

## "PEDBIKE 2000 Plus - Field Data Form"

File Number: \_\_\_\_\_

### General Data:

Date of Collision: \_\_\_\_\_ Time of Collision: \_\_\_\_\_

Location of Collision: \_\_\_\_\_

Road Surface/Condition: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Posted Speed Limit: \_\_\_\_\_ Distance to Sign: \_\_\_\_\_

### Field Data:

This Collision Involves a: (Circle Choices) Child or Adult / Pedestrian or Bicyclist

Pedestrian's Throw Distance: \_\_\_\_\_ Pedestrian's Slide Distance: \_\_\_\_\_

Pedestrian's Slide/Tumble Value: \_\_\_\_\_ Pedestrian's Takeoff Angle: \_\_\_\_\_

Height to Pedestrian's C/M: \_\_\_\_\_ Pedestrian's Weight: \_\_\_\_\_

Height to Bottom of Bumper: \_\_\_\_\_ Height to Top of Bumper: \_\_\_\_\_

Height to Highest Major Contact: \_\_\_\_\_ Roadway Slide Value: \_\_\_\_\_

Vehicle's Weight: \_\_\_\_\_ Relative Approach Angle: \_\_\_\_\_

Vehicle's Stopping Distance: \_\_\_\_\_ Driver's P & R Time: \_\_\_\_\_

Height to Leading Edge: (Hood) \_\_\_\_\_ Windshield's Angle: \_\_\_\_\_

Pedestrian's Walk/Run, Etc. Velocity: \_\_\_\_\_ Wheels Braking: \_\_\_\_\_

Was the Vehicle Braking Before Impact? (Circle Choice) Yes / No

If Braking, Enter Vehicle's Pre-Impact Skid Distance: \_\_\_\_\_

Description of Clothing: \_\_\_\_\_

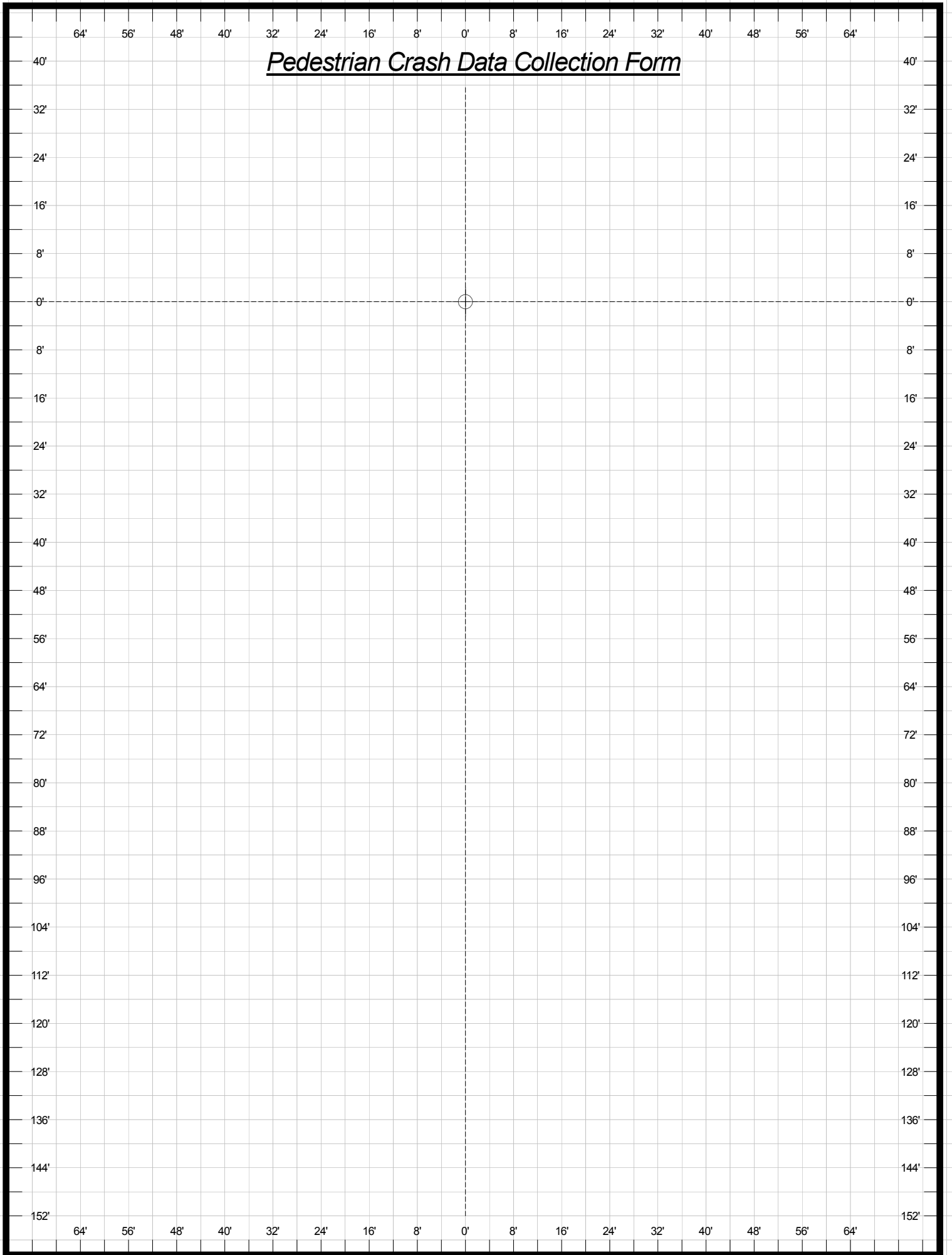
\_\_\_\_\_

### Bicycle Data: (If Involved)

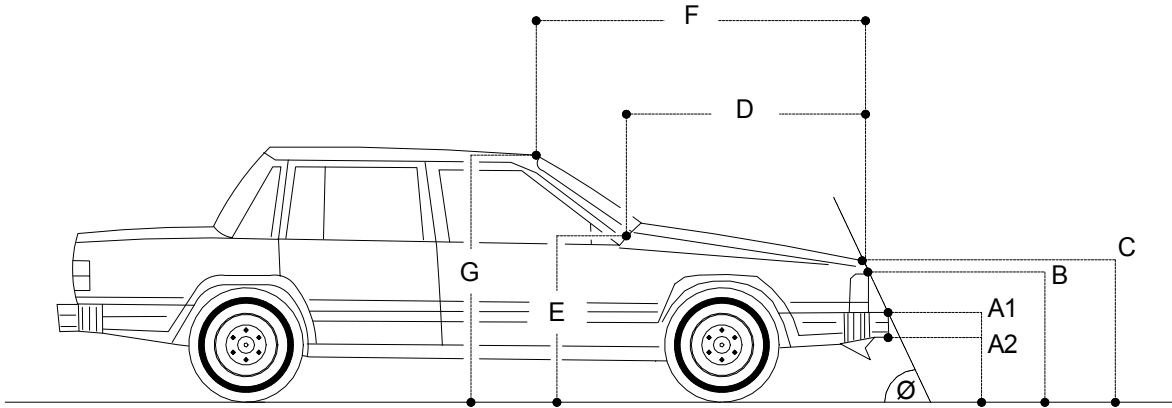
Wheel Diameter: (in/cm) \_\_\_\_\_ # Teeth on Chain Gear: \_\_\_\_\_ # Teeth on Free Gear: \_\_\_\_\_

Investigator: \_\_\_\_\_

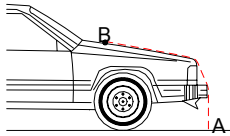
*Pedestrian Crash Data Collection Form*



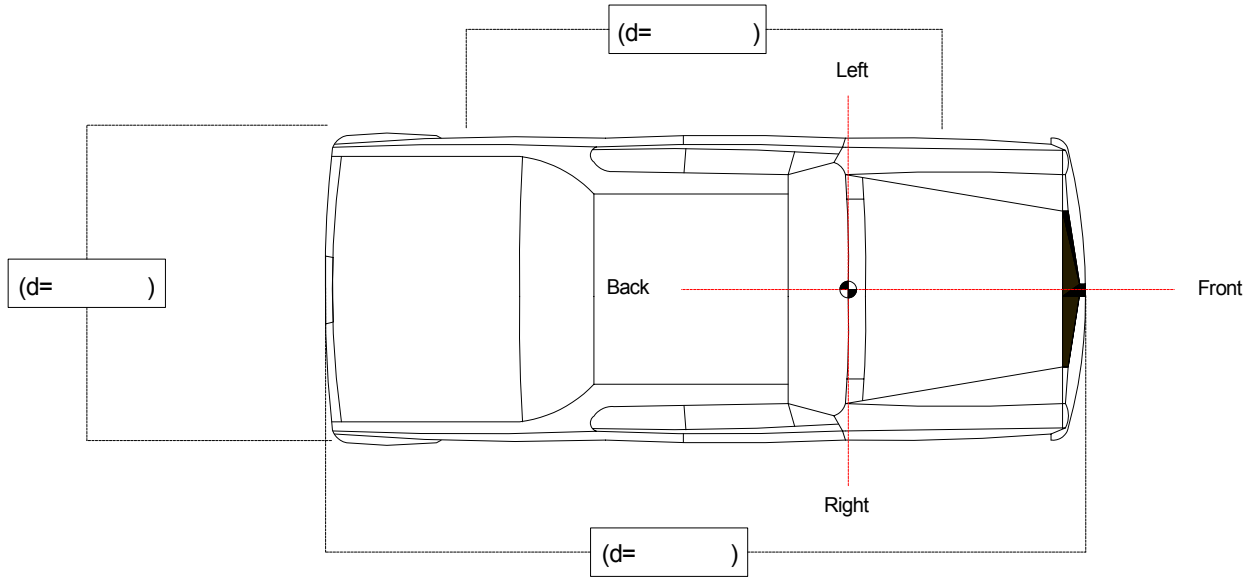
# Pedestran / Vehicle Data Sheet



**Wrap Around Distances**



1 = _____	6 = _____	A1 = _____	E = _____
2 = _____	7 = _____	A2 = _____	F = _____
3 = _____	8 = _____	B = _____	G = _____
4 = _____	9 = _____	C = _____	_____
5 = _____	10 = _____	D = _____	Ø = _____



Date/Time: \_\_\_\_\_ File #: \_\_\_\_\_

Veh. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ VIN#: \_\_\_\_\_

Caption: \_\_\_\_\_

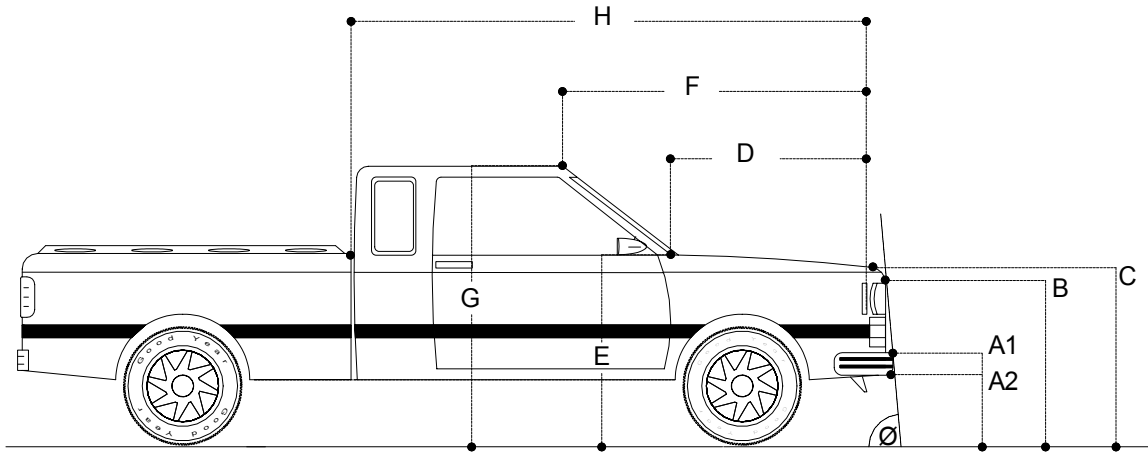
Assisted By: \_\_\_\_\_

Investigating Member: \_\_\_\_\_

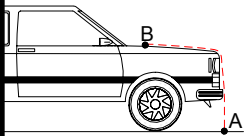
Hood, Fender & Cowl Contact Measurements:  
(Measure to nearest 1/4 in / 0.5 cm)

Point No.:	"Front"	"Back"	"Left"	"Right"
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

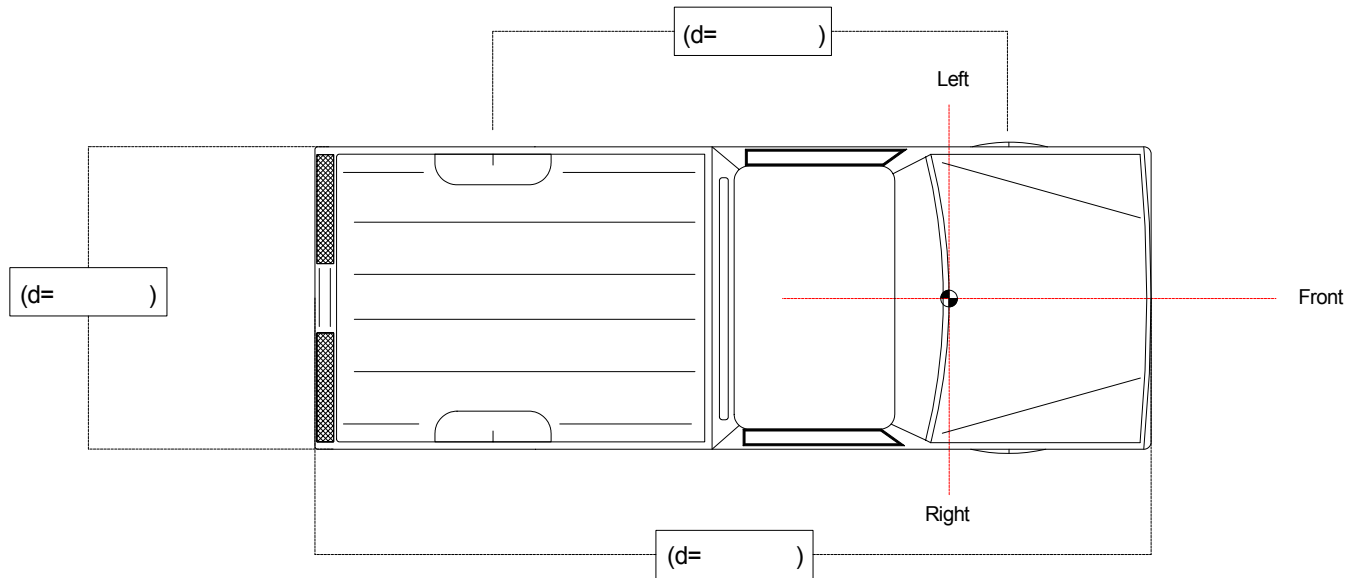
# Pedestrian / Pickup Data Sheet



**Wrap Around Distances**



1 = _____	6 = _____	A1 = _____	E = _____
2 = _____	7 = _____	A2 = _____	F = _____
3 = _____	8 = _____	B = _____	G = _____
4 = _____	9 = _____	C = _____	H = _____
5 = _____	10 = _____	D = _____	∅ = _____



Date/Time: \_\_\_\_\_ File #: \_\_\_\_\_

Veh. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ VIN#: \_\_\_\_\_

Caption: \_\_\_\_\_

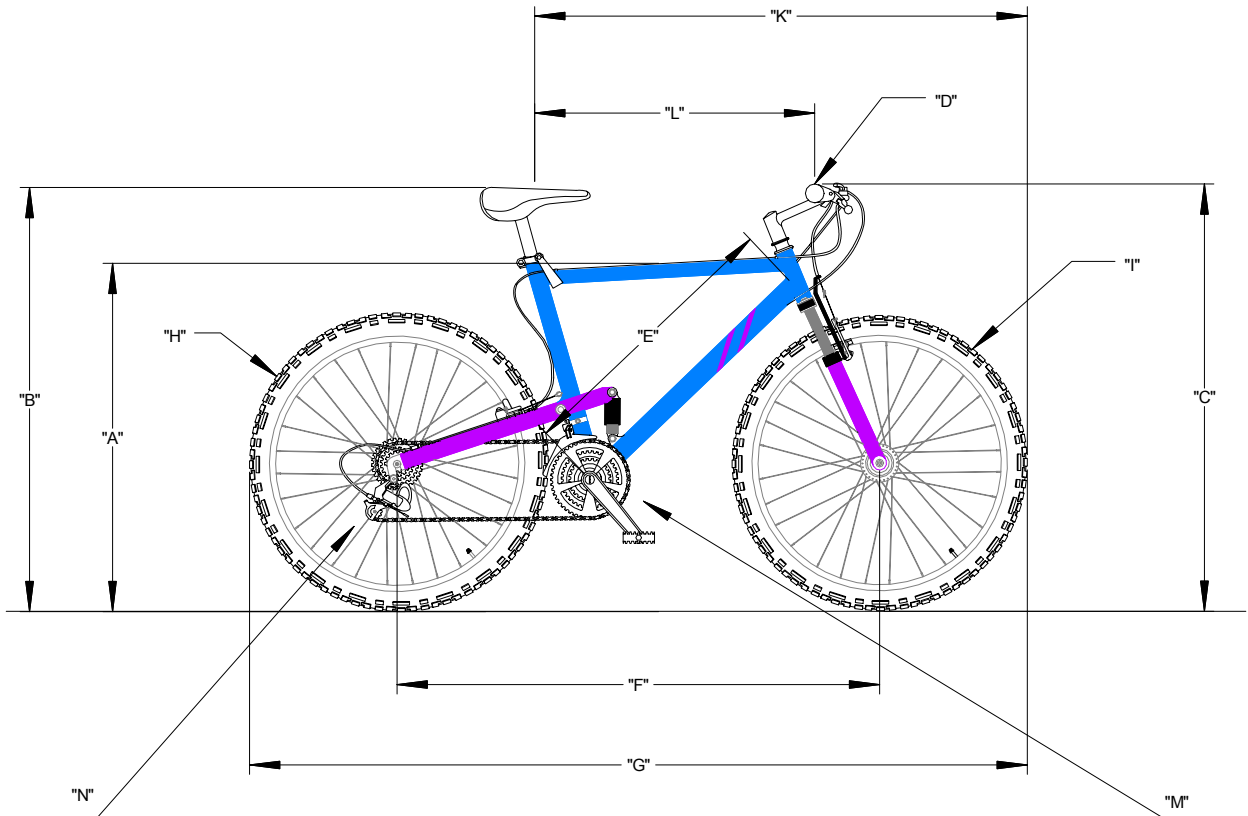
Assisted By: \_\_\_\_\_

Investigating Member: \_\_\_\_\_

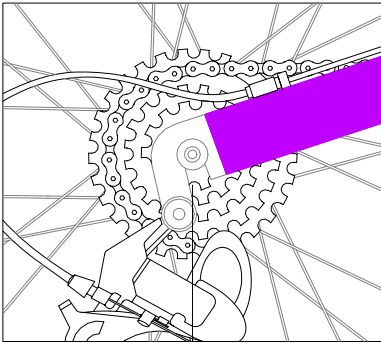
Hood, Fender & Cowl Contact Measurements:  
(Measure to nearest 1/4 in / 0.5 cm)

Point No.:	"Front"	"Back"	"Left"	"Right"
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

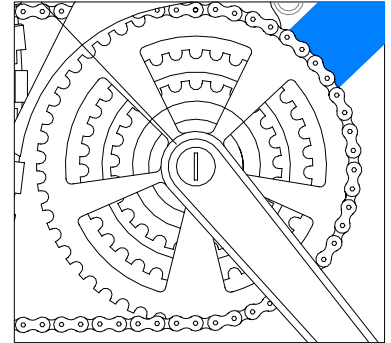
# Pedestrian / Bicycle Data Sheet



"Number of Free Gears = \_\_\_\_\_"



"Number of Chain Gears = \_\_\_\_\_"



Date/Time: \_\_\_\_\_ File #: \_\_\_\_\_

Bike Age: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ SIN#: \_\_\_\_\_

Driver's Age: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Caption: \_\_\_\_\_

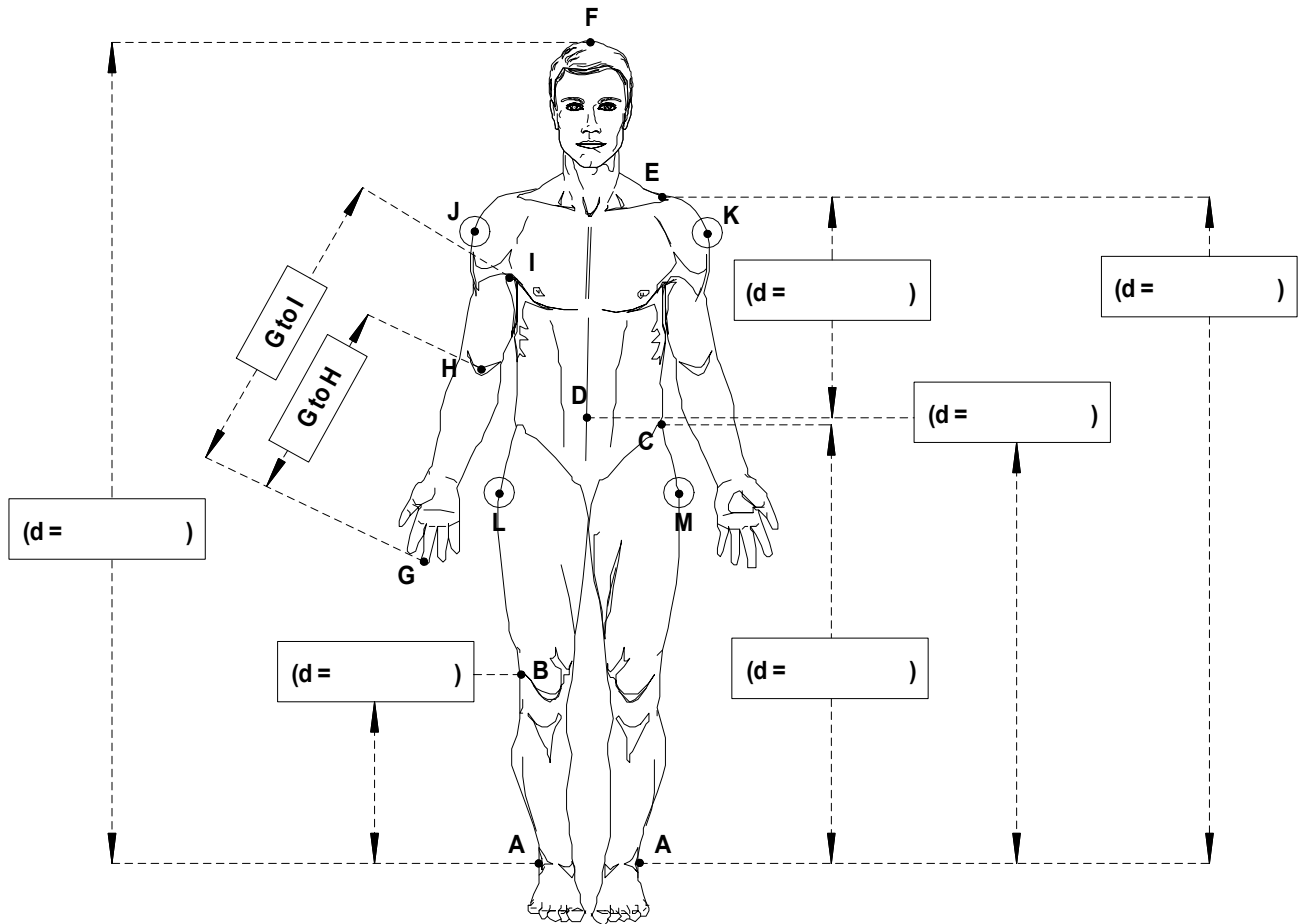
Assisted By: \_\_\_\_\_

Investigating Member: \_\_\_\_\_

## Investigative Field Bicycle Measurements:

"Letter"	"Description"	"Distance"
A	Height to undamaged top tube.	
B	Height to undamaged seat.	
C	Height to undamaged handle bars.	
D	Width of undamaged handle bars.	
E	Length of down tube.	
F	Bicycle wheelbase.	
G	Overall bicycle length.	
H	Rear wheel radius OR diameter.	
I	Front wheel radius OR diameter.	
J	Condition of tires & rims.    F: _____    R: _____	
K	Distance from center of seat to front of front tire.	
L	Distance from center of seat to handle bar grip.	
M	Number of teeth on chain gear being used.	
N	Number of teeth on free wheel gear being used.	

# Male Pedestrian Data Sheet



Arm Length	Body Width
G to H = _____	J to K = _____
G to I = _____	L to M = _____

NB: (Ensure that the foot is perpendicular to the body when taking measurements.)

Date / Time: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Subject's Name: \_\_\_\_\_

Assisted By: \_\_\_\_\_

Investigating Member: \_\_\_\_\_

### Subject's Clothing: (Describe by Color & Size)

Coat: \_\_\_\_\_

Pants: \_\_\_\_\_

Socks: \_\_\_\_\_

Shoes: \_\_\_\_\_

(L): \_\_\_\_\_

(R): \_\_\_\_\_

(Use "N/A" if shoe missing.)

Hair: \_\_\_\_\_

Glasses: \_\_\_\_\_

Hat: \_\_\_\_\_

**LEG BREAK Measurements:**  
(From heel to top/bottom of break)

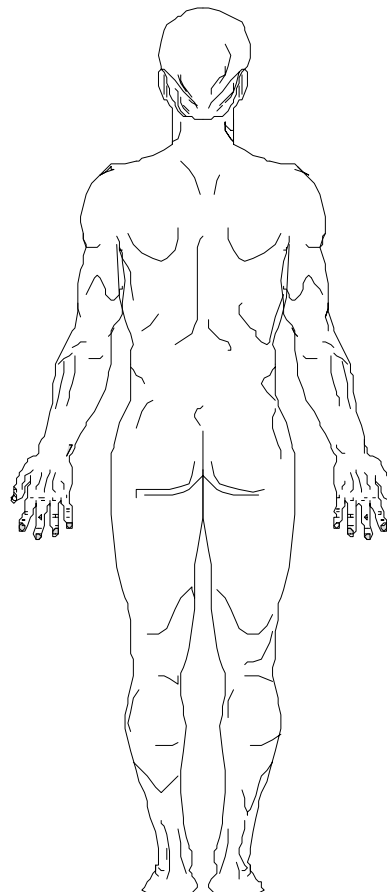
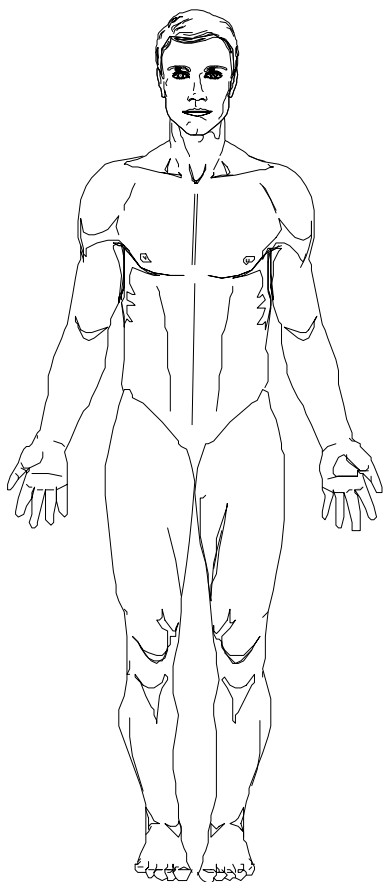
Left Top: \_\_\_\_\_

Left Bottom: \_\_\_\_\_

Right Top: \_\_\_\_\_

Right Bottom: \_\_\_\_\_

# Victim Injury Data Sheet



Injury Code (Place code in area of injury):

A = Abrasions  
C = Contusions  
L = Lacerations

F = Fractures  
Fo = Fractures (Open)  
S(#) = Stitches (Number of)

B - = Bleeding (Minor)  
B = Bleeding (Moderate)  
B + = Bleeding (Major)

SW = Swelling  
TM = Teeth Missing  
DT = Part Detached

NB:  
Multiple codes may be shown to describe injury in each area.

File Number: \_\_\_\_\_

Date/Time of Event: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Investigator's Name: \_\_\_\_\_

Police Department: \_\_\_\_\_

Subject's Clothing: (Describe by Color & Size)

Coat: \_\_\_\_\_

Pants: \_\_\_\_\_

Socks: \_\_\_\_\_

Shoes:

(L): \_\_\_\_\_

(R): \_\_\_\_\_

Hair: \_\_\_\_\_

Glasses: \_\_\_\_\_

Hat: \_\_\_\_\_

General Comments:

\_\_\_\_\_

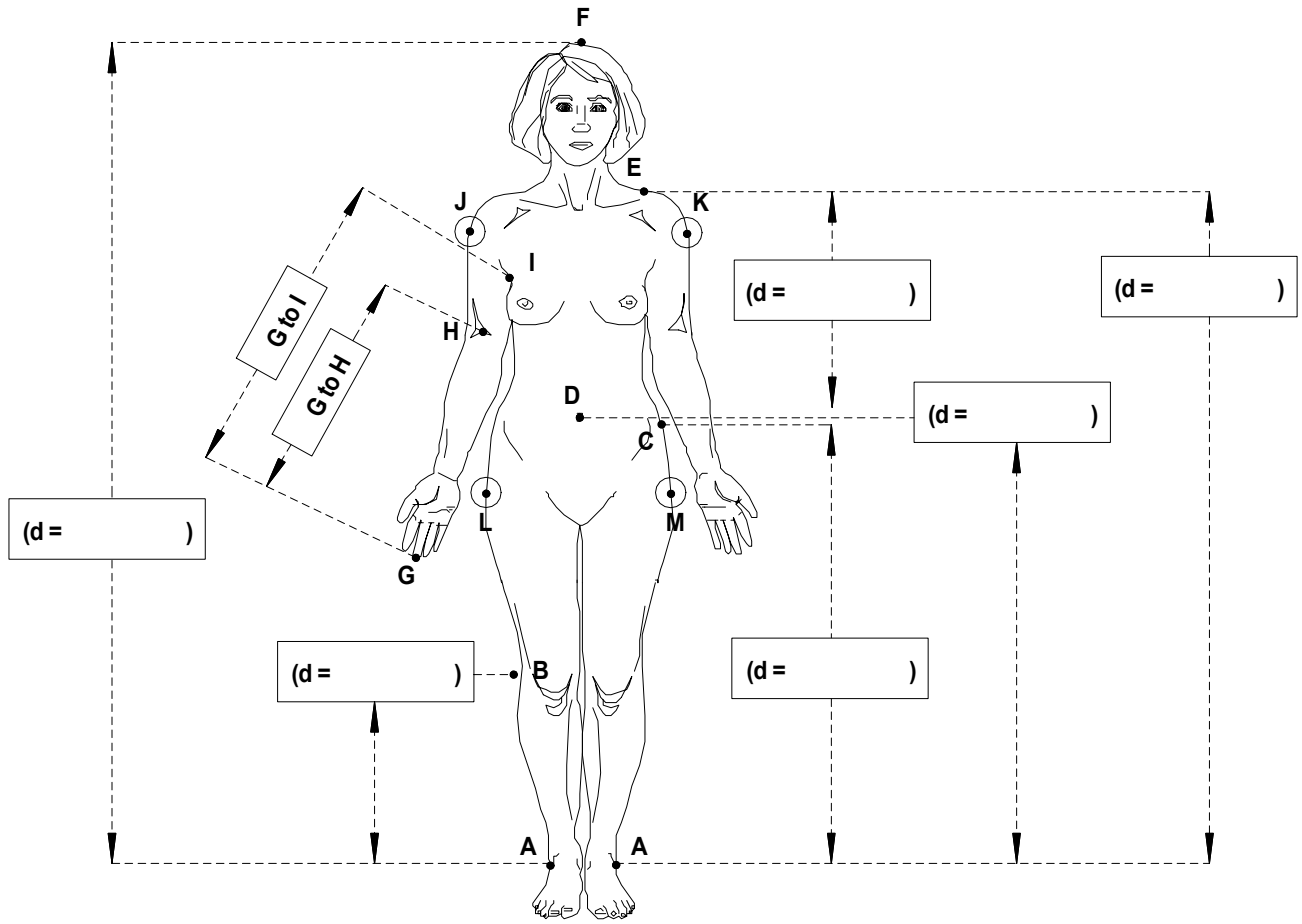
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Female Pedestrian Data Sheet



Arm Length	Body Width
G to H = _____	J to K = _____
G to I = _____	L to M = _____

NB: (Ensure that the foot is perpendicular to the body when taking measurements.)

Date / Time: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Subject's Name: \_\_\_\_\_

Assisted By: \_\_\_\_\_

Investigating Member: \_\_\_\_\_

Subject's Clothing: (Describe by Color & Size)

Coat: \_\_\_\_\_

Pants: \_\_\_\_\_

Socks: \_\_\_\_\_

Shoes: \_\_\_\_\_

(L): \_\_\_\_\_

(R): \_\_\_\_\_

(Use "N/A" if shoe missing.)

Hair: \_\_\_\_\_

Glasses: \_\_\_\_\_

Hat: \_\_\_\_\_

**LEG BREAK Measurements:**  
(From heel to top/bottom of break)

Left Top: \_\_\_\_\_

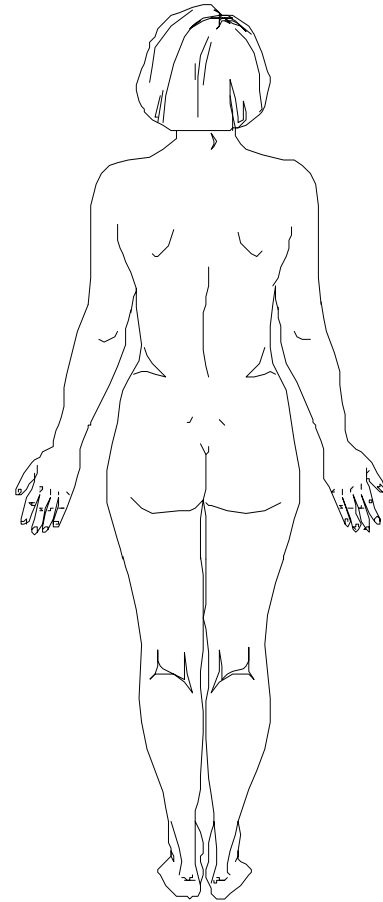
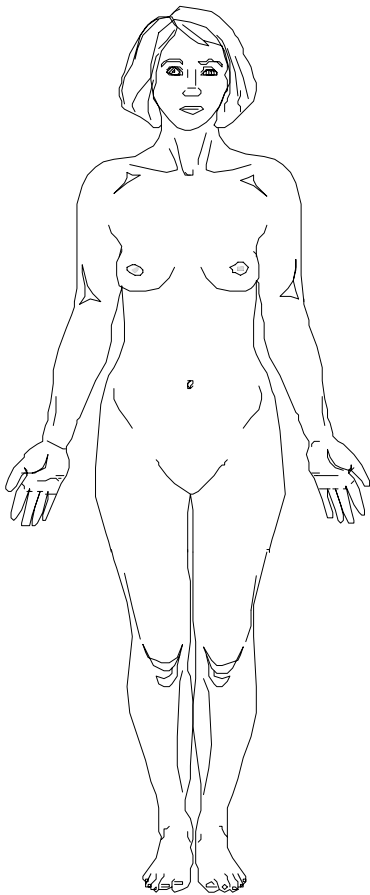
Left Bottom: \_\_\_\_\_

Right Top: \_\_\_\_\_

Right Bottom: \_\_\_\_\_



# Victim Injury Data Sheet



**Injury Code (Place code in area of injury):**

A = Abrasions  
C = Contusions  
L = Lacerations

F = Fractures  
Fo = Fractures (Open)  
S(#) = Stitches (Number of)

B - = Bleeding (Minor)  
B = Bleeding (Moderate)  
B + = Bleeding (Major)

SW = Swelling  
TM = Teeth Missing  
DT = Part Detached

**NB:**  
Multiple codes may be shown to describe injury in each area.

File Number: \_\_\_\_\_

Date/Time of Event: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Investigator's Name: \_\_\_\_\_

Police Department: \_\_\_\_\_

**Subject's Clothing: (Describe by Color & Size)**

Coat: \_\_\_\_\_

Pants: \_\_\_\_\_

Socks: \_\_\_\_\_

Shoes:

(L): \_\_\_\_\_

(R): \_\_\_\_\_

Hair: \_\_\_\_\_

Glasses: \_\_\_\_\_

Hat: \_\_\_\_\_

**General Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_