

ACCIDENT CLASSIFICATION

A. Weather Condition (Enter up to two)

- | | |
|--|------------------------------------|
| 01. Clear | 06. Snow |
| 02. Cloudy | 07. Severe crosswinds |
| 03. Fog, smog, smoke | 08. Blowing sand, soil, dirt, snow |
| 04. Rain | 09. Other* |
| 05. Sleet, hail, freezing rain/drizzle | 10. Unknown |

B. Temperature

C. Light Condition (Enter one)

- | | |
|---------------------------|------------------------------------|
| 1. Daylight | 5. Dark - roadway not lighted |
| 2. Dawn | 6. Dark - unknown roadway lighting |
| 3. Dusk | 7. Other* |
| 4. Dark - lighted roadway | 8. Unknown |

D. Road Character (Enter one)

- | | |
|----------------------------|--------------------------|
| 1. Straight and level | 4. Curved and level |
| 2. Straight and on slope | 5. Curved and on slope |
| 3. Straight and on hilltop | 6. Curved and on hilltop |

E. Road Surface (Enter one)

- | | |
|-------------|-----------|
| 1. Concrete | 4. Gravel |
| 2. Asphalt | 5. Dirt |
| 3. Brick | 6. Other* |

F. Road Surface Condition (Enter one)

- | | |
|---------------------------------|-----------------------------|
| 1. Dry | 6. Water (standing, moving) |
| 2. Wet | 7. Slush |
| 3. Snow | 8. Other* |
| 4. Ice | 9. Unknown |
| 5. Sand, mud, dirt, oil, gravel | |

G. Total Number of Through Lanes (Enter one)

- | | |
|----------------|----------------------|
| 1. One lane | 4. Four lanes |
| 2. Two lanes | 5. Five lanes |
| 3. Three lanes | 6. Six or more lanes |

H. Median Type (Enter one)

- | | |
|---------------------------|----------------------|
| 1. Median barrier | 4. Painted (no curb) |
| 2. Raised median (curbed) | 5. None |
| 3. Grass median (no curb) | |

I. Contributing Circumstances, Environment (Enter one)

- | | |
|-----------------------|----------------------|
| 1. None | 5. Animal in roadway |
| 2. Weather conditions | 6. Other* |
| 3. Vision obstruction | 7. Unknown |
| 4. Glare | |

J. Contributing Circumstances, Road (Enter one)

- | | |
|--|---|
| 01. None | 07. Obstruction in roadway |
| 02. Road surface condition (wet, icy, snow, slush, etc.) | 08. Traffic control device inoperative, missing or obscured |
| 03. Debris | 09. Shoulders (none, low, soft, high) |
| 04. Rut, holes, bumps | 10. Non-highway work |
| 05. Work zone (construction/maintenance/utility) | 11. Other* |
| 06. Worn, travel-polished surface | 12. Unknown |

K. Type of Roadway Junction (Enter one)

- | | |
|-------------------------------|--------------------------------|
| 01. Not at junction | 08. Off-ramp |
| 02. Four-way intersection | 09. Crossover |
| 03. T-intersection | 10. Driveway |
| 04. Y-intersection | 11. Railroad grade crossing |
| 05. Traffic circle/roundabout | 12. Shared-use paths or trails |
| 06. Five-point, or more | 13. Unknown |
| 07. On-ramp | |

L. School Bus Related (Enter one)

- No
- Yes, school bus directly involved
- Yes, school bus indirectly involved
- Unknown

Complete this section for all injured persons

Transported to Medical Facility (Enter one)

5

If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:

Source of Transport:

- | | | |
|--------------------|-----------|------------|
| 1. Not transported | 3. Police | 5. Unknown |
| 2. EMS | 4. Other* | |

Injury Severity (Enter one)

4

- Killed
- Disabling - cannot leave scene without assistance (broken bones, severe cuts, prolonged unconsciousness, etc.)
- Visible but not disabling (minor cuts, swelling, etc.)
- Possible but not visible (complaint of pain, etc.)

Body Region with

Most Severe Injury (Enter one)

3

- | | |
|------------------------|--------------------------|
| 01. Head | 07. Elbow/lower arm/hand |
| 02. Face | 08. Abdomen/pelvis |
| 03. Neck | 09. Hip/upper leg |
| 04. Chest | 10. Knee/lower leg/foot |
| 05. Back/spine | 11. Entire body |
| 06. Shoulder/upper arm | 12. Unknown |

Ejected/Trapped (Enter one)

2

- Not ejected or trapped
- Partially ejected
- Totally ejected
- Trapped - Occupant removed without use of equipment
- Trapped - Equipment used in extrication
- Unknown

Seating Position (Enter one)

1

	03	06	09	
	02	05	08	
	01	04	07	

- Other enclosed passenger/cargo area
- Other unenclosed passenger/cargo area
- Riding on vehicle exterior
- Sleeper section of truck cab
- Trailing unit
- Moped
- Motorcycle operator
- Motorcycle passenger
- Pedestrian
- Bicycle (pedalcycle)
- Unknown

Total Number of Vehicles

VEHICLE OVERLAY

M. Contributing Circumstances, Driver

(Enter one per driver)

01. No improper driving
02. Failed to yield right of way
03. Disregarded traffic signs, signals, road markings
04. Exceeded authorized speed limit
05. Driving too fast for conditions
06. Made improper turn
07. Wrong side or wrong way
08. Followed too closely
09. Failure to keep in proper lane or running off road
10. Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner
11. Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.
12. Over-correcting/over-steering
13. Visibility obstructed
14. Inattention
15. Mobile phone distraction
16. Distracted - other
17. Fatigued/asleep
18. Operating defective equipment
19. Other improper action
20. Unknown

N. Traffic Control Device *(Enter one per vehicle)*

- | | |
|------------------------------------|-----------------------------|
| 1. No controls | 6. Yield sign |
| 2. Traffic control signal | 7. Warning sign |
| 3. Flashing traffic control signal | 8. Railroad crossing device |
| 4. School zone sign | 9. Unknown |
| 5. Stop sign | |

O. Extent of Damage *(Enter one per vehicle)*

1. None/minor damage
2. Functional damage
3. Disabling damage (requires towing from scene)
4. Severe/vehicle totaled
5. Unknown

P. Driver's Condition *(Enter one per driver)*

1. Apparently normal
2. Physical impairment
3. Emotional (depressed, angry, disturbed, etc.)
4. Illness
5. Fell asleep, fainted, fatigued, etc.
6. Under the influence of medications/drugs/alcohol
7. Other*
8. Unknown

Q. Disposition of Vehicle *(Enter one per vehicle)*

1. Towed - due to damages
2. Towed - other reasons
3. Left at scene
4. Driven away
5. Unknown

Sequence of Events

Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.

Enter the Most Harmful Event in box 5. This is the event which produced the most severe injury or greatest property damage for this vehicle.

Non-collision

01. Overturn/rollover
02. Fire/explosion
03. Immersion
04. Jackknife
05. Cargo/equipment loss or shift
06. Equipment failure (blown tire, brake failure, etc.)
07. Separation of units
08. Ran off road right
09. Ran off road left
10. Cross median/centerline
11. Downhill runaway
12. Other non-collision
13. Unknown non-collision

Collision with person, vehicle, or object not fixed

14. Pedestrian
15. Bicycle (pedalcycle)
16. Railway vehicle (train, engine, etc.)
17. Animal

18. Motor vehicle in transport

19. Parked motor vehicle
20. Work zone maintenance equipment
21. Other movable object
22. Unknown movable object

Collision with fixed object

23. Impact attenuator/crash cushion
24. Bridge overhead structure
25. Bridge pier or abutment
26. Bridge parapet end
27. Bridge rail
28. Guardrail face
29. Guardrail end
30. Median barrier
31. Highway traffic sign post
32. Overhead sign support
33. Light/luminaire support
34. Utility pole
35. Other post, pole or support
36. Culvert
37. Curb
38. Ditch
39. Embankment
40. Fence
41. Mailbox
42. Tree
43. Other fixed object (wall, building, tunnel, etc.)
44. Work zone maintenance equipment
45. Unknown fixed object
46. Other*
47. Unknown

Vehicle #1

1. First Event -----

2. Second Event -----

3. Third Event -----

4. Fourth Event -----

5. Most Harmful Event ---

6. Vehicle Authorized Speed Limit (mph) -----

Vehicle #2

1. First Event -----

2. Second Event -----

3. Third Event -----

4. Fourth Event -----

5. Most Harmful Event ---

6. Vehicle Authorized Speed Limit (mph) -----

R. Work Zone Codes	S. Pedestrian/Non-Motorist Classification Codes																		
<p>Complete this section for accidents in Work Zones Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report</p>	<p>Complete this section for all injured Non-Motorists in the accident (Pedestrians & Bicyclists)</p>																		
<p>R1 Was the crash in or near a construction maintenance or utility work zone? <i>(Enter one)</i></p> <ol style="list-style-type: none"> 1. No 2. Unknown 3. Yes (complete sub-fields R2, R3 and R4) 	<p>Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report</p>																		
<p>R2 Location of the crash:</p> <ol style="list-style-type: none"> 1. Before the first work zone warning sign 2. Advance warning area (after the first warning sign, but before the work area) 3. Transition area (where lanes are shifted or tapered for lane closure) 4. Activity area (adjacent to actual work area, whether workers and equipment were present or not) 5. Termination area (after the activity area but before traffic resumes normal conditions) 	<p>S1 Non-Motorist location prior to impact <i>(Enter one, in box S1)</i></p> <table border="0"> <tr> <td>01. Marked crosswalk at intersection</td> <td>10. Sidewalk</td> </tr> <tr> <td>02. At intersection but no crosswalk</td> <td>11. Within 10 feet of roadway (but not shoulder, median, sidewalk, or island)</td> </tr> <tr> <td>03. Non-intersection crosswalk</td> <td>12. Beyond 10 feet of roadway (within trafficway)</td> </tr> <tr> <td>04. Driveway access crosswalk</td> <td>13. Outside trafficway</td> </tr> <tr> <td>05. In roadway</td> <td>14. Shared-use path or trail</td> </tr> <tr> <td>06. Not in roadway</td> <td>15. Unknown</td> </tr> <tr> <td>07. Median (but not on shoulder)</td> <td></td> </tr> <tr> <td>08. Island</td> <td></td> </tr> <tr> <td>09. Shoulder</td> <td></td> </tr> </table>	01. Marked crosswalk at intersection	10. Sidewalk	02. At intersection but no crosswalk	11. Within 10 feet of roadway (but not shoulder, median, sidewalk, or island)	03. Non-intersection crosswalk	12. Beyond 10 feet of roadway (within trafficway)	04. Driveway access crosswalk	13. Outside trafficway	05. In roadway	14. Shared-use path or trail	06. Not in roadway	15. Unknown	07. Median (but not on shoulder)		08. Island		09. Shoulder	
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<p>R3 Type of Work Zone:</p> <ol style="list-style-type: none"> 1. Lane closure 2. Lane shift/crossover 3. Work on shoulder or median 4. Intermittent or moving work 5. Other 	<p>S2 Non-Motorist Action <i>(Enter one, in box S2)</i></p> <table border="0"> <tr> <td>1. Entering or crossing specified location</td> <td>7. Standing</td> </tr> <tr> <td>2. Walking, running, jogging, playing, cycling</td> <td>8. Other*</td> </tr> <tr> <td>3. Working</td> <td>9. Unknown</td> </tr> <tr> <td>4. Pushing vehicle</td> <td></td> </tr> <tr> <td>5. Approaching or leaving vehicle</td> <td></td> </tr> <tr> <td>6. Playing or working on vehicle</td> <td></td> </tr> </table>	1. Entering or crossing specified location	7. Standing	2. Walking, running, jogging, playing, cycling	8. Other*	3. Working	9. Unknown	4. Pushing vehicle		5. Approaching or leaving vehicle		6. Playing or working on vehicle							
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<p>R4 Workers present?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown 	<p>S3 Non-Motorist Condition <i>(Enter one, in box S3)</i></p> <table border="0"> <tr> <td>1. Apparently normal</td> <td>5. Fell asleep, fainted, fatigued, etc.</td> </tr> <tr> <td>2. Physical impairment</td> <td>6. Under influence of medications/drugs/alcohol</td> </tr> <tr> <td>3. Emotional (depressed, angry, disturbed, etc.)</td> <td>7. Other*</td> </tr> <tr> <td>4. Illness</td> <td>8. Unknown</td> </tr> </table>	1. Apparently normal	5. Fell asleep, fainted, fatigued, etc.	2. Physical impairment	6. Under influence of medications/drugs/alcohol	3. Emotional (depressed, angry, disturbed, etc.)	7. Other*	4. Illness	8. Unknown										
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<p>Work Zone Note: If work zone layout or configuration actually contributed to the cause of the accident, mark item #5 in Contributing Circumstances, Road <i>(Box J on the front of Overlay #1).</i></p>	<p>S4 Alcohol / Drugs Suspected <i>(Enter one, in box S4)</i> Officer's assessment of whether alcohol or drugs were used.</p> <ol style="list-style-type: none"> 1. Neither alcohol nor drugs suspected 2. Yes - alcohol suspected 3. Yes - drugs suspected 4. Yes - alcohol and drugs suspected 5. Unknown 																		
	<p>S5 Contributing Circumstances, Non-Motorist <i>(Enter up to two, in boxes S5-a and S5-b)</i></p> <table border="0"> <tr> <td>01. Improper crossing</td> <td>07. Failure to obey traffic signs, signal, officer</td> </tr> <tr> <td>02. Darting</td> <td>08. Wrong side of road</td> </tr> <tr> <td>03. Lying and/or illegally in roadway</td> <td>09. Other*</td> </tr> <tr> <td>04. Failure to yield right of way</td> <td>10. Unknown</td> </tr> <tr> <td>05. Not visible (dark clothing)</td> <td></td> </tr> <tr> <td>06. Inattentive (talking, eating, etc.)</td> <td></td> </tr> </table>	01. Improper crossing	07. Failure to obey traffic signs, signal, officer	02. Darting	08. Wrong side of road	03. Lying and/or illegally in roadway	09. Other*	04. Failure to yield right of way	10. Unknown	05. Not visible (dark clothing)		06. Inattentive (talking, eating, etc.)							
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	<p>S6 Non-Motorist Safety Equipment <i>(Enter up to two, in boxes S6-a and S6-b)</i></p> <table border="0"> <tr> <td>1. None used</td> <td>5. Lighting</td> </tr> <tr> <td>2. Helmet used</td> <td>6. Not applicable</td> </tr> <tr> <td>3. Protective pads used (elbows, knees, shins, etc.)</td> <td>7. Other*</td> </tr> <tr> <td>4. Reflective clothing</td> <td>8. Unknown</td> </tr> </table>	1. None used	5. Lighting	2. Helmet used	6. Not applicable	3. Protective pads used (elbows, knees, shins, etc.)	7. Other*	4. Reflective clothing	8. Unknown										
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