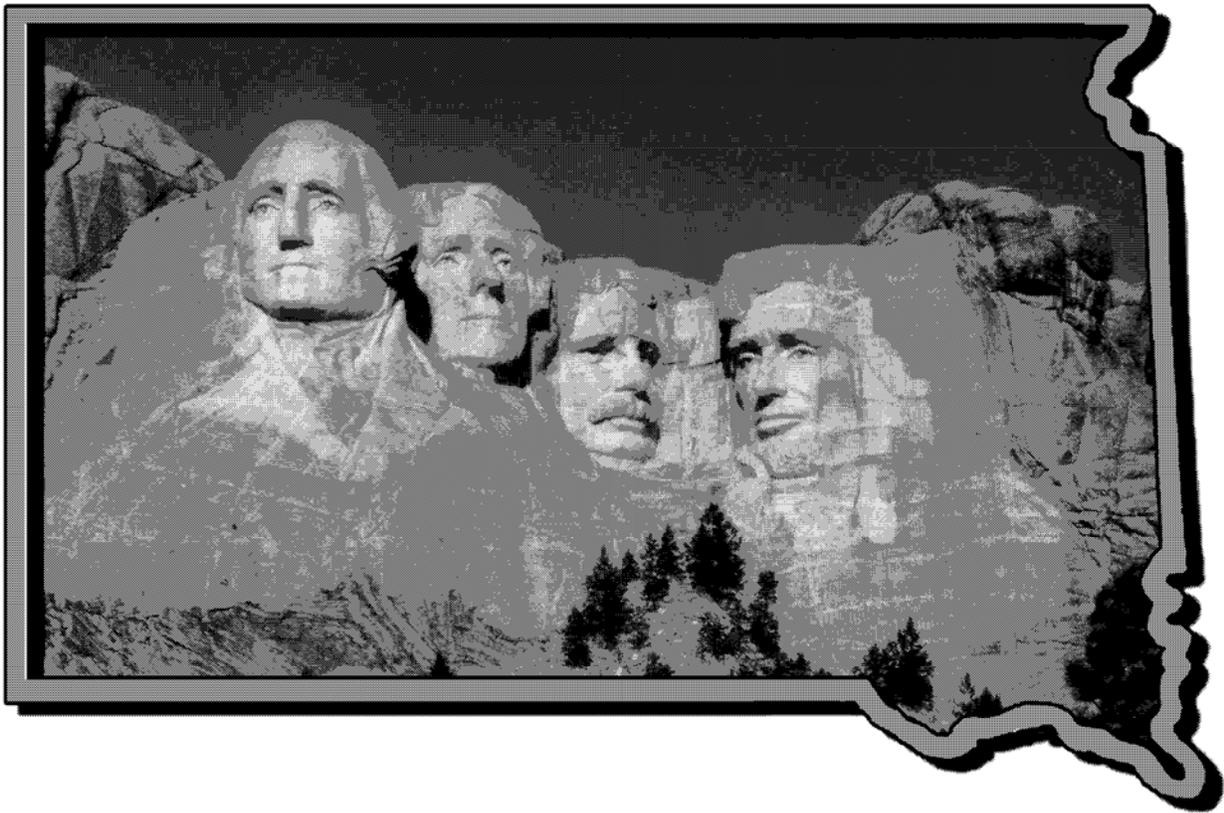


**South Dakota's
Motor Vehicle Traffic Accident
Reporting
Instruction Manual**



**South Dakota Department of Public Safety
Office of Accident Records
January 2006**

(Printed 12/16/2005)

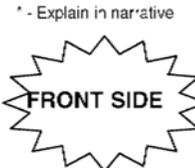
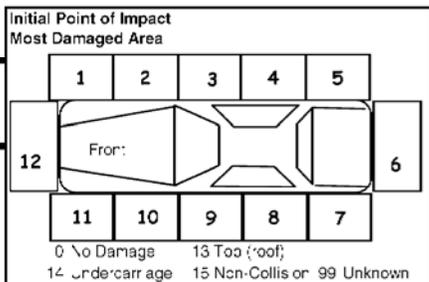
Vehicle Configuration	
1 Passenger car	10 Moped
2 SUV (sport utility/terrain)	11 All terrain vehicle/4 wheel
3 Mini-van/passenger van with seats for 8 or less, including driver	12 Snowmobile
4 Cargo van - GVWR < 10,000 lbs or less	13 Farm machinery
5 Cargo van - GVWR > 10,001 lbs or more	14 Heavy equipment
6 Van/Bus with seats for 9-15 people, including driver	15 Light truck (2-axes, 4 tires)
7 Van/Bus with seats for 16 or more people, including driver	16 Single-unit truck (2-axle, 6 tires); GVWR 10,000 lbs or less
8 Motor home	17 Single-unit truck (2-axle, 6 tires); GVWR > 10,001 lbs or more
9 Motorcycle	18 Single-unit truck (3 or more axes)
	19 Truck pulling trailer(s) - GCWR 10,001 lbs or more
	20 Truck/tractor only (bobtail)
	21 Tractor/semi-trailer
	22 Tractor/coupler
	23 Tractor/triples
	24 Tractor/mobile home
	97 Other*
	99 Unknown

Travel Direction Before Accident
1 Northbound
2 Southbound
3 Eastbound
4 Westbound
5 Not on roadway (also use for parked motor vehicle)
96 Not applicable (immobile from previous accident, stuck, etc.)
99 Unknown

Trailer Type	
0 No trailer/attachment	8 Small utility (one axle)
1 Semi-trailer/double/triple	9 Large utility (2 or more axes)
2 Pup trailer	10 Combination (camper, boat, etc.)
3 Mobile home	11 Farm trailer (grain box, hay rack, etc.)
4 Canoeing trailer	12 Farm equipment (disk, plow, etc.)
5 Boat trailer	97 Other*
6 Horse trailer	99 Unknown
7 Towee motor vehicle	

Driver Contributing Circumstances	
0 None	16 Running off road
1 Failed to yield to vehicle	17 Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist, etc.
2 Failed to yield to pedestrian	18 Over-correcting/over-steering
3 Disregarded traffic signs or signals	19 Fatigued/asleep
4 Exceeded posted speed limit	20 Drinking
5 Driving too fast for conditions	21 Drugs-medication
6 Improper turn	22 Drugs-Other
7 Wrong side or wrong way	23 Illness (heart attack, stroke, etc.)
8 Improper signal or failure to signal	24 Physical impairment
9 Improper lane change	25 Illegally in roadway
10 Improper passing	26 Cell phone
11 Improper start from parked position	27 Other electronic device (list in narrative)
12 Improper parking	28 Distracted (list distraction in narrative)
13 Improper backing	97 Other*
14 Followed too closely	99 Unknown
15 Failure to keep in proper lane	

Cargo Body Type	
0 No cargo body	7 Dump
1 Bus	8 Concrete mixer
2 Van/enclosed box	9 Auto transporter
3 Hooper (Grain/chips/gravel)	10 Garbage/reuse
4 Pole	97 Other*
5 Cargo tank	99 Unknown
6 Flatbed	



Vehicle Contributing Circumstances		
0 None	7 Headlights	14 Cargo
1 Brakes	8 Signal lights	15 Fuel system
2 Steering	9 Tail lights	16 Mirrors
3 Power train	10 Horn	17 Windows
4 Suspension	11 Windows/Window shield	18 Body, doors, hood
5 Tires	12 Wheels	97 Other*
6 Exhaust	13 Truck coupling / trailer hitch / safety chains	99 Unknown

Vehicle Maneuver		
1 Straight ahead	7 Making U-turn	13 Parking maneuver
2 Backing	8 Leaving traffic lane	14 Immobile from previous accident
3 Changing lanes	9 Entering traffic lane	15 Parked
4 Overtaking/passing	10 Slowing in traffic lane	97 Other*
5 Turning right	11 Stopped in traffic lane	99 Unknown
6 Turning left	12 Staying in traffic lane	

Traffic Control Device Type	
0 No controls	7 Railway crossing signal with gate
1 Traffic control signal	8 Railway crossing with signal
2 Flashing traffic control signal	9 Railway crossing with crossbuck only
3 School zone signs	10 Traffic control person
4 Stop sign	97 Other*
5 Yield sign	99 Unknown
6 Warning sign	

Underride/Override	
0 No underride or override	
1 Underride, compartment intrusion	
2 Underride, no compartment intrusion	
3 Underride, compartment intrusion unknown	
4 Override, motor vehicle in transport	
5 Override, other motor vehicle	
99 Unknown if underride or override	

Alcohol Use	
0 None used	99 Unknown
1 Alcohol used	

Alcohol Test Status	
Test results (list actual BAC)	92 Test given, contaminated sample/unusable
90 Test refused	93 Test given, but unobtainable at time reported
91 Test not given	99 Unknown

Drug Use	
0 None used	99 Unknown
1 Drugs used	

Drug Test Status	
1 Test refused	5 Test given, contaminated sample/unusable
2 Test not given	6 Test given, but unobtainable at time reported
3 Test given, no drugs reported	99 Unknown
4 Test given, drugs reported	

Work Zone Type		
96 Not applicable	3 Work on shoulder or median	97 Other*
1 Lane closure	4 Intermittent or moving work	99 Unknown
2 Lane shift/crossover		

Work Zone Location	
96 Not applicable	
1 Before the first work zone warning sign	
2 Advance warning area (after the first warning sign but before the work area)	
3 Transit or area (where lanes are shifted or prepared for lane closure)	
4 Activity area (adjacent to actual work area, whether workers and equipment were present or not)	
5 Termination area (after the activity area but before traffic resumes normal conditions)	
99 Unknown	

Vision Contributing Circumstances	
0 None	8 Motor vehicle (including load) not parked
1 Weather condition	9 Building
2 Physical obstruction	10 Signs, billboards, etc.
3 Windshield or other window obscured by frost, snow, mud, etc.	11 Glare
4 Snow bank	97 Other*
5 Trees, crops, bushes, other vegetation	99 Unknown
6 Guardrail/barrier	
7 Motor Vehicle (including load) parked	

Road Contributing Circumstances	
0 None	
1 Road surface condition (wet, icy, snow, slush, etc.)	
2 Debris	
3 Ruts, holes, bumps	
4 Work zone (construction/maintenance/utility)	
5 Work, travel-paved surface	
6 Obstruction in roadway	
7 Traffic control device inoperative, missing or obscured	
8 Pedestrian, bicyclists, other non-occupants in road	
9 Shoulders (none, low, soft, high)	
10 Non-highway work	
11 Animal in roadway	
12 Non-contact vehicle caused evasive action	
97 Other*	
99 Unknown	

STATE OF SOUTH DAKOTA INVESTIGATOR'S MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

Agency Use
INSTRUCTION MANUAL INDEX SHEET

1	Please Type or Print	Submission: <input type="checkbox"/> Original <input type="checkbox"/> Amended	Sheet	of	
28	LOCATION	Date of Accident (MM/DD/YY) 6 Time of Accident (HHMM) 6 County 6 City Accident Occurred in or Indicate Rural 7			
29	Trailer Type	Road, Street or Highway Accident Occurred 7 At its Intersection With 7			
30	Cargo Body Type	<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Of MRM (Milepost) 7 NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street (1 st) <input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Junction } 7 (2 nd) <input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> <input type="checkbox"/> Of <input type="checkbox"/> Intersecting Street }			
31	Initial Point of Impact	Full Name (Last, First, Middle) 8 Address 8 City 8 State 8 Zip 8			
31	Most Damaged Area	Date of Birth 8 Phone No 8 Driver's License Number 8 Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown			
31	Undercar/Override	DL State 8 DL Class 8 DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required Violation: <input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown			
32	Alcohol Use	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver Address 9 City 9 State 9 Zip 9			
32	Alcohol Test	VIN # 9 Insurance Co Name 9 Insurance Policy # 9 Eff Date 9 Exp Date 9			
33	Drug Use	Model Yr 9 Make 9 Model 10 License Plate # 10 State 10 Year 10 Damage Amount Veh and Contents \$ 10			
34	Drug Test	Total Occupants 10 Speed Limit 10 Est Travel Speed 10 Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement			
34	Work Zone	Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 11 Damage Extent: <input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage <input type="checkbox"/> Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 11 Emergency Vehicle Use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 11			
34	Work Zone	Trailer License Plate # Attached to Power Unit: State 12 Year 12 Trailer License Plate # Attached to Trailer Unit: State 12 Year 12			
34	Work Zone	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1 Accident Involved Vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal 12 Carrier Name 13 Address 13 City 13 State 13 Zip 13 US DOT # 13 GVWR 13 GCWR 13 Placard # or Name 13 Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 13			
34	Work Zone	Full Name (Last, First, Middle) 13 Address 13 City 13 State 13 Zip 13			
34	Work Zone	Date of Birth 13 Phone No 13 Driver's License Number 13 Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown			
34	Work Zone	DL State 13 DL Class 13 DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required Violation: <input type="checkbox"/> Beyond restriction <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown			
34	Work Zone	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver Address 13 City 13 State 13 Zip 13			
34	Work Zone	VIN # 13 Insurance Co Name 13 Insurance Policy # 13 Eff Date 13 Exp Date 13			
34	Work Zone	Model Yr 13 Make 13 Model 13 License Plate # 13 State 13 Year 13 Damage Amount Veh and Contents \$ 13			
34	Work Zone	Total Occupants 13 Speed Limit 13 Est Travel Speed 13 Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement			
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34	Work Zone	Trailer License Plate # Attached to Power Unit: State 13 Year 13 Trailer License Plate # Attached to Trailer Unit: State 13 Year 13			
34	Work Zone	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1 Accident Involved Vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal 13 Carrier Name 13 Address 13 City 13 State 13 Zip 13 US DOT # 13 GVWR 13 GCWR 13 Placard # or Name 13 Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 13			
34	Work Zone	Work Zone Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 14 Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 14 School Bus Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 14 Indirectly Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 14 Directly Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 14			
34	Work Zone	Object(s) Damaged (Property other than vehicles and contents) 15			
34	Work Zone	Owner's Name (Last, First, Middle) 15 Estimate of Damage \$ 15			
34	Work Zone	Address 15 City 15 State 15 Zip 15			
		Unit 1		Unit 2	
		Sequence of Events			
		First Event			
		Second Event			
		Third Event			
		Fourth Event			
		Most Harmful Event by Vehicle (use codes 0-7-66 only)			
		First Harmful Event of Accident (use codes 7-66 only)			

DRIVER AND PERSONS INJURED INFORMATION (Back page of form, upper right)

Unit Type 1 Motor vehicle in transport with driver 2 Motor vehicle - parked 3 Motor vehicle in transport without driver - not parked 4 Motor vehicle used as equipment (Snowplow plowing, etc) 5 Peccesarian 6 Pedalcycle 7 Railway vehicle 8 Animal (with rider) 9 Animal drawn vehicle		Sex 1 Male 2 Female 99 Unknown	Injury Status 1 Fatal 2 Incapacitating injury 3 Non-incapacitating injury 4 Possible injury 5 Non-injury Air Bag Deployed 0 Not deployed 1 Deployed-front 2 Deployed-side 3 Deployed-other 4 Deployed-combination 96 Not applicable 99 Unknown	Safety Equipment 0 None used 1 Lap belt only used 2 Shoulder harness only used 3 Lap belt and shoulder harness used 4 Helmet only 5 Eye protection only 6 Helmet and eye protection 7 Child/Youth restraint system used properly 8 Child/Youth restraint system used, not properly 9 Protective pads used (Non-motorist only) 10 Reflective clothing (Non-motorist only) 11 Light ring (Non-motorist only) 97 Other* 99 Unknown
Ejection 0 Not ejected 1 Ejected, Totally 2 Ejected, Partly 96 Not applicable (motorcycle, snowmobile, pedestrian, pedalcyclist, etc.) 99 Unknown	Source of Transport 0 Not Transported 1 EMS 2 Law Enforcement 97 Other* 99 Unknown			

Manner of Collision (With motor vehicle in transport)

0 No collision between 2 MV in transport	4 Sideswipe, same direction
1 Rear-end (Front-to-rear)	5 Sideswipe, opposite direction
2 Head-on (Front-to-front)	6 Rear-to-rear
3 Angle	99 Unknown

Non-Motorist Action

1 Entering or crossing specified location	6 Working
2 Walking, running, jogging, playing, cycling, skating	7 Standing
3 Playing or working on motor vehicle	8 Laying
4 Pushing motor vehicle	97 Other*
5 Approaching or leaving motor vehicle	99 Unknown

Location of First Harmful Event

1 On roadway	6 Separator
2 Shoulder	7 In parking lane or zone
3 Median	8 Off roadway, location unknown
4 Roadside	9 Outside ROW
5 Gore	99 Unknown

Non-Motorist Contributing Circumstances

0 None	6 Distracted
1 Improper crossing	7 Failure to obey traffic signs, signals, or officer
2 Darting	8 Wrong side of road
3 Laying and/or illegally in roadway	97 Other*
4 Failure to yield right of way	99 Unknown
5 Not visible (dark clothing)	

Roadway Surface Condition

1 Dry	7 Water (standing, moving)
2 Wet	8 Sand, mud, dirt, gravel
3 Snow	9 Ice
4 Slush	97 Other*
5 Ice	99 Unknown
6 Frost	

Non-Motorist Location

1 Marked crosswalk at intersection	7 Island	13 In building
2 At intersection but no crosswalk	8 Shoulder	97 Other*
3 Non-intersection crosswalk	9 Sidewalk	99 Unknown
4 Driveway access crosswalk	10 Roadside	
5 In roadway (not in crosswalk or intersection)	11 Outside traffic way	
6 Median (but not on shoulder)	12 Shared-use path or trails	

Relation to Junction

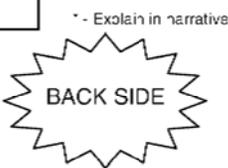
0 Non-junction	7 Alley intersection related	4 Crossover related
1 Four-way intersection	8 Interchange area	5 Bypass path or trail
2 T-intersection	9 Driveway access	6 Bypass path or trail related
3 Y-intersection	10 Driveway access related	97 Other*
4 Five-point, or more	11 Railway crossing	99 Unknown
5 Intersection related	12 Railway crossing related	
6 Alley intersection	13 Crossover	

Roadway Alignment/Grade

1 Straight and level	5 Curve and hill crest
2 Straight and hill crest	6 Curve on grade
3 Straight on grade	99 Unknown
4 Curve and level	

Light Condition

1 Daylight	5 Dawn
2 Dark - roadway not graded	6 Dusk
3 Dark - lighted roadway	99 Unknown
4 Dark - unknown roadway lighting	



Roadway Surface Type

1 Concrete
2 Asphalt (Bituminous)
3 Gravel
4 Dirt
5 Brick or Block
97 Other*
99 Unknown

Weather Conditions

1 Clear	7 Blowing sand, soil, dirt
2 Cloudy	8 Blowing snow
3 Rain	9 Severe crosswinds
4 Sleet, hail (freezing rain or drizzle)	97 Other*
5 Snow	99 Unknown
6 Fog, smog, smoke	

Trafficway Description

1 Two-way, not divided
2 Two-way, not divided with a continuous left turn lane
3 Two-way, divided, unprotected (distance > 4 feet) median
4 Two-way, divided, positive median barrier
5 One-way trafficway
99 Unknown

SEQUENCE OF EVENTS/MOST HARMFUL EVENT/FIRST HARMFUL EVENT (Front page of form, lower right)

Non-collision: 0 No damage or injury, this vehicle 1 Equipment failure (tires, brakes, etc) 2 Separation of units 3 Ran off road right 4 Ran off road left 5 Cross median/centerline 6 Downhill runaway 7 Overturn/rollover 8 Fire/explosion 9 Immersion 10 Jackknife 11 Cargo/equipment loss or shift 12 Fell/jumped from motor vehicle 13 Other* non-collision	Collision of a Motor Vehicle in Transport with: 20 Pedestrian 21 Pedalcycle 22 Railway vehicle 23 Animal - wild 24 Animal - domestic 25 Motor vehicle in transport 26 Parked motor vehicle 27 Motor vehicle used as equipment (Snowplow plowing, etc) 28 Work zone/management equipment 29 Barriera 30 Other* movable object	Collision of a Motor Vehicle in Transport with fixed object: 40 Impact attenuator/crash cushion 41 Bridge overhead structure 42 Bridge pier or support 43 Bridge rail 44 Guardrail face 45 Guardrail end 46 Concrete traffic barrier 47 Other traffic barrier 48 Highway traffic sign post/sign 49 Traffic signal support/signal 50 Overhead sign support/sign 51 Light/luminaire support 52 Utility pole 53 Other post, pole or support 54 Culvert 55 Curb 56 Ditch 57 Embankment 58 Approach 59 Construction - pavement cut-off/road materials 60 Fence 61 Mailbox 62 Tree/shrubbery 63 Delineator post 64 Rock 65 Snow bank 66 Other* fixed object (wall, building, tunnel, etc)
---	--	---

State Codes

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

Canadian Provinces and Territories

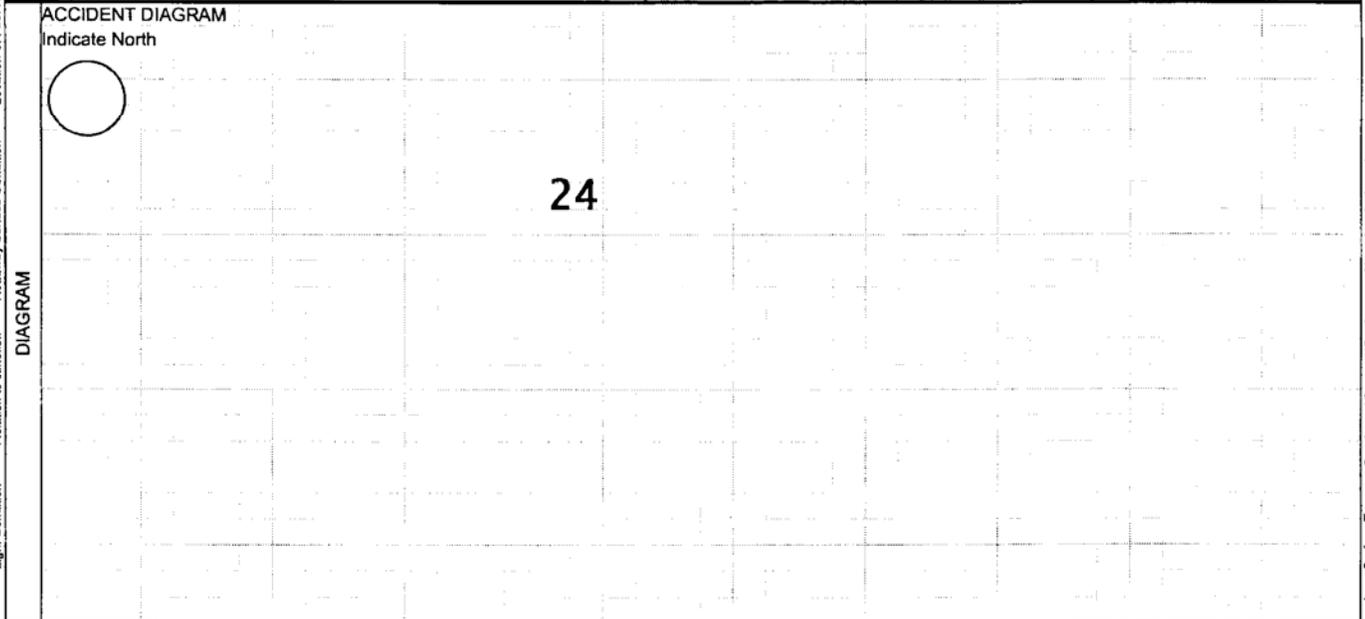
AB	Alberta	NU	Nunavut
BC	British Columbia	ON	Ontario
MB	Manitoba	PE	Prince Edward Island
NB	New Brunswick	QC	Quebec
NL	New Foundland & Labrador	SK	Saskatchewan
NT	Northwest Territory	YT	Yukon Territory
NS	Nova Scotia		

*OT – Other = All foreign countries except Canada

Seating Position			13 - Front row other	21 - On vehicle exterior (non-trailing unit)	20
Operator			14 - Second row other	22 - Linenclosed cargo area	22
1	2	3	15 - Third row other	23 - Enclosed cargo area	22
4	5	6	16 - Fourth row other	24 - Sleeper section of cab (truck)	21
7	8	9	17 - Motorcycle passenger	25 - Seating Position "1" NOT Operator	22
10	11	12	18 - Pedalcycle passenger	96 - Not applicable (Pedestrian)	23
			19 - Bus passenger	97 - Other	23
			20 - Trailing unit	99 - Unknown	24

UNIT 1	Transported to: 20	EMS Trip # 20	Unit No. 20	Unit Type 22	Sex 22	Seating Position 21	Injury Status 22	Ejection 23	Source of Transport 23	Air Bag Deployed 23	Safety Equipment 24
UNIT 2	Transported to:	EMS Trip #									

A 43 Manner of Collision	PERSONS INJURED	1. Name: 20	Date of Birth: 20	Unit No. 20	Unit Type 22	Sex 22	Seating Position 21	Injury Status 22	Ejection 23	Source of Transport 23	Air Bag Deployed 23	Safety Equipment 24	
		Address: 20	Transported to: 20	EMS Trip #									
		2. Name:	Date of Birth:	Unit No. 20	Unit Type 22	Sex 22	Seating Position 21	Injury Status 22	Ejection 23	Source of Transport 23	Air Bag Deployed 23	Safety Equipment 24	
		Address:	Transported to:	EMS Trip #									
B 44 Location of First Harmful Event	PERSONS INJURED	3. Name:	Date of Birth:	Unit No. 20	Unit Type 22	Sex 22	Seating Position 21	Injury Status 22	Ejection 23	Source of Transport 23	Air Bag Deployed 23	Safety Equipment 24	
		Address:	Transported to:	EMS Trip #									
C 45 Roadway Surface Condition	PERSONS INJURED	4. Name:	Date of Birth:	Unit No. 20	Unit Type 22	Sex 22	Seating Position 21	Injury Status 22	Ejection 23	Source of Transport 23	Air Bag Deployed 23	Safety Equipment 24	
		Address:	Transported to:	EMS Trip #									



ACCIDENT NARRATIVE: Describe What Happened

26

Witness (Last, First, Middle)	26	Phone No	26	Address	26	City	State	Zip	
Officer Filing Report & ID No.	26	Date Notified	27	Time Notified	27	Date Arrived	27	Time Arrived	27
Agency Name	27	Agency Type	<input type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other						
Officer Approving Report	27	Date Approved	27	Red Tag #:	27	Agency Use	27		
Investigation made at scene?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken?	27	Unit 1	27	Unit 2			

A 43 Manner of Collision
 B 44 Location of First Harmful Event
 C 45 Roadway Surface Condition
 D 45 Relation to junction
 E 51 Light Condition
 F 51 Weather Conditions
 G 52 Non-Motorist Action
 H 52 Non-Motorist Contnib Circumstance
 I 53 Non-Motorist Location
 J 53 Roadway Alignment/Grade
 K 54 Roadway Surface Type
 L 54 Trafficway Description

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Introduction

The primary goal of the South Dakota Accident Reporting System is to produce computerized statistical data for use in identifying problems and developing countermeasures necessary to reduce motor vehicle traffic accidents in number and severity. YOU, as a law enforcement officer who investigates accidents, are a key factor in achieving this goal. The quality of the data in an accident reporting system can never be better than what is received from the field. It is the responsibility of the officer investigating an accident to provide both correct and comprehensive data to the Department of Public Safety - Office of Accident Records. An individual accident may appear at times to be insignificant, but when combined with like accidents at or near the same location, various patterns emerge to identify problems in need of engineering, law enforcement, or educational attention.

This manual serves two purposes. First, it provides instructions for completion of the South Dakota Accident Report Form. Second, it provides more detailed explanations of much of the data that is requested by the report.

The report entitled State of South Dakota Investigator's Motor Vehicle Traffic Accident Report, Form DPS-AR-1, requires two types of entries. The first type is written entries placed in the body of the report. The second type is numbered entries placed in the boxes which are located on the left and right margins on both front and back of the form, the lower right-handed corner of the front page and the upper section of the back page. The entries to the boxes are made by placing the folded overlay, Form DPS-AR-2, over the report form, lining up the proper boxes with the proper arrows on the overlay. Note that numbers are used to identify the boxes on the front side and alphabetic characters are used on the back side of the form.

General Instructions

In order to determine when an accident should be reported to the state, it is important to have a clear understanding of the definition of a MOTOR VEHICLE TRAFFIC ACCIDENT and to know in what circumstances such an accident is state reportable.

For purposes of the South Dakota Accident Reporting System, report those accidents which involve at least one motor vehicle within a trafficway (includes the entire area within the right of way) or outside the trafficway if control was lost within the trafficway and cause a fatality, injury, or property damage to an apparent extent of \$1000.00 or more to any one person's property or \$2000.00 or more per accident. **Note!** For the "\$2,000.00 or more per accident" threshold to be reached, 3 or more person's property would need to be involved. For example, 3 vehicles are involved in an accident and sustain damage, but no personal injuries to occupants or non-motorists, in the following amounts: unit 1 - \$400, unit 2 - \$800, and unit 3 - \$800 totaling \$2,000. None of the units reached the \$1000 threshold, which would have automatically made the accident state reportable but because of the "\$2,000.00 or more per accident" threshold this 3 unit accident would be reportable to the Office of Accident Records.

The following examples of incidents which DO and DO NOT meet the criteria for a Motor Vehicle Traffic Accident will also help in clarifying the definition given above.

- A passenger car loses control on a curve and runs off the road where it sustains extensive body damage (over \$1000.00) after it leaves the trafficway right of way and enters a shelterbelt. No damage to the vehicle or injury to the occupants was sustained while within the right of way.

This incident qualifies as a motor vehicle traffic accident even though no injury or damage took place within the right of way. The determining factor is that the unstabilized condition BEGAN within the trafficway.

- A snowmobile traveling in the ditch of a state highway impacts a drainage culvert. The driver sustains a broken arm.

This incident qualifies as a motor vehicle traffic accident because snowmobiles are considered motor vehicles, the incident took place within the trafficway right of way of a public highway, and injuries were sustained.

- A driver loses control of a vehicle while backing from a garage on private property. The vehicle travels out of the driveway and impacts a car properly parked along the curb on the opposite side of the street. The vehicles sustain accumulated damage of \$2000.00 as a result of the impact.

This incident qualifies as a motor vehicle traffic accident even though the unstabilized event began on private property. The determining factor is that the damage causing event occurred within the trafficway right of way.

- A driver stops a vehicle at the side of the road to check an unusual noise in the engine compartment. The engine is left running and the car is in parking gear. After the driver raises

the hood, the transmission jumps out of park and the driver is killed when the vehicle runs over him.

This incident qualifies as a motor vehicle traffic accident even though the vehicle was driverless at the time of the incident. Note that the definition of a motor vehicle accident presented above does not require that a vehicle have a driver.

- A motorhome is traveling on the interstate when a hose from an attached propane tank disconnects and begins to burn. The fire spreads to the motorhome. The motorhome is brought to a stop and all persons escape without injury, but the motorhome is completely destroyed by fire. The motorhome was valued at \$4000.00.

This incident qualifies as a motor vehicle traffic accident even though there was no collision or rollover.

- Two vehicles collide in a supermarket parking lot. Both vehicles sustain damage amounting to more than \$1000.00 and one driver sustains a gash from impacting the windshield.

This incident does NOT qualify as a motor vehicle traffic accident because the entire unstabilized event occurred outside of a trafficway. The injury and damage are irrelevant in this case.

Notes! Because determination of whether or not an incident qualifies as a state reportable motor vehicle accident is an extremely complex question, there will be situations where an understanding of the definition and examples above will not provide an answer. If there is any question as to whether or not a particular incident qualifies as a motor vehicle traffic accident, an accident report should be filed and the Office of Accident Records will make the final determination.

The South Dakota Accident Report Form consists of two pages (one sheet printed front and back and an overlay for each page).

The remainder of this manual is divided into four sections. Each section provides specific, step by step instructions for the completion of the two sides of the report and their associated “overlays”.

Front Page Instructions

This section details how to fill out the Investigation Officer’s Report for a motor vehicle accident. The circled numbers shown in the blanks of the sample accident report refer to the number of the paragraph step explaining how to fill out that blank.

Location

The following information details the **Location** section of the Investigating Officers Report of the Motor Vehicle Accident form.

Please Type or Print		Submission: <input type="checkbox"/> Original <input type="checkbox"/> Amended		Sheet 2 of
3	Date of Accident (MM/DD/YY)	4	Time of Accident (HHMM)	5
County			6	
City Accident Occurred in or Indicate Rural				
LOCATION	7		8	
	Road, Street or Highway Accident Occurred		At its Intersection With	
	9	<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> Of MRM (Milepost)
	NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.			
10	(1 st)	<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> Junction
	(2 nd)	<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet	<input type="checkbox"/> Of	<input type="checkbox"/> Intersecting Street

- Submission:** – Check the box that indicates if this report is the original or an amended version.
- Sheet __ of __** – Indicate the number of sheets submitted for this report. One front and back = one sheet and would be shown as “Sheet 1 of 1”. Two front and backs would be shown as “Sheet 1 of 2” for first front and back “Sheet 2 of 2” for the second front and back.
- Date of Accident** – Enter the date on which the accident occurred. The accident date must be entered in Month/Day/Year format. In cases where the exact date of the accident may be in question (e.g. accidents occurring near midnight, officer judgement should be used).
- Time of Accident** – Enter the time on which the accident occurred. The time of the accident must be entered in a 24-hour clock format (military time). Note that midnight = “0000”. One minute after midnight is entered as “0001”. In cases where the exact time of the accident may be in question, officer judgment should be used. Enter “Unknown” if a reasonable estimate of the accident time can not be made. Note! 2400 is not a valid time.
- County** – Enter the name of the county in which the FIRST injury or damage causing event of the accident occurred.

FOR ACCIDENTS OCCURRING NEAR COUNTY BOUNDARIES – Note that many county lines are coincident with the centerline of roads. For accidents in which the first injury or damage causing event occurs on a road which marks a county line and other accidents in which the first injury or damage causing event is near a boundary line of two counties, the accident should be allocated to the county in which the first injury or damage causing event actually occurred not necessarily the county in which the vehicle(s) came to rest. If the first injury or damage-causing event is exactly on the boundary line, the accident should be allocated to the county FROM which the vehicle was traveling for single vehicle accidents. If the first injury or damage causing event is exactly on a boundary line when two or more vehicles coming from different counties are involved, the accident should be allocated to the county FROM which the

vehicle with more severely injured occupants is traveling or to the county FROM which the vehicle with more severe damage is traveling if there are no injuries. If there is equal damage or injury in both vehicles, the investigating officer's best judgment should be used.

6. **City Accident Occurred in or Indicate Rural** – Enter the name of the city or town in which the FIRST injury or damage-causing event of the accident occurred for all accidents occurring within the boundaries of a city or town. Enter “RURAL” for accidents occurring outside the boundaries of a city or town.

FOR ACCIDENTS OCCURRING NEAR CITY LIMITS – For accidents occurring near a boundary line of a city or town, allocate the accident to the city or town if the first injury or damage causing event occurred within the city limits. Do not allocate the accident to the city or town if the first injury or damage causing event occurred outside the city limits even if the final resting place of the vehicle(s) is inside the city limits. If the first injury or damage causing event occurs exactly on the boundary line, the accident should be allocated to the city or town IF one or more accident involved vehicles was traveling FROM within the boundaries of the city or town.

7. **Road, Street or Highway Accident Occurred** – Enter the trafficway number or name of the road on which accident occurred.
8. **At its Intersection With** – If the accident occurred within the boundaries of an intersection, enter the trafficway number or name of the road which intersected with the trafficway entered in the “Road, Street, or Highway Accident Occurred” blank. For accidents not occurring at intersections, this line should be left blank. See figure 1 for the boundaries of an intersection.
9. **Location with Respect to Mileage Reference Marker (MRM)** – MRMs in South Dakota are placed on all State Highways. When an accident occurs on such a trafficway, the location of the accident should be referenced to the nearest MRM. Enter the distance between the accident location and the nearest MRM in feet if the distance is less than 0.1 miles and in tenths of a mile if the distance is 0.1 miles or greater. Check the box indicating whether the distance entered is in feet or in miles and tenths. Check the box indicating the direction of North, South, East or West from the MRM to the accident location. Note that the direction given should be the general direction of the trafficway. Enter the number of the MRM. This number could be a whole number or a whole number with hundredths. Always record the MRM exactly as it appears on the MRM post.
10. **Location with Respect to a Junction or Intersecting Street** – Accidents which occur on trafficways not marked with MRMs (county roads, city street, etc) must be located with respect to a junction or intersecting street. Space is allocated for entering up to two distances and directions from the reference point.

Example: An accident was located 1 mile West and one half mile North of the junction of US12 and SD37. The following would be entered: On the first line, 1.0 would be entered in the blank and the “W” box would be checked; on the second line, 0.5 would be entered in the blank and the “N” box would be checked; the “Junction” box would be checked; then the junction “US12 and SD37” would be entered in the space provided.

Unit Person

This section of the Investigating Officers Accident Report details information concerning the person driving the vehicle at the time of the accident or the non-motorist identified in the unit section.

Full Name (Last, First, Middle) 1			Address 2		City	State	Zip
Date of Birth 3	Phone No 4	Driver's License Number 5		Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown 1. 6 2.			
DL State 7	DL Class 8	DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required 9	Violation: <input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown				

- 1. Full Name (Last, First, Middle)** – Enter the name of the operator/driver of the unit or the pedestrian identified as this unit. Names are to be entered for all unit types. If the unit is a motor vehicle without a driver, enter “None”. Enter the operator/driver’s full name in last, first, middle format. If the operator/driver is operating a motor vehicle and is licensed, the name **MUST** be entered **EXACTLY** as it appears on the driver’s license. It is extremely important that the name be entered on the accident report exactly as it appears on the license because a record of the accident is transferred to the driving record of South Dakota drivers as required by SDCL 32-12-61.
- 2. Address** – If there is a name in the unit full name field, enter the current address of that person. If there is no name in the full name field, enter “None”. (See Appendix A for state codes)
- 3. Date of Birth** – Enter the date of birth of the person in the unit full name field. Date of birth should be entered in the Month/Day/Year format.
- 4. Phone Number** – Enter the phone number of the person in the unit full name field.
- 5. Driver’s License Number** – For drivers of motor vehicles, enter the driver’s license number. If the person does not have a driver’s license, enter “None”.
- 6. Citation Charge** – List any violations with which the person in the unit full name field was charged. There is space for 2 violations to be listed on the front side of the report, please list additional violations in the narrative area of the report. Note that in cases where charges are pending, the report may be held up to five (5) working days to allow for determination of actual charges filed. Also check the appropriate box to the right of “Citation Charge?” (Yes No Pending Unknown).
- 7. DL State** – For drivers of motor vehicles, enter the state issuing the driver’s license. For unlicensed drivers, enter “None”. (See Appendix A for state codes)
- 8. DL Class** – For drivers of motor vehicles, enter the class as it appears on the driver’s license. For unlicensed drivers or out of state drivers without a class, enter “0 (zero)”.
- 9. DL Status** – For drivers of motor vehicles, check the appropriate box to indicate the current status of an individual’s driver license.

Owner

This section of the Investigating Officers Accident Report details information concerning the owner of the vehicle at the time of the accident identified in the unit section.

Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver	Address	City	State	Zip
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- Owner's Name** – Enter the full name of the owner. If the owner of the unit is the same as the operator/driver of the unit, check the “Check if Same as Driver” box. The operator/driver name does not need to be re-entered. For railway vehicles, enter the name of the Railroad Company.
- Owner's Address** – Enter the current address of the owner. If the owner is the same as the operator/driver, this field may be left blank. (See Appendix A for state codes)

Vehicle

This section of the Investigating Officers Accident Report details information concerning the vehicle identified in the unit section.

VIN #	Insurance Co Name	Insurance Policy #	Eff Date	Exp Date
Model Yr	Make	Model	License Plate #	State Year
Total Occupants	Speed Limit	Est Travel Speed	Speed – How Estimated:	Damage Amount Veh and Contents \$
Hit and Run?	Damage Extent:			

- VIN #** – Enter the vehicle identification number of the motor vehicle. This number should NOT be taken from the vehicle’s registration slip. The VIN should be read from the actual vehicle identification plate. It is extremely important that the VIN be entered correctly in order to allow for accident research to identify vehicle problems.
- Insurance Co Name** – Enter the Insurance Company Name as it appears on the proof of insurance card.
- Insurance Policy #** – Enter the Insurance policy number as it appears on the proof of insurance card.
- Eff Date** – Enter the date the insurance was effective. Effective date should be entered in Month/Day/Year or Month/Year format.
- Exp Date** – Enter the date the insurance will expire. Expiration date should be entered in Month/Day/Year or Month/Year format.
- Model Yr** – Enter the model year of the motor vehicle involved in the accident. Note that the model year may not be the same as the year of manufacture. It is the MODEL year that should be entered in this blank.
- Make** – Enter the make of the motor vehicle involved in the accident. Note that many manufacturers produce several makes of vehicles. For example, General Motors produces

Chevrolet, Buick, Oldsmobile, etc. It is the vehicle MAKE (Chevrolet, Buick, Oldsmobile, etc.), NOT the manufacturer, that should be entered in this field.

8. **Model** – Enter the model of the motor vehicle involved in the accident. The field should NOT be used to enter vehicle body style or type, but rather, the class or family of vehicles within a make. For example, models of the Chevrolet make would include Corvette, Impala, Malibu, etc. Models of Ford pickups would include F150, F250, F350, etc.
9. **License Plate #** – Enter the vehicle license plate (registration plate) number and state and year of license. The license plate number should be entered even if the plate has expired. If the motor vehicle does not have a license plate, enter “None”. (See Appendix A for state codes)
10. **Damage Amount Veh and Contents** – Enter the total dollar value of damage to the motor vehicle, pedalcycle, railway vehicle, animal with rider (damage of animal only), animal drawn vehicle (animal and drawn vehicle) and its contents. Contents include anything carried in a passenger compartment other than persons. Also included are any property in the trunk or cargo area of a passenger vehicle and the load of any truck including the load in a semi-trailer. **Estimates should be based on cost to repair with new parts.**
11. **Total Occupants** – Enter the number of injured and uninjured occupants for this unit. Occupants should include the operator/driver and all passengers of the unit.
12. **Speed Limit** – Enter the legal speed limit for the section of the trafficway on which the motor vehicle was traveling, whether or not the limit is posted. DO NOT enter cautionary speed limits such as posted on curve signs.
13. **Est Travel Speed** – Enter the estimated speed, as can be best determined, of the motor vehicle as it was traveling on the trafficway BEFORE the accident. Enter “Unknown” if no estimate of speed can be made. (NOTE: If “Est Travel Speed “ is unknown, the “No Estimate” box should be checked for “Speed – How Estimate”)
14. **Speed – How Estimated** – Indicate how the estimate of travel speed was made by checking the appropriate box. Use of the boxes should be governed by the following explanations:
 - Officer Estimate** – This box should be checked when travel speed was estimated by skid tests, skid marks and measurements, or by the officer’s expert judgment based on experience (extent of vehicle damage, etc.)
 - Driver Statement** – This box should be checked when the estimated travel speed was provided by the vehicle driver.
 - Occupant Statement** – This box should be checked when the estimated travel speed was provided by a vehicle occupant other than the vehicle driver.
 - Witness Statement** – This box should be checked when the estimated travel speed was provided by a non-occupant (by-stander) who witnessed the accident.

No Estimate - This box should be used ONLY when the estimated travel speed is “Unknown”. (NOTE: If this box is checked, “Unknown” should be entered for “Est Travel Speed”).

15. **Hit and Run?** – Check the box which indicates whether the motor vehicle driver committed a “Hit and Run” offense. Note that this item is coded for each motor vehicle with a driver, not for the accident as a whole. Do not complete if unit is not a motor vehicle with driver.

16. **Damage Extent** – Check the box describing the total damage to the motor vehicle from the accident.

None – No Damage – This box should be checked for an accident involved motor vehicle which does not receive property damage.

Minor Damage – This box should be checked for an accident involved motor vehicle with damage that does not affect the operation of or disable the motor vehicle in transport.

Included: Scratches, dented or bent fenders, bumpers, grills, body panels. Destroyed hubcaps.

Functional Damage – This box should be checked for an accident involved motor vehicle with damage that is not disabling, but affects operation of the motor vehicle or its parts.

Included: Doors, windows, hoods, trunk lids which will not operate properly. Broken glass which obscures vision. Tire damage even though the tire(s) may be changed at the scene. Bumpers which are loose. Any damage that would prevent the motor vehicle from complying with motor vehicle safety codes.

Excluded: Dented or bent fenders, bumpers, grills, body panels. Destroyed hubcaps.

Disabling Damage – This box should be checked for an accident involved motor vehicle with damage that prevents the departure of the motor vehicle from the scene of the accident in its usual operating manner by daylight after simple repairs.

Included: Motor vehicles, which could be driven but would be further damaged by driving (Example – Motor vehicle with a leaking radiator.)

Excluded: Damage, which can be fixed temporarily at the scene without special tools or parts. Tire disablement without other damage even if no spare is available. Headlight or taillight damage which would make night driving hazardous but would not affect daylight driving. Damage to turn signals, horn or windshield wipers, which makes them inoperative.

Unknown – This box should be checked ONLY when the accident involved motor vehicle is not at the scene and is not available for inspection elsewhere.

17. **Vehicle Towed?** – Indicate whether the motor vehicle had to be towed from the scene as a result of disabling damage. DO NOT count a vehicle that is towed, just because there is not a driver available to drive it away or situations involving just a flat tire.

18. **Emergency Vehicle Use?** – Indicates official vehicles that are involved in an accident while on an emergency response. Emergency refers to an official vehicle that is traveling with physical emergency signals in use, typically red light blinking, siren sounding, etc. Code yes only if the vehicle was on an emergency response.

Trailer(s)

This section of the Investigating Officers Accident Report details information concerning the trailer(s) identified in the unit section.

Trailer License Plate # Attached to Power Unit: _____	1	State	Year	Trailer License Plate # Attached to Trailer Unit: _____	2	State	Year
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- Trailer License Plate # Attached to Power Unit** – For registered trailers attached to the power unit, enter the trailer license plate (registration plate) number, registration plate year and registration state. The license plate number, year and state should be entered even if the plate has expired. If the motor vehicle is not towing a trailer place an X in the blank. If the motor vehicle is towing a trailer that does not have a license plate, enter “None”. (See Appendix A for state codes)
- Trailer License Plate # Attached to Trailer Unit** – For registered trailers attached to the first trailer, enter the trailer license plate (registration plate) number, registration plate year and registration state. The license plate number, year and state should be entered even if the plate has expired. If the motor vehicle is not towing a second trailer place an X in the blank. If this trailer does not have a license plate, enter “None”. If there are more than two trailers, provide this information in the narrative or on an additional page. (See Appendix A for state codes)

Commercial Vehicle

This section of the Investigating Officers Accident Report details information concerning commercial motor vehicle identified in the unit section. This section must be completed:

IF the vehicle meets one or more of the following:

- The vehicle has a Gross Combined Weight Rating (GCWR) of 10,001 or more pounds.
- The vehicle displays a hazardous material placard.
- The vehicle is designed to transport 9 or more people, including driver.

AND, the accident resulted in one or more of the following:

- A fatality occurred.
- An injury requiring transportation for immediate medical attention.
- Any vehicle was disabled requiring a towaway from the scene. Note – please review instructions for data field “Vehicle Towed?”

If this vehicle does not meet the requirement above, these fields should be left blank.

<i>You must Complete Boxed area</i>	<i>IF the accident involved one or more of the following:</i>		<i>AND, the accident resulted in one or more of the following:</i>	
	<ul style="list-style-type: none"> • a truck having a GCWR of 10,001 or more pounds; OR • a vehicle displaying a hazardous material placard; OR • a vehicle designed to transport 9 or more people, including driver. 		<ul style="list-style-type: none"> • a fatality; OR • an injury requiring transportation for immediate medical attention; OR • a vehicle was disabled requiring a towaway from the scene 	
Accident involved vehicle - Purpose?	<input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal 1			
Carrier Name	Address	City	State	Zip
2	3			
US DOT #	GVWR	GCWR	Placard # or Name	Hazardous Material Required?
4	5	6	7	8
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

- Accident involved vehicle – Purpose?** – Check the box that identifies the purpose or use of this vehicle.

2. **Carrier Name** – Enter the Carrier Name - the name of an individual, partnership or corporation responsible for the transportation of persons or property as indicated on the shipping manifest.

The identification of the Carrier can be found in three different ways?

- The Carrier's name may be displayed on both sides of the vehicle, usually the Driver's side door of the cab.
- The Carrier's name should be on the shipping papers carried by the Driver. In the case of a bus, the driver carries a trip manifest or a charter order, which gives the name of the Motor Carrier.
- Ask the Driver for the Carrier's name.

3. **Address, City, State and Zip** – Enter the Carrier's current business address. (See Appendix A for state codes)
4. **US DOT #** – Enter the US DOT # in this field. The US DOT # should be displayed on the power unit of the commercial vehicle and are usually found on the doors. The number for the United States Department of Transportation will be numeric and preceded by "USDOT".
5. **GVWR** – Enter the Gross Vehicle Weight Rating (GVWR) of the power unit. This is the value specified by the manufacturer as the carrying capacity (loaded weight) of the vehicle.

Note: The GVWR label of the power unit can usually be found on the driver's door, door-post, or door edge. The GVWR on a bus is located in the passenger compartment next to the driver's seat.

6. **GCWR** – Enter the Gross Combined Weight Rating (GCWR) of this vehicle. The GCWR is the sum of all GVWRs for each unit in a combination unit motor vehicle (including the truck tractor). Thus for single-unit trucks there is no difference between the GVWR and the GCWR. For combination trucks (truck tractors pulling a single semi-trailer, truck tractors pulling double or triple trailers, trucks pulling trailers, and trucks pulling other vehicles) the GCWR is the total of the GVWRs of all units in the combination.

Note: The GVWR label on a trailer is usually located on the front of the trailer near the vehicle's serial and model number, or on the tongue.

7. **Placard # or Name** – If the vehicle has a hazardous materials placard, record the 4-digit placard number or name taken from the middle of the diamond **and the 1-digit placard number from bottom of the diamond**.
8. **Hazardous Material Released** – Check the box that indicates whether or not hazardous material was released from the cargo compartment. Hazardous material release should be documented whether or not the motor vehicle displayed a placard.

Note: Fuel spilled from the vehicle fuel tank should NOT be recorded as a hazardous material release, even though it is hazardous material.

Work Zone Related?/Workers Present?/School Bus Related?

This section of the Investigating Officers Accident Report details information concerning work zones and school bus involvement in an accident.

1	2	3
Work Zone Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Workers Present? <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	School Bus Related? <input type="checkbox"/> No <input type="checkbox"/> Indirectly Involved <input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown

Work Zone Data Collection Comments – The accurate recording of accidents which occur in work zones is very important in the development of countermeasures to reduce accidents and severity for both the traveling public and workers. Due to the detail of work zone data collection it is strongly recommended to review the instructions whenever reporting accidents which occur in and around work zone areas.

Work zone data collection involves four (4) data fields: Work Zone Related? Workers Present? Work Zone Type (code box 11) and Work Zone Location (code box 12). The first data field, “Work Zone Related?” is a question. If the answer to question is NO then the other 3 data fields are to be recorded as 96 – Not applicable. The first data field, “Work Zone Related?” is somewhat misleading because of the word related. The word related refers to collecting those accidents before the first warning sign or after the last exit sign **if** the accident resulted from an activity, behavior or control related to the movement of the traffic units through the work zone. **ALL** work zone accidents, which occur between the first warning sign and the final termination area sign, are to be recorded as work zone accidents. It is recommended to view the Diagram of a Work Zone Area – Appendix B.

1. **Work Zone Related?** – Indicate whether an accident occurred in or related to a construction, maintenance, or utility work zone, whether or not workers were actually present at the time of the accident. See Appendix B for work zone diagram.

Note: Was the accident in or near a construction, maintenance or utility work zone? If the answer to one of the 2 statements below is yes, select yes. If **No** is marked, the other work zone questions should be coded 96 for “Not applicable”.

- Did the first harmful event occur within the boundaries of a work zone?
- Did the first harmful event occur on an approach to or exit from a work zone, resulting from an activity, behavior, or control related to the movement of the traffic units through the work zone?

2. **Workers Present?** – Indicate whether workers were present in the work zone.
3. **School Bus Related** – Indicate if a school bus or vehicle functioning as a school bus for a school-related purpose is directly as a contact vehicle, or indirectly as a non-contact vehicle, related to the accident.

Note: The school bus or vehicle functioning as a school bus may be owned by the school district or hired from a private company to transport children for school related purposes. The school bus or vehicle functioning as a school bus, with or without a passenger on board, must be directly involved as a contact vehicle or indirectly involved as a non-contact vehicle. Examples of indirect involvement are: a child, as a pedestrian, is struck

by a passing motor vehicle either as the child is approaching or leaving a school bus stopped with its red lights flashing; two vehicles colliding as the result of the stopped school bus, etc. **Caution – Only a school bus or vehicle functioning as a school bus directly involved as a contact vehicle can be listed as a unit on the accident report. Refer to indirect involved vehicles in the narrative and draw them on the diagram only.**

Object(s) Damaged

This section of the Investigating Officers Accident Report details information concerning object(s) damaged other than vehicles as a result of the accident.

Object(s) Damaged (Property other than vehicles and contents) 1			
Owner's Name (Last, First, Middle) 2		Estimate of Damage \$ 3	
Address 4		City	State Zip

- Object(s) Damaged (Property other than vehicles and contents)** – List all objects of value damaged as a result of the accident, EXCEPT motor vehicles, motor vehicle contents (including load), persons and persons clothing. If no objects were damaged, enter “None”.

Note: Example of included objects – sign posts, guard rails, fences, buildings, domestic animals with value such as cattle.

Example of excluded objects – motor vehicles either on or off the trafficway, wild animals, rocks and boulders, snow banks, embankments.

- Owner's Name (Last, First, Middle)** – Enter the name of the owner(s) of the damaged object(s) listed previously. For objects such as sign posts and guard rails enter “State of South Dakota” or the appropriate county or local governmental agency.
- Estimate of Damage** – Enter the total dollars amount of damage to the objects listed previously. Make the best estimate of dollar amount damage using the information you have available to you. In cases involving damage to animals of value, use the owner's estimate of value.
- Address, City, State and Zip** – Enter the address of the owner(s) of the damaged object(s) listed previously. (See Appendix A for state codes)

Sequence of Events

This section of the Investigating Officer's Accident Report details information concerning the sequence of events, most harmful and first harmful events of the accident.

Work Zone Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Workers Present? <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	School Bus Related? <input type="checkbox"/> No <input type="checkbox"/> Indirectly Involved <input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown	Unit 1	Unit 2	Sequence of Events
Object(s) Damaged (Property other than Vehicles)			---	---	First Event
Owner's Name (Last, First, Middle)			---	---	Second Event 1
Address			---	---	Third Event
City			---	---	Fourth Event
State			---	---	Most Harmful Event by Vehicle (use codes 0, 7-66 only) 2
Zip			---	---	First Harmful Event of Accident (use codes 7-66 only) 3

SEQUENCE OF EVENTS/MOST HARMFUL EVENT/FIRST HARMFUL EVENT (Front page of form, lower right)	
Non-collision:	Collision of a Motor Vehicle in Transport with:
0 No damage or injury, this vehicle	20 Pedestrian
1 Equipment failure (tires, brakes, etc)	21 Pedalcycle
2 Separation of units	22 Railway vehicle
3 Ran off road right	23 Animal - wild
4 Ran off road left	24 Animal - domestic
5 Cross median/centerline	25 Motor vehicle in transport
6 Downhill runaway	26 Parked motor vehicle
7 Overturn/rollover	27 Motor vehicle used as equipment (Snowplow plowing, etc)
8 Fire/explosion	28 Work zone/maintenance equipment
9 Immersion	29 Barricade
10 Jackknife	30 Other* movable object
11 Cargo/equipment loss or shift	
12 Fell/jumped from motor vehicle	
13 Other* non-collision	

Collision of a Motor Vehicle in Transport with fixed object:

40 Impact attenuator/crash cushion	55 Curb
41 Bridge overhead structure	56 Ditch
42 Bridge pier or support	57 Embankment
43 Bridge rail	58 Approach
44 Guardrail face	59 Construction - pavement cutout/road materials
45 Guardrail end	60 Fence
46 Concrete traffic barrier	61 Mailbox
47 Other traffic barrier	62 Tree/shrubbery
48 Highway traffic sign post/sign	63 Delineator post
49 Traffic signal support/signal	64 Rock
50 Overhead sign support/sign	65 Snow bank
51 Light/luminaire support	66 Other* fixed object (wall, building, tunnel, etc)
52 Utility pole	
53 Other post, pole or support	
54 Culvert	

- Sequence of Events** – Code the events in sequence by vehicle from beginning to end of the accident. If more than four events occurred for a particular vehicle add subsequence events in the narrative. All codes listed above are valid for sequence of events except code “0”.
- Most Harmful Event by Vehicle** – Code the event that produced the most severe injury to an occupant of this vehicle or, if no injury, the greatest property damage to this vehicle. ONLY use codes 0, 7-66. Note – Codes 1 through 6 are not, in themselves, harmful events.
- First Harmful Event of Accident** – The First Harmful Event is assigned for the accident and classifies the event. Code the first injury or damage producing event that characterizes the accident. ONLY use codes 7-66. Note – Codes 1 through 6 are not, in themselves, harmful events.

Example of assigning the 3 events:

A vehicle is out of control coming down a hill, the vehicle leaves the roadway on the right side, collides with a delineator post, overturns in the ditch, ejecting and pinning the driver under the vehicle.

Sequence of Events: 1-Downhill runaway: 2-Ran off road right: 3-Collision with Delineator post: 4-Overturn/rollover

First Harmful Event: Collision with Delineator (the first injury OR damage producing event)

Most Harmful Event: Overturn/rollover

Codes (Sequence of Events/Most & First Harmful Events):

Non-collision

- 0 No damage or injury, this vehicle
- 1 Equipment failure (tires, brakes, etc.)
- 2 Separation of units
- 3 Ran off road right
- 4 Ran off road left
- 5 Cross median/centerline
- 6 Downhill runaway
- 7 Overturn/rollover – A motor vehicle that has overturned at least 90 degrees to its side.
- 8 Fire/explosion
- 9 Immersion – Object or person covered completely by liquid.
- 10 Jackknife – An uncontrolled articulation between a tractor and trailer(s) that occurs at any time during the accident sequence.
- 11 Cargo/equipment loss or shift – The loss or release of the goods being transported from the cargo compartment of the truck, or the change in the position of the goods within the cargo compartment.
- 12 Fell/Jumped from motor vehicle - is used when falling or jumping (not suicide) from the vehicle. For example a passenger of a motor vehicle in transport leans against the car door, it opens and the passenger falls out and is injured by the fall.
- 13 Other non-collision – Includes such things as being injured within a vehicle when no collision occurs. For example, an unbelted passenger hits his or her head on the roof of a vehicle and is injured, when the vehicle travels over a sharp dip in the road. Also includes situations where a passenger is sickened or dies due to carbon monoxide fumes leaking from a motor vehicle in transport. Include in non-collision accidents are damage or injury caused when an object is thrown or falls on a vehicle.

Collision of a motor vehicle in transport with a person, vehicle, or object not fixed

- 20 Pedestrian – A person who is not an occupant of a motor vehicle in transport. Includes a person who is adjacent to the motor vehicle regardless of their actions. Includes, wheelchair occupant, person on skates, skateboarders, etc.
- 21 Pedalcycle – Nonmotorized vehicle propelled by pedaling. Includes bicycle, tricycle, unicycle, pedal car, etc.
- 22 Railway vehicle – Any land vehicle (train, engine) that is (1) designed primarily for moving persons or property from one place to another on rails and (2) not in use on a land way other than a railway. Includes railway inspection vehicles while traveling on rails.
- 23 Animal - wild – Includes Deer, Antelope, etc.
- 24 Animal – domestic – Includes Cow, Horse, Hog, etc. Note - do not use this code for domestic animals that are being used as transportation or to draw a wagon, cart or other transport device.

- 25 Motor vehicle in transport – Any motorized (mechanically or electrically powered) motor vehicle not operated on rails. The term “in transport” denotes the state or condition of a transport vehicle that is in motion or within the portion of a transport way ordinarily used by similar transport vehicles. When applied to motor vehicles, “in transport” means in motion or on a roadway. Inclusions: motor vehicle in traffic on a highway, driverless motor vehicle in motion, motionless motor vehicle abandoned on a roadway, disabled motor vehicle on a roadway, etc.
- 26 Parked motor vehicle – A parked motor vehicle is a motor vehicle that is not in motion or on a roadway (the normal driving portion of the trafficway). To be considered parked, the motor vehicle must have been outside the area designated as the roadway and not moving. If any portion of the motor vehicle outline (excluding open doors, mirrors, etc.) is on a roadway it is not parked.
- 27 Motor vehicle used as equipment (snowplow plowing) – Use this code when there is a collision between a motor vehicle in transport and a motor vehicle used as equipment. Following is an example of a “motor vehicle used as equipment” – The most common is a snowplow plowing snow or sanding the highways. Others are gravel trucks while dumping their load, pavement packers while packing, etc. Note – When these motor vehicles are not being used as equipment and are being used only as transport vehicles moving persons and property from one place to another they are “motor vehicles in transport” and should be coded 25.
- 28 Work zone/maintenance equipment – Equipment related to the work zone or roadway maintenance. Some examples are cranes, earthmovers, packers, etc., stationary, off the roadway. Note – this would not include motor vehicles in transport or motor vehicles used as equipment stopped on a roadway or in movement within the trafficway.
- 29 Barricade – A structure set up across a roadway to obstruct passage.
- 30 Other movable object – Includes fallen tree, already lying in roadway; objects on the roadway which had fallen from a passing vehicle and had come to rest before being hit. Animals used as transportation, ridden animals and animals (or teams or animals) drawing a transport device (e.g., a horse drawing a sleigh, a team of horses drawing a stage coach, etc.).

Collision of a motor vehicle in transport with fixed object

- 40 Impact attenuator/crash cushion – A device at a spot location, designed to prevent an errant motor vehicle from impacting a fixed object hazard by gradually decelerating the motor vehicle to a safe stop or by redirecting the motor vehicle away from the hazard. Examples include barrels filled with water or sand, and plastic collapsible structures.
- 41 Bridge overhead structure – Any part of a bridge that is over the reference or subject roadway. In accident reporting, this typically refers to the beams or other structural elements supporting a bridge deck.
- 42 Bridge pier or support – Support for a bridge structure other than at the ends.
- 43 Bridge rail – A barrier attached to a bridge deck or a bridge parapet to restrain motor vehicles, pedestrians or other users.
- 44 Guardrail face – Other than the end of the guardrail.
- 45 Guardrail end – The end of the guardrail.
- 46 Concrete traffic barrier – A type of permanent median made of concrete that is usually fixed but sometimes can be moved by special equipment to shift lane

- direction. This includes all temporary concrete barriers regardless of location (i.e., temporary Jersey Barrier on a bridge being used to control traffic during bridge repair/construction).
- 47 Other traffic barrier – Moveable barriers including cones, chains, law enforcement vehicle, etc.
 - 48 Highway traffic sign post/sign – A sign intended to guide, regulate, or inform highway users. A pole, post, or structure constructed to support a highway sign intended to guide, regulate, or inform highway users.
 - 49 Traffic signal support/signal – A signal intended to control traffic movements by illuminating systematically, a green, yellow, or red light or by flashing a single color light. A pole, post or other type of support for a traffic signal.
 - 50 Overhead sign support/sign – A sign above the highway intended to guide, regulate or inform highway users. A pole, post, or structure constructed to support a highway sign intended to guide, regulate, or inform highway users.
 - 51 Light/luminaire support – Light unit and supports for highway lighting systems.
 - 52 Utility pole – Constructed for the primary function of supporting an electric line, telephone line or other electrical-electronic transmission line or cable.
 - 53 Other post, pole, or support – Used for posts other than highway signs.
 - 54 Culvert – An enclosed structure providing free passage of water under a roadway with a clear opening of less than twenty feet (6m) measured along the center of the roadway.
 - 55 Curb – A raised edge or border to a roadway. Curbs may be constructed of concrete, asphalt, or wood and typically have a face height of less than 9 inches (225 mm).
 - 56 Ditch – Developed primarily to collect and move water. It is adjacent to a highway and is usually identified as the roadside.
 - 57 Embankment - A mound of earth or stone built to hold back water or to support a roadway.
 - 58 Approach – Usually constructed of earth and developed primarily to provide access to another roadway including field approaches.
 - 59 Construction – pavement cutout/road materials
 - 60 Fence
 - 61 Mailbox
 - 62 Tree/Shrubbery – Tree/shrub is upright and in the ground. A standing tree is a fixed object as opposed to a fallen tree, which is a moveable object.
 - 63 Delineator post – A reflective device mounted at regular intervals along the side of the road to indicate the horizontal alignment of the roadway. Delineators are oriented to face the driver for each approach. They are not used at intersections that generally have lighting and/or well-marked lane indications.
 - 64 Rock
 - 65 Snow bank
 - 66 Other fixed object (wall, building, tunnel, etc.)

Back Page Instructions

Transported to:/EMS Trip #/Seating Position/Persons Injured

This section of the Investigating Officers Accident Report details information concerning Transported to:/EMS Trip #/Seating Position/Injuries.

Seating Position			5		6								
Operator			Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment		
1	2	3											
4	5	6											
7	8	9											
10	11	12											
13 – Front row other 14 – Second row other 15 – Third row other 16 – Fourth row other 17 – Motorcycle passenger 18 – Pedalcycle passenger 19 – Bus passenger 20 – Trailing unit 21 – On vehicle exterior (non-trailing unit) 22 – Unenclosed cargo area 23 – Enclosed cargo area 24 – Sleeper section of cab (truck) 25 – Seating Position "1" NOT Operator 96 – Not applicable (Pedestrian) 97 – Other 99 – Unknown													
UNIT 1			Transported to: 1	EMS Trip # 2	7	8	9	10	11	12	13		
UNIT 2			Transported to:	EMS Trip #									
PERSONS INJURED	1. Name: 3		Date of Birth 4										
	Address:		Transported to:	EMS Trip #									
	2. Name:		Date of Birth										
	Address:		Transported to:	EMS Trip #									
	3. Name:		Date of Birth										
	Address:		Transported to:	EMS Trip #									
	4. Name:		Date of Birth										
	Address:		Transported to:	EMS Trip #									

NOTE: Codes for Unit Type, Sex, Injury Status, Ejection, Source of Transport, Air Bag Deployed and Safety Equipment are located at the top of the back page of the overlay. Only one code should be used in each box.

- Transported to:** – Enter the name of the medical facility (doctor’s office, clinic, hospital) or funeral home where the injured or killed person was taken in the “Transported to:” field. List the first place the person was taken. If not taken anywhere, enter “None”.
- EMS Trip #** – Enter the emergency medical services (EMS) trip number assigned to the injured person transported.
- Name and Address of Person Injured** – Enter the full name and address of all injured passengers. This would include passengers in motor vehicles, bicycle passengers, railway train passengers, etc. (See Appendix A for state codes)
- Date of Birth of Person Injured** – Enter the date of birth of the person in the persons injured name field. Date of birth should be entered in the Month/Day/Year format.
- Unit No.** – Enter the number corresponding to the unit in which the injured person was a passenger.

6. **Seating Position** – Enter the seating position of the person identified for this unit. See codes on the back of form in the upper left hand side.

1 – Front row - left seat	11 – Fourth row - middle seat	21 – On vehicle exterior (non-trailing unit)
2 – Front row - middle seat	12 – Fourth row - right seat	22 – Unenclosed cargo area
3 – Front row - right seat	13 – Front row other	23 – Enclosed cargo area
4 – Second row - left seat	14 – Second row other	24 – Sleeper section of cab (truck)
5 – Second row - middle seat	15 – Third row other	25 – Seating Position “1” <u>NOT</u> Operator
6 – Second row - right seat	16 – Fourth row other	96 – Not applicable (Pedestrian)
7 – Third row - left seat	17 – Motorcycle passenger	97 – Other
8 – Third row - middle seat	18 – Pedalcycle passenger	99 – Unknown
9 – Third row - right seat	19 – Bus passenger	
10 – Fourth row - left seat	20 – Trailing unit	

- 1 Front row - left seat – Operators of: moped/motorcycle, snowmobile, bicycle, railway vehicle, animal (with rider), animal drawn vehicle, motor vehicle in transport with driver and motor vehicle used as equipment. Note- See code 25 for persons in the 01 seating position - in parked and driverless motor vehicles.
- 2 Front row – middle seat – Use this code for persons seated in the middle seat of the front row. If there are more than three persons seated side by side, use this code for all persons other than those seated on the far left and far right.
- 3 Front row - right seat
- 4 Second row - left seat
- 5 Second row – middle seat – Use this code for persons seated in the middle seat of the second row. If there are more than three persons seated side by side, use this code for all persons other than those seated on the far left and far right.
- 6 Second row - right seat
- 7 Third row - left seat
- 8 Third row – middle seat – Use this code for persons seated in the middle seat of the third row. If there are more than three persons seated side by side use this code for all persons other than those seated on the far left and far right.
- 9 Third row - right seat
- 10 Fourth row – left seat
- 11 Fourth row – middle seat – Use this code for persons seated in the middle seat of the fourth row. If there are more than three persons seated side by side use this code for all persons other than those seated on the far left and far right.
- 12 Fourth row – right seat
- 13 Front row – other – This code should be used for persons lying on the first row seat or lying on the floor in front of first row seat.
- 14 Second row – other – This code should be used for persons lying on the second row seat or lying on the floor in front of second row seat.
- 15 Third row – other – This code should be used for persons lying on the third row seat or lying on the floor in front of third row seat.
- 16 Fourth row – other – This code should be used for persons lying on the fourth row seat or lying on the floor in front of fourth row seat.
- 17 Motorcycle passenger – Use this code for motorcycle passengers including motorcycle sidecar passengers.
- 18 Pedalcycle passenger
- 19 Bus passenger – Use this code for all persons in buses, excluding the operator.
- 20 Trailing unit – in camper, utility trailer, semi trailer, etc.

- 21 On vehicle exterior (non-trailing unit) – hood, running board, top, etc.
- 22 Unenclosed cargo area – pickup box
- 23 Enclosed cargo area – back of seat-less cargo van
- 24 Sleeper section of cab (truck) – This code is only applicable for tractor/semi-trailer vehicle configurations with attached sleeper sections.
- 25 01 Seating position NOT operator – parked car with person in 01 seating position, driverless motor vehicle with small child in 01 seating position
- 96 Not applicable – pedestrian
- 97 Other* – passengers of railway vehicle, snowmobile, moped, all terrain, animal drawn vehicle and persons seated in vans with more than 4 rows.
- 99 Unknown

7 **Unit Type** – Code the type of unit for which information is being collected.

- 1 Motor vehicle in transport with driver
- 2 Motor vehicle - parked - A parked motor vehicle is a motor vehicle that is not in motion or on a roadway (the normal driving portion of a trafficway). To be considered parked, the motor vehicle must have been outside the area designated as the roadway and not moving. If any portion of the motor vehicle outline (excluding open doors, mirrors, etc.) is on a roadway it is not parked.
- 3 Motor vehicle in transport without driver - not parked
- 4 Motor vehicle used as equipment (snowplow plowing, etc.)
- 5 Pedestrian
- 6 Pedalcycle
- 7 Railway vehicle
- 8 Animal (with rider)
- 9 Animal drawn vehicle

8 **Sex** – Enter the code indicating the sex of each person listed.

- 1 Male
- 2 Female
- 99 Unknown

9 **Injury Status** – Enter the code for the injury status which best describes the injuries resulting from the motor vehicle traffic accident for each person listed.

- 1 Fatal – An injury which results in death. An injury caused death that occurs within 30 days of an accident is considered an accident fatality.
- 2 Incapacitating injury – Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred.
INCLUDED:
Severe lacerations
Broken or distorted limbs
Skull or chest injuries
Abdominal injuries
Unconsciousness at or when taken from scene

Unable to leave the accident scene without assistance

EXCLUDED:

Momentary unconsciousness

- 3 Non-incapacitating injury – Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the accident scene.

INCLUDED:

Lumps on head, abrasions, bruises, minor lacerations

EXCLUDED:

Limping (injury cannot be seen).

- 4 Possible injury – Any injury reported or claimed which is not a fatal injury, incapacitating injury, or non-incapacitating injury.

INCLUDED:

Momentary unconsciousness

Claim of injuries not evident/visible

Limping

Nausea

Hysteria

Complaint of pain.

- 5 No injury

- 10 **Ejection** – Enter the code that describes the condition of each person with respect to ejection. Note that Code 96 – “not applicable” should be used for pedestrians, motorcycle, snowmobile, pedalcycle operators and passengers.

0 Not ejected

1 Ejected, Totally – Occupant’s body completely thrown from the motor vehicle as a result of the accident.

2 Ejected, Partially – The location of an occupant’s body not completely thrown from the motor vehicle as a result of the accident.

96 Not applicable (motorcycle, snowmobile, pedestrian, pedalcyclist, etc.)

99 Unknown

- 11 **Source of Transport** – Code the source that transported an injured person to a medical facility.

0 Not Transported

1 EMS

2 Law Enforcement

97 Other*

99 Unknown

- 12 **Air Bag Deployed** – Code the airbag deployment for each person. Note that Code 96 – “not applicable” should be used for pedestrians, motorcycle, snowmobile, and pedalcycle operators and passengers.

0 Not-deployed (if airbag is not installed or not available for a motor vehicle code “0” zero)

1 Deployed-front

2 Deployed-side

3 Deployed-other (knee, air belt, etc.)

- 4 Deployed-combination
- 96 Not applicable (motorcycle, snowmobile, pedestrian, pedalcyclist, etc.)
- 99 Unknown

13 **Safety Equipment** – Code the appropriate safety equipment used for each person. Indicate only protective devices that are being used.

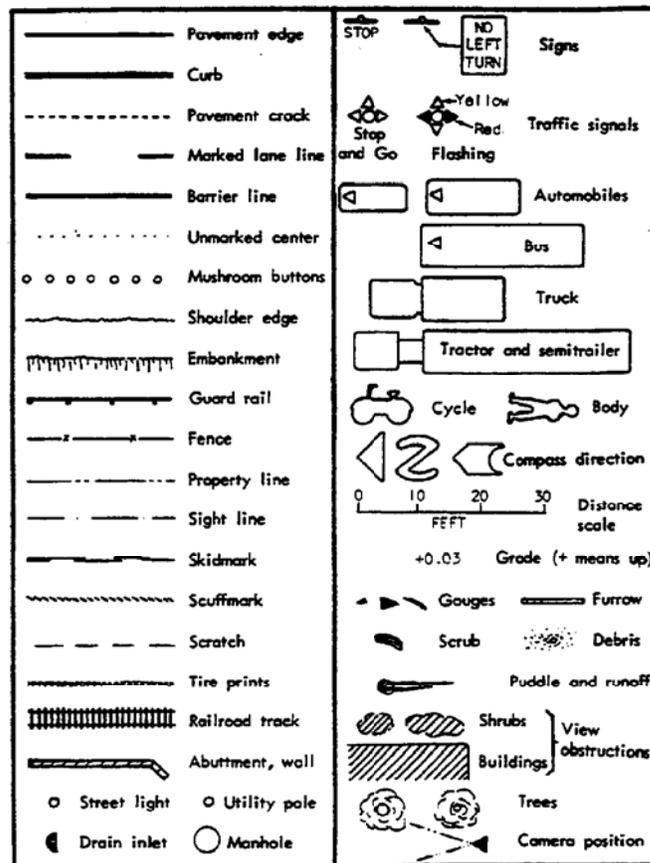
- 0 None used
- 1 Lap belt only used
- 2 Shoulder harness only used
- 3 Lap belt and shoulder harness used
- 4 Helmet only – This code is appropriate for both operators and passengers of motorcycles, mopeds, snowmobiles and pedalcyclists.
- 5 Eye protection only – This code is appropriate for both operators and passengers of motorcycles, mopeds, snowmobiles and pedalcyclists.
- 6 Helmet and eye protection - This code is appropriate for both operators and passengers of motorcycles, mopeds, snowmobiles and pedalcyclists.
- 7 Child/Youth restraint system used properly – Use this code, as an example, when the child has been properly placed and secured in a child safety seat and the safety seat has been properly secured in the vehicle.
- 8 Child/Youth restraint system used, not properly – Use this code, as an example, when the child has been properly placed and secured in a child safety seat but the safety seat is not secured in the vehicle or when the safety seat is secured in the vehicle but the child is not secured in the safety seat.
- 9 Protective pads used (**Non-Motorist Only**)
- 10 Reflective clothing (**Non-Motorist Only**)
- 11 Lighting (**Non-Motorist Only**)
- 97 Other*
- 99 Unknown

Accident Diagram

This section of the Investigating Officers Accident Report should be used to draw a picture that visually details how the accident occurred. The accident diagram, in conjunction with the accident narrative, describes the main events of the accident and shows the sequence of events prior to and during the accident. Draw an accident diagram according to the following guidelines.

1. Indicate North on the diagram by inserting an arrow in the circle provided.
2. Draw the trafficway layout at the accident scene. The diagram should show the lanes of each roadway, shoulders, medians, roadsides, fence lines, etc.
3. Draw each unit (motor vehicle, bicycle driver, pedestrian, train, etc.) at the point of impact with solid lines and number it to correspond with the unit numbers assigned on the front page of the report.
4. Indicate the direction from which each unit came with a solid arrow.

5. Draw a broken line from the point of impact to the final resting place for each unit.
6. Draw in any physical features of importance such as view obstructions, traffic signs/signals, fixed objects, centerlines, no-passing zones, etc.
7. Indicate the names of all trafficways.
8. Include pertinent measurements such as length of skid marks and distance from centerline or edge of roadway.
9. Indicate if a motor vehicle overturned, and if possible, the number of times.
10. The use of Northwestern University Traffic Institute Templates is recommended when they are available. See examples of symbols below:



Accident Narrative

This section of the Investigating Officers Accident Report should be used to describe the main events of the accident and provide a time sequence to aid in the understanding of the accident diagram. Remember someone reading the accident report will not have the benefit of viewing the accident scene like the investigating officer does. When someone reads the accident narrative, the sequence of events in the accident should be clear. Use the following guidelines in writing the accident narrative.

1. Refer to vehicles, drivers, and other persons involved in the accident by the unit numbers assigned to them on Front of the accident report.
2. There are a number of data elements on the OVERLAY which have the code "Other*". The OVERLAY instructs the officer to "explain in narrative" those data elements coded 97 Other*.
3. The narrative along with the diagram should include a description of the first injury or damage causing event as well as the manner in which the units collided if appropriate.
4. If more space is needed, attach an extra sheet.

Witness

This section of the Investigating Officers Accident Report should be used to acquire information concerning witnesses who saw the accident occur.

Witness (Last, First, Middle) 1	Phone No 2	Address 3	City	State	Zip
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1. **Witness (Last, First, Middle):** – Enter the Witness’s full name.
2. **Phone No** – Enter the Witness’s complete telephone number.
3. **Address, City, State and Zip** – Enter the Witness’s complete address, city, state and zip code. (See Appendix A for state codes)

Officer

This section of the Investigating Officers Accident Report is used to enter information concerning the officer that responded to the accident.

Officer Filing Report & ID No. 1	Date Notified 2	Time Notified	Date Arrived 3	Time Arrived
Agency Name 4	Agency Type <input type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input type="checkbox"/> City 5 Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other			
Officer Approving Report 6	Date Approved 7	Red Tag # Unit 1 10	Agency Use 11	
Investigation made at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No 8	Photos Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkn 9	Unit 2		

1. **Officer Filing Report & ID No.** – Enter the name and identification number of the law enforcement officer filing the accident report. The officer filing the report will be the

investigating officer when only one officer investigates an accident. In cases where an accident is investigated by multiple officers from the same agency or by officers from more than one agency, the name entered should be for the officer who has PRIMARY responsibility for the report. Only one name should be entered in this area.

2. **Date Notified/Time Notified** – Enter the date and time a law enforcement agency was notified of the accident occurrence. In cases where there were multiple notifications (e.g. Sheriff and Highway Patrol both notified), enter the date and time of the first notification. Date should be entered in the Month/Day/Year format. Time MUST be entered in a 24 hour clock format. Note that Midnight = “0000”. Please note! For accident reporting, 2400 is NOT a valid time. One minute after midnight is entered as “0001”.
3. **Date Arrived/Time Arrived** – Enter the date and time a law enforcement agency arrived at the accident scene. In cases where multiple agencies are involved in an accident investigation, enter the date and time that the first agency arrived. Date should be entered in the Month/Day/Year format. Time MUST be entered in a 24 hour clock format. Note that Midnight = “0000”. Please note! For accident reporting, 2400 is NOT a valid time. One minute after midnight is entered as “0001”.

FOR ACCIDENTS NOT INVESTIGATED AT THE SCENE:

Enter “NA” not applicable for Date Arrived, and enter “NA” for Time Arrived.

4. **Agency Name** – Enter the name of the agency filing the report. This is the complete agency name, e.g., Hughes County Sheriff. Do NOT just enter agency type.
5. **Agency Type** – Check the box to indicate the agency type filing the report.
6. **Officer Approving Report** – Enter the name of the law enforcement officer who approved the accident report.
7. **Date Approved** – Enter the date on which the accident report was approved using the mm/dd/yy format.
8. **Investigation made at scene?** – Indicate whether or not the investigation was made at the scene by checking the “yes” or “no” box.
9. **Photos Taken?** – Indicate whether or not photographs of the accident scene were taken by checking the “Yes”, “No” or “Unknown” box. It is the responsibility of the law enforcement agency taking photographs to retain them. Photographs should NOT be submitted with the accident report.
10. **Red Tag #** – Enter the number of the red tag issued for the damaged motor vehicle.
11. **Agency Use** – This space is available for the law enforcement agency’s use.

Front Page Overlay Instructions

Place the Front Page Overlay over the Front Page of the Accident Report. There are data elements on the Front Page Overlay numbered 1 through 19. MAKE SURE the arrows on the overlay line up with the corresponding boxes in the left and right margins of Front Page of the accident report. Only one code should be used in each box.

Vehicle Level Information:
Accident Level Information:

Data elements 1 thru 10 and 13 thru 19
Data elements 11 and 12

Vehicle Configuration (1)

Vehicle Configuration		
1 Passenger car	10 Moped	22 Tractor/doubles
2 SUV (sport utility/suburban)	11 All terrain vehicle/4 wheeler	23 Tractor/triples
3 Mini-van/passenger van with seats for 8 or less, including driver	12 Snowmobile	24 Tractor/mobile home
4 Cargo van - GVWR 10,000 lbs or less	13 Farm machinery	97 Other*
5 Cargo van - GVWR 10,001 lbs or more	14 Heavy equipment	99 Unknown
6 Van/Bus with seats for 9-15 people, including driver	15 Light truck (2-axes, 4 tires)	
7 Van/Bus with seats for 16 or more people, including driver	16 Single-unit truck (2 axle, 6 tires) GVWR 10,000 lbs or less	
8 Motor home	17 Single-unit truck (2-axle, 6 tires) GVWR 10,001 lbs or more	
9 Motorcycle	18 Single-unit truck (3 or more axes)	
	19 Truck pulling trailer(s) - GCWR 10,001 lbs or more	
	20 Truck tractor only (bobtail)	
	21 Tractor/semi-trailer	

USE ONLY WHEN THE UNIT IS A MOTOR VEHICLE

Enter the code which best indicates the general style of the accident involved motor vehicle. The coding box should be crossed out with an "X" or "-" when the unit is not a motor vehicle.

Codes:

- 1 Passenger car
- 2 SUV (sport utility/suburban) – Sport Utility Vehicles for this manual are defined by the models listed as examples. Some examples are: Toyota 4Runner, Nissan Murano, Chrysler Pacifica, Honda Pilot, and Mitsubishi Endeavor, Lexus RX 330, Infiniti FX, Cadillac SRX, Ford Explorer and Expedition, GMC Jimmy/Envoy, Chevrolet Blazer, Buick Rendezvous, Chevrolet Suburban and Tahoe, and others.
- 3 Mini-van/passenger van with seats for 8 or less, including driver
- 4 Cargo van - GVWR 10,000 lbs or less
- 5 Cargo van - GVWR 10,001 lbs or more)
- 6 Van/Bus with seats for 9 -15 people, including driver
- 7 Van/Bus with seats for 16 or more people, including driver
- 8 Motor Home
- 9 Motorcycle – Note! Some vehicles which look like mopeds are officially classified as motorcycles. See moped category.
- 10 Moped – Only vehicles OFFICIALLY classified as mopeds should be included in this category. A vehicle officially classified as a moped meets ALL of the following criteria: Motor driven cycle equipped with two or three wheels, if combustion engine is used the maximum piston or rotor displacement shall be fifty cubic centimeters, power drive system that functions directly or automatically only, not requiring clutching or shifting after the drive system is engaged. (See definition SDCL 32-20-1)
- 11 All terrain vehicle / 4 wheeler
- 12 Snowmobile

- 13 Farm machinery – Examples include farm tractors, combines, motorized windrowers, motorized spraying equipment, etc.
- 14 Heavy equipment – Examples include motor graders, end loaders, tractors with backhoes and/or loaders mounted, truck mounted cranes and backhoes, scrapers, etc.
- 15 Light truck (2-axle, 4 tires) – Includes vehicles of pickup design.
- 16 Single-unit truck (2-axle, 6 tires) GVWR 10,000 lbs or less)
- 17 Single-unit truck (2-axle, 6 tires) GVWR 10,001 lbs or more) Note – If the vehicle fits this configuration use “17” even if this vehicle is pulling a trailer(s). DO NOT use code “19”. Please see comments under code “19”. Code “19” is to be used for those light trucks with a GVWR of 10,000 lbs or less which are pulling a trailer or trailers.
- 18 Single-unit truck (3 or more axles) Note – If the vehicle fits this configuration use “18” even if this vehicle is pulling a trailer(s). DO NOT use code “19”. Please see comments under code “19”. Code “19” is to be used for those light trucks with a GVWR of 10,000 lbs or less which are pulling a trailer or trailers.
- 19 Truck pulling trailer(s) - GCWR 10,001 lbs or more – This code is to identify those light trucks, code = “15” and single-unit trucks (2-axle, 6 tires) GVWR 10,000 lbs or less, code = “16” that when combined with trailer(s) have a gross combined weight rating (GCWR) of 10,001 lbs or more. GCWR is derived by combining the GVWR of the power unit and all trailers attached to the power unit. Do NOT use code “19”, truck pulling trailers if vehicle configuration is code “17” or “18”, even if vehicle configuration “17” or “18” is pulling a trailer or trailers. Also do NOT use “19” in place of codes “20”, “21”, “22”, “23”, or “24”.
- 20 Truck tractor only (bobtail)
- 21 Tractor/semi-trailer
- 22 Tractor/doubles
- 23 Tractor/triples
- 24 Tractor/mobile home
- 25 Other* This category should ONLY be used when one of the categories listed above cannot adequately describe the motor vehicle configuration. If this category is used, it MUST be explained in the accident narrative.
- 99 Unknown

Trailer Type (2)

Trailer Type	
0 No trailer/attachment	8 Small Utility (one axle)
1 Semi-trailer/double/triple	9 Large Utility (2 or more axles)
2 Pup trailer	10 Combination (camper, boat, etc.)
3 Mobile home	11 Farm trailer (gravity box, hay rack, etc)
4 Camping trailer	12 Farm equipment (disk, plow, etc.)
5 Boat trailer	97 Other*
6 Horse trailer	99 Unknown
7 Towed motor vehicle	

USE ONLY WHEN THE UNIT IS A MOTOR VEHICLE

Enter the code that describes the type of trailer or attachment attached to the motor vehicle. The coding box should be crossed out with an “X” when the unit is pedestrian, pedalcycle, railway vehicle, animal with rider, or animal drawn vehicle.

Codes:

- 0 No trailer/attachment – Use this code if the unit does not have a trailer or attachment of any type.
- 1 Semi-trailer/double/triple – When vehicle configuration is coded 21 tractor/semi-trailer, 22 tractor/doubles, or 23 tractor/triples this code must be used.
- 2 Pup trailer – A small version of the single-unit truck used to haul material like the truck. Example: a gravel truck pulling a smaller pup trailer.

- 3 Mobile home
- 4 Camping trailer
- 5 Boat trailer
- 6 Horse trailer
- 7 Towed motor vehicle
- 8 Small utility (one axle)
- 9 Large utility (2 or more axles)
- 10 Combination (camper and boat, etc.)
- 11 Farm trailer (gravity box, hay rack, etc.)
- 12 Farm equipment (disk, plow, etc.)
- 97 Other* - Use this code ONLY if one of the other trailer type codes given above does not adequately describe the trailer/attachment. If this code is used, it MUST be explained in the narrative.
- 99 Unknown

Cargo Body Type (3)

Cargo Body Type	
0 No cargo body	7 Dump
1 Bus	8 Concrete mixer
2 Van/enclosed box	9 Auto transporter
3 Hopper (Grain/chips/gravel)	10 Garbage/refuse
4 Pole	97 Other*
5 Cargo tank	99 Unknown
6 Flatbed	

This data element must be collected for those units meeting the commercial vehicle criteria listed below:

IF the vehicle meets one or more of the following:

- The vehicle has a Gross Combined Weight Rating (GCWR) of 10,001 or more pounds.
- The vehicle displays a hazardous material placard.
- The vehicle is designed to transport 9 or more people, including driver.

AND, the accident resulted in one or more of the following:

- A fatality occurred.
- An injury requiring transportation for immediate medical attention.
- Any vehicle was disabled requiring a towaway from the scene. Note – please review instructions for data field “Vehicle Towed?”.

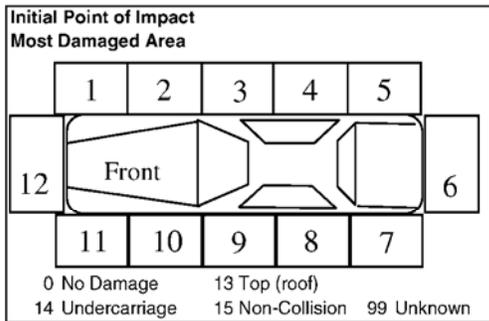
Enter the code that describes the cargo body type of the commercial motor vehicle. The coding box should be crossed out with an “X” when the unit is not a vehicle meeting the motor carrier data requirements. Note – Some light trucks of the pickup design may have a GVWR of 10,001 lbs. or more but should be coded as 00 – No cargo body.

Codes:

- 0 No cargo body – Includes placarded cars, truck tractor only, pickups, etc.
- 1 Bus
- 2 Van/enclosed box
- 3 Hopper (Grain/chips/gravel)
- 4 Pole – a pole trailer is used to carry logs or other long objects. The unloaded trailer resembles an extended pole with no flat surface as with a flatbed trailer.
- 5 Cargo tank
- 6 Flatbed

- 7 Dump
- 8 Concrete mixer
- 9 Auto transporter
- 10 Garbage/refuse
- 97 Other
- 99 Unknown

Initial Point of Impact (4) / Most Damaged Area (5)



Refer to the diagram that represents a vehicle or combination of vehicles and enter the codes that best indicate the **Initial Point of Impact** where the first damage occurred on the vehicle and the area of the unit that was the **Most Damaged Area**.

Note – The only time the actual impact points would be coded would be if the vehicle incurred damage from impacting against a vehicle or object at any time during the accident, whether an overturn occurs or not. If the only event is an overturn, the accident is considered a non-collision and the impact points are coded 15. Hitting the ground is not regarded as an impact.

Note – The diagram appears to represent a car. However, it can be adapted for any type of vehicle or combination. For example; if the vehicle is a truck tractor/semi-trailer combination and the first damage was close to the rear on the left side of the semi-trailer, the correct Initial Point of Impact code will be “7”.

Codes:

- 0 No Damage
- 12-point clock diagram (See Appendix C)
- 13 Top (roof)
- 14 Undercarriage – Wheel impacts are included in undercarriage.
- 15 Non-collision – Overturning, jackknife, fire, etc.
- 99 Unknown

Underride/Override (6)

Underride/Override	
0	No underride or override
1	Underride, compartment intrusion
2	Underride, no compartment intrusion
3	Underride, compartment intrusion unknown
4	Override, motor vehicle in transport
5	Override, other motor vehicle
99	Unknown if underride or override

Enter the Underride/Override code. An underride refers to a motor vehicle sliding under another motor vehicle during the accident. An override refers to this motor vehicle riding up over another motor vehicle. Either can occur with a parked motor vehicle. This data element refers to the vehicle doing the override or which underrides another vehicle. Examples, (1) a car underriding the side of a truck would be coded for the car. You would not in-turn code override for the truck. (2) a truck changes lanes and turns over a car traveling along side the truck, you would code override for the truck but would not in this case code underride for the car.

Codes:

- 0 None - No underride or override
- 1 Underride, compartment intrusion
- 2 Underride, no compartment intrusion
- 3 Underride, compartment intrusion unknown
- 4 Override, motor vehicle in transport
- 5 Override, other motor vehicle (parked)
- 99 Unknown if underride or override

Alcohol Use (7)

Alcohol Use	
0	None used
1	Alcohol used
99	Unknown

COLLECT FOR UNIT OPERATOR (THOSE PERSONS WHO ARE ASSIGNED SEATING POSITION CODE 1) AND PEDESTRIANS

Investigating officer's assessment of whether alcohol was used by the unit operator or pedestrian.

NOTE: An indication of alcohol use in this area does not necessarily imply that alcohol use was a contributing circumstance. Alcohol use should be coded here whether or not it is coded as a contributing circumstance.

Codes:

- 0 None used. This code should be used if there is no alcohol use by the unit operator or pedestrian .
- 1 Alcohol used. This code should be used if there is reasonable evidence to suggest that the unit operator or pedestrian has alcohol in his/her bloodstream. Use of this code does not necessarily mean or imply a DUI situation. It should be used in all circumstances when evidence suggests drinking, which includes both DUI and non-DUI.
- 99 Unknown. Use this code when it is impossible to determine whether or not there is alcohol in the unit operator or pedestrian's bloodstream

Alcohol Test Status (8)

Alcohol Test Status	
Test results (list actual BAC)	92 Test given, contaminated sample/unusable
90 Test refused	93 Test given, but unobtainable at time report filed
91 Test not given	99 Unknown

COLLECT FOR UNIT OPERATOR (THOSE PERSONS WHO ARE ASSIGNED SEATING POSITION CODE 1) AND PEDESTRIANS

If a Blood Alcohol Concentration test was administered, the results of the test should be entered in the space provided. A decimal point is implied before the first digit of the number entered. For example, a test result of "0.15" should be entered as "15". For law enforcement agencies without breath testing equipment, results of chemical tests will not be available immediately. **HOLD THE ACCIDENT REPORT UP TO 5 WORKING DAYS TO ALLOW FOR THE RESULTS OF CHEMICAL TESTS TO BE RETURNED.** If the results of a chemical test are not available in 5 working days, the report should be submitted without the BAC value. If a test was administered and the report is submitted without the results, "93" should be coded in the space provided for test results. The following additional codes may be used for this data element.

Codes:

- Test results (list actual BAC)
- 90 Test refused
- 91 Test not given
- 92 Test given, contaminated sample/unusable
- 93 Test given, but unobtainable at time report filed
- 99 Unknown

Drug Use (9)

Drug Use	
0 None used	99 Unknown
1 Drugs used	

COLLECT FOR UNIT OPERATOR (THOSE PERSONS WHO ARE ASSIGNED SEATING POSITION CODE 1) AND PEDESTRIANS

Investigating officer's assessment of whether drugs were used by the unit operator or pedestrian..

NOTE: An indication of drug use in this area does not necessarily imply that drug use was a contributing circumstance. Drug use should be coded here whether or not it is coded as a contributing circumstance.

Codes:

- 0 None used. This code should be used if there is no drug use by the unit operator or pedestrian.
- 1 Drugs used. This code should be used if there is reasonable evidence to suggest that the unit operator or pedestrian. have drugs in his/her bloodstream. Use of this code does not necessarily mean or imply a DUI situation. It should be used in all circumstances when

evidence suggests drug use, which includes both DUI and non-DUI. Note – This pertains only to drugs which could possibly affect driving performance. Drugs of this type include both legal drugs (prescription and over the counter) and illegal drugs. Examples of drugs which would be included are barbiturates, tranquilizers, cold and hay fever medications, marijuana, PCP, LSD, cocaine, etc. Examples of drugs which are not included in this category are aspirin, vitamins, etc.

99 Unknown. Use this code when it is impossible to determine whether or not there are drugs in the unit operator or pedestrian’s bloodstream

Drug Test Status (10)

Drug Test Status	
1 Test refused	5 Test given, contaminated sample/unusable
2 Test not given	6 Test given, but unobtainable at time report filed
3 Test given, no drugs reported	99 Unknown
4 Test given, drugs reported	

COLLECT FOR UNIT OPERATOR (THOSE PERSONS WHO ARE ASSIGNED SEATING POSITION CODE 1) AND PEDESTRIANS

If a drug test was administered, **HOLD THE ACCIDENT REPORT UP TO 5 WORKING DAYS TO ALLOW FOR THE RESULTS OF THE TEST TO BE RETURNED.** If a test was administered and the report is submitted without the results, “6” should be coded in the space provided for test results. The following additional codes may be used for this data element.

Codes:

- 1 Test refused
- 2 Test not given
- 3 Test given, no drugs reported
- 4 Test given, drugs reported
- 5 Test given, contaminated sample/unusable
- 6 Test given, but unobtainable at time of report filed
- 99 Unknown

Work Zone Data Collection Comments – The accurate recording of accidents which occur in work zones is very important in the development of countermeasures to reduce accidents and severity for both the traveling public and workers. Due to the detail of work zone data collection it is strongly recommended to review the instructions whenever reporting accidents which occur in and around work zone areas.

Work zone data collection involves four (4) data fields: Work Zone Related? Workers Present? Work Zone Type(code box 11) and Work Zone Location(code box 12). The first data field, “Work Zone Related?” is a question. If the answer to question is NO then the other 3 data fields are to be recorded as 96 – Not applicable. The first data field, “Work Zone Related?” is somewhat misleading because of the word related. The word related refers to collecting those accidents before the first warning sign or after the last exit sign **if** the accident resulted from an activity, behavior or control related to the movement of the traffic units through the work zone. **ALL** work zone accidents which occur between the first warning sign and the final termination area sign are to be recorded as work zone accidents. It is recommended to view the Diagram of a Work Zone Area – Appendix B.

Work Zone Type (11)

Work Zone Type		
96 Not applicable	3 Work on shoulder or median	97 Other*
1 Lane closure	4 Intermittent or moving work	99 Unknown
2 Lane shift/crossover		

An accident that occurs in or related to a construction, maintenance, or utility work zone, whether or not workers were actually present at the time of the accident. ‘Work zone related’ accidents may also include those involving motor vehicles slowed or stopped because of the work zone, even if the first harmful event occurred before the first warning sign. (See Appendix B for diagram of work zone areas.)

Codes:

- 96 Not applicable
- 1 Lane closure
- 2 Lane shift/crossover
- 3 Work on shoulder or median
- 4 Intermittent or moving work
- 97 Other
- 99 Unknown

Work Zone Location (12)

Work Zone Location
96 Not applicable
1 Before the first work zone warning sign
2 Advance warning area (after the first warning sign but before the work area)
3 Transition area (where lanes are shifted or tapered for lane closure)
4 Activity area (adjacent to actual work area, whether workers and equipment were present or not)
5 Termination area (after the activity area but before traffic resumes normal conditions)
99 Unknown

An accident that occurs in or related to a construction, maintenance, or utility work zone, whether or not workers were actually present at the time of the accident. ‘Work zone related’ accidents may also include those involving motor vehicles slowed or stopped because of the work zone, even if the first harmful event occurred before the first warning sign. (See Appendix B for diagram of work zone areas.)

Codes:

- 96 Not applicable
- 1 Before the first work zone warning sign
- 2 Advance warning area (after the first warning sign but before the work area)
- 3 Transition area (where lanes are shifted or tapered for lane closure)
- 4 Activity Area (adjacent to actual work area, whether workers and equipment were present or not)
- 5 Termination area (after the activity area but before traffic resumes normal conditions)
- 99 Unknown

COLLECT “TRAVEL DIRECTION BEFORE ACCIDENT” FOR UNIT TYPES: MOTOR VEHICLE IN TRANSPORT WITH DRIVER, MOTOR VEHICLE PARKED, MOTOR VEHICLE IN TRANSPORT WITHOUT DRIVER, MOTOR VEHICLE USED AS EQUIPMENT AND PEDALCYCLE

Travel Direction Before Accident (13)

Travel Direction Before Accident	
1	Northbound
2	Southbound
3	Eastbound
4	Westbound
5	Not on roadway (also use for parked motor vehicle)
96	Not applicable (immobile from previous accident, stuck, etc).
99	Unknown

The direction of a vehicle's travel on the roadway before the accident. Notice that this is not a compass direction, but a direction consistent with the designated direction of the road. For example, the direction of a state designated north-south highway must be either northbound or southbound even though a vehicle may have been traveling due east as a result of a short segment of the highway having an east-west orientation.

Codes:

- 1 Northbound
- 2 Southbound
- 3 Eastbound
- 4 Westbound
- 5 Not on roadway (also use for parked motor vehicle) Note – If a vehicle is STOPPED in traffic ON a ROADWAY do NOT use this code. Indicate the travel direction of the vehicle before it stopped on the roadway.
- 96 Not applicable (immobile from previous accident, stuck, etc)
- 99 Unknown

Driver Contributing Circumstances (14)

Driver Contributing Circumstances	
0	None
1	Failed to yield to vehicle
2	Failed to yield to pedestrian
3	Disregarded traffic signs or signals
4	Exceeded posted speed limit
5	Driving too fast for conditions
6	Improper turn
7	Wrong side or wrong way
8	Improper signal or failure to signal
9	Improper lane change
10	Improper passing
11	Improper start from parked position
12	Improper parking
13	Improper backing
14	Followed too closely
15	Failure to keep in proper lane
16	Running off road
17	Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist, etc.
18	Over-correcting/over-steering
19	Fatigued/asleep
20	Drinking
21	Drugs-medication
22	Drugs-Other
23	Illness (heart attack, stroke, etc.)
24	Physical impairment
25	Illegally in roadway
26	Cell phone
27	Other* electronic device (list in narrative)
28	Distracted (list distraction in narrative)
97	Other*
99	Unknown

Two codes should be entered for each motor vehicle with a driver. If there are less than two contributing circumstances, "0" should be entered in the remaining boxes. Note that some of the codes listed below overlap with each other in certain situations. Since up to two contributing circumstances may be coded, two codes which overlap in a particular accident situation can both be entered if necessary. If there are more than two codes which fit the accident situation, use the two which BEST describe the contributing circumstances for the accident.

Codes:

- 0 None

- 1 Failed to yield to vehicle
- 2 Failed to yield to pedestrian
- 3 Disregarded traffic signs or signals
- 4 Exceeded posted speed limit – This code should be used when a vehicle was exceeding the legal speed limit. The legal limit is NOT to be construed as advisory speed limits such as those posted on curve signs.
- 5 Driving too fast for conditions – Use this code when excessive speed contributed to causing the accident but the speed was less than the legal limit. This code should be used in driving too fast for conditions situations, such as adverse weather. This code is also appropriate for vehicles exceeding advisory speed limits on curves, etc. but not the legal speed limit.
- 6 Improper turn
- 7 Wrong side or wrong way - Use this code for situations where a vehicle is involved in a collision on the wrong side of the road and when a vehicle runs off the road on the wrong side of the road.
- 8 Improper signal or failure to signal
- 9 Improper lane change
- 10 Improper passing
- 11 Improper start from parked position
- 12 Improper parking
- 13 Improper backing
- 14 Followed too closely
- 15 Failure to keep in proper lane
- 16 Running off road
- 17 Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist, etc.
- 18 Over-correcting/over-steering
- 19 Fatigued/asleep
- 20 Drinking
- 21 Drugs – medication
- 22 Drugs – other
- 23 Illness (heart attack, stroke, etc.)
- 24 Physical impairment
- 25 Illegally in roadway
- 26 Cell phone
- 27 Other electronic device (list in narrative)
- 28 Distracted (list distraction in narrative)
- 97 Other* Use this code only if the contributing circumstances cannot be adequately described by the other codes listed above. If code “97” Other is used, it MUST be explained in the accident narrative.
- 99 Unknown

Vehicle Contributing Circumstances (15)

Vehicle Contributing Circumstances		
0 None	7 Headlights	14 Cargo
1 Brakes	8 Signal	15 Fuel
2 Steerin	9 Tail lights	16 Mirrors
3 Power train	10 Horn	17 Wipers
4 Suspension	11 Windows/Windshiel	18 Body, doors, hood
5 Tires	12 Wheels	97 Other*
6 Exhaus	13 Truck coupling / trailer hitch / safety chains	99 Unknown

USE ONLY WHEN THE UNIT TYPE IS A MOTOR VEHICLE IN TRANSPORT WITH DRIVER, MOTOR VEHICLE IN TRANSPORT WITHOUT DRIVER, AND MOTOR VEHICLE USED AS EQUIPMENT

Enter the vehicle contributing circumstances for each motor vehicle. The coding box should be crossed out with an “X” when the unit is a pedalcycle, pedestrian, motor vehicle parked, railway vehicle, animal (with rider) and animal drawn vehicle.

Codes:

- 0 None
- 1 Brakes
- 2 Steering
- 3 Power Train
- 4 Suspension
- 5 Tires
- 6 Exhaust
- 7 Headlights
- 8 Signal Lights
- 9 Tail Lights
- 10 Horn
- 11 Windows / windshield
- 12 Wheels
- 13 Truck coupling / trailer hitch / safety chains
- 14 Cargo
- 15 Fuel System
- 16 Mirrors
- 17 Wipers
- 18 Body, doors, hood
- 97 Other
- 99 Unknown

Vehicle Maneuver (16)

Vehicle Maneuver		
1 Straight ahead	7 Making U-turn	13 Parking maneuver
2 Backing	8 Leaving traffic lane	14 Immobile from previous accident
3 Changing lanes	9 Entering traffic lane	15 Parked
4 Overtaking/passing	10 Slowing in traffic lane	97 Other*
5 Turning right	11 Stopped in traffic lane	99 Unknown
6 Turning left	12 Starting in traffic lane	

USE ONLY WHEN THE UNIT IS A MOTOR VEHICLE

Enter the code which BEST describes the maneuver of the motor vehicle just prior to the accident. Note that there may be situations in which more than one code describes the vehicle maneuver just prior to the accident. That is, in a few special situations the codes listed below may overlap somewhat. If this is the case, choose the code which BEST describes the maneuver and provide additional detail in the narrative. The coding box should be crossed out with an “X” or “-“ when the unit is a bicycle driver, pedestrian, etc.

Codes:

- 1 Straight ahead – This code should be used for vehicles traveling straight ahead on straight trafficways and vehicles following the curvature of curved trafficways.
- 2 Backing – A start from a parked or stopped position in the direction of the rear of the motor vehicle.
- 3 Changing lanes – Shift from one traffic lane to another traffic lane moving in the same direction.
- 4 Overtaking/passing – A motor vehicle that moves from behind a motor vehicle to in front of the same motor vehicle or is in the process of making this maneuver.
- 5 Turning right – Use only when in the actual process of executing a turn at an intersection, interchange, driveway access, etc. Do NOT code turning if a vehicle is stopped in traffic waiting to initiate a turn. NOTE - vehicles traveling on curved trafficways should be coded “Straight ahead”.
- 6 Turning left – Use only when in the actual process of executing a turn at an intersection, interchange, driveway access, etc. Do NOT code turning if a vehicle is stopped in traffic waiting to initiate a turn. NOTE - vehicles traveling on curved trafficways should be “Straight ahead”
- 7 Making U-turn
- 8 Leaving traffic lane – A motor vehicle moving outside the travel lane.
- 9 Entering traffic lane – A motor vehicle moving into the travel lane.
- 10 Slowing in traffic lane
- 11 Stopped in traffic lane – A vehicle stopped in traffic lane is defined as a vehicle, which is stopped on the trafficway in an area normally used for vehicle travel (i.e. outside a parking lane). Stopped in traffic lane includes but is not limited to motor vehicles legally stopped for a stop sign or signal, motor vehicles stopped to turn PRIOR to initiating a turn, motor vehicles stopped in traffic due to a slow down in traffic ahead, and motor vehicles illegally stopped in a traffic lane. A vehicle stopped in traffic may or may NOT have a driver and the vehicle engine may or may NOT be running. Most “double parked” vehicles are actually stopped in traffic rather than parked.
- 12 Starting in traffic lane
- 13 Parking maneuver – Note that “parking maneuver” implies MOVEMENT in an area normally reserved for parking. The engine of the vehicle must be running. If this code is used, the vehicle must have a driver.
- 14 Immobile from previous accident
- 15 Parked – Note that “parked” implies STOPPED in an area normally reserved for parking. The engine of a parked vehicle may or may NOT be running. Parked vehicles do not have drivers, even if someone is sitting behind the wheel. Note that “double parked” vehicles are considered stopped in traffic. (See Code “11” – “Stopped in traffic lane” for further explanation.)
- 97 Other* – This code should be used ONLY if one of the other codes listed above does not adequately describe vehicle maneuver. If this code is used, it MUST be explained in the accident narrative.
- 99 Unknown

Traffic Control Device Type (17)

Traffic Control Device Type	
0 No controls	7 Railway crossing signal with gate
1 Traffic control signal	8 Railway crossing with signal
2 Flashing traffic control signal	9 Railway crossing with crossbuck only
3 School zone signs	10 Traffic control person
4 Stop sign	97 Other*
5 Yield sign	99 Unknown
6 Warning sign	

USE ONLY WHEN THE UNIT TYPE IS A MOTOR VEHICLE IN TRANSPORT WITH DRIVER, MOTOR VEHICLE IN TRANSPORT WITHOUT DRIVER, AND MOTOR VEHICLE USED AS EQUIPMENT

COLLECT FOR EACH VEHICLE LISTED ABOVE NOT FOR OVERALL ACCIDENT

Enter the code that describes the traffic control device at the scene of the accident that regulates this unit. Note that this data element is designed to collect information about traffic controls at the scene of the accident WITHOUT regard to whether or not a traffic control (or malfunction thereof) was related to the accident.

Codes:

- 0 No controls – This code should be used in all situations when no FUNCTIONING traffic controls are present, including situations where existing controls are knocked down, missing, or malfunctioning.
- 1 Traffic control signal – Controls traffic movements by illuminating systematically, a green, yellow, or red light
- 2 Flashing traffic control signal – This code should be used for controls which are designed only as flashing signals AND for stop and go signals which are in a flash cycle at the time of the accident.
- 3 School zone signs – Signs which change the speed limit on roads adjacent to a school on school days; signs which give advance warning of a school; and signs which warn of children crossing the road.
- 4 Stop sign – A six-sided red sign with "STOP" on it, requiring motor vehicles to come to a full stop and look for on-coming traffic before proceeding with caution.
- 5 Yield sign – Three-sided signs that require motor vehicles to give way to other vehicles.
- 6 Warning sign – Warn traffic of existing or potentially hazardous conditions on or adjacent to a road.
- 7 Railway crossing signal with gate – An intersection between a roadway and train tracks which cross each other at the same level (Grade) with a signal and gate that warns of on-coming trains or train tracks crossing the roadway.
- 8 Railway crossing with signal – An intersection between a roadway and train tracks which cross each other at the same level (Grade) with only a signal that warns of on-coming trains or train tracks crossing the roadway.
- 9 Railway crossing with cross buck only – An intersection between a roadway and train tracks which cross each other at the same level (Grade) with only a cross buck that warns of on-coming trains or train tracks crossing the roadway.
- 10 Traffic control person – flagger, law enforcement officer, crossing guard
- 97 Other* – This code should ONLY be used when one of the other codes listed above does not adequately describe the traffic control device at the accident scene. If this code is used, it MUST be explained in the accident narrative. Note that curve signs and speed signs are NOT included in this category
- 99 Unknown

Vision Contributing Circumstances (18)

Vision Contributing Circumstances	
0 None	8 Motor vehicle (including load) not parked
1 Weather condition	9 Buildin
2 Physical obstruction	10 Signs, billboards, etc.
3 Windshield or other window obscured by frost, snow, mud, etc	11 Glare
4 Snow bank	97 Other*
5 Trees, crops, bushes, other vegetation	99 Unknown
6 Guardrail/barrie	
7 Motor Vehicle (including load) parked	

USE ONLY WHEN THE UNIT TYPE IS A MOTOR VEHICLE IN TRANSPORT WITH DRIVER, MOTOR VEHICLE IN TRANSPORT WITHOUT DRIVER AND MOTOR VEHICLE USED AS EQUIPMENT

COLLECT FOR EACH VEHICLE INDICATED ABOVE NOT FOR OVERALL ACCIDENT
Enter the code describing the vision obscurity that contributed to causing the accident for this VEHICLE.

Codes:

- 0 None
- 1 Weather conditions
- 2 Physical obstruction
- 3 Windshield or other window obscured by frost, snow, mud, etc.
- 4 Snow bank
- 5 Trees, crops, bushes, other vegetation
- 6 Guardrail / barrier
- 7 Motor Vehicle (including load) parked
- 8 Motor Vehicle (including load) not parked
- 9 Building
- 10 Signs, billboards, etc.
- 11 Glare
- 97 Other* – This code should only be used if one of the other codes listed above does not adequately describe the vision obscurity contributing to the accident. If this code is used, it must be explained in the accident narrative.
- 99 Unknown

Road Contributing Circumstances (19)

Road Contributing Circumstances	
0 None	
1 Road surface condition (wet, icy, snow, slush, etc.)	
2 Debris	
3 Rut, holes, bumps	
4 Work zone (construction/maintenance/utility)	
5 Worn, travel-polished surface	
6 Obstruction in roadway	
7 Traffic control device inoperative, missing or obscured	
8 Pedestrian, bicyclists, other non-occupants in road	
9 Shoulders (none, low, soft, high)	
10 Non-highway work	
11 Animal in roadway	
12 Non-contact vehicle caused evasive action	
97 Other*	
99 Unknown	

USE ONLY WHEN THE UNIT TYPE IS A MOTOR VEHICLE IN TRANSPORT WITH DRIVER AND MOTOR VEHICLE USED AS EQUIPMENT

COLLECT FOR EACH VEHICLE INDICATED ABOVE NOT FOR OVERALL ACCIDENT

Enter the code describing the road condition that contributed to the occurrence of the accident for this VEHICLE.

Codes:

- 0 None
- 1 Road surface condition (wet, icy, snow, slush, etc.)
- 2 Debris
- 3 Rut, holes, bumps
- 4 Work zone (construction/maintenance/utility)
- 5 Worn, travel-polished surface
- 6 Obstruction in roadway
- 7 Traffic control device inoperative, missing or obscured
- 8 Pedestrian, bicyclists, other non-occupants in road
- 9 Shoulders (none, low, soft, high)
- 10 Non-highway work – Maintenance or other types of work occurring near or in the trafficway but not related to the trafficway.
- 11 Animal in roadway
- 12 Non-contact vehicle caused evasive action
- 97 Other* Use this code ONLY if one of the other codes listed above does not adequately describe the “other” contributing circumstance. If this code is used it MUST be explained in the accident narrative.
- 99 Unknown

Back Page Overlay Instructions

Place the Back Page Overlay over the Back Page of the Accident Report. There are data elements on the Back Page Overlay lettered A through L. MAKE SURE the arrows on the overlay line up with the corresponding boxes in the left and right margins of Back Page of the accident report. Only one code should be used in each box.

Note: Instructions for “Sequence of Events/Most Harmful Event/First Harmful Event” are provided in the Front Page of the accident report section. Instructions for “Driver and Persons Injured” are provided in the Back Page of the accident report section.

Accident Level Information: Vehicle Level Information:

Data elements A thru F and J thru L
Data elements G thru I

Manner of Collision (With motor vehicle in transport) (A)

Enter the code to identify the manner in which two motor vehicles in transport initially came together without regard to the direction of force. This data element refers only to accidents where the first harmful event involves a collision between two motor vehicles in transport.

Manner of Collision (With motor vehicle in transport)	
0 No collision between 2 MV in transport	4 Sideswipe, same direction
1 Rear-end (Front-to-rear)	5 Sideswipe, opposite direction
2 Head-on (Front-to-front)	6 Rear-to-rear
3 Angle	99 Unknown

Codes:

- 0 No collision between two Motor Vehicles in transport
- 1 Rear End (Front to rear) – An accident where the front of one motor vehicle impacts the rear of another motor vehicle. Also referred to as front-to-rear.
- 2 Head-on (Front to front) – An accident where the front ends of two motor vehicles impact together. This also is referred to as front-to-front.
- 3 Angle – An accident where two motor vehicles impact at an angle. For example, the front of one motor vehicle impacts the side of another motor vehicle. Includes front-to-side, same direction, opposite direction, right angle and direction not specified.
- 4 Sideswipe, same direction – Accidents where two motor vehicles are traveling the same direction and impact on the side.
- 5 Sideswipe, opposite direction – Accidents where two motor vehicles are traveling in the opposite direction and impact on the side.
- 6 Rear-to-rear – An accident where the backs of two motor vehicles impact together.
- 99 Unknown

Location of First Harmful Event (B)

Location of First Harmful Event	
1 On roadway	6 Separator
2 Shoulder	7 In parking lane or zone
3 Median	8 Off roadway, location unknown
4 Roadside	9 Outside ROW
5 Gore	99 Unknown

The location of first harmful event is used to identify the place, within or outside the trafficway, the accident occurred. Enter the code which best describes the location of the **FIRST INJURY OR DAMAGE CAUSING** event. The final resting place of the vehicle(s) is **NOT** a determining factor. (See Appendix D showing diagram defining the sections of the trafficway).

Codes:

- 1 On Roadway – Review code 7 “In Parking Lane or Zone” before entering this code if the accident location is in a city or town.
- 2 Shoulder – In most cases, bridge railings are considered to be located in the shoulder area of the trafficway.
- 3 Median – A median is an area of a trafficway between parallel roads separating travel in opposite directions. A median should be four or more feet wide. Examples: A depressed grassy median separating directions of travel of a divided highway. A median with a concrete traffic barrier, guardrail or other physical barrier, separating roads of a multi-lane divided highway. A flush, painted median of four or more feet of a divided highway.
- 4 Roadside
- 5 Gore
- 6 Separator – A separator is the area of a trafficway between parallel roads separating travel in the same direction or separating a frontage road from other roads. Example: A depressed grassy or a concrete separator of a freeway between the main travel lanes and a frontage road.
- 7 In Parking Lane or Zone – This code should be used in the special situation that occurs when the **FIRST INJURY OR DAMAGE CAUSING** event occurs in an area of a city street normally used for parking. The following areas are considered parking lanes or zones.
 - A. All marked parking stalls, designed for either parallel or diagonal parking, and with or without parking meters, such as in business districts.
 - B. Those areas of residential streets normally available for parking **WHEN THERE ARE PARKED CARS**. When there are no cars parked on a residential street, this code is not appropriate.
 - C. Areas designated for parking at certain times of the day by signing. When parking is allowed by signing only during certain hours of the day, parking lanes or zones should be considered to exist **ONLY** during those hours indicated by the signing. At other times, parking lanes or zones do not exist and this code is not appropriate.

Note – Shoulders of interstate highways and other rural trafficways are **NOT** considered parking lanes or zones.

When use of this code is appropriate, it takes precedence over code 1 – “On roadway”. The following rules apply to special situations involving parking lanes or zones.

- A. If a vehicle traveling on the roadway hits a vehicle in the parking lane or zone, this code should be used if the vehicle traveling on the roadway has at least one (1) wheel in the parking zone. If a vehicle traveling on the roadway hits a vehicle in the parking lane or zone and does not have any wheels in the parking zone (e.g. hits an open door), this code is **NOT** appropriate. In that case code 1 – “On roadway” should be used.

B. If a vehicle exiting a parking lane or zone collides with a vehicle traveling on the roadway, use of this code is NOT appropriate. In that case code 1 – “On roadway” should be used.

- 8 Off Roadway, Location Unknown
- 9 Outside right-of-way (trafficway)
- 99 Unknown

Roadway Surface Condition (C)

Roadway Surface Condition	
1 Dry	7 Water (standing,
2 Wet	8 Sand, mud, dirt, gravel
3 Snow	9 Oil
4 Slush	97 Other*
5 Ice	99 Unknown
6 Frost	

Enter the code which best describes the condition of the roadway at the accident scene. This element should be coded WITHOUT regard to whether or not road surface conditions contributed to causing the accident.

Codes:

- 1 Dry
- 2 Wet
- 3 Snow
- 4 Slush
- 5 Ice
- 6 Frost
- 7 Water (standing, moving)
- 8 Sand, mud, dirt, gravel
- 9 Oil
- 97 Other
- 99 Unknown

Relation to Junction (D)

Relation to Junction		
0 Non-junction	7 Alley intersection related	
1 Four-way intersection	8 Interchange	14 Crossover related
2 T - intersection	9 Driveway access	15 Bike path or trail
3 Y - intersection	10 Driveway access related	16 Bike path or trail related
4 Five-point, or more	11 Railway crossing	97 Other*
5 Intersection related	12 Railway crossing related	99 Unknown
6 Alley intersection	13 Crossover	

Enter the code for this data element which BEST reflects the relation to a junction of the FIRST injury or damage causing event in the accident. THE FINAL RESTING PLACE OF THE UNITS IS NOT A DETERMINING FACTOR.

Codes:

- 0 Non-junction – This code should be used when an accident does not occur within the boundaries of any kind of junction and is not related to any type of junction. Review the other available codes before entering this code.
- 1 Four-way intersection – This code should be used when the FIRST injury or damage causing event in the accident is within the boundaries of a Four-way intersection (See Figure 1). A Four-way intersection is where two roadways cross or connect.

- 2 T- intersection – This code should be used when the FIRST injury or damage causing event in the accident is within the boundaries of a T-intersection (See Figure 1). A T-intersection where two roadways connect and one roadway does not continue across the other roadway. The roadways form a "T".
- 3 Y- intersection – This code should be used when the FIRST injury or damage causing event in the accident is within the boundaries of a Y-intersection (See Figure 1). A Y-intersection is where three roadways connect and none of the roadways continue across the other roadways. The roadways form a "Y".
- 4 Five-point, or more – This code should be used when the FIRST injury or damage causing event in the accident is within the boundaries of a Five-point or more intersection (See Figure 1). A Five-point, or more intersection is where more than two roadways cross or connect.

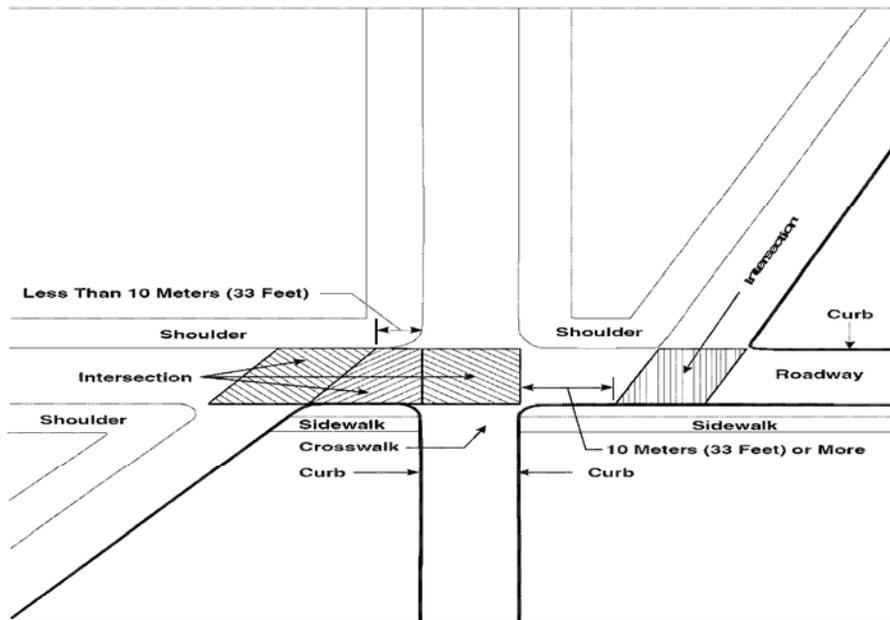


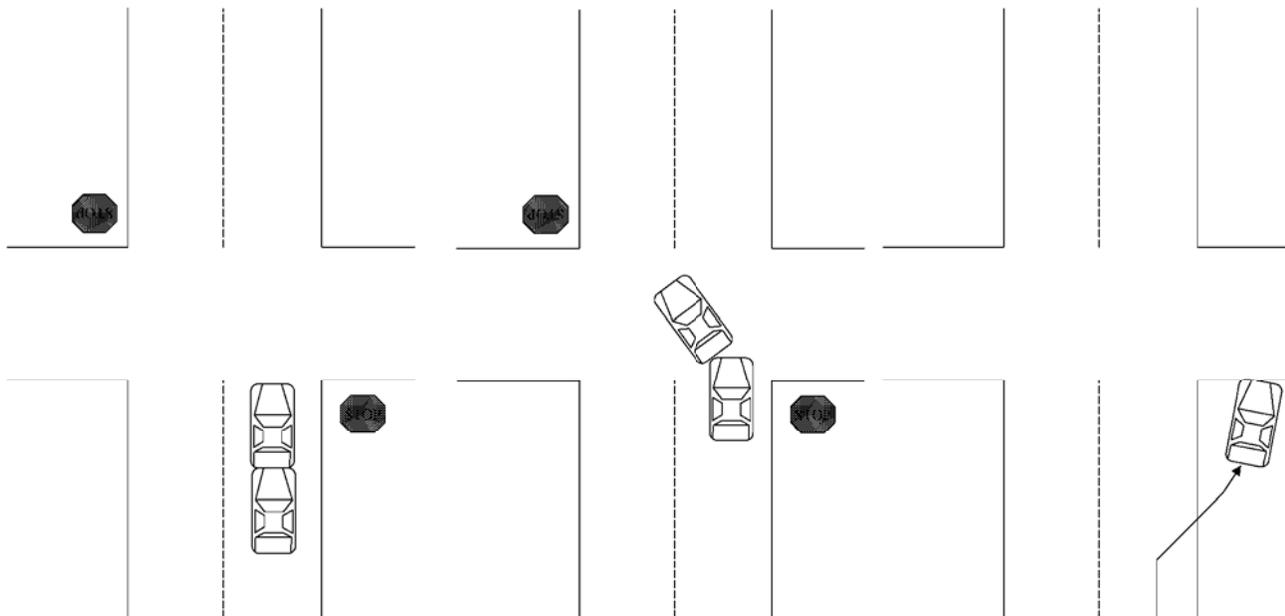
Figure 1
Examples of Intersections

Intersection Definition:

An area which (1) contains a crossing or connection of two or more roadways not classified as driveway access and (2) is an area enclosed by the extension of the curb lines or, if none, the boundaries of the roadways. Where the distance along a roadway between two areas meeting these criteria is less than 33 feet (10 meters), the two areas and the roadway connecting them shall be considered to be parts of a SINGLE intersection.

- 5 Intersection related – Use this code when the FIRST injury or damage causing event of the accident meets all of the following criteria: (1) occurs on an approach to or exit from any type of an intersection, and (2) results from an activity, behavior, or control related to the movement of traffic units through the intersection, and (3) does not occur within the actual boundaries of the intersection.

The three examples and diagrams below will help to clarify use of this code.



**Included:
Intersection Related**

A motor vehicle stopped at a stop sign is rear-ended

**Excluded:
Intersection**

A motor vehicle in an intersection waiting to make a left turn is rear-ended

**Excluded:
Non-Junction**

A motor vehicle left roadway when driver fell asleep and hit an approach of a county road

- 6 Alley intersection – This code should be used when the FIRST injury or damage causing event in the accident is within the boundaries of the intersection of a street and alley.
- 7 Alley intersection related – Review the definition for code 5 – “Intersection related” and substitute the words “alley intersection” for “intersection”.

- 8 Interchange area – Use this code when the FIRST injury or damage causing event in the accident occurs in an interchange area. An interchange area is defined as follows:
 A system of interconnecting roadways in conjunction with one or more grade separations, providing movement of traffic between two or more roadways on different levels.

NOTE: In South Dakota interchanges are located primarily on the Interstate system with a few exceptions on other state trunk highways.

The diagram of an interchange area in Figure 2 will help to clarify the definition.

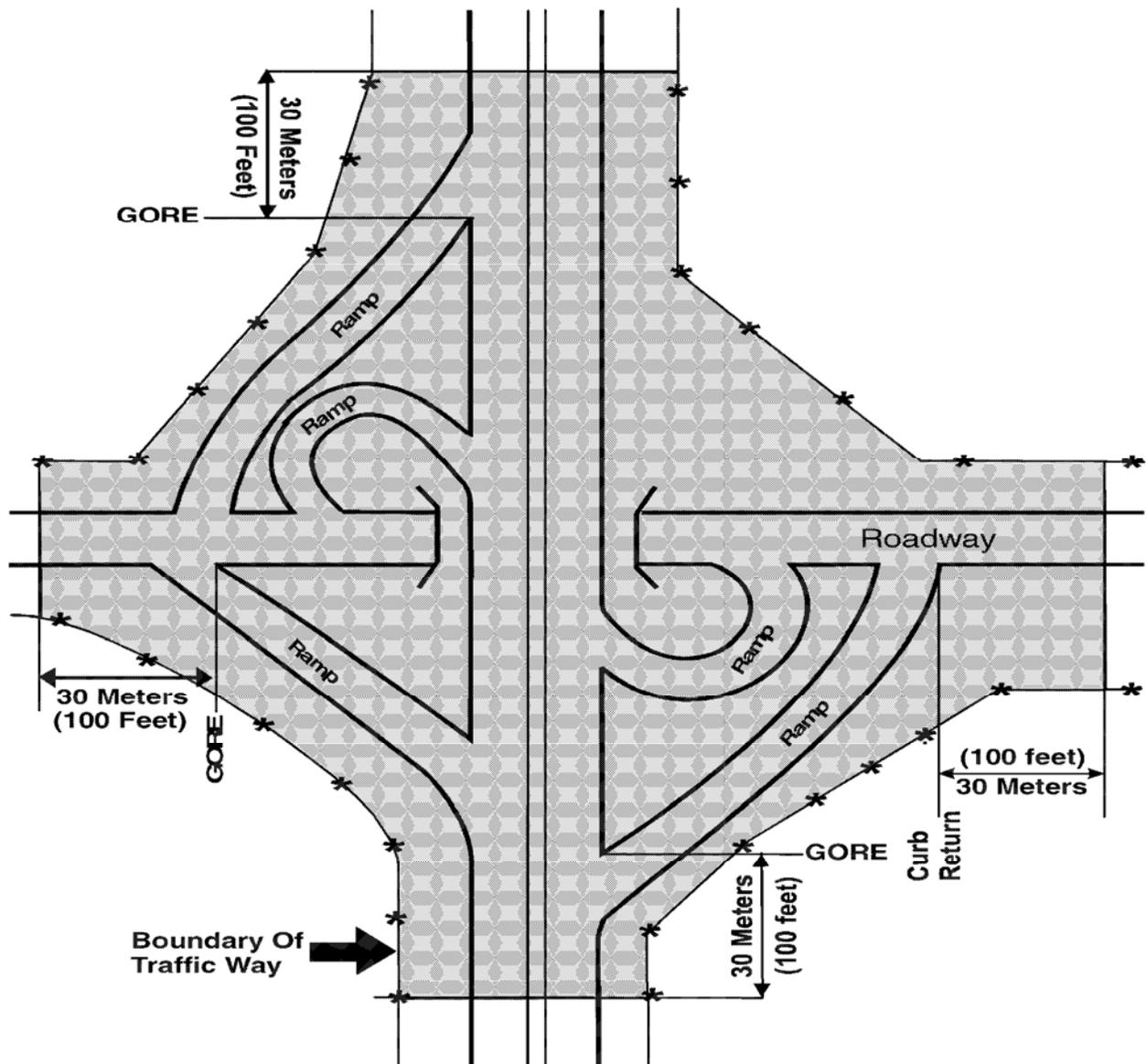


Figure 2
Interchange Area

- 9 Driveway access – **Note! Driveway access is handled differently than other intersection definitions. Review Figure 3 before deciding how to code this item.** Use this code when the FIRST injury or damage causing event in the accident occurs within the boundaries of a driveway access.

A driveway access is defined as follows:

A driveway access is a roadway providing access to property adjacent to a trafficway. Only portions of the driveway within the trafficway are included. Included is the portion of home, business, and gas station entrances that is within the trafficway. Entrances and exits to most rest areas are also included.

Figure 3 below will help to clarify the definition of a driveway access.

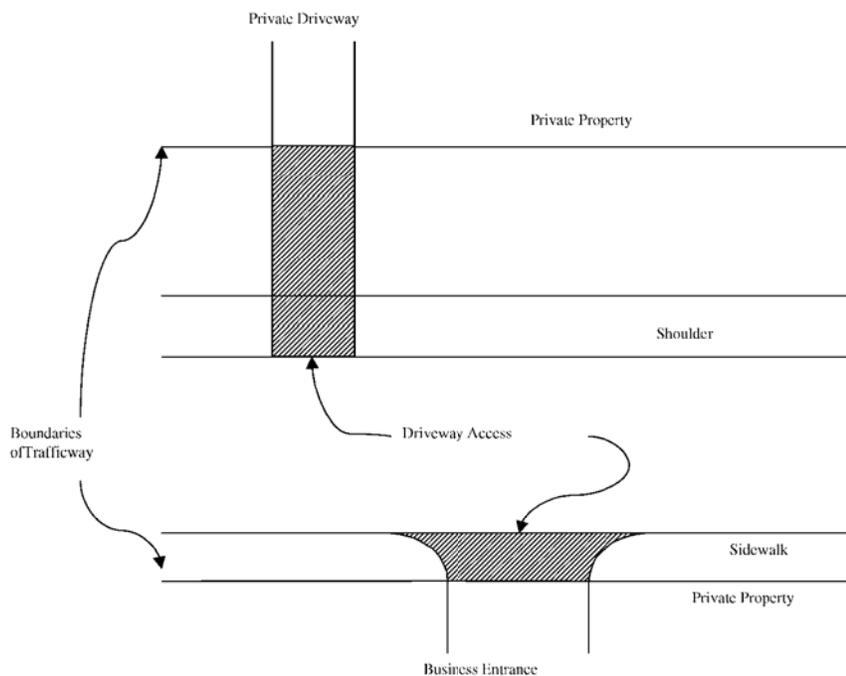


Figure 3
Driveway Access

- 10 Driveway access related – Use this code when the FIRST injury or damage causing event in the accident occurs near a driveway access and meets all of the following criteria: (1) occurs on a road or street (other than the driveway) on an approach to or exit from a driveway access, and (2) results from an activity, behavior, or control related to the movement of traffic units into or out of a driveway access, and (3) does not occur within the actual boundaries of the driveway access.
- 11 Railway crossing – Use this code when the First injury or damage causing event in the accident occurs within the boundaries of the intersection of the roadway and rail grade

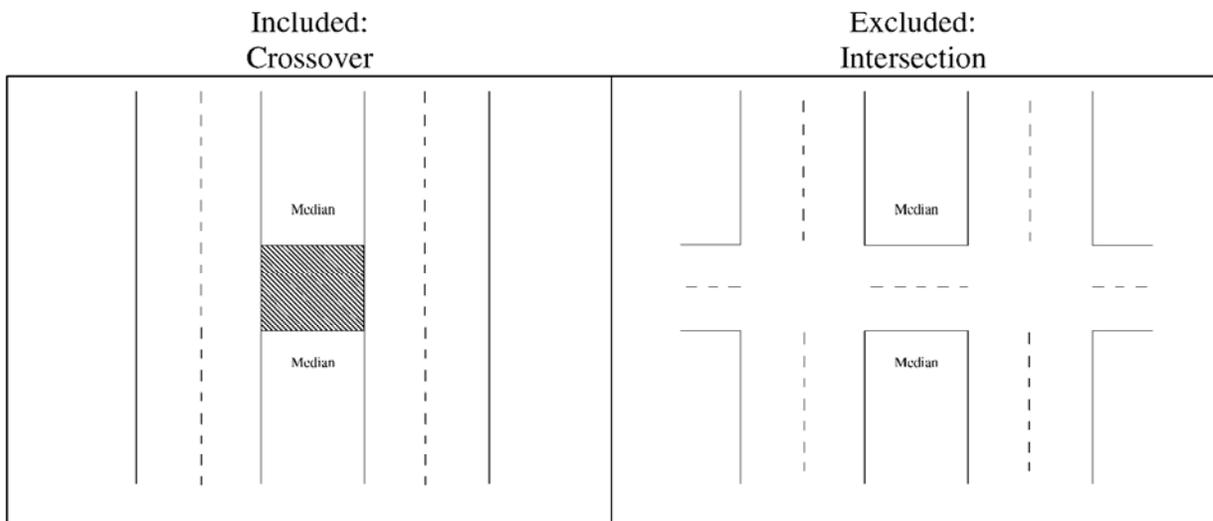
crossing. This would include the collision of one motor vehicle with another motor vehicle while in the boundaries of the intersection or the collision of one motor vehicle with a railway vehicle.

- 12 Railway crossing related –Review the definition for code 5 – “Intersection related” and substitute the words “Railway crossing” for “intersection”.
- 13 Crossover – **Note! Crossover is handled differently than other intersection definitions. Review the figure below before deciding how to code this item.** Use this code when the First injury or damage causing event in the accident occurs within the boundaries of a crossover. A crossover is defined as follows:

An approach located in a median designated for crossing over from one roadway to another. A crossover can **ONLY** exist when a trafficway has separate roadways and a median. A crossover may or may not be designed for normal vehicular traffic. Interstate crossovers, for example, are closed to traffic except emergency and maintenance vehicles. Crossovers on non-interstate divided trafficways may be designed to allow access to homes or businesses and open to traffic.

- 14 Crossover related – Use this code when the **FIRST** injury or damage causing event in the accident occurs near a crossover and meets all of the following criteria: (1) occurs on a road or street (other than the crossover) on an approach to or exit from a crossover, and (2) results from an activity, behavior, or control related to the movement of traffic units into or out of a crossover, and (3) does not occur within the actual boundaries of the crossover.

EXCEPTION: Intersection type codes have priority when the crossover is part of an intersection. The two examples and diagrams below will help to clarify use of this code.



- 15 Bike path or trail – This code should be used when the **FIRST** injury or damage causing event in the accident is within the boundaries of the intersection of a road or street and bike path or trail.
- 16 Bike path or trail related – Review the definition for code 5 – “Intersection related” and substitute the words “Bike path or trail” for “intersection”.
- 97 Other
- 99 Unknown

Light Condition (E)

Light Condition	
1 Daylight	5 Dawn
2 Dark - roadway not lighted	6 Dusk
3 Dark - lighted roadway	99 Unknown
4 Dark - unknown roadway lighting	

Enter the code which best describes the light conditions at the time of the accident. This element should be coded WITHOUT regard to whether or not light conditions contributed to causing the accident.

Codes:

- 1 Daylight
- 2 Dark - roadway not lighted – Not lighted refers to the absence of street or highway lighting.
- 3 Dark – lighted roadway – Lighted refers to the presence of street or highway lights. Lighted areas will generally include streets within cities or towns and some interchange areas.
- 4 Dark - unknown roadway lighting – Refers to an inability to determine whether or not the accident location was illuminated. This code should only be used when an accident is not investigated at the scene and then, only when lighting cannot be determined.
- 5 Dawn
- 6 Dusk
- 99 Unknown

Weather Conditions (F)

Weather Conditions	
1 Clear	7 Blowing sand, soil, dirt
2 Cloudy	8 Blowing snow
3 Rain	9 Severe crosswinds
4 Sleet, hail (freezing rain or	97 Other*
5 Snow	99 Unknown
6 Fog, smog, smoke	

Enter the code(s) which best describes the weather conditions at the scene of the accident at the time of the accident. Up to two codes can be used to describe the weather conditions. If only one code is used per unit leave the second box “blank” or place a “-“ in the box. This element should be coded WITHOUT regard to whether or not weather conditions contributed to the cause of the accident.

Codes:

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Sleet, hail (freezing rain or drizzle)
- 5 Snow
- 6 Fog, smog, smoke
- 7 Blowing sand, soil, dirt
- 8 Blowing snow
- 9 Severe crosswind
- 97 Other
- 99 Unknown

Non-Motorist Action (G)

Non-Motorist Action	
1 Entering or crossing specified location	6 Working
2 Walking, running, jogging, playing, cycling, skating	7 Standing
3 Playing or working on motor vehicle	8 Laying
4 Pushing motor vehicle	97 Other*
5 Approaching or leaving motor vehicle	99 Unknown

Enter the code that describes the non-motorist's (pedestrian or pedalcycle operator) action prior to the accident. The coding box should be crossed out with an "X" when the unit is not a non-motorist.

Codes:

- 1 Entering or crossing specified location
- 2 Walking, running, jogging, playing, cycling, skating
- 3 Playing or working on motor vehicle
- 4 Pushing motor vehicle
- 5 Approaching or leaving motor vehicle
- 6 Working
- 7 Standing
- 8 Laying
- 97 Other
- 99 Unknown

Non-Motorist Contributing Circumstances (H)

Non-Motorist Contributing Circumstances	
0 None	6 Distracted
1 Improper crossing	7 Failure to obey traffic signs, signals, or officer
2 Darting	8 Wrong side of road
3 Laying and/or illegally in roadway	97 Other*
4 Failure to yield right of way	99 Unknown
5 Not visible (dark clothing)	

Enter the code(s) that best describes the non-motorist (pedestrian or pedalcycle operator) contributing circumstances, which contributed to the accident. Up to two codes can be used to describe the non-motorist contributing circumstances. If there are less than 2, place a "0" in the unused box. Start with the top box. The coding box should be crossed out with an "X" when the unit is not a non-motorist.

Codes:

- 0 None
- 1 Improper crossing
- 2 Darting
- 3 Laying and/or illegally in roadway
- 4 Failure to yield right of way
- 5 Not visible (dark clothing)
- 6 Distracted
- 7 Failure to obey traffic signs, signals, or officer
- 8 Wrong side of road
- 97 Other
- 99 Unknown

Non-Motorist Location (I)

Non-Motorist Location		
1 Marked crosswalk at intersection	7 Island	13 In building
2 At intersection but no crosswalk	8 Shoulder	97 Other*
3 Non-intersection crosswalk	9 Sidewalk	99 Unknown
4 Driveway access crosswalk	10 Roadside	
5 In roadway (not in crosswalk or intersection)	11 Outside trafficway	
6 Median (but not on shoulder)	12 Shared-use path or trails	

Enter the code that best describes the non-motorist's (pedestrian or pedalcycle operator) location at the time of impact. The coding box should be crossed out with an "X" when the unit is not a non-motorist.

Codes:

- 1 Marked crosswalk at intersection
- 2 At intersection but no crosswalk
- 3 Non-intersection crosswalk
- 4 Driveway access crosswalk
- 5 In roadway (not in crosswalk or intersection)
- 6 Median (but not on shoulder)
- 7 Island
- 8 Shoulder
- 9 Sidewalk
- 10 Roadside
- 11 Outside trafficway
- 12 Shared-use path or trails
- 13 In building
- 97 Other
- 99 Unknown

Roadway Alignment/Grade (J)

Roadway Alignment/Grade	
1 Straight and level	5 Curve and hill crest
2 Straight and hill crest	6 Curve on grade
3 Straight on grade	99 Unknown
4 Curve and level	

Enter the code that best describes the roadway in terms of alignment and grade.

Codes:

- 1 Straight and level
- 2 Straight and hill crest
- 3 Straight on grade
- 4 Curve and level
- 5 Curve and hill crest
- 6 Curve on grade
- 99 Unknown

Roadway Surface Type (K)

Roadway Surface Type
1 Concrete
2 Asphalt (Blacktop)
3 Gravel
4 Dir
5 Brick or Block
97 Other*
99 Unknown

Enter the code which best describes the type of surface of the roadway at the scene of the accident. This element should be coded **WITHOUT** regard to whether or not roadway surface type contributed to causing the accident.

Codes:

- 1 Concrete
- 2 Asphalt (Blacktop)
- 3 Gravel
- 4 Dirt
- 5 Brick or Block
- 97 Other*
- 99 Unknown

Trafficway Description (L)

Enter the code to indicate whether or not a trafficway is divided and whether it serves one-way or two-way traffic. (A divided trafficway is one on which roadways for travel in opposite directions is physically separated by a median.) When an accident occurs within the confines of an intersection assign the “trafficway description” of the highest highway system or the one that appears to carry the heaviest volume of traffic.

Codes:

- 1 Two-way, not divided
- 2 Two-way, not divided with a continuous left turn lane
- 3 Two-way, divided, unprotected (painted >4 feet) median
- 4 Two-way, divided, positive median barrier
- 5 One-way trafficway
- 99 Unknown

Investigator's Property Damage only Wild Animal Accident Form (Short Form)

The Investigator's Motor Vehicle Accident Report may also be used as a Wild Animal Accident Form "Short Form". The Short Form is available for reporting single vehicle accidents involving wildlife (deer, antelope, fox, etc.) in which only damage sustained was to the vehicle. If the damage is \$1,000 or greater this report should be used. If the accident involved wildlife other than a deer please note in the narrative the type of wildlife involved.

To use the report as a Short Form, complete all gray shaded areas. The non-shaded areas on the form do not need to be completed.

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Example Reports

Example #1: Single Motor Vehicle with Driver on a Rural US highway

Reference: MRM (Milepost) – Accident location is less than 1/10 of a mile from an MRM.

Agency Use

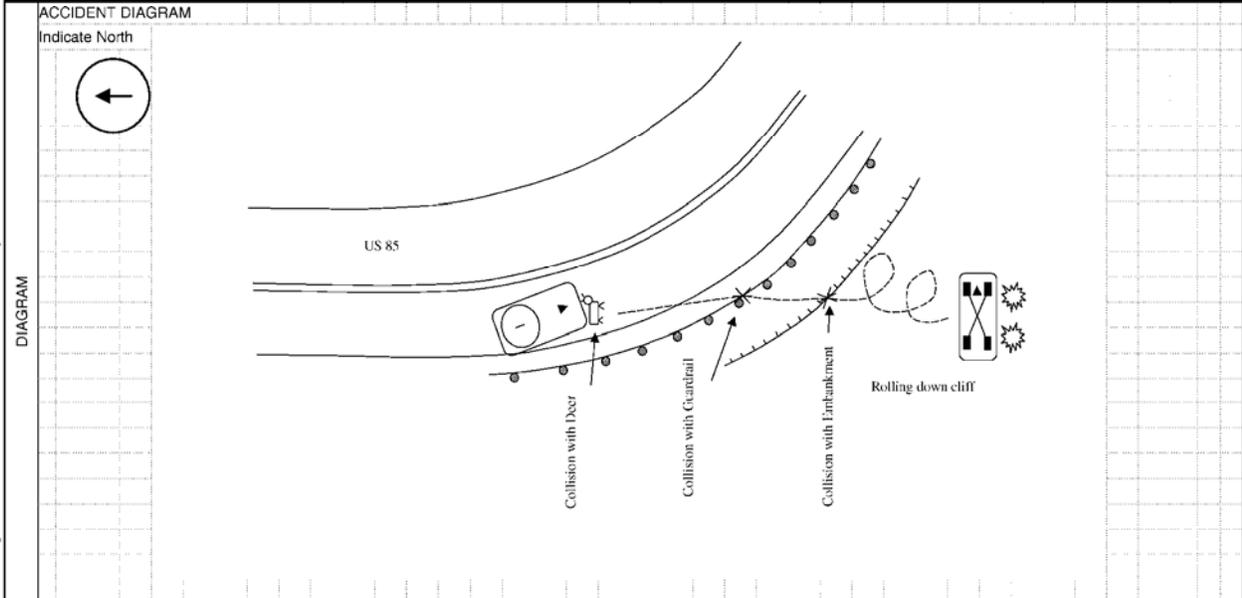
1	Please Type or Print		Sheet: 1 of 1
1	Date of Accident (MM/DD/YY)	Time of Accident (HH:MM)	County
	7/24/02	2004	Lawrence
	City Accident Occurred in or Indicate Rural		Rural
2	Road, Street or Highway Accident Occurred		At its Intersection With
	US 85		
3	_____ Miles & Tenths <input type="checkbox"/> Feet <input checked="" type="checkbox"/>		Of MRM (Milepost) 30.00
	NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.		
4	(1 st) _____ Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/>		} Junction <input type="checkbox"/> Of Intersecting Street <input type="checkbox"/>
	(2 nd) _____ Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/>		
5	Full Name (Last, First, Middle)		Address
	Smith, Joe A.		Box 123 Deadwood SD 57732
6	Date of Birth	Phone No	Driver's License Number
	8-18-62	605-555-1234	00123456
	Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Unknown		
7	DL State	DL Class	DL Status: <input checked="" type="checkbox"/> Normal, within restrictions
	SD	1	<input type="checkbox"/> No license required
	Violation: <input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license		
	<input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown		
8	Owner's Name (Last, First, Middle) <input checked="" type="checkbox"/> Check if Same as Driver		Address
9	VIN #	Insurance Co Name	Insurance Policy #
	12888B540Z4563	State Farm	12345678-9
	Eff Date	Exp Date	
	1/02	1/03	
10	Model Yr	Make	Model
	1999	Chevrolet	Corvette
	License Plate #	State	Year
	17C 1234	Wy	2002
	Damage Amount Veh and Contents \$ 10,000		
11	Total Occupants	Speed Limit	Est Travel Speed
	1	55	75
	Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate		
	<input checked="" type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement		
12	Hit and Run?	Damage Extent:	Vehicle Towed?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Disabling Damage	Emergency Vehicle Use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
13	Trailer License Plate #	State	Year
	Attached to Power Unit: <input checked="" type="checkbox"/> X		Attached to Trailer Unit: <input checked="" type="checkbox"/> X
14	You must complete boxed area if the accident involved one or more of the following: • a truck having a GCWR of 10,001 or more pounds; OR • a vehicle displaying a hazardous material placard; OR • a vehicle designed to transport 9 or more people, including driver		
	AND, the accident resulted in one or more of the following: • a fatality; OR • an injury requiring transportation for immediate medical attention; OR • a vehicle was disabled requiring a towaway from the scene		
	Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal		
15	Carrier Name	Address	City
	US DOT #	GVWR	GCWR
	Placard # or Name	Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
16	Full Name (Last, First, Middle)		Address
17	Date of Birth	Phone No	Driver's License Number
	Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown		
18	DL State	DL Class	DL Status: <input type="checkbox"/> Normal, within restrictions
			<input type="checkbox"/> No license required
	Violation: <input type="checkbox"/> Beyond restriction <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license		
	<input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown		
19	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver		Address
20	VIN #	Insurance Co Name	Insurance Policy #
	Eff Date	Exp Date	
21	Model Yr	Make	Model
	License Plate #	State	Year
	Damage Amount Veh and Contents \$		
22	Total Occupants	Speed Limit	Est Travel Speed
	Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate		
	<input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement		
23	Hit and Run?	Damage Extent:	Vehicle Towed?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage	Emergency Vehicle Use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
24	Trailer License Plate #	State	Year
	Attached to Power Unit: _____		Attached to Trailer Unit: _____
25	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1 Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal		
	Carrier Name		
	Address		
	City		
	State		
	Zip		
	US DOT #	GVWR	GCWR
	Placard # or Name	Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
26	Work Zone Related?	Workers Present?	School Bus Related?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Indirectly Involved
			<input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown
27	Object(s) Damaged (Property other than vehicles and contents)		
	Guardrail		
28	Owner's Name (Last, First, Middle)		Estimate of Damage \$
	South Dakota Department of Transportation		200
	Address	City	State
	700 E Broadway Ave	Pierre	SD
			Zip 57501
29	Unit 1	Unit 2	Sequence of Events
	23		First Event
	44		Second Event
	57		Third Event
	7		Fourth Event
	7		Most Harmful Event by Vehicle (use codes 0, 7-66 only)
			First Harmful Event of Accident (use codes 7-66 only)
	23		

Seating Position		
Operator	1	2
	4	5
	7	8
	10	11
		12

13 - Front row other	21 - On vehicle exterior (non-trailing unit)
14 - Second row other	22 - Unenclosed cargo area
15 - Third row other	23 - Enclosed cargo area
16 - Fourth row other	24 - Sleeper section of cab (truck)
17 - Motorcycle passenger	25 - Seating Position "1" NOT Operator
18 - Pedalcycle passenger	96 - Not applicable (Pedestrian)
19 - Bus passenger	97 - Other
20 - Trailing unit	99 - Unknown

UNIT 1	Transported to:	EMS Trip #	Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment
				1	1	1	3	0	0	0	0
UNIT 2	Transported to:	EMS Trip #									

PERSONS INJURED		Date of Birth		Transported to:		EMS Trip #	
1. Name:							
Address:							
2. Name:							
Address:							
3. Name:							
Address:							
4. Name:							
Address:							



NARRATIVE: Describe What Happened

Unit 1 was traveling South on US85 negotiating a left curve when a deer entered the highway. The driver tried to avoid the deer but was unable to and collided with the deer losing control of the vehicle, crashing through a guardrail, hitting an embankment and rolling twice down a cliff, and coming to rest against two trees. Driver statements and the final resting place of the unit indicated the driver had been traveling at a high rate of speed. The driver had an odor of alcohol on his breath. He was pinned in the unit but sustained only minor injuries.

Witness (Last, First, Middle)	Phone No	Address	City	State	Zip
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Officer & ID No Filing Report	Date Notified	Time Notified	Date Arrived	Time Arrived
Sgt. Joe Smith #999	7/24/02	2415	7/24/02	2425
Agency Name	Agency Type			
South Dakota Highway Patrol	<input checked="" type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other			
Officer Approving	Date Approved	Red Tag #:	Agency Use	
Report Bob Green	7/25/02	Unit 1 R123456		
Investigation made at scene?	Photos Taken?		Unit 2	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			

A Manner of Collision
0

B Location of First Harmful Event
1

C Roadway Surface Condition
1

D Relation to Junction
0

E Light Condition
6

F Weather Conditions
1

G Non-Motorist Action
1 X
2

H Non-Motorist Contrib. Circumstances
1 X
2 X

I Non-Motorist Location
1 X
2

J Roadway Alignment/Grade
4

K Roadway Surface Type
2

L Trailway Description
1

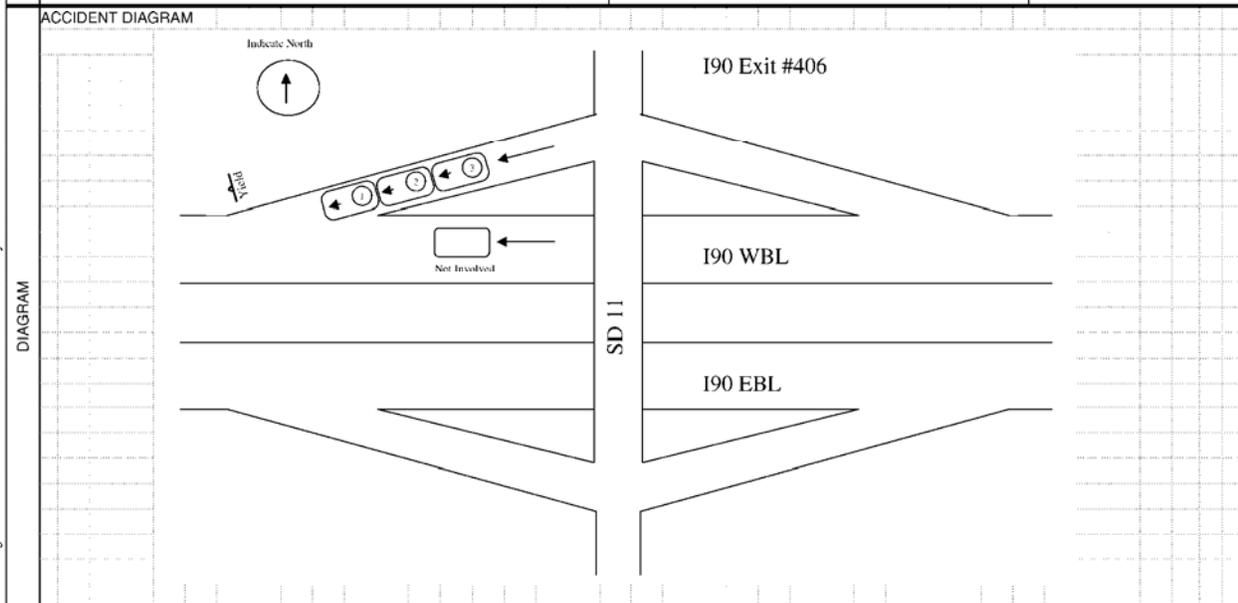
Example #2: Three Motor Vehicles with Drivers on a Rural Interstate Highway
 Reference: MRM – Accident location is 1/10 of a mile or more from an MRM.

Agency Use

Please Type or Print													Sheet 1 of 2				
1	1	Date of Accident (MM/DD/YY)	Time of Accident (HHMM)		County			City				Accident Occurred in or Indicate Rural					
		6/15/02		2133		Minnehaha			Rural				Rural				
1	1	Road, Street or Highway Accident Occurred						At its Intersection With									
		I 90 Exit #406						SD 11									
2	1	0.6		<input checked="" type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet		N S E W		Of MRM (Milepost)		406.00							
		NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.															
2	0	(1 st)		<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet		N S E W		<input type="checkbox"/> Junction		}							
		(2 nd)		<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet		N S E W		<input type="checkbox"/> Of <input type="checkbox"/> Intersecting Street									
3	1	Full Name (Last, First, Middle)				Address				City		State		Zip			
		Smith, Joe Adam				RR #1				Salem		NB		51234			
3	1	Date of Birth		Phone No		Driver's License Number		Citation Charge?									
		02/14/54		605-555-1234		00123456		1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown									
3	2	DL State		DL Class		DL Status:		Violation:									
		NB		1		<input checked="" type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required		<input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown									
4	1	Owner's Name (Last, First, Middle)				Address				City		State		Zip			
		Smith, Joe Adam				RR #1				Salem		NB		51234			
4	6	VIN #				Insurance Co Name		Insurance Policy #		Eff Date		Exp Date					
		12888B540Z4563				State Farm		12345678-9		1/02		1/03					
4	6	Model Yr	Make	Model	License Plate #		State	Year	Damage Amount								
		1998	Chevrolet	Impala	55 256B		NB	2002	Veh and Contents \$ 1,000								
5	1	Total Occupants	Speed Limit	Est Travel Speed	Speed – How Estimated:				Occupant Statement		No Estimate						
		1	55	0	<input checked="" type="checkbox"/> Officer Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement				<input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate		<input type="checkbox"/> No Estimate						
6	1	Hit and Run?	Damage Extent:		Functional Damage		Unknown		Vehicle Towed?		Emergency Vehicle Use?						
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> None - No Damage <input type="checkbox"/> Minor Damage		<input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Disabling Damage		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
6	1	Trailer License Plate #		State		Year		Trailer License Plate #		State		Year					
		Attached to Power Unit: <input checked="" type="checkbox"/>						Attached to Trailer Unit: <input checked="" type="checkbox"/>									
6	0	You must complete boxed area IF the accident involved one or more of the following: <ul style="list-style-type: none"> a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver AND, the accident resulted in one or more of the following: <ul style="list-style-type: none"> a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal															
		Carrier Name	Address				City		State		Zip						
7	0	US DOT #		GVWR		GCWR		Placard # or Name		Hazardous Material Released?							
										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
7	1	Full Name (Last, First, Middle)				Address				City		State		Zip			
		Paul, John Norman				Washington St				Brandon		SD		51234			
7	2	Date of Birth		Phone No		Driver's License Number		Citation Charge?									
		4/2/77		605-555-1234		00123456		1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown									
7	2	DL State		DL Class		DL Status:		Violation:									
		SD		1		<input checked="" type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required		<input type="checkbox"/> Beyond restriction <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown									
8	1	Owner's Name (Last, First, Middle)				Address				City		State		Zip			
		Paul, John Norman				Washington St				Brandon		SD		51234			
8	2	VIN #				Insurance Co Name		Insurance Policy #		Eff Date		Exp Date					
		1234D125N12V				Liberty Mutual		AT1230015032151		6/02		7/03					
8	2	Model Yr	Make	Model	License Plate #		State	Year	Damage Amount								
		2001	Toyota	Camery	1AB 123		SD	2002	Veh and Contents \$ 2,500.00								
9	1	Total Occupants	Speed Limit	Est Travel Speed	Speed – How Estimated:				Occupant Statement		No Estimate						
		4	55	0	<input checked="" type="checkbox"/> Officer Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement				<input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate		<input type="checkbox"/> No Estimate						
9	2	Hit and Run?	Damage Extent:		Functional Damage		Unknown		Vehicle Towed?		Emergency Vehicle Use?						
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> None - No Damage <input type="checkbox"/> Minor Damage		<input type="checkbox"/> Functional Damage <input type="checkbox"/> Disabling Damage		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
9	2	Trailer License Plate #		State		Year		Trailer License Plate #		State		Year					
		Attached to Power Unit: <input checked="" type="checkbox"/>						Attached to Trailer Unit: <input checked="" type="checkbox"/>									
10	2	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1															
		Carrier Name	Address				City		State		Zip						
10	2	US DOT #		GVWR		GCWR		Placard # or Name		Hazardous Material Released?							
										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
11	1	Work Zone Related?	Workers Present?		School Bus Related?		Indirectly Involved		Unit 1		Unit 2		Sequence of Events				
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> No <input type="checkbox"/> Indirectly Involved		<input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown		25		25		First Event				
12	1	Object(s) Damaged (Property other than vehicles and contents)										Second Event					
12	1	Owner's Name (Last, First, Middle)				Estimate of Damage \$				Third Event							
12	1	Address				City				State				Zip			
12	2	Fourth Event										Most Harmful Event by Vehicle (use codes 0, 7-66 only)					
												25 25					
12	2	First Harmful Event of Accident (use codes 7-66 only)										25					

Seating Position			Operator		13 - Front row other		21 - On vehicle exterior (non-trailing unit)	
1	2	3	1	2	14 - Second row other	22 - Unenclosed cargo area		
4	5	6	3	4	15 - Third row other	23 - Enclosed cargo area		
7	8	9	5	6	16 - Fourth row other	24 - Sleeper section of cab (truck)		
10	11	12	7	8	17 - Motorcycle passenger	25 - Seating Position "1" NOT Operator		
			9	10	18 - Pedalcycle passenger	96 - Not applicable (Pedestrian)		
			11	12	19 - Bus passenger	97 - Other		
			13	14	20 - Trailing unit	99 - Unknown		

UNIT 1	Transported to:	EMS Trip #	Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment
UNIT 1	Transported to:	EMS Trip #	2	1	1	1	3	0	0	0	1
UNIT 2	Transported to: Sioux Falls Hospital	EMS Trip # 123456	1	1	1	1	2	0	1	0	1
1. Name: Smith, Jane Ann	Date of Birth: 3/23/55	Transported to: Sioux Falls Hospital	2	2	3	2	0	1	0	1	
Address:	Transported to:	EMS Trip #									
2. Name:	Date of Birth:	Transported to:									
Address:	Transported to:	EMS Trip #									
3. Name:	Date of Birth:	Transported to:									
Address:	Transported to:	EMS Trip #									
4. Name:	Date of Birth:	Transported to:									
Address:	Transported to:	EMS Trip #									



NARRATIVE: Describe What Happened

Unit #1 slowed and stopped at yield sign for westbound traffic on I90. Unit #2 stopped behind unit #1. Unit #3 was following too closely and was traveling too fast for conditions to prevent him from stopping soon enough to avoid a collision. Unit #3 rear-ended unit #2 causing unit #2 to rear-end unit #1. The driver of unit #3 stated he took his eyes off the road momentarily to look for traffic on I90. Unit #3 was equipped with badly worn tires.

Witness (Last, First, Middle) _____ Phone No _____ Address _____ City _____ State _____ Zip _____

Officer & ID No Filing Report Sgt. Joe Smith #999		Date Notified 6/15/02	Time Notified 0938	Date Arrived 6/15/02	Time Arrived 0945
Agency Name South Dakota Highway Patrol		Agency Type <input checked="" type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other			
Officer Approving Report: Bob Green	Date Approved 6/17/02	Red Tag #: Unit 1: R1235546		Agency Use	
Investigation made at scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Unit 2: R2451545			

A 1 Manner of Collision

B 1 Location of First Harmful Event

C 1 Roadway Surface Condition

D 8 Relation to Junction

E 6 Light Condition

F 1 Weather Conditions

G 1 Non-Motorist Action

H 1 Non-Motorist Contrib. Circumstance

I 1 Non-Motorist Location

J 3 Roadway Alignment/Grade

K 2 Roadway Surface Type

L 3 Trafficway Description

Please Type or Print										Sheet 2 of 2					
15	Date of Accident (MM/DD/YY) 6/15/02		Time of Accident (HH:MM) 2133		County Minnehaha		City Accident Occurred in or Indicate Rural Rural								
0	Road, Street or Highway Accident Occurred I90 Exit #406					At its Intersection With SD11									
<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Of MRM (Milepost)															
NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.															
<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Junction															
<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Of <input type="checkbox"/> Intersecting Street															
Full Name (Last, First, Middle) Smith, William Bob				Address Box 123				City Sioux Falls		State SD		Zip 57123			
Date of Birth 8-18-62		Phone No 605-555-1234		Driver's License Number 00123456		Citation Charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown									
DL State SD		DL Class 1		DL Status: <input checked="" type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required		Violation: <input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown									
Owner's Name (Last, First, Middle) <input checked="" type="checkbox"/> Check if Same as Driver				Address				City		State		Zip			
VIN # 12888B540Z4563				Insurance Co Name State Farm				Insurance Policy # 12345678-9		Eff Date 1/02		Exp Date 1/03			
Model Yr 1990		Make Ford		Model F250		License Plate # 17C 1234		State SD		Year 2002		Damage Amount Veh and Contents \$ 800.00			
Total Occupants 1		Speed Limit 55		Est Travel Speed 35		Speed - How Estimated: <input checked="" type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement									
Hit and Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Damage Extent: <input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Disabling Damage				Vehicle Towed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Emergency Vehicle Use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
Trailer License Plate #				State		Year		Trailer License Plate #				State		Year	
Attached to Power Unit: <input checked="" type="checkbox"/>				Attached to Trailer Unit: <input checked="" type="checkbox"/>											
You must complete boxed area IF the accident involved one or more of the following: <ul style="list-style-type: none"> a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver AND, the accident resulted in one or more of the following: <ul style="list-style-type: none"> a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene 															
Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal															
Carrier Name				Address				City		State		Zip			
US DOT #		GVWR		GCWR		Placard # or Name		Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Full Name (Last, First, Middle)				Address				City		State		Zip			
Date of Birth		Phone No		Driver's License Number		Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown									
DL State		DL Class		DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required		Violation: <input type="checkbox"/> Beyond restriction <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown									
Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver				Address				City		State		Zip			
VIN #				Insurance Co Name				Insurance Policy #		Eff Date		Exp Date			
Model Yr		Make		Model		License Plate #		State		Year		Damage Amount Veh and Contents \$			
Total Occupants		Speed Limit		Est Travel Speed		Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement									
Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Damage Extent: <input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage				Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Emergency Vehicle Use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Trailer License Plate #				State		Year		Trailer License Plate #				State		Year	
Attached to Power Unit:				Attached to Trailer Unit:											
You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1															
Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal															
Carrier Name				Address				City		State		Zip			
US DOT #		GVWR		GCWR		Placard # or Name		Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Work Zone Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Workers Present? <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		School Bus Related? <input type="checkbox"/> No <input type="checkbox"/> Indirectly Involved <input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown		Unit 1 Unit 2 Sequence of Events									
Object(s) Damaged (Property other than vehicles and contents)						25 _____ First Event									
Owner's Name (Last, First, Middle)						_____ Second Event									
Address						_____ Third Event									
City State Zip						_____ Fourth Event									
Estimate of Damage \$						25 _____ Most Harmful Event by Vehicle (use codes 0, 7-66 only)									
						_____ First Harmful Event of Accident (use codes 7-66 only)									

Seating Position			Operator			Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment												
13 - Front row other	14 - Second row other	15 - Third row other	16 - Fourth row other	17 - Motorcycle passenger	18 - Pedalcycle passenger										19 - Bus passenger	20 - Trailing unit	21 - On vehicle exterior (non-trailing unit)	22 - Unenclosed cargo area	23 - Enclosed cargo area	24 - Sleeper section of cab (truck)	25 - Seating Position "1" NOT Operator	96 - Not applicable (Pedestrian)	97 - Other	99 - Unknown		
1	2	3	4	5	6										7	8	9	10	11	12						
UNIT 1			Transported to:			EMS Trip #	1	1	1	0	0	0	1	3												
UNIT 2			Transported to:			EMS Trip #																				
A <input type="checkbox"/> Manner of Collision	PERSONS INJURED	1. Name:		Date of Birth																						
		Address:		Transported to:		EMS Trip #								G <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2												
		2. Name:		Date of Birth										H <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2												
		Address:		Transported to:		EMS Trip #																				
		3. Name:		Date of Birth																						
		Address:		Transported to:		EMS Trip #																				
		4. Name:		Date of Birth																						
		Address:		Transported to:		EMS Trip #																				
B <input type="checkbox"/> Location of First Harmful Event																										
C <input type="checkbox"/> Roadway Surface Condition																										
D <input type="checkbox"/> Relation to Junction																										
E <input type="checkbox"/> Light Condition																										
F <input type="checkbox"/> Weather Conditions																										
DIAGRAM																										
ACCIDENT DIAGRAM Indicate North																										
NARRATIVE: Describe What Happened																										
NARRATIVE																										
Witness (Last, First, Middle)			Phone No			Address			City			State		Zip												
Officer & ID No Filing Report						Date Notified		Time Notified		Date Arrived		Time Arrived														
Agency Name						Agency Type <input type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other																				
Officer Approving Report				Date Approved		Red Tag #: Unit 1 1234568			Agency Use																	
Investigation made at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No			Photos Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Unit 1			Unit 2																	

Seating Position			Operator		13 - Front row other		21 - On vehicle exterior (non-trailing unit)		Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment
14 - Second row other			1	2	15 - Third row other		22 - Unenclosed cargo area										
16 - Fourth row other			4	5	17 - Motorcycle passenger		23 - Enclosed cargo area										
18 - Pedalcycle passenger			7	8	19 - Bus passenger		24 - Sleeper section of cab (truck)										
20 - Trailing unit			10	11	25 - Seating Position "1" NOT Operator		25 - Seating Position "1" NOT Operator										
			10	11			96 - Not applicable (Pedestrian)										
			10	11			97 - Other										
			10	11			99 - Unknown										
UNIT 1			Transported to:		EMS Trip #		1	99	1	5	0	0	99	99			
UNIT 2			Transported to:		EMS Trip #		1	1	1	3	0	0	0	3			
A 3 Manner of Collision	PERSONS INJURED	1. Name:		Date of Birth													
		Address:		Transported to:		EMS Trip #										G X 1	
		2. Name:		Date of Birth												X 2	
		Address:		Transported to:		EMS Trip #										X 1	
		3. Name:		Date of Birth												X 1	
		Address:		Transported to:		EMS Trip #										X 1	
		4. Name:		Date of Birth												X 1	
		Address:		Transported to:		EMS Trip #										X 1	
B 1 Location of First Harmful Event	ACIDENT DIAGRAM																
C 1 Roadway Surface Condition																	
D 1 Relation to Junction	DIAGRAM																
E 1 Light Condition	NARRATIVE: Describe What Happened																
F 2 Weather Conditions	<p>Unit #2 was proceeding East on County Road 116. Unit #1 was southbound on County Road 111 approaching the stop sign at the intersection of 116 and 111. The driver of unit #2 stated that unit #1 slowed but did not stop for the stop sign. Unit #1, attempting a right turn onto County Road 116, crossed the centerline of 116 and collided with the left rear of unit #2. Unit #1 continued westbound on 116 without stopping. At this time the driver of Unit #1 has not been located.</p>																
Witness (Last, First, Middle)			Phone No			Address			City			State			Zip		
Officer & ID No Filing Report					Date Notified		Time Notified		Date Arrived		Time Arrived						
Sheriff Bob Smith #999					8/13/02		1650		8/13/02		1714						
Agency Name					Agency Type												
Lincoln Sheriff Department					<input type="checkbox"/> Highway Patrol <input checked="" type="checkbox"/> Sheriff Department <input type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other												
Officer Approving			Date Approved		Red Tag #:		Agency Use										
Report Bob Green			8/14/02		Unit 1												
Investigation made at scene?			Photos Taken?			Unit 2											
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			R1231541											

Example #4: Train/Motor Vehicle on a Rural Township Road
Reference: from a Junction

Agency Use

Please Type or Print													Sheet 1 of 1	
1	1	Date of Accident (MM/DD/YY)		Time of Accident (HHMM)		County		City Accident Occurred in or Indicate Rural				13	2	
		8/25/02		1630		Brown		Rural						
X	2	Road, Street or Highway Accident Occurred						At its Intersection With				14	X	
		Township Road												
2	0	NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.											15	3
		X	2	(1 st)	6.0	<input checked="" type="checkbox"/> Miles & Tenths	<input type="checkbox"/> Feet	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> Of MRM (Milepost)		
X	2			(2 nd)	2.0	<input checked="" type="checkbox"/> Miles & Tenths	<input type="checkbox"/> Feet	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input checked="" type="checkbox"/> Junction	2	2
		3	1	Full Name (Last, First, Middle)		Address		City		State		Zip		
X	2			Doe, John Adam		908 Plum St.		Aberdeen		SD		51234		
		4	1	Date of Birth	Phone No	Driver's License Number		Citation Charge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown						15
X	2			4/10/75	605-555-1234	00123456								
		5	1	DL State	DL Class	DL Status:	<input checked="" type="checkbox"/> Normal, within restrictions	Violation:	<input type="checkbox"/> Beyond restrictions	<input type="checkbox"/> Revoked	<input type="checkbox"/> No license	<input type="checkbox"/> Expired license	<input type="checkbox"/> No license endorsement for this vehicle type	<input type="checkbox"/> Unknown
X	2			SD	1	<input type="checkbox"/> No license required	<input type="checkbox"/> Under suspension	<input type="checkbox"/> No license endorsement for this vehicle type	<input type="checkbox"/> Unknown					
		6	1	Owner's Name (Last, First, Middle) <input checked="" type="checkbox"/> Check if Same as Driver		Address		City		State		Zip		18
X	2													
		7	1	VIN #	Insurance Co Name		Insurance Policy #		Eff Date	Exp Date	19	0		
X	2			12888B540Z4563	State Farm		12345678-9		1/02	1/03				
		8	1	Model Yr	Make	Model	License Plate #	State	Year	Damage Amount		20	X	
X	2			1988	Chevrolet	Impala	3B 123	SD	2002	Veh and Contents \$ 3,000				
		9	1	Total Occupants	Speed Limit	Est Travel Speed	Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate						21	1
X	2			1	55	45	<input checked="" type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement							
		10	1	Hit and Run?	Damage Extent:	<input type="checkbox"/> None - No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> Unknown	Vehicle Towed?	Emergency Vehicle Use?	22	2		
X	2			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Minor Damage	<input checked="" type="checkbox"/> Disabling Damage	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
		11	1	Trailer License Plate #	State	Year	Trailer License Plate #	State	Year	Attached to Power Unit:	Attached to Trailer Unit:	23	2	
X	2								X	X				
		12	1	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1	Accident Involved Vehicle - Purpose?	<input type="checkbox"/> Commercial Interstate	<input type="checkbox"/> Commercial Intrastate	<input type="checkbox"/> Government	<input type="checkbox"/> Personal	24	2			
X	2													
		13	1	Carrier Name	Address		City		State		Zip	25	1	
X	2													
		14	1	US DOT #	GVWR	GCWR	Placard # or Name	Hazardous Material Released?		26	2			
X	2							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
		15	1	Full Name (Last, First, Middle)		Address		City		State		Zip	27	1
X	2			Doe, Jane Marie		800 West St		Watertown		SD		51234		
		16	1	Date of Birth	Phone No	Driver's License Number		Citation Charge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown						28
X	2			4/2/67	605-555-1234									
		17	1	DL State	DL Class	DL Status:	<input type="checkbox"/> Normal, within restrictions	Violation:	<input type="checkbox"/> Beyond restriction	<input type="checkbox"/> Revoked	<input type="checkbox"/> No license	<input type="checkbox"/> Expired license	<input type="checkbox"/> No license endorsement for this vehicle type	<input type="checkbox"/> Unknown
X	2					<input type="checkbox"/> No license required	<input type="checkbox"/> Under suspension	<input type="checkbox"/> No license endorsement for this vehicle type	<input type="checkbox"/> Unknown					
		18	1	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver		Address		City		State		Zip		30
X	2			Burlington Northern		1000 Main St		Watertown		SD		54321		
		19	1	VIN #	Insurance Co Name		Insurance Policy #		Eff Date	Exp Date	31	0		
X	2													
		20	1	Model Yr	Make	Model	License Plate #	State	Year	Damage Amount		32	X	
X	2									Veh and Contents \$ 500.00				
		21	1	Total Occupants	Speed Limit	Est Travel Speed	Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate						33	1
X	2			0			<input checked="" type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement							
		22	1	Hit and Run?	Damage Extent:	<input type="checkbox"/> None - No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> Unknown	Vehicle Towed?	Emergency Vehicle Use?	34	2		
X	2			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Minor Damage	<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
		23	1	Trailer License Plate #	State	Year	Trailer License Plate #	State	Year	Attached to Power Unit:	Attached to Trailer Unit:	35	1	
X	2													
		24	1	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1	Accident Involved Vehicle - Purpose?	<input type="checkbox"/> Commercial Interstate	<input type="checkbox"/> Commercial Intrastate	<input type="checkbox"/> Government	<input type="checkbox"/> Personal	36	2			
X	2													
		25	1	Carrier Name	Address		City		State		Zip	37	1	
X	2													
		26	1	US DOT #	GVWR	GCWR	Placard # or Name	Hazardous Material Released?		38	2			
X	2							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
		27	1	Work Zone Related?	Workers Present?	School Bus Related?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Indirectly Involved	Unit 1	Unit 2	Sequence of Events	39	1		
X	2			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown	22	X	First Event					
		28	1	Object(s) Damaged (Property other than vehicles and contents)	Estimate of Damage \$	City	State	Zip		Second Event	40	2		
X	2													
		29	1	Owner's Name (Last, First, Middle)	Address		City		State		Zip	41	1	
X	2													
		30	1							Third Event	42	2		
X	2													
		31	1							Fourth Event	43	1		
X	2													
		32	1							Most Harmful Event by Vehicle (use codes 0, 7-66 only)	44	2		
X	2													
		33	1							First Harmful Event of Accident (use codes 7-66 only)	45	1		
X	2													

Seating Position		Operator		13 - Front row other		21 - On vehicle exterior (non-trailing unit)		Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment	
1	2	3	4	5	6	14 - Second row other	22 - Unenclosed cargo area										
7	8	9	15 - Third row other	16 - Fourth row other	17 - Motorcycle passenger	23 - Enclosed cargo area	24 - Sleeper section of cab (truck)										
10	11	12	18 - Pedal/cycle passenger	19 - Bus passenger	20 - Trailing unit	25 - Seating Position "1" NQT Operator	96 - Not applicable (Pedestrian)										
							97 - Other										
							99 - Unknown										
UNIT 1		Transported to:		St Lukes		EMS Trip #		123456									
UNIT 2		Transported to:				EMS Trip #											
1. Name:		Date of Birth:				Transported to:				EMS Trip #							
Address:		Transported to:				EMS Trip #											
2. Name:		Date of Birth:				Transported to:				EMS Trip #							
Address:		Transported to:				EMS Trip #											
3. Name:		Date of Birth:				Transported to:				EMS Trip #							
Address:		Transported to:				EMS Trip #											
4. Name:		Date of Birth:				Transported to:				EMS Trip #							
Address:		Transported to:				EMS Trip #											
<p>PERSONS INJURED</p> <p>Member of Collision: 0</p> <p>Location of First Harmful Event: 1</p> <p>Roadway Surface Condition: 1</p> <p>Relation to Junction: 11</p> <p>Light Condition: 1</p> <p>Weather Conditions: 1</p>																	
<p>ACCIDENT DIAGRAM</p>																	
<p>NARRATIVE: Describe What Happened</p> <p>Box #14 - Loudness of radio prevented driver from hearing train whistle.</p> <p>Unit #1 was southbound on a township road approaching a railroad crossing. The driver of unit #1 stated he was traveling at approximately 45 mph. A BN train was eastbound approaching the township road. The engineer of the train stated he was traveling at approximately 15 mph and began to sound his whistle 300-350 ft from the crossing. The driver of unit #1 stated he did not see the train because a cornfield was blocking his view and he did not hear the whistle until he was nearly to the crossing. The driver of unit #1 stated he knew he could not stop in time so he increased his speed in an attempt to avoid the collision. The engine of the train struck the right rear portion of unit #1. The train stopped as quickly as possible. Unit #1 came to rest in the East road ditch.</p> <p>This officer noted upon reaching the scene that the radio in unit #1 was on quite loud, the air conditioner was running and the windows were closed, possibly accounting for his failure to hear the whistle sound.</p> <p>There were no injuries to the occupants of the train. The driver of unit #1 sustained injuries which required calling an ambulance to transport him to the hospital.</p>																	
Witness (Last, First, Middle)		Phone No		Address		City		State		Zip							
Officer & ID No Filing Report				Date Notified		Time Notified		Date Arrived		Time Arrived							
Sgt John A. Smith #999				8/25/02		1632		8/25/02		1645							
Agency Name				Agency Type													
Brown County Sheriff				<input type="checkbox"/> Highway Patrol <input checked="" type="checkbox"/> Sheriff Department <input type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other													
Officer Approving				Date Approved		Red Tag #:		Agency Use									
Report Bob Green				8/26/02		Unit 1 R124578											
Investigation made at scene?				Photos Taken?													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													

Example #5: Driverless Motor Vehicle/Parked Motor Vehicle
Reference: from the nearest Intersecting Street

Agency Use

Please Type or Print													Sheet: 1 of 1		
1	1	Date of Accident (MM/DD/YY)	Time of Accident (HHMM)	County	City			Accident Occurred in or Indicate Rural			13	1			
1	1	2/26/02	1530	Hughes	Pierre			Pierre			4	1			
1	1	Road, Street or Highway Accident Occurred				At its Intersection With				13	2				
1	1	N. Huron Ave				W Capitol Ave				5	2				
2	1	LOCATION													
0	1	NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.													
0	1	(1 st)	75	Miles & Tenths	<input type="checkbox"/>	Feet	<input checked="" type="checkbox"/>	N	S	E	W	Of MRM (Milepost)	14	1	
0	2	(2 nd)					Of	<input checked="" type="checkbox"/>	Intersecting Street			X	1		
3	1	Full Name (Last, First, Middle)											14	2	
1	1	None (Driverless)											X	2	
1	2	Date of Birth	Phone No	Driver's License Number			Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown					X	2		
1	2	DL State DL Class DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required											15	1	
1	2	Violation: <input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown											X	2	
4	1	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver											15	1	
2	1	Doe, John Adam											0	1	
2	2	Address 200 Polk St											X	2	
2	2	City Pierre State SD Zip 57501											15	2	
7	1	VIN #		Insurance Co Name			Insurance Policy #		Eff Date		Exp Date		15	1	
2	1	12888B540Z4563		State Farm			12345678-9		1/02		1/03		0	1	
2	2	Model Yr	Make	Model	License	State	Year	Damage Amount					X	2	
2	2	1995	Chrysler	LHS	36B 123	SD	2002	Veh and Contents \$ 1,000					15	2	
5	1	Total Occupants	Speed Limit	Est Travel Speed	Speed - How Estimated:			<input checked="" type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate					16	1	
1	1	1	30	5	<input checked="" type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement								2	1	
7	1	Hit and Run?		Damage Extent:			Vehicle Towed?		Emergency Vehicle Use?				16	2	
1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				2	2	
2	1	Trailer License Plate #		State		Year		Trailer License Plate #		State		Year		15	2
2	2	Attached to Power Unit: <input checked="" type="checkbox"/>						Attached to Trailer Unit: <input checked="" type="checkbox"/>						2	2
6	1	You must complete boxed area IF the accident involved one or more of the following: AND, the accident resulted in one or more of the following:											17	1	
X	1	<ul style="list-style-type: none"> a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver 											X	1	
X	2	<ul style="list-style-type: none"> a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene 											X	2	
7	1	Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal											17	2	
X	1	Carrier Name											X	2	
X	2	US DOT # GVWR GCWR Placard # or Name Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											X	2	
8	1	Full Name (Last, First, Middle)											18	1	
X	1	None (Parked)											X	1	
X	2	Date of Birth	Phone No	Driver's License Number			Citation Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown					18	2		
X	2	DL State DL Class DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required											X	2	
X	2	Violation: <input type="checkbox"/> Beyond restriction <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown											X	2	
9	1	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver											19	1	
X	1	Smith, John Brown											X	1	
X	2	Address 100 Washington Ave											X	2	
X	2	City Pierre State SD Zip 57501											X	2	
9	1	VIN #		Insurance Co Name			Insurance Policy #		Eff Date		Exp Date		19	1	
X	1	SS23765T7B053		State Insurance			S1234-45687265		1/02		1/03		X	1	
X	2	Model Yr	Make	Model	License	State	Year	Damage Amount					X	2	
X	2	1995	Pontiac	Trans Am	36A 456	SD	2002	Veh and Contents \$ 2,500.00					X	2	
10	1	Total Occupants	Speed Limit	Est Travel Speed	Speed - How Estimated:			<input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate					19	2	
X	1	0			<input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement								X	2	
X	2	Hit and Run?		Damage Extent:			Vehicle Towed?		Emergency Vehicle Use?				X	2	
X	2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				X	2	
10	1	Trailer License Plate #		State		Year		Trailer License Plate #		State		Year		19	2
X	1	Attached to Power Unit: <input checked="" type="checkbox"/>						Attached to Trailer Unit: <input checked="" type="checkbox"/>						X	2
11	1	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1											19	2	
X	1	Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal											X	2	
X	2	Carrier Name											X	2	
X	2	US DOT # GVWR GCWR Placard # or Name Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											X	2	
12	1	Work Zone Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											20	1	
96	1	Workers Present? <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											20	2	
96	2	School Bus Related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Indirectly Involved <input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown											20	2	
12	1	Object(s) Damaged (Property other than vehicles and contents)											20	2	
96	1	Owner's Name (Last, First, Middle)											20	2	
96	2	Address											20	2	
96	2	City State Zip											20	2	
12	2	Estimate of Damage \$											20	2	
12	2	Unit 1 Unit 2 Sequence of Events											20	2	
12	2	26 X First Event											20	2	
12	2	Second Event											20	2	
12	2	Third Event											20	2	
12	2	Fourth Event											20	2	
12	2	26 X Most Harmful Event by Vehicle (use codes 0, 7-66 only)											20	2	
12	2	First Harmful Event of Accident (use codes 7-66 only)											20	2	

Seating Position			13 - Front row other	21 - On vehicle exterior (non-trailing unit)	Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment
Operator			14 - Second row other	22 - Unenclosed cargo area									
1	2	3	15 - Third row other	23 - Enclosed cargo area									
4	5	6	16 - Fourth row other	24 - Sleeper section of cab (truck)									
7	8	9	17 - Motorcycle passenger	25 - Seating Position "1" NOT Operator									
10	11	12	18 - Pedal/cycle passenger	96 - Not applicable (Pedestrian)									
			19 - Bus passenger	97 - Other									
			20 - Trailing unit	99 - Unknown									
UNIT 1			Transported to:	EMS Trip #		3							
UNIT 2			Transported to:	EMS Trip #		2							
1. Name: Smith, Jame Doe			Date of Birth:	1/1/2000	1		1	25	3	0	0	0	0
Address: 218 Washington Pierre SD 57501			Transported to:	EMS Trip #									
2. Name:			Date of Birth:										
Address:			Transported to:	EMS Trip #									
3. Name:			Date of Birth:										
Address:			Transported to:	EMS Trip #									
4. Name:			Date of Birth:										
Address:			Transported to:	EMS Trip #									
ACCIDENT DIAGRAM													
<p>Indicate North</p> <p>Parked Vehicle</p> <p>Parked Veh not involved</p> <p>N. Huron Ave</p> <p>W. Capitol Ave</p> <p>Public Safety Driveway</p>													
NARRATIVE: Describe What Happened													
<p>Unit #1, a driverless motor vehicle, was parked in the driveway of the Public Safety Building. The vehicle was left idling with an unattended 2-year-old child in the front seat. The child put the car in gear, backed across Huron St. and collided with Unit #2, a parked motor vehicle. At this point, Michael Smith, who had left the vehicle unattended, was able to get into the car and stop it. Mr. Smith stated he had been gone only a few minutes to conducted business and had left the vehicle idling so it would stay warm. This officer made a check of unit #1 and found the emergency brake had not been engaged. The 2-year-old child received a bruise to his forehead.</p>													
Witness (Last, First, Middle)			Phone No	Address	City	State	Zip						
Officer & ID No Filing Report				Date Notified	Time Notified	Date Arrived	Time Arrived						
Sgt John A. Smith #999				2/26/02	1532	2/26/02	1538						
Agency Name				Agency Type									
Pierre Police Department				<input type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input checked="" type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other									
Officer Approving			Date Approved	Red Tag #:	Agency Use								
Report Bob Green			2/28/02	Unit 1 R1235486									
Investigation made at scene?			Photos Taken?			Unit 2 R3245783							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										

A
0
Member of CollisionB
7
Location of First Harmful EventC
3
Roadway Surface ConditionD
10
Relation to JunctionE
1
Light ConditionF
5
Weather ConditionsG
1
X
2
X
Non-Motorist ActionH
1
X
1
X
2
X
2
X
Non-Motorist Contrib. CircumstanceI
1
X
2
X
Non-Motorist LocationJ
1
Roadway Alignment/GradeK
2
Roadway Surface TypeL
1
Trafficway Description

Example #6: Pedestrian/Motor Vehicle on a City Street
 Reference: from the nearest Intersecting Street

Agency Use

1	Please Type or Print	Sheet 1 of 1
1	Date of Accident (MM/DD/YY) 7/1/02	Time of Accident (HH:MM) 2205
1	County Pennington	City Accident Occurred in or Indicate Rural Rapid City
X	Road, Street or Highway Accident Occurred 6 th Street	At its Intersection With
2	<input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Of MRM (Milepost)	
0	NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.	
X	(1 st) 5 <input type="checkbox"/> Miles & Tenths <input checked="" type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Junction	} Kansas City Street
2	(2 nd) <input type="checkbox"/> Miles & Tenths <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> Of <input checked="" type="checkbox"/> Intersecting Street	
3	Full Name (Last, First, Middle) Smith, Sara Joe	Address 123 Main St. City Rapid City State SD Zip 57701
1	Date of Birth 7/22/65	Phone No 605-555-1234
2	Driver's License Number 00345678	Citation Charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown
1	DL State SD	DL Class 1
2	DL Status: <input checked="" type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required	Violation: <input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown
1	Owner's Name (Last, First, Middle) <input checked="" type="checkbox"/> Check if Same as Driver	Address City State Zip
1	VIN # 12888B540Z4563	Insurance Co Name State Farm
2	Model Yr 1994	Make Chevrolet
X	Model Lumina	License Plate # 1B 123
1	Total Occupants 3	Speed Limit 30
2	Est Travel Speed 5	Speed - How Estimated: <input checked="" type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input checked="" type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement
1	Hit and Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Damage Extent: <input checked="" type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage
2	Trailer License Plate #	State Year
X	Attached to Power Unit: X	Attached to Trailer Unit: X
0	You must complete boxed area IF the accident involved one or more of the following: <ul style="list-style-type: none"> a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver AND, the accident resulted in one or more of the following: <ul style="list-style-type: none"> a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene 	
X	Accident involved vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal	
1	Carrier Name US DOT #	Address City State Zip
2	GVWR	GCWR
1	Placard # or Name	Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
0	Full Name (Last, First, Middle) Johnson, Joe Ray	Address 102 9 th Street City Rapid City State SD Zip 57701
1	Date of Birth 5/12/80	Phone No 605-555-4321
2	Driver's License Number	Citation Charge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown
1	DL State	DL Class
2	DL Status: <input type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required	Violation: <input type="checkbox"/> Beyond restriction <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown
1	Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver	Address City State Zip
1	VIN #	Insurance Co Name
2	Model Yr	Make
X	Model	License Plate #
1	Total Occupants	Speed Limit
2	Est Travel Speed	Speed - How Estimated: <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement
1	Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Damage Extent: <input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage
2	Trailer License Plate #	State Year
X	Attached to Power Unit:	Attached to Trailer Unit:
0	You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1	
2	Accident Involved Vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal	
1	Carrier Name	Address City State Zip
2	US DOT #	GVWR
1	GCWR	Placard # or Name
2	Hazardous Material Released? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
1	Work Zone Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Workers Present? <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2	School Bus Related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Indirectly Involved <input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown	
1	Object(s) Damaged (Property other than vehicles and contents)	Unit 1 Unit 2 Sequence of Events
2	Owner's Name (Last, First, Middle)	20 X First Event
1	Address City State Zip	Second Event
2	Estimate of Damage \$	Third Event
1		Fourth Event
2		20 X Most Harmful Event by Vehicle (use codes 0, 7-66 only)
1		First Harmful Event of Accident (use codes 7-66 only)

Seating Position			Operator		Unit No.		Unit Type		Sex		Seating Position		Injury Status		Ejection		Source of Transport		Air Bag Deployed		Safety Equipment			
13 – Front row other 14 – Second row other 15 – Third row other 16 – Fourth row other 17 – Motorcycle passenger 18 – Pedalcycle passenger 19 – Bus passenger 20 – Trailing unit			21 – On vehicle exterior (non-trailing unit) 22 – Unenclosed cargo area 23 – Enclosed cargo area 24 – Sleeper section of cab (truck) 25 – Seating Position "1" NOT Operator 96 – Not applicable (Pedestrian) 97 – Other 99 – Unknown																					
UNIT 1			Transported to:		EMS Trip #		1		2		1		0		0		0		0		3			
UNIT 2			Transported to: Rapid City Hospital		EMS Trip # 123456		5		1		96		2		96		1		96		0			
PERSONS INJURED			1. Name:		Date of Birth																			
A			Address:		Transported to:																G			
0			2. Name:		Date of Birth																X			
Manner of Collision			Address:		Transported to:																1			
B			3. Name:		Date of Birth																H			
1			Address:		Transported to:																X			
Location of First Harmful Event			4. Name:		Date of Birth																1			
C			Address:		Transported to:																X			
1			ACCIDENT DIAGRAM		Date of Birth																0			
Roadway Surface Condition			Indicate North		Transported to:																0			
D			Diagram		Transported to:																0			
5			Relation to Junction		Date of Birth																0			
E			Light Condition		Transported to:																0			
3			Diagram		Date of Birth																0			
F			Weather Conditions		Transported to:																0			
2			Narrative		Date of Birth																0			
Narrative			NARRATIVE: Describe What Happened		Date of Birth																0			
2			Unit #2, a pedestrian, was crossing 6 th St. in the crosswalk. Unit #1, southbound on 6 th St. stopped abruptly blocking the crosswalk. Driver of unit #1 stated that she motioned to the pedestrian indicating that he should cross in front of her vehicle. Unit #1 proceeded through the intersection too soon clipping the pedestrian with the right front fender. The pedestrian suffered injuries to the right hip. The driver of unit #1 proceeded to make a left turn onto Kansas City St. where she stopped to telephone authorities. This officer determined that the inside right headlight of Unit #1 was not working. Also, due to a possible problem with depth perception, a request was made to have the driver of unit #1 re-examined by a driver license examiner. A second pedestrian, Robert Barry also of 1020 W. 9 th St. stated that he and his roommate had each drank two beers within the last 1-1/2 hour period.		Date of Birth																		2	
Witness (Last, First, Middle)			Phone No		Address		City		State		Zip													
Officer & ID No Filing Report			Sgt John A. Smith #999		Date Notified		7/1/02		Time Notified		2210		Date Arrived		7/1/02		Time Arrived		2212					
Agency Name			Rapid City Police Department		Agency Type		<input type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input checked="" type="checkbox"/> City Police <input type="checkbox"/> BIA <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other		Agency Use															
Officer Approving			Report Bob Green		Date Approved		7/1/02		Red Tag #:		Unit 1													
Investigation made at scene?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Photos Taken?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Unit 2															

Example #7: Pedalcycle Driver/Motor Vehicle on a City Street
Reference: from the nearest Intersecting Street

Agency Use

Please Type or Print													Sheet 1 of 1	
1	X	Date of Accident (MM/DD/YY)	7/11/02	Time of Accident (HHMM)	1923	County	Minnehaha	City Accident Occurred in or Indicate Rural	Sioux Falls	13	1	1		
1	1	Road, Street or Highway Accident Occurred		N. Dakota Ave		At its Intersection With		7 th Street		14	X	1		
2	X	NOTE: Unless accident occurred within an intersection completely described above, use space below to give the location from a junction or intersecting street.												
0	0	(1 st)	125	Miles & Tenths	<input checked="" type="checkbox"/> Feet	N	S	E	W	<input type="checkbox"/> Junction	7 th Street	X	1	
		(2 nd)		Miles & Tenths	<input type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Intersecting Street		X	1	
3		Full Name (Last, First, Middle)			Address			City	State	Zip	15	0		
		Smith, Mary Jane			800 Maple Ave			Sioux Falls	SD	51234	0	2		
		Date of Birth	02/14/74	Phone No	605-555-1234	Driver's License Number		Citation Charge?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown	1.	2.	0	2	
		DL State	SD	DL Class	1	DL Status:	<input checked="" type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required	Violation:	<input type="checkbox"/> Beyond restrictions <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown			0	2	
		Owner's Name (Last, First, Middle) <input type="checkbox"/> Check if Same as Driver			Address			City	State	Zip	16	X	1	
4	X	VIN #		Insurance Co Name		Insurance Policy #		Eff Date		Exp Date		X	1	
11	11	Model Yr		Make		Model		License Plate #		State	Year	Damage Amount	0	
												Veh and Contents \$ 150	0	
5	X	Total Occupants	1	Speed Limit		Est Travel Speed		Speed - How Estimated:	<input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement					
		Hit and Run?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Damage Extent:	<input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage	Vehicle Towed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Emergency Vehicle Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
11	11	Trailer License Plate #		State		Year		Trailer License Plate #		State	Year		X	
		Attached to Power Unit:						Attached to Trailer Unit:					1	
6	X	<p>You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1</p> <p>IF the accident involved one or more of the following:</p> <ul style="list-style-type: none"> a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver <p>AND, the accident resulted in one or more of the following:</p> <ul style="list-style-type: none"> a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene 												
0	0	Carrier Name		Address		City		State		Zip			X	
		US DOT #		GVWR		GCWR		Placard # or Name		Hazardous Material Released?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		17	
7	0	Full Name (Last, First, Middle)			Address			City	State	Zip	18	0		
0	0	Doe, John Norman			323 Washington St			Sioux Falls	SD	51234	0	2		
		Date of Birth	4/2/87	Phone No	605-555-1234	Driver's License Number	00123456	Citation Charge?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown	1.	2.			
		DL State	SD	DL Class	1	DL Status:	<input checked="" type="checkbox"/> Normal, within restrictions <input type="checkbox"/> No license required	Violation:	<input type="checkbox"/> Beyond restriction <input type="checkbox"/> Revoked <input type="checkbox"/> No license <input type="checkbox"/> Expired license <input type="checkbox"/> Under suspension <input type="checkbox"/> No license endorsement for this vehicle type <input type="checkbox"/> Unknown			X		
8	91	Owner's Name (Last, First, Middle) <input checked="" type="checkbox"/> Check if Same as Driver			Address			City	State	Zip	19	7		
91	91	VIN #	1234D125N12V	Insurance Co Name	Liberty Mutual	Insurance Policy #	AT1230015032151	Eff Date	6/02	Exp Date	7/03			
		Model Yr	2001	Make	Pontiac	Model	Bonneville	License Plate #	1AB 123	State	SD	Year	2002	
		Damage Amount	Veh and Contents \$ 500.00											
9	0	Total Occupants	2	Speed Limit	20	Est Travel Speed	20	Speed - How Estimated:	<input type="checkbox"/> Officer Estimate <input type="checkbox"/> Occupant Statement <input type="checkbox"/> No Estimate <input checked="" type="checkbox"/> Driver Statement <input type="checkbox"/> Witness Statement					
		Hit and Run?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Damage Extent:	<input type="checkbox"/> None - No Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Disabling Damage	Vehicle Towed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Emergency Vehicle Use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
0	0	Trailer License Plate #		State		Year		Trailer License Plate #		State	Year			
		Attached to Power Unit:						Attached to Trailer Unit:						
10	2	<p>You must complete boxed area for Unit 2, if the criteria is met shown above in Unit 1</p> <p>Accident Involved Vehicle - Purpose? <input type="checkbox"/> Commercial Interstate <input type="checkbox"/> Commercial Intrastate <input type="checkbox"/> Government <input type="checkbox"/> Personal</p>												
2	2	Carrier Name		Address		City		State		Zip				
		US DOT #		GVWR		GCWR		Placard # or Name		Hazardous Material Released?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
11	96	Work Zone Related?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Workers Present?	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	School Bus Related?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Indirectly Involved <input type="checkbox"/> Directly Involved <input type="checkbox"/> Unknown	Unit 1	Unit 2	Sequence of Events				
		Object(s) Damaged (Property other than vehicles and contents)						X	21	First Event				
										Second Event				
										Third Event				
										Fourth Event				
								X	21	Most Harmful Event by Vehicle (use codes 0, 7-66 only)				
										First Harmful Event of Accident (use codes 7-66 only)				
										21				
12	96	Owner's Name (Last, First, Middle)			Address			City	State	Zip	19	X		
		Estimate of Damage \$												

Seating Position		13 – Front row other	21 – On vehicle exterior (non-trailing unit)
Operator		14 – Second row other	22 – Unenclosed cargo area
1	2	15 – Third row other	23 – Enclosed cargo area
4	5	16 – Fourth row other	24 – Sleeper section of cab (truck)
7	8	17 – Motorcycle passenger	25 – Seating Position "1" NOT Operator
10	11	18 – Pedalcycle passenger	96 – Not applicable (Pedestrian)
		19 – Bus passenger	97 – Other
		20 – Trailing unit	99 – Unknown

UNIT 1	Transported to: Sioux Valley	EMS Trip # 123456	Unit No.	Unit Type	Sex	Seating Position	Injury Status	Ejection	Source of Transport	Air Bag Deployed	Safety Equipment
UNIT 2	Transported to:	EMS Trip #									

1. Name: Smith, Janie	Date of Birth	6/10/02	1	2	18	3	96	1	96	0	
	Address:	800 Maple Ave. Sioux Falls, SD		Transported to:		Sioux Valley		EMS Trip # 123456			
	2. Name:	Date of Birth									
	Address:	Transported to:		EMS Trip #							
3. Name:	Date of Birth										
Address:	Transported to:		EMS Trip #								
4. Name:	Date of Birth										
Address:	Transported to:		EMS Trip #								

A
0
Manner of Collision

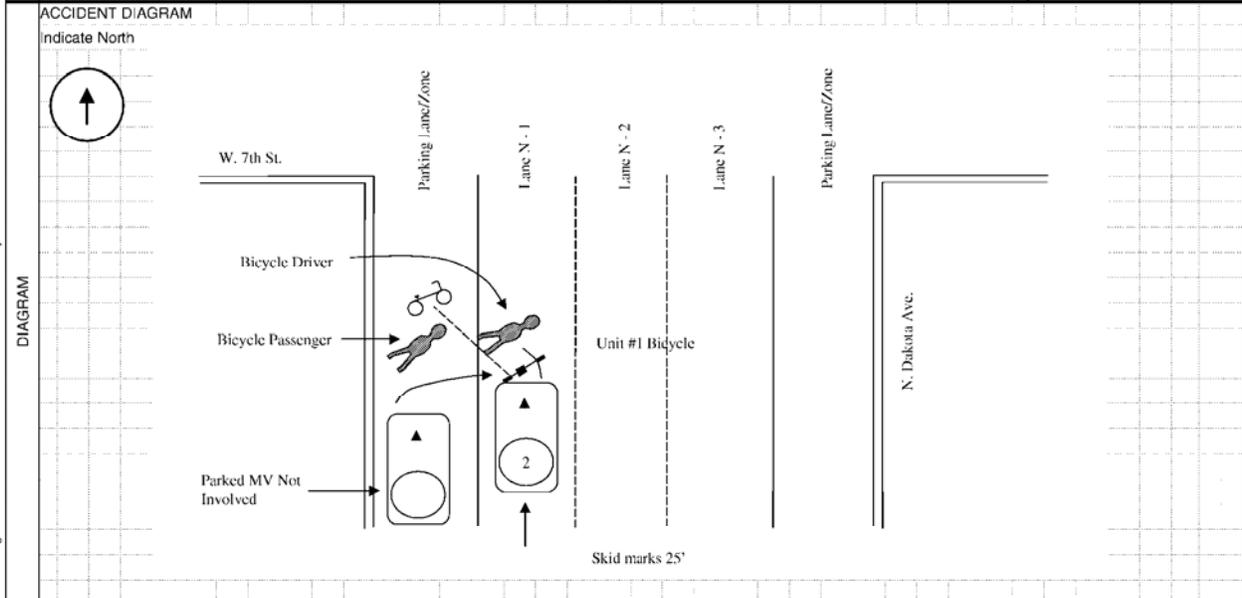
B
1
Location of First Harmful Event

C
1
Roadway Surface Condition

D
0
Relation to Junction

E
1
Light Condition

F
2
Weather Conditions



NARRATIVE: Describe What Happened

Unit #2 was northbound on N. Dakota Ave. traveling in lane N-1. Unit #1 was stopped in the parking lane. The driver of unit #1 stated she had stopped to attend to her 2 year old daughter who was riding in a child carrier that was attached to the rear of the bicycle. Unit #1 pulled out from the parking lane into lane N-1 without yielding to unit #2. The driver of unit #2 stated he began braking as soon as he saw the bicycle being ridden out in front of the parked car, but was unable to stop soon enough to avoid a collision. The left front of unit #2 struck the bicycle throwing both occupants of the bicycle onto the roadway nearby. They sustained what appeared to be minor injuries. The bicycle was totaled. The driver of unit #2 was not injured. Unit #2 received minor damage to the left front fender. Skid marks indicated that the driver of unit #2 did attempt to stop and was traveling 3-5 mph when impact occurred.

Witness (Last, First, Middle)	Phone No	Address	City	State	Zip
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Officer & ID No Filing Report	Date Notified	Time Notified	Date Arrived	Time Arrived
Sgt John A. Smith #999	7/11/02	1925	7/11/02	1929

Agency Name	Agency Type
Sioux Falls Police Department	<input type="checkbox"/> Highway Patrol <input type="checkbox"/> Sheriff Department <input checked="" type="checkbox"/> City Police <input type="checkbox"/> B/A <input type="checkbox"/> Tribal Police <input type="checkbox"/> Other

Officer Approving	Date Approved	Red Tag #:	Agency Use
Bob Green	7/12/02	Unit 1	

Investigation made at scene?	Photos Taken?	Unit 2
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	R1235468

G
2
1
X
2

H
4
1
1
X
2
X

I
5
1
X
2

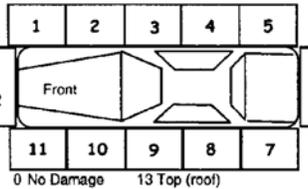
J
1

K
2

L
5

Overlay

Front page of Overlay

Vehicle Configuration 1 Passenger car 2 SUV (sport utility/suburban) 3 Mini-van/passenger van with seats for 8 or less, including driver 4 Cargo van - GVWR 10,000 lbs or less 5 Cargo van - GVWR 10,001 lbs or more 6 Van/Bus with seats for 9-15 people, including driver 7 Van/Bus with seats for 16 or more people, including driver 8 Motor home 9 Motorcycle	10 Moped 11 All terrain vehicle/4 wheeler 12 Snowmobile 13 Farm machinery 14 Heavy equipment 15 Light truck (2-axes, 4 tires) 16 Single-unit truck (2 axle, 6 tires) GVWR 10,000 lbs or less 17 Single-unit truck (2-axle, 6 tires) GVWR 10,001 lbs or more 18 Single-unit truck (3 or more axes) 19 Truck pulling trailer(s) - GCWR 10,001 lbs or more 20 Truck tractor only (bobtail) 21 Tractor/semi-trailer	22 Tractor/doubles 23 Tractor/triples 24 Tractor/mobile home 97 Other* 99 Unknown	Travel Direction Before Accident 1 Northbound 2 Southbound 3 Eastbound 4 Westbound 5 Not on roadway (also use for parked motor vehicle) 96 Not applicable (immobile from previous accident, stuck, etc.) 99 Unknown
Trailer Type 0 No trailer/attachment 1 Semi-trailer/double/triple 2 Pup trailer 3 Mobile home 4 Camping trailer 5 Boat trailer 6 Horse trailer 7 Towed motor vehicle 8 Small Utility (one axle) 9 Large Utility (2 or more axes) 10 Combination (camper, boat, etc.) 11 Farm trailer (gravity box, hay rack, etc) 12 Farm equipment (disk, plow, etc.) 97 Other* 99 Unknown	Driver Contributing Circumstances 0 None 1 Failed to yield to vehicle 2 Failed to yield to pedestrian 3 Disregarded traffic signs or signals 4 Exceeded posted speed limit 5 Driving too fast for conditions 6 Improper turn 7 Wrong side or wrong way 8 Improper signal or failure to signal 9 Improper lane change 10 Improper passing 11 Improper start from parked position 12 Improper parking 13 Improper backing 14 Followed too closely 15 Failure to keep in proper lane 16 Running off road 17 Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist, etc. 18 Over-correcting/over-steering 19 Fatigued/asleep 20 Drinking 21 Drugs-medication 22 Drugs-Other 23 Illness (heart attack, stroke, etc.) 24 Physical impairment 25 Illegally in roadway 26 Cell phone 27 Other* electronic device (list in narrative) 28 Distracted (list distraction in narrative) 97 Other* 99 Unknown		13 14 15 16 17 18 19
Cargo Body Type 0 No cargo body 1 Bus 2 Van/enclosed box 3 Hopper (Grain/chips/gravel) 4 Pole 5 Cargo tank 6 Flatbed 7 Dump 8 Concrete mixer 9 Auto transporter 10 Garbage/refuse 97 Other* 99 Unknown	Vehicle Contributing Circumstances 0 None 1 Brakes 2 Steering 3 Power train 4 Suspension 5 Tires 6 Exhaust 7 Headlights 8 Signal lights 9 Tail lights 10 Horn 11 Windows/Windshield 12 Wheels 13 Truck coupling / trailer hitch / safety chains 14 Cargo 15 Fuel system 16 Mirrors 17 Wipers 18 Body, doors, hood 97 Other* 99 Unknown		15 16 17 18 19
Initial Point of Impact Most Damaged Area  0 No Damage 13 Top (roof) 14 Undercarriage 15 Non-Collision 99 Unknown	Vehicle Maneuver 1 Straight ahead 2 Backing 3 Changing lanes 4 Overtaking/passing 5 Turning right 6 Turning left 7 Making U-turn 8 Leaving traffic lane 9 Entering traffic lane 10 Slowing in traffic lane 11 Stopped in traffic lane 12 Starting in traffic lane 13 Parking maneuver 14 Immobile from previous accident 15 Parked 97 Other* 99 Unknown		15 16 17 18 19
Underride/Override 0 No underride or override 1 Underride, compartment intrusion 2 Underride, no compartment intrusion 3 Underride, compartment intrusion unknown 4 Override, motor vehicle in transport 5 Override, other motor vehicle 99 Unknown if underride or override	Traffic Control Device Type 0 No controls 1 Traffic control signal 2 Flashing traffic control signal 3 School zone signs 4 Stop sign 5 Yield sign 6 Warning sign 7 Railway crossing signal with gate 8 Railway crossing with signal 9 Railway crossing with crossbuck only 10 Traffic control person 97 Other* 99 Unknown		17 18 19
Alcohol Use 0 None used 1 Alcohol used 99 Unknown	Vision Contributing Circumstances 0 None 1 Weather condition 2 Physical obstruction 3 Windshield or other window obscured by frost, snow, mud, etc 4 Snow bank 5 Trees, crops, bushes, other vegetation 6 Guardrail/barrier 7 Motor Vehicle (including load) parked 8 Motor vehicle (including load) not parked 9 Building 10 Signs, billboards, etc. 11 Glare 97 Other* 99 Unknown		18 19
Alcohol Test Status Test results (list actual BAC) 90 Test refused 91 Test not given 92 Test given, contaminated sample/unusable 93 Test given, but unobtainable at time report filed 99 Unknown	Road Contributing Circumstances 0 None 1 Road surface condition (wet, icy, snow, slush, etc.) 2 Debris 3 Rut, holes, bumps 4 Work zone (construction/maintenance/utility) 5 Worn, travel-polished surface 6 Obstruction in roadway 7 Traffic control device inoperative, missing or obscured 8 Pedestrian, bicyclists, other non-occupants in road 9 Shoulders (none, low, soft, high) 10 Non-highway work 11 Animal in roadway 12 Non-contact vehicle caused evasive action 97 Other* 99 Unknown		19
Drug Use 0 None used 1 Drugs used 99 Unknown	Drug Test Status 1 Test refused 2 Test not given 3 Test given, no drugs reported 4 Test given, drugs reported 5 Test given, contaminated sample/unusable 6 Test given, but unobtainable at time report filed 99 Unknown		19
Work Zone Type 96 Not applicable 1 Lane closure 2 Lane shift/crossover 3 Work on shoulder or median 4 Intermittent or moving work 97 Other* 99 Unknown	Work Zone Location 96 Not applicable 1 Before the first work zone warning sign 2 Advance warning area (after the first warning sign but before the work area) 3 Transition area (where lanes are shifted or tapered for lane closure) 4 Activity area (adjacent to actual work area, whether workers and equipment were present or not) 5 Termination area (after the activity area but before traffic resumes normal conditions) 99 Unknown		19

DRIVER AND PERSONS INJURED INFORMATION (Back page of form, upper right)			
Unit Type 1 Motor vehicle in transport with driver 2 Motor vehicle - parked 3 Motor vehicle in transport without driver - not parked 4 Motor vehicle used as equipment (Snowplow plowing, etc) 5 Pedestrian 6 Pedalcycle 7 Railway vehicle 8 Animal (with rider) 9 Animal drawn vehicle	Sex 1 Male 2 Female 99 Unknown	Injury Status 1 Fatal 2 Incapacitating injury 3 Non-incapacitating injury 4 Possible injury 5 No injury	Safety Equipment 0 None used 1 Lap belt only used 2 Shoulder harness only used 3 Lap belt and shoulder harness used 4 Helmet only 5 Eye protection only 6 Helmet and eye protection 7 Child/Youth restraint system used properly 8 Child/Youth restraint system used, <u>not</u> properly 9 Protective pads used (Non-motorist only) 10 Reflective clothing (Non-motorist only) 11 Lighting (Non-motorist only) 97 Other* 99 Unknown
Ejection 0 Not ejected 1 Ejected, Totally 2 Ejected, Partially 96 Not applicable (motorcycle, snowmobile, pedestrian, pedalcyclist, etc.) 99 Unknown	Source of Transport 0 Not Transported 1 EMS 2 Law Enforcement 97 Other* 99 Unknown	Air Bag Deployed 0 Not deployed 1 Deployed-front 2 Deployed-side 3 Deployed-other 4 Deployed-combination 96 Not applicable 99 Unknown	

Manner of Collision (With motor vehicle in transport) 0 No collision between 2 MV in transport 1 Rear-end (Front-to-rear) 2 Head-on (Front-to-front) 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction 6 Rear-to-rear 99 Unknown	Non-Motorist Action 1 Entering or crossing specified location 2 Walking, running, jogging, playing, cycling, skating 3 Playing or working on motor vehicle 4 Pushing motor vehicle 5 Approaching or leaving motor vehicle 6 Working 7 Standing 8 Laying 97 Other* 99 Unknown
---	---

Location of First Harmful Event 1 On roadway 2 Shoulder 3 Median 4 Roadside 5 Gore 6 Separator 7 In parking lane or zone 8 Off roadway, location unknown 9 Outside ROW 99 Unknown	Non-Motorist Contributing Circumstances 0 None 1 Improper crossing 2 Darting 3 Laying and/or illegally in roadway 4 Failure to yield right of way 5 Not visible (dark clothing) 6 Distracted 7 Failure to obey traffic signs, signals, or officer 8 Wrong side of road 97 Other* 99 Unknown
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Roadway Surface Condition 1 Dry 2 Wet 3 Snow 4 Slush 5 Ice 6 Frost 7 Water (standing, moving) 8 Sand, mud, dirt, gravel 9 Oil 97 Other* 99 Unknown	Non-Motorist Location 1 Marked crosswalk at intersection 2 At intersection but no crosswalk 3 Non-intersection crosswalk 4 Driveway access crosswalk 5 In roadway (not in crosswalk or intersection) 6 Median (but not on shoulder) 7 Island 8 Shoulder 9 Sidewalk 10 Roadside 11 Outside trafficway 12 Shared-use path or trails 13 In building 97 Other* 99 Unknown
--	---

Relation to Junction 0 Non-junction 1 Four-way intersection 2 T - intersection 3 Y - intersection 4 Five-point, or more 5 Intersection related 6 Alley intersection 7 Alley intersection related 8 Interchange area 9 Driveway access 10 Driveway access related 11 Railway crossing 12 Railway crossing related 13 Crossover 14 Crossover related 15 Bike path or trail 16 Bike path or trail related 97 Other* 99 Unknown	Roadway Alignment/Grade 1 Straight and level 2 Straight and hill crest 3 Straight on grade 4 Curve and level 5 Curve and hill crest 6 Curve on grade 99 Unknown
---	---

Light Condition 1 Daylight 2 Dark - roadway not lighted 3 Dark - lighted roadway 4 Dark - unknown roadway lighting 5 Dawn 6 Dusk 99 Unknown	Roadway Surface Type 1 Concrete 2 Asphalt (Blacktop) 3 Gravel 4 Dirt 5 Brick or Block 97 Other* 99 Unknown
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Weather Conditions 1 Clear 2 Cloudy 3 Rain 4 Sleet, hail (freezing rain or drizzle) 5 Snow 6 Fog, smog, smoke 7 Blowing sand, soil, dirt 8 Blowing snow 9 Severe crosswinds 97 Other* 99 Unknown	Trafficway Description 1 Two-way, not divided 2 Two-way, not divided with a continuous left turn lane 3 Two-way, divided, unprotected (painted >4 feet) median 4 Two-way, divided, positive median barrier 5 One-way trafficway 99 Unknown
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* - Explain in narrative

SEQUENCE OF EVENTS/MOST HARMFUL EVENT/FIRST HARMFUL EVENT (Front page of form, lower right)	
Non-collision: 0 No damage or injury, this vehicle 1 Equipment failure (tires, brakes, etc) 2 Separation of units 3 Ran off road right 4 Ran off road left 5 Cross median/centerline 6 Downhill runaway 7 Overtum/rollover 8 Fire/explosion 9 Immersion 10 Jackknife 11 Cargo/equipment loss or shift 12 Fell/jumped from motor vehicle 13 Other* non-collision	Collision of a Motor Vehicle in Transport with: 20 Pedestrian 21 Pedalcycle 22 Railway vehicle 23 Animal - wild 24 Animal - domestic 25 Motor vehicle in transport 26 Parked motor vehicle 27 Motor vehicle used as equipment (Snowplow plowing, etc) 28 Work zone/maintenance equipment 29 Barricade 30 Other* movable object

Collision of a Motor Vehicle in Transport with fixed object: 40 Impact attenuator/crash cushion 41 Bridge overhead structure 42 Bridge pier or support 43 Bridge rail 44 Guardrail face 45 Guardrail end 46 Concrete traffic barrier 47 Other traffic barrier 48 Highway traffic sign post/sign 49 Traffic signal support/signal 50 Overhead sign support/sign 51 Light/luminaire support 52 Utility pole 53 Other post, pole or support 54 Culvert	55 Curb 56 Ditch 57 Embankment 58 Approach 59 Construction - pavement cutout/road materials 60 Fence 61 Mailbox 62 Tree/shrubbery 63 Delineator post 64 Rock 65 Snow bank 66 Other* fixed object (wall, building, tunnel, etc)
---	---

Appendix A

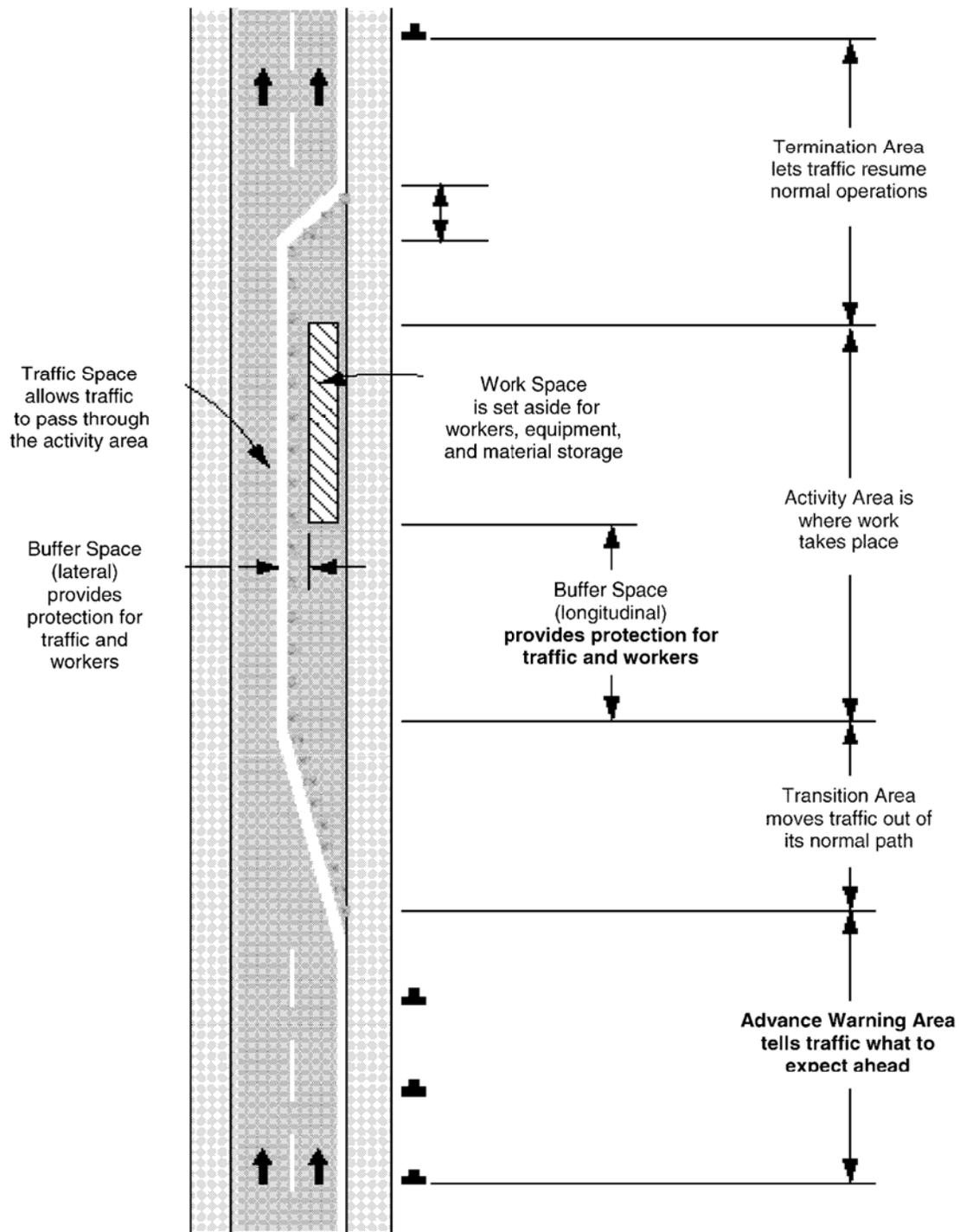
State Codes

AL	01	Alabama	MT	30	Montana
AK	02	Alaska	NE	31	Nebraska
AZ	04	Arizona	NV	32	Nevada
AR	05	Arkansas	NH	33	New Hampshire
CA	06	California	NJ	34	New Jersey
CO	08	Colorado	NM	35	New Mexico
CT	09	Connecticut	NY	36	New York
DE	10	Delaware	NC	37	North Carolina
DC	11	District of Columbia	ND	38	North Dakota
FL	12	Florida	OH	39	Ohio
GA	13	Georgia	OK	40	Oklahoma
HI	15	Hawaii	OR	41	Oregon
ID	16	Idaho	PA	42	Pennsylvania
IL	17	Illinois	RI	44	Rhode Island
IN	18	Indiana	SC	45	South Carolina
IA	19	Iowa	SD	46	South Dakota
KS	20	Kansas	TN	47	Tennessee
KY	21	Kentucky	TX	48	Texas
LA	22	Louisiana	UT	49	Utah
ME	23	Maine	VT	50	Vermont
MD	24	Maryland	VA	51	Virginia
MA	25	Massachusetts	WA	53	Washington
MI	26	Michigan	WV	54	West Virginia
MN	27	Minnesota	WI	55	Wisconsin
MS	28	Mississippi	WY	56	Wyoming
MO	29	Missouri		97	Other*

Canadian Provinces and Territories

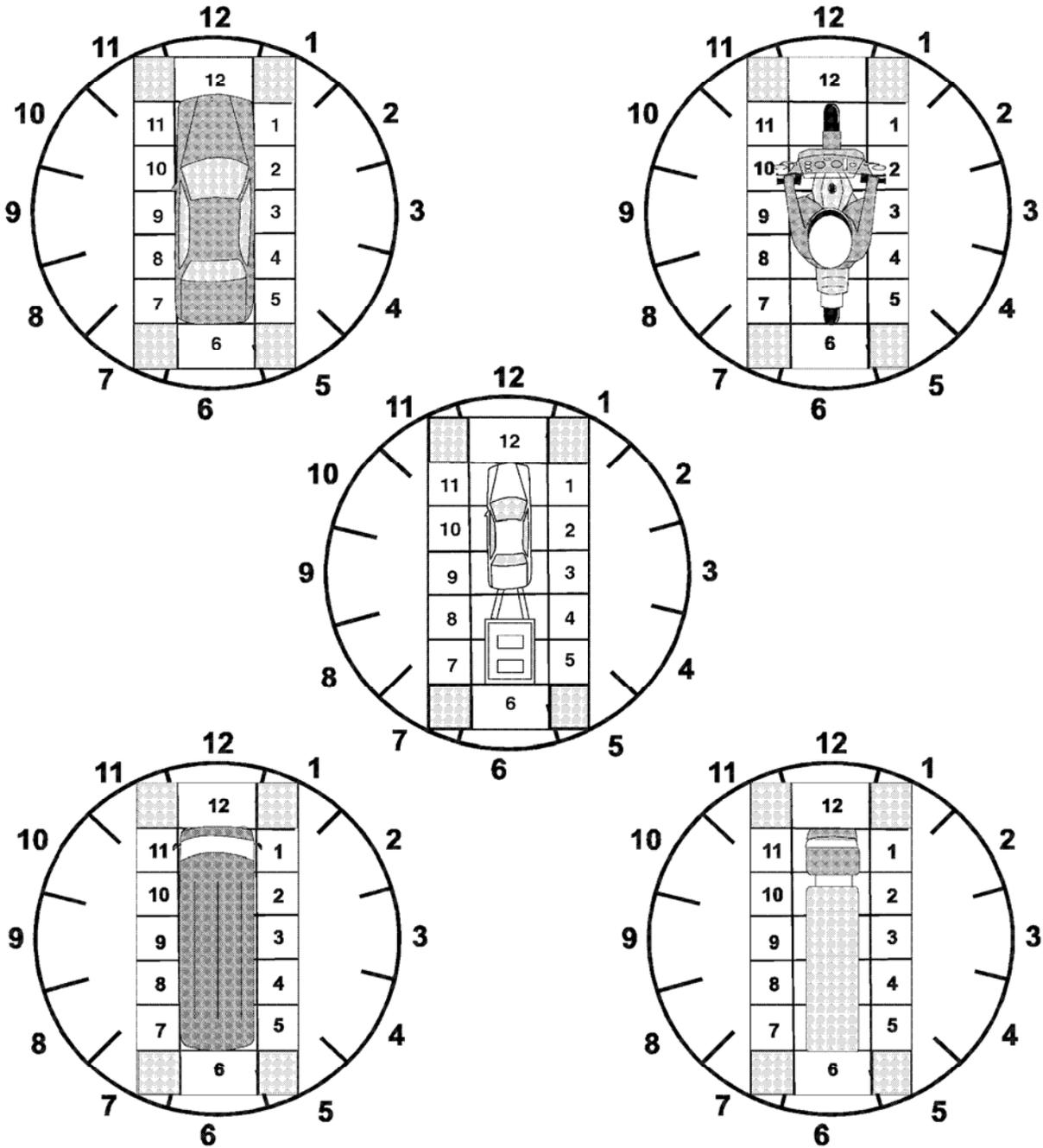
AB	60	Alberta	NU	67	Nunavut
BC	61	British Columbia	ON	68	Ontario
MB	62	Manitoba	PE	69	Prince Edward Island
NB	63	New Brunswick	QC	70	Quebec
NL	64	New Foundland & Labrador	SK	71	Saskatchewan
NT	65	Northwest Territory	YT	72	Yukon Territory
NS	66	Nova Scotia			

Diagram of a Work Zone Area



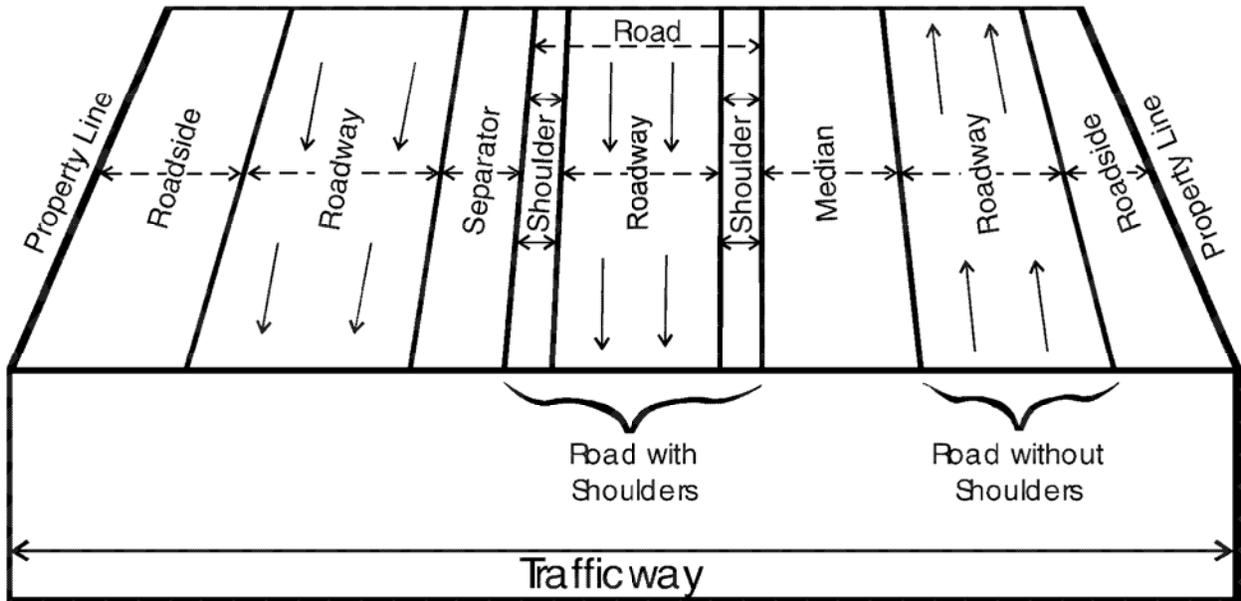
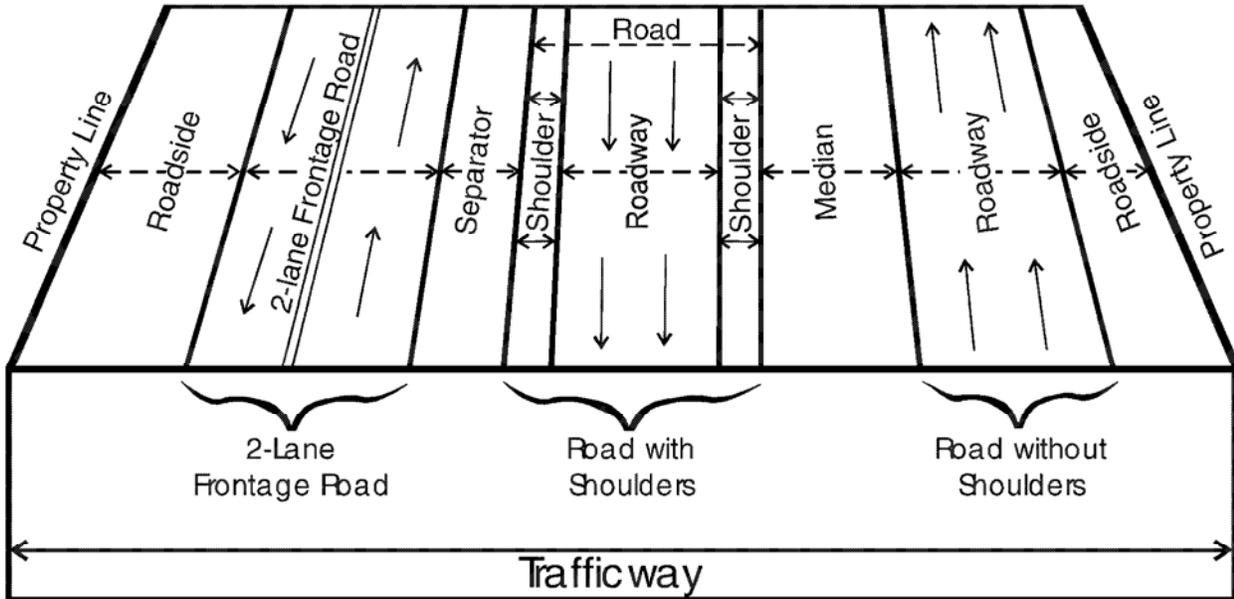
➡ Direction of Travel

CLOCKPOINT DIAGRAM



Appendix D

Diagram of the Trafficway*



*Source: ANSI D16.1-1996 Manual on Classification of Motor Vehicle Traffic Accidents, Sixth Edition.

Appendix D (continued)

CURBED TRAFFICWAY (usually city st.)

