

**INVESTIGATING OFFICER'S REPORT  
OF MOTOR VEHICLE ACCIDENT**

Law Enforcement Case Numbers:

**MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204**

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city):
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Driver's Last Name				First Name				Middle Name				
Address						City				State	ZIP Code	
Date of Birth		Driver License Number			CDL	Citation Charge:						
Male <input type="radio"/>		Female <input type="radio"/>	State	Class	Endorsement	Restrictions	Yes <input type="radio"/>	No <input type="radio"/>	1.	2.	3.	4.
Alcohol Test Given: <input type="checkbox"/>		Test Results: <input type="checkbox"/>		Drug Test Given: <input type="checkbox"/>		Test Result: <input type="checkbox"/>		Re-exam: Yes <input type="radio"/>		No <input type="radio"/>		Reason for Re-Exam Request:
Owner's Last Name				First Name				Middle Name				
Address						City				State	ZIP Code	
License Plate No.	State:	Year:	VIN:			Color:	Year:	Make:	Model:	Style:		
Trailer Plate No.:	State:	Year:	VIN:			Tow:	Tow No.:	Towed to:		Approx. Cost to Repair or Replace		
Insurance Company Name:				Insurance Co. Phone Number:				Insurance Policy Number				
Initial Travel Direction	Veh. Action	Veh. Config.	Cargo Body Type	Vehicle Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ.in Veh.				
Special Veh. Func	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two)			Driver Distractions	Speed Limit			
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event				

Carrier Name/Lessee														
Street Address								City		State	ZIP Code			
Number of Axles		Gross Veh. Weight Rating		US DOT Number				MC Number		Underride/Override				
Haz Mat Involvement	Haz Mat Placard	Placard Number	Haz Mat Released	Haz Mat Class	Haz Mat Name									
Trailer Plate:	State	Year	VIN											
Trailer Plate:	State	Year	VIN											
Converter Dolly		Dolly Plate:	State	Plate Year	VIN									
					Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute

<b>DRIVER OF UNIT 1</b>			Phone Number:												
			Transported to:				Transported By:								
Name 1:			Phone:			DOB:									
Address:			Trans. to:			Trans. By:									
Name 2:			Phone:			DOB:									
Address:			Trans. to:			Trans. By:									
Name 3:			Phone:			DOB:									
Address:			Trans. to:			Trans. By:									
Name 4:			Phone:			DOB:									
Address:			Trans. to:			Trans. By:									

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UNIT 2

COMMERCIAL

PERSONS IN UNIT 2

Driver's Last Name				First Name				Middle Name				
Address						City				State	ZIP Code	
Date of Birth		Driver License Number			CDL	Citation Charge:						
Male	Female	State	Class	Endorsement	Restrictions	Yes	No	1.	2.	3.	4.	
Alcohol Test Given:	Test Results:		Drug Test Given:		Test Result:	Re-exam: Yes No		Reason for Re-Exam Request:				
Owner's Last Name				First Name				Middle Name				
Address						City				State	ZIP Code	
License Plate No.	State:	Year:	VIN:			Color:	Year:	Make:	Model:	Style:		
Trailer Plate No.:	State:	Year:	VIN:			Tow:	Tow No.:	Towed to:	Approx. Cost to Repair or Replace			
Insurance Company Name:				Insurance Co. Phone Number:				Insurance Policy Number				
Initial Travel Direction	Veh. Action	Veh. Config.	Cargo Body Type	Vehicle Defect	Point of Initial Impact	Most Damaged Area	Extent of Damage	Total Occ.in Veh.				
Special Veh. Func	Emergency Status	Bus Use	Driver Condition	Vision Obscured	Contributing Circumstances Driver (up to two)			Driver Distractions	Speed Limit			
Traffic Controls	Horizontal Alignment	Vertical Alignment	SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event				

Carrier Name/Lessee														
Street Address								City		State	ZIP Code			
Number of Axles		Gross Veh. Weight Rating		US DOT Number				MC Number		Uerride/Override				
Haz Mat Involvement	Haz Mat Placard	Placard Number	Haz Mat Released	Haz Mat Class	Haz Mat Name									
Trailer Plate:	State	Year	VIN											
Trailer Plate:	State	Year	VIN											
Converter Dolly		Dolly Plate:	State	Plate Year	VIN									
					Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute

<b>DRIVER OF UNIT 2</b>			Phone Number:									
Transported to:				Transported By:								
Name 1:			Phone:			DOB:						
Address:				Trans. to:				Trans. By:				
Name 2:			Phone:			DOB:						
Address:				Trans. to:				Trans. By:				
Name 3:			Phone:			DOB:						
Address:				Trans. to:				Trans. By:				
Name 4:			Phone:			DOB:						
Address:				Trans. to:				Trans. By:				

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Law Enforcement Case Numbers:

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<b>L O C A T I O N</b>	Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city):	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	If accident occurred outside of city limits show general vicinity: _____ miles <input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW of nearest city				County: _____ Route: _____	
	On Road, Street, or Highway:			At intersection with:		
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.					
	Feet _____ or _____ Miles <input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW		Feet _____ or _____ Miles <input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW		If Divided highway, Provide Route (Cardinal) Travel Direction	
Milepost Number _____ or _____ Definable intersection, bridge, or railroad crossing				NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>		

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS			
Location of First Harmful Event <input type="text"/>	Weather Conditions <input type="text"/>			Major Contributing Circumstances Environment <input type="text"/>			
Manner of Crash/Collision <input type="text"/>	(up to two) <input type="text"/>			Roadway <input type="text"/>			
Light Conditions <input type="text"/>	Surface Conditions <input type="text"/>			Type of Roadway Junction/Feature <input type="text"/>			
FRA No. <input type="text"/>							

First Harmful Event (Crash) <input type="text"/>	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Activity <input type="text"/>	Location <input type="text"/>	Type <input type="text"/>	Workers Present <input type="text"/>	Sex <input type="text"/>	Struck by Unit No. <input type="text"/>	Injury Status <input type="text"/>	Non-Motorist Type <input type="text"/>	Location (prior to impact) <input type="text"/>	Action (prior to crash) <input type="text"/>	Condition <input type="text"/>	Safety Equipment <input type="text"/>	Contributing Circumstances <input type="text"/>	Source of Transport <input type="text"/>	Died at Scene/Enroute <input type="text"/>
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Name 1:	Phone Number:	Date of Birth:															
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Address:	Alcohol Test Given <input type="checkbox"/>	Test Results: <input type="text"/>	Drug Test Given / Result <input type="text"/>	Charged: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Transported to:	Transported By:
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Name 2:	Phone Number:	Date of Birth:															
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Address:	Alcohol Test Given <input type="checkbox"/>	Test Results: <input type="text"/>	Drug Test Given / Result <input type="text"/>	Charged: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Transported to:	Transported By:
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If Property other than vehicles damaged explain.	Object Damaged	Estimate of Damage \$
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Owner's Last Name	First Name	Middle Name	Phone Number
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Address	City	State	ZIP Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown <input type="checkbox"/>
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If Property other than vehicles damaged explain.	Object Damaged	Estimate of Damage \$
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Owner's Last Name	First Name	Middle Name	Phone Number
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Address	City	State	ZIP Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown <input type="checkbox"/>
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Last Name	First Name	Address	City	State	ZIP Code	Phone Number:
Last Name	First Name	Address	City	State	ZIP Code	Phone Number:
Last Name	First Name	Address	City	State	ZIP Code	Phone Number:
Last Name	First Name	Address	City	State	ZIP Code	Phone Number:
Last Name	First Name	Address	City	State	ZIP Code	Phone Number:

Signature of Officer:	Badge Number:	Time Officer Notified of Accident Hrs.	Time Officer Arrived at Scene Hrs.
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Name of Agency:	Date of Report:	Investigation made at scene? Y <input type="radio"/> N <input type="radio"/>	Supplemental Information will follow? Y <input type="radio"/> N <input type="radio"/>	T.I. No.:
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Report Reviewed By:	Date of Review:	Report given to all Drivers? Y <input type="radio"/> N <input type="radio"/>	Other Technical Investigating Agency:
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DIAGRAM WHAT HAPPENED (attach additional sheet(s) if needed): *Instruction*

Number each vehicle and show direction of travel by arrow:



Use solid line to show path before accident:



Use dotted line to show path after accident:



Show pedestrian by:

Show railroad by:

Show utility poles by:

Show motorcycle by:

Show animal by:

INDICATE  
NORTH



D  
I  
A  
G  
R  
A  
M

Describe what happened (attach additional sheet(s) if needed)

N  
A  
R  
R  
A  
T  
I  
V  
E

Sample



Vehicle Characteristics			
<p><b>Initial Travel Direction</b> (prior to coded Vehicle Action)</p> <p>1 - North 2 - East 3 - South 4 - West 99 - Unknown</p> <div style="text-align: center;"> </div>	<p><b>Vehicle Configuration</b></p> <p>1 - Passenger car 2 - Four-tire truck (pick-up) 3 - Sport utility vehicle 4 - Passenger van (seats &lt;9) 5 - Passenger van (seats 9-15) 6 - Cargo/panel van 7 - Single-unit truck (2-axle, 6-tire) 8 - Single-unit truck (&gt;=3 axles) 9 - Other light truck (&lt;=10,000 lbs) 10 - Vehicle &lt;=10,000lbs, placarded for hazardous materials 11 - Truck/trailer 12 - Truck tractor (bobtail) 13 - Tractor/semi-trailer 14 - Tractor/doubles 15 - Tractor/triples 16 - Other heavy truck (&gt;10,000 lbs) (cannot classify) 17 - Motorcycle 18 - 3-wheeled, enclosed 19 - 3-wheeled, unenclosed 20 - Moped 21 - Motor home/recreational vehicle 22 - School bus (seats &gt;15) 23 - Small school bus (seats 9-15) 24 - Other bus (seats &gt;15) 25 - Other small bus (seats 9-15) 26 - Farm tractor 27 - Farm equipment (explain in narrative) 28 - All-terrain vehicle (ATV) 29 - Snowmobile 30 - Golf cart 31 - Street legal, low-speed vehicle 32 - Limousine/taxi (seats 8 or less) 33 - Limousine/taxi (seats 9-15) 34 - Limousine/taxi (seats &gt;15) 35 - Maintenance/construction vehicle 36 - Train 98 - Other (explain in narrative) 99 - Unknown</p>	<p><b>Cargo Body Type</b></p> <p>1 - Not applicable 2 - Van/enclosed box 3 - Dump (grain/gravel) 4 - Cargo tank 5 - Flatbed 6 - Concrete mixer 7 - Auto transporter 8 - Garbage/refuse 9 - Hopper (grain, chips, gravel) 10 - Pole trailer 11 - Log trailer 12 - Intermodal container chassis 13 - Small utility trailer (one-axle) 14 - Large utility trailer (2+axles) 15 - Boat 16 - Camper 17 - Large mobile home 18 - Oversize load 19 - Towed vehicle 20 - Bus 98 - Other (explain in narrative) 99 - Unknown</p>	
<p><b>Vehicle Action</b></p> <p>1 - Movement essentially straight 2 - Turning Left 3 - Turning right 4 - Making U-turn 5 - Overtaking/passing 6 - Changing lanes 7 - Entering traffic lane (merging) 8 - Leaving traffic lane 9 - Backing 10 - Slowing/stopping (decelerating) 11 - Stopped in traffic 12 - Legally parked 13 - Illegally parked/unattended 14 - Negotiating a curve 15 - Starting in road 16 - Accelerating in road 17 - Leaving a parked position 18 - Entering a parked position 98 - Other (explain in narrative) 99 - Unknown</p>	<p><b>Vehicle Defect</b></p> <p>1 - None 2 - Brake system 3 - Steering 4 - Blowout 5 - Other tire defect (explain in narrative) 6 - Wheels 7 - Windows/windshield 8 - Wipers 9 - Mirrors 10 - Trailer hitch/truck coupling, safety chain 11 - Headlights 12 - Tail lights 13 - Turn signal 14 - Body/doors 15 - Power train 16 - Suspension 17 - Exhaust 18 - Safety systems 98 - Other (explain in narrative) 99 - Unknown</p>	<p style="text-align: center; background-color: #cccccc;"><b>Special Vehicles</b></p> <p><b>Special Function of Vehicle</b></p> <p>1 - No special function 2 - Police 3 - Fire 4 - Ambulance 5 - Incident response vehicle 6 - Non-transport emergency service vehicle 7 - Military 8 - Snow plow 9 - Taxi 10 - School 98 - Other (explain in narrative) 99 - Unknown</p>	
<p><b>Point of Initial Impact</b> <b>Most Damaged Area</b></p> <div style="text-align: center;"> </div> <p>14 - Undercarriage 15 - Non-collision/no damage 16 - Cargo loss 98 - Other (explain in narrative) 99 - Unknown</p>	<p style="text-align: center; background-color: #cccccc;"><b>Towed Field</b></p> <p>1 - Driven away 2 - Disabled - privately arranged 3 - Disabled - officer arranged 4 - Not disabled - privately arranged 5 - Not disabled - officer arranged 6 - Abandoned/left at scene</p> <p style="text-align: center; background-color: #cccccc;"><b>Extent of Damage</b></p> <p>1 - None 2 - Minor Damage 3 - Functional damage 4 - Disabling damage 5 - Severe, vehicle totalled 9 - Unknown</p> <p style="text-align: center; background-color: #cccccc;"><b>Commercial Motor Vehicle</b></p> <p style="text-align: center; background-color: #cccccc;"><b>Converter Dolly</b></p> <p>1 - Yes 2 - No dolly used 3 - No information/label or unreadable 9 - Unknown</p> <p style="text-align: center; background-color: #cccccc;"><b>Gross Vehicle Weight Rating (GVWR)</b></p> <p>1 - 10,000 lbs or less 2 - 10,001 lbs -26,000 lbs 3 - 26,001 lbs or more</p>	<p style="text-align: center; background-color: #cccccc;"><b>Hazardous Materials (cargo only)</b></p> <p style="text-align: center; background-color: #cccccc;"><b>Involvement</b></p> <p>1 - Yes 2 - No 3 - Not applicable 99 - Unknown</p> <p style="text-align: center; background-color: #cccccc;"><b>Placard</b></p> <p>1 - Yes 2 - No 3 - Not applicable 99 - Unknown</p> <p style="text-align: center; background-color: #cccccc;"><b>Released</b></p> <p>1 - Yes 2 - No 3 - Not applicable 99 - Unknown</p> <p style="text-align: center; background-color: #cccccc;"><b>Underride / Override</b></p> <p>1 - None 2 - Underride, compartment intrusion 3 - Underride, no compartment intrusion 4 - Underride, compartment intrusion unknown 5 - Override, moving vehicle 6 - Override, parked/stationary vehicle 8 - Other 9 - Unknown</p>	<p style="text-align: center; background-color: #cccccc;"><b>Emergency Status</b></p> <p>1 - Not applicable 2 - Yes, warning equipment used 3 - Yes, warning equipment not used 4 - No, non-emergency, non-transport 5 - No, non-emergency, transport 99 - Unknown</p> <p style="text-align: center; background-color: #cccccc;"><b>Bus Use</b></p> <p>1 - School (public or private) 2 - Transit/commuter 3 - Intercity 4 - Charter/tour 5 - Shuttle 6 - Modified for personal/private use 7 - Church 98 - Other (explain in narrative) 99 - Unknown</p>

Driver Characteristics			
<b>Contributing Circumstances, Driver (up to two)</b>		<b>Driver Re-Examination Needed:</b>	
1 - Ran traffic signal 2 - Ran Stop sign 3 - Exceeded authorized speed 4 - Driving less than the posted speed limit 5 - Driving too fast for conditions 6 - Lost control 7 - Followed too close 8 - Operating vehicle in a reckless, erratic careless, negligent manner 9 - Improper or erratic lane changing 10 - Aggressive driving/road rage 11 - Made improper turn 12 - Failed to yield to emergency vehicle 13 - Traveling wrong way/on wrong side 14 - Traveling on prohibited traffic way 15 - Over-correcting/over-steering 16 - Failed to keep in proper lane 17 - Failure to signal intentions 18 - Swerved to avoid: vehicle, object non-motorist, or animal in roadway 19 - Starting or backing improperly 20 - Failure to dim lights/have lights on 21 - Vehicle stopped on railroad tracks 22 - Vehicle drove around grade crossing gates  <b>Passing</b> 30 - On wrong side 31 - Where prohibited by signs/markings 32 - With insufficient distance/inadequate visibility 33 - Through/around barrier 96 - Other passing (explain in narrative)		1 - Yes (explain in narrative) 2 - No  <b>Driver Distraction:</b> 1 - Not applicable/no driver 2 - Not distracted  <b>Electronic devices:</b> 3 - Manual operation of an electronic communication device (texting, typing, dialing) 4 - Talking on hand-held device 5 - Talking on hands free device 6 - Adjusting devices (radio, climate) 96 - Other activity with electronic device (explain in narrative)  <b>Other distraction inside vehicle:</b> 10 - Passenger 11 - Unrestrained animal 12 - Eating or drinking related 13 - Smoking related 14 - Reaching for object(s)/fallen object(s) 15 - Inattentive/lost in thought 16 - Looked but did not see 97 - Other distraction inside vehicle (explain in narrative)  98 - Distraction outside vehicle (explain in narrative) 99 - Unknown	
38 - Failed to yield right-of-way (FTYROW): 40 - From Stop sign 41 - From Yield sign 42 - Making left turn 43 - Making right turn on red signal 44 - From driveway 45 - From parked position 46 - To non-motorist 47 - At uncontrolled intersection 97 - Other FTYROW (explain in narrative)  <b>Other (explain in narrative):</b> 50 - Vision obstructed 51 - Operating without required equipment 52 - Failure to obey displayed vehicle warnings or instructions 53 - Disregarded signs/road markings 54 - Illegal off-road driving 55 - Towing improperly 56 - Getting off/out of vehicle 57 - Overloading/improper loading with passengers/cargo  58 - Operator inexperience  88 - No improper action  98 - Other (explain in narrative) 99 - Unknown			
Driver Condition		Accident Environment	
1 - Apparently normal 2 - Emotional (e.g., depressed, angry) 3 - Asleep/fatigued 4 - Illness/fainted 5 - Medical condition (seizure, reaction) 6 - Under the influence of alcohol 7 - Under the influence of drugs/meds  8 - Physical impairment 9 - Walks with a cane/crutches 10 - Paraplegic/wheelchair restricted 11 - Impaired due to previous injury 12 - Hearing impaired/deaf 13 - Visually impaired 98 - Other (explain in narrative) 99 - Unknown		<b>Location of First Harmful Event</b> 1 - On roadway 2 - Shoulder 3 - Median 4 - Roadside 5 - Gore 6 - Outside trafficway 7 - In parking lane/zone 8 - Continuous left turn lane 9 - Separator 98 - Other (explain in narrative) 99 - Unknown  <b>Manner of Crash/Collision</b> 1 - Non-collision (single vehicle) 2 - Head-on (front to front) 3 - Rear end (front to rear) 4 - Angle, oncoming left turn 5 - Broadside (front to side) 6 - Sideswipe, same direction 7 - Sideswipe, opposite direction 8 - Rear to rear 9 - Rear to side 98 - Other (explain in narrative) 99 - Unknown	
<b>Vision Obscured</b>		<b>Weather Conditions (up to two)</b>	
1 - Not obscured 2 - Trees/crops 3 - Embankment 4 - Hillcrest 5 - Building(s) 6 - Sign/billboard 7 - Parked vehicle(s) 8 - Moving vehicle(s) 9 - Person/object in or on vehicle 10 - Blinded by sun or headlights  11 - Broken/dirty windshield 12 - Frosted windows/windshield 13 - External mirrors 14 - Blowing snow 15 - Fog/smoke/dust 16 - Splash/spray of passing vehicle 17 - Inadequate vehicle lighting 18 - Exterior angle/blind spot on vehicle 98 - Other (explain in narrative) 99 - Unknown		1 - Clear 2 - Cloudy 3 - Fog, smoke, smog 4 - Freezing rain/drizzle 5 - Rain 6 - Sleet, hail 7 - Snow 8 - Blowing snow 9 - Severe winds 10 - Blowing sand, soil, dirt 98 - Other (explain in narrative) 99 - Unknown  <b>Surface Conditions</b> 1 - Dry 2 - Wet 3 - Ice/Frost 4 - Snow 5 - Slush 6 - Mud, dirt 7 - Water (standing or moving) 8 - Sand 9 - Oil 10 - Gravel 98 - Other (explain in narrative) 99 - Unknown	
Alcohol/Drug Testing			
Alcohol Test Given	Drug Test Given	Drug Test Result	
1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Vitreous 9 - Refused	1 - None 2 - Blood 3 - Urine 9 - Refused	1 - Negative 2 - Cannabis 3 - Central Nervous Sys. depressants 4 - Central Nervous Sys. stimulants 5 - Hallucinogens  6 - Inhalants 7 - Narcotic Analgesics 8 - Dissociative Anesthetic (PCP) 9 - Prescription Drug 98 - Other (explain in narrative)	1 - Daylight 2 - Dusk 3 - Dawn  4 - Dark, roadway lighted 5 - Dark, roadway not lighted 6 - Dark, unknown roadway lighting 9 - Unknown



Work Zone Related?	Harmful Events	
<p><b>Work Zone Activity</b></p> <p>1 - Construction 2 - Maintenance 3 - Utility 98 - Other (explain in narrative) 99 - Unknown</p>	<p><b>Sequence of Events --- Most harmful Event --- First Harmful Event</b></p> <p><u>Pre-crash events:</u> 1 - Ran off road, right 2 - Ran off road, straight 3 - Ran off road, left 4 - Crossed centerline (undivided) 5 - Crossed median (divided) 6 - Evasive action (swerve, panic braking, avoidance) 7 - Downhill runaway 8 - Cargo/equipment loss or shift 9 - Equipment failure (tires, brakes, etc.) 10 - Towed portion came apart (separation of units) 11 - Loss of traction 12 - Trailer fishtailing or swaying 13 - Animal (avoided hitting) 94 - Other pre-crash (explain in narrative)</p> <p><u>Non-collision events:</u> 20 - Overturn/rollover 21 - Jackknife 22 - Non-contact vehicle (phantom) 23 - Vehicle went airborne 24 - Fell/jumped from vehicle 95 - Other non-collision (explain in narrative)</p> <p><u>Collision with:</u> 30 - Thrown or falling object 31 - Animal 32 - Non-motorist (see non-motorist section - NOT a unit) 33 - Vehicle in traffic 34 - Re-entering roadway 35 - Parked motor vehicle 36 - Work zone maintenance equipment 37 - Railway vehicle/train 38 - Struck/struck by object/cargo/person from other vehicle 96 - Other non-fixed object (explain in narrative)</p>	
<p><b>Location</b></p> <p>1 - Before work zone warning sign 2 - Advance warning area 3 - Transition area 4 - Within or adjacent to work activity 5 - Termination area 98 - Other (explain in narrative) 99 - Unknown</p>	<p><u>Collision with fixed object:</u> 40 - Bridge overhead structure 41 - Bridge pier or support 42 - Bridge/bridge rail parapet 43 - Curb/island/raised median 44 - Ditch 45 - Embankment 46 - Ground 47 - Culvert/pipe opening 48 - Guardrail - face 49 - Guardrail - end 50 - Concrete traffic barrier (median or right side) 51 - Other traffic barrier (explain in narrative) 52 - Cable barrier 53 - Impact attenuator/crash cushion 54 - Utility pole/light support 55 - Traffic sign support 56 - Traffic signal support 57 - Other post/pole/support (explain in narrative) 58 - Fire hydrant 59 - Mailbox 60 - Tree 61 - Landscape/shrubbery 62 - Snow bank 63 - Fence 64 - Wall 65 - Building 97 - Other fixed object (explain in narrative)</p> <p><u>Miscellaneous events:</u> 70 - Fire/explosion 71 - Immersion 72 - Hit and run 73 - Eluding law enforcement 74 - Gas inhalation/asphyxiation 75 - Vehicle out of gear/rolled 98 - Other (explain in narrative) 99 - Unknown</p>	
<p><b>Type</b></p> <p>1 - Lane closure 2 - Lane switch/crossover 3 - Work on shoulder or median 4 - Intermittent or moving work 98 - Other (explain in narrative) 99 - Unknown</p>		
<p><b>Workers Present?</b></p> <p>1 - Workers only 2 - No workers present 3 - Workers and officer present 4 - Law enforcement only 5 - No one present 98 - Other (explain in narrative) 99 - Unknown</p>		
Roadway Characteristics		
<p><b>Contributing Circumstances, Environment</b></p> <p>1 - None apparent 2 - Weather conditions 3 - Visual obstruction 4 - Non-motorist action 5 - Glare 6 - Animal in roadway 7 - Severe crosswind 98 - Other (explain in narrative) 99 - Unknown</p>	<p><b>Type of Roadway Junction/Feature</b></p> <p><u>Non-intersection:</u> 1 - Non-junction/no special feature 2 - Bike lanes 3 - Railroad grade crossing 4 - Driveway access (within) 5 - Driveway access (related, not in) 6 - Alley 7 - Crossover-related 96 - Other intersection (explain in narrative)</p> <p><u>Intersection-related:</u> 10 - Roundabout 11 - Traffic circle 12 - Four-way intersection 13 - T-intersection 14 - Y-intersection 15 - Five points or more 16 - L-intersection 17 - Shared use path or trail 18 - Intersection with ramp 97 - Other intersection (explain in narrative)</p> <p><u>Interchange-related:</u> 20 - On-ramp merge area 21 - Off-ramp, diverge area 22 - On-ramp 23 - Off-ramp 24 - Mainline, between ramps 98 - Other interchange (explain in narrative) 99 - Unknown</p>	<p><b>Traffic Controls</b></p> <p>1 - No controls present 2 - Traffic signals 3 - Flashing traffic control signal 4 - Stop signs 5 - Yield signs 6 - No passing zone (marked) 7 - Warning sign 8 - School zone signs 9 - Railway crossing device 10 - Traffic director (person) 11 - Work zone sign 12 - Inoperative (not functioning properly) 13 - Traffic sign missing 98 - Other (explain in narrative) 99 - Unknown</p>
<p><b>Contributing Circumstances, Roadway</b></p> <p>1 - None apparent 2 - Surface condition (e.g., wet, icy) 3 - Debris 4 - Ruts, holes, bumps 5 - Work Zone (roadway-related) 6 - Slippery, loose, or worn surface 7 - Obstruction in roadway 8 - Traffic control obscured 9 - Shoulders (none, low, soft, high) 10 - Non-highway work 11 - Traffic backup, prior crash 12 - Traffic backup, regular congestion 13 - Traffic backup, prior non-recurring incident 14 - Disabled vehicle 98 - Other (explain in narrative) 99 - Unknown</p>		<p><b>Horizontal Alignment (curve):</b></p> <p>1 - Straight 2 - Traversing curve to left 3 - Traversing curve to right 98 - Other (explain in narrative) 99 - Unknown</p>
		<p><b>Vertical Alignment (grade):</b></p> <p>1 - Level 2 - At crest 3 - Traversing uphill 4 - Traversing downhill 5 - At sag (bottom of hill) 98 - Other (explain in narrative) 99 - Unknown</p>

Injury/Protective Devices			
<p style="text-align: center;"><b>Injury Status</b></p> <p>1 - Fatal 2 - Suspected serious/incapacitating 3 - Suspected minor/non-incapacitating 4 - Possible (complaint of pain/injury) 5 - Uninjured 7 - Fatal, not crash-related 9 - Unknown</p>	<p style="text-align: center;"><b>Seating Position</b></p> <div style="text-align: center;"> </div> <p>16 - In 6th row or greater 17 - In enclosed passenger/cargo area 18 - In unenclosed passenger/cargo area 19 - Sleeper 20 - Trailing unit 21 - Riding on exterior of vehicle 22 - Hanging onto vehicle 23 - Passenger of motorcycle/moped/ATV 98 - Other vehicle-related (explain in narrative) 99 - Unknown</p>	<p style="text-align: center;"><b>Occupant Protection</b></p> <p>1 - Not applicable 2 - None used 3 - Shoulder and lap belt used 4 - Lap belt only used 5 - Shoulder belt only used 6 - Child safety seat (forward-facing) 7 - Child safety seat (rear-facing) 8 - Child safety seat (type unknown) 9 - Booster seat 10 - Helmet (DOT compliant) 11 - Helmet (other) 98 - Other (explain in narrative) 99 - Unknown</p>	
<p style="text-align: center;"><b>Died at Scene/Enroute</b></p> <p>1 - Not applicable 2 - Died at scene 3 - Died enroute 4 - Died at hospital 5 - Died later (w/in 30 days) 98 - Other (explain in narrative) 99 - Unknown</p>	<p style="text-align: center;"><b>Trapped/Extricated</b></p> <p>1 - Not trapped/applicable 2 - Extricated by non-mechanical means 3 - Extricated by mechanical means 9 - Unknown</p>	<p style="text-align: center;"><b>Airbag Deployment</b></p> <p>1 - Not applicable 2 - Airbag turned off 3 - Not deployed 4 - Deployed front of person 5 - Deployed side of person 6 - Deployed both front/side 7 - Deployed curtain 98 - Other deployment (explain in narrative) 99 - Unknown</p>	
<p style="text-align: center;"><b>Source of Transport</b></p> <p>1 - Not transported 2 - EMS air 3 - EMS ground 4 - Law enforcement 5 - Parent/spouse/friend 6 - Self 7 - To funeral home/morgue 98 - Other (explain in narrative) 99 - Unknown</p>	<p style="text-align: center;"><b>Ejection</b></p> <p>1 - Not applicable 2 - Not ejected 3 - Partially ejected 4 - Totally ejected 9 - Unknown</p>	<p style="text-align: center;"><b>Ejection Path</b></p> <p>1 - Not ejected/not applicable 2 - Through front windshield 3 - Through side window 4 - Through side door 5 - Through roof 6 - Through back window 7 - Through back door/tailgate opening 98 - Other (explain in narrative) 99 - Unknown</p>	
<p style="text-align: center;"><b>Non-motorist (see non-motorist section below)</b></p> <p>1 - Pedestrian 2 - Pedalcyclist (bicycle, tricycle, unicycle, pedal car) 3 - Pedalcycle passenger 4 - In or on building 5 - Horse and Buggy 6 - Skater, personal conveyance, wheelchair 98 - Other non-motorist (explain in narrative) 99 - Unknown</p>			
Non-Motorist			
<p style="text-align: center;"><b>Location (prior to impact)</b></p> <p><u>Intersection:</u></p> <p>1 - Within marked crosswalk 2 - Within unmarked crosswalk 3 - Not within crosswalk 4 - Unknown location</p> <p><u>Non-intersection (midblock):</u></p> <p>5 - Within marked crosswalk 6 - Within unmarked crosswalk 7 - Not within crosswalk 8 - Unknown location</p> <p>9 - Parking lane/zone 10 - Pedalcycle lane 11 - Sidewalk 12 - Driveway access 13 - Shared path or trail 14 - Shoulder/roadside 15 - Median/crossing island 16 - Non-trafficway 17 - Travel lane, other location</p> <p>98 - Other (explain in narrative) 99 - Unknown</p>	<p style="text-align: center;"><b>Action (prior to crash)</b></p> <p>1 - Entering or crossing roadway 2 - Waiting to cross roadway 3 - Going to/coming from school 4 - Working in trafficway 5 - Approaching or leaving vehicle 6 - Entering/exiting vehicle 7 - Playing on or working on vehicle 8 - Disabled vehicle-related/pushing vehicle</p> <p><u>Movement:</u></p> <p>10 - Along roadway with traffic 11 - Along roadway against traffic 12 - Along roadway (direction unknown) 13 - On shoulder/median 14 - On sidewalk</p> <p>98 - Other (explain in narrative) 99 - Unknown</p>	<p style="text-align: center;"><b>Condition</b></p> <p>1 - Apparently normal 2 - Emotional (e.g., depressed, angry) 3 - Asleep/fatigued 4 - Illness/fainted 5 - Medical condition (seizure, reaction) 6 - Under the influence of alcohol 7 - Under the influence of drugs/meds 8 - Physical impairment 9 - Walks with a cane/crutches 10 - Paraplegic/wheelchair restricted 11 - Impaired due to previous injury 12 - Hearing impaired/deaf 13 - Visually impaired/blind</p> <p>98 - Other (explain in narrative) 99 - Unknown</p>	<p style="text-align: center;"><b>Contributing Circumstances</b></p> <p>1 - No improper action 2 - Not visible (dark clothing) 3 - Improper crossing 4 - Darting/dashing 5 - Inattentive (talking, eating, texting) 6 - Riding/walking on wrong side of road 7 - Failure to obey traffic signs, signals, or officer 8 - Failure to yield right-of-way 9 - Failure to have lights on when required 10 - Operating without required equipment 11 - Improper riding (more riders than seats) 12 - Improper turn/merge 13 - Improper passing 14 - Passing with insufficient distance or inadequate visibility 15 - Improper/erratic lane changing 16 - Failure to remain in proper lane 17 - Operating in a reckless, erratic, careless, negligent manner 18 - Improper exit/entry from trafficway 19 - In roadway improperly (standing, sitting, lying, working, playing) 20 - Disabled vehicle-related (working on, pushing, leaving/approaching) 21 - Entering/exiting parked/standing vehicle 98 - Other (explain in narrative) 99 - Unknown</p>
<p style="text-align: center;"><b>Safety Equipment</b></p> <p>1 - Not applicable 2 - None 3 - Helmet 4 - Reflective clothing 5 - Lighting</p>		<p>6 - Protective pads 7 - Multi-equipment (explain in narrative) 98 - Other (explain in narrative) 99 - Unknown</p>	