

VEHICLE NO.

SEQUENCE OF EVENTS

- First Event
- Second Event
- Third Event
- Fourth Event

TRAFFICWAY DESCRIPTION  
Travel Directions  
01 - One-Way   
02 - Two-Way

Divided   
Barrier Type

DIRECTION OF TRAVEL

Name of street traveling on:

VEHICLE NO.

SEQUENCE OF EVENTS

- First Event
- Second Event
- Third Event
- Fourth Event

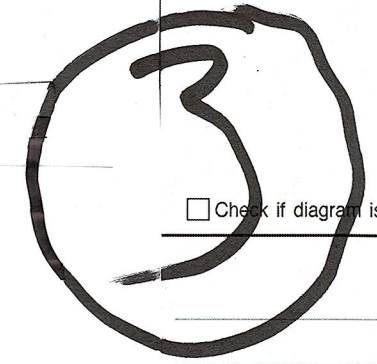
TRAFFICWAY DESCRIPTION  
Travel Directions  
01 - One-Way   
02 - Two-Way

Divided   
Barrier Type

DIRECTION OF TRAVEL

Name of street traveling on:

CRASH DIAGRAM



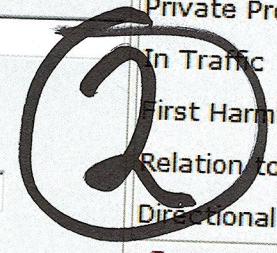
Check if diagram is submitted on a separate page.

DESCRIPTION OF CRASH BASED ON OFFICER'S INVESTIGATION

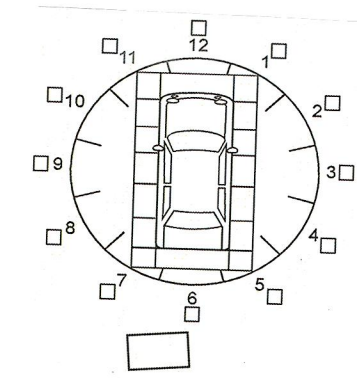
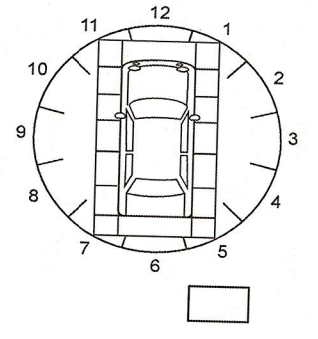
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\_\_\_\_\_  
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### ARS Case Information

|  |  |                  |                 |                     |
|--|--|------------------|-----------------|---------------------|
| <b>Front Sheet</b>   | <b>Location Marking</b>                        | <b>User ID's</b> | <b>Checkers</b> | <b>Spot Mapping</b> |
| <b>Indexed</b>   | <b>Routing (by Indexers)</b>                   |                  |                 |                     |
| Accd. Key: 217028772                                       | <input type="checkbox"/> Work Zone             |                  |                 |                     |
| Accd. Date: 7/18/2017                                      | <input type="checkbox"/> SPD                   |                  |                 |                     |
| County: 40 - HALL  |  |                  |                 |                     |
| City Code: <input type="text"/> Zone: <input type="text"/> | Road Class Code: <input type="checkbox"/>      |                  |                 |                     |
| Location: <input type="text"/>                             | Private Prop. Code: <input type="checkbox"/>   |                  |                 |                     |
| Intersection Inv. <input type="checkbox"/>                 | In Traffic: <input type="checkbox"/>           |                  |                 |                     |
| Hwy Num: <input type="text"/>                              | First Harmful Event: <input type="checkbox"/>  |                  |                 |                     |
| Ref. Post: <input type="text"/>                            | Relation to Roadway: <input type="checkbox"/>  |                  |                 |                     |
| Related Hwy Num: <input type="text"/>                      | Directional Analysis: <input type="checkbox"/> |                  |                 |                     |
| Rel. Ref. Post: <input type="text"/>                       | Screens to Enter: <input type="checkbox"/>     |                  |                 |                     |
| Bridge Related: <input type="checkbox"/>                   | # of Vehicles: <input type="text"/>            |                  |                 |                     |
| Bridge Involvement: <input type="checkbox"/>               | # of Obj Owners: <input type="text"/>          |                  |                 |                     |
| RR Related: <input type="checkbox"/>                       | # Pedestrians: <input type="text"/>            |                  |                 |                     |
| Railroad Involvement: <input type="checkbox"/>             | Data Entry Id: <input type="text"/>            |                  |                 |                     |
|  | Location Marking Id: <input type="text"/>      |                  |                 |                     |



INITIAL CONTACT POINT



|   |                    |  |             |
|---|--------------------|--|-------------|
| PLACE OF CRASH  | COUNTY             | CITY   | LATITUDE    |
| ROAD ON WHICH CRASH OCCURRED  | STREET/HIGHWAY NO. | PRIVATE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO | LONGITUDE   |
| DISTANCE FROM MILEPOST  | FEET               | N S E W OF MILEPOST  | HIGHWAY NO. |
| IF AT INTERSECTION  |                    | IF NOT AT INTERSECTION   |             |
| NAME OF INTERSECTING ROADWAY  |                    | N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING                       |             |
| IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN |                    | N S E W OF NEAREST CITY OR TOWN  |             |
| MILES   | AND MILES          |  |             |

|  |   |  |   |
|--|---|--|---|
| TYPE OF INTERSECTION<br>No. of Mainline Approaches: <input type="text"/> | RELATION TO JUNCTION<br>Within Interchange Area: <input type="checkbox"/> | GRADE / ROADWAY ALIGNMENT                      | PAVEMENT MARKINGS<br>Edgeline Presence/Type: <input type="checkbox"/> |
| Intersection Geometry: <input type="checkbox"/>                          | Specific Junction Location: <input type="checkbox"/>                      | Horizontal Alignment: <input type="checkbox"/> | Centerline Presence/Type: <input type="checkbox"/>                    |
| Overall Traffic Control Device: <input type="checkbox"/>                 | ROADWAY SURFACE: <input type="checkbox"/>                                 | Grade: <input type="checkbox"/>                | Lane Line Markings: <input type="checkbox"/>                          |
|  |   |  | TOTAL NUMBER OF THRU LANES: <input type="text"/>                      |