

## HSIP CYCLE 7 CRASH DATA SUMMARY SHEET

Important: Read the Instructions in the other sheet (tab) before entering data. Do not enter data in shaded fields (with formulas).

Agency:		Application ID:		Prepared by:		Date:													
<b>LOCATION *</b> <b>(Intersection Name or Corridor Limit)</b>		Countermeasure #1				CM Number		Countermeasure #2				CM Number		Countermeasure #3				CM Number	
		Fatal	Severe Injury	Other Visible Injury	Complaint of Pain	PDO	Total	Fatal	Severe Injury	Other Visible Injury	Complaint of Pain	PDO	Total	Fatal	Severe Injury	Other Visible Injury	Complaint of Pain	PDO	Total
		1																	
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
<b>Countermeasure Total**</b>																			

\* Crash Total for each Location must match the total shown on the Crash Diagrams and Crash Tables

\*\* Crash Totals for each Countermeasure must match the Total Inputted shown into the TIMS B/C Calculator and B/C Summary Sheet