

UNIT 75	UNIT 1	1 SHEET 1 OF 2	2 CRIME CODE 3	3 COUNTY 2	4 DISTRICT 1	5 CENSUS	6 BEAT	7 WATCH	8 REPORT NO 1234	UNIT 83	UNIT																							
3	1	9 REPORT TYPE 1 Major 2	10 TOTAL INVOLVED MV MC MOP BC PED			11 NO OF WITN 2	12 NUMBER KILLED 0	13 NUMBER INJURED 1	14 TOWAWAY 0 No 1 Yes	15 HIT&RUN 0 No 1 Yes	16 FIRE 0 No 1 Yes	17 PHOTOS 0 No 1 Yes	18 SELECT ONE None 1 Bridge 2 Tunnel	3	4																			
	3	19 DATE/TIME OCCURRED 09/27/2004 1157		DAY Mon	DATE/TIME REPORTED 09/28/2004 1402		20 REPORTED TO		I.D. NO.	21 INVESTIGATOR(S)			0	1																				
76		22 REPORTED BY NAME/ADDRESS					RESID. PHONE	BUS. PHONE		23 TIMES SENT: ARRIVE: BACK:		UNIT 84	3	4																				
01	03	24 WEATHER (up to two) 1 Clear 4 Hazy 2 Cloudy 5 Windy 3 Rain 6 Other		25 LIGHT/LIGHTING 1 Daylight 4 Lit-Cpntuous 2 Dawn/Dusk 5 Dark-Lights off 3 Lit-Spot 6 Dark-No Lights		26 LOCATION CLASSIFICATION 1 School 4 Industrial 7 No Dev 2 Business 5 Recreation 8 Others 3 Residential 6 Farms/Fields			27 TRAFFIC LEVEL 1 Light 2 Medium 3 Heavy		NOTIF: ARRIVE:		UNIT 85	3	2																			
77		28 NAME OF STREET OR HIGHWAY 124 Lake Drive			CITY OR TOWN AlohaVille		ROADWORK 0 No 1 Yes	NUMBER LANES 2	TYPE 1 Divided 2 Undivided	FLOW 1 One-Way 2 Two-Way	JURIS/CLASS C	UNIT 86	4	4																				
2	4	29 DIST. AND DIRECTION FROM REFER		REFER (MILE MARKER, INTERSECTION ETC.)						JURIS/CLASS		UNIT 87	04	04																				
78		30 UNIT NO.	UNIT CLASS	NO OF OCCUP	TRAILER TYPE	TRAILER PLATE NO	HAZ MTRL	31 UNIT NO.	UNIT CLASS	NO OF OCCUP	TRAILER TYPE	TRAILER PLATE NO	HAZ MTRL	UNIT 88	4	4																		
1	4	32 OPERATOR'S/PEDESTRIAN'S NAME Bob Smith					33 OPERATOR'S/PEDESTRIAN'S NAME Lisa Love					UNIT 89	2	2																				
79		34 ADDRESS 3333 River Street					35 ADDRESS 6536 Ocean Drive					UNIT 90	3	6																				
5	4	36 RESID. PHONE 555-1212		BUS. PHONE n.a		OCCUPATION student		37 RESID. PHONE 555-1515		BUS. PHONE 555-2323		OCCUPATION Dental Hygenist		UNIT 91	4	4																		
80		38 PLACE OF EMPLOYMENT/ADDRESS n/a					39 PLACE OF EMPLOYMENT/ADDRESS Dr. Richard Bows Office					UNIT 92	2	3																				
2	3	40 SEX 1 M 2 F	DATE OF BIRTH (age) 04/09/1976 28	RACE caucasian		YRS DRIV 10	41 SEX 1 M 2 F					DATE OF BIRTH (age) 01/01/1974 30	RACE Hispanic	YRS DRIV 11	UNIT 93	3	2																	
2	6	42 OPERATOR'S LICENSE NO. 1234567					STATE HI	TYPE 3	EXP YR 2006	STATUS 1	43 OPERATOR'S LICENSE NO. 4567654					STATE HI	TYPE 3	EXP YR 2008	STATUS 1	UNIT 94	2													
81		44 RESTRICT 0 No 1 Yes	COMPL 0 No 1 Yes	COORD TEST 0 No 1 Yes	BAC TEST GIVEN 0 None 2 Breath 1 Refused 3 Blood		RESULT %	45 RESTRICT 0 No 1 Yes					COMPL 0 No 1 Yes	COORD TEST 0 No 1 Yes	BAC TEST GIVEN 0 None 2 Breath 1 Refused 3 Blood		RESULT %	UNIT 95	4	4														
82		46 CITATIONS—Code and Number					SPD. LIMIT 50	47 CITATIONS—Code and Number					SPD. LIMIT																					
48 OWNER'S NAME Same as operator/ped						OWNER'S PHONE						49 OWNER'S NAME Jim Love						OWNER'S PHONE 555-1515																
50 OWNER'S ADDRESS						NOTIFIED 0 No 1 Yes	51 OWNER'S ADDRESS 6536 Ocean Drive						NOTIFIED 0 No 1 Yes	52 INSURED BY Long Life Insurance						EXP. DATE 04/05/2006	53 INSURED BY For The People Insurance Co.						EXP. DATE 12/31/2010							
54 LICENSE PLATE NO. BNR944		STATE HI	1	2	3	4	5	6	7	8	9	8	7	6	5	4	3	2	1	55 LICENSE PLATE NO. JKS578		STATE HI	9	8	7	6	5	4	3	2	1	V	I	N
56 YEAR 1994	MAKE Honda	MODEL Accord	BODY TYPE Sedan		RECON 0 No 1 Yes	COLOR 14	57 YEAR 1987		MAKE Pontiac	MODEL Grand Am	BODY TYPE Sedan		RECON 0 No 1 Yes	COLOR 03	60 SPECIAL USE 00		SFTY EXPIR	WEIGHT	INITIAL IMPACT POINT	61 DAMAGED AREAS 2 3 4														
62 STOLEN 0 No 1 Yes		TYPE OF DAMAGE 0 None 2 Moderate 1 Light 3 Severe		ESTIM. DAMAGE \$3000		59 DAMAGED AREAS 9 Top 10 Bottom		63 STOLEN 0 No 1 Yes		TYPE OF DAMAGE 0 None 2 Moderate 1 Light 3 Severe		ESTIM. DAMAGE \$3700		60 SPECIAL USE 00		SFTY EXPIR	WEIGHT	INITIAL IMPACT POINT	61 DAMAGED AREAS 9 Top 10 Bottom															
64 REMOVAL 1 Driven 2 Remained 3 Towed						REMOVED BY Dons Towing						65 REMOVAL 1 Driven 2 Remained 3 Towed						REMOVED BY Don's Towing																
66 REMOVED TO Bills Autobody						AT THE REQUEST OF 1 Police 2 Other						67 REMOVED TO Bills Autobody						AT THE REQUEST OF 1 Police 2 Other																
68 OBJECT STRUCK/DAMAGE DESCRIPTION Vehicle 2						ESTIM. DAMAGE \$3700						69 OBJECT STRUCK/DAMAGE DESCRIPTION Vehicle 1						ESTIM. DAMAGE \$ 3000																
70 OWNER'S NAME/ADDRESS						PHONE						71 OWNER'S NAME/ADDRESS						PHONE																
72 NAME/ADDRESS												A UNIT	B POSIT	C AGE	D SEX	E EJECT	F SFTY	G INJ	H AREA	I CAUSE	J CARE	K TRANS	L HOSP	M COND	N EMS CARD NO									
Bob Smith 3333 River Street												1	10	28	M	00	02	01	04	08	01	01			1234									
Lisa Love 6536 Ocean Drive												2	10	30	F	00	01	01	01	01	01	01			5678									
73 REPORT WRITTEN BY Off. Pete Peters						BADGE NO. 192837465		DATE/TIME 09/28/2004 1402		74 SUPERVISOR APPROVING Lt. John Thompson						BADGE NO. 999888																		

M.P.D. Form 300-B

91. ACCIDENT LOCATION COUNTY REPORT NO.

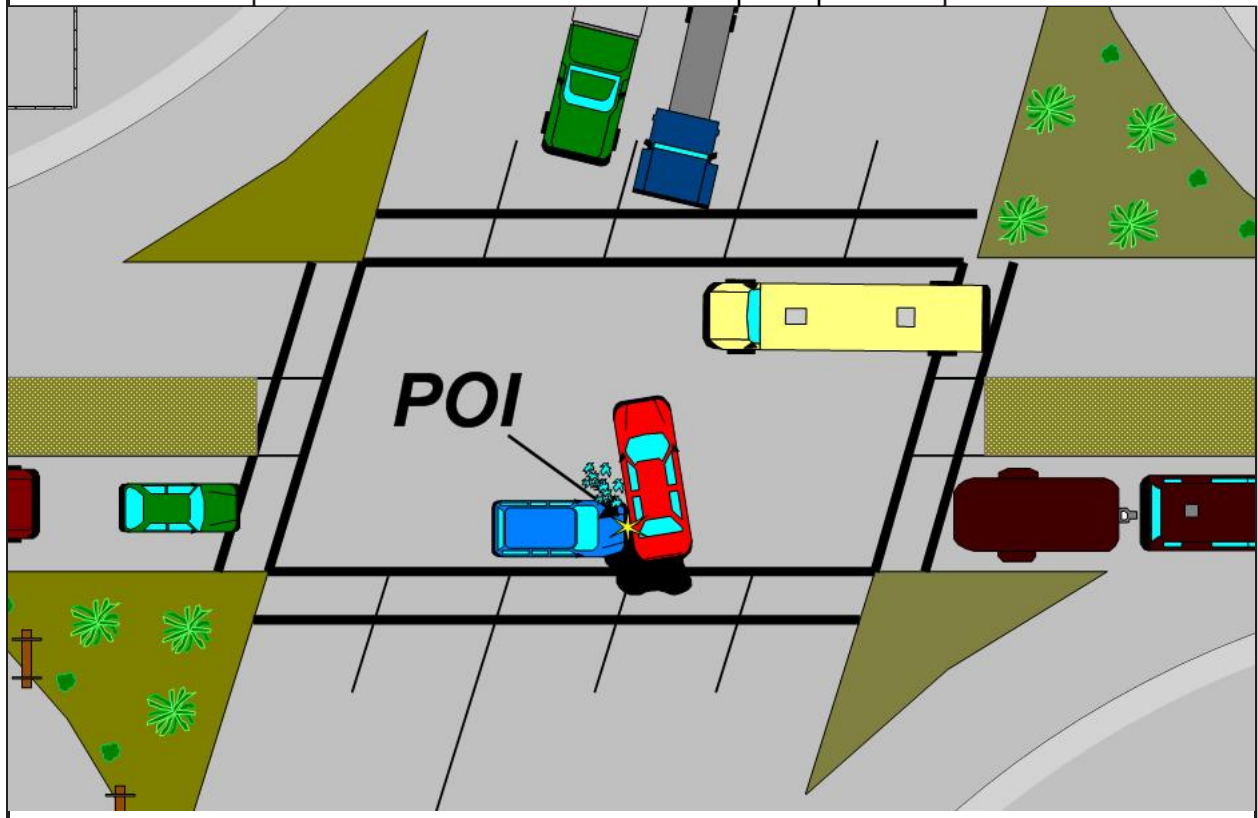
92. LOCATION OF FIRST HARMFUL EVENT

<b>INTERSECTION/JUNCTION</b> 01 Intersection Area 02 Junction Area 03 Driveway Access 04 Alley Access	<b>ON ROADWAY-NOT AT INT</b> 10 Left or Inner Lane 11 Right or Outer Lane 12 Other Main Lane 13 Merge/Transition Lane 14 Acceleration Lane 15 Deceleration Lane 16 Left Turn Lane 17 Right Turn Lane 18 Bikeway 19 Bus/HOV Lane	<b>OFF-ROADWAY</b> 20 Left Shoulder 21 Right Shoulder 22 Left Roadside 23 Right Roadside 24 Median 25 Median Crossover 26 Outside ROW	<b>OFF-ROADWAY-OTHER</b> 30 Driveway 31 Private Road 32 Parking Lot  40 Other (Specify)  01
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93. HARMFUL EVENTS

	Unit	Unit or 0	Action		Unit	Unit or 0	Action
1				5			
2				6			
3				7			
4				8			

94. Check if INTERSECTION-RELATED



- NON-COLLISION**  
(Enter 0 in 2nd block)  
01 Overturned on Roadway  
02 Overturned off Roadway  
03 Submersion  
04 Fire/Explosion  
05 Jackknife  
06 Ran Off Roadway  
07 Other (Specify)
- COLLISION**  
OBJECT/ANIMAL  
(Enter 0 in 2nd block)  
10 Overhead Cables  
11 Guardrail  
12 Culvert  
13 Bridge/Overpass  
14 Underpass/Bridge/Support  
15 Building  
16 Island/Raised Median/Curb  
17 Embankment/Retaining Wall  
18 Fence  
19 Utility Pole  
20 Traffic Signal/Sign Post  
21 Impact Attenuator  
22 Standing Tree/Shrub  
23 Hydrant  
24 Animal  
25 Other (Specify)
- PEDESTRIAN**  
30 Unknown  
31 Crossing - in Crosswalk  
32 Crossing - outside Crosswalk  
33 Crossing - no Crosswalk  
34 Darting Out  
35 Walking in Roadway  
36 Playing in Roadway  
37 Directing Traffic  
38 Pushing/Working on Vehicle  
39 Getting on/off Vehicle  
40 Maint/Constr. Project  
41 Other (Specify)
- BICYCLE/MOPED**  
50 Unknown  
51 Riding in Bikeway  
52 Riding outside Bikeway  
53 Riding in Road. No Bikeway  
54 Riding off Roadway  
55 Crossing Roadway  
56 Fell in/on Roadway  
57 Other (Specify)
- MOTOR VEHICLE - IN TRANSPORT**  
60 Head On  
61 Rear End  
62 Sideswipe - Same Direction  
63 Sideswipe - Opposite Direction  
64 Angle - Same Direction  
65 Angle - Opposite Direction  
66 Broadside
- MOTOR VEHICLE - OTHER**  
70 In Other Roadway

96. HOW WERE THE SPEEDS ESTIMATED? NA

97. HOW WAS POINT OF IMPACT ESTABLISHED? Broken glass and oil spill

98. SHOULDER TYPE (Show on diagram if it was a factor.)  
0 No Shoulder 2. Unimproved 4. Gravel/Stone 6. Concrete  
1. Turf 3. Graded Earth 5. Asphalt 7. Other

99. REFERENCE POINT IS \_\_\_\_\_ (FEET) \_\_\_\_\_ (DIRECTION)  
OF \_\_\_\_\_ (OBJECT/LANDMARK)  
ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE.

100. TIRE/SKID MARKS (FEET)

Wheel	OBJECT				N	S	E	W
	Unit	Unit	Unit	Unit				
Lt-F								
Rt-F								
Lt-R								
Rt-R								

101. ACCIDENT DESCRIPTION (Refer to Units by Number)

102. ACTIONS OF UNINVOLVED  
PED BICYC MOPED MC VEH  
30 50 50 01 01  
DAY/TIME REPRODUCED

Vehicle 1 failed to stop at red light, and struck vehicle 2 as it crossed the intersection.

103. PREPARED BY BADGE NO. DATE/TIME 104. SUPERVISOR APPROVING BADGE NO.  
Off. Pete Peters 192837465 09/28/2004 1402 Lt. John Thompson 999888