

APPENDIX G: CRASH TYPING EXAMPLES

Contained in this appendix are 10 pedestrian crash reports and 10 bicycle crash reports that have been typed using PBCAT. These reports may be used as case study exercises for training on how to type crashes with the software. Provided at the end of each set of reports are the sequence of onscreen questions/directives encountered during the crash typing process and the correct responses. The answers shown are based on standard crash typing, not group typing. The report numbers that correspond to the answer sheets are found in the upper right-hand corner of the crash reports.

Accident Sequence Codes

<p>6. Vehicle Maneuver/</p> <p>Pedestrian Action:</p> <p>VEHICLE</p> <ol style="list-style-type: none"> 1. Stopped in travel lane 2. Parked out of travel lanes 3. Parked in travel lanes 4. Going straight ahead 5. Changing lanes or merging 6. Passing 7. Making right turn 8. Making left turn 9. Making U turn 10. Backing 11. Slowing or stopping 12. Starting in roadway 13. Parking 14. Leaving parked position 15. Avoiding object in road 16. Other (describe) <p>PEDESTRIAN</p> <ol style="list-style-type: none"> 17. Crossing at intersection 18. Crossing not at intersection 19. Coming from behind parked vehicle 20. Walking with traffic 21. Walking against traffic 22. Getting on or off vehicle 23. Standing in road 24. Working in road 25. Playing in road 26. Lying in road 27. Other in road 28. Not in road 	<p>7. First Harmful Event:</p> <p>RAN OFF ROAD</p> <ol style="list-style-type: none"> 1. Right 2. Left 3. Straight ahead <p>NON-COLLISION</p> <ol style="list-style-type: none"> 4. Overturn 5. Other <p>COLLISION OF MV WITH</p> <ol style="list-style-type: none"> 6. Pedestrian 7. Parked vehicle 8. Train 9. Bicycle 10. Moped 11. Animal 12. Fixed object 13. Other object <p>COLLISION OF MV WITH ANOTHER VEHICLE</p> <ol style="list-style-type: none"> 14. Rear end, slow or stop 15. Rear end, turn 16. Left turn, same roadway 17. Left turn, different roadways 18. Right turn same roadway 19. Right turn, different roadways 20. Head on 21. Sideswipe 22. Angle 23. Backing 	<p>8. OBJECT STRUCK (excluding another MV in traffic)</p> <ol style="list-style-type: none"> 1. None 2. Parked vehicle 3. Bicycle, moped 4. Pedestrian 5. Animal 6. Tree 7. Utility pole (with or without light) 8. Luminaire pole (non-breakaway) 9. Luminaire pole (breakaway) 10. Official highway sign (non-breakaway) 11. Official highway sign (breakaway) 12. Commercial sign 13. Guardrail end on shoulder 14. Guardrail face on shoulder 15. Guardrail end in median 16. Guardrail face in median <p>Non-Guardrail:</p> <ol style="list-style-type: none"> 17. Shoulder barrier end 18. Shoulder barrier face 19. Median barrier end 20. Median barrier face 21. Bridge rail end 22. Bridge rail face 23. Overhead part of underpass 24. Pier on shoulder of underpass 25. Pier in median of underpass 26. Abutment (supporting wall of underpass) 27. Curb, median or traffic island 	<ol style="list-style-type: none"> 28. Catch basin or culvert on shoulder 29. Catch basin or culvert in median 30. Ditch bank 31. Mailbox 32. Fence or fence post 33. Construction barrier 34. Crash cushion 35. Other object (Write in narrative) <p>9. DISTANCE TO OBJECT STRUCK</p> <ol style="list-style-type: none"> 1. In road 2. Right of road, 0-10 ft. 3. Right of road, 11-30 ft. 4. Right of road, over 30 ft. 5. Left of road, 0-10 ft. 6. Left of road, 11-30 ft. 7. Left of road, over 30 ft. 8. None or N/A 9. Straight ahead, 0- 10 ft. 10. Straight ahead, 11 -30 ft. 11. Straight ahead, over 30 ft. <p>10. VEHICLE DEFECTS</p> <ol style="list-style-type: none"> 1. Defective brakes 2. Defective headlights 3. Defective rearlights 4. Defective steering 5. Defective tires 6. Other defects 7. Not known if defective 8. No defects detected 	
<p>1. Vision Obstruction</p> <ol style="list-style-type: none"> 1. None 2. Vehicle windows 3. Trees, crops, brush, etc. 4. Building(s) 5. Embankment 6. Sign(s) 7. Hillcrest 8. Parked Vehicle(s) 9. Moving Vehicle(s) 10. Blinded, headlights 11. Blinded, sunlight 12. Blinded, other lights 13. Other (write in narrative) 14. Unknown <p>2. Physical Condition</p> <ol style="list-style-type: none"> 1. Normal 2. Ill 3. Fatigued 4. Asleep 5. Impairment due to medicine, alcohol, or drugs 6. Other physical impairment 7. Restriction not compiled with 8. Condition not known <p>3. INTOXICATION</p> <ol style="list-style-type: none"> 1. Had not been drinking 2. Drinking--test given 3. Drinking--test refused 4. Unknown 	<p>5. Drinking--no test</p> <p>4. INJURY CLASS</p> <p>K-Killed</p> <p>A-Incapacitating</p> <p>B-Nonincapacitating</p> <p>C-No visible-But complaint of pain</p> <p>O-No injury</p> <p>5. Belt/Helmet</p> <ol style="list-style-type: none"> 1. None or not used 2. Lap only 3. Lap and shoulder 4. Child restraint system 7. If motorcycle, Helmet in use 9. Unable to determine <p>11. Locality</p> <ol style="list-style-type: none"> 1. Rural (<30% developed) 2. Mixed (30%-70% developed) 3. Urban (>70% developed) <p>12. Predominant development</p> <ol style="list-style-type: none"> 1. Farms, wood, pastures 2. Residential 3. Commercial 4. Institutional 5. Industrial <p>13. Road Feature</p> <ol style="list-style-type: none"> 1. Bridge 2. Underpass 3. Driveway Public 	<p>4. Driveway private</p> <p>5. Alley Intersection</p> <p>6. Intersection of roadways</p> <p>7. Non-Intersection median crossing</p> <p>8. End or beginning of divided highway</p> <p>9. Interchange ramp</p> <p>10. Interchange service road</p> <p>11. Railroad crossing</p> <p>12. Tunnel</p> <p>13. Other (write in narrative)</p> <p>14. No special feature</p> <p>14. Road Character</p> <ol style="list-style-type: none"> 1. Straight, level 2. Staight, hillcrest 3. Straight, grade 4. Straight, bottom (sag) 5. Curve, level 6. Curve, hillcrest 7. Curve, grade 8. Curve, bottom (sag) <p>15. Road Class</p> <ol style="list-style-type: none"> 1. Interstate 2. U.S. Route 3. N.C. Route 4. State secondary route 5. Local street 6. Public vehicular area 7. Private road, property or driveway <p>16. Number of Lanes</p> <p>Enter "0" if parking lot</p>	<p>17. Road configuration</p> <ol style="list-style-type: none"> 1. Undivided, one-way 2. Undivided, two-way 3. Divided <p>18. Road Surface</p> <ol style="list-style-type: none"> 1. Concrete 2. Grooved concrete 3. Smooth Asphalt 4. Coarse Asphalt 5. Gravel 6. Sand 7. Soil 8. Other <p>19. Road Defects</p> <ol style="list-style-type: none"> 1. Loose material on surface 2. Holes, deep ruts 3. Low shoulders 4. Soft shoulders 5. Other defects 6. Under construction with defects 7. No defects 8. Under construction, no defects <p>20. Road Condition</p> <ol style="list-style-type: none"> 1. Dry 2. Wet 3. Muddy 4. Snowy 5. Icy 6. Other (write in narrative) 	<p>21. Light Condition</p> <ol style="list-style-type: none"> 1. Daylight 2. Dusk 3. Dawn 4. Darkness (street lighted) 5. Darkness (not street lighted) <p>22. Weather</p> <ol style="list-style-type: none"> 1. Clear 2. Cloudy 3. Raining 4. Snowing 5. Fog, smog, smoke, dust 6. Sleet or hail <p>23. Traffic Control</p> <ol style="list-style-type: none"> 1. Stop sign 2. Yield sign 3. Stop and go signal 4. Flashing signal with stop sign 5. Flashing signal without stop sign 6. RR gate and flasher 7. RR Flasher 8. RR crossbucks only 9. Human control 10. Other (write in narrative) 11. No control present

Figure 131. Codes for North Carolina Commission Report Forms

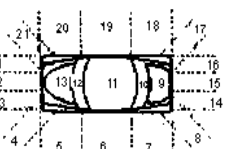

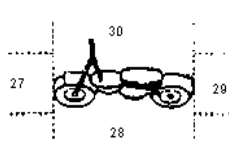
Date 4/1/91 Month Day Year		Day of Week MONDAY		County CUMBERLAIN		Time 16:35 (24 hr. Clock)		Local Use/Patrol Areas		REPORT NUMBER NUMBER 1							
Location	Collision Occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near		FAYETTEVILLE				or		Miles		<input type="checkbox"/> N <input type="checkbox"/> E	Outside Municip.					
	4512 Campground Rd.		Municipality								<input type="checkbox"/> W						
	(PVA) Phamore		(R.R. Crossing #						Miles 100		<input type="checkbox"/> N <input type="checkbox"/> E						
	Highway Number, or Highway, Street. (If ramp or service road, indicate on line)								(0 ft-intersection)		<input type="checkbox"/> S <input checked="" type="checkbox"/> W						
at or from		Skibo Rd.						toward		<input type="checkbox"/> N <input type="checkbox"/> E							
		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W								<input type="checkbox"/> S <input type="checkbox"/> W							
Use Highway Number, Street Name, or Adjacent County or State Line						Use Highway Number, Street Name, or Adjacent County or State Line											
<input type="checkbox"/> Vehicle 1			<input checked="" type="checkbox"/> Hit & Run			<input type="checkbox"/> Veh. 2			<input checked="" type="checkbox"/> Pedestrian			<input type="checkbox"/> Hit & Run <input type="checkbox"/> Other					
1. Vision Obstruction		14		2. Physical Condition		8		1. Vision Obstruction		1		2. Physical Condition		1			
3. Intoxication		4		Restrictions				3. Intoxication		1		Restrictions					
Veh. Year			Veh. Make			Veh. Type Code			Veh. Year			Veh. Make			Veh. Type Code		
Commercial Vehicle			Yes			No			Commercial Vehicle			Yes			No		
Air Bag Deployed									Air Bag Deployed								
Passenger Vehicle Driveable									Passenger Vehicle Driveable								
Post Crash File									Post Crash File								
Rollover									Rollover								
Hazardous Cargo									Hazardous Cargo								
Spilled									Spilled								
Crossed Median									Crossed Median								
Trailer Type Code									Trailer Type Code								
1st Trailer No. of Axles									1st Trailer No. of Axles								
Width						inches			Width						inches		
Length						feet			Length						feet		
2nd Trailer No. of Axles									2nd Trailer No. of Axles								
Width						inches			Width						inches		
Length						feet			Length						feet		
TAD									TAD								
Est. Damage \$									Est. Damage \$								
OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).																	
Driver 1					Driver 2, Pedestrian, Other												
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age								
Left Front					Left Front	C		W/M	19								
Center Front					Center Front												
Right Front					Right Front												
Left Front					Left Front												
Center Rear					Center Rear												
Right Rear					Right Rear												
Total No. Occupants		Total Number Injured			Total No. Occupants		Total Number Injured			1							
Ambulance Requested		No			If yes, Ambulance Arrived At					(24 Hour Clock)							
Injured Take to					Serviced by												
Points of Initial Contact (write in codes)																	
Veh. 1	Veh. 2	Passenger Cars/Small Trucks			Tractor-Trailers			Motorcycle, Bicycle, or Moped									
16	Ped																
Accident Sequence		Veh. 1		Veh. 2 or Ped.		0. No Contact 25. Rollover 26. Unknown Underneath: 22. Front 23. Center 24. Rear			Roadway Information								
6. Vehicle Maneuver/ Ped Action		10		27					19. Road Defects								
7. First Harmful Event		6		6		Speed Limit (each vehicle)			20. Road Condition								
7. Most Harmful Event		6		6		Estimated Original Traveling Speed			21. Light Condition								
8. Object Struck		4				Estimated Speed at Impact			22. Weather								
9. Distance to Object Struck		8				Tire Impression Before Impact (ft.)			23. Traffic Control								
10. Vehicle Defects		7				Distance Traveled After Impact (ft.)			Operating? N								
						15			Visible? N								
						5			3								
						5			3								
						0			3								
						3			3								
						1			3								
						1			1								
						6			1								
						0			1								
						2			1								
						3			1								

Figure 132. North Carolina Crash Report—Number 1

Circumstances Contributing to the Collision (Check as many as apply)										Vehicle 1						
Driver 1 2		Driver 1 2		Driver 1 2		Driver 1 2		Driver 1 2		Removed to _____						
<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"/>	by _____						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authority _____						
<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"/>	Vehicle 2						
<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"/>	Removed to _____						
<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"/>	by _____						
<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"/>	Authority _____						
<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"/>	<i>Hit and Run</i>						
<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"/>							
Vehicle 1 was traveling										<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W	on	PVA	Report Number 1
Vehicle 1 was traveling										<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	on		
DIAGRAM																
<p style="text-align: center;">INDICATE NORTH</p>																
DESCRIPTION																
<p>VEHICLE #1 (UNKNOWN) BACKED FROM THE PARKING SPACE AND STRUCK LISTED PEDESTRIAN. THE VEHICLE THEN, WITHOUT STOPPING, DEPARTED THE PARKING AREA. THE PEDESTRIAN WAS PUSHING SHOPPING CARTS ACROSS THE PARKING LOT WHEN HE WAS STRUCK.</p>																

Figure 132. North Carolina Crash Report—Number 1 (continued)

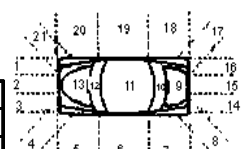
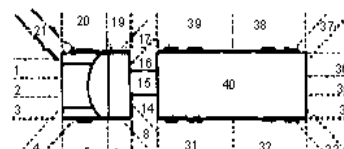
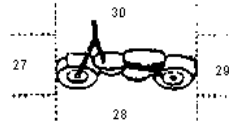
Date 4/1/91 Month Day Year	Day of Week MONDAY	County GUILFORD	Time 16:12 (24 hr. Clock)	Local Use/Patrol Areas	REPORT NUMBER NUMBER 2					
Collision Occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near <u>GREENSBORO</u> or _____ Miles <input type="checkbox"/> N <input type="checkbox"/> E Outside Municipality <input type="checkbox"/> S <input type="checkbox"/> W on <u>Private property (parking lot)</u> (R.R. Crossing # _____) _____ Miles <u>25</u> ft. <input type="checkbox"/> N <input checked="" type="checkbox"/> E Highway Number, or Highway, Street. (If ramp or service road, indicate on line) (0 ft-intersection) <input type="checkbox"/> S <input type="checkbox"/> W at or from <u>Hardie Street</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W toward <u>Patterson St.</u> Use Highway Number, Street Name, or Adjacent County or State Line Use Highway Number, Street Name, or Adjacent County or State Line										
<input checked="" type="checkbox"/> Vehicle 1 <input type="checkbox"/> Hit & Run 1. Vision Obstruction <u>1</u> 2. Physical Condition <u>1</u> 3. Intoxication <u>1</u> Restrictions <u>None</u> Veh. Year <u>86</u> Veh. Make <u>Chevy</u> Veh. Type Code <u>P</u>			<input type="checkbox"/> Veh. 2 <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Hit & Run <input type="checkbox"/> Other 1. Vision Obstruction <u>14</u> 2. Physical Condition <u>8</u> 3. Intoxication <u>4</u> Restrictions _____ Veh. Year _____ Veh. Make _____ Veh. Type Code _____							
Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Trailer Type Code _____ Air Bag Deployed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1st Trailer No. of Axles _____ Passenger <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Width _____ inches Vehicle Driveable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Post Crash File <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2nd Trailer No. of Axles _____ Rollover <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Width _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length _____ feet Spilled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TAD <u>None</u> Crossed Median <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Est. Damage \$ <u>0</u>			Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Trailer Type Code _____ Air Bag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No 1st Trailer No. of Axles _____ Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Vehicle Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Post Crash File <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Trailer No. of Axles _____ Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No Width _____ inches Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____ feet Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No TAD _____ Crossed Median <input type="checkbox"/> Yes <input type="checkbox"/> No Est. Damage \$ _____							
OCCUPANT SECTION INSTRUCTIONS: Give injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).										
Driver 1				Driver 2, Pedestrian, Other						
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	
Left Front	0	3	W/F	20	Left Front	B	N/A	W/M	20	
Center Front					Center Front					
Right Front	0	1	O/M	39	Right Front					
Left Rear					Left Rear					
Center Rear					Center Rear					
Right Rear					Right Rear					
Total No. Occupants	2			Total Number Injured	0			Total No. Occupants	N/A	
Ambulance Requested	No			If yes, Ambulance Arrived At	(24 Hour Clock)					
Injured Take to	_____					Service by	_____			
Points of Initial Contact (write in codes)		  								
Veh. 1	Veh. 2									
21	Ped									
Accident Sequence		Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle, or Moped				
6. Vehicle Maneuver/ Ped Action		Veh. 1	Veh. 2 or Ped.	0. No Contact 25. Rollover 26. Unknown Underneath: 22. Front 23. Center 24. Rear		Roadway Information				
7. First Harmful Event		6	23	Speed Limit (each vehicle)		Veh. 1	Veh. 2 or Ped.			
7. Most Harmful Event		6 (21)	6 (23)	Estimated Original Traveling Speed		5	3			
8. Object Struck		4		Estimated Speed at Impact		20	2			
9. Distance to Object Struck		2		Tire Impression Before Impact (ft.)		0	4			
10. Vehicle Defects		7		Distance Traveled After Impact (ft)		unk.	1			
						11. Locality	3			
						12. Development Type	2			
						13. Road Feature	4			
						14. Road Character	1			
						15. Road Class	7			
						16. Number of Lanes	0			
						17. Road Config.	2			
						18. Road Surface	5			
						19. Road Defects	5			
						20. Road Condition	1			
						21. Light Condition	1			
						22. Weather	1			
						23. Traffic Control	11			
						Operating?	N			
						Visible?	N			

Figure 133. North Carolina Crash Report—Number 2

Date 4/1/91 Month Day Year	Day of Week MONDAY	County GUILFORD	Time 17:45 (24 hr. Clock)	Local Use/Patrol Areas	REPORT NUMBER NUMBER 3				
Collision Occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near <u>GREENSBORO</u> Municipality or <u> </u> Miles <input type="checkbox"/> N <input type="checkbox"/> E Outside <input type="checkbox"/> S <input type="checkbox"/> W Municip.									
on <u>205 Franklin Blvd.</u> (R.R. Crossing # <u> </u>) <u> </u> Miles <u>178</u> ft. <input checked="" type="checkbox"/> N <input type="checkbox"/> E <small>Highway Number, or Highway, Street, (If ramp or service road, indicate on line)</small> <input type="checkbox"/> S <input type="checkbox"/> W									
at or from <u>Hahns Lane</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward <u>E. Market St.</u> <small>Use Highway Number, Street Name, or Adjacent County or State Line</small>									
<input checked="" type="checkbox"/> Vehicle 1 <input type="checkbox"/> Hit & Run			<input type="checkbox"/> Veh. 2 <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Hit & Run <input type="checkbox"/> Other						
1. Vision Obstruction <u>1</u>		2. Physical Condition <u>1</u>		1. Vision Obstruction <u>1</u>		2. Physical Condition <u>1</u>			
3. Intoxication <u>1</u>		Restrictions <u>None</u>		3. Intoxication <u>1</u>		Restrictions <u> </u>			
Veh. Year <u>71</u>		Veh. Make <u>Volkswagon</u>		Veh. Year <u> </u>		Veh. Make <u> </u>			
Veh. Type Code <u>P</u>		Trailer Type Code <u> </u>		Veh. Type Code <u> </u>		Trailer Type Code <u> </u>			
Commercial Vehicle <input type="checkbox"/>		1st Trailer No. of Axles <u> </u>		Commercial Vehicle <input type="checkbox"/>		1st Trailer No. of Axles <u> </u>			
Air Bag Deployed <input type="checkbox"/>		Width <u> </u> inches		Air Bag Deployed <input type="checkbox"/>		Width <u> </u> inches			
Passenger <input type="checkbox"/>		Length <u> </u> feet		Passenger <input type="checkbox"/>		Length <u> </u> feet			
Vehicle Driveable <input checked="" type="checkbox"/>		2nd Trailer No. of Axles <u> </u>		Vehicle Driveable <input type="checkbox"/>		2nd Trailer No. of Axles <u> </u>			
Post Crash File <input type="checkbox"/>		Width <u> </u> inches		Post Crash File <input type="checkbox"/>		Width <u> </u> inches			
Rollover <input type="checkbox"/>		Length <u> </u> feet		Rollover <input type="checkbox"/>		Length <u> </u> feet			
Hazardous Cargo <input type="checkbox"/>		TAD <u>None</u>		Hazardous Cargo <input type="checkbox"/>		TAD <u> </u>			
Spilled <input type="checkbox"/>		Est. Damage \$ <u>0</u>		Spilled <input type="checkbox"/>		Est. Damage \$ <u> </u>			
Crossed Median <input type="checkbox"/>				Crossed Median <input type="checkbox"/>					
OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).									
Driver 1				Driver 2, Pedestrian, Other					
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age
Left Front	0	3	B/M	23	Left Front	A	N/A	W/F	36
Center Front					Center Front				
Right Front	0	3	B/F	29	Right Front				
Left Rear					Left Rear				
Center Rear					Center Rear				
Right Rear					Right Rear				
Total No. Occupants <u>2</u>		Total Number Injured <u>0</u>		Total No. Occupants <u>N/A</u>		Total Number Injured <u>1</u>			
Ambulance Requested <u>Yes</u>		If yes, Ambulance Arrived At <u> </u> (24 Hour Clock)		Injured Take to <u>Cone Hospital 1200 N. Elm St. Greensboro</u>		Served by <u> </u>			
Points of Initial Contact (write in codes)									
Veh. 1		Veh. 2		Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle, or Moped	
0		Ped							
Accident Sequence		Veh. 1 or Veh. 2		0. No Contact 25. Rollover 26. Unknown		Roadway Information		19. Road Defects	
6. Vehicle Manuever/ Ped Action		4		28		11. Locality		3	
7. First Harmful Event		5		Speed Limit (each vehicle)		12. Development Type		3	
7. Most Harmful Event		6		6		13. Road Feature		14	
8. Object Struck		4		Estimated Original Traveling Speed		14. Road Character		3	
9. Distance to Object Struck		3		Estimated Speed at Impact		15. Road Class		5	
10. Vehicle Defects		7		Tire Impression Before Impact (ft.)		16. Number of Lanes		2	
				Distance Traveled After Impact (ft.)		17. Road Config.		2	
						18. Road Surface		3	
								21. Light Condition	
								22. Weather	
								23 Traffic Control	
								11	
								Operating?	
								Visible?	

Figure 134. North Carolina Crash Report—Number 3

Circumstances Contributing to the Collision (Check as many apply)												Vehicle 1	
												Removed to	
												by _____	
												Authority _____	
												Vehicle 1	
												Removed to	
												by _____	
												Authority _____	
Driver 1 2				Driver 1 2				Driver 1 2					
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<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"/> </				

Date 4/1/91 Month Day Year	Day of Week MONDAY	County WAKE	Time 17:04 (24 hr. Clock)	Local Use/Patrol Areas	REPORT NUMBER NUMBER 4				
Collision Occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near <u>GARNER</u> Municipality or _____ Miles <input type="checkbox"/> N <input type="checkbox"/> E Outside <input type="checkbox"/> S <input type="checkbox"/> W Municip. on <u>AVERSBORO RD.</u> (R.R. Crossing # _____) _____ Miles <u>0</u> ft. <input type="checkbox"/> N <input type="checkbox"/> E Highway Number, or Highway, Street. (If ramp or service road, indicate on line) (0 ft-intersection) <input type="checkbox"/> S <input type="checkbox"/> W at or from <u>FOREST DR.</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward _____ <u>WADE AVE.</u> N S E W Use Highway Number, Street Name, or Adjacent County or State Line Use Highway Number, Street Name, or Adjacent County or State Line									
<input checked="" type="checkbox"/> Vehicle 1 <input type="checkbox"/> Hit & Run			<input type="checkbox"/> Veh. 2 <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Hit & Run <input type="checkbox"/> Other						
1. Vision Obstruction <u>1</u>		2. Physical Condition <u>1</u>		1. Vision Obstruction <u>1</u>		2. Physical Condition <u>1</u>			
3. Intoxication <u>1</u>		Restrictions <u>None</u>		3. Intoxication <u>1</u>		Restrictions _____			
Veh. Year <u>88</u>		Veh. Make <u>FORD</u>		Veh. Year _____		Veh. Make _____			
Veh. Type Code <u>P</u>		Veh. Type Code _____		Veh. Year _____		Veh. Make _____			
Commercial Vehicle <input type="checkbox"/>		Trailer Type Code _____		Commercial Vehicle <input type="checkbox"/>		Trailer Type Code _____			
Air Bag Deployed <input type="checkbox"/>		1st Trailer No. of Axles _____		Air Bag Deployed <input type="checkbox"/>		1st Trailer No. of Axles _____			
Passenger Vehicle Driveable <input checked="" type="checkbox"/>		Width _____ inches		Passenger Vehicle Driveable <input type="checkbox"/>		Width _____ inches			
Post Crash File <input type="checkbox"/>		Length _____ feet		Post Crash File <input type="checkbox"/>		Length _____ feet			
Rollover <input type="checkbox"/>		2nd Trailer No. of Axles _____		Rollover <input type="checkbox"/>		2nd Trailer No. of Axles _____			
Hazardous Cargo <input type="checkbox"/>		Width _____ inches		Hazardous Cargo <input type="checkbox"/>		Width _____ inches			
Spilled <input type="checkbox"/>		Length _____ feet		Spilled <input type="checkbox"/>		Length _____ feet			
Crossed Median <input type="checkbox"/>		TAD <u>None</u>		Crossed Median <input type="checkbox"/>		TAD _____			
Est. Damage \$ <u>0</u>		Est. Damage \$ _____		Est. Damage \$ _____		Est. Damage \$ _____			
OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).									
Driver 1					Driver 2, Pedestrian, Other				
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age
Left Front	<u>0</u>	<u>3</u>	<u>W/F</u>	<u>26</u>	Left Front	<u>C</u>	<u>N/A</u>	<u>B/F</u>	<u>25</u>
Center Front					Center Front				
Right Front	<u>0</u>	<u>3</u>	<u>W/M</u>	<u>3</u>	Right Front				
Left Front	<u>0</u>	<u>4</u>	<u>W/M</u>	<u>6 mon.</u>	Left Front				
Center Rear					Center Rear				
Right Rear					Right Rear				
Total No. Occupants <u>3</u>		Total Number Injured <u>0</u>			Total No. Occupants <u>N/A</u>		Total Number Injured <u>1</u>		
Ambulance Requested <u>Yes</u>		If yes, Ambulance Arrived At _____ (24 Hour Clock)							
Injured Take to <u>Cone Hospital 1200 N. Elm St. Greensboro</u>		Serviced by _____							
Points of Initial Contact (write in codes)									
Veh. 1		Veh. 2		Motorcycle, Bicycle, or Moped					
<u>1</u>		<u>Ped</u>		<u>30</u>					
<u>2</u>									
Passenger Cars/Small Trucks			Tractor-Trailers			Motorcycle, Bicycle, or Moped			
Accident Sequence		Veh. 1		Veh. 2 or Ped.		Roadway Information		19. Road Defects	
6. Vehicle Maneuver/ Ped Action		<u>8</u>		<u>17</u>		11. Locality <u>3</u>		20. Road Condition <u>1</u>	
7. First Harmful Event		<u>6</u>		<u>6</u>		12. Development Type <u>2</u>		21. Light Condition <u>1</u>	
7. Most Harmful Event		<u>6</u>		<u>6</u>		13. Road Feature <u>6</u>		22. Weather <u>1</u>	
8. Object Struck		<u>7</u>		<u>7</u>		14. Road Character <u>2</u>		23. Traffic Control <u>4</u>	
9. Distance to Object Struck		<u>8</u>		<u>8</u>		15. Road Class <u>4</u>		Operating? <u>Y</u>	
10. Vehicle Defects		<u>8</u>		<u>8</u>		16. Number of Lanes <u>4</u>		Visible? <u>Y</u>	
						17. Road Config. <u>2</u>			
						18. Road Surface <u>4</u>			

Figure 135. North Carolina Crash Report—Number 4

Circumstances Contributing to the Collision (Check as many apply)										Vehicle 1	
										Removed to	
										by _____	
										Authority _____	
										Vehicle 1	
										Removed to	
										by _____	
										Authority _____	
										Report Number 4	
Vehicle 1 was traveling <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W on <i>Aversboro Rd.</i>											
Vehicle 1 was traveling <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W on <i>Aversboro Rd.</i>											
DIAGRAM											
DESCRIPTION											
<p>DRIVER #1 STATED THAT SHE STOPPED AT INTERSECTION, WAITED FOR AN OPENING IN TRAFFIC, AND PROCEEDED TO TURN LEFT ONTO AVERSBORO RD. SHE SAID SHE DID NOT SEE THE PEDESTRIAN UNTIL SHE STRUCK HER. THE PEDESTRIAN STATED THAT WHEN THERE WAS AN OPENING IN TRAFFIC AND STARTED TO CROSS THE ROAD. SHE SAID SHE SAW VEH #1 STOPPED AND DID NOT KNOW SHE WOULD PULL OUT. WITNESSES STATED THAT THE PEDESTRIAN WAS CROSSING THE ROAD WHEN VEHICLE #1 PULLED OUT AND THEY COLLIDED.</p>											

Figure 135. North Carolina Crash Report—Number 4 (continued)

Date 4/1/91 Month Day Year		Day of Week MONDAY		County WILKES		Time 21:15 (24 hr. Clock)		Local Use/Patrol Areas		REPORT NUMBER NUMBER 5			
Location: Collision Occurred <input type="checkbox"/> In <input checked="" type="checkbox"/> Near <u>WILKESBORO</u> Municipality or <u>7 . 70</u> Miles <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W Outside Municip.													
Location: on <u>N.C. 18</u> Highway Number, or Highway, Street. (If ramp or service road, indicate on line) (R.R. Crossing # _____) <u>12</u> Miles <u>0</u> ft. <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W (0 ft-intersection)													
Direction: at or from <u>RP-1114</u> <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W toward <u>RUP-1118</u>													
Use Highway Number, Street Name, or Adjacent County or State Line													
<input checked="" type="checkbox"/> Vehicle 1 <input type="checkbox"/> Hit & Run						<input type="checkbox"/> Veh. 2 <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Hit & Run <input type="checkbox"/> Other							
1. Vision Obstruction <u>1</u>			2. Physical Condition <u>8</u>			1. Vision Obstruction <u>1</u>			2. Physical Condition <u>1</u>				
3. Intoxication <u>1</u>			Restrictions <u>None</u>			3. Intoxication <u>1</u>			Restrictions _____				
Veh. Year <u>86</u>		Veh. Make <u>Mercedes</u>		Veh. Type Code <u>P</u>		Veh. Year _____		Veh. Make _____		Veh. Type Code _____			
Commercial Vehicle <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Trailer Type Code _____		Commercial Vehicle <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Trailer Type Code _____			
Air Bag Deployed <input type="checkbox"/>		Passenger <input checked="" type="checkbox"/>		1st Trailer No. of Axles _____		Air Bag Deployed <input type="checkbox"/>		Passenger <input type="checkbox"/>		1st Trailer No. of Axles _____			
Vehicle Driveable <input checked="" type="checkbox"/>		Width _____ inches		Length _____ feet		Vehicle Driveable <input type="checkbox"/>		Width _____ inches		Length _____ feet			
Post Crash File <input type="checkbox"/>		2nd Trailer No. of Axles _____		Rollover <input type="checkbox"/>		Post Crash File <input type="checkbox"/>		2nd Trailer No. of Axles _____		Rollover <input type="checkbox"/>			
Hazardous Cargo <input type="checkbox"/>		Spilled <input checked="" type="checkbox"/>		TAD <u>None</u>		Hazardous Cargo <input type="checkbox"/>		Spilled <input type="checkbox"/>		TAD _____			
Crossed Median <input type="checkbox"/>		Est. Damage \$ <u>0</u>		Crossed Median <input type="checkbox"/>		Est. Damage \$ _____							
OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).													
Driver 1					Driver 2, Pedestrian, Other								
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age				
Left Front	<u>0</u>	<u>1</u>	<u>W/F</u>	<u>35</u>	Left Front	<u>A</u>	<u>N/A</u>	<u>W/M</u>	<u>23</u>				
Center Front					Center Front								
Right Front	<u>0</u>	<u>3</u>	<u>W/F</u>	<u>12</u>	Right Front								
Left Rear					Left Rear								
Center Rear					Center Rear								
Right Rear					Right Rear								
Total No. Occupants <u>2</u>		Total Number Injured <u>0</u>		Total No. Occupants <u>N/A</u>		Total Number Injured <u>1</u>							
Ambulance Requested _____		If yes, Ambulance Arrived At _____		21:29 (24 Hour Clock)									
Injured Take to <u>Wilkes Gernal Hospital</u>		Serviced by _____											
Points of Initial Contact (write in codes)													
Veh. 1		Veh. 2		Passenger Cars/Small Trucks				Tractor-Trailers				Motorcycle, Bicycle, or Moped	
<u>21</u>		<u>Ped</u>											
<u>20</u>													
<u>19</u>													
Accident Sequence		Veh. 1		Veh. 2 or Ped.		0. No Contact 25. Rollover 26. Unknown				Roadway Information		19. Road Defects	
6. Vehicle Manuever/ Ped Action		<u>4</u>		<u>20</u>		Underneath: 22. Front 23. Center 24. Rear				11. Locality <u>1</u>		20. Road Condition <u>1</u>	
7. First Harmful Event		<u>6</u>				Speed Limit (each vehicle) <u>45</u>				12. Development Type <u>1</u>		21. Light Condition <u>5</u>	
7. Most Harmful Event		<u>6</u>				Estimated Original Traveling Speed <u>35</u>				13. Road Feature <u>14</u>		22. Weather <u>1</u>	
8. Object Struck		<u>4</u>				Estimated Speed at Impact <u>35</u>				14. Road Character <u>7</u>		23. Traffic Control <u>11</u>	
9. Distance to Object Struck		<u>1</u>				Tire Impression Before Impact (ft.) <u>0</u>				15. Road Class <u>3</u>			
10. Vehicle Defects		<u>8</u>				Distance Traveled After Impact (ft) <u>left scene</u>				16. Number of Lanes <u>2</u>		17. Road Config. <u>2</u> Operating? _____	
										17. Road Config. <u>2</u> Visible? _____			
										18. Road Surface <u>3</u>			

Figure 136. North Carolina Crash Report—Number 5

Circumstances Contributing to the Collision (Check as many apply)										Vehicle 1		
										Removed to		
										by _____		
										Authority _____		
										Vehicle 2		
										Removed to		
										by _____		
										Authority _____		
Driver 1 2	<input type="checkbox"/>	<input type="checkbox"/>	Driver 1 2	<input type="checkbox"/>	<input type="checkbox"/>	Driver 1 2	<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"/>	<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"/>		
	<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"/>		<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"/>		<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"/>	<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"/>		
	<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"/>		<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"/>		<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"/>	<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"/>		
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	<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"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	<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"/>			

Date 4/2/91 Month Day Year		Day of Week TUESDAY		County NEW HANOVER		Time 15:02 (24 hr. Clock)		Local Use/Patrol Areas		REPORT NUMBER NUMBER 6		
L o c a t i o n	Collision Occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near		WILMINGTON Municipality				or _____ Miles		<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	Outside Municip.	
	on <u>N. 30th St. (700 Blk)</u>		(R.R. Crossing # _____)		_____ Miles <u>50</u> ft.		(0 ft-intersection)		<input type="checkbox"/> N <input checked="" type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W		
	at or from <u>CLAYTON PLACE</u>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		toward		<u>EMORY ST.</u>					
	Use Highway Number, Street Name, or Adjacent County or State Line						Use Highway Number, Street Name, or Adjacent County or State Line					
<input type="checkbox"/> Vehicle 1						<input checked="" type="checkbox"/> Hit & Run						
<input type="checkbox"/> Veh. 2						<input checked="" type="checkbox"/> Pedestrian						
<input type="checkbox"/> Hit & Run						<input type="checkbox"/> Other						
1. Vision Obstruction			2. Physical Condition			1. Vision Obstruction			2. Physical Condition			
3. Intoxication			Restrictions			1			1			
Veh. Year			Veh. Make			Veh. Type Code			Veh. Year			
			OLDS			P						
Commercial Vehicle			Trailer Type Code			Commercial Vehicle			Trailer Type Code			
Air Bag Deployed			1st Trailer No. of Axles			Air Bag Deployed			1st Trailer No. of Axles			
Passenger			Width _____ inches			Passenger			Width _____ inches			
Vehicle Driveable			Length _____ feet			Vehicle Driveable			Length _____ feet			
Post Crash File			2nd Trailer No. of Axles			Post Crash File			2nd Trailer No. of Axles			
Rollover			Width _____ inches			Rollover			Width _____ inches			
Hazardous Cargo			Length _____ feet			Hazardous Cargo			Length _____ feet			
Spilled			TAD _____ FC-D _____			Spilled			TAD _____			
Crossed Median			Est. Damage \$ _____			Crossed Median			Est. Damage \$ _____			
X			UNK.									
OCCUPANT SECTION INSTRUCTIONS: Give iNjury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).												
Driver 1					Driver 2, Pedestrian, Other							
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age			
Left Front					Left Front	B	N/A	B/M	7			
Center Front					Center Front							
Right Front					Right Front							
Left Rear					Left Rear							
Center Rear					Center Rear							
Right Rear					Right Rear							
Total No. Occupants		1		Total Number Injured		0		Total No. Occupants		N/A		
Total Number Injured		0		Total No. Occupants		N/A		Total Number Injured		1		
Ambulance Requested		No		If yes, Ambulance Arrived At				(24 Hour Clock)				
Injured Take to				Serviced by								
Points of Initial Contact (write in codes)												
Veh. 1		Veh. 2		Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle, or Moped				
2		Ped										
6. Vehicle Maneuver/Ped Action		8		27		Roadway Information		19. Road Defects		7		
7. First Harmful Event		6		Speed Limit (each vehicle)		11. Locality		20. Road Condition		1		
7. Most Harmful Event		6		Estimated Original Traveling Speed		12. Development Type		21. Light Condition		1		
8. Object Struck		4		Estimated Speed at Impact		13. Road Feature		22. Weather		1		
9. Distance to Object Struck		8		Tire Impression Before Impact (ft.)		14. Road Character		23 Traffic Control		11		
10. Vehicle Defects				Distance Traveled After Impact (ft.)		15. Road Class						
						16. Number of Lanes		17. Road Config.		Operating?		
						17. Road Config.		18. Road Surface		Visible?		
						18. Road Surface						

Figure 137. North Carolina Crash Report—Number 6

Circumstances Contributing to the Collision (Check as many as apply)										Vehicle 1	
Driver 1 2				Driver 1 2				Driver 1 2		Removed to	
<input type="checkbox"/>	<input type="checkbox"/>	1. None	<input type="checkbox"/>	<input type="checkbox"/>	10. Pass stopped school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	by _____	
<input type="checkbox"/>	<input type="checkbox"/>	2. Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	11. Passing on hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authority	
<input type="checkbox"/>	<input type="checkbox"/>	3. Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	12. Passing on curve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle 2	
<input type="checkbox"/>	<input type="checkbox"/>	4. Yield	<input type="checkbox"/>	<input type="checkbox"/>	13. Other improper passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removed to	
<input type="checkbox"/>	<input type="checkbox"/>	5. Stop sign	<input type="checkbox"/>	<input type="checkbox"/>	14. Improper lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	by _____	
<input type="checkbox"/>	<input type="checkbox"/>	6. Traffic signal	<input type="checkbox"/>	<input type="checkbox"/>	15. Use of improper lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authority	
<input type="checkbox"/>	<input type="checkbox"/>	7. Exceeding speed limit	<input type="checkbox"/>	<input type="checkbox"/>	16. Improper turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle 2	
<input type="checkbox"/>	<input type="checkbox"/>	8. Exceeding safe speed	<input type="checkbox"/>	<input type="checkbox"/>	17. Improper or no signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removed to	
<input type="checkbox"/>	<input type="checkbox"/>	9. Failure to reduce speed	<input type="checkbox"/>	<input type="checkbox"/>	18. Improper vehicle equip.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	by _____	
										Authority	
Vehicle 1 was traveling <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W on <i>N. 30th St.</i>										Report Number 6	
Vehicle 1 was traveling <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W on <i>N. 30th St.</i>											
DIAGRAM											
DESCRIPTION											
<p>PEDESTRIAN STATED THAT HE WAS CROSSING THE STREET AND VEH. #1, A COPPER COLORED OLDSMOBILE WAS PULLING OUT OF A PARKING LOT AND STRUCK HIM IN THE MIDDLE OF THE STREET AND CONTINUED SOUTH ON N. 30th Street.</p>											

Figure 137. North Carolina Crash Report—Number 6 (continued)

Circumstances Contributing to the Collision (Check as many as apply)										Vehicle 1						
Driver 1 2				Driver 1 2				Driver 1 2				Removed to				
<input checked="" type="checkbox"/>		1. None				10. Pass stopped school bus				19. Safe movement violation		by				
		2. Alcohol Use				11. Passing on hill				20. Following too closely		Authority				
		3. Drug Use				12. Passing on curve				21. Improper backing						
		4. Yield				13. Other improper passing				22. Improper parking		Vehicle 2				
		5. Stop sign				14. Improper lane				23. Unable to determine		Removed to				
		6. Traffic signal				15. Use of improper lane				24. Left of center		by				
		7. Exceeding speed limit				16. Improper turn				25. Right turn on red		Authority				
		8. Exceeding safe speed				17. Improper or no signal				26. Other						
		9. Failure to reduce speed				18. Improper vehicle equip.										
Vehicle 1 was traveling										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on	FIRST ST.	Report Number 7
Vehicle 1 was traveling										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	on		
DIAGRAM																
DESCRIPTION																
<p>VEHICLE #1 WAS TRAVELING NORTH ON FIRST ST. DRIVER STATED THAT SHE HAD JUST LEFT TRAFFIC LIGHT AND WAS DRIVING ALONG SEVERAL PARKED CARS WHEN SHE SAW THE LITTLE GIRL COME OUT IN FRONT OF ANOTHER PARKED VEHICLE. SHE STATED SHE STOPPED AS SOON AS SHE COULD. THE LITTLE GIRL FELL DOWN. THEN GOT UP AND RAN ACROSSTHE STREET TO HER FATHER. FATHER OF THE GIRL STATED "MY DAUGHTER JUST RAN OUT IN FRONT OF THAT CAR. SHE WAS VERY LUCKY." TWO OTHER WITNESSES STATED THAT THE VEHICLE DID NOT HAVE TIME TO STOP WHEN THE GIRL RAN OUT IN FRONT OF IT.</p>																

Figure 138. North Carolina Crash Report—Number 7 (continued)

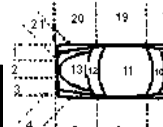
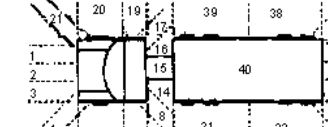
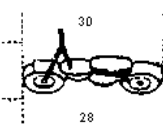
Date 4/4/91 Month Day Year	Day of Week THURSDAY	County MECKLENBURG	Time 19:55 (24 hr. Clock)	Local Use/Patrol Areas	REPORT NUMBER NUMBER 8				
Collision Occurred <input type="checkbox"/> In <input checked="" type="checkbox"/> Near <u>CHARLOTTE</u> Municipality or <u>0.3</u> Miles <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Outside Municip. on <u>US 29</u> (R.R. Crossing # _____) <u>9.3</u> Miles ft. <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W at or from <u>NC 49</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward <u>RP-2665</u> Use Highway Number, Street Name, or Adjacent County or State Line Use Highway Number, Street Name, or Adjacent County or State Line									
<input checked="" type="checkbox"/> Vehicle 1		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Veh. 2 <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Hit & Run <input type="checkbox"/> Other					
1. Vision Obstruction <u>1</u>		2. Physical Condition <u>1</u>		1. Vision Obstruction <u>1</u> 2. Physical Condition <u>1</u>					
3. Intoxication <u>1</u>		Restrictions _____		3. Intoxication <u>1</u> Restrictions _____					
Veh. Year <u>81</u> Veh. Make <u>BUICK</u> Veh. Type Code <u>P</u>		Veh. Year _____ Veh. Make _____ Veh. Type Code _____		Veh. Year _____ Veh. Make _____ Veh. Type Code _____					
Commercial Vehicle <input type="checkbox"/>		Trailer Type Code _____		Commercial Vehicle <input type="checkbox"/>					
Air Bag Deployed <input type="checkbox"/>		1st Trailer No. of Axles _____		Air Bag Deployed <input type="checkbox"/>					
Passenger <input type="checkbox"/>		Width _____ inches		Passenger <input type="checkbox"/>					
Vehicle Driveable <input type="checkbox"/>		Length _____ feet		Vehicle Driveable <input type="checkbox"/>					
Post Crash File <input type="checkbox"/>		2nd Trailer No. of Axles _____		Post Crash File <input type="checkbox"/>					
Rollover <input type="checkbox"/>		Width _____ inches		Rollover <input type="checkbox"/>					
Hazardous Cargo <input type="checkbox"/>		Length _____ feet		Hazardous Cargo <input type="checkbox"/>					
Spilled <input type="checkbox"/>		TAD <u>FD-4</u>		Spilled <input type="checkbox"/>					
Crossed Median <input type="checkbox"/>		Est. Damage \$ <u>2000</u>		Crossed Median <input type="checkbox"/>					
Est. Damage \$ _____		Est. Damage \$ _____		Est. Damage \$ _____					
OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).									
Driver 1				Driver 2, Pedestrian, Other					
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age
Left Front	<u>c</u>	<u>3</u>	<u>W/M</u>	<u>34</u>	Left Front	<u>C</u>	<u>N/A</u>	<u>B/M</u>	<u>34</u>
Center Front					Center Front				
Right Front					Right Front				
Left Rear					Left Rear				
Center Rear					Center Rear				
Right Rear					Right Rear				
Total No. Occupants <u>1</u>		Total Number Injured <u>1</u>		Total No. Occupants <u>N/A</u>		Total Number Injured <u>1</u>			
Ambulance Requested <u>YES</u>		If yes, Ambulance Arrived At <u>20:05</u> (24 Hour Clock)							
Injured Take to <u>University Memorial Hospital, Charlotte</u>		Serviced by _____							
Points of Initial Contact (write in codes)									
Veh. 1	Veh. 2	Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle, or Moped			
<u>1</u>	<u>Ped</u>								
<u>2</u>									
<u>3</u>									
Accident Sequence		Veh. 1 or Ped.		0. No Contact 25. Rollover 26. Unknown Underneath: 22. Front 23. Center 24. Rear		Roadway Information		19. Road Defects	
6. Vehicle Maneuver/ Ped Action		<u>4</u>		<u>27</u>		11. Locality <u>1</u>		20. Road Condition <u>1</u>	
7. First Harmful Event		<u>22</u>		Speed Limit (each vehicle) <u>45</u>		12. Development Type <u>3</u>		21. Light Condition <u>5</u>	
7. Most Harmful Event		<u>22</u>		Estimated Original Traveling Speed <u>45</u>		13. Road Feature <u>14</u>		22. Weather <u>1</u>	
8. Object Struck		<u>1</u>		Estimated Speed at Impact <u>45</u>		14. Road Character <u>1</u>		23. Traffic Control <u>11</u>	
9. Distance to Object Struck		<u>8</u>		Tire Impression Before Impact (ft.) <u>none</u>		15. Road Class <u>2</u>			
10. Vehicle Defects		<u>8</u>		Distance Traveled After Impact (ft) <u>66'</u>		16. Number of Lanes <u>4</u>			
						17. Road Config. <u>3</u>		Operating? <input type="checkbox"/>	
						18. Road Surface <u>3</u>		Visible? <input type="checkbox"/>	

Figure 139. North Carolina Crash Report—Number 8

Date 4/4/91 Month Day Year		Day of Week THURSDAY		County WAKE		Time 19:55 (24 hr. Clock)		Local Use/Patrol Areas		REPORT NUMBER NUMBER 9													
Location	Collision Occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near <u>RALEIGH</u> Municipality or _____ Miles										<input type="checkbox"/> N <input type="checkbox"/> E Outside <input type="checkbox"/> S <input type="checkbox"/> W Municip.												
	on <u>S. BLOUNT ST.</u> (R.R. Crossing # _____) _____ Miles <u>35'7"</u> ft.										<input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W (0 ft-intersection)												
	at or from <u>BRANCH ST.</u> _____ toward _____ <u>HOKE ST.</u> N S E W																						
Use Highway Number, Street Name, or Adjacent County or State Line						Use Highway Number, Street Name, or Adjacent County or State Line																	
<input checked="" type="checkbox"/> Vehicle 1				<input type="checkbox"/> Hit & Run				<input type="checkbox"/> Veh. 2				<input checked="" type="checkbox"/> Pedestrian				<input type="checkbox"/> Hit & Run				<input type="checkbox"/> Other			
1. Vision Obstruction <u>1</u>				2. Physical Condition <u>1</u>				1. Vision Obstruction <u>8</u>				2. Physical Condition <u>1</u>											
3. Intoxication <u>5 (test given)</u>				Restrictions _____				3. Intoxication <u>1</u>				Restrictions _____											
Veh. Year <u>87</u>				Veh. Make <u>Jeep</u>				Veh. Year _____				Veh. Make _____				Veh. Type Code _____							
Veh. Type Code <u>SUV</u>																							
Commercial Vehicle <input type="checkbox"/>				Trailer Type Code _____				Commercial Vehicle <input type="checkbox"/>				Trailer Type Code _____											
Air Bag Deployed <input type="checkbox"/>				1st Trailer No. of Axles _____				Air Bag Deployed <input type="checkbox"/>				1st Trailer No. of Axles _____											
Passenger <input type="checkbox"/>				Width _____ inches				Passenger <input type="checkbox"/>				Width _____ inches											
Vehicle Driveable <input checked="" type="checkbox"/>				Length _____ feet				Vehicle Driveable <input type="checkbox"/>				Length _____ feet											
Post Crash File <input type="checkbox"/>				2nd Trailer No. of Axles _____				Post Crash File <input type="checkbox"/>				2nd Trailer No. of Axles _____											
Rollover <input type="checkbox"/>				Width _____ inches				Rollover <input type="checkbox"/>				Width _____ inches											
Hazardous Cargo Spilled <input type="checkbox"/>				Length _____ feet				Hazardous Cargo Spilled <input type="checkbox"/>				Length _____ feet											
TAD _____				TAD <u>RFQ-0</u>				TAD _____				TAD _____											
Crossed Median <input type="checkbox"/>				Est. Damage \$ <u>0</u>				Crossed Median <input type="checkbox"/>				Est. Damage \$ _____											
OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).																							
Driver 1					Driver 2, Pedestrian, Other																		
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age														
Left Front	O	3	B/M	16	Left Front	B	N/A	B/M	12														
Center Front					Center Front																		
Right Front	O	3	B/M	17	Right Front																		
Left Rear					Left Rear																		
Center Rear					Center Rear																		
Right Rear					Right Rear																		
Total No. Occupants <u>2</u>					Total Number Injured <u>0</u>					Total No. Occupants <u>N/A</u>					Total Number Injured <u>1</u>								
Ambulance Requested <u>YES</u> If yes, Ambulance Arrived At <u>19:24</u> (24 Hour Clock)										Injured Take to <u>WAKE MEDICAL CENTER</u> Serviced by _____													
Points of Initial Contact (write in codes)																							
Veh. 1		Veh. 2																					
5		Ped																					
Accident Sequence				Passenger Cars/Small Trucks				Tractor-Trailers				Motorcycle, Bicycle, or Moped											
6. Vehicle Maneuver/Ped Action				0. No Contact 25. Rollover 26. Unknown				Roadway Information				19. Road Defects											
4				18				22. Front 23. Center 24. Rear				7											
7. First Harmful Event				Speed Limit (each vehicle)				11. Locality				20. Road Condition											
6				35				3				1											
8. Object Struck				Estimated Original Traveling Speed				12. Development Type				21. Light Condition											
4				35-40				3				4											
9. Distance to Object Struck				Estimated Speed at Impact				13. Road Feature				22. Weather											
1				35				14				1											
10. Vehicle Defects				Tire Impression Before Impact (ft.)				15. Road Class				23 Traffic Control											
8				0				5				11											
				Distance Traveled After Impact (ft.)				16. Number of Lanes															
				10'				2															
								17. Road Config.				Operating? Visible?											
								3															
								3															

Figure 140. North Carolina Crash Report—Number 9

Circumstances Contributing to the Collision (Check as many as apply)										Vehicle 1	
										Removed to	
										by _____	
										Authority	
										Vehicle 2	
										Removed to	
										by _____	
										Authority	
Driver 1 2		Driver 1 2		Driver 1 2		Driver 1 2		Driver 1 2			
<input checked="" 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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Date 4/5/91 Month Day Year	Day of Week FRIDAY	County GUILFORD	Time 19:30 (24 hr. Clock)	Local Use/Patrol Areas	REPORT NUMBER NUMBER 10				
Collision Occurred <input checked="" type="checkbox"/> In <input type="checkbox"/> Near <u>GREENSBORO</u> Municipality or _____ Miles <input type="checkbox"/> N <input type="checkbox"/> E Outside <input type="checkbox"/> S <input type="checkbox"/> W Municip.									
on <u>PVA (3028 High Point Rd.)</u> (R.R. Crossing # _____) _____ Miles <u>300</u> ft. <input type="checkbox"/> N <input type="checkbox"/> E Highway Number, or Highway, Street. (If ramp or service (0 ft-intersection) <input checked="" type="checkbox"/> S <input type="checkbox"/> W road, indicate on line)									
at or from <u>W. MEADOWVIEW RD.</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W toward _____ Use Highway Number, Street Name, or Adjacent County or State Line									
<input type="checkbox"/> Vehicle 1 <input checked="" type="checkbox"/> Hit & Run					<input type="checkbox"/> Veh. 2 <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Hit & Run <input type="checkbox"/> Other				
1. Vision Obstruction <u>14</u>		2. Physical Condition <u>8</u>		1. Vision Obstruction <u>4</u>		2. Physical Condition <u>1</u>			
3. Intoxication <u>4</u>		Restrictions _____		3. Intoxication <u>1</u>		Restrictions _____			
Veh. Year _____ Veh. Make _____ Veh. Type Code _____		Veh. Year _____ Veh. Make _____ Veh. Type Code _____		Veh. Year _____ Veh. Make _____ Veh. Type Code _____		Veh. Year _____ Veh. Make _____ Veh. Type Code _____			
Commercial Vehicle <input type="checkbox"/>		Trailer Type Code _____		Commercial Vehicle <input type="checkbox"/>		Trailer Type Code _____			
Air Bag Deployed <input type="checkbox"/>		1st Trailer No. of Axles _____		Air Bag Deployed <input type="checkbox"/>		1st Trailer No. of Axles _____			
Passenger <input type="checkbox"/>		Width _____ inches		Passenger <input type="checkbox"/>		Width _____ inches			
Vehicle Driveable <input type="checkbox"/>		Length _____ feet		Vehicle Driveable <input type="checkbox"/>		Length _____ feet			
Post Crash File <input type="checkbox"/>		2nd Trailer No. of Axles _____		Post Crash File <input type="checkbox"/>		2nd Trailer No. of Axles _____			
Rollover <input type="checkbox"/>		Width _____ inches		Rollover <input type="checkbox"/>		Width _____ inches			
Hazardous Cargo <input type="checkbox"/>		Length _____ feet		Hazardous Cargo <input type="checkbox"/>		Length _____ feet			
Spilled <input type="checkbox"/>		TAD _____		Spilled <input type="checkbox"/>		TAD _____			
Crossed Median <input type="checkbox"/>		Est. Damage \$ _____		Crossed Median <input type="checkbox"/>		Est. Damage \$ _____			
OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top).									
Driver 1				Driver 2, Pedestrian, Other					
Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age	Seat	4. Inj. Class	5. Belt/Helmet	Race/Sex	Age
Left Front	unknown	unknown	unknown	unk.	Left Front	C	N/A	W/F	37
Center Front					Center Front				
Right Front					Right Front				
Left Rear					Left Rear				
Center Rear					Center Rear				
Right Rear					Right Rear				
Total No. Occupants		Total Number Injured			Total No. Occupants		Total Number Injured		
					N/A		1		
Ambulance Requested		If yes, Ambulance Arrived At _____ (24 Hour Clock)							
No									
Injured Take to _____				Serviced by _____					
Points of Initial Contact (write in codes)									
Veh. 1		Veh. 2		Ped					
2		Ped							
Passenger Cars/Small Trucks		Tractor-Trailers		Motorcycle, Bicycle, or Moped					
Accident Sequence		Veh. 1 Veh. 2 or Ped.		0. No Contact 25. Rollover 26. Unknown		Roadway Information		19. Road Defects	
6. Vehicle Maneuver/ Ped Action		14 28		Underneath: 22. Front 23. Center 24. Rear				7	
7. First Harmful Event		12 12		Speed Limit (each vehicle)		11. Locality		20. Road Condition	
7. Most Harmful Event		12 12		Estimated Original Traveling		3		1	
8. Object Struck		35 35		Speed		12. Development Type		21. Light Condition	
9. Distance to Object Struck		4 4		Estimated Speed at Impact		3		2	
10. Vehicle Defects		8		Tire Impression Before Impact (ft.)		13. Road Feature		22. Weather	
				0		3		1	
				Distance Traveled After Impact (ft.)		14. Road Character		23. Traffic Control	
				0		6		11	
						15. Road Class		Operating?	
						0		Visible?	
						2			
						3			

Figure 141. North Carolina Crash Report—Number 10

Circumstances Contributing to the Collision (Check as many as apply)												Vehicle 1			
										Removed to					
										by					
										Authority					
										Vehicle 2					
										Removed to					
										by					
										Authority					
										Report Number 10					
Driver 1 2 Driver 1 2 Driver 1 2 <input type="checkbox"/> <input checked="" type="checkbox"/> 1. None <input type="checkbox"/> <input type="checkbox"/> 10. Pass stopped school bus <input checked="" type="checkbox"/> <input type="checkbox"/> 19. Safe movement violation <input type="checkbox"/> <input type="checkbox"/> 2. Alcohol Use <input type="checkbox"/> <input type="checkbox"/> 11. Passing on hill <input type="checkbox"/> <input type="checkbox"/> 20. Following too closely <input type="checkbox"/> <input type="checkbox"/> 3. Drug Use <input type="checkbox"/> <input type="checkbox"/> 12. Passing on curve <input type="checkbox"/> <input type="checkbox"/> 21. Improper backing <input type="checkbox"/> <input type="checkbox"/> 4. Yield <input type="checkbox"/> <input type="checkbox"/> 13. Other improper passing <input type="checkbox"/> <input type="checkbox"/> 22. Improper parking <input type="checkbox"/> <input type="checkbox"/> 5. Stop sign <input type="checkbox"/> <input type="checkbox"/> 14. Improper lane <input type="checkbox"/> <input type="checkbox"/> 23. Unable to determine <input type="checkbox"/> <input type="checkbox"/> 6. Traffic signal <input type="checkbox"/> <input type="checkbox"/> 15. Use of improper lane <input type="checkbox"/> <input type="checkbox"/> 24. Left of center <input type="checkbox"/> <input type="checkbox"/> 7. Exceeding speed limit <input type="checkbox"/> <input type="checkbox"/> 16. Improper turn <input type="checkbox"/> <input type="checkbox"/> 25. Right turn on red <input type="checkbox"/> <input type="checkbox"/> 8. Exceeding safe speed <input type="checkbox"/> <input type="checkbox"/> 17. Improper or no signal <input checked="" type="checkbox"/> <input type="checkbox"/> 26. Other <i>Hit and Run</i> <input type="checkbox"/> <input type="checkbox"/> 9. Failure to reduce speed <input type="checkbox"/> <input type="checkbox"/> 18. Improper vehicle equip. <input type="checkbox"/> <input type="checkbox"/>															
Vehicle 1 was traveling <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W on PVA															
Vehicle 1 was traveling <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W on PVA															
DIAGRAM															
<p style="text-align: center;">INDICATE NORTH</p> <p style="text-align: center;">BATHROOM</p> <p style="text-align: center;">PEDESTRIAN</p> <p style="text-align: center;">1</p> <p style="text-align: center;">3028 HIGH POINT RD.</p> <p style="text-align: center;">OFFICE</p>															
DESCRIPTION															
<p>THE DRIVER OF VEH. #1 LEFT A SMALL CHILD UNATTENDED IN HER VEHICLE PARKED IN FRONT OF THE BATHROOM AT 3028 HIGH POINT RD. AT THIS TIME, THE CHILD APPARENTLY PUT VEH #1 IN GEAR. VEH. #1 THEN MOVED FORWARD STRIKING THE LADIES BATHROOM KNOCKING THE DOOR OFF ITS HINGES. A PEDESTRIAN WAS IN THE BATHROOM AT THE TIME AND WAS STRUCK WITH THE BATHROOM DOOR.</p>															

Figure 141. North Carolina Crash Report—Number 10 (continued)

Table 14. Correct Responses to the Crash Typing Logic for the 10 Sample Pedestrian Crashes

Report No.	Screen Header	Question	Correct Response
1	Crash Location	Where did the crash occur?	Nonroadway Location
	Ped position—nonroadway	What was the position of the pedestrian when struck?	Other Nonroadway Areas
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	Backing Vehicle
	Backing Vehicle	Where did the backing vehicle strike the pedestrian?	In a Parking Lot
Crash Type: Backing Vehicle—Parking Lot (Number 214)			
2	Crash Location	Where did the crash occur?	Nonroadway Location
	Ped position—nonroadway	What was the position of the pedestrian when struck?	Other Nonroadway Areas
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	Emergency Vehicle-Related
Crash Type: Emergency Vehicle-Related (Number 240)			
3	Crash Location	Where did the crash occur?	Nonroadway Location
	Ped position—nonroadway	What was the position of the pedestrian when struck?	Other Nonroadway Areas
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	Other Unusual Circumstances

Table 14. Correct Responses to the Crash Typing Logic for the 10 Sample Pedestrian Crashes (*continued*)

Report No.	Screen Header	Question	Correct Response
Crash Type: Other Unusual Circumstances (Number 190)			
4	Crash Location	Where did the crash occur?	Intersection
	Ped position—intersection or intersection-related	What was the position of the pedestrian when struck?	Within a Crosswalk, Marked or Unmarked
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	None of the Above
	Unusual Pedestrian Action Crash	The pedestrian was struck while performing which of the following actions:	None of the Above
	Intersection Crash—Typical Pedestrian Action	Which of the following best describes the pedestrian action at the time of the crash?	Crossing the Roadway or In the Roadway
	Crossing/In Roadway—Intersection	Which of the following best describes the circumstances of the crash?	Turn/Merge
	Turn/Merge—Intersection	Which of the following best describes the circumstances of the crash?	Left Turn—Parallel Paths
Crash Type: Motorist Left Turn—Parallel Paths (No. 781)			

Table 14. Correct Responses to the Crash Typing Logic for the 10 Sample Pedestrian Crashes (continued)

Report No.	Screen Header	Question	Correct Response
5	Crash Location	Where did the crash occur?	Nonintersection Location
	Ped position—nonintersection	What was the position of the pedestrian when struck?	On a Roadway, in a Travel Lane
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	None of the Above
	Unusual Pedestrian Action Crash	The pedestrian was struck while performing which of the following actions:	None of the Above
	Nonintersection Crash—Typical Pedestrian Action	Which of the following best describes the pedestrian action at the time of the crash?	Walking Along Roadway
	Walking Along Roadway – Nonintersection	The pedestrian was:	Walking/running with Traffic and Was Struck from Behind
Crash Type: Walking Along Roadway With Traffic—From Behind (Number 410)			

Table 14. Correct Responses to the Crash Typing Logic for the 10 Sample Pedestrian Crashes (*continued*)

Report No.	Screen Header	Question	Correct Response
6	Crash Location	Where did the crash occur?	Nonintersection Location
	Ped position—nonintersection	What was the position of the pedestrian when struck?	On a Roadway, in a Travel Lane
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	None of the Above
	Unusual Pedestrian Action Crash	The pedestrian was struck while performing which of the following actions:	None of the Above
	Nonintersection Crash—Typical Pedestrian Action	Which of the following best describes the pedestrian action at the time of the crash?	Crossing the Roadway or In the Roadway
	Crossing/In Roadway – Nonintersection	Which of the following best describes the circumstances of the crash?	Turn/Merge
	Turn/Merge—Nonintersection	Which of the following best describes the circumstances of the crash?	Turn/merge—Other/Unknown
Crash Type: Motorist Turn/Merge—Other/Unknown (Number 799)			

Table 14. Correct Responses to the Crash Typing Logic for the 10 Sample Pedestrian Crashes (continued)

Report No.	Screen Header	Question	Correct Response
7	Crash Location	Where did the crash occur?	Intersection-related
	Ped position—intersection or intersection-related	What was the position of the pedestrian when struck?	On a Roadway, in a Travel Lane
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	None of the Above
	Unusual Pedestrian Action Crash	The pedestrian was struck while performing which of the following actions:	None of the Above
	Intersection Crash—Typical Pedestrian Action	Which of the following best describes the pedestrian action at the time of the crash?	Crossing the Roadway or In the Roadway
	Crossing/In Roadway—Intersection	Which of the following best describes the circumstances of the crash?	Dart-Out
Crash Type: Dart-Out (Number 742)			
8	Crash Location	Where did the crash occur?	Nonintersection Location
	Ped position—Nonintersection	What was the position of the pedestrian when struck?	On a Roadway, in a Travel Lane
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	Disabled Vehicle-Related
Crash Type: Disabled Vehicle-Related (Number 230)			

Table 14. Correct Responses to the Crash Typing Logic for the 10 Sample Pedestrian Crashes (*continued*)

Report No.	Screen Header	Question	Correct Response
9	Crash Location	Where did the crash occur?	Intersection
	Ped position—Nonintersection	What was the position of the pedestrian when struck?	On a Roadway, in a Travel Lane
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	None of the Above
	Unusual Pedestrian Action Crash	The pedestrian was struck while performing which of the following actions:	Commercial Bus-Related
Crash Type: Commercial Bus-Related (Number 341)			
10	Crash Location	Where did the crash occur?	Nonroadway Location
	Ped position- Nonroadway	What was the position of the pedestrian when struck?	Other Nonroadway Areas
	Unusual Circumstances Crash	The crash was the result of which of the following unusual circumstances:	None of the Above
	Unusual Vehicle Type/Vehicle Action Crash	The crash involved which of the following vehicle types or vehicle actions:	Driverless Vehicle
Crash Type: Driverless Vehicle (Number 220)			

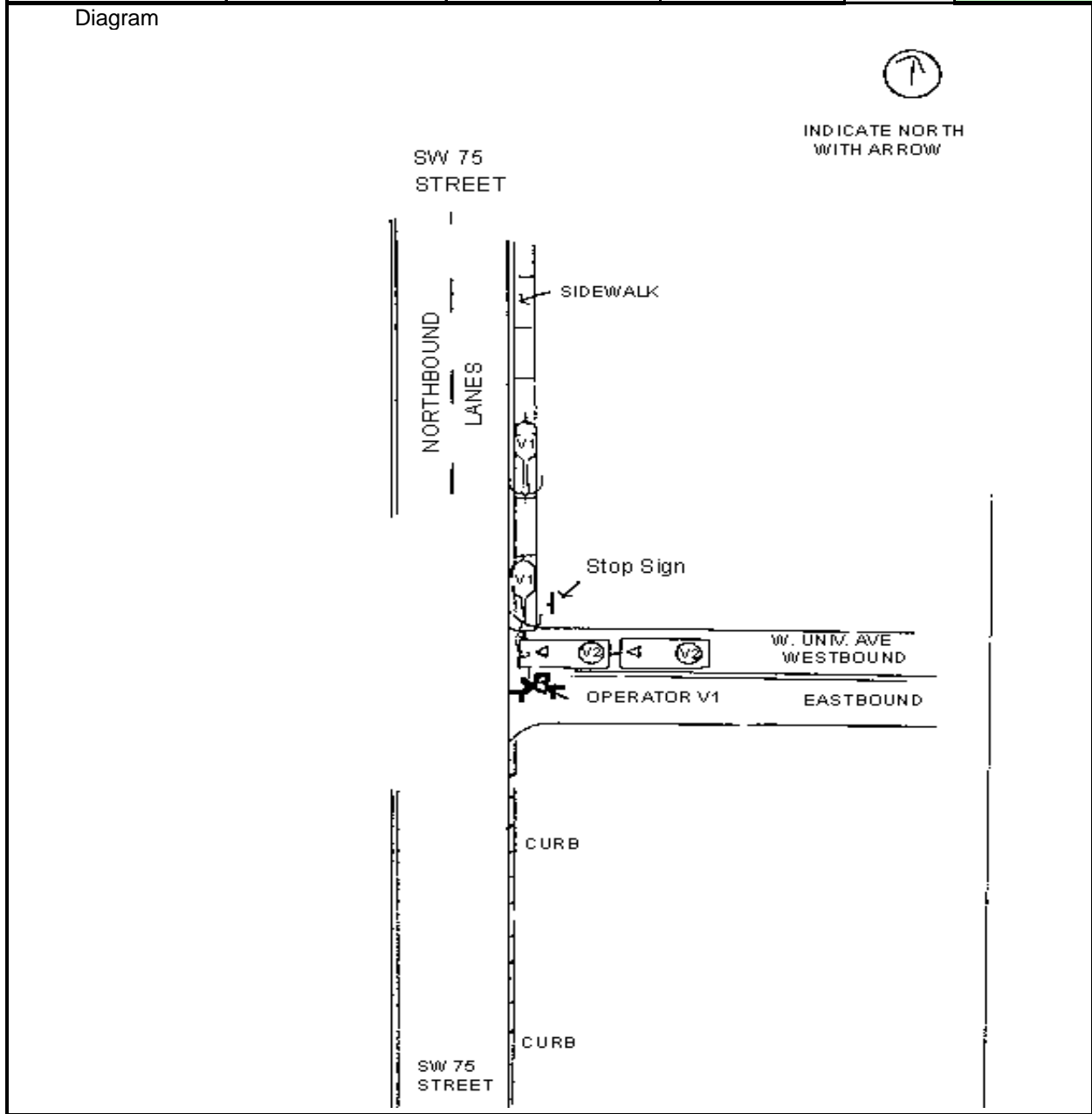
Time & Location	Date of Crash 2/12/92	Time of Crash AM 1:20 PM	Time Officer Notified 10:01 AM PM	Time Officer Arrived 10:12 AM PM	Agency Report No	Crash Report No. REPORT 1						
	County/City Code 11/00	Feet or Miles 1.0	N S E W N S E W X	City or Town GAINESVILLE, FL	In City/Town?	County ALACHUA						
	No. of Lanes 4	Divided <input checked="" type="checkbox"/> Undivided	On street, Road, or Highway SW. 75 STREET									
	At Intersection of W. UNIVER. AVENUE N S E W Feet/Miles of Intersection											
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 92	Make Cannon Dale	Type 10	Use	POINT OF IMPACT Circle Area of Damage 14						
Vehicle	Vehicle Traveling <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W On	SIDEWALK AT 15 Est. MPH			Posted Speed 40	Estimated Damage \$ 50	1 Disabling 2 Functional 3 No Damage 2					
BAC TEST	1 Blood 3 Urine 2 Breath 4 Refusec 5 None	5	Results N/A	AL/Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 1	Inj. 3	S. Equip 1	Eject 2	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other 3
Ped	Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA	2			
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 88	Make Hyun	Type 1	Use	POINT OF IMPACT Circle Area of Damage 2						
Vehicle	Vehicle Traveling <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W On	W. Univer. Avenue AT 7 Est. MPH			Posted Speed 30	Estimated Damage \$ 150	1 Disabling 2 Functional 3 No Damage 3					
BAC TEST	1 Blood 3 Urine 2 Breath 4 Refusec 5 None	5	Results N/A	AL/Drugs 1	Phys. Def. 1	Res. 1	Race 2	Sex 2	Inj. 1	S. Equip 2	Eject 1	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other 3
Ped	Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA	2			
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use	POINT OF IMPACT Circle Area of Damage						
Vehicle	Vehicle Traveling <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W On	AT Est. MPH			Posted Speed	Estimated Damage \$	1 Disabling 2 Functional 3 No Damage					
BAC TEST	1 Blood 3 Urine 2 Breath 4 Refusec 5 None	Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other	
Ped	Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other	Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA				
Vehicle Type	Vehicle Use	Trailer Type	Physical Defects		Alcohol/Drug Use		Location (in Vehicle)					
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 No Defects Known		1 Not Drinking or using drugs		1 Front Left					
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect		2 Alcohol-Under Influence		2 Front Center					
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep		3 Drugs- Under Influence		3 Front Right					
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect		4 Alcohol & Drugs-Under Influence		4 Rear Left					
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness		5 Had Been Drinking		5 Rear Center					
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout		6 Pending BAC Test Result		6 Rear Right					
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect				7 Body of truck					
08 Bus	08 Law Enforcement	08 Pole Tractor	Race		Safety Equipment		8 Bus Passenger					
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic		1 Not in use		9 Other					
10 Motorcycle	10 Military	77 Other	2 Black 4 Other		2 Seat Belt / Shoulder Harness		Ejected					
11 Moped	11 Other Government		Required Endorsements		3 Child Restraint		1 No					
12 All Terrrian Vehicle	77 Other		1 Yes 2 No 3 NR		4 Air Bag		2 Yes					
13 Train	DL Type	Residence	Sex		5 Safety Helmet		3 Partial					
17 Other	1 A 2 B 3 C	1 County of Crash	1 Female		6 Eye Protection							
	4 D/Chauffeur 7 None	2 Elsewhere in State	2 Male									
	5 E/Operator	3 Non-Resident (State)										
	6 E/Oper-Rest	4 Foreign 5 Unknown										

Figure 142. Florida Crash Report—Report 1

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement		
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	1	5
03 Failed to Yield Right-of-Way	1	3	03 Worn/Smooth Tires	1	1	03 Making Left Turn		
04 Improper Backing			04 Defective/Improper Lights			04 Backing		11 Passing
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn		12 Driverless or runaway Veh.
06 Alcohol-Under Influence			06 Steering Mech.		77 All Other (Explain)	06 Changing Lanes		77 All Other (Explain)
07 Drugs-Under Influence			07 Windshield Wipers			07 Entering / Leaving Parking Space		
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked		
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business		1 On road
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm			2 Primarily Residential		2 Not on Road
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit	1	1	3 Open Country		3 Shoulder
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational			5 Emergency Oper.		4 Median
15 Improper Passing	22 Fleeing Police		6 Construction/Maintenance					5 Turn Lane
16 Drove Left of Center	23 Vehicle Modified							
17 Exceeded Stated Speed Limit	77 Other							
18 Obstructing Traffic								
Pedestrian Action			Road System Identifier	Road Surface	Light Condition	Road Surface Type		
01 Crossing Not at Intersection	1	2 3	01 Interstate		01 Dry	1	01 Daylight	
02 Crossing at Mid-block Crosswalk			02 U.S.	4	02 Wet		02 Dusk	1
03 Crossing at Intersection			03 State		03 Slippery		03 Dawn	
04 Walking along Road with Traffic			04 County		04 Icy	77 Other	04 Dark (Street Light)	
05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island		05 Local		Weather		05 Dark (No Street Light)	
06 Working on Vehicle in Road	77 All Other		06 Turnpike/Toll		01 Clear	03 Rain	77 Other	88 Unknown
07 Other Working in Road	88 Unknown		18 MV Hit Guardrail		02 Cloudy	04 Fog		
08 Standing/Playing in Road			77 All Other					2
First/Subsequent Harmful Event								
01 Collision with MV in Transport (Rear End)	13 Collision with Moped	25 Collision with Crash Attenuators						
02 Collision with MV in Transport (Head-on)	14 Collision with Train	26 Collision with Fixed Object Above Road						
03 Collision with MV in Transport (Angle)	15 Collision with Animal	27 MV Hit Other Fixed Object						
04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post	28 Collision with Moveable Object on Road						
05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole	29 MV Ran into Ditch/Culvert						
06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail	30 Ran Off Road into Water						
07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence	31 Overturned						
08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall	32 Occupant Fell from Vehicle						
09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail	33 Tractor/Trailer Jackknifed						
10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery	34 Fire						
11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign	35 Explosion						
12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates	77 All Other						
11								
First	Subsequent							
Contributing Causes - Road	Contributing Causes - Environment	Traffic Control	Site Location	Traffic Character				
01 No Defects	01 Vision Not Obscured	01 No Control	01 Not at Intersection/ RR Xing / Bridge	1 Straight Level				
02 Obstruction With / Without Warning	02 Inclement Weather	11 No Pass Zone	02 At Intersection	2 Straight - Upgrade/Downgrade	1			
03 Road Under Repair / Construction	03 Parked/Stopped Vehicle	77 All Other	03 Influenced by Intersection	3 Curve - Level				
04 Loose Surface Materials	04 Trees/Crops/Bushes		04 Driveway Access	4 Curve-Upgrade/Downgrade				
05 Shoulders - Soft/Low/High	05 Load on Vehicle	04 Stop Sign	05 Railroad Crossing	Type Shoulder				
06 Holes/Ruts/Unsafe Paved Edge	06 Building/Fixed Object	05 Yield Sign	06 Bridge	11 Private Prop.				
07 Standing Water	07 Signs/Billboards	06 Flashing Light	07 Entrance Ramp	77 Other				
08 Worn/Polish Surface	08 Fog	07 Railroad Signal	08 Exit Ramp					
77 All Other	09 Smoke	08 Officer / Guard / Flagmen	09 Public Parking Lot	1 Paved				
	10 Glare	09 Posted No U-Turn	10 Private Parking Lot	2 Unpaved	1			
	77 All Other	10 Special Speed Zone		3 Curb				
Violator	FL Statute Number	Charge		Citation #				
1	316.065(1)	Failed to immediately report accident to law enforcement						
2	316.123(2xa)	Violation of right of way from stop sign to intersection						
Was Investigation Made at Scene?		Is Investigation Complete		Date of Report	Photos Taken?			
X	1 Yes	X	1 Yes	2/16/92	Yes			
	2 No, Where?		2 No- Why?		No			
Investigating Agency								

Figure 142. Florida Crash Report—Report 1 (continued)

EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 11/00	Date of Crash 2/12/92	Report No.1
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NARRATIVE

V1, A BICYCLE, WAS SOUTHBOUND ON THE SIDEWALK OF SW 75 STREET. THE DRIVER OF V2 WAS WESTBOUND ON WEST UNIVERSITY AVENUE INTENDING TO MAKE A RIGHT TURN ONTO SW 75 STREET AND HAD STOPPED AT THE STOP SIGN. THE DRIVER OF V2 FAILED TO SEE V1 APPROACHING AS SHE BEGAN TO DRIVE FORWARD, WITH THE FRONT OF V1 STRIKING THE RIGHT FRONT OF V2 AND EJECTING THE OPERATOR OF V1 ONTO THE PAVEMENT.

Figure 142. Florida Crash Report—Report 1 (continued)

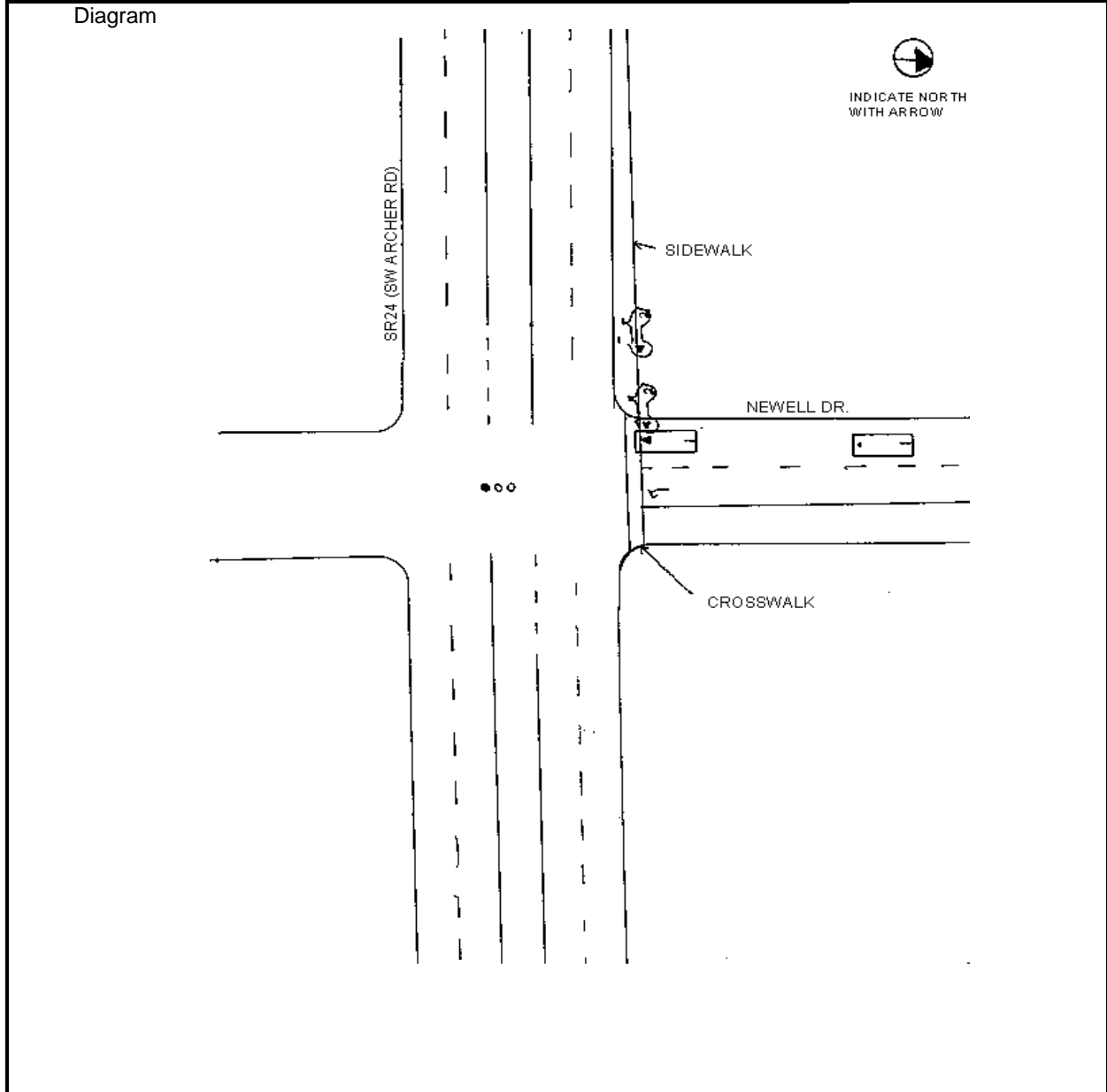
Time & Location	Date of Crash 2/20/92	Time of Crash AM 8:57 PM	Time Officer Notified AM 8:59 PM	Time Officer Arrived AM 9:01 PM	Agency Report No	Crash Report No. REPORT 2					
	County/City Code 11/34	Feet or Miles	N S E W	City or Town GAINESVILLE, FL	In City/Town? Y	County ALACHUA					
	No. of Lanes 3	Divided On street, Road, or Highway <input checked="" type="checkbox"/> Undivided									
	At Intersection of HEWELL DR.	N S E W	Feet/Miles	of Intersection Between Node 421 and 417							
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 79	Make Pontiac	Type 1	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer					
Vehicle Traveling	<input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On		Posted Speed 20	Estimated Damage \$ 0		1 Disabling 2 Functional 3 No Damage 3				
Vehicle	Newell Dr.		AT 5 Est. MPH		Vehicle Removed By						
BAC TEST	5	Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
1 Blood 3 Urine	2 Breath 4 Refusec 5 None		1	1	1	1	2	1	2	1	3
Ped	Hazardous Mat. 1 None 3 Explosives 5 Corrosive Material 7 Other Transported 2 Flam. Liquid 4 Poison. Gas 6 Radioactive Mater.			1	Driving Ability Questionable 1 Yes 2 No 3 NA		RECOMMEND RE-EXAM		2		
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 88	Make Tandem	Type 10	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer					
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W	On		Posted Speed	Estimated Damage \$ 75		1 Disabling 2 Functional 3 No Damage 1				
Vehicle	SR 24 (ARCHER RD.)		AT 5 Est. MPH		Vehicle Removed By						
BAC TEST	5	Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
1 Blood 3 Urine	2 Breath 4 Refusec 5 None		1	1	1	1	1	2	6	2	3
Ped	Hazardous Mat. 1 None 3 Explosives 5 Corrosive Material 7 Other Transported 2 Flam. Liquid 4 Poison. Gas 6 Radioactive Mater.			1	Driving Ability Questionable 1 Yes 2 No 3 NA		RECOMMEND RE-EXAM		2		
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer					
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On		Posted Speed	Estimated Damage \$		1 Disabling 2 Functional 3 No Damage				
Vehicle			AT Est. MPH		Vehicle Removed By						
BAC TEST		Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
1 Blood 3 Urine	2 Breath 4 Refusec 5 None										
Ped	Hazardous Mat. 1 None 3 Explosives 5 Corrosive Material 7 Other Transported 2 Flam. Liquid 4 Poison. Gas 6 Radioactive Mater.				Driving Ability Questionable 1 Yes 2 No 3 NA		RECOMMEND RE-EXAM				
Vehicle Type	Vehicle Use	Trailer Type	Physical Defects		Alcohol/Drug Use		Location (in Vehicle)				
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 No Defects Known		1 Not Drinking or using drugs		1 Front Left				
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect		2 Alcohol-Under Influence		2 Front Center				
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep		3 Drugs- Under Influence		3 Front Right				
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect		4 Alcohol & Drugs-Under Influence		4 Rear Left				
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness		5 Had Been Drinking		5 Rear Center				
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout		6 Pending BAC Test Result		6 Rear Right				
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect		Safety Equipment		7 Body of truck				
08 Bus	08 Law Enforcement	08 Pole Tractor	Race		1 Not in use		8 Bus Passenger				
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic		2 Seat Belt / Shoulder Harness		9 Other				
10 Motorcycle	10 Military	77 Other	2 Black 4 Other		3 Child Restraint		Ejected				
11 Moped	11 Other Government	DL Type	Residence		4 Air Bag		1 No				
12 All Terrain Vehicle	77 Other	1 A 2 B 3 C	1 County of Crash		5 Safety Helmet		2 Yes				
13 Train	4 D/Chauffeur 7 None	4 D/Chauffeur 7 None	2 Elsewhere in State		6 Eye Protection		3 Partial				
77 Other	5 E/Operator	5 E/Operator	3 Non-Resident (State)								
	6 E/Oper-Rest	6 E/Oper-Rest	4 Foreign 5 Unknown								
			Endorsements								
			1 Yes 2 No 3 NR								
			Sex								
			1 Female								
			2 Male								

Figure 143. Florida Crash Report—Report 2

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement		
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	5	1
03 Failed to Yield Right-of-Way	3	1	03 Worn/Smooth Tires	1	1	03 Making Left Turn		
04 Improper Backing			04 Defective/Improper Lights			04 Backing		11 Passing
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn		12 Driverless or runaway Veh.
06 Alcohol-Under Influence			06 Steering Mech.		77 All Other (Explain)	06 Changing Lanes		77 All Other (Explain)
07 Drugs-Under Influence			07 Windshield Wipers			07 Entering / Leaving Parking Space		
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked		
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business		1 On road
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm			2 Primarily Residential		2 Not on Road
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit	1	1	3 Open Country		3 Shoulder
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational			5 Emergency Oper.		4 Median
15 Improper Passing	22 Fleeing Police		6 Construction/Maintenance					5 Turn Lane
16 Drove Left of Center	23 Vehicle Modified							
17 Exceeded Stated Speed Limit	77 Other							
18 Obstructing Traffic								
Pedestrian Action			Road System Identifier	Road Surface	Light Condition	Road Surface Type		
01 Crossing Not at Intersection	1	2 3	01 Interstate	01 Dry	1	01 Daylight		01 Slag /Gravel /Stone
02 Crossing at Mid-block Crosswalk			02 U.S.	02 Wet		02 Dusk	4	02 Blacktop
03 Crossing at Intersection			03 State	03 Slippery		03 Dawn		03 Brick / Block
04 Walking along Road with Traffic			04 County	04 Icy	77 Other	04 Dark (Street Light)		04 Concrete
05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island		05 Local	Weather		05 Dark (No Street Light)		05 Dirt
06 Working on Vehicle in Road	77 All Other		06 Turnpike/Toll	01 Clear	03 Rain	77 Other	88 Unknown	77 Other
07 Other Working in Road			07 Forest Road	02 Cloudy	04 Fog			
08 Standing/Playing in Road	88 Unknown		77 All Other					
First/Subsequent Harmful Event								
01 Collision with MV in Transport (Rear End)	13 Collision with Moped	25 Collision with Crash Attenuators						
02 Collision with MV in Transport (Head-on)	14 Collision with Train	26 Collision with Fixed Object Above Road						
03 Collision with MV in Transport (Angle)	15 Collision with Animal	27 MV Hit Other Fixed Object						
04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post	28 Collision with Moveable Object on Road						
05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole	29 MV Ran into Ditch/Culvert						
06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail	30 Ran Off Road into Water						
07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence	31 Overturned						
08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall	32 Occupant Fell from Vehicle						
09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail	33 Tractor/Trailer Jackknifed						11
10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery	34 Fire						
11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign	35 Explosion						
12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates	77 All Other						
Contributing Causes - Road	Contributing Causes - Environment	Traffic Control	Site Location	Traffic Character				
01 No Defects	01 Vision Not Obscured	01 No Control	01 Not at Intersection/ RR Xing / Bridge	1 Straight Level				
02 Obstruction With / Without Warning	02 Inclement Weather	11 No Pass Zone	02 At Intersection	2 Straight - Upgrade/Downgrade	1			
03 Road Under Repair / Construction	03 Parked/Stopped Vehicle	02 School Zone	03 Influenced by Intersection	3 Curve - Level				
04 Loose Surface Materials	04 Trees/Crops/Bushes	03 Traffic Signal	04 Driveway Access	4 Curve-Upgrade/Downgrade				
05 Shoulders - Soft/Low/High	05 Load on Vehicle	04 Stop Sign	05 Railroad Crossing	Type Shoulder				
06 Holes/Ruts/Unsafe Paved Edge	06 Building/Fixed Object	05 Yield Sign	06 Bridge	1 Paved				
07 Standing Water	07 Signs/Billboards	06 Flashing Light	07 Entrance Ramp	2 Unpaved	2			
08 Worn/Polish Surface	08 Fog	07 Railroad Signal	08 Exit Ramp	3 Curb				
77 All Other	09 Smoke	08 Officer / Guard / Flagmen	09 Public Parking Lot					
	10 Glare	09 Posted No U-Turn	10 Private Parking Lot					
	77 All Other	10 Special Speed Zone						
Violator	FL Statute Number	Charge		Citation #				
Was Investigation Made at Scene?		Is Investigation Complete		Date of Report	Photos Taken?			
X	1 Yes	X	1 Yes	2/20/92	Yes			
	2 No, Where?		2 No- Why?		No			
Investigating Agency								

Figure 143. Florida Crash Report—Report 2 (continued)

EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 11/34	Date of Crash 2/20/92	Report No. 2
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NARRATIVE

V1 was Southbound on Newell Drive. V2 was Eastbound on SR24 on the sidewalk on the North side of the road. V1 approached the red light at SR24 and did not see V2. V1 went through the crosswalk area and struck V2. Driver V2 refused medical treatment at the scene.

Figure 143. Florida Crash Report—Report 2 (continued)

EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 11/34	Date of Crash 3/16/92	Report No. 3
Diagram					
<p>The diagram shows a street layout with SW 4 Avenue running horizontally. SW 8 St runs vertically, crossing SW 4 Avenue. A driveway branches off SW 4 Avenue to the north. Vehicle V-1 is positioned at the driveway entrance, angled towards the driveway. Vehicle V-2 is on SW 4 Avenue, west of the driveway entrance. Arrows indicate traffic flow: eastbound on SW 4 Avenue, westbound on SW 4 Avenue, and southbound on SW 8 St. A north arrow is located in the upper right corner of the diagram area.</p>					
NARRATIVE					
<p>V-1, V-2 were Westbound on SW 4 Avenue. V-1 pulled up to entrance to the driveway, paused for traffic in parking lot and attempted to turn right into parking lot. V-2 approached and collided with V-1. The driver of V-2 was ejected from V-2. The point of impact occurred in the 800 block of SW4 Avenue.</p>					

Figure 144. Florida Crash Report—Report 3 (continued)

Time & Location	Date of Crash 3/22/92	Time of Crash AM 5:00 PM	Time Officer Notified AM 5:19 PM	Time Officer Arrived AM 5:26 PM	Agency Report No	Crash Report No. REPORT 4					
	County/City Code 11/34	Feet or Miles	N S E W	City or Town GAINESVILLE, FL	In City/Town? Y	County ALACHUA					
	No. of Lanes 4	<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	On street, Road, or Highway SR 226								
	At Intersection of between node 729 and 728	N S E W	Feet/Miles of Intersection 150 ft.	Intersection SW 10 Street							
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 82	Make Honda	Type 1	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer					
Vehicle Traveling	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On									
Vehicle	Parking Lot (SR226) AT 5 Est. MPH				Posted Speed 5	Estimated Damage \$ 250	1 Disabling 2 Functional 3 No Damage Vehicle Removed By 2				
BAC TEST	5	Results	AL /Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 2	Inj. 1	S. Equip 2	Eject 1	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other 3
1 Blood 3 Urine											
2 Breath 4 Refusec 5 None											
Hazardous Mat. Transported	1 None	3 Explosives	5 Corrosive Material	7 Other	1	Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA	2		
1 Phantom 2 Hit & Run 3 N/A	Year 90	Make Mia	Type 10	Use							POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	On									
Vehicle	SR 226 AT 20 Est. MPH				Posted Speed 30	Estimated Damage \$ 0	1 Disabling 2 Functional 3 No Damage Vehicle Removed By 2				
BAC TEST	5	Results	AL /Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 1	Inj. 4	S. Equip 1	Eject 3	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other 3
1 Blood 3 Urine											
2 Breath 4 Refusec 5 None											
Hazardous Mat. Transported	1 None	3 Explosives	5 Corrosive Material	7 Other	1	Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA	2		
1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use							POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On									
Vehicle	AT Est. MPH				Posted Speed	Estimated Damage \$	1 Disabling 2 Functional 3 No Damage Vehicle Removed By				
BAC TEST		Results	AL /Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
1 Blood 3 Urine											
2 Breath 4 Refusec 5 None											
Hazardous Mat. Transported	1 None	3 Explosives	5 Corrosive Material	7 Other		Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA	4 Other		
01 Automobile	01 Private Transportation	01 Single Semi Trailer	01 No Defects Known		01 Not Drinking or using drugs		Location (in Vehicle)				
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect		2 Alcohol-Under Influence		1 Front Left				
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep		3 Drugs- Under Influence		2 Front Center				
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect		4 Alcohol & Drugs-Under Influence		3 Front Right				
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness		5 Had Been Drinking		4 Rear Left				
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout		6 Pending BAC Test Result		5 Rear Center				
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect				6 Rear Right				
08 Bus	08 Law Enforcement	08 Pole Tractor	Race		Safety Equipment		7 Body of truck				
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic		1 Not in use		8 Bus Passenger				
10 Motorcycle	10 Military	77 Other	2 Black 4 Other		2 Seat Belt / Shoulder Harness		9 Other				
11 Moped	11 Other Government	DL Type	Residence		3 Child Restraint		Ejected				
12 All Terrain Vehicle	77 Other	1 A 2 B 3 C	1 County of Crash		4 Air Bag		1 No				
13 Train	4 D/Chauffeur 7 None	2 Elsewhere in State	2 Non-Resident (State)		5 Safety Helmet		2 Yes				
77 Other	5 E/Operator	3 Non-Resident (State)	4 Foreign 5 Unknown		6 Eye Protection		3 Partial				
	6 E/Oper-Rest	4 Foreign 5 Unknown	Required Endorsements		Sex						
			1 Yes 2 No 3 NR		1 Female 2 Male						

Figure 145. Florida Crash Report—Report 4

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement		
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	1	1
03 Failed to Yield Right-of-Way	3	1	03 Worn/Smooth Tires	1	1	03 Making Left Turn		
04 Improper Backing			04 Defective/Improper Lights			04 Backing		11 Passing
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn		12 Driverless or runaway Veh.
06 Alcohol-Under Influence			06 Steering Mech.		77 All Other (Explain)	06 Changing Lanes		77 All Other (Explain)
07 Drugs-Under Influence			07 Windshield Wipers			07 Entering / Leaving Parking Space		
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked		
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business		1 On road
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm			2 Primarily Residential		2 Not on Road
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit	1	1	3 Open Country		3 Shoulder
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational					4 Median
15 Improper Passing	22 Fleeing Police		5 Emergency Oper.					5 Turn Lane
16 Drove Left of Center	23 Vehicle Modified		6 Construction/Maintenance					
17 Exceeded Stated Speed Limit	77 Other		Road System Identifier			Road Surface	Light Condition	Road Surface Type
18 Obstructing Traffic			01 Interstate			01 Dry	01 Daylight	01 Slag /Gravel /Stone
			02 U.S.	77		02 Wet	02 Dusk	02 Blacktop
			03 State			03 Slippery	03 Dawn	03 Brick / Block
			04 County			04 Icy	04 Dark (Street Light)	04 Concrete
			05 Local			77 Other	05 Dark (No Street Light)	05 Dirt
			06 Turnpike/Toll			Weather		77 Other
			07 Forest Road			01 Clear	03 Rain	04 Fog
			08 Standing/Playing in Road			02 Cloudy	04 Fog	
			09 Standing in Pedestrian Island					
			77 All Other					
			88 Unknown					
First/Subsequent Harmful Event								
01 Collision with MV in Transport (Rear End)	13 Collision with Moped	25 Collision with Crash Attenuators						
02 Collision with MV in Transport (Head-on)	14 Collision with Train	26 Collision with Fixed Object Above Road						
03 Collision with MV in Transport (Angle)	15 Collision with Animal	27 MV Hit Other Fixed Object						
04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post	28 Collision with Moveable Object on Road						
05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole	29 MV Ran into Ditch/Culvert						
06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail	30 Ran Off Road into Water						
07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence	31 Overturned						
08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall	32 Occupant Fell from Vehicle						
09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail	33 Tractor/Trailer Jackknifed						
10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery	34 Fire						
11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign	35 Explosion						
12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates	77 All Other						
Contributing Causes - Road		Contributing Causes - Environment	Traffic Control		Site Location		Traffic Character	
01 No Defects	1	01 Vision Not Obscured	01 No Control	11 No Pass Zone	01 Not at Intersection/ RR Xing / Bridge	1 Straight Level		
02 Obstruction With / Without Warning		02 Inclement Weather	02 School Zone	77 All Other	02 At Intersection	2 Straight - Upgrade/Downgrade	2D	
03 Road Under Repair / Construction		03 Parked/Stopped Vehicle	03 Traffic Signal		03 Influenced by Intersection	3 Curve - Level		
04 Loose Surface Materials		04 Trees/Crops/Bushes	04 Stop Sign	1	04 Driveway Access	4 Curve-Upgrade/Downgrade		
05 Shoulders - Soft/Low/High		05 Load on Vehicle	05 Yield Sign		05 Railroad Crossing	Type Shoulder		
06 Holes/Ruts/Unsafe Paved Edge		06 Building/Fixed Object	06 Flashing Light		06 Bridge	11 Private Prop.		
07 Standing Water		07 Signs/Billboards	07 Railroad Signal		07 Entrance Ramp	77 Other		
08 Worn/Polish Surface		08 Fog	08 Officer / Guard / Flagmen		08 Exit Ramp		1 Paved	
77 All Other		09 Smoke	09 Posted No U-Turn		09 Public Parking Lot		2 Unpaved	
		10 Glare	10 Special Speed Zone		10 Private Parking Lot		3 Curb	
		77 All Other					1	
Violator	FL Statute Number	Charge				Citation #		
1	316.123	Motorist failed to yield						
Was Investigation Made at Scene?		Is Investigation Complete		Date of Report	Photos Taken?		Investigating Agency	
X	1 Yes	X	1 Yes	3/22/92		Yes		
	2 No, Where?		2 No- Why?		X	No		

Figure 145. Florida Crash Report—Report 4 (continued)


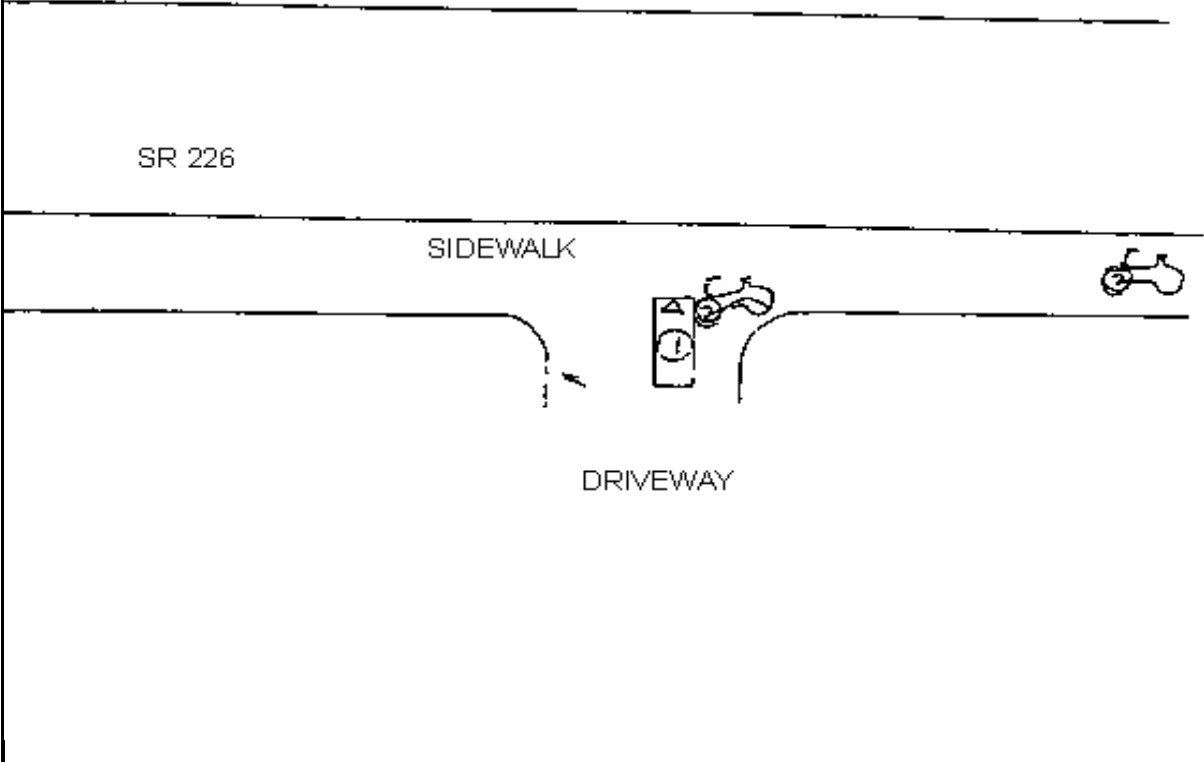
EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 11/34	Date of Crash 3/22/92	Report No. 4
DIAGRAM					
 INDICATE NORTH WITH ARROW					
					
NARRATIVE					
V #2 was westbound on the sidewalk at SR 226. V #1 was exiting a driveway along SR 226. V#1 pulled in path of V #2. V#2 struck V#1.					

Figure 145. Florida Crash Report—Report 4 (continued)

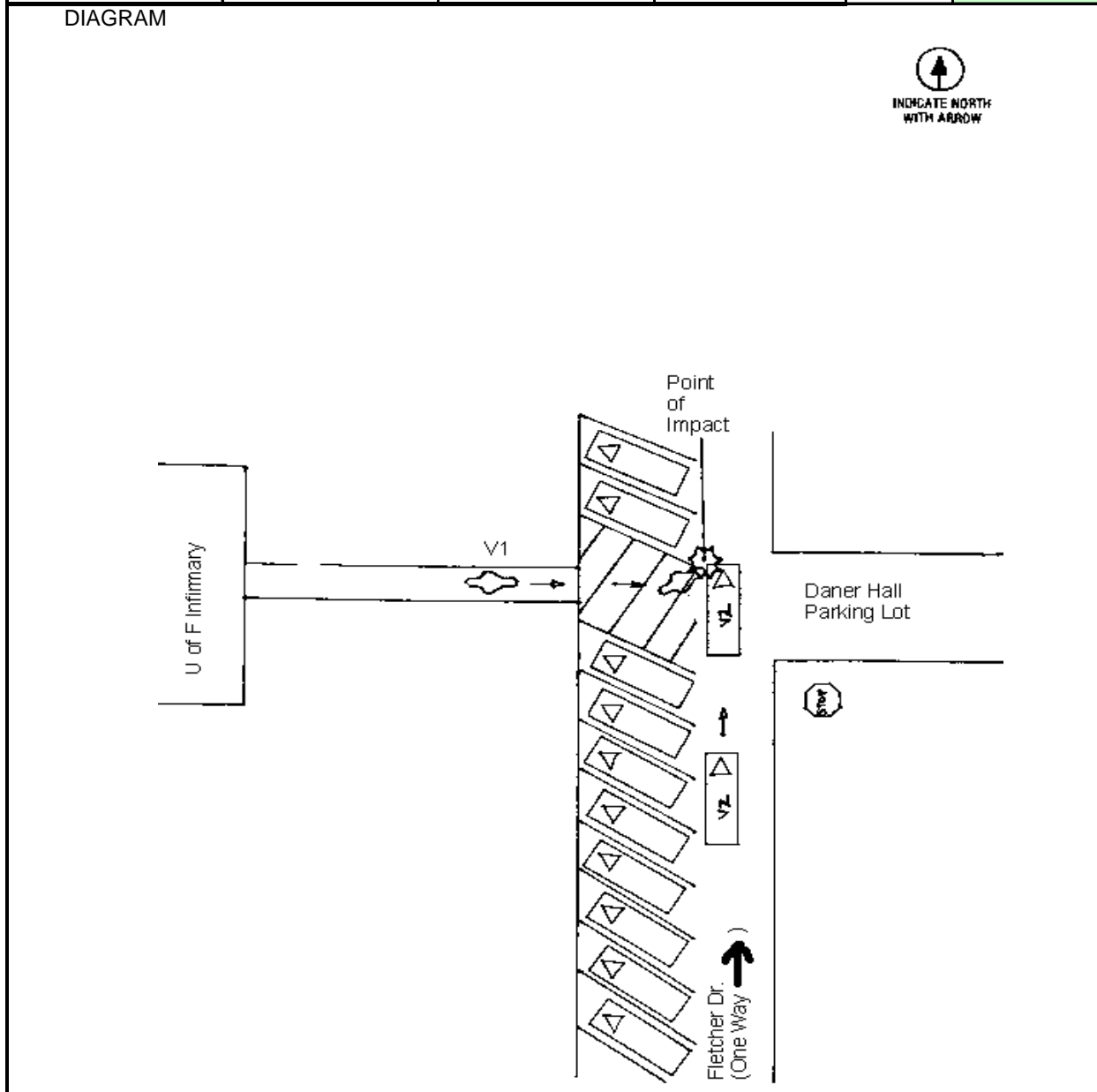
Time & Location	Date of Crash 4/8/92	Time of Crash 11:49 AM	Time Officer Notified 11:49 AM	Time Officer Arrived 11:53 AM	Agency Report No	Crash Report No. REPORT 5						
	County/City Code 11/50	Feet or Miles	N S E W	City or Town GAINESVILLE, FL	In City/Town? Y	County ALACHUA						
	No. of Lanes 2	<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	On street, Road, or Highway Fletcher Dr.									
	At Intersection of Dauer Hall parking Lot	N S E W	Feet/Miles of Intersection									
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 86	Make Schwinn	Type 10	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer						
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Fletcher Dr.		AT 10 Est. MPH	Posted Speed 20		Estimated Damage \$ 50					
BAC TEST	5	Results	AL /Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 1	Inj. 3	S. Equip	Eject	1 Disabling 2 Functional 3 No Damage	1
Hazardous Mat.	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable	1 Yes 2 No 3 NA	2	Vehicle Removed By				1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 90	Make Mazda	Type 1	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer						
Vehicle Traveling	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Fletcher Dr.		AT 10 Est. MPH	Posted Speed 20		Estimated Damage \$ 200	1 Disabling 2 Functional 3 No Damage	2	Vehicle Removed By		
BAC TEST	5	Results	AL /Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 2	Inj. 1	S. Equip 2	Eject 1	3	
Hazardous Mat.	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable	1 Yes 2 No 3 NA	2	Vehicle Removed By				1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer						
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Fletcher Dr.		AT Est. MPH	Posted Speed		Estimated Damage \$	1 Disabling 2 Functional 3 No Damage	Vehicle Removed By			1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
BAC TEST		Results	AL /Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject		
Hazardous Mat.	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other	Driving Ability Questionable	1 Yes 2 No 3 NA		Vehicle Removed By				1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
Vehicle Type	Vehicle Use	Trailer Type	Physical Defects	Alcohol/Drug Use	Location (in Vehicle)							
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 No Defects Known	1 Not Drinking or using drugs	1 Front Left							
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect	2 Alcohol-Under Influence	2 Front Center							
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep	3 Drugs- Under Influence	3 Front Right							
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect	4 Alcohol & Drugs-Under Influence	4 Rear Left							
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness	5 Had Been Drinking	5 Rear Center							
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout	6 Pending BAC Test Result	6 Rear Right							
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect		7 Body of truck							
08 Bus	08 Law Enforcement	08 Pole Tractor	Race	Safety Equipment	8 Bus Passenger							
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic	1 Not in use	9 Other							
10 Motorcycle	10 Military	77 Other	2 Black 4 Other	2 Seat Belt / Shoulder Harness	Ejected							
11 Moped	11 Other Government	DL Type	Required Endorsements	3 Child Restraint	1 No							
12 All Terrain Vehicle	77 Other	Residence	1 Yes 2 No 3 NR	4 Air Bag	2 Yes							
13 Train	1 A 2 B 3 C	1 County of Crash	Sex 1 Female 2 Male	5 Safety Helmet	3 Partial							
77 Other	4 D/Chauffeur 7 None	2 Elsewhere in State		6 Eye Protection								
	5 E/Operator	3 Non-Resident (State)										
	6 E/Oper-Rest	4 Foreign 5 Unknown										

Figure 146. Florida Crash Report—Report 5

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement					
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3			
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	3	1			
03 Failed to Yield Right-of-Way	3	1	03 Worn/Smooth Tires	1	1	03 Making Left Turn					
04 Improper Backing			04 Defective/Improper Lights			04 Backing		11 Passing			
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn		12 Driverless or runaway Veh.			
06 Alcohol-Under Influence			06 Steering Mech.		77 All Other (Explain)	06 Changing Lanes		77 All Other (Explain)			
07 Drugs-Under Influence			07 Windshield Wipers			07 Entering / Leaving Parking Space					
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked					
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway			
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business		1 On road			
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm			2 Primarily Residential		2 Not on Road			
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit	1	1	3 Open Country		3 Shoulder			
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational			5 Emergency Oper.		4 Median			
15 Improper Passing	22 Fleeing Police		6 Construction/Maintenance					5 Turn Lane			
16 Drove Left of Center	23 Vehicle Modified										
17 Exceeded Stated Speed Limit	77 Other										
18 Obstructing Traffic											
Pedestrian Action			Road System Identifier		Road Surface		Light Condition		Road Surface Type		
01 Crossing Not at Intersection	1	2 3	01 Interstate		01 Dry	1	01 Daylight		01 Slag /Gravel /Stone		
02 Crossing at Mid-block Crosswalk			02 U.S.	5	02 Wet		02 Dusk	1	02 Blacktop		
03 Crossing at Intersection			03 State		03 Slippery		03 Dawn		03 Brick / Block		
04 Walking along Road with Traffic			04 County		04 Icy		04 Dark (Street Light)		04 Concrete		
05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island		05 Local		Weather		05 Dark (No Street Light)		05 Dirt	2	
06 Working on Vehicle in Road	77 All Other		06 Turnpike/Toll		01 Clear	03 Rain	77 Other	88 Unknown	77 Other		
07 Other Working in Road	88 Unknown		07 Forest Road		02 Cloudy	04 Fog					
08 Standing/Playing in Road			77 All Other								
First/Subsequent Harmful Event											
01 Collision with MV in Transport (Rear End)	13 Collision with Moped	25 Collision with Crash Attenuators									
02 Collision with MV inTransport (Head-on)	14 Collision with Train	26 Collision with Fixed Object Above Road									
03 Collision with MV in Transport (Angle)	15 Collision with Animal	27 MV Hit Other Fixed Objevct									
04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post	28 Collision with Moveable Object on Road									
05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole	29 MV Ran into Ditch/Culvert									
06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail	30 Ran Off Road into Water									
07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence	31 Overturned									
08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall	32 Occupant Fell from Vehicle									
09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail	33 Tractor/Trailer Jackknifed									
10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery	34 Fire									
11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign	35 Explosion									
12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates	77 All Other									
Contributing Causes - Road		Contributing Causes - Environment		Traffic Control		Site Location		Traffic Character			
01 No Defects	1	01 Vision Not Obscured		01 No Control	11 No Pass Zone	01 Not at Intersection/ RR Xing / Bridge	2	1 Straight Level			
02 Obstruction With / Without Warning		02 Inclement Weather		02 School Zone	77 All Other	02 At Intersection		2 Straight - Upgrade/Downgrade	1		
03 Road Under Repair / Construction		03 Parked/Stopped Vehicle		03 Traffic Signal		03 Influenced by Intersection		3 Curve - Level			
04 Loose Surface Materials		04 Trees/Crops/Bushes		04 Stop Sign		04 Driveway Access		4 Curve- Upgrade/Downgrade			
05 Shoulders - Soft/Low/High		05 Load on Vehicle		05 Yield Sign	10	05 Railroad Crossing		Type Shoulder			
06 Holes/Ruts/Unsafe Paved Edge		06 Building/Fixed Object		06 Flashing Light		06 Bridge	11 Private Prop.	1 Paved			
07 Standing Water		07 Signs/Billboards	3	07 Railroad Signal		07 Entrance Ramp	77 Other	2 Unpaved	1		
08 Worn/Polish Surface		08 Fog		08 Officer / Guard / Flagmen		08 Exit Ramp		3 Curb			
09 Smoke		09 Smoke		09 Posted No U-Turn		09 Public Parking Lot					
10 Glare		10 Glare		10 Special Speed Zone		10 Private Parking Lot					
77 All Other		77 All Other									
Violator	FL Statute Number	Charge					Citation #				
V1	316.123	Violation, right of way									
Was Investigation Made at Scene?											
X	1 Yes	Is Investigation Complete				Date of Report	Photos Taken?		Investigating Agency		
	2 No, Where?	X	1 Yes			4/8/92		Yes			
			2 No- Why?				X	No			

Figure 146. Florida Crash Report—Report 5 (continued)

EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 11/50	Date of Crash 4/8/92	Report No. 5
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NARRATIVE

V1 TRAVELING EAST BOUND ON THE SIDEWALK FROM THE INFIRMARY TOWARDS FLETCHER DR. V2 TRAVELING NORTH BOUND ON FLETCHER DR BY THE INFIRMARY. V1 COMES OUT ONTO FLETCHER FROM BETWEEN 2 PARKED VEHICLES AND HITS V2 ON ITS LEFT FRONT SIDE. THE DRIVER OF V1 WAS TREATED AT THE INFIRMARY FOR MINOR INJURIES. THE DRIVER OF V2 WAS NOT INJURED.

Figure 146. Florida Crash Report—Report 5 (continued)

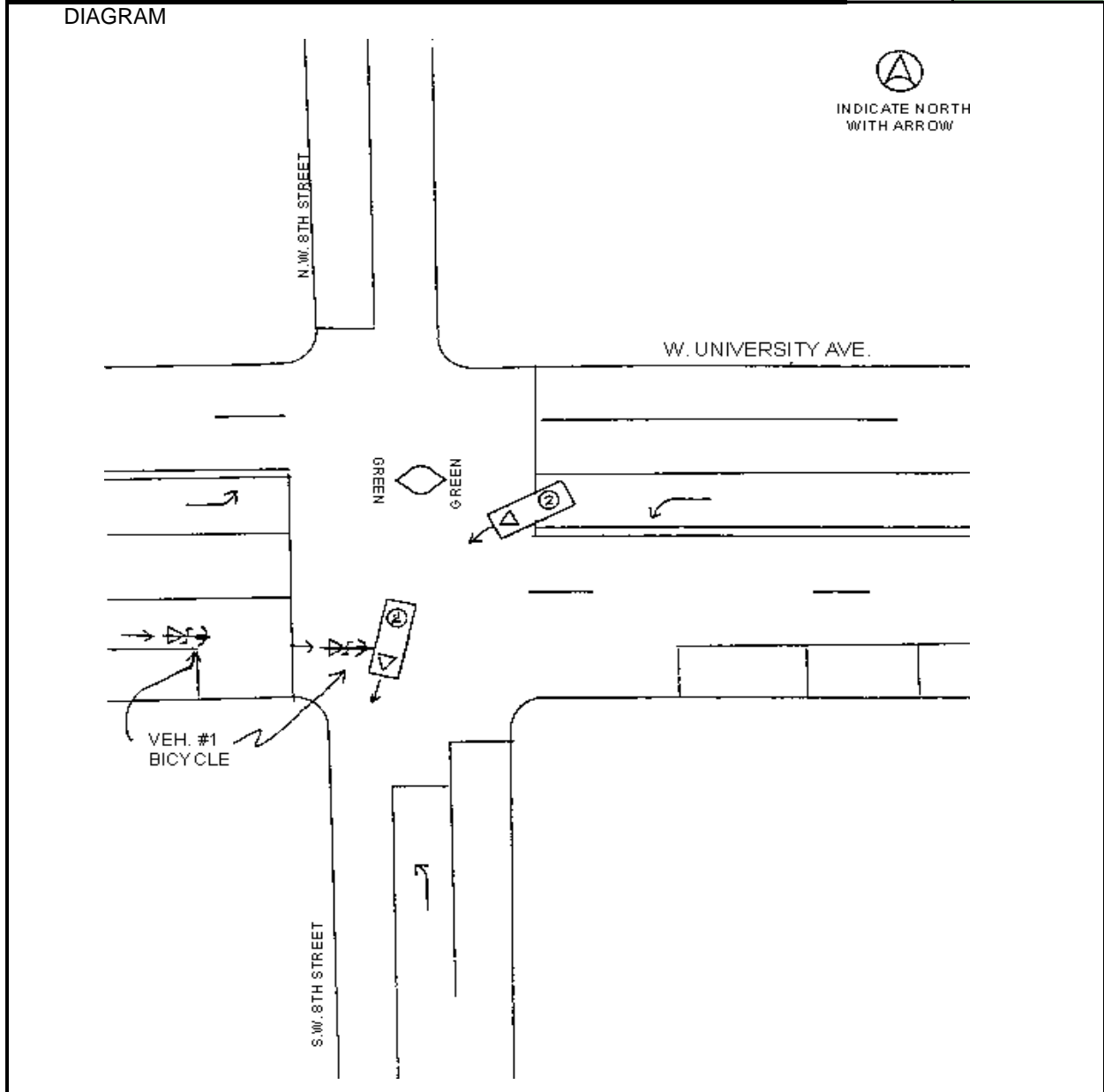
Time & Location	Date of Crash 4/29/92	Time of Crash AM 6:15 PM	Time Officer Notified AM 6:21 PM	Time Officer Arrived AM 6:27 PM	Agency Report No	Crash Report No. REPORT 6
	County/City Code 11/34	Feet or Miles	N S E W	City or Town GAINESVILLE, FL	In City/Town? Y	County ALACHUA
	No. of Lanes 4	<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	On street, Road, or Highway SR 26 (W. Univ. Ave.)			
At Intersection of	S.W. 8th St.	N S E W	Feet/Miles	of Intersection between node 732 and 731		
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 3 90	Make Raleigh	Type 10	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer
Vehicle	Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W	On	SR 26 (W. Univ. Ave)	AT 20 Est. MPH	Posted Speed 30 Estimated Damage \$ 150
BAC TEST	5	Results	AL/Drugs 1	Phys. Def. 1	Res. 1	Race 1 Sex 1 Inj. 1 S. Equip 1 Eject 2
Ped	Hazardous Mat. 1 None 3 Explosives 5 Corrosive Material 7 Other Transported 2 Flam. Liquid 4 Poison. Gas 6 Radioactive Mater.	1	Driving Ability Questionable 1 Yes 2 No 3 NA	RECOMMEND RE-EXAM	2 No 3 NA	4 Other 3
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 3 87	Make Toyota	Type 4	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer
Vehicle	Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	On	SR 26 (W. Univ. Ave)	AT 15 Est. MPH	Posted Speed 30 Estimated Damage \$ 500
BAC TEST	5	Results	AL/Drugs 1	Phys. Def. 1	Res. 2	Race 2 Sex 1 Inj. 1 S. Equip 2 Eject 1
Ped	Hazardous Mat. 1 None 3 Explosives 5 Corrosive Material 7 Other Transported 2 Flam. Liquid 4 Poison. Gas 6 Radioactive Mater.	1	Driving Ability Questionable 1 Yes 2 No 3 NA	RECOMMEND RE-EXAM	2 No 3 NA	4 Other 3
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer
Vehicle	Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On	AT Est. MPH	Posted Speed \$	Estimated Damage \$
BAC TEST		Results	AL/Drugs	Phys. Def.	Res.	Race Sex Inj. S. Equip Eject
Ped	Hazardous Mat. 1 None 3 Explosives 5 Corrosive Material 7 Other Transported 2 Flam. Liquid 4 Poison. Gas 6 Radioactive Mater.		Driving Ability Questionable 1 Yes 2 No 3 NA	RECOMMEND RE-EXAM	2 No 3 NA	4 Other
Vehicle Type	Vehicle Use	Trailer Type	Physical Defects	Alcohol/Drug Use	Location (in Vehicle)	
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 No Defects Known	1 Not Drinking or using drugs	1 Front Left	
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect	2 Alcohol-Under Influence	2 Front Center	
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep	3 Drugs- Under Influence	3 Front Right	
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect	4 Alcohol & Drugs-Under Influence	4 Rear Left	
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness	5 Had Been Drinking	5 Rear Center	
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout	6 Pending BAC Test Result	6 Rear Right	
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect		7 Body of truck	
08 Bus	08 Law Enforcement	08 Pole Tractor	Race	Safety Equipment	8 Bus Passenger	
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic	1 Not in use	9 Other	
10 Motorcycle	10 Military	77 Other	2 Black 4 Other	2 Seat Belt / Shoulder Harness	Ejected	
11 Moped	11 Other Government		Required Endorsements	3 Child Restraint	1 No	
12 All Terrain Vehicle	77 Other		1 Yes 2 No 3 NR	4 Air Bag	2 Yes	
13 Train	DL Type	Residence	Sex 1 Female 2 Male	5 Safety Helmet	3 Partial	
77 Other	1 A 2 B 3 C	1 County of Crash		6 Eye Protection		
	4 D/Chauffeur 7 None	2 Elsewhere in State				
	5 E/Operator	3 Non-Resident (State)				
	6 E/Oper-Rest	4 Foreign 5 Unknown				

Figure 147. Florida Crash Report—Report 6

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement			
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3	
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	1	3	
03 Failed to Yield Right-of-Way	1	3	03 Worn/Smooth Tires	1	1	03 Making Left Turn			
04 Improper Backing			04 Defective/Improper Lights			04 Backing		11 Passing	
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn		12 Driverless or runaway Veh.	
06 Alcohol-Under Influence			06 Steering Mech.		77 All Other (Explain)	06 Changing Lanes		77 All Other (Explain)	
07 Drugs-Under Influence			07 Windshield Wipers			07 Entering / Leaving Parking Space			
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked			
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway	
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business		1 On road	
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm			2 Primarily Residential		2 Not on Road	
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit	1	1	3 Open Country		3 Shoulder	
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational		5 Emergency Oper.			4 Median	
15 Improper Passing	22 Fleeing Police		6 Construction/Maintenance					5 Turn Lane	
16 Drove Left of Center	23 Vehicle Modified		Road System Identifier			Road Surface	Light Condition	Road Surface Type	
17 Exceeded Stated Speed Limit	77 Other		01 Interstate			01 Dry	1	01 Slag /Gravel /Stone	
18 Obstructing Traffic			02 U.S.			02 Wet		02 Blacktop	
Pedestrian Action			03 State	3		03 Slippery		03 Brick / Block	
01 Crossing Not at Intersection	1	2 3	04 County			04 Icy	77 Other	04 Concrete	
02 Crossing at Mid-block Crosswalk			05 Local			Weather		05 Dirt	
03 Crossing at Intersection			06 Turnpike/Toll			01 Clear	1	06 Other	
04 Walking along Road with Traffic			07 Forest Road			02 Cloudy		07 Other	
05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island		07 All Other			03 Rain			
06 Working on Vehicle in Road	77 All Other		First/Subsequent Harmful Event			04 Dark (Street Light)			
07 Other Working in Road	88 Unknown		01 Collision with MV in Transport (Rear End)	13 Collision with Moped		05 Dark (No Street Light)			
08 Standing/Playing in Road			02 Collision with MV in Transport (Head-on)	14 Collision with Train		06 Dawn	1		
			03 Collision with MV in Transport (Angle)	15 Collision with Animal		07 Other			
			04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post		08 Unknown			
			05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole					
			06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail					
			07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence					
			08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall					
			09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail					
			10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery					
			11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign					
			12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates					
			25 Collision with Crash Attenuators						
			26 Collision with Fixed Object Above Road						
			27 MV Hit Other Fixed Object						
			28 Collision with Moveable Object on Road						
			29 MV Ran into Ditch/Culvert						
			30 Ran Off Road into Water						
			31 Overturned						
			32 Occupant Fell from Vehicle						
			33 Tractor/Trailer Jackknifed						
			34 Fire						
			35 Explosion						
			77 All Other						
Contributing Causes - Road			Contributing Causes - Environment			Traffic Control		Site Location	Traffic Character
01 No Defects	1		01 Vision Not Obscured			01 No Control	11 No Pass Zone	01 Not at Intersection/ RR Xing / Bridge	1 Straight Level
02 Obstruction With / Without Warning			02 Inclement Weather			02 School Zone	77 All Other	02 At Intersection	2 Straight - Upgrade/Downgrade
03 Road Under Repair / Construction			03 Parked/Stopped Vehicle			03 Traffic Signal		03 Influenced by Intersection	3 Curve - Level
04 Loose Surface Materials			04 Trees/Crops/Bushes			04 Stop Sign		04 Driveway Access	4 Curve- Upgrade/Downgrade
05 Shoulders - Soft/Low/High			05 Load on Vehicle			05 Yield Sign		05 Railroad Crossing	Type Shoulder
06 Holes/Ruts/Unsafe Paved Edge			06 Building/Fixed Object			06 Flashing Light		06 Bridge	11 Private Prop.
07 Standing Water			07 Signs/Billboards	1		07 Railroad Signal		07 Entrance Ramp	77 Other
08 Worn/Polish Surface			08 Fog			08 Officer / Guard / Flagmen		08 Exit Ramp	
77 All Other			09 Smoke			09 Posted No U-Turn		09 Public Parking Lot	1 Paved
			10 Glare			10 Special Speed Zone		10 Private Parking Lot	2 Unpaved
			77 All Other						3 Curb
Violator	FL Statute Number	Charge				Citation #			
#2	316.122	Failure to yield to turning left							
Was Investigation Made at Scene?			Is Investigation Complete			Date of Report	Photos Taken?		Investigating Agency
X	1 Yes	X	1 Yes	4/29/92					
	2 No, Where?		2 No- Why?						

Figure 147. Florida Crash Report—Report 6 (continued)

EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 11/34	Date of Crash 4/29/92	Report No. 6
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NARRATIVE

Veh. #2 was Westbound in the left turn lane of W. University Ave., attempting to turn left onto S.W. 8th St. Veh. #1 (Bicycle) was Eastbound in the outside lane of W. University Ave. Veh. #2 failed to yield to Veh. #1 (bicycle).

Figure 147. Florida Crash Report—Report 6 (continued)

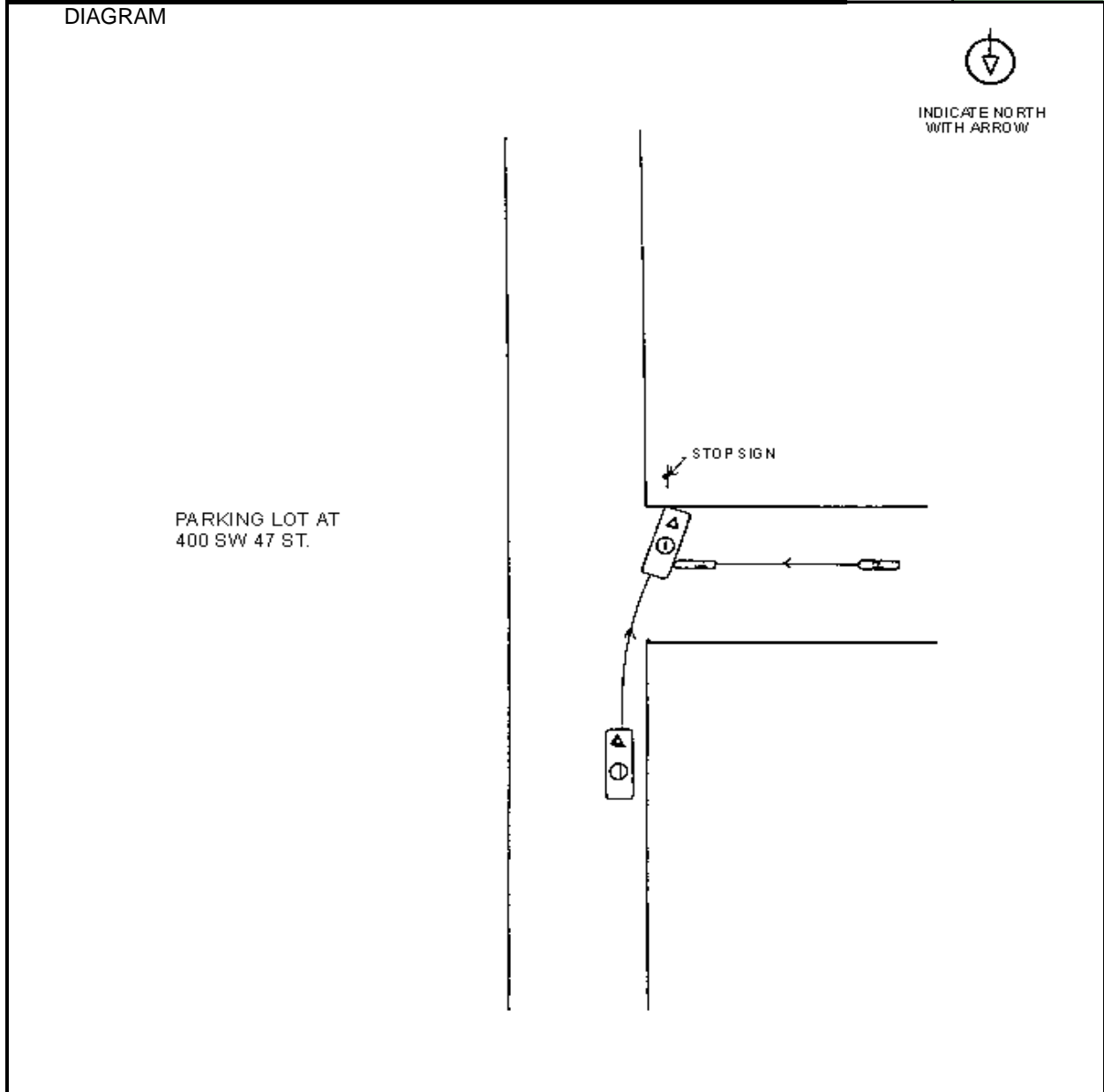
Time & Location	Date of Crash 5/5/92	Time of Crash ___ AM 5:00 PM	Time Officer Notified ___ AM 5:10 PM	Time Officer Arrived ___ AM 5:37 PM	Agency Report No	Crash Report No. REPORT 7					
	County/City Code 11/00	Feet or Miles 4 miles	N S E W N S E W X	City or Town GAINESVILLE, FL	In City/Town? N	County ALACHUA					
	No. of Lanes 2	___ Divided X Undivided	On street, Road, or Highway Parking Lot 4000 SW 47 St.								
	At Intersection of	N S E W X	Feet/Miles of Intersection .3 miles	SR 24							
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 86	Make Chevy	Type 1	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer					
Vehicle Traveling	N X S E W X	On		Posted Speed N/A	Estimated Damage \$ 20		1 Disabling 2 Functional 3 No Damage Vehicle Removed By 2				
BAC TEST	5	Results	AL/Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 1	Inj. 1	S. Equip 2	Eject 1	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other 3
Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable RECOMMEND RE-EXAM	1 Yes 2 No 3 NA	2		4		3
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 91	Make Murray	Type 10	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer					
Vehicle Traveling	N S X E W X	On		Posted Speed N/A	Estimated Damage \$ None		1 Disabling 2 Functional 3 No Damage Vehicle Removed By 3				
BAC TEST	5	Results	AL/Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 2	Inj. 3	S. Equip 1	Eject 1	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other 4
Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable RECOMMEND RE-EXAM	1 Yes 2 No 3 NA	3		4		4
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer					
Vehicle Traveling	N S E W X	On		Posted Speed	Estimated Damage \$		1 Disabling 2 Functional 3 No Damage Vehicle Removed By				
BAC TEST		Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other	Driving Ability Questionable RECOMMEND RE-EXAM	1 Yes 2 No 3 NA			4		
Vehicle Type	Vehicle Use	Trailer Type	Physical Defects		Alcohol/Drug Use		Location (in Vehicle)				
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 No Defects Known		1 Not Drinking or using drugs		1 Front Left				
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect		2 Alcohol-Under Influence		2 Front Center				
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep		3 Drugs- Under Influence		3 Front Right				
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect		4 Alcohol & Drugs-Under Influence		4 Rear Left				
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness		5 Had Been Drinking		5 Rear Center				
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout		6 Pending BAC Test Result		6 Rear Right				
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect				7 Body of truck				
08 Bus	08 Law Enforcement	08 Pole Tractor	Race		Safety Equipment		8 Bus Passenger				
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic		1 Not in use		9 Other				
10 Motorcycle	10 Military	77 Other	2 Black 4 Other		2 Seat Belt / Shoulder Harness		Ejected				
11 Moped	11 Other Government	DL Type	Residence		3 Child Restraint		1 No				
12 All Terrain Vehicle	77 Other	1 A 2 B 3 C	1 County of Crash		4 Air Bag		2 Yes				
13 Train		4 D/Chauffeur 7 None	2 Elsewhere in State		5 Safety Helmet		3 Partial				
77 Other		5 E/Operator	3 Non-Resident (State)		6 Eye Protection						
		6 E/Oper-Rest	4 Foreign 5 Unknown		Sex						
					1 Female 2 Male						

Figure 148. Florida Crash Report—Report 7

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement				
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3		
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	5	1		
03 Failed to Yield Right-of-Way	16	1	03 Worn/Smooth Tires	1	1	03 Making Left Turn				
04 Improper Backing			04 Defective/Improper Lights			04 Backing		11 Passing		
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn		12 Driverless or runaway Veh.		
06 Alcohol-Under Influence			06 Steering Mech.		77 All Other (Explain)	06 Changing Lanes		77 All Other (Explain)		
07 Drugs-Under Influence			07 Windshield Wipers			07 Entering / Leaving Parking Space				
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked				
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway		
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business		1 On road		
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm	1	1	2 Primarily Residential		2 Not on Road		
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit			3 Open Country		3 Shoulder		
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational		5 Emergency Oper.			4 Median		
15 Improper Passing	22 Fleeing Police		6 Construction/Maintenance					5 Turn Lane		
16 Drove Left of Center	23 Vehicle Modified		Road System Identifier			Road Surface		Light Condition		
17 Exceeded Stated Speed Limit	77 Other		01 Interstate			01 Dry	1	01 Daylight		
18 Obstructing Traffic			02 U.S.	5		02 Wet		02 Dusk		
Pedestrian Action			03 State			03 Slippery		03 Dawn		
01 Crossing Not at Intersection	1	2 3	04 County			04 Icy	77 Other	04 Dark (Street Light)		
02 Crossing at Mid-block Crosswalk			05 Local			Weather		05 Dark (No Street Light)		
03 Crossing at Intersection			06 Turnpike/Toll			01 Clear	1	03 Rain		
04 Walking along Road with Traffic			07 Forest Road			02 Cloudy		04 Fog		
05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island		07 All Other					05 Unknown		
06 Working on Vehicle in Road	77 All Other		First/Subsequent Harmful Event			Road Surface Type		Road Surface Type		
07 Other Working in Road	88 Unknown		01 Collision with MV in Transport (Rear End)	13 Collision with Moped	25 Collision with Crash Attenuators	01 Slag /Gravel /Stone		02 Blacktop		
08 Standing/Playing in Road			02 Collision with MV inTransport (Head-on)	14 Collision with Train	26 Collision with Fixed Object Above Road	03 Brick / Block		03 Brick / Block		
			03 Collision with MV in Transport (Angle)	15 Collision with Animal	27 MV Hit Other Fixed Objevct	04 Concrete		04 Concrete		
			04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post	28 Collision with Moveable Object on Road	05 Dirt		05 Dirt		
			05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole	29 MV Ran into Ditch/Culvert	77 Other		77 Other		
			06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail	30 Ran Off Road into Water					
			07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence	31 Overturned					
			08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall	32 Occupant Fell from Vehicle					
			09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail	33 Tractor/Trailer Jackknifed	11				
			10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery	34 Fire	First		Subsequent		
			11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign	35 Explosion					
			12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates	77 All Other					
Contributing Causes - Road		Contributing Causes - Environment		Traffic Control		Site Location		Traffic Character		
01 No Defects	1	01 Vision Not Obscured		01 No Control	11 No Pass Zone	01 Not at Intersection/ RR Xing / Bridge		1 Straight Level		
02 Obstruction With / Without Warning		02 Inclement Weather		02 School Zone	77 All Other	02 At Intersection	3	2 Straight - Upgrade/Downgrade	1	
03 Road Under Repair / Construction		03 Parked/Stopped Vehicle		03 Traffic Signal		03 Influenced by Intersection		3 Curve - Level		
04 Loose Surface Materials		04 Trees/Crops/Bushes		04 Stop Sign		04 Driveway Access		4 Curve- Upgrade/Downgrade		
05 Shoulders - Soft/Low/High		05 Load on Vehicle		05 Yield Sign	4	05 Railroad Crossing		Type Shoulder		
06 Holes/Ruts/Unsafe Paved Edge		06 Building/Fixed Object		06 Flashing Light		06 Bridge	11 Private Prop.	1 Paved		
07 Standing Water		07 Signs/Billboards	1	07 Railroad Signal		07 Entrance Ramp	77 Other	2 Unpaved		
08 Worn/Polish Surface		08 Fog		08 Officer / Guard / Flagmen		08 Exit Ramp		3 Curb	2	
77 All Other		09 Smoke		09 Posted No U-Turn		09 Public Parking Lot				
		10 Glare		10 Special Speed Zone		10 Private Parking Lot				
		77 All Other								
Violator	FL Statute Number	Charge				Citation #				
#1	316.081	Driving on wrong side of road								
Was Investigation Made at Scene?										
X	1 Yes	Is Investigation Complete				Date of Report		Photos Taken?		Investigating Agency
	2 No, Where?	X	1 Yes	5/5/92			Yes			
			2 No- Why?			X	No			

Figure 148. Florida Crash Report—Report 7 (continued)

EMS INFO FATALS ONLY	Time EMSNotified	Time EMSNotified	County/City Code 11/00	Date of Crash 5/5/92	Report No. 7
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NARRATIVE

V-2 was headed east. V-1 was headed South, started to turn right, saw V-2 then stopped in road in front of V-2 trying to avoid V-2. There were no skid marks.

Figure 148. Florida Crash Report—Report 7 (continued)

Time & Location	Date of Crash 7/27/92	Time of Crash 11 AM	Time Officer Notified 11:03 AM	Time Officer Arrived 11:05 AM	Agency Report No	Crash Report No. REPORT 8						
	County/City Code 11/32	Feet or Miles	N S E W	City or Town Newberry	In City/Town? Y	County ALACHUA						
	No. of Lanes 2	Divided <input type="checkbox"/> Undivided <input checked="" type="checkbox"/>	On street, Road, or Highway SR 45									
	At Intersection of	N S E W	Feet/Miles 150 ft.	of Intersection SR 26								
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 88	Make Pontiac	Type 1	Use							
Vehicle Traveling	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	SR 45	AT 20	Est. MPH	Posted Speed 35		Estimated Damage \$ 0					
1	BAC TEST 1 Blood 3 Urine 2 Breath 4 Refusec 5 None	5	Results	AL/Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 2	Inj. 1	S. Equip 2	Eject 1	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer
Ped	Hazardous Mat. 1 None Transported 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable RECOMMEND RE-EXAM	1 Yes 2 No 3 NA						3
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make HMM	Type 10	Use							
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W	SR 45	AT 5	Est. MPH	Posted Speed 35		Estimated Damage \$ 0					
2	BAC TEST 1 Blood 3 Urine 2 Breath 4 Refusec 5 None	5	Results	AL/Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 1	Inj. 3	S. Equip 1	Eject 1	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer
Ped	Hazardous Mat. 1 None Transported 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable RECOMMEND RE-EXAM	1 Yes 2 No 3 NA						4
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use							
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			AT	Est. MPH		Posted Speed	Estimated Damage \$				
Vehicle	BAC TEST 1 Blood 3 Urine 2 Breath 4 Refusec 5 None		Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer
Ped	Hazardous Mat. 1 None Transported 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other	Driving Ability Questionable RECOMMEND RE-EXAM	1 Yes 2 No 3 NA						
Vehicle Type	Vehicle Use	Trailer Type	Physical Defects		Alcohol/Drug Use		Location (in Vehicle)					
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 No Defects Known		1 Not Drinking or using drugs		1 Front Left					
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect		2 Alcohol-Under Influence		2 Front Center					
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep		3 Drugs- Under Influence		3 Front Right					
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect		4 Alcohol & Drugs-Under Influence		4 Rear Left					
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness		5 Had Been Drinking		5 Rear Center					
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout		6 Pending BAC Test Result		6 Rear Right					
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect		Safety Equipment		7 Body of truck					
08 Bus	08 Law Enforcement	08 Pole Tractor	Race		1 Not in use		8 Bus Passenger					
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic		2 Seat Belt / Shoulder Harness		9 Other					
10 Motorcycle	10 Military	77 Other	2 Black 4 Other		3 Child Restraint		Ejected					
11 Moped	11 Other Government	DL Type	Required Endorsements		4 Air Bag		1 No					
12 All Terrain Vehicle	77 Other	1 A 2 B 3 C	1 Yes 2 No 3 NR		5 Safety Helmet		2 Yes					
13 Train	4 D/Chauffeur 7 None	Residence	Sex		6 Eye Protection		3 Partial					
77 Other	5 E/Operator 6 E/Oper-Rest	1 County of Crash 2 Elsewhere in State 3 Non-Resident (State) 4 Foreign 5 Unknown	1 Female 2 Male									

Figure 149. Florida Crash Report—Report 8

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement		
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	1	1
03 Failed to Yield Right-of-Way	1	77	03 Worn/Smooth Tires	1	77	03 Making Left Turn		
04 Improper Backing			04 Defective/Improper Lights			04 Backing		11 Passing
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn		12 Driverless or runaway Veh.
06 Alcohol-Under Influence			06 Steering Mech.		77 All Other (Explain)	06 Changing Lanes		77 All Other (Explain)
07 Drugs-Under Influence			07 Windshield Wipers			07 Entering / Leaving Parking Space		
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked		
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business		1 On road
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm			2 Primarily Residential		2 Not on Road
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit	1	1	3 Open Country		3 Shoulder
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational			5 Emergency Oper.		4 Median
15 Improper Passing	22 Fleeing Police		6 Construction/Maintenance					5 Turn Lane
16 Drove Left of Center	23 Vehicle Modified							
17 Exceeded Stated Speed Limit	77 Other							
18 Obstructing Traffic								
Pedestrian Action			Road System Identifier	Road Surface	Light Condition	Road Surface Type		
01 Crossing Not at Intersection	1	2 3	01 Interstate	01 Dry	1	01 Daylight		01 Slag /Gravel /Stone
02 Crossing at Mid-block Crosswalk			02 U.S.	02 Wet		02 Dusk	1	02 Blacktop
03 Crossing at Intersection			03 State	03 Slippery		03 Dawn		03 Brick / Block
04 Walking along Road with Traffic			04 County	04 Icy	77 Other	04 Dark (Street Light)		04 Concrete
05 Walking Along Road Against Traffic	09 Standing in Pedestrian Island		05 Local	Weather		05 Dark (No Street Light)		05 Dirt
06 Working on Vehicle in Road	77 All Other		06 Turnpike/Toll	01 Clear	03 Rain	77 Other	88 Unknown	77 Other
07 Other Working in Road			07 Forest Road	02 Cloudy	04 Fog			
08 Standing/Playing in Road	88 Unknown		77 All Other					
First/Subsequent Harmful Event								
01 Collision with MV in Transport (Rear End)	13 Collision with Moped	25 Collision with Crash Attenuators						
02 Collision with MV in Transport (Head-on)	14 Collision with Train	26 Collision with Fixed Object Above Road						
03 Collision with MV in Transport (Angle)	15 Collision with Animal	27 MV Hit Other Fixed Object						
04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post	28 Collision with Moveable Object on Road						
05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole	29 MV Ran into Ditch/Culvert						
06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail	30 Ran Off Road into Water						
07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence	31 Overturned						
08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall	32 Occupant Fell from Vehicle						
09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail	33 Tractor/Trailer Jackknifed					11	
10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery	34 Fire						
11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign	35 Explosion						
12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates	77 All Other						
Contributing Causes - Road	Contributing Causes - Environment	Traffic Control	Site Location	Traffic Character				
01 No Defects	01 Vision Not Obscured	01 No Control	01 Not at Intersection/ RR Xing / Bridge	1	1 Straight Level			
02 Obstruction With / Without Warning	02 Inclement Weather	11 No Pass Zone	02 At Intersection	1	2 Straight - Upgrade/Downgrade			
03 Road Under Repair / Construction	03 Parked/Stopped Vehicle	03 Traffic Signal	03 Influenced by Intersection		3 Curve - Level			
04 Loose Surface Materials	04 Trees/Crops/Bushes	04 Stop Sign	04 Driveway Access	1	4 Curve-Upgrade/Downgrade			
05 Shoulders - Soft/Low/High	05 Load on Vehicle	05 Yield Sign	05 Railroad Crossing		Type Shoulder			
06 Holes/Ruts/Unsafe Paved Edge	06 Building/Fixed Object	06 Flashing Light	06 Bridge	11 Private Prop.	1 Paved			
07 Standing Water	07 Signs/Billboards	07 Railroad Signal	07 Entrance Ramp	77 Other	2 Unpaved			
08 Worn/Polish Surface	08 Fog	08 Officer / Guard / Flagmen	08 Exit Ramp		3 Curb			
77 All Other	09 Smoke	09 Posted No U-Turn	09 Public Parking Lot					
	10 Glare	10 Special Speed Zone	10 Private Parking Lot					
	77 All Other							
Violator	FL Statute Number	Charge	Citation #					
Was Investigation Made at Scene?		Is Investigation Complete	Date of Report	Photos Taken?	Investigating Agency			
X	1 Yes	X	1 Yes					
	2 No, Where?		7/27/92	X				
				No				

Figure 149. Florida Crash Report—Report 8 (continued)

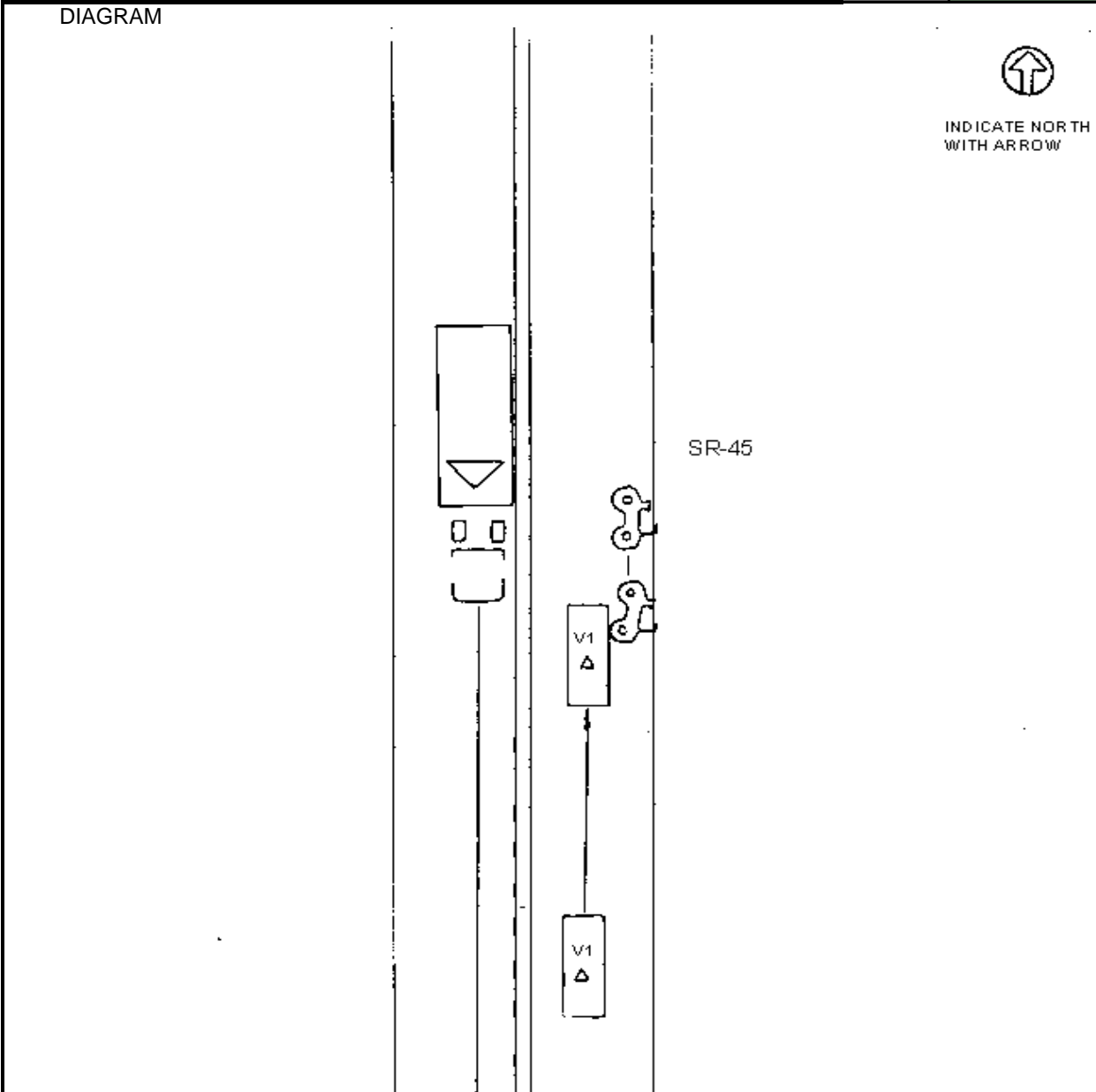
EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 11/32	Date of Crash 7/27/92	Report No. 8
<p>DIAGRAM</p>  <p>SR-45</p> <p>INDICATE NORTH WITH ARROW</p>					
<p>NARRATIVE</p> <p>V-1 was Northbound in the correct lane on SR 45. V-2 was riding a tricycle southbound in the northbound lane. An unknown truck was traveling southbound in it's correct lane. V-1 attempted to brake and avoid V-2. V-2 did not leave the roadway. V-2 ran into V-1.</p>					

Figure 149. Florida Crash Report—Report 8 (continued)

Time & Location	Date of Crash 4/27/92	Time of Crash ____ AM 7:20 PM	Time Officer Notified ____ AM 7:26 PM	Time Officer Arrived ____ AM 7:30 PM	Agency Report No	Crash Report No. REPORT 9							
	County/City Code 09/00	Feet or Miles	N S E W	City or Town Brent	In City/Town? Y	County Escambia							
	No. of Lanes 2	<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	On street, Road, or Highway Murphy Lane										
	At Intersection of		N S E W	Feet/Miles .1 miles	of Intersection SR 95								
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year unk.	Make Strik	Type 10	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer							
Vehicle	1	Vehicle Traveling		On	Posted Speed 25		Estimated Damage \$ 10						
Ped	BAC TEST		Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Disabling 2 Functional 3 No Damage	2
1 Blood 3 Urine		5		1	1	1	2	1	3	1	2	Vehicle Removed By	
2 Breath 4 Refusec 5 None												3 Driver 4 Other	
Hazardous Mat. 1 None		3 Explosives		5 Corrosive Material		7 Other		1		Driving Ability Questionable		1 Yes 2 No 3 NA	
Transported 2 Flam. Liquid		4 Poison. Gas		6 Radioactive Mater.						RECOMMEND RE-EXAM			
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 82	Make Honda	Type 7	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer							
Vehicle	2	Vehicle Traveling		On	Posted Speed 25		Estimated Damage \$ 0						
Ped	BAC TEST		Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Disabling 2 Functional 3 No Damage	2
1 Blood 3 Urine		5		1	1	1	2	1	2	4	2	Vehicle Removed By	
2 Breath 4 Refusec 5 None												3 Driver 4 Other	
Hazardous Mat. 1 None		3 Explosives		5 Corrosive Material		7 Other		1		Driving Ability Questionable		1 Yes 2 No 3 NA	
Transported 2 Flam. Liquid		4 Poison. Gas		6 Radioactive Mater.						RECOMMEND RE-EXAM			
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use	POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer							
Vehicle		Vehicle Traveling		On	Posted Speed		Estimated Damage						
Ped	BAC TEST		Results	AL/Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Disabling 2 Functional 3 No Damage	
1 Blood 3 Urine												Vehicle Removed By	
2 Breath 4 Refusec 5 None												1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other	
Hazardous Mat. 1 None		3 Explosives		5 Corrosive Material		7 Other				Driving Ability Questionable		1 Yes 2 No 3 NA	
Transported 2 Flam. Liquid		4 Poison. Gas		6 Radioactive Mater.						RECOMMEND RE-EXAM			
Vehicle Type	Vehicle Use	Trailer Type	Physical Defects		Alcohol/Drug Use		Location (in Vehicle)						
01 Automobile	01 Private Transportation	01 Single Semi Trailer	4 No Defects Known		1 Not Drinking or using drugs		1 Front Left						
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect		2 Alcohol-Under Influence		2 Front Center						
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep		3 Drugs- Under Influence		3 Front Right						
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect		4 Alcohol & Drugs-Under Influence		4 Rear Left						
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness		5 Had Been Drinking		5 Rear Center						
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout		6 Pending BAC Test Result		6 Rear Right						
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect				7 Body of truck						
08 Bus	08 Law Enforcement	08 Pole Tractor	Race		Safety Equipment		8 Bus Passenger						
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic		1 Not in use		9 Other						
10 Motorcycle	10 Military	77 Other	2 Black 4 Other		2 Seat Belt / Shoulder Harness		Ejected						
11 Moped	DL Type	Residence	Required Endorsements		3 Child Restraint		1 No						
12 All Terrain Vehicle	1 A 2 B 3 C	1 County of Crash	1 Yes 2 No 3 NR		4 Air Bag		2 Yes						
13 Train	4 D/Chauffeur 7 None	2 Elsewhere in State	Sex		5 Safety Helmet		3 Partial						
77 Other	5 E/Operator	3 Non-Resident (State)	1 Female		6 Eye Protection								
	6 E/Oper-Rest	4 Foreign 5 Unknown	2 Male										

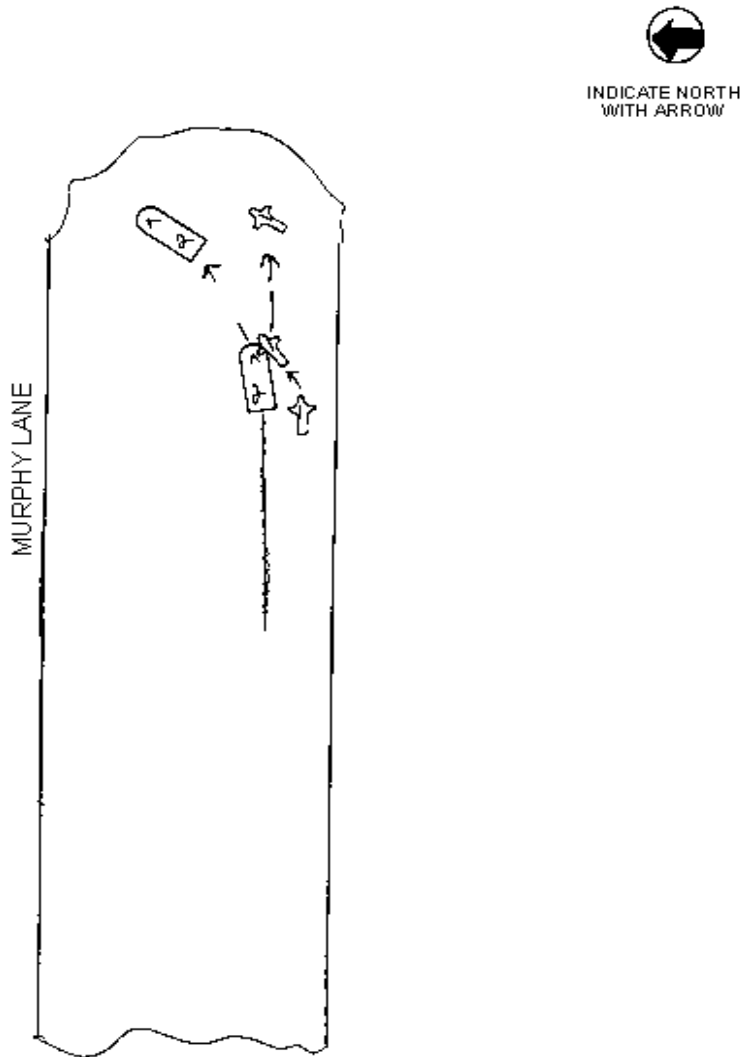
Figure 150. Florida Crash Report—Report 9

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement			
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3	
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	1	1	
03 Failed to Yield Right-of-Way	2	1	03 Worn/Smooth Tires	1	1	03 Making Left Turn			
04 Improper Backing			04 Defective/Improper Lights			04 Backing		11 Passing	
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn		12 Driverless or runaway Veh.	
06 Alcohol-Under Influence			06 Steering Mech.		77 All Other (Explain)	06 Changing Lanes		77 All Other (Explain)	
07 Drugs-Under Influence			07 Windshield Wipers			07 Entering / Leaving Parking Space			
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked			
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway	
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business		1 On road	
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm			2 Primarily Residential		2 Not on Road	
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit	1	1	3 Open Country		3 Shoulder	
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational					4 Median	
15 Improper Passing	22 Fleeing Police		5 Emergency Oper.					5 Turn Lane	
16 Drove Left of Center	23 Vehicle Modified		6 Construction/Maintenance						
17 Exceeded Stated Speed Limit	77 Other		Road System Identifier			Road Surface	Light Condition	Road Surface Type	
18 Obstructing Traffic			01 Interstate			01 Dry	1	01 Slag /Gravel /Stone	
			02 U.S.	4		02 Wet		02 Blacktop	
			03 State			03 Slippery	2	03 Brick / Block	
			04 County			04 Icy		04 Concrete	
			05 Local			77 Other		05 Dirt	
			06 Turnpike/Toll			Weather		2	
			07 Forest Road			01 Clear	1	03 Rain	
			08 Standing/Playing in Road			02 Cloudy		04 Fog	
						03 Dark (Street Light)		05 Dark (No Street Light)	
						04 Dark (Street Light)		88 Unknown	
						05 Dark (No Street Light)			
						06 Fog			
First/Subsequent Harmful Event									
01 Collision with MV in Transport (Rear End)	13 Collision with Moped	25 Collision with Crash Attenuators							
02 Collision with MV inTransport (Head-on)	14 Collision with Train	26 Collision with Fixed Object Above Road							
03 Collision with MV in Transport (Angle)	15 Collision with Animal	27 MV Hit Other Fixed Objevct							
04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post	28 Collision with Moveable Object on Road							
05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole	29 MV Ran into Ditch/Culvert							
06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail	30 Ran Off Road into Water							
07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence	31 Overtuned							
08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall	32 Occupant Fell from Vehicle							
09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail	33 Tractor/Trailer Jackknifed				11			
10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery	34 Fire							
11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign	35 Explosion							
12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates	77 All Other							
Contributing Causes - Road		Contributing Causes - Environment	Traffic Control		Site Location		Traffic Character		
01 No Defects	1	01 Vision Not Obscured	01 No Control	11 No Pass Zone	01 Not at Intersection/ RR Xing / Bridge	1	1 Straight Level		
02 Obstruction With / Without Warning		02 Inclement Weather	02 School Zone	77 All Other	02 At Intersection		2 Straight - Upgrade/Downgrade	1	
03 Road Under Repair / Construction		03 Parked/Stopped Vehicle	03 Traffic Signal		03 Influenced by Intersection		3 Curve - Level		
04 Loose Surface Materials		04 Trees/Crops/Bushes	04 Stop Sign	10	04 Driveway Access		4 Curve- Upgrade/Downgrade		
05 Shoulders - Soft/Low/High		05 Load on Vehicle	05 Yield Sign		05 Railroad Crossing		Type Shoulder		
06 Holes/Ruts/Unsafe Paved Edge		06 Building/Fixed Object	06 Flashing Light		06 Bridge	11 Private Prop.	1 Paved		
07 Standing Water		07 Signs/Billboards	07 Railroad Signal		07 Entrance Ramp	77 Other	2 Unpaved		
08 Worn/Polish Surface		08 Fog	08 Officer / Guard / Flagmen		08 Exit Ramp		3 Curb	2	
09 Smoke		09 Smoke	09 Posted No U-Turn		09 Public Parking Lot				
10 Glare		10 Glare	10 Special Speed Zone		10 Private Parking Lot				
77 All Other		77 All Other							
Violator	FL Statute Number	Charge				Citation #			
Was Investigation Made at Scene?		Is Investigation Complete		Date of Report	Photos Taken?		Investigating Agency		
X	1 Yes	X	1 Yes	4/27/92		Yes			
	2 No, Where?		2 No- Why?			No			

Figure 150. Florida Crash Report—Report 9 (continued)

EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 09/00	Date of Crash 4/27/92	Report No. 9
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DIAGRAM



NARRATIVE

V-1 and V-2 were both Eastbound on Murphy Lane when V-1 (a bicycle) turned left from the curb. V-2 collided with V-1 on its right side. V-1 and V-2's drivers were both thrown to the ground.

Figure 150. Florida Crash Report—Report 9 (continued)

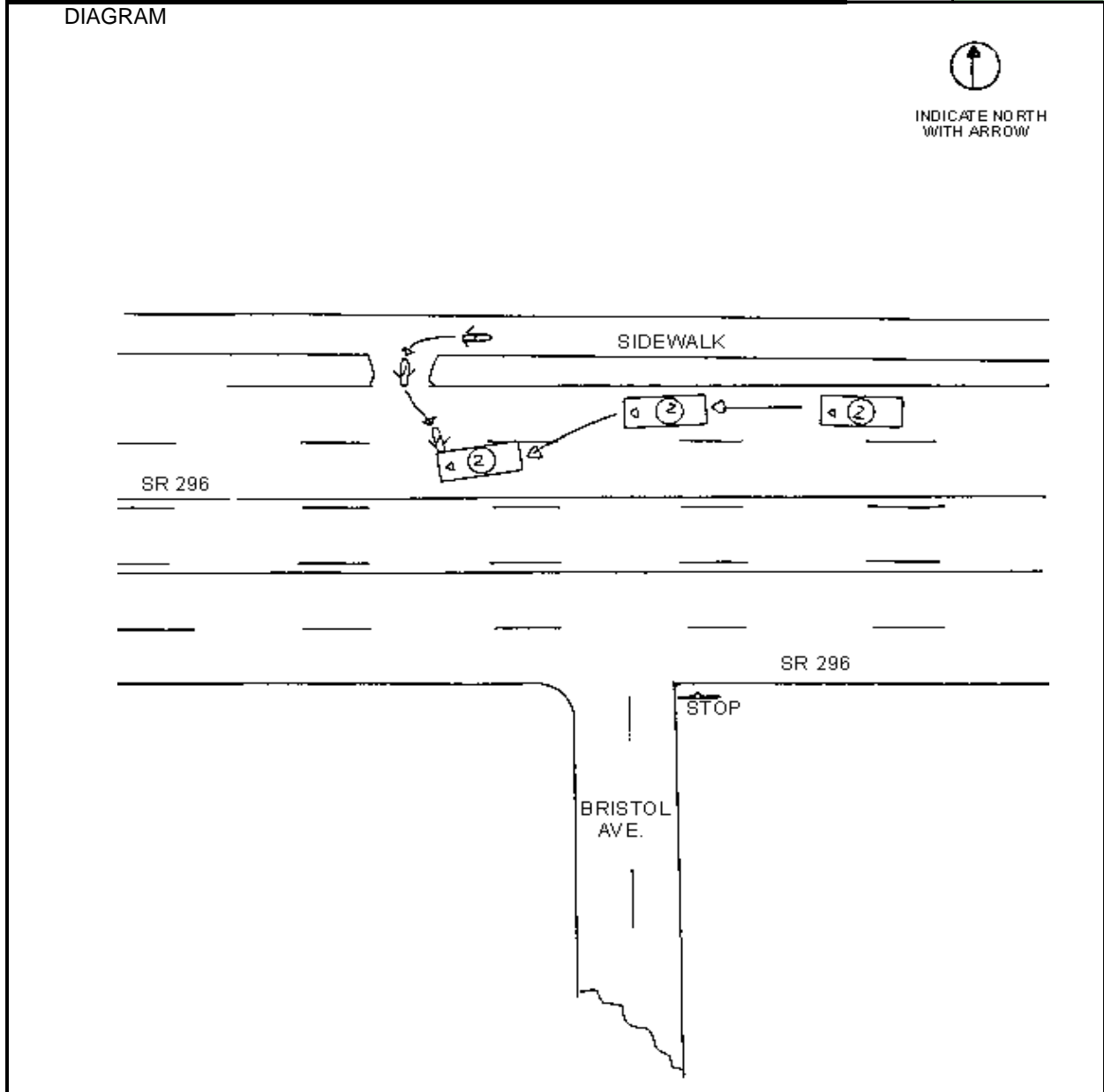
Time & Location	Date of Crash 8/23/92	Time of Crash ___ AM 3:40 PM	Time Officer Notified ___ AM 3:46 PM	Time Officer Arrived ___ AM 3:54 PM	Agency Report No	Crash Report No. REPORT 10					
	County/City Code 09/28	Feet or Miles	N S E W	City or Town Brent	In City/Town? Y	County Escambia					
	No. of Lanes 4	<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	On street, Road, or Highway SR 296								
	At Intersection of	N S E W	Feet/Miles of Intersection 10 feet	Bristol Avenue							
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year unk.	Make AEC	Type 10	Use		POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer				
Vehicle Traveling	<input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On			Posted Speed 45		Estimated Damage \$ 500	1 Disabling 2 Functional 3 No Damage Vehicle Removed By			
BAC TEST	5	Results	AL /Drugs 1	Phys. Def. 1	Res. 1	Race 2	Sex 1	Inj. 3	S. Equip 1	Eject 2	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA	2		4 Other	
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year 81	Make Cadillac	Type 1	Use		POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer				
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	On			Posted Speed 45		Estimated Damage \$ 100	1 Disabling 2 Functional 3 No Damage Vehicle Removed By			
BAC TEST	5	Results	AL /Drugs 1	Phys. Def. 1	Res. 1	Race 1	Sex 2	Inj. 1	S. Equip 2	Eject 1	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other 1	Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA	2		4 Other	
Driver Action	1 Phantom 2 Hit & Run 3 N/A	Year	Make	Type	Use		POINT OF IMPACT Circle Area of Damage 18 Undercarriage 19 overturn 20 Windshield 21 Fire 22 Trailer				
Vehicle Traveling	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On			Posted Speed		Estimated Damage \$	1 Disabling 2 Functional 3 No Damage Vehicle Removed By			
BAC TEST		Results	AL /Drugs	Phys. Def.	Res.	Race	Sex	Inj.	S. Equip	Eject	1 Tow Rotation 2 Tow Owner's 3 Driver 4 Other
Hazardous Mat. Transported	1 None 2 Flam. Liquid	3 Explosives 4 Poison. Gas	5 Corrosive Material 6 Radioactive Mater.	7 Other	Driving Ability Questionable RECOMMEND RE-EXAM		1 Yes 2 No 3 NA			4 Other	
Vehicle Type	Vehicle Use	Trailer Type	Physical Defects		Alcohol/Drug Use		Location (in Vehicle)				
01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 No Defects Known		1 Not Drinking or using drugs		1 Front Left				
02 Passenger Van	02 Commercial Passengers	02 Tandem Semi Trailers	2 Eyesight Defect		2 Alcohol-Under Influence		2 Front Center				
03 Pickup/Light Truck (2 Rear tires)	03 Commercial Cargo	03 Tank Trailer	3 Fatigue/Asleep		3 Drugs- Under Influence		3 Front Right				
04 Medium Truck (4 rear tires)	04 Public Transportation	04 Saddle Mount/ Flatbed	4 Hearing Defect		4 Alcohol & Drugs-Under Influence		4 Rear Left				
05 Heavy Truck (2 or more rear axles)	05 Public School Bus	05 Boat Trailer	5 Illness		5 Had Been Drinking		5 Rear Center				
06 Truck Tractor (Cab)	06 Private School Bus	06 Utility Trailer	6 Seizure, Epilepsy, Blackout		6 Pending BAC Test Result		6 Rear Right				
07 Motor Home (RV)	07 Ambulance	07 House Trailer	7 Other Physical Defect				7 Body of truck				
08 Bus	08 Law Enforcement	08 Pole Tractor	Race		Safety Equipment		8 Bus Passenger				
09 Bicycle	09 Fire/Rescue	09 Towed Vehicle	1 White 3 Hispanic		1 Not in use		9 Other				
10 Motorcycle	10 Military	77 Other	2 Black 4 Other		2 Seat Belt / Shoulder Harness		Ejected				
11 Moped	11 Other Government	DL Type	Residence		3 Child Restraint		1 No				
12 All Terrain Vehicle	77 Other	1 A 2 B 3 C	1 County of Crash		4 Air Bag		2 Yes				
13 Train		4 D/Chauffeur 7 None	2 Elsewhere in State		5 Safety Helmet		3 Partial				
77 Other		5 E/Operator	3 Non-Resident (State)		6 Eye Protection						
		6 E/Oper-Rest	4 Foreign 5 Unknown		Required Endorsements						
					1 Yes 2 No 3 NR						
					Sex 1 Female 2 Male						

Figure 151. Florida Crash Report—Report 10

Contributing Causes - Driver/Ped			Vehicle Defect			Vehicle Movement								
01 No Improper Driving/Action	1	2 3	01 No Defects	1	2 3	01 Straight Ahead	1	2 3						
02 Careless Driving			02 Def. Brakes			02 Slowing / Stopped / Stalled	3	1						
03 Failed to Yield Right-of-Way	3	1	03 Worn/Smooth Tires	1	1	03 Making Left Turn								
04 Improper Backing			04 Defective/Improper Lights			04 Backing	11 Passing							
05 Improper Turn			05 Puncture/Blowout			05 Making Right Turn	12 Driverless or runaway Veh.							
06 Alcohol-Under Influence			06 Steering Mech.	77 All Other		06 Changing Lanes	77 All Other							
07 Drugs-Under Influence			07 Windshield Wipers	(Explain)		07 Entering / Leaving Parking Space	(Explain)							
08 Alcohol & Drugs-Under Influence			08 Equipment/Vehicle Defect			08 Improperly Parked								
09 Followed Too Closely			Vehicle Special Functions			Location Type		Location on Roadway						
11 Disregarded Stop Sign			1 None	1	2 3	1 Primarily Business	1 On road							
12 Exceeded Safe Speed Limit	19 Improper Load		2 Farm	1	1	2 Primarily Residential	2 Not on Road	1 2 3						
13 Disregarded Traffic Signal	20 Disregarded Other Traffic Control		3 Police Pursuit	1	1	3 Open Country	3 Shoulder	1 1						
14 Failed to Maintain Equip./Veh.	21 Driving Wrong Side/Way		4 Recreational	5 Emergency Oper.			4 Median							
15 Improper Passing	22 Fleeing Police		6 Construction/Maintenance				5 Turn Lane							
16 Drove Left of Center	23 Vehicle Modified		Road System Identifier			Road Surface		Light Condition						
17 Exceeded Stated Speed Limit	77 Other		01 Interstate			01 Dry	1	01 Daylight						
18 Obstructing Traffic			02 U.S.	3		02 Wet		02 Dusk	1					
Pedestrian Action			03 State			03 Slippery		03 Dawn						
01 Crossing Not at Intersection	1	2 3	04 County			04 Icy	77 Other	04 Dark (Street Light)						
02 Crossing at Mid-block Crosswalk			05 Local			Weather		05 Dark (No Street Light)						
03 Crossing at Intersection			06 Turnpike/Toll			01 Clear	03 Rain	77 Other						
04 Walking along Road with Traffic	09 Standing in Pedestrian Island		07 Forest Road			02 Cloudy	04 Fog	88 Unknown						
05 Walking Along Road Against Traffic	77 All Other		77 All Other			Road Surface Type								
06 Working on Vehicle in Road	88 Unknown		First/Subsequent Harmful Event			01 Slag /Gravel /Stone		02 Blacktop						
07 Other Working in Road			01 Collision with MV in Transport (Rear End)	13 Collision with Moped	25 Collision with Crash Attenuators	03 Brick / Block		03 Concrete						
08 Standing/Playing in Road			02 Collision with MV in Transport (Head-on)	14 Collision with Train	26 Collision with Fixed Object Above Road	04 Concrete		05 Dirt	2					
			03 Collision with MV in Transport (Angle)	15 Collision with Animal	27 MV Hit Other Fixed Object	05 Dirt		07 Other						
			04 Collision with MV in Transport (Left Turn)	16 MV Hit Sign/Sign Post	28 Collision with Moveable Object on Road									
			05 Collision with MV in Transport (Right Turn)	17 MV Hit Utility Pole/Light Pole	29 MV Ran into Ditch/Culvert									
			06 Collision with MV in Transport (Sideswipe)	18 MV Hit Guardrail	30 Ran Off Road into Water									
			07 Collision with MV in Transport (Backed Into)	19 MV Hit Fence	31 Overturned									
			08 Collision with Parked Car	20 MV Hit Concrete Barrier Wall	32 Occupant Fell from Vehicle									
			09 Collision with MV on Other Roadway	21 MV Hit Bridge Pier Abutment/Rail	33 Tractor/Trailer Jackknifed									
			10 Collision with Pedestrian	22 MV Hit Tree/Shrubbery	34 Fire									
			11 Collision with Bicycle	23 Collision w/Construction Barricade/Sign	35 Explosion									
			12 Collision with Bicycle (Bike Lane)	24 Collision with Traffic Gates	77 All Other									
Contributing Causes - Road			Contributing Causes - Environment			Traffic Control			Site Location			Traffic Character		
01 No Defects	1		01 Vision Not Obscured			01 No Control	11 No Pass Zone	01 Not at Intersection/ RR Xing / Bridge	1	1	1 Straight Level			
02 Obstruction With / Without Warning			02 Inclement Weather			02 School Zone	77 All Other	02 At Intersection			2 Straight - Upgrade/Downgrade	1		
03 Road Under Repair / Construction			03 Parked/Stopped Vehicle			03 Traffic Signal		03 Influenced by Intersection			3 Curve - Level			
04 Loose Surface Materials			04 Trees/Crops/Bushes			04 Stop Sign		04 Driveway Access			4 Curve- Upgrade/Downgrade			
05 Shoulders - Soft/Low/High			05 Load on Vehicle			05 Yield Sign	10	05 Railroad Crossing			Type Shoulder			
06 Holes/Ruts/Unsafe Paved Edge			06 Building/Fixed Object			06 Flashing Light		06 Bridge	11 Private Prop.		1 Paved			
07 Standing Water			07 Signs/Billboards	1		07 Railroad Signal		07 Entrance Ramp	77 Other		2 Unpaved			
08 Worn/Polish Surface			08 Fog			08 Officer / Guard / Flagmen		08 Exit Ramp			3 Curb	2		
77 All Other			09 Smoke			09 Posted No U-Turn		09 Public Parking Lot						
			10 Glare			10 Special Speed Zone		10 Private Parking Lot						
			77 All Other											
Violator	FL Statute Number	Charge							Citation #					
Was Investigation Made at Scene?			Is Investigation Complete				Date of Report		Photos Taken?		Investigating Agency			
X	1 Yes		X	1 Yes	8/23/92			Yes						
	2 No, Where?			2 No- Why?			X	No						

Figure 151. Florida Crash Report—Report 10 (continued)

EMS INFO FATALS ONLY	Time EMS Notified	Time EMS Notified	County/City Code 09/28	Date of Crash 8/23/92	Report No. 10
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NARRATIVE

Vehicle was westbound on sidewalk on the North side of SR 296. Vehicle 2 was westbound on SR 296. Vehicle 1 attempted to cross SR 296 southbound. The driver of vehicle 2 attempted to take evasive action by steering to the left to avoid vehicle 1. Vehicle 1 drove into the right side of vehicle 2.

Figure 151. Florida Crash Report—Report 10 (continued)

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes

Report No.	Screen Header	Question	Correct Response
1	Crash Location	Where did the crash occur?	Intersection
	Bicyclist Position	What was the initial position of the bicyclist?	On a Sidewalk, Crosswalk, or Driveway Crossing
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	Facing traffic
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describe?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Crossing Paths
	Crossing Path Crash – Intersection	Which of the following best describes the circumstances of the crash?	Drive/Ride—Out/Through
	Type of Traffic Control	What type of traffic control was present at the intersection?	Stop Signs, Yield Signs, or Flashing Signals
	Sign-Controlled Intersection Crash	Which of the following best describes the circumstances of the crash?	Motorist Drive-Out
Crash Type: Motorist Drive-Out—Sign-Controlled Intersection (Number 141)			

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes (*continued*)

Report No.	Screen Header	Question	Correct Response
2	Crash Location	Where did the crash occur?	Intersection
	Bicyclist Position	What was the initial position of the bicyclist?	On a Sidewalk, Crosswalk, or Driveway Crossing
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	Facing traffic
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describe?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Crossing Paths
	Crossing Path Crash – Intersection	Which of the following best describes the circumstances of the crash?	Drive/Ride—Out/Through
	Type of Traffic Control	What type of traffic control was present at the intersection?	Traffic signals
	Signal-Controlled Intersection Crash	Which of the following best describes the circumstances of the crash?	Motorist Drive-Out
	Right Turn on Red—Crossing Path	Was the motorist making a right turn on red?	Yes
Crash Type: Motorist Drive-Out—Right Turn on Red (No. 151)			

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes (*continued*)

Report No.	Screen Header	Question	Correct Response
3	Crash Location	Where did the crash occur?	Nonintersection Location
	Bicyclist Position	What was the initial position of the bicyclist?	On a Roadway, in a Shared Travel Lane
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	With traffic
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describe?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Parallel Paths
	Parallel Path Crash	Which of the following best describes the circumstances of the crash?	Motorist Turned or Merged
	Motorist Turned or Merged	Which of the following best describes the maneuver of the motorist?	Right Turn—Same Direction
	Right turn on red—same direction	Was motorist making a right turn on red?	No or Unknown
Crash Type: Motorist Right Turn—Same Direction (Number 213)			

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes (continued)

Report No.	Screen Header	Question	Correct Response
4	Crash Location	Where did the crash occur?	Nonintersection Location
	Bicyclist Position	What was the initial position of the bicyclist?	On a Sidewalk, Crosswalk, or Driveway Crossing
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	Facing traffic
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describes the crash?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Crossing Paths
	Crossing Path Crash – Nonintersection	Which of the following scenarios best describes the crash?	Motorist Drive-Out
	Motorist Drive-Out – Nonintersection	From where did the motorist come?	Commercial Driveway or Alley
Crash Type: Motorist Drive-Out—Commercial Driveway/Alley (Number 322)			

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes (continued)

Report No.	Screen Header	Question	Correct Response
5	Crash Location	Where did the crash occur?	Nonintersection Location
	Bicyclist Position	What was the initial position of the bicyclist?	On a Sidewalk, Crosswalk, or Driveway Crossing
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	Not Applicable
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describe?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Crossing Paths
	Crossing Path Crash – Nonintersection	Which of the following scenarios best describes the crash?	Bicyclist Ride-out
	Bicyclist Ride-out – Nonintersection	From where did the motorist come?	Other Midblock Location
Crash Type: Bicyclist Ride-out—Other Midblock (Number 318)			

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes (*continued*)

Report No.	Screen Header	Question	Correct Response
6	Crash Location	Where did the crash occur?	Intersection
	Bicyclist Position	What was the initial position of the bicyclist?	On a Roadway, in a Shared Travel Lane
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	With traffic
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describe?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Parallel Paths
	Parallel Path Crash	Which of the following best describes the circumstances of the crash?	Motorist Turned or Merged
	Motorist Turned or Merged	Which of the following best describes the maneuver of the motorist?	Left Turn—Opposite Direction
Crash Type: Motorist Left-Turn—Opposite Direction (Number 212)			

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes (continued)

Report No.	Screen Header	Question	Correct Response
7	Crash Location	Where did the crash occur?	Nonroadway Location
	Bicyclist Position	What was the initial position of the bicyclist?	Other Nonroadway Areas (Parking Lot, Open Areas, etc.)
Crash Type: Nonroadway (Number 910)			
8	Crash Location	Where did the crash occur?	Nonintersection Location
	Bicyclist Position	What was the initial position of the bicyclist?	On a Roadway, in a Shared Travel Lane
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	Facing traffic
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describe?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Parallel Paths
	Parallel Path Crash	Which of the following best describes the circumstances of the crash?	Head-On
	Head—on crash	Which operator was traveling in the wrong direction/travel lane?	Bicyclist
Crash Type: Head-On—Bicyclist (Number 250)			

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes (*continued*)

Report No.	Screen Header	Question	Correct Response
9	Crash Location	Where did the crash occur?	Nonintersection Location
	Bicyclist Position	What was the initial position of the bicyclist?	On a Roadway, in a Shared Travel Lane
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	With traffic
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describe?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Parallel Paths
	Parallel Path Crash	Which of the following best describes the circumstances of the crash?	Bicyclist Turned or Merged
	Bicyclist Turned or Merged	Which of the following scenarios best describes the maneuver of the bicyclist?	Left Turn—Same Direction
Crash Type: Bicyclist Left-Turn—Same Direction (Number 221)			

Table 15. Correct Responses to the Crash Typing Logic for the 10 Sample Bicycle Crashes (*continued*)

Report No.	Screen Header	Question	Correct Response
10	Crash Location	Where did the crash occur?	Nonintersection Location
	Bicyclist Position	What was the initial position of the bicyclist?	On a Sidewalk, Crosswalk, or Driveway Crossing
	Bicyclist Direction	In what direction was the bicyclist initially traveling prior to being struck or prior to making any turns which caused the crash?	With traffic
	Unusual/Specific Circumstances	Which of the following unusual or specific circumstances best describe?	None of the Above
	Initial Approach Paths	What were the initial approach paths for the bicyclist and motorist?	Parallel Paths
	Parallel Path Crash	Which of the following best describes the circumstances of the crash?	Bicyclist Turned or Merged
	Bicyclist Turned or Merged	Which of the following scenarios best describes the maneuver of the bicyclist?	Ride-out
Crash Type: Bicyclist Ride-out—Parallel Path (Number 225)			

