

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 ___

1 Date _____ Court _____
mm/dd/ccyy

2 L Relation to Roadway Surface _____ Crash occurred In Near

3 A On _____
T (Highway Number, or Highway, Street ramp or ser
I
O N At or from _____
(Use Highway Number, Street Name or A

Unit # _____ Vehicle Pedestrian

4 Driver _____
First _____ Middle _____

5 Address _____
City _____

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

6 D.L. # _____
CDL License

DOB _____ 34 Vision Obstruction _____
(mm/dd/ccyy)

7 37 Alcohol/ Drugs Suspected _____ 38 Alcohol/ Drugs Test _____

Owner _____
Same as Driver?

Address _____
Same Address as Driver?

City _____

Plate # _____

VIN _____

Vehicle Make _____ Year _____ 41 Style _____

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 _____)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

DMV-349 (Rev. 4/2018)

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

Date _____ County _____ Time **23 : 00** Local/Patrol Area _____ Date Received by DMV _____

Relation to Roadway Surface _____ Crash occurred In _____ or _____ outside municipality

On _____ (Highway Number, or Highway, Street ramp or service road, indicate on line) _____ (R.R. Crossing # _____) _____ (0 ft intersection) _____ (if available)

At or from _____ toward _____

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. # _____ 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 (If known) _____ 40 Vehicle Style (Type) _____

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 _____ Insurance Company _____ 44 Estimated Damage \$ _____ 44 Estimated Damage \$ _____

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

Unit _____ 45 Cargo Body Type _____ Same Address as Owner? Truck Shipping Papers Driver

Source: 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 _____ 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)

DATOS GENERALES
GENERAL DATA

Casillas Boxes 1-5

(1) Localidad Locality

1 = Rural *Rural* 2 = Mixta *Mixed* 3 = Urbana *Urban*

(4-5) Condiciones meteorológicas (Máx. 2 por choque)
Weather Condition (Max 2 per crash)

- 1 = Claro *Clear* 2 = Nublado *Cloudy*
- 3 = Lluvia *Rain* 4 = Nieve *Snow*
- 5 = Niebla, smog, humo *Fog, smog, smoke*
- 6 = Aguanieve, granizo, lluvia helada/llovizna *Sleet, hail, freezing rain/drizzle*
- 7 = Fuertes vientos cruzados *Severe crosswinds*
- 8 = Arena, tierra, nieve que soplan *Blowing sand, dirt, snow*
- 9 = Otro *Other*

(2) Tipo de desarrollo predominante
Predominant Development Type

1 = Granjas, bosques, pastos *Farms, woods, pastures* 2 = Residencial *Residential*

3 = Comercial *Commercial* 4 = Institucional *Institutional*

5 = Industrial *Industrial*

(3) Condición de la superficie de la carretera
Road Surface Condition

1 = Seco *Dry* 2 = Húmedo *Wet*

3 = Mojado (de pie, en movimiento) *Wet (standing, moving)* 4 = Hielo *Ice*

5 = Nieve *Snow* 6 = Aguanieve *Slush*

7 = Arena, lodo, tierra, grava *Sand, mud, dirt, gravel* 8 = Combustible, aceite *Fuel, oil*

9 = Otro *Other* 10 = Desconocido *Unknown*

Resumen de datos generales *General Data Summary*

Casillas Boxes 1-7

Información general sobre accidentes. Estas casillas representan información sobre la luz, el clima y la superficie de la carretera.
General Crash Information. These boxes represent light, weather, and road surface information.

Casillas Boxes 8-19

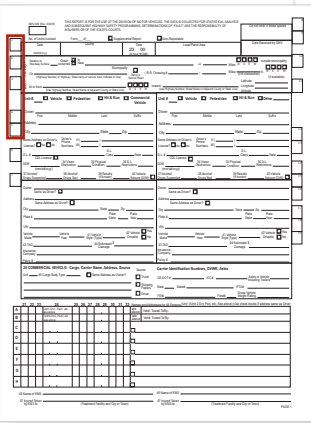
Estas casillas contienen circunstancias contribuyentes e información sobre el tipo de accidente.
These boxes contain contributing circumstances and crash type information.

Casillas Boxes 21-32

Estas casillas incluyen información relativa a las personas involucradas en el accidente
These boxes include information pertaining to the individuals involved in the crash.

COLOQUE EL INFORME POLICIAL AQUÍ
PLACE POLICE REPORT HERE

BOCA ARRIBA
FACE UP



Do not write in these spaces

Main form area containing sections for Unit information, Driver details, Vehicle information, and Commercial Vehicle details.

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)

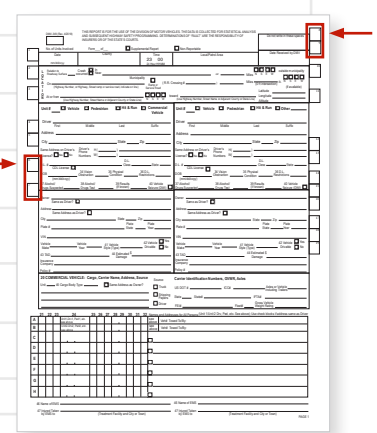
- 0 = Ninguno None, 1 = Procedente de detrás de un vehículo estacionado Coming from behind parked vehicle, 2 = Lanzamiento Darting, 3 = Acostado y/o ilegalmente en la calzada Lying and/or illegally in roadway, 4 = No ceder el derecho de paso Failure to yield right of way, 5 = No visible (ropa oscura, etc.) Not visible (dark clothing, etc.), 6 = Falta de atención (hablar, comer, etc.) Inattentive (talking, eating, etc.), 7 = incumplimiento 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

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BOCA ARRIBA FACE UP

Table with columns A-H and rows 21-32 for listing names and addresses of all persons involved in the crash.



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

Date County Time 23 : 00 Local/Patrol Area Date Received by DMV

Relation to Roadway Surface Crash occurred In Near 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

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 Unit # Vehicle Pedestrian Hit & Run Other

Driver First Middle Last Suffix Driver First Middle Last Suffix

Address City State Zip 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 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions D.L. # CDL License 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

DOB (mm/dd/ccyy) DOB (mm/dd/ccyy)

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 City State Zip

Plate # State Year Plate # State Year

VIN Vehicle Make Year 41 Vehicle Style (Type) 42 Vehicle Drivable Yes No VIN Vehicle Make Year 41 Vehicle Style (Type) 42 Vehicle Drivable Yes No

43 TAD Insurance Company 44 Estimated \$ Damage 44 Estimated \$ Damage

Policy # Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Source: Carrier Identification Numbers, GVWR, Axles

Unit 45 Cargo Body Type Same Address as Owner? Truck Shipping Papers Driver US DOT # ICC# Axles or Vehicle Including Trailers State State# IFTA# Gross Vehicle Weight Rating FE# Fleet#

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: 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 bajas, 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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BOCA ARRIBA
FACE UP

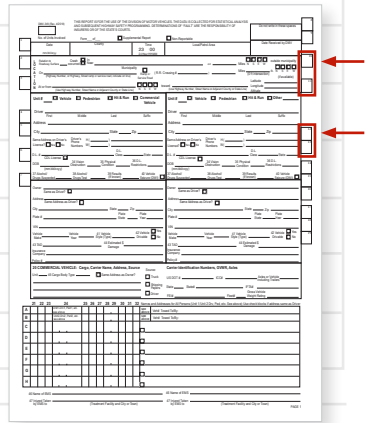
21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc- See above); Use check blocks if address same as Driver

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 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)

PAGE 1



Do not write in these spaces

Main form area with fields for No. of Units Involved, Date, County, Time, Local/Patrol Area, Date Received by DMV, L O C A T I O N, Municipality, Unit #, Driver, Address, City, State, Zip, D.L. #, DOB, 37 Alcohol/Drugs Suspended, 38 Alcohol/If known, 39 Results, 40 Vehicle, 41 Vehicle Style (Type), 42 Vehicle Drivable, 43 TAD, 44 Estimated Damage, 45 Cargo Body Type, 46 Name of EMS, 47 Injured Taken by EMS to.

COLOQUE EL INFORME POLICIAL AQUÍ

PLACE POLICE REPORT HERE

BOCA ARRIBA

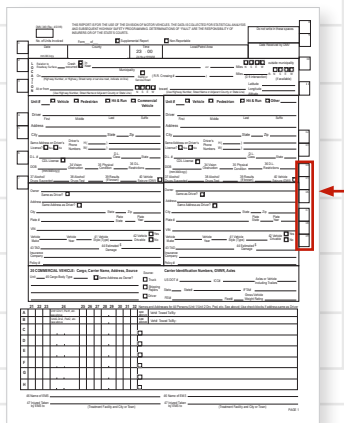
FACE UP

Casillas Boxes 14-19

DATOS GENERALES (continuado) GENERAL DATA (continued)

(14-19) Circunstancias contribuyentes: Conductor (Máx 3 por conductor) (14-16) = Conductor Driver 1 Contributing Circumstances: Driveway (Max 3 per driver) (17-19) = Conductor Driver 2

- 0 = No se indican circunstancias contribuyentes
1 = Señal de ceder el paso ignorada
2 = Señal de alto ignorada
3 = Otras señales de tránsito ignoradas
4 = Señales de tránsito ignoradas
5 = Ignorar las marcas viales
6 = Exceder el límite de velocidad autorizado
7 = Velocidad segura excedida para cond.
8 = No reducir la velocidad
9 = Giro incorrecto
10 = Giro a la derecha en rojo
11 = Línea central cruzada/yendo por el camino equivocado
12 = Cambio de carril inadecuado
13 = Uso de carril inadecuado
14 = Sobrecorregido/sobrevirado
15 = Adelantó un autobús escolar detenido
16 = Adelantó en una colina
17 = Rebasó en curva
18 = Otro rebase indebido
19 = No ceder el derecho de paso
20 = Falta de atención
21 = Retroceso incorrecto
22 = Estacionamiento inadecuado
23 = Conductor distraído
24 = Señal incorrecta o sin señal
25 = Seguido muy de cerca
26 = Vehículo operado en un manera impropia
27 = Desviado/evitar debido a viento, no motorista
28 = Visibilidad obstruida
29 = Equipo defectuoso operado
30 = Consumo de alcohol
31 = Consumo de drogas
32 = Otro
33 = No se puede determinar
34 = Desconocido
35 = Conductor distraído por dispositivo de comunicación
36 = Conductor distraído por otro dispositivo electrónico
37 = Conductor distraído por dentro del vehículo
38 = Conductor distraído por distracción externa



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

Date _____ County _____ Time 23 : 00 Local/ Patrol Area _____ Date Received by DMV _____

Relation to Roadway Surface _____ Crash occurred In _____ or _____ outside municipality

Municipality _____ 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 _____ ft. N S E W _____

At or from _____ toward _____ Latitude _____ Longitude _____ Altitude _____

Unit # _____ Vehicle Pedestrian Hit & Run Commercial Vehicle

Driver _____ Driver _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

D.L. # _____ D.L. Class _____ State _____ D.L. # _____ D.L. Class _____ State _____

DOB _____ DOB _____

37 Alcohol/Drugs Suspected _____ 38 Alcohol/Drugs Suspected _____ 39 Results _____ 40 Vehicle _____ 37 Alcohol/Drugs Suspected _____ 38 Alcohol/Drugs Suspected _____ 39 Results _____ 40 Vehicle _____

Owner _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Plate # _____ Plate # _____

VIN _____ VIN _____

Vehicle Make _____ Year _____ 41 Vehicle Style (Type) _____ 42 Vehicle Drivable _____

43 TAD _____ 44 Estimated Damage \$ _____ 44 Estimated Damage \$ _____

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

Unit _____ 45 Cargo Body Type _____ Same Address as Owner? Truck Shipping Papers Driver

Carrier Identification Numbers, GVWR, Axles

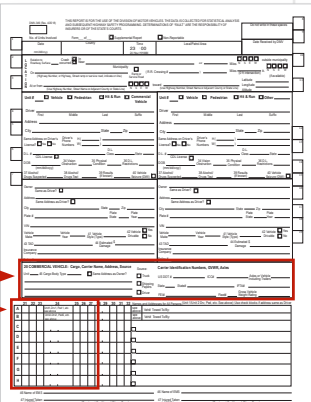
US DOT # _____ ICC# _____ Axles or Vehicle Including Trailers _____

State _____ State# _____ IFTA# _____ Gross Vehicle Weight Rating _____

FEI# _____ Fleet# _____

COLOQUE EL INFORME POLICIAL AQUI
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BOCA ARRIBA
FACE UP

	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													



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. 6 = Otro *Other*
Roller skater/blader, etc.

7 = Desconocido *Unknown*

(23) Posición del asiento *Seating Position*

1 = Delantero - izquierdo 2 = Frontal - medio
(conductor de motocicleta) *Front - middle*
Front - left (motorcycle driver)

3 = Delantero - derecho 4 = Segundo asiento - izquierdo (pasajero de motocicleta)
Front - right *Second seat - left (motorcycle driver)*

5 = Segundo asiento - central 6 = Segundo asiento - derecho
Second seat - middle *Second seat - right*

7 = Tercera fila - izquierda (conductor de motocicleta) 8 = Tercera fila - central
Third row - left (motorcycle driver) *Third row - middle*

9 = Tercera fila - derecha 10 = Sección durmiente (camión)
Front - right *Sleeper section (truck)*

11 = Pasajero en otro recinto cerrado 12 = Pasajero en otra área no cerrada (recogida)
Passenger in other enclosed area (multi-occupant form) *Passenger in other enclosed area (pick-up)*

13 = Unidad final 14 = Viajar en el exterior del vehículo
Trailing unit *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 O = Otro *Other*
American Indian

U = Desconocido *Unknown*

(26) Género *Gender*

M = Hombre F = Mujer U = Desconocido
Male *Female* *Unknown*

(27) Protección de ocupantes/no motoristas
Occupant/Non-motorist Protection

0 = Ninguno usado 1 = Solo cinturón de seguridad
None used *Lap belt only*

2 = Cinturón de hombro y regazo 3 = solo cinturón de hombro
Shoulder & lap belt *Shoulder belt only*

4 = Sujeción para niños 5 = Casco (motociclista o no motorista)
Child restraint *Helmet (motorcyclist or non-motorist)*

No motorista (incluido) *Non-motorist (including)*

6 = Almohadillas protectoras 7 = Ropa reflectante
Protective pads *Reflective clothing*

8 = Iluminación *Lighting*

9 = Otro *Other*

10 = No se puede determinar
Unable to determine

Do not write in these spaces

Main form area with fields for No. of Units Involved, Date, County, Time, Local/Patrol Area, Date Received by DMV, Location, Municipality, Driver information, D.L. #, DOB, Vehicle information, and Commercial Vehicle details.

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 No air bag(s)
1 = No implementado Not deployed
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 Partially ejected
4 = 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

(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

(30) Atrapado Trapped

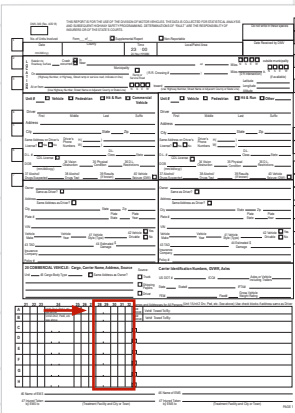
- 1 = Sí Yes
2 = No No
3 = Expulsado parcialmente Partially ejected
4 = Desconocido Unknown

COLOQUE EL INFORME POLICIAL AQUÍ

PLACE POLICE REPORT HERE

BOCA ARRIBA FACE UP

Table with columns A-H and rows 21-32 for listing names and addresses of all persons involved in the accident.

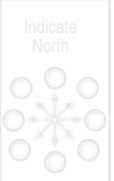


46 Name of EMS, 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED	
	Unit#	Unit#	Veh #	Veh #		
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. Unit# Unit#
53 Crash Sequence-Second Event			65 Emergency Vehicle Use		74 Access Control	82 Trailer Type
54 Crash Sequence-Third Event			66 Post Crash Fire (If "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	1 st Trailer No. Axles
55 Crash Sequence-Fourth Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	76 Traffic Control Type	Width (inches)
56 Most Harmful Event for This Unit			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper	Length (feet)
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: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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		83 Unit#	Overwidth Permit #
58 Vehicle Underide/Override					Overwidth Trailer and Overwidth Mobile Home	
59 Vehicle Defects						

84 DIAGRAM

Indicate North



COLOQUE EL INFORME POLICIAL AQUÍ

PLACE POLICE REPORT HERE

BOCA ABAJO

FACE DOWN

Unit # ___ was: Traveling Parked Facing N S E W on _____ Unit# ___ was: Traveling Parked Facing N S E W on _____

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 _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

TRAFFIC VIOLATION(S) _____

Name _____ Charger(s) _____ (Citation # optional)

Name _____ Charger(s) _____

Officer Name _____ Officer Number _____ Department _____

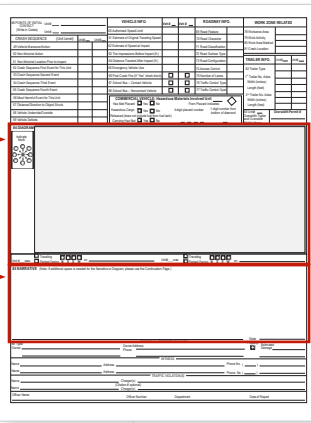


DIAGRAMA DE CHOQUE
CRASH DIAGRAM

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 1-800-968-5342.

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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