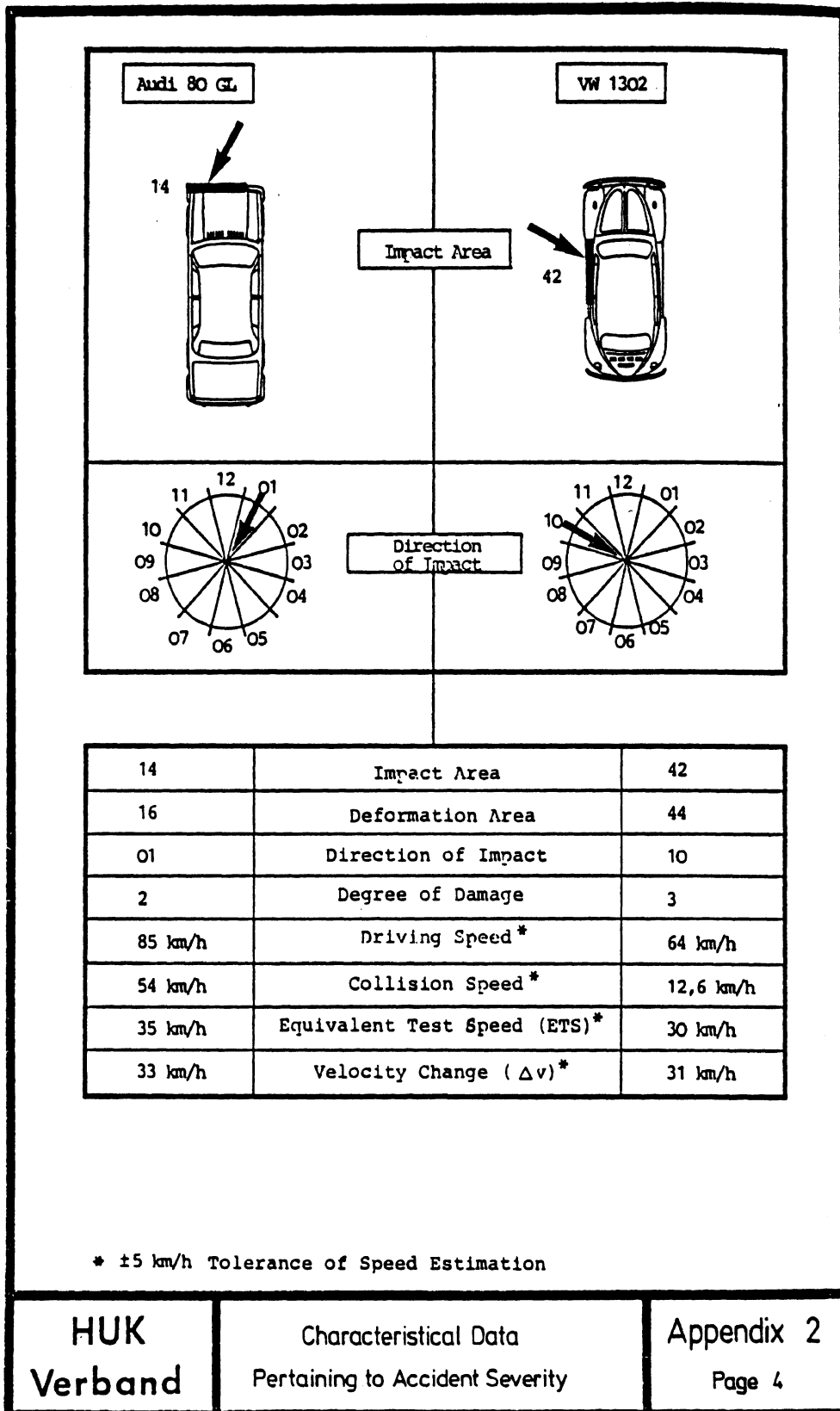


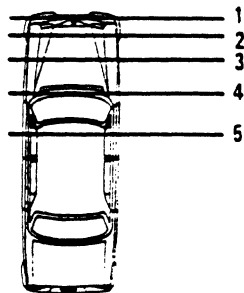


HUK
Verband

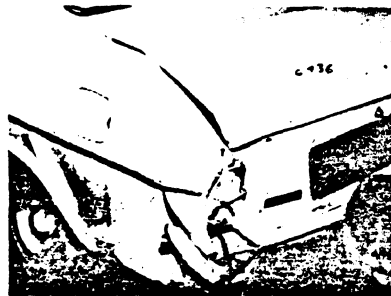
HUK-Accident Investigation "Safety of Automobiles '74"
Sequence of Operation

Fig. 12

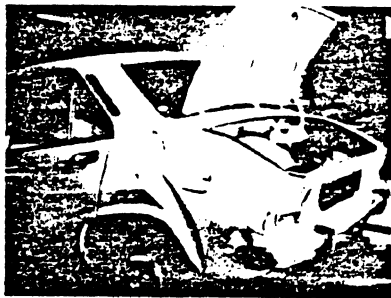




Degree of Damage
Front End



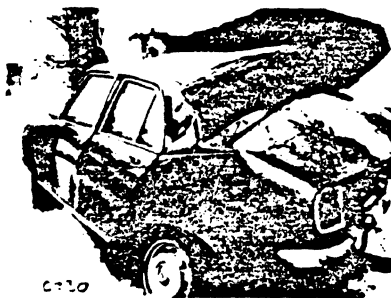
1 - Minor
Superficial damage
no structural (frame) deformation



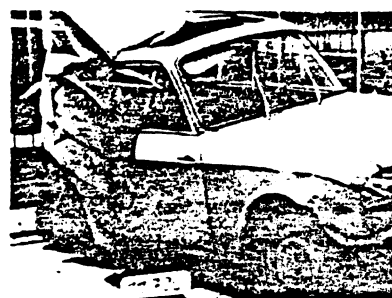
2 - Moderate
Moderate structural (frame)
deformation



3 - Severe
Severe deformation of front
structure exceeding front axle



4 - Extreme
Extreme damage to front structure
with slight deformation of
passenger compartment



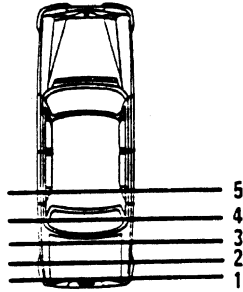
5 - Total
Total collapse of both front
structure and passenger compartment

HUK
Verband

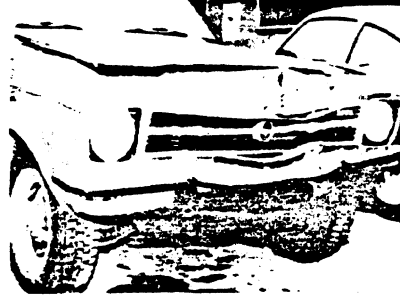
Car Damage Classification: Example
of Damage to Front End

Appendix 4
Fig. 1

| | | |
|--|---|------------------------------|
| <p>54321</p>  |  | |
| <p>Degree of Damage Side Area</p> | <p>1 - Minor Superficial damage to side structure without intrusion of passenger compartment</p> | |
|  |  | |
| <p>2 - Moderate Large area deformation of side structure with minor intrusion of passenger compartment</p> | <p>3 - Severe Severe deformation of side structure with moderate intrusion of passenger compartment</p> | |
|  |  | |
| <p>4 - Extreme Severe deformation of side structure with critical intrusion of passenger compartment</p> | <p>5 - Total Total destruction of passenger compartment</p> | |
| <p>HUK Verband</p> | <p>Car Damage Classification: Example of Damage to Side Area</p> | <p>Appendix 4 Fig. 2</p> |

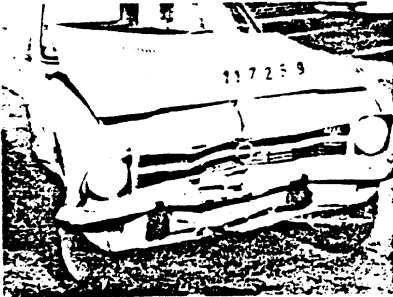


Degree of Damage
Rear End



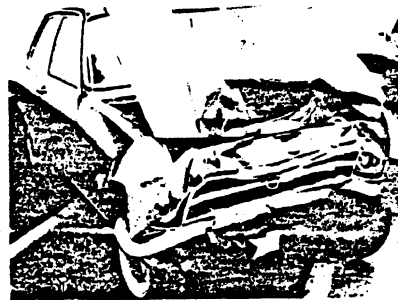
1 - Minor

Slight deformation of non bearing
car structures



2 - Moderate

Moderate structural (frame)
deformation



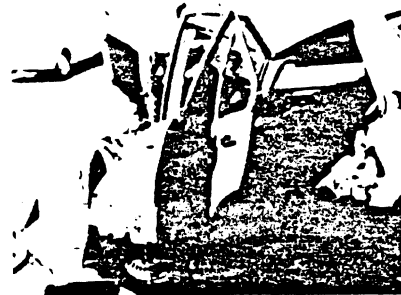
3 - Severe

Severe deformation of rear structure
including rear axle



4 - Extreme

Extreme damage to rear structure
with slight deformation of passenger
compartment



5 - Total

Total collapse of both rear
structure and passenger compartment

HUK
Verband

Car Damage Classification: Example
of Damage to Rear End

Appendix 4
Fig. 3

| Severity Code | Severity Category | Injury Description |
|---------------|---|--|
| 1 | Minor | <p style="text-align: center;">Head and Neck</p> <p>Cerebral injury with headache, dizziness, no loss of consciousness. Cervical spine injury complaint with no anatomical or radiological evidence ("whiplash"). Abrasion, contusion or ocular apparatus (lids, conjunctiva, cornea, uvea); vitreous or retinal hemorrhage; lid laceration.</p> |
| 2 | Moderate | <p>Cerebral concussion with or without skull fracture, less than 15 minutes unconsciousness. Basilar or linear fracture, no loss of consciousness. Undisplaced facial fracture. Undisplaced nose fracture. Laceration of cornea or sclera; retinal detachment.</p> |
| 3 | Severe (Not Life-Threatening) | <p>Cerebral concussion with or without skull fracture, with unconsciousness more than 15 minutes, but without severe neurological signs. Closed and displaced or depressed skull fracture without unconsciousness or other signs of intracranial injury. Loss of eye; avulsion of optic nerve. Displaced and/or open facial bone fractures or those fractures with antral or orbital involvement. Cervical spine fracture without cord damage.</p> |
| 4 | Severe (Life-Threatening, Survival Probable) | <p>Closed and displaced or depressed skull fracture, with severe neurological injury.</p> |
| 5 | Critical (Survival Uncertain) | <p>Cerebral concussion with or without skull fracture with unconsciousness of more than 12 hours, with intracranial hemorrhage and/or severe neurological signs. C-4 or lower cervical spine injury with cord transection. Upper airway obstruction with serious respiratory difficulty.</p> |
| 6 | Maximum Severity Injuries (Currently Untreatable) | <p>Decapitation, partial or complete. Crush injuries or lacerations of the brain stem or upper cervical spine. Fracture and/or dislocation with cord transection of the upper cervical spine.</p> |

| | | |
|------------------------|--|-----------------------------|
| HUK Verband | Exerpt from AIS-Scale Reprint from Revision of the Abbreviated Injury Scale (AIS) 18th Conference of the American Association for Automotive Medicine | Appendix 5 Page 1 |
|------------------------|--|-----------------------------|

APPENDIX I

| Severity Code | Severity Category | Injury Description |
|------------------------|---|--|
| 2 | Moderate | <p style="text-align: center;">Chest</p> Closed rib fracture without respiratory embarrassment. Closed sternal fracture. Major contusion of chest wall without hemothorax, pneumothorax, or respiratory embarrassment. Minor compression fracture. |
| 3 | Severe (Not Life-Threatening) | Hemothorax or pneumothorax. Rupture of diaphragm. Lung contusion. Thoracic spine fracture without neurological involvement. |
| 4 | Severe (Life-Threatening, Survival Probable) | Open chest wound. Flail chest. Pneumomediastinum. Myocardial contusion without circulatory embarrassment. Pericardial laceration. |
| 5 | Critical (Survival Uncertain) | Chest injuries with major respiratory difficulty (avulsion of trachea, hemo-mediastinum, etc.) Aortic laceration. Myocardial laceration or contusion with respiratory difficulty. |
| 6 | Maximum Severity Injuries (Currently Untreatable) | Transection of torso. |
| 1 | Minor | <p style="text-align: center;">Abdomen</p> Thoracic and/or lumbar strain. |
| 2 | Moderate | Minor compression fracture. |
| 3 | Severe (Not Life-Threatening) | Contusion of abdominal organs. Extraperitoneal bladder rupture. Retroperitoneal hemorrhage. Avulsion of ureter. Laceration of urethra. Lumbar spine fracture without neurological involvement. |
| HUK Verband | | Appendix 5 Page 2 |

| Severity Code | Severity Category | Injury Description |
|----------------|---|--|
| 4 | Severe (Life-Threatening, Survival Probable) | Abdomen (continued) Superficial laceration of intra-abdominal contents (to include ruptured spleen, kidney, and injuries to tail of pancreas). Intraperitoneal bladder rupture. Thoracic and/or lumbar spine fracture with nerve root damage. Avulsion of genitals |
| 5 | Critical (Survival Uncertain) | Rupture, avulsion or extensive laceration of intra-abdominal vessels or organs, except kidney, spleen or ureter. |
| 1 | Minor | Extremities and/or Pelvic Girdle Digit sprain, fracture and/or dislocation. |
| 2 | Moderate | Undisplaced long bone or pelvic fracture. Sprain of major joint. |
| 3 | Severe (Not Life-Threatening) | Displaced and/or open fractures of a single limb. Multiple hand and foot fractures. Displaced pelvic fracture with or without dislocation. Dislocation of major joint. Multiple amputations of digits. |
| 4 | Severe (Life-Threatening, Survival Probable) | Closed long-bone fractures of more than one segment. Amputation of limbs. |
| 5 | Critical (Survival Uncertain) | Open fractures of multiple limbs. |
| 1 | Minor | General (Any Body Region) Aches all over. Superficial abrasion, contusion, laceration (first aid - simple closure). All 1° burns (up to 100 % body surface. Small 2° or 3° burns (1 % - 10 % body surface). |
| 2 | Moderate | Major abrasion, contusion. Deep and/or extensive laceration. 2° or 3° burns (11 % - 20 % body surface). |
| HUK Verband | | Appendix 5 Page 3 |

APPENDIX I

| Severity Code | Severity Category | Injury Description |
|----------------|---|---|
| 3 | Severe (Not Life-Threatening) | <div style="border: 1px solid black; display: inline-block; padding: 2px;">General (continued)</div> Laceration involving major nerves and/or vessels. 2 ^o or 3 ^o burns (21 % - 30 % body surface). |
| 4 | Severe (Life-Threatening, Survival Probable) | 2 ^o or 3 ^o burns (31 % - 50 % body surface). |
| 5 | Critical (Survival Uncertain) | 2 ^o or 3 ^o burns (more than 50 % body surface). |
| 6 | Maximum Severity Injuries (Currently Untreatable) | 2 ^o or 3 ^o burns (80 % or more body surface, including incineration). |
| HUK Verband | | Appendix 5 Page 4 |

| ACCIDENT DATA | Listing of Most Important Facts | SOURCE | DATA COMPILATION BY |
|---------------------------------|--|-----------------------------------|---|
| TIME OF ACCIDENT | Day, Month, Year | Scene of Accident | Police, Insurer |
| LOCALITY | Road Category, Road Section | Scene of Accident | Police, Insurer, Expert, HUK-Engineers |
| WEATHER CONDITIONS | Light, Visibility, Road Condition | Scene of Accident | Police, Expert, Persons Involved in Accident |
| VEHICLE DATA | Car Model, Year of Construction, Car Defects | Case Car | Expert, Police, Insurer, HUK-Engineers, Persons Involved in Accident |
| SPEED LEVELS | Driving Speed, Collision Speed, ETS | Scene of Accident, Marks Case Car | Expert, TÜV *, Police, Insurer, Accident Reconstruction by HUK-Engineers |
| ACCIDENT CIRCUMSTANCES | Causes of Accident, Course of the Acc., Driving Behaviour, Braking Reaction, Alcohol | Accident Victim | Police, Expert, Physician, Persons Involved in Accident |
| ACCIDENT DOCUMENTATION | Accident Brake Marks, Postcrash Position of Car, Accident Victim | Scene of Accident | Expert, TÜV *, Police, HUK-Engineers |
| VEHICLE DAMAGE | Overall Vehicle Damage, Assessment of Accident's Degree of Severity, Vehicle's Structural Damage | Case Car | Experts, Repair Shop, Car Manufacturer, Police, Persons Involved in Acc., University Institutes |
| PASSIVE SAFETY EQUIPMENT | Safety Belt Systems, Head Rests, Instrument Panel, Steering Wheel, Seats | Case Car | Experts, Persons Involved in Accident, HUK-Engineers |
| OCCUPANT DATA | Seated Position, Age, Sex, Date/Issue of Driving Licence, Size, Weight | Accident Victim | Police, Insurer, Physician, HUK-Engineers |
| INJURY | Individual Injuries, Incapacity for Work, Cause of Death, Time of Death | Accident Victim | Physician, Hospital, Employers' Liability Insurance, Police |
| HUK Verband | Valuation Criteria of Retrospective Accident Analysis in HUK Accident Investigations | | Tab. 2 |

TÜV = Technischer Überwachungsverein : German Quality Control Authority (M O T = Ministry of Transport Vehicle Tests)

APPENDIX J

FATAL ACCIDENT REPORTING IN THE UNITED STATES

Data Elements of the U.S. FARS Forms

Analysts determine which fatal accidents qualify for inclusion in the fars, gather pertinent data, code the data onto three forms, and forward the data to the National Center for Statistics and Analysis in Washington, D.C. The primary sources for completing the forms are police reports, registration files, death certificates, coroner's reports, emergency medical services reports, and State Highway Department files.

The three forms used in the FARS are listed below. For a more complete listing of variables, refer to *FARS 1984 Data System Codebook, Version 59* or a later version of that publication.

- ACCIDENT LEVEL: One form for each accident included in FARS (HS Form 214).
 - Name of person coding, date, state case number, consecutive number, transaction code, card number
 - City, county
 - Month, day, year, time
 - Number of vehicle forms submitted
 - Number of person forms submitted
 - Land use
 - Federal-aid system
 - Special jurisdiction
 - First harmful event, accident type
 - Roadway function class, class trafficway, trafficway identifier
 - Milepoint, relation to junction, relation to roadway
 - Trafficway flow channelization, number of lanes, speed limit, roadway alignment, roadway profile, roadway surface type and condition, traffic control device and functioning, light condition, weather
 - Hit and run
 - Construction/maintenance zone
 - Notification and arrival time
 - School bus related
 - Related factors
 - Rail grade crossing identifier
 - Additional state information

APPENDIX J

- **VEHICLE/DRIVER LEVEL:** One form for each vehicle involved in the accident included in FARS (HS Form 214A)
 - Name of person coding, date, state case number, consecutive number, transaction code, card number
 - Vehicle number (assigned)
 - Vehicle make, model, body type, model year, identification number
 - State of registration
 - Rollover, jackknife
 - Travel speed
 - Hazardous cargo
 - Vehicle trailer
 - Special use, emergency use
 - Impact point (initial, principal), extent of deformation
 - Vehicle role
 - Manner of leaving scene
 - Fire
 - Number of occupants
 - Related factors
 - Vehicle maneuver
 - Most harmful event
 - Driver presence, driver training, violations charged, previous recorded accidents, previous recorded suspensions and convictions, previous other harmful convictions, date of last and first accident, suspension or conviction
 - License state, license/class vehicle compliance, license status, compliance with license restrictions
 - Related factors

- **PERSON LEVEL:** One form for each person involved in the accident included in FARS (HS Form 214B)
 - Name of person coding, date, state case number, consecutive number, transaction code, card number
 - Vehicle number (assigned in Vehicle/Driver Level form)
 - Person number (assigned)
 - Non-motorist striking vehicle number
 - Age, sex
 - Person type (driver, passenger, pedestrian, etc.)
 - Seated position
 - Manual (active) restraint system—use, automatic (passive restraint system—function
 - Non-motorist location
 - Ejection, extrication
 - Police-reported alcohol involvement, alcohol test result
 - Injury severity: 0=no injury; 1=possible injury; 2=non-incapacitating evident injury; 3=incapacitating injury; 4=fatal injury; 5=injured, severity unknown; 6=died prior to accident; 9=unknown
 - Taken to hospital or treatment facility
 - Date of death, time of death
 - Related factors

U.S. FARS Forms

APPENDIX J

100-A EXHIBIT FARS CODING FORMS (ACCIDENT LEVEL)



US Department of Transportation
National Highway Traffic Safety
Administration

1985 Fatal Accident Reporting System (FARS)
ACCIDENT LEVEL

Form Approved 1770
O.M.B. No. 2127-0026

CODED BY _____

DATE CODED _____

STATE CASE NO. _____

| | | | | | | | | | | | | | | | | |
|---|---|--|---|--|--|--|---|--|---|--------------------------|---|---------------------------------------|------------|----|--|--|
| CASE NUMBER STATE (GSA CODES) | | 1 | 2 | CONSECUTIVE NUMBER | | 3 | 4 | 5 | TRANSACTION CODE | | 7 | 8 | CARD NO | 9 | | |
| | | | | | | | | | 11 - Original Submission 12 - Update or Change | 13 - Delete 14 - List | 1 | | 1 | | | |
| CITY | | COUNTY | | MONTH | | DAY | | YEAR | | TIME | | LAND USE | | | | |
| 14 | | 17 | | 18 | | 20 | | 21 | | 23 | | 27 | | 30 | | |
| | | | | | | | | 8 5 | | | | Mary Time 9999 - Unknown | | | | |
| Number of Vehicle Forms Submitted | | 31 | | 32 | | Number of Person Forms Submitted | | 33 | | 34 | | 35 | | | | |
| | | | | | | | | | | | | 1 - Urban 2 - Rural 9 - Unknown | | | | |
| ROADWAY FUNCTION CLASS | | | | FEDERAL AID SYSTEM | | | | CLASS TRAFFICWAY | | | | | | | | |
| 1 - Principal Arterial - Interstate 2 - Principal Arterial - Other Urban Freeways and Expressways 3 - Principal Arterial - Other 4 - Minor Arterial 5 - Urban Collector 6 - Major Rural Collector 7 - Minor Rural Collector 8 - Local Road or Street 9 - Unknown | | | | 1 - Interstate 2 - Other Federal Aid Primary 3 - Federal Aid Secondary 4 - Federal Aid Urban Arterials 5 - Federal Aid Urban Collectors 6 - Non-Federal Aid Arterials 7 - Non-Federal Aid Collectors 8 - Non-Federal Aid Local 9 - Unknown | | | | 1 - Interstate 2 - Other U.S. Route 3 - Other State Route 4 - County Road 5 - Local Street 8 - Other 9 - Unknown | | | | | | | | |
| TRAFFICWAY IDENTIFIER | | | | MILEPOINT | | | | | | | | | | | | |
| Actual Pointed Number, Assigned Number, or Common Name (If No Pointed or Assigned Number) Except "9999" - Unknown | | | | Actual to Nearest .1 Mile (Assumed Decimal) Except 00000 - None 99999 - Unknown | | | | | | | | | | | | |
| SPECIAL JURISDICTION | | FIRST HARMFUL EVENT | | MANNER OF COLLISION | | | | | | | | | | | | |
| 0 - No Special Jurisdiction 1 - National Park Service 2 - Military 3 - Indian Reservation 4 - College/University Campus 5 - Other Federal Properties 6 - Other 9 - Unknown | | (See Instruction Manual) | | 0 - Not Collision with Vehicle in Transport 1 - Rear End 2 - Head On 3 - Rear to Rear 4 - Angle 5 - Sideswipe - Same Direction 6 - Sideswipe - Opposite Direction 9 - Unknown | | | | | | | | | | | | |
| RELATION TO JUNCTION | | RELATION TO ROADWAY | | TRAFFICWAY FLOW | | | | | | | | | | | | |
| 1 - Non Junction 2 - Intersection 3 - Intersection Related 4 - Interchange Area 5 - Driveway, Alley, Access, etc. 6 - Entrance/Exit Ramp 7 - Rail Grade Crossing 8 - In Crossover 9 - Unknown | | 1 - On Roadway 2 - Shoulder 3 - Median 4 - Roadside 5 - Outside Right-of-Way 6 - Off Roadway - Location Unknown 7 - In Parking Lane 8 - Gore 9 - Unknown | | 1 - Not Physically Divided (Two Way Trafficway) 2 - Divided Highway - Median Strip (Without Traffic Barrier) 3 - Divided Highway - Median Strip (With Traffic Barrier) 4 - One Way Trafficway 9 - Unknown | | | | | | | | | | | | |
| NUMBER OF TRAVEL LANES | | SPEED LIMIT | | ROADWAY ALIGNMENT | | ROADWAY PROFILE | | | | | | | | | | |
| Actual Value Except 7 - Seven or more lanes 9 - Unknown | | Actual Miles Per Hour Except: 00 - No Statutory Limit 99 - Unknown | | 1 - Straight 2 - Curve 9 - Unknown | | 1 - Level 2 - Grade 3 - Humpcrest 4 - Sag 9 - Unknown | | | | | | | | | | |
| ROADWAY SURFACE TYPE | | ROADWAY SURFACE CONDITION | | TRAFFIC CONTROL DEVICE | | | | | | | | | | | | |
| 1 - Concrete 2 - Bituminous (Bituminous) 3 - Brick or Block 4 - Sand, Gravel or Stone 5 - Dirt 8 - Other 9 - Unknown | | 1 - Dry 2 - Wet 3 - Snow or Slush 4 - Ice 5 - Sand, Dirt, Oil 8 - Other 9 - Unknown | | (See Instruction Manual) | | | | | | | | | | | | |
| TRAFFIC CONTROL DEVICE FUNCTIONING | | HIT AND RUN | | LIGHT CONDITION | | ATMOSPHERIC CONDITIONS | | | | | | | | | | |
| 0 - No Controls 1 - Device Not Functioning 2 - Device Functioning - Functioning Improperly 3 - Device Functioning Properly 9 - Unknown | | 0 - No Hit and Run 1 - Hit Motor Vehicle in Transport 2 - Hit Pedestrian or Non-Motorist 3 - Hit Parked Vehicle or Object | | 1 - Daylight 2 - Dusk 3 - Dusk but lighted 4 - Dawn 5 - Dusk 9 - Unknown | | 1 - No Adverse Atmospheric Conditions 2 - Rain 3 - Sleet 4 - Snow 5 - Fog 6 - Rain and Fog 7 - Sleet and Fog 8 - Other Smog, Smoke, Blowing Sand or Dust 9 - Unknown | | | | | | | | | | |
| CONSTRUCTION/MAINTENANCE ZONE | | NOTIFICATION TIME EMS | | ARRIVAL TIME EMS | | | | | | | | | | | | |
| 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Work Zone, Type Unknown | | Mary Time Except: 0000 - Not Notified 9999 - Unknown | | Mary Time Except: 0000 - Not Notified 9999 - Unknown | | | | | | | | | | | | |
| SCHOOL BUS RELATED | | RELATED FACTORS | | RAIL GRADE CROSSING IDENTIFIER | | | | | | | | | | | | |
| 0 - No 1 - Yes | | (See Instruction Manual "Related Factors - ACCIDENT LEVEL") | | (See Instruction Manual) | | | | | | | | | | | | |
| CARD NO | 9 | ADDITIONAL STATE INFORMATION (See Instruction Manual) | | 14 | | 24 | | 33 | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |

100-A EXHIBIT FARS CODING FORMS (VEHICLE/DRIVER LEVEL)



US Department of Transportation
National Highway Traffic Safety
Administration

1985 Fatal Accident Reporting System (FARS)
VEHICLE/DRIVER LEVEL

Form Approved thru
OMB No 2127-0006
CODED BY _____
DATE CODED _____
STATE CASE NO _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----|----|--|--|---|----|---|--|---|--|--|---|----|--|----|----|----|--------------------------------------|----|----|----|----|----|--|--|
| CASE NUMBER STATE (GSA CODES) | | 1 | 2 | CONSECUTIVE NUMBER | 3 | 4 | 5 | 6 | TRANSACTION CODE 21 - Original Submission 22 - Update or Change | | | | 7 | 8 | CARD NO. | 9 | 10 | 11 | VEHICLE NUMBER (Assigned by Analyst) | | | | | | | |
| VEHICLE MAKE (See Instruction Manual) | | 14 | 15 | VEHICLE MODEL (See Instruction Manual) | | 16 | 17 | BODY TYPE (See Instruction Manual) | | 18 | 19 | MODEL YEAR Actual Value except 99 - Unknown | | | | 20 | 21 | | | | | | | | | |
| VEHICLE IDENTIFICATION NO. Actual Value except: Zero Fill if no VIN Nine Fill if Unknown | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | | | | | | | | |
| REGISTRATION STATE GSA CODES Except: 00 - Not Applicable 92 - No Registration 93 - Multiple State Reg. in State 94 - Multiple State Reg. Out-of-State 95 - U.S. Government Tags | | | | 39 | 40 | ROLLOVER 0 - No Rollover 1 - First Event 2 - Subsequent Event | | | | 41 | JACKKNIFE 0 - Not an Articulated Vehicle 1 - No 2 - First Event 3 - Subsequent Event | | | | 42 | | | | | | | | | | | |
| TRAVEL SPEED Actual Miles Per Hour Except: 00 - Stopped Vehicle 97 - Ninety-seven MPH or Greater 98 - Unknown | | | | 43 | 44 | HAZARDOUS CARGO 0 - No 1 - Yes 9 - Unknown | | 45 | VEHICLE TRAILERING 0 - No 1 - Yes, One Trailing Unit 2 - Yes, Two Trailing Units 3 - Yes, Three or More Trailing Units 4 - Yes, Number of Trailing Units Unknown 9 - Unknown | | | 46 | SPECIAL USE 0 - No Special Use 1 - Taxi 2 - Vehicle Used as School Bus 3 - Vehicle Used as other Bus 4 - Military 5 - Police 6 - Ambulance 7 - Firetruck 9 - Unknown | | | | 47 | | | | | | | | | |
| EMERGENCY USE 0 - No 1 - Yes | | | | 48 | IMPACT POINT - INITIAL 00 - Non-Collision 01-12 - Clock Points 13 - Top 14 - Undercarriage | | | | 49 | 50 | IMPACT POINT - PRINCIPAL 00 - Non-Collision 01-12 - Clock Points 13 - Top 14 - Undercarriage | | | | 51 | 52 | | | | | | | | | | |
| EXTENT OF DEFORMATION 0 - None 2 - Other (Minor) 4 - Functional (Moderate) 6 - Disabling (Severe) 9 - Unknown | | | | 53 | VEHICLE ROLE 0 - Non-Collision 1 - Striking 2 - Struck 3 - Both 9 - Unknown | | | | 54 | MANNER OF LEAVING SCENE 1 - Driven 2 - Towed Away 3 - Abandoned 9 - Unknown | | | | 55 | | | | | | | | | | | | |
| FIRE OCCURRENCE 0 - No Fire 1 - Fire Occurred in Vehicle During Accident | | | | 56 | NUMBER OF OCCUPANTS Actual Value if Total Known 96 - 98 or more 97 - Unknown - Only Injured Reported 98 - Unknown | | | | 57 | 58 | RELATED FACTORS See Instruction Manual "Related Factors - VEHICLE LEVEL" | | | | 59 | 60 | 61 | 62 | | | | | | | | |
| VEHICLE MANEUVER (See Instruction Manual) | | | | 63 | 64 | MOST HARMFUL EVENT (See Instruction Manual) | | | | 65 | 66 | | | | | | | | | | | | | | | |
| Card No. | DRIVER PRESENCE | | 14 | LICENSE STATE GSA CODES | | 15 | 16 | LICENSE/CLASS VEHICLE COMPLIANCE | | | | 17 | LICENSE STATUS | | | | 18 | | | | | | | | | |
| 2 | 1 - Driver Operated Vehicle 2 - Driverless 3 - Driver Left Scene 9 - Unknown | | | Except: 94 - Military 95 - Canada 96 - Mexico 97 - Other Foreign Countries 98 - Unknown | | | | 0 - No License Required 1 - No License, License Required 2 - Valid License for This Class Vehicle Only 3 - One Valid License, but not for This Class Vehicle 4 - Multiple Class Licenses, Valid License for This Class Vehicle 5 - Multiple Class Licenses, No Valid License for This Class Vehicle 9 - Unknown | | | | | 0 - None Required 1 - None 2 - Valid 3 - Suspended 4 - Revoked 5 - Expired 6 - Cancelled or Denied 7 - Learner's Permit 8 - Temporary 9 - Unknown | | | | | | | | | | | | | |
| COMPLIANCE WITH LICENSE RESTRICTIONS 0 - No Restrictions 1 - Restrictions Complied With 2 - Restrictions Not Complied With 3 - Restrictions, Compliance Unknown 9 - Unknown | | | | 19 | DRIVER TRAINING 0 - None 1 - High School 2 - Commercial 3 - School Bus 4 - Traffic School 5 - Two or more Types 6 - Training, Type Unknown 9 - Unknown | | | | 20 | VIOLATIONS CHARGED 0 - None 1 - Alcohol or Drugs 2 - Speeding 3 - Alcohol or Drugs and Speeding 4 - Reckless Driving 5 - Driving with a Suspended or Revoked License 6 - Other Moving Violation 7 - Non Moving Violation 8 - Violation, Type Unknown or Other Violation 9 - Unknown | | | | 21 | PREVIOUS RECORDED ACCIDENTS Actual Value Except: 00 - None 98 - Unknown | | | | 22 | 23 | | | | | | |
| PREVIOUS RECORDED SUSPENSIONS AND REVOCATIONS Actual Value Except: 00 - None 98 - Unknown | | | | 24 | 25 | PREVIOUS DWI CONVICTIONS Actual Value Except: 00 - None 98 - Unknown | | | | 26 | 27 | PREVIOUS SPEEDING CONVICTIONS Actual Value Except: 00 - None 98 - Unknown | | | | 28 | 29 | | | | | | | | | |
| PREVIOUS OTHER HARMFUL MV CONVICTIONS | | 30 | 31 | DATE OF LAST ACCIDENT, SUSPENSION, OR CONVICTION Mo. Yr. 00 - No Record 98 - Unknown | | 32 | 33 | 34 | 35 | DATE OF FIRST ACCIDENT, SUSPENSION OR CONVICTION Mo. Yr. 00 - No Record 98 - Unknown | | 36 | 37 | 38 | RELATED FACTORS See Instruction Manual. "Related Factors - DRIVER LEVEL" | | | | 40 | 41 | 42 | 43 | 44 | 45 | | |

100-A EXHIBIT FARS CODING FORMS (PERSON LEVEL)



US Department of Transportation
National Highway Traffic Safety
Administration

1986 Fatal Accident Reporting System (FARS)
PERSON LEVEL

Form Approved
O.M.B. No. 2127-0006

CODED BY: _____

DATE CODED _____

STATE CASE NO: _____

| | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|---|--|---|---|--|---|---|--|---|----|---|----|----|
| CASE NUMBER STATE (USA CODES) | 1 | 2 | CONSECUTIVE NUMBER | 3 | 4 | 5 | TRANSACTION CODE 31 - Original Submission 32 - Update or Change | 7 | 8 | CARD NO. | 9 | VEHICLE NUMBER (Assigned by Analyst) 00 - Non-Motorist | 10 | 11 | PERSON NUMBER (Assigned by Analyst) | 12 | 13 |
| | | | NON-MOTORIST STRIKING VEHICLE NUMBER Assigned Vehicle Number Except 99 - Unknown | | | AGE Actual Value 00 - Up to One Year 07 - Ninety-Seven Years or Older 99 - Unknown | | | SEX 1 - Male 2 - Female 9 - Unknown | | | | | | | | |
| PERSON TYPE 1 - Driver of a Motor Vehicle in Transport 2 - Passenger of a Motor Vehicle in Transport 3 - Occupant of a Motor Vehicle Not in Transport 4 - Occupant of a Non-Motor Vehicle Transport Device 5 - Non-Occupant - Pedestrian 6 - Non-Occupant - Bicyclist 7 - Non-Occupant - Other Cyclist 8 - Non-Occupant - Other or Unknown 9 - Unknown Occupant Type in a Motor Vehicle in Transport | | | | | | | | | | SEATING POSITION 00 - Non-Motorist 11 - Front Seat - Left Side (Driver's Side) 12 - - Middle 13 - - Right Side 16 - - Other 19 - - Unknown 21 - Second Seat - Left Side 22 - - Middle 23 - - Right Side 26 - - Other 28 - - Unknown 31 - Third Seat - Left Side 32 - - Middle 33 - - Right Side 36 - - Other 39 - - Unknown 41 - Fourth Seat - Left Side 42 - - Middle 43 - - Right Side 46 - - Other 49 - - Unknown 50 - Steeper Section of Cab (Truck) 51 - Other Passenger in Enclosed Passenger or Cargo Area 52 - Other Passenger in Unenclosed Passenger or Cargo Area 53 - Other Passenger in Passenger or Cargo Area, Unknown Whether or Not Enclosed 54 - Trailing Unit 55 - Riding on Vehicle Exterior 59 - Unknown | | | | | | | |
| MANUAL (ACTIVE) RESTRAINT SYSTEM - USE 0 - None Used - Vehicle Occupant / Not Applicable - Non-Motorist 1 - Shoulder Belt 2 - Lap Belt 3 - Lap and Shoulder Belt 4 - Child Safety Seat 5 - Motorcycle Helmet 6 - Restraint Used - Type Unknown or Other Including Other Helmet 9 - Unknown | | | | | | | | | | AUTOMATIC (PASSIVE) RESTRAINT SYSTEM - FUNCTION 0 - Not Equipped or Non-Motorist 1 - Automatic Belt in Use 2 - Automatic Belt Not in Use 3 - Deployed Air Bag 4 - Non-deployed Air Bag 9 - Unknown | | | | | | | |
| NON-MOTORIST LOCATION 00 - Not Applicable - Vehicle Occupant 01 - Intersection - In Crosswalk 02 - Intersection - On Roadway, Not in Crosswalk 03 - Intersection - On Roadway, Crosswalk Not Available 04 - Intersection - On Roadway, Crosswalk Availability Unknown 05 - Intersection - Not on Roadway 06 - Intersection - Unknown 10 - Non-Intersection - In Crosswalk 11 - Non-Intersection - On Roadway, Not in Crosswalk 12 - Non-Intersection - On Roadway, Crosswalk Not Available 13 - Non-Intersection - On Roadway, Crosswalk Availability Unknown 14 - Non-Intersection - In Parking Lane 15 - Non-Intersection - On Road Shoulder 16 - Non-Intersection - Bike Path 17 - Non-Intersection - Outside Trafficway 18 - Non-Intersection - Other, Not on Roadway 19 - Non-Intersection - Unknown 99 - Unknown | | | | | | | | | | EJECTION 0 - Not Ejected 1 - Totally Ejected 2 - Partially Ejected 9 - Unknown | | | EXTRICATION 0 - Not Ejected 1 - Ejected 9 - Unknown | | | | |
| POLICE REPORTED ALCOHOL INVOLVEMENT 0 - No (Alcohol Not Involved) 1 - Yes (Alcohol Involved) 9 - Not Reported 99 - Unknown (Police Reported) | | | | | | | | | | ALCOHOL TEST RESULT Actual Value (Decimal Inplied before First Digit) (Lsd) 00 - Test Refused 05 - None Given 07 - AC Test Performed, Results Unknown 99 - Unknown | | | | | | | |
| INJURY SEVERITY 0 - No Injury (0) 1 - Possible Injury (1) 2 - Nonincapacitating Evident Injury (2) 3 - Incapacitating Injury (3) 4 - Fatal Injury (4) 5 - Injured, Severity Unknown 6 - Dead Prior to Accident 9 - Unknown | | | | | | | | | | TAKEN TO HOSPITAL OR TREATMENT FACILITY 0 - No 1 - Yes 9 - Unknown | | | DEATH DATE 00000 - Not Applicable 99999 - Unknown MONTH DAY YEAR | | | | |
| DEATH TIME Military Time Except: 9900 - Not Applicable 9999 - Unknown | | | | | | | | | | RELATED FACTORS See Instruction Manual "Related Factors - PERSON LEVEL" | | | | | | | |

APPENDIX K
ACCIDENT REPORTING IN CANADA

This appendix contains:

1. Copies of Canadian provincial and territorial police accident report forms,
and
2. Copies of the report forms currently used in the Canadian in-depth
accident investigation program.

Canadian Provincial and Territorial Police Accident Report Forms

APPENDIX K

GOVERNMENT OF PRINCE EDWARD ISLAND
MOTOR VEHICLE ACCIDENT REPORT FORM
THIS REPORT SHALL BE MADE WITHOUT PREJUDICE AND SHALL BE FOR THE INFORMATION OF THE MINISTER RESPONSIBLE FOR THE HIGHWAY TRAFFIC ACT AND OF POLICE AGENCIES ONLY. THIS REPORT SHALL NOT BE OPEN FOR PUBLIC INSPECTION.

PAGE _____ OF _____

| | | | | | |
|--|---|--|--|--|--|
| ACCIDENT CASE NO. 30143 | REPORT TYPE <input type="checkbox"/> 1 ORIGINAL <input type="checkbox"/> 2 CONTINUATION <input type="checkbox"/> 3 ADDITION <input type="checkbox"/> 4 CORRECTION | ORIGINAL ACCIDENT CASE NO. | REPORT STATUS <input type="checkbox"/> 1 COMPLETE <input type="checkbox"/> 2 INCOMPLETE, HIT AND RUN <input type="checkbox"/> 3 INCOMPLETE, OTHER | ACCIDENT SEVERITY <input type="checkbox"/> 1. PROPERTY DAMAGE <input type="checkbox"/> 2. PERSONAL INJURY <input type="checkbox"/> 3. FATAL | POLICE FILE NO. |
| DATE OF ACCIDENT YEAR MONTH DAY | DAY OF WEEK | TIME OF DAY USE 24 HOUR CLOCK | NUMBER OF VEHICLES | NUMBER KILLED | NUMBER INJURED |
| SCENE OF ACCIDENT VISITED <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO | | | POLICE DETACHMENT NAME CODE | | |
| LEGAL SPEED LIMIT Km/h | ACCIDENT CONFIGURATION | | | | |
| ESTIMATED DAMAGE TO OTHER PROPERTY \$ | NAME AND ADDRESS OF OWNER OF OTHER PROPERTY | | | | |
| COUNTY | D.N. & P.W. ONLY | STREET OR ROAD NAME | | ADDRESS/CVHC NO | ROUTE CONTROL SECTION |
| <input type="checkbox"/> 1. IN <input type="checkbox"/> 2. NEAR | LOCATION CODE <input type="checkbox"/> 1. URBAN STREET <input type="checkbox"/> 4. SERVICE ROAD <input type="checkbox"/> 7. UNNUMBERED RURAL ROAD <input type="checkbox"/> 2. PRIVATE PROPERTY (URBAN) <input type="checkbox"/> 5. PROVINCIAL HIGHWAY (URBAN) <input type="checkbox"/> 8. RURAL SUBDIVISION STREET <input type="checkbox"/> 3. ALLEY <input type="checkbox"/> 6. PROVINCIAL HIGHWAY (RURAL) <input type="checkbox"/> 9. PRIVATE PROPERTY (RURAL) | | | | |
| CITY, TOWN, VILLAGE | LOCATION DETAILS <input type="checkbox"/> 1. METRES <input type="checkbox"/> 1. NORTH <input type="checkbox"/> 3. EAST <input type="checkbox"/> 2. KILOMETRES <input type="checkbox"/> 2. SOUTH <input type="checkbox"/> 4. WEST OF } NAME OF NEAREST BRIDGE OR INTERSECTING ROADWAY <input type="checkbox"/> 3. AT | | | | |
| D.N. AND P.W. USE ONLY MUNICIPALITY | AT INTERSECTION WITH (IF APPLICABLE) <input type="checkbox"/> 1. PROVINCIAL HIGHWAY <input type="checkbox"/> 4. COMMERCIAL APPROACH <input type="checkbox"/> 7. RAILROAD <input type="checkbox"/> 2. RURAL STREET/ROAD <input type="checkbox"/> 5. PRIVATE APPROACH <input type="checkbox"/> 3. URBAN STREET <input type="checkbox"/> 6. ALLEY | | | | |
| ROUTE CS | | | | | |
| VEHICLE DRIVERS LICENCE NUMBER | CLASS | PROVINCE | SEX | DRIVERS EXPERIENCE | VEHICLE DRIVERS LICENCE NUMBER |
| DATE OF BIRTH YEAR MONTH DAY | LICENCE VALID <input type="checkbox"/> 1. YES <input type="checkbox"/> 3. EXPIRED <input type="checkbox"/> 2. NO <input type="checkbox"/> 4. REVOKED | REVIEW RECOMMENDED <input type="checkbox"/> 1. NO <input type="checkbox"/> 3. LICENCE <input type="checkbox"/> 2. MEDICAL <input type="checkbox"/> 4. BOTH | DATE OF BIRTH YEAR MONTH DAY | LICENCE VALID <input type="checkbox"/> 1. YES <input type="checkbox"/> 3. EXPIRED <input type="checkbox"/> 2. NO <input type="checkbox"/> 4. REVOKED | REVIEW RECOMMENDED <input type="checkbox"/> 1. NO <input type="checkbox"/> 3. LICENCE <input type="checkbox"/> 2. MEDICAL <input type="checkbox"/> 4. BOTH |
| LAST NAME GIVEN NAMES | LAST NAME GIVEN NAMES | | | | |
| ADDRESS TELEPHONE NO. | ADDRESS TELEPHONE NO. | | | | |
| CITY PROVINCE POSTAL CODE | CITY PROVINCE POSTAL CODE | | | | |
| VEHICLE PLATE NO. PROV./STATE REGISTRATION VALID <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO | VEHICLE PLATE NO. PROV./STATE REGISTRATION VALID <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO | | | | |
| VEHICLE MAKE MODEL YEAR COLOR | VEHICLE MAKE MODEL YEAR COLOR | | | | |
| NUMBER OF OCCUPANTS NUMBER OF AXLES ESTIMATED REPAIR COST \$ | NUMBER OF OCCUPANTS NUMBER OF AXLES ESTIMATED REPAIR COSTS \$ | | | | |
| ESTIMATED SPEED Km/h DIRECTION OF TRAVEL (CIRCLE ONE) 1. N 2. NE 3. E 4. SE 5. S 6. SW 7. W 8. NW | ESTIMATED SPEED Km/h DIRECTION OF TRAVEL (CIRCLE ONE) 1. N 2. NE 3. E 4. SE 5. S 6. SW 7. W 8. NW | | | | |
| SAME AS DRIVER LAST NAME GIVEN NAMES | SAME AS DRIVER LAST NAME GIVEN NAMES | | | | |
| SAME AS DRIVER ADDRESS | SAME AS DRIVER ADDRESS | | | | |
| SAME AS DRIVER CITY PROVINCE POSTAL CODE | SAME AS DRIVER CITY PROVINCE POSTAL CODE | | | | |
| AGENTS NAME AND ADDRESS CHECK IF NOT INSURED <input type="checkbox"/> | AGENTS NAME AND ADDRESS CHECK IF NOT INSURED <input type="checkbox"/> | | | | |
| INSURANCE COMPANY | INSURANCE COMPANY | | | | |
| POLICY NUMBER EXPIRY DATE | POLICY NUMBER EXPIRY DATE | | | | |
| CHARGES LAID OR CONTEMPLATED (SEE BACK OF TEMPLATE FOR CODES) CHECK IF BY LAW | CHARGES LAID OR CONTEMPLATED (SEE BACK OF TEMPLATE FOR CODES) CHECK IF BY LAW | | | | |
| DESCRIPTION OF ACCIDENT AND COMMENTS CONCERNING FAULT (MADE WITHOUT PREJUDICE) NAMES AND ADDRESSES OF INDEPENDENT WITNESSES | | | DIAGRAM OF ACCIDENT (IF NECESSARY) INDICATE NORTH BY ARROW | | |
| ADDITIONAL INFORMATION | | | | | |
| PERSONS | | | | | |
| OFFICER'S RANK AND NAME NUMBER NAME OF ENFORCEMENT AGENCY AND LOCATION | | | | | |

LIGHT CONDITION

| | | |
|--------------|----------|----------------------|
| 01. Daylight | 03. Dusk | 05. Artificial Light |
| 02. Dark | 04. Dawn | |

WEATHER CONDITION

| | | |
|------------|------------------------------|------------------------|
| 01. Clear | 04. Snowing | 07. Drifting Snow/Dust |
| 02. Cloudy | 05. Sleet/Hail/Freezing Rain | 08. Strong Wind |
| 03. Rainy | 06. Fog/Smoke/Smog | |

ROAD SURFACE TYPE

| | | |
|-------------|----------------|---------------|
| 01. Asphalt | 03. Dirt/Earth | 05. Chip Seal |
| 02. Gravel | 04. Concrete | |

ROAD SURFACE CONDITION

| | | |
|----------|--------------------------|---------------|
| 01. Dry | 04. Wet | 07. Slush |
| 02. Snow | 05. Muddy | 08. Fresh Oil |
| 03. Ice | 06. Loose Gravel or Sand | |

UNUSUAL ROAD CONDITION

| | |
|------------------------|-------------------------|
| 01. Under Construction | 04. Changing Road Width |
| 02. Under Repair | 05. Flooded |
| 03. Holes, Ruts, Bumps | |

ROADWAY ALIGNMENT

| | |
|-------------------------|----------------------|
| 01. Level And Straight | 04. Curve With Grade |
| 02. Level And Curve | 05. Top Of Hill |
| 03. Straight With Grade | 06. Bottom Of Hill |

TRAFFIC CONTROL

| | |
|--------------------------------|------------------------------------|
| 01. No Control Present | 08. Flagman/Police Officer |
| 02. Traffic Signal | 09. RR Crossing - No Control |
| 03. Flashing Light | 10. RR Crossing - Signs, Crossbuck |
| 04. Stop Sign | 11. RR Crossing - Signal |
| 05. Yield Sign | 12. RR Crossing - Gates |
| 06. Marked Pedestrian Crossing | 13. RR Crossing - Workman |
| 07. Reduced Speed Zone | 14. No Passing Zone |

TRAFFIC CONTROL CONDITION

| | |
|---------------------|--------------------------------|
| 01. Functioning | 07. Not Applicable |
| 02. Not Functioning | 08. Unknown |
| 03. Missing | 09. Other, Specify in Comments |
| 04. Vandalized | |

SPECIAL FACILITY

| | |
|--------------------------------|-------------------------------|
| 01. Through Lane - Interchange | 06. Underpass, Tunnel, Subway |
| 02. Traffic Circle | 07. Climbing Lane |
| 03. Entrance Ramp | 08. Parking Lot |
| 04. Exit Ramp | 09. Dock/Wharf |
| 05. Overpass - Bridge | 10. Ferry |

VEHICLE IDENTIFICATION

| | |
|--------------------------------------|---|
| 01. Auto | 10. Inter-City Bus |
| 02. Pickup Trucks 5,000 kg And Under | 11. School Bus |
| 03. Panel/Van 5,000 kg And Under | 12. Other Bus |
| 04. Trucks Over 5,000 kg | 13. Ambulance/Police/Fire |
| 05. Semi Trailer Power Unit | 14. Motorhome |
| 06. Motorcycle | 15. Snowmobile |
| 07. Moped/Power Bicycle | 16. Construction and Maintenance Equip. |
| 08. Bicycle | 17. Farm Equipment |
| 09. Transit Bus | 18. OH Highway Vehicle |

TOWED VEHICLE

| | |
|-------------------------|---|
| 01. Camper | 07. Low/High Boy |
| 02. Holiday Trailer | 08. Single Trailer (Semi) |
| 03. Boat Trailer | 09. Double Trailer (Semi) |
| 04. Utility Trailer | 10. Petroleum Or Other Tanker |
| 05. Farm Equipment | 11. Over-Dimensional Vehicle No Pilot Vehicle |
| 06. Towed Motor Vehicle | 12. Over-Dimensional Vehicle With Pilot Vehicle |

POSITION IN/ON VEHICLE

| | |
|--------------------------|----------------|
| 01. Driver | 02. Passenger |
| 03. Riding Or Hanging On | 04. Pedestrian |

EJECTION FROM VEHICLE

| |
|----------------------|
| 1. Not Ejected |
| 2. Ejected |
| 3. Partially Ejected |

SAFETY EQUIPMENT USED

| |
|-------------------------|
| 01. Lap & Shoulder Belt |
| 02. Lap Belt |
| 03. Lap Belt & Air Bags |
| 04. Air Bags |
| 05. Passive Seatbelts |
| 06. Child Restraint |
| 07. Helmets |
| 08. Protective Clothing |
| 09. None Available |
| 10. Available Not Used |

INJURY CODE

| |
|------------------------------------|
| 1. Not Injured |
| 2. Minor - No Treatment |
| 3. Moderate - Treated And Released |
| 4. Major - Hospitalized |
| 5. Fatal - At Scene Or DCA |
| 6. Fatal - Within 48 Hours |
| 7. Fatal - Within 30 Days |

AGE **SEX** **NAME & ADDRESS**

TYPE COLLISION

| | |
|-----------------------------------|----------------------|
| 01. Going Straight Ahead | 09. Struck by Object |
| 02. Turning Right | 10. Parked Illegally |
| 03. Turning Left | 11. Parked Illegally |
| 04. Meeting Head On | 12. Changing Lanes |
| 05. Starting From Parked Position | 13. Overtaking |
| 06. Entering Parked Position | 14. Merging |
| 07. Starting In Traffic | 15. Backing |
| 08. Slowing Or Stopping | |

MAJOR CONTRIBUTING FACTORS

| | |
|-----------------------------------|--|
| HUMAN CONDITION | HUMAN ACTION |
| 01. Driver Inattention | 21. Failure to Yield Right-of-Way |
| 02. Driver Distraction | 22. Traffic Control Device Disregarded |
| 03. Had Been Drinking | 23. Following Too Closely |
| 04. Driving While Impaired | 24. Driving Too Fast For Road Conditions |
| 05. Extreme Fatigue | 25. Exceeding Speed Limit |
| 06. Fell Asleep | 26. Turning Improper |
| 07. Driver Inexperience/Confusion | 27. Passing or Lane-Usage Improper |
| 08. Lost Consciousness | 28. Backing Unsafely |
| 09. Physical Disability | 29. Pedestrian Error/Confusion |
| 10. Prescription Medication | 30. Fall to Signal |
| 11. Drugs (Illegal) | 31. Wrong Way |
| 12. Illness | |

VEHICULAR

| |
|---------------------------------------|
| 40. Brakes |
| 41. Lights |
| 42. Vision Obstruction/Obstructed |
| 43. Steering |
| 44. Suspension/Wheel Failure |
| 45. Tires |
| 46. Defective Tow Hitch/Connection |
| 47. Engine/Power Train |
| 48. Hood/Door Opening |
| 49. Vehicle Color/Dirty/Being Covered |
| 50. Jambuster/Trailer Swing |
| 51. Vehicle Modifications |
| 52. Exhaust |
| 53. Load Shift |

ENVIRONMENTAL

| |
|--|
| 60. Animal Action (Road) |
| 61. Animal Action (Other Wld) |
| 62. Animal Action (Domestic) |
| 63. Surface Slippery |
| 64. Loose Gravel |
| 65. Snow Drift |
| 66. Obstruction/Debris |
| 67. View Obstructed/Limited |
| 68. Glare |
| 69. Construction Zone |
| 70. Defective Driving Surface |
| 71. Shoulders Defective/Inadequate |
| 72. Lane Markings Inadequate |
| 73. Traffic Control Device Not Working |
| 74. Crosswalk |
| 75. Hydroplaning |
| 76. Uninvolved Vehicle |
| 77. Uninvolved Pedestrian |

SEQUENCE OF EVENTS

| | |
|-----------------------------|----------------------------|
| MOVABLE OBJECT | 29. Tree/Bush |
| 01. Another Vehicle | 30. Parking Meter |
| 02. Animal | 31. Building/Wall |
| 03. Pedestrian | 32. Curbing |
| 04. Bicycle | 33. Fence |
| 05. Farm Machinery | 34. Curved |
| 06. Maintenance Machinery | 35. Snow Embankment/Drift |
| 07. Construction Machinery | 36. Rock Cut |
| 08. Railroad Train | 37. Debris/Logs |
| FIXED OBJECT | 38. Fire Hydrant |
| 20. Ditch Bottom/Back Slope | 39. Median/Barrier |
| 21. Pole | 40. Crash Cushion |
| 22. Traffic Barricade | 41. Gravel Pile |
| 23. Sign Post | NON-COLLISION EVENT |
| 24. Traffic Signal Standoff | 51. Overtaken |
| 25. Street Light Standard | 52. Fire/Explosion |
| 26. Telephone/Power Pole | 53. Submerison |
| 27. Guide Post | 54. Skidding/Sliding |
| 28. Bridge Structure | 55. Lost 1st |

LOCATION OF DAMAGE

01-03: Front (PRIMARY IMPACT)
04-06: Side (OTHER DAMAGE)
07-09: Rear (PRIMARY IMPACT)
10-12: Undercarriage/Interior (OTHER DAMAGE)

PEDESTRIAN ACTION

| | |
|---|---|
| 01. Crossing With Signal | 11. Getting On/Off Vehicle Other Than School Bus |
| 02. Crossing Against Signal | 12. On Sidewalk/Shoulder/Boulevard (Not On Roadway) |
| 03. Crossing Marked Crosswalk, No Signal | 13. Pushing Or Working On Vehicle |
| 04. Crossing, No Signal or Crosswalk | 14. Walking On Roadway |
| 05. Crossing (Mid Block Or Roadway) | 15. Playing On Roadway |
| 06. Walking Along Roadway With Traffic | 16. Lying On Roadway |
| 07. Walking Along Roadway Against Traffic | 17. Hitch Hiking |
| 08. Emerging From In Front Or Behind Parked Vehicle | 18. Working On Roadway |
| 09. Running Into Road | |
| 10. Getting On/Off School Bus | |

DANGEROUS GOODS

| | |
|--------------------------|--|
| 01. Explosives | 06. Poisonous And Infectious Substances |
| 02. Gaseous | 07. Radioactive Materials |
| 03. Inflammable Liquids | 08. Corrosive Substances |
| 04. Inflammable Solids | 09. Miscellaneous Dangerous Substances Or Articles |
| 05. Oxidizing Substances | |

SPECIAL STUDIES

APPENDIX K

| | | | | | |
|-----------------------|----|----------------|----|-----------------------|----|
| Alberta | AB | Hawaii | HI | Ohio | OH |
| British Columbia | BC | Idaho | ID | Oklahoma | OK |
| Manitoba | MA | Illinois | IL | Oregon | OR |
| New Brunswick | NB | Indiana | IN | Pennsylvania | PA |
| Newfoundland | NF | Iowa | IA | Rhode Island | RI |
| Prince Edward Island | NS | Kansas | KS | South Carolina | SC |
| Quebec | ON | Kentucky | KY | South Dakota | SD |
| Saskatchewan | PE | Louisiana | LA | Tennessee | TN |
| Yukon Territory | PO | Maine | ME | Texas | TX |
| Northwest Territories | SK | Maryland | MD | Utah | UT |
| | YT | Massachusetts | MH | Vermont | VT |
| | NW | Michigan | MI | Virginia | VA |
| | | Minnesota | MN | Washington | WA |
| Alabama | AL | Mississippi | MS | West Virginia | WV |
| Arizona | AK | Missouri | MO | Wisconsin | WI |
| Arkansas | AZ | Montana | MT | Wyoming | WY |
| California | AR | Nebraska | NE | Puerto Rico | PR |
| Colorado | CA | Nevada | NV | Mexico | MX |
| Connecticut | CO | New Hampshire | NH | | |
| Delaware | CT | New Jersey | NJ | Canadian Armed Forces | CF |
| District of Columbia | DE | New Mexico | NM | International Licence | IR |
| Florida | DC | New York | NY | Other Foreign Licence | FE |
| Georgia | FL | North Carolina | NC | | |
| | GA | North Dakota | ND | | |

Colour Codes:

| | | | |
|--------|----|--------|----|
| White | 01 | Purple | 08 |
| Black | 02 | Brown | 09 |
| Red | 03 | Grey | 10 |
| Green | 04 | Gold | 11 |
| Blue | 05 | Silver | 12 |
| Yellow | 06 | Bronze | 13 |
| Orange | 07 | | |

Two-Tone Vehicle use most Predominant Color

CODES FOR CHARGES LAID

| CODE | DEFINITION |
|------|---|
| 600 | Unregistered vehicle |
| 608 | Disobey stop sign |
| 614 | Fail to signal |
| 628 | Speed too fast for conditions |
| 630 | Drive without due care and attention |
| 631 | Following too closely |
| 634 | Fail to drive right of centre |
| 636 | Improper lane change |
| 638 | Improper turn |
| 641 | Fail to yield right-of-way |
| 646 | Fail to yield to pedestrian |
| 656 | Disobey traffic signal |
| 680 | Inadequate brakes |
| 721 | Unsafe backing |
| 723 | No driver's licence |
| 725 | Operator not using seatbelt |
| 708 | Dangerous driving |
| 709 | Drive while disqualified |
| 711 | Criminal negligence |
| 712 | Fail to remain |
| 713 | Impaired driving (includes 80 mg. offences) |
| 714 | Refuse breath test |

Other Codes

The following codes are to be utilized on the form where conditions warrant:

- 97 - Not Applicable
- 98 - Unknown
- 99 - Other, Specify in Comments

OTHER OFFENCES, SPECIFY UNDER COMMENTS

- 900 - Other Offence
- 902 - 24 Hour Suspension

TRAFFIC ACCIDENT REPORT SUPPLEMENTARY STATEMENT

Manitoba
Highways and
Transportation
Driver and
Vehicle Licencing



pursuant to Section 149(4) & 151(1) HTA.
Please see reverse side for the content of the aforementioned Sections.

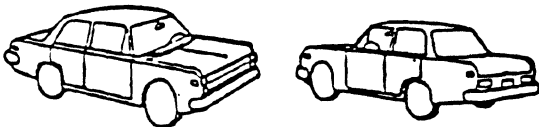
Statement of Driver of Vehicle One

Signature of Person Reporting

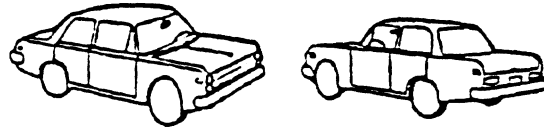
Statement of Driver of Vehicle Two OR Pedestrian

Signature of Person Reporting

Damage to Vehicle One



Damage to Vehicle Two



Remarks

Infractions — Vehicle 1

Infractions — Vehicle 2

Signature of Officer

REPORTS CONFIDENTIAL

151(1) Except as herein provided, a statement or written report made or furnished under section 149 or 150

- (a) is not open to public inspection; and
- (b) on the trial of the person making the statement or report on a charge of having violated any provision of this Act, other than section 200, or any provision of a municipal by-law, is not admissible in evidence and shall not be used, nor shall any reference to it be made for any purpose in connection with such a trial.

REPORTS OF SERIOUS ACCIDENTS

149(4) Where a report of an accident causing bodily injury to, or the death of, any person or damage to property in an amount apparently exceeding \$500.00 is not made to a peace officer at the scene of the accident pursuant to subsection (1) or (2), or, in the case of any accident, it is impossible to comply with subsection (1) or (2) or to give the notice and information required by subsection (3), as the case may be, the driver, owner, or other person in charge, of each vehicle, directly or indirectly involved in the accident, if he is present at the time the accident occurs, shall forthwith give oral notice of the occurrence of the accident to a peace officer and, at the same time if possible but in any case not later than 7 days after the occurrence of the accident, report the accident to the same or another peace officer and give him a written statement of the accident, signed by the person making the statement, on a form prescribed by, or satisfactory to, the registrar, unless the driver, owner, or other person, is unable to do so by reason of injury or illness; and the peace officer to whom the report is made shall give a written acknowledgement of the receipt of the report to the person making the report if requested.

APPENDIX K

GENERAL CODES — To be used for all categories listed below, if given codes do not apply.
 N — Not applicable
 B — Other (Specify in comments)
 X — Unknown

Refer to manual for proper use of codes.

| | | | | | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|--|--|--|--|
| LIGHT CONDITION 1 Day 2 Dawn 3 Dusk 4 Dusk 5 Artificial Lighting | | | PRE-COLLISION VEHICLE ACTION 01 Going Straight Ahead 02 Turning Left 03 Turning Right 04 Making U-Turn 05 Changing Lanes to Left 06 Changing Lanes to Right 07 Merging 08 Reversing 09 Overtaking 10 Stopped in Traffic 11 Starting from Parked Position/Leaving Roadside 12 Entering Parked Position/Stopped on Roadside 13 Parked 14 Swerving | | | MAJOR CONTRIBUTING FACTORS HUMAN ACTION 01 Following Too Closely 02 Turning Improperly 03 Failed to Signal 04 Driving Too Fast for Conditions 05 Exceeding Speed Limit 06 Passing Improperly 07 Changing Lanes Improperly 08 Failed to Yield Right of Way 09 Disobeyed Traffic Control Devices 10 Driving Wrong Way on Roadway 11 Passing a Vehicle at Pedestrian X-Walk 12 Backing Unsafely 13 Parking Improperly 14 Careless Driving 15 Lost Control/Drive Off Road 16 Driverless Vehicle Ran Out of Control 17 Leave Stop Sign Before Safe to Do So HUMAN CONDITION 31 Loss of Consciousness/Blackout Prior to Accident 32 Extreme Fatigue/Fell Asleep 33 Defective Eyesight 34 Defective Hearing 35 Medical Disability 36 Physical Disability 37 Mental Disability 38 Confused/Inability to Remember 39 Sudden Illness 40 Ability Impaired by Alcohol 41 Ability Impaired by Drugs 42 Had Been Drinking | | | | | | | | |
| WEATHER CONDITION 1 Clear 2 Cloudy 3 Raining 4 Snowing 5 Fog or Mist 6 Smoke or Dust 7 Freezing Rain/Sleet/Mist 8 Drifting Snow 9 Strong Winds | | | VEHICULAR DEFECTS 51 Brakes 52 Steering 53 Headlights 54 Taillights 55 Other Lighting 56 Engine Controls/Power Train 57 Suspension or Wheel Failure 58 Tires 59 Tow Hitch 60 Exhaust System 61 Hood/Tailgate/Door Opened 62 Insecured Load/Overloaded/Loaded Incorrectly 63 Vehicle Modifications 64 Fire ENVIRONMENTAL 71 Animal Action — Wild 72 Animal Action — Domestic 73 Surface Slippery 74 Snow Drift 75 Obstruction/Debris Limited 76 View Obstructed/Limited 77 Glare 78 Construction Zone 79 Defective Driving Surface 80 Shoulders Defective 81 Lane Markings Inadequate 82 Traffic Control Device Not Working 83 Wind 84 Pedestrian Corridor In Use | | | SEQUENCE OF EVENTS — COLLISION WITH: FIXED OBJECT 01 Ditch Bottom-Slop. 02 Approach 03 Traffic Barricade 04 Sign Post 05 Traffic Signal Standard 06 Street Light Standard 07 Telephone/Power Pole 08 Guard Rail 09 Bridge Structure 10 Tree/Bush 11 Parking Meter 12 Building/Wall 13 Curbing 14 Fence 15 Culvert 16 Snow Embankment Drift 17 Rock Cut 18 Delineator Posts 19 Fire Hydrants 20 Median Barrier MOVEABLE OBJECT 21 Vehicle 22 Railroad Train 23 Bicyclist 24 Motorcycle 25 Moped 26 Animal 27 Pedestrian 28 Farm Machinery 29 Construction Machinery NON-COLLISION EVENT 30 Ran Off Road 31 Overturned 32 Fire, Explosion 33 Skidding, Sliding 34 Jack-knifing 35 Submersion | | | | | | | | |
| ROAD SURFACE TYPE 1 Asphalt 2 Concrete 3 Gravel 4 Earth/Dirt 5 Paved (Material Not Specified) | | | ROADWAY ALIGNMENT 1 Level and Straight 2 Level and Curve 3 Straight with Grade 4 Curve with Grade 5 Top of Hill 6 Bottom of Hill 10 Flashing T Sign 11 Overhead Signs 12 R.R. Gates 13 R.R. Auto Controls 14 R.R. Crossing 15 School Zone 16 Warning Sign 17 Pedestrian Crosswalk 18 Pedestrian Corridor 19 School Crossing 20 Flashing School Signals | | | ACCIDENT SITE TYPE 1 Intersection 2 Between Intersections 3 Intersection of Private Drive 4 Lane 5 Parking Lot 6 Railroad Level Crossing 7 Bridge/Overpass 8 Tunnel/Underpass | | | LOCATION OF DAMAGE 01 Front 02 Engine Hood 03 Windshield 04 Roof 05 Rear, including Trunk 06 Left Front Fender 07 Left Door(s) 08 Left Rear Fender 09 Entire Left Side 10 Right Front Fender 11 Right Door(s) 12 Right Rear Fender 13 Entire Right Side 14 Undercarriage 15 Interior 16 Extensive (Several Areas) | | | | | |
| ROAD CONDITION 1 Good 2 Defective 3 Under Repair 4 Under Const. 5 Obstruction Not Lighted 6 Hole/Rut/Bump 7 Pavement Drop Off | | | ROAD SURFACE CONDITION 1 Dry 2 Wet 3 Mud 4 Snow 5 Ice 6 Slush 7 Loose Sand/Gravel/Dirt 8 Fresh Oil | | | ROAD CATEGORY 1 Divided 2 Undivided 3 Ramp | | | HAZARDOUS LOADS V1-15 See back of Template V2-16 | | | | | |
| ROADWAY ALIGNMENT 1 Level and Straight 2 Level and Curve 3 Straight with Grade 4 Curve with Grade 5 Top of Hill 6 Bottom of Hill 10 Flashing T Sign 11 Overhead Signs 12 R.R. Gates 13 R.R. Auto Controls 14 R.R. Crossing 15 School Zone 16 Warning Sign 17 Pedestrian Crosswalk 18 Pedestrian Corridor 19 School Crossing 20 Flashing School Signals | | | TRAFFIC CONTROL/ADVISORY V1-8 01 Traffic Signal/Control Device 02 Stop 03 Rt. Turn on Red 04 Lt. Turn on Red 05 Yield 06 Officer/Flagman 07 Merge 08 4 Way Stop 09 Turn Controls 10 School Zone 11 Warning Sign 12 Pedestrian Crosswalk 13 Pedestrian Corridor 14 School Crossing 15 Flashing School Signals | | | VEHICLE TYPE V1-11 01 Automobile 02 Motorcycle 03 Bicycle 04 Moped 05 School Bus 06 Transit Bus 07 Inter-City Bus 08 Bus (Other) 09 Pick-up or Van Under 5000 kg 10 Truck Over 5000 kg 11 Tractor and Semi-Trailer 12 Motorhome 13 Truck/Camper 14 Truck (Other) 15 Farm Equipment 16 Construction Equipment 17 Off-Highway (All Terrain Vehicle) 18 Snowmobile (SA) 19 Snow Vehicle (HTA) 20 Train/Other Rail Vehicle 21 Ambulance 22 Fire 23 Police/R.C.M.P. 24 Pedestrian | | | TOWED VEHICLE V1-13 01 Camper Trailer 02 Holiday Trailer 03 Boat Trailer 04 Utility Trailer 05 Farm Equipment 06 Construction Equipment 07 Towed Motor Vehicle 08 Low/High Boy 09 Single Trailer (Semi) 10 Double Trailer (Semi) 11 Triple Trailer (Semi) 12 Petroleum or Other Tanker 13 Over-Dimensioned Pilot Vehicle 14 Over-Dimensioned Non-Pilot Vehicle | | | INJURY CODE 1. Minimal (No Hospital Treatment) 2. Minor (Treated and Released) 3. Major (Admitted) 4. Fatal 5. Injured, Extent Not Specified | | |
| SAFETY EQUIPMENT 01 Lap Belt Only — In Use 02 Shoulder Belt Only — In Use 03 Combined Belt Assembly — In Use 04 Lap Part Only of Combined Assembly — In Use 05 Air Bag Deployed 06 Child Safety Seat — In Use 07 Safety Helmet Worn 08 Reflective Clothing — Pedestrian 09 No Safety Device Available 10 Safety Device Available — Not Used | | | PEDESTRIAN ACTION 01 Crossing With Signal 02 Crossing Against Signal 03 Crossing No Signal, Marked X-Walk 04 Crossing No Signal or Crosswalk 05 Crossing Between Intersections 06 Walking on/along Roadway With Traffic 07 Walking on/along Roadway Against Traffic 08 On Sidewalk/Shoulder/Median/Safety Zone 09 Walking on Bridge 10 Emerging from Behind Parked Vehicle 11 Emerging from Behind Moving Vehicle 12 Getting On/Off School Bus 13 Getting On/Off Other Vehicle 14 Pushing/Working on Vehicle 15 Riding or Hitching on Vehicle 16 Playing/at Work on Roadway 17 Hitch-hiking on/along Roadway | | | ACCIDENT TYPE (for D.V.L. use) 40 POINT OF INITIAL IMPACT 01 02 03 08 09 04 07 06 05 10 - Undercarriage 11 - Interior 12 - More Than One area | | | | | | | | |
| HAZARDOUS LOADS V1-15 See back of Template V2-16 | | | HAZARDOUS LOADS V1-15 See back of Template V2-16 | | | HAZARDOUS LOADS V1-15 See back of Template V2-16 | | | | | | | | |
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| HAZARDOUS LOADS | | | | | | | | | | | | | | |

PROVINCE/STATE CODES

| | |
|----|-----------------------|
| AB | Alberta |
| BC | British Columbia |
| MB | Manitoba |
| NB | New Brunswick |
| NF | Newfoundland |
| NS | Nova Scotia |
| ON | Ontario |
| PE | Prince Edward Island |
| PO | Quebec |
| SK | Saskatchewan |
| YT | Yukon Territory |
| NW | Northwest Territories |

| | |
|----|----------------------|
| AL | Alabama |
| AK | Alaska |
| AZ | Arizona |
| AR | Arkansas |
| CA | California |
| CO | Colorado |
| CT | Connecticut |
| DE | Delaware |
| DC | District of Columbia |
| FL | Florida |
| GA | Georgia |

| | |
|----|----------------|
| HI | Hawaii |
| ID | Idaho |
| IL | Illinois |
| IN | Indiana |
| IA | Iowa |
| KS | Kansas |
| KY | Kentucky |
| LA | Louisiana |
| ME | Maine |
| MD | Maryland |
| MH | Massachusetts |
| MI | Michigan |
| MN | Minnesota |
| MS | Mississippi |
| MO | Missouri |
| MT | Montana |
| NE | Nebraska |
| NV | Nevada |
| NH | New Hampshire |
| NJ | New Jersey |
| NM | New Mexico |
| NY | New York |
| NC | North Carolina |
| ND | North Dakota |
| OH | Ohio |
| OK | Oklahoma |
| OR | Oregon |
| PA | Pennsylvania |
| RI | Rhode Island |
| SC | South Carolina |
| SD | South Dakota |
| TN | Tennessee |
| TX | Texas |
| UT | Utah |
| VT | Vermont |
| VA | Virginia |
| WA | Washington |
| WV | West Virginia |
| WI | Wisconsin |
| WY | Wyoming |
| PR | Puerto Rico |
| MX | Mexico |

| | |
|----|-----------------------|
| CF | Canadian Armed Forces |
| IR | International Licence |
| FD | Other Foreign Licence |
| NA | Not Applicable |

COLOUR CODES

| | |
|----|--------|
| 01 | White |
| 02 | Black |
| 03 | Red |
| 04 | Green |
| 05 | Blue |
| 06 | Yellow |
| 07 | Orange |
| 08 | Maroon |
| 09 | Brown |
| 10 | Grey |
| 11 | Gold |
| 12 | Silver |
| 13 | Bronze |

For Two-Tone Vehicle Use Most Predominant Colour

HAZARDOUS LOADS

1. Explosives
2. Flammable Gases
3. Flammable and Combustible Liquids
4. Flammable Solids
Spontaneously combustible
Dangerous when wet
5. Oxidizers and Organic Peroxides
6. Poisonous Substances
Harmful to Food
Infectious
7. Radioactives
8. Corrosives
9. Miscellaneous Dangerous Substances
(includes unspecified waste materials)

**CODES FOR CHARGES LAID DEFINITION
(APPLY TO VEHICLE DRIVERS ONLY)**

| | |
|-------------|--|
| CODE | |
| 01 | Unregistered Vehicle |
| 02 | Disobey Stop Sign |
| 03 | Fail to Signal |
| 04 | Speed Too Fast for Conditions |
| 05 | Drive Without Due Attention |
| 06 | Following Too Closely |
| 07 | Fail to Drive Right of Centre |
| 08 | Improper Lane Change |
| 09 | Improper Turn |
| 10 | Fail to Yield Right of Way |
| 11 | Fail to Yield to Pedestrian |
| 12 | Disobey Traffic Signal |
| 13 | Inadequate Brakes |
| 14 | Unsafe Backing |
| 15 | No Driver's Licence |
| 16 | Dangerous Driving |
| 17 | Drive While Disqualified |
| 18 | Criminal Negligence |
| 19 | Fail to Remain |
| 20 | Impaired Driving |
| 21 | Refuse Breath Test |
| 22 | Seatbelt, Child Restraint, Motorcycle Helmet Not In Use |

OTHER OFFENCES, SPECIFY UNDER COMMENTS

| | |
|----|------------------------------------|
| 98 | 6/12 Hour Roadside D.L. Suspension |
| 99 | Other Offence |

All boxes must be completed by officers submitting Report
Specify all codes "99" on this Report

*PROPOSED FORM
FOR IMPLEMENTATION
JAN. 1-1988*

Motor Vehicle Accident Report

Ontario

Accident Number: _____ Page of _____

Accident Date: Yr. Mo. Day Time

Time Officer Arrived or Agency Account Reported to: _____

Dangerous Goods Involvement: _____ Product No. (P.I. No.): _____

Emergency Equipment Attendance Called By: _____ Service Performed: _____

Name of Submitting Police Force: _____ Report Type: Original Continuation Amended Failed To Remain

Name of Investigating Officer: _____ No. _____ Div./Star/Det. _____

Road: Street Road Highway Etc. _____

Location: _____

House No. or Distance: _____ Metres or _____ Kilometres _____ N _____ S _____ E _____ W of _____

Keypoints No. _____ Offset _____ Ramp No. _____ Pole No. _____

Road: _____ Intersection Keypoint Patrol Area or Other Reference Keypoints No. _____ Municipality _____ County, District or Reg. Muncip. _____

1 Driver (Surname first) Code _____

Address _____ Telephone No. _____

Postal Code _____

Proper Licence to Drive Class of Vehicle: Yes No Driver's Licence No. _____

Prov. State _____ Class _____ Cond. _____

Date of Birth: Yr. Mo. Day Sex _____ Breath Test Admin. Yes No

Make _____ Year _____ Model _____ Colour _____ Body Style _____

Plate No. _____ Prov. State _____ Motorcycle Engine Displacement _____

Owner (Surname first) _____ Telephone No. _____

Address _____ Number of Occupants in Vehicle _____

Insurance Company and Policy No. _____

CVOR No. _____ Lic. Class Required Loaded Unloaded Approx. Speed _____ Km/hr

2 Driver (Surname first) Code _____

Address _____ Telephone No. _____

Postal Code _____

Proper Licence to Drive Class of Vehicle: Yes No Driver's Licence No. _____

Prov. State _____ Class _____ Cond. _____

Date of Birth: Yr. Mo. Day Sex _____ Breath Test Admin. Yes No

Make _____ Year _____ Model _____ Colour _____ Body Style _____

Plate No. _____ Prov. State _____ Motorcycle Engine Displacement _____

Owner (Surname first) _____ Telephone No. _____

Address _____ Number of Occupants in Vehicle _____

Insurance Company and Policy No. _____

CVOR No. _____ Lic. Class Required Loaded Unloaded Approx. Speed _____ Km/hr

Investigating Officer's Description of Accident

Diagram of Accident

Road Character

| | Number of Lanes | Max. Speed | Posted Advisory Speed |
|----|-----------------|------------|-----------------------|
| R1 | | | |
| R2 | | | |

Description of Vehicle Defect

| | |
|----|--|
| V1 | |
| V2 | |

Describe Damage to Other Property _____ Person and/or Agency Advised _____

Initial Impact Type

01 Rear End 02 Head On 03 Side Swipe 04 Side Swipe 05 Overtaking 06 Right Turn 07 Right Turn 08 Left Turn 09 Left Turn 10 Intersection 90° 11 Fixed Object

No. Involved Persons - Injured Taken By: _____

Independent witnesses - Name (Surname first) and Address: _____

Vehicles Taken To/By: _____

Persons Charged - Section and Act: _____

Name of Coroner: _____ Telephone No. _____ Report completed on Yr. Mo. Day _____

Signature of Investigating Officer: _____ Signature of Supervisor: _____ Badge No. _____

Involved Persons

Vehicle No. _____

APPENDIX K

Northwest Territories

PAGE _____ OF _____

1 FATAL 2 INJURY 3 PROPERTY DAMAGE 8 OTHER R.C.M.P. DETACHMENT

DATE OF ACCIDENT: YR MO DAY TIME (USE 2400 HRS) HRS MIN NO OF VEHICLES NUMBER KILLED NUMBER INJURED

LOCATION: CITY TOWN VILLAGE HAMLET OF (Give County/Mun. Dist. Special Area Indian Reservation etc.)

ROAD TYPE: HWY NO SECONDARY ROAD OR STREET 1

ROAD SURFACE TYPE: ASPHALT CONCRETE GRAVEL DIRT SANDY I.CY FRESH OIL UNKNOWN

CONDITION: DRY WET LOOSE SAND DIRT OR GRAVEL SANDY I.CY FRESH OIL OTHER UNKNOWN

UNUSUAL ROAD CONDITION: UNDER CONST UNDER REPAIRS HOLES RUTS BUMPS DEFECTIVE SHOULDERS CHANGING ROAD WIDTH SLIPPERY OTHER

WEATHER CONDITION: CLEAR RAINING CLOUDY SNOWING SLEET HAIL FREEZING RAIN STRONG WIND DUST FOG SMOG SMOKE OTHER

LIGHT CONDITION: DAYLIGHT DAWN DUSK DARKNESS OTHER UNKNOWN

STREET LIGHTING: NONE PRESENT - ON PRESENT - OFF LIGHT FAIL OTHER UNKNOWN

DO NOT WRITE IN THIS SPACE

ROAD TYPE, ROAD SURFACE TYPE, CONDITION, UNUSUAL ROAD CONDITION, WEATHER CONDITION, LIGHT CONDITION, STREET LIGHTING

OBJECT 1: MOTOR VEHICLE PEDESTRIAN ANIMAL OTHER FIXED OBJECT UNKNOWN

OBJECT 2: MOTOR VEHICLE PEDESTRIAN ANIMAL OTHER FIXED OBJECT UNKNOWN

DRIVER LICENCE NO CLASS PROV STATE DRIVER LICENCE NO CLASS PROV STATE

LAST NAME DRIVER 1 FIRST NAME INITIAL LAST NAME DRIVER 2 FIRST NAME INITIAL

NUMBER AND STREET CITY PROV POSTAL CODE NUMBER AND STREET CITY PROV POSTAL CODE

DATE OF BIRTH YR MO DAY SEX PHONE NO DRIVER'S OCCUPATION DATE OF BIRTH YR MO DAY SEX PHONE NO DRIVER'S OCCUPATION

PLATE NO YEAR PROV STATE YR & VEHICLE MAKE PLATE NO YEAR PROV STATE YR & VEHICLE MAKE

SERIAL OR VIN NUMBER WHEELBASE OR G V W SERIAL OR VIN NUMBER WHEELBASE OR G V W

LAST NAME OWNER 1 FIRST NAME INITIAL LAST NAME OWNER 2 FIRST NAME INITIAL

NUMBER AND STREET CITY PROVINCE POSTAL CODE NUMBER AND STREET CITY PROVINCE POSTAL CODE

INSURANCE FINANCE RESPONSIBILITY 1 NON OR POLICY NO INSURANCE FINANCE RESPONSIBILITY 2 NON OR POLICY NO

COMPANY ADDRESS EXPIRY DATE COMPANY ADDRESS EXPIRY DATE

DAMAGE STICKER YES NO TRAINED DRIVER YES NO DRIVERS EXPERIENCE YRS MOS DAMAGE STICKER YES NO TRAINED DRIVER YES NO DRIVERS EXPERIENCE YRS MOS

ODOMETER READING DIRECTION OF TRAVEL (if turning enter direction BEFORE turn) N S E W ON - HWY 1 (Or Street 2) ABOVE ODOMETER READING DIRECTION OF TRAVEL (if turning enter direction BEFORE turn) N S E W ON - HWY 1 (Or Street 2) ABOVE

DAMAGE SEVERITY 1 Disabling 2 Functional 3 None 4 Other TOTAL OCCUPANTS THIS VEHICLE APPROX REPAIR COST TOTAL LOSS DAMAGE SEVERITY 1 Disabling 2 Functional 3 None 4 Other TOTAL OCCUPANTS THIS VEHICLE APPROX REPAIR COST TOTAL LOSS

NAME AND ADDRESSES OF INDEPENDENT WITNESSES AND DESCRIPTION OF ACCIDENT DIAGRAM - SCENE OF ACCIDENT VISITED YES NO INDICATE NORTH DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES

16 17 18 19 20 21 22 23 24 NAMES - ADDRESSES - IF DECEASED ALSO INCLUDE DATE & TIME OF DEATH

ALL INVOLVED

SIGN HERE OFFICER'S RANK AND NAME SHIFT DIVISION REVIEW OFFICER DATE REVIEWED

POLICE COMMENTS PROPOSED POLICE ACTION

| | | | | | | | | | | | | | | | | |
|--|--|--|--|----|--|--|--|--------------------|--|--|---------------|--|--|----------------------------|--|--|
| <p>LIGHT CONDITION</p> <p>1 Daylight 3 Dusk 5 Artificial Lighting 2 Dark 4 Dawn</p> | <p>PRE-COLLISION VEHICLE ACTION</p> <p>01 Going Straight Ahead 09 Stopped in Traffic 02 Turning Right 10 Parked Legally 03 Turning Left 11 Parked Illegally 04 Making U-Turn 12 Changing Lanes 05 Starting From Parked Position 13 Overtaking 06 Entering Parked Position 14 Merging 07 Starting in Traffic 15 Backing 08 Slowing Or Stopping</p> | | | | | | | | | | | | | | | |
| <p>WEATHER CONDITION</p> <p>1 Clear 3 Raining 5 Sleet/Hail/Freezing Rain 7 Drifting Snow/Dust 2 Cloudy 4 Snowing 6 Fog/Smoke/Smog 8 Strong Wind</p> | <p>MAJOR CONTRIBUTING FACTORS</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>HUMAN CONDITION</p> <p>01 Driver Inattention 02 Driver Distraction 03 Had Been Drinking 04 Driving While Impaired 05 Extreme Fatigue 06 Fell Asleep 07 Driver Inexperience/Confusion 08 Lost Consciousness 09 Physical Disability 10 Prescription Medication 11 Drugs (Illegal) 12 Illness</p> </td> <td style="width:50%; vertical-align: top;"> <p>HUMAN ACTION</p> <p>21 Failure to Yield Right-of-Way 22 Traffic Control Device Disregarded 23 Following Too Closely 24 Driving Too Fast For Road Conditions 25 Exceeding Speed Limit 26 Turning Improper 27 Passing or Lane Usage Improper 28 Backing Unsafely 29 Pedestrian Error/Confusion</p> </td> </tr> </table> | <p>HUMAN CONDITION</p> <p>01 Driver Inattention 02 Driver Distraction 03 Had Been Drinking 04 Driving While Impaired 05 Extreme Fatigue 06 Fell Asleep 07 Driver Inexperience/Confusion 08 Lost Consciousness 09 Physical Disability 10 Prescription Medication 11 Drugs (Illegal) 12 Illness</p> | <p>HUMAN ACTION</p> <p>21 Failure to Yield Right-of-Way 22 Traffic Control Device Disregarded 23 Following Too Closely 24 Driving Too Fast For Road Conditions 25 Exceeding Speed Limit 26 Turning Improper 27 Passing or Lane Usage Improper 28 Backing Unsafely 29 Pedestrian Error/Confusion</p> | | | | | | | | | | | | | |
| <p>HUMAN CONDITION</p> <p>01 Driver Inattention 02 Driver Distraction 03 Had Been Drinking 04 Driving While Impaired 05 Extreme Fatigue 06 Fell Asleep 07 Driver Inexperience/Confusion 08 Lost Consciousness 09 Physical Disability 10 Prescription Medication 11 Drugs (Illegal) 12 Illness</p> | <p>HUMAN ACTION</p> <p>21 Failure to Yield Right-of-Way 22 Traffic Control Device Disregarded 23 Following Too Closely 24 Driving Too Fast For Road Conditions 25 Exceeding Speed Limit 26 Turning Improper 27 Passing or Lane Usage Improper 28 Backing Unsafely 29 Pedestrian Error/Confusion</p> | | | | | | | | | | | | | | | |
| <p>ROAD SURFACE TYPE</p> <p>1 Asphalt/Oil 2 Gravel 3 Dirt/Earth 4 Concrete</p> | <p>VEHICULAR</p> <p>40 Brakes 41 Lights 42 Vision Obstruction/Obscured 43 Steering 44 Suspension/Wheel Failure 45 Tires 46 Defective Tow Hitch/Connection 47 Engine/Power Train 48 Hood/Door Opening 49 Vehicle Color/Dirty 50 Jackknife/Trailer Swing 51 Vehicle Modifications</p> | | | | | | | | | | | | | | | |
| <p>ROAD SURFACE CONDITION</p> <p>1 Dry 3 Ice 5 Muddy 7 Slush 2 Snow 4 Wet 6 Loose Gravel or Sand 8 Fresh Oil</p> | <p>ENVIRONMENTAL</p> <p>60 Animal Action (Deer) 61 Animal Action (Other Wild) 62 Animal Action (Domestic) 63 Surface Slippery 64 Loose Gravel 65 Snow Drift 66 Obstruction/Debris 67 View Obstructed/Limited 68 Glare 69 Construction Zone 70 Defective Driving Surface 71 Shoulders Defective 72 Lane Markings Inadequate 73 Traffic Control Device Not Working 74 Crosswind</p> | | | | | | | | | | | | | | | |
| <p>UNUSUAL ROAD CONDITION</p> <p>1 Under Construction 3 Holes, Ruts, Bumps 2 Under Repair 4 Changing Road Width</p> | <p>SEQUENCE OF EVENTS</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>MOVABLE OBJECT</p> <p>01 Another Vehicle 02 Animal 03 Pedestrian 04 Bicyclist 05 Farm Machinery 06 Maintenance Machinery 07 Construction Machinery 08 Railroad Train</p> </td> <td style="width:50%; vertical-align: top;"> <p>FIXED OBJECT</p> <p>20 Ditch Bottom/Back Slope 21 Approach 22 Traffic Barricade 23 Sign Post 24 Traffic Signal Standard 25 Street Light Standard 26 Telephone/Power Pole 27 Guard Rail 28 Bridge Structure 29 Tree/Bush 30 Parking Meter 31 Building/Wall 32 Curbing 33 Fence 34 Culvert</p> </td> </tr> </table> | <p>MOVABLE OBJECT</p> <p>01 Another Vehicle 02 Animal 03 Pedestrian 04 Bicyclist 05 Farm Machinery 06 Maintenance Machinery 07 Construction Machinery 08 Railroad Train</p> | <p>FIXED OBJECT</p> <p>20 Ditch Bottom/Back Slope 21 Approach 22 Traffic Barricade 23 Sign Post 24 Traffic Signal Standard 25 Street Light Standard 26 Telephone/Power Pole 27 Guard Rail 28 Bridge Structure 29 Tree/Bush 30 Parking Meter 31 Building/Wall 32 Curbing 33 Fence 34 Culvert</p> | | | | | | | | | | | | | |
| <p>MOVABLE OBJECT</p> <p>01 Another Vehicle 02 Animal 03 Pedestrian 04 Bicyclist 05 Farm Machinery 06 Maintenance Machinery 07 Construction Machinery 08 Railroad Train</p> | <p>FIXED OBJECT</p> <p>20 Ditch Bottom/Back Slope 21 Approach 22 Traffic Barricade 23 Sign Post 24 Traffic Signal Standard 25 Street Light Standard 26 Telephone/Power Pole 27 Guard Rail 28 Bridge Structure 29 Tree/Bush 30 Parking Meter 31 Building/Wall 32 Curbing 33 Fence 34 Culvert</p> | | | | | | | | | | | | | | | |
| <p>TRAFFIC CONTROL</p> <p>01 No Control Present 08 Flagman/Police Officer 02 Traffic Signal 09 R.R. Crossing - No Control 03 Flashing Light 10 R.R. Crossing - Signal, Crossbuck 04 Stop Sign 11 R.R. Crossing - Signal 05 Yield Sign 12 R.R. Crossing - Gates 06 Marked Pedestrian Crossing 13 R.R. Crossing - Watchman 07 Reduced Speed Zone 14 No Passing Zone</p> | <p>GENERAL CODES</p> <p>'N' - Not Applicable 'X' - Unknown 'O' - Other, Specify in comments</p> | | | | | | | | | | | | | | | |
| <p>TRAFFIC CONTROL CONDITION</p> <p>1 Functioning 2 Not Functioning 3 Missing/Vandalized</p> | <p>NON-COLLISION EVENT</p> <p>50 Ran Off Road 51 Overturned 52 Fire/Explosion 53 Submersion 54 Skidding/Sliding</p> | | | | | | | | | | | | | | | |
| <p>SPECIAL FACILITY</p> <p>1 Throughlane - Interchange 4 Exit Ramp 2 Traffic Circle 5 Overpass/Bridge 3 Entrance Ramp 6 Underpass/Tunnel/Subway</p> | <p>LOCATION OF DAMAGE</p> <table style="width:100%;"> <tr> <td style="width:33%;">01</td> <td style="width:33%;">02</td> <td style="width:33%;">03</td> </tr> <tr> <td colspan="3" style="text-align: center;"> </td> </tr> <tr> <td colspan="3">10 - Undercarriage</td> </tr> <tr> <td colspan="3">11 - Interior</td> </tr> <tr> <td colspan="3">12 - More Than Three Areas</td> </tr> </table> | 01 | 02 | 03 | | | | 10 - Undercarriage | | | 11 - Interior | | | 12 - More Than Three Areas | | |
| 01 | 02 | 03 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 10 - Undercarriage | | | | | | | | | | | | | | | | |
| 11 - Interior | | | | | | | | | | | | | | | | |
| 12 - More Than Three Areas | | | | | | | | | | | | | | | | |
| <p>VEHICLE IDENTIFICATION</p> <p>01. Auto 10. Inter-City Bus 02. Pickup Truck 5,000 kg And Under 11. School Bus 03. Panel/Van 5,000 kg And Under 12. Other Bus 04. Trucks Over 5,000 kg 13. Ambulance/Police/Fire 05. Semi-Trailer Power Unit 14. Motorhome 06. Motorcycle 15. Snowmobile 07. Moped/Power Bicycle 16. Construction And Maintenance 08. Bicycle 17. Farm Equipment Equipment 09. Transit Bus 18. Off Highway Vehicle</p> | <p>PEDESTRIAN ACTION</p> <p>01. Crossing With Signal 13. Pushing Or Working On Vehicle 02. Crossing Against Signal 14. Walking On Roadway 03. Crossing, No Signal, Marked Crosswalk 15. Playing on Roadway 04. Crossing, No Signal Or Crosswalk 16. Lying On Roadway 05. Crossing (Mid Block Or Roadway) 17. Hitch Hiking 06. Walking Along Roadway With Traffic 18. Working On Roadway 07. Walking Along Roadway Against Traffic 08. Emerging From In Front Or Behind Parked Vehicle 09. Running Into Road 10. Getting On/Off School Bus 11. Getting On/Off Vehicle Other Than School Bus 12. On Sidewalk/Shoulder/Boulevard (Not On Roadway)</p> | | | | | | | | | | | | | | | |
| <p>TOWED VEHICLE</p> <p>01. Camper 07. Low/High Boy 02. Holiday Trailer 08. Single Trailer (Semi) 03. Boat Trailer 09. Double Trailer (Semi) 04. Utility Trailer 10. Petroleum Or Other Tanker 05. Farm Equipment 11. Over-Dimensioned Vehicle No Pilot Vehicle 06. Towed Motor Vehicle 12. Over-Dimensioned Vehicle With Pilot Vehicle</p> | <p>SPECIAL STUDIES</p> | | | | | | | | | | | | | | | |
| <p>POSITION IN/ON VEHICLE</p> <p>1 Driver 2-7 Passenger 8 Riding or Hanging On 9 Pedestrian</p> | <p>SAFETY EQUIPMENT USED</p> <p>01. Lap & Shoulder Belt 02. Lap Belt 03. Lap Belt & Air Bags 04. Air Bags 05. Passive Seatbelts 06. Child Restraint 07. Helmets 08. Protective Clothing 09. None Available 10. Available - Not Used</p> | | | | | | | | | | | | | | | |
| <p>EJECTION FROM VEHICLE</p> <p>1 Not Ejected 2 Ejected 3 Partially Ejected</p> | <p>INJURY CODE</p> <p>1 Minor - No Treatment 2 Moderate - Treated & Released 3 Major - Hospitalized 4 Fatal - At Scene Or DOA 5 Fatal - Within 48 Hours 6 Fatal - Within 30 Days</p> | | | | | | | | | | | | | | | |
| <p>Which Vehicle Occupied</p> <p>Position In/On Vehicle</p> <p>Age Sex</p> | <p>Hospitalization No. (If Hospitalized)</p> <p>Name & Address</p> | | | | | | | | | | | | | | | |

APPENDIX K

Province/State Codes

| | | | | | |
|------------------------|----|----------------|----|-----------------------|----|
| Alberta | AB | Hawaii | HI | Ohio | OH |
| B.C. | BC | Idaho | ID | Oklahoma | OK |
| Manitoba | MA | Illinois | IL | Oregon | OR |
| New Brunswick | NB | Indiana | IN | Pennsylvania | PA |
| Newfoundland | NF | Iowa | IA | Rhode Island | RI |
| Nova Scotia | NS | Kansas | KS | South Carolina | SC |
| Ontario | ON | Kentucky | KY | South Dakota | SD |
| Prince Edward Island | PE | Louisiana | LA | Tennessee | TN |
| Quebec | PQ | Maine | ME | Texas | TX |
| Saskatchewan | SK | Maryland | MD | Utah | UT |
| Yukon Territory | YT | Massachusetts | MH | Vermont | VT |
| North West Territories | NW | Michigan | MI | Virginia | VA |
| | | Minnesota | MN | Washington | WA |
| Alabama | AL | Mississippi | MS | West Virginia | WV |
| Alaska | AK | Missouri | MO | Wisconsin | WI |
| Arizona | AZ | Montana | MT | Wyoming | WY |
| Arkansas | AR | Nebraska | NE | Puerto Rico | PR |
| California | CA | Nevada | NV | Mexico | MX |
| Colorado | CO | New Hampshire | NH | | |
| Connecticut | CT | New Jersey | NJ | Canadian Armed Forces | CF |
| Delaware | DE | New Mexico | NM | International Licence | IR |
| District of Columbia | DC | New York | NY | Other Foreign Licence | FE |
| Florida | FL | North Carolina | NC | | |
| Georgia | GA | North Dakota | ND | | |

Colour Codes

| | | | |
|--------|----|--------|----|
| White | 01 | Purple | 08 |
| Black | 02 | Brown | 09 |
| Red | 03 | Grey | 10 |
| Green | 04 | Gold | 11 |
| Blue | 05 | Silver | 12 |
| Yellow | 06 | Bronze | 13 |
| Orange | 07 | | |

Two-Tone Vehicle use most
Predominant Color

Other Codes

The following codes are to be utilized
in the form where conditions warrant.

"X" - Unknown

"N" - Not Applicable

"O" - Other .. Explain in
Comment Section.

CODES FOR CHARGES LAID

| CODE | DEFINITION |
|------|---|
| 600 | Unregistered vehicle |
| 608 | Disobey stop sign |
| 614 | Fail to signal |
| 628 | Speed too fast for conditions |
| 630 | Drive without due care and attention |
| 631 | Following too closely |
| 634 | Fail to drive right of centre |
| 636 | Improper lane change |
| 638 | Improper turn |
| 641 | Fail to yield right-of-way |
| 646 | Fail to yield to pedestrian |
| 656 | Disobey traffic signal |
| 680 | Inadequate brakes |
| 721 | Unsafe backing |
| 723 | No driver's licence |
| 725 | Operator not using seatbelt |
| 708 | Dangerous driving |
| 709 | Drive while disqualified |
| 711 | Criminal negligence |
| 712 | Fail to remain |
| 713 | Impaired driving (includes 80 mg. offences) |
| 714 | Refuse breath test |

OTHER OFFENCES, SPECIFY UNDER COMMENTS

| | |
|-----|--------------------|
| 900 | Other Offence |
| 902 | 24 Hour Suspension |

| Saskatchewan Highways and Transportation | | Highway Traffic Board | | MOTOR VEHICLE ACCIDENT REPORT | | | | PAGE ____ OF ____ | |
|--|--|---|--|---|--|---|--|---|--|
| ACCIDENT CASE NO. 517064 | | REPORT TYPE 1 ORIGINAL 2 CONTINUATION 3 ADDITION 4 CORRECTION | | ORIGINAL ACCIDENT CASE NO. | | REPORT STATUS 1 COMPLETE 2 INCOMPLETE, HIT AND RUN 3 INCOMPLETE, OTHER | | ACCIDENT SEVERITY 1 PROPERTY DAMAGE 2 PERSONAL INJURY 3 FATAL | |
| DATE OF ACCIDENT YEAR MONTH DAY | | TIME (USE 2400 HRS) HRS MIN. | | NUMBER OF VEHICLES | | NUMBER INJURED | | NUMBER KILLED | |
| LEGAL SPEED LIMIT | | ACCIDENT CONFIGURATION 1 2 3 4 5 6 7 8 9 10 11 12 OTHER | | | | | | | |
| ESTIMATED DAMAGE TO OTHER PROPERTY \$ | | NAME AND ADDRESS OF OWNER OF OTHER PROPERTY | | | | | | | |
| 1. IN 2. NEAR | | LOCATION CODE 01 STREET 02 PRIVATE PROPERTY URBAN 03 LAKE 04 SERVICE ROAD | | URBAN LOCATION STREET 1. BLOCK ADDRESS AT INTERSECTION WITH STREET 2. | | | | | |
| CITY TOWN VILLAGE HAMLET | | POLICE COLLATOR NO. | | HIGHWAY LOCATION 05 HIGHWAY (URBAN) 06 HIGHWAY (RURAL) | | | | | |
| AT INTERSECTION WITH (CHECK IF APPLICABLE) 01 HIGHWAY 02 RURAL ROAD 03 STREET 04 COMMERCIAL APPROACH 05 PRIVATE APPROACH 06 LAKE | | 07 GRID ROAD 08 MUNICIPAL ROAD 09 PRIVATE PROPERTY (RURAL) 10 OTHER | | RURAL LOCATION 11 TO 16 SECTION 17-20 TOWNSHIP RANGE 17-20 | | | | | |
| | | LOCATION DESCRIPTION | | | | | | | |
| 1. 1. VEHICLE 2. PEDESTRIAN | | 3. FIXED OBJECT 4. TRAIN | | 5. ANIMAL 6. TOWED VEHICLE | | 2. 1. VEHICLE 2. PEDESTRIAN | | 3. FIXED OBJECT 4. TRAIN 5. ANIMAL 6. TOWED VEHICLE | |
| DRIVER LICENCE NO. | | CLASS | | PROV./STATE | | LICENCE VALID 1. YES 2. NO | | DRIVER LICENCE NO. | |
| DATE OF BIRTH YEAR MONTH DAY | | SEX | | DRIVER EXPERIENCE | | REVIEW RECOMMENDED 1. NO 2. MEDICAL 3. LICENCE 4. BOTH | | DATE OF BIRTH YEAR MONTH DAY | |
| LAST NAME | | GIVEN NAMES | | LAST NAME | | GIVEN NAMES | | LAST NAME | |
| ADDRESS | | CITY | | PROVINCE | | POSTAL CODE | | ADDRESS | |
| CITY | | PROVINCE | | POSTAL CODE | | CITY | | PROVINCE | |
| VEHICLE PLATE NO. | | PROV./STATE | | REGISTRATION VALID 1. YES 2. NO | | VEHICLE PLATE NO. | | PROV./STATE | |
| VEHICLE MAKE | | MODEL | | YEAR | | COLOR | | VEHICLE MAKE | |
| TOTAL NO. OF OCCUPANTS | | ESTIMATED REPAIR COST \$ | | TOTAL NO. OF OCCUPANTS | | ESTIMATED REPAIR COST \$ | | TOTAL NO. OF OCCUPANTS | |
| ESTIMATED SPEED | | DIRECTION OF TRAVEL (CIRCLE ONE) 1. N 2. NE 3. E 4. SE 5. S 6. SW 7. W 8. NW | | ESTIMATED SPEED | | DIRECTION OF TRAVEL (CIRCLE ONE) 1. N 2. NE 3. E 4. SE 5. S 6. SW 7. W 8. NW | | ESTIMATED SPEED | |
| SAME AS DRIVER LAST NAME | | GIVEN NAMES | | SAME AS DRIVER LAST NAME | | GIVEN NAMES | | SAME AS DRIVER LAST NAME | |
| ADDRESS | | CITY | | PROVINCE | | POSTAL CODE | | ADDRESS | |
| CITY | | PROVINCE | | POSTAL CODE | | CITY | | PROVINCE | |
| FOR VEHICLE NOT REGISTERED IN SASKATCHEWAN | | NOT INSURED OR POLICY NO. | | FOR VEHICLE NOT REGISTERED IN SASKATCHEWAN | | NOT INSURED OR POLICY NO. | | FOR VEHICLE NOT REGISTERED IN SASKATCHEWAN | |
| INSURANCE COMPANY ADDRESS | | INSURANCE COMPANY ADDRESS | | INSURANCE COMPANY ADDRESS | | INSURANCE COMPANY ADDRESS | | INSURANCE COMPANY ADDRESS | |
| CHARGES LAD OR CONTEMPLATED (SEE BACK OF TEMPLATE FOR CODES) # BYLAW OFFENCE | | CHARGES LAD OR CONTEMPLATED (SEE BACK OF TEMPLATE FOR CODES) # BYLAW OFFENCE | | CHARGES LAD OR CONTEMPLATED (SEE BACK OF TEMPLATE FOR CODES) # BYLAW OFFENCE | | CHARGES LAD OR CONTEMPLATED (SEE BACK OF TEMPLATE FOR CODES) # BYLAW OFFENCE | | CHARGES LAD OR CONTEMPLATED (SEE BACK OF TEMPLATE FOR CODES) # BYLAW OFFENCE | |
| DESCRIPTION OF ACCIDENT AND COMMENTS, IF NECESSARY | | DIAGRAM OF ACCIDENT, IF NECESSARY | | INDICATE NORTH BY ARROW | | | | | |
| 22 23 24 25 26 27 28 29 30 | | | | | | | | | |
| OFFICER'S RANK AND NAME | | NUMBER | | NAME OF ENFORCEMENT AGENCY AND LOCATION | | | | | |

APPENDIX K

REPORT OF MOTOR VEHICLE ACCIDENT
PLEASE PRESS FIRMLY - YOU ARE
MAKING 5 COPIES.

| | | | |
|---|--|--|--|
| LIGHT CONDITION 01 Daylight 03 Dawn 05 Artificial Light 02 Dusk 04 Dawn | | PRE-COLLISION VEHICLE ACTION 01 Going Straight Ahead 09 Braking 02 Turning Right 10 Parking 03 Turning Left 11 Reversing 04 Making U-Turn 12 Overtaking 05 Starting From Parked Position 13 Overtaking 06 Entering Parked Position 14 Slipping 07 Starting In Traffic 15 Backing 08 Slowing Or Stopping | |
| WEATHER CONDITION 01 Clear 04 Snowing 07 Drifting Snow Dust 02 Cloudy 05 Sleet/Hail/Freezing Rain 08 Strong Wind 03 Raining 06 Fog/Smoke/Smog | | HUMAN CONTRIBUTING FACTORS HUMAN CONDITION 01 Driver Inattention 21 Fatigue 02 Driver Distraction 22 Traffic Control Device Distraction 03 Had Been Drinking 23 Following Too Closely 04 Driving While Impaired 24 Driving Too Fast For Road Conditions 05 Extreme Fatigue 25 Exceeding Speed Limit 06 Fell Asleep 26 Turning Improper 07 Driver Inexperienced/Confusion 27 Passing or Lane Usage Improper 08 Lost Consciousness 28 Backing Unsafely 09 Physical Disability 29 Pedestrian Error/Confusion 10 Prescription Medication 30 Failed to Signal 11 Drugs (Illegal) 31 Wrong Way 12 Illness | |
| ROAD SURFACE TYPE 01 Asphalt 03 Dirt Earth 05 Chip Seal V2 02 Gravel 04 Concrete | | VEHICULAR 40 Brakes 41 Lights 42 Vision Obstruction/Obscured 43 Steering 44 Suspension/Wheel Failure 45 Tires 46 Defective Tow Hitch Connection 47 Engine/Power Train 48 Hood/Door Opening 49 Vehicle Color/Dirty/Snow Covered 50 Jackknife Trailer Swing 51 Vehicle Modifications 52 Exhaust 53 Load Shift | |
| ROAD SURFACE CONDITION 01 Dry 04 Wet 07 Slush V2 02 Snow 05 Muddy 08 Fresh Oil 03 Ice 06 Loose Gravel Or Sand | | ENVIRONMENTAL 50 Animal Action (Deer) 51 Animal Action (Other Wild) 52 Animal Action (Domestic) 53 Surface Slippery 54 Loose Gravel 55 Snow/Drift 56 Obstruction (Debris) 57 View Obstructed/Limited 58 Glare 59 Construction Zone 60 Defective Driving Surface 61 Shoulders Defective/Inadequate 62 Lane Markings Inadequate 63 Traffic Control Device Not Working 64 Crossings 65 Improperly 66 Unimproved Bridge 67 Unknow Pedestrian | |
| UNUSUAL ROAD CONDITION 01 Under Construction 04 Changing Road Width V2 02 Under Repair 05 Flooded 03 Holes/Ruts/Bumps | | SEQUENCE OF EVENTS 01 Another Vehicle 03 Tree/Bush 02 Animal 30 Parking Meter 03 Pedestrian 31 Building Wall 04 Bicyclist 32 Curbing 05 Farm Machinery 33 Fridge 06 Maintenance Machinery 34 Culvert 07 Construction Machinery 35 Snow Embankment/Drift 08 Railroad Train 36 Rock Cut 09 Railroad Train 37 Detachable Posts 38 Fire Hydrant 39 Median Barrier 40 Crush Cushion 41 Gravel Pile | |
| RAILWAY ALIGNMENT 01 Level and Straight 04 Curve With Grade V2 02 Level and Curve 05 Top Of Hill 03 Straight With Grade 06 Bottom Of Hill | | FIXED OBJECT 20 Ditch Bottom/Back Slope 21 Approach 22 Traffic Barricade 23 Sign Post 24 Traffic Signal Standard 25 Street Light Standard 26 Telephone/Power Pole 27 Guide Rail 28 Bridge Structure | |
| TRAFFIC CONTROL CONDITION 01 Uncontrolled 02 Toll/Barrier 03 Manned 04 Unmanned | | GENERAL CODES 97 Not Applicable 98 Unknown 99 Other Specify in Comments | |
| SPECIAL FACILITY 01 Through Lane Interchange 06 Onramp/Tunnel/Subway 02 Traffic Circle 07 Crossing Lane 03 Entrance Ramp 08 Parking Lot 04 Exit Ramp 09 Dock/Wharf 05 Overpass/Bridge 10 Ferry | | NON-COLLISION EVENT 50 Ran Off Road 51 Outturns 52 Fire Explosion 53 Submersion 54 Colliding Signs 55 Lost Steered | |
| VEHICLE IDENTIFICATION 01 Auto 10 Inter-City Bus V1 02 Heavy Trucks/Buildings Under 11 School Bus 03 Prime Over 5,000 kg and Under 12 Other Bus 04 Tractor/Over 5,000 kg 13 Ambulance/Police Fire 05 Semi-Trailer/Power Unit 14 Motorhome 06 Motorcycle 15 Snowmobile 07 Moped/Power Bicycle 16 Construction and Maintenance Equip 08 Trailer 17 Farm Equipment 09 Other Vehicle 18 Other Vehicle | | LOCATION OF DAMAGE 01 OTHER DAMAGE 02 OTHER DAMAGE 03 OTHER DAMAGE 04 OTHER DAMAGE 05 OTHER DAMAGE 06 OTHER DAMAGE 07 OTHER DAMAGE 08 OTHER DAMAGE 09 OTHER DAMAGE 10 OTHER DAMAGE | |
| DRIVER VEHICLE 01 Cabover 07 Low High Bed V1 02 Holiday Trailer 08 Single Trailer Semi 03 Semi Trailer 09 Double Trailer Semi 04 Trailer 10 Petroleum Or Other Tanker 05 Farm Equipment 11 Over Dimensioned Vehicle/No Pilot Vehicle 06 Other Vehicle 12 Over Dimensioned Vehicle With Pilot Vehicle | | PEDESTRIAN ACTION 01 Crossing With Signal 11 Getting On/Off Vehicle 02 Crossing Against Signal Other Than School Bus 03 Crossing Marked Crosswalk No Signal 12 On Sidewalk/Shoulder/Boulevard (Not On Roadway) 04 Crossing No Signal or Crosswalk 13 Pushing Or Working On Vehicle 05 Crossing (Mid Block Or Roadway) 14 Walking On Roadway 06 Walking Along Roadway With Traffic 15 Playing On Roadway 07 Walking Along Roadway Against Traffic 16 Lying On Roadway 08 Emerging From In Front Of Being Parked Vehicle 17 Hitch Hiking 09 Running Into Road 18 Working On Roadway 10 Getting On/Off School Bus | |
| POSITION IN ON VEHICLE 1 Driver 2 Passenger 3 In Back/Trailer Or 4 Other | | DANGEROUS GOODS 01 Explosives 06 Poisonous And Infectious Substances 02 Gases 07 Radioactive Materials 03 Inflammable Liquids 08 Corrosive Substances 04 Inflammable Solids 09 Miscellaneous Dangerous 05 Oxidizing Substances Substances Or Articles | |
| VEHICLE DAMAGE 01 Not Evident 02 Evident 03 Partially Evident | | SPECIAL STUDIES 01 Lab & Shop Incident 02 Lab/Shop 03 Lab/Shop & A-1 Bags 04 Autopsies 05 Police Statements 06 Child Restraint 07 Hearings 08 Protective Clothing 09 Roadside Investigation 10 Other | |

Province/State Codes

| | | | | | |
|------------------------|----|----------------|----|-----------------------|----|
| Alberta | AB | Hawaii | HI | Ohio | OH |
| B.C. | BC | Idaho | ID | Oklahoma | OK |
| Manitoba | MA | Illinois | IL | Oregon | OR |
| New Brunswick | NB | Indiana | IN | Pennsylvania | PA |
| Newfoundland | NF | Iowa | IA | Rhode Island | RI |
| Nova Scotia | NS | Kansas | KS | South Carolina | SC |
| Ontario | ON | Kentucky | KY | South Dakota | SD |
| Prince Edward Island | PE | Louisiana | LA | Tennessee | TN |
| Quebec | PQ | Maine | ME | Texas | TX |
| Saskatchewan | SK | Maryland | MD | Utah | UT |
| Yukon Territory | YT | Massachusetts | MA | Vermont | VT |
| North West Territories | NW | Michigan | MI | Virginia | VA |
| | | Minnesota | MN | Washington | WA |
| Alabama | AL | Mississippi | MS | West Virginia | WV |
| Alaska | AK | Missouri | MO | Wisconsin | WI |
| Arizona | AZ | Montana | MT | Wyoming | WY |
| Arkansas | AR | Nebraska | NE | Puerto Rico | PR |
| California | CA | Nevada | NV | Mexico | MX |
| Colorado | CO | New Hampshire | NH | | |
| Connecticut | CT | New Jersey | NJ | Canadian Armed Forces | CF |
| Delaware | DE | New Mexico | NM | International Licence | IF |
| District of Columbia | DC | New York | NY | Other Foreign Licence | FE |
| Florida | FL | North Carolina | NC | | |
| Georgia | GA | North Dakota | ND | | |

Colour Codes

| | | | |
|--------|----|--------|----|
| White | 01 | Purple | 08 |
| Black | 02 | Brown | 09 |
| Red | 03 | Grey | 10 |
| Green | 04 | Gold | 11 |
| Blue | 05 | Silver | 12 |
| Yellow | 06 | Bronze | 13 |
| Orange | 07 | | |

Two-Tone Vehicle use most
Predominant Color

Other Codes

The following codes are to be utilized
on the form where conditions warrant
97 - Not Applicable

98 - Unknown

99 - Other, Specify in
Comments

CODES FOR CHARGES LAID

| <u>CODE</u> | <u>DEFINITION</u> |
|-------------|--|
| 600 | Unregistered vehicle |
| 608 | Disobey stop sign |
| 614 | Fail to signal |
| 628 | Speed too fast for conditions |
| 630 | Drive without due care and attention |
| 631 | Following too closely |
| 634 | Fail to drive right of centre |
| 636 | Improper lane change |
| 638 | Improper turn |
| 641 | Fail to yield right-of-way |
| 646 | Fail to yield to pedestrian |
| 656 | Disobey traffic signal |
| 680 | Inadequate brakes |
| 721 | Unsafe backing |
| 723 | No driver's licence |
| 725 | Operator not using seatbelt |
| 708 | Dangerous driving |
| 709 | Drive while suspended |
| 711 | Criminal negligence |
| 712 | Fail to remain |
| 713 | Impaired driving (includes 80 mg. offences) |
| 714 | Refuse breath test |

OTHER OFFENCES SPECIFY UNDER COMMENTS

| | |
|-----|--------------------|
| 900 | OTHER OFFENCE |
| 902 | 24 HOUR SUSPENSION |

APPENDIX K

NOVA SCOTIA

Department of
Transportation
Registry of Motor Vehicles

REPORT OF MOTOR VEHICLE ACCIDENT

PAGE _____ OF _____

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 118418 | | REPORT NUMBER | | ACCIDENT SEVERITY | | POLICE FILE NO. | |
| DATE OF ACCIDENT | | TIME OF ACCIDENT | | POLICE VISITED | | POLICE DETACHMENT | |
| LOCATION | | STREET ROAD HIGHWAY NAME | | CIVIC NUMBER | | HIGHWAY NUMBER | |
| LOCATION CODE | | LOCATION DETAILS | | DIRECTION OF TRAVEL | | DIRECTION OF TRAVEL | |
| DRIVER MASTER NUMBER | | DRIVER MASTER NUMBER | | CLASS | | CLASS | |
| LICENSE VALID | | REVIEW RECOMMENDED | | DATE OF BIRTH | | LICENSE VALID | |
| LAST NAME | | GIVEN NAME(S) | | LAST NAME | | GIVEN NAME(S) | |
| ADDRESS | | TELEPHONE NO. OFFICE | | ADDRESS | | TELEPHONE NO. OFFICE | |
| PROVINCE | | POSTAL CODE | | CITY | | PROVINCE | |
| VEHICLE MAKE | | MODEL | | VEHICLE MAKE | | MODEL | |
| YEAR | | COLOR | | YEAR | | COLOR | |
| ESTIMATED REPAIR COST | | ESTIMATED REPAIR COST | | ESTIMATED REPAIR COST | | ESTIMATED REPAIR COST | |
| DIRECTION OF TRAVEL | | DIRECTION OF TRAVEL | | DIRECTION OF TRAVEL | | DIRECTION OF TRAVEL | |
| LAST NAME | | GIVEN NAME(S) | | LAST NAME | | GIVEN NAME(S) | |
| ADDRESS | | TELEPHONE NO. OFFICE | | ADDRESS | | TELEPHONE NO. OFFICE | |
| CITY | | PROVINCE | | CITY | | PROVINCE | |
| AGENTS NAME AND ADDRESS | | CHECK IF NOT INSURED | | AGENTS NAME AND ADDRESS | | CHECK IF NOT INSURED | |
| NAME OF INSURANCE COMPANY | | NAME OF INSURANCE COMPANY | | NAME OF INSURANCE COMPANY | | NAME OF INSURANCE COMPANY | |
| POLICY NUMBER | | EFFECTIVE DATES | | POLICY NUMBER | | EFFECTIVE DATES | |
| DESCRIPTION | | SKETCH/DIAGRAM OF ACCIDENT | | INDICATE NORTH BY ARROW | | INDICATE NORTH BY ARROW | |
| WITNESSES | | WITNESSES | | WITNESSES | | WITNESSES | |
| SIGNATURE | | SIGNATURE | | SIGNATURE | | SIGNATURE | |
| NAME OF EMPLOYMENT AGENCY AND LOCATION | | NAME OF EMPLOYMENT AGENCY AND LOCATION | | NAME OF EMPLOYMENT AGENCY AND LOCATION | | NAME OF EMPLOYMENT AGENCY AND LOCATION | |

T.S.B. COPY

**COLLISION
REPORT FORM**

POLICE
FILE
NO.

▶

PAGE _____ OF _____



| | | | | | |
|---|---------------------------------------|---|---|---|-----------------------------------|
| SEVERITY OF COLLISION <input type="checkbox"/> 1. FATAL <input type="checkbox"/> 2. INJURY <input type="checkbox"/> 3. PROPERTY DAMAGE | | HIT AND RUN <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO | | NO. VEHICLES INVOLVED <input type="text"/> | POLICE FORCE <input type="text"/> |
| COLLISION CASE NO. 250500 | CONTINUATION NO. <input type="text"/> | DATE OF COLLISION D <input type="text"/> M <input type="text"/> Y <input type="text"/> | TIME (USE 2400 HRS.) <input type="text"/> | TRAFFIC CONTROL DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO | |

1. URBAN 2. RURAL 1. IN 2. NEAR CITY, TOWN, VILLAGE, HAMLET OF

ON HWY. NO. SECONDARY ROAD STREET 1

AT INTERSECTION WITH HWY. NO. SECONDARY ROAD STREET 2

IF NOT AT INTERSECTION N S E W OF STREET, HIGHWAY, TOWN, ETC.

IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE:
SPECIAL REFERENCE

1. DRVR. PED. MOTORCYCLIST PARKED V. UNKNOWN 2. DRVR. PED. MOTORCYCLIST PARKED V. UNKNOWN

| | | | | | | | | | | | | | |
|---|--------------------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| DRIVER LICENCE NO. <input type="text"/> | PROV./STATE AB. <input type="text"/> | DATE OF BIRTH <input type="text"/> | DY. <input type="text"/> | MO. <input type="text"/> | YR. <input type="text"/> | SEX <input type="text"/> | DRIVER LICENCE NO. <input type="text"/> | PROV./STATE AB. <input type="text"/> | DATE OF BIRTH <input type="text"/> | DY. <input type="text"/> | MO. <input type="text"/> | YR. <input type="text"/> | SEX <input type="text"/> |
|---|--------------------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

| | | | | | |
|---|---------------------------------|------------------------------|---|---------------------------------|------------------------------|
| DRIVER'S LAST NAME <input type="text"/> | FIRST NAME <input type="text"/> | INITIAL <input type="text"/> | DRIVER'S LAST NAME <input type="text"/> | FIRST NAME <input type="text"/> | INITIAL <input type="text"/> |
|---|---------------------------------|------------------------------|---|---------------------------------|------------------------------|

ADDRESS

| | | | | | | | |
|---------------------------|----------------------------|----------------------------------|--------------------------------|---------------------------|----------------------------|----------------------------------|--------------------------------|
| CITY <input type="text"/> | PROV. <input type="text"/> | POSTAL CODE <input type="text"/> | BUS PHONE <input type="text"/> | CITY <input type="text"/> | PROV. <input type="text"/> | POSTAL CODE <input type="text"/> | BUS PHONE <input type="text"/> |
|---------------------------|----------------------------|----------------------------------|--------------------------------|---------------------------|----------------------------|----------------------------------|--------------------------------|

| VEHICLE 1 | | | VEHICLE 2 | | |
|--------------------------------|--|---------------------------|--------------------------------|--|---------------------------|
| PLATE NO. <input type="text"/> | MAKE/MODEL OF VEHICLE <input type="text"/> | YEAR <input type="text"/> | PLATE NO. <input type="text"/> | MAKE/MODEL OF VEHICLE <input type="text"/> | YEAR <input type="text"/> |

| | | | |
|-----------------------------|---------------------------------|-----------------------------|---------------------------------|
| COLOUR <input type="text"/> | VIN NUMBER <input type="text"/> | COLOUR <input type="text"/> | VIN NUMBER <input type="text"/> |
|-----------------------------|---------------------------------|-----------------------------|---------------------------------|

| | | | |
|--|---------------------------------|--|---------------------------------|
| INSURANCE CO./AGENT <input type="text"/> | POLICY NO. <input type="text"/> | INSURANCE CO./AGENT <input type="text"/> | POLICY NO. <input type="text"/> |
|--|---------------------------------|--|---------------------------------|

| | | | | | |
|--|---------------------------------|------------------------------|--|---------------------------------|------------------------------|
| OWNER'S LAST NAME <input type="text"/> | FIRST NAME <input type="text"/> | INITIAL <input type="text"/> | OWNER'S LAST NAME <input type="text"/> | FIRST NAME <input type="text"/> | INITIAL <input type="text"/> |
|--|---------------------------------|------------------------------|--|---------------------------------|------------------------------|

ADDRESS

| | | | | | |
|---------------------------|----------------------------|----------------------------------|---------------------------|----------------------------|----------------------------------|
| CITY <input type="text"/> | PROV. <input type="text"/> | POSTAL CODE <input type="text"/> | CITY <input type="text"/> | PROV. <input type="text"/> | POSTAL CODE <input type="text"/> |
|---------------------------|----------------------------|----------------------------------|---------------------------|----------------------------|----------------------------------|

| | |
|---|--|
| <p>COLLISION SCENE SKETCH USE SOLID DIRECTION LINE BEFORE IMPACT AND BROKEN LINE AFTER</p> <p style="text-align: right;">INDICATE NORTH </p> | <p>DESCRIPTION OF COLLISION - ROAD & WEATHER CONDITIONS, ETC.</p> |
| | |

| | | | | |
|--|---------------------------|------------------------------|---------------------------------|---------------------------------|
| NAMES AND ADDRESSES OF INDEPENDENT WITNESSES | NAME <input type="text"/> | ADDRESS <input type="text"/> | RES. PHONE <input type="text"/> | BUS. PHONE <input type="text"/> |
| | | | | |

| | | | | |
|-------------------------------------|----------------------------------|-------------------------------------|--|---|
| OFFICER'S NAME <input type="text"/> | REG. NUMBER <input type="text"/> | REVIEW OFFICER <input type="text"/> | SPECIAL STUDIES A <input type="checkbox"/> B <input type="checkbox"/> | PROPOSED POLICE ACTION <input type="text"/> |
|-------------------------------------|----------------------------------|-------------------------------------|--|---|

DO NOT WRITE IN THIS SPACE

APPENDIX K

POLICE
FILE
NO



[Empty box for file number]

250500

COLLISION WITH

| | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> 1. VEHICLE | <input type="checkbox"/> 5. PEDESTRIAN | <input type="checkbox"/> 8. OTHER |
| <input type="checkbox"/> 2. MOTORCYCLE | <input type="checkbox"/> 6. FIXED OBJECT | <input type="checkbox"/> 9. UNKNOWN |
| <input type="checkbox"/> 3. ANIMAL | <input type="checkbox"/> 7. NON-COLLISION EVENT | |
| <input type="checkbox"/> 4. TRAIN | | |

| | | | |
|--|-------------------------------------|--|-------------------------------------|
| ROAD CONDITION | | SURFACE CONDITION | |
| <input type="checkbox"/> 1. NO UNUSUAL CONDITION | <input type="checkbox"/> 5. UNKNOWN | <input type="checkbox"/> 1. DRY | <input type="checkbox"/> 5. OTHER |
| <input type="checkbox"/> 2. UNDER CONSTRUCTION | | <input type="checkbox"/> 2. WET | <input type="checkbox"/> 6. UNKNOWN |
| <input type="checkbox"/> 3. DEFECTIVE ROAD | | <input type="checkbox"/> 3. LOOSE SAND/DIRT/GRAVEL | |
| <input type="checkbox"/> 4. OTHER | | <input type="checkbox"/> 4. SNOWY/ICY | |

COLLISION LOCATION

| | |
|---|--|
| <input type="checkbox"/> 1. NON INTERSECTION | <input type="checkbox"/> 5. AT/NEAR ENTRANCE TO PRIVATE PROPERTY |
| <input type="checkbox"/> 2. INTERSECTION | <input type="checkbox"/> 6. AT/NEAR SERVICE ROAD |
| <input type="checkbox"/> 3. PARKING LOT | <input type="checkbox"/> 7. AT/NEAR R.R. CROSSING |
| <input type="checkbox"/> 4. AT/NEAR COMMERCIAL ENTRANCE | <input type="checkbox"/> 8. OFF HIGHWAY |
| | <input type="checkbox"/> 9. UNKNOWN |

DRIVER CONDITION

| | | |
|--|--|---|
| 1. <input type="checkbox"/> 1. APPARENTLY NORMAL | 1. <input type="checkbox"/> 2. 3. ABILITY IMPAIRED/ALCOHOL | 1. <input type="checkbox"/> 2. 5. OTHER |
| <input type="checkbox"/> 2. HAD BEEN DRINKING | <input type="checkbox"/> 4. MEDICAL/PHYSICAL DEFECT | <input type="checkbox"/> 6. UNKNOWN |

DRIVER ACTION

| | | |
|--|--|---|
| 1. <input type="checkbox"/> 1. DRIVING PROPERLY | 1. <input type="checkbox"/> 2. 6. L TURN ACROSS PATH | 1. <input type="checkbox"/> 2. 11. FAILED TO YIELD R.O.W. |
| <input type="checkbox"/> 2. BACKED UNSAFELY | <input type="checkbox"/> 7. LEFT OF CENTRE | <input type="checkbox"/> 12. PEDESTRIAN ERROR/VIOLATION |
| <input type="checkbox"/> 3. FOLLOWED TOO CLOSELY | <input type="checkbox"/> 8. ENTERED LANE WHEN UNSAFE | <input type="checkbox"/> 13. FAILED TO OBSERVE TRAFFIC CONTROL DEVICE |
| <input type="checkbox"/> 4. IMPROPER TURN | <input type="checkbox"/> 9. IMPROPER PASSING | <input type="checkbox"/> 14. FAILED TO SIGNAL |
| <input type="checkbox"/> 5. UNSAFE SPEED | <input type="checkbox"/> 10. RAN OFF ROAD | <input type="checkbox"/> 15. OTHER |
| | | <input type="checkbox"/> 16. UNKNOWN |

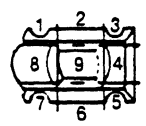
TYPE OF VEHICLE / OBJECT

| | | |
|---|---|---|
| 1. <input type="checkbox"/> 1. PASSENGER CAR | 1. <input type="checkbox"/> 2. 6. TR. TRAILER - 3 ATTACHMENTS | 1. <input type="checkbox"/> 2. 11. OFF HWY. VEHICLE |
| <input type="checkbox"/> 2. PICK-UP / VAN | <input type="checkbox"/> 7. MOTORCYCLE | <input type="checkbox"/> 12. FARM EQUIPMENT |
| <input type="checkbox"/> 3. TRUCK 4000 KG AND OVER | <input type="checkbox"/> 8. BICYCLE | <input type="checkbox"/> 13. PEDESTRIAN |
| <input type="checkbox"/> 4. TR. TRAILER - 1 ATTACHMENT | <input type="checkbox"/> 9. SCHOOL BUS | <input type="checkbox"/> 14. OTHER |
| <input type="checkbox"/> 5. TR. TRAILER - 2 ATTACHMENTS | <input type="checkbox"/> 10. OTHER BUS | <input type="checkbox"/> 15. UNKNOWN |

| | | | |
|---------------------------|---|--|---|
| OBJECT I.D. NUMBER | ROAD USER CLASS | VEHICULAR FACTORS | |
| | 1. DRIVER | 1. <input type="checkbox"/> 2. 1. NO DEFECT | 1. <input type="checkbox"/> 2. 4. LIGHTING DEFECT |
| | 2. PASSENGER | <input type="checkbox"/> 2. DEFECTIVE BRAKES | <input type="checkbox"/> 5. OTHER |
| 3. MOTORCYCLIST | <input type="checkbox"/> 3. TIRE FAILURE / INADEQUATE | <input type="checkbox"/> 6. UNKNOWN | |

| | | | |
|---------------------------|------------------------------|---|-------------------|
| OBJECT I.D. NUMBER | SAFETY EQUIPMENT USED | POINT OF IMPACT | |
| | 1. YES | 1. <input type="checkbox"/> 2. <input type="checkbox"/> | 10. UNDERCARRIAGE |
| | 2. NO | | 11. ROLLOVER |
| 3. UNKNOWN | | | 12. UNKNOWN |

| | | | | |
|---|-----|---|-----------------|---|
| SEX 1. MALE 2. FEMALE 3. UNKNOWN | AGE | INJURY SEVERITY 1. MINOR 2. MAJOR 3. FATAL | NAMES - ADDRESS | - IF DECEASED ALSO INCLUDE TIME & DATE OF DEATH |
| [Empty grid for data entry] | | | | |



TSB 111 (REV. 12/84)

WHAT SHOULD I DO NOW?

FIRST!

- Notify your insurance agent (the person who sold you your insurance).
- The police DO NOT notify your insurance company!

SOME COMMON INQUIRIES FOLLOWING A COLLISION:

The police charged me with a driving error at the time of the collision. Does this mean my insurance company must pay all damages?

- Traffic or criminal charges resulting from the collision may influence damage settlements. These charges are normally handled by insurance companies. If you have a concern, CONTACT YOUR INSURANCE AGENT.
- Police personnel have limited experience and no authority concerning insurance settlements. ASK THEM FOR AN OPINION.

I have been charged with a traffic offence. I don't know whether I'm guilty or not. What should I do?

- A lawyer is the best source of advice.
- Local libraries usually have copies of federal and provincial laws.

THE FOLLOWING QUESTIONS SHOULD BE REFERRED TO YOUR INSURANCE AGENT OR INSURANCE CLAIMS PERSON

- I don't have collision insurance; the other driver was at fault. How can I get my car repaired?
- No one was clearly to blame in the collision. Whose insurance company will pay for the damages?
- The other driver didn't own the vehicle and their owner's insurance company doesn't know anything about the collision. What should I do?
- Will my insurance rates go up?
- I was the victim of a hit and run collision. Police never found the responsible driver. What should I do?

The Accident Claims section of the Motor Vehicles Branch may assist you with damages if you are a victim or were hit by an uninsured motorist. Call the Government R.I.T.E. Operator for the telephone number of the office in your area.

SOME QUESTIONS THAT CAN BE ANSWERED BY POLICE

- The other driver didn't report the collision. Now what do I do?
- Will I have to appear in Court?
- If you are charged with an offence, follow the instructions on the document you received from the police or the court.
- If you are the "other driver", the police may require you to testify as a witness. You will receive a summons notice that states where and when to appear for the trial.

WHAT ABOUT TOWING MY CAR?

- You should remove your pink insurance card and registration from your vehicle before leaving the collision scene.
- Normally, you may have your vehicle towed directly to any auto body shop or to any office of the towing service.
- If you are undecided, the towing service will take the vehicle to their lot. If you so request, you may have the vehicle towed to another location.
- The cost of towing your vehicle is normally your responsibility. Contact your insurance agent for details.

FURTHER INFORMATION

STATE OF NEW BRUNSWICK
DEPARTMENT OF TRANSPORTATION
NEW BRUNSWICK

REPORT OF MOTOR VEHICLE ACCIDENT
PLEASE PRESS FIRMLY - YOU ARE
MAKING 5 COPIES

VEHICLE INFORMATION

01 Driver 02 Co-Driver 03 Other Occupant
04 Make 05 Model 06 Year 07 Color 08 License No. 09 VIN

VEHICLE CONDITION

01 Brake 02 Steering 03 Suspension 04 Tires 05 Lights 06 Horn 07 Windshield 08 Mirrors 09 Windows 10 Doors 11 Latches 12 Seats 13 Belts 14 Other

ROADWAY SURFACE TYPE

01 Asphalt 02 Concrete 03 Dirt/Earth 04 Gravel 05 Cobble 06 Loose Gravel/Sand 07 Ice 08 Snow 09 Muddy 10 Other

ROADWAY CONDITION

01 Under Construction 02 Under Repair 03 Wet 04 Slippery 05 Poor Drainage 06 Poor Maintenance 07 Poor Lighting 08 Poor Signage 09 Poor Markings 10 Other

ROADWAY ALIGNMENT

01 Level and Straight 02 Level and Curve 03 Slope with Grade 04 Curve with Grade 05 Top of Hill 06 Bottom of Hill

TRAFFIC CONTROL

01 No Control Present 02 Traffic Sign 03 Flashing Light 04 Stop Sign 05 Yield Sign 06 Marked Pedestrian Crossing 07 Reduced Speed Zone 08 Flagman/Police Officer 09 RR Crossing - No Control 10 RR Crossing - Signs/Crossbuck 11 RR Crossing - Signal 12 RR Crossing - Gates 13 RR Crossing - Watchman 14 No Passing Zone

TRAFFIC CONTROL CONDITION

01 Functioning 02 Not Functioning 03 Missing 04 Vandalized

GENERAL NOTES

97 Not Applicable 98 Unknown 99 Other Specify in Comments

SPECIAL FACILITY

01 Through Lane - Interchange 02 Traffic Circle 03 Entrance Ramp 04 Exit Ramp 05 Overpass - Bridge 06 Underpass/Tunnel/Subway 07 Curbing Lane 08 Parking Lot 09 Dock/Rear 10 Ferry

VEHICLE IDENTIFICATION

01 Auto 02 Pickup Trucks 5000 kg and Under 03 Panel Van 5000 kg and Under 04 Trucks Over 5000 kg 05 Semi-Trailer/Power Unit 06 Motorcycle 07 Motor Scooter/Cycle 08 Bicycle 09 Transit Bus 10 Inter-City Bus 11 School Bus 12 Other Bus 13 Ambulance/Police/Fire 14 Motorhome 15 Motorized Snow Vehicle 16 Construction and Maintenance Equip 17 Farm Equipment 18 Off Highway Vehicle

TRAILER VEHICLE

01 Trail Trailer 02 Trail Trailer 03 Boat Trailer 04 Utility Trailer 05 Farm Equipment 06 Low High Bed 07 Single Trailer/Sem. 08 Double Trailer/Sem. 09 Petroleum Or Other Tank 10 Over Dimensioned Vehicle No P-1 Vehicle 11 Over Dimensioned Vehicle With P-1 Vehicle 12 Other

POSITION ON VEHICLE

01 Driver 02 Passenger 03 Riding Or Hanging On 04 Pedestrian

LOCATION OF DAMAGE

01 Front Left 02 Front Right 03 Driver Side 04 Passenger Side 05 Rear Left 06 Rear Right 07 Undercarriage 08 Tire 09 More Than Three Areas

PEDESTRIAN ACTION

01 Crossing with Signal 02 Crossing Against Signal 03 Crossing Marked Crosswalk No Signal 04 Crossing No Signal or Crosswalk 05 Crossing Mid Block Or Alleyway 06 Walking Along Roadway with Traffic 07 Walking Along Roadway Against Traffic 08 Emerging From In Front Of Behind Parked Vehicle 09 Running Into Road 10 Getting On/Off School Bus 11 Getting On/Off Vehicle Other Than School Bus 12 On Shoulder/Shoulder/Boulevard (Not On Roadway) 13 Pushing Or Working On Vehicle 14 Working On Roadway 15 Paving On Roadway 16 Lying On Roadway 17 High Heeling 18 Working On Roadway

DANGEROUS GOODS

01 Explosives 02 Gases 03 Inflammable Liquids 04 Inflammable Solids 05 Oxidizing Substances 06 Poisonous And Infectious Substances 07 Radioactive Materials 08 Corrosive Substances 09 Miscellaneous Dangerous Substances Or Articles

SPECIAL STUDIES

01 Not Entered 02 Escaped 03 Parts Seized 04 Lab & Shoulder Be 05 Lab Be 06 Lab Be & Air Bags 07 Air Bags 08 Passenger Seats 09 Child Restraint 10 Helmets 11 Protective Clothing 12 None Available 13 Available

VEHICLE DAMAGE

01 Front Left 02 Front Right 03 Driver Side 04 Passenger Side 05 Rear Left 06 Rear Right 07 Undercarriage 08 Tire 09 More Than Three Areas

ADDITIONAL INFORMATION

01 Name 02 Address 03 City 04 State 05 Zip 06 Date 07 Time 08 Location 09 Other

PROVINCE OF NEW BRUNSWICK
DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ACCIDENT

PAGE _____ OF _____

| | | | | | |
|--------------------------------------|---|----------------------------|--|--|--|
| ACCIDENT CASE NO. | REPORT TYPE 1 ORIGINAL 2 CONTINUATION 3 ADDITION 4 CORRECTION | ORIGINAL ACCIDENT CASE NO. | REPORT STATUS 1 COMPLETE 2 ACCIDENTS - IN PROGRESS 3 INCOMPLETE OTHER | ACCIDENT SEVERITY 1 PROPERTY DAMAGE 2 PERSONAL INJURY 3 FATAL | POLICE FILE NO. |
| DATE OF ACCIDENT YEAR MONTH DAY | DAY OF WEEK | TIME 24 HR | VEHICLE NO. 1 VEHICLE NO. 2 | SCENE 1 YES SCENE 2 NO | POLICE DETACHMENT CODE |
| LEGAL SPEED LIMIT | ACCIDENT CONFIGURATION | | | | CONFIGURATION CODE |
| ESTIMATED DAMAGE TO OTHER PROPERTY | NAME AND ADDRESS OF OWNER OF OTHER PROPERTY | | | | |
| COUNTY | CODE | STREET ROAD HIGHWAY NAME | | | CIVIC NUMBER ROUTE SECTION |
| 1 IN 2 NEAR | LOCATION CODE | | | | |
| CITY TOWN VILLAGE | LOCATION DETAILS | | | | |
| N.B. DO NOT USE ONLY | NEAREST BRIDGE OR INTERSECTING ROADWAY | | | | |
| AT INTERSECTION WITH (IF APPLICABLE) | | | | | |
| DRIVER 1 | DRIVER LICENCE NO. | CLASS (ENGR. RES.) | PROVINCE | DRIVER 2 | DRIVER LICENCE NO. CLASS (ENGR. RES.) PROVINCE |
| DATE OF BIRTH | LICENCE VALID | REVENUE RECORDS | SEE (ENGR. RES.) | DATE OF BIRTH | LICENCE VALID REVENUE RECORDS SEE (ENGR. RES.) |
| LAST NAME | GIVEN NAME(S) | TELEPHONE NO. - HOME | | LAST NAME | GIVEN NAME(S) TELEPHONE NO. - HOME |
| ADDRESS | TELEPHONE NO. - OFFICE | | | ADDRESS | TELEPHONE NO. - OFFICE |
| CITY | PROVINCE | POSTAL CODE | | CITY | PROVINCE POSTAL CODE |
| VEHICLE 1 | VEHICLE MAKE | SERIES | YEAR | COLOR CODE | VEHICLE 2 |
| VEHICLE MAKE | SERIES | YEAR | COLOR CODE | | VEHICLE MAKE SERIES YEAR COLOR CODE |
| NO. OF PASSENGERS | VEHICLE STOLEN? | ESTIMATED REPAIR COST | | NO. OF PASSENGERS | VEHICLE STOLEN? ESTIMATED REPAIR COST |
| MASS (KG) | DIRECTION OF TRAVEL | | | MASS (KG) | DIRECTION OF TRAVEL |
| LAST NAME | GIVEN NAME(S) | | | LAST NAME | GIVEN NAME(S) |
| ADDRESS | | | | ADDRESS | |
| CITY | PROVINCE | POSTAL CODE | | CITY | PROVINCE POSTAL CODE |
| AGENT'S NAME AND ADDRESS | INSURED? | | | AGENT'S NAME AND ADDRESS | INSURED? |
| NAME OF INSURANCE COMPANY | | | | NAME OF INSURANCE COMPANY | |
| POLICY NUMBER | FROM EFFECTIVE DATES | TO | | POLICY NUMBER | FROM EFFECTIVE DATES TO |
| DESCRIPTION | | | SKETCH/DIAGRAM OF ACCIDENT | | |
| WITNESSES | | | INDICATE NORTH BY ARROW | | |

APPENDIX K

Gouvernement du Québec
Ministère des Transports
Bureau des véhicules automobiles

RAPPORT D'ACCIDENT DE VÉHICULES AUTOMOBILES

Spécifier dans "Commentaires additionnels"
Si la question ne s'applique pas — inscrire un "trait"
Si la réponse n'est pas connue — inscrire un "X"

SENS DES VÉHICULES AVANT L'IMPACT

LOCALISATION

11- Chaussée 14- Terrain de stationnement 17- Tunnel/viaduc/pont 99- Autre* 17

12- Terre-plein central 15- Terrain ou chemin privé 18- Trottoir

13- Centre d'achats 16- Passage à niveau 19- Accotement

ASPECT DE LA CHAUSSEE

1- A plat / droite 2- A plat / courbe 3- En pente / droite 4- En pente / courbe 18

NATURE DE LA CHAUSSEE

1- Asphalte 2- Béton 3- Gravier 4- Terre 9- Autre* 19

ETAT DE LA CHAUSSEE

1- En bon état 2- En construction 3- En réparation 4- Trou, ornière, cahot 9- Autre* 20

ETAT DE LA SURFACE

1- Séche 2- Mouillée 3- Enneigée 4- Glacée 5- Boueuse 6- Huileuse 9- Autre* 21

SIGNALISATION

11- Aucune 16- Feu d'écoliers 21- Passage à niveau (feu / barrière) V1 22

12- Feu de circulation 17- Feu pour piétons 22- Signalisation d'obstacle

13- Feu rouge clignotant 18- Signal "STOP" 23- Feux clignotants autobus d'écoliers V2 23

14- Feu jaune clignotant 19- Signal "CEDEZ"

15- Feu vert prioritaire 20- Poicler / Bragadier / Signaleur

TEMPS

1- Clair 3- Pluie / bruine 5- Brouillard 7- Vent fort 24

2- Nuageux / sombre 4- Neige / grêle 6- Averse 9- Autre* 25

ECLAIREMENT

JOUR 1- Clarté 2- Demi obscurité NUIT 3- Chemin éclairé 4- Chemin non éclairé 26

VISIBILITE

11- Bonne 14- Remblai 18- Saleté, verglas, neige sur voiture 20- Temps V1 27

12- Autre, haine ou clôture 15- Véhicule 19- Vapeur, fumée, poussière 99- Autre* V2 28

13- Bâtements 17- Eblouissement autre que phares

TYPE DE VEHICULE

11- Automobile 19- Tracteur routier 26- Cyclo-moteur V1 29

12- Automobile et remorque 20- Tracteur routier et semi-remorque 27- Ambulance

13- Familiale (S.W.) 21- Tracteur routier, semi-remorque et autre unité 28- Véhicule d'équipement

14- Familiale (S.W.) et remorque 22- Taxi 29- Véhicule-outil 30- Véhicule agricole

15- Camion 23- Véhicule 4 roues motrices 24- Autobus scolaire 31- Motoneige

16- Camion et remorque 25- Motocycliste 32- Tracteur agricole 33- Bicyclette

17- Véhicule 4 roues motrices et remorque 99- Autre* V2 30

ÉTAT APPARENT DES VEHICULES

11- Aucun défaut apparent V1 31

12- Freins défectueux V2 32

13- Direction / volant défectueux

14- Crèveaison

15- Pare-brise défectueux

16- Accélérateur défectueux

17- Phares ou feux défectueux

18- Dimensions excessives

19- Attache de remorque défectueuse

99- Autre*

ÉTAT APPARENT DES CONDUCTEURS ET PIÉTONS

1- Normal

2- Facultés affaiblies / alcool

3- Facultés affaiblies / médicaments, drogues

4- Encornés

5- Délais physique

6- Malade

9- Autre*

TYPE DE PNEUS

| | | ÉTÉ | | HIVER | |
|----|------|-----------------------|-------|-----------------------|-------|
| | Type | ÉTÉ | | HIVER | |
| | | Radial | Autre | Radial | Autre |
| V1 | Bon | avec crampons | 0 | avec crampons | 4 |
| | | sans crampon | 1 | sans crampon | 5 |
| | Usé | avec ou sans crampons | 2 | avec ou sans crampons | 6 |
| | | | 3 | | 7 |
| V2 | Bon | avec crampons | 4 | avec crampons | 7 |
| | | sans crampon | 5 | sans crampon | 8 |
| | Usé | avec ou sans crampons | 6 | avec ou sans crampons | 9 |
| | | | 3 | | 7 |

ENVIRONNEMENT

1- Ecole

2- Résidentiel

3- Affaires / Commercial

4- Industriel / Manufacturier

5- Rural

6- Forestier

7- Recréatif / Parc / Camping

CATEGORIE DE ROUTES

11- Autoroute ou route à accès limités

12- Route à chaussée séparée

13- Route à deux voies

14- Route à voies multiples

15- Voie d'accès

16- Voie de sortie

17- Carrefour directionnel

18- Rueille

99- Autre*

Voies utilisées par motoneiges et certains autres véhicules

29- Champ 32- Sentier

30- Cours d'eau 33- Voie ferrée

31- Lac

ACTION APPARENTE DU CONDUCTEUR

11- Conduite normale

12- Conducteur distrait / négligent

13- Excédait la vitesse permise

14- Conduite / vitesse imprudente

15- Dérapage / perte de contrôle

16- Suivait de trop près

17- Arrêtait / tournait / dépassait sans signaler

18- Reculait illégalement (sans aide)

19- A négligé d'allumer les phares

20- N'a pas tenu compte de la signalisation

21- Passait sur feu jaune

22- Est parti avant l'apparition du feu vert

23- N'a pas cédé le passage

24- A dépassé ou croisé autobus scolaire à l'arrêt

25- Circulait contrairement au sens unique

26- Effectuait un virage à gauche interdit

27- Conduisait du mauvais côté de la voie

28- Coupait en dépassant

29- A tourné trop large

30- A tourné trop court

31- A tourné depuis la mauvaise voie

32- Stationné incorrectement ou dans un endroit dangereux

33- Mauvais départ d'un endroit de stationnement

34- Conduisait contrairement aux restrictions spécifiées au permis de conduire*

35- Conduisait contrairement aux restrictions spécifiées au certificat d'immatriculation* 99- Autre*

MOUVEMENT DES PIÉTONS

11- Traversait conformément au signal

12- Traversait à l'encontre du signal

13- Traversait sans signal, chaussée marquée

14- Traversait sans signal, chaussée non marquée

15- Traversait en diagonale

16- Marchait en bordure, sens de la circulation

17- Marchait en bordure, contraire à la circulation

18- Faisait de l'auro-stop

19- Sortait, avant/arrière, véhicule stationné

20- Enfant montait/descendait, autobus d'écoliers

21- Montait/descendait, excepté autobus d'écoliers

22- Poussait/travaillait sur véhicule

23- Travaillait sur la chaussée

24- Jouait sur la chaussée

25- Hors de la chaussée

99- Autre*

FONCTION

1- Conducteur 9- Piéton

2 à 7- Passager 0- Témoin

8- Accroché au véhicule

VEHICULE OCCUPE

1- Aucune 2- Non utilisée

3- Ventrale seulement

4- Ventrale et arrière

5- Date de naissance

6- Sexe M/F

7- Blessures graves

8- Aucune blessure apparente

| | | | | | | | | | | |
|----|---|------|-----------------------------------|------|---|------------|--|---------------|--|--|
| | Informatique | R.S. | Rue | O.S. | Véhicule 1 | Véhicule 2 | Matière | Date de fuite | Rapport complet | |
| 1 | Lieu de l'accident - Municipalité | | | | Code munic. | | Numéro d'événement | | C.N.P.D. année mois jour N° séquentiel | |
| 2 | N° de route | | Adresse - rue / rang / chemin | | Intersection (près de) | | Distance | | N S E O Zone | |
| 3 | N° | | Municipalité | | Corrè | | N° d'assurance sociale | | Occupation | |
| 4 | Nom et prénom | | Adresse - Rue | | N° app. Code postal | | Date de naissance | | Montant des dommages | |
| 5 | A | | B | | C | | Assurance | | A B C | |
| 6 | Nom et prénom | | Adresse - Rue | | N° app. Municipalité | | Code postal | | Téléphone | |
| 7 | Remorquage | | Garage | | Fournisseur | | Aucun | | Nom du garage | |
| 8 | Nom et prénom | | Adresse - Rue | | N° app. Code postal | | Date de naissance | | Montant des dommages | |
| 9 | A | | B | | C | | Assurance | | A B C | |
| 10 | Nom et prénom | | Adresse - Rue | | N° app. Municipalité | | Code postal | | Téléphone | |
| 11 | Remorquage | | Garage | | Fournisseur | | Aucun | | Nom du garage | |
| 12 | Dommages à la propriété | | Gouvernement | | Description | | Propriétaire - nom et prénom | | Adresse | |
| 13 | Véhicules non défectueux | | Véhicules défectueux | | Reconnus selon | | versions et constatations | | CROQUIS OBLIGATOIRE | |
| 14 | INDIQUER | | 1 Orientation et points de repère | | 2 Position des veh. avec identification | | 3 Direction des veh. et point d'impact | | 4 Traces et distance de freinage | |
| 15 | 5 Largeur de la chaussée | | 6 Panneaux, signaux, lignes, etc. | | 7 vitesse autorisée | | km/h | | Si autre que 01 à 12, inscrire 99 | |
| 16 | Commentaires additionnels - Visibilité, défectuosité des signaux de circulation, etc. - Spécifier les personnes ou services avisés. | | | | | | | | | |
| 17 | A B C D E F G H I J | | | | | | | | | |
| 18 | Référence | | | | | | | | | |
| 19 | Transportés par | | | | | | | | | |
| 20 | Prov./Etat | | | | | | | | | |
| 21 | An | | | | | | | | | |
| 22 | Médecin - hospital | | | | | | | | | |
| 23 | CORPS DE POLICE | | Nom de l'unité | | Auto - Radio | | Signature du policier | | Matière | |

NOTE: Un des buts du Rapport d'Accident de véhicules automobiles est de recueillir des informations sur les causes et les circonstances des accidents de la circulation. Celui qui l'utilise à d'autres fins devra tenir compte du fait que certaines indications font appel à la version des témoins et conducteurs ou à l'opinion du rédacteur et que celui-ci n'a pas été témoin de l'accident à moins d'indication contraire.

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ACCIDENT REPORT FORM

PAGE _____ OF _____

| | | | | | | | | | | | | | |
|-------------------------|--|--------|---|--|--|--|--|--|---|--|---|--|--|
| GENERAL | ACCIDENT CASE NO. 63127 | | REPORT TYPE <input type="checkbox"/> ORIGINAL <input type="checkbox"/> CONTINUATION <input type="checkbox"/> ADDITION <input type="checkbox"/> CORRECTION | | ORIGINAL ACCIDENT CASE NO. | | REPORT STATUS <input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE - HIT AND RUN <input type="checkbox"/> INCOMPLETE - OTHER | | ACCIDENT SEVERITY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> FATAL | | POLICE FILE NO. | | |
| | DATE OF ACCIDENT YEAR: _____ MONTH: _____ DAY: _____ | | | TIME (USE 2400 HRS) HRS: _____ MIN: _____ | | | NUMBER OF VEHICLES | | NUMBER INJURED | | NUMBER KILLED | | SCENE OF ACCIDENT VISITED <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO |
| LOCATION | LEGAL SPEED LIMIT _____ Km/h | | ACCIDENT CONFIGURATION 01 → 02 → 03 → 04 → 05 → 06 → 07 → 08 → 09 → 10 → 11 → 12 → OTHER | | | | | | | | | | |
| | ESTIMATED DAMAGE TO OTHER PROPERTY \$ _____ | | NAME AND ADDRESS OF OWNER OF OTHER PROPERTY _____ | | | | | | | | | | |
| DRIVER | <input type="checkbox"/> 1. IN <input type="checkbox"/> 2. NEAR | | AT INTERSECTION WITH (CHECK IF APPLICABLE) 1. HIGHWAY 2. RURAL ROAD 3. STREET 4. COMMERCIAL APPROACH 5. PRIVATE APPROACH 6. LAKE 7. RAILWAY | | | | LOCATION ROADWAY NO. 1 _____ AT INTERSECTION ROADWAY NO. 2 WITH _____ LOCATION CODE <input type="checkbox"/> 01 STREET <input type="checkbox"/> 03 LANE <input type="checkbox"/> 06 HIGHWAY (RURAL) <input type="checkbox"/> 08 FERRY OR DOCK <input type="checkbox"/> 02 PRIVATE PROPERTY <input type="checkbox"/> 04 SERVICE ROAD <input type="checkbox"/> 07 COMPANY ROAD <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 05 HIGHWAY (URBAN) <input type="checkbox"/> 08 MUNICIPAL ROAD | | | | | | |
| | CITY TOWN VILLAGE _____ | | HIGHWAY REFERENCE CODE _____ | | LOCATION DESCRIPTION _____ | | | | | | | | |
| VEHICLE | 1. <input type="checkbox"/> 1 VEHICLE <input type="checkbox"/> 3 FIXED OBJECT <input type="checkbox"/> 5 ANIMAL <input type="checkbox"/> 2 PEDESTRIAN <input type="checkbox"/> 4 TRAIN <input type="checkbox"/> 6 TOWED VEHICLE | | LICENCE VALID <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO | | 2. <input type="checkbox"/> 1 VEHICLE <input type="checkbox"/> 3 FIXED OBJECT <input type="checkbox"/> 5 ANIMAL <input type="checkbox"/> 2 PEDESTRIAN <input type="checkbox"/> 4 TRAIN <input type="checkbox"/> 6 TOWED VEHICLE | | LICENCE VALID <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO | | | | | | |
| | DRIVER LICENCE NO. _____ CLASS _____ PROV / STATE _____ | | DATE OF BIRTH YEAR: _____ MONTH: _____ DAY: _____ SEX _____ | | DRIVER EXPERIENCE <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 MEDICAL <input type="checkbox"/> 3 LICENCE <input type="checkbox"/> 4 BOTH | | REVIEW RECOMMENDED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 MEDICAL <input type="checkbox"/> 3 LICENCE <input type="checkbox"/> 4 BOTH | | DRIVER LICENCE NO. _____ CLASS _____ PROV / STATE _____ | | DATE OF BIRTH YEAR: _____ MONTH: _____ DAY: _____ SEX _____ | | DRIVER EXPERIENCE <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 MEDICAL <input type="checkbox"/> 3 LICENCE <input type="checkbox"/> 4 BOTH |
| OWNER | LAST NAME _____ GIVEN NAMES _____ | | ADDRESS _____ TELEPHONE NO. _____ | | CITY _____ PROVINCE _____ POSTAL CODE _____ | | VEHICLE PLATE NO. _____ PROV / STATE _____ REGISTRATION VALID <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO | | VEHICLE MAKE _____ MODEL _____ YEAR _____ COLOR _____ | | TOTAL NO OF OCCUPANTS _____ ESTIMATED REPAIR COST \$ _____ | | |
| | ESTIMATED SPEED _____ Km/h | | DIRECTION OF TRAVEL (CIRCLE ONE) N NE E SE S SW W NW | | LAST NAME _____ GIVEN NAMES _____ | | ADDRESS _____ TELEPHONE NO. _____ | | CITY _____ PROVINCE _____ POSTAL CODE _____ | | VEHICLE PLATE NO. _____ PROV / STATE _____ REGISTRATION VALID <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO | | |
| ADDITIONAL | DRIVER TRAINING <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO IF YES, IDENTIFY AS CONTAINED IN MANUAL <input type="checkbox"/> | | DRIVER TRAINING <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO IF YES, IDENTIFY AS CONTAINED IN MANUAL <input type="checkbox"/> | | CHARGES LAID 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | CHARGES LAID 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | DESCRIPTION OF ACCIDENT AND COMMENTS, IF NECESSARY | | | | |
| | NAME AND ADDRESS OF WITNESSES _____ _____ | | NAME AND ADDRESS OF WITNESSES _____ _____ | | INDICATE NORTH BY ARROW | | | | | | | | |
| OFFICER'S RANK AND NAME | | NUMBER | | NAME OF ENFORCEMENT AGENCY AND LOCATION | | | | | | | | | |

TO BE FILED WITH REGISTRAR OF MOTOR VEHICLES

| | | | |
|----|---|--|--|
| 1 | LIGHT CONDITION | PRE-COLLISION VEHICLE ACTION | |
| | 1. Daylight 3. Dusk 5. Artificial Lighting 2. Dark 4. Dawn | 01. Going Straight Ahead 08. Stopped In Traffic V1 29 02. Turning Right 09. Parked Legally 30 03. Turning Left 10. Parked Illegally 31 04. Making U-Turn 11. Parked Hooply 32 05. Starting From Parked Position 12. Changing Lanes 33 06. Entering Parked Position 13. Overtaking 34 07. Starting In Traffic 14. Merging 35 08. Braking Or Stopping 15. Backing 36 | |
| 2 | WEATHER CONDITION | MAJOR CONTRIBUTING FACTORS | |
| | 1. Clear 3. Raining 5. Sleet/Hail/Freezing Rain 7. Drifting Snow/Dust 2. Cloudy 4. Snowing 6. Fog/Smoke/Smog 8. Strong Wind | 01. Driver Inattention 24. Fail to Signal V1 31 02. Driver Distraction 25. Brakes 32 03. Had Been Drinking 26. Lights 33 04. Driving While Impaired 27. Vision Obstruction Obscured 34 05. Extreme Fatigue 28. Steering 35 06. Fell Asleep 29. Suspension/Wheel Failure 36 07. Driver Inexperience/Confusion 30. Tires 37 08. Lost Consciousness 31. Defective Tow Hitch Connection 38 09. Physical Disability 32. Engine Power Train 39 10. Prescription Medication 33. Hood Door Opening 40 11. Drugs (Illegal) 34. Vehicle Color Dirty 41 12. Stress 35. Jackknife Trailer Swing 42 13. Failure to Yield Right-of-Way 36. Vehicle Modifications 43 14. Traffic Control Device Disregarded 37. View Obstructed Limited Poor Lighting 44 15. Following Too Closely 38. Glare 45 16. Driving Too Fast For Road Conditions 39. Shoulders Defective 46 17. Exceeding Speed Limit 40. Lane Markings Inadequate 47 18. Turning Improper 41. Unknown 48 19. Passing or Lane Usage Improper 42. Avoiding Animals 49 20. Backing Unwisely 43. Driving On Wrong Side Of Road 50 | |
| 3 | ROAD SURFACE TYPE | SEQUENCE OF EVENTS | |
| V1 | 1. Asphalt 2. Gravel 3. Dirt/Earth 4. Concrete | 01. Another Vehicle 19. Parking Meter V1 39 02. Animal 20. Building/Wall 40 03. Pedestrian 21. Curbing 41 04. Bicyclist 22. Fence 42 05. Farm Machinery 23. Culvert 43 06. Maintenance Machinery 24. Snow Embankment/Drift 44 07. Construction Machinery 25. Rock Cut 45 08. Railroad Train 26. Delinquent Posts 46 09. Ditch Bottom/Back Slope 27. Fire Hydrant 47 10. Approach 28. Median/Barrier 48 11. Traffic Baracade 29. Crash Cushion 49 12. Sign Post 30. Gravel Pile 50 13. Traffic Signal Standard 31. Ran Off Road 51 14. Street Light Standard 32. Overturned 52 15. Telephone/Power Pole 33. Fire/Explosion 53 16. Guard Rail 34. Submerison 54 17. Bridge Structure 35. Bladding/Bliding 55 | |
| 4 | ROAD SURFACE CONDITION | LOCATION OF DAMAGE | |
| V1 | 1. Dry 3. Ice 5. Muddy 7. Slush 2. Snow 4. Wet 6. Loose Gravel or Sand 8. Fresh Oil | | V1 45 V2 46 V2 47 V2 48 V2 49 V2 50 |
| 5 | UNUSUAL ROAD CONDITION | TRAFFIC CONTROL CONDITION | |
| V1 | 1. Under Construction 3. Holes, Pits, Bumps 2. Under Repair 4. Changing Road Width 5. Floods | 01. No Control Present 08. Flagman/Police Officer 02. Traffic Signal 09. R.R. Crossing - No Control 03. Flashing Light 10. R.R. Crossing - Control 04. Stop Sign 11. Crosswalk Guard 05. Yield Sign 12. No passing zone 06. Marked Pedestrian Crossing 13. Warning sign 07. Reduced Speed Zone | |
| 6 | ROADWAY ALIGNMENT | GENERAL CODES | |
| V2 | 1. Level And Straight 5. Top Of Hill 2. Level And Curve 6. Bottom Of Hill 3. Straight With Grade 4. Curve With Grade | 00 - Not Applicable 77 - Unknown 88 - Other, Specify in comments | |
| 7 | TRAFFIC CONTROL | TRAFFIC CONTROL CONDITION | |
| V1 | 01. No Control Present 08. Flagman/Police Officer 02. Traffic Signal 09. R.R. Crossing - No Control 03. Flashing Light 10. R.R. Crossing - Control 04. Stop Sign 11. Crosswalk Guard 05. Yield Sign 12. No passing zone 06. Marked Pedestrian Crossing 13. Warning sign 07. Reduced Speed Zone | 01. Functioning 02. Not Functioning 03. Missing 04. Vandalized | |
| 8 | TRAFFIC CONTROL CONDITION | SPECIAL FACILITY | |
| V2 | 01. Functioning 02. Not Functioning 03. Missing 04. Vandalized | 1. Throughlane - Interchange 2. Climbing/Passing Lane 3. Entrance Ramp 4. Emergency Turning Lane 5. Exit Ramp 6. Overpass/Bridge 7. Underpass/Tunnel/Subway 8. Trucks Only Lane 9. Bus Facility | |
| 9 | VEHICLE IDENTIFICATION | PEDESTRIAN ACTION | |
| V1 | 01. Auto 10. Inter-City Bus 02. Trucks 8,000 kg And Under 11. School Bus 03. Rental Van 8,000 kg And Under 12. Other Bus 04. Trucks Over 8,000 kg 13. Ambulance/Police/Fire 05. Semi Trailer Power Unit 14. Motorhome 06. Motorcycle 15. Snowmobile 07. Moped/Power Bicycle 16. Construction and Maintenance - Equip. 08. Bicycle 17. Farm Equipment 09. Transit Bus 18. Off Highway Vehicle | 01. Crossing With Signal 13. Pushing Or Working On Vehicle 02. Crossing Against Signal 14. Waiting On Roadway 03. Crossing, Marked Crosswalk 15. Playing On Roadway 04. Crossing, No Signal or Crosswalk 16. Lying On Roadway 05. Crossing Non Intersection 17. Hitch Hiking 06. Waiting Along Roadway With Traffic 18. Working On Roadway 07. Walking Along Roadway Against Traffic 19. Riding/Hitching on Vehicle 08. Emerging From In Front Or Behind Parked Vehicle 09. Running Into Road 10. Getting On/Off School Bus 11. Getting On/Off Vehicle Other Than School Bus 12. On Sidewalk/Shoulder/Boulevard (Not On Roadway) | V1 51 V2 52 V2 53 V2 54 V2 55 |
| 10 | TOWED VEHICLE | POSITION IN/ON VEHICLE | |
| V1 | 01. Camper 07. Low/High Bed 02. Holiday Trailer 08. Single Trailer (Semi) 03. Boat Trailer 09. Double Trailer (Semi) 04. Utility Trailer 10. Petroleum Or Other Tanker 05. Farm Equipment 11. Over-Dimensioned Vehicle No Pilot Vehicle 06. Towed Motor Vehicle 12. Over-Dimensioned Vehicle With Pilot Vehicle | 1. Driver 2. Passenger 3. Riding or Hanging On 4. Pedestrian | |
| 11 | EJECTION FROM VEHICLE | SAFETY EQUIPMENT USED | |
| V2 | 1. Not Ejected 2. Ejected 3. Partially Ejected | 01. Lap & Shoulder Belt 02. Lap Belt 03. Lap Belt & Air Bags 04. Air Bags 05. Passive Seatbelts 06. Child Restraint 07. Helmets 08. Protective Clothing 09. None Available 10. Available Not Used | |
| 12 | INJURY CODE | SPECIAL STUDIES | |
| V1 | 1. Moderate - Treated & Released 2. Major - Hospitalized 3. Fatal - At Scene Or DOA 4. Fatal - Within 30 Days | | |
| 13 | PERSONAL INFORMATION | | |
| 21 | Which Vehicle Occupied | Age | 22 |
| 22 | Position In/On Vehicle | Sex | 23 |
| 23 | | Name & Address | 24 |
| 24 | | | 25 |
| 25 | | | 26 |
| 26 | | | 27 |
| 27 | | | 28 |

PROVINCIAL AND STATE CODES.

| | | | | | |
|-----------------------|----|---------------|----|-----------------------|----|
| NEWFOUNDLAND | 01 | GEORGIA | 24 | NORTH CAROLINA | 47 |
| NOVA SCOTIA | 02 | HAWAII | 25 | NORTH DAKOTA | 48 |
| NEW BRUNSWICK | 03 | IDAHO | 26 | OHIO | 49 |
| PRINCE EDWARD ISLAND | 04 | ILLINOIS | 27 | OKLAHOMA | 50 |
| QUEBEC | 05 | INDIANA | 28 | OREGON | 51 |
| ONTARIO | 06 | IOWA | 29 | PENNSYLVANIA | 52 |
| MANITOBA | 07 | KANSAS | 30 | RHODE ISLAND | 53 |
| NORTHWEST TERRITORIES | 08 | KENTUCKY | 31 | SOUTH CAROLINA | 54 |
| SASKATCHEWAN | 09 | LOUISIANA | 32 | SOUTH DAKOTA | 55 |
| ALBERTA | 10 | MAINE | 33 | TENNESSEE | 56 |
| BRITISH COLUMBIA | 11 | MARYLAND | 34 | TEXAS | 57 |
| YUKON TERRITORIES | 12 | MASSACHUSETTS | 35 | UTAH | 58 |
| CANADIAN ARMED FORCES | 13 | MICHIGAN | 36 | VERMONT | 59 |
| ALABAMA | 14 | MINNESOTA | 37 | VIRGINIA | 60 |
| ALASKA | 15 | MISSISSIPPI | 38 | WASHINGTON | 61 |
| ARIZONA | 16 | MISSOURI | 39 | WEST VIRGINIA | 62 |
| ARKANSAS | 17 | MONTANA | 40 | WISCONSIN | 63 |
| CALIFORNIA | 18 | NEBRASKA | 41 | WYOMING | 64 |
| COLORADO | 19 | NEVADA | 42 | PUERTO RICO | 65 |
| CONNECTICUT | 20 | NEW HAMPSHIRE | 43 | MEXICO | 66 |
| DELAWARE | 21 | NEW JERSEY | 44 | ST. PIERRE & MIQUELON | 67 |
| DISTRICT OF COLUMBIA | 22 | NEW MEXICO | 45 | OTHER FOREIGN LICENCE | 68 |
| FLORIDA | 23 | NEW YORK | 46 | | |

HIGHWAY TRAFFIC ACT.

For charges laid under the Highway Traffic Act use the applicable section as stated in the Highway Traffic Act.

MUNICIPAL LEGISLATION.

For charges laid under Municipal Legislation please use applicable section which charges were laid under and identify municipality in comments section.

CODES FOR CHARGES LAID UNDER CRIMINAL CODE OF CANADA.

| | |
|-------------|---|
| 295 | Taking vehicle without owners consent. |
| 203 | Criminal Negligence (causing death). |
| 204 | Criminal Negligence (bodily injury). |
| 233-1 | Criminal Negligence (in the operation of a motor vehicle). |
| 233-2-b | Failing to remain at scene of accident. |
| 233-4 | Dangerous Driving. |
| 234-1 | Impaired Driving. |
| 234 (1) (2) | Refusing the roadside alert. |
| 235-2 | Refusing to take breathalyzer test. |
| 236-1 | Failing breathalyzer test, driving with more than .08 mgs. of alcohol in blood. |

OTHER OFFENCES, SPECIFY UNDER COMMENTS.

Use code 250 for other offence.

COLOUR CODES

| | | | |
|--------|----|--------|----|
| White | 01 | Orange | 07 |
| Black | 02 | Purple | 08 |
| Red | 03 | Brown | 09 |
| Green | 04 | Grey | 10 |
| Blue | 05 | Gold | 11 |
| Yellow | 06 | Silver | 12 |
| Bronze | 13 | | |

TWO-TONE VEHICLE USE MOST
PREDOMINANT COLOUR.

OTHER CODES.

The following codes are to be
utilized on the form where
conditions warrant.

"77" - UNKNOWN

"99" - NOT APPLICABLE

"88" - OTHER. Explain in Comment
Section.

APPENDIX K

Canadian In-Depth Accident Investigation Forms

APPENDIX K

C A S E F O R M

1985/01/16

Team. Case.

CA1. Accident Date (YYMMDD):

CA2. Accident Time (Hour of Day):

CA3. Sampling Date (YYMMDD):

CA4. Police Jurisdiction:

CA5. Location by Population:

- | | |
|----------------------|------------------------|
| 1 - Less than 2500 | 5 - 25,000 to 50,000 |
| 2 - 2500 to 5000 | 6 - 50,000 to 100,000 |
| 3 - 5000 to 10,000 | 7 - 100,000 to 250,000 |
| 4 - 10,000 to 25,000 | 8 - More than 250,000 |

CA6. Severity Strata:

- 1 - Fatal 2 - Personal Injury

CA7. Collision of Criteria Vehicle with...

- | | |
|-------------------------------------|-------------------------------|
| 1 - Pedestrian, Cyclist | 7 - Bus |
| 2 - Motorcycle | 8 - Train |
| 3 - Passenger Car | 9 - Fixed Object (specify) |
| 4 - Truck: Less Than 5000 Kgs. | 10 - Movable Object (specify) |
| 5 - Truck: 5000 to 25,000 Kgs. | 88 - Other (specify) |
| 6 - Truck: Greater Than 25,000 Kgs. | 99 - Unknown |

CA8. Total Number of Vehicles Involved (MAX 8, 9 - Unknown):

CA9. Nature of Collision:

- | | |
|-----------------------------------|--|
| 1 - Rollover | 8 - Rear-rear |
| 2 - Submersion | 9 - Angle (between 90 and 180 degrees) |
| 3 - Hit and Run | 10 - T-intersection |
| 4 - Non-collision Fire | 11 - Sideswipe, same direction |
| 5 - Other Non-collision (specify) | 12 - Sideswipe, opposite direction |
| 6 - Rear-end | 88 - Other Collision (specify) |
| 7 - Head-on | 99 - Unknown |

CA10. Location of first harmful event:

- | | | |
|-------------------|--------------------------|---------------------|
| 1 - On Trafficway | 4 - On Roadside | 7 - Bus Lane |
| 2 - On Shoulder | 5 - Outside Right-of-way | 8 - Other (specify) |
| 3 - In Median | 6 - Parking Lot | 9 - Unknown |

CA11. Collision Resume - Describe impairment, relevant factors (environmental, human, and vehicle), and accident consequence.

APPENDIX K

010. Intersection / Interchange related:

1 - No 2 - Yes (Describe)

011. Intersection Traffic Controls:

1 - Traffic light 3 - Yield 7 - N/A 9 - Unknown
2 - Stop 4 - Traffic police 8 - Other

012. Environmental damage cost (\$):
(9 - Unknown)

013. Approximate AADT (9 - Unknown):

014. Collision occurred in a school zone:

1 - No 2 - Yes

015. Accident located in construction zone:

1 - No 2 - Yes

016. Posted speed limit (km/h):

999 - Unknown

==> More Than One Roadway Involved? Yes No
(if YES then repeat this form for other roadway)

==> Provide Collision Diagram and Relevant Measurements.

VEHICLE FORM

=====1985/07/10

Team. Case. Vehicle.

VE1. Number of Occupants (99 - Unknown):

VE2. Vehicle Role:

1 - Striking 2 - Struck 8 - Other 9 - Unknown

VE3. Manner of Leaving Scene:

1 - Driven 8 - Other
2 - Towed due to Damage 9 - Unknown
3 - Towed not due to Damage

VE4. Location of Most Severe Impact:

1 - Non-collision 4 - Right 7 - Underside
2 - Front 5 - Rear 8 - Other
3 - Left 6 - Top 9 - Unknown

VE5. Impact Role of Other Unit:

1 - Pedestrian 6 - Pedalcyclist
2 - Object 7 - Not Applicable
3 - Front of Other Vehicle 8 - Other Location on Other Vehicle
4 - Side of Other Vehicle 9 - Unknown
5 - Rear of Other Vehicle

VE6. Vehicle Year (YY) (99 - Unknown):

VE7. Vehicle Make (Max. 10 Characters):

VE8. Vehicle Model (Max. 10 Characters):

VE9. Vehicle Colour (Max. 10 Characters):

VE10. Vehicle Body Type Classification:

1 - Passenger car 5 - Truck
2 - Light truck or van 6 - Special purpose
3 - Motorcycle 8 - Other
4 - Bus 9 - Unknown

VE11. Vehicle Body Type:

Passenger cars

1 - Convertible, roadster 4 - Four door
2 - Two door 5 - Five door
3 - Three door 6 - Station wagon
(excluding truck-based)

Light trucks and vans

8 - Motor home, busette up to 5000 kg
9 - Light utility vehicle, 4x4 p/u based rigid roof
10 - Hi-cube van
11 - Cowboy pick-up (car-based)
12 - Light utility vehicle, jeep type, non-structured roof
13 - Step van.
14 - Pick up 16 - Van
15 - Station wagon (truck based) 17 - Other mpv

APPENDIX K

Motorcycles

- | | |
|-----------------------|-------------------------------------|
| 18 - M/C < 500cc | 21 - Motor scooter |
| 19 - M/C r 500cc | 22 - Moped |
| 20 - M/C with sidecar | 23 - Other motorized 2 or 3 wheeler |

buses

- | | |
|---------------------------------|-------------------------------|
| 24 - School bus (not van-based) | 27 - Mini-bus (not van-based) |
| 25 - Highway coach | 28 - Other bus |
| 26 - Transit bus | |

Trucks

- | | |
|--|-----------------------------|
| 29 - Straight truck gvw 4500 - 9000 kgs | 33 - Truck tractor |
| 30 - Straight truck gvw 9000 - 15000 kgs | 34 - Truck no other info |
| 31 - Straight truck >15000 kgs gvw | 35 - Other truck |
| 32 - Straight truck, unknown gvw | |

Special use vehicle

- 36 - Fire truck
- 37 - Farm tractor or equipment, self-propelled
- 38 - Grader
- 39 - Construction machinery, self-propelled
- 40 - Snowmobile
- 41 - Dune buggy, ATV
- 42 - Other special use vehicle

VE12. Truck Cab Configuration:

- | | |
|--------------------------|----------------------|
| 1 - N/A, Not a truck | 6 - Cab over sleeper |
| 2 - Conventional | 7 - Crew cab |
| 3 - Cab over engine | 8 - Other |
| 4 - Cab forward, offset | 9 - Unknown |
| 5 - Conventional sleeper | |

VE13. Vehicle Application:

- | | |
|----------------------------|---------------------|
| 1 - N/A, No special use | 6 - Ambulance |
| 2 - Student transportation | 7 - Fire, emergency |
| 3 - Taxi | 8 - Other |
| 4 - Police | 9 - Unknown |
| 5 - Driver Training | |

VE14. Vehicle Identification Number:

- (9 - Unknown)

VE15. Vehicle fuel type:

- | | | | |
|------------|---------------|---------------|-------------|
| 1 - Gas | 3 - LPG | 5 - Alcohol | 8 - Other |
| 2 - Diesel | 4 - LNG (CNG) | 6 - Dual fuel | 9 - Unknown |

VE16. Odometer Reading (km):

- (9 - Unknown)

VE17. Any Trailers:

- 1 - No
- 2 - Yes
- 3 - Yes, but form not completed

VE18. Vehicle Gross Mass (approx.) (kg):

- (9 - Unknown)

VE19. Vehicle Damage:

- 1 - No
- 2 - Yes
- 3 - Yes, but form not completed

VE20. Vehicle Fire:

- 3 - Yes, but form not completed

DA1. Windshield damage or separation:
 1 - No Damage
 2 - Cracked from inside vehicle
 3 - Cracked from outside vehicle
 4 - Interlayer ruptured from inside
 5 - Interlayer ruptured from outside
 6 - Partial edge separation (specify)
 7 - Total edge separation
 8 - Induced damage
 99 - Other 99 - Unknown

DA2. Hood latch damage:
 1 - None
 2 - Yes
 3 - Separation at latch
 4 - Separation by tearing latch away
 5 - Other
 9 - Unknown

DA3. Door latch damage:
 1 - None
 2 - Yes
 3 - Separation at latch
 4 - Separation by tearing latch away
 5 - Other
 9 - Unknown

DA4. Occupant compartment integrity loss:
 1 - N/A (M/C, P/U bed)
 2 - None
 3 - Windshield
 4 - Door
 5 - Roof (disregard sunroof, T-roof)
 6 - Hatchback
 7 - Combination of above
 8 - Other
 9 - Unknown

DA5. Seat back damage:
 1 - No
 2 - Yes (complete seatback form)
 9 - Unknown

DA6. Intrusion:
 1 - No
 2 - Yes (describe)
 9 - Unknown

DA7. Fuel system integrity loss:
 1 - No
 2 - Yes (describe)
 9 - Unknown

DA8. Rollover:
 1 - None
 2 - One quarter turn
 3 - Two quarter turns
 4 - Three quarter turns
 5 - Four quarter turns
 6 - More than four quarter turns
 7 - End-over-end (pitch-pole)
 8 - Other
 9 - Unknown

DA9. Indication of ejection:
 1 - No
 2 - Yes (describe)
 9 - Unknown

DA10. Vehicle tire damage:
 1 - No
 2 - Yes
 3 - Yes, but form not completed

DA11. Wheels Restricted by Damage:
 1 - No
 2 - Yes (specify which wheel)
 9 - Unknown

APPENDIX K

TABLE. CDC by accident sequence. e.d. 1-4-2 (filed center 0 for no CDC)

Impact 1:
Impact 2:
Impact 3:

Object contacted codes: Enter a vehicle code from V11 or

- | | | |
|---|-------------------------------------|------------------------|
| 50 - Pedestrian, cyclist | 64 - Curb | 68 - Tree, yielding |
| 51 - Railway train | 65 - Culvert | 69 - Tree, nonyielding |
| 52 - Animal | 66 - Utility pole | 70 - Shrubby, hedge |
| 53 - Other moveable object (specify) | 67 - Guard rail | 71 - Snow bank or dirt |
| 60 - Building, yielding | 72 - Light standard, frangible | |
| 61 - Building, non-yielding | 73 - Light standard, non-frangible | |
| 62 - Embankment, earth slope | 74 - Rock out, bridge abutment, etc | |
| 63 - Sign post, fence post | 75 - Other fixed object (specify) | |
| | 76 - Unknown | |

| Impact Number | Object/ Vehicle Contacted | Direction of Force (Degrees) | D.O.F. (Clock) | Deformation Location | Long. or Lat. Loc. | Vert. or Lat. Loc. | Type of Damage Distribution | Deformation Extent |
|------------------|---------------------------------|---------------------------------|-------------------|-------------------------|-----------------------|-----------------------|-----------------------------------|-----------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

NON-OCCUPANT FORM

-----1985/01/16

Team. Case. Non-Occupant Number.

Non-occupant - Non-occupant codes are 1 to 7

NO1. Age (99 - Unknown):

NO2. Age units:

1 - Months 2 - Years 9 - Unknown

NO3. Sex:

1 Male 2 Female 9 Unknown

NO4. Height (cm) (999-Unknown):

NO5. Weight (kg) (999-Unknown):

NO6. Injury:

1 - No 2 - Yes 3 - Yes, but form not completed

NO7. Fatality:

1 - No 2 - Yes 3 - Yes, but form not completed

NO8. Location when struck:

1 - Parking lot, driveway 5 - Crosswalk
2 - Road shoulder 6 - In intersection
3 - Sidewalk 8 - Other
4 - Travel lane (not in intersection) 9 - Unknown

NO9. Action prior to impact:

1 - Motionless 3 - Running 8 - Other
2 - Walking 4 - Bicycling 9 - Unknown

NO10. Attitude at impact:

1 - Lying down 4 - Right side to vehicle 8 - Other
2 - Facing vehicle 5 - Left side to vehicle 9 - Unknown
3 - Back to vehicle

NO11. Pedestrian Accident Type:

1 - Dart-out/First Half of Roadway 7 - Roadside
2 - Dart-out/Second Half of Roadway 8 - Other
3 - Midblock Dash 9 - Unknown
4 - Intersection Dash
5 - Vehicle Turning With Attention Conflict
6 - Vehicle Turning Without Attention Conflict

NO12. Blood Alcohol Content (mg%):

0 - N/A (Not Determined) 8 - Unknown % 9 - Unknown if involved

APPENDIX K

C A R G O F O R M

Team. Case. Vehicle. Trailed Unit.

Vehicle - Vehicle number that contained the cargo.

Trailed Unit - Number indicating to which traileed unit this cargo form refers.

- | | |
|----------------------|------------|
| 0 - No traileed unit | 2 - Second |
| 1 - First | 3 - Third |

001. Cargo Mass (kg):

- 9 - Unknown

002. Source of Cargo Mass:

- | | | |
|-------------------------|--------------------------|-------------|
| 1 - N/A | 4 - Way slip | 8 - Other |
| 2 - Estimated by driver | 5 - Way bill | 9 - Unknown |
| 3 - Rated figure | 6 - Provincial authority | |

003. Centre of Gravity:

- | | |
|------------------------------------|---------------------------|
| 1 - Over Unit Front Axle | 5 - Over Unit Rear Axle |
| 2 - 25% Wheel-base From Front Axle | 6 - Behind Unit Rear Axle |
| 3 - 50% Wheel-base From Front Axle | 8 - Other |
| 4 - 75% Wheel-base From Front Axle | 9 - Unknown |

004. Cargo Shift (Pre-crash):

- | | | |
|--------------|-----------------|------------------------|
| 1 - No | 4 - To left | 7 - Unknown shift |
| 2 - Forward | 5 - To right | 8 - Other |
| 3 - Rearward | 6 - Oscillating | 9 - Occurrence Unknown |

005. Cargo Shift or Loss (Post-crash):

- | | |
|--|-------------|
| 1 - No | 8 - Other |
| 2 - Shifted, no other consequences | 9 - Unknown |
| 3 - Shifted, contributed to vehicle damage | |
| 4 - Cargo loss, partial | |
| 5 - Cargo loss, total | |

006. Hazardous cargo:

- | | | |
|---------------|-----------------|-------------|
| 1 - No | 4 - Poisonous | 8 - Other |
| 2 - Explosive | 5 - Corrosive | 9 - Unknown |
| 3 - Flammable | 6 - Radioactive | |

007. Environmental loss/injury/damage:

- | | |
|--------------------------------------|-------------|
| 1 - None | 6 - Other |
| 2 - Fatality (specify person number) | 9 - Unknown |
| 3 - Injury (specify person number) | |
| 4 - Damage (describe and cost) | |

OCCUPANT FORM

=====

| Team. | Case. | Vehicle. | Occupant Position. |
|-------|--|------------------------------------|---------------------------------|
| 001. | Age (99 - Unknown): | | |
| 002. | Age units: | | |
| | 1 - Months | 2 - Years | 9 - Unknown |
| 003. | Sex: | | |
| | 1 - Male | 2 - Female | 9 - Unknown |
| 004. | Height (cm) (999-Unknown): | | |
| 005. | Weight (kg) (999-Unknown): | | |
| 006. | Injury: | | |
| | 1 - No | 2 - Yes | 3 - Yes, but form not completed |
| 007. | Fatality: | | |
| | 1 - No | 2 - Yes | 3 - Yes, but form not completed |
| 008. | Ejection: | | |
| | 1 - No | 2 - Yes (complete ejection form) | 9 - Unknown |
| 009. | Entrapment: | | |
| | 1 - No | 2 - Yes (complete entrapment form) | |
| 0010. | Active restraint system used: | | |
| | 1 - No | 2 - Yes (complete restraint form) | 9 - Unknown |
| 0011. | Occupant egress: | | |
| | 1 - Normal operational opening, unassisted | | |
| | 2 - Normal operational opening, assisted | | |
| | 3 - Normal opening, forced open | | |
| | 4 - Through any, unassisted | | |
| | 5 - Through any, assisted | | |
| | 6 - Opening created by emergency services | | |
| | 8 - Other | | |
| | 9 - Unknown | | |
| 0012. | Type of clothing worn at impact: | | |
| | 1 - Normal summer | 8 - Other | |
| | 2 - Normal winter | 9 - Unknown | |

APPENDIX K

INJURY FORM

=====1985/01/16

=== Team. Case. Vehicle. Occupant Position.
Non-Occupant Number.

III. Treatment:

- 1 - No treatment
- 2 - On-scene first aid
- 3 - Hospital transport by police/private vehicle, examined and released
- 4 - Hospital transport by EMS, examined and released
- 5 - Hospital transport by police/private vehicle, admitted
- 6 - Hospital transport by EMS, admitted
- 7 - Dead at scene or in transit
- 8 - Died at hospital
- 88 - Other 99 - Unknown

III.2. Hospital stay:

- 0 - N/A, not admitted 31 - >30 days
- 1 - <24 hours 88 - Other
- 2 to 30 - actual number of days 99 - Unknown

III.3. Working or school days lost:

- 0 - N/A, none 32 - Fatally injured
- 1 to 30 - actual days lost 88 - Other
- 31 - >30 days 99 - Unknown

III.4. Total injury causation by impact:

- 1 - No (specify) 2 - Yes 9 - Unknown

III.5. Injury increased by intrusion:

- 1 - N/A, no intrusion 5 - Probably yes
- 2 - Probably no 6 - Definitely yes
- 3 - Definitely no 8 - Other
- 4 - Possibly yes 9 - Unknown

III.6. Injury increased by rear loading:

- 1 - No 2 - Yes 3 - Other 9 - Unknown

III.7. Total number of OIC's:

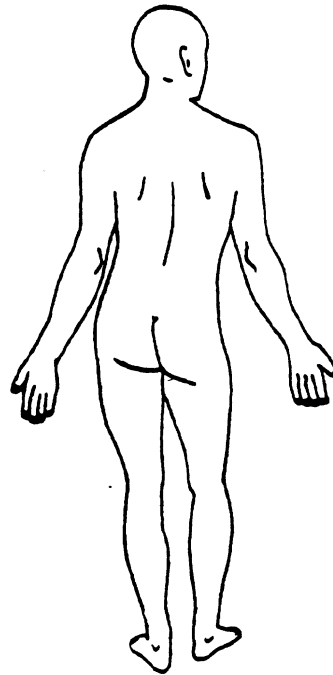
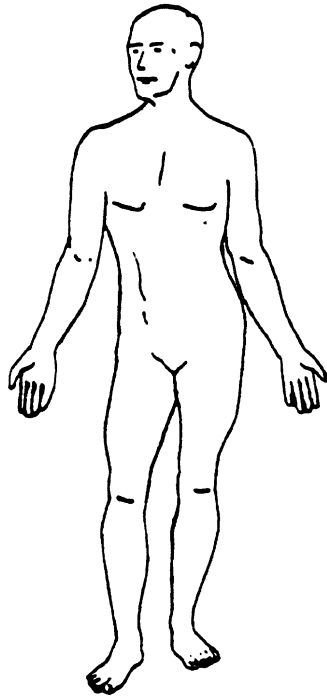
Injury Diagram =====>

| Body Region | Aspect | Lesion | System /Organ | AIS | Injury Source | Source of Data |
|-------------|--------|--------|---------------|-----|---------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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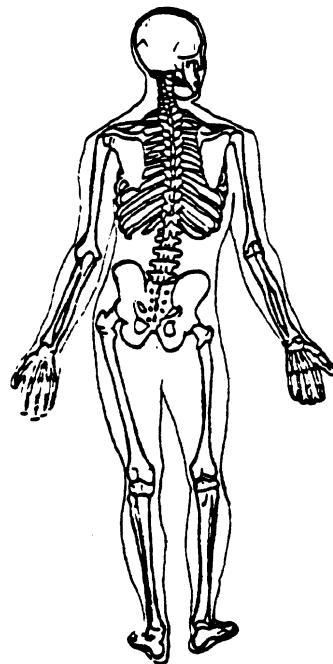
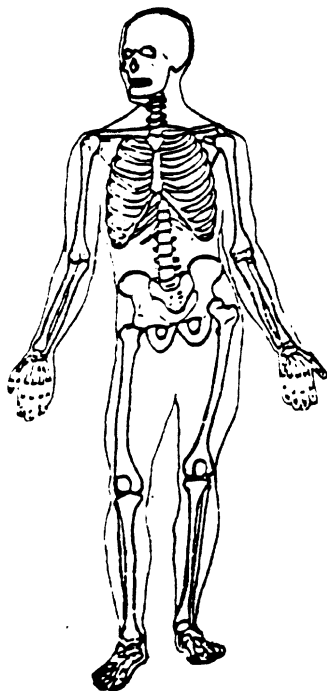
OFFICIAL INJURY DATA
DONNÉES OFFICIELLES RELATIVES AUX BLESSURES

Indicate the *Nature* and *Location* of *All* injuries.
Indiquer la nature et l'emplacement de toutes les blessures

Soft Tissue Injuries
Tissus mous



Skeletal Injuries
Squelette



APPENDIX K

***** 1981

- TR4. Team. Case. Vehicle. Trailed Unit.
- TR1. Trailed vehicle year (?? - Unknown):
- TR2. Trailed vehicle make (max. 30 characters):
- TR3. Trailed vehicle model (max. 8 characters):
- TR4. Number of axles:
- 1 to 5 - Axles on ground 6 - Other 9 - Unknown
- TR5. Braked axles:
- 0 to 5 - Braked axles on ground 9 - Unknown
- TR6. Trailer identification number:
(9 - Unknown)
- TR7. Trailed vehicle type:
- | | |
|--|---|
| 1 - Passenger car or light truck | 15 - Farm implement, machinery |
| 2 - Heavy truck or bus | 16 - Automobile dolly |
| 3 - Light utility (incl. M/C, snowmobile carriers) | 17 - Converter dolly (unladen) |
| 4 - Camper (folding) | 18 - Motorcycle cargo trailer (NB towed by M/C) |
| 5 - House (travel type) | 88 - Other |
| 6 - Boat (non-commercial) | 99 - Unknown |
| 7 - Commercial, general cargo | |
| 8 - Commercial, platform | |
| 9 - Commercial, refrigerated cargo | |
| 10 - Commercial, auto carrier | |
| 11 - Commercial, Bulk gases (incl. compressed or refrigerated) | |
| 12 - Commercial, bulk solids | |
| 13 - Commercial, bulk liquids | |
| 14 - Commercial, specialized use (specify) | |
- TR8. Trailer chassis configuration:
- | |
|--|
| 1 - Not a trailer (e.g. passenger car behind tow truck) |
| 2 - Double rigid mount, mono wheel |
| 3 - Ball hitch (specify class 1 2 3) |
| 4 - Pintle hook, load carrying |
| 5 - Pintle hook, non-load carrying |
| 6 - Gooseneck, fifth wheel |
| 7 - Semi trailer (on tractor mounted fifth wheel) |
| 8 - Pup trailer, pintle hook |
| 9 - Semi-trailer on platform fifth wheel (second trailer, 'B' train) |
| 10 - Semi-trailer, pintle hook converter dolly fifth wheel (second trailer, 'A' train) |
| 11 - Semi-trailer, double hook converter dolly fifth wheel (second trailer, 'D' train) |
| 12 - Full trailer (e.g. farm wagon type) swivelling front axle |
| 88 - Other (specify) |
| 99 - Unknown |
- TR9. Trailed unit brake system:
- | | |
|---------------------------------|--------------------------------|
| 1 - None, N/A | 5 - Hydraulic, air application |
| 2 - Air | 6 - Dry coupled hydraulic |
| 3 - Hydraulic, elec application | 8 - Other |
| 4 - Hydraulic, surge | 9 - Unknown |

TR10. Coupler separation:

1 - No 2 - Yes (described) 8 - Other 9 - Unknown

TR11. Coupler separation:

1 - No 2 - Yes (described) 9 - Unknown

APPENDIX K

C R S F O R M

=====1985/01/18

==> Team. Case. Vehicle. Occupant.

CR1. Restraint device make:

- 1 - Dorel 3 - Cosco Peterson 5 - Bo-peep 8 - Other
- 2 - Strollee 4 - Collier-Keyworth 6 - GM/Aikot 9 - Unknown

CR2. Restraint device model (max. 8 characters):

CR3. Restraint device type:

- 1 - Infant carrier 3 - Convertible 8 - Other
- 2 - Child seat 4 - Booster cushion 9 - Unknown

CR4. Restraint device date of manufacture (YYMM):

CR5. Restraint device ownership:

- 1 - Original purchaser 3 - Rental, loaner 9 - Unknown
- 2 - Purchased used 8 - Other

CR6. Restraint system installation:

- 1 - Incorrectly (describe) 2 - Correctly 8 - Other 9 - Unknown

CR7. Restraint system used correctly:

- 1 - No (describe) 2 - Yes 9 - Unknown

CR8. Restraint system post crash position:

- 1 - Not as installed (describe) 2 - Same as installed 9 - Unknown

CR9. Restraint device damage:

- 1 - No 2 - Yes (describe) 9 - Unknown

CR10. CRS complaint form number:

(0 - None, N/A)

CR11. Comments.

D R I V E R F O R M

=====1985/01/16

=== Team. Case. Vehicle.

DR1. Driving experience (yrs):

99 - Unknown

DR2. Driving training, education:

1 - No 2 - Yes (specify) 8 - Other 9 - Unknown

DR3. Familiarity - this vehicle:

1 - No previous experience 3 - Extensive 9 - Unknown
2 - <1 month 8 - Other

DR4. Familiarity - this type vehicle:

1 - No previous experience 3 - Extensive 9 - Unknown
2 - <1 month 8 - Other

DR5. Driver/vehicle relationship:

1 - Private vehicle, owner/lessor 6 - Rented vehicle,
2 - Private vehicle, family owned/leased trip specific
3 - Private vehicle, borrowed 7 - Stolen vehicle
4 - Company vehicle, sole driver 8 - Other
5 - Company vehicle, employee driver 9 - Unknown

DR6. Time since trip start (mins.):

999 - Unknown

DR7. Accident scene familiarity:

1 - None 4 - >20 times per month
2 - <3 times this month 8 - Other
3 - 4 to 20 times per month 9 - Unknown

DR8. Area familiarity:

1 - Lives in neighbourhood
2 - Passing through, lives elsewhere in same urban area or county
3 - Trip to/from specific location in unfamiliar area
4 - Out of province/country
8 - Other
9 - Unknown

DR9. Purpose of trip:

1 - To/from work 6 - Stolen vehicle
2 - Business (pick-up/delivery, etc) 7 - No fixed destination
3 - Personal business (shopping, etc) (joyriding, etc)
4 - Personal pleasure use 8 - Other
(to/from dinner, movie, party, etc) 9 - Unknown
5 - Non-design use
(police, ambulance, taxi, etc)

APPENDIX K

DR10. Vehicle motion:

- | | |
|--|--|
| 1 - Parked (off travelled lanes) | 14 - Parked in traffic (double parked) |
| 2 - Parked legally in or partially in a travel lane | 15 - Stopped in traffic |
| 3 - Moving straight ahead | 16 - Stalled in traffic |
| 4 - Rounding curve to left | 17 - Starting in traffic |
| 5 - Rounding curve to right | 18 - Pulling away from shoulder or curb |
| 6 - Turning left | 19 - Pulling onto shoulder or curb |
| 7 - Turning right | 20 - Backing up |
| 8 - Making U-turn | 21 - Run-away from parked position |
| 9 - Changing Lanes | 88 - Other |
| 10 - Overtaking | 99 - Unknown |
| 11 - Merging | |
| 12 - Diverging | |
| 13 - Slowing | |

DR11. Travel direction:

- | | | | | |
|-----------|-----------|---------|---------|-------------|
| 1 - North | 3 - South | 5 - N/E | 7 - N/W | 9 - Unknown |
| 2 - East | 4 - West | 6 - S/E | 8 - S/W | |

DR12. Travel lane:

- | | |
|---|---|
| 1 - N/A, not on trafficway | 8 - Left |
| 2 - Parking lane | 9 - Stacking/decel. left |
| 3 - Parking lot | 10 - Stacking/decel. right |
| 4 - Right (first) | 11 - Acceleration |
| 5 - Second (only if 3 lanes in travel direction) | 12 - Wrong (e.g. travel lane for traffic in opposite direction) |
| 6 - Third (only if 4 lanes in travel direction) | 88 - Other |
| 7 - Fourth (only if 5 lanes in travel direction) | 99 - Unknown |

DR13. Travel speed (km/h) (999 - Unknown):

DR14. Driver inputs:

- | | |
|---|------------------------------|
| 1 - None, N/A | 7 - Braked hard |
| 2 - Steered left | 8 - Steered and braked |
| 3 - Steered right | 9 - Accelerated |
| 4 - Steered indecisively or in unknown direction | 10 - Steered and accelerated |
| 5 - Slowed | 11 - Froze |
| 6 - Braked | 88 - Other |
| | 99 - Unknown |

DR15. Vehicle response:

- | | |
|---------------------------------------|-------------|
| 1 - N/A | 8 - Other |
| 2 - No response to an input (explain) | 9 - Unknown |
| 3 - Normal, expected | |
| 4 - Abnormal, unexpected (explain) | |

APPENDIX K

ACTIVE RESTRAINT FORM

RES-01/16

Team. Case. Vehicle. Occupant.

AC1. Seat type:

- 1 - Individual
- 2 - Bench
- 3 - Split bench
- 4 - Captain's chair, swivel
- 8 - Other
- 9 - Unknown

AC2. Belt type:

- 1 - Lap and torso: OEM this vehicle, this position
- 2 - Lap only: OEM this vehicle, this position
- 3 - Other (specify)
- 9 - Unknown

AC3. Used correctly:

- 1 - Definitely not
- 2 - Probably not (explain)
- 3 - Probably yes
- 4 - Definitely yes
- 8 - Other
- 9 - Unknown

AC4. If restraint is an ELR controlled one piece lap and torso type, is tongue free to slide on webbing in both directions:

- 1 - N/A
- 2 - No
- 3 - Yes
- 8 - Other
- 9 - Unknown

AC5. Hardware damage:

- 1 - No
- 2 - Yes, before impact
- 3 - Yes, during impact (document)
- 8 - Other
- 9 - Unknown

AC6. Webbing damage:

- 1 - None
- 2 - Yes, due to impact, loading, etc. (photograph and measure)
- 3 - Yes, source unknown
- 8 - Other
- 9 - Unknown

AC7. Loading evidence:

(if 2 or 3 coded, document - include XY dimension, photograph)

- 1 - None
- 2 - Yes, probably
- 3 - Yes, definitely
- 8 - Other
- 9 - Unknown

AC8. Injury assessment:

- 1 - No injuries N/A
- 2 - Possible restraint contribution to injuries
- 3 - Definite restraint contribution to injuries
- 4 - Possible restraint reduction of injuries
- 5 - Definite restraint reduction of injuries
- 8 - Other
- 9 - Unknown

AC9. Restraint release problems reported:

- 1 - No
- 2 - Yes
- 3 - Yes, but form not completed

SEAT BACK/HEAD RESTRAINT FORM

=====

| Team. | Case. | Vehicle. | Occupant. |
|-------|-------|----------|-----------|
|-------|-------|----------|-----------|

SE1. Head restraint type:

| | |
|----------------------------|----------------------------|
| 1 - N/A, No head restraint | 3 - Fixed, integral |
| 2 - Adjustable | 8 - Other 9 - Unknown |

SE2. Head restraint position:

| | | |
|----------------------------|---------------|----------------------------|
| 1 - N/A, No head restraint | 3 - Full down | 5 - Intermediate |
| 2 - Fixed | 4 - Full up | 8 - Other 9 - Unknown |

SE3. Head restraint involvement:

| | |
|---|-------------|
| 1 - N/A, No head restraint | 8 - Other |
| 2 - None | 9 - Unknown |
| 3 - Contacted, no injuries | |
| 4 - Contacted, Primary impact, injuries | |
| 5 - Contacted, Rebound, injuries | |

SE4. Seat back type:

| | |
|---------------------------------------|---------------------------------------|
| 1 - Fixed bench | 5 - Folding bench |
| 2 - Fixed individual | 6 - Folding and travelling individual |
| 3 - Adjustable, individual reclining | 8 - Other 9 - Unknown |
| 4 - Non-adjustable folding individual | |

SE5. Seat hardware damage:

| | |
|---------------------------------|-----------------------------------|
| 1 - None | 4 - Failed parts due to loading |
| 2 - Distorted, due to loading | 5 - Failed parts due to intrusion |
| 3 - Distorted, due to intrusion | 8 - Other 9 - Unknown |

SE6. Seat back structure damage:

| | |
|---------------------------------|-----------------------------|
| 1 - None | 4 - Failed due to loading |
| 2 - Distorted, due to loading | 5 - Failed due to intrusion |
| 3 - Distorted, due to intrusion | 8 - Other 9 - Unknown |

SE7. Seat back / injury assessment:

| |
|--|
| 1 - N/A, No injuries |
| 2 - Injuries, no seat back contribution |
| 3 - Some injury increase due to seat back problems |
| 4 - Definite injuries caused by seat back failure |
| 5 - Possible injury reduction by seat back yield |
| 8 - Other |
| 9 - Unknown |

SE8. Rear loading:

| | |
|---------|---|
| 1 - No | 3 - Yes, but Rear Seat Supplementary form not completed |
| 2 - Yes | 9 - Unknown |

APPENDIX K

DEFECT / MECH. FAILURE FORM

=====1985/01/16

==> Team. Case. Vehicle.

DE1. Safety related defect:

1 - No 2 - Yes 9 - Unknown

DE2. Defect complaint form completed:

1 - No 2 - Yes

DE3. Defect log number:

DE4. Was reported defect a direct cause of accident:

1 - No 2 - Yes (describe how) 9 - Unknown

DE5. Was reported defect a contributing factor in accident or consequence:

1 - No 2 - Possibly 3 - Definitely (describe) 9 - Unknown

DE6. Was reported defect determined to be a result of accident:

1 - No 2 - Yes 9 - Unknown

DE7. Did improper vehicle maintenance or modification create defect:

1 - No 2 - Yes (describe) 9 - Unknown

DE8. Defective component/system available:

1 - Not applicable 2 - No 3 - Yes

DE9. Defective component/system secured:

1 - Not applicable 2 - No 3 - Yes

DE10. Describe briefly the defect.

ENTRAPMENT FORM

=====1905/01/11=====

EN1. Restraint system related entrapment:

1 - N/A 3 - Yes (describe) 9 - Unknown
2 - No 8 - Other

EN2. Structural deformation entrapment:

1 - No 2 - Yes (describe) 9 - Unknown

EN3. Did entrapment increase injuries/loss:

1 - No 2 - Yes (describe) 9 - Unknown

EN4. Describe occupant's release method and agent. Enter a concise description of methods, personnel, time, etc.

I N S T A B I L I T Y F O R M

=====1985/01/16

====> Team. Case. Vehicle.

Use the following codes for the questions on this panel.

- | | |
|--------------------|--------------------|
| 1 - Definitely not | 4 - Definitely yes |
| 2 - Possibly not | 8 - Other |
| 3 - Probably yes | 9 - Unknown |

- IS1. Was vehicle instability a causal factor for the accident:
- IS2. Was vehicle instability a result of trying to avoid the accident (e.g. steering, braking, etc.):
- IS3. Did vehicle instability alter the impact area on the vehicle:
- IS4. Did above affect injuries:
- IS5. Was there any significant road cross slope:
- | | |
|--------|-------------------|
| 1 - No | 2 - Yes (measure) |
|--------|-------------------|
- IS6. Road cross slope to right or left of vehicle path:
(e.g. sloping down to right in direction of travel)
- | | | | |
|----------|-----------|----------|-------------|
| 1 - None | 2 - Right | 3 - Left | 9 - Unknown |
|----------|-----------|----------|-------------|
- IS7. Direction of vehicle rotation:
- | | |
|-----------------------|-------------|
| 1 - Rear end to right | 8 - Other |
| 2 - Rear end to left | 9 - Unknown |
- IS8. Any change in surface during braking/instability initiation stage:
- | | |
|--------|--------------------|
| 1 - No | 2 - Yes (describe) |
|--------|--------------------|

APPENDIX K

STEERING FORM

===== (PBB 01 18)

Case No. Team. Case. Vehicle.

ST1. Steering type:

| | |
|------------------------|-------------|
| 1 - Recirculating ball | 8 - Other |
| 2 - Rack and Pinion | 9 - Unknown |

ST2. Power steering:

| | |
|--------|---------|
| 1 - No | 2 - Yes |
|--------|---------|

ST3. System overall condition:

| | |
|-----------------------------------|-------------|
| 1 - Virtually new | 8 - Other |
| 2 - Good | 9 - Unknown |
| 3 - Excessively worn at any point | |
| 4 - Defective | |

(e.g. broken, disconnected or missing parts in pre-crash condition)

ST4. Column movement (up/down rotation in cm):
(99 - Unknown)

ST5. Column rotation direction:

| | | | |
|--------|----------|----------|-------------|
| 1 - Up | 2 - Down | 3 - None | 9 - Unknown |
|--------|----------|----------|-------------|

ST6. Column movement (collapse in cm):
(99 - Unknown)

ST7. Original equipment wheel:

| | | |
|------------------|---------|-------------|
| 1 - No (specify) | 2 - Yes | 9 - Unknown |
|------------------|---------|-------------|

ST8. Tilt equipment:

| | | |
|--------|---------|-------------|
| 1 - No | 2 - Yes | 9 - Unknown |
|--------|---------|-------------|

ST9. Steering wheel deformed:

| | | |
|--------|--------------------|-------------|
| 1 - No | 2 - Yes (describe) | 9 - Unknown |
|--------|--------------------|-------------|

FIRE FORM

=====1995, 01, 14

==== Team. Case. Vehicle.

FI1. First ignition area:

| | | |
|----------------|------------------------|---------------|
| 1 - Trunk | 4 - Under dash | 7 - Fuel tank |
| 2 - Rear seat | 5 - Engine compartment | 8 - Tires |
| 3 - Front seat | 6 - Under floor | 88 - Other |
| | | 99 - Unknown |

FI2. First ignited material:

| | | |
|------------------|-----------------------|-------------|
| 1 - Matting | 4 - Wiring insulation | 8 - Other |
| 2 - Upholstery | 5 - Fuel | 9 - Unknown |
| 3 - Undercoating | 6 - Tires | |

FI3. First ignition source:

| | |
|-------------------------|---|
| 1 - Bulb filaments | 5 - Occupants (e.g. cigarettes, children) |
| 2 - Exhaust system | 6 - External (specify) |
| 3 - Catalytic converter | 7 - Tires |
| 4 - Short circuit | 8 - Other |
| | 9 - Unknown |

FI4. Impact related:

| | |
|--------|---------|
| 1 - No | 2 - Yes |
|--------|---------|

FI5. Extent (this vehicle):

| | |
|---------------------------------|--------------------------------|
| 1 - Immediate area (<1 sq.ft.) | 5 - Total combustible material |
| 2 - Minor (<20% vehicle volume) | 6 - Total vehicle meltdown |
| 3 - Moderate (21% - 50%) | 8 - Other |
| 4 - Extensive (51% - 80%) | 9 - Unknown |

FI6. Extent (environmental):

| | |
|----------|--------------------|
| 1 - None | 2 - Yes (describe) |
|----------|--------------------|

FI7. Extinguishing agent:

| | |
|---|---------------------|
| 1 - Self extinguished | 5 - Fire department |
| 2 - Smothered by solid material (e.g. blanket) | 6 - Burned out |
| 3 - Smothered by hand extinguisher | 8 - Other |
| 4 - Water | 9 - Unknown |

FI8. Contribution to injury/loss:

| | |
|-----------------------------------|--------------------------------|
| 1 - None | 6 - Severe injury contribution |
| 2 - Minor (<\$400., no injury) | 7 - Direct cause of fatalities |
| 3 - Moderate (>\$400., no injury) | 8 - Other |
| 4 - Total vehicle loss, no injury | 9 - Unknown |
| 5 - Some injury contribution | |

FI9. Comments - Code damage directly attributable to this fire, this vehicle. Injury/fatality takes precedence over vehicle damage.

APPENDIX K

TIRE DATA FORM
 CRITERIA VEHICLES ONLY

=====1785/01/16

===) Team. Case. Vehicle.

Tire:

1 - Left front 3 - Left rear
 2 - Right front 4 - Right rear

TI1. Make (max. 8 characters):

TI2. Model (max. 8 characters):

TI3. Type:

1 - Bias ply 3 - Radial
 2 - Belted 9 - Unknown

TI4. Size (max. 10 characters):
 (complete tire size designator. e.g. P205R15)

TI5. Tread:

1 - Summer (primary characteristic ribbed)
 2 - All-season (mixed ribbed and block)
 3 - Winter (primary characteristic blocks)
 4 - Off-road (primarily lugged. e.g. Desert Dogs)
 5 - Asymetric
 6 - Unidirectional 8 - Other
 7 - N/A 9 - Unknown

TI6. Tread wear:

1 - Virtually new 3 - 26%-50% 5 - >80% (wear bars exposed)
 2 - <25% 4 - 51%-80% 6 - Bald 9 - Unknown

TI7. Tread wear pattern:

1 - Even 4 - Centre much more worn
 2 - Centre more worn 5 - Edge(s) much more worn
 3 - Edge(s) more worn 8 - Other 9 - Unknown

TI8. Inflation pressure (psi):
 (999 - Unknown)

TI9. T.I.N. (10 or 11 characters):
 Unknown is 9.

TI10. Pre-crash tire deflation:

1 - No 2 - Yes 9 - Unknown

TI11. Comment:

TIRE DATA FORM
 CRITERIA VEHICLES ONLY

=====1985/10/16

| Team. | Case. | Vehicle. | | | |
|------------------------|-------|---------------|----------------|--------------|---------------|
| | | Left Front | Right Front | Left Rear | Right Rear |
| Make | | | | | |
| Model | | | | | |
| Type | | | | | |
| Size | | | | | |
| Tread | | | | | |
| Wear | | | | | |
| Wear Pattern | | | | | |
| Pressure (psi) | | | | | |
| T.I.N. | | | | | |
| Pre-crash deflation | | | | | |

====> Comments.

APPENDIX K

BR A K I N G F O R M

=====1985/01/16

====> Team. Case. Vehicle.

BR1. Brake system type:

- 1 - All drum 3 - All disc 9 - Unknown
- 2 - Disc/drum 8 - Other

BR2: Booster type:

- 1 - None, N/A 5 - Air/hydraulic
- 2 - Full air 6 - Hydroboost (hydraulic/hydraulic)
- 3 - Vacuum servo hydraulic 8 - Other
- 4 - Hydrovac type 9 - Unknown

BR3. Anti-lock:

- 1 - No 2 - Yes (describe system fully) 9 - Unknown

BR4. Brakes applied prior to impact:

- 1 - Yes, normal fashion 8 - Other
- 2 - Yes, firmly 9 - Unknown
- 3 - Yes, locked wheels panic stop

BR5. Brake response:

- 1 - Normal for application type.
- 2 - Abnormal NOT due to mechanical failure (describe)
- 3 - Partial or full failure (fill out defect/mech. failure form)
- 8 - Other
- 9 - Unknown

BR6. Skid marks:

- 1 - No 8 - Other
- 2 - Yes (describe and document if possible) 9 - Unknown

BR7. Braking contribution to accident assessment:

- 1 - None, N/A 8 - Other
- 2 - Possible reduction of accident severity 9 - Unknown
- 3 - Definite reduction of accident severity
- 4 - Possibly increased accident severity
- 5 - Definitely increased accident severity
- 6 - Braking caused accident
- 7 - Brake failure caused accident

BR8: Failure warning system functional:

- 1 - None, N/A 2 - No 3 - Yes 9 - Unknown

BR9. Warning system observed by driver upon braking:

- 1 - None, N/A 2 - No 3 - Yes 9 - Unknown

ROLLAWAY / RUNAWAY FORM

=====1985/01/16

- ====> Team. Case. Vehicle.
- RL1. Engine running:
 1 - No 2 - Yes 9 - Unknown
- RL2. Time from cold start:
 1 - N/A 3 - 2 to 5 mins. 8 - Other
 2 - < 2 mins. 4 - > 5 mins. 9 - Unknown
- RL3. Transmission type:
 1 - Manual 2 - Automatic 9 - Unknown
- RL4. Parking brake on:
 1 - No brake, N/A 3 - Yes, ineffective 8 - Other
 2 - No 4 - Yes, firmly 9 - Unknown
- RL5. Automatic parking brake release:
 1 - No brake N/A 2 - No 3 - Yes 9 - Unknown
- RL6. Direction of vehicle motion:
 1 - Forward 2 - Rearward 9 - Unknown
- RL7. Stopped by:
 1 - Rolled to stop 3 - Brake application 9 - Unknown
 2 - Striking object 8 - Other
- RL8. Gear lever position when stopped:
 1 - Any forward gear/Drive 3 - Reverse 9 - Unknown
 2 - Neutral 4 - Park
- RL9. Previous occurrence:
 1 - None 2 - Once 3 - Two or more 9 - Unknown
- RL10. Occupants at occurrence:
 1 - No 9 - Unknown
 2 - Yes (describe action prior, during, and after event)
- RL11. Cruise control equipped:
 1 - No 2 - Yes 9 - Unknown
- RL12. Will vehicle come out of proper PARK engagement by itself with engine running. (e.g. by slamming doors, rocking vehicle):
 1 - No, N/A 9 - Unknown
 2 - Yes (describe procedure)

APPENDIX K

EJECTION FORM

-----1985/01/16

====> Team. Case. Vehicle. Occupant.

EJ1. Extent of Ejection:

1 - Partial 2 - Total 3 - Other 4 - Unknown

EJ2. Phase of accident when ejection occurred:

1 - Before first impact 5 - After subsequent impact
 2 - At first impact 6 - Other
 3 - After first impact 7 - Unknown
 4 - During subsequent impact

EJ3. Aperture of ejection:

1 - Windshield 6 - RF window 11 - Top (convertibles only)
 2 - LF window 7 - LF door 12 - T-roof, sunroof
 3 - LR window 8 - LR door 13 - Rear hatch, tailgate
 4 - Rear window 9 - RR door 88 - Other
 5 - RR window 10 - RF door 99 - Unknown

EJ4. Aperture status pre-ejection:

1 - Open pre-crash 8 - Other
 2 - Opened by impact/rollover 9 - Unknown
 3 - Opened by ejectee loading

EJ5. Assessment of ejection/injury relationship:

1 - No injury contribution 8 - Other
 2 - Possible injury contribution 9 - Unknown
 3 - Definite injury contribution
 4 - Definite source of all significant injuries

CASE MANAGEMENT FORM

=====1985/01/16

--- Team. Case.

---> Form count:

| | |
|---------------------------|-------------------------------------|
| 1-Case Form..... | 13-Seat-back / Head Restraint Form. |
| 2-Scene Form..... | 14-Entrapment Form..... |
| 3-Vehicle Form..... | 15-Defect / Mech. Failure Form..... |
| 4-Damage Form..... | 16-Rear-seat Supplementary..... |
| 5-Non-Occupant Form..... | 17-Instability Form..... |
| 6-Cargo Form..... | 18-Steering Form..... |
| 7-Occupant Form..... | 19-Fire Form..... |
| 8-Injury Form..... | 20-Tire Data Form..... |
| 9-Trailed Vehicle Form.. | 21-Braking Form..... |
| 10-CRS Form..... | 22-Rollaway / Runaway Form..... |
| 11-Driver Form..... | 23-Ejection Form..... |
| 12-Active Restraint Form. | 24-Case Management Form..... |

==> Log number:

==> Replicate number:

==> Severity: 1 - Fatality 2 - Injury.

==> Stratum number:

==> Stratum name:

==> Sampling rate:

==> Total accidents to date, this severity, this sampled area:

==> Total accidents to date, all severities, all ^{THIS} sampled areas:

==> Weighted value:

