

STATE OF MONTANA - ACCIDENT INVESTIGATION CODES

← 1 WEATHER CONDITIONS

- | | |
|-------------------------|--------------------------------|
| 1 Fog, Smog, Smoke | 7 Rain |
| 2 Sleet, Hail, Freezing | 8 Snow |
| 3 Rain, Drizzle | 11 Blowing Sand, Soil and Dirt |
| 4 Blowing Snow | 99 Unknown |
| 5 Severe Crosswinds | |
| 6 Clear | |
| 8 Cloudy | |

← 2 LIGHT CONDITION

- | | |
|----------------------|-----------|
| 1 Daylight | 5 Dusk |
| 2 Dark - Not Lighted | 9 Unknown |
| 3 Dark - Lighted | |
| 4 Dawn | |

← 3 ROADWAY SURFACE CONDITION

- | | |
|------------------------|----------------|
| 1 Dry | 6 Debris |
| 2 Wet | 7 Loose Gravel |
| 3 Snow or Slush | 8 Other * |
| 4 Ice | 9 Unknown |
| 5 Sand, Mud, Dirt, Oil | |

← 4 OTHER DAMAGE TYPE

- | | |
|--------------------------------|-----------------------|
| 0 None | 7 Maintenance Equip. |
| 1 Signal, Lighting, Power Pole | 8 Fire Hydrant |
| 2 Sign | 9 Road Surface |
| 3 Guardrail | 10 Drainage Structure |
| 4 Bridge | 11 Fence |
| 5 Building | 12 Barricades |
| 6 Shrubby/Trees | 13 Other * |

← 5 OTHER DAMAGE OWNERSHIP

- | | |
|-----------|-----------|
| 1 Federal | 4 City |
| 2 State | 5 Private |
| 3 County | |

← 6 OTHER DAMAGE SEVERITY

- | | |
|------------------|--------------|
| 1 Under \$100 | 3 Over \$400 |
| 2 \$100 to \$400 | |

← 7-8 CONTRIBUTING CIRCUMSTANCES (Up to 5 per Vehicle)

	DRIVER	ENVIRONMENT	PASSENGER	VEHICLE
Vehicle 1 ↓	0 None	21 Fog, Smog, Smoke	51 Drugs	81 Brakes
	1 Drugs	22 Sleet, Hail	52 Alcohol	82 Steering
	2 Alcohol	23 Blowing Sand, Soil, Dirt, Snow	53 Obstructed Driver's View	83 Power Plant
	3 Failed to Yield Right of Way	24 Severe Crosswinds	54 Other Distraction *	84 Suspension
	4 Disregarded Traffic Signs, Signals, Road Markings	25 Rein, Snow	57 Other (Passenger) *	85 Tires
	5 Exceeded Stated Speed Limit	26 Sign Obstruction		86 Exhaust
	6 Too Fast for Conditions	27 Vegetation Obstruction		87 Lights
	7 Made an Improper Turn	28 Snow Bank Obstruction		88 Signals
	8 Wrong Side or Wrong Way	29 Hill Obstruction		89 Windows
	9 Followed Too Closely	30 Building Obstruction		90 Restraint System
	10 Improper Lane Change	31 Curve in Roadway		91 Wheels
	11 Improper Backing Operation	32 Sun Glare		92 Truck Coupling
	12 Improper Passing	37 Other *(Environment)		93 Cargo
	13 Improper Signals			94 Fuel System
	14 Improper Parking			97 Other (Vehicle) *
	15 Fell Asleep, Fainted, etc.			
	16 Did Not Comply with License Restrictions			
	17 Inattentive Driving			
	18 Careless Driving			
	19 Other (Driver) *			
	20 Cell phone use			
Vehicle 2 ↓				

9 WHICH VEHICLE OCCUPIED

- 1 Vehicle 1 P Pedestrian
- 2 Vehicle 2 O Other *

10 SEATING POSITION

- 11 Front Seat - Left Side (Motorcycle Driver)
- 12 Front Seat - Middle
- 13 Front Seat - Right Side
- 21 Second Seat - Left Side (Motorcycle Passenger)
- 22 Second Seat - Middle
- 23 Second Seat - Right Side
- 31 Third Row - Left Side (Motorcycle Passenger)
- 32 Third Row - Middle
- 33 Third Row - Right Side
- 50 Sleeper Section of Cab (Truck)
- 51 Passenger in Other Enclosed Area
- 52 Passenger in Unenclosed Area
- 54 Trailing Unit
- 55 Riding on Vehicle Exterior
- 99 Unknown

11 OCCUPANT PROTECTION

- 0 None Used - Veh. Occupant
- 1 Shoulder Belt Only Used
- 2 Lap Belt Only Used
- 3 Shoulder and Lap Belt Used
- 4 Child Safety Seat Used
- 5 Helmet Used
- 8 Not Applicable - Nonmotorist
- 9 Restraint Use Unknown
- 10 Improper use

12 AIR BAG DEPLOYED

- 3 Deployed
- 4 Nondeployed
- 9 Unknown or Not Applicable

13 EJECTION

- 0 Not Applicable
- 1 Not Ejected
- 2 Totally Ejected
- 3 Partially Ejected
- 9 Unknown

14 TRAPPED/EXTRICATION

- 0 Not Applicable
- 1 Not Trapped
- 2 Trapped/Extricated
- 3 Trapped/Not Extricated
- 9 Unknown

15 INJURY CLASSIFICATION

- 0 No Injury
- 1 Possible Injury
- 2 Nonincapacitating Evident Injury
- 3 Incapacitating Injury
- 4 Fatal Injury
- 5 Injured, Severity Unknown
- 6 Died Prior to Accident
- 9 Unknown

16 INJURED TRANSPORTATION

- 0 Not Transported
- 1 Transport by Ambulance Service
- 2 Transport by Police Car
- 3 Transport by Helicopter
- 4 Transport by Private Vehicle/Conv.
- 5 Unspecified Transportation
- 9 Unknown

17 POLICE REPORTED ALCOHOL OR DRUG PRESENCE

- 0 Neither Alcohol nor Drugs Present
- 1 Yes (Alcohol Present)
- 2 Yes (Drugs Present)
- 3 Yes (Alcohol and Drugs Present)
- 4 Not Reported
- 9 Unknown

INSTRUCTIONS

* EXPLAIN IN ACCIDENT DESCRIPTION

If a field DOES NOT APPLY, enter a dash (-)

20-23 FIRST HARMFUL EVENT & MOST HARMFUL EVENT

NONCOLLISION	COLLISION WITH FIXED OBJECT
1 Overturn	20 Impact Attenuator
2 Fire/Explosion	21 Bridge/Pier/Abutment
3 Immersion	22 Bridge Parapet End
4 Jackknife	23 Bridge Rail
7 Other NonCollision *	24 Guardrail Face
	25 Guardrail End
	26 Median Barrier
	27 Hwy. Traffic Sign Post
	28 Overhead Sign Support
	29 Luminaire/Light Support
	30 Utility Pole
	31 Other Post
	32 Culvert
	33 Curb
	34 Ditch
	35 Embankment
	38 Fence
	40 Mail Box
	42 Tree
	43 Other Fixed Object *
	44 Rock or Boulder
	99 Unknown

24-25 VEHICLE BODY STYLE

1 Passenger Car (Unknown)	19 Subcompact Car
2 Van	20 Compact Car
3 Bus	21 Mid-Size Car
4 School Bus	22 Large Passenger Car
5 Pickup (Category Unknown)	23 Small Station Wagon
6 Truck/Truck-Tractor	24 Mid-Size Station Wagon
7 Motorhome	25 Large Station Wagon
8 Motorcycle	26 Moped
9 Ambulance	27 Mini Van
10 Farm Tractor/Machinery	28 Sport Utility
11 Construction Equipment	29 Wrecker in Transit
12 Pickup with Camper	98 Working Construction
13 Bicycle	99 Unknown
14 Snowmobile	
15 Other *	
16 Fire Truck	
17 Small Pickup	
18 Standard Pickup	

26-27 TRAILER STYLE

0 No Trailer	7 Pole Trailer
1 Camping Trailer	8 Two Trailer Unit
2 Mobile Home	9 Three Trailer Unit
3 Utility Trailer (3000 & Under)	10 Fifth Wheel
4 Utility Trailer (Over 3000)	11 Boat Trailer
5 Semi Cargo Trlr.	12 Two Trailer Unit Recreational
6 Full Cargo Trailer	13 Other *

28-29 VEHICLE INTENT

1 Go Straight Ahead	8 Start from Parked Position
2 Overtake	9 Back
3 Make Right Turn	10 Remain Stopped in Traffic Lane
4 Make Left Turn	11 Remain Parked
5 Make U Turn	12 Lane Change
6 Slow or Stop	13 Parking Maneuver
7 Start in Traffic Lane	14 Other *

30 - 31 PEDESTRIAN ACTION

- 10 Crossing at Intersection or in Crosswalk
- 11 Crossing not at Intersection or in Crosswalk
- 12 Entering or Crossing Behind School Bus
- 13 Entering or Crossing From Behind Other Vehicle
- 20 Walking With Traffic
- 30 Walking Against Traffic
- 51 Approaching or Leaving School Bus
- 52 Approaching or Leaving Other Vehicle
- 62 Playing or Working on Vehicle
- 63 Jumped From Vehicle
- 68 Other Working *
- 70 Standing
- 73 Darting or Running Into Roadway
- 74 Playing
- 75 Lying at or In Location Specified
- 97 Other *
- 99 Unknown

AGE SEX

Commercial motor vehicle definition:

- (a) The vehicle is equipped for carrying property and has at least two (2) axles and six (6) tires.
- (b) The vehicle is designed to transport more than 15 passengers, including the driver; or
- (c) The vehicle is used in the transportation of hazardous material in a quantity requiring placarding under regulation issued by the Secretary under the Hazardous Materials Transportation Act.

CARRIER NAME:

- 1. May be leased to a carrier (Name usually located somewhere on tractor)
- 2. May be a trip lease load (temporary sign on tractor, or trip lease agreement)

GROSS VEHICLE WEIGHT RATING (GVWR):

This can be found inside the drivers door on the manufactures plate, or the registration.

HAZARDOUS MATERIALS CODES:

- Explosives 1.1
- Explosives 1.2
- Explosives 1.3
- Explosives 1.4
- Explosives 1.5
- Explosives 1.6
- Flammable Gas 2.1
- Nonflammable Gas 2.2
- Poison Gas 2.3
- Flammable 3
- Flammable Solid 4.1
- Spontaneously Combustible 4.2
- Dangerous When Wet 4.3
- Oxidizer 5.1
- Organic Peroxide 5.2
- Poison & Keep Away From Food 6.1
- Infectious Substances 6.2
- Radioactive 7
- Corrosive 8
- Class 9
- Combustible Liquid
- Other

VEHICLE CONFIGURATION:

TRUCK TRAILER



TRACTOR SEMITRAILER



STANDARD DOUBLE



ROCKY MOUNTAIN DOUBLE



TURNPIKE DOUBLE



TRUCK TRAILER-TRAILER



TRIPLE



CODES FOR ALL ACCIDENTS (Continued from front side)

CLASS OF TRAFFICWAY	RELATION TO JUNCTION	SPEED LIMIT UNITS	BIKEWAY
1 Interstate	0 Non Junction	M Miles Per Hour	0 No Bicycle Involved
3 U.S.. Route	1 In Intersection	K Kilometers Per Hour	1 Bikeway Separated from Roadway
4 Secondary Route (MT, Secondary, FAU)	2 Intersection Related		2 Bikeway Adjacent to Roadway
6 County or Rural Route	3 In Driveway Access		3 No Bikeway or Bike Route
7 Local Street	4 Driveway Related		4 Bike Route
8 Private	5 Railroad Crossing Related		
	6 Interchange (In or related)		
GRADE AND HORIZONTAL ALIGNMENT	CONSTRUCTION/ MAINTENANCE ZONE	TRAFFIC CONTROLS	RESERVATION
1 Straight and Level	0 None	0 None	1 Blackfeet
2 Curve and Level	2 Construction	1 Traffic Signals	2 Crow
3 Straight and Grade	3 Maintenance	2 Traffic Signals Not Working	3 Flathead
4 Curve and Grade	4 Utility	3 Traffic Signals Flashing	4 Fort Belknap
	5 Work Zone, Type Unknown	5 Flasher	5 Fort Peck
RELATION TO ROADWAY	SITE STUDY SUGGESTED	6 Flasher Not Working	6 Northern Cheyenne
1 On Roadway	0 None	7 Stop Sign	7 Rocky Boy's
2 Shoulder	1 Study Suggested	8 Yield Sign	
3 Median		9 RR Signals	
4 Outside Shoulder - Left	MAXIMUM SPEED LIMIT	10 RR Signals Not Working	
5 Outside Shoulder - Right	nnn Posted or Statutory Speed Limit	11 RR Signals & Gates	
6 Off Rd. - Location Unknown	000 Not Posted or Statutory Speed Limit	12 RR Gates Not Working	
7 Gore	999 Unknown	13 RR Crossing With Crossbuck	
9 Unknown		14 Traffic Signs & Pavement Markings	
		15 Traffic Signs	
		16 Pavement Markings	
		17 Traffic Control Down/Missing	
		18 No Passing Zone	
		19 No Signs, No Pavement Markings	

DRIVER RELATED CODES

- 0 No Drivers License
- 1 Valid Drivers License
- 2 Probationary
- 3 Expired
- 4 Cancelled/Denied

DRIVER LICENSE STATUS

- 5 Revoked
- 6 Suspended
- 7 License Not Valid for Vehicle Type
- 8 Learner Permit Only

DRIVER LICENSE RESTRICTIONS COMPLIANCE

- 0 Not Applicable
- 1 Complied With Restrictions
- 2 Did Not Comply With Restrictions

ACCIDENT INVESTIGATOR'S REPORT

Local Use										Pages: Number of _____ of _____ Number of: Vehicles _____ Pedestrians _____										
Year	Agency	ID Number	Month	Seq No	Date of Accident	Time	Name of City	City Code	Name of County	County Code										
Occurred On _____										At Intersection Of _____ Miles _____ Of _____										
If Not At Intersection _____ Of _____ (Location Code) _____										<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Feet _____ Miles _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W										
Class of Trafficway _____										Grade & Horiz Align _____ Relation to Roadway _____ Relation to Junction _____ Latitude _____ Longitude _____										
Construction/Maintenance Zone _____										Site Study Suggested _____ Speed Limit _____ Speed Limit Units _____ Traffic Controls _____ Bikeway _____ Reservation _____										
										Range _____ Township _____ Section _____ indicate North By Arrow										
										COLLISION TYPE - Multiple Veh. 1 Rear-End 6 Right Angle 2 Sideswipe, Same 7 Right Turn, Same Direction Direction 8 Right Turn, Opposite Direction 3 Sideswipe, Opposite 9 Head-On Direction 0 Other 4 Left Turn, Same <input type="checkbox"/> Direction Direction 5 Left Turn, Opposite <input type="checkbox"/> Direction										
Police Photos Yes <input type="checkbox"/> No <input type="checkbox"/>																				

6 7	26 27 28 29 30
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DRIVER				DRIVER				PEDESTRIAN			
Driver's Name (Last) _____ First _____ Middle _____				Driver's Name (Last) _____ First _____ Middle _____				Driver's Name (Last) _____ First _____ Middle _____			
Address - Number and Street _____				Address - Number and Street _____				Address - Number and Street _____			
City _____ State _____ Zip Code _____				City _____ State _____ Zip Code _____				City _____ State _____ Zip Code _____			
Driver License Number _____ State _____ Operator/Commercial _____				Driver License Number _____ State _____ Operator/Commercial _____				Driver License Number _____ State _____ Operator/Commercial _____			
Date of Birth _____ Driver License Status _____ Restriction Compliance _____ Other Licensing Data _____				Date of Birth _____ Driver License Status _____ Restriction Compliance _____ Other Licensing Data _____				Date of Birth _____ Driver License Status _____ Restriction Compliance _____ Other Licensing Data _____			
Violation Code 1 _____ Summons No. 1 _____				Violation Code 1 _____ Summons No. 1 _____				Violation Code 1 _____ Summons No. 1 _____			
Violation Code 2 _____ Summons No. 2 _____				Violation Code 2 _____ Summons No. 2 _____				Violation Code 2 _____ Summons No. 2 _____			
Policy Number _____				Policy Number _____				Policy Number _____			

Vehicle						Vehicle											
Owner <input type="checkbox"/> Same as Driver						Owner <input type="checkbox"/> Same as Driver											
Number and Street _____						Number and Street _____											
City _____ State _____ Zip Code _____						City _____ State _____ Zip Code _____											
Vehicle Identification Number _____				License Plate Number _____		Vehicle Identification Number _____				License Plate Number _____							
Vehicle Make _____		Vehicle Year _____		License State _____		Vehicle Make _____		Vehicle Year _____		License State _____							
Vehicle Damage <input type="checkbox"/> No Damage <input type="checkbox"/> Undercarriage Vehicle Damage (x) if Over \$400 <input type="checkbox"/>			Vehicle Damage Severity <input type="checkbox"/> None <input type="checkbox"/> Disabling <input type="checkbox"/> Functional <input type="checkbox"/> Other Towed Due to Damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Vehicle/Pedestrian Heading <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Unknown <input type="checkbox"/> South <input type="checkbox"/> West Property Damaged By This Vehicle Owner/Address _____ Wrecker Company _____			Vehicle Damage <input type="checkbox"/> No Damage <input type="checkbox"/> Undercarriage Vehicle Damage (x) if Over \$400 <input type="checkbox"/>			Vehicle Damage Severity <input type="checkbox"/> None <input type="checkbox"/> Disabling <input type="checkbox"/> Functional <input type="checkbox"/> Other Towed Due to Damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Vehicle/Pedestrian Heading <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Unknown <input type="checkbox"/> South <input type="checkbox"/> West Property Damaged By This Vehicle Owner/Address _____ Wrecker Company _____		

9	10	11	12	13	14	15	16	17	18	19	Driver and Passenger Names				If Deceased, Give Date of Death								
A																							
B																							
C																							
D																							
E																							
F																							
G																							
Officer's Signature _____										ID Number _____		Date _____		Date Notified _____		Time _____		Date Arrived _____		Time _____		Reviewed By _____	

COMMERCIAL VEHICLE AND FATAL ACCIDENT SUPPLEMENT

Carrier Name/Address/Street/City/State _____ ICC# _____
 Zip Code (if other than owner) _____ DOT# _____

V1 V2 VEHICLE CONFIGURATION

- | | | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Bus (seats for 15 people) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Single-unit truck (2-axle, 6-tire) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Single-unit truck (3 or more axles) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Truck / Trailer |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Truck Tractor (bobtail) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Tractor / semitrailer |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Tractor double trailer |
| | | A Standard |
| | | B Rocky Mountain |
| | | C Turnpike |
| | | D Truck / trailer-trailer |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Tractor / triple |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 Unknown Truck, cannot classify |

Placard ID# _____ Haz Mat Code _____

Placard	Y	N
Release	Y	N

Haz Mat Name (shipping paper) _____

V1 V2 CARGO BODY TYPE

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Bus (seats for 15 people) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Van/Enclosed |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Cargo Tank |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Flatbed |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Dump |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Concrete Mixer |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Auto Transporter |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Garbag/Refuse |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 Other |

Trucks, Buses, etc. number of axles (including Trailers)

Veh 1 _____

Veh 2 _____

Veh1 Veh2

GVWR _____

V1 V2 Sequence of Events Trafficway

- | | | | |
|---------|---------|---|---|
| 1 2 3 4 | 1 2 3 4 | A. Ran off road | 1 Not physically divided (2-way traffic) |
| 1 2 3 4 | 1 2 3 4 | B. Jackknife | 2 Divided highway, median strip w/o barrier |
| 1 2 3 4 | 1 2 3 4 | C. Overturn | 3 Divided highway, median strip w/ barrier |
| 1 2 3 4 | 1 2 3 4 | D. Downhill Runaway | 4 One-way trafficway |
| 1 2 3 4 | 1 2 3 4 | E. Cargo loss or shift | |
| 1 2 3 4 | 1 2 3 4 | F. Explosion or fire | Access Control |
| 1 2 3 4 | 1 2 3 4 | G. Separation of units | 1 No control (unlimited access) |
| 1 2 3 4 | 1 2 3 4 | H. Collision involving pedestrian | 2 Full control (only ramp entry/exit) |
| 1 2 3 4 | 1 2 3 4 | I. Collision involving motor vehicle in transport | 3 Other |
| 1 2 3 4 | 1 2 3 4 | J. Collision involving parked motor vehicle | |
| 1 2 3 4 | 1 2 3 4 | K. Collision involving train | |
| 1 2 3 4 | 1 2 3 4 | L. Collision involving pedalcycle | |
| 1 2 3 4 | 1 2 3 4 | M. Collision involving animal | |
| 1 2 3 4 | 1 2 3 4 | N. Collision involving fixed object | |
| 1 2 3 4 | 1 2 3 4 | O. Collision involving other object | |

V1 V2 APPARENT DRIVER CONDITION

- | | | |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Appeared normal |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Had been drinking |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Illegal drug use |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Sick |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Fatigue |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Asleep |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Medication |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Unknown |

FATAL ACCIDENT ONLY:

Notification Time EMS
(military time)
0000_not notified

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Arrival Time EMS

--	--	--	--

EMS time at hospital
of Most Severly Injured
0000_no one transported

--	--	--	--

Name of person/s involved

BAC Test Given

Method of Alcohol Determination (On-scene)
(use codes below)

Ejection Path
(use codes below)

1. _____	Y	N	?	Refused	_____	_____
2. _____	Y	N	?	Refused	_____	_____
3. _____	Y	N	?	Refused	_____	_____
4. _____	Y	N	?	Refused	_____	_____
5. _____	Y	N	?	Refused	_____	_____

Roadway Surface Type

- 1 Concrete
- 2 Blacktop (bituminous)
- 3 Slag, Gravel or stone
- 4 Dirt
- 5 Other

Veh1 Veh2 Veh3

Est. Speed _____
 Number of Traffic Lanes: _____

1. Evidential Test (Breath, Blood, Urine)
2. Priminary Breath Test (PBT)
3. Behavioral (Field Sobriety Test)
4. Observed (Smell, speech, etc)
5. Other (saliva test, tissue test)
6. Passive Alcohol Sensor (PAS)

1. Not ejected/not applicable
2. Through side door opening
3. Through side window
4. Through windshield
5. Through back windows
6. Through back door/taillgate opening
7. Out roof opening (sunroof, top down)
8. Out roof (top up)
9. Other path (e.g. back of pickup)
10. Unknown