Commonwealth of Virginia • Department of Motor Vehicles

Police Crash Report

If a question does not apply, enter an “X”. • If an answer is unknown, enter a “U” or appropriate number. • “Other” explain in crash description. FR300T (Rev 9/03)

Vehicle maneuver
1. Going straight ahead 5. Slowing or stopping
2. Making right turn 6. Starting in traffic lane
3. Making left turn 7. Starting from parked position
4. Making U-turn 8. Stopped in traffic lane
9. Ran off road – right 10. Ran off road – left
11. Other 12. Pedestrian
15. Other 16. Entering street from parking lot

Type of collision
1. Rear end 5. Sideswipe – opposite direction
2. Angle 6. Fixed object in road
3. Head on 7. Train
4. Sideswipe – same direction 8. Non-collision
9. Tunnel, bridge, underpass, culvert, etc.

Driver’s action
1. No improper action 15. Improper turn – cut corner on left turn
2. Exceeded speed limit 16. Improper turn from wrong lane
3. Exceeded safe speed but not speed limit 17. Other improper turn
4. Overtaking on hill 18. Improper backing
5. Overlapping on curve 19. Improper start from parked position
6. Overtaking at intersection 20. Disregarded officer or flagger
8. Cutting in 22. Disregarded stop or yield sign
9. Other improper passing 23. Driver distraction
10. Wrong side of road – not overtaking 24. Fail to stop at through highway – no sign
11. Did not have right-of-way 25. Drive through work zone
12. Following too close 26. Fail to set out flares or flags
13. Fail to signal or improper signal 27. Fail to dim headlights

Weather
1. Yes 2. No

Roadway alignment
4. Grade – Curve 8. Dip – Curve

Was traffic control working?
1. Yes 2. No

Traffic control
1. No traffic control 10. Railroad crossing with
2. Officer or flagger markings and signs
3. Traffic signal 11. Railroad crossing with signals
4. Slow or warning sign 12. Railroad crossing with
gate and signals
5. Traffic lanes marked 13. Other

Roadway defects
1. No defects 5. Loose material 8. Roadway
2. Holes, ruts, bumps 6. Restricted width
3. Soft or low shoulder 7. Slick pavement
4. Under repair 9. Other

Light conditions
1. Dawn 4. Darkness – roadway lighted
2. Daylight 5. Darkness – roadway not lighted
3. Dusk

Kind of locality
2. Church 6. Intertown/limited access 10. Parking lot
3. Playground 7. Interstate/limited access
4. Open country 8. Other

Roadway surface condition
1. Dry 4. Icy 7. Other
2. Wet 5. Muddy 8. Natural debris

Surface type
1. Concrete 2. Blacktop, asphalt, 3. Brick or block 6. Other
4. Dirt

Vehicle occupied (or pedestrian)
1. Vehicle No. 1 2. Vehicle No. 2 3. Other

Position in/on vehicle
4. Passenger(s) 5. Luggage 6. Baby seat
7. Booster seat 8. Pet

Condition of driver/pedestrian contributing to the crash
1. No defects 2. Eyeglasses defective 3. Hearing defective
4. Other body defects 5. Illness
6. Fatigue 7. Apparently asleep 8. Other

See reverse side for vehicle types and diagrams

Vehicle with 23:

Drinking
1. Had not been drinking 2. Drinking – Obviously drunk
3. Drinking – Ability impaired
4. Drinking – Ability impaired
5. Drinking – Not known whether impaired

Type of driver distractions
1. Looking at roadside incident 2. Driver fatigue 3. Looking at scenery
4. Passenger(s) 5. Radio/CD, etc. 6. Cell phone
7. Eyes not on road 8. Daydreaming
9. Eating/drinking 10. Adjusting vehicle controls
11. Other

Method of alcohol determination (by police)

Was pedestrian mode of travel?
1. Yes 2. No 3. Unknown

Vehicle damage
4. Other 5. Under repair 6. Other

Birth date

Gender

Air bag
4. Keyed off 5. Unknown

Ejection from vehicle
1. Not ejected 2. Partially ejected 3. Totally ejected

Condition of vehicle
1. Normal 2. Inoperative 3. Uninhabitable
4. Damaged 5. Destroyed

Safety equipment used
1. No restraint used 2. Lap belt only 3. Shoulder belt only
4. Lap and shoulder belts 5. Child restraint
6. Helmet 7. Other

Vehicle condition
1. No defects 2. Worn or torn tires 3. Motor trouble
4. Steering defective 5. Punctured/blowout 6. Other

Skidding/tire mark
1. Before application of brakes 2. After application of brakes
3. Before and after application of brakes 4. No visible skid mark/tire mark

Drug use

Ejection seat
4. Keyed off 5. Unknown

Vehicle type
7. Other

date of death

Names of injured (if deceased give date of death)

EMS transport

Date of death MM/DD/YYYY

parking lot

vehicle w/ 23
### Vehicle type (put in box A)

1. Passenger car
2. Truck – pick-up/passenger truck
3. Van
4. Truck – straight truck (2-axle), flat bed, dump truck, wrecker, tractor truck
5. Truck – tractor trailer
6. Truck – tractor twin-trailer
7. Motor home, recreational vehicle
8. Special vehicle – oversized vehicle/earthmover/road equipment
9. Bicycle
10. Moped
11. Motorcycle
12. Emergency vehicle
13. Bus – school bus
15. Bus – commercial passenger bus (seats 9–15 people, including driver)
16. Other
17. Bus – commercial passenger bus (seats 15+ people, including driver)
18. Special vehicle – farm equip, go-cart, hearse, bookmobile
19. Special vehicle – ATV
20. Special vehicle – golf cart
21. Special vehicle – low-speed vehicle
22. Truck – sport utility vehicle
23. Truck – straight truck (3 or more axles)
24. Truck – tractor triple-trailer
25. Truck – tractor tractor (bobtail – no trailer)

### Emergency vehicle type (put in box B)

1. Not applicable
2. Police
3. Fire
4. Ambulance
5. Tow truck
6. Military
7. Maintenance
8. Other

### Emergency vehicle status (put in box C)

1. Yes, in emergency
2. No, not in emergency
3. Not applicable
4. Unknown

### Impact areas

The impact areas are for the full vehicle including the trailer (if any). (i.e., for a car, 9 is the driver’s door but for a car and trailer a 9 could be the hitch point).

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<th>Motorcycle</th>
<th>Car-trailer</th>
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