



CASE NO. _____

INVESTIGATOR'S TRAFFIC CRASH REPORT

Mail completed form within 10 days to: Wyoming Department of Transportation
Crash Records
5300 Bishop Boulevard
Cheyenne, WY 82009-3340

Date of Crash (yyyy/mm/dd) / / Time (24 hr) : Day of Week

Police Notified: / / / Time :
 Arrived: / / / (24 hr) :
 EMS Notified: / / / Time :
 Arrived: / / / (24 hr) :
 EMS Hospital Arrival Time :

Combined Total Damage greater than or equal to \$1,000 Yes No Hit & Run Yes No Investigated at the Scene Yes No Photo/Video Photo Video None Both

Private Property Yes No Public/Private Property Damage Yes No Amount of Damage (if known) \$ # Vehicle(s) # Driver(s) # Person(s) # Ped(s) # Injured # Killed

County _____ City _____

Crash Occurred On Highway Section # Milepost Marker Divided Hwy No Yes if yes →

Incr / Decr Incr Decr WHP Only LRS # LRS #

If NOT at Intersection Feet or Miles North Northeast South Southeast Southwest East Northwest West

GPS Latitude GPS Longitude

INSTRUCTIONS

TO ENSURE ACCURACY
PRINT IN UPPER-CASE LETTERS USING A BLACK OR DARK BLUE PEN!
PRINT NEATLY

A B C D 4 5 6 7 8

If 'Other' is selected in any field, describe in narrative
If a vehicle is towed, describe towed vehicle in narrative

mark if attached **SUPPLEMENTAL REPORTS**

- If more than 2 vehicles are involved, complete form 'Supplemental Additional Vehicle/Driver Form'
- If more than 9 persons in a crash, complete form 'Supplemental Additional Vehicle Occupant Information'
- Trucks or Commercial Motor Vehicles complete form 'Supplemental Truck/CMV Information'
- If a non-motorist is involved, complete form 'Supplemental Non-Motorist'
- If a bus is involved and carrying passengers, complete form 'Supplemental Bus Information'
- Previous report submitted

Investigating Agency

01 - City PD 02 - Sheriff 03 - BIA Division (WHP only)
 04 - Forest Service 05 - Campus Police 06 - WHP 07 - Other

Badge # Officer Name & Rank

Report Date (yyyy/mm/dd) / /

Signature _____ **Highway Safety Use Only**

Proximity to Residence Rural PID NON-PID Highway District
 1-Same Town 2-25 miles or less 3-25 miles Plus 4-Out of State Accurately Located

Date Received _____ Crash Type: G > \$1,000 M - Missing Location
 Report Number: _____ N ≤ \$1,000 I - Industrial Crash
 Scan Date: _____ P - Private D - Deliberate

Driver/Vehicle Information

Last Name _____ First Name _____ MI _____ Sex _____ DOB (yyyy/mm/dd) _____

1 Street Number _____ Street Name _____

Mailing Address (PO Box Number) _____ City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Home Work Cell Phone and/or Home Work Cell Phone SSN (fatals only) _____

Driver's License Number _____ State (FIPS) _____ Restrictions _____ CDL Endorsement _____

DL Type		DL Class		DL Status		No. of Vehicle Occupants (01 to 50)	
1 - Not Licensed	5 - CDL	1 - A	5 - Improper or No Endorsement	1 - Clear	4 - Revoked		
2 - Driver License	6 - CDL Permit	2 - B		2 - Expired	5 - Suspended		
3 - Instruction Permit	7 - No License Required	3 - C	6 - Other	3 - Canceled or Denied	99 - Unknown	Posted Speed	Estimated Speed
4 - I2 Permit-intermediate	8 - Restricted License	4 - M					

Vehicle Owner same as driver

Last Name _____ First Name _____ MI _____

Street Number _____ Street Name _____ City _____ State _____ Zip Code _____

Make (ie, Chevrolet, Dodge, Toyota) _____ Model (ie, Silverado, Dakota, Solara) _____ Year _____ Expir. Date (mm/yy) _____


Vehicle Identification Number _____ License Plate No. _____ State (FIPS) _____ Color _____

Insurance E-verified Company _____ Policy # _____

Vehicle Towed By _____ To _____

Direction of Travel Prior to Crash _____

Extent of Damage _____ 01 - None 02 - Functional 03 - Minor 04 - Disabling 99 - Unknown MV Damage $\geq \$1,000$ 01-Yes 02-No 99-Unk.



00 Non-Collision (Overturn/Rollover)
01-12 (Use 12 Point Clock Diagram)
13 Top (Roof)
14 Undercarriage
99 Unknown (Can't determine)

2 Last Name _____ First Name _____ MI _____ Sex _____ DOB (yyyy/mm/dd) _____

Street Number _____ Street Name _____

Mailing Address (PO Box Number) _____ City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Home Work Cell Phone and/or Home Work Cell Phone SSN (fatals only) _____

Driver's License Number _____ State (FIPS) _____ Restrictions _____ CDL Endorsement _____

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Vehicle Owner same as driver

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Street Number _____ Street Name _____ City _____ State _____ Zip Code _____

Make (ie, Chevrolet, Dodge, Toyota) _____ Model (ie, Silverado, Dakota, Solara) _____ Year _____ Expir. Date (mm/yy) _____


Vehicle Identification Number _____ License Plate No. _____ State (FIPS) _____ Color _____

Insurance E-verified Company _____ Policy # _____

Vehicle Towed By _____ To _____

Direction of Travel Prior to Crash _____

Extent of Damage _____ 01 - None 02 - Functional 03 - Minor 04 - Disabling 99 - Unknown MV Damage $\geq \$1,000$ 01-Yes 02-No 99-Unk.



00 Non-Collision (Overturn/Rollover)
01-12 (Use 12 Point Clock Diagram)
13 Top (Roof)
14 Undercarriage
99 Unknown (Can't determine)

Vehicle Occupant Information

CASE NO. _____

Seat Position 01-Driver 02-Front Row Middle 03-Front Row Right 04-Passenger Front Row Left (for foreign or postal vehicles where the driver is on the Right) 05-Second Row Left 06-Second Row Middle 07-Second Row Right 08-Third Row Left 09-Third Row Middle 10-Third Row Right 11-Fourth Row Left 12-Fourth Row Middle 13-Fourth Row Right 14-Other Row (ie. Bus, Van) 15-Lying Down-Front Seat 16-Lying Down-Other Seat 17-Motorcycle Passenger 18-Sleeper Section of Cab 19-Other Enclosed Area 20-Unenclosed Cargo Area 21-Trailing Unit 22-Riding on MV Exterior 23-Other (explain in narrative) 99-Unknown (explain in narrative)	Air Bag Deployed 01-Not Applicable 02-Not Deployed 03-Deployed Front 04-Deployed Side 05-Deployed Combination 06-Deployed Other 99-Deployment Unknown	Ejection 01-Not Ejected 02-Partially Ejected 03-Totally Ejected 04-Trapped & Extricated 05-Not Applicable 99-Unknown	Injury Status 01-Fatal Injury 02-Incapacitating Injury 03-Non-Incapacitating Injury 04-Possible Injury 05-No Injury 99-Unknown	Injury Description 01-Severe Lacerations 02-Broken 03-Crushed 04-Unconsciousness 05-Internal Unknown 06-Lumps 07-Abrasions 08-Bruises 09-Minor Lacerations 10-Limping 11-Pain 12-Nausea 13-Other (explain in narrative) 99-Unknown
Occupant Protection System Operation 01-Apparently Normal 02-Failure/Malfunction 03-Misuse 04-Air Bag System Turned off or Rendered Inoperative 99-Unknown	Safety Equipment Usage 01-None Used 02-Not Available 03-Shoulder & Lap belt 04-Shoulder Belt Only 05-Lap Belt Only 06-Passive Restraint Only 07-Restraint used-Type Unk. 08-Forward Facing Child 09-Rear Facing Child Restraint 10-Booster Seat 11-Child Restraint-Type Unk. 12-Helmet Used 13-Other 99-Unknown	Most Injured Area 01-Head 02-Face 03-Neck 04-Thorax (Chest) 05-Abdomen/Pelvis 06-Spine 07-Upper Extremity (Arm...) 08-Lower Extremity (Leg...) 99-Unknown	Injury Classification 01-Fatal (Not Documented) 02-Fatal (Autopsy) 03-Fatal (Medical Diagnosis) 04-Non-Fatal (Hospitalized overnight or longer) 05-Non-Fatal (Treated & Released from Hospital) 06-First Aid Given at Scene 07-No Treatment 08-Refused Treatment 99-Unknown	
Person Type 01 - Driver 02 - Passenger 99 - Unknown If non-motorist, complete supplemental form	Seat Belt Usage 01-None Used 02-Not Available 03-Shoulder & Lap belt 04-Shoulder Belt Only 05-Lap Belt Only 06-Passive Restraint Only 07-Restraint used-Type Unk. 08-Forward Facing Child 09-Rear Facing Child Restraint 10-Booster Seat 11-Child Restraint-Type Unk. 12-Helmet Used 13-Other 99-Unknown	Inj. Transported by 01-Not Transported 02-EMS (Ground) 03-EMS (Air) 04-Other (Private MV) 99-Unknown	Transported by EMS ID _____ EMS Run # _____	

Driver # 1	EMS ID	EMS Run #	Medical Facility
Driver # 2	EMS ID	EMS Run #	Medical Facility
>> Last Name	SSN (Fatals Only)	First Name	MI
DOB		Sex	M, F, X
Home Work Cell Phone	and/or	Home Work Cell Phone	Medical Facility
>> Last Name	SSN (Fatals Only)	First Name	MI
DOB		Sex	M, F, X
Home Work Cell Phone	and/or	Home Work Cell Phone	Medical Facility
>> Last Name	SSN (Fatals Only)	First Name	MI
DOB		Sex	M, F, X
Home Work Cell Phone	and/or	Home Work Cell Phone	Medical Facility
>> Last Name	SSN (Fatals Only)	First Name	MI
DOB		Sex	M, F, X
Home Work Cell Phone	and/or	Home Work Cell Phone	Medical Facility
>> Last Name	SSN (Fatals Only)	First Name	MI
DOB		Sex	M, F, X
Home Work Cell Phone	and/or	Home Work Cell Phone	Medical Facility

Vehicle Information

1st event	<input type="text"/>	Sequence	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd event	<input type="text"/>	← choose up to 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd event	<input type="text"/>	Most Harmful Event	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th event	<input type="text"/>	choose 1	→	<input type="text"/>	<input type="text"/>
Non-Collision					
01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure 07 - Separation of Units 08 - Ran Off the Road Right 09 - Ran Off the Road Left 10 - Cross Median or Centerline 11 - Downhill Runaway 12 - Fell/Jumped from a MV 13 - Thrown or Falling Object 14 - Avoiding an Object on Road 15 - Avoiding an Animal on Road 16 - Carbon Monoxide (CO) Poisoning 17 - Injuries by being thrown against part of vehicle 18 - Other Non-Collision (MC Loss of Control)					
Collision w/ Person, MV, or Non-Fixed Object					
19 - Pedestrian 20 - Pedacycle 21 - Railway Vehicle 22 - Motor Vehicle in Transport on Roadway 23 - Motor Vehicle in Transport on OTHER Roadway 24 - Parked Motor Vehicle 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channeling Device 29 - Object Set in Motion by Another Vehicle					
Animals					
30 - Horse 31 - Cow 32 - Pig 33 - Sheep 34 - Other Domestic (Dog, Llama, ...) 35 - Elk 36 - Deer 37 - Moose 38 - Antelope 39 - Buffalo 40 - Other Wild					
Collision w/ Fixed Object					
41 - Guardrail End 42 - Guardrail Face 43 - Impact Attenuator/Crash Cushion 44 - Bridge Pier or Support 45 - Bridge Overhead Structure 46 - Bridge Rail 47 - Concrete Traffic Barrier/Jersey Barrier 48 - Other Traffic Barrier (Includes temporary) 49 - Utility Pole/Light Support 50 - Traffic Signal Support 51 - Traffic Sign Support 52 - Overhead Traffic Sign 53 - Sign Support Single Post 54 - Sign Support Multiple Post 55 - Other Traffic Sign Support 56 - Barricade 57 - Tree/Shrubbery 58 - Cut Slope 59 - Road Approach 60 - Rock, Boulder, Rock Slide 61 - End of Drainage Pipe/Structure/Culvert 62 - Building or Other Structure Wall 63 - Fence (Including Post) 64 - Raised Median or Curb 65 - Delineator Post 66 - Earth Embankment/Berm 67 - Ditch 68 - Snow Embankment 69 - Mail Box 70 - Tunnel 71 - Cattle Guard 72 - Other Fixed Object 99 - Unknown					

Motor Vehicle Unit Type		<input type="text"/>	<input type="text"/>
01 - Motor Vehicle in Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment		<input type="text"/>	<input type="text"/>
HM Placard or Commercial Motor Vehicle		<input type="text"/>	<input type="text"/>
01 - Yes 02 - No 99 - Unknown → if yes, complete CMV supplement		<input type="text"/>	<input type="text"/>
Vehicle Owner		<input type="text"/>	<input type="text"/>
01 - Same as Driver 02 - Other 03 - Passenger 04 - Relative 05 - Rental Vehicle 06 - Commercial 07 - Occupant 08 - Vehicle Parked 09 - Federal Law Enforcement 10 - Federal Other		11 - County Law Enforcement 12 - County Fire Department 13 - County Other 14 - City Law Enforcement 15 - City Fire Department 16 - City Other 17 - Government Other 18 - Ambulance/EMS 19 - WHP 20 - State Law Enforc Other	<input type="text"/>
Vehicle Type		<input type="text"/>	<input type="text"/>
01 - Passenger 02 - Passenger Van 03 - PU 04 - School Bus 05 - Other Bus 06 - Transit Bus 07 - Charter Bus 08 - MC >150 cc 09 - Off Road MC 10 - Motorized Skateboard/Scter 11 - Pedestrian Vehicle 12 - Low Speed Vehicle 13 - Other Vehicle		14 - SUV 15 - Cargo Van 16 - Motor Home 17 - Light Truck (10L or less) 18 - Medium Truck (>10K - <26K) 19 - Heavy Truck (>26) 20 - Farm Equipment 21 - Construction Vehicle 22 - MC <150 cc 23 - Moped 24 - Snowmobile 25 - Segway 26 - ATV	<input type="text"/>
Non-Commercial Trailer Style		<input type="text"/>	<input type="text"/>
01 - No Trailer 02 - Camping Trailer 03 - Mobile Home 04 - Utility Trailer 05 - Boat/Jet Ski Trailer 06 - Towed Vehicle		07 - Horse/Stock Trailer 08 - Motorcycle Trailer 09 - Multiple Trailers 10 - Other (ie. Bicycle) 99 - Unknown	<input type="text"/>
Underride/Override		<input type="text"/>	<input type="text"/>
01 - No Underride or Override 02 - Underride-Compartment Intrusion 03 - Underride-No Compartment Intrusion 04 - Underride-Compartment Intrusion Unknow 05 - Override-Motor Vehicle in Transport 06 - Override-Other Motor Vehicle 99 - Unknown if Underride or Override		<input type="text"/>	<input type="text"/>
Emergency Vehicle Use		<input type="text"/>	<input type="text"/>
01 - Yes 02 - No 99 - Unknown		<input type="text"/>	<input type="text"/>
Emergency Equipment Actuated		<input type="text"/>	<input type="text"/>
01 - Yes 02 - No 99 - Unknown		<input type="text"/>	<input type="text"/>
Special Function of MV in Transport		<input type="text"/>	<input type="text"/>
01 - None 02 - Police 03 - Ambulance/EMS 04 - Fire Truck 05 - Military 06 - Snow Plow 07 - Tow Truck		08 - MV used as School Bus 09 - MV used as Other Bus 10 - Construction Equipment 11 - Farm Equipment 12 - Taxi 13 - Train 99 - Unknown	<input type="text"/>
Contributing Circumstance		1st choice	<input type="text"/>
01 - None 02 - Brakes 03 - Trailer Brakes 04 - Steering 05 - Power Train 06 - Suspension 07 - Tires 08 - Wheels 09 - Lights (Head, Signal or Tail) 10 - Windows/Windshield 11 - Rain/Snow/Ice on Windshield 12 - Tinted Windows 13 - Vehicle Cargo Blocking View 14 - Exhaust System 15 - Oversized Load 16 - Defroster 17 - Mirrors 18 - Wipers 19 - Truck Coupling/Trailer Hitch/Safety Chain 20 - Stalled Vehicle 21 - Cruise Control		2nd choice	<input type="text"/>
		22 - Other	<input type="text"/>
		99 - Unknown	<input type="text"/>

Vehicle Maneuver/Action prior to crash		<input type="text"/>	<input type="text"/>
01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Turning Right 06 - Turning Left 07 - Make U-Turn 08 - Leaving a Traffic Lane/Parking 09 - Entering a Traffic Lane 10 - Slowing 11 - Negotiating a Curve 12 - Parked 13 - Stopped in Traffic 14 - Driverless Motor Vehicle 15 - Trafficway Maintenance 16 - Other 99 - Unknown		<input type="text"/>	<input type="text"/>
Road Surface	<input type="text"/>	Grade	<input type="text"/>
01 - Concrete 02 - Asphalt 03 - Gravel/Rock 04 - Dirt 05 - Brick/Stone 99 - Unknown	<input type="text"/>	01 - Level 02 - Hillcrest 03 - Uphill 04 - Downhill 05 - Sag (Bottom) 99 - Unknown	<input type="text"/>
Horizontal Alignment		<input type="text"/>	<input type="text"/>
01 - Straight 02 - Curve Right 03 - Curve Left 99 - Unknown		<input type="text"/>	<input type="text"/>
Total No. Lanes		<input type="text"/>	<input type="text"/>
01 - 06, 99 = Unknown (exclude turn lanes)		<input type="text"/>	<input type="text"/>
Traffic Control Working Properly		<input type="text"/>	<input type="text"/>
01 - Yes 02 - No 99 - Unknown		<input type="text"/>	<input type="text"/>
Traffic Control		<input type="text"/>	<input type="text"/>
01 - None 02 - Stop Sign 03 - Yield Sign 04 - Flashing Traffic Signal 05 - Do Not Enter Sign 06 - Traffic Signal 07 - Traffic Signal w/ Ped 08 - Traffic Signal w/ Ped & Audible Signals 09 - Person (Officer/Flagger, Xing Guard, etc) 10 - Pedestrian Crossing 11 - No Passing Zone 12 - Warning Signs 13 - Pavement Markings 14 - Traffic Barrels/Cones 15 - Temporary Jersey Barrier 16 - School Bus Flashing Stop Lamps 17 - School Zone Crossing 18 - RR Crossing Signal 19 - RR Crossing Signal & Gate 20 - RR Crossing Cross Buck Sign Only 21 - RR Crossing Cross Buck with Stop Sign 22 - RR Crossing Cross Buck with Yield Sign 23 - Other 99 - Unknown		<input type="text"/>	<input type="text"/>
Trafficway Description		<input type="text"/>	<input type="text"/>
01 - Two-Way-Undivided 02 - Two-Way-Undivided w/ Continuous Left Turn Lane 03 - Two-Way-Divided, No Barrier 04 - Two-Way-Divided, With Barrier 99 - Unknown		<input type="text"/>	<input type="text"/>
Rumble Strips Present		<input type="text"/>	<input type="text"/>
01 - Yes 02 - No 99 - Unknown		<input type="text"/>	<input type="text"/>
Rumble Strips Applicable		<input type="text"/>	<input type="text"/>
01 - Yes 02 - No 99 - Unknown		<input type="text"/>	<input type="text"/>
Rumble Strips		<input type="text"/>	<input type="text"/>
01 - None 02 - Centerline Rumble Strips 03 - Median Shoulder Only 04 - Transverse Rumble Strips (Road Apprch) 05 - Both Shoulders 06 - Both Centerline and Outside Shoulder 07 - Outside Shoulders Only 99 - Unknown		<input type="text"/>	<input type="text"/>

Vehicle Information

2

1st event Sequence
 choose up to 4:
 2nd event ←
 3rd event Most Harmful Event
 choose 1
 4th event →

- Non-Collision**
- 01 - Overturn/Rollover
 - 02 - Fire/Explosion
 - 03 - Immersion
 - 04 - Jackknife
 - 05 - Cargo/Equipment Loss or Shift
 - 06 - Equipment Failure
 - 07 - Separation of Units
 - 08 - Ran Off the Road Right
 - 09 - Ran Off the Road Left
 - 10 - Cross Median or Centerline
 - 11 - Downhill Runaway
 - 12 - Fell/Jumped from a MV
 - 13 - Thrown or Falling Object
 - 14 - Avoiding an Object on Road
 - 15 - Avoiding an Animal on Road
 - 16 - Carbon Monoxide (CO) Poisoning
 - 17 - Injuries by being thrown against part of vehicle
 - 18 - Other Non-Collision (MC Loss of Control)

- Collision w/ Person, MV, or Non-Fixed Object**
- 19 - Pedestrian
 - 20 - Pedacycle
 - 21 - Railway Vehicle
 - 22 - Motor Vehicle in Transport on Roadway
 - 23 - Motor Vehicle in Transport on OTHER Roadway
 - 24 - Parked Motor Vehicle
 - 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle
 - 26 - Other NON-Fixed Object
 - 27 - Work Zone/Maintenance Equipment
 - 28 - Work Zone Channeling Device
 - 29 - Object Set in Motion by Another Vehicle

- Animals**
- 30 - Horse
 - 31 - Cow
 - 32 - Pig
 - 33 - Sheep
 - 34 - Other Domestic (Dog, Llama, ...)
 - 35 - Elk
 - 36 - Deer
 - 37 - Moose
 - 38 - Antelope
 - 39 - Buffalo
 - 40 - Other Wild

- Collision w/ Fixed Object**
- 41 - Guardrail End
 - 42 - Guardrail Face
 - 43 - Impact Attenuator/Crash Cushion
 - 44 - Bridge Pier or Support
 - 45 - Bridge Overhead Structure
 - 46 - Bridge Rail
 - 47 - Concrete Traffic Barrier/Jersey Barrier
 - 48 - Other Traffic Barrier (Includes temporary)
 - 49 - Utility Pole/Light Support
 - 50 - Traffic Signal Support
 - 51 - Traffic Sign Support
 - 52 - Overhead Traffic Sign
 - 53 - Sign Support Single Post
 - 54 - Sign Support Multiple Post
 - 55 - Other Traffic Sign Support
 - 56 - Barricade
 - 57 - Tree/Shrubbery
 - 58 - Cut Slope
 - 59 - Road Approach
 - 60 - Rock, Boulder, Rock Slide
 - 61 - End of Drainage Pipe/Structure/Culvert
 - 62 - Building or Other Structure Wall
 - 63 - Fence (Including Post)
 - 64 - Raised Median or Curb
 - 65 - Delineator Post
 - 66 - Earth Embankment/Berm
 - 67 - Ditch
 - 68 - Snow Embankment
 - 69 - Mail Box
 - 70 - Tunnel
 - 71 - Cattle Guard
 - 72 - Other Fixed Object
 - 99 - Unknown

Motor Vehicle Unit Type

- 01 - Motor Vehicle in Transport
- 02 - Parked Motor Vehicle
- 03 - Working Vehicle/Equipment

HM Placard or Commercial Motor Vehicle

01 - Yes 02 - No 99 - Unknown
 if yes, complete CMV supplement

Vehicle Owner

01 - Same as Driver	11 - County Law Enforcement
02 - Other	12 - County Fire Department
03 - Passenger	13 - County Other
04 - Relative	14 - City Law Enforcement
05 - Rental Vehicle	15 - City Fire Department
06 - Commercial	16 - City Other
07 - Occupant	17 - Government Other
08 - Vehicle Parked	18 - Ambulance/EMS
09 - Federal Law Enforcement	19 - WHP
10 - Federal Other	20 - State Law Enforc Other

Vehicle Type

01 - Passenger	14 - SUV
02 - Passenger Van	15 - Cargo Van
03 - PU	16 - Motor Home
04 - School Bus	17 - Light Truck (10K or less)
05 - Other Bus	18 - Medium Truck (>10K - <26K)
06 - Transit Bus	19 - Heavy Truck (>26K)
07 - Charter Bus	20 - Farm Equipment
08 - MC >150 cc	21 - Construction Vehicle
09 - Off Road MC	22 - MC <150 cc
10 - Motorized Skateboard/Scter	23 - Moped
11 - Pedestrian Vehicle	24 - Snowmobile
12 - Low Speed Vehicle	25 - Segway
13 - Other Vehicle	26 - ATV
	99 - Unknown

Non-Commercial Trailer Style

01 - No Trailer	07 - Horse/Stock Trailer
02 - Camping Trailer	08 - Motorcycle Trailer
03 - Mobile Home	09 - Multiple Trailers
04 - Utility Trailer	10 - Other (ie. Bicycle)
05 - Boat/Jet Ski Trailer	99 - Unknown
06 - Towed Vehicle	

Underride/Override

- 01 - No Underride or Override
- 02 - Underride-Compartment Intrusion
- 03 - Underride-No Compartment Intrusion
- 04 - Underride-Compartment Intrusion Unknown
- 05 - Override-Motor Vehicle in Transport
- 06 - Override-Other Motor Vehicle
- 99 - Unknown if Underride or Override

Emergency Vehicle Use

01 - Yes 02 - No 99 - Unknown

Emergency Equipment Actuated

01 - Yes 02 - No 99 - Unknown

Special Function of MV in Transport

01 - None	08 - MV used as School Bus
02 - Police	09 - MV used as Other Bus
03 - Ambulance/EMS	10 - Construction Equipment
04 - Fire Truck	11 - Farm Equipment
05 - Military	12 - Taxi
06 - Snow Plow	13 - Train
07 - Tow Truck	99 - Unknown

Contributing Circumstance

1st choice

2nd choice

- 01 - None
- 02 - Brakes
- 03 - Trailer Brakes
- 04 - Steering
- 05 - Power Train
- 06 - Suspension
- 07 - Tires
- 08 - Wheels
- 09 - Lights (Head, Signal or Tail)
- 10 - Windows/Windshield
- 11 - Rain/Snow/Ice on Windshield
- 12 - Tinted Windows
- 13 - Vehicle Cargo Blocking View
- 14 - Exhaust System
- 15 - Oversized Load
- 16 - Defroster
- 17 - Mirrors
- 18 - Wipers
- 19 - Truck Coupling/Trailer Hitch/Safety Chain
- 20 - Stalled Vehicle
- 21 - Cruise Control
- 22 - Other
- 99 - Unknown

Vehicle Maneuver/Action prior to crash

- 01 - Straight Ahead
- 02 - Backing
- 03 - Changing Lanes
- 04 - Overtaking/Passing
- 05 - Turning Right
- 06 - Turning Left
- 07 - Make U-Turn
- 08 - Leaving a Traffic Lane/Parking
- 09 - Entering a Traffic Lane
- 10 - Slowing
- 11 - Negotiating a Curve
- 12 - Parked
- 13 - Stopped in Traffic
- 14 - Driverless Motor Vehicle
- 15 - Trafficway Maintenance
- 16 - Other
- 99 - Unknown

Road Surface **Grade**

01 - Concrete	01 - Level
02 - Asphalt	02 - Hillcrest
03 - Gravel/Rock	03 - Uphill
04 - Dirt	04 - Downhill
05 - Brick/Stone	05 - Sag (Bottom)
99 - Unknown	99 - Unknown

Horizontal Alignment

01 - Straight	03 - Curve Left
02 - Curve Right	99 - Unknown

Total No. Lanes

01 - 06, 99 = Unknown (exclude turn lanes)

Traffic Control Working Properly

01 - Yes 02 - No 99 - Unknown

Traffic Control

- 01 - None
- 02 - Stop Sign
- 03 - Yield Sign
- 04 - Flashing Traffic Signal
- 05 - Do Not Enter Sign
- 06 - Traffic Signal
- 07 - Traffic Signal w/ Ped
- 08 - Traffic Signal w/ Ped & Audible Signals
- 09 - Person (Officer/Flagger, Xing Guard, etc)
- 10 - Pedestrian Crossing
- 11 - No Passing Zone
- 12 - Warning Signs
- 13 - Pavement Markings
- 14 - Traffic Barrels/Cones
- 15 - Temporary Jersey Barrier
- 16 - School Bus Flashing Stop Lamps
- 17 - School Zone Crossing
- 18 - RR Crossing Signal
- 19 - RR Crossing Signal & Gate
- 20 - RR Crossing Cross Buck Sign Only
- 21 - RR Crossing Cross Buck with Stop Sign
- 22 - RR Crossing Cross Buck with Yield Sign
- 23 - Other
- 99 - Unknown

Trafficway Description

- 01 - Two-Way-Undivided
- 02 - Two-Way-Undivided w/ Continuous Left Turn Lane
- 03 - Two-Way-Divided, No Barrier
- 04 - Two-Way-Divided, With Barrier
- 99 - Unknown

Rumble Strips Present

01 - Yes 02 - No 99 - Unknown

Rumble Strips Applicable

01 - Yes 02 - No 99 - Unknown

Rumble Strips

- 01 - None
- 02 - Centerline Rumble Strips
- 03 - Median Shoulder Only
- 04 - Transverse Rumble Strips (Road Apprch)
- 05 - Both Shoulders
- 06 - Both Centerline and Outside Shoulder
- 07 - Outside Shoulders Only
- 99 - Unknown

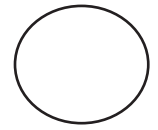
Driver Information

1 Driver's Action (choose up to 4/ ie. 01, 10, 25) 01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions 09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking 13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action 99 - Unknown	1st choice <input type="checkbox"/> <input type="checkbox"/> 2nd choice <input type="checkbox"/> <input type="checkbox"/> 3rd choice <input type="checkbox"/> <input type="checkbox"/> 4th choice <input type="checkbox"/> <input type="checkbox"/>	Driver's Condition (choose up to 2) 01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed...) 03 - ill (Sick) 04 - Fell Asleep, Fainted 05 - Fatigued 06 - Under Influence of Medication 07 - Physical Disability 08 - Suspected Drug Use 09 - Suspected Alcohol Use 10 - Other 99 - Unknown	1st choice <input type="checkbox"/> <input type="checkbox"/> 2nd choice <input type="checkbox"/> <input type="checkbox"/>	Citations Issued choose up to 5 01 - None 02 - DWUI 03 - Drinking - (i.e.,open container) 04 - Exceeding Speed Limit 05 - Speed too Fast 06 - Following too Close 07 - Wrong Side of Road 08 - Improper or No Signal 09 - Improper Lane Use 10 - Improper Turn 11 - Improper Passing 12 - Improper Starting Out 13 - Failed to Grant ROW to Ped 14 - Failed to Grant ROW to MV 15 - Disregard Officer 16 - Disregard Stop Light 17 - Disregard Stop Sign 18 - Disregard Other 19 - Improper Parking 20 - Reckless Driving 21 - Vehicular Homicide 22 - Driver's License Violation 23 - Improper Backing 24 - No Insurance 25 - Hit & Run 26 - Registration Violation 27 - Failure to Use Seat Belt 28 - Charges Pending 29 - Fed R & R Driver 30 - Fed R & R Vehicle 31 - Racing 32 - Other	1st choice <input type="checkbox"/> <input type="checkbox"/> 2nd choice <input type="checkbox"/> <input type="checkbox"/> 3rd choice <input type="checkbox"/> <input type="checkbox"/> 4th choice <input type="checkbox"/> <input type="checkbox"/> 5th choice <input type="checkbox"/> <input type="checkbox"/>		
	Suspect Alcohol <input type="checkbox"/> <input type="checkbox"/> 01 - Yes 02 - No 99 - Unknown		Alcohol Test Type <input type="checkbox"/> <input type="checkbox"/> 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Breath 06 - Urine 07 - Other 99 - Unknown		Suspect Drugs <input type="checkbox"/> <input type="checkbox"/> 01 - Yes 02 - No 99 - Unknown	Drug Test Type <input type="checkbox"/> <input type="checkbox"/> 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Urine 06 - Other 99 - Unknown	DL Investigation <input type="checkbox"/> <input type="checkbox"/> 01 - Yes 02 - No 99 - Unknown
	Alcohol Test Result <input type="checkbox"/> <input type="checkbox"/>						

2 Driver's Action (choose up to 4/ ie. 01, 10, 25) 01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions 09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking 13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action 99 - Unknown	1st choice <input type="checkbox"/> <input type="checkbox"/> 2nd choice <input type="checkbox"/> <input type="checkbox"/> 3rd choice <input type="checkbox"/> <input type="checkbox"/> 4th choice <input type="checkbox"/> <input type="checkbox"/>	Driver's Condition (choose up to 2) 01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed...) 03 - ill (Sick) 04 - Fell Asleep, Fainted 05 - Fatigued 06 - Under Influence of Meds 07 - Physical Disability 08 - Suspected Drug Use 09 - Suspected Alcohol Use 10 - Other 99 - Unknown	1st choice <input type="checkbox"/> <input type="checkbox"/> 2nd choice <input type="checkbox"/> <input type="checkbox"/>	Citations Issued choose up to 5 01 - None 02 - DWUI 03 - Drinking - (i.e.,open container) 04 - Exceeding Speed Limit 05 - Speed too Fast 06 - Following too Close 07 - Wrong Side of Road 08 - Improper or No Signal 09 - Improper Lane Use 10 - Improper Turn 11 - Improper Passing 12 - Improper Starting Out 13 - Failed to Grant ROW to Ped 14 - Failed to Grant ROW to MV 15 - Disregard Officer 16 - Disregard Stop Light 17 - Disregard Stop Sign 18 - Disregard Other 19 - Improper Parking 20 - Reckless Driving 21 - Vehicular Homicide 22 - Driver's License Violation 23 - Improper Backing 24 - No Insurance 25 - Hit & Run 26 - Registration Violation 27 - Failure to Use Seat Belt 28 - Charges Pending 29 - Fed R & R Driver 30 - Fed R & R Vehicle 31 - Racing 32 - Other	1st choice <input type="checkbox"/> <input type="checkbox"/> 2nd choice <input type="checkbox"/> <input type="checkbox"/> 3rd choice <input type="checkbox"/> <input type="checkbox"/> 4th choice <input type="checkbox"/> <input type="checkbox"/> 5th choice <input type="checkbox"/> <input type="checkbox"/>		
	Suspect Alcohol <input type="checkbox"/> <input type="checkbox"/> 01 - Yes 02 - No 99 - Unknown		Alcohol Test Type <input type="checkbox"/> <input type="checkbox"/> 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Breath 06 - Urine 07 - Other 99 - Unknown		Suspect Drugs <input type="checkbox"/> <input type="checkbox"/> 01 - Yes 02 - No 99 - Unknown	Drug Test Type <input type="checkbox"/> <input type="checkbox"/> 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Urine 06 - Other 99 - Unknown	DL Investigation <input type="checkbox"/> <input type="checkbox"/> 01 - Yes 02 - No 99 - Unknown
	Alcohol Test Result <input type="checkbox"/> <input type="checkbox"/>						

Base Information

<p>FIRST HARMFUL EVENT <input type="text"/></p> <p><u>Non - Collision:</u> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Fell/Jumped from a motor vehicle 07 - Thrown or Falling Object 08 - Carbon Monoxide (CO) Poisoning 09 - Injuries by being thrown against part of the vehicle 10 - Other Non-Collision (Motorcycle Loss of Control)</p> <p><u>Collision w/ Person, MV, or Non-Fixed Object:</u> 11 - Pedestrian 12 - Motor Vehicle in Transport on Roadway 13 - Motor Vehicle on OTHER Roadway 14 - Parked Motor Vehicle 15 - Railway Vehicle 16 - Pedacycle 17 - Work Zone/Maintenance Equipment 18 - Work Zone Channeling Device 19 - Object Set in Motion by Another Vehicle 20 - Other NON-Fixed Object</p> <p><u>Animals:</u> 21 - Horse 22 - Cow 23 - Pig 24 - Sheep 25 - Other Domestic (Dog, Llama, etc) 26 - Elk 27 - Deer 28 - Moose 29 - Antelope 30 - Buffalo 31 - Other Wild (Bear, Coyote, Eagle)</p> <p><u>Collision w/ Fixed Object</u> 32 - Guardrail End 33 - Guardrail Face 34 - Impact Attenuator/Crash Cushion 35 - Bridge Pier or Support 36 - Bridge Overhead Structure 37 - Bridge Rail 38 - Concrete Traffic Barrier/Jersey Barrier 39 - Other Traffic Barrier (Includes temporary) 40 - Utility Pole/Light Support 41 - Traffic Signal Support 42 - Overhead Traffic Sign 43 - Sign Support Single Post 44 - Sign Support Multiple Post 45 - Other Traffic Sign Support 46 - Barricade 47 - Tree/Shrubbery 48 - Cut Slope 49 - Road Approach 50 - Rock, Boulder, Rock Slide 51 - End of Drainage Pipe/Structure/Culvert 52 - Building or Other Structure Wall 53 - Fence (Including Post) 54 - Raised Median or Curb 55 - Delineator Post 56 - Earth Embankment/Berm 57 - Ditch 58 - Snow Embankment 59 - Mail Box 60 - Tunnel 61 - Cattle Guard 62 - Fixed Object Other</p> <p>99 -Unknown</p>	<p>Location of FHE <input type="text"/></p> 01 - On Roadway 02 - Off Roadway 03 - Shoulder 04 - Median 05 - On OTHER Roadway 06 - Outside of ROW 07 - Gore 08 - Separator 09 - In Parking Lane/Zone 10 - Tunnel 11 - Bridge 12 - Port of Entry 13 - Rest Area 99 - Unknown	<p>Weather 1st choice <input type="text"/> 2nd choice <input type="text"/></p> 01 - Clear 02 - Raining 03 - Snowing 04 - Fog 05 - Blowing Dust/Sand/Dirt 06 - Severe Wind Only 07 - Blizzard 08 - Sleet/Hail/Freezing Rain 09 - Blowing Snow 10 - Cloudy,Overcast 11 - Smoke 12 - Other 99 - Unknown	<p>Road 1st choice <input type="text"/> 2nd choice <input type="text"/></p> 01 - Dry 02 - Wet 03 - Ice/Frost 04 - Snow 05 - Mud/Dirt/Gravel 06 - Slush 07 - Oil/Fuel 08 - Sand on Dry Pavement 09 - Sand on Icy Road 10 - Water standing/Running 11 - Other 99 - Unknown	<p>Lighting <input type="text"/></p> 01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown <p>School Bus Related <input type="text"/></p> 01 - No 02 - Yes, Directly Involved 03 - Yes, Indirectly Involved
	<p>Road Circumstance choose up to 3 1st choice <input type="text"/> 2nd choice <input type="text"/> 3rd choice <input type="text"/></p> 01 - None 02 - Road Surface Condition 03 - Debris, lose material on the surface 04 - Ruts, Holes, Bumps 05 - Work Zone/Construction Zone 06 - Worn or Polished Surface 07 - Obstruction in Roadway 08 - Traffic Control Device Missing 09 - Traffic Control Device Inoperative 10 - Traffic Control Device Obscured 11 - Shoulders (None, Low, Soft, High) 12 - Non- Highway Work 13 - Reduced Road Width 14 - Lane Markings Missing or Faded 15 - Obstructed by a Previous Crash 16 - Other 99 - Unknown	<p>Environmental Circumstance choose up to 3 1st choice <input type="text"/> 2nd choice <input type="text"/> 3rd choice <input type="text"/></p> 01 - Weather Conditions 02 - Visual Obstruction Buildings 03 - Visual Obstruction Other Vehicle 04 - Visual Obstruction Vegetation 05 - Visual Obstruction Hillcrest 06 - Visual Obstruction Embankment-Snow, Rock,etc 07 - Other Physical Obstruction 08 - Glare (Sun or Headlight) 09 - Animals in Roadway 10 - Other 11 - None 99 - Unknown		
	<p>Work Zone Related <input type="text"/></p> 01 - Yes 02 - No 99 - Unknown <p>Work Zone Workers Present <input type="text"/></p> <p>Work Zone Location <input type="text"/></p> 01 - Before the First Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 99 - Unknown <p>Type of Work Zone <input type="text"/></p> 01 - Lane Closure 02 - Lane Shift or Crossover 03 - Work on Shoulder/Median 04 - Intermittent or Moving Work 05 - Other 99 - Unknown <p>Manner of Collision <input type="text"/> *see below</p> 01 - Not a Collision w/2 Vehicles in Transport 02 - Rear End (Front to Rear) 03 - Head On (Front to Front) 04 - Angle Same Direction (Front to Side) 05 - Angle Right (Front to Side, includes Broadside) 06 - Angle Direction not Specified 07 - Sideswipe Same Direction (Passing) 08 - Sideswipe Opposite Direction (Meeting) 09 - Rear to Side (Normally Backing) 10 - Rear to Rear (Normally Backing) 11 - Rear to Front (Normally Backing) 12 - Other 99 - Unknown <p>Direction of Force <input type="text"/></p> 01 - Opposing (Opposite Direction within 15 degrees) 02 - Angle (force exceeds 15 degrees) 03 - Same (same direction within 15 degrees) 04 - Meeting (glancing collision from opposite direction) 05 - Passing (glancing collision from same direction) 99 - Unknown	<p>Relation to Junction <input type="text"/></p> <p>Non-Interchange Area <input type="text"/></p> 01 - Non-Junction 02 - Intersection 03 - Intersection Related 04 - Driveway Related 05 - Entrance/Exit Ramp 06 - Railway Grade Crossing 07 - Crossover Related 08 - Business Entrance 09 - Alley 10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing) 99 - Unknown (describe in narrative) <p>Interchange Area <input type="text"/></p> 12 - Thru Roadway 13 - Intersection 14 - Intersection Related 15 - Ramp 16 - Other Parts (Gore) 99 - Unknown Interchange <p>Type of Intersection <input type="text"/></p> 01 - Not an Intersection 02 - Four (4) -Way Intersection 03 - T Intersection 04 - Y Intersection 05 - Five (5) Point or more 06 - Intersection as part of an Interchange 07 - Roundabout 99 - Unknown		
				
	<p>Manner of Collision CLARIFICATION <input type="text"/></p> 01 - Rear End (Front-to-Rear) 02 - Head-on (Front-to-Front) 03 - Angle (Front-to-Side), Same Direction 04 - Angle (Front-to-Side), Opposing Direction 05 - Angle (Front-to-Side), Right Angle/Broadside			



SAMPLE

Five horizontal lines for handwritten notes.

Witnesses

1st First Name MI Last Name City: State: Zip Code

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone

2nd First Name MI Last Name City: State: Zip Code

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone

3rd First Name MI Last Name City: State: Zip Code

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone