

JAMES SCOTT FARRIN

La guía completa para leer su REPORTE POLICIAL

*The Complete Guide To Reading Your
POLICE REPORT*

Cada pequeño número en tu informe policial significa algo, y puede desempeñar un papel importante en determinar cuánto usted puede recibir por daños y perjuicios.

Esta guía interactiva te ayudara a asegurarte de que tu reporte policial este correcto.

Every tiny number on your police report means something, and can play a large role in determining how much you receive for damages.

This interactive guide will help you make sure your police report is correct.

DMV-349 (Rev. 4/2018) THIS REPORT IS FOR AND SUBSEQUENT INSURERS OR OF T

No. of Units Involved Form of Court

Date mm/dd/ccyy

Relation to Roadway Surface Crash occurred In Near

On (Highway Number, or Highway, Street ramp or ser

At or from (Use Highway Number, Street Name or A

Unit # Vehicle Pedestrian

Driver First Middle

Address

City

Same Address on Driver's License? Yes No Driver's Phone Numbers H W

D.L. # CDL License

DOB (mm/dd/ccyy) 34 Vision Obstruction

37 Alcohol/ Drugs Suspected 38 Alcohol/ Drugs Test

Owner Same as Driver?

Address Same Address as Driver?

City

Plate #

VIN

Vehicle Make Year 41 Styl

43 TAD

Insurance Company

Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier

Unit 45 Cargo Body Type

	21	22	23	24	25	26	27
A				Unit1-Drv1, Ped1, etc. see above			
B				Unit2-Drv2, Ped2, etc. see above			
C							
D							
E							
F							
G							
H							

46 Name of EMS

47 Injured Taken by EMS to (Treatment)

DMV-349 (Rev. 4/2018)

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Do not write in these spaces

1

No. of Units Involved

Form ____ of ____

☐ Supplemental Report

☐ Non-Reportable

2

Date

County

Time

Local/Patrol Area

Date Received by DMV

3

LOCATION

Relation to Roadway Surface

Crash occurred

In Near

Municipality

or

Miles

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outside municipality

On

(Highway Number, or Highway, Street ramp or service road, indicate on line)

Ramp or Service Road

(R.R. Crossing #

)

Miles

(0 ft intersection)

ft.

N

S

E

W

(if available)

At or from

(Use Highway Number, Street Name or Adjacent County or State Line)

N

S

E

W

toward

(Use Highway Number, Street Name or Adjacent County or State Line)

Latitude

Longitude

Altitude

4

Unit #

☐ Vehicle

☐ Pedestrian

☐ Hit & Run

☐ Commercial Vehicle

Driver

First

Middle

Last

Suffix

Address

City

State

Zip

Same Address on Driver's License?

☐ Yes

☐ No

Driver's Phone Numbers

H (

)

W (

)

D.L. #

CDL License

☐

34 Vision Obstruction

35 Physical Condition

36 D.L. Restrictions

DOB

(mm/dd/ccyy)

37 Alcohol/Drugs Suspended

38 Alcohol/Drugs Suspended

39 Results

40 Vehicle

Owner

Same as Driver?

☐

Address

Same Address as Driver?

☐

City

State

Zip

Plate #

Plate State

Plate Year

VIN

Vehicle Make

Vehicle Year

41 Vehicle Style (Type)

42 Vehicle Drivable

☐ Yes

☐ No

43 TAD Insurance Company

44 Estimated \$ Damage

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit

45 Cargo Body Type

☐ Same Address as Owner?

Source:

☐ Truck

☐ Shipping Papers

☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT #

ICC#

Axles or Vehicle Including Trailers

State

State#

IFTA#

FEI#

Fleet#

Gross Vehicle Weight Rating

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Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc- See above) ;Use check blocks if address same as Driver

A

B

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46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

DATOS GENERALES (continuado)
GENERAL DATA (continued)

Casillas Boxes
6-9

(6) El clima contribuyó al accidente
Weather Contributed to the Crash

1 = Sí
Yes

2 = No
No

3 = Desconocido
Unknown

(7) Luz Ambiente
Ambient Light

1 = Luz del día
Daylight

2 = Anochecer
Dusk

3 = Amanecer
Dawn

4 = Oscuro - calzada iluminada
Dark - lighted roadway

5 = Oscuro - calzada no iluminada
Dark - roadway not lighted

6 = Oscuro - iluminación desconocida
Dark - unknown lighting

7 = Otro
Other

8 = Desconocido
Unknown

(8-9) Circunstancias contribuyentes:
No motorista (Máx. 2 por persona)
Contributing Circumstances:
Non-motorist (Max 2 per person)

0 = Ninguno
None

1 = Procedente de detrás de un vehículo estacionado
Coming from behind parked vehicle

2 = Lanzamiento
Darting

3 = Acostado y/o ilegalmente en la calzada
Lying and/or illegally in roadway

4 = No ceder el derecho de paso
Failure to yield right of way

5 = No visible (ropa oscura, etc.)
Not visible (dark clothing, etc.)

6 = Falta de atención (hablar, comer, etc.)
Inattentive (talking, eating, etc.)

7 = ncumplimiento de las señales de tráfico, señales
Failure to obey traffic signs, signals

8 = Lado equivocado de la carretera
Wrong side of road

9 = Otro
Other

10 = Desconocido
Unknown

COLOQUE EL INFORME POLICIAL AQUI

PLACE POLICE REPORT HERE

BOCA ARRIBA
FACE UP

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PAGE 1

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Do not write in these spaces

1

No. of Units InvolvedForm ____ of ____☐ Supplemental Report☐ Non-Reportable

2

DateCountyTime23 : 0024 Hour HH:MMLocal/Patrol AreaDate Received by DMV

3

LOCATIONOn (Highway Number, or Highway, Street ramp or service road, indicate on line)At or from (Use Highway Number, Street Name or Adjacent County or State Line)MunicipalityMiles (0 ft intersection) (if available)Miles N S E W (if available)LatitudeLongitudeAltitude

4

Unit #☐ Vehicle☐ Pedestrian☐ Hit & Run☐ Commercial VehicleUnit #☐ Vehicle☐ Pedestrian☐ Hit & Run☐ Other

5

DriverFirstMiddleLastSuffixAddressCityStateZipSame Address on Driver's License? ☐ Yes ☐ NoDriver's Phone Numbers H () W ()D.L. #DOB (mm/dd/ccyy)34 Vision Obstruction35 Physical Condition36 D.L. Restrictions37 Alcohol/Drugs Suspended38 Alcohol/Drugs Suspended39 Results40 Vehicle Style (Type)41 Vehicle Style (Type)42 Vehicle Drivable43 TAD Insurance Company44 Estimated \$ Damage45 TAD Insurance Company46 Estimated \$ Damage47 TAD Insurance Company48 Estimated \$ Damage

6

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, SourceUnit 45 Cargo Body Type☐ Same Address as Owner?Source:Carrier Identification Numbers, GVWR, AxlesUS DOT #ICC#Axles or Vehicle Including TrailersStateState#IFTA#Gross Vehicle Weight RatingFE#Fleet#

7

212223242526272829303132Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc- See above) Use check blocks if address same as DriverAUnit1-Drv1, Ped1, etc. see aboveVeh# Towed To/By:BUnit2-Drv2, Ped2, etc. see aboveVeh# Towed To/By:CUnit3-Drv3, Ped3, etc. see aboveVeh# Towed To/By:DUnit4-Drv4, Ped4, etc. see aboveVeh# Towed To/By:EUnit5-Drv5, Ped5, etc. see aboveVeh# Towed To/By:FUnit6-Drv6, Ped6, etc. see aboveVeh# Towed To/By:GUnit7-Drv7, Ped7, etc. see aboveVeh# Towed To/By:HUnit8-Drv8, Ped8, etc. see aboveVeh# Towed To/By:

8

46 Name of EMS47 Injured Taken by EMS to (Treatment Facility and City or Town)

9

46 Name of EMS47 Injured Taken by EMS to (Treatment Facility and City or Town)

COLOQUE EL INFORME POLICIAL AQUI

PLACE POLICE REPORT HERE

BOCA ARRIBA

FACE UP

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DATOS GENERALES (continuado)
GENERAL DATA (continued)

Casillas Boxes
10-13

(10-11) Nivel de choque
Crash Level

(10) Primer evento dañino
First Harmful Event

(11) Evento más dañino
Most Harmful Event

No colisión
Non-Collision

1 = Salió de la carretera - derecha
Ran off road - right

2 = Salió de la carretera - izquierda
Ran off road - left

3 = Salió de la carretera - todo recto
Ran off road - straight

4 = Doblamiento
Jackknife

5 = Vuelco
Overturn/rollover

6 = Otros no colisión
Other non-collision

Colisión de vehículo de motor con:
Collision of Motor Vehicle With:

7 = Peatón
Pedestrian

8 = Ciclista
Pedalcyclist

9 = Tren, locomotora
Railway train, engine

10 = Animal
Animal

11 = Objeto móvil
Movable object

12 = Objeto fijo
Fixed object

Colisión de dos o más vehículos de motor:
Collision of Two or More Motor Vehicles:

13 = Vehículo de motor estacionado
Parked motor vehicle

14 = Parte trasera, lento o alto
Rear end, slow/stop

15 = Parte trasera, giro
Rear end, turn

16 = Giro a la izquierda, mismo camino
Left turn, same roadway

17 = Giro a la izquierda, camino diferente
Left turn, different roadway

18 = Giro a la derecha, mismo camino
Right turn, same roadway

19 = Giro a la derecha, calzada diferente
Right turn, different roadway

20 = De frente
Head on

21 = Deslizamiento lateral, misma dirección
Sideswipe, same direction

22 = Deslizamiento lateral, dirección opuesta
Sideswipe, opposite direction

23 = Colisión de ángulo
Angle collision

24 = Retroceso
Backing up

25 = Otra colisión con vehículo
Other collision with vehicle

(12-13) Circunstancias contribuyentes:
Calzada (Máx. 2 por persona)
Contributing Circumstances:
Roadway (Max 2 per person)

0 = Ninguno (ninguna condición inusual)
None (no unusual condition)

1 = Estado de la superficie de la carretera
Road surface condition

2 = Escombros
Debris

3 = Surcos, hoyos, baches
Rut, holes, bumps

4 = Zona de trabajo
Work zone

5 = Superficie pulida para viajes desgastada
Worn travel-polished surface

6 = Obstrucción en la calzada
Obstruction in roadway

7 = Dispositivo de control de tránsito inoperativo, no visible o faltante
Traffic control device inoperative, not visible, or missing

8 = Orilla bajos, suaves o altos
Shoulders low, soft or high

9 = Sin orillas
No shoulders

10 = Obra no vial
Non-highway work

11 = Otro
Other

12 = Desconocido
Unknown

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No. of Units Involved

Form of

☐ Supplemental Report

☐ Non-Reportable

Date

County

Time

Local/Patrol Area

Date Received by DMV

mm/dd/ccyy

23 : 00

24 Hour HH:MM

LOC
ATION

Relation to Roadway Surface

Crash occurred

In Near

Municipality

or

Miles

N S E W

On

(Highway Number, or Highway, Street ramp or service road, indicate on line)

Ramp or Service Road

(R.R. Crossing #

)

Miles

(0 ft intersection)

ft.

N S E W

(if available)

At or from

(Use Highway Number, Street Name or Adjacent County or State Line)

N S E W

toward

(Use Highway Number, Street Name or Adjacent County or State Line)

Latitude

Longitude

Altitude

Unit #

☐ Vehicle

☐ Pedestrian

☐ Hit & Run

☐ Commercial Vehicle

Unit #

☐ Vehicle

☐ Pedestrian

☐ Hit & Run

☐ Other

Driver

First

Middle

Last

Suffix

Driver

First

Middle

Last

Suffix

Address

City

State

Zip

Same Address on Driver's License?

☐ Yes

☐ No

Driver's Phone Numbers

H (

)

W (

)

Same Address on Driver's License?

☐ Yes

☐ No

Driver's Phone Numbers

H (

)

W (

)

D.L. #

CDL License

☐

D.L. Class

State

D.L. #

CDL License

☐

D.L. Class

State

DOB

(mm/dd/ccyy)

34 Vision Obstruction

35 Physical Condition

36 D.L. Restrictions

DOB

(mm/dd/ccyy)

34 Vision Obstruction

35 Physical Condition

36 D.L. Restrictions

37 Alcohol/Drugs Suspected

38 Alcohol/Drugs Suspected

39 Results (If known)

40 Vehicle Style (Type)

37 Alcohol/Drugs Suspected

38 Alcohol/Drugs Suspected

39 Results (If known)

40 Vehicle Style (Type)

Owner

Same as Driver?

☐

Address

Same Address as Driver?

☐

City

State

Zip

Plate #

Plate State

Plate Year

VIN

Vehicle Make

Vehicle Year

41 Vehicle Style (Type)

42 Vehicle Drivable

43 TAD Insurance Company

44 Estimated \$ Damage

43 TAD Insurance Company

44 Estimated \$ Damage

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Source:

Carrier Identification Numbers, GVWR, Axles

Unit

45 Cargo Body Type

☐ Same Address as Owner?

☐ Truck

US DOT #

ICC#

Axles or Vehicle Including Trailers

☐ Shipping Papers

State

State#

IFTA#

☐ Driver

FEI#

Fleet#

Gross Vehicle Weight Rating

21

22

23

24

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Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc- See above) Use check blocks if address same as Driver

A

B

C

D

E

F

G

H

46 Name of EMS

46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

COLOQUE EL INFORME POLICIAL AQUI

PLACE POLICE REPORT HERE

BOCA ARRIBA

FACE UP

Do not write in these spaces

Date Received by DMV

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DATOS GENERALES (continuado)

GENERAL DATA (continued)

Casillas Boxes14-19

(14-19) Circunstancias contribuyentes: Conductor (Máx 3 por conductor)

Contributing Circumstances: Driveway (Max 3 per driver)

0 = No se indican circunstancias contribuyentes

No contributing circumstances indicated

1 = Señal de ceder el paso ignorada

Disregarded yield sign

3 = Otras señales de tránsito ignoradas

Disregarded other traffic sign

5 = Ignorar las marcas viales

Disregarded road markings

7 = Velocidad segura excedida para cond.

Exceeded safe speed for cond.

9 = Giro incorrecto

Improper turn

11 = Línea central cruzada/ yendo por el camino equivocado

Crossed centerline/ going wrong way

13 = Uso de carril inadecuado

Use of improper lane

15 = Adelantó un autobús escolar detenido

Passed stopped school bus

17 = Rebasó en curva

Passed on curve

19 = No ceder el derecho de paso

Failure to yield right of way

21 = Retroceso incorrecto

Improper backing

2 = Señal de alto ignorada

Disregarded stop sign

4 = Señales de tránsito ignoradas

Disregarded traffic signals

6 = Exceder el límite de velocidad autorizado

Exceeded authorized speed limit

8 = No reducir la velocidad

Failure to reduce speed

10 = Giro a la derecha en rojo

Right turn on red

12 = Cambio de carril inadecuado

Improper lane change

14 = Sobre corregido/ sobrevirado

Overcorrected/ oversteered

16 = Adelantó en una colina

Passed on hill

18 = Otro rebase indebido

Other improper passing

20 = Falta de atención

Inattention

22 = Estacionamiento inadecuado

Improper parking

23 = Conductor distraído

Driver distracted

25 = Seguido muy de cerca

Followed too closely

27 = Desviado/evitar debido a viento, no motorista

Swerved/avoid due to wind, non-motorist

29 = Equipo defectuoso operado

Operated defective equipment

31 = Consumo de drogas

Drug use

33 = No se puede determinar

Unable to determine

35 = Conductor distraído por dispositivo de comunicación

Driver distracted by communication device

36 = Conductor distraído por otro dispositivo electrónico

Driver distracted by other electronic device

37 = Conductor distraído por dentro del vehículo

Driver distracted by other inside vehicle

38 = Conductor distraído por distracción externa

Driver distracted by other external distraction

24 = Señal incorrecta o sin señal

Improper or no signal

26 = Vehículo operado en un manera impropia

Operated vehicle in an improper manner

28 = Visibilidad obstruida

Visibility obstructed

30 = Consumo de alcohol

Alcohol use

32 = Otro

Other

34 = Desconocido

Unknown

DMV-349 (Rev. 4/2018)

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No. of Units Involved

Form of

☐ Supplemental Report

☐ Non-Reportable

Date

County

Time

23 : 00

24 Hour HH:MM

Local/Patrol Area

Date Received by DMV

Relation to Roadway Surface

Crash occurred

☐ In

☐ Near

Municipality

☐ (R.R. Crossing #

)

Miles

N

S

E

W

outside municipality

☐ (0 ft intersection)

ft.

N

S

E

W

(if available)

On

(Highway Number, or Highway, Street ramp or service road, indicate on line)

Ramp or Service Road

At or from

(Use Highway Number, Street Name or Adjacent County or State Line)

N

S

E

W

toward

(Use Highway Number, Street Name or Adjacent County or State Line)

N

S

E

W

Latitude

Longitude

Altitude

Unit #

☐ Vehicle

☐ Pedestrian

☐ Hit & Run

☐ Commercial Vehicle

Driver

First

Middle

Last

Suffix

Address

City

State

Zip

Same Address on Driver's License?

☐ Yes

☐ No

Driver's Phone Numbers

H (

)

W (

)

D.L. #

CDL License

☐

D.L. Class

State

DOB

(mm/dd/ccyy)

34 Vision Obstruction

35 Physical Condition

36 D.L. Restrictions

37 Alcohol/Drugs Suspected

38 Alcohol/Drugs Suspected

39 Results Known

40 Vehicle Make

Year

41 Vehicle Style (Type)

42 Vehicle Drivable

☐ Yes

☐ No

43 TAD Insurance Company

44 Estimated \$ Damage

Policy #

Unit #

☐ Vehicle

☐ Pedestrian

☐ Hit & Run

☐ Other

Driver

First

Middle

Last

Suffix

Address

City

State

Zip

Same Address on Driver's License?

☐ Yes

☐ No

Driver's Phone Numbers

H (

)

W (

)

D.L. #

CDL License

☐

D.L. Class

State

DOB

(mm/dd/ccyy)

34 Vision Obstruction

35 Physical Condition

36 D.L. Restrictions

37 Alcohol/Drugs Suspected

38 Alcohol/Drugs Suspected

39 Results Known

40 Vehicle Make

Year

41 Vehicle Style (Type)

42 Vehicle Drivable

☐ Yes

☐ No

43 TAD Insurance Company

44 Estimated \$ Damage

Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit 45 Cargo Body Type

☐ Same Address as Owner?

Source:

☐ Truck

☐ Shipping Papers

☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT #

ICC#

Axles or Vehicle Including Trailers

State

State#

IFTA#

Gross Vehicle Weight Rating

FEI#

Fleet#

21

22

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Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc- See above) Use check blocks if address same as Driver

A

B

C

D

E

F

G

H

46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

INFORMACIÓN DE VEHÍCULOS Y VÍCTIMAS DE ACCIDENTES

ACCIDENT VICTIM & VEHICLE INFORMATION

Casillas Boxes

20-27

(20) Vehículo Comercial

Commercial Vehicle

(21) Vehículo

Vehicle # (1, 2, 3, etc.)

(22) Tipo de persona

Person Type

1 = Conductor

Driver

2 = Pasajero

Passenger

No motorista (incluido)

Non-motorist (including)

3 = Peatón

Pedestrian

4 = Ciclista

Pedalcyclist

5 = Patinador/blader, etc.

Roller skater/blader, etc.

6 = Otro

Other

7 = Desconocido

Unknown

(23) Posición del asiento

Seating Position

1 = Delantero - izquierdo

(conductor de motocicleta)

Front - left (motorcycle driver)

2 = Frontal - medio

Front - middle

3 = Delantero - derecho

Front - right

4 = Segundo asiento - izquierdo (pasajero de motocicleta)

Second seat - left (motorcycle driver)

5 = Segundo asiento - central

Second seat - middle

6 = Segundo asiento - derecho

Second seat - right

7 = Tercera fila - izquierda (conductor de motocicleta)

Third row - left (motorcycle driver)

8 = Tercera fila - central

Third row - middle

9 = Tercera fila - derecha

Front - right

10 = Sección durmiente (camión)

Sleeper section (truck)

11 = Pasajero en otro recinto cerrado

Passenger in other enclosed area (multi-occupant form)

12 = Pasajero en otra área no cerrada (recogida)

Passenger in other enclosed area (pick-up)

13 = Unidad final

Trailing unit

14 = Viajar en el exterior del vehículo

Riding on vehicle exterior

15 = Desconocido

Unknown

(24) Fecha de nacimiento

(si no está disponible, edad aproximada)

Date of Birth (if unavailable, approximate age)

(25) Etnicidad

Ethnicity

W = Blanco

White

A = Asiático

Asian

B = Negro

Black

H = Hispano

Hispanic

I = Indio americano

American Indian

O = Otro

Other

U = Desconocido

Unknown

(26) Género

Gender

M = Hombre

Male

F = Mujer

Female

U = Desconocido

Unknown

(27) Protección de ocupantes/no motoristas

Occupant/Non-motorist Protection

0 = Ninguno usado

None used

1 = Solo cinturón de seguridad

Lap belt only

2 = Cinturón de hombro y regazo

Shoulder & lap belt

3 = solo cinturón de hombro

Shoulder belt only

4 = Sujeción para niños

Child restraint

5 = Casco (motociclista o no motorista)

Helmet (motorcyclist or non-motorist)

No motorista (incluido)

Non-motorist (including)

6 = Almohadillas protectoras

Protective pads

7 = Ropa reflectante

Reflective clothing

8 = Iluminación

Lighting

9 = Otro

Other

10 = No se puede determinar

Unable to determine

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PAGE 1

DMV-349 (Rev. 4/2018)

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Do not write in these spaces

No. of Units Involved _____ Form _____ of _____ ☐ Supplemental Report ☐ Non-Reportable

Date _____ County _____ Time 23 : 00
mm/dd/ccyy 24 Hour HH:MM Local/Patrol Area _____ Date Received by DMV _____

LOCATION
Relation to Roadway Surface _____ Crash occurred ☐ In Near _____ Municipality _____ or _____ Miles _____ N S E W
On _____ (Highway Number, or Highway, Street ramp or service road, indicate on line) _____ (R.R. Crossing # _____) _____ Miles _____ ft. N S E W
(0 ft intersection) (if available)
At or from _____ (Use Highway Number, Street Name or Adjacent County or State Line) _____ toward _____ (Use Highway Number, Street Name or Adjacent County or State Line) _____
Latitude _____ Longitude _____
Altitude _____

Unit # _____ ☐ Vehicle ☐ Pedestrian ☐ Hit & Run ☐ Commercial Vehicle
Driver _____ First _____ Middle _____ Last _____ Suffix _____
Address _____
City _____ State _____ Zip _____
Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers H (_____) W (_____)
D.L. # _____ D.L. Class _____ State _____
CDL License ☐
DOB _____ 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____
37 Alcohol/Drugs Suspected _____ 38 Alcohol/Drugs Suspected _____ 39 Results _____ 40 Vehicle _____
Owner _____ Same as Driver? ☐
Address _____ Same Address as Driver? ☐
City _____ State _____ Zip _____
Plate # _____ Plate State _____ Year _____
VIN _____
Vehicle Make _____ Year _____ 41 Vehicle Style (Type) _____ 42 Vehicle Drivable ☐ Yes ☐ No
43 TAD _____ 44 Estimated \$ _____ 45 TAD _____ 46 Estimated \$ _____
Insurance Company _____
Policy # _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
Unit _____ 45 Cargo Body Type _____ ☐ Same Address as Owner? _____
Source: ☐ Truck ☐ Shipping Papers ☐ Driver
Carrier Identification Numbers, GVWR, Axles
US DOT # _____ ICC# _____ Axles or Vehicle Including Trailers _____
State _____ State# _____ IFTA# _____
FEI# _____ Fleet# _____ Gross Vehicle Weight Rating _____

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc- See above): Use check blocks if address same as Driver
A				Unit1-Drv1, Ped1, etc. see above								see above	Veh# Towed To/By:
B				Unit2-Drv2, Ped2, etc. see above								see above	Veh# Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS _____

47 Injured Taken by EMS to _____

46 Name of EMS _____

47 Injured Taken by EMS to _____

(Treatment Facility and City or Town)

(Treatment Facility and City or Town)

PAGE 6

Form 990-E **U.S. Corporation Income Tax Return** **2012**

Department of the Treasury **Internal Revenue Service**

1 **2012**

2 **ABC COMPANY, INC.**

3 **NEW YORK, NY**

4 **1234567890**

5 **1234567890**

6 **1234567890**

7 **1234567890**

8 **1234567890**

9 **1234567890**

10 **1234567890**

11 **1234567890**

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INFORMACIÓN DE VEHÍCULOS Y VÍCTIMAS DE ACCIDENTES (continuado)

ACCIDENT VICTIM & VEHICLE INFORMATION (continued)

Casillas Boxes 28-32

(28) Bolsa de aire desplegada *Air bag deployed*

0 = Sin bolsas de aire <i>No air bag(s)</i>	1 = No implementado <i>Not deployed</i>
--	--

2 = Frente desplegado
Deployed front

3 = Lado desplegado
Deployed side

4 = Desplegado tanto de frente como de lado
Deployed both front & side

5 = Desconocido
Unknown

(31) Eyección *Ejection*

1 = No expulsado
Not ejected

2 = Totalmente expulsado
Totally ejected

3 = Expulsado parcialmente 4 = Desconocido
Partially ejected *Unknown*

(32) Estado de lesión *Injury Status*

1 = Asesinado *Killed*

2 = Lesión tipo 'A' (incapacitante)
'A' type injury (disabling)

3 = Lesión tipo 'B' (evidente)
'B' type injury (evident)

4 = Lesión tipo 'C' (posible)
'C' type injury (possible)

5 = Sin lesiones *No injury*

6 = Desconocido *Unknown*

(29) Estado del interruptor de la bolsa de aire
Air bag Switch Status

0 = Sin interruptor de encendido/apagado
No ON/OFF switch

1 = Interruptor en posición ON
Switch in ON position

2 = Interruptor en posición OFF
Switch in OFF position

3 = Desconocido si el interruptor está presente
Unknown if switch present

4 = Posición desconocida en el vehículo
Unknown position in vehicle

(30) Atrapado *Trapped*

1 = Sí Yes 2 = No No

3 = Expulsado
parcialmente
Partially ejected

4 = Desconocido
Unknown

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# _____ Unit# _____			VEHICLE INFO.		Veh # ____ Veh # ____	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)			Unit# ____	Unit# ____	60 Authorized Speed Limit		69 Road Feature		78 Workzone Area
49 Vehicle Maneuver/Action					61 Estimate of Original Traveling Speed		70 Road Character		79 Work Activity
50 Non-Motorist Action					62 Estimate of Speed at Impact		71 Road Classification		80 Work Area Marked
51 Non-Motorist Location Prior to Impact					63 Tire Impressions Before Impact (ft.)		72 Road Surface Type		81 Crash Location
52 Crash Sequence-First Event for This Unit					64 Distance Traveled After Impact (ft.)		73 Road Configuration		TRAILER INFO.
53 Crash Sequence-Second Event					65 Emergency Vehicle Use		74 Access Control		Unit# ____ Unit# ____
54 Crash Sequence-Third Event					66 Post Crash Fire (If "Yes" check block)	<input type="checkbox"/> Yes <input type="checkbox"/> No	75 Number of Lanes		82 Trailer Type
55 Crash Sequence-Fourth Event					67 School Bus – Contact Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	76 Traffic Control Type		1 st Trailer No. Axles
56 Most Harmful Event for This Unit					68 School Bus – Noncontact Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	77 Traffic Control Oper		Width (inches)
57 Distance/Direction to Object Struck					COMMERCIAL VEHICLE: Hazardous Materials Involved Unit Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicates: Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				Length (feet)
58 Vehicle Underride/Override									
59 Vehicle Defects									83 Unit# ____ Overwidth Trailer and Overwidth Mobile Home
									Overwidth Permit #

84 DIAGRAM

Indicate North

COLOQUE EL INFORME POLICIAL AQUÍ

PLACE POLICE REPORT HERE

BOCA ABAJO

FACE DOWN

Unit # __ was: ☐ Traveling ☐☐☐☐ on _____ Unit# __ was: ☐ Traveling ☐☐☐☐ on _____

☐ Parked Facing N S E W

85 NARRATIVE (Note: If additional space is needed for the Narrative or Diagram, please use the Continuation Page.)

86 Type/Owner

Owner Address

Phone

WITNESS

Name

Address

Phone N

TRAFFIC VIOLATION(S)

Name

Charger(s)

(Citation # optional)

Charger(s)

Officer Name

Officer Number

Department

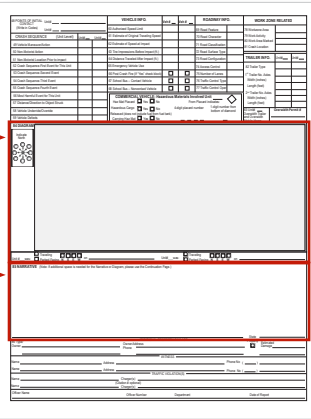


DIAGRAMA DE CHOQUE

CRASH DIAGRAM

Casilla Box

84

El diagrama de colisión es una parte importante del informe de colisión porque permite al oficial investigador ilustrar las relaciones especiales que existen entre los vehículos y el entorno en el momento de la colisión.

El diagrama de la escena del accidente incluye características importantes como:

- Caminos y caminos que se cruzan, anchos de caminos, arcenes y medianas.
- Sentido de circulación de cada carril de circulación.
- Todas las características del borde de la carretera pertinentes al accidente (automóviles estacionados, árboles, edificios, señales y señales de tránsito, etc.).
- Rutas de viaje para los vehículos y peatones involucrados antes, durante y después del choque.

The crash diagram is an important part of the collision report because it enables the investigating officer to illustrate the special relationships existing between the vehicles and environment at the time of the crash.

The diagram of the crash scene includes important features such as:

- Roads and intersecting roads, widths of roads, shoulders and median strips.
- Direction of travel for each traffic lane.
- All roadside features pertinent to the crash (parked cars, trees, buildings, traffic signs and signals, etc.).
- Paths of travel for involved vehicles and pedestrians prior to, at and after the crash.

NARRATIVA

NARRATIVE

Casilla Box

85

Una descripción verbal de los eventos que ocurren antes de, durante y después del accidente, que no están en otra parte en forma. La descripción debe tener en cuenta todos aspectos pertinentes e inusuales del accidente

Las declaraciones hechas en esta narración deben estar en el opinión del oficial investigador.

A word description of events occurring prior to, during, and after the crash, which are not elsewhere on the form. The description should note all pertinent and unusual aspects of the crash.

The statements made in this narrative should be in the opinion of the investigating officer.

¿Usted o un ser querido resultó herido en un accidente?

A veces, podemos ofrecerle asesoramiento sobre su situación, incluso si no nos contrata. Si esto es algo que le gustaría, llámenos o envíenos un mensaje de texto para una evaluación gratuita de su caso al 1-800-222-7700.

Were you or a loved one hurt in the accident?

Sometimes we are able to offer advice on your situation, even if you don't hire us. If this is something you would like, please call or text us for a free case evaluation at 1-800-832-6573.

PROPORSIONADO POR / PROVIDED BY

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