



REPORTING DEPARTMENT

ON PRIVATE PROPERTY, FATAL INJURY, PROPERTY DAMAGE ONLY, UNDER \$500, \$500 OR MORE, HIT AND RUN

Case Number: NMDOT: CAD Num:

CRASH DATE (MM/DD/YY), MILITARY TIME, CITY OCCURRED IN, COUNTY

Sun M Tu W Th F S OCCURRED ON: (Route No. or Name), AT INTERSECTION WITH: TRIBAL LAND? Yes No

OTHER LOCATION, FEET MILES, PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST, LAT: LONG:

CRASH OCCURRED: On Roadway Off Roadway, CRASH CLASSIFICATION: Overturned, Other N-Col, Pedestrian, Other Vehicle, Vehicle on Other Rdwy, Parked Vehicle, Rollover, R. R. Train, Pedalcyclist, Animal, Fixed Object, Other Object, ANALYSIS CODE:

VEHICLE NO. HEADED 1, N NE NW S SE SW E W, On: Left Scene of Crash Yes No, Posted Speed, Safe Speed

Drivers Full Name (Last, First, Middle), Address

Driver's License Number, State, Type, Status, Restrictions, Endorsements, Expires, Interlock, City/State, Zip Code, Phone

Date of Birth - M/D/YR, Occupation, Seat, Age, Sex (M/F), Race, Injury Code, OP Code, OP Used Property, Airbag Deploy, Ejected, EMS #, Med Trans

Seat Pos., Occupant's Name (Last, First, Middle), Occupant's Address (City, State, Zip)

Vehicle Yr., Vehicle Make, Color, Body Style, Cargo Body Type, Vehicle Use (1), Vehicle Use (2), Towed?, Damage Severity, Extent

License Yr., State, License Plate Number, VIN, Towed due to disabling damage?, Towed To

DOT #, Interstate Carrier Code, Towed By, Towed To, Damage Severity, Extent, Top, Undercarriage

Number of Axles, Vehicle Weight Rating/Gross Combination Weight Rating, HazMat Placard, Hazmat Placard 4 digit #, OR, Hazmat Name, AND, 1 digit #, Hazmat Released? Yes No

Carrier's Name, Carrier's Address, Carrier's Zip

Owner's Name, Owner's Company Name, Owner's Address, Owner's Zip, Owner's Telephone

Insured By: (Name of Company), Policy Number, Trailer or Towed Vehicles (1), Type, Year, Make, License Yr., License State, License Number

Trailer or Towed Vehicles (2), Type, Year, Make, License Yr., License State, License Number, Trailer or Towed Vehicles (3), Type, Year, Make, License Yr., License State, License Number

Vehicle No. HEADED 2, N NE NW S SE SW E W, On: Left Scene of Crash Yes No, Posted Speed, Safe Speed

Drivers Full Name (Last, First, Middle), Address

Driver's License Number, State, Type, Status, Restrictions, Endorsements, Expires, Interlock, City/State, Zip Code, Phone

Date of Birth - M/D/YR, Occupation, Seat Pos., Age, Sex (M/F), Race, Injury Code, OP Code, OP Used Property, Airbag Deploy, Ejected, EMS #, Med Trans

Seat Pos., Occupant's Name (Last, First, Middle), Occupant's Address (City, State, Zip)

Vehicle Yr., Vehicle Make, Color, Body Style, Cargo Body Type, Vehicle Use (1), Vehicle Use (2), Towed?, Damage Severity, Extent

License Yr., State, License Plate Number, VIN, Towed due to disabling damage?, Towed To

DOT #, Interstate Carrier Code, Towed By, Towed To, Damage Severity, Extent, Top, Undercarriage

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Trailer or Towed Vehicles (2), Type, Year, Make, License Yr., License State, License Number, Trailer or Towed Vehicles (3), Type, Year, Make, License Yr., License State, License Number

Crash Report Number 23346963, STATE OF NEW MEXICO UNIFORM CRASH REPORT, SHEET OF SHEETS, Case Number, NM Statute 66-7-209, NMDOT COPY

ROAD - WEATHER	LIGHTING (Check 1)	WEATHER (Check 1)	ROAD COND (Check 1 for each)	ROAD SURFACE (Check 1 for each)	TRAFFIC CONTROL (Check 1 for each)	ROAD CHARACTER (Check 1)	Crash Report Number 23346963	
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other and not stated	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Snow <input type="checkbox"/> <input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/> Loose Material <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> <input type="checkbox"/> Slush	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Paved Unstripped <input type="checkbox"/> <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> <input type="checkbox"/> Unpaved	V1 V2 <input type="checkbox"/> <input type="checkbox"/> No Passing Zone <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input type="checkbox"/> <input type="checkbox"/> Traffic Signals <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> R.R. Gate <input type="checkbox"/> <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> <input type="checkbox"/> Flashers <input type="checkbox"/> <input type="checkbox"/> No Controls <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	Case Number	
	ROAD DESIGN (Check 1 OR more for each)						V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1 Lane <input type="checkbox"/> <input type="checkbox"/> 2 Lanes <input type="checkbox"/> <input type="checkbox"/> 3 Lanes <input type="checkbox"/> <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> <input type="checkbox"/> Undivided <input type="checkbox"/> <input type="checkbox"/> Physical Divider <input type="checkbox"/> <input type="checkbox"/> Painted Divider	V1 V2 <input type="checkbox"/> <input type="checkbox"/> One Way <input type="checkbox"/> <input type="checkbox"/> Ramp <input type="checkbox"/> <input type="checkbox"/> Full Access Control <input type="checkbox"/> <input type="checkbox"/> Undeveloped <input type="checkbox"/> <input type="checkbox"/> Alley <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Constr. Zone

EVENT	APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)				DRIVERS' ACTIONS (Check 1 or more for each)				SEQUENCE OF EVENTS (See event codes)						
	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Excessive Speed <input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> <input type="checkbox"/> Passed stop sign <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> <input type="checkbox"/> Drove left of center <input type="checkbox"/> <input type="checkbox"/> Improper overtaking <input type="checkbox"/> <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> <input type="checkbox"/> Avoid no contact -other <input type="checkbox"/> <input type="checkbox"/> Cell phone <input type="checkbox"/> <input type="checkbox"/> Texting <input type="checkbox"/> <input type="checkbox"/> Low Visibility due to smoke	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Following too closely <input type="checkbox"/> <input type="checkbox"/> Made improper turn <input type="checkbox"/> <input type="checkbox"/> Driver inattention <input type="checkbox"/> <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> <input type="checkbox"/> Other improper driving <input type="checkbox"/> <input type="checkbox"/> Pedestrian error <input type="checkbox"/> <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> <input type="checkbox"/> Failed to yield - Police Veh(s) <input type="checkbox"/> <input type="checkbox"/> Failed to yield - Emrgcy Veh(s) <input type="checkbox"/> <input type="checkbox"/> Under the influence of Drugs or Medication <input type="checkbox"/> <input type="checkbox"/> High speed pursuit	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Defective steering <input type="checkbox"/> <input type="checkbox"/> Defective tires <input type="checkbox"/> <input type="checkbox"/> Other mech. defect <input type="checkbox"/> <input type="checkbox"/> Road defect <input type="checkbox"/> <input type="checkbox"/> Other No driver error <input type="checkbox"/> <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> <input type="checkbox"/> Improper lane change <input type="checkbox"/> <input type="checkbox"/> Improper backing <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> Vehicle Skidded Before Brake	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Going Straight <input type="checkbox"/> <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> <input type="checkbox"/> Right Turn <input type="checkbox"/> <input type="checkbox"/> Left Turn <input type="checkbox"/> <input type="checkbox"/> U Turn <input type="checkbox"/> <input type="checkbox"/> Slowing <input type="checkbox"/> <input type="checkbox"/> Backing	V1 V2 <input type="checkbox"/> <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> <input type="checkbox"/> Start from park <input type="checkbox"/> <input type="checkbox"/> Parked <input type="checkbox"/> <input type="checkbox"/> Other	FIRST EVENT		SECOND EVENT		THIRD EVENT		FOURTH EVENT			
	DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each with X)		DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each with X)		PEDESTRIAN/PEDALCYCLIST ACTION										
	D1 D2 <input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> <input type="checkbox"/> Consumed Medication <input type="checkbox"/> <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> <input type="checkbox"/> Breath Test Administered _____ gms/210 L _____ gms/210L <input type="checkbox"/> <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> <input type="checkbox"/> Refused Test		D1 D2 <input type="checkbox"/> <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> <input type="checkbox"/> Illness <input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input type="checkbox"/> Amputee <input type="checkbox"/> <input type="checkbox"/> No App. Defects <input type="checkbox"/> <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> <input type="checkbox"/> Unknown		At Intersection P1 P2 <input type="checkbox"/> <input type="checkbox"/> With Signal <input type="checkbox"/> <input type="checkbox"/> Against Signal <input type="checkbox"/> <input type="checkbox"/> No Signal <input type="checkbox"/> <input type="checkbox"/> Crossing Diagonally				Not at Intersection P1 P2 <input type="checkbox"/> <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> <input type="checkbox"/> No Crosswalk <input type="checkbox"/> <input type="checkbox"/> Crosswalk <input type="checkbox"/> <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> <input type="checkbox"/> *Other				P1 P2 <input type="checkbox"/> <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> <input type="checkbox"/> Standing <input type="checkbox"/> <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> Playing in Road		

Describe what happened - refer to vehicles by number.

Use Diagram/Narrative Sheet for additional information

NARRATIVE

OTHER PROPERTY INVOLVED	Property Type	DESCRIPTION OF PROPERTY AND DAMAGE		
	Owner's Name	Owner's Address		Owner's Zip Code Owner's Telephone

WITNESS	NAME	AGE	ADDRESS	TELEPHONE

ENFORCEMENT ACTION	VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending
				<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending

Time Notified	Time Arrived	Notified By	Supervisor at Scene	Checked By
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Officer's Signature	Printed Officers Name	Rank	ID No.	District	Date of Report
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Crash Report Number 23346963	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209 NMDOT COPY	SHEET OF SHEETS
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CRASH CLASSIFICATION AND ANALYSIS

Table with 3 columns: ROLLOVER, OTHER NON-COLLISION, and RAILROAD TRAIN. Rows include codes and descriptions for various accident types like Right Side Road, Left Side Road, On The Road, etc.

Table with 3 columns: PEDESTRIAN, OTHER VEHICLE, and PEDAL CYCLIST. Rows include codes and descriptions for accidents involving pedestrians, other vehicles, and cyclists.

Table with 3 columns: ANIMAL, VEHICLE ON OTHER ROADWAY, and PARKED VEHICLE. Rows include codes and descriptions for accidents involving animals, vehicles on other roadways, and parked vehicles.

Table with 3 columns: FIXED OBJECT, OTHER OBJECTS. Rows include codes and descriptions for accidents involving fixed objects and other objects.

OCCUPANT INFORMATION

Table with 4 columns: OCCUPANT SEAT POSITION, RACE, OCCUPANT PROTECTION, AIRBAG DEPLOYMENT. Rows include codes and descriptions for occupant information.

OTHER CODES

Table with 2 columns: CARRIER TYPE, STATE OF NEW MEXICO UNIFORM CRASH REPORT CODE SHEET. Rows include codes and descriptions for carrier types.

FOREIGN STATE CODES				DRIVER INFORMATION					
MEXICO (MX)		CANADA (CD)		LICENSE TYPE		RESTRICTIONS			
AG	Aguascalientes	MO	Morelos	AB	Alberta	A	CDL (Commercial Drivers License)	B	Corrective Lenses
BC	Baja California	NA	Nayarit	BC	British Columbia	B	CDL	C	Mechanical Aids
BN	Baja California Norte	NL	Nuevo Leon	MB	Manitoba	C	CDL	D	Prosthetic Aids
BS	Baja California Sur	OA	Oaxaca	NB	New Brunswick	D	Operators (old class 5)	E	Automatic Transmission - CMV
CM	Campeche	PU	Puebla	NL	Newfoundland and Labrador	I	ID Card	F	Outside Mirrors
CS	Chiapas	QT	Queretaro	NT	Northwest Territories	E	CDL (Non-Commercial)	G	Limit to Daylight Only
CH	Chihuahua	QR	Quintana Roo	NS	Nova Scotia	M	Motorcycle Only	H	Limit to Employment
CO	Coahuila	SL	San Luis Potosi	NU	Nunavit			I	Limit Local Area Only
CL	Colima	SI	Sinaloa	ON	Ontario			J	Automatic Trans Only - Non-CMV
DF	Distrito Federal	SO	Sonora	PE	Prince Edward Island			K	CDL - Intrastate Only
DG	Durango	TB	Tabasco	QC	Quebec			L	Vehicles Without Air Brakes
MX	Eslado de Mexico	TM	Tamaulipas	SK	Saskatchewan			M	Except Class A Bus
GT	Guanajuato	TL	Tlaxcala	YT	Yukon			N	Except Class A and B Bus
GR	Guerrero	VE	Veracruz					O	Except Tractor Trailer
HG	Hidalgo	YU	Yucatan					P	Ignition Interlock
JA	Jalisco	ZA	Zacatecas					S	Gov't Vehicle Only & as a Gov't Emp
MI	Michoacan							T	Bus Only (Class B or C)
								W	Instructional / Learner Permit
								X	Medical (6 Month Permit)
								Y	Yearly Renewal

VEHICLE INFORMATION

VEHICLE MAKE			
AMER	AMC	DAIH	Daihatsu
ACUR	Acura	DIAR	Diamond Reo
ALFA	Alfa Romeo	DODG	Dodge
AUDI	Audi	EGIL	Eagle
AUST	Austin	FWD	FWD Corp.
BMW	BMW	FERR	Ferrari
BSA	BSA	FIAT	Fiat
BENT	Bentley	FORD	Ford
BROC	Brockway	FRHT	Freightliner Corp.
BUIC	Buick	GMC	General Motors
CADI	Cadillac	HD	Harley-Davidson
CHEC	Checker	HMDE	Home Made Trailer
CHEV	Chevrolet	HOND	Honda
CHRY	Chrysler	HYUN	Hyundai
CITR	Citroen	ITAS	Itasca Motor Homes
DAEW	Daewoo	INFI	Infiniti
DATS	Datsun	INTL	Cub Cadet
DELO	De Lorean	ISUZ	Isuzu
		IVEC	Iveco Trucks
JAGU	Jaguar	JEEP	Jeep
KAWK	Kawasaki	KIA	Kia Motors Corp.
LAMO	Lamborghini	LAMI	Lancia
LAND	Land Rover	LAND	Land Rover
LEXS	Lexus	LINC	Lincoln
LOTU	Lotus	MG	MG
MACK	Mack Trucks, Inc.	MAZD	Mazda
MASE	Maserati	MERC	Mercury
MERK	Mercedes-Benz	MERZ	Mercedes-Benz
MITS	Mitsubishi	MERK	Merkur
MOGU	Moto Guzzi (Italy)		
NAVI	Navistar		
NISS	Nissan		
NORT	Norton (England)		
CYCL	Unknown Motorcycle		
OLDS	Oldsmobile		
OPEL	Opel		
GSHK	Oshkosh Motor Truck Co.		
MCIN	MCI		
PTRB	Peterbilt Motors Co.		
PEUG	Peugeot		
PLYM	Plymouth		
PONT	Pontiac		
PORS	Porsche		
RENA	Renault		
ROLL	Rolls-Royce		
SAA	Saab		
STRN	Saturn		
SCAN	Scania		
STLG	Sterling		
SUBA	Subaru		
SUZI	Suzuki		
THOM	Thomas & Co.		
TOYT	Toyota		
TRIU	Triumph		
VESP	Vespa		
VOLK	Volkswagen		
VOLV	Volvo		
WSTR	Western Star		
WHIT	White Motor Corp.		
WHGM	White/GMC		
YAMA	Yamaha		
UN	Other or Unknown		

COLOR **BODY STYLE** **VEHICLE USE 1** **TRAILER/TOWED VEHICLE TYPE**

AME	Amethyst (purple)	AV	AV - All Terrain Vehicle/Moped	AM	Ambulance	AC	Auto Carrier
BGE	Beige	BU	BU - Bus	CB	Church Bus	BT	Boat
BLK	Black	HE	HE - Heavy Equipment	CM	Construction/ Maintenance	CL	Cable Reel
BLU	Blue	LT	LT - Light Truck w/Trailer (GCWR > 10,000 Lbs.)	FR	Fire/Rescue	CT	Camping
BRO	Brown	MC	MC - Motor cycle	FV	Farm vehicle/equipment	DC	Dolly Converter
BRZ	Bronze	MH	MH - Motor Home	MI	Military	FR	Fire truck
CAM	Camouflage	OT	OT - Other Passenger Vehicle	OB	Other Bus	FT	Flat-bed or platform
COM	Chrome	PC	PC - Passenger Vehicle	OS	Other Special Use	GA	Gondola
COM	Stainless Steel	PK	PK - Pickup	SB	School Bus	GN	Grain
CPR	Copper	RR	RR - Train	TL	Taxi/Limo	HE	Horse
CRM	Cream	SV	SV - Sport Utility Vehicle	TB	Transit/Commuter	HO	Hopper
CRM	Ivory	T2	T2 - Single Unit Truck (2-axle)	IB	Intercity	HS	House trailer (mobile home)
DBL	Blue, Dark	T3	T3 - Single Unit Truck (3 or more axles)	CH	Charter/Tour	IW	Single wheel
DGR	Green, Dark	TB	TB - Truck tractor (bobtail)	ST	Shuttle	LB	Lowbed or lowboy
GLD	Gold	TD	TD - Tractor/double			LP	Logging, pipe or pole
GRN	Green	TH	TH - Other heavy truck			LS	Livestock
GRY	Gray	TS	TS - Tractor/semi-trailer			RF	Refrigerated van
LAV	Lavender (purple)	TU	TU - Truck/trailer			SE	Semi
LBL	Blue, Light	TX	TX - Tractor/triple			SR	Service
LGR	Green, Light	VN	VN - Van or mini-van			ST	Stack or rack
MAR	Burgundy (purple)	UT	UT - Unknown heavy truck > 10,000 lbs. Cannot classify			TE	Tent trailer
MAR	Maroon					TM	Truck mount camper
MUL/	Multicolored					TN	Tanker
COL						TV	Towed vehicle
MVE	Mauve (purple)					UT	Utility
ONG	Orange					VN	Van
PLE	Purple					OTHR	Other
PNK	Pink						
RED	Red						
SIL	Aluminum						
SIL	Silver						
TAN	Tan						
TEA	Teal (green)						
TPE	Taupe (brown)						
TRQ	Turquoise (blue)						
WHI	White						
YEL	Yellow						

VEHICLE USE 2			
C	Commercial or Business Use		
G	Government Use		
P	Personal Use		
U	Unknown		

SEQUENCE OF EVENTS

EVENTS INVOLVING COLLISION WITH		NON-COLLISION EVENTS	
PED	Pedestrian	ROR	Ran Off Road
MVT	Motor Vehicle in Transport	JK	Jackknife
PMV	Parked Motor Vehicle	OR	Overturn/Rollover
RR	Train	DR	Downhill Runaway
BIKE	Pedal cycle	CLS	Cargo Loss or Shift
ANIM	Animal	EX	Explosion or Fire
FO	Fixed Object	SU	Separation of Units
WZ	Work Zone Const. or Maintenance Equipment	CMC	Cross Median/Centerline
OM	Other Moveable Object	EF	Equipment Failure
UN	Unknown Movable Object	OCNC	Other (describe in narrative)
OTC	Other (describe in narrative)		