Utah Crash Report

Instruction Manual



The Utah Highway Safety Office-Traffic Records Team Barbra Christofferson & Briana Bitner Created June 2021

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INTRODUCTION

The Highway Safety Office, The Utah Department of Transportation, and the University of Utah have worked together to create Utah Transportation and Public Safety Crash Data Initiative (UTAPS-CDI), a data warehouse where all crash reports are stored electronically. UTAPS-CDI was developed with the primary goal of compiling accurate crash reports to assist in finding trends to help reduce the number and severity of motor vehicle crashes in the State of Utah. Every law enforcement officer who investigates crashes is instrumental in reaching this goal.

Much has been written about the need for better crash reporting. Crash reports are the key to successfully relating crashes to highway locations and physical features of the highway.

Crash records systems must rely on the full participation of state, county and local enforcement units. The accuracy of any crash records system is dependent on the active role of the enforcement agencies. A high standard of reporting is required for accurate crash records.

The primary objective of this manual is to encourage statewide uniformity in reporting motor vehicle crashes in order to obtain accurate and adequate accounts of all reportable traffic crashes on all roadway systems in the State of Utah. It does not contain all the answers in every situation, but serves as a guide. Motor vehicle crash reports provide the foundation for an effective traffic safety program. They provide the basic information needed to:

- Determine the magnitude and nature of the vehicle crash problem on a local and statewide scale
- Identify changes and trends in the magnitude and nature of vehicle crashes
- Detect high or potentially high crash locations
- Detect behavioral, health, or other factors contributing to crashes
- Evaluate the effectiveness of vehicle crash countermeasures.

Accurate crash reporting is an essential part of the foundation for any effective traffic safety program. Crash prevention programs are data-driven and must be based on accurate collections and competent analysis of facts. The information is only as good as the reports from which the information is acquired. With increased emphasis on data-driven programs the efforts placed on accurate reporting will have a noticeable and lasting effect on the overall quality of the crash data system.

This instructional manual is designed to provide step by step guidelines for each data element, and why it is necessary. Familiarity with the manual's content will save time and effort at the crash scene and will help complete an acceptable and essential report.

USE OF THE CRASH DATA

Information gathered from the crash report allows data managers to make infrastructure, behavioral, emergency response and enforcement decisions to improve Utah's roadways and reduce the fatalities and serious injuries. The data provides information such as R where and when the crash happened, who participated, what drivers and vehicles were doing and intending to do, what kinds of vehicles were involved, and the how and why the crash happened.

Each data element is important. The list below shows the variety of data users interested in crash data. Plus there are many other agencies not listed in detail who work on prevention, and adjudication of traffic crashes.

AAA AARP

Utah Department of Transportation (UDOT)
Utah Department of Public Safety (DPS)
Driver License Division, DPS

FARS
Federal Highway Administration
Federal Motor Carrier Safety Administration
Governors Highway Safety Association
Utah Department of Health
Local Health Departments
Highway Safety Office
Intermountain Injury Control Research Center (IICRC)
Law Enforcement – local, county, and state

LOBBYISTS MADD

Media – local, state, and national National Highway Traffic Safety Administration Private Citizens SADD

University of Utah (UTAPS)
Local and National University Researchers
Utah Legislature
Zero Fatalities

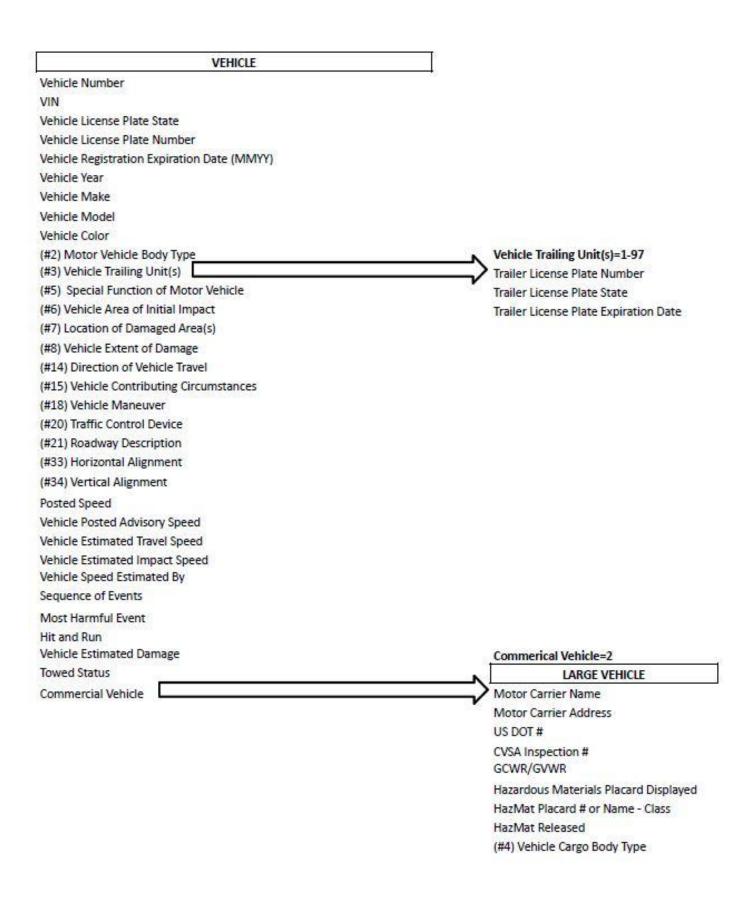
GENERAL INSTRUCTIONS

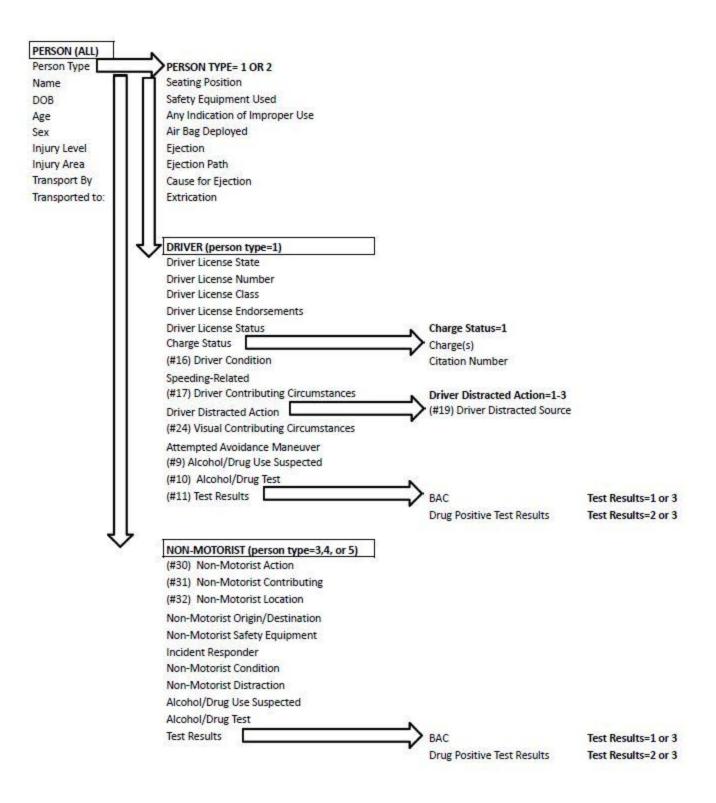
- 1. The crash data elements are uniform across all vendors within Utah. All crashes must be entered utilizing a crash application or Utah's Crash Webservice. There are validations and edit checks in place to ensure required fields are completed prior to electronic submission. There is no longer a DI-9 form.
- 2. Data elements with drop down boxes with options, may include an option for a code *99- Unknown or* . *96- Not Applicable* These are to be used ONLY with there are no other options available for that particular data element. Utilizing these elements out of ease skews the data.
- 3. Occasionally, crashes occur as a result of a previous stabilized crash. When this occurs and there is an obvious connection, whether there is contact between the multiple crashes or not, indicate in the narrative the name of the other drivers for reference purposes and give a brief description of what the connection was.
- 4. If a report is submitted prior to receiving the Blood-Alcohol Content (BAC) information, edit the original Crash report and resubmit it.
- 5. Submit the crash report electronically to the State crash database within 10 days of the event.

All completed reports are to be submitted immediately to the state upon completion of the **initial investigation** or as otherwise directed. All investigations should be pursued diligently without unreasonable delay. **41-6a-402 Accident reports** -- Duty of operator and investigative officer to file. (1) The department may require any operator of a vehicle involved in an accident resulting in injury to or death of any person or total property damage to the apparent extent of \$2,500 or more to file within 10 days after the request: (a) a report of the accident to the department in a manner specified by the department; and (b) a supplemental report when the original report is insufficient in the opinion of the department. (6) (a) A peace officer who, in the regular course of duty, investigates a motor vehicle accident described under Subsection (1) shall file an electronic copy of the report of the accident with the department within **10 days after completing the investigation**.

FLOW CHART

CRASH PS Case Number Crash Date and Time County City Crash Location Case Number Reportable Crash Mile Point Road Name Intersecting Road/Point EMS Time Called EMS Time Arrived Law Enforcement Date/Time Notified of Crash Law Enforcement Date/Time Arrived at Scene Law Enforcement Date Investigation Completed Narrative No Diagram **RO Name** RO Badge **RO Department** Date of Report Work Zone=1 (#1) Crash Severity Workers Present? Work Zone? (#22) Manner Of Collision (two or more motor vehicles in transport) (#12) Work Zone Type (#13) Work Zone Location (#23) Roadway Contributing Circumstances (#25) Weather Condition (#26) Light Condition (#27) Roadway Surface Condition (#28) Roadway Junction/Feature (#29) Road Jurisdiction (#35) Pavement Type (#36) Location of First Harmful Event (#37) First Harmful Event





CRASH

The Crash Data Elements information on the DI-9 includes time, location, vehicle, plate, driver's license, number of occupants, insurance, commercial vehicle specific information, work zone, damage, witnesses, and report status. Actual views of each section will be included in the manual.

Law Enforcement Activity

LE Date & Time Notified Of Crash

Enter the military time the officer was notified of the crash, as well as the date that the crash was reported. This will usually be the same as the date of the crash, but may differ for crashes occurring near midnight or crashes that are not witnessed. Use mm/dd/yy format for the date.

Arrived At Scene

Enter the military time officer arrived on scene.

Investigation Completed

Enter the date investigation was completed. Use mm/dd/yy format for the date.

EMS Time Called

Enter the military time, from Dispatch, that the first EMS unit to arrive on the scene was notified.

EMS Time Arrived

Enter the military time of the first EMS unit to arrive on the scene, also provided by dispatch.

Report Type

The original report needs to be submitted to the state. When supplemental information needs to be added or information on the report needs to be amended, the **original report** must be edited and resubmitted to the state.

Examples- include information obtained later about the driver of a hit and run vehicle or drug and alcohol test results that became available after the original report has been filed, etc.

Crash Information

This section is located at the top of the form as shown below

| | | | INV | ESTIGATING | OFFICER | 'S REPORT | OF TRAFF | IC ACCI | DENT | Pa | age 1 of | |
|---|-------------------|---------|-----------|----------------------|--------------------|---------------------|-------------------|--------------|------------------|--------------|----------|---|
| | DATE OF CRASH: | | TIME | CASE N | 0 | | PS CASE IUMBER | | | | | |
| F | LE NOTIFIED | ARRIVED | COMPLETED | EMS NOTIFIED ARRIVED | 1ST SUBMIT TO UDPS | LAST SUBMIT TO UDPS | GENERATED | VEHICLES LAN | ES WORK ZONE? WO | RKERS? VIDEO | PHOTOS | 7 |
| | | | | | | | | | | | | |

Military Time/Time Crash Occurred

If an officer responds immediately to the crash, please use the time given by dispatch as the time of crash in Military format. If an officer is notified after the crash occurs (and in the event of inclement, snowy weather where there may be an excessive number of crashes, this could be several days), please use the time given by dispatch.

If citations are issued, be sure time of the offense on the citation and time of the crash agree.

Date of Crash

Actual crash date of the incident.

Month/Day/Year. Using numeric values, report the month, day and year the crash occurred.

Example: 01/09/2021 (01 month, 09 for day, and 2021 for year).

Day of Week

The day of the week on which the crash occurred.

Case Number

CASE number is assigned by the reporting Law Enforcement agencies. The number may also be issued by dispatch.

DPS Case Number

This case number is assigned by the Department of Public Safety.

Location

This section is located at the top of the form as shown below. Use the exact location on the roadway to document where the **first harmful event** of the crash occurred.

| NOI. | COUNTY ROAD, STREET, HWY | | | | 65 | I | _ATIT | UDE | 5 | | LONG | TUDE | |
|------|--|--------------------|----|--------------|----|---|-------|-----|-------|-----|------|------|--|
| OCAT | CRASH OCCURRED LOCATION ON ROAD, STREET, HWY | feet | of | | | | | REF | POR | TAB | LE | (a) | |
| | MILEPOST | tenth(s) of a mile | | of Mile Post | _ | | | | 40 54 | | | | |

*Enforcement, highway design and traffic control improvement programs depend upon knowledge of exact crash locations for their effectiveness. It is important that distances to reference points be accurately measured and recorded by the investigating officer. Measurements should also be given to permanent landmarks near the crash scene, such as culverts, buildings, or physical structures, etc. It is essential that the crash location is described so the site can be located by traffic engineers or investigators for subsequent on-scene inspections.

If a crash occurs on private property, identify the property and indicate the address where it is located and the direction the vehicle was going at the time of the crash.

Location fields are critical for UDOT. An agency should include crash location coordinates. Latitude and Longitude should pinpoint the exact crash location. Coordinates always need to be accurately completed and entered in the correct fields. Continue to fill out the entire location section even when using coordinates. County information is always required. Many local jurisdictions use this information for city planning and engineering.

County

The county in which the crash occurred. Use the appropriate two-digit code to indicate the county where the crash occurred.

| | County |
|----|------------|
| 01 | Beaver |
| 03 | Box Elder |
| 05 | Cache |
| 07 | Carbon |
| 09 | Daggett |
| 11 | Davis |
| 13 | Duchesne |
| 15 | Emery |
| 17 | Garfield |
| 19 | Grand |
| 21 | Iron |
| 23 | Juab |
| 25 | Kane |
| 27 | Millard |
| 29 | Morgan |
| 31 | Piute |
| 33 | Rich |
| 35 | Salt Lake |
| 37 | San Juan |
| 39 | Sanpete |
| 41 | Sevier |
| 43 | Summit |
| 45 | Tooele |
| 47 | Uintah |
| 49 | Utah |
| 51 | Wasatch |
| 53 | Washington |
| 55 | Wayne |
| 57 | Weber |

City or Town of Jurisdiction

Indicate the city or town (political jurisdiction) where the crash occurred. Any city or town, whether it is incorporated or unincorporated, can be used for location purposes.

Road, Street, Highway Crash Occurred

Indicate the road number upon which the crash occurred. Use "I" for Interstate and "SR" for other state maintained roadways. Where a specific number or name is not given to a road, identify as follows: Road to Diamond Mountain, or Road to Jones Ranch. Identify the road if possible. If the road does not have a number or a name, enter "County or City

road - unidentified."

On limited access highways, after identifying the road on which the crash occurred, indicate, placing in parenthesis, the direction of travel and whether the crash occurred on the "off ramp," "on ramp," or "collector" as it applies. Example: I-15 (southbound collector) or county road (unidentified), etc.

Location on Road/Intersection

Indicate the intersected streets in line 1 if the crash occurred within an intersection. Indicate the nearest streets in line 2 if the crash did not at an intersection.

Mile Point

If mile markers (reference posts) are present on the street or highway on which the crash occurred, ALWAYS indicate the tenths of a mile to the nearest milepost or reference point (i.e. .7 miles). Also indicate whether the distance is north, south, east, or west from the mile marker.

If no mile markers are present on the street or highway on which the crash occurred, please indicate with a dash.

Latitude/Longitude

GPS coordinates are entered in this box. A crash should be referenced at the point of the first harmful event location if possible (see page ##). If a vehicle has left the roadway, the next alternative is to locate the nearest location on the roadway where the vehicle left the roadway. In the case of multiple vehicle crashes, please do your best to reference the first harmful location of the crash.

Reportable Crash

Does the crash meet the following criteria- If yes, it is deemed Reportable.

- 1. Did the incident include one or more occurrences of injury or damage?
- 2. Did the incident involve one or more motor vehicles?
- 3. Of the motor vehicles involved, was there at least one in transport?
- 4. Did the unstabilized situation originate on a trafficway or did injury or damage occur on a trafficway?

Crash Related

This section shown below is located after the location fields on the crash report.

| 33 HORIZONTAL ALIGNMENT 34 VERITCAL ALIGNMENT |
|--|
| 24 VERITCAL ALICAMENT |
| 34 VERTONE ALIGHMENT |
| 35 PAVEMENT TYPE |
| 36 LOCATION OF FIRST HARMFUL EVENT |
| CUMSTANCES 37 FIRST HARMFUL EVENT |
| OI. |

Severity

The severity of a crash is based on the most severe injury to any person involved in the crash.

No Apparent Injury (Property Damage Only)- No Apparent Injury: No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

Possible Injury— Any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.

Suspected -Minor Injury– Any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

Suspected Serious Injury– Any injury other than fatal which results in one or more of the following: • Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood • Broken or distorted extremity (arm or leg) • Crush injuries • Suspected skull, chest or abdominal injury other than bruises or minor lacerations • Significant burns (second and third-degree burns over 10% or more of the body) • Unconsciousness when taken from the crash scene • Paralysis

Fatal– Any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned to the attribute "Fatal Injury."

| | Crash Severity Codes |
|----|--------------------------|
| 01 | No injury/PDO |
| 02 | Possible injury |
| 03 | Suspected Minor Injury |
| 04 | Suspected Serious Injury |
| 05 | Fatal |
| 88 | Invalid |
| 89 | Not Provided |

Work Zone

A work zone is an area of roadway that contains construction, maintenance, or utility work activities. The work zone typically extends from the first advance warning sign to the End Road Work sign, or the last traffic control device. Work zones may exist for short or long durations and may include stationary or moving activities. It is not necessary for workers or work vehicles to be present to be considered a work zone. Temporary traffic control devices define a work zone.

Work zones represent special hazards on the roadways. It is important to capture information about crashes occurring in and around roadway work. Collection of this information helps to make our roadways safer for drivers, their passengers, workers, and law enforcement officers who assist in monitoring work zone areas.

| Work Zone? | | | | | |
|------------|---------|--|--|--|--|
| 01 | Yes | | | | |
| 02 | No | | | | |
| 03 | Unknown | | | | |

Workers Present

When a work zone crash occurs, determine whether or not workers were actually present at the time of the crash. Select the appropriate field whether or not workers were present at the time of the crash.

| Wor | kers Present? |
|-----|---------------|
| 01 | Yes |
| 02 | No |
| 03 | Unknown |

Work Zone Type

The general type of work zone present at the crash location.

A Lane Shift/Crossover means that the number of lanes remains the same but traffic is shifted from the normal lanes. This includes two-way traffic on freeways.

Intermittent Work is an operation where work stops at multiple locations along the highway, but for short durations. Moving Work is an operation where work does not stop along the highway, usually moving at slow speeds.

| | Work Zone Type Codes | | | | | |
|----|-----------------------------|----|-----------------------------|--|--|--|
| 01 | Lane Closure | 89 | Not Provided | | | |
| 02 | Lane Shift/Crossover | 96 | Not Applicable/No Work Zone | | | |
| | | | | | | |
| 03 | Work on Shoulder or Median | 97 | Other* | | | |
| 04 | Intermittent or Moving Work | 99 | Unknown | | | |
| 88 | Invalid | | | | | |

Work Zone Location

The location of the crash with respect to the work zone. Knowing where the crash occurred in the work zone helps in improving the safety of work zones.

| | Work Zone Location Codes | | | | | |
|----|--|----|------------------------|--|--|--|
| 01 | Before the First Work Zone Warning Sign | 88 | Invalid | | | |
| | Advanced Warning Area (after the first warning sign, but before the work | | | | | |
| 02 | area) | 89 | Not Provided | | | |
| | | | Not Applicable/No Work | | | |
| 03 | Transition Area (where lanes are shifted or tapered for lane closure) | 96 | Zone | | | |

| | Activity Area (adjacent to actual work area, whether workers and | | |
|----|---|----|---------|
| 04 | equipment were present of not) | 99 | Unknown |
| | Termination Area (after the activity area, but before traffic resumes | | |
| 05 | normal conditions) | | |

Manner of Collision

The identification of the manner in which two motor vehicles in transport initially came together without regard to the direction of force. This data element refers only to crashes where the first harmful event involves a collision between two motor vehicles in transport. Identify the manner in which two (or more) motor vehicles in transport initially came together without regard to direction of force. **Use code 96- Not Applicable/Single Veh for single vehicle crashes.**

| | Manner Of Collision Codes | | | | |
|----|------------------------------|----|---------------------------|--|--|
| 01 | Angle | 08 | Rear to Rear | | |
| 02 | Front to Rear | 88 | Invalid | | |
| 03 | Head On (front-to-front) | 89 | Not Provided | | |
| 04 | Sideswipe Same Direction | 96 | Not Applicable/Single Veh | | |
| 05 | Sideswipe Opposite Direction | 97 | Other* | | |
| 06 | Parked Vehicle | 99 | Unknown | | |
| 07 | Rear to Side | | | | |

Roadway Contributing Circumstances

Apparent condition of the roadway which may have contributed to the crash. If more than one condition exists, enter the one that most directly contributed to the crash.

| | Roadway Contributing Circumstances Codes | | | | | |
|----|---|----|--|--|--|--|
| 00 | None | 11 | Prior Crash | | | |
| | | | Emergency/Maintenance/Tow Vehicle Displaying | | | |
| 01 | Debris | 12 | Lights Prior to Crash | | | |
| 02 | Rut, Hole, Bump | 13 | HOV/Express Lane Related | | | |
| | Road Surface Condition (wet, icy, snow, | | | | | |
| 03 | slush, etc.) | 14 | Obstruction in Roadway | | | |
| 04 | Work Zone (construction/maintenance/utility) | 15 | Related to a Bus Stop | | | |
| 05 | Worn, Travel-Polished Surface | 16 | School Bus Involved | | | |
| | Traffic Control Device (inoperative, missing, | | | | | |
| 06 | or obscured) | 17 | Traffic Incident (not including a prior crash) | | | |
| 07 | Shoulder (none, low, soft, high) | 88 | Invalid | | | |

Weather Condition

The prevailing atmospheric conditions that existed at the time of the crash.

| Weather Condition Codes | | | | | |
|-------------------------|-----------------------|--|--|--|--|
| 01 | 01 Clear 07 Fog, Smog | | | | |

| 02 | Cloudy | 08 | Severe Crosswinds |
|----|--------------|----|-------------------|
| 03 | Rain | 99 | Unknown |
| 04 | Snowing | 88 | Invalid |
| 05 | Blowing Snow | 89 | Not Provided |
| 06 | Sleet, Hail | | |

Light Condition

The type/level of light that existed at the time of the motor vehicle crash.

| | Light Condition Codes | | | | |
|----|-------------------------|----|--------------|--|--|
| 01 | Daylight | 06 | Dusk | | |
| 02 | Dark - Lighted | 88 | Invalid | | |
| 03 | Dark - Not Lighted | 89 | Not Provided | | |
| 04 | Dark - Unknown Lighting | 99 | Unknown | | |
| 05 | Dawn | | | | |

Roadway Surface Condition

The roadway surface condition at the time and place of a crash.

| | Roadway Surface Condition Codes | | | | |
|----|---------------------------------|----|--------------|--|--|
| 01 | Dry | 09 | Oil | | |
| 02 | Wet | 10 | Dirt | | |
| 03 | Snow | 11 | Gravel | | |
| 04 | Slush | 12 | Sand | | |
| 05 | Ice/Frost | 88 | Invalid | | |
| 06 | Water (standing, moving) | 89 | Not Provided | | |
| 07 | Mud | 97 | Other* | | |
| 08 | Sand, Dirt, Gravel | 99 | Unknown | | |

Roadway/Junction Feature

An intersection consists of two or more roadways that intersect at the same level. Roadway/Junction Features include: (1) all at-grade intersections; (2) connections between a driveway or alley and a roadway which is not a driveway or alley; or (3) connection between a driveway access and an alley access or Bike/Ped Path.

| | Roadway Junction/Feature Codes | | | | |
|----|--------------------------------|----|-----------------------------------|--|--|
| 00 | No Special Feature/Junction | 21 | T-Intersection | | |
| 01 | Bridge (overpass/underpass) | 22 | Y-Intersection | | |
| 02 | Railroad Crossing | 23 | 5-Leg or More Intersection | | |
| 03 | Business Drive | 24 | Roundabout/Traffic Circle | | |
| 04 | Farm/Residential Drive | 25 | Ramp Intersection With Crossroad | | |
| 05 | Alley | 26 | Multi Use Path/Trail Intersection | | |
| 06 | Crossover in Median | 88 | Invalid | | |

| 07 | On-Ramp Merge Area (Acceleration Lane) | 89 | Not Provided |
|----|---|----|---|
| 08 | Off-Ramp Diverge Area (Deceleration Lane) | 96 | Not Applicable (for back compatibility) |
| 09 | On-Ramp | 97 | Other* |
| 10 | Off-Ramp | 99 | Unknown |
| 20 | 4-Leg Intersection | | |

Road Jurisdiction

Choose the code that best describes the jurisdiction of the road upon which the crash occurred.

| | Road Jurisdiction Codes | | | | |
|----|---|----|----------------|--|--|
| 10 | Public Property, Publicly Accessible | 88 | Invalid | | |
| 11 | Public Property, Not Publicly Accessible | 89 | Not Provided | | |
| 12 | Private Property, Publicly Accessible | 96 | Not Applicable | | |
| 13 | Private Property, Not Publicly Accessible | 99 | Unknown | | |

Pavement Type

The type of pavement on the roadway at the crash location.

| | Pavement Type Codes | | | | | |
|----|---------------------|----|--------------|--|--|--|
| 01 | Concrete | 88 | Invalid | | | |
| 02 | Asphalt (blacktop) | 89 | Not Provided | | | |
| 03 | Gravel,Stone | 97 | Other* | | | |
| 04 | Dirt | 99 | Unknown | | | |
| 05 | Brick,Block | | | | | |

Location of First Harmful

The location of the first harmful event as it relates to its position within or outside the trafficway.

| | Location of First Harmful Event Codes | | | | | |
|----|---|----|--------------------------------------|--|--|--|
| 01 | On Roadway | 09 | Parking Lot Aisle or Stall | | | |
| 03 | Median | 10 | Quasi-public Road or Parking Lot Way | | | |
| 04 | Gore | 11 | Shoulder, Left Side | | | |
| 05 | Roadside (outside of shoulder) | 12 | Shoulder, Right Side | | | |
| 06 | In Parking Lane or Zone (Within Trafficway) | 13 | Separator/Traffic Island | | | |
| 07 | Off Roadway, Location Unknown | 99 | Unknown | | | |
| 08 | Outside Trafficway | | | | | |

First Harmful Event

The first injury or damage-producing event of the crash.

| First Harmful Event Codes |
|---------------------------|
| |

| 07 | Overturn/Rollover | 30 | Passenger Heavy Rail | 54 | Utility Pole/Light Support |
|----|---|----|---|----|-------------------------------|
| 08 | Cargo Equipment Loss or Shift | 31 | Thrown or Fallen Object | 55 | Traffic Signal Support |
| 09 | Jacknife | 32 | Collision Between Motor Vehicle in Transport and Vehicle Cargo/Part or Object Set in Motion by Motor Vehicle | 56 | Culvert |
| 10 | Fire/Explosion | 39 | Other Non-Fixed Object* | 57 | Ditch |
| 11 | Immersion | 40 | Guardrail | 58 | Embankment |
| 12 | Fell/Jumped From Motor Vehicle | 41 | Concrete Barrier | 59 | Snow Bank |
| 19 | Other Non-Collision* | 42 | Cable Barrier | 60 | Tree/Shrubbery |
| 20 | Collision With Other Motor Vehicle in Transport | 43 | Crash Cushion | 62 | Fence |
| 21 | Collision With Parked Motor Vehicle | 44 | Guardrail End Section | 63 | Curb |
| 22 | Pedestrian | 45 | Concrete Sloped End Section | 64 | Fire Hydrant |
| 23 | Pedacycle | 46 | Cable Barrier End Section | 65 | Mailbox |
| 24 | Other Non-Motorist* | 48 | Bridge Rail | 66 | Building |
| 25 | Animal - Wild | 49 | Bridge Pier or Support | 67 | Utility Box |
| 26 | Animal - Domestic | 50 | Bridge Overhead Structure | 68 | Other Traffic Barrier* |
| 27 | Work Zone/Maintenance Equipment | 51 | Traffic Sign Support | 69 | Other Fixed Object* |
| 28 | Freight Rail | 52 | Delineator Post | | |
| 29 | Light Rail | 53 | Other Post, Pole or Support | | |

Crash Diagrams

A basic diagram should be included for all crashes, and is especially important for fatal crashes. Provide a concise diagram showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact where possible. Refer to the vehicles and pedestrians by the numbers assigned in the report.

Narrative

This space is provided for entry of an appropriate text description of the crash occurrence as investigated by the officer. When filling in a Narrative on the crash report remember the following information.

- If a field is coded as "other," include detailed information explaining what "other" means.
- The narrative should never be a reference to a different report, ie: "See investigative/supplemental report."
- Personal information should not be included in the narrative.

Total Number of Lanes on Roadway

Total number of lanes in the roadway on which this motor vehicle was traveling. • For undivided highways-Total "thru" lanes in both directions (excluding designated turn lanes).

• For divided highways- Total "thru" lanes for the roadway (on which the motor vehicle under consideration

^{*}Always indicate the direction of North, in conjunction with the diagram of the crash.

was traveling). A divided highway is a facility that is continuously separated by either a barrier or a raised/depressed median between the opposing directions of traffic.

Write the number of lanes in one direction of the roadway if divided and total number of lanes if undivided roadway.

Number of Vehicles Involved 2, 3, 4, etc.

The total number of motor vehicles (automobiles, single-unit trucks, truck combinations, motorcycles, etc.) that are involved in the crash. Total number of vehicles can be derived by counting the number of motor vehicles involved in a crash as indicated in Motor Vehicle Unit Type and Number V2, V3, V4, etc.

VEHICLE INFORMATION

This section shown below is located after the Crash code fields on the crash report.

| | 2 | MOTOR VEHICLE BODY TYPE | 7 | MOST DAMAGED AREA | | 14 | DIRECTION OF VEHICLE TRAVEL | 18 | VEHICLE MANEUVER | | |
|-------|-------|-------------------------------------|---------------|---------------------------------------|--------------|-------|------------------------------------|----|---------------------------|------------|---------|
| S | 3 | TRAILING UNITS | 8 | EXTENT OF DEFORMITY-MOST DAMAGED AREA | | 15 | VEHICLE CONTRIBUTING CIRCUMSTANCES | 19 | DRIVER DISTRACTION | | |
| CODES | 4 | CARGO BODY TYPE | 9 | ALCOHOL/DRUG USE SUSPECTE | D | 16 | DRIVER CONDITION | 20 | TRAFFIC CONTROL DEVICE | | |
| S | 5 | SPECIAL FUNCTION OF MOTOR VEHICLE | 10 | ALCOHOL/DRUG TEST | | 17 | DRIVER CONTRIBUTING CIRCUMSTANCES | 21 | ROADWAY DESCRIPTION | | |
| | 6 | AREA OF INITIAL IMPACT | 11 | TEST RESULTS | | 17 | DRIVER CONTRIBUTING CIRCUMSTANCES | 24 | VISUAL CONTRIBUTING CIRCU | MSTANCES | |
| 6 | VEH# | VIN | | PLATE STATE | EXPIRATION | COL | DR MAKE | | MODEL | YEAR | OCC |
| 8 | DRIVE | R NAME / ADDRESS | | | | | | - | PHONE | | - |
| # | XX | ######## | RSEMEN | TS RESTRICTIONS DL EXPIRA | TION DATE OF | BIRTH | H AGE CHARGES | | | | |
| щ | OWNE | R NAME / ADDRESS | | | | | | | PHONE | | |
| CL | CARRI | ER NAME / ADDRESS CDL PRESENTED | AT SCEN | NE | | | | | PHONE | | |
| EHICL | US DO | | | NG AUTHORITY (ICC) WEIGHT | | | HAZMAT RELEASED CARGO | | PURPOSE OF USE | | |
| > | | AILER PLATE # STATE EXPIRATION DATE | | #2 TRAILER PLATE # | STATE | EXPIR | ATION DATE #3 TRAILER PLATE # | | STATE EXPIRATION DAT | ΙE | |
| | SPEED | | 7479-3184 | EVENT | 2 | | 3 4 | | Most Harmful | | |
| | ESTIM | | TOWED | | INS | URAN | CE COMPANY | _ | EFFECTIVE DATE | EXPIRATION | ON DATE |
| | POLIC | Y NUMBER AGENCY TH. | AI SOLL | POLICY | ** | | APPEARS VALID | | PHONE | | |

Officers will collect information in this section for specific vehicles, driver(s) and/or owner(s). It is important to fill out complete information so individuals can be contacted at a later date if needed. DLD and the Courts use this information when citations are issued. This information is critical for enforcement. Each vehicle has a section. Vehicle 1 is the vehicle at fault.

"Motor Vehicle in Transport" means in motion or within the portion of a transport way ordinarily used by similar transport vehicles.

Inclusions:

- Motor vehicle in traffic on a highway
- Driverless motor vehicle in motion
- Motionless motor vehicle abandoned on a roadway
- Disabled motor vehicle on a roadway
- And others

In roadway lanes used for travel during rush hours and parking during off-peak periods, a parked motor vehicle is in transport during periods when parking is forbidden.

Vehicle Number 1

Motor vehicle unit type and number assigned to uniquely identify each motor vehicle involved in the crash. Assign a number for each vehicle, i.e. 1, 2, 3, etc. The vehicle known or thought to be "at fault" will take position # 1.

Trailers

If a crash involves a vehicle with trailer(s), fill out the report with all units (truck, tractor, or other vehicle) as one (1) vehicle. Information on each trailer should be entered in the appropriate section of the corresponding motor unit to trailer. All applicable trailer information should be included (ie. Insurance, Owner, Driver same as power unit driver, etc.).

Vehicle Identification Number (VIN)

A unique combination of alphanumeric or numeric characters assigned to a specific motor vehicle that is designated by the manufacturer.

Indicate the vehicle identification number (VIN) or serial number, which can be obtained from various locations on the vehicle. Although an officer may take the VIN from a registration or insurance card, it should always be verified with the stamped VIN off of the vehicle.

Vehicle License Plate State

Indicate the state that issued the vehicle license plate. Use the two letter postal abbreviation code. For example: UT (Utah), CA (California), etc.

Vehicle License Plate Number

Indicate the license plate number assigned to the vehicle.

Vehicle Registration Expiration Date (MMYY)

Indicate numerically the month and year that the license plate expires in the mm/yy box. Use only the last two-digits for the year.

Color

The color of the motor vehicle.

Make

The distinctive (coded) name applied to a group of motor vehicles by a manufacturer. Indicate the general make of the vehicle as shown on the registration card. For example: Chevrolet (Chev), Ford, Toyota (Toyt), etc. Appropriate character abbreviations can be used in this box.

Model

The manufacturer-assigned code denoting a family of motor vehicles (within a make) that have a degree of similarity in construction, such as body, chassis, etc. Generally the secondary name given to a vehicle indicated

on the registration card, such as Escalade, Four Runner, Camry, Camaro, etc.

Year

The model year assigned to a motor vehicle by the manufacturer. Indicate the model year of the vehicle. Non-motor vehicles such as trains, road graders, bicycles, etc. do not need a model year identification. Use a dash for non-motor vehicles.

Motor Vehicle Body Type

The category indicating the general configuration or shape of a motor vehicle distinguished by characteristics such as the number of doors, rows of seats, windows etc. Note that buses are any motor vehicle with seats to transport nine (9) or more people, including the driver's seat. This element does not include vans that are owned and operated for personal use.

| | Motor Vehicle Body Type Codes | | | | | |
|----|---|----|---|--|--|--|
| 01 | Passenger Car | 25 | Passenger Van (<9 seats) | | | |
| 04 | Pickup | 26 | Passenger Van (9-12 seats) | | | |
| 05 | Sport Utility Vehicle | 27 | Passenger Van (15 seats) | | | |
| 07 | Single Unit Truck | 28 | Limousine | | | |
| 09 | Truck Tractor | 29 | Transit Bus | | | |
| 11 | Heavy Truck Other | 30 | Motorcoach | | | |
| 13 | School Bus | 31 | Other Bus Type* | | | |
| | | | Construction Equipment (backhoe, bulldozer, | | | |
| 15 | Farm Equipment (tractor, combine, etc.) | 32 | etc.) | | | |
| 16 | Motorized Scooter/Moped/Motorized Bicycle, etc. | 33 | Snowmobile | | | |
| 18 | RV/Motor Home | 34 | Golf Cart | | | |
| 20 | ATV - Street Legal | 88 | Invalid | | | |
| 21 | ATV/OHV - Off Road | 89 | Not Provided | | | |
| 22 | Motorcycle (2 wheels) | 97 | Other* | | | |
| 23 | Motorcycle (3 wheels) | 99 | Unknown | | | |
| 24 | Cargo Van | | | | | |

Trailing Units

Determine the type of trailing unit.

| | Vehicle Trailing Unit(s) Codes | | | | | |
|----|--------------------------------|----|------------------------|--|--|--|
| 00 | No Trailer/Attachment | 08 | Semi-Trailer - Doubles | | | |
| 01 | Utility Trailer | 09 | Semi-Trailer - Triples | | | |
| 02 | Boat Trailer | 10 | Mobile Home | | | |
| | | | Farm | | | |
| 03 | Camping Trailer | 11 | Equipment/Trailer | | | |
| 04 | Horse Trailer | 88 | Invalid | | | |
| 05 | Towed Motor Vehicle | 89 | Not Provided | | | |
| 06 | Combination - 2 + | 97 | Other* | | | |
| 07 | Semi-Trailer - Single | 99 | Unknown | | | |

Cargo Body Type

The element relates to the type of body for commercial vehicles. If a vehicle is not a commercial vehicle use code 96 (not applicable).

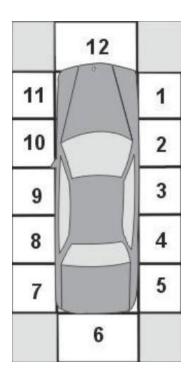
Special Function of Motor Vehicle

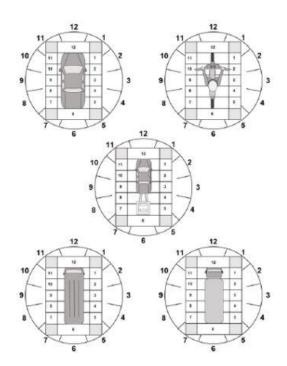
The type of special function (Emergency, Non-Emergency, In Use) being served by each vehicle at the time of the crash, regardless if the function is marked on the vehicle. Determine the type of special function of each vehicle. If the vehicle has no special function, enter '00' for none.

| | Special Function of Motor Vehicle Codes | | | | | |
|----|---|----|--------------------------------------|--|--|--|
| 00 | None | 10 | Mail Carrier | | | |
| 01 | Law Enforcement - Emer | 11 | Military | | | |
| 02 | Law Enforcement - Non-Emer | 12 | Public Utility | | | |
| 03 | Ambulance - Emer | 13 | Incident Management | | | |
| 04 | Ambulance - Non-Emer | 14 | Taxi | | | |
| | | | Vehicle Used for Electronic | | | |
| | | | Ride-hailing (transportation network | | | |
| 05 | Fire - Emer | 15 | company) | | | |
| 06 | Fire - Non-Emer | 16 | RideShare | | | |
| 07 | Snowplow - in Use | 88 | Invalid | | | |
| 08 | Tow Truck - in Use | 89 | Not Provided | | | |
| | | | | | | |
| 09 | Roadway/Maintenance - in Use | 99 | Unknown | | | |

Damaged Areas

Damage to the motor vehicle caused by the crash. These areas include the areas of the motor vehicle that received the initial impact and the area that was most damaged.





Area of Initial Impact

The area of the motor vehicle that received the initial impact in the crash. This information is useful in determining the direction of the initial forces involved in a crash.

| | Vehicle Area of Initial Impact Codes | | | | | |
|----|--------------------------------------|----|----------------------|--|--|--|
| 00 | Impact, No Damage | 11 | Driver Side Front | | | |
| 01 | Passenger Side Front | 12 | Front | | | |
| 02 | Passenger Side Door | 13 | Top (roof) | | | |
| 03 | Passenger Side | 14 | Undercarriage | | | |
| 04 | Pass Side Rear Door | 15 | Damage, No Impact | | | |
| 05 | Passenger Side Rear | 16 | No Impact, No Damage | | | |
| 06 | Rear | 17 | Cargo Loss | | | |
| 07 | Driver Side Rear | 88 | Invalid | | | |
| 08 | Driver Side Rear Door | 89 | Not Provided | | | |
| 09 | Driver Side | 99 | Unknown | | | |
| 10 | Driver Side Door | | | | | |

Most Damaged Area

The area of the vehicle that received the most damage. This information is important when assessing the likelihood of receiving an injury for passengers sitting in different parts of the vehicle. Often, the area of initial impact and most damaged area will be the same. However, this is not always true.

| | Location of Damaged Area(s) Codes | | | | | |
|----|-----------------------------------|----|-------------------|--|--|--|
| 00 | Impact, No Damage | 10 | Driver Side Door | | | |
| 01 | Passenger Side Front | 11 | Driver Side Front | | | |
| 02 | Passenger Side Door | 12 | Front | | | |
| 03 | Passenger Side | 13 | Top (roof) | | | |

| 04 | Pass Side Rear Door | 14 | Undercarriage |
|----|-----------------------|----|----------------------|
| 05 | Passenger Side Rear | 15 | Damage, No Impact |
| 06 | Rear | 16 | No Impact, No Damage |
| 07 | Driver Side Rear | 17 | Cargo Loss |
| 08 | Driver Side Rear Door | 99 | Unknown |
| 09 | Driver Side | | |

Extent of Deformity for Most Damaged Area

Estimation of total damage to motor vehicle from the crash. Disabling damage implies damage to the motor vehicle that is sufficient to require the motor vehicle to be towed from the scene. Estimate the level of deformity sustained by this motor vehicle caused by the crash. This information is useful in estimating the forces involved in the crash and estimating the likelihood of injury for passengers in the motor vehicle.

| V | Vehicle Extent of Damage Codes | | | |
|----|-----------------------------------|--|--|--|
| 00 | None | | | |
| 01 | Minor Damage | | | |
| 02 | 02 Functional Damage | | | |
| 03 | Disabling Damage | | | |
| 99 | Unknown | | | |

Direction of Vehicle Travel

The direction of a motor vehicle's travel on the roadway before the crash.

| | Direction of Vehicle Travel Codes | | | | |
|----|-----------------------------------|----|----------------|--|--|
| 01 | North | 08 | South West | | |
| 02 | South | 09 | North West | | |
| 03 | East | 88 | Invalid | | |
| 04 | West | 89 | Not Provided | | |
| | | | | | |
| 05 | Off Roadway/Parked | 96 | Not Applicable | | |
| 06 | North East | 99 | Unknown | | |
| 07 | South East | | | | |

Vehicle Contributing Circumstances

Pre-existing motor vehicle defects or maintenance conditions that may have contributed to the crash. Indicate any preexisting motor vehicle defects or maintenance conditions that may have contributed to the crash. If more than one condition exists, enter the one that most directly contributed to the crash.

| | Vehicle Contributing Circumstances Codes | | | | |
|----|--|----------------------|--|--|--|
| 00 | 00 None 12 Wheels | | | | |
| 01 | Brakes | 13 | Truck Coupling/Trailer Hitch/Safety Chains | | |
| 02 | Steering | 14 | Cargo | | |
| 03 | Power Train | wer Train 16 Mirrors | | | |
| 04 | Suspension | 17 | Wipers | | |

| 05 | Tires | 18 | Body, Doors, Hood |
|----|--------------------|----|-------------------|
| 06 | Exhaust | 97 | Other* |
| 07 | Headlights | 99 | Unknown |
| 08 | Signal Lights | 88 | Invalid |
| 09 | Tail Lights | 89 | Not Provided |
| 11 | Windows/Windshield | | |

Vehicle Maneuver

The controlled maneuver for this motor vehicle prior to the beginning of the sequence of events. Enter the appropriate code for the controlled maneuver for each motor vehicle prior to the beginning of the sequence of events.

| | Ianeuver Codes | | |
|----|-------------------------|----|---------------------------------------|
| 01 | Straight Ahead | 11 | Slowing in Traffic Lane |
| 02 | Backing | 12 | Mechanically Disabled in Traffic Lane |
| 03 | Changing Lanes | 13 | Parked |
| 04 | Overtaking/Passing | 14 | Parking Maneuvers |
| 05 | Turning Right | 15 | Negotiating a Curve |
| 06 | Turning Left | 16 | Starting to Move in Traffic Lane |
| 07 | Making U-turn | 17 | Merging |
| 08 | Leaving Traffic Lane | 97 | Other* |
| 09 | Entering Traffic Lane | 99 | Unknown |
| | | | |
| 10 | Stopped in Traffic Lane | | |

Traffic Control Device

The type of traffic control device (TCD) applicable to the motor vehicle at the crash location. This needs to be collected at the scene because the presence of specific devices is better verified at the time of the crash. Important for ascertaining the use of various traffic control devices (TCD) and crashes, and identifying the need for upgraded TCDs at specific crash locations. These can include flashing signals, school zones, stop, yield warning, railway crossing signs/signals, etc.

| | Traffic Control Device Codes | | | | | |
|----|---|----|---------------------------------|--|--|--|
| 00 | None | 09 | School Zone - Inactive | | | |
| 01 | Traffic Control Signal | 10 | School Zone - Active | | | |
| 02 | Flashing Traffic Control Signal | 11 | Railroad Crossing - No Signal | | | |
| 03 | Stop Sign | 12 | Railroad Crossing - Signal/Gate | | | |
| 04 | Yield Sign | 13 | Lane Use Control Signal | | | |
| 05 | Warning Sign | 97 | Other* | | | |
| | | | | | | |
| 06 | Person (including flagger, officer, crossing guard, etc.) | 99 | Unknown | | | |
| 08 | Ramp Metering - Active | | | | | |

Horizontal Alignment

The horizontal layout and inclination characteristics of the roadway in the direction of travel for this vehicle.

| Horizontal Alignment Codes | | | |
|----------------------------|--------------|--|--|
| 01 | Straight | | |
| 03 | Curve Left | | |
| 04 | Curve Right | | |
| 88 | Invalid | | |
| 89 | Not Provided | | |
| 99 | Unknown | | |

Roadway Description

Indication of whether or not the trafficway for this vehicle is divided and whether it serves one-way or two-way traffic. A divided highway is a facility that is continuously separated by either a barrier or a raised/depressed median between the opposing directions of traffic.

| | Roadway Description Codes | | | | | |
|----|---|----|--------------------------------------|--|--|--|
| 01 | Two-Way, Not Divided | 07 | Quasi-public Road or Parking Lot Way | | | |
| 02 | Two-Way, Not Divided With a Continuous Left Turn Lane | 88 | Invalid | | | |
| 03 | Two-Way, Divided, Unprotected Median | 89 | Not Provided | | | |
| 04 | Two-Way, Divided, Positive Median Barrier | 96 | Not Applicable (not on roadway) | | | |
| 05 | One-Way | 99 | Unknown | | | |
| 06 | Parking Lot Aisle or Stall | | | | | |

Horizontal Alignment

This element identifies the value that best represents the roadway alignment prior to the vehicle's Critical Precrash Event.

| Ho | Horizontal Alignment Codes | | | | |
|----|----------------------------|--|--|--|--|
| 01 | Straight | | | | |
| 03 | Curve Left | | | | |
| 04 | Curve Right | | | | |
| 88 | Invalid | | | | |
| 89 | Not Provided | | | | |
| 99 | Unknown | | | | |

Vertical Alignment

The Vertical layout and inclination characteristics of the roadway in the direction of travel for this vehicle.

| | Vertical Alignment Codes | | | | | |
|----|--------------------------|----|--------------|--|--|--|
| 01 | Level | 06 | Downhill | | | |
| 03 | Hillcrest | 88 | Invalid | | | |
| 04 | Sag (bottom) | 89 | Not Provided | | | |
| 05 | Uphill | 99 | Unknown | | | |

Posted Speed

Authorized speed limit for the motor vehicle at the time of the crash. The speed limit may be indicated by a regulatory speed limit sign.

| | Posted Speed Codes | | | | |
|----|--------------------|----|----------------|--|--|
| 05 | 5 MPH | 50 | 50 MPH | | |
| 10 | 10 MPH | 55 | 55 MPH | | |
| 15 | 15 MPH | 60 | 60 MPH | | |
| 20 | 20 MPH | 65 | 65 MPH | | |
| 25 | 25 MPH | 70 | 70 MPH | | |
| 30 | 30 MPH | 75 | 75 MPH | | |
| 35 | 35 MPH | 80 | 80 MPH | | |
| 40 | 40 MPH | 96 | Not Applicable | | |
| 45 | 45 MPH | 99 | Unknown | | |

Vehicle Posted Advisory Speed

If there is a warning sign with a posted advisory speed (such as for curves, construction, etc,) enter the advisory speed in the vehicle posted advisory speed field for each vehicle.

| Vel | Vehicle Posted Advisory Speed Codes | | | | |
|-----|-------------------------------------|----|----------------|--|--|
| 05 | 5 MPH | 50 | 50 MPH | | |
| 10 | 10 MPH | 55 | 55 MPH | | |
| 15 | 15 MPH | 60 | 60 MPH | | |
| 20 | 20 MPH | 65 | 65 MPH | | |
| 25 | 25 MPH | 70 | 70 MPH | | |
| 30 | 30 MPH | 75 | 75 MPH | | |
| 35 | 35 MPH | 80 | 80 MPH | | |
| 40 | 40 MPH | 96 | Not Applicable | | |
| 45 | 45 MPH | 99 | Unknown | | |

Vehicle Estimated Impact Speed

Enter the estimated speed of each vehicle at impact. This speed may or may not be the same as the est. travel speed. The speed will depend up many factors including any attempts to brake or swerve.

| Ve | Vehicle Estimated Impact Speed: Codes | | | | |
|----|---------------------------------------|----|----------------|--|--|
| 05 | 5 MPH | 50 | 50 MPH | | |
| 10 | 10 MPH | 55 | 55 MPH | | |
| 15 | 15 MPH | 60 | 60 MPH | | |
| 20 | 20 MPH | 65 | 65 MPH | | |
| 25 | 25 MPH | 70 | 70 MPH | | |
| 30 | 30 MPH | 75 | 75 MPH | | |
| 35 | 35 MPH | 80 | 80 MPH | | |
| 40 | 40 MPH | 96 | Not Applicable | | |
| 45 | 45 MPH | 99 | Unknown | | |

Vehicle Speed Estimated By

| Vehicle Speed Estimated By: Codes | | | | | |
|-----------------------------------|-----------|----|----------------------|--|--|
| 00 | None | 04 | Witness | | |
| | | | | | |
| 01 | Officer | 05 | Crash Reconstruction | | |
| 02 | Driver | 88 | Invalid | | |
| 03 | Passenger | 89 | Not Provided | | |

Sequence of Events

The events, in sequence, **related to the motor vehicle (NOT DRIVER)**, including both non-collision and collision events.

The sequence of events field is used to describe what occurred during the crash. In order to account for the complex scenarios, you may enter up to four events per vehicle. If there are more than four events, record the four most significant events. The sequence of events codes are grouped into three categories: non-collision (i.e. ran-off road and rollover), collisions with non-fixed objects (i.e. motor vehicle vs. motor vehicle and motor vehicle pedestrian), and collisions with fixed objects (i.e. light poles and trees).

First Crash Event

This is the first event of the chain of events that took place during a crash. (How did the crash start?)

Second Crash Event

This is the second event of the chain of events that took place during the crash. Enter the two-digit code, indicating the most appropriate code from the list below. If there is not a second event, entert 96 (not applicable).

Third Crash Event

This is the third event of the chain of events that took place during the crash. Enter the two-digit code, indicating the most appropriate code from the list below. If there is not a third event, enter 96 (not applicable).

Fourth Crash Event

This is the fourth event of the chain of events that took place during the crash. Enter the two-digit code, indicating the most appropriate code from the list below. If there is not a fourth event, enter 96 (not applicable).

Most Harmful Event for Vehicle

Vehicle event that resulted in the most severe injury or, if no injury, the greatest property damage involving this motor vehicle.

This data item is designed to capture which event was most responsible for the injuries that resulted from the crash. This may not necessarily be the first event. For instance, if a vehicle leaves the road and strikes a tree, then a code of 60 (tree/shrubbery) should be entered here.

Striking the tree was most responsible for the injuries; likely, no injuries resulted in simply leaving the road. Also, not all codes listed under sequence of events can cause injuries. For this reason, codes 80 through 88 CANNOT be used in this box.

The following codes will be used for the First Event, Second Event, Third Event, Most Harmful Event and First Harmful Event of the Crash.

| | Sequence of Events Codes | | | | | |
|----------|---------------------------------------|----|----------------------------|----|--------------------------------|--|
| 07 | Overturn/Rollover | 39 | Other Non-Fixed Object* | 60 | Tree/Shrubbery | |
| 08 | Cargo Equipment Loss or Shift | 40 | Guardrail | 62 | Fence | |
| 09 | Jacknife | 41 | Concrete Barrier | 63 | Curb | |
| 10 | Fire/Explosion | 42 | Cable Barrier | 64 | Fire Hydrant | |
| 11 | Immersion | 43 | Crash Cushion | 65 | Mailbox | |
| 12 | Fell/Jumped From Motor Vehicle | 44 | Guardrail End Section | 66 | Building | |
| | | | Concrete Sloped End | | | |
| 19 | Other Non-Collision* | 45 | Section | 67 | Utility Box | |
| | Collision With Other Motor Vehicle in | | | | | |
| | Transport | | | _ | Other Traffic Barrier* | |
| — | Collision With Parked Motor Vehicle | | Bridge Rail | _ | Other Fixed Object* | |
| 22 | Pedestrian | | Bridge Pier or Support | | Crosssed Centerline | |
| 23 | Pedacycle | 50 | Bridge Overhead Structure | 81 | | |
| | | | | | End Departure (T-intersection, | |
| 24 | Other Non-Motorist* | | Traffic Sign Support | | dead-end, etc.) | |
| 25 | Animal - Wild | 52 | Delineator Post | 83 | Downhill Runaway | |
| | | | Other Post, Pole or | | Equipment Failure (blown tire, | |
| 26 | Animal - Domestic | 53 | Support | | brake failure, etc.) | |
| 27 | Work Zone/Maintenance Equipment | 54 | Utility Pole/Light Support | 85 | Ran Off Road Left | |
| 28 | Freight Rail | 55 | Traffic Signal Support | 86 | Ran Off Road Right | |
| 29 | Light Rail | 56 | Culvert | 87 | Reentering Roadway | |
| 30 | Passenger Heavy Rail | 57 | Ditch | 88 | Separation of Units | |
| | | | | | Not Applicable (used only to | |
| 31 | Thrown or Fallen Object | 58 | Embankment | 96 | fill unused box(es)) | |
| | Collision Between Motor Vehicle in | | | | | |
| | Transport and Vehicle Cargo/Part or | | | | | |
| | Object Set in Motion by Motor | | | | | |
| 32 | Vehicle | 59 | Snow Bank | | | |

Hit and Run

This element refers to cases where a vehicle is a contact vehicle in the crash and does not stop to render aid (this can include drivers who flee the scene on foot). It does not matter whether the hit-and-run vehicle was striking or struck. The hit-and-run vehicle(s) is (are) the one(s) that "departed prior to investigation by the police," or that vehicle which is "abandoned" at the scene when its occupant(s) fled from the area.

| | - | Hit and Run Codes | |
|----|----|-------------------|--|
| 01 | No | | |

02 Yes, Driver or Car and Driver Left Scene

Estimated Damage

Use for each vehicle involved in the crash. It is important to note that any vehicles being towed or carried on another vehicle such as a truck or flatbed trailer would be considered cargo and not classified as vehicles. Enter the code that best describes your estimate of the damage to each vehicle. If the vehicle was not damaged, mark "No Damage" in the box.

| Vehicle Estimated Damage Codes | | | | | |
|--------------------------------|----------------|--|--|--|--|
| 00 | No Damage | | | | |
| 01 | \$1-\$1499 | | | | |
| 02 | \$1500 or more | | | | |

Towed Status

This data element describes the mode in which the vehicle left the scene of the crash. Towing includes vehicles carried from the scene on a flatbed tow truck. If the vehicle is a combination vehicle (power unit and at least one trailer), the power unit and/or trailer(s) are considered when determining tow status. If the available information indicates the power unit, or trailer of a combination unit, sustained enough damage to require towing, consider this vehicle as towed due to damage.

COMMERCIAL VEHICLES

For the purposes of crash reporting, the term "commercial vehicle" means any vehicle involved in a crash with one or more of the following:

- a truck having a GCWR of 10,001 or more pounds; OR
- a vehicle displaying a hazardous material placard; OR
- a vehicle designed to transport 9 or more people, including driver; OR AND
- a fatality; OR
- an injury requiring transportation for immediate medical attention; OR
- a vehicle was disabled requiring a tow away from the scene

Commercial Vehicles are regulated by Utah Department of Transportation and the Federal Motor Carrier Safety Administration (FMCSA)

Motor Carrier Name & Address Information

If the carrier is the same as the owner, check the 'Same as Owner's Field. If not, enter the name of the carrier. Indicate the Carrier's name, complete address, and phone number including the area code. Verify the carrier address by using registration, shipping, or lease paperwork. It is <u>extremely</u> important to obtain a correct phone number so that the parties can later be contacted to verify or provide additional information needed. Also check the CDL Presented field if the CDL was presented by the driver. This information is required by the Drivers License Division. If the driver does not have license to present do not enter anything in that field.

US DOT Number (United States Department Of Transportation Number)

The identification number, name and address of an individual, partnership or corporation responsible for the transportation of persons or property as indicated on the shipping manifest.

Enter the appropriate number off the side of the commercial vehicle. This includes taxis and limousines. The Federal Motor Carrier Safety Administration (FMCSA) along with Utah Department of Transportation (UDOT) have the authority to fine and sanction unsafe interstate and intrastate truck and bus companies. A key way to identify potentially unsafe motor carriers is to collect crash data by the identification number, name and address of the company. The street address allows UDOT and FMCSA to visit carriers to conduct review of compliance with Federal Motor Carrier Safety Regulations and provides a crosscheck for the correct identity of the carrier.

The identification number (found on the power unit, and assigned by the U.S. DOT or by a state) is a key element for carrier identification in the UDOT and FMCSA databases for crashes and other carrier information. This data element is collected at the scene to meet FMCSA 90 day reporting requirements.

CVSA Inspection Number

If an inspection was conducted at the scene, enter the ten (10) digit inspection number in the box.

G.C.W.R. / G.V.W.R.

The Gross Vehicle Weight Rating (GVWR) is the amount recommended by the manufacturer as the upper limit to the operational weight for a motor vehicle and any cargo (human or other) to be carried. The Gross Combination Weight Rating (GCWR) is calculated by summing the GVWRs for each unit in a combination-unit motor vehicle. Thus for single-unit trucks there is no difference between the GVWR and the GCWR. For combination trucks (truck tractors pulling a single trailer, truck tractors pulling double or triple trailers, trucks pulling trailers, and trucks pulling other motor vehicles) the GCWR is the total of the GVWRs of all units in the combination.

Additional regulations are imposed on all motor vehicles with GCWR/GVWRs of more than 26,000 lbs (11,793 kg). Manufacturer's weight rating can be found on the plate usually located on the door jam.

Check the appropriate G.C.W.R. /G.V.W.R. field of the commercial vehicle:

Hazardous Materials

Indication that a motor vehicle had a hazardous materials placard as required by federal/state regulations. Hazardous materials that were released from the cargo compartment should be documented whether or not the motor vehicle displayed a placard.

Any substance or material which has been determined by the U.S. Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce and which has been so designated under regulations of the USDOT. A truck transporting hazardous materials can be identified by a diamond shaped sign that must be affixed to any motor vehicle that carries hazardous materials. It usually contains a four-digit number in the middle of the placard, a one-digit number at the bottom that indicates the hazard class and specific material being carried.

HazMat Released

Check the appropriate field for hazardous materials released from the cargo compartment. Note: Leaking fuel from the power unit does not constitute a reportable hazard release of material. This only refers to cargo.

HazMat Placard Displayed

If the vehicle has a HazMat Card indicate Yes or No.

| | Hazardous Materials Placard Displayed Codes | | | | | | |
|----|---|--|--|--|--|--|--|
| 01 | Yes | | | | | | |
| 02 | No | | | | | | |

HazMat Placard Number - Class

Enter the appropriate four-digit USDOT placard number and one- or two-digit class number with a decimal in the field provided. These can be found on the diamond shaped hazardous material sign if present. If the vehicle placard is not visible, retrieve the numbers from other sources AFTER the hazardous material is determined.

Description of Cargo

This section to be used with Commercial Vehicles Only, unless Haz-Mat is being transported. Identify the cargo being transported in the field provided

| | Description of Cargo Codes | | | | | |
|----|----------------------------|----|----------------------------|----|--------------------|--|
| 01 | Agriculture Farm Supplies | 14 | Household Goods | 27 | Paper Products | |
| 02 | Beverages | 15 | Intermodal Containers | 28 | Passengers | |
| 03 | Building Materials | 16 | Liquids Gasses | 29 | Radioactive | |
| 04 | Chemicals | 17 | Livestock | 30 | Refrigerated Food | |
| | | | | | | |
| 05 | Coal, Coke | 18 | Livestock Containers | 31 | Rock, Sand, Gravel | |
| 06 | Commodities, Dry Bulk | 19 | Logs, Poles, Beams, Lumber | 32 | Salt | |
| 07 | Concrete | 20 | Machinery, Large Objects | 33 | US Mail | |
| 08 | Construction | 21 | Meat | 34 | Utilities | |
| 09 | Drive-Away, Tow-Away | 22 | Metal | 35 | Water Well | |
| 10 | Fresh Produce | 23 | Mobile Home | 97 | Other* | |
| 11 | Garbage, Refuse, Trash | 24 | Motor Vehicles | 99 | Unknown | |
| 12 | General Freight | 25 | Oilfield Equipment | | | |
| 13 | Grain, Feed, Hay | 26 | Ore | | | |

Vehicle Cargo Body Type

This element identifies the primary cargo carrying capability of the vehicle.

| | Vehicle Cargo Body Type Codes | | | | | |
|----|-------------------------------|----|------------|--|--|--|
| 01 | Van/Enclosed Box | 10 | Cargo Tank | | | |

| 02 | Hopper (grain,gravel,etc) | 11 | Pole |
|----|--|----|----------------|
| 03 | Bus/Van (seats for 9 -15 people, including driver) | 12 | Log Truck |
| | Bus (Seats more than 15 people, including | | |
| 04 | driver) | 13 | Dump |
| 05 | Intermodal Container Chassis | 88 | Invalid |
| 06 | Auto Transporter | 89 | Not Provided |
| 07 | Concrete Mixer | 96 | Not Applicable |
| 08 | Garbage/Refuse | 97 | Other* |
| 09 | Flatbed | 99 | Unknown |

Purpose of Use

Government (Govt): Any government agency or exempt vehicle such as a city bus, snowplow, school bus, etc. License plate will indicate exempt status.

Personal: Any personal use, not associated with business or commercial use.

Interstate: The term means commercial vehicle travel exists or occurs between two or more states.

Intrastate: The term means commercial vehicle travel exists or occurs within the geographical boundaries of the State of Utah. Generally there is a UT following the USDOT number on the truck.

Example #1: If a commercial vehicle operates within Utah and is registered only in Utah, it is classified as an *Intrastate* vehicle. However, if the vehicle transports cargo out of Utah and operates in other states, it shall be classified as *Interstate*. This information can be verified with permits issued to the individual vehicle.

Example #2: A truck may have an interstate permit, but the driver is off duty and running an errand for personal business. You would check the personal box instead of the interstate box in this scenario. To determine the Purpose of Use for the vehicle, ask the driver the purpose of the trip.

Check the appropriate Purpose of Use field for the vehicle use at the time of the crash.

Trailing Units

Write in the license plate number, state and expiration date for up to three trailer units. If there is damage to the trailing unit(s), then the trailer will also become a vehicle (all write after the power unit with the corresponding vehicle number + A, B, and C depending on the number of trailers.

1st Trailer License Plate Number

Enter the license plate number of the trailer. The plate number is located on the trailer.

1st Trailer License Plate State

Enter the two-letter state abbreviation.

1st Trailer License Plate Expiration Date

Enter the two-digit month and two-digit year expiration date from the trailer license plate.

1st Trailer License Plate Length

Enter the trailer length in feet. The length can be found stamped on some trailers. If necessary use roll-a-tape to measure for the trailer length.

2nd and 3rd Trailers

Information should be entered exactly as instructed for the 1ST Trailer.

| Towed Status Codes | | | | | | | |
|--------------------|-----------------|--|--|--|--|--|--|
| 01 | Not Towed | | | | | | |
| 02 | Towed/Disabled | | | | | | |
| 03 | Towed/Impounded | | | | | | |
| 04 | Towed Other | | | | | | |

Insurance

The information captured in these fields is important for identifying uninsured motorists and is needed by the Drivers License Division. There is a misconception that the main importance of the DI-9 is for the Insurance company's use. In reality, this information is the most effective way for the DLD to revoke a driver's license. It also helps support law enforcement in removing irresponsible drivers and their uninsured vehicles from Utah roads.

If you are provided with an insurance card, binder, or insurance policy, take the information from the document provided and fill out the information on the crash report. Otherwise, obtain this information from the driver.

Insurance Company

Write the name of the insurance company providing coverage for the vehicle. Any information here is helpful, even if no proof of insurance can be shown.

Effective Date

Write the date the insurance policy became effective for the vehicle (mm/dd/yy).

Expiration Date

Write expiration date of the insurance policy stated on the insurance document.(mm/dd/yy). If no documentation exists, ask the driver to estimate the date.

Policy Number

Write the insurance company policy number.

Insurance Valid

Check the appropriate field. Mark "yes" if valid insurance is provided. Mark "no" if no insurance can be verified.

Agency/Agent that Sold Policy

Write the name of the insurance agent that provided the insurance for the vehicle as indicated on the card or by the driver.

Address

Write the address of the insurance agency. DO NOT FORGET THE ZIP CODE. This is very important especially with large companies.

Phone

Write the phone number including area code. It is critical to indicate a phone number for Financial Responsibility's department in the Driver License Division.

PERSON

This section shows data for all people involved in the crash.

| EH# | NAME / ADDRESS | | | PHONE | AGE | DOB BAC SEX | TRANSPORTED TO |
|-----|------------------|--|--|---|---|--|--|
| | PERSON TYPE | SEATING POSITION | INJURY LEVEL | INJURY AREA | | INJURY CAUSE | TRANSPORTED BY |
| Ì | SAFETY EQUIPMENT | USED PROPERLY | AIRBAG | EJECTION | | EJECTION PATH | EXTRICATION |
| EH# | NAME / ADDRESS | ls al | | PHONE | AGE | DOB BAC SEX | TRANSPORTED TO |
| | PERSON TYPE | SEATING POSITION | INJURY LEVEL | INJURY AREA | | INJURY CAUSE | TRANSPORTED BY |
| | SAFETY EQUIPMENT | USED PROPERLY | AIRBAG | EJECTION | | EJECTION PATH | EXTRICATION |
| | EH# | PERSON TYPE SAFETY EQUIPMENT EH# NAME / ADDRESS PERSON TYPE SAFETY EQUIPMENT | PERSON TYPE SEATING POSITION SAFETY EQUIPMENT USED PROPERLY EH# NAME / ADDRESS PERSON TYPE SEATING POSITION | PERSON TYPE SEATING POSITION INJURY LEVEL SAFETY EQUIPMENT USED PROPERLY AIRBAG EH# NAME / ADDRESS PERSON TYPE SEATING POSITION INJURY LEVEL | PERSON TYPE SEATING POSITION INJURY LEVEL INJURY AREA SAFETY EQUIPMENT USED PROPERLY AIRBAG EJECTION EH# NAME / ADDRESS PHONE PERSON TYPE SEATING POSITION INJURY LEVEL INJURY AREA | PERSON TYPE SEATING POSITION INJURY LEVEL INJURY AREA SAFETY EQUIPMENT USED PROPERLY AIRBAG EJECTION EH# NAME / ADDRESS PERSON TYPE SEATING POSITION INJURY LEVEL INJURY AREA | PERSON TYPE SEATING POSITION INJURY LEVEL INJURY AREA INJURY CAUSE SAFETY EQUIPMENT USED PROPERLY AIRBAG EJECTION EJECTION PATH EH# NAME / ADDRESS PHONE AGE DOB BAC SEX PERSON TYPE SEATING POSITION INJURY LEVEL INJURY AREA INJURY CAUSE |

Person Type

Type of person involved in a crash.

| | Person Type Codes | | |
|----|---|----|--------------|
| 01 | Driver | 24 | Witness |
| 02 | Passenger | 25 | Owner |
| 03 | Pedestrian | 99 | Unknown |
| 04 | Pedalcyclist | 88 | Invalid |
| 05 | Other Pedestrian (wheelchair, skater, personal conveyance, etc.)* | 89 | Not Provided |
| 06 | Occupant of a Non-Motor Vehicle Transportation Device (person riding on animal or animal drawn conveyance, injured train occupant)* | | |

Seating Position

The location of each occupant in, on, or outside of the motor vehicle prior to the first event in the sequence of events. Codes 11 and 57 only apply to drivers of motor vehicles. If a second person is riding on the driver's lap in the driver's seat, use code 56. Code 60 should be used for persons not riding in or on a motor vehicle (pedestrians, scooter/skaters, pedal cyclists, etc).

| | Seating Position Codes | | | | | |
|----|-----------------------------------|----|---|--|--|--|
| 11 | Front Left/Motorcycle Driver | 43 | 4th Row Right | | | |
| 12 | Front Center | 48 | 4th Row Other | | | |
| 13 | Front Right | 50 | Sleeper section of cab (truck) | | | |
| 18 | Front Row Other | 51 | Other passenger in enclosed passenger or cargo area | | | |
| 21 | 2nd Row Left/Motorcycle Passenger | 52 | Other passenger in unenclosed passenger or cargo area | | | |
| 22 | 2nd Row Center | 54 | Trailing unit | | | |
| 23 | 2nd Row Right | 55 | Riding on vehicle exterior | | | |
| 28 | 2nd Row Other | 56 | Seating Position 11, Not Driver | | | |
| 31 | 3rd Row Left | 57 | Right Side Driver | | | |
| 32 | 3rd Row Center | 60 | Non Motorist | | | |
| 33 | 3rd Row Right | 89 | Not Provided | | | |
| 38 | 3rd Row Other | 97 | Other | | | |
| 41 | 4th Row Left | 99 | Unknown | | | |
| 42 | 4th Row Center | | | | | |

Sex of Person

Enter M for Male, F for Female, and U for Unknown

Injury Level

The injury severity level for a person involved in a crash.

| | Injury Level Codes |
|----|--------------------------|
| 01 | No injury |
| 02 | Possible injury |
| 03 | Suspected Minor Injury |
| 04 | Suspected Serious Injury |
| 05 | Fatal |
| 88 | Invalid |
| 89 | Not Provided |

Injury Area

The primary or most obvious area of the person's body injured during the crash. If a person is injured in more than one body location, enter the area with the most serious injury. For example, if a person had a bloody nose and a broken arm, enter 07 for upper extremity. If a person is not injured, enter 00 do not leave the box blank.

| | Injury Area Codes | | | | | | | |
|----|-------------------|----|-----------------|--|--|--|--|--|
| 00 | None | 05 | Abdomen/Pelvis | | | | | |
| 01 | Head | 06 | Spine | | | | | |
| 02 | Face | 07 | Upper Extremity | | | | | |
| 03 | Neck | 08 | Lower Extremity | | | | | |
| 04 | Chest | 99 | Unknown | | | | | |

Injury Cause

Cause of injury to the primary injury area

| | Injury Cause Codes | | | | | | | |
|----|--------------------|----|------------------|--|--|--|--|--|
| | | | | | | | | |
| 00 | None | 07 | Vehicle Exterior | | | | | |
| 01 | Steering Wheel | 08 | External Object | | | | | |
| 02 | Dash/Windshield | 97 | Other* | | | | | |
| 03 | Airbag | 99 | Unknown | | | | | |
| 04 | Seatbelt | 88 | Invalid | | | | | |
| 05 | Roof | 89 | Not Provided | | | | | |
| 06 | Other Interior | | | | | | | |

Transported By

This element identifies the method of transportation this person was provided to receive treatment or be evaluated for a possible injury at the first hospital or medical facility.

| | Transported By: Codes | | | | | | | |
|----|-----------------------|----|--------------|--|--|--|--|--|
| 01 | Not Transported | 88 | Invalid | | | | | |
| 02 | EMS Ground | 89 | Not Provided | | | | | |
| 03 | EMS Air | 97 | Other* | | | | | |
| | | | | | | | | |
| 04 | Law Enforcement | 99 | Unknown | | | | | |
| 05 | Private Vehicle | | | | | | | |

Transported To

Medical Facility refers to an injury treatment facility (hospital, clinic, trauma center, etc.). The treatment facility is the first medical facility to which the person is taken. Use appropriate attribute, even if the person dies en route to the treatment facility. A morgue is not an injury treatment facility, please use code **97 for Other (Not a Hospital or Medical Clinic)***

| | Transported to: Codes | | | | | | |
|----|----------------------------|----|-----------------------------|----|--------------------------------|--|--|
| 00 | Not Transported | 29 | Uintah Basin Medical Center | 58 | PHC Regional (Formerly FHP) | | |
| 02 | Salt Lake Regional Med Ctr | 30 | Uintah County | 59 | Park City Family Health Center | | |
| | | | Brigham City Community | | | | |
| 03 | LDS | 31 | Columb. | 60 | St. Marys | | |
| 04 | St. Marks | 32 | Tooele Valley Regional | 61 | Emery Med Ctr (Castledale) | | |

| | South Davis Community Hospital | | Other (med clinics not | | |
|----------|-----------------------------------|----|-----------------------------|----|--------------------------------|
| 05 | (Bountiful) | 33 | listed)* | 62 | BYU Health Clinic |
| 06 | University (U of U) | 34 | Primary Children's | 63 | Crestwood Med Ctr (Kaysville) |
| | Davis Hospital and Medical Center | | | | |
| 07 | (Layton) | _ | Allen Memorial (Moab) | 64 | Herfordshire Clinic (Roy) |
| 08 | PHC Pioneer Valley | 37 | Carbon Medical Service | 65 | Hurricane Clinic |
| | | | Fillmore Community | | |
| - | Veterans Administration | _ | Medical Ctr | 66 | Wendover Clinic |
| 10 | McKay-Dee Center | 39 | Kane County (Kanab) | 67 | Timpanogos |
| | | | Bear River Valley | | |
| | Ogden Regional Medical Center | 40 | (Tremonton) | 69 | Mountain West Medical Center |
| 12 | Delta Community Medical Center | 41 | Wasatch County (Heber) | 70 | Jordan Valley (not Holy Cross) |
| 1 | | | Lakeview (Bountiful) | | |
| 13 | American Fork | 42 | Columbia | 72 | Cache Valley Specialty |
| | | l | San Juan Regional | L. | Bear Lake Community Health |
| | Central Valley Medical Center | 44 | (Monticello) | | (Garden City) |
| 15 | Mountain View (Payson) | 45 | Fillmore Clinic | 77 | Intermountain Medical Center |
| 16 | Utah Valley Regional Med Ctr | 46 | Green River Medical Center | 78 | Kamas Clinic |
| 17 | Logan Regional | 47 | Heber Valley Clinic | 79 | Intermountain Ephraim Clinic |
| 18 | Beaver Valley (Beaver) | 48 | Price Medical Center | 80 | Riverton Hospital |
| | | | Wasatch Medical Clinic | | |
| 19 | Valley View Medical Center | 49 | (Heber) | 81 | Lone Peak Medical |
| 20 | Gunnison Valley | 50 | Personal Doctor | 82 | Park City Medical Center |
| | | | | | Davis Hospital (Weber |
| 21 | Milford Valley Memorial | 51 | Alta View | 83 | Campus) |
| | | | | | Out of State Hospital/Medical |
| 22 | San Pete Valley (Mt. Pleasant) | _ | Hill Air Force Base | 84 | Center* |
| 23 | Garfield Memorial (Panguitch) | 53 | Ashley Valley M.C. (Vernal) | 96 | Not Applicable |
| | | | | | Other (Not a Hospital or |
| 24 | Sevier Valley | 54 | Blanding Clinic | 97 | Medical Clinic)* |
| | | | Southwest Emergency (W | | |
| | Dixie Regional (St George) | 55 | Jordan) | 99 | Unknown |
| 26 | Castleview | | Monument Valley (San Juan) | | |
| 27 | Bullfrog Medical Clinic | 57 | Orem Community | | |

Safety Equipment

The restraint equipment in use by any occupant, or the safety equipment used by a motorcyclist or non-motorists at the time of the crash. Enter safety equipment use also for Non-Motorists (see Non-Motorist Safety Equipment of page 20).

| | Safety Equipment Used Codes | | | | | | |
|----|-----------------------------|----|--|--|--|--|--|
| 00 | None | 10 | Motorcycle Helmet, DOT-Compliant | | | | |
| 01 | Lap & Shoulder belt | 11 | Helmet, Other Than DOT-Compliant Motorcycle Helmet | | | | |
| 02 | Shoulder belt only | 12 | Helmet, Unknown If DOT-Compliant | | | | |
| 03 | Lap Belt Only | 13 | Stretcher | | | | |

| | Child Restraint - Forward | | |
|----|-------------------------------|----|------------|
| 04 | Facing | 14 | Wheelchair |
| 05 | Child Restraint - Rear Facing | 97 | Other* |
| 06 | Booster Seat | 99 | Unknown |
| 09 | Child Restraint - Other Type* | | |

Any Indication of Improper Use

Examples of improper use of safety equipment include: none used, children wearing a lap belt but with the shoulder belt under their arm or over their head; car seats that are not anchored or belted to the vehicle.

| | Any Indication of Improper Use Codes |
|----|--|
| 03 | No |
| 04 | Yes |
| 96 | Not Applicable (not restrained) |
| 99 | Unknown (Due to extent of damage/evidence destroyed) |
| 89 | Not Provided |
| 96 | Not Applicable |

Air Bag Deployed

Deployment status of an airbag relative to the position in the vehicle for the occupant.

| | Air Bag Deployed Codes | | | | | | |
|----|-----------------------------------|----|-----------------------------|--|--|--|--|
| 00 | No Air Bag | 05 | Deployed - Combination | | | | |
| 01 | Not Deployed | 07 | Missing/Previously Deployed | | | | |
| 02 | Deployed - Front | 08 | Deployed - Curtain | | | | |
| 03 | Deployed - Side | 99 | Deployment Unknown | | | | |
| | Deployed - Other (knee, air belt, | | | | | | |
| 04 | etc.) | | | | | | |

Ejection

Occupant completely or partially thrown from the interior of the motor vehicle, excluding motorcycles, as a result of a crash. Note: For motorcyclists, pedal cyclists, etc. use code 96 Not Applicable rather than code 01 Ejected. Similarly for non-motorists use 96 Not Applicable rather than code 00 Not Ejected.

| | Cause for Ejection Codes | | | | |
|----|-------------------------------|--|--|--|--|
| 01 | Improper Restraint | | | | |
| 02 | Restraint Failure | | | | |
| 03 | Seating compartment destroyed | | | | |
| 04 | Severity of crash | | | | |

Extrication

Extrication refers to the use of equipment or other force to remove persons from the vehicles, i.e., more than just lifting or carrying a person out of the wreckage

| Extrication Codes | | | | |
|-------------------|----------------|--|--|--|
| 01 | Not Extricated | | | |
| 02 | Extricated | | | |
| 88 | Invalid | | | |
| 89 | Not Provided | | | |
| 99 | Unknown | | | |

Driver

The full name of the individual driver. Insert the full name of the person driving the motor vehicle at the time of the crash. If the person driving the vehicle is licensed, the name should be exactly the same as shown on the driver's license. If the driver's true name is different from that shown on the license, the difference should be explained in the narrative. If the driver is unlicensed, indicate the full name from other means of identification if possible.

First Name, Middle Initial, Last Name

If the driver has no middle initial, then leave the area blank for the middle initial. **Do not use Abbreviations**, **Such as NMN for 'no middle name.**

Driver Address

Do not copy the address from the driver's license unless it is acknowledged to be correct. Otherwise, obtain the street address or RFD number, apartment number, city, state, and zip code from some other source.

Ask the driver to verify his or her address before entering it in the field. It is extremely important to obtain a correct phone number, Drivers License Financial Responsibility and the Courts may need to follow up with this number.

Driver's License

State

The geographic or political entity issuing a driver's license. Includes the States of the United States (including the District of Columbia and outlying areas), Indian Nations, U.S. Government, Canadian Provinces, and Mexican States (including the Distrito Federal), as well as other jurisdictions.

Indicate the state that issued the driver's license. Abbreviate the name of the state using acceptable two-character codes.

| Driver License State | | | | | |
|-----------------------|--------------------|---------------------------|--|--|--|
| Alabama (AL) | Manitoba (MB) | Ohio (OH) | | | |
| Alaska (AK) | Maryland (MD) | Oklahoma (OK) | | | |
| Alberta (AB) | Massachusetts (MA) | Ontario (ON) | | | |
| Arizona (AZ) | Mexico (MX) | Oregon (OR) | | | |
| Arkansas (AR) | Michigan (MI) | Pennsylvania (PA) | | | |
| | | | | | |
| British Columbia (BC) | Minnesota (MN) | Prince Edward Island (PE) | | | |

| California (CA) | Mississippi (MS) | Quebec (QC) |
|---------------------------|--------------------------|----------------------|
| Colorado (CO) | Missouri (MO) | Rhode Island (RI) |
| Connecticut (CT) | Montana (MT) | Saskatchewan (SK) |
| Delaware (DE) | Nebraska (NB) | South Carolina (SC) |
| District of Columbia (DC) | Nevada (NV) | South Dakota (SD) |
| Florida (FL) | New Brunswick (NB) | Tennessee (TN) |
| Georgia (GA) | New Hampshire (NH) | Texas (TX) |
| Hawaii (HI) | New Jersey (NJ) | Utah (UT) |
| Idaho (ID) | New Mexico (NM) | Vermont (VT) |
| Illinois (IL) | New York (NY) | Virginia (VA) |
| Indiana (IN) | Newfoundland (NF) | Washington (WA) |
| Iowa (IA) | North Carolina (NC) | West Virginia (WV) |
| Kansas (KS) | North Dakota (ND) | Wisconsin (WI) |
| Kentucky (KY) | Northwest Territory (NT) | Wyoming (WY) |
| Louisiana (LA) | Nova Scotia (NS) | Yukon Territory (YT) |
| Maine (ME) | Nunavut (NU) | |

Drivers License Number

The unique driver's license number assigned to the individual. Indicate the driver's driver license number. *Be sure to copy the number completely and accurately.* If the driver is not licensed, enter code 00 to indicate none.

Drivers License Status

The status of the license at the time of the crash.

| Dri | Driver License Status Codes | | | | | | |
|-----|-----------------------------|----|------------------------|--|--|--|--|
| 00 | Not Licensed | 06 | Suspended | | | | |
| 01 | Valid License | 07 | Learner's Permit | | | | |
| | | | | | | | |
| 02 | Canceled or Denied | 08 | Temporary/Limited | | | | |
| 03 | Disqualified (CDL) | 09 | Driving Privilege Card | | | | |
| 04 | Expired | 99 | Unknown | | | | |
| | Revoked | | | | | | |

Drivers License Class

Issued to drivers after successfully completing a driver's test that qualifies them to operate a specific type of motor vehicle.

| | Driver License Class Codes | | | | |
|---|---|--|--|--|--|
| A | Commercial over 26,000 w/towed unit over 10,000 GVWR | | | | |
| В | Commercial over 26,000 w/towed unit under 10,000 GVWR | | | | |
| С | Commercial under 26,000 | | | | |
| D | Private or other vehicles - not Commercial or Motorcycles | | | | |
| M | Motorcycle only | | | | |

| X | Learner or Mobility Vehicle Permit or Skeleton |
|----|--|
| - | NA/No DL presented (if not UT, pick equivalent UT code in this 1 |
| 88 | Invalid |
| 89 | Not Provided |

Drivers License Endorsement Codes

Issued to drivers after successfully completing a specialized test that qualifies them to operate a specific type of commercial motor vehicle.

| | Driver License Endorsements Codes | | | | | |
|---|-----------------------------------|---|-----------------------------|--|--|--|
| Н | Hazardous Materials | Т | Double/Triple Trailers | | | |
| M | Motorcycle | X | Tankers/Hazardous Materials | | | |
| N | Tank Vehicles | Z | Taxicab | | | |
| P | Passengers | - | Does Not Apply (none) | | | |
| S | School Bus | | | | | |

Drivers License Restriction

Restrictions assigned to an individual's driver license by the license examiner. Enter the restriction code from the Utah Driver's License, select all that apply.

| | Driver License Restrictions Codes | | | | | |
|----|-----------------------------------|---|------------------------|---|------------------------------------|--|
| 02 | 249 CC or Less Motorcycle | Е | Automatic Transmission | R | No Hazardous Materials | |
| 03 | 649 CC or Less Motorcycle | F | Outside Mirror | U | 3 Wheel Motorcycle | |
| 04 | Street Legal ATV | G | Daylight only | V | 40 MPH or Less | |
| 06 | Posted 40 Mph or less | I | Limited - Other | W | Medical | |
| 07 | Automatic transmission | J | Other | X | Empty Tank CMV on a Learner Permit | |
| A | No Restrictions | K | CDL Intrastate Only | Y | LT 10K less than 10,000# | |
| | | | Vehicle Without Air | | | |
| В | Corrective lenses | L | Brake | - | Does Not Apply (none) | |
| C | Mechanical Aid | О | 90 cc Cycle | | | |
| D | Prosthetic Aid | Q | Limit Employment | | | |

Date of Birth

The month, day, and year of birth of the person involved in a crash. Indicate the date of birth. This information should be taken from the driver license or other identification received in the investigation. The date of birth shall be listed numerically mm/dd/yyyy. Example: Month 06 Date 13 Year 1998

Age

Indicate the age of the driver from the last birth date. Make sure the age of the driver corresponds to the birth date on the driver's license. Infants under one year of age are coded as 0. If you do not know the age, please code 99 for unknown.

Occupant(s) number

The total number of injured and uninjured occupants in this motor vehicle involved in the crash, including persons in or on the motor vehicle at the time of the crash. Indicate the number of occupants for each vehicle.

Law Enforcement Action

Charge(s) Status

Indicate charge(s) that were related to the crash. 3 fields for charges. If more than three charges, enter highest to lowest (Felony to Misdemeanor)

Citation Number

Indicate the number of the citation. Citation numbers are issued from the state BCI. The citation numbers are issued automatically when an officer creates a new citation.

Owner

Verify ownership by checking the information contained in the registration. Indicate the name of the person (s) or firm having legal right of control.

If the driver is the owner, then check the field *Same as Driver* box. If the driver has no middle initial, then the area blank for the middle initial. **Do not use abbreviations such as NMN for No Middle Name.** If operator is under authority of a carrier, go to the Commercial Carrier Field, see page X, and use the carrier name. Otherwise, obtain the information from the registration certificate, the driver, or other available sources.

Address

Verify the address on the registration before entering information given by the driver. If the registration information is incorrect, obtain the street address or RFD number, apartment number, city, state, and zip code and phone number from some other source. Always indicate: street, city, state, zip, and phone number including area code.

Speed Related

This element identifies if the driver was speeding and it was related to the crash as identified by law enforcement.

| | Speeding-Related Codes |
|----|------------------------------|
| 01 | No |
| 02 | Yes, Exceeded Speed Limit |
| 03 | Yes, Too Fast for Conditions |
| 04 | Yes, Street Racing |
| 99 | Unknown |

Driver Condition

Any relevant condition of the driver that is directly related to the crash. If more than one condition exists, enter

the one that most directly contributed to the crash.

| | Driver Condition Codes | | | |
|----|--|----|----------------------------------|--|
| | Emotional Prior to Crash | | | |
| 01 | Appearing Normal | 06 | (depressed/angry/disturbed/etc.) | |
| 02 | Illness/Medical | 07 | Physically Impaired | |
| 03 | Fatigue/Asleep | 97 | Other* | |
| 05 | Under the Influence of Alcohol/Drugs/Medications | 99 | Unknown | |

Driver Contributing Circumstances

The actions by the driver that may have contributed to the crash. This data element is <u>based on the judgment of the law enforcement officer</u> investigating the crash. This element does not need to be proven and does not need to match any citations given.

There are two boxes for each driver. If there is only one contributing circumstance for a driver, mark 00 None in the second box. This is the only code box containing primary and secondary contributing circumstances. For example a vehicle may be 02 (too fast for conditions) and 10 (followed too closely).

| | Driver Contributing Circumstances Codes | | | | |
|----------|---|----------|--------------------------------|--|--|
| 00 | None | | Wrong Side/Wrong Way | | |
| 03 | Failed to Yield Right-of-Way | 14 | Improper Parking/Stopping | | |
| 04 | Failed to Keep in Proper Lane | 15 | Ran Off Road | | |
| 05 | Unsafe Lane Change | | Improper Backing | | |
| | | | | | |
| | 1 ~ | | | | |
| 06 | Over-Correcting/Over-Steering | 18 | Improper Passing | | |
| 06 07 | Over-Correcting/Over-Steering Disregard Traffic Signs | 18 19 | Improper Passing Improper Turn | | |
| | | | | | |
| 07 | Disregard Traffic Signs | 19 | Improper Turn | | |
| 07 08 | Disregard Traffic Signs Disregard Traffic Signals | 19 22 | Improper Turn Reckless Driving | | |

Driver Distraction Action

Distractions that may have influenced the driver performance. This element focuses on distractions inside the vehicle prior to the crash. Use code 03 Other* to explain in the Narrative if the distraction occurred outside the vehicle.

| | Driver Distracted Action Codes |
|----|---|
| 00 | Not Distracted |
| 01 | Talking/Listening |
| | |
| 02 | Manually Operating (texting, dialing, playing game, etc.) |
| 03 | Other Action* |
| 09 | Unknown |

Driver Distraction Source

This element identifies the attribute(s) which best describes the driver's attention to driving prior to the driver's realization of an impending critical event or just prior to impact if realization of an impending critical event does not occur. This element reports on the presence of any distractions which may or may not have contributed to the crash. Distraction from the primary task of driving occurs when drivers divert their attention from the driving task to some other activity.

| | Driver Distracted Source Codes | | | |
|----|--------------------------------|----|---------------------------------|--|
| | | | | |
| 02 | Audio (using vehicle controls) | 15 | Animal (inside vehicle) | |
| 04 | Passenger(s) | 16 | Food/Drink | |
| 09 | Hand-Held Mobile Phone | 17 | Grooming | |
| 10 | Hands-Free Mobile Phone | | Other Inside Distraction* | |
| | | | | |
| 11 | Audio (using vehicle controls) | 19 | Other Outside Distraction* | |
| 12 | Climate Control | 96 | Not Applicable (Not Distracted) | |
| 13 | Vehicle-Integrated Device | 99 | Unknown | |
| 14 | Other Electronic Device* | | | |

Visual Contributing Circumstances

Apparent visual conditions which may have contributed to the crash. If more than one condition exists, enter the code element that most directly contributed to the crash for each vehicle.

| | Visual Contributing Circumstances Codes | | | | |
|----|---|----|--|--|--|
| 00 | None | 11 | Smoke | | |
| | | | | | |
| 03 | Windshield Broken or Improperly Cleaned/Cleared | 12 | Rain, Snow, Fog | | |
| 04 | Trees, Crops, Bushes, Other Vegetation | 13 | Blowing Sand, Soil, Dirt | | |
| | | | | | |
| 05 | Parked Vehicle(s) | 14 | Curve, Hill, or Other Roadway Design Feature | | |
| 06 | Signs, Billboards, etc. | 15 | Splash or Spray of Passing Vehicle | | |
| 07 | Moving Vehicle(s) | 16 | Inadequate Defrost System | | |
| 08 | Building | 17 | Obstruction Interior to Vehicle | | |
| 09 | Guardrail/Barrier | 97 | Other* | | |
| 10 | Glare | 99 | Unknown | | |

Attempted Avoidance Maneuver

This element identifies movements/actions taken by the driver, within a critical crash envelope, in response to a Critical Precrash Event. Attempted avoidance maneuvers occur after the driver has realization of an impending danger. This element assesses what the driver's action(s) was in response to his/her realization. Use the available information to code the actions taken by the driver in response to the driver's realization of an impending danger (Critical Event).

| | Attempted Avoidance Maneuver Codes | | | |
|----|------------------------------------|----|--|--|
| 00 | No Avoidance Maneuver | 07 | Braking and Unknown Steering Direction | |
| 01 | Accelerating | 08 | Releasing Brakes | |
| 02 | Accelerating and Steering Left | 09 | Steering Left | |
| 03 | Accelerating and Steering Right | 10 | Steering Right | |
| 04 | Braking | 97 | Other Actions* | |
| 05 | Braking and Steering Left | 99 | Unknown | |
| 06 | Braking and Steering Right | | | |

Alcohol/Drug Use Suspected

Driver involved in the crash suspected by law enforcement to have used alcohol or drugs. This element does not require that a test be given. Includes both alcohol/drug use under the legal limit and at or over the legal limit.

| Ale | Alcohol/Drug Use Suspected Codes | | |
|-----|----------------------------------|--|--|
| 00 | None | | |
| 01 | Alcohol | | |
| 02 | Drugs | | |
| 03 | Both | | |
| 99 | Unknown | | |

^{*}Alcohol and drug-related crashes remain a serious traffic safety problem. Identifying crashes in which alcohol or drugs may have been involved will help evaluate the effectiveness of programs to decrease the incidence of drunk driving or driving under the influence of drugs or to identify problem areas. This data provides another way for the data user to easily identify alcohol or drug-related crashes without having to search through person level records.

Alcohol/Drug Test

Indication of alcohol or drug test given.

| | - Alcohol/Drug Test Codes |
|----|---------------------------|
| 00 | Not Given |
| 02 | Alcohol |
| 03 | Drug |
| 04 | Both |
| 05 | Taken to M.E. |
| 88 | Invalid |
| 89 | Not Provided |

^{*}Alcohol remains the most prevalent drug involved in motor vehicle crashes. Capturing alcohol concentration whenever a driver or non-motorist is tested will provide an accurate assessment of the role of alcohol involvement. Identifying drug-related crashes helps develop and evaluate programs directed at reducing their involvement. Whenever evidence of other drug use is available, it should be captured.

Test Results

General results of alcohol or drug test(s).

Often an officer will have to resubmit the crash report with test results due to the nature of time needed for results to become available. The actual BAC results are recorded in the Person(s) Involved section.

| | Test Results Codes |
|----|------------------------|
| 01 | Alcohol-Pos |
| 02 | Drug-Pos |
| 03 | Both-Pos |
| 04 | Negative |
| 05 | Pending |
| 88 | Invalid |
| 89 | Not Provided |
| 96 | Not Applicable/No Test |

BAC Test Results

The actual value with all three decimal places should be entered in this field. Since BAC results aren't usually available when the Original Report is filled out, this will generally be resubmitted at a later date.

| BAC | | |
|-------|-------|--|
| Value | 0.XXX | |

Drug Positive Test Results

This element records the result of a chemical test for the presence of drugs in the person.

| | Drug Positive Test Results Codes | | | | |
|----|----------------------------------|----|---------------------------------------|--|--|
| 01 | Cannabinoid | 06 | Phencyclidine (PCP) | | |
| 02 | Narcotic | 07 | Inhalant | | |
| 03 | Depressant | 08 | Other Drug* | | |
| 04 | Stimulant | 09 | Positive Drug Test, Unknown Drug Type | | |
| 05 | Hallucinogen | | | | |

NON-MOTORIST

A non-motorist is any person other than an occupant of a motor vehicle in transport. This includes pedestrians, bicyclists, other cyclists, occupants of other motor vehicles not in transport, and occupants of transport vehicles other than motor vehicles.

Non-Motorist Action

The action of the non-motorist prior to the crash. If more than one condition exists, enter the one that most directly contributed to the crash.

| | Non-Motorist Action Codes | | | | | | | | |
|----|---|----|---|--|--|--|--|--|--|
| 01 | Entering or Crossing Road | 09 | In Roadway-other* | | | | | | |
| | | | | | | | | | |
| 02 | Walking/Cycling Along Roadway with Traffic | 10 | Adjacent to Roadway (e.g. Shoulder, Median) | | | | | | |
| 03 | Walking/Cycling Along Roadway Against Traffic | 12 | Leaving/Approaching Disabled Vehicle | | | | | | |
| 04 | Waiting to Cross Roadway | 13 | Entering Vehicle | | | | | | |
| 05 | Walking/Cycling on Sidewalk | 97 | Other* | | | | | | |
| 06 | Working in Trafficway | 99 | Unknown | | | | | | |
| 07 | Working on Vehicle | 88 | Invalid | | | | | | |
| 08 | Pushing Motor Vehicle | 89 | Not Provided | | | | | | |

Non-Motorist Contributing Circumstances

Any relevant condition of the non-motorist that is directly related to the crash. Enter the appropriate indicator of any non-motorist action that contributed to the crash. If more than one condition exists, enter the one that most directly contributed to the crash.

| | Non-Motorist Contributing Circumstances Codes | | | | | | | |
|----|---|----|---|--|--|--|--|--|
| 00 | None | 07 | Failure to Yield Right-of-Way | | | | | |
| 01 | Improper Crossing | 08 | In Roadway Improperly (Lying, Kneeling, Standing, etc.) | | | | | |
| 02 | Dart/Dash | 09 | Improper Turn/Merge | | | | | |
| 03 | Wrong Side of Road | 10 | Improper Passing | | | | | |
| 04 | Not Visible | 97 | Other* | | | | | |
| 05 | Inattentive | 99 | Unknown | | | | | |
| | Failure to Obey Traffic Signs, Signals, or | | | | | | | |
| 06 | Officer | | | | | | | |

Non-Motorist Location

The non-motorist's location, with respect to the roadway, at the time of the crash.

| | Non-Motorist Location Codes | | | | | |
|----|--|--|--|--|--|--|
| 01 | Intersection - Marked Crosswalk | | | | | |
| 02 | Intersection - Unmarked Crosswalk | | | | | |
| 03 | Midblock Crosswalk | | | | | |
| 04 | School Crosswalk - Intersection | | | | | |
| 05 | School Crosswalk - Midblock | | | | | |
| 06 | Travel Lane (not crosswalk or intersection) | | | | | |
| 07 | Median/Island | | | | | |
| 08 | Shoulder/Roadside | | | | | |
| 10 | Sidewalk | | | | | |
| 12 | On-Street Bike Lane | | | | | |
| 13 | Shared Use Path/Trail | | | | | |
| 14 | Outside Right-of-Way | | | | | |
| 15 | Inside Building | | | | | |
| 16 | Intersection - Not in Crosswalk (marked or unmarked) | | | | | |

| 17 | Separated Bike Lane |
|----|---------------------|
| 18 | Driveway Access |
| 97 | Other* |
| 99 | Unknown |
| 88 | Invalid |
| 89 | Not Provided |

Non-Motorist Origin/Destination

The origin/destination of the non-motorist. Where they were going to or from.

| Non-Motorist Origin/Destination Codes | | | | | | |
|---------------------------------------|-------------------------------------|--|--|--|--|--|
| 01 | Going to or from School (K-12) | | | | | |
| 02 | Going to or from Transit | | | | | |
| 03 | Not Going to/from School or Transit | | | | | |
| 99 | Unknown | | | | | |

Non-Motorist Safety Equipment

This element identifies the safety equipment that was used by the non-motorist.

| | Non-Motorist Safety Equipment Codes | | | | | | |
|----|--|--|--|--|--|--|--|
| 00 | None | | | | | | |
| 01 | Helmet | | | | | | |
| 02 | Protective Pads Used (elbow, knee, shin, etc.) | | | | | | |
| 03 | Reflective Wear/Reflectors | | | | | | |
| 04 | Lighting | | | | | | |
| 97 | Other | | | | | | |
| 99 | Unknown | | | | | | |

Non-Motorist Condition

This element attempts to identify any physical impairment to the non-motorist which may have contributed to the cause of the crash.

| | Non-Motorist Condition Codes | | | | | | | | |
|------------------------|------------------------------|----|---|--|--|--|--|--|--|
| 01 Appearing Normal 05 | | | Under the Influence of Alcohol/Drugs/Medications | | | | | | |
| 02 | Illness/Medical | 06 | Emotional Prior to Crash (depressed/angry/disturbed/etc.) | | | | | | |
| 03 | Fatigue/Asleep | 97 | Other* | | | | | | |
| 04 | Physically Impaired | 99 | Unknown | | | | | | |

Non-Motorist Distraction

This element identifies the attribute(s) which best describes the non-motorist's attention prior to the non-motorist's involvement in the crash. This element reports on the presence of any distractions which may or

may not have contributed to the crash. Distraction, for a non-motorist, occurs when a nonmotorist's attention is diverted from the task of navigating in public to some other activity

| | Non-Motorist Distraction Codes | | | | | | | | |
|----|--|----|--|--|--|--|--|--|--|
| 00 | None | 07 | Food/Drink | | | | | | |
| 01 | Mobile Phone - Talking/Listening | 08 | Grooming | | | | | | |
| | Mobile Phone - Manually Operating (texting, dialing, playing game, etc.) | 09 | Contact Motor Vehicle Prior to Collision | | | | | | |
| 03 | Other Electronic Device | 10 | Non-Contact Motor Vehicle | | | | | | |
| 04 | Other Non-Motorist | 97 | Other* | | | | | | |
| 05 | Audio (radio, cd, etc.) | 99 | Unknown | | | | | | |
| 06 | Animal | | | | | | | | |

Location of First Harmful

The location of the first harmful event as it relates to its position within or outside the trafficway.

| | Location of First Harmful Event Codes | | | | | | | |
|----|---|----|--------------------------------------|--|--|--|--|--|
| 01 | On Roadway | 09 | Parking Lot Aisle or Stall | | | | | |
| 03 | Median | 10 | Quasi-public Road or Parking Lot Way | | | | | |
| 04 | Gore | 11 | Shoulder, Left Side | | | | | |
| 05 | Roadside (outside of shoulder) | 12 | Shoulder, Right Side | | | | | |
| 06 | In Parking Lane or Zone (Within Trafficway) | 13 | Separator/Traffic Island | | | | | |
| 07 | Off Roadway, Location Unknown | 99 | Unknown | | | | | |
| 08 | Outside Trafficway | | | | | | | |

First Harmful Event

The first injury or damage-producing event of the crash.

| | First Harmful Event Codes | | | | | | | |
|----|---|----|---|----|-------------------------------|--|--|--|
| 07 | Overturn/Rollover | 30 | Passenger Heavy Rail | 54 | Utility Pole/Light Support | | | |
| 08 | Cargo Equipment Loss or Shift | 31 | Thrown or Fallen Object | 55 | Traffic Signal Support | | | |
| 09 | Jacknife | 32 | Collision Between Motor Vehicle in Transport and Vehicle Cargo/Part or Object Set in Motion by Motor Vehicle | 56 | Culvert | | | |
| 10 | Fire/Explosion | 39 | Other Non-Fixed Object* | 57 | Ditch | | | |
| 11 | Immersion | 40 | Guardrail | 58 | Embankment | | | |
| 12 | Fell/Jumped From Motor Vehicle | 41 | Concrete Barrier | 59 | Snow Bank | | | |
| 19 | Other Non-Collision* | 42 | Cable Barrier | 60 | Tree/Shrubbery | | | |
| 20 | Collision With Other Motor Vehicle in Transport | 43 | Crash Cushion | 62 | Fence | | | |
| 21 | Collision With Parked Motor Vehicle | 44 | Guardrail End Section | 63 | Curb | | | |

| 22 | Pedestrian | 45 | Concrete Sloped End Section | 64 | Fire Hydrant |
|----|---------------------------------|----|-----------------------------|-----|---------------------------|
| 23 | Pedacycle | 46 | Cable Barrier End Section | 65 | Mailbox |
| 24 | Other Non-Motorist* | 48 | Bridge Rail | 66 | Building |
| 25 | Animal - Wild | 49 | Bridge Pier or Support | 67 | Utility Box |
| 26 | Animal - Domestic | 50 | Bridge Overhead Structure | 168 | Other Traffic Barrier* |
| 27 | Work Zone/Maintenance Equipment | 51 | Traffic Sign Support | 69 | Other Fixed Object* |
| 28 | Freight Rail | 52 | Delineator Post | | |
| 29 | Light Rail | 53 | Other Post, Pole or Support | | |

Damage to Property Other Than Vehicles

Write the name and nature of the object struck in the crash. If any light, power, or telephone pole was damaged, indicate the number of the pole along with description.

Example: Light pole #P-135 (Indicate your estimate of the damage and check appropriate field.) Name and Address of Owner of Object Struck. State the name, address and phone number of the vehicle owner. Both are very important for the Financial Responsibility Department of Drivers License Division.

Property Damage Estimate

Estimate the cost of the damage to the property and check either '\$2,500 or more' or 'Less than \$2,500' in damage.

Witnesses Information

Write names, addresses, and phone numbers for persons who witnessed the crash in the spaces provided. Passengers in the vehicles involved in the crash should not be listed here, but should be shown under the passenger section.

Name- Print the witness' full name. Using first, middle (if available), and last.

Address- Write out the entire address including street, state and zip code.

Phone Number- Write the entire phone number. Be sure to include the area code with the phone number.