TRAFFIC ACCIDENT REPORT CODING GUIDE

1 TYPE LOCATION

1 Straight Road
2 Curved Road
3 Three Leg. Inter.
4 Four Leg. Inter.
5 Five Leg. Inter.
6 Driveways
7 Bridges
8 Interchanges
9 Other

2 TYPE ACCIDENT

1 Object in Road
2 Read End/Sideswipe
3 Head-on/Sideswipe
4 Intersection Movement
5 Pedestrians
6 Train
7 Ran Off Road
8 All Other Animals
9 Bike
10 Other
11 Jacknife
12 Rollover
13 Fire
14 Submersion
15 Rock Thrown
16 Bear
17 Deer
18 Moose

3 FIXED OBJECT STRUCK (IF APPLICABLE)

1 Construction Barricades Equipment, etc.
2 Traffic Signal
3 R.R. Crossing Device
4 Light Pole
5 Utility Pole (Tel./Electrical)
6 Sign Structure Post
7 Mail Boxes or Posts
8 Other poles, posts supports
9 Fire Hydrant/Parking Meter
10 Tree - Shrubbery
11 Crash Cushion
12 Median Safety Barrier
13 Bridge Piers (Incl. Protective Guardrail)
14 Other Guardrails
15 Fencing (Not Median Barrier)
16 Culvert Headwall
17 Embankment, Ditch, Curb
18 Building, Wall
19 Rock Outcrops - Ledge
20 Other

4 OTHER PROPERTY DAMAGED

1 State Property
2 Utilities Property
3 Other (Private)
4 Unknown

5 TRAFFIC CONTROL DEVICE

1 Traffic Signals (Stop & Go)
2 Traffic Signals (Flashing)
3 Overhead Flashers
4 Stop Signs - All approaches
5 Stop Sign - Other
6 Yield Sign
7 Curve Warning Sign
8 Officer, Flagman, School Patrol
9 School Bus Stop Arm
10 School Zone Sign
11 R.R. Crossing Device
12 No Passing Zone
13 None
14 Other

6 LIGHT

1 Dawn (Morning)
2 Daylight
3 Dusk (Evening)
4 Dark (Street Lights On)
5 Dark (No Street Lights)
6 Dark (Street Lights Off)
7 Other

7 WEATHER - ATMOSPHERE

1 Clear
2 Rain
3 Snow
4 Sleet, Hail, Freezing Rain
5 Fog, Smog, Smoke
6 Severe Cross Winds
7 Blowing Sand or Dust
8 Cloudy
9 Other

8 ROAD SURFACE

1 Dry
2 Wet
3 Snow, Slush - Sanded
4 Ice, Packed Snow - Sanded
5 Muddy
6 Debris
7 Oily
8 Snow, Slush - Not Sanded
9 Ice, Packed Snow - Not Sanded
10 Other

9 ROAD CHARACTER

1 Level Straight
2 Level Curved
3 On Grade Straight
4 On Grade Curved
5 Top of Hill Straight
6 Top of Hill Curved
7 Bottom of Hill Straight
8 Bottom of Hill Curved
9 Other

10 ROAD WORK

1 None
2 Construction Zone
3 Maintenance Area
4 Utility Work Area

11 SPEED LIMIT

1 Not Posted - 25 Zone
2 Not Posted - 45 Zone
If Posted - Code Posted Limit
3 Unknown

12 EMERGENCY VEHICLE INVOLVED

1 No
2 Police Vehicle
3 Ambulance
4 Fire Dept Veh
5 Wrecker (Enroute To or At Scene)
6 Other

PRE-ACCIDENT ACTIONS - MANEUVERS

BY VEHICLE

1 Following Roadway
2 Wrong Way into Opposing Traffic
3 Right Turn On Red
4 Left Turn On Red
5 Making Right Turn
6 Making Left Turn
7 Making U-Turn
8 Starting From Parked
9 Starting in Traffic
10 Slowing in Traffic
11 Stopped in Traffic
12 Entering Parked Position
13 Parked - Legally
14 Parked - Illegally
15 Avoiding Vehicle Object, Pedestrian, Animal in Roadway
16 Skidding
17 Changing Lanes
18 Overtaking, Passing
19 Merging
20 Backing
30 Other Vehicle Action
99 Unknown

BY PEDESTRIAN

41 Crossing With Signal
42 Crossing Against Signal
43 Crossing Marked Crosswalk - No Signal
44 Crossing - No Signal or Crosswalk
45 Walking in Road with Traffic
46 Walking in Road Against Traffic
47 Standing in Road
48 Emerging from behind Parked Car
49 Child Getting On-Off School Bus
50 Getting On-Off Vehicle
51 Pushing or Working on Vehicle
52 Working in Road
53 Playing in Road
54 Not in Road
60 Other Pedestrian Action
99 Unknown

BY BICYCLIST

71 Riding with Traffic
72 Riding Against Traffic
73 Making Right Turn
74 Making Left Turn
75 Making U-Turn
76 Riding Across Road
77 Slowing, Stopping, Starting in Road
80 Other Bicyclist Action 99 Unknown

UNIT #1 13
UNIT #2 14

APPARENT CONTRIBUTING FACTORS

1 No Improper Action
2 Fail to Yield Right of Way
3 Illegal, Unsafe Speed
4 Follow Too Close
5 Disregard Traffic Control Device
6 Driving Left of Center - Not Passing
7 Improper Pass - Overtaking
8 Improper, Unsafe Lane Change
9 Improper Parking, Start, Stop
10 Improper Turn
11 Unsafe Backing
12 No Signal or Improper Signal
13 Impeding Traffic
14 Driver Inattention - Distraction
15 Driver Inexperience
16 Pedestrian Violation Error
17 Physical Impairment
18 Vision Obscured - Windshield Glass
19 Vision Obscured - Sun, Headlights
20 Other Vision Obscurement
30 Other Human Violation Factor
31 Hit and Run
41 Defective Brakes
42 Defective Tire - Tire Failure
43 Defective Lights
44 Defective Suspension
45 Defective Steering
50 Other Vehicle Defect or Factor
51 Unknown

UNIT #1 15 PRIMARY
UNIT #2 16
UNIT #1 17 SECONDARY
UNIT #2 18

APPARENT PHYSICAL CONDITION

1 Normal
2 Under the Influence
3 Had Been Drinking
4 Had Been Using Drugs
5 Asleep
6 Fatigued
7 Ill
8 Handicapped
9 Other

UNIT #1 19
UNIT #2 20

ALCOHOL RELATED

This accident should be considered alcohol related
1 - Yes 2 - No

21

HAZARDOUS MATERIALS

1 None Involved 2 Involved Include Type in Description

UNIT #1 23
UNIT #2 24

SAFETY EQUIPMENT USAGE 29

1 Restraining Device Installed - Used
2 Restraining Device Installed - Not Used
3 Restraining Device Not Installed
4 Child Restraint Used
5 Air Bags Deployed
6 Unknown
10 Child Restraint Not Used
11 Child Restraint Used Incorrectly
12 Air Bag Deployed & Seat Belts Used

MOTORCYCLE
7 Helmet Used
8 Helmet Not Used

30 WHICH VEHICLE OCCUPIED

1 Veh No 1
2 Veh No 2
3 Veh No 3 (Etc.)
20 Pedestrian
21 Bicyclist
22 Witness
23 Other
24 Last Known Operator

31 EJECTION FROM VEHICLE

1 Not Ejected
2 Partially Ejected
3 Ejected
4 Trapped - Extricated

32 POSITION IN VEHICLE

STANDARD VEH
1 Driver
2 7 Passenger
8 Ride-Hang On Veh.

MC/BIKE/SNOWMOBILE
9 Driver
10 Passenger
11 Sidecar/Sled Hang On Veh.

INJURY TYPE 28

1 Fatal
2 Incapacitating
3 Non-Incapacitating
4 Possible Injury
5 No Injury

TYPE INJURY (MOST SEVERE) 25

1 Amputation
2 Bleeding
3 Broken Bones
4 Burns
5 Concussion
6 Shock
7 Dizziness
8 Abrasion/Bruises
9 Complaint of Pain
10 Other

AREA OF INJURY (MOST SEVERE) 26

1 Face
2 Head
3 Neck
4 Back
5 Arms(s)
6 Leg(s)
7 Chest Stomach
8 Internal
9 Entire Body
10 Other

INJURY INFO SOURCE 27

1 Officer Observation
2 Individual Statement
3 Medical - ParaMedical Personnel

SEX - 33 M or F

AGE - 34

SAMPLE

INVESTIGATING AGENCY CODE NUMBER

TRAFFIC ACCIDENT REPORT

STATE OF MAINE

FOR D.P.S. USE ONLY

1 DATE OF ACCIDENT: MONTH | DAY | YEAR | DAY OF WEEK | TIME | TIME REPORTED | TIME ARRIVED

2 ON: ROUTE | OR NAME OF STREET OR HIGHWAY | CITY OR TOWN | CODE NUMBER R U | COUNTY | HIT AND RUN

AT: BETWEEN NODE NUMBERS | DISTANCE FROM SCENE MILES TNTHS | TO NUMBER | MILES AND TENTHS TO LANDMARK | N W S E CIRCLE ONE

UNIT NO. - | TOTAL UNITS INV. ____ | UNIT NO. - | ☐ VEH. 2 ☐ PED. ☐ BIKE

DRIVER

3 DRIVER'S LICENSE NUMBER | STATE
LAST NAME | FIRST NAME | MIDDLE
NUMBER AND STREET
CITY | STATE | CODE NUMBER

4 DATE OF BIRTH | SEX | LICENSE STATUS A S P N | REST/PERM | CLASS

13 DRIVER'S LICENSE NUMBER | STATE
14 LAST NAME | FIRST NAME | MIDDLE
NUMBER AND STREET
CITY | STATE | CODE NUMBER

15 DATE OF BIRTH | SEX | LICENSE STATUS A S P N | REST/PERM | CLASS

OWNER

5 LAST NAME - OWNER 1 | FIRST NAME | MIDDLE
NUMBER AND STREET
CITY | STATE

16 LAST NAME - OWNER 2 | FIRST NAME | MIDDLE
17 NUMBER AND STREET
18 CITY | STATE

VEHICLE

6 VEHICLE TYPE | YEAR AND MAKE | COLOR
LICENSE PLATE NUMBER | YEAR | ISSUE STATE | NO OCCUP.
7 VEHICLE IDENTIFICATION NO.
INSURANCE CO.
POLICY NO.

19 VEHICLE TYPE | YEAR AND MAKE | COLOR
20 LICENSE PLATE NUMBER | YEAR | ISSUE STATE | NO OCCUP.
VEHICLE IDENTIFICATION NO.
21 INSURANCE CO.
POLICY NO.

8 1 2 3 4 5 6 7 8 9 (TOP) 10 (BOTTOM) | ENTIRE VEH # | TOWED BY: | DAMAGE CODES | $ DAMAGE ESTIMATE

23 1 2 3 4 5 6 7 8 9 (TOP) 10 (BOTTOM) | ENTIRE VEH # | TOWED BY: | DAMAGE CODES | $ DAMAGE ESTIMATE

24

9 DESCRIPTION:

10

11

12

AMBULANCE CODES

NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY (OTHER THAN VEH.)

TOTAL NUMBER OF PERSONS INVOLVED:

NAMES OF ALL PERSONS INVOLVED (DRIVERS - PASSENGERS - WITNESSES - PEDESTRIANS) | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34

LOCAL CODES

INVESTIGATING OFFICER (SIGNATURE) | OFFICER NUMBER | TROOP OR DEPARTMENT | APPROVED BY: | DATE

SAMPLE

FORM 13:20A
Rev. 4/97

ACCIDENT NUMBER	City or Town IN	Month	Date Year
	Number of Highway ON and	Or - Name of Street or Highway	
	Driver - Name		
DO NOT WRITE IN THIS SPACE	Driver - Name		

State of Maine
Supplement to

POLICE TRAFFIC ACCIDENT REPORT

for

ADDITIONAL DIAGRAMS, DATA OR ANY NECESSARY STATEMENTS TAKEN

Confidential if so Marked

SAMPLE

IN City or Town	Month Day Year	Unit Number
Number of Highway and	Or - Name of Street or Highway	
Driver Name	DOB	
Driver License Number	State	Class
Vehicle ID Number		
Vehicle License State	Vehicle Plate Number	

FOR D.P.S. USE ONLY

STATE OF MAINE

COLLISION SUPPLEMENT FORM 1393 REV. (11/2001)

POLICE TRAFFIC COLLISION REPORT

CONFIDENTIAL IF SO MARKED

☐ FATAL ☐ INJURY ☐ DISABLING DAMAGE

U.S.DOT# _____

* Carrier Name: _____ Interstate Carrier: (Y/N): _____

* Address: _____

* City, State, Zip Code: _____

Traffic Way: _____ 1. Not Physically Divided - Two Way Traffic 2. Divided Highway, Median Strip, w/o Traffic Barrier 3. Divided Highway, Median Strip, w/ Traffic Barrier 4. One Way Traffic

Traffic Access: _____ 1. No Control - unlimited Access 2. Full Control - only ramp entry and exit 3. Other

Cargo Body Type: _____ 1. Bus (seats 15 plus incl. driver) 2. Van/closed box 3. Cargo tank 4. Flatbed 5. Dump 6. Concrete mixer 7. Auto transporter 8. Garbage/refuse 9. Mobile/modular home 10. Other

Vehicle Code _____

Gross Vehicle Weight of Power Unit: _____ <= 10,000 lb. _____ 10,001 - 26,000 _____ > 26,000

Hazardous Material Involvement: Placarded (Y/N) _____ *(If yes, complete 1, 2 and 3)*

1. Was HAZMAT Cargo Released? (Y/N) _____ (not including the engine fuel tank) How Transported: _____ T = Tank/Bulk; P = Package
2. Four digit number from placard _____ and name: _____
3. HAZMAT CLASS: ____ ____ *(From bottom of placard)* IF ONE DIGIT ONLY, ENTER IN FIRST SPACE

Sequence of events: First event _____ *Second event _____ *Third event _____ *Fourth event _____

(Enter in spaces in order of occurrence) /- * - When necessary - * -/

01 Ran off road	05 Cargo loss/shift	09 Collision w/ MV in transport	13 Collision w/ animal
02 Jackknife	06 Explosion or fire	10 Collision w/ parked MV	14 Collision w/ fixed object
03 Overturned (rollover)	07 Separation of units	11 Collision w/ train	15 Collision w/ other object
04 Downhill runaway	08 Collision w/ pedestrian	12 Collision w/ pedalcycle	16 Collision w/ other

Cargo Code: 1 = Unloaded 2 = Partially loaded 3 = Loaded _____ *(Enter one code only)*

Commodity Code: _____ *(cargo carried)* and name: _____

Length *(to nearest foot):* Overall _____ Trailer length _____

Summons Issued ____Yes ____ No Charge: _____

Oversize permit *(Enter "Y" in all appropriate boxes):* Weight _____ Length _____ Height _____ Width _____

SAMPLE