

NORTH DAKOTA CRASH REPORT AND DATABASE ELEMENTS AND ATTRIBUTES

VALUE	ELEMENT/ATTRIBUTE NAMES	DATA TYPE/LENGTH	REQUIRED
	REPORT TYPE	Numeric - 1	Yes
1	Original		
2	Supplement		
	CRASH TYPE	Numeric - 1	Yes
1	Traffic		
2	Non-Traffic		
3	Non-Reportable		
	CRASH SEVERITY	Numeric - 1	Yes
1	Fatal		
2	Injury		
3	Property Damage Only		
	HIT AND RUN	Numeric - 1	Yes
1	Yes		
2	No		
	AGENCY TYPE	Numeric - 1	Yes
1	Highway Patrol		
2	City Police		
3	County Sheriff		
4	BIA		
5	Campus Police		
6	Military		
7	Park Ranger		
	INTERSECTION TYPE	Numeric - 1	Yes
1	Non-Intersection		
2	Three Roads		
3	Four Roads		
4	Five + Roads		

	RELATION TO ROADWAY	Numeric - 1	Yes
0	On Roadway		
1	Shoulder		
2	Median		
3	Gore		
4	Private Property		
5	Shoulder - Left		
6	Shoulder - Right		
7	Off Roadway		
8	Parking Lot		
9	Alley		
	RELATION TO JUNCTION	Numeric - 1	Yes
1	Non-Junction		
2	Intersection		
3	Interchange		
4	Alley/Driveway		
5	Entrance/Exit Ramp		
6	Railroad Crossing		
7	Bridge		
8	Intersection Related		
	ROADWAY GEOMETRICS	Numeric - 1	Yes
1	Straight (On level)		
2	Straight (On grade)		
3	Curve (On level)		
4	Curve (On grade)		
5	Hillcrest		
	TRAFFICWAY	Numeric - 1	Yes
1	Not Divided (Two-way Traffic)		
2	Divided Highway (Median Strip w/o Barrier)		
3	Divided Highway (Median Strip with Barrier)		
4	One-way Traffic		

	ACCESS CONTROL	Numeric - 1	Yes
1	No Control (Unlimited Access)		
2	Full control (Only Ramp Entry & Exit)		
3	Other		
	ROAD CONDITION	Numeric - 1	Yes
1	Normal		
2	Under Construction or Maintenance		
3	Soft/Defective Shoulder		
4	Obstruction/Flood		
5	Debris on Road		
6	Reduced road Width		
7	Holes/Ruts/Bumps/Washout		
8	Loose Material Surface		
	SURFACE TYPE	Numeric - 1	Yes
1	Concrete		
2	Asphalt		
3	Gravel/Scoria		
4	Dirt		
5	Brick		
6	Concrete Bridgedeck		
7	Asphalt Bridgedeck		
8	Metal Bridgedeck		
9	Wood Bridgedeck		
	SURFACE CONDITION	Numeric - 1	Yes
1	Dry		
2	Wet		
3	Muddy		
4	Nblowing Soil/Snow		
5	Slush		
6	Ice/Compacted Snow		
7	Frost		

	WEATHER	Numeric - 1	Yes
1	Clear		
2	Cloudy		
3	Rain		
4	Snow		
5	Blowing Soil/Snow		
6	Sleet/Hail/Freezing Rain		
7	Fog/Smoke/Dust		
8	Severe Winds		
	LIGHT	Numeric - 1	Yes
1	Daylight		
2	Dawn		
3	Dusk		
4	Dark (Lighted)		
5	Dark (Not Lighted)		
	VISUAL OBSTRUCTION	Numeric - 1	Yes
0	None		
1	Rain/Snow/Frost on Window		
2	Trees/Crops/Sign		
3	Building		
4	Embankment		
5	Hillcrest		
6	Parked Motor Vehicle		
7	Motor Vehicle in Roadway		
8	Glare		
9	Fog/Smoke/Dusts		

	UNIT CONFIGURATION	Numeric - 2	Yes
01	Passenger Car		
02	Pickup/Van/Utility		
03	Bus (Seats for ≥ 16, Including Driver)		
04	School Bus		
05	Motorhome/Camper		
06	Snowmobile		
07	All-Terrain Vehicle		
08	Motorcycle		
09	Moped		
10	Pedalcycle		
11	Construction Equipment		
12	Emergency Vehicle		
13	Train		
14	Farm Equipment		
15	Modified Vehicle		
16	Hit and Run Vehicle		
17	Roadway Maintenance Vehicle		
18	Other Publicly-Owned Vehicle		
19	Pedestrian		
20	2-axle 6-tire Single Unit Truck/Stepvan		
21	3 or More Axle Single Unit Truck		
22	Single Unit Truck		
23	Truck Tractor		
24	Unknown Heavy Truck		
	ATTACHMENTS	Numeric - 1	Yes
0	None		
1	Single Trailer		
2	Double Trailer		
3	Triple Trailer		

	TRUCK CARGO BODY TYPE	Numeric - 2	Yes
00	Not Applicable		
01	Van/Enclose Box		
02	Dry Buld Cargo Tank		
03	Liquid Buld Cargo Tank		
04	Gaseous Bulk Cargo Tank		
05	Flatbed/Platform		
06	Dump		
07	Concrete Mixer		
08	Auto Transfer		
09	Garbage/Refuse		
10	Bus (16 Including Driver)		
11	Combination		
12	Special Permit Load		
90	Other		
99	Unknown		
	ANTILOCK BRAKE SYSTEM	Numeric - 1	Yes
0	None		
1	Rear Only		
2	Front Only		
3	Fron and Rear		
	ORIGINAL DIRECTION OF TRAVEL	Numeric - 1	Yes
1	North		
2	Northeast		
3	East		
4	Southeast		
5	South		
6	Southwest		
7	West		
8	Northwest		

	TRAFFIC CONTROL	Numeric - 2	Yes
00	None		
01	Stop Sign		
02	No Passing Zone		
03	Flashing Beacon		
04	RR Signals with Gates		
05	RR Signals Only		
06	RR Crossbucks/Pavement Markings		
07	Officer/Flagperson		
08	Traffic Signal		
09	Yield Sign		
10	Barricade		
11	Control Not Visible/Broken		
	OBSERVATIONS	Numeric - 2	Yes
00	None		
01	Need Signing		
02	Trees, Shrubs, Tall Grass		
03	Pavement Marking		
04	Hill/Curve		
05	Narrow Bridge/Roadway		
06	Rough Road		
07	Lighting		
08	Traffic Signals		
09	Clearance Height		
10	Road Maintenance		
11	Delineators/Bridge Markings		
12	Guardrail		
13	Geometrics		
14	Speed Limit		
	MANNER OF COLLISION	Numeric - 1	Yes
1	Angle		
2	Rear-End		
3	Head-On		
4	Sideswipe (Same Direction)		
5	Sideswipe (Opposite Direction)		
6	Rear-to-Rear		
7	Non-collision with Motor Vehicle In Transport		

	FIRST HARMFUL EVENT	Numeric - 2	Yes
	SEQUENCE OF EVENTS <i>(up to 3 codes may be used)</i>	Numeric - 2	Yes
	MOST HARMFUL EVENT	Numeric - 2	Yes
01	Motor Vehicle in Transport		
02	Motor Vehicle in Transport in Other Roadway		
03	Pedestrian		
04	Pdealcycle		
05	Railway Train		
06	Deer		
07	Other Large Game		
08	Farm Animal		
09	Small Animal		
10	Parked Motor Vehicle		
11	Other Object (Not fixed)		
20	Overturn/Rollover		
21	Fire/Explosion		
22	Immersion		
23	Jackknife		
24	downhill Runaway		
25	Cargo Loss or shift		
26	Separaiton of Units		
27	Ran Off Roadway		
28	Other Non-collision		
30	Impact Attenuator		
31	Bridge/Pier/Abutment		
32	Bridge Parapet End		
33	Bridge Rail		
34	Guardrail Face		
35	Guardrail End		
36	Median Barrier		
37	Highway Traffic Sign Post		
38	Overhead Sign Support		
39	Luminaire/Light Support		
40	Utility Pole		
41	Other Post		
42	Culvert		
43	Curb		
44	Ditch		
45	Embankment		
46	Fence		
47	Mailbox		
48	Tree		
49	Other Fixed Object		
	OCCUPANT SEAT POSTION	Numeric - 2	Yes

11	Front Seat - Left Side (Motorcycle Driver)		
12	Front Seat - Middle		
13	Front Seat - Right Side		
31	Second Seat - Left Side (Motorcycle Passenger)		
22	Second Seat - Middle		
23	Second Seat - Right Side		
31	Third Row - Left Side (Motorcycle Passenger)		
32	Third Row - Middle		
33	Third Row - Right Side		
50	Sleeper Section of Cab (Truck)		
51	Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit)		
52	Passenger in Unenclosed Passenger or Cargo Area (Non-Trailing Unit)		
55	Riding on Vehicle Exterior (Non-Trailing Unit)		
56	Passenger in Trailing Unit		
80	Bus Passenger		
94	Damage Property (Public)		
95	Damage Property (Private)		
96	Pedestrian		
97	Witness		
99	Unknown		
	AGE	Numeric - 2	Yes
	SEX	Text - 1	Yes
M	Male		
F	Female		
U	Unknown		
	ALCOHOL/OTHER DRUG INVOLVEMENT (ADI)	Numeric - 1	Yes
0	Neither Alcohol nor Other Drugs Present		
1	Yes (Alcohol Present)		
2	Yes (Other Drugs Present)		
3	Yes (Alcohol and Other Drugs Present)		
9	Unknown		
	ALCOHOL TESTING (AT)	Numeric - 3	Yes
	BAC Recorded at .XX (Example - .08)		
993	Field Sobriety Test Only		
994	Test Refused		
995	Test Not Given		
996	Test Given (Results Unknown)		
	OTHER DRUG TESTING (DT)	Numeric - 1	Yes
0	Not Given		

1	No Drugs Reported		
2	Drugs Reported		
7	Test Given (Results Unknown)		
	SAFETY EQUIPMENT/RESTRAINTS	Numeric - 2	Yes
00	Not Installed		
01	Not in Use		
02	Lap Belt Only		
03	Shoulder Belt Only or Auto Belt Improperly Used		
04	Lap and Shoulder Belt		
05	Automatic Belts (Properly Used)		
06	Equipment Failed		
07	Helmet Worn		
98	Not applicable (Non-motorist)		
99	Restraint Use Unknown		
10	Child Not Restrained		
11	Child Safety Seat (Used Properly)		
12	Child Safety Seat (Used Improperly)		
	AIR BAG	Numeric - 1	Yes
0	None		
1	Air Bag Deployed		
2	Air Bag Not Deployed		
	INJURY CLASS	Numeric - 1	Yes
0	None		
1	Fatal		
2	Disabling (Not taken to Medical Facility)		
3	Non-disabling (Not taken to Medical Facility)		
4	Possible/Claimed (Not taken to Medical Facility)		
5	Disabling (Taken to Medical Facility)		
6	Non-disabling (Taken to Medical Facility)		
7	Possible/claimed (Taken to Medical Facility)		
	EJECTED/EXTRICATED	Numeric - 1	Yes
0	Not Applicable		
1	Not Ejected		
2	Totally Ejected		
3	Partially Ejected		
4	Trapped/Extricated		
5	Trapped/Not Extricated		
	PROPERTY OWNER NOTIFIED	Numeric - 1	Yes
1	Yes		
2	No		

	Ambulance Run Number	Numeric - 4	No
	TOWED DUE TO DAMAGE	Numeric - 1	Yes
1	Yes		
2	No		
9	Unknown		
	EXTENT OF DEFORMITY	Numeric - 1	Yes
0	None		
1	Minor		
2	Moderate		
3	Severe		
9	Unknown		
	DAMAGED AREAS	Numeric - 2	Yes
00	None		
01	Center Front		
02	Right Front		
03	Right Side		
04	Right Rear		
05	Center Rear		
06	Left Rear		
07	Left Side		
08	Left Front		
09	Top and Windows		
10	Undercarriage		
11	Submerged		
12	Burned		
13	Total (All Areas)		
98	Other		
99	Unknown		
	DRIVER CONDITION	Numeric - 1	Yes
0	Appeared Normal		
1	Had Been Drinking		
2	Illegal Drug Use		
3	Physical Impairment		
4	Fatigue		
5	Asleep		
6	Sick		
7	Medication		
8	Other		
9	Unknown		
	EVASIVE ACTION	Numeric - 1	Yes
0	Slowed/Stopped		

2	Accelerated		
3	Turned Right		
4	Turned Left		
5	Backed Up		
6	Did Nothing		
	CITATIONS/WRITTEN WARNINGS	Numeric - 2	Yes
00	None		
01	DUI (Alcohol)		
02	DUI (Other Drug)		
03	Care Required		
04	Careless Driving		
05	Failed to Yield		
06	Failed to Stop		
07	Following		
08	Improper Turning		
09	Improper Backing		
10	Overtaking		
11	Wrong Way		
12	Speeding		
13	Defective Equipment		
14	Illegal Parking		
15	Open Container		
16	Driver License		
17	Left Accident Scene		
98	Other Offense		
	CONTRIBUTING FACTORS	Numeric - 2	Yes
00	No Clear Contributing Factor		
01	Attention Distracted		
02	Vision Obstructed		
03	Speed/Too Fast for Conditions		
04	Vehicle Mechanical Failure		
05	Wrong Way		
09	Failed to Yield		
07	Following too Close		
08	Weather		
09	Defective Equipment		
10	Improper Evasive Action		
11	Improper Backing/Turning		
12	Improper Overtaking		
13	Drive Left of Center		
98	Other		
	VEHICLE MOVEMENT	Numeric - 2	Yes
01	Going Straight		

02	Turning Left		
03	Turning Right		
04	Backing		
05	Passing		
06	Wrong Side of Road		
07	Wornng Way on One-Way		
08	Starting in Traffic		
09	Entering/Leaving Parked Position		
10	Merging/Diverging		
11	Changing Lanes		
12	Driverless Vehicle (Moving)		
13	Driverless Vehicle (Stalled)		
14	Driverless Vehicle (Stopped)		
15	U-Turn		
16	Swerving		
17	Negotiating Curve		
18	Slowing/Stopping		
19	Stopped		
20	Waiting to Turn Left		
21	Waiting to Turn Right		
22	Waiting for Traffic Signal		
23	Waiting for Pedestrian		
24	Waiting for Vehicle to Turn		
25	Waiting for Vehicle Ahead		
31	Crossing at Intersection		
32	Crossing Not at Intersection		
33	Moving With Traffic		
34	Moving Against Traffic		
35	Pedestrian on Roadway		
36	Stepped Into Vehicle Path		
37	Not on Roadway		
38	Other Action on Roadway		
	OTHER PROPERTY DAMAGE	Numeric - 7	Yes
	Estimate of total damage amount to property other than vehicle.		
	CRASH NUMBER	Numeric - 6	Yes
	CRASH DATE (MMDDYY)	Numeric - 7	Yes
	CRASH TIME (HHMM)	Numeric - 4	Yes
	OFFICER NUMBER	Numeric - 4	No
	OFFICER NAME	Text - 41	Yes

	AGENCY NAME		Yes
	AGENCY REPORT NUMBER		No
	POLICE NOTIFIED DATE (MMDDYY)		Yes
	POLICE NOTIFIED TIME (HHMM)		Yes
	EMERGENCY UNIT RESPONDING	Numeric - 18	Yes
	EMERGENCY UNIT NUMBER	Numeric - 5	Yes
	COUNTY	Text - 14	Yes
	COUNTY CODE	Numeric - 2	Yes
	CITY	Text - 20	No
	CITY CODE	Numeric - 3	No
	RURAL/URBAN	Text - 1	Yes
	FUNCTION NUMBER	Numeric - 2	Yes
	HIGHWAY NUMBER	Numeric - 4	No
	HUNDREDTHS MILE/KILOMETER	Numeric - 3	If HWY Yes
	FROM REFERENCE POINT (MILE MARKER)	Numeric - 3	If HWY Yes
	TO REFERENCE POINT (MILE MARKER)	Numeric - 3	If HWY Yes
	TOWNSHIP	Numeric - 3	No
	RANGE	Numeric - 3	No
	ROUTE	Numeric - 10	No
	HUNDREDTHS MILE/KILOMETER	Numeric - 3	If T/R Yes
	FROM NODE	Numeric - 5	If T/R Yes
	TO NODE	Numeric - 5	If T/R Yes
	ON STREET NAME	Text - 22	No
	AT INTERSECTION WITH STREET NAME	Text - 22	No
	FEET FROM INTERSECTING STREET	Numeric - 7	If City Yes
	NODE	Numeric - 5	No
	TOWARD INTERSECTING STREET	Text - 22	If City Yes
	NODE	Numeric - 5	No
	UNIT INFORMATION		

	OPERATOR INFORMATION		
	Name	Text - 30	Yes
	Address	Text - 25	Yes
	Phone	Text - 10	No
	City	Text - 20	Yes
	State	Text - 2	Yes
	Zip Code	Text - 9	Yes
	Operator License Number	Text - 26	Yes
	License State	Text - 2	Yes
	Date of Birth (MMDDYY)	Numeric - 6	Yes
	MV INFORMATION		
	Registered Owner Name	Text - 30	Yes
	Address	Text - 25	Yes
	Phone	Text - 10	No
	City	Text - 20	Yes
	State	Text - 2	Yes
	Zip Code	Text - 9	Yes
	MV Plate Number	Text - 8	Yes
	MV State	Text - 2	Yes
	MV Make	Text - 10	Yes
	MV Year (CCYY)	Numeric - 4	Yes
	MV Identification Number	Text - 17	Yes
	INSURANCE		
	Insurance Code	Numeric - 6	
	Policy Number	Text - 30	
	Insurance Company Name	Text - 30	
	Insured By	Text - 1	
O	Owner		
D	Driver		
	Card Issued	Text - 1	
Y	Yes		
N	No		
	SPEED LIMIT	Numeric - 2	
	DAMAGED VEHICLE RELEASE NUMBER	Numeric - 8	
	RETESTING	Text - 1	
Y	Yes		
	TRUCK/BUS/HAZARDOUS INFORMATION		

