

NOTE!

If an answer is unknown, enter "X"

Enter a dash (-) in box if question does not apply.

If a selection is used with an * asterisk, explain in accident description.

Road Surface

1. CONCRETE
2. BLACKTOP (asphalt)
3. GRAVEL / ROCK
4. DIRT
5. BRICK / STONE

Light Conditions

1. DAYLIGHT
2. DARKNESS, NOT LIGHTED
3. DARKNESS, LIGHTED
4. DAWN OR DUSK

Road Conditions

- | | | |
|--------|----------|------------------------------|
| 1. DRY | 4. SNOWY | 7. SLIPPERY (OIL,FUEL, ETC.) |
| 2. WET | 5. MUDDY | |
| 3. ICY | 6. SLUSH | |

Weather

- | | | |
|-------------------|---------------------|--------------------|
| 1. CLEAR / CLOUDY | 4. FOG | 7. GROUND BLIZZARD |
| 2. RAINING | 5. DUST | 8. SLEET / HAIL / |
| 3. SNOWING | 6. STRONG WIND ONLY | FREEZING RAIN |

Road Alignment for Vehicle #1

- | | |
|--------------------------|-----------------------|
| 1. STRAIGHT & LEVEL | 5. CURVE & LEVEL |
| 2. STRAIGHT - DOWN GRADE | 6. CURVE - DOWN GRADE |
| 3. STRAIGHT - UP GRADE | 7. CURVE - UP GRADE |
| 4. STRAIGHT - HILLCREST | 8. CURVE - HILLCREST |
| | 9. OTHER * |

Traffic Control

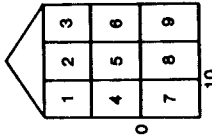
- | | |
|--|------------------------------------|
| 1. NONE PRESENT | 10. PEDESTRIAN or SCHOOL CROSSING |
| 2. STOP SIGN | 11. NO PASSING ZONE |
| 3. YIELD SIGN | 12. WARNING SIGN |
| 4. FLASHING LIGHTS | 13. PAVEMENT MARKINGS |
| 5. RAILROAD CROSSING / SIGNAL / GATES / SIGN | 15. TRAFFIC BARRELS or CONES |
| 6. DO NOT ENTER SIGN | 16. SCHOOL BUS FLASHING STOP LAMPS |
| 7. TRAFFIC SIGNALS | 17. TEMPORARY CONCRETE BARRIER |
| 8. TRAFFIC SIGNALS WITH PEDESTRIAN SIGNAL | 14. OTHER * |
| 9. OFFICER / FLAGMAN / DIRECTING TRAFFIC | |

Vehicle Code for Persons Involved

1. OCCUPANT VEHICLE #1
2. OCCUPANT VEHICLE #2
3. PEDACYCLIST
4. PEDESTRIAN
5. MOTORCYCLIST
6. OTHER *

Position of Persons Involved

1. DRIVER
- 2-9. PASSENGERS
10. HANGING / RIDING ON OUTSIDE
11. PEDACYCLIST
12. PEDESTRIAN
13. MOTORCYCLIST
14. TRUCK SLEEPER
15. OTHER *
16. PICKUP BED - OPEN
17. IN CAMPER / SHELL / TRUCK CARGO AREA
18. LYING DOWN - FRONT
19. LYING DOWN - REAR



WYOMING
DEPARTMENT OF
TRANSPORTATION

Location of First Harmful Event

- | | |
|----------------|----------------------------|
| 1. ON ROADWAY | 4. MEDIAN |
| 2. OFF ROADWAY | 5. ON OTHER ROADWAY |
| 3. SHOULDER | 7. OUTSIDE OF RIGHT-OF-WAY |

Number of Roadway Lanes

- | | |
|----------|---------|
| 1. ONE | 4. FOUR |
| 2. TWO | 5. FIVE |
| 3. THREE | 6. SIX |

**DO NOT INCLUDE
TURN LANES!**

Adverse Road Conditions

1. UNDER CONSTRUCTION / REPAIR
2. REDUCED ROAD WIDTH
3. DEBRIS, LOOSE MATERIAL ON SURFACE
4. LANE MARKINGS FADED or MISSING
5. TRAFFIC CONTROL DEVICE MISSING or DISABLED
6. OBSTRUCTED BY PREVIOUS ACCIDENT
7. WORN / POLISHED SURFACE
8. NO UNUSUAL ROAD CONDITION
9. OTHER *

Safety Equipment

- | | | | |
|----------------------------|-----|----------|------------------------------|
| 1. NONE USED or NO HELMET | | | |
| 2. NOT AVAILABLE | | | |
| 3. LAP BELT ONLY..... | 11. | 12. | <u>PASSIVE SYSTEM</u> |
| 4. LAP & SHOULDER BELT | 13. | 14. | 23. LAP BELT NOT USED |
| > AIR BAG (see 24-29)..... | 15. | 16. INOP | <u>AIR BAG DEPLOYED:</u> |
| 6. CHILD RESTRAINT..... | 17. | 18. | 24. BELTS NOT USED |
| 7. HELMET..... | 19. | 20. | 25. BELTS IN USE |
| 8. PASSIVE RESTRAINT..... | 21. | 22. | 26. BELTS MISUSED |
| 9. UNKNOWN | | | <u>AIR BAG NOT DEPLOYED:</u> |
| 10. OTHER * | | | 27. BELTS NOT USED |
| | | | 28. BELTS IN USE |
| | | | 29. BELTS MISUSED |

Victim's Physical Status

1. NO APPARENT INJURY
2. FATAL INJURY
3. INCAPACITATING INJURY (cannot perform normally)
4. NON-INCAPACITATING INJURY (evidence of injury)
5. POSSIBLE INJURY (no visible signs of injury)

Injury Classification

1. FATAL - not documented
2. FATAL - autopsy performed
3. FATAL - medical diagnosis
4. NON-FATAL hospitalized overnight or longer
5. NON-FATAL treated & released
6. FIRST AID AT SCENE
7. NO TREATMENT
8. UNKNOWN
9. REFUSED TREATMENT

- #### Ejection From Vehicle
1. NOT EJECTED
 2. PARTIALLY EJECTED
 3. TOTALLY EJECTED
 4. TRAPPED & EXTRICATED *

SEX M/F

INJURED TAKEN
BY TO

AGE

NAMES & ADDRESSES

First Harmful Event

Second Event

VEHICLE #1

VEHICLE #2

34

39

40

42

44

47

31

STATE OF WYOMING INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

FORM PR-802-B
REV JAN 91

PR-802 OVERLAY CARD

SIDE B

Pedestrian Involvement

- | | |
|--|--|
| 1. CROSSING AT INTERSECTION OR CROSSWALK | 7. PLAYING IN ROADWAY |
| 2. NOT CROSSING AT INTERSECTION OR CROSSWALK | 8. LAYING IN ROADWAY |
| 3. WALKING ALONG ROADWAY WITH TRAFFIC | 9. GETTING ON OR OFF VEHICLE |
| 4. WALKING ALONG ROADWAY AGAINST TRAFFIC | 10. WORKING IN ROADWAY |
| 5. STANDING IN ROADWAY | 11. NOT IN ROADWAY (shoulder, ditch, etc.) |
| 6. PUSHING / WORKING ON MOTOR VEHICLE | 12. OTHER * |

Vehicle Type

- | | |
|---|----------------------------|
| 1. PASSENGER CAR | 13. SNOWMOBILE |
| 2. PICKUP | 14. MOPED |
| 3. PICKUP WITH CAMPER | 15. AMBULANCE |
| 4. TRUCK | 16. POLICE FIRE VEHICLE |
| 5. MOTORCYCLE | 17. SEMI-TRACTOR & TRAILER |
| 6. BICYCLE | 18. SEMI-TRACTOR ONLY |
| 7. MOTORHOME / RV | 19. OTHER * |
| 8. BUS | |
| 9. VAN or MINI BUS | |
| 10. SCHOOL BUS | |
| 11. CONSTRUCTION / ROAD MAINTENANCE EQUIPMENT | |
| 12. FARM TRACTOR / EQUIPMENT | |

Visual Obstructions

- | | |
|--|---------------------------------------|
| 1. VISION NOT OBSCURED | 6. HILLCREST |
| 2. BUILDINGS | 7. SUN or HEADLIGHT GLARE |
| 3. VEGETATION (trees, hedges) | 8. FOG / DUST / SMOKE or BLOWING SNOW |
| 4. RAIN / SNOW / ICE ON WINDSHIELD | 9. OTHER VEHICLE |
| 5. EMBANKMENT (snow, rock, dirt, etc.) | 10. DRIVER'S VEHICLE * |
| | 11. OTHER * |

Trailer Style

- | | |
|--------------------|--------------------------|
| 1. NO TRAILER | 7. SINGLE TRUCK TRAILER |
| 2. CAMPING TRAILER | 8. DOUBLE TRUCK TRAILER |
| 3. MOBILE HOME | 9. HORSE TRAILER |
| 4. UTILITY TRAILER | 10. TRIPLE TRUCK TRAILER |
| 5. BOAT TRAILER | 11. OTHER * |
| 6. TOWED VEHICLE | |

Relationship to Roadway Junction

- | | |
|-----------------|-------------------------|
| 1. NONJUNCTION | 3. INTERSECTION RELATED |
| 2. INTERSECTION | 4. DRIVEWAY ACCESS |

Mechanical Defects

- | | |
|------------------------|------------------------------|
| 1. NO APPARENT DEFECTS | 7. STEERING or OVERWEIGHT |
| 2. LIGHTS or SIGNALS | 8. OVERSIZED LOAD ON VEHICLE |
| 3. BRAKES | 9. TOW HITCH DEFECT |
| 4. EXHAUST SYSTEM | 10. WIPERS or DEFROSTERS |
| 5. DRIVELINE | 11. STALLED VEHICLE |
| 6. WHEELS or TIRES | 12. ALTERED SUSPENSION * |
| | 13. OTHER * |

Severity of Motor Vehicle Damage

- | |
|---|
| 1. DISABLING (towed away) |
| 2. FUNCTIONAL DAMAGE |
| 3. OTHER M.V. DAMAGE (appearance) |
| 4. OTHER PROPERTY DAMAGE (no damage to motor vehicle) |
| 5. NO DAMAGE |

Truck Data Supplement (Over 10,000 GVW)

1. NO TRUCK INVOLVED (place dash in boxes 32, 33, 35-38)
- Principal Type of Cargo**
- | | | |
|--------------------|--------------------------------------|------------|
| 2. GENERAL FREIGHT | 8. SOLIDS IN BULK | VEH. #1 32 |
| 3. HOUSEHOLD GOODS | 9. LIQUIDS IN BULK | |
| 4. HEAVY MACHINERY | 10. EXPLOSIVES / HAZARDOUS MATERIALS | |
| 5. MOTOR VEHICLES | 11. EMPTY OR PARTIAL LOAD | VEH. #2 33 |
| 6. GASES IN BULK | 12. REFRIGERATED FOODS | |
| 7. LIVESTOCK | 13. OTHER * | |

Type of Accident - Trucks (Over 10,000 GVW)

- | | | |
|------------------------|-----------------------------|------------|
| 1. RAN OFF ROADWAY | 5. FIRE | VEH. #1 35 |
| 2. JACKKNIFE | 6. LOSS / SPILLAGE OF CARGO | |
| 3. OVERTURN | 7. CARGO SHIFT | |
| 4. SEPARATION OF UNITS | 8. OTHER * | VEH. #2 36 |

NOTE!

IF AN ANSWER IS UNKNOWN, ENTER "X".
ENTER A DASH (—) IN BOX IF QUESTION DOES NOT APPLY
*EXPLAIN IN ACCIDENT DESCRIPTION.

Type of Truck / Trailer Body (TRUCKS OVER 10,000 GVWR)

- | | | |
|-----------------|---------------------|------------|
| 1. VAN | 6. DUMP | VEH. #1 37 |
| 2. FLATBED | 7. CONCRETE MIXER | |
| 3. TANK | 8. GARBAGE / REFUSE | VEH. #2 38 |
| 4. AUTO CARRIER | 5. OTHER * | |

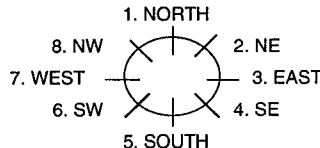
Most Apparent Human Contributing Factor (Officer's Opinion Only)

- | | |
|----------------------------------|-----------------------------------|
| 1. ALCOHOL INVOLVEMENT | 11. PHYSICAL DISABILITY |
| 2. FELL ASLEEP | 12. DISTRACTION * |
| 3. FOLLOWING TOO CLOSE | 13. IMPROPER SIGNAL or NO SIGNAL |
| 4. ILLNESS | 14. DRUGS SUSPECTED (ILLEGAL) |
| 5. FAILURE TO YIELD RIGHT-OF-WAY | 15. IMPROPER PASSING |
| 6. BACKING UNSAFELY | 16. PEDESTRIAN ERROR or CONFUSION |
| 7. TURNING IMPROPERLY | 17. DRIVER INEXPERIENCE |
| 8. UNSAFE SPEED FOR CONDITIONS | 18. DRIVER INATTENTION * |
| 9. TRAFFIC CONTROL DISREGARDED | 19. NO APPARENT VIOLATIONS |
| 10. PRESCRIPTION / MEDICATION | 20. DRIVER FATIGUE |
| | 21. NO DRIVER / PARKED |
| | 22. OTHER * |

Driver Activity Prior to Accident

- | | |
|--|--------------------------------------|
| 1. GOING STRAIGHT AHEAD or ON CURVE | 10. STARTING IN TRAFFIC |
| 2. SLOWING | 11. PARKED |
| 3. STOPPING IN TRAFFIC | 12. CHANGING LANES |
| 4. MAKING RIGHT TURN | 13. AVOIDING OBJECT IN ROADWAY |
| 5. MAKING LEFT TURN | 14. DRIVING STOLEN VEHICLE |
| 6. MAKING U TURN | 15. EVADING LAW ENFORCEMENT OFFICER |
| 7. PASSING | 16. ROAD OR RIGHT-OF-WAY MAINTENANCE |
| 8. BACKING | 17. OTHER * |
| 9. ENTERING OR LEAVING PARKED POSITION | |

Direction of Travel



Vehicle direction PRIOR to turn or loss of control.

- | | |
|-----------------------------|-------------|
| 1. NO TEST PERFORMED | TEST DONE |
| 2. REFUSED | LOCALLY: |
| CHEYENNE PUBLIC HEALTH LAB: | 7. BLOOD |
| 3. BLOOD | 8. BREATH |
| 4. BREATH | 9. URINE |
| 5. URINE | 10. OTHER * |
| 6. OTHER * | |

Alcohol Test Results

0.00 to 0.45

Alcohol Test