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#### **Introduction**

The ARIES 2009 provides officers an electronic means to complete the Indiana Officer's Crash Report form. It is designed to be faster and more efficient than handwriting reports. The program uses business edits to provide the user with only the areas of the report that are needed to complete the crash, as described by the user, and additional edits are built-in to further reduce errors.

The ARIES 2009 is designed to be a hands-on computer program. Meaning, the entire report can be completed by the user without having to remove his/her hands from the keyboard. Users can also utilize their "mouse" to move through the ARIES 2009 and its individual screens. Although good typing skills are beneficial they are not necessary in order to successfully use the ARIES 2009.

Each agency should designate a primary computer or setup a network in order to send/receive, store, and recall approved reports. All questions regarding the ARIES 2009 should be directed to your local agency ARIES 2009 administrator, if unresolved or unavailable, contact the Technical Support group of Open Portal Solutions at 317-215-8300.

Agency ARIES 2009 Administrator:

Name:

Contact Number: \_\_\_\_\_

Contact email:

# **INDIANA CODES**

## IC 9-26-2-2

Sec. 2. A law enforcement officer shall forward a written report of each accident investigated under section 1 of this chapter to the state police department within twenty-four (24) hours after completing the investigation.

## IC 9-26-2-4

Sec. 4. (a) A law enforcement officer shall enforce IC 9-21 and IC 9-25 against the parties to a motor vehicle accident on private property if the accident:

(1) occurs on commercial or other private property that is open to the public; and

(2) results in:

(A) personal injury or death; or

(B) property damage to an apparent extent greater than \$1,000.

(b) This section does not affect the power of a local government unit to contract with the owner or lessee of a shopping center or private business property under IC 9-21-18-4.

# IC 9-26-3-2

Sec. 2. An accident report required to be made in writing must be made on the appropriate form approved by the state police department and must contain all of the required information unless the information is not available.

# IC 9-26-3-5

Sec. 5. The state police department shall tabulate and may analyze all accident reports and shall publish annually or at more frequent intervals statistical information based on the reports as to the number and circumstances of traffic accidents.

## IC 9-30-7-3

Sec. 3. (a). A law enforcement officer shall offer a portable breath test or chemical test to any person who the officer has reason to believe operated a vehicle that was involved in a fatal crash or a crash involving serious bodily injury.

# **DETERMINING WHEN A CRASH REPORT IS REQUIRED**

Motor vehicle crashes have a number of characteristics that are used to determine whether or not a crash has occurred. If the answer to each of the questions below is "yes", the incident is a motor vehicle crash.

- 1) Did the incident involve one or more motor vehicles?
- 2) Of the motor vehicles involved, was at least one in motion?
- 3) Did the incident originate on a <u>trafficway</u>, or on private property; and where injury or apparent damage occurred, as per <u>IC 9-26-2-4</u> to require a report?
- 4) Was there at least one occurrence of injury or damage, which was not a direct result of a <u>cataclysm</u> (act of nature)?

**Note:** Previously, acts of "<u>Deliberate intent</u>" (suicide, homicide, legal intervention, etc.) were excluded from crash reports and documented on criminal case reports; however, depending on an agencies policy, a victim or their agent could have difficultly in obtaining needed information. As a result of this, if a deliberate act meets the criteria set forth in questions 1-4, a crash report will be required in addition to any criminal report(s).

What if the vehicles are moved?

A report should be completed and is required by law if the crash involves \$1,000 or more in property damage, or when personal injury or death has occurred, regardless if the vehicle(s) have been moved prior to the officer's arrival.

# DETERMINING THE NUMBER OF CRASH REPORTS NEEDED (One Report or Two?)

If a chain of events occurs without the situation coming to a <u>stabilized condition</u>, it is one crash regardless of how many vehicles are involved.

Example: An object falls from a vehicle, bounces off the road and strikes another vehicle. This would require a single crash report to be completed.

If the vehicles and conditions surrounding the crash have stabilized and another event occurs, it becomes two separate crashes.

Example: An object falls from a vehicle, bounces off the road and strikes another vehicle, this would require the completion of one report. Then after stabilization, another vehicle strikes either the object or vehicle from the first event, which would then require the completion of a second report.

# DIFFERENCES BETWEEN AN ORIGINAL, A SUPPLEMENTAL AND A SUPPORTING DOCUMENT

**Original:** Defined as a new report submitted to crash records for the first time whether the investigation has been completed or not.

**Supplemental:** Defined as a report that adds to a previously submitted original report. Examples: Results received from a pending blood test or a hit and run driver is identified, etc.

<u>Supporting Documents</u>: Defined as documents that are submitted with an original or a supplemental report that "supports" the investigation (examples: witness statements, diagrams and toxicology reports, etc.). Use only a white 8  $\frac{1}{2}$  x 11 sheet of paper to submit a supporting document. The following information must appear on the document:

- 1. Pages should be numbered in numerical order in relationship to the document being supported. Example: If the original report form uses three (3) pages the first supporting document would be numbered page 4, and the second supporting document would be page 5, etc.
- 2. Local ID number
- 3. Crash date
- 4. Crash time
- 5. Crash location
- 6. Driver(s) name
- 7. Investigating officer's printed name
- 8. Investigating agency name

Mail supporting documents to:

Indiana State Police, Crash Records Section Indiana Government Center North 100 North Senate Avenue Indianapolis, IN. 46204-2259

## **ARIES 2009 User information**

<u>NEVER-NEVER</u> use the ARIES 2009 to complete a report and then attempt to send a paper copy to Crash Records. ARIES 2009 reports must be sent electronically to Crash Records or it will be rejected and returned.

#### Navigation Buttons

The buttons below are navigation buttons allowing the user to move through the program.

<u>S</u> ave (	Cancel	< <u>B</u> ack	<u>N</u> ext >	Einish	
----------------	--------	----------------	----------------	--------	--

Ways to activate the navigation buttons:

- 1. Tabbing to each button and then hitting "enter";
- 2. Utilizing the mouse to activate the button; or
- 3. Depressing the "Alt" key and the corresponding underlined letter for the button.

#### Navigation Button functions:

<u>Save</u>: Allows the user to stop while working in the ARIES 2009 and save the entered information to return later and complete it.

<u>Cancel</u>: Closes the report and all previously unsaved information will be lost.

<u><Back</u>: Allows the user to move backwards through the report.

<u>Next></u>: Allows the user to move forward to the point were the last data was entered.

<u>Finish</u>: Enabled when the report has been successfully completed and allows the reports to be logged as new.

## Keyboard Information

#### Tab Button:

Depressing the "tab" button will move the user forward through the fields and boxes. Depressing the "shift and tab" buttons will move the user backwards through the fields.

#### Space Bar:

Depressing the space bar will activate certain drop boxes and will place check marks in fields such as "AM" and "PM".

#### Enter:

Depressing the "enter" button will activate certain drop boxes and navigation buttons.

### Data Information Boxes

A large amount of information within the ARIES 2009 is selected from predetermined lists or manually typed into boxes that also contain optional lists.

There are two types of information boxes contained in the ARIES 2009 Drop Down and Combination (Combo) boxes. Each type of box has different characteristics and input options.

Drop Down Boxes:

- Are restricted to the information contained in the list.
- Populate as information is typed into them.
- Depressing the space bar will activate the drop down box list. The list is then visible in the window only and can be scrolled using the arrow keys.
- Continued depressing of one letter scrolls through the options in the list using that letter.
- Select the drop arrow to view the entire or larger portion of the list which can be scrolled by using the arrow keys.
- A highlighted entry can be activated by clicking on it with the mouse or hit enter.
- May automatically filter the choices of other drop down boxes:

**Example:** The selection of the County where the crash occurred will automatically limit the operator to:

Townships within the chosen county in the Township Box and

Locations within the chosen county in the City Box

- Location		
County:	DELAWARE	•
Township:	CENTER	•
City:	MUNCIE	•

#### Combo Boxes:

- Do not automatically populate as information is typed.
- Information maybe typed into the box that is not an option from the list provided.
- To scroll through the list, select the drop down arrow and use the arrow keys to move within the list.
- Hit "Enter" to enter a highlighted name or select a name from the list with the mouse.
- The "space bar" will not activate a combo box.
- May also populate lists within other combo boxes:

**Example:** Selecting the "make" of vehicle from the list will automatically populate a list of choices within the vehicle model type.

- To access the populated list select the drop arrow for the box.
- If information is typed directly into the box and not chosen from the list, the second list will not be automatically populated and information must be typed into this box.

Year:		
Make:	FORD	Ŧ
Model:		+
VIN No.:	18 200 SUPER DUTY CREW CAB A34	^
Color:	AA	
Style:	ANGLIA	

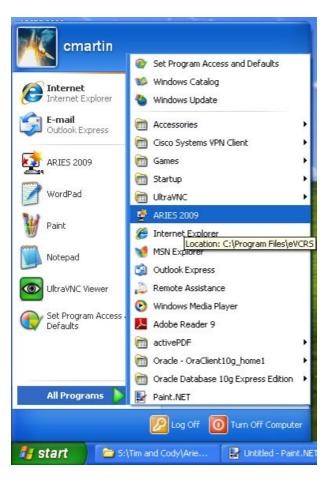
# To start using the ARIES 2009

## Click the ARIES 2009 logo (located on the desktop) or



or

#### Find the program in the Windows start menu:



#### Then:

Select the default user ID, then *click "start"* to view the menu screen.

If an individual user's ID number appears in the window, select the ID number and then **click** "**start**" to view the menu screen. *To update personal settings* go to "user settings".

*Click "update"* to update the users configuration that appears in the window.

## START SCREEN:

		[New Reports]						💶 🖻 🔀
File View T	ools Help				-			
New Report	Open	Send/Receive	Delete		a Jofo Quick Capture			
New Report	Cpen Type	Send/Receive	Status	ARIES Users		Supplement Collision Date/Time Start New Update Remove Cancel	Agency	Last Modified
	<.					u)		
Application S		ease Wait St\Tim and Cody\Ari	e 😰 Unktied	(78%) - Pain	ARIES 2009 Clien	- [		😰 🗘 🌾 🔎 11:27 AM

## **User Configuration screen**

If an individual user's ID number does not appear in the window or if it is the user's first time using ARIES 2009, then **click "New"** to add User Configuration settings.

#### Send/Receive Settings:

<u>Agency ORI, Member ID, and Host Name/IP Address</u>: These categories are set by the individual agency's ARIES 2009 administrator and should not be changed.

Note: For problems with new or existing set-ups contact your agency ARIES 2009 administrator.

#### User Settings:

Officer ID: Enter the user's ID number.

Officer First Initial: Enter the user's first initial of the first name.

Officer Last Name: Enter the user's Last Name.

<u>County</u>: Enter the home or primary county of work for the user.

Township: Enter the home or primary township of work for the user.

City: Enter the home or primary city of work for the user.

<u>Auto-populate</u>: Select this option beside any or all of the options on the User Configuration screen. When selected to auto-populate the information will be included in the report automatically.

<u>Application Settings:</u> If you will be using a Barcode Scanner with ARIES 2009, select Scanner Installed. For port number, provide the com port the barcode scanner is using (this can be found in Device Manager).

*Click "ok"* to accept changes and continue or *click "cancel"* to reject changes and continue.

ARIES User Configuration	on	
Transmission Settings		
Agency ORI:	MIAMI SD 🗾	T Auto-populate
Member Id:	THADLEY	
Host Name/IP Address:	https://aries.neframework.com	
User Settings		
Officer ID:	30144	T Auto-populate
Officer First Initial:	Т	T Auto-populate
Officer Last Name:	HADLEY	T Auto-populate
County:	MIAMI	T Auto-populate
Township:	ALLEN	T Auto-populate
City:	BUNKER HILL	T Auto-populate
Application Settings		
Barcode Scanner:	C Scanner Installed Port:	
		<u>O</u> K <u>C</u> ancel

## **Collision Report menu**



#### **Options:**

New Report: Begins a new original report.

Open: Opens a selected saved report.

Send/Receive: See Send/Receive reports section below.

Delete: Permanently removes highlighted reports.

<u>Report:</u> Opens the highlighted report (including attachments) so it may be viewed and/or printed.

Driver Info: Prints out a driver exchange form once information has been entered into the report.

<u>Quick Capture:</u> Allows driver licenses and vehicle registrations to be scanned or manually entered along with other basic crash information at the beginning of the crash report.

<u>Supplement:</u> Allows any officer the ability to download any accepted report from their respective agency to their computer in order to supplement the report.

#### **Storage Buckets:**

<u>New:</u> The New bucket allows review of reports that have not been sent. The New bucket also holds reports that are rejected and sent back by the reviewing officer.

<u>Accepted</u>: Allows review or supplement of previously accepted reports from previous versions of the eVCRS/ARIES client. Once and agency upgrades to the new ARIES 2009 client, only one of the agency members will see the historic Accepted reports. With the new ARIES 2009 system, no accepted reports are sent back to the agency after being committed to the state repository.

#### To begin a new report select the "New Report" button, then choose Collision.



### **MENU Screen**

oort Open Send/Receive	Delete Report		ure Supplement		
Type COLLISION COLLISION COLLISION	Status REJECTED REJECTED INCOMPLETE	Local ID 5905234876 407CR 3456	Collision Date/Time 2009-09-19 03:57 PM 2009-09-25 10:10 AM 2009-09-27 11:10 AM	Agency 0520000 0520000 0520000	Last Modified 2009-09-25 02:50 P 2009-09-25 02:49 P 2009-09-29 10:44 A

From the main menu the user may select an accepted report for review or to supplement or may select a new report.

<u>Previously accepted reports</u>: Locate and highlight the report from the rolling menu. Once opened the report maybe reviewed, a copy printed, or maybe supplemented.

Sorting: To sort the saved reports, click on the individual column header for sorting preference (ex: Local ID, Collision Date/Time, etc.). To reverse the order, click the same header a second time.

⊻iew <u>⊺</u>	ools <u>H</u> elp									
w Report	Open	E Send/Receive	Delete	Report	Driver Info	Quick Capture	<b>U</b> Supplement			
	Туре		Status		Local ID		Collision Dat	e/Time	Agency	Last Modified
	COLLISION		REJECTED		5905234876		2009-09-19	03:57 PM	0520000	2009-09-25 02:50 PM
BW	COLLISION		REJECTED		407CR		2009-09-25	10:10 AM	0520000	2009-09-25 02:49 PM
	COLLISION		INCOMPLETE		3456		2009-09-27	11:10 AM	0520000	2009-09-29 10:44 AM
pted										
stord										

Or

Click "new report" to begin new original report.

## WELCOME/UPDATE Screen

eVCRS Wizard
Welcome to the VCRS Wizard!
Welcome to the collision report creation wizard. For New and Incomplete reports, you may click the SAVE button prior to completing to save changes in an Incomplete status.
For questions related to filling out a collision report, please review the Officer's Standard Crash Report Manual or contact your district representative.
Click NEXT to begin.
Save Cancel < <u>Back</u> Finish

Click "next"

## **AGENCY AND INVESTIGATION INFORMATION Screen:**

<u>Agency:</u> Select the investigating officer's department. <u>Note: If the user's agency is not</u> <u>contained in the list **STOP** and contact the ARIES 2009 Help Desk at 317-215-8300.</u>

Local ID: Enter an investigating agency's locally assigned crash identification number.

	formation				
Agency: Mian	i SD - 0520000		<b>_</b>	Local ID: 3456	
vestigation Infor	nation				
Officer					
ID No.: 3014	First Ir	ut.:  I Las	st Name: HIPPER		
Time Notified	Time Arrive		e of Report	Investigation Complete?	TYes 🔽 No
	M 11:12		/27/2009	Photos Taken?	
				Filotos Taken?	1 165 14 14
Other Location of	Investigation: AT	SCENE ONLY			<u></u>
	s]				
Assisting Officer			Agency:		•
Assisting Officer Name:		ID No.:			
		ID No.:   ID No.:	Agency:		
Name:					-
Name:	:				<u>.</u>

### **Investigation Information:**

ID No: Enter the investigating officer's personal ID number.

First Init: Enter the first initial of the investigating officer.

Last Name: Enter the last name of the investigating officer.

(Investigating officer information can be auto-populated by going to User Configuration.)

<u>Time Notified/Time Arrived</u>: Enter the time the investigating officer was notified of and arrived at the crash using four (4) digits (example HHMM). Do not use military time. Then select AM or PM.

<u>Date of Report</u>: *Original report*: Enter the date the crash occurred. *Supplemental report*: Enter the date the supplement is completed. *For month use 01=January, 02=February, etc; for the day use 01, 02, etc.; and for the year use all four digits 2003, 2004, etc.* 

Investigation Complete?: Select "yes" when the investigation is complete.

If "<u>no</u>" is selected, a supplemental report is required to complete the investigation. Crash reports that have been marked as completed can be reopened if additional information pertinent to the crash becomes known.

Photos Taken?: Select "yes" if photos were taken and "no" if not.

<u>Other Location of Investigation</u>: Select or enter all other locations of the investigation. *If the investigation was completed at the scene, select "At Scene Only"*. *If the investigation continues at a hospital, garage, police station, etc., enter the name of the location or select "See Narrative", then list all the applicable locations in the narrative.* <u>Note: Do not list the location where the final report was completed.</u>

<u>Assisting Officer(s)</u>: Enter any assisting officer's name, ID No., and agency name (select the agency from the list). Some officers at a scene do not need to be listed (Example: Those directing traffic, etc.).

<u>Reviewing Officer</u>: This field will be left empty on the initial report and will be completed by the reviewing officer if any. If there is no reviewing officer, this field will remain empty.

#### **ERROR MESSAGE:**

eVCRS Wizard Please provide agency and investigation	n information below:		Case and Tim	les
Agency/Local ID Information Agency: Miami SD - 0520000			Local ID: 3456	
Investigation Information Officer ID No.: 3014 First	Init.: T Last	Name:		
Time Notified     Time Arrive       11:11     PM       0ther Location of Investigation:     AI		of Report In 27/2009	nvestigation Complete? 🦵 Yes 🔽 Na Photos Taken? 🗖 Yes 🔽 Na	-
Assisting Officer(s)	ID No.:	Agency:	-	]
Name:	ID No.:	Agency:	<u> </u>	]
Reviewing Officer:				
		<u>S</u> ave Cance	I < Back Next > Finis	ih

The red error bar at the bottom of the screen appears whenever the ARIES 2009 detects an error to required field. When the error bar appears it will contain a statement of what the error is and it will highlight or place the cursor in the field so the correction can be made quickly.

The error bar will only show one error at a time. If there are multiple errors on the page once the first error is corrected the error message will address the second and so on.

The error bar will detect errors in formatting and omitted fields; however, it will not detect spelling errors, inaccurate data entry, etc.

## WIZARD (EDIT) Screen:

This screen allows the user to input information about the crash and cause only the necessary screens to be generated in order to complete the report.

eVCRS Wizard			
Please provide the following information:			Involvements
Hit	and Run?	∏Yes ▼ No	
No.	Motor Vehicles:	1	
	Non-Motorist: (Pedestrian, Pedalcyclist, Animal Drawn Vehicle Operator, Other)	0	
	Injured:	0	
No.	Dead:	0	
No.	Commercial Vehicles:	0	
No.	Deer:	0	
Wit	nesses / Other Participants	🗆 Yes 🔽 No	
Sec	condary Crash?	🗆 Yes 🔽 No	
			· · · · · · · · · · · · · · · · · · ·
	<u></u> <u>5</u> ave	Cancel < Bac	k Next > Einish

Each field on this screen must be completed. Enter a zero (0), if for example, the number of injured is none.

<u>Hit and Run?</u>: Select "yes" if one of the driver's illegally left the scene. *Note:* Selecting "yes" will allow the user to bypass the driver information for this vehicle; however in order to enter driver information in the appropriate fields all driver information must be known. If any information is not known the information can be entered in the narrative.

<u>No. Motor Vehicles</u>: Enter the number of motor vehicles involved in the crash. *Railway (RR) vehicles, animal drawn vehicles, and bicycles are not motor vehicles and should be omitted from this box. Note: Snowmobiles, farm implements and other non-conventional vehicles are only counted in this box when they are involved in a crash while on the roadway.* 

No. Non-Motorists: Enter the number of non-motorists (Pedestrian, Pedalcyclists, etc.) involved

<u>Number Injured</u>: Enter the total number of people injured (including drivers, passengers, and non-motorists). *This also includes persons complaining of pain. This does not include the number of fatally injured persons.* 

Number Dead: Enter the total number of people fatally injured (including drivers, passengers, and non-motorists).

**Special Circumstances:** If a person who is injured in a crash dies from their injuries within **30** days of the crash, they are to be listed as a fatality on a supplemental report. If death occurs **31** days or more after the crash, they will not be listed as a fatality and there is no requirement to supplement the original report.

**Fetus:** The death of a fetus is not listed as a fatality in a crash unless, the fetus is delivered and takes a breath and then death occurs within 30 days. In this situation, the death of the infant would appear in this box. The death of a fetus should be documented in the narrative of the crash report anytime it occurs.

<u>Number of Commercial Motor Vehicles:</u> Enter the number of Commercial Motor Vehicles (CMV) involved in the crash. *Trailers are not CMV's and are not to be counted here.* 

Number of Deer: Enter the number of deer struck in the crash.

<u>Witnesses/Other Participants</u>: Select "yes" if there were any witnesses to or other participants involved in the crash. Select "no" if not.

<u>Secondary Crash?</u>: Select "yes" if the incident occurs as a direct or indirect result of a previous incident. If a crash occurs in the queue expanding from an initial incident (of any kind), it is considered a secondary crash. For example, most are generally crashes, but can be other incidents, such as a car overheating and stalling because it is sitting idle in the queue rather than moving. These sometimes lead to additional incidents, but all are referred to herein as "secondary."

## **COLLISION INFORMATION Screen:**

Collision Date:	Comston rime. 11.10	Г АМ Г РМ
County:	МІАМІ	•
Township:	ALLEN	
City:	AMBOY	<u> </u>
Inside Corporate I	Limits? 🔲 Yes 🔽 No	
Property?	Other 💌	
Road Classification:	County Road 💌	
Latitude Degrees:	: Minutes:	
Longitude Degree	es: Minutes: .	

Collision Date: Enter the date the collision occurred using this format (MM-DD-YYYY).

<u>Collision Time</u>: Enter the time the crash occurred using four (4) digits (example HHMM). Do not use military time. *Then select AM or PM. Note: Be certain this time and the times notified and arrived are correct.* 

<u>County:</u> Select the county where the crash occurred.

Township: Select the township where the crash occurred.

<u>City:</u> Select the "incorporated" city/town nearest to or where the crash occurred (within the county the crash occurred). *Note:* (1) Many of the names listed in this category are not incorporated. Be sure to use only incorporated cities or towns. (2) If the crash occurred outside an incorporated city/town and the nearest incorporated city/town is not listed, select the nearest one available.

Inside Corporate Limits: Select "yes" if the crash occurred within an incorporated limits and "no" if it did not.

<u>Property:</u> Select the type of property where the crash occurred.

DNR (Department of Natural Resources) property: i.e. state parks, etc. Private property: i.e. driveways, parking lots, etc. **Other property**: where most crashes occur, includes public roads and highways.

Example: If a motor vehicle were to leave the roadway and strike a tree in a person's yard, the type of property is "Other" since the crash "began" when the driver lost control on the roadway.

<u>Road Classification</u>: Select the highest classification for the road the crash occurred on. If the roadway carries multiple roads of the same class (ex: SR 9 and SR 33) use the lower number. *Note: This field will enable the appropriate fields on the "roadway information screen and populate a like road class when the class selected here is I, US, SR, or CR.* 

Latitude and Longitude Degrees: If available, enter the latitude and longitude. Note: If unknown, leave this area blank.

## **COLLISION OCCURRED Screen:**

eVCRS Wizard	
Please specify where the collision occurred:	Location Intersection
<ul> <li>C At a Intersection (At or within 33 feet)</li> <li>○ Near an Intersection or Milemarker)</li> <li>○ On a Ramp/Interchange</li> <li>○ On Private Property (Parking Lot, Driveway, Residence)</li> </ul>	e)
Save Cancel	< <u>Back Next</u> > Einish

Select the most appropriate category to describe where the crash occurred. The selection here will restrict information provided on the "roadway information screen.

## **ROADWAY INFORMATION Screen:**

eVCRS Wizard	
Please enter the roadway information:	Roadway Information
Street Address Street Address: Roadway Name - Local/City Road, Unknown Street Name: Street Suffix: Roadway Number - Interstate, US Route, State Road, Prefix: ER Number: 200 Interchange/Ramp Interchange: Ramp:	
Save	Cancel < Back Next > Einish

#### Primary street/roadway where the crash occurred

The appropriate fields will be enabled from the selection of "road classification" field on the Collision information screen.

<u>Street Address</u>: (Applies to private property crashes-only) Enter the address of the property where the crash occurred. *Note: The Intersection/Intersecting Road screen will not appear when a crash occurs on private property.* 

<u>Roadway Name</u>: Enter the name or street number of the road where the crash occurred; or where the property was located in the event of a private property crash. *Note:* Applies only to streets/roads with a name (Main/Walnut, etc.) or a number ( $14^{th}$ ,  $167^{th}$ , etc.). Do not include the suffix, i.e. street or avenue.

This field will be enabled, if "CR" was selected in the "road classification" field. If the "CR" has a name (i.e. Center Pike, Jones Road, etc.) enter that name in this field and continue on.

Street Suffix: Select the appropriate suffix for the road listed in "roadway name" field.

To clear this field, select the drop down arrow and scroll to the blank space at the top of the list, highlight the space and the field will be emptied.

<u>Roadway Number</u>: (Interstate, US Route, State Road, County Road) *The type of road selected in the "road classification" field will be populated here.* 

<u>Prefix</u>: Select the proper prefix for the road where the crash occurred; or where the property was located in the event of a private property crash.

<u>Number</u>: Enter the proper number for the road where the crash occurred; or where the property was located in the event of a private property crash.

If "CR" was selected in the "road classification" field and a name was entered into the "roadway name" field, this field will be disabled. If the "CR" is numbered ex: CR 450W return to the "roadway name" field, delete the entry and clear the "roadway suffix" field and this field will become enabled again.

<u>Direction</u>: Select the direction identifier to identify local/county roads ex: 400W. *Note: This does not apply to direction of travel on interstates, US and state highways.* 

<u>Interchange</u>: Enter the proper interchange identifier number. *This field is required when a crash occurs on a in an interchange or on a ramp. Note: Applies only to roads utilizing INDOT maintained ramp systems.* 

Ramp: Enter the proper ramp designator. Field is required when a crash occurs on a ramp.

## **INTERSECTION/NEAREST INFORMATION Screen:**

This screen refers to the intersecting road/mile marker or the nearest intersecting road/mile marker to where the crash occurred (depending on the selection on the Collision Occurred Screen).

When identifying an <u>intersecting roadway/mile marker</u>, typing information into any of the enabled options will disable the other fields.

When identifying a <u>nearest intersecting roadway/mile marker</u>, the other options will be disabled when information is entered into one of the fields; however, the Distance and Direction from intersection fields will remain enabled and must be completed.

eVCRS Wizard Please enter the intersection information	nt	Intersecting Roadway
		intersecting Roddinay
Intersection Na	me - Local/City Road, Unknown	
Street Name:	151	
Street Suffix:	ST - STREET	<b>_</b>
- Intersection N	mber - Interstate, US Route, State Road, County Road	
Prefix	Number: Direction:	<u>*</u>
_ Intersection Mi	e Marker	
Mile Marker:		
Distance and	irection from Intersection	
Feet From:	45 Direction: E	
	<u>S</u> ave Cancel	< Back Next > Einish

Intersection Name: (Local/City road):

<u>Street Name</u>: Enter the name or street number of the intersecting or nearest intersecting road to where the crash occurred. *Note:* Applies only to street/roads with a name (Main/Walnut, etc.) or a number ( $14^{th}$ ,  $167^{th}$ , etc.). Do not include the suffix, i.e. street or avenue.

Street Suffix: Select the appropriate suffix for the road listed in "street name" field.

<u>Intersection Number</u>: (Interstate, US Route, State Road, County Road): Enter the proper interchange identifier number. *Note: Applies only to roads utilizing ramp systems*.

Prefix: Select the proper prefix for the intersecting/nearest road to where the crash occurred.

Number: Enter the proper number for the intersecting/nearest road to where the crash occurred.

<u>Direction</u>: Select the direction identifier to identify local/county intersecting/nearest road ex: 400W. *Note: This does not apply to direction of travel on interstates, US and state highways.* 

Intersection Mile Marker:

<u>Mile Marker</u>: Enter the proper number for the intersecting/nearest mile marker to where the crash occurred (including tenths of a mile if applicable).

Distance and Direction from Intersection:

*This field is enabled when identifying the nearest intersecting roadway/mile marker.* 

<u>Feet From</u>: Enter the number of feet from the nearest intersecting roadway/mile marker to the location of the crash.

<u>Direction</u>: Select or enter the direction the nearest intersecting roadway/mile marker is to the location of the crash. *Ex: The crash occurred 100 feet North of SR 6 on CR 14.* 

#### Click Next.

## **GENERAL INFORMATION Screen**

Primary Cause:	Animal/Object In Roadway 🗾	Primary	/ Cau	se an	d Loc	ation li
Locality:	Accelerator Failure Or Defective	Total Estimate of Damage:	\$2501	To <b>\$</b> 500	)	
Rumble Strips:	Brake Failure Or Defective Cell Phone Usage Disregard Signal/Reg Sign	Type of Crash:	Head C	In		
Construction Type:	Driver Asleep Or Fatigued Driver Distracted - Explain In Narrative	Property Damage	,			
Light Condition:	Daylight 🗾 👻	Object Name State Property?		<b>— N</b>		
Weather Conditions:	Clear	Owner's Name	in tes	I NO		
Surface Condition:	Dry 💌					
Type of Median:	NONE	Owner's Address	8			
Type of Roadway Junction:	No Junction Involved					1
Road Character:	Straight/Grade				<u>A</u> dd	Delete
Roadway Surface:	Asphalt	Object	State	Name		Address
Traffic Control Devices:	NONE					
Traffic Controls Operational?	☐ Yes Aggressive Driving? ☐ Yes □ No	<		Ш		

Primary Cause for the Crash: Select the primary cause of the crash from the drop down list.

*Note:* The primary cause for a crash must be assigned with a vehicle involved in the crash; even though the vehicle or its driver may not have actually caused the crash.

• With ARIES 2009, the primary cause can now be assigned to a non-motorized vehicle, pedestrian or pedacyclist because those can be identified as Units in the crash.

eVCRS Wizard		
Please enter the following unit information:		Unit Information - Unit 1
Unit Number:	1	
Unit Type:	Pedalcycle (non-motor Vehicle)	•
Direction of Travel:	North	V
Trailers?	∏ Yes ∏ No	
Commercial Vehicle?	∏ Yes ∏ No	
Drug / Alcohol Test Given?	🗌 Yes 🔽 No	
Enforcement Actions?	TYes Vo	
	Cancel	<back next=""> Finish</back>

• Please do not choose "Other" as primary cause unless absolutely necessary.

<u>Locality</u>: Select <u>rural</u> if the crash occurs outside of a corporate limits or <u>urban</u> if the crash occurs inside a corporate limits. *Note: Not all small communities are incorporated.* 

<u>School Zone</u>: Select "yes" or "no" to indicate if the crash occurred within a school zone. *Note: To answer "yes" the school zone must be "active" and enforceable.* 

<u>Rumble Strips</u>: Select "yes" or "no" to indicate the presence of rumble strips running across the travel lane(s). *Note: This does not include the rumble strips on the shoulder/berm*.

<u>Construction</u>: Select an option from the drop list to indicate whether or not the crash occurred within a construction zone <u>or</u> in a traffic "back-up" outside of, but due to a construction zone. *Note:* \**If* "yes" is selected, then the "Construction Type" field will be enabled.

Construction Type: Select the appropriate type from the list.

<u>Light Conditions</u>: Select the option that best describes the light conditions at the time and place of the crash.

<u>Weather Conditions</u>: Select the option that best describes the primary atmospheric condition at the time and place of the crash.

<u>Surface Conditions</u>: Select the option that best describes the road surface conditions at the time and place of the crash.

<u>Type of Median</u>: Select the option that best describes the type of median present at the crash scene. *Select "Drivable" for grassy medians (example: Interstates).* 

<u>Type of Roadway Junction</u>: Select the option that describes the type of junction involved in the crash. *Note: Select "Ramp" whenever a crash occurs on an exit ramp.* 

<u>Road Character</u>: Select the option that best describes the road character. *A "Non-Roadway" crash applies to parking lots, private drives and other private property, etc.* 

<u>Roadway Surface</u>: Select the option that indicates the type of roadway surface at the scene of the crash. *Note: If there is more than one roadway surface present at the scene indicate the surface where the first harmful event occurred or where the vehicle left the roadway.* 

<u>Was this crash a result of aggressive driving?</u>: Select "yes" or "no" (based upon the circumstances surrounding the crash) whether or not aggressive driving was a factor in the crash.

<u>Traffic Control Devices</u>: Select the option that describes the most significant traffic control device for the vehicle assigned with primary fault in the crash. If "Other" was selected it must be explained in the narrative.

*Note:* Some options in this field will disable the Traffic Control Device Operational field.

<u>Traffic Control Device Operational?</u>: Select "yes" or "no" to indicate whether or not the selected (\*) traffic control device was operating properly at the time of the crash.

<u>Total Estimate of Damage</u>: Select the option that best provides the total dollar estimate of <u>all</u> damage (including vehicles and property) sustained in the crash.

<u>Type of Crash</u>: Select the option that best describes the type of crash (in general terms). Example: A vehicle runs off the road and hits a tree head on. The type of crash would be Ran Off-Road. Non-Collision crashes would include but not are limited to: jackknifed semis, vehicle fires, and motorcycles that are intentionally laid down by the operator.

#### **Property Damage:**

If no property (other than the vehicles involved) was damaged, *click "next"* and continue on to the unit page. Otherwise, follow the instructions below and enter as many as needed.

<u>Name of Object</u>: Enter the name of one object damaged including cargo. *Note: Wild animals are not to be listed as property damaged.* 

<u>State Property</u>: Select "yes" or "no" to indicate whether the item damaged was state property (i.e. guardrails, sod, etc.).

<u>Owner's Name</u>: Enter the property owner's name (Last, First, MI). *Enter "unknown" if the owner's name is not known. Property owned by a governmental entity will require the entities name to be listed as the owner.* 

<u>Owner's Address</u>: Enter a current address for the property owner named in owner's field. *Enter "unknown" if the owner's name is not known.* 

Now **click "Add"**. This will save the information for the damaged property entry. ARIES 2009 will automatically return the cursor back to the Object name field. To add another piece of property return to "Name of Object" field and repeat the instructions to enter information.

To review information added to the storage window, simply click on the information and it will be returned to the applicable fields for review or change. Once finished **click "add"** to resave the information or **"delete"** to remove it.

## **UNIT INFORMATION (Edit) Screen**

eVCRS Wizard		
Please enter the following unit information:		Unit Information - Unit 1
Unit Number: Unit Type: Direction of Travel: Trailers? Commercial Vehicle? Drug / Alcohol Test Given?	I       Image: Passenger Car/Station Wagon       East       Image: Yes     Image: No       Image: Yes     Image: No	<b>v</b> <b>v</b>
	<u>Save</u> Cancel	< <u>B</u> ack <u>N</u> ежt > <u>Finish</u>

<u>Unit #</u>: Is automatically entered by the ARIES 2009. *Note:* A unit number is also generated for non-motorists as well as for the vehicles involved.

<u>Unit Type</u>: Select the type of unit involved. *This list does include non-motorists, and can cause the Trailers and Commercial Vehicle fields to auto-populate. Ex: Selecting a tractor/one semi-trailer will populate the Trailers and Comm. Vehicle fields.* **Note:** If the Comm. Vehicle field auto-populates and the vehicle involved is not a commercial vehicle, select "unknown" for vehicle type and explain the vehicle type in the narrative.

<u>Direction of Travel</u>: Select from the list the direction the vehicle was traveling; or the direction the non-motorists was traveling/walking; or the direction a pedestrian was facing.

<u>Trailers?</u>: Select "yes" or "no" if the unit is pulling a trailer. *This field may auto-populate with certain selections in the "Unit Type" field and will be disable if a non-motorist is selected.* 

<u>Commercial Vehicle</u>?: Select "yes" or "no" if the unit is a commercial motor vehicle. *This field may auto-populate with certain selections in the "Unit Type" field and will be disabled if a non-motorist is selected.* 

<u>Drug/Alcohol Test Given</u>?: Select "yes" or "no" if the unit was offered any tests for the presence of drugs and/or alcohol.

Enforcement Actions: Select "yes" or "no" if the unit was arrested or cited for any crash related violations.

## VEHICLE INFORMATION Screen

Please enter the following vehicle information	Vehicle Information - Unit 1
(scanning of registration allowed):	Towed       Towed?       Yes       No       To:       By:         Insurer         Name:         Phone:         [] •         Policy No.:         Fire?         Yes         No         Note:         Click YES if the unit caught fire while in operation; click ND otherwise.
	Save Cancel < Back Next > Finish

This screen will not appear if the unit type selected was a non-motorist.

Year: Enter the model year of the vehicle using four digits (example: 1999, 2003).

Make:

*Option 1:* Select the vehicle manufacturer's name from the drop list. This will cause the "Model" field to populate with a list of models for that manufacturer.

*Option 2:* Enter the vehicle manufacturer's name using the full name of the company if possible; or if not, at least the first four letters of the manufacturer's name.

<u>Model</u>: Select from the list or enter the vehicle manufacturer's model name, using the full name of the model.

VIN No.: Enter the Vehicle Identification number

<u>Color</u>: Enter the primary color of the vehicle. *For multi-colored vehicles, the remaining colors may be noted in the narrative. Note: Watch using abbreviations like Gre (Green or Grey?).* 

Style: Select the vehicle's body style. Note: This field populates as it is typed into.

<u>License State</u>: Select the abbreviation for the licensing state of the vehicle. See Appendix B for abbreviations.

<u>License Number (#)</u>: Enter the number of the license plate on the vehicle involved. If a vehicle has a temporary registration, enter either the number if available, or TEMP or none if not.

<u>License Year</u>: Enter the four-digit year of issue for the license plate on the vehicle. *Other options:* 

- *1) TEMP: When the license plate is a temporary plate.*
- 2) PERM: When the license plate is a Permanent Issue/Non-Expiring (i.e. State/municipally owned or Apportioned plate).

<u>Number (#) of Occupants</u>: Enter the number of occupants (up to 98), including the driver, that were riding in or on the vehicle at the time of the crash.

<u>Number (#) Axles</u>: Enter the number of axles on the vehicle (power unit only) up to 10. *Do not include axles on trailers. Example: An 18 wheeled semi with 5 axles, 3 on the power unit and 2 on the trailer, would be shown as having 3 axles.* 

<u>Speed Limit</u>: Enter the legal speed limit of the road where the crash occurred. Special Conditions:

Ramps:	The speed limit on a ramp remains the same as the speed limit of
	the road the ramp is leaving <u>unless otherwise posted</u> .
Parking Lots/	If there is no clearly posted (enforceable) speed limit, enter " $N/A$ "
Private property:	into the field.

<u>Towed?</u>: Select "Yes" or "No" to indicate if the vehicle involved was towed from the scene by a licensed recovery vehicle (wrecker). Select "No" and explain in the narrative when either a vehicle was towed back onto the roadway by a wrecker and then driven away or removed by a private individual. "*Towed to*" and "*Towed by*" will be disabled if "no" is selected.

Towed To: (If enabled) Enter the location (city name) where the vehicle was taken.

<u>Towed By</u>: (If enabled) Enter the name of the <u>wrecker company</u> used to remove the vehicle.

<u>Insured By</u>: Enter the name of the company providing coverage for the vehicle involved, or if a vehicle is not insured, enter "None" or "Unknown" if the insurance company is not known.

Examples of company names are: State Farm, Farm Bureau, etc. and not Sam Smith Insurance Agency. Insurance Binders are also to be listed by the company name. **Note**: Rental Cars: If the renter purchased available insurance coverage from the rental car agency, that insurance company's information would be entered. If the renter did not purchase coverage from the rental car agency then the driver's personal automobile insurance carrier would be listed.

<u>Phone Number</u>: Enter the complete telephone number for the company/agent providing coverage for the vehicle involved. *Note: If this information is not available enter a "U" in the field.* 

<u>FIRE</u>: Select "Yes" if the vehicle was in operation (moving/stopped in traffic) when it caught fire. Select "No" if no fire occurred or if a fire occurred when the vehicle was not in operation.

## **UNIT INFORMATION Screen**

eVCRS Wizard	
Please specify the following information below:	Areas of Impact/Damage - Unit 1
	▼ Emergency Run? 「Yes 「No ▼
Initial Impact Area From Driver's Perspective	Pre-Crash Vehicle Action:
	Save Cancel < Back Next > Finish

This screen will not appear if the unit type selected was a non-motorist.

## Vehicle Information

<u>Vehicle Use</u>: Select the option that best identifies the vehicle's intended use at the time of the crash. *If there is not an appropriate oval to identify the use, select "Other" and explain in the narrative. Note: Certain selections in this field will disable the "Emergency Run" field.* 

<u>Emergency Run</u>: (If enabled) Select 'Yes" to indicate if this vehicle was **actively** making an emergency run at the time the crash occurred. *Note: Personal vehicles of volunteer firefighters/EMTs are not emergency vehicles even when their courtesy lights are in operation.* 

<u>Type of Roadway</u>: Select the option that best describes the type of roadway for where the crash occurred. *First determine the direction traffic can travel (if the roadway travels in both directions, generally it is considered two-way traffic). Then count the total number of travel lanes for the roadway. Examples of Multi-Lane Divided (3 or more) would be I-70, I-69, or I-65.* 

Ramps: Are an extenuation of the roadway it is leaving. Ramps carry the road number and roadway type of the road it is leaving until the ramp intersects with the road it is merging into.

<u>Pre-Crash Vehicle Action</u>: Select the option that best describes the vehicle's pre-crash action. *Note:* Selecting "parked" or "unattended" moving vehicle will disable the driver's contributing circumstances, and will prevent entry of any driver information on the "Unit information Page".

<u>Event Collision</u>: Select the option that best describes the first harmful event that makes this a "Collision" or "Non-collision" crash. (Example, vehicle #1, strikes a pedestrian in the street, then loses control and strikes a light pole. The first harmful event would be striking the pedestrian). Note: All additional objects struck should be described in the narrative. **Impact/Damaged Areas** (from the driver's perspective)

Special instructions:

- When a motorcycle is involved, use only the list or the bottom row of the drawing.
- The center selection of the drawing represents all windows of a vehicle.

<u>Initial Impact Area</u>: Select the "one" option that identifies the initial impact area on the vehicle. This choice can be made from the list or from within the drawing.

<u>Areas Damaged</u>: Select all the options (as many as needed) that identify all the damaged areas of the vehicle. *See special instructions in "Initial Impact Area" also.* 

<u>Pre-Crash Vehicle Action</u>: Select the "one" option that identifies what the vehicle was doing before the initial impact of the vehicle.

<u>Sequence of Events</u>: Select the options in sequence that best describes what happened in the collision. *Note:* At least one action is required to continue.

#### **Contributing Factors**

\*Reminder: The primary cause of the crash must be assigned to one of the "Vehicles" involved. The primary cause can now be assigned to a non-motorist.

The "primary cause" for the crash was selected on the "General Information Screen", for the vehicle assigned with the primary cause, that cause must be duplicated in one of the following three fields.

<u>Driver Contributing Circumstances</u>: ARIES 2009 will allow selection of up to, but no more than two choices that best describe the driver's contributing circumstances. *Note: Select "None" if there are no driver contributing circumstances.* 

<u>Vehicle Contributing Circumstance</u>: Select the one choice that best describes the vehicle's contributing circumstances. *Note: Select "None" if there are no vehicle contributing circumstances.* 

<u>Environmental Contributing Circumstances</u>: Select the one choice that best describes the environmental contributing circumstances. *Note: Select "None" if there are no environmental contributing circumstances*.

Driver Factors (1 item selected):	Vehicle Factors (1 item selected):	Environmental Factors (1 item selected):
Alcoholic Beverages Cell Phone Usage Distegard Signal/Reg Sign Driver Distacted - Explain In Narrative Driver Distacted - Explain In Narrative Driver Illness Failuer To Yield Right Of Way Following Too Closely Illegal Drugs Illegal Drugs Illegal Drugs Improper Lane Usage Improper Lane Usage Improper Turning Jackknifing Left Of Center NoNE (driver) - Explain In Narrative Other Telematics In Use Overcorrecting/Oversteering Passenger Distaction Pedestrian Action Prescription Drugs Ran Off Road Speed Too Fast For Weather Conditions Unsafe Lane Movement Unsafe Speed Violation Of License Restriction Wiong Way On One Way	Accelerator Failure Or Defective Brake Failure Or Defective Engine Failure Or Defective Headlight Defective Or Not On Insecure/Leaky Load NONE (vehicle) - Explain In Narrative Other Lights Defective Oversize/Overweight Load Steering Failure Tire Failure Or Defective Tow Hitch Failure Window/Windshield Defective	Animal/Object In Roadway Glare Holes/Ruts In Surface Lane Marking Obscured NONE (environmental) Obstruction Not Marked Other (environmental) - Explain In Narr Road Under Construction Roadway Surface Condition Severe Crosswinds Shoulder Defective Traffic Control Inoperative/Missing/Obs Utility Work View Obstructed

Click "next" to continue

## **COMMERCIAL MOTOR VEHICLE INFORMATION screen**

This screen will not appear if the unit type is a non-motorist or "no" was answered on the "Unit Information (Edit) screen".

ase enter the following commercial vehicle information:	Commercial Info - Uni
Commercial Vehicle Information	
Name/Address Information	US DOT No.:
Name:	
Street:	ICC MC No.:
City:	
	State DOT No.:
State: Zip:	
Vehicle Information	
Gross Vehicle Weight Rating: Cargo Body Type:	
	•
HAZMAT Information	CMV Inspection:
Placard: Tyes No 4-Digit ID No.:	CMV Inspection.
Release of Cargo: TYes TNo Hazard Class:	
Proper Shipping Name:	

#### Name/Address Information

<u>Name</u>: Enter the official name of the carrier under whose authority the driver is operating. *The term "authority" means the carrier that is responsible for the load/trip currently being executed;* 

therefore, the name on the side of the truck is not always the carrier the driver is working for at that moment. Be especially attentive to lease vehicles (Ryder, Penske, etc.)

Street: Enter the proper numerical and street name for the companies address.

<u>City</u>: Enter the city for the proper address of the company.

<u>State</u>: Select the state/country matching the proper address of the company. *Note: Most Canadian provinces are not listed individually, but are listed as "Terr. Outside –province name).* 

<u>Zip Code</u>: Enter the zip code of the company mailing address. *Note: This field will not accept Canadian zip codes. Enter five zeros (ex: 00000) and then note the zip code in the narrative.* 

<u>US DOT#</u> (United States Department of Transportation Number): Enter the US DOT Number for the carrier involved. *The number can best be found on the Indiana Cab Card-Registration or the Single State Registration Form (R.S. 3 form). Note: If the carrier is exempt or illegally does not have a DOT#, enter all zeros in the field (00000) and note this information in the narrative.* 

<u>ICC #</u> (Interstate Commerce Commission Number): Enter the ICC Number for the carrier involved. *The number can best be found on the Indiana Cab Card-Registration or the Single State Registration Form (R.S. 3 form).* **Note:** *If the carrier is exempt or does not have an ICC# enter all zeros in the field (00000) and note in the narrative this information.* 

<u>State DOT #</u> (State of Indiana Department of Transportation Number) Enter the Intrastate DOT Number for the carrier involved. *The number can best be found on the Indiana Cab Card-Registration or the Indiana Intrastate Registration form.* **Note:** *This number is for "Intrastate" carriers only, interstate carriers will not normally have this number; additionally, for Intrastate carriers this number will be properly shown as ex: 12345 IN. However, this field will not accept alpha-characters-so simply enter the numbers only. If the carrier is exempt or does not have a state DOT# enter all zeros (00000) in the field.* 

## **Vehicle Information**

<u>Vehicle Identification Number (VIN)</u>: Enter the V.I.N. from the power unit only (do not include any trailers).

<u>Gross Vehicle Weight Rating (GVWR)</u>: Select the range representing the GVWR of the power unit only (do not include any trailers). *This information is located on the inside of the cab on the driver's door or door-frame.* 

<u>Cargo Body Type</u>: Select the option best representing the cargo area on a single vehicle or a trailer designed to haul cargo or people. If the appropriate body style is not an option, select "Other" and explain in the narrative.

## Hazmat Information

<u>HAZMAT Placard (Hazardous Material)</u>: Select "Yes" or "No" to indicate if the vehicle was placarded. *A placard is a diamond shaped warning sign located on all four sides of the vehicle indicating the type and class of material being transported.* 

<u>HAZMAT Release of Cargo</u>: Select "Yes" or "No" to indicate whether or not there was a hazardous material release. *Note: This category does not apply to the release of fuel from the power unit's fuel tanks*.

HAZMAT 4-Digit ID Number: Enter the 4-Digit ID Number (if applicable) that appears on the placard. *Leave this field empty if it is not applicable*.

<u>Hazard Class Number</u>: Enter the two-digit hazard class number (1 through 9) that appears on the placard. *Note: This number can also be found on the shipping papers. If only one-digit is shown, example the number 4, it would be listed as 4.0. Leave this field empty if it is not applicable.* 

HAZMAT Proper Shipping Name: Enter the proper shipping name for any placarded hazardous material that is being transported. *The material's name will be found on the shipping papers*. *If no hazardous material is being transported leave this field empty.* 

<u>CMV (Commercial Motor Vehicle) Inspection</u>: Select "Yes" or "No" to indicate if a certified inspection (by an Indiana State Police Motor Carrier Inspector or a federally certified State Trooper) was completed. These inspections are optional and solely at the discretion of the investigating officer.

If "yes" is selected the level of inspection must be selected from the list.

## If there are questions about commercial motor vehicles please contact:

Indiana State Police Commercial Vehicle Enforcement Division 5252 Decatur Blvd., Suite J Indianapolis, IN 46241 (317)-615-7373 1-800-523-2226

Click *"next"* to continue

#### **INDIVIDUAL INFORMATION screen**

#### Driver/Vehicle screen:

VCRS Wizard		
lease enter the followin canning of license/reg	g individual information stration allowed):	Driver/Vehicle Owner - Unit 1
Detail Information Person Type Driver Same as Driver Vehicle Owner Injured Pedestrian Pedalcycfist Animal Drawn Vehicle Operator Vehicle Owner Trailer Owner Trailer Owner Persons Involved	C     Last Name:     BOWMAN       First Name:     RYON       Address:     4283 N MORBISTO       C     CRy:     SHELBYVILLE       C     State:     IN       C     Zip:     46176	WN RD Gender: Male Birthdate: 01/01/1985 Update <u>Cancel</u>
Person Type	First Name	Last Name
DRIVER OWNER VEHICLE	BYON BYON	BOWMAN
Edit     Delete	Insert	S A A A A A A A A A A A A A A A A A A A
		Cancel < <u>B</u> ack <u>N</u> ext > Einish

Non-Motorist screen:

anning of license/reg etail Information Person Type Driver Same as Driver Vehicle Owner Trailer Owner Injured	C Last Name: F First Name: Address:		MI: E Filiai: Jr 💌
Pedestrian Pedalcyclist Animal Drawn Vehicle Operator Vehicle Owner Trailer Owner	City: C State: C Zip: C	IN	Gender: Male 💌 Bitthdate: 09/09/1989 Update Cancel
ersons Involved Person Type PEDESTRIAN Edit Delete		First Name JIMMY	Last Name SMITH

When either of these screens appear, if it becomes necessary to return to a previous screen (prior to entering any information) select the **enabled "cancel" button** on the right center part of the screen. This will then enable the navigation buttons at the bottom of the screen to be used and to move back through the report.

If information has been entered into the screen, it will be necessary to **select "update"** and then the navigation buttons will be enabled.

Once information has been updated it will be stored in the storage window. To review information from the storage window, **double click the information**; or **with the information highlighted click "edit"**; the information will then be shown in the applicable fields and available for review or change. Once finished click "update" to resave the information. To delete information, while the information is in the storage window click "delete" to remove it.

#### **Detail Information (Person Type)**

The options under "Detail Information" are enabled depending on choices made from earlier edit screens. Gender and Date of Birth are disabled with some selections.

Select one of the category types from the left side of the screen and then enter the information for that person.

Category Types:

<u>Driver</u>: The default setting on this screen is driver only (the driver indicator will be activated). If the information to be entered is for the driver only, begin entering information in the required fields.

#### Same as Driver:

<u>Vehicle Owner</u>: Select this entry when the driver's name also appears on the vehicle registration of the vehicle involved.

<u>Trailer Owner</u>: Select this entry when the driver's name also appears on the trailer registration if a trailer is involved.

#### **Other options**:

Injured: Select if the person to be identified is injured (other than the driver).

Pedestrian: (Non-motorist) Select when the person was a pedestrian.

<u>Pedalcyclist</u>: (Non-motorist) Select when the person was riding a bicycle or other pedal powered unit.

Vehicle Owner: Select when the vehicle involved is owned by someone other than the driver.

Trailer Owner: Select when a trailer involved is owned by someone other than the driver.

#### Entering Information

Last Name: Enter the person's last name or if owned by a company, enter the complete company name.

First Name: Enter the person's first name or leave blank if owned by a company.

MI: Enter the person' middle initial. Leave blank if the person has not middle initial.

Filial: (If applicable) Select the appropriate identifier.

<u>Address</u>: Enter the individual's complete and current street address. Common abbreviations such as "N" for north and "Apt" for apartment may be used.

<u>City</u>: Enter the city where the address is located.

State: Enter the state where the city is located.

<u>Zip Code</u>: Enter the proper five or nine digit zip code for the address. *Note:* If the zip code is unknown or non-US (i.e. Canada, which contains alpha-characters) enter five zero's (0).

Gender: Select from the list to identify the sex of the individual.

<u>Date of Birth</u>: Enter the month, calendar day, and year of the individual's date of birth using numeric symbols. For month use 01=January, 02=February, etc; for the day use 01, 02, etc.; and for the year use all four digits 2003, 2004, etc.

At this point **select "update"** and the information, if correct, will be stored in the storage window. If the "driver" only was selected the ARIES 2009 will require the vehicle owner's information to be added.

If another person/type needs to be added to this screen **select "insert"**. This will allow additional information to be added and will be automatically populated on the appropriate screen (ex: trailer owner information will appear on the trailer information screen). **Remember:** To enter the information for all injured person's riding in or on this unit.

#### **INDIVIDUAL (Injury) INFORMATION (continued)**

Driver and Injured occupants:

Person(s) Involved	Individual Information
Type Name	Pos In/On Vehicle: Front Left
✓ DRIVER RYON BOWMAN	Ejected/Trapped:
	Location of Most Severe Injury: Entire Body
	Injury Status: Non-incapacitating
	Nature of Most Severe Injury: Complaint Of Pain
	Safety Equipment Used: Child Restraint
	Safety Equipment Effective: No
	EMS No.: 1313
	Taken for Immediate Medical Attention: ☐ Yes ⊽ No
	Driver License Information
	No.: 21631 State: IN •
	Type: Operator 💌 CDL Class: 💌
	Non-Motorist Information Action: Traffic Controls? ☐ Yes ☐ No Controls Operational? ☐ Yes ☐ No Cited? ☐ Yes ☐ No

The enabled fields vary depending on the individual's status, i.e. driver or injured person.

Pedestrian screen:

Please enter the following individual in	ormation: Injury/L	icense - Unit 2
Person(s) Involved Type Name PEDES JIMMY SMITH	Pos In/On Vehicle: Ejected/Trapped:	* *
PEDES JIMMT SMITH	Location of Most Severe Injury:	- -
	Nature of Most Severe Injury: Safety Equipment Used: Safety Equipment Effective:	• •
	EMS No.: Taken for Immediate Medical Attention: Yes No	
	Driver License Information No.: State Type: CDL	e:
	Non-Motorist Information Action: Traffic Controls? Controls Operation	□ Yes □ No nal? □ Yes □ No
-	Cited?	TYes No

*This screen will disable all except the applicable non-motorist options.* 

**Person(s) involved:** This information is automatically populated from information entered on the individual information screen. Click on or highlight the name and begin entering information as required.

A check mark  $(\checkmark)$  will appear beside the person's name when information has been successfully added.

If more than one name appears the program will not allow the user to go forward until all information for all available names has been entered.

<u>Type</u>: Identifies the role the person played in the crash and is automatically entered.

<u>Name</u>: Identifies the person by name and is automatically entered.

<u>Pos In/On Vehicle</u>: (If enabled) "Front Left" is the default position for the driver. For injured persons select the appropriate position in or on the vehicle.

<u>Ejected/Trapped</u>: (If enabled) Select the option that describes whether the person was ejected from, trapped within, or pinned under the vehicle.

<u>Location of Most Severe Injury</u>: (If enabled) Select the option that best describes the location of the most severe injury to the person.

Injury Status: (If enabled) Select the option that best describes the person's injury status.

<u>Nature of Most Severe Injury</u>: (If enabled) Select the option that best describes the most severe injury to the person. If there is not an appropriate descriptor to identify the injury, select "Other" and explain in the narrative.

<u>Safety Equipment Used</u>: (If enabled) Select the option that best describes the safety equipment used by the person.

Special instructions:

- <u>Airbag Options:</u> Should be selected if an airbag has deployed
- <u>Improperly used belt</u>: If the shoulder harness is placed behind the back and the lap belt is properly worn, select "Lap Belt Only".
- <u>Helmets</u>: When no helmet is worn/used, leave this section blank.

<u>Safety Equipment Effective?</u>: (If enabled) Select the option that in the investigating officer's judgment, best describes the effectiveness of the safety equipment that was used (did the equipment do what it was intended to do?). **Note:** If safety equipment was not used, select "Not Applicable" or leave blank.

<u>EMS Number</u>: (If enabled) Enter the four-digit (4) number of the Emergency Medical Service unit that transported the person from the scene. *This also includes air-ambulances (Lifeline, etc.)*. *If the injured person was not transported, enter "None" in the box.* 

<u>Taken for Immediate Medical Attention:</u> Please indicate whether the injured person was transported to a medical facility from the scene of the crash. This may have been by ambulance, law enforcement or any other concerned party.

#### **Driver's License Information:**

<u>No</u>: (If enabled) Enter the driver's license number as it appears on the driver's license. *Note:* (1) *If the driver's license is expired or suspended include this in the narrative.* (2) *If the driver is unlicensed-but has been assigned a BMV record number, leave this field blank and enter the assigned number in the narrative. Entering a license number in this field requires a license type other than "No License".* 

<u>License Type</u>: (If enabled) Select the proper driver's license type. *Out of state drivers, use the Indiana code that most closely represents the out of state license type. Note: There is a listing for "No License" and 'unknown".* 

State: (If enabled) Select the state that issued the driver's license.

CDL Class: (If enabled) Select the proper CDL (*if applicable*).

#### **Non-Motorists:**

Action: (If enabled) Select the action that best describes the non-motorist actions.

<u>Traffic Controls?</u>: (If enabled) Select 'yes" if traffic controls were present for the non-motorists and "no" if not.

<u>Controls Operational?</u>: (If enabled) Select "yes' if the traffic controls present were working properly.

<u>Cited?</u>: (If enabled) Select "yes" if the non-motorists was cited for a crash related violation.

#### **DRIVER/NON-MOTORIST INFORMATION Screen**

This screen will appear for both driver's of a vehicle or non-motorists. The enabled fields on this screen can be restricted by edits selected on the "Unit Information-edit screen".

edestrian Information	Restriction(s)	Apparent Physical Condition
Type Name √ PEDES JIMMY SMITH	NONE Authorized State-owned Vehicles Automitic Transmission D aylight Driving Employers Vehicle Dnly Employment Only	NORMAL     Asleep/Fatigued     Drugs/Medication     Had Been Dinking     Handicapped     III
	Test Information Test: Types Given: Blood Breath Other - Explain In Narrative Citation(s)	
	IC Code: Add Delete	Felony Infraction Misdemeanor

<u>Restrictions</u>: (If enabled) Select all the options that identify the license restrictions of the driver. *Note:* For driver's whose licenses are "Restricted Conditional", select "Special Restrictions".

<u>Apparent Physical Condition</u>: Select the one option that best describes the physical condition of the person at the time of the crash. *Note:* (For Driver's) Selections in this field should match the driver contributing circumstances category (DCC) when; the DCC indicates "Driver asleep or fatigued" this category should show either "asleep" or "asleep or fatigued" and so on.

#### **Test Information:**

These fields will be enabled when on the "Unit Information edit screen" "Drug/Alcohol Test Given" is selected.

<u>Test</u>: (If enabled) Select the appropriate option to show what tested for. *If a person refuses* <u>any</u> <u>test</u>, select refused. *If a drug test is refused, explain in the narrative what was going to be tested* for.

<u>Types Given</u>: (If enabled) Select all the options that identify the type of test(s) administered or offered to, or refused by the person.

**Results:** (If enabled)

Alcohol:

<u>PBT</u>: Enter the two (2) digit results of a PBT, if administered.

Cert: Enter the two (2) digit results of a certified test, if administered.

<u>Pending</u>: Select pending when results from alcohol tests are pending, e.g. blood results from the Dept. of Toxicology. *Note:* Pending results require the report to be marked incomplete on the "Agency and Investigation Information screen"; and a supplement to be completed upon the return of the results.

Drug:

Select from the following options:

<u>Positive</u>: When a field or certified test returns a positive result. The substance(s) returning a positive result must be identified in the narrative.

Negative: When a field or certified test returns a negative result.

<u>Pending</u>: Select pending when a certified test result is pending. *Note: Pending results require the report to be marked incomplete on the "Agency and Investigation Information screen"; and a supplement to be completed upon the return of the results.* 

<u>Citation(s)</u>: (If enabled)

IC Code: Enter the proper IC (Indiana Code) number for crash related violation(s).

Then **select "add"**. This will save the IC code in the storage window. Follow this procedure to enter up to ten (10) IC codes. When finished move to the next category.

To edit saved IC codes: **click on or highlight the saved code** and it will return to the IC code window for editing. Then **click "add"** and it will be saved again.

To delete an IC code, simply highlight it and then select "delete".

<u>Citation Type(s)</u>: Select all of the types that apply to the I.C. codes used.

#### **TRAILER INFORMATION Screen**

This screen will not appear if the unit type is a non-motorist or "no" was answered on the "Unit Information (Edit) screen".

CRS Wizard				
ease enter the following trailer i	nformation:		Trailer Inforr	nation - Uni
Trailer Information				
Plate State:	Trailer Owner:	NEW TRAILER OWNER -		•
Plate Exp Year:	Owner Informat	ion		
Plate No.:	Last Name:			
	First Name:		MI	
Year:	Address:			
Make:				
	City:		2	
	State:	▼ Zip:	-	
			lle	date Cancel
Trailere			_ <u>U</u> p	date <u>C</u> ancel
Trailers First Name Last Name	Year Ma	ike License State		date <u>C</u> ancel
	Year Ma			
	Year Ma	ake License State		License No
First Name Last Name				License No
First Name Last Name	Year Ma	ake License State		
First Name Last Name	sert	ake   License State		License No

Some states do not require certain kinds of trailers to be licensed. Some suggestions on how to enter information and continue in the ARIES 2009 are included in each section below.

Trailer Information:

<u>License State</u>: Select the abbreviation for the licensing state of the trailer. If a trailer is not required to be licensed, select the state were the owner resides. *See Appendix B for abbreviations for Canada and Mexico.* 

<u>License Year</u>: Enter the four-digit year of issue for the license plate on the trailer. *Other options:* 

- *1) TEMP: When the license plate is a temporary plate.*
- 2) PERM: When the license plate is a Permanent Issue/Non-Expiring (i.e. State/municipally owned or Apportioned plate).
- *3) This field may be left empty if a license plate is not required.*

<u>License Number (#)</u>: Enter the number of the license plate on the trailer involved. *Enter all zeroes (0000) in this field if a license plate is not required.* 

Year: Enter the model year of the trailer using four digits (Example: 1999, 2003). For homemade or trailers not requiring registration use the approximate year of manufacture. <u>Make</u>: Enter the trailer manufacturer's name using the full name of the company if possible; or if not, at least the first four letters of the manufacturer's name. *Enter HOMEMADE when not manufactured by a company*.

<u>Trailer Owner</u>" If the trailer owner's personal information was entered on the "Individual Information page" under "person type" as "same as driver" for the trailer owner, or separately as the trailer owner; that information will be auto-populated in the drop window. If not, the words "New Trailer Owner" will appear in the window and will remain there until information is entered and saved in the required fields.

Last Name: (If not auto-populated) Enter the owner's last name.

First Name: (If not auto-populated) Enter the owner's first name.

 $\underline{MI}$ : (If not auto-populated) Enter the person' middle initial. Leave blank if the person has no middle initial.

Address: (If not auto-populated) Enter the individual's complete and current street address.

<u>City</u>: (If not auto-populated) Enter the city where the address is located.

State: (If not auto-populated) Enter the state where the city is located.

<u>Zip Code</u>: (If not auto-populated) Enter the proper five or nine digit zip code for the address. *Note:* If the zip code is unknown or a non-US (i.e. Canada, which contains alpha-characters) enter five zero's (0).

*Now select "update"* and the information if correct will be stored in the storage window.

If another trailer needs to be added to this screen **select "insert".** This will allow additional information to be added and will be automatically populated on the appropriate screen (ex: trailer owner information will appear on the trailer information screen).

#### WITNESS/OTHER PARTICIPANT Screen

This screen	e will	not	appear	if	it is	indicated	that	there	are	no	witnesses	or	other	participant
involved in	this c	crasl	1.											

his step of the wizard, pl ticipants of the collision	lease enter witnesses and oth :	<sup>er</sup> Wit	nesses and Other Par	ticipar
etail Information Witness	Name: Address: Phone No.: Location at Time of Crash:	_		
/itnesses / Other Partici Type	ipants <b></b>	Name	Update Location	Cancel
Edit Delete	Insert			

Witness/Other Participant: Select one to identify the category of person listed on this screen.

Name: Enter the person's full name (first, MI, Last).

Address: Enter the address of the person (including city/state/Zip Code).

Phone No: Enter the person's current telephone number or a contact number.

Location at time of Crash: Indicate in general terms the person's location relative to the crash.

Now click "Update" and the information, if complete, will be stored in the window.

If another witness/other participant needs to be added to this screen click "Insert". This will allow additional information to be added and will be automatically populated on the appropriate screen.

To edit saved witness/O.P. information, click or highlight the information and it will return to the window. The information can then be reviewed or edited, then click **"Update"** and it will be saved again.

To delete a line, highlight it and then click "Delete".

#### NARRATIVE Screen

eVCRS Wizard					
In this step, descri including details a	be as completely as possib nd explanations that further	le what occurred durin clarify information cont	g the course of the c ained in the report	crash,	Narrative
Narrative					
Spell Checker	Options				
L					
		S	ave Cancel	< <u>B</u> ack	Next >   Einish

# NARRATIVE

The combination of the diagram and the narrative together should represent the crash; however, a reader should be able to read the narrative and tell what occurred in the crash without looking at the diagram.

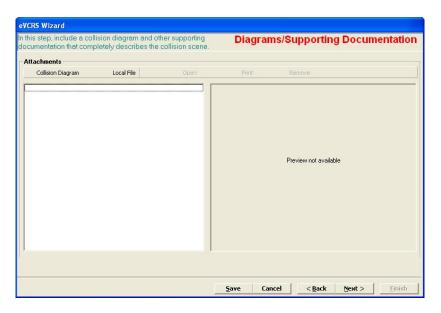
The structure of the narrative section should be:

- Any additional information (i.e. additional assisting officers, etc).
- An explanation of all items marked on the report as "explain in narrative". (This is not done automatically by the ARIES 2009.
   Example: If "other" was selected for Traffic Control Device, the narrative should read: Traffic Control Device Other: Free standing sign indicating utility work ahead.
- An introductory statement relating the position and direction of each of the vehicles involved prior to the crash.
- The remainder of the narrative is in the officer's own words describing as completely as possible, what occurred during the course of the crash. If an investigator has evidence to support or substantiate an opinion, one may be given, but it is not require

Spell Checker: Checks the spelling and grammar within the narrative only.

Options: Allows the user to set up the spell checker.

#### **DIAGRAM Screen**



The combination of the diagram and the narrative together should represent the crash; however, a reader should be able to look at the diagram and tell what occurred in the crash without reading the narrative.

The diagram is to show probable paths of the vehicle(s) involved before, during and after impact. There are eight minimum requirements for a diagram:

- 1. An arrow indicating "North" must be present in the upper right hand corner. Every effort should be made to avoid having the arrow pointing towards the bottom of the page.
- 2. Scale vs. Not to Scale:
  - Scale diagram: The scale used must be indicated.
  - Not to scale: Write "Not to Scale" and when applicable, measurements should be taken. Measurements include, but are not limited to, distance from nearest intersection, distances between vehicles, distances between vehicles and fixed objects, skidmarks, yawmarks, scuffmarks, etc. Do not print "Measurements in field notes".
- 3. All Roadways must be labeled by name or number.
- 4. Vehicles must be labeled as Vehicle 1, 2 or 3, etc. Trailers are to be labeled with the number corresponding to the power unit. Example: Vehicle #1 is pulling two trailers. The power unit is labeled V-1, the first trailer is 1a, and the second trailer is 1b.
- 5. The vehicle's position at final rest must be shown. An inverted vehicle should be shown with an "X" across the vehicle when at final rest.
- 6. All relevant traffic control devices must be shown i.e. stop signs, no passing zones, lane controls, etc.
- 7. Show all pre-crash paths with a solid arrow and post-crash paths with a dotted arrow.

8. Other items to include in the diagram would be trees, fences, utility poles, etc. even if they had no direct bearing on the crash, this may help later in locating the scene or clarifying the positions of vehicles.

**NOTE:** If the vehicles have been moved or were driven away prior to the officer's arrival, and the officer has no evidence to determine where the collision occurred, no diagram is required. Indicate in the narrative the reason no diagram was made (i.e. the crash was reported several hours after it occurred and all vehicles had been moved. Paths of vehicles and position of final rest are unknown.). If the vehicles were simply moved out of the road to prevent traffic problems and were not removed from the scene, every effort should be made to complete a diagram.

#### Attachments:

<u>Collision Diagram</u>: Opens the drawing package "Easy Street Draw". When the diagram is completed it may be saved as a separate file or is automatically saved as a part of the report.

If saved automatically the diagram will be named "Collision Diagram 1". To save the diagram under another name reopen the file; **select "file"**, **"save as"**, and **"external file"**; then save the file under an applicable name for this report.

To add the saved file **select "local file"** or **right click** the storage window and select **"local file"**, in file type **select Easy Street Draw (.esd)**, **open**, the file will be saved in the storage window.

The "Collision Diagram 1" file can be removed by **highlighting the file** and then a **right click** and **selecting remove**.

<u>Local File</u>: Allows access to files contained on the computer being used. These files can be TIFF (tif), JPEG (jpg), PDF (pdf), MS Word (.doc), or Easy Street Draw (.esd) files. This allows other officers to gather information independently (electronically) and then allows the reporting officer to attach it to the crash report. This could include additional diagrams, witness statements, supplemental reports on the other officer's activities, or additional scanned documents. *Note: Be sure to select the proper file storage type when attempting to save files*.

Once a file is saved in the storage window additional headers will appear:

<u>Open</u>: Highlight a stored file and click open and the file will open in the stored format. *Note: Double clicking on a stored file will also open the file.* 

<u>Print</u>: Highlight a stored file and click print to print the file only.

<u>Remove</u>: Highlight a stored file and click remove to delete the file.

Note: An individual attachment can not exceed 200k. Multiple files may exceed 200k; however, no single file may be larger than 200k.

When the files have been saved in the storage window-click "next" to continue.

#### **ERROR Screen**:

eVCRS Wizard					
Success! You have completed all required steps for the collision report. Clic	ck FINISH to ex	at.			
Local Id: 3456					
		1		1	
	Save	Cancel	< <u>B</u> ack	Next >	Einish

Error free report click "finish" to continue

*Report with errors:* 

eVCRS Wizard					
The Wizard has found the following edits that failed:					
1. Number of Injured doesn't match Number of Individuals wit	th Injuries				
	<u>S</u> ave	Cancel	< <u>B</u> ack	Next >	Einish

The errors listed must be corrected before the ARIES 2009 will continue forward.

1. **Click "back"** to review the "Primary Cause of the crash" and then forward to review the contributing factors for each vehicle involved to ensure the primary cause is attributed to one of them.

2. *Click "back"* to review the number of injured persons and then forward to review the number of injured persons within each vehicle.

3. Click "next" to reach this screen and then click "finish" to continue or review errors.

Once the report has been successfully completed it will be stored in the "New" folder until it is sent for review. While in the new folder the report may be reviewed along with any attachments contained with it.

To make additional revisions the report must be reopened, the revisions made, and all screens navigated through to the end of the report in order to be saved again as a new report. If the report is opened and the "save" button is clicked while in the middle of the report, it will be stored as "incomplete". The report will not be saved as new again until the "finish" button is selected.

#### **MENU WINDOWS:**



Open: Opens a highlighted report in the ARIES 2009 wizard.

<u>Send/Receive</u>: Sends New or Supplement reports to the ARIES state server. If an agency is utilizing the web-base review process, the report will remain on the server in a "Needs Reviewed" status until the submitting officer's Review Officer performs a Send/Receive. It will then reside on the Review Officer's PC until the report is either Rejected or Accepted. If rejected, it will be sent to the server by the Review Officer performing a Send/Receive and will remain there until the original submitting officer performs a Send/Receive. If accepted by the Review Officer, the report will be committed to the state repository upon that Review Officer performing a Send/Receive.

New Report	Tools Help Open Type	王 Send/Receive	Delete Status	Report	Driver Info	Quick Capture Suppl	ement	Collision Date/Time	Agency
Accepted					Send/Receive Remote Logon Please specify th password for the server and click l continue.	remote	User name Password:		
				L				<u> </u>	t> <u>Cancel</u>

<u>Delete</u>: Deletes a highlighted report.

Electronic Version           Dote of County         Jose 10           State of County of Weak Information of County of County of Weak Information of County of Weak Information of County of Weak Information of County of County of County of Weak Information of County of Count	A BAL	INDIANA OFFIC	ER'S STANDARD CF	ASH REPOR	т		Page	1	of 3
09/27/2003         San         11/07/AL         MLANE         ALLEN         Whether         0         Output         Whether         0         Output         0         Whether         0         Output         0         Whether         0         Output         0         Whether         0         Output         0			Electronic Version		Loss	N ID			
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URBO?         OTHER         OTHER           Driver RI         Driver RI         Driver RI         Driver RI           Driver RI         Dri	a	R200E	Road/MileMacker/in	cting terchange	intersection, number offeet fro	m E	0	OUNTYI	ROAD
SUTTI-LOPUE  SUTII-LOPUE  SUTII		City	AMBOY		OTHER	Crash Lat	litude	Crash	Longitud
All by the second se			Driver #2	CAP	river #3	D	V <sup>D</sup>	river #6	
Import Drags         Addition - raises         Model State         Model State           Import Drags         BitMed State         Randta Straige         Randta State           Import Drags         BitMed State         Randta State         Randta Straige           Import Drags         BitMed State         Randta State         Randta State           Import Drags         BitMed State         Randta Sta	Circumstances	с	ircumstances	Ľ	fit and Run N		rmatio	n	
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Compared Private Compared Private Compared Private Condition     Compared Private Compared Private Compared Private Condition     Compared Private	RARAR	Failure to Yield Disregard Signal	Other Light	ilure I	ight Condition				
Construction being of committees     Figure 7 Main     Construction     Constr	REBER	Improper Passing	Tow Hitch	Failure	CLEAR Surface Condition				
Holes/Ruts in Surface NO JUNCTION INVOLVED	88888	Closely Unsafe Backing C Dvercorrecting	Circumstances	GA	lype of Median NONE	P	Ŷ-		
	1999999	mong way on one	Holes/Ruts	in Surface	NO JUNCTION IN				
Jackknifing Obstruction Not Marked Noadway Surface	88888	Jackknifing Cell Phone Usage Other Telematics Driver Distracted		ng Obscured A	SPHALT Construction # Y	es, Construct	tion Typ	e	

<u>Report</u>: Opens a highlighted report in the "printed" format. Viewed one page at a time or can be printed.

While open in the report mode, attachments may also be opened, reviewed, and printed by clicking "View Attachments". Any changes made to the attachment will NOT be saved.

Report						- <b>-</b> - ×
🗉 🎍 Brez 🗈 🖊 🗉 🖽 🔍 Q.	100 % 🔹 🔿 1/3+	G Back O Ferward			View Attachments	⊆lose
	Mail to Indiana State Police, Crash1 100 North Secula Avenue, In	idianapolis, IN 45204	Local	522005010120061535		•
	Date of Crash Day of Week Actual Loco 01/01/2006 Sun 1:01 A		Township z Motor LAWRENCE			
	Road Crash Occurred On	Nearestintersecting Road Miles	tanker/interchange if not an intersection,			
	SR57 Inelde Corporate Limite?	SHADELAND A* City/Town or Nearest City/Town	VE Property?	STATE RDAD Creen Latitude Creen Longitude		
	NO	ttachments		Driver B4		
	DAVIS,KARL			Chief Be		
		Open Print Bon Diecrem 1 RS test diagram 1.esd as with EVCRS.doc		ation		
	\$750 TO \$1000 Other PropertyDamage (1) State Prop		Was this crash the resu	it olaggressive driving? NO		
	Other PropertyDamage (2) State Prop					-
	Witness/Other		Nor Last Name, First Name, MI	n-Motorist		
	Other Participant 1 Q		Non-Motorial Type Non-Motori	int takes		
	Q		"			
	Phone I Location at Time o	suraen	Apparent Physical Condition			

1			1
		ANGE INFORMATION	
		o your insurance Company as soon as possible	
Date: 01/01/2	2006 Report/Local I	D: 522005010120061535	
	ccurred On: SR67		
	ecting Road: SHADELAND AVE		
	DAVIS,KARL	Drivers Name:	
Address:	123 NOWHERE RD HOMETOWN, AB 00000-0000	Address:	
Driver Lic. No:		Driver Lic. No:	
OLN State:	TN	OLN State:	
Color:	RED	Color:	
Vehicle Year:	2005	Vehicle Year:	
Make:	Mack	Make:	
License No.:	11	License No.:	
Towed By:		Towed By:	
Reg. Owner:	DAVIS BROS TRUCKING	Reg. Owner:	
Insured By:	NONE	Insured By:	
Report Date:	01/01/2006		
Investigating (	Officer: CARRICK, J		
ID No.:	4863		
Agency:	ISP INDIANAPOLIS 52		

Driver Info: Once a report is completed a driver's exchange form can be printed out.

### Quick Capture:

The new "Quick Capture" tool was designed to allow officers in the field the ability to gather crash information more quickly and accurately. Quick Capture allows officers to collect enough information about the crash up front to be able to effectively finish the report at a later time. Because of this, the officers will now be able to clear crash scenes in a timelier manner. This is accomplished by the ability to scan the barcode of driver's licenses and vehicle registrations of the involved parties. The scanning of licenses of passengers, injured parties and witnesses can be performed as well.

*Note*: If scanners are not being used by the officer, the aforementioned information can be manually entered as well in the Quick Capture tool.

*Note:* The Quick Capture component is only intended for Indiana driver's licenses or Indiana vehicle registrations.

*Note*: To effectively use Quick Capture please ensure your resolution is set above 800 X 600 in order to view properly.

Other features of Quick Capture:

- Driver Exchange Information sheet can be viewed and printed prior to the report being completed
- Roadway information can be entered up front
- Narrative description can be entered up front



To initiate the Quick Capture tool, click on the Quick Capture Icon on the menu bar Quick Capture or click on Tools→Quick Capture...

Quick Capture	Collision Date: /// Collision Time: : Local ID:	₩ AM 1 PM	Agency: Roadway: -	 <u>.</u>
	<u>G</u> eneral	T T	<u>N</u> arrative	Driver Info
	Person         Remove         Copy			
				its or scan drivers licenses to buttons to manually add units
				Finished Cancel

The following four data elements are required in Quick Capture in order to click the Finished button and create the "Incomplete" report in your New bucket:

- 1. Collision Date
- 2. Collision Time
- 3. Local ID
- 4. Agency

Quick Capture	2						
~	<u>C</u> ollision Date: Collision Time: Local ID:		ам 🗆 Рм	Agency: Road <del>w</del> ay:	Demo PD - 000DE	мо	•
	<u>G</u> eneral		1	<u>N</u> arrative	```````````````````````````````````````	Driver Info	
Add Unit A	dd Person Remove	Copy					
		i				ts or scan drivers licenses to uttons to manually add units	
						Finished Canc	el

Once the four required data elements are entered, you can begin scanning registrations and licenses. The proper order is to scan the registration of Unit 1 first, then the driver's license of Driver 1. Continue by scanning the registration of Unit 2, then the driver's license of Driver 2...and so on. Here is a sample of how your Quick Capture screen will appear after scanning a registration then the license...

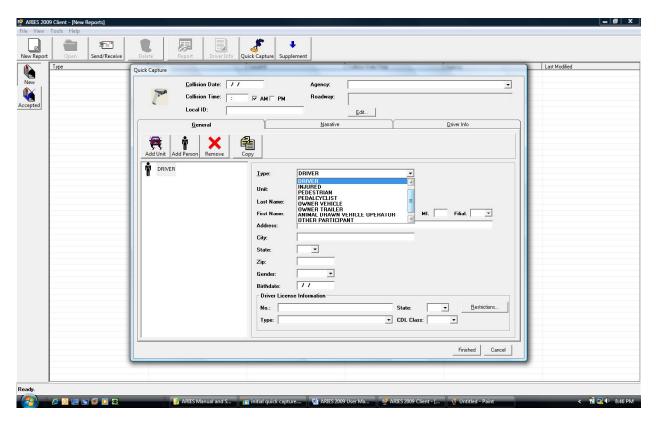
Quick Capture					
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Add Unit Add Person Remove Copy					
Unit 1 - 2007 CADILLAC ESCALADE EXT	Туре:	DRIVER		-	
OWNER VEHICLE - DRIVER PRODUCTIC		-			
DRIVER - SUSAN SAMPLE	Unit:				
	Last Name:	SAMPLE			
	First Name:	SUSAN		MI:	Filial: 🗾
	Address:	2222 SAMPLE ROA	D		
	City:	INDIANAPOLIS			
	State:	IN 🔻			
	Zip:	41234			
	Gender:	Female 💌			
	Birthdate:	02/28/1950			
	Driver Licen	se Information			
	No.: 5080	-26-9105		State: IN 💌	Bestrictions (1)
	Туре:		•	CDL Class:	•
<					
					Finished Cancel

# *Note*: *License Type will not be detected by the scanner. Be sure to manually add the Type while you have the license in hand.*

Unit information and Person (Driver, injured, passenger, witness, etc.) information can be added manually if no scanner is used. To add a Unit, click the Unit button and manually enter the appropriate information...

聲 ARIES 2009 Client		n.					_ @ X
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		Add Unit	Add Person Remove	Copy			
		🙀 Unit 1		Unit:	1	Commercial Vehicle? 🔲 Yes 🥅 No	
				Type:		Insurer	
	-			Year:	Passenger Car/Station Wagon     Pickup     Van	Name:	
				Make:	Van Sport Utility Vehicle Truck (single 2 Axle, 6 Tires) Truck (single 3 0r More Axles) Truck/Trailer (not Semi) Tractor/One Semi Trailer	Phone: Policy No.:	
				Model: VIN No.:	Truck (single 3 Ur More Axles) Truck/Trailer (not Semi) Tractor/One Semi Trailer		
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	-			Style:		By:	
				Plate State:	•		
				Plate No.:			
				Plate Expiration Year:			
				No. Axles:			
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Ready.							
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To add a Driver (or other person type) click on the Add Person button and manually enter the appropriate information...



To remove a Unit or Person, simply highlight and click Remove.

Now you can add the Roadway information. To do this, click on the Edit button in the top, center of the Quick Capture screen...

	09 Client - [New Reports]
File View To New Report	Joins Help       Image: Open Send/Receive       Delete       Report       Driver Info       Quick Capture       Supplement
New	Type Status Local ID Collision Date/Time
Accepted	Collision Date:         10/01/2009         Agency:         Demo PD - 000DEM0           Collision Time:         07:00 V AM V PM         Roadway:         Edit           Local ID:         DEM01234         Edit
	General       Roadway Information       pro         Add Unit       Add Person       Remove       Boad       Image: County Read       Image: County Read         Unit 1 - 2007 CADILLAC ESCALADE       Type of Roadway       THITERSECTION       Image: County Readway       Image: County Readway         OwNER VEHICLE - DRIVE       Boadway       Intersecting Roadway       Intersecting Roadway         DRIVER - SUSAN SAMPLE       Boadway Name - Local/City Road, Unknown       Street Address:       Image: County Road         Street Name:       Image: Street Suffix:       ST - STREET       Image: County Road       Image: County Road         Roadway Number - Interstate, US Route, State Road, County Road       Prefix:       CR Number:       Direction:       Image: CR Number:         Interchange:       Ramp:       Interchange: Ramp:       Interchange: Ramp:       Restrictions (1)

Now you can enter your Narrat	tive description
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L						
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		DRIVER	S EXCHANGE	INFORMATION		
		Please turn this	information into your Insurance	e Company as soon aspossible		
		R	eport/Local ID: DEMO12	34		
Date:	10/01/2009					
Road	Crash Occurre	ed On: DEMOST				
Neare	st/Intersecting	Road: CROSS RD				
Driver	s Name: SAM	PLE.SUSAN	Driv	vers Name:		
Addre		SAMPLE ROAD		dress:		
110010		ANAPOLIS, IN 41234	1.0.			
Driver	Lic. No: 5080	-26-9105	Driv	ver Lic. No:		
OLN S	State: IN		OL	N State:		
Color:	RED/	/	Co	or:		
Vehicl	e Year: 2007		Vel	nicle Year:		
Make:	CAD	ILLAC	Ma	ke:		
Licens	e No.: VF57	88	Lic	ense No.:		
Towed	I Bv:		Tov	ved Bv:		

Finally, a Driver Exchange Information sheet can be viewed and printed from Quick Capture...

Once all the initial information is gathered, the officer can click finish and the report will display in the New bucket as an Incomplete report...

😤 ARIES 20	09 Client -	[New Reports]					
File View T	ools Help						
New Report	Open	Send/Receive		uick Capture Supplement			
	Туре		Status		Local ID	Collision Date/Time	
New	COLLISION		INCOMPLETE		DEM01234	2009-10-01 07:00 AM	
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Accepted							
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The officer can then clear the scene and complete the report later. To complete the report, simply double-click on the Incomplete report and next through the wizard.

#### SUPPLEMENTAL REPORTS

Add information to a previously submitted original report. Only when an original ARIES 2009 report has been submitted to the state repository and committed is it available to be supplemented.

If an original report completed on the ARIES 2009 needs to be supplemented, it must be done using the ARIES 2009 program; likewise, an original paper report would have to be supplemented using the paper form. The formats can not be mixed. The only allowable paper submissions with an ARIES 2009 report are covered in the Supporting Documents section.

Examples of supplemental reports: Results received from a pending blood test, or a hit and run driver is identified, etc.

Updating Options:

Example: Updating the final Department of Toxicology results on a blood test.

- 1. Navigate through the report making <u>ONLY</u> the required changes to the necessary fields.
  - a. Investigation Complete (if applicable);
  - b. Certified Test Results;
  - c. Narrative entry explaining the update; and
  - d. IC Codes and Citation types (if applicable).
- 2. Entering all new information into the narrative and then selecting "Investigation Complete" (if applicable). This allows for all new information to be captured in one location for easier reading in the future.

#### **Supplementing an ARIES 2009 report:**

With ARIES 2009, supplementing reports can now be done much more efficiently and quickly. Now the officer that originally submitted the crash report can download that Accepted report from the state repository to their computer. They can then open the report in ARIES 2009, modify the report and resubmit through their normal Send/Receive process.

To supplement an Accepted report either click on the Supplement icon on the menu bar or click Tools→Download Supplement...

😤 ARIES 20	09 Cli	ent - [New Reports	;]				
File View To	ools H	elp					
New Report	Op	en Send/Receive	Delete	Report Driver Info	Quick Capture Supplement		
	Туре			Status		Local ID	
New	COLLI	SION		INCOMPLETE		DEM01234	
		🔮 Download Supp	olement				
Accepted		Criteria					
		Local Code or MRN:			Last Name		
		Date of Collision:	1/ 1/2009 -	To 11/25/2009 -	First Name		
		Date of Processing:	11/25/2009 -	To 11/25/2009 -	License Plate		
		City:					
		Township:			Hit and Runs only		
		Badge Number:	·		Fatalities only		
			J				
		Find				Close	
	_						
						0 Items 💥	

A variety of search criteria can be used to locate and download the appropriate Accepted report. For example, an officer can search by Local Code or MRN, Date of Collision (or range), Date of Processing (or range), City, Township, Badge Number, Last Name, First Name, License Plate, Hit and Run and Fatalities Only.

*Note:* Reports completed with any version prior to the new ARIES 2009 client will be visible in the Download Supplement search but will not be able to be downloaded for supplementing. With older version reports, the Download button will be grayed out. If an older version report needs to be supplemented, please contact the Technical Support group at Open Portal Solutions for assistance (317-215-8300).

Criteria Local Code Date of Co Date of Pre Dity: Township: Badge Nur	ocessing:	9/ 1/2009 ▼ 9/17/2009 ▼	To ♥ 9/17/2009 ▼ To ♥ 9/17/2009			
<u>F</u> ind	Click	the <u>MRN</u> to PRE	VIEW the collision repor	Date of	Ck	Dive
<u>F</u> ind					Date of	
		Local Code	City	Date of Processing	Date of Collision	Drive
ownload	MRN 901169374	Local Code 200969617	City HAMMOND	Date of Processing 9/7/2009 8:45:0	Date of Collision 9/3/2009 9:00:0	Drive
ownload ownload	MRN 901169374 901169714	Local Code 200969617 200970268	City HAMMOND HAMMOND	Date of Processing           9/7/2009 8:45:0           9/7/2009 9:20:0	Date of Collision 9/3/2009 9:00:0 9/5/2009 9:00:0	Drive DEE1 BAT2
ownload ownload ownload ownload	MRN 901169374 901169714 901173919	Local Code 200969617 200970268 200972629	City HAMMOND HAMMOND HAMMOND	Date of Processing           9/7/2009 8:45:0           9/7/2009 9:20:0           9/15/2009 7:12:	Date of Collision 9/3/2009 9:00:0 9/5/2009 9:00:0 9/13/2009 9:00:	Drive DEEI BATZ JAIN
ownload	MRN 901169374 901169714 901173919 901170752	Local Code 200969617 200970268 200972629 200970768	City HAMMOND HAMMOND HAMMOND HAMMOND	Date of Processing           9/7/2009 8:45:0           9/7/2009 9:20:0           9/15/2009 7:12:           9/9/2009 9:00:2	Date of Collision           9/3/2009 9:00:0           9/5/2009 9:00:0           9/13/2009 9:00:           9/7/2009 9:00:0	Drive DEE1 BAT2 JAIN

Once the appropriate report has been located, click on the Download button to download the Accepted report to your New bucket as a Supplement.

😨 ARIES 20	009 Client - [New Reports]	
File View T	rools Help	
New Report	Open     Send/Receive     Delete     Report     Driver Info     Quick Capture     Supplement	
	Type Status Local ID	
	COLLISION INCOMPLETE DEMO1234	
New		
	💆 Download Supplement 🛛 🔀	
Accepted	Criteria	
	Local Code or MRN: Last Name	
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	Date of Processing: 11/25/2009 To 11/25/2009 License Plate	
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	i nicario nuris orig	
	Badge Number: Fatalities only	
	Eind	
	MRN Local Code City Date of Date of City Date of Collision Driver 1	
	✓         901214         REVIEWVER         MARTINSVILLE         11/17/2009 3         11/12/2009 1         SAMPLE	
	Download Success	
	Report 901214531 was downloaded successfully do you want to exit the "Download Supplement" tool?	
	Report 301214331 was downloaded successibility do you want to exit the Download Supplement coole	
	Yes No	
	Downloading 901214531	

#### TRANSFER OF COMPLETED REPORTS

New reports can still be moved to floppy or other media then retrieved by another computer, if necessary. However, this process can be accomplished using the web-based review process or bypassed by directly submitting reports by the officer.

If a report needs to be transferred to another computer it will require the use of other media, i.e. a floppy disc, "CD", flash drive or mapped network drive.

\*Note: If using a floppy disc, flash drive, or "CD" insert the media into the computer prior to starting this procedure.

Select "Tools" from the top menu. Then "Move Report To Floppy (or other media)".

liew To	ools Help					
	Move Reports To Floppy (or other media) Retreive Reports From Floppy (or other media)	eport	Driver Info	ure Supplement		
	Send/Receive Download Supplement		Local ID	Collision Date/Time	Agency	Last Modified
	Backup Restore	- Anvasara	5905234876 407CR 3456	2009-09-19 03:57 PM 2009-09-25 10:10 AM 2009-09-27 11:10 AM	0520000 0520000 0520000	2009-09-25 02:50 PM 2009-09-25 02:49 PM 2009-09-29 01:46 PM
í   -	Quick Capture	-	3434	2009-09-28 11:11 PM	0520000	2009-09-29 12:38 PM

Using the "mouse" check the status box next to the report(s) to be transferred. Click "Next".

$\sim$	Stal	tus	File Number	Local ID
Report Selection		INCOMPLETE	1	3434
		REJECT-RESEND	2	407CR
Deselect any reports hat should not be noved and click Next to continue.				

Select floppy or other media. If other media is selected, then from the drop arrow select the type of media to be used and **click "process".** 

Move Reports		
Media Select the appropriate destination as to where the reports should be moved and click Next to continue.	<ul> <li>Floppy</li> <li>Other Media</li> <li>C:</li> <li>C:</li> <li>Documents and Settings</li> <li>cmartin</li> <li>Desktop</li> </ul>	K
	< Prev Process	<u>C</u> ancel

The "move reports screen" will confirm the reports were moved with a check mark and then will show the number of items moved

esults \	Status	File Num	Local ID	Result
cours	INCOMPL		3434	Skipped
	✓ REJECT	2	407CR	Moved Successfully
The Wizard has completed processing. After reviewing the				
esults, click Finish to lose the window.	<			
ciose (ne window.	Items moved: Failures:	1 0		

To retrieve the report to the destination computer the process is repeated by selecting "Retrieve Report From Floppy (or other Media) and following the instructions.

	009 Client - [New Reports] Tools Help						
Repor	Move Reports To Floppy (or other media) Retreive Reports From Floppy (or other media)	eport	Driver Info Qui	ck Capture			
	Send/Receive Download Supplement		Local ID	Collision Da	te/Time	Agency	Last Modified
	Backup Restore		5905234876 3434	2009-09-19 2009-09-28		0520000	2009-09-25 02:50 PM 2009-09-29 12:38 PM
ed -	Quick Capture						

#### SUPPORTING DOCUMENTS (Attachments)

Are defined as documents that are submitted with an original or a supplemental report that "supports" the investigation (examples: witness statements, diagrams and toxicology reports, etc.). In conjunction with the ARIES 2009 it is preferable that all supporting documents be scanned into a file and saved within the report itself; however, when that is not possible, these documents may be completed on paper; sent to Crash Records where they will be scanned into the report file to be stored there and available on-line.

When submitting separate supporting documents the following format must be used and the document must include the information below.

- 1. Use only a white  $8\frac{1}{2} \times 11$  sheet of paper to submit a supporting document.
- 2. Pages should be numbered in numerical order in relationship to the document being supported. Example: If the original ARIES 2009 report contains three (3) pages the first supporting document would be numbered page 4, and the second supporting document would be page 5, etc.
- 3. Local ID number
- 4. Crash date
- 5. Crash time
- 6. Crash location
- 7. Driver(s) name
- 8. Investigating officer's printed name
- 9. Investigating agency name

# **APPENDIX**

#### **United States Abbreviations:**

Alabama	AL	Idaho	ID	Missouri	MO	Pennsylvania	PA
Alaska	AK	Illinois	IL	Montana	MT	Rhode Island	RI
Arizona	AZ	Indiana	IN	Nebraska	NB	South Carolina	SC
Arkansas	AR	Iowa	IA	Nevada	NV	South Dakota	SD
California	CA	Kansas	KS	New Hampshire	NH	Tennessee	TN
Colorado	CO	Kentucky	KY	New Jersey	NJ	Texas	ΤХ
Connecticut	CT	Louisiana	LA	New Mexico	NM	Utah	UT
Delaware	DE	Maine	ME	New York	NY	Vermont	VT
District of		Maryland	MD	North Carolina	NC	Virginia	VA
Columbia	DC	Massachusetts	MA	North Dakota	ND	Washington	WA
Florida	FL	Michigan	MI	Ohio	OH	West Virginia	WV
Georgia	GA	Minnesota	MN	Oklahoma	OK	Wisconsin	WI
Hawaii	HI	Mississippi	MS	Oregon	OR	Wyoming	WY

#### **U.S. Territories:**

American Samoa		Guam	GM	Puerto Rico	PR
Islands	AM	Marianas Islands	MK	Virgin Islands	VI
Canal Zone	CZ	Marshall Islands	MH	Wake Island	WK
Caroline Islands	CG	Midway Islands	MW		

## Canada and other Foreign Countries:

		Canada:			
Alberta	AB	Newfoundland	NF	Prince Edward Island	PE
British Columbia	BC	Nova Scotia	NS	Quebec	PQ
Manitoba	MB	Northwest Territory	NT	Saskatchewan	SN
New Brunswick	NK	Ontario	ON	Yukon Territory	ΥT
		Other Foreign Count	tries:		
Australia	AU	Ireland	IE	Scotland	SS
China	CN	Italy	IT	South Africa	ZA
Egypt	EG	Japan	JP	Soviet Union	SU
England	EN	Korea-N	KP	Spain	ES
France	FN	Korea-S	KR	Turkey	TR
Germany	DE	Libya	LY	Vietnam	VN
Greece	GR	Mexico	MX	All Others and	YY
Hong Kong	HK	Saudia Arbia	SA	International D.L.	11

# **GLOSSARY**

Abrasion	Scraping of the skin surface that may be accompanied by minor bleeding.
Air bag deployed	An airbag that has been activated (deployed) due to an unstabilized condition.
Aggressive Driving	Two or more driver behavior actions that occur in a relatively short distance that include but not limited to: following too close, failure to signal lane changes, speeding, driving on the shoulder, cutting back into lane without sufficient clearance, etc.
Alcoholic Beverages	If the driver's consumption of alcoholic beverages was a factor in causing the crash, it can be selected as a primary cause. If the driver alcohol consumption had little bearing on the crash, select it as a contributing cause.
Apparently Normal	Driver does not appear to be in an abnormal physical or mental state.
Barrier Wall	A device which provides a physical limitation through which a vehicle would not normally pass and is designed to contain or redirect an errant vehicle.
Bus	A bus is a motor vehicle consisting primarily of a transport device (cargo body style) designed to transport nine (9) or more occupants.
Bridge	A structure, including supports, carrying a roadway, railroad, etc. over an obstruction such as water, a railway, or another roadway, having an opening of 20 feet (6 m) or more measured along the center of the structure.
Bridge Overhead Structure	Any part of a bridge that is over a roadway. In crash reporting, this typically refers to the beams or other structural elements supporting a bridge deck.
Bridge Parapet End	A short, usually concrete wall built along the edge of a bridge deck, designed to act as a buffer to lessen the severity of a collision.
Bridge Pier or Abutment	A bridge pier is a support for a bridge structure other than at the ends. A bridge abutment is the end support for

	a bridge.
Bridge-Rail	A barrier attached to a bridge deck or a bridge parapet to restrain vehicles, pedestrians or other users.
Cargo-Loss or Shift	The release of the goods being transported from the cargo compartment of a vehicle, or the change in the position of the goods within the cargo compartment.
Carrier Name	The name of an individual, partnership or corporation responsible for the transportation of persons or property.
Cataclysm	An act of nature (flood, lightning, tornado, etc.).
Chain of Events	See unstabilized situation.
Cited	When a person involved in a crash is arrested (traffic or criminal) for a violation relating to the motor vehicle crash.
Collision	A motor vehicle crash other than an overturning vehicle in which the first harmful event is a collision of a motor vehicle in motion with another road vehicle, property, animal or pedestrian.
Commercial Vehicle	<ol> <li>A Truck: A vehicle equipped for carrying property and having a Gross Vehicle Weight Rating (GVWR) or Gross Combination Weight Rating (GCWR) over 10,000 pounds.</li> <li>A Bus: A motor vehicle designed to transport 9 or more occupants.</li> <li>Any Vehicle: Displaying a hazardous materials placard.</li> </ol>
Complaint of Pain	The injured person complains of pain and no visible injury is observed.
Construction Zone	It begins with the first actual lane restriction or required reduction in speed and ends when the lanes are returned to a normal flow and normal speed.
Contributing Circumstances, Driver	The actions of the driver which may have contributed to the crash.
Contributing Circumstances, Environment	Apparent environmental conditions which contributed to the crash.
Contributing Circumstances, Vehicle	Apparent vehicle conditions which contributed to the crash.

Contusion/Bruise	An injury with discoloration of the skin or swelling with no skin breakage.
Culvert	An enclosed structure providing free passage of water under a roadway with a clear opening of twenty feet or less measured along the center of the roadway.
Dark-Lighted	The time between dusk and dawn, and when there are lights designed and installed to illuminate the roadway. This does not include lighting from storefronts, houses, etc.
Dark-Not lighted	The time between dusk and dawn, and when there are no lights designed or installed to illuminate the roadway.
Deliberate Intent	The classification given when a person acts deliberately to cause an event, this includes: suicide, homicide or legal intervention.
Driver	An occupant who is in actual physical control of a vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.
Driver Distracted	When the driver's attention is diverted from driving. Excluding "cell phone and passenger distractions".
Driver's License Restrictions	Restrictions assigned to an individual's driver's license by the Bureau of Motor Vehicles.
Dump Truck (Cargo Body Type)	A truck, which can be tilted or otherwise manipulated to discharge its load by gravity.
Ejected	The occupant's body is completely thrown from the vehicle as a result of the crash.
Embankment	A structure of soil or rock above the original ground upon which a pavement structure is constructed.
Fatal Injury	Any injury that results in death within a 30 day period after the crash occurred.
Fell From Vehicle	A non-collision crash option in which an occupant (to include the driver) fell from the vehicle. This applies only to people and not to an object or a piece of cargo.
First Harmful Event	The first occurrence of injury or damage that

	classifies an event as a crash.
Flashing Signal	A traffic control signal that is flashing or a single light flashing red or yellow.
Flatbed (Cargo Body Type)	A single-unit truck, truck/trailer, or tractor/semi-trailer whose body is without sides or roof, with or without removable stakes which may be tied together with chains, slats, or panels.
Following Too Closely	A vehicle positioned too near another vehicle to permit safe response to any change in movement or behavior of the other vehicle. If an investigation shows that the vehicle was some distance behind the other vehicle and due to inattention or negligence, ran or slid into it, then DO NOT select this contributing circumstance.
Fracture/Dislocation	An injury where there is a fracture or possible fracture involving abnormal appearance of a limb joint accompanied by swelling and pain.
Garbage/Refuse (Cargo Body Type)	A single-unit truck having a body specifically designed to collect and transport garbage or refuse.
Grade	The inclination of a roadway, expressed in the rate of rise or fall in feet, per 100 feet of horizontal distance.
Grains/Chips/Gravel Truck (Cargo Body Type)	A truck with closed sides and bottom to carry grain, chips, gravel, etc.
Gross Combination Weight Rating (GCWR)	The value specified by the manufacturer as the loaded weight of a combination (articulated) motor vehicle. In absence of a value specified by the manufacturer, GCWR will be determined by adding the GVWR of the power unit and the total weight of the towed unit and any load thereon.
Gross Vehicle Weight Rating of a Power Unit (GVWR)	A value specified by the manufacturer for the power unit of a motor vehicle.
Guardrail cables.	A longitudinal barrier consisting of posts and rails or
Guardrail End end post.	The first or last 25 feet of a guardrail measured from the

Guardrail Face	The side of the guardrail nearest traffic.
Harness	A safety device used across the shoulder and chest to secure an occupant inside a vehicle in case of a crash.
Hazard Class	A group of hazardous materials that share dangerous characteristics. The U.S. DOT has identified nine hazard classes based on the dangers posed in transportation.
Hazard Class Number	The one or two digit number located at the bottom of a placard to identify its class of hazardous material.
Hazardous Materials	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 designed under regulations of the U.S. DOT.
Hazardous Material	The UN or NA "four digit number" assigned to hazardous Identification Number materials and used for identification and emergency response.
Hazardous Materials Placard (Cargo Only)	A 10.8 inch diamond shaped sign that must be affixed to all four sides of a vehicle carrying hazardous materials. It will have a four-digit number in the middle of the placard and a one-digit number at the bottom that indicates the hazard class and specific material being carried.
Immersion	When a vehicle is partially or completely covered by a liquid.
Impact Attenuator/Crash pillars,Cushion	Devices placed in front of bridge abutments, support etc. that are designed to act as buffers to lessen the severity of a collision by gradually decelerating the vehicle to a safe stop or by redirecting the vehicle away from the hazard.
Improper Lane Usage	Examples: unsafe lane movement, failure to signal, violating lane regulations, etc.
Incapacitating Injury	A non-fatal injury that prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. Hospitalization is usually required. Examples are: severe lacerations, broken limbs, skull fracture, crushed chest, internal injuries, etc.

<b>Indiana Cab Card</b> Registration Form	The registration form given to the owner of a CMV that is Based and registered in Indiana. This form includes all vehicle and Single State Registration (R.S. 3 form) information.
Initial Impact Area	The area of the vehicle where first impact occurred.
Internal Injury	No signs of external injury, but complaint of extreme pain or signs of swelling, or discoloration are visible.
Interchange	A system of interconnecting roadways in conjunction with one or more grade separations, providing for the movement of traffic between two or more roadways on different levels.
Intersection	An area of roadway which is (1) at a crossing or connection of two or more roadways not classified as a driveway and (2) the area of the roadway measured less than 33 feet from the apex of two roadways at the curb or boundary line.
Jackknife	Occurs when a vehicle and the trailer(s) it is pulling rotate with respect to each other.
Lane Control	Includes centerlines, pavement markings (excluding RR pavement markings) and lane reflectors/delineators. It also refers to "Keep Right" signs and arrows, "Merge Right" signs, "Lane Ends" signs, and State Highway "Portable Arrow Boards", etc.
Lane Marking Obscured	A roadway lane marking that is obscured by any material or object or not visible for any reason.
Lap Belt Only	The use or presence of only a lap safety belt either because the vehicle is equipped with only a lap belt or because the shoulder harness was not in use.
Latitude	The angular distance measured North and South. It must be reported in the form of degrees, minutes, seconds.
Legal Intervention	Legal intervention is a category of deliberate intent in which the person who commits the act is a law- enforcement officer or agent. Examples are roadblocks, P.I.T. maneuvers or the use of stop sticks, etc.
Light Support	A pole or post constructed to support a luminary for lighting a highway.

Local ID Number	This number should be a <u>minimum of four (4) digits</u> in length and unique in that it identifies the investigating agency and the individual report.
Longitude	The angular distance measured East and West. It must be reported in the form of degrees, minutes, and seconds.
Median	A divider placed between opposing lanes of traffic as a way to restrict or regulate its movement. For this manual, a grass median is considered drivable.
Minor Bleeding	Bleeding of a small wound with no evidence of a major blood vessel being involved.
Minor Burns	<u><math>1^{\text{st}}</math> Degree</u> : reddening of the skin accompanied by pain involving less than 20 % of the body.
	$2^{nd}$ Degree: reddening of the skin accompanied by blisters and damage to the $2^{nd}$ layer of skin.
	<u><math>3^{rd}</math> Degree</u> : involves both layers of the skin accompanied by a charring look or white and dry appearance. Usually involves less than 2% of body surface, excluding hands, feet and face.
Motorcycle	A two or three-wheeled motor vehicle designed to transport one or two people. Included are motor scooters, mini-bikes, and mopeds.
Motor Vehicle	A motor vehicle is any motorized, mechanically or electrically powered vehicle not operated on rails. See unique occurrences for information on special vehicles.
Non-Collision	Any vehicle crash that does not involve a collision.
Non-Incapacitating Injury	An injury, other than a fatal or incapacitating injury, which is evident to the officer at the scene of the crash and may require medical treatment. Although, hospitalization is usually not required. Examples are abrasions, minor bleeding and lacerations, etc.
Non-Motorist	Any person other than an occupant of a motor vehicle in motion. This includes pedestrians, pedalcyclist, skaters, etc.

Number of Vehicles	The total number of motor vehicles (i.e. automobiles, single-unit trucks, truck-combinations etc.) that were involved in the crash.
Object in Roadway	An object blocking a part of or the entire roadway.
Obstruction not Marked	An obstruction in or on the roadway that is not clearly marked by a light and/or a sign or signal.
Other Participant	Anyone at or near the scene who had a bearing on the crash, but was not directly involved. This could be a bicyclist, pedestrian, or driver who pulls out in front of a vehicle and causes a crash, but where no contact was made between the other participant and the vehicle.
Overcorrecting/Oversteering	The wide swing of a vehicle as result of an attempt to regain control of the vehicle, or over compensation to avoid an object in or near the roadway.
Overtaking/Passing	A vehicle that moves or attempts to move from behind another vehicle to a position in front of that vehicle.
Overturn/Rollover	A vehicle that has overturned at least 90 degrees on to its side.
Partially Ejected	When an occupant's body is not completely thrown from the vehicle as a result of a crash.
Pedalcyclist	Any occupant of a pedalcycle (bicycle, tricycle, unicycle, pedal car, etc.).
Pickup Truck	A motor vehicle designed to carry ten persons or less, with an exposed bed.
Pole Trailer (Cargo Body Type)	A trailer designed to be attached to the towing vehicle by means of a reach or pole, or by being boomed or otherwise secured to the towing road vehicle, and ordinarily used for carrying property of a long or irregular shape.
Position in or on Vehicle	The location of an occupant in, on, or outside of the motor vehicle at the time of the crash.
Possible Injury	Any injury reported or claimed which is not visible. (Example: The complaint of back or neck pain.)
Property Damage Only	A crash in which at least one vehicle or property is

	damaged but no occupants or non-motorists are injured.
Railway Crossing Device	Any sign, signal, or gate which warns of on-coming trains or train tracks crossing the roadway.
Railway Vehicle	Any vehicle (train/engine) that is designed primarily for, or in use for, moving persons or property from one place to another on rails.
Ramp	The section of road between the points where the ramp intersects with a controlled access highway and where it connects to the intersecting street or highway.
Ran Off Road	Failure of the driver to keep the vehicle within the roadway traffic lanes.
Rear-End – Type of Crash	A crash where the front of one vehicle impacts the rear of another vehicle.
Rear-to-rear – Type of Crash	A crash where the rears of two vehicles impact.
Road Under Construction	Roadway being constructed or resurfaced.
Roadway	The part of a trafficway designed, improved, and ordinarily used for motor vehicle travel.
Rumble Strips	Any manmade bump/indentation or combination put in the road surface of the travel lanes to alert drivers. This does not include any strips on the shoulder/berm.
Rumble Strips Rural	road surface of the travel lanes to alert drivers. This does
-	road surface of the travel lanes to alert drivers. This does not include any strips on the shoulder/berm.
Rural	<ul> <li>road surface of the travel lanes to alert drivers. This does not include any strips on the shoulder/berm.</li> <li>Any area outside of a corporate limits.</li> <li>A motor vehicle used for transportation to or from a public or private school or school-related activity, when the vehicle is externally identifiable by the color yellow, the words "School Bus", with flashing red lights located on the front and rear, and identifying lettering on both sides indicating the school or school district served, or the</li> </ul>

	property and so constructed that part of its weight rests upon or is carried by the power unit.
Severe Bleeding	A large wound or a wound involving a large vein or an artery, which has to be controlled by constant use of direct pressure or tourniquet.
Severe Burns	All burns that are complicated by injuries to the respiratory tract, soft tissues or bone structures. $1^{\text{st}}$ Degree: burns over 50% of the body surface. $2^{\text{nd}}$ Degree: burns over more than 15% of the body surface. $3^{\text{rd}}$ Degree: burns over more than 10% of body surface.
Severed	Any limb or part of the anatomy that is cut off from the body as a result of the crash.
Shoulder/Berm	A part of a trafficway running parallel with the roadway for emergency use.
Sideswipe, Same Direction	A crash where a vehicle's side impacts an object or another vehicle which is either stationary or moving in the same direction.
Sideswipe, Opposite Direction	A crash where a vehicle's side impacts an object or another vehicle which is either stationary or moving in the opposite direction.
Single State Registration Form (R.S.3)	A form issued by a state to a carrier who has been granted federal authority to operate interstate. The form will include the ICC # and/or US DOT #. It will also indicate what states the carrier is allowed to legally operate in and how many units the carrier can legally operate in each particular state.
Single-Unit Truck (3-or-more axles)	A power unit that includes a permanently mounted cargo body (also called a straight truck) that has three or more axles.
Single-Unit Truck (2-axle, 6- tire)	A power unit that includes a permanently mounted cargo body (also called a straight truck) that has only two axles and at least six tires on the ground.
Slowing or Stopped in Traffic	A vehicle that is slowing to prepare to stop or has already stopped in traffic at the time of the crash.
Speed Limit	Authorized speed limit for the vehicle at the time of

	the crash. The authorization may be indicated by the posted speed limit, flashing signs at construction zones, etc.
Sport Utility Vehicle (SUV)	A multi-purpose motor vehicle, designed for carrying less than 10 persons, which is constructed on a truck chassis or with special features for occasional off-road operation, other than a pickup truck. These vehicles are generally four-wheel-drive (4 x 4) and have increased ground clearance, and a gross vehicle weight rating (GVWR) of 10,000 pounds or less.
(Intra) State DOT Number	An identification number required by the Indiana Dept. of Revenue for carriers who transport regulated freight or passengers solely within the State of Indiana or designated within the control of the State of Indiana.
Surface Condition	The roadway surface condition at the time and place of a crash. This includes weather on the road however, weather is not usually a primary cause of a crash.
T-Intersection	An intersection where two roadways connect and one roadway does not continue across the other roadway. The roadways form a "T". This does not include when a driveway accesses the roadway.
Telematics in Use	The combination of telecommunications and computing systems, which involves data communications between systems and devices. This does not include cell phones. Examples are: a satellite tracking system in a semi or MDT's in a police car.
Tractor (Semi)	A motor vehicle consisting of a single power unit device designed primarily for pulling semi-trailers.
Tractor/Semi-Trailer A trac	ctor that is pulling a semi-trailer.
Tractor/Double Trailer	A tractor that is pulling two (2) semi-trailers.
Tractor/Triple Trailer	A tractor that is pulling three (3) semi-trailers.
Traffic Circle/Roundabout	An intersection of roads where vehicles must travel around a circle to continue on the same road or to connect to an intersecting road.
Traffic Lane (Entering or	A vehicle turning from one road on to the outside traffic

Leaving)	lane of another road or from an outside traffic lane to exit or turn off the road.
Trafficway	Any land way open to the public as a matter of right or custom for moving persons or property from one place to another. This includes both public and private property (parking lots, drive ways, etc.).
Trailer	A trailer is a vehicle designed to be pulled by a power unit. Examples are: pole trailer, semi trailer, etc.
Trapped	Persons who are restrained in the vehicle by damaged vehicle components as a result of a crash, and who have to be freed from the vehicle.
Type of Roadway Junction	A junction is either an intersection or the connection between a driveway access and a roadway other than a driveway access.
Unstabilized Situation	A set of events not under human control. It starts when control is lost and ends when control is regained; or all persons and property are at rest or stabilized.
Urban	Any area inside a corporate limits.
US DOT Number	Required for all commercial motor vehicle's operating for compensation or hire, while transporting property or passengers in interstate commerce. Farm plated vehicles that do not leave Indiana and are not for hire are excluded.
Utility Pole	A pole or post constructed for the primary function of supporting an electric line, telephone line or other electrical/electronic transmission line or cable.
Van	A van is a motor vehicle consisting primarily of a transport device that has a gross vehicle weight rating of 10,000 pounds or less and is basically a "box on wheels" that is identifiable by its enclosed passenger and/or cargo area, step-up floor, and relatively short (or nonexistent) hood. Examples are: passenger vans, cargo or delivery vans, and van-based min-motor homes.
Van/Enclosed Box (Cargo Body Type)	A single-unit truck, truck/trailer, or tractor/semi-trailer having an enclosed body integral to the frame of the vehicle.

Vehicle Identification Number	A unique combination of alphanumeric characters assigned to a specific vehicle and formulated by the manufacturer or assigned by the state.
View Obstruction -	An object which blocks the sight of a driver and Contributing Circumstance contributed to the crash. Examples are: bush, tree, etc.
Wrong Way on One Way	When all the lanes of a road, street or highway are, by design, moving in the same direction and a vehicle is moving contrary to the design. This includes Interstates, ramps and divided highways.
Y-Intersection	An intersection where three roadways connect and none of the roadways continue directly across the other roadways. The roadways form the shape of a "Y".