CASE NO.

Supplemental NON-Motorist

Non Motorist Segment No:

Vehicle No. 01 02 03...

Last Name | First Name | MI

Street Number | Street Name | City | State | Zip Code

Home | Work | Cell Phone and/or Home | Work | Cell Phone

DOB (yyyy/mm/dd) / / Sex: M, F, X

EMS ID

EMS Run #

Medical Facility

Pedestrian Proximity

01 - Same city as report made
02 - Lives 25 miles or less from crash scene
03 - Lives greater than 25 miles from crash scene by within Wyoming
04 - Does not have residence in Wyoming
99 - Unknown

Non Motorist Type

01 - Pedestrian
02 - Pedacyclist
03 - Occupant of MV NOT in transport (parked)
04 - Pedestrian Conveyance
05 - Other Pedestrian (ie.wheelchair)
99 - Unknown type

Non Motorist Action Prior to Crash

01 - Entering/Crossing Road
02 - Traveling along road w/ traffic
03 - Traveling along road against traffic
04 - Pushing a Motor Vehicle
05 - Approaching or Leaving MV
06 - Playing or Working On Motor Vehicle
07 - Standing/Laying Down
08 - In a parked MV (sitting, etc.)
09 - Other
99 - Unknown

Non Motorist Pursuit

01 - Recreation Pursuit
02 - Going to/from school
03 - Non motorist commuter
04 - Stranded Motorist
05 - Working
06 - Cycling
07 - Other
99 - Unknown

Non Motorist Condition at Time of Crash

01 - Apparently Normal
02 - Emotional (ie, depressed, angry)
03 - Ill (sick)
04 - Fell Asleep, Fainted
05 - Fatigued
06 - Under the influence of Medications
07 - Physical Disability
08 - Under the Influence of Drugs
09 - Under the influence of Alcohol
10 - Other
99 - Unknown

Non Motorist Action at Time of Crash (choose up to 2) 1st 2nd

01 - No Improper Action
02 - Improper Crossing
03 - Darting
04 - In Roadway
05 - Failure to yeild ROW
06 - Not Visible (Dark Clothing)
07 - Inattentive (talking, eating, etc)
08 - Disobey Traffic Signs, Officer, etc.
09 - On Wrong Side of Road
10 - Other Improper Action
99 - Unknown

Non Motorist Safety Equipment (choose up to 2) 1st 2nd

01 - None
02 - Helmet
03 - Protective Pad (elbow, knee, etc.)
04 - Reflective Clothing
05 - Lighting
06 - Other
07 - Not Applicable
99 - Unknown

Non Motorist Location at time of Crash

01 - Marked Crosswalk at Intersection
02 - Intersection w/o Marked Crosswlk
03 - Non-intersection Crosswalk
04 - Driveway Access Crosswalk
05 - In Roadway (not in crosswalk or intersection)
06 - Median (Not Shoulder)
07 - Island
08 - Shoulder
09 - Sidewalk
10 - Roadside
11 - Outside of Traffic Way
12 - Dedicated Bike Lane
13 - Shared-Used Path or Trail
14 - Inside Building
15 - Other
99 - Unknown

Injury Status

01 - Fatal Injury
02 - Incapacitating Injury
03 - Non-Incapacitating Injury
05 - Possible Injury
06 - No Injury
99 - Unknown

Most Injured Area

01 - Head
02 - Face
03 - Neck
04 - Thorax (Chest)
05 - Abdomen/Pelvis
06 - Spine
07 - Upper Extremity-(ie Arm)
08 - Lower Extremity-(ie Leg)
99 - Unknown

Injured Transported by

01 - Not Transported
02 - EMS
03 - Law Enforcement
04 - Other (Private MV)
99 - Unknown

Suspect Alcohol on Non Motorist

Suspect Drugs on Non Motorist

01-Yes
02-No
99-Unknown

Injury Classification

01 - Fatal (Not Documented)
02 - Fatal (Autopsy)
03 - Fatal (Medical Diagnosis)
04 - Non-Fatal (hospitalized overnight or longer)
05 - Non-Fatal (Treated and Released from Hospital)
06 - First Aid Given at Scene
07 - No Treatment
08 - Refused Treatment
99 - Unknown

Injury Description

01 - Severe Lacerations
02 - Broken
03 - Crushed
04 - Unconsciousness
05 - Internal Unknown
06 - Lumps
07 - Abrasions
08 - Bruises
09 - Minor Lacerations
10 - Limping
11 - Pain
12 - Nausea
13 - Other
99 - Unknown

Alcohol Test Type

01 - No Test Performed
02 - Test Refused
03 - Blood
04 - Serum
05 - Breath
06 - Urine
07 - Other
99 - Unknown

Drug Test Type

01 - No Test Performed
02 - Test Refused
03 - Blood
04 - Serum
05 - Urine
06 - Other
99 - Unknown

Alcohol Test Result .

SAMPLE