

DATE, COUNTY, CITY, ROAD ON WHICH CRASH OCCURRED, STREET/HIGHWAY NO., DISTANCE FROM MILEPOST, IF AT INTERSECTION, IF NOT AT INTERSECTION, IF CRASH WAS OUTSIDE CITY LIMITS...

YOUR VEHICLE (VEHICLE NUMBER - 1), OTHER VEHICLE (VEHICLE NUMBER - 2), DRIVER, DRIVER ADDRESS, DRIVER LICENSE, VEHICLE, OWNER NAME, OWNER ADDRESS, INSURANCE COMPANY...

Complete this section for the driver and all injured persons in your vehicle, bicyclists, pedestrians, or fatalities involved in the crash, as applicable. In the boxes labeled 1-10, enter the option which best answers the questions in the appropriate box below.

Air Bags Deployed, Driver Distracted By Action, Source of Distraction, Driver Actions at Time of Crash, Motorcycle Helmet Use...

1 Person Type, 2 Driver/Pedestrian Condition at Time of Crash, 3 Seating Position, 4 Seat, 5 Other Location, 6 Injury Severity, 7 Injury Area, 8 Restraint Systems/Motorcycle Helmet Use, 9 Ejection, 10 Source of Transport to First Medical Facility...

Table with columns: NAME, DATE OF BIRTH (MM/DD/YYYY), SEX (M/F), 1 (Person Type), 2 (Condition), 3 (Seating Row), 4 (Seat), 5 (Other Location), 6 (Injury Severity), 7 (Injury Area), 8 (Restraint System), 9 (Ejection), 10 (Transport)

