

ACCIDENT CLASSIFICATION

A. Weather Condition (Enter up to two)

- | | |
|--|------------------------------------|
| 01. Clear | 06. Snow |
| 02. Cloudy | 07. Severe crosswinds |
| 03. Fog, smog, smoke | 08. Blowing sand, soil, dirt, snow |
| 04. Rain | 09. Other* |
| 05. Sleet, hail, freezing rain/drizzle | 10. Unknown |

B. Temperature

C. Light Condition (Enter one)

- | | |
|---------------------------|------------------------------------|
| 1. Daylight | 5. Dark - roadway not lighted |
| 2. Dawn | 6. Dark - unknown roadway lighting |
| 3. Dusk | 7. Other* |
| 4. Dark - lighted roadway | 8. Unknown |

D. Road Character (Enter one)

- | | |
|----------------------------|--------------------------|
| 1. Straight and level | 4. Curved and level |
| 2. Straight and on slope | 5. Curved and on slope |
| 3. Straight and on hilltop | 6. Curved and on hilltop |

E. Road Surface (Enter one)

- | | |
|-------------|-----------|
| 1. Concrete | 4. Gravel |
| 2. Asphalt | 5. Dirt |
| 3. Brick | 6. Other* |

F. Road Surface Condition (Enter one)

- | | |
|---------------------------------|-----------------------------|
| 1. Dry | 6. Water (standing, moving) |
| 2. Wet | 7. Slush |
| 3. Snow | 8. Other* |
| 4. Ice | 9. Unknown |
| 5. Sand, mud, dirt, oil, gravel | |

G. Total Number of Through Lanes (Enter one)

- | | |
|----------------|----------------------|
| 1. One lane | 4. Four lanes |
| 2. Two lanes | 5. Five lanes |
| 3. Three lanes | 6. Six or more lanes |

H. Median Type (Enter one)

- | | |
|---------------------------|----------------------|
| 1. Median barrier | 4. Painted (no curb) |
| 2. Raised median (curbed) | 5. None |
| 3. Grass median (no curb) | |

I. Contributing Circumstances, Environment (Enter one)

- | | |
|-----------------------|----------------------|
| 1. None | 5. Animal in roadway |
| 2. Weather conditions | 6. Other* |
| 3. Vision obstruction | 7. Unknown |
| 4. Glare | |

J. Contributing Circumstances, Road (Enter one)

- | | |
|--|---|
| 01. None | 07. Obstruction in roadway |
| 02. Road surface condition (wet, icy, snow, slush, etc.) | 08. Traffic control device inoperative, missing or obscured |
| 03. Debris | 09. Shoulders (none, low, soft, high) |
| 04. Rut, holes, bumps | 10. Non-highway work |
| 05. Work zone (construction/maintenance/utility) | 11. Other* |
| 06. Worn, travel-polished surface | 12. Unknown |

K. Type of Roadway Junction (Enter one)

- | | |
|-------------------------------|--------------------------------|
| 01. Not at junction | 08. Off-ramp |
| 02. Four-way intersection | 09. Crossover |
| 03. T-intersection | 10. Driveway |
| 04. Y-intersection | 11. Railroad grade crossing |
| 05. Traffic circle/roundabout | 12. Shared-use paths or trails |
| 06. Five-point, or more | 13. Unknown |
| 07. On-ramp | |

L. School Bus Related (Enter one)

- No
- Yes, school bus directly involved
- Yes, school bus indirectly involved
- Unknown

Complete this section for all injured persons

Transported to Medical Facility (Enter one) 5

If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:

Source of Transport:

- | | | |
|--------------------|-----------|------------|
| 1. Not transported | 3. Police | 5. Unknown |
| 2. EMS | 4. Other* | |

Injury Severity (Enter one) 4

- Killed
- Disabling - cannot leave scene without assistance (broken bones, severe cuts, prolonged unconsciousness, etc.)
- Visible but not disabling (minor cuts, swelling, etc.)
- Possible but not visible (complaint of pain, etc.)

Body Region with Most Severe Injury (Enter one) 3

- | | |
|------------------------|--------------------------|
| 01. Head | 07. Elbow/lower arm/hand |
| 02. Face | 08. Abdomen/pelvis |
| 03. Neck | 09. Hip/upper leg |
| 04. Chest | 10. Knee/lower leg/foot |
| 05. Back/spine | 11. Entire body |
| 06. Shoulder/upper arm | 12. Unknown |

Ejected / Trapped (Enter one) 2

- Not ejected or trapped
- Partially ejected
- Totally ejected
- Trapped - Occupant removed without use of equipment
- Trapped - Equipment used in extrication
- Unknown

Seating Position (Enter one) 1

	03	06	09	
-	02	05	08	
	01	04	07	

- Other enclosed passenger/cargo area
- Other unenclosed passenger/cargo area
- Riding on vehicle exterior
- Sleeper section of truck cab
- Trailing unit
- Moped
- Motorcycle operator
- Motorcycle passenger
- Pedestrian
- Bicycle (pedalcycle)
- Unknown

How to Use the Accident Report Overlays

Please answer all the questions asked on all report Overlay sheets which relate to the accident. If questions important to understanding the case are not answered, the investigating agency may be contacted and asked to provide additional information.

Please use a black ballpoint pen to completely fill in the appropriate ovals, check-boxes, or boxes for numbers and letters on all pages of the Investigator's Motor Vehicle Accident Report form, as shown below. PENCILS, MARKERS, FELT-TIP, OR OTHER COLOR PENS ARE NOT ACCEPTABLE.

Correct Way:	F <input type="checkbox"/> S <input checked="" type="checkbox"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	B <input type="text" value="5"/>	V1/M <input type="text" value="12"/>	Seat Position <input type="text" value="20"/>	M M / D D / Y Y Y Y <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>
Wrong Way:	F <input type="checkbox"/> S <input checked="" type="checkbox"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>	B <input type="text" value="5"/>	V1/M <input type="text" value="12"/>	Seat Position <input type="text" value="20"/>	M M / D D / Y Y Y Y <input type="text" value=""/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>

A minimum amount of "white-out" is acceptable to correct errors.

Using the Overlay Sheets, fill in the corresponding boxes located down both sides of the main Investigator's Report form. The questions on the Overlay Sheets lettered A to Q correspond with the boxes down the left and right side margins of the Investigator's Motor Vehicle Accident Report.

Questions 1-5 pertain to injured persons and are answered in the boxes located on the bottom right-hand corner of the report.

Each question on the overlay has an arrow which helps guide you to its corresponding box on the report.

Fill in the box with the code you believe best answers the question. If you choose a response of "Other" for any of the overlay categories, briefly explain why in the area provided for the description of the accident.

Selected Examples

Weather Conditions

Enter the code which best describes the weather condition at the time of the accident in Box A/1. If more than one code applies, enter the second code in Box A/2.

Remember to write the temperature (in degrees Fahrenheit) in Box B.

A/1	<input type="text" value="05"/>	A. Weather Condition (Enter up to two) 01. Clear 02. Cloudy 03. Fog, smog, smoke 04. Rain 05. Sleet, hail, freezing rain/drizzle 06. Snow 07. Severe crosswinds 08. Blowing sand, soil, dirt, snow 09. Other* 10. Unknown
A/2	<input type="text" value="07"/>	
B	<input type="text" value="74"/>	B. Temperature

When filling in rows of boxes, always start at the first box on the left, and leave no spaces. Leave remaining blank boxes to the right end of rows. Dashes are optional. Two examples:

LICENSE PLATE NO.	5	3	-	C	2	9	1					YEAR (Plate Expires)	1	9	9	9	STATE (Of Plate)	N	E
LICENSE PLATE NO.	P	R	K	6	9	9	7					YEAR (Plate Expires)	2	0	0	0	STATE (Of Plate)	M	N

Total Number of Vehicles

VEHICLE OVERLAY

M. Contributing Circumstances, Driver

(Enter one per driver)

01. No improper driving
02. Failed to yield right of way
03. Disregarded traffic signs, signals, road markings
04. Exceeded authorized speed limit
05. Driving too fast for conditions
06. Made improper turn
07. Wrong side or wrong way
08. Followed too closely
09. Failure to keep in proper lane or running off road
10. Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner
11. Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.
12. Over-correcting/over-steering
13. Visibility obstructed
14. Inattention
15. Mobile phone distraction
16. Distracted - other
17. Fatigued/asleep
18. Operating defective equipment
19. Other improper action
20. Unknown

N. Traffic Control Device *(Enter one per vehicle)*

- | | |
|------------------------------------|-----------------------------|
| 1. No controls | 6. Yield sign |
| 2. Traffic control signal | 7. Warning sign |
| 3. Flashing traffic control signal | 8. Railroad crossing device |
| 4. School zone sign | 9. Unknown |
| 5. Stop sign | |

O. Extent of Damage *(Enter one per vehicle)*

1. None/minor damage
2. Functional damage
3. Disabling damage (requires towing from scene)
4. Severe/vehicle totaled
5. Unknown

P. Driver's Condition *(Enter one per driver)*

1. Apparently normal
2. Physical impairment
3. Emotional (depressed, angry, disturbed, etc.)
4. Illness
5. Fell asleep, fainted, fatigued, etc.
6. Under the influence of medications/drugs/alcohol
7. Other*
8. Unknown

Q. Disposition of Vehicle *(Enter one per vehicle)*

1. Towed - due to damages
2. Towed - other reasons
3. Left at scene
4. Driven away
5. Unknown

Sequence of Events

Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.

Enter the Most Harmful Event in box 5. This is the event which produced the most severe injury or greatest property damage for this vehicle.

Non-collision

01. Overturn/rollover
02. Fire/explosion
03. Immersion
04. Jackknife
05. Cargo/equipment loss or shift
06. Equipment failure (blown tire, brake failure, etc.)
07. Separation of units
08. Ran off road right
09. Ran off road left
10. Cross median/centerline
11. Downhill runaway
12. Other non-collision
13. Unknown non-collision

Collision with person, vehicle, or object not fixed

14. Pedestrian
15. Bicycle (pedalcycle)
16. Railway vehicle (train, engine, etc.)
17. Animal
- 18. Motor vehicle in transport**
19. Parked motor vehicle
20. Work zone maintenance equipment
21. Other movable object
22. Unknown movable object

Collision with fixed object

23. Impact attenuator/crash cushion
24. Bridge overhead structure
25. Bridge pier or abutment
26. Bridge parapet end
27. Bridge rail
28. Guardrail face
29. Guardrail end
30. Median barrier
31. Highway traffic sign post
32. Overhead sign support
33. Light/luminaire support
34. Utility pole
35. Other post, pole or support
36. Culvert
37. Curb
38. Ditch
39. Embankment
40. Fence
41. Mailbox
42. Tree
43. Other fixed object (wall, building, tunnel, etc.)
44. Work zone maintenance equipment
45. Unknown fixed object
46. Other*
47. Unknown

Vehicle #1

1. First Event -----
2. Second Event -----
3. Third Event -----
4. Fourth Event -----
5. Most Harmful Event --
6. Vehicle Authorized Speed Limit (mph) ----

Vehicle #2

1. First Event -----
2. Second Event -----
3. Third Event -----
4. Fourth Event -----
5. Most Harmful Event --
6. Vehicle Authorized Speed Limit (mph) ----

R. Work Zone Codes

Complete this section for accidents in Work Zones
Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report

R1 Was the crash in or near a construction maintenance or utility work zone? (Enter one)
1. No
2. Unknown
3. Yes (complete sub-fields R2, R3 and R4)

R2 Location of the crash:
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)

R3 Type of Work Zone:
1. Lane closure
2. Lane shift/crossover
3. Work on shoulder or median
4. Intermittent or moving work
5. Other

R4 Workers present?
1. Yes
2. No
3. Unknown

Work Zone Note:
If work zone layout or configuration actually contributed to the cause of the accident, mark item #5 in Contributing Circumstances, Road (Box J on the front of Overlay #1).

S. Pedestrian/Non-Motorist Classification Codes

Complete this section for all injured Non-Motorists in the accident (Pedestrians & Bicyclists)

Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report

S1 Non-Motorist location prior to impact (Enter one, in box S1)
01. Marked crosswalk at intersection
02. At intersection but no crosswalk
03. Non-intersection crosswalk
04. Driveway access crosswalk
05. In roadway
06. Not in roadway
07. Median (but not on shoulder)
08. Island
09. Shoulder
10. Sidewalk
11. Within 10 feet of roadway (but not shoulder, median, sidewalk, or island)
12. Beyond 10 feet of roadway (within trafficway)
13. Outside trafficway
14. Shared-use path or trail
15. Unknown

S2 Non-Motorist Action (Enter one, in box S2)
1. Entering or crossing specified location
2. Walking, running, jogging, playing, cycling
3. Working
4. Pushing vehicle
5. Approaching or leaving vehicle
6. Playing or working on vehicle
7. Standing
8. Other*
9. Unknown

S3 Non-Motorist Condition (Enter one, in box S3)
1. Apparently normal
2. Physical impairment
3. Emotional (depressed, angry, disturbed, etc.)
4. Illness
5. Fell asleep, fainted, fatigued, etc.
6. Under influence of medications/drugs/alcohol
7. Other*
8. Unknown

S4 Alcohol / Drugs Suspected (Enter one, in box S4) Officer's assessment of whether alcohol or drugs were used.
1. Neither alcohol nor drugs suspected
2. Yes - alcohol suspected
3. Yes - drugs suspected
4. Yes - alcohol and drugs suspected
5. Unknown

S5 Contributing Circumstances, Non-Motorist (Enter up to two, in boxes S5-a and S5-b)
01. Improper crossing
02. Darting
03. Lying and/or illegally in roadway
04. Failure to yield right of way
05. Not visible (dark clothing)
06. Inattentive (talking, eating, etc.)
07. Failure to obey traffic signs, signal, officer
08. Wrong side of road
09. Other*
10. Unknown

S6 Non-Motorist Safety Equipment (Enter up to two, in boxes S6-a and S6-b)
1. None used
2. Helmet used
3. Protective pads used (elbows, knees, shins, etc.)
4. Reflective clothing
5. Lighting
6. Not applicable
7. Other*
8. Unknown