



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: Su  Mo  Tu  We  Th  Fr  Sa

Police Notified: \_\_\_\_\_ Date: yyyy/mm/dd \_\_\_\_\_ Time (24 hr) \_\_\_\_\_  
 Arrived: \_\_\_\_\_  
 EMS Notified: \_\_\_\_\_ Arrived: \_\_\_\_\_  
 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

Occurred on Private Property: Yes  No   
 Public/Private Property Damage: Yes  No   
 Amount of Property Damage (if known) \$ \_\_\_\_\_  
 # Vehicle(s) \_\_\_\_\_ # Driver(s) \_\_\_\_\_ # Person(s) \_\_\_\_\_  
 # non-Motorists \_\_\_\_\_ # Injured \_\_\_\_\_ # Killed \_\_\_\_\_

County \_\_\_\_\_ In City/Town: Yes  No   
 GPS Latitude \_\_\_\_\_ GPS Longitude \_\_\_\_\_

Crash occurred on: Highway/Street \_\_\_\_\_  
 At intersection with: Highway/Street \_\_\_\_\_

Highway Section # \_\_\_\_\_ Milepost Marker \_\_\_\_\_ Highway LRS # CAT. ID # DIR  
 Intersection LRS # CAT. ID # DIR Occurred on Divided Hwy: No  Yes   
 if yes: Incr  Decr  Unknown

If NOT at Intersection: \_\_\_\_\_ OF \_\_\_\_\_  
 Direction: \_\_\_\_\_  
 nearest street, highway, ramp, bridge, city, railroad crossing, etc. \_\_\_\_\_

**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

- SUPPLEMENTAL REPORTS**
- mark if attached
  - If more than 2 vehicles are involved, complete form 'Supplemental Additional Vehicle/Driver Form'
  - If more than 5 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'
  - If any drug tests are performed, complete 'Supplemental Drug Test Results'
  - Previous report submitted

Investigating Agency: \_\_\_\_\_

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

Badge # \_\_\_\_\_ Officer Name & Rank \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Rank \_\_\_\_\_

Report Date (yyyy/mm/dd) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Highway Safety Use Only**

Proximity to Residence: 1-Same Town 2-25 miles or less 3-25 miles Plus 4-Out of State  
 Rural  PID  NON-PID Highway District \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Crash Type:  G ≥ \$1,000  M - Missing Location  
 Report Number: \_\_\_\_\_  N ≤ \$1,000  I - Industrial Crash  
 Highway System \_\_\_\_\_  P - Private  D - Deliberate

# Driver/Vehicle Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_ DOB (yyyy/mm/dd) \_\_\_\_\_

1 Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

Mailing Address (PO Box Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver Phone  Home  Work  Cell Phone \_\_\_\_\_ Emp Phone  Home  Work  Cell Phone \_\_\_\_\_ SSN (fatals only) \_\_\_\_\_ Age \_\_\_\_\_

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 \_\_\_\_\_

Initial Impact Point \_\_\_\_\_ Most Damaged Area \_\_\_\_\_

Insurance Verified  Y-Yes  N-No Company \_\_\_\_\_ Policy # \_\_\_\_\_

Vehicle Towed  Y-Yes  N-No 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 \_\_\_\_\_ Gender \_\_\_\_\_ DOB (yyyy/mm/dd) \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

Mailing Address (PO Box Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver Phone  Home  Work  Cell Phone \_\_\_\_\_ Emp Phone  Home  Work  Cell Phone \_\_\_\_\_ SSN (fatals only) \_\_\_\_\_

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

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Initial Impact Point \_\_\_\_\_ Most Damaged Area \_\_\_\_\_

Insurance Verified  Y-Yes  N-No Company \_\_\_\_\_ Policy # \_\_\_\_\_

Vehicle Towed  Y-Yes  N-No 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.

<b>Seat Position</b> 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 97-Riding on MV Exterior 98-Other (explain in narrative) 99-Unknown (explain in narrative)	<b>Air Bag Deployed</b> 01-Not Applicable 02-Not Deployed 03-Deployed Front 04-Deployed Side 05-Deployed Combination 06-Deployed Other 99-Deployment Unknown	<b>Ejection</b> 01-Not Ejected 02-Partially Ejected 03-Totally Ejected 04-Trapped & Extricated 05-Not Applicable 99-Unknown	<b>Injury Status</b> 01-Fatal Injury 02-Incapacitating Injury 03-Non-Incapacitating Injury 04-Possible Injury 05-No Injury 99-Unknown	<b>Injury Description</b> 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) 14- No Injury 99-Unknown
<b>Person Type</b> 01 - Driver 02 - Passenger 99 - Unknown If non-motorist, complete supplemental form	<b>Occupant Protection System Operation</b> 01-Apparently Normal 02-Failure/Malfunction 03-Misuse 04-Air Bag System Turned off or Rendered Inoperative 99-Unknown	<b>Most Injured Area</b> 01-Head 02-Face 03-Neck 04-Thorax (Chest) 05-Abdomen/Pelvis 06-Spine 07-Upper Extremity (Arm...) 08-Lower Extremity (Leg...) 09-No Injury 99-Unknown	<b>Injury Classification</b> 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	<b>Inj. Transported by</b> 01-Not Transported 02-EMS (Ground) 03-EMS (Air) 04-Law Enforcement 05-Other (Private MV) 99-Unknown
<b>Safety Equipment Usage</b> 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	<b>Seat Belt Operation</b> <b>Air Bag Deployed</b> <b>Ejection</b> <b>Injury Status</b> <b>Injury Area</b> <b>Injury Description</b> <b>Injury Classification</b> <b>Injured Transported by</b>	<b>EMS ID</b> <b>EMS Run #</b>	<b>Medical Facility</b>	<b>Medical Facility</b>

Driver # 1	EMS ID	EMS Run #	Medical Facility
Driver # 2	EMS ID	EMS Run #	Medical Facility

## Occupant Information

Last Name Home Work Cell Phone and/or	First Name MI SSN (Fatals Only) Home Work Cell Phone and/or	DOB Age Gender M, F, X	Medical Facility
Last Name Home Work Cell Phone and/or	First Name MI SSN (Fatals Only) Home Work Cell Phone and/or	DOB Age Gender M, F, X	Medical Facility
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If more than 5 occupants add page three from Supplemental Additional Driver/Vehicle form

# Vehicle (1) Information

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

### 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
- 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

### Vehicle Type

- 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 (10K or less)
- 18 - Medium Truck (>10K - <26K)
- 19 - Heavy Truck (>26K)
- 20 - Farm Equipment
- 21 - Construction Vehicle
- 22 - MC <150 cc
- 23 - Moped
- 24 - Snowmobile
- 25 - Segway
- 26 - ATV
- 99 - Unknown

### Non-Commercial Trailer Style

- 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

### Underride/Override

- 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

### Emergency Vehicle Use

- 01 - Yes 02 - No 99 - Unknown

### Emergency Equipment Activated

- 01 - Yes 02 - No 99 - Unknown

### Special Function of MV in Transport

- 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

### Contributing Circumstance

- 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

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

### Horizontal Alignment

- 01 - Straight
- 02 - Curve Right
- 03 - Curve Left
- 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
- 05 - One Way
- 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

# Vehicle (2) Information

2

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

- 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
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  - 26 - Other NON-Fixed Object
  - 27 - Work Zone/Maintenance Equipment
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  - 29 - Object Set in Motion by Another Vehicle

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  - 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)
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11 - Pedestrian Vehicle	24 - Snowmobile
12 - Low Speed Vehicle	25 - Segway
13 - Other Vehicle	26 - ATV
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**Non-Commercial Trailer Style**

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02 - Camping Trailer	08 - Motorcycle Trailer
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04 - Utility Trailer	10 - Other (ie. Bicycle)
05 - Boat/Jet Ski Trailer	99 - Unknown
06 - Towed Vehicle	

**Underride/Override**

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**Emergency Vehicle Use**

01 - Yes 02 - No 99 - Unknown

**Emergency Equipment Activated**

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
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- 22 - Other
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- 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
- 05 - One Way
- 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

<b>Driver's Action</b> (choose up to 4)		<b>1st choice</b> <input type="text"/> <input type="text"/> <b>2nd choice</b> <input type="text"/> <input type="text"/> <b>3rd choice</b> <input type="text"/> <input type="text"/> <b>4th choice</b> <input type="text"/> <input type="text"/>	<b>Driver's Condition</b> (choose up to 2)		<b>1st choice</b> <input type="text"/> <input type="text"/> <b>2nd choice</b> <input type="text"/> <input type="text"/>	<b>Citations Issued</b> choose up to 5		<b>1st choice</b> <input type="text"/> <input type="text"/> <b>2nd choice</b> <input type="text"/> <input type="text"/> <b>3rd choice</b> <input type="text"/> <input type="text"/> <b>4th choice</b> <input type="text"/> <input type="text"/> <b>5th choice</b> <input type="text"/> <input type="text"/>
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		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		<b>Driver's Distraction</b> (choose one)		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 - Careless 33 - Other (explain in narrative)		
<b>Suspect Alcohol</b> <input type="text"/> <input type="text"/> <b>Alcohol Test Type</b> <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown		<b>Suspect Drugs</b> <input type="text"/> <input type="text"/> <b>Drug Test Type</b> <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown		If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.		If Drug Test performed then form 902E will be required with results at a later date.		<b>DL Investigation</b> <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown

2

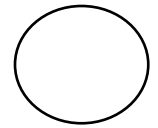
<b>Driver's Action</b> (choose up to 4)		<b>1st choice</b> <input type="text"/> <input type="text"/> <b>2nd choice</b> <input type="text"/> <input type="text"/> <b>3rd choice</b> <input type="text"/> <input type="text"/> <b>4th choice</b> <input type="text"/> <input type="text"/>	<b>Driver's Condition</b> (choose up to 2)		<b>1st choice</b> <input type="text"/> <input type="text"/> <b>2nd choice</b> <input type="text"/> <input type="text"/>	<b>Citations Issued</b> choose up to 5		<b>1st choice</b> <input type="text"/> <input type="text"/> <b>2nd choice</b> <input type="text"/> <input type="text"/> <b>3rd choice</b> <input type="text"/> <input type="text"/> <b>4th choice</b> <input type="text"/> <input type="text"/> <b>5th choice</b> <input type="text"/> <input type="text"/>
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# Base Information

<p><b>FIRST HARMFUL EVENT</b> <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                  12 - Fell/Jumped from a motor vehicle                  13 - Thrown or Falling Object                  16 - Carbon Monoxide (CO) Poisoning                  17 - Injuries by being thrown against part of the vehicle                  18 - Other Non-Collision (Motorcycle Loss of Control)</p> <p><u>Collision w/ Person, MV, or Non-Fixed Object:</u>                  19 - Pedestrian                  20 - Pedacycle                  21 - Railway Vehicle                  22 - Motor Vehicle in Transport on Roadway                  23 - Motor Vehicle on OTHER Roadway                  24 - Parked 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</p> <p><u>Animals:</u>                  30 - Horse                  31 - Cow                  32 - Pig                  33 - Sheep                  34 - Other Domestic (Dog, Llama, etc)                  35 - Elk                  36 - Deer                  37 - Moose                  38 - Antelope                  39 - Buffalo                  40 - Other Wild (Bear, Coyote, Eagle)</p> <p><u>Collision w/ Fixed Object</u>                  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 - Fixed Object Other</p> <p>99 - Unknown</p>	<p><b>Location of FHE</b> <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><b>Road Circumstance</b>                  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, loose 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><b>Work Zone Related</b> <input type="text"/></p> 01 - Yes 02 - No 99 - Unknown <p><b>Work Zone Workers Present</b> <input type="text"/></p> <p><b>Work Zone Location</b> <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><b>Type of Work Zone</b> <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><b>Manner of Collision</b>                  *see diagram right <input type="text"/></p> 01 - Rear End (Front to Rear) 02 - Head On (Front to Front) 03 - Angle Same Direction (Front to Side) 04 - Angle (Front-to-Side), Opposing Direction 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 - Not a Collision w/2 Vehicles in Transport 13 - Other 99 - Unknown <p><b>Direction of Force</b> <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><b>Weather</b> 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><b>Road</b> 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><b>Environmental Circumstance</b>                  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><b>Relation to Junction</b> <input type="text"/></p> <table border="0" style="width:100%;"> <tr> <td><b>Non-Interchange Area</b></td> <td><b>Interchange Area</b></td> </tr> <tr> <td>01 - Non-Junction</td> <td>12 - Thru Roadway</td> </tr> <tr> <td>02 - Intersection</td> <td>13 - Intersection</td> </tr> <tr> <td>03 - Intersection Related</td> <td>14 - Intersection Related</td> </tr> <tr> <td>04 - Driveway Related</td> <td>15 - Ramp</td> </tr> <tr> <td>05 - Entrance/Exit Ramp</td> <td>16 - Other Parts (Gore)</td> </tr> <tr> <td>06 - Railway Grade Crossing</td> <td>99 - Unknown Interchange</td> </tr> <tr> <td>07 - Crossover Related</td> <td></td> </tr> <tr> <td>08 - Business Entrance</td> <td></td> </tr> <tr> <td>09 - Alley</td> <td></td> </tr> <tr> <td>10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)</td> <td></td> </tr> <tr> <td>99 - Unknown (describe in narrative)</td> <td></td> </tr> </table> <p><b>Type of Intersection</b> <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	<b>Non-Interchange Area</b>	<b>Interchange Area</b>	01 - Non-Junction	12 - Thru Roadway	02 - Intersection	13 - Intersection	03 - Intersection Related	14 - Intersection Related	04 - Driveway Related	15 - Ramp	05 - Entrance/Exit Ramp	16 - Other Parts (Gore)	06 - Railway Grade Crossing	99 - Unknown Interchange	07 - Crossover Related		08 - Business Entrance		09 - Alley		10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)		99 - Unknown (describe in narrative)		<p><b>Lighting</b> <input type="text"/></p> 01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown <p><b>School Bus Related</b> <input type="text"/></p> 01 - No 02 - Yes, Directly Involved 03 - Yes, Indirectly Involved
<b>Non-Interchange Area</b>	<b>Interchange Area</b>																											
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**Manner of Collision CLARIFICATION**

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



Indicate North

Large empty rectangular area for drawing or notes.

Witnesses

1st

First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone

2nd

First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone

3rd

First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone