

12. PEDESTRIAN									
a. NAME AND ADDRESS						b. AGE	c. SEX	d. CATEGORY	e. INJURY
f. PEDESTRIAN WAS GOING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> ALONG <input type="checkbox"/> ACROSS <input type="checkbox"/> INTO STREET, ROAD OR HIGHWAY, FROM (NW to SW corner, or east to west side, etc.) _____ TO _____.									
<input type="checkbox"/> Crossing With Signal	<input type="checkbox"/> Crossing No Signal	<input type="checkbox"/> Standing on Roadway	<input type="checkbox"/> Walking in Road Against Traffic						
<input type="checkbox"/> Crossing Against Signal	<input type="checkbox"/> Hitching on Vehicle	<input type="checkbox"/> Coming From Behind Parked Car	<input type="checkbox"/> Walking in Road With Traffic						
<input type="checkbox"/> Crossing Not at Intersection	<input type="checkbox"/> Playing on Roadway	<input type="checkbox"/> Pushing or Working on Vehicle	<input type="checkbox"/> Other						
13. WITNESSES									
a. NAME AND ADDRESS						b. TELEPHONE NUMBER			
14. VEHICLE DAMAGE									
a. DAMAGED VEHICLE NO. 1				DAMAGED VEHICLE NO. 2				DAMAGED TRAILER, MOTORCYCLE ETC. (Sketch Damage)	
<input type="checkbox"/> Right Front of Car	<input type="checkbox"/> Left Front Door	<input type="checkbox"/> Right Front of Car	<input type="checkbox"/> Left Front Door						
<input type="checkbox"/> Right Front Fender	<input type="checkbox"/> Left Front Fender	<input type="checkbox"/> Right Front Fender	<input type="checkbox"/> Left Front Fender						
<input type="checkbox"/> Right Front Door	<input type="checkbox"/> Left Front of Car	<input type="checkbox"/> Right Front Door	<input type="checkbox"/> Left Front of Car						
<input type="checkbox"/> Right Rear Door	<input type="checkbox"/> Hood	<input type="checkbox"/> Right Rear Door	<input type="checkbox"/> Hood						
<input type="checkbox"/> Right Rear Fender	<input type="checkbox"/> Roof	<input type="checkbox"/> Right Rear Fender	<input type="checkbox"/> Roof						
<input type="checkbox"/> Right Rear of Car	<input type="checkbox"/> Trunk	<input type="checkbox"/> Right Rear of Car	<input type="checkbox"/> Trunk						
<input type="checkbox"/> Left Rear of Car	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Left Rear of Car	<input type="checkbox"/> Undercarriage						
<input type="checkbox"/> Left Fender	<input type="checkbox"/> Overturn	<input type="checkbox"/> Left Fender	<input type="checkbox"/> Overturn						
<input type="checkbox"/> Left Rear Door		<input type="checkbox"/> Left Rear Door							
b. SEVERITY OF DAMAGE VEHICLE NO. 1									
<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage	<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage	<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage				
<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage				
c. TOWED BY				TOWED BY				TOWED BY	
d. TOWED TO				TOWED TO				TOWED TO	
e. DAMAGE TO PROPERTY OTHER THAN VEHICLE									
f. SKETCH OF COLLISION. (1) Identify roadway and roadway features, vehicles, pedestrians, objects on/off roadway, traffic controls, skidmarks, unusual/temperature conditions (<i>ice patch, construction areas, etc.</i>). (2) Locate probable point of impact. (3) Show vehicle, pedestrian or object positions at impact. (4) Show probable vehicle or pedestrian paths before and after collision. NORTH = ↑									
g. DESCRIPTION OF COLLISION. Indicate what probably happened before, during, and after the crash; include information not on sketch, e.g., driver disability, reduced visibility, pedestrian clothing color, construction or repair work, etc.									

15a. DRIVER'S ACTION BEFORE ACCIDENT										
DIRECTION HEADED		DRIVER (Check one or more)		DRIVER (Check one or more)		VEHICLE (Specify Feet/MPH)				
		1	2	1	2	Other (Specify)	1			2
VEHICLE 1 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W VEHICLE 2 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/>	<input type="checkbox"/>	Backing Going Straight Ahead Making Left Turn Skidding Making Right Turn Making "U" Turn Overtaking or Passing Avoiding Veh/Obj Slowing or Stopping Stop in Traffic Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated Distance When Danger Was First Noticed	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Estimated Speed When Danger was First Noticed			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Estimated Speed at Impact (MPH)			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Distance Traveled After Impact (Feet)			
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Lawful Speed (MPH)			
b. CONTRIBUTING CIRCUMSTANCES										
DRIVER (Check one or more)				DRIVER (Check one or more)			DRIVER (Check one or more)			
<input type="checkbox"/>	<input type="checkbox"/>	Exceeding Speed Limit Speed Excessive for Conditions Failed to Yield Disregarded Stop Signal Vision Obstructed Following Too Close Improper Overtaking No or Improper Signal Disregarded Traffic Signal Improper Turn Unknown Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Involved Drugs Involved Ability Impaired Ability Not Impaired Unknown See attached DD Form 1920 (Alcoholic Influence Report)	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Test Given Chemical Test Refused TEST RESULTS DRIVER NO. 1 DRIVER NO. 2 % BAC % BAC	
<input type="checkbox"/>	<input type="checkbox"/>			<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 (Check one or more)						
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		Defective Brakes Defective Head Lights Tires Worn or Smooth Tires Punctured or Blown Other (Specify)			
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
16. MILITARY POLICE ACTIVITY										
a. NAME OF PERSON(s) APPREHENDED				b. CHARGES			c. REPORT NUMBER			
d. TIME MILITARY POLICE NOTIFIED (Hour)				e. TIME MILITARY POLICE ARRIVED AT ACCIDENT (Hour)			YES	NO		
f. WHERE ELSE WAS INVESTIGATION MADE?				h. DID MILITARY OPERATOR COMPLETE DD FORM 518 (Accident Identification Card)?						
g. IF OFF MILITARY RESERVATION, WHO ELSE CONDUCTED AN INVESTIGATION? (If other agency conducted complete investigation, so indicate)				i. DID MILITARY OPERATOR COMPLETE SF FORM 91 (Motor Vehicle Accident Report)?						
				j. WAS FORM COMPLETED FROM ON SCENE INVESTIGATION? (If not, explain)						
k. DATE		l. TYPED OR PRINTED NAME AND GRADE OF INVESTIGATOR			m. INVESTIGATOR'S SIGNATURE AND GRADE					
n. DATE APPROVED		o. APPROVED BY			p. ENCLOSURES		q. DISTRIBUTION			