Delaware - 1

☐ REPORTABLE PROPERTY DAMAGE ☐ NON-REPORTABLE
☐ PERSONAL INJURY ☐ LATE REPORT
☐ FATALITY ☐ HAZ/MAT.
☐ COMM. VEH.

STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT

TROOP/DEPARTMENT

1. COMPLAINT NO.
2. DSP HQ. NO. (LEAVE BLANK)

3. MON. - DATE - YEAR	4. DAY	5. TIME OCCURRED	6. NOTIFIED	7. ARRIVED	8. GRID NO.	9. SECTOR	12. LIGHT CONDITION
/ /					/		

10. NUMBER & NAME OF STREET OR HIGHWAY – CTY. RTE. NO. ● INTERSECTING WITH STREET OR ROAD – CTY. RTE. NO.
ON:

13. WEATHER CONDITION

11. NON. INTSECT. ____ FEET ☐N ☐E ☐S ☐W MILES OF: INTERSECTING WITH STREET OR ROAD – CTY. RTE. NO.

14. SURFACE CONDITION

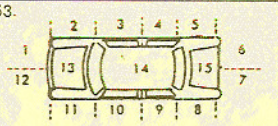
16. PRIM. CONTRIB. CIRCUM. ☐
8. SPEED TOO FAST 9. FAIL TO YIELD ROW 10. PASSED STOP SIGN
11. DISREGARD TRAFFIC SIGNAL 12. DROVE LEFT OF CENTER 13. IMPROPER PASSING
14. FOLLOWING TOO CLOSE 15. MADE IMPROPER TURN 16. DRIVING UNDER INFLUENCE
17. MECH. DEFECT

15. TRAFFIC CONTROL ☐ FUNCT. PROPER ☐

17. COLLISION INVOLVED ☐	18. ON RDWY. ☐	19. EMERG. RESPON. ☐	20. ____ MILES ☐N ☐E ____ IN: ☐S ☐W ____ OF: CITY OR TOWN	21. CTY.	22. CODE	23. MILE POINT ●

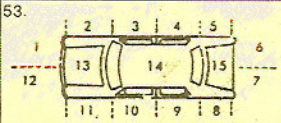
24. NAME NO. 1 LAST	FIRST	M.I.	24. NAME NO. 2 LAST	FIRST	M.I.
25. STREET ADDRESS			25. STREET ADDRESS		
26. CITY	27. STATE / 28. ZIP / 29. PHONE		26. CITY	27. STATE / 28. ZIP / 29. PHONE	
30. DRIVERS LICENSE NO.	31. STATE / 32. DOB / 33. AGE / 34. SEX M F		30. DRIVERS LICENSE NO.	31. STATE / 32. DOB / 33. AGE / 34. SEX M F	
35. SOBRIETY ☐ 36. TESTED ☐ 37. TYPE ☐ RESULT 0. ____ %	TEST NUMBER		35. SOBRIETY ☐ 36. TESTED ☐ 37. TYPE ☐ RESULT 0. ____ %	TEST NUMBER	
38. VEHICLE YR. / 39. VEHICLE MAKE / 40. MODEL / 41. BODY STYLE ☐			38. VEHICLE YR. / 39. VEHICLE MAKE / 40. MODEL / 41. BODY STYLE ☐		
42. REGISTRATION NO. / 43. STATE / 44. COLOR / 45. DAMAGE $ / 46. TRAILERS 0 1 2 3			42. REGISTRATION NO. / 43. STATE / 44. COLOR / 45. DAMAGE $ / 46. TRAILERS 0 1 2 3		
47. VEHICLE/TRACTOR OWNER: LAST	FIRST	M.I.	47. VEHICLE/TRACTOR OWNER: LAST	FIRST	M.I.
48. STREET	CITY	STATE	48. STREET	CITY	STATE
49. INSURANCE COMPANY	NUMBER		49. INSURANCE COMPANY	NUMBER	
50. CHARGE/SECTION NUMBER	51. ARREST NO.		50. CHARGE/SECTION NO.	51. ARREST NO.	

52. NO. 1 TOWED BY:
TO:

53.


1. REAR 2. PASSING 3. ANGLE 4. RIGHT TURN 5. RIGHT TURN 11. OTHER
6. HEAD ON 7. SIDESWIPE 8. INDICATE OBJECT 9. LEFT TURN 10. LEFT TURN

52. NO. 2 TOWED BY:
TO:

53.


CODE	WITNESS INFORMATION: (NAME, ADDRESS, PHONE NO., LOCATION)
	55.

GENERAL
1. YES
2. NO
3. UNKNOWN
4. N/A
5. PENDING
6. NONE
7. OTHER

12. LIGHT COND.
18. DAYLIGHT
19. DAWN/DUSK
20. DARK/LIT
21. DARK/UNLIT

13. WEATHER
22. CLEAR
23. RAIN
24. SNOW/SLEET
25. FOG
26. CLOUDY

14. SURFACE
27. DRY
28. WET
29. SNOWY
30. ICY

15. CONTROLS
31. STOP SIGN
32. STOP & GO LIGHT
33. YIELD SIGN
34. WARNING SIGN
35. LANE MARKINGS
36. FLASHING SIGNAL

17. COLLISION INVOLVED
37. MV IN TRANSPORT
38. NON-COL. OVERTURN
39. MV ON OTHER RDWY
40. PEDESTRIAN
41. PARKED VEHICLE
42. RAILROAD TRAIN
43. PEDALCYCLIST
44. ANIMAL
45. FIXED OBJECT*
46. OTHER OBJECT*
47. OTHER NON-COLLIS.

35. SOBRIETY
48. NOT DRINKING
49. HBD NOT IMPAIRED
50. HBD IMPAIRMENT UNK
51. UNDER THE INFLUENCE

52. PBT
53. BREATH
54. BLOOD
55. URINE
} 37. TYPE

41. BODY STYLE
56. PASSENGER CAR
57. PICK-UP TRUCK
58. VAN/PANEL TRUCK
59. FARM VEHICLE
60. MOTORCYCLE
61. BUS
62. SCHOOL BUS
63. 6 WHEEL TRUCK
64. 10 WHEEL TRUCK
65. TRACT. & SEMI. TR.(S)

56. INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58. REVIEWER	59. PAGE 1 OF ____

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SAMPLE

24. NAME LAST FIRST M.I. NO. 3	24. NAME LAST FIRST M.I. NO. 4
25. STREET ADDRESS	25. STREET ADDRESS
26. CITY / 27. STATE / 28. ZIP / 29. PHONE	26. CITY / 27. STATE / 28. ZIP / 29. PHONE
30. DRIVERS LICENSE NO. / 31. STATE / 32. DOB / 33. AGE / 34. SEX M F	30. DRIVERS LICENSE NO. / 31. STATE / 32. DOB / 33. AGE / 34. SEX M F
35. SOBRIETY ☐ 36. TESTED ☐ 37. TYPE ☐ RESULT 0. ____ % TEST NUMBER	35. SOBRIETY ☐ 36. TESTED ☐ 37. TYPE ☐ RESULT 0. ____ % TEST NUMBER
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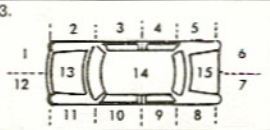
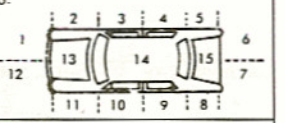
42. REGISTRATION NO. / 43. STATE / 44. COLOR / 45. DAMAGE $ / 46. TRAILERS 0 1 2 3	42. REGISTRATION NO. / 43. STATE / 44. COLOR / 45. DAMAGE $ / 46. TRAILERS 0 1 2 3
47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.	47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.
48. STREET CITY STATE	48. STREET CITY STATE
49. INSURANCE COMPANY NUMBER	49. INSURANCE COMPANY NUMBER
50. CHARGE/SECTION NUMBER / 51. ARREST NO.	50. CHARGE/SECTION NO. / 51. ARREST NO.
52. NO. 3 TOWED BY: / TO:	USE THIS SPACE FOR SKETCHING DAMAGE TO TRAILERS, MOTORCYCLES, ETC.	52. NO. 4 TOWED BY: / TO:
53. 		53. 

SAMPLE

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DIAGRAM OF COLLISION

PAGE ____ OF ____

☐ 60. CONTINUATION

☐ 80. SUPPLEMENT

INITIAL REPORT DATE

OPERATOR #1

OPERATOR #2

STATE OF DELAWARE
UNIFORM TRAFFIC
COLLISION REPORT
INJURY INFORMATION

_____

_____
TROOP/DEPARTMENT

1. COMPLAINT NUMBER

2. DSP HQ. NO.(LEAVE BLANK)

	61. NAME: LAST	FIRST	M.I.	69. SEX M F	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.
I-1	62. ADDRESS														
	63. PHONE	64. INJURIES													68. T & R
	65. EXAMINED BY DR	66. REMOVED BY		67. REMOVED TO											T & A
I-2	61. NAME: LAST	FIRST	M.I.	69. SEX M F	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS RESTR.
	62. ADDRESS														
	63. PHONE	64. INJURIES													68. T & R
	65. EXAMINED BY DR	66. REMOVED BY		67. REMOVED TO											T & A
I-3	61. NAME: LAST	FIRST	M.I.	69. SEX M F	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2 RESTR. PROPR.	78-3. PASS RESTR.
	62. ADDRESS														
	63. PHONE	64. INJURIES													68. T & R
	65. EXAMINED BY DR	66. REMOVED BY		67. REMOVED TO											T & A
I-4	61. NAME: LAST	FIRST	M.I.	69. SEX M F	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS RESTR.
	62. ADDRESS														
	63. PHONE	64. INJURIES													68. T & R
	65. EXAMINED BY DR	66. REMOVED BY		67. REMOVED TO											T & A
I-5	61. NAME: LAST	FIRST	M.I.	69. SEX M F	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS RESTR.
	62. ADDRESS														
	63. PHONE	64. INJURIES													68. T & R
	65. EXAMINED BY DR	66. REMOVED BY		67. REMOVED TO											T & A

SAMPLE

73. SEAT NO.

CAR: 1 2 3 / 4 5 6 / 9 SW 7 8 9 — M/C: 1 2

10=EXT. OF VEHICLE

79. POSTED SPEED LIMIT

VEHICLE #1 _____

VEHICLE #2 _____

VEHICLE #3 _____

VEHICLE #4 _____

GENERAL

1. YES
2. NO
3. UNKNOWN
4. N/A
5. PENDING
6. NONE
7. OTHER

74. STATUS

66. DRIVER
67. PASSENGER
68. PEDESTRIAN
69. PEDALCYCLIST

75. FIRST AID

70. POLICE
71. FIREMAN
72. AMBULANCE
73. REFUSED

76. INJURY CLASS

74. POSSIBLE INJURY
75. NON - INCAPACITATING
76. INCAPACITATING INJURY
77. FATAL INJURY

77. EJECTION

78. PARTIALLY EJECTED
79. TOTAL EJECTION
80. NO EJECTION

78. RESTRAINT

LAP BELT ONLY
82. FASTENED
83. NOT FASTENED

LAP & SHOULDER
84. LAP ONLY USED
85. NEITHER USED
86. SHOULDER ONLY
87. BOTH USED

78. RESTRAINT (CONT.)

CHILD RESTRAINTS
88. CHILD RESTR. USED
89. OTHER RESTR. USED
90. NONE USED

MC HELMET
91. NONE USED
92. USED

PASSIVE RESTRAINTS
93. AIR BAG DEPLOYED
94. AIR BAG INOPERABLE
95. AUTO RESTR. USED
96. AUTO RESTR. INOPER.

66. REMOVED

97. AMBULANCE
98. PARAMEDIC
99. HELICOPTER
100. PRIV. OWNED VEH.

81. IF PEDESTRIAN INVOLVED PLACE CODE IN BLOCK

PED # 1 _____ PED # 2 _____

101. CROSSING AT INTERS.
102. CROSSING NOT AT INTERS.
103. WALKING WITH TRAFFIC
104. WALKING AGAINST TRAFFIC
105. STANDING
106. PUSH OR WORK ON VEH.
107. OTHER WORKING
108. PLAYING
109. OTHER (DESCRIBE)

_____

_____

110. NOT IN RDW. ANY ACTION

56-INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58. REVIEWER	59. PAGE _____ OF _____

FORM 439 REV. 10/87

☐ 60. CONTINUATION

☐ 80. SUPPLEMENT

INITIAL REPORT DATE

OPERATOR #1

OPERATOR #2

STATE OF DELAWARE
UNIFORM TRAFFIC
COLLISION REPORT
CONTINUATION/SUPPLEMENT

____

____
TROOP/DEPARTMENT

1. COMPLAINT NUMBER

2. DSP HQ. NO.(LEAVE BLANK)

CODE	55.

56. INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58. REVIEWER	59. PAGE ______ OF ______

SAMPLE

FORM 439 A REV. 10/87