

Appendix D: FARS Forms

Fatal Motor Vehicle Crash Reporting Form

Agency	Case Number	Date of Crash	Officer Name	Phone Number
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|---|--|
| <input type="checkbox"/> One Crash Information form per Crash ,
<input type="checkbox"/> One Vehicle information form per Vehicle ,
<input type="checkbox"/> One Driver information form per Driver , | <input type="checkbox"/> One Motor Vehicle Occupant information form per Motor Vehicle Occupant <i>including Drivers</i> ,
<input type="checkbox"/> If applicable, One Non-Motorist form per Non-Motorist (e.g. pedestrian, bicyclist). |
|---|--|

Crash Information

(Complete One Crash Form per Crash)

Total Number of Pages Sent with This Report _____	Date the 12-200 was sent _____	Approximate date FARS may expect Complete File _____
Number of Motor Vehicles Involved in Crash _____	Number of People Involved in Crash _____	Number of Fatalities in Crash _____

Related Factors – Crash

- None
- Unknown
- Choose up to THREE factors from below:
 - Inadequate warning of Exits, Lanes Narrowing, Traffic Controls, etc.
 - Shoulder design or condition
 - Other construction-created condition
 - No or obscured pavement marking
 - Surface under water

 - Inadequate Construction or poor design of roadway, bridge, etc.
 - Surface washed out (caved-in, road slippage)
 - Aggressive driving/road rage by non-contact vehicle driver
 - Motor vehicle struck by falling cargo, or something that came loose from or something that was set-in-motion by a vehicle
 - Non-Occupant struck by falling cargo, or something that came loose from or something that was set-in-motion by a vehicle

 - Non-Occupant struck vehicle
 - Vehicle set-in motion by non-driver
 - Date of Crash and Date of EMS Notification Were Not the Same Day
 - Recent previous crash scene nearby
 - Police pursuit involved

 - Within designated school zone
 - Speed Limit is a Statutory Limit as recorded or was determined as this State’s “Basic Rule”
 - Indication of a Stalled/Disabled Vehicle

Fatal Motor Vehicle Crash Reporting Form

Agency	Case Number	Date of Crash	Vehicle (Unit) Number
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Motor Vehicle Information

(Complete One Motor Vehicle Form for EACH Motor Vehicle)

1. # of Lanes in Roadway (this Vehicle only) _____	2. Speed Limit (this vehicle only) _____	5. Trafficway Description (this vehicle only) <input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Not Divided with a Continuous Left-Turn Lane <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input type="checkbox"/> Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> One-Way Trafficway <input type="checkbox"/> Entrance/Exit Ramp <input type="checkbox"/> Unknown	6. Roadway Surface Type (this vehicle only) <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop, bituminous, asphalt <input type="checkbox"/> Brick or Block <input type="checkbox"/> Slag, Gravel or Stone <input type="checkbox"/> Dirt <input type="checkbox"/> Other <input type="checkbox"/> Unknown	7. Pre-Event Movement (Prior to Recognition of Critical Event) <input type="checkbox"/> No Driver Present <input type="checkbox"/> Going Straight <input type="checkbox"/> Decelerating in Traffic Lane <input type="checkbox"/> Accelerating in Traffic Lane <input type="checkbox"/> Starting in Traffic Lane <input type="checkbox"/> Stopped in Traffic Lane <input type="checkbox"/> Passing or Overtaking Another Vehicle <input type="checkbox"/> Disabled or Parked in Travel Lane <input type="checkbox"/> Leaving a Parking Position <input type="checkbox"/> Entering a parking Position <input type="checkbox"/> Turning Right <input type="checkbox"/> Turning Left <input type="checkbox"/> Making a U-Turn <input type="checkbox"/> Backing Up (Other than for parking Position) <input type="checkbox"/> Negotiating a Curve <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Merging <input type="checkbox"/> Successful Avoidance to a previous Critical Event <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
3. Fire <input type="checkbox"/> No <input type="checkbox"/> Yes	4. Travel Speed (This vehicle traveling prior to first harmful event) _____	11. Pre-Impact Location <input type="checkbox"/> No Driver Present <input type="checkbox"/> Stayed in Original Travel Lane <input type="checkbox"/> Stayed on Roadway, but Left Original Travel Lane <input type="checkbox"/> Stayed on Roadway, not Known if Left Original Travel Lane <input type="checkbox"/> Departed Roadway <input type="checkbox"/> Remained off Roadway <input type="checkbox"/> Returned to Roadway <input type="checkbox"/> Entered Roadway <input type="checkbox"/> Unknown		
8. Traffic Control Device (Choose ONE – This vehicle only) <input type="checkbox"/> No Traffic Control Device Traffic Signals <input type="checkbox"/> Traffic control signal (on colors) without pedestrian signal <input type="checkbox"/> Traffic control signal (on colors) with pedestrian signal <input type="checkbox"/> Traffic control signal (on colors) not known whether or not pedestrian signal <input type="checkbox"/> Other highway traffic signal <input type="checkbox"/> Unknown highway traffic signal <input type="checkbox"/> Flashing Traffic Control Signal Regulatory Signs <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other regulatory sign <input type="checkbox"/> Unknown type regulatory sign <input type="checkbox"/> School zone sign/device <input type="checkbox"/> Lane Use Control Signal Other <input type="checkbox"/> Warning Sign <input type="checkbox"/> Railway Crossing Device <input type="checkbox"/> Person <input type="checkbox"/> Other <input type="checkbox"/> Unknown		12. Contributing Circumstances, Motor Vehicle (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Tires <input type="checkbox"/> Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Suspension <input type="checkbox"/> Power Train <input type="checkbox"/> Exhaust System <input type="checkbox"/> Head Lights <input type="checkbox"/> Signal Lights <input type="checkbox"/> Other Lights <input type="checkbox"/> Wipers <input type="checkbox"/> Wheels <input type="checkbox"/> Mirrors <input type="checkbox"/> Windows/Windshield <input type="checkbox"/> Body, Doors <input type="checkbox"/> Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> Safety Systems <input type="checkbox"/> Vehicle contributing Factors – No Details <input type="checkbox"/> Other		13. Related Factors – Vehicle <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Choose <u>up to TWO</u> factors from below: <input type="checkbox"/> Vehicle Registration for Handicapped <input type="checkbox"/> Vehicle Being Pushed by Non-Motorist <input type="checkbox"/> Reconstructed/Altered Vehicle <input type="checkbox"/> Electric/Alternative Fuel Vehicle <input type="checkbox"/> Transporting Children To/From Head Start/Day Care <input type="checkbox"/> Highway Construction, Maintenance or Utility Vehicle, In-Transport (Inside or outside Work Zone) <input type="checkbox"/> Highway Incident Response Vehicle <input type="checkbox"/> Police, Fire, or EMS Vehicle Working at the Scene of an Emergency or Performing Other Traffic Control Activities <input type="checkbox"/> Other Working Vehicle (Not Construction, Maintenance, Utility, Police, Fire, or EMS Vehicle) <input type="checkbox"/> Adaptive Equipment
9. Traffic Control Device Functioning <input type="checkbox"/> No Traffic Control Device <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning improperly (or obscured) <input type="checkbox"/> Device Functioning Properly <input type="checkbox"/> Unknown		10. Roadway Alignment (this vehicle only) <input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Straight <input type="checkbox"/> Curve-Right <input type="checkbox"/> Curve-Left <input type="checkbox"/> Curve-Unknown Direction <input type="checkbox"/> Unknown		

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Agency	Case Number	Date of Crash	Vehicle (Unit) Number
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Motor Vehicle Driver Information – Page 1

(Complete One Motor Vehicle Driver Form for EACH Motor Vehicle Driver)

1. Compliance with License Restrictions

No Restrictions or Not Applicable

Restrictions Complied With

Restrictions not Complied With

Restrictions, Compliance Unknown

Unknown

2. Driver Maneuvered to Avoid - Prior to Crash (Select ALL that apply)

Driver Did Not Maneuver to Avoid

Object

Poor Road Conditions (Puddle, Ice, Pothole, etc.)

Live Animal

Motor Vehicle

Pedestrian, Pedalcyclist or Other Non-Motorist

Phantom/Non-contact motor Vehicle

No Driver Present

Unknown

3. Driver's Vision Obscured by: (Select ALL that apply)

No Obstruction Noted

Rain, Snow, Fog, Smoke, Sand, Dust

Reflected Glare, Bright Sunlight, Headlights

Curve, Hill or Other Roadway Design Feature

Building, Billboard, Other Structure

Trees, Crops, Vegetation

In-Transport Motor Vehicle (including load)

Not In-Transport Motor Vehicle (parked, working)

Splash or Spray of Passing Vehicle

Inadequate Defrost or Defog System

Inadequate Vehicle Lighting System

Obstruction Interior to the Vehicle

External Mirrors

Broken or Improperly Cleaned Windshield

Obstructing Angles on Vehicle

Vision Obscured – No Details

Other Visual Obstruction

Unknown

4. Driver Distracted By (Select ALL that apply)

Not Distracted

Looked but did not see

By other Occupant(s)

By moving Object in Vehicle

While Talking or Listening to Cellular Phone

While Dialing Cellular Phone

Adjusting Audio and/or Climate Controls

While Using Other Device/Controls Integral to Vehicle

While Using or Reaching for Device/Object Brought into Vehicle

Distracted by Outside Person, Object or Event

Eating or Drinking

Smoking Related

Other Cellular Phone Related

No Driver Present

Distraction/Inattention, Details Unknown

Inattentive or Lost in Thought

Other Distraction

Unknown if Distracted

5. Attempted Crash Avoidance Maneuver

No Driver Present

No Avoidance Maneuver

Braking (No Lockup)

Braking (Lockup)

Braking (Lockup Unknown)

Releasing Brakes

Steering Left

Steering Right

Braking and Steering Left

Braking and Steering Right

Accelerating

Accelerating and Steering Left

Accelerating and Steering Right

Other Action

Unknown

6. Impairment Condition at the time of Crash

None / Apparently Normal

Ill, Blackout

Asleep or Fatigued

Walking with a Cane or Crutches

Paraplegic or Restricted to a Wheelchair

Impaired Due to Previous Injury

Deaf

Blind

Emotional (depressed, angry, disturbed, etc.)

Under the Influence of Alcohol, Drugs or medication

Physical Impairment – No Details

Other Physical Impairment

Not Reported

Unknown if Physically Impaired

Fatal Motor Vehicle Crash Reporting Form

Agency	Case Number	Date of Crash	Vehicle (Unit) Number
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Motor Vehicle Driver Information – Page 2

(Complete One Motor Vehicle Driver Form for EACH Motor Vehicle Driver)

Choose up to FOUR factors on this page

<input type="checkbox"/> None <input type="checkbox"/> Unknown			
POLICE INVOLVEMENT <input type="checkbox"/> This Driver is a Police or law enforcement officer <input type="checkbox"/> This Driver is a Police officer in pursuit <input type="checkbox"/> Police are pursuing this driver	IMPROPER LOCATION <input type="checkbox"/> Traveling on Prohibited Trafficways <input type="checkbox"/> Illegal Driving on Road Shoulder, in ditch, on sidewalk or on median <input type="checkbox"/> Making Improper entry to or exit from trafficway <input type="checkbox"/> Starting or backing improperly <input type="checkbox"/> Failure to keep in proper lane <input type="checkbox"/> Passing Through or Around Barrier	DRIVER FAILS TO: <input type="checkbox"/> Failure to yield Right-of-Way <input type="checkbox"/> Failure to obey Actual Traffic Signs, Traffic Control Devices or Traffic Officers; Failure to Obey Safety Zone Traffic Laws. <input type="checkbox"/> Failure to Observe Warning or Instructions on Vehicles Displaying them <input type="checkbox"/> Failure to Signal Intentions	
DRIVER'S STATE <input type="checkbox"/> Aggressive Driving/Road Rage <input type="checkbox"/> Mentally Challenged <input type="checkbox"/> Reaction to or Failure to Take Drugs/Medication	LOAD <input type="checkbox"/> Overloading or Improper Loading of Vehicle with Passengers or Cargo <input type="checkbox"/> Towing or Pushing Improperly	FOLLOWING, PASSING <input type="checkbox"/> Following Improperly <input type="checkbox"/> Passing where prohibited by posted signs, pavement markings, hill or curve, or school bus displaying warning not to pass line <input type="checkbox"/> Passing on wrong side <input type="checkbox"/> Passing with insufficient distance, or inadequate visibility, or failing to yield to overtaking vehicle <input type="checkbox"/> Improper or Erratic Lane Changing	
VEHICLE STOPPED IN ROADWAY <input type="checkbox"/> Leaving Vehicle Unattended with Engine Running; Leaving Vehicle unattended in roadway <input type="checkbox"/> Stopped in Roadway (Vehicle Not Abandoned)	EQUIPMENT <input type="checkbox"/> Failure to Dim Lights or to Have lights on when required <input type="checkbox"/> Operating without required equipment <input type="checkbox"/> Opening Closure into moving traffic or while vehicle is in motion <input type="checkbox"/> Seat Back Not in Normal Upright Position, Seat Back Reclined	MISCELLANEOUS <input type="checkbox"/> Locked Wheel <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Unfamiliar with Roadway <input type="checkbox"/> Getting Off/Out of or On/In to a Vehicle <input type="checkbox"/> Driving less than posted minimum <input type="checkbox"/> Operating the vehicle in an erratic, reckless or negligent manner; Operating at erratic or suddenly changing speeds	
SKIDDING, SWERVING, SLIDING DUE TO: <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Wind from passing truck <input type="checkbox"/> Slippery or loose surface <input type="checkbox"/> Tire Blowout or Flat <input type="checkbox"/> Debris or Objects in Road <input type="checkbox"/> Ruts, Holes, Bumps in road <input type="checkbox"/> Live Animals in Road <input type="checkbox"/> Vehicle in Road <input type="checkbox"/> Phantom Vehicle <input type="checkbox"/> Pedestrian, Pedal Cyclist, or other non-motorist <input type="checkbox"/> Ice, Snow, Slush, Water, Sand, Dirt, Oil, Wet leaves on Road <input type="checkbox"/> Trailer Fishtailing or Swaying	SPECIAL CIRCUMSTANCES: <input type="checkbox"/> Driver has a Driving Record or Driver's License from More than one state <input type="checkbox"/> Non-Traffic Violation Charged (manslaughter, homicide, or other assault offense committed without malice) <input type="checkbox"/> Other Non-moving Traffic Violations <input type="checkbox"/> Legally Driving on Suspended or Revoked License <input type="checkbox"/> Mother of Dead Fetus (fetus dies in or as a result of THIS crash)		
TURNING, WRONG SIDE OF ROAD <input type="checkbox"/> Making Right turn from left-turn lane, left turn from right-turn lane <input type="checkbox"/> Making Other improper turn <input type="checkbox"/> Driving wrong way on one-way traffic <input type="checkbox"/> Driving on wrong side of road (Intentional or Unintentional)			

Fatal Motor Vehicle Crash Reporting Form

Agency	Case Number	Date of Crash	Vehicle (Unit) Number	Person Name
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Motor Vehicle Occupant Information

(Complete One Form for EACH Motor Vehicle Occupant, Including Drivers)

<p>1. Seating Position</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Other</th> <th>Unknown</th> </tr> </thead> <tbody> <tr> <td>Front Row</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd Row</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3rd Row</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4th Row</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5th Row</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p> <input type="checkbox"/> Sleeper Section of Cab (truck) <input type="checkbox"/> Other Passenger in Enclosed Passenger or Cargo Area <input type="checkbox"/> Other Passenger in Unenclosed Passenger or Cargo Area <input type="checkbox"/> Other Passenger in Passenger or Cargo Area, Unknown Whether or Not Enclosed <input type="checkbox"/> Trailing Unit <input type="checkbox"/> Riding on Exterior of Vehicle <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown </p>		Left	Middle	Right	Other	Unknown	Front Row						2 nd Row						3 rd Row						4 th Row						5 th Row						<p>5. Ejection Path</p> <p> <input type="checkbox"/> Not Ejected <input type="checkbox"/> Through Side Door Opening <input type="checkbox"/> Through Side Window <input type="checkbox"/> Through Windshield <input type="checkbox"/> Through Back Window <input type="checkbox"/> Through Back Door/Tailgate Opening <input type="checkbox"/> Through Roof Opening (Sunroof; convertible top down) <input type="checkbox"/> Through Roof (convertible top up) <input type="checkbox"/> Other Path (e.g., Back of pickup truck) <input type="checkbox"/> Unknown/unknown path </p> <p>6. Name of EMS</p> <p>_____</p>	<p>7. Method of Alcohol Determination (by Law Enforcement)</p> <p> <input type="checkbox"/> Evidential Test (breath, blood, urine) <input type="checkbox"/> Preliminary Breath Test (PBT) <input type="checkbox"/> Behavioral <input type="checkbox"/> Passive Alcohol Sensor (PAS) <input type="checkbox"/> Observed <input type="checkbox"/> Other (e.g., Saliva test) <input type="checkbox"/> Not Reported </p> <p>11. Method of Drug Determination (by Law Enforcement)</p> <p> <input type="checkbox"/> Evidential Test (Blood, Urine) <input type="checkbox"/> Drug Recognition Technician (DRT, DRE) <input type="checkbox"/> Behavioral <input type="checkbox"/> Other <input type="checkbox"/> Not Reported </p>
	Left	Middle	Right	Other	Unknown																																	
Front Row																																						
2 nd Row																																						
3 rd Row																																						
4 th Row																																						
5 th Row																																						
<p>2. Airbag Deployed (for this person only)</p> <p> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Deployed: Front <input type="checkbox"/> Deployed: Side (door, seatback) <input type="checkbox"/> Deployed: Curtain (roof) <input type="checkbox"/> Deployed: Other (knee, air belt, etc.) <input type="checkbox"/> Deployed: combination <input type="checkbox"/> Deployed: Unknown Location <input type="checkbox"/> Not Deployed <input type="checkbox"/> Switched Off <input type="checkbox"/> Not Reported <input type="checkbox"/> Deployment Unknown </p>	<p>8. Alcohol Test Status</p> <p> <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested </p>	<p>12. Drug Test Status</p> <p> <input type="checkbox"/> Test Not given <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested </p>																																				
<p>3. Restraint System / Helmet Use</p> <p> <input type="checkbox"/> Not Applicable <input type="checkbox"/> None Used - Motor Vehicle Occupant <input type="checkbox"/> Shoulder Belt Only Used <input type="checkbox"/> Lap Belt Only Used <input type="checkbox"/> Shoulder and Lap Belt Used <input type="checkbox"/> Child Restraint – Type Unknown <input type="checkbox"/> Child Restraint – Forward Facing <input type="checkbox"/> Child Restraint – Rear Facing <input type="checkbox"/> Booster Seat <input type="checkbox"/> Restraint Used – Type Unknown <input type="checkbox"/> DOT-Compliant Motorcycle Helmet <input type="checkbox"/> Other Helmet <input type="checkbox"/> No Helmet <input type="checkbox"/> Other <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown </p>	<p>9. Alcohol Test Type</p> <p> <input type="checkbox"/> Test Not Given <input type="checkbox"/> Blood <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Preliminary Breath Test (PBT) <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous <input type="checkbox"/> Blood Plasma/Serum <input type="checkbox"/> Blood Clot <input type="checkbox"/> Liver <input type="checkbox"/> Other Test Type <input type="checkbox"/> Unknown Test Type <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested </p>	<p>13. Drug Test Type</p> <p> <input type="checkbox"/> Test Not given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Both: Blood and Urine Tests <input type="checkbox"/> Unknown Test Type <input type="checkbox"/> Other Test Type <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested </p>																																				
<p>4. Any Indication of Mis-Use of Restraint System or Helmet Use</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes </p>	<p>10. Alcohol Test Result</p> <p> <input type="checkbox"/> Actual Value (.00 - .93) _____ <input type="checkbox"/> .94 or Greater <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Performed, Results Unknown <input type="checkbox"/> Positive Reading With No Actual Value <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested </p>	<p>14. Drug Test Result</p> <p> <input type="checkbox"/> Test Not Given <input type="checkbox"/> No Drugs Reported/Negative <input type="checkbox"/> TYPE OF DRUG FOUND _____ TYPE OF DRUG FOUND _____ TYPE OF DRUG FOUND _____ <input type="checkbox"/> Tested for Drugs, Results Unknown <input type="checkbox"/> Tested for Drugs, Drugs Found, Type Unknown <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested </p>																																				
<p>15. NON-DRIVER RELATED FACTORS (This box <u>Non-Drivers</u> Only)</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Construction/Maintenance/Utility Worker <input type="checkbox"/> Motorized Wheelchair Rider <input type="checkbox"/> Mother of Dead Fetus (fetus dies in or as a result of THIS crash) <input type="checkbox"/> Emergency Services Personnel <input type="checkbox"/> Police or Law Enforcement Officer <input type="checkbox"/> Portable electronic devices <input type="checkbox"/> Seatback not in normal upright position, seat back reclined <input type="checkbox"/> Non-Driver flees scene <input type="checkbox"/> Opening Vehicle Closure into moving Traffic or while vehicle is in motion </p>																																						

Fatal Motor Vehicle Crash Reporting Form

Agency	Case Number	Date of Crash	Person Name	Age or DOB	Sex
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Non-Motorist Information – Page 1

(Complete One Form for EACH Non-Motorist (e.g. Bicyclist, Pedestrian) DO NOT USE FOR WITNESSES)

<p>1. Person Type</p> <p><input type="checkbox"/> Occupant of a Non-Motor Vehicle Transport Device</p> <p><input type="checkbox"/> Pedestrian</p> <p><input type="checkbox"/> Bicyclist</p> <p><input type="checkbox"/> Other Cyclist</p> <p><input type="checkbox"/> Person on Personal Conveyance</p> <p><input type="checkbox"/> Person In/On Buildings</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown Type of Non-Motorist</p>	<p>2. Injury Severity</p> <p><input type="checkbox"/> No Injury</p> <p><input type="checkbox"/> Possible Injury</p> <p><input type="checkbox"/> Non-incapacitating Evident Injury</p> <p><input type="checkbox"/> Incapacitating Injury</p> <p><input type="checkbox"/> Fatal Injury</p> <p><input type="checkbox"/> Injured, Severity Unknown</p> <p><input type="checkbox"/> Died Prior to Crash</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown</p>	<p>3. Non-Motorist Action/Circumstances Prior to Crash (Select ALL that Apply)</p> <p><input type="checkbox"/> Going to or from School (K-12)</p> <p><input type="checkbox"/> Waiting to Cross Roadway</p> <p><input type="checkbox"/> Crossing Roadway</p> <p><input type="checkbox"/> Jogging/Running</p> <p><input type="checkbox"/> Movement Along Roadway with Traffic</p> <p><input type="checkbox"/> Movement Along Roadway Against Traffic</p> <p><input type="checkbox"/> Movement on Sidewalk</p> <p><input type="checkbox"/> In Roadway – Other (Working, Playing, Etc.)</p> <p><input type="checkbox"/> Adjacent to Roadway</p> <p><input type="checkbox"/> Working in Trafficway</p> <p><input type="checkbox"/> Enter/Exiting Parked/Standing Vehicle</p> <p><input type="checkbox"/> Disabled Vehicle Related</p> <p><input type="checkbox"/> Not Visible</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown</p>	<p>4. Non-Motorist Action /Circumstances at Time of Crash (Select ALL that Apply)</p> <p><input type="checkbox"/> No Improper Action</p> <p><input type="checkbox"/> Dart/Dash</p> <p><input type="checkbox"/> Failure to Yield Right-of-Way</p> <p><input type="checkbox"/> Failure to Obey Traffic Signs, Signals or Officer</p> <p><input type="checkbox"/> In Roadway Improperly</p> <p><input type="checkbox"/> Entering/Exiting Parked/Standing Vehicle</p> <p><input type="checkbox"/> Inattentive (Talking, Eating)</p> <p><input type="checkbox"/> Improper Turn/Merge</p> <p><input type="checkbox"/> Improper Passing</p> <p><input type="checkbox"/> Wrong-Way Riding or Walking</p> <p><input type="checkbox"/> Driving on Wrong Side of Road</p> <p><input type="checkbox"/> Improper Crossing of Roadway or Intersection (Jaywalking)</p> <p><input type="checkbox"/> Failing to Have Lights on When Required</p> <p><input type="checkbox"/> Operating Without Required Equipment</p> <p><input type="checkbox"/> Improper or Erratic Lane Changing</p> <p><input type="checkbox"/> Failure to Keep in Proper Lane or Running Off Road</p> <p><input type="checkbox"/> Making Improper Entry to or Exit from Trafficway</p> <p><input type="checkbox"/> Operating the Vehicle in other Erratic, Reckless, Careless or Negligent Manner</p> <p><input type="checkbox"/> Driving on the Wrong Side of Road</p> <p><input type="checkbox"/> Passing with Insufficient Distance or Inadequate Visibility or Failing to Yield to Overtaking Vehicle</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown</p>
<p>5. Non-Motorist Safety Equipment (Select ALL That Apply)</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> None Used</p> <p><input type="checkbox"/> Helmet</p> <p><input type="checkbox"/> Protective Pads Used (elbows, knees, shins, etc.)</p> <p><input type="checkbox"/> Reflective Equipment/Clothing (jacket, backpack, etc)</p> <p><input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Other Safety Equipment</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown if Used</p>	<p>6. Non-Motorist Location at time of Crash</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Intersection – In Crosswalk</p> <p><input type="checkbox"/> Intersection – On Roadway, Not in Crosswalk</p> <p><input type="checkbox"/> Intersection – On Roadway, Crosswalk not Available</p> <p><input type="checkbox"/> Intersection – On Roadway, Crosswalk Availability Unknown</p> <p><input type="checkbox"/> Intersection – Not on Roadway</p> <p><input type="checkbox"/> Intersection – Unknown</p> <p><input type="checkbox"/> Non-Intersection – In Crosswalk</p> <p><input type="checkbox"/> Non-Intersection – On Roadway, Not in Crosswalk</p> <p><input type="checkbox"/> Non-Intersection – On Roadway, Crosswalk not Available</p> <p><input type="checkbox"/> Non-Intersection – On Roadway, Crosswalk Availability Unknown</p> <p><input type="checkbox"/> Non-Intersection – In Parking Lane</p> <p><input type="checkbox"/> Non-Intersection – On Road Shoulder</p> <p><input type="checkbox"/> Non-Intersection – Bike Path</p> <p><input type="checkbox"/> Non-Intersection –Outside Trafficway</p> <p><input type="checkbox"/> Non-Intersection – Other, Not on Roadway</p> <p><input type="checkbox"/> Non-Intersection –Unknown</p> <p><input type="checkbox"/> Unknown</p>	<p>9. Alcohol Test Status</p> <p><input type="checkbox"/> Test Not Given</p> <p><input type="checkbox"/> Test Refused</p> <p><input type="checkbox"/> Test Given</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown if Tested</p>	<p>11. Alcohol Test Result</p> <p><input type="checkbox"/> Actual Value (.00 - .93) _____</p> <p><input type="checkbox"/> .94 or Greater</p> <p><input type="checkbox"/> Test Not Given</p> <p><input type="checkbox"/> Test Performed, Results Unknown</p> <p><input type="checkbox"/> Positive Reading With No Actual Value</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown if Tested</p>
<p>7. Impairment Condition at Time of Crash (Select ALL That Apply)</p> <p><input type="checkbox"/> None/Apparently Normal</p> <p><input type="checkbox"/> Ill, Blackout</p> <p><input type="checkbox"/> Asleep or Fatigued</p> <p><input type="checkbox"/> Walking with a Cane or Crutches</p> <p><input type="checkbox"/> Paraplegic or Restricted to Wheelchair</p> <p><input type="checkbox"/> Impaired Due to Previous Injury</p> <p><input type="checkbox"/> Deaf</p> <p><input type="checkbox"/> Blind</p> <p><input type="checkbox"/> Emotional (depressed, angry, disturbed)</p> <p><input type="checkbox"/> Under the Influence of Alcohol/Drugs/Medication</p> <p><input type="checkbox"/> Physical Impairment – No Details</p> <p><input type="checkbox"/> Other Physical Impairment</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown if Physically Impaired</p>	<p>8. Method of Alcohol Determination (by Law Enforcement)</p> <p><input type="checkbox"/> Evidential Test (breath, blood, urine)</p> <p><input type="checkbox"/> Preliminary Breath Test (PBT)</p> <p><input type="checkbox"/> Behavioral</p> <p><input type="checkbox"/> Passive Alcohol Sensor (PAS)</p> <p><input type="checkbox"/> Observed</p> <p><input type="checkbox"/> Other (e.g., Saliva test)</p> <p><input type="checkbox"/> Not Reported</p>	<p>10. Alcohol Test Type</p> <p><input type="checkbox"/> Test Not Given</p> <p><input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Breathalyzer</p> <p><input type="checkbox"/> Preliminary Breath Test (PBT)</p> <p><input type="checkbox"/> Urine</p> <p><input type="checkbox"/> Vitreous</p> <p><input type="checkbox"/> Blood Plasma/Serum</p> <p><input type="checkbox"/> Blood Clot</p> <p><input type="checkbox"/> Liver</p> <p><input type="checkbox"/> Other Test Type</p> <p><input type="checkbox"/> Unknown Test Type</p> <p><input type="checkbox"/> Not Reported</p> <p><input type="checkbox"/> Unknown if Tested</p>	

Fatal Motor Vehicle Crash Reporting Form

Agency	Case Number	Date of Crash	Person Name	Age or DOB	Sex
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Non-Motorist Information – Page 2

(Complete One Form for EACH Non-Motorist (e.g. Bicyclist, Pedestrian))

<p>12. Method of Drug Determination (by Law Enforcement)</p> <input type="checkbox"/> Evidential Test (Blood, Urine) <input type="checkbox"/> Drug Recognition Technician (DRT, DRE) <input type="checkbox"/> Behavioral <input type="checkbox"/> Other <input type="checkbox"/> Not Reported	<p>13. Drug Test Status</p> <input type="checkbox"/> Test Not given <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested	<p>14. Drug Test Type</p> <input type="checkbox"/> Test Not given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Both: Blood and Urine Tests <input type="checkbox"/> Unknown Test Type <input type="checkbox"/> Other Test Type <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested
<p>15. Drug Test Result</p> <input type="checkbox"/> Test Not Given <input type="checkbox"/> No Drugs Reported/Negative <input type="checkbox"/> TYPE OF DRUG FOUND _____ TYPE OF DRUG FOUND _____ TYPE OF DRUG FOUND _____ <input type="checkbox"/> Tested for Drugs, Results Unknown <input type="checkbox"/> Tested for Drugs, Drugs Found, Type Unknown <input type="checkbox"/> Not Reported <input type="checkbox"/> Unknown if Tested		

Choose up to THREE factors from the following boxes

<input type="checkbox"/> None <input type="checkbox"/> Unknown	<p>VISION OBSCURED BY:</p> <input type="checkbox"/> Rain, Snow, Fog, Smoke, Sand, Dust <input type="checkbox"/> Reflected Glare, Bright Sunlight, Headlights <input type="checkbox"/> Curve, Hill, or Other Design Features (including traffic signs, embankment) <input type="checkbox"/> Building, billboard, other structures <input type="checkbox"/> Trees, Crops, Vegetation <input type="checkbox"/> Motor Vehicle (including Load) <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Splash or spray of Passing Vehicle <input type="checkbox"/> Inadequate Lighting System <input type="checkbox"/> Obstructing Angles on Vehicle <input type="checkbox"/> Mirrors <input type="checkbox"/> Other Visual Obstruction		
<p>FAILURE TO:</p> <input type="checkbox"/> Failure to keep in proper lane <input type="checkbox"/> Failure to observe warnings or instruction on vehicles displaying them <input type="checkbox"/> Failure to signal intentions	<p>NON-MOTORIST CIRCUMSTANCE</p> <input type="checkbox"/> Mentally Challenged <input type="checkbox"/> Construction/Maintenance/Utility Worker <input type="checkbox"/> Motorized Wheelchair Rider <input type="checkbox"/> Mother of Dead Fetus (fetus dies in or as a result of THIS crash) <input type="checkbox"/> Emergency Services Personnel <input type="checkbox"/> Police or Law Enforcement Officer <input type="checkbox"/> Portable electronic devices <input type="checkbox"/> Seatback not in normal upright position, seat back reclined <input type="checkbox"/> Non-motorist pushing a vehicle <input type="checkbox"/> Operator inexperience <input type="checkbox"/> Unfamiliar with roadway <input type="checkbox"/> Non-Driver flees scene		
<p>SPEED</p> <input type="checkbox"/> Driving too fast for conditions or in excess of posted maximum <input type="checkbox"/> Driving less than posted minimum			
<p>IMPROPER LOCATION</p> <input type="checkbox"/> Traveling on prohibited trafficways <input type="checkbox"/> Illegal Driving on Road Shoulder, in Ditch, on Sidewalk or on Median			<p>MISCELLANEOUS</p> <input type="checkbox"/> Opening Vehicle Closure into moving Traffic or while vehicle is in motion <input type="checkbox"/> Making right turn from left-turn lane, left turn from right-turn lane <input type="checkbox"/> Stopped in roadway (vehicle not abandoned) <input type="checkbox"/> Improper tire pressure <input type="checkbox"/> Locked wheel <input type="checkbox"/> Overcorrecting
<p>LOAD</p> <input type="checkbox"/> Overloading or improper loading of vehicle with passengers or cargo			
<p>FOLLOWING, PASSING</p> <input type="checkbox"/> Following Improperly <input type="checkbox"/> Passing where prohibited by posted signs, pavement markings, hill or curve, or school bus displaying warning not to pass line <input type="checkbox"/> Passing through or around barrier			