

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 # **NEW CHARLTON / BOWLING**  
Name of Roadway/Street

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 damaged above \$1000?  Yes  No

Driver's License Number <b>OT 2 472 000</b>	License State <b>NEW</b>	Date of Birth <b>11-11-54</b>	Age <b>48</b>	Sex <b>M</b>	License Class <b>D - A - B - C</b>	Commercial Driver's License Endorsements H - Hazardous N - Tank vehicles P - Passenger transport T - Doubles/triples X - Tank and Hazardous
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Your Full Name (Last, First, Middle) **ANUP BAN PHILLIP** Street Address **74 RIVER STREET** City/Town **SPRINGFIELD, NEW STATE** State **NEW** 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>
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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) **BANCROFT BUS LINES** Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

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
<b>N S E W</b>	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.

Name	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) <b>NONE INJURED</b>											
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	5 No Injury
1 Shoulder and lap belt	99 Unknown
2 Lap belt only	
3 Shoulder belt only	
4 Child safety seat	
5 Helmet	
99 Unknown	

**C. Air Bag Status**

1 Deployed-front	99 Unknown
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	97 Other
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	97 Other
1 Totally ejected	99 Unknown
2 Partially ejected	
3 Not applicable	
99 Unknown	

**F. Trapped?**

0 Not trapped	97 Other
1 Freed by mechanical means	99 Unknown
2 Freed by non-mechanical means	
99 Unknown	

**G. Injured?**

1 Fatal injury	5 No Injury
Non-fatal injury:	99 Unknown
2 Incapacitating	
3 Non-incapacitating	
4 Possible	

**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

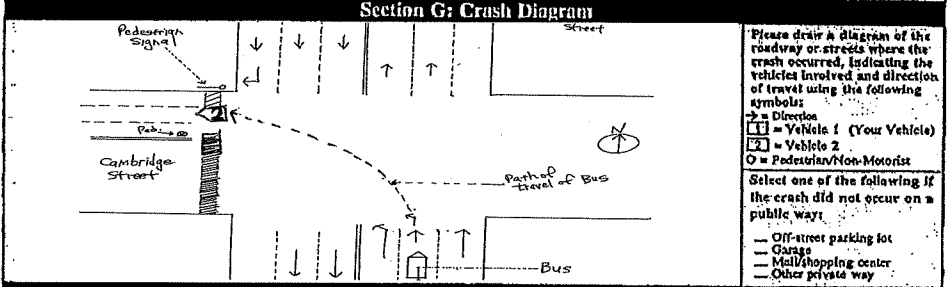
Number of occupants in the vehicle:	Was vehicle Damage above \$1000? Yes ___ No ___	Moped? Yes ___ No ___	Hit and Run? Yes ___ No ___
Driver's License Number	License State	Date of Birth	Age
Sex	Age	Sex	License Class
Full Name of Vehicle Driver (Last, First, Middle)	Street Address	City/Town	State Zip
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
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck
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	
97 Other			99 Unknown
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?		
— N — S — E — W	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing
			10 Backing
			11 Parked
			97 Other
			99 Unknown

### 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?		Where was the non-motorist prior to the crash?	
1 Entering or crossing location	6 Working on vehicle	1 Marked crosswalk at intersection	6 Median (but not on shoulder)
2 Walking, running or cycling	7 Standing	2 At intersection but no crosswalk	7 Island
3 Working	97 Other	3 Non-intersection crosswalk	8 Shoulder
4 Pushing vehicle	99 Unknown	4 In roadway	9 Sidewalk
5 Approaching or leaving vehicle		5 Not in roadway	10 Shared-use path or trails
			99 Unknown
Date of Birth/Age	Sex	Full Name of Non-Motorist (Last, First, Middle)	Street Address
11/17/44	M	MARGARET A. HERTZ	12 W. MERIDIAN ST. NEW BRITAIN, CONNECTICUT
Safety Equipment?	Injured?	Transported for Medical Care?	
0 None used	1 Fatal injury	1 Not transported	97 Other
6 Helmet	Non-fatal injury:	2 EMS (emergency service)	99 Unknown
7 Protective pads (elbows, knees, etc.)	2 Incapacitating	3 Police	
8 Reflective clothing	3 Non-incapacitating	If transported, please indicate Hospital/Medical Facility:	
	5 No Injury	FLAGSTAFF GENERAL	
	99 Unknown		
	4 Possible		

### 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 lighting 97 Other 99 Unknown	<b>Weather Conditions (pp to tex)</b> 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswind 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 Diveway 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 Side-swipe, same direction 5 Side-swipe, opposite direction 6 Head on 7 Rear to rear 99 Unknown		



### Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone
Donovan Meilo	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 Bowdoin Street. After I had completed the turn and straightened out on Cambridge Street I heard a third 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

I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief. I am a driver of the vehicle involved in this crash.  
 Signature: Philip Accup Date: 11/24/82