

City/Town Where Crash Occurred <b>FLAGSTAFF</b>	Date of Crash <b>NOV 18, YR-2</b>	Time of Crash <b>8:33 AM</b> PM	# Vehicles Involved: <b>(1)</b>
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### Section A: Crash Location

Please complete Section A1 or A2 below to indicate the location of the crash. If you need additional space to describe the crash location, please use the Crash Narrative Section on the last page of this form.

**SECTION A1: Complete this section if the crash occurred at an intersection of two or more streets.** OR **SECTION A2: Complete this section if the crash did NOT occur at an intersection.**

**Step 1:** Please indicate the route or roadway where you were traveling when the crash occurred:

Route # **1** Name of Roadway/Street **CAMBRIDGE ST**

**Step 2:** What was the name (or names) of the intersecting streets?

Route # **2** Name of Roadway/Street **NEW CHARLTON / BOWDON**

Route # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

**Step 1:** Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route #: \_\_\_\_\_ at Street or Address Number: \_\_\_\_\_

on the Street/Roadway known as: \_\_\_\_\_

**Step 2:** Please provide as much of the following specific location information as possible:

The crash occurred (estimate the number of feet) \_\_\_\_\_ feet  
(Indicate direction as N/S/E/W) \_\_\_\_\_ of

OR (a) Mile Marker number \_\_\_\_\_  
OR (b) Exit Number \_\_\_\_\_  
OR (c) Intersecting Street/Roadway Route # \_\_\_\_\_ Street/Roadway Name \_\_\_\_\_  
OR (d) Landmark \_\_\_\_\_

### Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself):				Was vehicle damage above \$1000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Driver's License Number <b>OT 2 472 000</b>	License State <b>NEW</b>	Date of Birth	Age	Sex <b>M</b>	License Class <b>D - A - B - C</b>	Commercial Driver's License Endorsements H - Hazardous N - Tank vehicles P - Passenger T - Doubles/triples X - Tank and Hazardous transport	
Your Full Name (Last, First, Middle) <b>ANUP BAN PHILLIP</b>		Street Address <b>74 RIVER STREET</b>		City/Town <b>SPRINGFIELD, NEW STATE</b>		State Zip	
Insurance Company <b>TRANSPORTATION MUTUAL</b>	Vehicle Registration # <b>8536 OM</b>	Reg. Type <b>BUS</b>	Reg. State <b>NEW</b>	Vehicle Year <b>YR-4</b>	Vehicle Make <b>BUS</b>		

Indicate your type of vehicle: **4**

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle) <b>BANCROFT BUS LINES</b>	Street Address	City/Town	State Zip
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What Was Your Vehicle Doing Prior to Crash?

Vehicle Travel Direction <b>N S E W</b>	1 Traveling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first? **[3]** What happened 2<sup>nd</sup> (if applicable)?  What happened 3<sup>rd</sup> (if applicable)?  What happened 4<sup>th</sup> (if applicable)?

<b>Collision with</b>	23 Light pole or other post/support	<b>Non-Collision</b>
1 Motor vehicle in traffic	24 Guardrail	40 Ran off road right
2 Parked motor vehicle	25 Median barrier	41 Ran off road left
3 Pedestrian	26 Ditch	42 Cross median/centerline
4 Cyclist	27 Embankment/Sloping shoulder	43 Overtaken/follower
5 Animal-deer	28 Highway traffic signpost	44 Equipment failure (blown tire, brakes, etc)
6 Animal-other	29 Overhead sign support	45 Fire/explosion
7 Moped	30 Fence	46 Immersion
8 Work zone maintenance equipment	31 Mailbox	47 Jackknife
9 Railway vehicle (train, engine)	32 Crash cushion/Impact attenuator	48 Cargo/equipment loss or shift
10 Other movable object	33 Bridge	49 Separation of units
11 Unknown movable object	34 Bridge overhead structure	50 Downhill runaway
20 Curb	35 Other fixed object (wall, building, tunnel)	51 Other non-collision
21 Tree	36 Unknown fixed object	52 Unknown non-collision
22 Utility pole		97 Other
		99 Unknown

Was your Vehicle Towed From the Scene Due to Damage?  Yes  No

Vehicle Damaged Area (circle up to three)

10 Undercarriage  
11 Totaled

**Section C: You and Your Passengers**

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex (M/F)	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)												
Name of Passenger 1 (Last, First, Middle)												
<i>NONE INJURED</i>												
Name of Passenger 2 (Last, First, Middle)												
Name of Passenger 3 (Last, First, Middle)												

**A. Seating Position**  
 1 Front seat - left side (or motorcycle driver) 9 Third row - right side  
 2 Front seat - middle 10 Sleeper section of cab  
 3 Front seat - right side 11 Enclosed passenger area  
 4 Second seat - left side (or motorcycle passenger) 12 Unenclosed passenger area  
 5 Second seat - middle 13 Trailing unit  
 6 Second seat - right side 14 Riding on vehicle exterior  
 7 Third row - left side (or motorcycle passenger) 97 Other  
 8 Third row - middle 99 Unknown

**B. Safety System Used**  
 0 None used  
 1 Shoulder and lap belt  
 2 Lap belt only  
 3 Shoulder belt only  
 4 Child safety seat  
 5 Helmet  
 99 Unknown

**C. Air Bag Status**  
 1 Deployed-front  
 2 Deployed-side  
 3 Deployed both front and side  
 4 Not deployed  
 5 Not applicable  
 99 Unknown

**D. Air Bag Switch**  
 1 Switch in ON position  
 2 Switch in OFF position  
 3 ON-OFF switch not present  
 4 Unknown if switch is present  
 99 Unknown

**E. Ejected From Vehicle?**  
 0 Not ejected  
 1 Totally ejected  
 2 Partially ejected  
 3 Not applicable  
 99 Unknown

**F. Trapped?**  
 0 Not trapped  
 1 Freed by mechanical means  
 2 Freed by non-mechanical means  
 99 Unknown

**G. Injured?**  
 1 Fatal injury  
 Non-fatal injury:  
 2 Incapacitating  
 3 Non-incapacitating  
 4 Possible  
 5 No Injury  
 99 Unknown

**H. Transported for Medical Care?**  
 1 Not transported 97 Other  
 2 EMS (emergency service) 99 Unknown  
 3 Police

**Section D: Other Vehicle(s) Involved in the Crash**

Number of occupants in the Vehicle: \_\_\_\_\_ Was vehicle Damage above \$1000? Yes \_\_\_ No \_\_\_ Moped? Yes \_\_\_ No \_\_\_ Hit and Run? Yes \_\_\_ No \_\_\_

Driver's License Number: \_\_\_\_\_ License State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_ F \_\_\_ License Class: \_\_\_\_\_ Commercial Driver's License Endorsements: \_\_\_\_\_  
 H \_\_\_ Hazardous N \_\_\_ Tank vehicles P \_\_\_ Passenger transport  
 T \_\_\_ Doubles/triples X \_\_\_ Tank and Hazardous transport

Full Name of Vehicle Driver (Last, First, Middle): \_\_\_\_\_ Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Vehicle Registration #: \_\_\_\_\_ Reg. Type: \_\_\_\_\_ Reg. State: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Indicate type of vehicle:  
 1 Passenger car 4 Bus (15 or more passengers) 8 Truck/trailer 12 Tractor/triples 97 Other  
 2 Light truck (van, mini-van, pick-up, sport utility) 5 Bus (7-15 passengers) 9 Truck tractor (bobtail) 13 Unknown heavy truck 99 Unknown  
 3 Motorcycle 6 Single-unit truck (2 axles) 10 Tractor/semi-trailer 14 Motor home/recreational vehicle  
 7 Single-unit truck (3 or more axles) 11 Tractor/doubles

Full Name of Vehicle Owner (Last, First, Middle): \_\_\_\_\_ Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Travel Direction: \_\_\_\_\_ What Was The Vehicle Doing Prior to Crash?  
 1 Travelling straight ahead 4 Turning left 7 Leaving traffic lane 10 Backing 97 Other  
 2 Slowing or stopped 5 Changing lanes 8 Making U-turn 11 Parked 99 Unknown  
 3 Turning right 6 Entering traffic lane 9 Overtaking/passing

**Section E: Non-Motorist(s) Involved in the Crash**

Indicate the type of non-motorist involved: (1) Pedestrian 2 Cyclist 3 Skater 97 Other 99 Unknown

What was the non-motorist doing prior to the crash?  
 1 Entering or crossing location 6 Working on vehicle  
 2 Walking, running or cycling 7 Standing  
 3 Working 97 Other  
 4 Pushing vehicle 99 Unknown  
 5 Approaching or leaving vehicle

Where was the non-motorist prior to the crash?  
 1 Marked crosswalk at intersection 6 Median (but not on shoulder)  
 2 At intersection but no crosswalk 7 Island  
 3 Non-intersection crosswalk 8 Shoulder  
 4 In roadway 9 Sidewalk  
 5 Not in roadway 10 Shared-use path or trails  
 99 Unknown

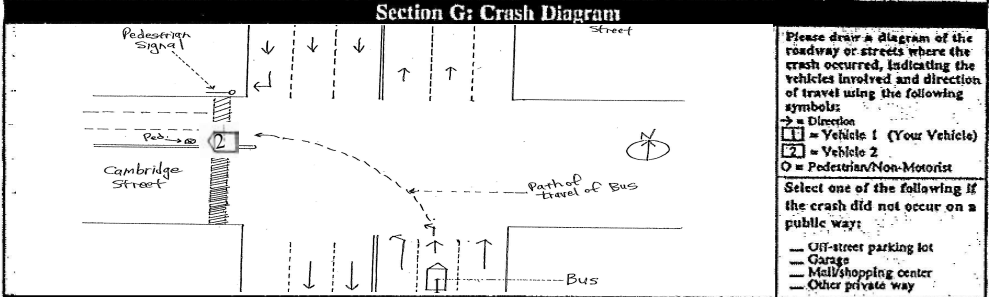
Date of Birth/Age: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_ F \_\_\_ Full Name of Non-Motorist (Last, First, Middle): \_\_\_\_\_ Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*11/17/44 -M- F MARGARET A. HERTZ 12 W. WILMORIAN ST. NEW BRITAIN NEWSPR*

Safety Equipment?  Injured? *A*  
 0 None used 9 Lighting 1 Fatal injury  
 6 Helmet 10 Other Non-fatal injury:  
 7 Protective pads (elbows, knees, etc.) 99 Unknown 2 Incapacitating 5 No Injury  
 8 Reflective clothing 99 Unknown 3 Non-incapacitating 99 Unknown  
 4 Possible

Transported for Medical Care? *2*  
 1 Not transported 97 Other  
 2 EMS (emergency service) 99 Unknown  
 3 Police  
 If transported, please indicate Hospital/Medical Facility:  
*FLAGSTAFF GENERAL*

### Section F: Crash Conditions

<b>Light Conditions</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway <b>Lighting</b> 97 Other 99 Unknown	<b>Weather Conditions (sp to tw)</b> 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown	<b>Traffic Control Device</b> 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	<b>Was the traffic control device functioning at the time of the crash?</b> 1 Yes 2 No	<b>Road Surface</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 8 Other 99 Unknown	<b>Roadway Intersection Type</b> 1 Not at Intersection 2 Two-way intersection 3 T-Intersection 4 Y-Intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
<b>Trafficway Description</b> 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way divided, protected median 4 One-way, not divided 99 Unknown	<b>School Bus Related?</b> 1 Yes 2 No	<b>Work Zone Related?</b> 1 Yes 2 No	<b>Manner of Collision</b> 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction 6 Head on 7 Rear to rear 99 Unknown		



### Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone
Donovan Mello	100 Sunshine Way, Yellowstone, New York	

### Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

### Section J: Crash Narrative

I made a left turn with a green light from New Chardon St onto Cambridge Street. I had waited for at least one car that was making a right turn from Bowler Street. After I had completed the turn and straightened out on Cambridge Street I heard a loud noise and looked in my left side mirror and saw what looked like a person on the ground in the left lane.

### Section K: Signature

Philip Accup      Print: Philip Accup      Date: 11/24/82

"Signed under Pain and Penalties of Perjury"