

Investigator's Motor Vehicle Crash Report

|   |  |                     |  |                        |  |   |  |                           |  |  |  |  |  |
|---|--|---------------------|--|------------------------|--|---|--|---------------------------|--|--|--|--|--|
| <b>TOTAL NO. OF VEHICLES</b> <input type="text"/>   |  | LOCAL NO./DISTRICT  |  | AGENCY CASE NO.        |  | PHOTOGRAPHS TAKEN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | STATE USE ONLY            |  |  |  |  |  |
| <b>DATE OF CRASH</b>  |  | M M / D D / Y Y Y Y |  | S M T W T H F S        |  | TIME OF CRASH<br>(Military Time)  |  | TIME OF ROADWAY CLEARANCE |  |  |  |  |  |
| <b>PLACE OF CRASH</b>   |  | COUNTY              |  |                        |  | CITY  |  |                           |  | LATITUDE                                     |  |  |  |
| <b>ROAD ON WHICH CRASH OCCURRED</b>   |  | STREET/HIGHWAY NO.  |  |                        |  | PRIVATE PROPERTY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |                           |  | LONGITUDE                                    |  |  |  |
| <b>DISTANCE FROM MILEPOST</b>   |  | FEET                |  | N S E W                |  | OF MILEPOST   |  | HIGHWAY NO.               |  |  |  |  |  |
| <b>IF AT INTERSECTION</b>   |  |                     |  |                        |  | <b>IF NOT AT INTERSECTION</b>   |  |                           |  |  |  |  |  |
| NAME OF INTERSECTING ROADWAY  |  |                     |  |                        |  | <input type="checkbox"/> FEET   |  | N S E W                   |  | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING |  |  |  |
| <input type="checkbox"/> MILES  |  |                     |  |                        |  |   |  |                           |  |  |  |  |  |
| <b>IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN</b>  |  |                     |  |                        |  |   |  |                           |  |  |  |  |  |
| MILES   |  | N S E W             |  | AND MILES              |  | N S E W   |  | OF NEAREST CITY OR TOWN   |  |  |  |  |  |
| <b>CRASH DATA</b>   |  |                     |  |                        |  |   |  |                           |  |  |  |  |  |
| <b>DOES CRASH INVOLVE DAMAGE TO NEBRASKA DEPT. OF TRANSPORTATION PROPERTY?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |                     | <b>TYPE OF INTERSECTION</b><br><b>Number of Approaches</b><br>01 - Not at Intersection<br>02 - Two (2) <input type="checkbox"/><br>03 - Three (3)<br>04 - Four (4)<br>05 - Five or more (5+) <input type="checkbox"/><br><b>Overall Intersection Geometry</b><br>01 - Angled/Skewed Y<br>02 - Roundabout/Traffic Circle O <input type="checkbox"/><br>03 - Perpendicular + or T<br>04 - Stop - Partial<br>05 - Yield<br>06 - Not Applicable<br><b>Overall Traffic Control Device</b><br>01 - No Control<br>02 - Signalized <input type="checkbox"/><br>03 - Stop - All Way<br>04 - Stop - Partial<br>05 - Yield<br>06 - Not Applicable |                        |  | <b>CONTRIBUTING CIRCUMSTANCES - ROADWAY ENVIRONMENT</b><br>(up to 2 choices)<br>00 - None <input type="checkbox"/><br>01 - Absence of Sidewalks<br>02 - Animal(s) <input type="checkbox"/><br>03 - Prior Crash<br>04 - Prior Non-Recurring Incident<br>05 - Backup Due to Regular Congestion<br>06 - Debris<br>07 - Glare<br>08 - Obstructed Crosswalks<br>09 - Non-Highway Work<br>10 - Obstruction in Roadway<br>11 - Related to a Bus Stop<br>12 - Road Surface Condition (wet, icy, snow, slush, etc.)<br>13 - Roadway Width Restricted<br>14 - Ruts, Holes, Bumps<br>15 - Shoulders (none, low, soft, high)<br>16 - Toll Booth/Plaza Related<br>17 - Traffic Control Device<br>18 - Traffic Incident<br>19 - Visual Obstruction(s)<br>20 - Weather Conditions<br>21 - Work Zone (construction/maintenance/utility)<br>22 - Worn, Travel-Polished Surface<br>23 - Other<br>24 - Unknown |  |                           | <b>WORK ZONE</b><br><b>Was the crash in a construction, maintenance or utility work zone, or was it related to an activity within a work zone?</b><br>01 - Yes<br>02 - No<br>03 - Unknown <input type="checkbox"/><br><b>Workers Present?</b><br>01 - Yes<br>02 - No<br>03 - Not Applicable<br>04 - Unknown<br><b>Type of Work Zone</b><br>01 - Intermittent or Moving Work<br>02 - Lane Closure<br>03 - Lane Shift/Crossover<br>04 - Work on Shoulder or Median<br>05 - Not Applicable<br>06 - Other <input type="checkbox"/><br>07 - Unknown<br><b>Location of the Crash</b><br>01 - Before Work Zone Warning Sign<br>02 - Advance Warning Area<br>03 - Transition Area<br>04 - Activity Area<br>05 - Termination Area<br>06 - Not Applicable<br>07 - Other <input type="checkbox"/><br>08 - Unknown<br><b>Law Enforcement Present</b><br>01 - Officer Present<br>02 - Not Present<br>03 - Only Law Enforcement Vehicle Present<br>04 - Not Applicable<br>05 - Unknown |  |  |  |  |
| <b>RELATION TO JUNCTION Within Interchange Area?</b><br>01 - Yes <input type="checkbox"/><br>02 - No<br>03 - Unknown<br><b>Specific Junction Location</b><br>00 - Non-Junction<br>01 - Acceleration/Deceleration Lane<br>02 - Crossover Related<br>03 - Driveway Access or Related<br>04 - Entrance/Exit Ramp or Related<br>05 - Intersection or Related<br>06 - Railway Grade Crossing <input type="checkbox"/><br>07 - Shared Use Path or Trail<br>08 - Other Location (median, shoulder or roadside)<br>09 - Unknown |  |                     | <b>WEATHER CONDITIONS</b><br>(up to 2 choices)<br>01 - Blowing Sand, Soil, Dirt <input type="checkbox"/><br>02 - Blowing Snow <input type="checkbox"/><br>03 - Clear<br>04 - Cloudy <input type="checkbox"/><br>05 - Fog, Smog, Smoke<br>06 - Freezing Rain/Drizzle<br>07 - Rain<br>08 - Severe Crosswinds<br>09 - Sleet or Hail<br>10 - Snow<br>11 - Other<br>12 - Unknown  |                        |  | <b>MANNER OF CRASH / COLLISION IMPACT</b><br>00 - Not a Collision Between Two Motor Vehicles <input type="checkbox"/><br>01 - Angle<br>02 - Front-to-Front<br>03 - Front-to-Rear<br>04 - Rear-to-Rear<br>05 - Rear-to-Side<br>06 - Sideswipe-Opposite Direction<br>07 - Sideswipe-Same Direction<br>08 - Other<br>09 - Unknown  |  |                           | <b>SCHOOL BUS RELATED</b><br>00 - No <input type="checkbox"/><br>01 - School Bus Directly Involved<br>02 - School Bus Indirectly Involved<br>03 - Unknown  |  |  |  |  |
| <b>ROADWAY SURFACE CONDITION</b><br>01 - Dry<br>02 - Ice/Frost<br>03 - Mud, Dirt, Gravel <input type="checkbox"/><br>04 - Oil<br>05 - Sand<br>06 - Slush<br>07 - Snow<br>08 - Water (standing, moving)<br>09 - Wet<br>10 - Other<br>11 - Unknown  |  |                     | <b>LIGHT CONDITION</b><br>01 - Daylight <input type="checkbox"/><br>02 - Dawn/Dusk<br>03 - Dark-Lighted<br>04 - Dark-Not Lighted<br>05 - Dark-Unk. Lighting<br>06 - Dusk<br>07 - Other<br>08 - Unknown   |                        |  |   |  |                           |  |  |  |  |  |
| <b>ROADWAY SURFACE</b><br>01 - Asphalt <input type="checkbox"/><br>02 - Brick<br>03 - Concrete<br>04 - Dirt<br>05 - Gravel<br>06 - Other<br>07 - Unknown  |  |                     |  |                        |  |   |  |                           |  |  |  |  |  |
| <b>PROPERTY</b>   |  | OBJECT DAMAGED      |  | OWNER NAME             |  | ADDRESS   |  | PHONE                     |  | APPROX. COST OF DAMAGE<br>\$                 |  |  |  |
|   |  | OBJECT DAMAGED      |  | OWNER NAME             |  | ADDRESS   |  | PHONE                     |  | APPROX. COST OF DAMAGE<br>\$                 |  |  |  |
| <b>WITNESSES</b>  |  | NAME                |  | ADDRESS                |  |   |  | PHONE                     |  |  |  |  |  |
|   |  | NAME                |  | ADDRESS                |  |   |  | PHONE                     |  |  |  |  |  |
| OFFICER NO.   |  |                     | TROOP/TEAM/BEAT  |                        |  | DEPARTMENT  |  |                           |  |  |  |  |  |
| INVESTIGATOR NAME (Print or Type)   |  |                     |  | INVESTIGATOR SIGNATURE |  |   |  | DATE OF REPORT<br>/ /20__ |  |  |  |  |  |

**CRASH DIAGRAM**



Check if diagram is submitted on a separate page.

Investigation made at scene?  Yes  No

**DESCRIPTION OF CRASH BASED ON OFFICER'S INVESTIGATION**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

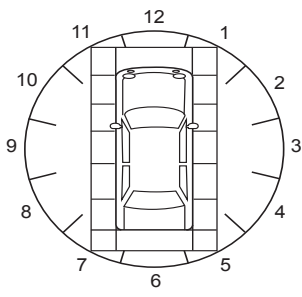
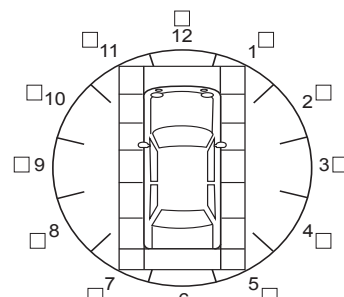
---

Agency Case No. \_\_\_\_\_

## Investigator's Motor Vehicle Crash Report - Vehicle

|   |  |  |
|---|--|--|
| <b>VEHICLE NO.</b> <input style="width: 40px;" type="text"/>  | <b>MOTOR VEHICLE UNIT TYPE</b><br>01 - Motor Vehicle in Transport    02 - Parked Motor Vehicle    03 - Working Vehicle/Equipment <input style="width: 40px;" type="text"/> | <b>DRIVER PRESENT?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>VEHICLE OWNER NAME (Last, First, Middle)</b>   |  | <b>CONTACT PHONE</b>   |
| <b>MAILING ADDRESS</b>  |  | <b>CITY</b> <b>STATE</b> <b>ZIP</b>  |
| <b>LICENSE PLATE NO.</b>  | <b>STATE</b>   | <b>REG. YEAR</b> <b>MAKE</b> <b>MODEL</b> <b>MODEL YEAR</b> <b>COLOR</b>           |
| <b>LICENSE PLATE TYPE</b>   |  | <b>VIN</b>   |
| <b>INSURANCE COVERAGE</b><br>01 - Yes    02 - No    99 - Unk. <input style="width: 40px;" type="text"/> |  | <b>INSURANCE COMPANY</b> <b>INSURANCE POLICY NO.</b>                               |

|   |  |   |
|---|--|---|
| <b>MOTOR VEHICLE TYPE CATEGORY</b> <input style="width: 40px;" type="text"/><br><b>Body Type</b><br>01 - All-Terrain Vehicle/Cycle (ATV/ATC)<br>02 - Golf Cart<br>03 - Low Speed Vehicle<br>04 - Recreational Off-Highway Vehicles (ROV)<br>05 - Snowmobile<br>06 - Moped or motorized bicycle<br>07 - Motorcycle - 2 Wheel<br>08 - Motorcycle - 3 Wheel<br>09 - Autocycle<br>10 - Passenger Car<br>11 - Passenger Van (less than 9 seats)<br>12 - (Sport) Utility Vehicle<br>13 - Pickup (10,000 lbs or less)<br>14 - Pickup (greater than 10,000 lbs)**<br>15 - Medium/Heavy Truck (greater than 10,000 lbs GVWR)**<br>16 - Single-Unit Truck**<br>17 - Truck Tractor**<br>18 - Other Trucks<br>19 - 9 or 12-Passenger Van**<br>20 - 15-Passenger Van**<br>21 - Cargo Van (10,000 lbs or less)<br>22 - Cargo Van (greater than 10,000 lbs GVWR)**<br>23 - Large Limo**<br>24 - Mini-bus**<br>25 - School Bus**<br>26 - Transit Bus**<br>27 - Other Bus Type**<br>28 - Motor Home (10,000 lbs or less GVWR)<br>29 - Motor Home (greater than 10,000 lbs GVWR)**<br>30 - Motorcoach**<br>31 - Construction Equipment (backhoe, bulldozer, etc.)<br>32 - Farm Equipment (tractor, combine harvester, etc.)<br>98 - Other<br>99 - Unknown<br><b>Did this motor vehicle display a hazardous materials (HM) placard?</b><br>01 - Yes**    97 - Not Applicable<br>02 - No    99 - Unknown<br>**Heavy Truck/Bus form must be completed<br><b>Number of trailing units</b><br>97 - Not Applicable (vehicle with no trailing units) <input style="width: 40px;" type="text"/> | <b>SPECIAL FUNCTION OF MOTOR VEHICLE IN TRANSPORT</b> <input style="width: 40px;" type="text"/><br>00 - No Special Function<br>01 - Ambulance<br>02 - Bus - Charter/Tour<br>03 - Bus - Childcare/Daycare<br>04 - Bus - Intercity<br>05 - Bus - School (Public or Private)<br>06 - Bus - Shuttle<br>07 - Bus - Transit/Commuter<br>08 - Bus - Other<br>09 - Farm Vehicle<br>10 - Fire Truck<br>11 - Highway/Maintenance<br>12 - Mail Carrier<br>13 - Military<br>14 - Non-Transport Emergency Services Vehicle<br>15 - Other Incident Response<br>16 - Police<br>17 - Public Utility<br>18 - Rental Truck (Over 10,000 lbs)<br>19 - Safety Service Patrols - Incident Response<br>20 - Taxi<br>21 - Towing - Incident Response<br>22 - Truck Acting as Crash Attenuator<br>23 - Vehicle Used for Electronic Ride-hailing (Uber, Lyft, etc.)<br>98 - Other<br>99 - Unknown<br><b>HIT AND RUN?</b><br>01 - Yes - Driver or Car/Driver Left Scene <input style="width: 40px;" type="text"/><br>02 - No - Did Not Leave Scene<br>99 - Unknown<br><b>VEHICLE MANEUVER / ACTION</b> <input style="width: 40px;" type="text"/><br>01 - Movement Essentially Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Entering Traffic Lane<br>05 - Leaving Traffic Lane<br>06 - Making a U-Turn<br>07 - Negotiating a Curve<br>08 - Parked<br>09 - Passing/Overtaking a Vehicle<br>10 - Slowing<br>11 - Stopped in Traffic<br>12 - Turning Left<br>13 - Turning Right<br>98 - Other<br>99 - Unknown | <b>EMERGENCY MOTOR VEHICLE USE</b> <input style="width: 40px;" type="text"/><br>01 - Emergency Operation, Emergency Warning Equipment in Use<br>02 - Emergency Operation, Emergency Warning Equipment Not in Use<br>03 - Non-Emergency, Non-Transport<br>04 - Non-Emergency, Transport<br>97 - Not Applicable<br>99 - Unknown<br><b>MOTOR VEHICLE AUTOMATED DRIVING SYSTEM(S)</b><br><b>Automation System(s) in Vehicle?</b> <input style="width: 40px;" type="text"/><br>01 - Yes<br>02 - No<br>99 - Unknown<br><b>Automation System Levels in Vehicle (up to 5 choices)</b> <input style="width: 40px;" type="text"/><br>00 - No Automation<br>01 - Driver Assistance<br>02 - Partial Automation<br>03 - Conditional Automation<br>04 - High Automation<br>05 - Full Automation<br>06 - Automation Level Unknown<br>99 - Unknown<br><b>Automation System Levels Engaged at Time of Crash (up to 5 choices)</b> <input style="width: 40px;" type="text"/><br>00 - No Automation<br>01 - Driver Assistance<br>02 - Partial Automation<br>03 - Conditional Automation<br>04 - High Automation<br>05 - Full Automation<br>06 - Automation Level Unknown<br>99 - Unknown |
| <b>VEHICLE CONTRIBUTING CIRCUMSTANCE(S)</b> <input style="width: 40px;" type="text"/><br>00 - None<br>01 - Body, Doors<br>02 - Brakes<br>03 - Exhaust System<br>04 - Lights (head, signal, tail)<br>05 - Mirrors<br>06 - Power Train<br>07 - Steering<br>08 - Suspension<br>09 - Tires<br>10 - Truck Coupling/Trailer Hitch/Safety Chains<br>11 - Wheels<br>12 - Windows/Windshield<br>13 - Wipers<br>98 - Other<br>99 - Unknown<br><b>TOWED DUE TO DISABLING DAMAGE</b> <input style="width: 40px;" type="text"/><br>01 - Not Towed<br>02 - Towed Due to Disabling Damage<br>03 - Towed Not Due to Disabling Damage  |  |   |

|  |  |  |
|--|--|--|
| <b>INITIAL CONTACT POINT</b><br><br>00 - Non-Collision <input style="width: 40px;" type="text"/><br>13 - Cargo Loss<br>14 - Top<br>15 - Undercarriage<br>16 - Vehicle Not at Scene<br>99 - Unknown | <b>DAMAGED AREA(S) (check all that apply)</b><br><br><input type="checkbox"/> 00 - No Damage <input type="checkbox"/> 15 - All Areas<br><input type="checkbox"/> 13 - Top <input type="checkbox"/> 16 - Vehicle Not at Scene<br><input type="checkbox"/> 14 - Undercarriage <input type="checkbox"/> 99 - Unknown | <b>Vehicle crash damages equal to or less than \$1,000 are classified as non-reportable.</b><br><b>DAMAGE ESTIMATE</b><br><input type="checkbox"/> Totaled<br>\$ _____<br><b>EXTENT OF DAMAGE</b><br>00 - No Damage<br>01 - Minor Damage<br>02 - Functional Damage<br>03 - Disabling Damage<br>04 - Vehicle Not at Scene <input style="width: 40px;" type="text"/> |
|--|--|--|

|   |  |
|---|--|
| <b>VEHICLE NO.</b> <input style="width: 50px;" type="text"/> (cont'd.)  |  |
| <p><b>MOST HARMFUL EVENT FOR THIS MOTOR VEHICLE</b> <input style="width: 50px;" type="text"/></p> <p><b>Non-Collision Harmful Events</b></p> <ul style="list-style-type: none"> <li>11 - Cargo/Equipment Loss or Shift</li> <li>12 - Fell/Jumped from Motor Vehicle</li> <li>13 - Fire/Explosion</li> <li>14 - Immersion, Full or Partial</li> <li>15 - Jackknife</li> <li>16 - Other Non-Collision Harmful Event</li> <li>17 - Overturn/Rollover</li> <li>18 - Thrown or Falling Object</li> </ul> <p><b>Collision With Person, Motor Vehicle or Non-Fixed Object</b></p> <ul style="list-style-type: none"> <li>19 - Animal (live)</li> <li>20 - Motor Vehicle in Transport</li> <li>21 - Other Non-Fixed Object</li> <li>22 - Other Non-Motorist</li> <li>23 - Parked Motor Vehicle</li> <li>24 - Pedalcycle</li> <li>25 - Pedestrian</li> <li>26 - Railway Vehicle (train, engine)</li> <li>27 - Strikes Object at Rest from Motor Vehicle in Transport</li> <li>28 - Struck by Falling, Shifting Cargo or Object Set in Motion by Motor Vehicle</li> <li>29 - Work Zone/Maintenance Equipment</li> </ul>   | <p><b>Collision With Fixed Object</b></p> <ul style="list-style-type: none"> <li>30 - Bridge Overhead Structure</li> <li>31 - Bridge Pier or Support</li> <li>32 - Bridge Rail</li> <li>33 - Cable Barrier</li> <li>34 - Concrete Traffic Barrier</li> <li>35 - Culvert</li> <li>36 - Curb</li> <li>37 - Ditch</li> <li>38 - Embankment</li> <li>39 - Fence</li> <li>40 - Guardrail End Terminal</li> <li>41 - Guardrail Face</li> <li>42 - Impact Attenuator/Crash Cushion</li> <li>43 - Mailbox</li> <li>44 - Other Fixed Object (wall, building, tunnel, etc.)</li> <li>45 - Other Post, Pole or Support</li> <li>46 - Other Traffic Barrier</li> <li>47 - Traffic Sign Support</li> <li>48 - Traffic Signal Support</li> <li>49 - Tree (standing)</li> <li>50 - Utility Pole/Light Support</li> <li>51 - Unknown Fixed Object</li> <li>98 - Other</li> <li>99 - Unknown</li> </ul>   |
| <p><b>TRAFFIC CONTROL DEVICE TYPE</b><br/><i>(up to 4 choices)</i></p> <p><b>TCD Type(s)</b> <input style="width: 50px;" type="text"/></p> <ul style="list-style-type: none"> <li>00 - No Controls</li> <li>01 - Person (flagger, law enforcement, crossing guard, etc.)</li> </ul> <p><b>Signs</b></p> <ul style="list-style-type: none"> <li>02 - Railroad Crossing Sign</li> <li>03 - School Zone Sign</li> <li>04 - Stop Sign</li> <li>05 - Yield Sign</li> <li>06 - "Curve Ahead" Warning Sign</li> <li>07 - Pedestrian Crossing Sign</li> <li>08 - "Intersection Ahead" Warning Sign</li> <li>09 - "Reduce Speed Ahead" Warning Sign</li> <li>10 - Bicycle Crossing Sign</li> <li>11 - Other Warning Sign</li> </ul> <p><b>Signals</b></p> <ul style="list-style-type: none"> <li>12 - Flashing Traffic Control Signal</li> <li>13 - Ramp Meter Signal</li> <li>14 - Lane Use Control Signal</li> <li>15 - Traffic Control Signal</li> <li>16 - Flashing Railroad Crossing Signal (may include gates)</li> <li>17 - Flashing School Zone Signal</li> <li>18 - Other Signal</li> </ul> <p><b>Pavement Markings</b></p> <ul style="list-style-type: none"> <li>19 - School Zone</li> <li>20 - Railroad Crossing</li> <li>21 - Pedestrian Crossing</li> <li>22 - Bicycle Crossing</li> <li>23 - Other Pavement Marking (excluding edge lines, centerlines or lane lines)</li> <li>98 - Other</li> <li>99 - Unknown</li> </ul> <p><b>TRAFFIC CONTROL DEVICE WORKING</b></p> <ul style="list-style-type: none"> <li>00 - No Controls</li> <li>01 - Device Not Functioning <input style="width: 50px;" type="text"/></li> <li>02 - Device Functioning Improperly</li> <li>03 - Device Functioning Properly</li> <li>99 - Unknown</li> </ul>   | <p><b>TRAFFICWAY DESCRIPTION</b></p> <p><b>Travel Directions</b></p> <ul style="list-style-type: none"> <li>01 - One-Way <input style="width: 50px;" type="text"/></li> <li>02 - Two-Way</li> </ul> <p><b>Divided</b></p> <ul style="list-style-type: none"> <li>00 - Not Divided</li> <li>01 - Not Divided, With a Continuous Left-Turn Lane</li> <li>02 - Divided, Flush Median (greater than 4 ft. wide)</li> <li>03 - Divided, Raised Median (curbed) <input style="width: 50px;" type="text"/></li> <li>04 - Divided, Depressed Median</li> <li>99 - Unknown</li> </ul> <p><b>Barrier Type</b></p> <ul style="list-style-type: none"> <li>00 - No Barrier</li> <li>01 - Cable Barrier</li> <li>02 - Concrete Barrier (e.g. Jersey barrier)</li> <li>03 - Earth Embankment <input style="width: 50px;" type="text"/></li> <li>04 - Guardrail</li> <li>98 - Other</li> </ul> <p><b>DIRECTION OF TRAVEL</b> <input style="width: 50px;" type="text"/></p> <ul style="list-style-type: none"> <li>00 - Not on Roadway</li> <li>01 - Northbound</li> <li>02 - Southbound</li> <li>03 - Eastbound</li> <li>04 - Westbound</li> <li>99 - Unknown</li> </ul> <p><b>Name of street traveling on:</b></p> <p>_____</p> <p><b>POSTED SPEED LIMIT</b> <input style="width: 50px;" type="text"/> mph</p> <ul style="list-style-type: none"> <li>97 - Not Applicable</li> <li>99 - Unknown</li> </ul> |
| <p><b>SEQUENCE OF EVENTS</b> <i>(up to 4 choices)</i></p> <p><b>Non-Harmful Events</b></p> <ul style="list-style-type: none"> <li>01 - Cross Centerline <input style="width: 50px;" type="text"/> <b>First Event</b></li> <li>02 - Cross Median</li> <li>03 - End Departure <input style="width: 50px;" type="text"/> <b>Second Event</b><br/>(T-intersection, dead-end, etc.)</li> <li>04 - Downhill Runaway</li> <li>05 - Equipment Failure <input style="width: 50px;" type="text"/> <b>Third Event</b><br/>(blown tire, brake failure, etc.)</li> <li>06 - Ran Off Roadway Left</li> <li>07 - Ran Off Roadway Right</li> <li>08 - Reentering Roadway</li> <li>09 - Separation of Units</li> <li>10 - Other Non-Harmful Event</li> </ul> <p><b>Collision With Fixed Object</b></p> <ul style="list-style-type: none"> <li>30 - Bridge Overhead Structure</li> <li>31 - Bridge Pier or Support</li> <li>32 - Bridge Rail</li> <li>33 - Cable Barrier</li> <li>34 - Concrete Traffic Barrier</li> <li>35 - Culvert</li> <li>36 - Curb</li> <li>37 - Ditch</li> <li>38 - Embankment</li> <li>39 - Fence</li> <li>40 - Guardrail End Terminal</li> <li>41 - Guardrail Face</li> <li>42 - Impact Attenuator/Crash Cushion</li> <li>43 - Mailbox</li> <li>44 - Other Fixed Object (wall, building, tunnel, etc.)</li> <li>45 - Other Post, Pole or Support</li> <li>46 - Other Traffic Barrier</li> <li>47 - Traffic Sign Support</li> <li>48 - Traffic Signal Support</li> <li>49 - Tree (standing)</li> <li>50 - Utility Pole/Light Support</li> <li>98 - Other</li> <li>99 - Unknown</li> </ul> <p><b>Non-Collision Harmful Events</b></p> <ul style="list-style-type: none"> <li>11 - Cargo/Equipment Loss or Shift</li> <li>12 - Fell/Jumped from Motor Vehicle</li> <li>13 - Fire/Explosion</li> <li>14 - Immersion, Full or Partial</li> <li>15 - Jackknife</li> <li>16 - Other Non-Collision Harmful Event</li> <li>17 - Overturn/Rollover</li> <li>18 - Thrown or Falling Object</li> </ul> <p><b>Collision With Person, Motor Vehicle or Non-Fixed Object</b></p> <ul style="list-style-type: none"> <li>19 - Animal (live)</li> <li>20 - Motor Vehicle in Transport</li> <li>21 - Other Non-Fixed Object</li> <li>22 - Other Non-Motorist</li> <li>23 - Parked Motor Vehicle</li> <li>24 - Pedalcycle</li> <li>25 - Pedestrian</li> <li>26 - Railway Vehicle (train, engine)</li> <li>27 - Strikes Object at Rest from Motor Vehicle in Transport</li> <li>28 - Struck by Falling, Shifting Cargo or Object Set in Motion by Motor Vehicle</li> <li>29 - Work Zone/Maintenance Equipment</li> </ul> | <p><b>PAVEMENT MARKINGS</b></p> <p><b>Edgeline Presence/Type</b> <input style="width: 50px;" type="text"/></p> <ul style="list-style-type: none"> <li>00 - No Marked Edgeline</li> <li>01 - Standard Width Edgeline</li> <li>02 - Wide Edgeline</li> <li>98 - Other</li> <li>99 - Unknown</li> </ul> <p><b>Centerline Presence/Type</b> <input style="width: 50px;" type="text"/></p> <ul style="list-style-type: none"> <li>00 - No Marked Centerline</li> <li>01 - Centerline With Centerline Rumble Strip</li> <li>02 - Standard Centerline Markings</li> <li>99 - Unknown</li> </ul> <p><b>Lane Line Markings</b> <input style="width: 50px;" type="text"/></p> <ul style="list-style-type: none"> <li>00 - No Lane Markings</li> <li>01 - Standard Lane Line</li> <li>02 - Wide Lane Line</li> <li>99 - Unknown</li> </ul>  |
| <p><b>GRADE / ROADWAY ALIGNMENT</b></p> <p><b>Horizontal Alignment</b></p> <ul style="list-style-type: none"> <li>01 - Curve Left</li> <li>02 - Curve Right <input style="width: 50px;" type="text"/></li> <li>03 - Straight <input style="width: 50px;" type="text"/></li> <li>99 - Unknown</li> </ul> <p><b>Grade</b></p> <ul style="list-style-type: none"> <li>01 - Downhill</li> <li>02 - Hillcrest</li> <li>03 - Level <input style="width: 50px;" type="text"/></li> <li>04 - Sag (Bottom)</li> <li>05 - Uphill</li> <li>99 - Unknown</li> </ul>   | <p><b>TOTAL LANES IN ROADWAY</b></p> <p><b>Undivided Trafficways</b></p> <p>Number of Through Lanes in Both Directions, excluding Auxiliary Lanes <input style="width: 50px;" type="text"/></p> <p>97 - Not Applicable</p> <p>Number of Auxiliary Lanes in Both Directions <input style="width: 50px;" type="text"/></p> <p>97 - Not Applicable</p> <p><b>Divided Trafficways</b></p> <p>Number of Through Lanes in the Vehicle's Direction, excluding Auxiliary Lanes <input style="width: 50px;" type="text"/></p> <p>97 - Not Applicable</p> <p>Number of Auxiliary Lanes in the Vehicle's Direction <input style="width: 50px;" type="text"/></p> <p>97 - Not Applicable</p>   |
| <p><b>PRESENCE / TYPE OF BICYCLE FACILITY</b></p> <p><b>Facility</b></p> <ul style="list-style-type: none"> <li>00 - None</li> <li>01 - Marked Bicycle Lane <input style="width: 50px;" type="text"/></li> <li>02 - Separate Bicycle Path/Trail</li> <li>03 - Unmarked Paved Shoulder</li> <li>04 - Wide Curb Lane</li> <li>99 - Unknown</li> </ul> <p><b>Signed Bicycle Route?</b></p> <ul style="list-style-type: none"> <li>01 - Yes</li> <li>02 - No</li> <li>97 - Not Applicable <input style="width: 50px;" type="text"/></li> <li>99 - Unknown</li> </ul>  |  |

## Investigator's Motor Vehicle Crash Report - Driver

|  |  |   |  |   |   |  |   |  |  |
|--|--|---|--|---|---|--|---|--|--|
| <b>VEHICLE NO.</b> <input style="width: 50px;" type="text"/> (cont'd.)   |  |   |  |   |   |  |   |  |  |
| <b>DRIVER NAME</b> (Last, First, Middle)   |  | <b>CONTACT PHONE</b>  |  | <b>SEX</b><br>01 - Male <input type="checkbox"/><br>02 - Female <input type="checkbox"/><br>99 - Unk. <input type="checkbox"/>  |   |  |   |  |  |
| <b>MAILING ADDRESS</b>   |  |   | <b>CITY</b>  |   | <b>STATE</b>  |  | <b>ZIP</b>  |  |  |
| <b>DATE OF BIRTH (MMDDYYYY)</b><br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |  | <b>D.O.B. Unk.</b> <input type="checkbox"/>   |  | <b>DRIVER'S LICENSE NO.</b>   |   | <b>STATE</b>   |   | <b>CITATION</b> <input type="checkbox"/> NO VIOLATION <input type="checkbox"/> UNKNOWN<br>1 _____ 2 _____  |  |
| <b>DRIVER LICENSE JURISDICTION</b><br>00 - Not Licensed<br>01 - Canadian* <input type="checkbox"/><br>02 - Indian Nation* <input type="checkbox"/><br>03 - International License* (other than Mexico, Canada)<br>04 - Mexican*<br>05 - U.S. State<br>06 - U.S. Government<br>97 - Not Applicable<br>99 - Unknown<br><br><b>*Name of Jurisdiction</b><br>Include the specific State, Province or Nation indicated on the Driver's License<br>_____  |  |   | <b>DRIVER LICENSE STATUS</b><br><b>Type Applicable for this Person</b><br>01 - Commercial Driver License (CDL) <input type="checkbox"/><br>02 - Non-CDL Driver License <input type="checkbox"/><br>03 - Non-CDL Restricted Driver License (learner's permit, temporary/limited, graduated driver license, etc.)<br>99 - Unknown<br><br><b>Status</b><br>00 - Not Licensed <input type="checkbox"/><br>01 - Canceled or Denied<br>02 - Disqualified (CDL)<br>03 - Expired<br>04 - Revoked<br>05 - Suspended<br>06 - Valid License<br>99 - Unknown |   |   | <b>DRIVER LICENSE RESTRICTIONS</b><br>(up to 3 choices)<br>00 - None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>01 - Alcohol Interlock Device<br>02 - Automatic Transmission<br>03 - CDL Intrastate Only<br>04 - Corrective Lenses<br>05 - Except Class A & Class B Bus<br>06 - Except Class A Bus<br>07 - Except Tractor-Trailer<br>08 - Farm Waiver<br>09 - Intermediate License Restrictions<br>10 - Learner's Permit Restrictions<br>11 - Limited to Daylight Only<br>12 - Limited to Employment<br>13 - Limited-Other<br>14 - Mechanical Devices (special brakes, hand controls, or other adaptive devices)<br>15 - Military Vehicles Only<br>16 - Motor Vehicles Without Air Brakes<br>17 - Outside Mirror<br>18 - Prosthetic Aid<br>98 - Other<br>99 - Unknown |   |  |  |
| <b>DRIVER LICENSE TYPE</b><br>00 - Not Licensed <input type="checkbox"/><br>01 - Full Driver License<br>02 - Intermediate Driver License<br>03 - Learner's Permit<br>04 - School Permit<br>05 - Temporary License<br>99 - Unknown License Type   |  | <b>CLASS</b><br>00 - None <input type="checkbox"/><br>01 - Class A<br>02 - Class B<br>03 - Class C<br>04 - Class M<br>05 - Regular Driver License<br>97 - Not Applicable<br>98 - Other<br>99 - Unknown  |  | <b>ENDORSEMENTS</b> (up to 4 choices)<br>00 - None <input type="checkbox"/><br>01 - H - Hazardous Materials <input type="checkbox"/><br>02 - M - Motorcycle <input type="checkbox"/><br>03 - N - Tank Vehicle <input type="checkbox"/><br>04 - P - Passenger <input type="checkbox"/><br>05 - S - School <input type="checkbox"/><br>06 - T - Double/Triple Trailers <input type="checkbox"/><br>07 - X - Combination Tank Vehicle & Hazardous Materials <input type="checkbox"/><br>98 - Other Non-Commercial License Endorsements<br>99 - Unknown |   | <b>ALCOHOL INTERLOCK PRESENT?</b><br>01 - Yes <input type="checkbox"/><br>02 - No <input type="checkbox"/><br>99 - Unknown <input type="checkbox"/><br><br><b>SPEEDING RELATED</b> <input type="checkbox"/><br>00 - No<br>01 - Exceeded Speed Limit<br>02 - Racing<br>03 - Too Fast for Conditions<br>99 - Unknown   |   |  |  |
| <b>COMMERCIAL DRIVER LICENSE (CDL)</b><br>01 - Yes <input type="checkbox"/><br>02 - No <input type="checkbox"/><br>99 - Unknown  |  | <b>DRIVER ACTIONS AT TIME OF CRASH</b><br>(up to 4 choices)<br>00 - No Contributing Action <input type="checkbox"/> <input type="checkbox"/><br>01 - Disregarded Red Light <input type="checkbox"/> <input type="checkbox"/><br>02 - Disregarded Stop Sign<br>03 - Disregarded Road Markings<br>04 - Disregarded Traffic Sign<br>05 - Failed to Keep in Proper Lane<br>06 - Failed to Yield Right-of-Way<br>07 - Followed too Closely<br>08 - Improper Backing<br>09 - Improper Passing<br>10 - Improper Turn<br>11 - Operated Motor Vehicle in Inattentive, Careless, Negligent or Erratic Manner<br>12 - Operated Motor Vehicle in Reckless or Aggressive Manner<br>13 - Over-Correcting/Over-Steering<br>14 - Ran Off Roadway<br>15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc.<br>16 - Wrong Side or Wrong Way<br>98 - Other Contributing Action<br>99 - Unknown |  |   | <b>DRIVER DISTRACTED BY Action</b><br>00 - Not Distracted <input type="checkbox"/><br>01 - Talking/Listening<br>02 - Manually Operating (texting, dialing, playing game, etc.)<br>03 - Other Action (looking away from task, etc.)<br>99 - Unknown<br><br><b>Source</b><br>01 - Hands-free Mobile Phone<br>02 - Hand-held Mobile Phone <input type="checkbox"/><br>03 - Other Electronic Device<br>04 - Vehicle-Integrated Device<br>05 - Passenger/Other Non-Motorist<br>06 - External (to vehicle/non-motorist area)<br>07 - Other Distraction (animal, food, grooming, etc.)<br>97 - Not Applicable (not distracted)<br>99 - Unknown |  | <b>DRIVER CONDITION AT TIME OF CRASH</b><br>(up to 2 choices)<br>01 - Apparently Normal <input type="checkbox"/><br>02 - Asleep or Fatigued <input type="checkbox"/><br>03 - Emotional (depressed, angry, disturbed, etc.)<br>04 - Ill (sick, fainted)<br>05 - Physically Impaired<br>06 - Under Influence of Alcohol, Drugs or Medication<br>97 - Not Applicable<br>98 - Other<br>99 - Unknown if Impaired |  |  |
| <b>ALCOHOL SUSPECTED</b><br>01 - Yes <input type="checkbox"/><br>02 - No<br>99 - Unknown   |  | <b>ALCOHOL TEST STATUS</b><br>01 - Test Given <input type="checkbox"/><br>02 - Test Not Given<br>03 - Test Refused<br>99 - Unknown if Tested  |  | <b>ALCOHOL TEST TYPE</b><br>01 - Blood "BAC" <input type="checkbox"/><br>02 - Breathalyzer "BrAC" <input type="checkbox"/><br>03 - Urine<br>98 - Other<br>97 - Not Applicable<br>99 - Unknown   |   | <b>ALCOHOL TEST RESULT</b><br>01 - Negative <input type="checkbox"/><br>02 - Positive <input type="checkbox"/><br>03 - Pending<br>99 - Unknown<br><br>BAC Level: (ex: 0.132) _____   |   |  |  |
| <b>DRUGS SUSPECTED</b><br>01 - Yes <input type="checkbox"/><br>02 - No<br>99 - Unknown   |  | <b>DRUG TEST STATUS</b><br>01 - Test Given <input type="checkbox"/><br>02 - Test Not Given<br>03 - Test Refused<br>99 - Unknown if Tested   |  | <b>DRUG TEST TYPE</b><br>01 - Blood<br>02 - Urine<br>03 - Saliva<br>98 - Other<br>99 - Unknown  |   | <b>DRUG TEST RESULT</b><br>01 - Negative <input type="checkbox"/><br>02 - Positive   |   | <b>DRUG TYPE</b> (up to 4 choices)<br>01 - Amphetamine<br>02 - Cocaine<br>03 - Marijuana<br>04 - Opiate<br>05 - Other Controlled Substance<br>06 - PCP<br>07 - Other Drug (excludes post-crash drugs)<br>97 - Not Applicable<br>99 - Unknown |  |

Agency Case No. \_\_\_\_\_

## Investigator's Motor Vehicle Crash Report - All Drivers & Occupants

|   |   |   |  |
|---|---|---|--|
| <p><b>PERSON TYPE</b></p> <p><b>P1. Incident Responder?</b><br/>01 - Yes<br/>02 - No</p> <p><b>P2. If yes, type of Incident Responder</b><br/>01 - EMS<br/>02 - Fire<br/>03 - Police<br/>04 - Tow Operator<br/>05 - Transportation (maintenance workers, safety service operators, etc.)<br/>98 - Other<br/>99 - Unknown</p> <p><b>Does the crash involve a Non-Motorist?</b><br/>01 - Yes - Complete Non-Motorist Report NDOT Form 178 for the following person types:<br/>- Bicyclist<br/>- Other Cyclist<br/>- Pedestrian<br/>- Other Pedestrian (<i>wheelchair, skater, person in a building, parked vehicle, or a personal conveyance, etc.</i>)<br/>- Occupant of a Non-Motor Vehicle Transportation Device<br/>- Unknown Type of Non-Motorist**<br/>02 - No - Continue to P3 below.</p> <p><b>P3. Occupant of Motor Vehicle</b><br/>01 - Driver<br/>02 - Occupant<br/>03 - Occupant of MV Not in Transport</p> | <p><b>SEATING POSITION</b></p> <p><b>P4. Row</b><br/>01 - Front<br/>02 - Second<br/>03 - Third<br/>04 - Fourth<br/>05 - Other Row (bus, 15-passenger van, etc.)<br/>99 - Unknown</p> <p><b>P5. Seat</b><br/>01 - Left<br/>02 - Middle<br/>03 - Right<br/>98 - Other<br/>99 - Unknown</p> <p><b>P6. Other Location</b><br/>01 - Enclosed Cargo Area<br/>02 - Riding on Motor Vehicle Exterior (non-trailing unit)<br/>03 - Sleeper Section of Cab (truck)<br/>04 - Trailing Unit<br/>05 - Unenclosed Cargo Area<br/>97 - Not Applicable<br/>98 - Other<br/>99 - Unknown</p> <p><b>P7. Ejection</b><br/>01 - Not Ejected<br/>02 - Ejected, Partially<br/>03 - Ejected, Totally<br/>97 - Not Applicable<br/>99 - Unknown</p> | <p><b>RESTRAINT SYSTEM / HELMET USE</b></p> <p><b>P8. Restraint System</b><br/>01 - Booster Seat<br/>02 - Child Restraint System - Forward Facing<br/>03 - Child Restraint System - Rear Facing<br/>04 - Child Restraint System - Type Unknown<br/>05 - Lap Belt Only Used<br/>06 - None Used - Motor Vehicle Occupant<br/>07 - Restraint Used - Type Unknown<br/>08 - Shoulder &amp; Lap Belt Used<br/>09 - Shoulder Belt Only Used<br/>10 - Stretcher<br/>11 - Wheelchair</p> <p><b>Motorcycle Helmet Use</b><br/>12 - DOT-Compliant Motorcycle Helmet<br/>13 - Non DOT-Compliant Motorcycle Helmet<br/>14 - Unknown If DOT-Compliant Motorcycle Helmet<br/>15 - No Helmet<br/>97 - Not Applicable<br/>98 - Other<br/>99 - Unknown</p> <p><b>P9. Any Indication of Improper Restraint Use?</b><br/>01 - Yes<br/>02 - No<br/>99 - Unknown</p> <p><b>P10. Air Bag Deployed (up to 4 choices)</b><br/>00 - Not Deployed<br/>02 - Curtain<br/>03 - Front<br/>04 - Side<br/>97 - Not Applicable<br/>98 - Other (knee, air belt, etc.)<br/>99 - Unknown</p> <p><b>P11. School Bus Restraint Availability (excludes driver)</b><br/>00 - No Restraint Available<br/>01 - Lap Belt Available &amp; Not Used<br/>02 - Shoulder &amp; Lap Available &amp; Not Used<br/>97 - Not Applicable<br/>99 - Unknown</p> | <p><b>INJURY</b></p> <p><b>P12. Injury Status</b><br/>00 - No Apparent Injury<br/>01 - Fatal Injury [must complete Fatal Crash Report NDOT Form 179]<br/>02 - Suspected Serious Injury*<br/>03 - Suspected Minor Injury<br/>04 - Possible Injury<br/>99 - Unknown</p> <p><i>*Suspected Serious Injury (A): Any injury, other than fatal, which results in one or more of the following: Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood, broken or distorted extremity (arm or leg), crush injuries, suspected skull, chest, or abdominal injury other than bruises or minor lacerations, significant burns (second and third degree burns over 10% or more of the body), unconsciousness when taken from the crash scene, or paralysis.</i></p> <p><b>P13. Injury Area</b><br/>00 - None<br/>01 - Abdomen &amp; Pelvis<br/>02 - Entire Body<br/>03 - Face<br/>04 - Head<br/>05 - Lower Extremity (legs)<br/>06 - Neck<br/>07 - Spine<br/>08 - Chest (thorax)<br/>09 - Upper Extremity (arms)<br/>10 - Unspecified<br/>99 - Unknown</p> <p><b>P14. Source of Transport to First Medical Facility</b><br/>00 - Not Transported<br/>01 - EMS Air<br/>02 - EMS Ground<br/>03 - Law Enforcement<br/>98 - Other<br/>99 - Unknown</p> |
|---|---|---|--|

### All Drivers & Occupants

|   |   |  |  |
|---|---|--|--|
| Vehicle No.   | Occupant No.  | NAME OF PERSON INVOLVED (Last, First, Middle)  | SEX<br>01 - Male 02 - Female 99 - Unk.   |
| ADDRESS (Injured persons only)  |   | CITY, STATE, ZIP   | DATE OF BIRTH (MMDDYYYY) D.O.B. Unk.   |
| <b>Person Type</b>  | <b>Seating Position</b>   | <b>Restraint System / Helmet Use</b>   | <b>Injury</b>  |
| P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> | P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6 <input type="checkbox"/> P7 <input type="checkbox"/> | P8 <input type="checkbox"/> P9 <input type="checkbox"/> P10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P11 <input type="checkbox"/> | P12 <input type="checkbox"/> P13 <input type="checkbox"/> P14 <input type="checkbox"/> |
| MEDICAL FACILITY NAME   |   | EMS SERVICE NAME   | EMS RUN NO.  |

|   |   |  |  |
|---|---|--|--|
| Vehicle No.   | Occupant No.  | NAME OF PERSON INVOLVED (Last, First, Middle)  | SEX<br>01 - Male 02 - Female 99 - Unk.   |
| ADDRESS (Injured persons only)  |   | CITY, STATE, ZIP   | DATE OF BIRTH (MMDDYYYY) D.O.B. Unk.   |
| <b>Person Type</b>  | <b>Seating Position</b>   | <b>Restraint System / Helmet Use</b>   | <b>Injury</b>  |
| P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> | P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6 <input type="checkbox"/> P7 <input type="checkbox"/> | P8 <input type="checkbox"/> P9 <input type="checkbox"/> P10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P11 <input type="checkbox"/> | P12 <input type="checkbox"/> P13 <input type="checkbox"/> P14 <input type="checkbox"/> |
| MEDICAL FACILITY NAME   |   | EMS SERVICE NAME   | EMS RUN NO.  |

|   |   |  |  |
|---|---|--|--|
| Vehicle No.   | Occupant No.  | NAME OF PERSON INVOLVED (Last, First, Middle)  | SEX<br>01 - Male 02 - Female 99 - Unk.   |
| ADDRESS (Injured persons only)  |   | CITY, STATE, ZIP   | DATE OF BIRTH (MMDDYYYY) D.O.B. Unk.   |
| <b>Person Type</b>  | <b>Seating Position</b>   | <b>Restraint System / Helmet Use</b>   | <b>Injury</b>  |
| P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> | P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6 <input type="checkbox"/> P7 <input type="checkbox"/> | P8 <input type="checkbox"/> P9 <input type="checkbox"/> P10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P11 <input type="checkbox"/> | P12 <input type="checkbox"/> P13 <input type="checkbox"/> P14 <input type="checkbox"/> |
| MEDICAL FACILITY NAME   |   | EMS SERVICE NAME   | EMS RUN NO.  |

Agency Case No. \_\_\_\_\_



**All Drivers & Occupants (cont'd.)**

|  |                             |   |                             |   |                             |                                      |                             |   |                              |                          |                          |                                      |                              |                              |                              |                              |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|--------------------------------------|-----------------------------|---|------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Vehicle No.</b><br><input type="text"/> |                             | <b>Occupant No.</b><br><input type="text"/> |                             | NAME OF PERSON INVOLVED (Last, First, Middle) |                             |                                      |                             | SEX<br>01 - Male 02 - Female 99 - Unk. <input type="checkbox"/> |                              |                          |                          |                                      |                              |                              |                              |                              |
| ADDRESS (Injured persons only)             |                             |   |                             |   |                             | CITY, STATE, ZIP                     |                             |   |                              | DATE OF BIRTH (MMDDYYYY) |                          | D.O.B. Unk. <input type="checkbox"/> |                              |                              |                              |                              |
| <b>Person Type</b>                         |                             | <b>Seating Position</b>                     |                             |   |                             | <b>Restraint System / Helmet Use</b> |                             |   |                              | <b>Injury</b>            |                          |                                      |                              |                              |                              |                              |
| P1 <input type="checkbox"/>                | P2 <input type="checkbox"/> | P3 <input type="checkbox"/>                 | P4 <input type="checkbox"/> | P5 <input type="checkbox"/>                   | P6 <input type="checkbox"/> | P7 <input type="checkbox"/>          | P8 <input type="checkbox"/> | P9 <input type="checkbox"/>                                     | P10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | P11 <input type="checkbox"/> | P12 <input type="checkbox"/> | P13 <input type="checkbox"/> | P14 <input type="checkbox"/> |
| MEDICAL FACILITY NAME                      |                             |   |                             | EMS SERVICE NAME                              |                             |                                      |                             | EMS RUN NO.   |                              |                          |                          |                                      |                              |                              |                              |                              |

|  |                             |   |                             |   |                             |                                      |                             |   |                              |                          |                          |                                      |                              |                              |                              |                              |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|--------------------------------------|-----------------------------|---|------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Vehicle No.</b><br><input type="text"/> |                             | <b>Occupant No.</b><br><input type="text"/> |                             | NAME OF PERSON INVOLVED (Last, First, Middle) |                             |                                      |                             | SEX<br>01 - Male 02 - Female 99 - Unk. <input type="checkbox"/> |                              |                          |                          |                                      |                              |                              |                              |                              |
| ADDRESS (Injured persons only)             |                             |   |                             |   |                             | CITY, STATE, ZIP                     |                             |   |                              | DATE OF BIRTH (MMDDYYYY) |                          | D.O.B. Unk. <input type="checkbox"/> |                              |                              |                              |                              |
| <b>Person Type</b>                         |                             | <b>Seating Position</b>                     |                             |   |                             | <b>Restraint System / Helmet Use</b> |                             |   |                              | <b>Injury</b>            |                          |                                      |                              |                              |                              |                              |
| P1 <input type="checkbox"/>                | P2 <input type="checkbox"/> | P3 <input type="checkbox"/>                 | P4 <input type="checkbox"/> | P5 <input type="checkbox"/>                   | P6 <input type="checkbox"/> | P7 <input type="checkbox"/>          | P8 <input type="checkbox"/> | P9 <input type="checkbox"/>                                     | P10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | P11 <input type="checkbox"/> | P12 <input type="checkbox"/> | P13 <input type="checkbox"/> | P14 <input type="checkbox"/> |
| MEDICAL FACILITY NAME                      |                             |   |                             | EMS SERVICE NAME                              |                             |                                      |                             | EMS RUN NO.   |                              |                          |                          |                                      |                              |                              |                              |                              |

|  |                             |   |                             |   |                             |                                      |                             |   |                              |                          |                          |                                      |                              |                              |                              |                              |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|--------------------------------------|-----------------------------|---|------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Vehicle No.</b><br><input type="text"/> |                             | <b>Occupant No.</b><br><input type="text"/> |                             | NAME OF PERSON INVOLVED (Last, First, Middle) |                             |                                      |                             | SEX<br>01 - Male 02 - Female 99 - Unk. <input type="checkbox"/> |                              |                          |                          |                                      |                              |                              |                              |                              |
| ADDRESS (Injured persons only)             |                             |   |                             |   |                             | CITY, STATE, ZIP                     |                             |   |                              | DATE OF BIRTH (MMDDYYYY) |                          | D.O.B. Unk. <input type="checkbox"/> |                              |                              |                              |                              |
| <b>Person Type</b>                         |                             | <b>Seating Position</b>                     |                             |   |                             | <b>Restraint System / Helmet Use</b> |                             |   |                              | <b>Injury</b>            |                          |                                      |                              |                              |                              |                              |
| P1 <input type="checkbox"/>                | P2 <input type="checkbox"/> | P3 <input type="checkbox"/>                 | P4 <input type="checkbox"/> | P5 <input type="checkbox"/>                   | P6 <input type="checkbox"/> | P7 <input type="checkbox"/>          | P8 <input type="checkbox"/> | P9 <input type="checkbox"/>                                     | P10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | P11 <input type="checkbox"/> | P12 <input type="checkbox"/> | P13 <input type="checkbox"/> | P14 <input type="checkbox"/> |
| MEDICAL FACILITY NAME                      |                             |   |                             | EMS SERVICE NAME                              |                             |                                      |                             | EMS RUN NO.   |                              |                          |                          |                                      |                              |                              |                              |                              |

|  |                             |   |                             |   |                             |                                      |                             |   |                              |                          |                          |                                      |                              |                              |                              |                              |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|--------------------------------------|-----------------------------|---|------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Vehicle No.</b><br><input type="text"/> |                             | <b>Occupant No.</b><br><input type="text"/> |                             | NAME OF PERSON INVOLVED (Last, First, Middle) |                             |                                      |                             | SEX<br>01 - Male 02 - Female 99 - Unk. <input type="checkbox"/> |                              |                          |                          |                                      |                              |                              |                              |                              |
| ADDRESS (Injured persons only)             |                             |   |                             |   |                             | CITY, STATE, ZIP                     |                             |   |                              | DATE OF BIRTH (MMDDYYYY) |                          | D.O.B. Unk. <input type="checkbox"/> |                              |                              |                              |                              |
| <b>Person Type</b>                         |                             | <b>Seating Position</b>                     |                             |   |                             | <b>Restraint System / Helmet Use</b> |                             |   |                              | <b>Injury</b>            |                          |                                      |                              |                              |                              |                              |
| P1 <input type="checkbox"/>                | P2 <input type="checkbox"/> | P3 <input type="checkbox"/>                 | P4 <input type="checkbox"/> | P5 <input type="checkbox"/>                   | P6 <input type="checkbox"/> | P7 <input type="checkbox"/>          | P8 <input type="checkbox"/> | P9 <input type="checkbox"/>                                     | P10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | P11 <input type="checkbox"/> | P12 <input type="checkbox"/> | P13 <input type="checkbox"/> | P14 <input type="checkbox"/> |
| MEDICAL FACILITY NAME                      |                             |   |                             | EMS SERVICE NAME                              |                             |                                      |                             | EMS RUN NO.   |                              |                          |                          |                                      |                              |                              |                              |                              |

|  |                             |   |                             |   |                             |                                      |                             |   |                              |                          |                          |                                      |                              |                              |                              |                              |
|--|-----------------------------|---|-----------------------------|---|-----------------------------|--------------------------------------|-----------------------------|---|------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Vehicle No.</b><br><input type="text"/> |                             | <b>Occupant No.</b><br><input type="text"/> |                             | NAME OF PERSON INVOLVED (Last, First, Middle) |                             |                                      |                             | SEX<br>01 - Male 02 - Female 99 - Unk. <input type="checkbox"/> |                              |                          |                          |                                      |                              |                              |                              |                              |
| ADDRESS (Injured persons only)             |                             |   |                             |   |                             | CITY, STATE, ZIP                     |                             |   |                              | DATE OF BIRTH (MMDDYYYY) |                          | D.O.B. Unk. <input type="checkbox"/> |                              |                              |                              |                              |
| <b>Person Type</b>                         |                             | <b>Seating Position</b>                     |                             |   |                             | <b>Restraint System / Helmet Use</b> |                             |   |                              | <b>Injury</b>            |                          |                                      |                              |                              |                              |                              |
| P1 <input type="checkbox"/>                | P2 <input type="checkbox"/> | P3 <input type="checkbox"/>                 | P4 <input type="checkbox"/> | P5 <input type="checkbox"/>                   | P6 <input type="checkbox"/> | P7 <input type="checkbox"/>          | P8 <input type="checkbox"/> | P9 <input type="checkbox"/>                                     | P10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             | P11 <input type="checkbox"/> | P12 <input type="checkbox"/> | P13 <input type="checkbox"/> | P14 <input type="checkbox"/> |
| MEDICAL FACILITY NAME                      |                             |   |                             | EMS SERVICE NAME                              |                             |                                      |                             | EMS RUN NO.   |                              |                          |                          |                                      |                              |                              |                              |                              |

Agency Case No. \_\_\_\_\_

# Investigator's Motor Vehicle Crash Report - Non-Motorist Crash Report

|  |  |   |  |
|--|--|---|--|
| NON-MOTORIST NO. <input style="width: 40px;" type="text"/> |  | Vehicle No. Striking Non-Motorist <input style="width: 40px;" type="text"/> |  |
| NON-MOTORIST NAME (Last, First, Middle)                    |  |   | SEX<br>01 - Male    02 - Female    99 - Unk. <input style="width: 30px;" type="text"/> |
| ADDRESS (Injured persons only)                             |  | CITY, STATE, ZIP  |  |
| MEDICAL FACILITY NAME                                      |  | EMS SERVICE NAME  |  |
| DATE OF BIRTH (MMDDYYYY)                                   |  | D.O.B. Unk. <input style="width: 30px;" type="text"/>                       |  |
| EMERGENCY RUN NO.  |  |   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>NON-MOTORIST TYPE (not occupant of MV)</b><br>03 - Bicyclist** <input style="width: 30px;" type="text"/><br>04 - Other Cyclist** <input style="width: 30px;" type="text"/><br>05 - Pedestrian** <input style="width: 30px;" type="text"/><br>06 - Other Pedestrian (wheelchair, person in a building, parked vehicle, skater, personal conveyance, etc.)** <input style="width: 30px;" type="text"/><br>07 - Occupant of a Non-Motor Vehicle Transportation Device** <input style="width: 30px;" type="text"/><br>08 - Unknown Type of Non-Motorist** <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/><br><b>** If attribute is selected, Non-Motorist Section must be completed.</b>   | <b>NON-MOTORIST ACTION / CIRCUMSTANCE PRIOR TO CRASH</b><br><b>Action / Circumstance</b><br>00 - None <input style="width: 30px;" type="text"/><br>01 - Adjacent to Roadway (e.g., shoulder, median) <input style="width: 30px;" type="text"/><br>02 - Crossing Roadway <input style="width: 30px;" type="text"/><br>03 - In Roadway - Other <input style="width: 30px;" type="text"/><br>04 - Waiting to Cross Roadway <input style="width: 30px;" type="text"/><br>05 - Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input style="width: 30px;" type="text"/><br>06 - Walking/Cycling along Roadway with Traffic (in or adjacent to travel lane) <input style="width: 30px;" type="text"/><br>07 - Walking/Cycling on Sidewalk <input style="width: 30px;" type="text"/><br>08 - Working in Trafficway (incident response) <input style="width: 30px;" type="text"/><br>98 - Other <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/><br><b>Origin / Destination</b><br>01 - Going to or from School (K-12) <input style="width: 30px;" type="text"/><br>02 - Going to or from Transit <input style="width: 30px;" type="text"/><br>97 - Not Applicable <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> | <b>NON-MOTORIST LOCATION AT TIME OF CRASH</b><br><b>Roadway Facility</b><br>01 - Intersection - Marked Crosswalk <input style="width: 30px;" type="text"/><br>02 - Intersection - Unmarked Crosswalk <input style="width: 30px;" type="text"/><br>03 - Intersection - Other <input style="width: 30px;" type="text"/><br>04 - Median/Crossing Island <input style="width: 30px;" type="text"/><br>05 - Midblock - Marked Crosswalk <input style="width: 30px;" type="text"/><br>06 - Shoulder/Roadside <input style="width: 30px;" type="text"/><br>07 - Travel Lane - Other Location <input style="width: 30px;" type="text"/><br><b>Bicycle Facility</b><br>08 - Signed Route (no pavement marking) <input style="width: 30px;" type="text"/><br>09 - Shared Lane Markings <input style="width: 30px;" type="text"/><br>10 - On-Street Bicycle Lanes <input style="width: 30px;" type="text"/><br>11 - On-Street Buffered Bicycle Lanes <input style="width: 30px;" type="text"/><br>12 - Separated Bicycle Lane <input style="width: 30px;" type="text"/><br>13 - Off-Street Trails/Sidepaths <input style="width: 30px;" type="text"/><br><b>Other Facility</b><br>14 - Driveway Access <input style="width: 30px;" type="text"/><br>15 - Non-Trafficway Area <input style="width: 30px;" type="text"/><br>16 - Shared-Use Path or Trail <input style="width: 30px;" type="text"/><br>17 - Sidewalk <input style="width: 30px;" type="text"/><br>98 - Other <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> | <b>INJURY</b><br><b>Injury Status</b><br>00 - No Apparent Injury <input style="width: 30px;" type="text"/><br>01 - Fatal Injury (killed) <input style="width: 30px;" type="text"/><br>02 - Suspected Serious Injury* <input style="width: 30px;" type="text"/><br>03 - Suspected Minor Injury <input style="width: 30px;" type="text"/><br>04 - Possible Injury <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/><br><i>*Suspected Serious Injury (A): Any injury, other than fatal, which results in one or more of the following: Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood, broken or distorted extremity (arm or leg), crush injuries, suspected skull, chest, or abdominal injury other than bruises or minor lacerations, significant burns (second and third degree burns over 10% or more of the body), unconsciousness when taken from the crash scene, or paralysis.</i><br><br><b>Injury Area</b><br>00 - None <input style="width: 30px;" type="text"/><br>01 - Abdomen & Pelvis <input style="width: 30px;" type="text"/><br>02 - Entire Body <input style="width: 30px;" type="text"/><br>03 - Face <input style="width: 30px;" type="text"/><br>04 - Head <input style="width: 30px;" type="text"/><br>05 - Lower Extremity (legs) <input style="width: 30px;" type="text"/><br>06 - Neck <input style="width: 30px;" type="text"/><br>07 - Spine <input style="width: 30px;" type="text"/><br>08 - Chest (thorax) <input style="width: 30px;" type="text"/><br>09 - Upper Extremity (arms) <input style="width: 30px;" type="text"/><br>10 - Unspecified <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/><br><br><b>Source of Transport to First Medical Facility</b><br>00 - Not Transported <input style="width: 30px;" type="text"/><br>01 - EMS Air <input style="width: 30px;" type="text"/><br>02 - EMS Ground <input style="width: 30px;" type="text"/><br>03 - Law Enforcement <input style="width: 30px;" type="text"/><br>98 - Other <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> |  |  |
| <b>NON-MOTORIST CONTRIBUTING ACTION(S)/CIRCUMSTANCE(S) (up to 2 choices)</b><br>00 - None (No improper action) <input style="width: 30px;" type="text"/><br>01 - Dart/Dash <input style="width: 30px;" type="text"/><br>02 - Disabled Vehicle-Related (working on, pushing, leaving/approaching) <input style="width: 30px;" type="text"/><br>03 - Distracted Walking/Running/Cycling (texting/talking on, listening to mobile device) <input style="width: 30px;" type="text"/><br>04 - Entering/Exiting Parked/Standing Vehicle <input style="width: 30px;" type="text"/><br>05 - Failure to Obey Traffic Signs, Signals, or Officer <input style="width: 30px;" type="text"/><br>06 - Failure to Yield Right-of-Way <input style="width: 30px;" type="text"/><br>07 - Improper Passing <input style="width: 30px;" type="text"/><br>08 - Improper Turn/Merge <input style="width: 30px;" type="text"/><br>09 - Inattentive (talking, eating, etc.) <input style="width: 30px;" type="text"/><br>10 - Not Visible (dark clothing, no lighting, etc.) <input style="width: 30px;" type="text"/><br>11 - In Roadway Improperly (standing, lying, playing, working) <input style="width: 30px;" type="text"/><br>12 - Under the Influence of Drugs/Alcohol <input style="width: 30px;" type="text"/><br>13 - Wrong-Way Riding or Walking <input style="width: 30px;" type="text"/><br>98 - Other <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> | <b>NON-MOTORIST DISTRACTED BY</b><br><b>Action</b><br>00 - Not Distracted <input style="width: 30px;" type="text"/><br>01 - Talking/Listening <input style="width: 30px;" type="text"/><br>02 - Manually Operating (texting, dialing, playing game, etc.) <input style="width: 30px;" type="text"/><br>03 - Other Action (looking away from task, etc.) <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/><br><b>Source</b><br>01 - Hands-free Mobile Phone <input style="width: 30px;" type="text"/><br>02 - Hand-held Mobile Phone <input style="width: 30px;" type="text"/><br>03 - Other Electronic Device <input style="width: 30px;" type="text"/><br>04 - Vehicle-Integrated Device <input style="width: 30px;" type="text"/><br>05 - Passenger/Other Non-Motorist <input style="width: 30px;" type="text"/><br>06 - External (to vehicle/non-motorist area) <input style="width: 30px;" type="text"/><br>07 - Other Distraction (animal, food, grooming, etc.) <input style="width: 30px;" type="text"/><br>97 - Not Applicable (not distracted) <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/>  |   | <b>NON-MOTORIST CONDITION AT TIME OF CRASH (up to 2 choices)</b><br>01 - Apparently Normal <input style="width: 30px;" type="text"/><br>02 - Asleep or Fatigued <input style="width: 30px;" type="text"/><br>03 - Emotional (depressed, angry, disturbed, etc.) <input style="width: 30px;" type="text"/><br>04 - Ill (sick, fainted) <input style="width: 30px;" type="text"/><br>05 - Physically Impaired <input style="width: 30px;" type="text"/><br>06 - Under Influence of Alcohol, Drugs or Medication <input style="width: 30px;" type="text"/><br>97 - Not Applicable <input style="width: 30px;" type="text"/><br>98 - Other <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/>   | <b>NON-MOTORIST SAFETY EQUIPMENT (up to 5 choices)</b><br>00 - None <input style="width: 30px;" type="text"/><br>01 - Helmet <input style="width: 30px;" type="text"/><br>02 - Lighting <input style="width: 30px;" type="text"/><br>03 - Protective Pads Used (elbows, knees, shins, etc.) <input style="width: 30px;" type="text"/><br>04 - Reflective Wear (backpack, triangles, etc.) <input style="width: 30px;" type="text"/><br>05 - Reflectors <input style="width: 30px;" type="text"/><br>98 - Other <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> | <b>INITIAL POINT OF CONTACT ON NON-MOTORIST</b><br>01 - Front <input style="width: 30px;" type="text"/><br>02 - Right <input style="width: 30px;" type="text"/><br>03 - Rear <input style="width: 30px;" type="text"/><br>04 - Left <input style="width: 30px;" type="text"/><br>98 - Not Applicable <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> |

|   |   |   |  |
|---|---|---|--|
| <b>ALCOHOL SUSPECTED</b><br>01 - Yes <input style="width: 30px;" type="text"/><br>02 - No <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> | <b>ALCOHOL TEST STATUS</b><br>01 - Test Given <input style="width: 30px;" type="text"/><br>02 - Test Not Given <input style="width: 30px;" type="text"/><br>03 - Test Refused <input style="width: 30px;" type="text"/><br>99 - Unknown if Tested <input style="width: 30px;" type="text"/> | <b>ALCOHOL TEST TYPE</b><br>01 - Blood "BAC" <input style="width: 30px;" type="text"/><br>02 - Breathalyzer "BrAC" <input style="width: 30px;" type="text"/><br>03 - Urine <input style="width: 30px;" type="text"/><br>98 - Other <input style="width: 30px;" type="text"/><br>97 - Not Applicable <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> | <b>ALCOHOL TEST RESULT</b><br>01 - Negative <input style="width: 30px;" type="text"/><br>02 - Positive <input style="width: 30px;" type="text"/><br>03 - Pending <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/><br><br>BAC Level: (ex: 0.132) _____ |
|---|---|---|--|

|   |  |  |   |  |
|---|--|--|---|--|
| <b>DRUGS SUSPECTED</b><br>01 - Yes <input style="width: 30px;" type="text"/><br>02 - No <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> | <b>DRUG TEST STATUS</b><br>01 - Test Given <input style="width: 30px;" type="text"/><br>02 - Test Not Given <input style="width: 30px;" type="text"/><br>03 - Test Refused <input style="width: 30px;" type="text"/><br>99 - Unknown if Tested <input style="width: 30px;" type="text"/> | <b>DRUG TEST TYPE</b><br>01 - Blood <input style="width: 30px;" type="text"/><br>02 - Urine <input style="width: 30px;" type="text"/><br>03 - Saliva <input style="width: 30px;" type="text"/><br>98 - Other <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> | <b>DRUG TEST RESULT</b><br>01 - Negative <input style="width: 30px;" type="text"/><br>02 - Positive <input style="width: 30px;" type="text"/> | <b>DRUG TYPE (up to 4 choices)</b><br>01 - Amphetamine <input style="width: 30px;" type="text"/><br>02 - Cocaine <input style="width: 30px;" type="text"/><br>03 - Marijuana <input style="width: 30px;" type="text"/><br>04 - Opiate <input style="width: 30px;" type="text"/><br>05 - Other Controlled Substance <input style="width: 30px;" type="text"/><br>06 - PCP <input style="width: 30px;" type="text"/><br>07 - Other Drug (excludes post-crash drugs) <input style="width: 30px;" type="text"/><br>97 - Not Applicable <input style="width: 30px;" type="text"/><br>99 - Unknown <input style="width: 30px;" type="text"/> |
|---|--|--|---|--|



State of Nebraska

Investigator's Supplemental Heavy Truck/Bus Crash Report

This form must be completed in **addition** to the NDOT Form 40, "Investigator's Motor Vehicle Crash Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet \_\_\_\_ of \_\_\_\_

NDOT KEY NO.

|  |  |  |   |  |  |                           |
|--|--|--|---|--|--|---------------------------|
| <b>VEHICLE NO.</b> <input type="text"/>  | <b>DRIVER NAME</b> (Last, First, Middle)           |  |   | <b>IDENTIFICATION TYPE</b>   |  |                           |
| <b>CARRIER NAME</b>  | <b>COMPANY UNIT NO.</b>                            |  |   | 01 - U.S. DOT Number <input type="text"/><br>02 - State Number <input type="text"/><br>97 - Not Applicable<br>99 - Unknown   |  |                           |
| <b>CARRIER ADDRESS</b>   |  | <b>CITY, STATE, ZIP, COUNTRY</b>   |   |  |  |                           |
| <b>CMV LICENSE STATUS</b>  |  | <b>COMPLIANCE WITH CDL ENDORSEMENT(S)</b>  |   | <b>GROSS VEHICLE WEIGHT/WEIGHT RATING</b>  |  |                           |
| 00 - No CDL <input type="text"/><br>01 - Canceled/Denied <input type="text"/><br>02 - Disqualified<br>03 - Expired<br>04 - Revoked<br>05 - Suspended<br>06 - Valid<br>07 - Learners Permit<br>98 - Other, Not Valid<br>99 - Unknown  |  | 00 - No Endorsement(s) Required for Vehicle<br>01 - Endorsement(s), Complied With<br>02 - Endorsement(s), Not Complied With<br>03 - Endorsement(s), Compliance Unknown<br>99 - Unknown, if Required <input type="text"/> |   | GROSS VEHICLE WEIGHT RATING (GVWR),<br>GROSS VEHICLE WEIGHT (GVW), or<br>GROSS COMBINATION WEIGHT RATING<br>(GCWR), whichever is greater<br><br>01 - 10,000 lbs or less<br><i>(Requires HazMat Placards)</i><br>02 - 10,001 lbs - 26,000 lbs<br>03 - 26,001 - 50,000 lbs<br>04 - 50,001 - 80,000 lbs <input type="text"/><br>05 - More than 80,000 lbs |  |                           |
| <b>VEHICLE CONFIGURATION</b>   |  |  | <b>CARGO BODY TYPE</b>  |  | <b>CARRIER IDENTIFICATION</b>  |                           |
| 01 - Less than 10,000 GVWR with HazMat Placard<br>02 - Bus/Large Van <i>(seats for 9-15 occupants, including driver)</i><br>03 - Bus <i>(seats more than 15 occupants, including driver)</i><br>04 - Single-Unit Truck <i>(2-axle and GVWR more than 10,000 lbs)</i><br>05 - Single-Unit Truck <i>(3 or more axles)</i><br>06 - Truck Pulling Trailer(s)<br>07 - Truck Tractor <i>(bobtail)</i><br>08 - Truck Tractor/Semi-Trailer<br>09 - Truck Tractor/Double<br>10 - Truck Tractor/Triple<br>11 - Truck More Than 10,000 lbs, cannot classify<br>99 - Unknown |  |  | 00 - No Cargo Body <i>(bobtail, light MV with hazardous materials [HM] placard, etc.)</i><br><input type="text"/><br>01 - Bus<br>02 - Auto Transporter<br>03 - Cargo Tank<br>04 - Concrete Mixer<br>05 - Dump<br>06 - Flatbed<br>07 - Garbage/Refuse<br>08 - Grain/Chips/Gravel<br>09 - Intermodal Container Chassis<br>10 - Log<br>11 - Motorcoach<br>12 - Pole-Trailer<br>13 - Van/Enclosed Box<br>14 - Vehicle Towing Another Vehicle<br>97 - Not Applicable <i>(MV 10,000 lbs or less, not displaying HM placard)</i><br>98 - Other<br>99 - Unknown |  | U.S. DOT _____<br><i>If not a U.S. DOT number, include State issued I.D. number and State</i><br><br>State _____<br>I.D. No. _____                                     |                           |
| <b>SPECIAL SIZING</b><br><i>(up to 4 choices)</i>  |  |  | <b>Permitted?</b>   |  | <b>TYPE OF CARRIER</b>   |                           |
| 00 - No Special Sizing <input type="text"/><br>01 - Over Height <input type="text"/><br>02 - Over Length <input type="text"/><br>03 - Over Weight <input type="text"/><br>04 - Over Width <input type="text"/><br>99 - Unknown <input type="text"/>  |  |  | 01 - Non-Permitted Load <input type="text"/><br>02 - Permitted Load<br>97 - Not Applicable<br>99 - Unknown  |  | 01 - Interstate Commerce <input type="text"/><br>02 - Intrastate Commerce<br>03 - Not in Commerce/Government<br>04 - Not in Commerce/Other Truck, Bus, or Farm Vehicle |                           |
| <b>Escort / Pilot Vehicle Present?</b>   |  |  | <b>HAZARDOUS MATERIALS (Cargo Only)</b>   |  | <b>HAZARDOUS MATERIALS released from a cargo compartment?</b><br><i>(Do not count fuel from fuel tank)</i>   |                           |
| 01 - Yes <input type="text"/><br>02 - No <input type="text"/><br>97 - Not Applicable<br>99 - Unknown   |  |  | HazMat ID No. <input type="text"/><br><b>4-Digit</b> _____<br>0000 - No HM Placard Displayed<br>9999 - Unknown<br><br>HazMat Class No. <input type="text"/><br><b>1-Digit</b> _____<br>00 - No HM Placard Displayed<br>99 - Unknown   |  | 01 - Yes <input type="text"/><br>02 - No <input type="text"/><br>97 - Not Applicable<br>99 - Unknown if released   |                           |
| <b>TOTAL NO. OF AXLES</b>  | TRUCK TRACTOR <input type="text"/><br>99 - Unknown | FIRST TRAILER BEHIND TRACTOR <input type="text"/><br>99 - Unknown  | SECOND TRAILER BEHIND TRACTOR <input type="text"/><br>99 - Unknown  | THIRD TRAILER BEHIND TRACTOR <input type="text"/><br>99 - Unknown  |  |                           |
| <b>TRAILER</b>   | <b>FIRST TRAILER BEHIND TRACTOR</b>                |  | EQUIPMENT I.D.  |  | VIN NO. <input type="text"/> N/A   |                           |
|  | REG. YEAR  | LICENSE PLATE TYPE <input type="text"/> N/A  | LICENSE PLATE NO. <input type="text"/>  | MAKE <input type="text"/> N/A  | MODEL <input type="text"/> N/A   |                           |
|  | <b>SECOND TRAILER BEHIND TRACTOR</b>               |  | EQUIPMENT I.D.  |  | VIN NO. <input type="text"/> N/A   |                           |
|  | REG. YEAR  | LICENSE PLATE TYPE <input type="text"/> N/A  | LICENSE PLATE NO. <input type="text"/>  | MAKE <input type="text"/> N/A  | MODEL <input type="text"/> N/A   |                           |
|  | <b>THIRD TRAILER BEHIND TRACTOR</b>                |  | EQUIPMENT I.D.  |  | VIN NO. <input type="text"/> N/A   |                           |
|  | REG. YEAR  | LICENSE PLATE TYPE <input type="text"/> N/A  | LICENSE PLATE NO. <input type="text"/>  | MAKE <input type="text"/> N/A  | MODEL <input type="text"/> N/A   |                           |
|  | OFFICER NO.  |  | TROOP/TEAM/BEAT   |  | DEPARTMENT   |                           |
|  | INVESTIGATOR NAME <i>(Print or Type)</i>           |  |   | INVESTIGATOR SIGNATURE   |  | DATE OF REPORT<br>/ /20__ |

## Investigator's Motor Vehicle Crash Report - Fatal Crash Report

### All Drivers Involved in Fatal Crashes

| DRIVER OF VEHICLE NO. <input style="width: 40px;" type="text"/>   | DRIVER OF VEHICLE NO. <input style="width: 40px;" type="text"/>   | DRIVER OF VEHICLE NO. <input style="width: 40px;" type="text"/>   |
|---|---|---|
| <p><b>ATTEMPTED AVOIDANCE MANEUVER</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 30px;" type="checkbox"/></p> <p>01 - No Avoidance Maneuver</p> <p>02 - Accelerating</p> <p>03 - Accelerating &amp; Steering Left</p> <p>04 - Accelerating &amp; Steering Right</p> <p>05 - Braking</p> <p>06 - Braking &amp; Steering Left</p> <p>07 - Braking &amp; Steering Right</p> <p>08 - Braking (Lockup)</p> <p>09 - Braking (Lockup Unk.)</p> <p>10 - Releasing Brakes</p> <p>11 - Steering Left</p> <p>12 - Steering Right</p> <p>98 - Other Actions</p> <p>99 - Unknown</p> | <p><b>ATTEMPTED AVOIDANCE MANEUVER</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 30px;" type="checkbox"/></p> <p>01 - No Avoidance Maneuver</p> <p>02 - Accelerating</p> <p>03 - Accelerating &amp; Steering Left</p> <p>04 - Accelerating &amp; Steering Right</p> <p>05 - Braking</p> <p>06 - Braking &amp; Steering Left</p> <p>07 - Braking &amp; Steering Right</p> <p>08 - Braking (Lockup)</p> <p>09 - Braking (Lockup Unk.)</p> <p>10 - Releasing Brakes</p> <p>11 - Steering Left</p> <p>12 - Steering Right</p> <p>98 - Other Actions</p> <p>99 - Unknown</p> | <p><b>ATTEMPTED AVOIDANCE MANEUVER</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 30px;" type="checkbox"/></p> <p>01 - No Avoidance Maneuver</p> <p>02 - Accelerating</p> <p>03 - Accelerating &amp; Steering Left</p> <p>04 - Accelerating &amp; Steering Right</p> <p>05 - Braking</p> <p>06 - Braking &amp; Steering Left</p> <p>07 - Braking &amp; Steering Right</p> <p>08 - Braking (Lockup)</p> <p>09 - Braking (Lockup Unk.)</p> <p>10 - Releasing Brakes</p> <p>11 - Steering Left</p> <p>12 - Steering Right</p> <p>98 - Other Actions</p> <p>99 - Unknown</p> |
| <p><b>PRE-IMPACT STABILITY</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 30px;" type="checkbox"/></p> <p>01 - Skidding Laterally, Clockwise Rotation</p> <p>02 - Skidding Laterally, Counter-Clockwise Rotation</p> <p>03 - Skidding Laterally, Rotation Direction Unknown</p> <p>04 - Skidding Longitudinally</p> <p>05 - Tracking</p> <p>98 - Other Vehicle Loss-Of-Control</p> <p>99 - Pre-crash Stability Unknown</p>   | <p><b>PRE-IMPACT STABILITY</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 30px;" type="checkbox"/></p> <p>01 - Skidding Laterally, Clockwise Rotation</p> <p>02 - Skidding Laterally, Counter-Clockwise Rotation</p> <p>03 - Skidding Laterally, Rotation Direction Unknown</p> <p>04 - Skidding Longitudinally</p> <p>05 - Tracking</p> <p>98 - Other Vehicle Loss-Of-Control</p> <p>99 - Pre-crash Stability Unknown</p>   | <p><b>PRE-IMPACT STABILITY</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 30px;" type="checkbox"/></p> <p>01 - Skidding Laterally, Clockwise Rotation</p> <p>02 - Skidding Laterally, Counter-Clockwise Rotation</p> <p>03 - Skidding Laterally, Rotation Direction Unknown</p> <p>04 - Skidding Longitudinally</p> <p>05 - Tracking</p> <p>98 - Other Vehicle Loss-Of-Control</p> <p>99 - Pre-crash Stability Unknown</p>   |

### All Drivers and Non-Motorists Involved in Fatal Crashes

| Driver of Vehicle No. <input style="width: 40px;" type="text"/> or Non-Motorist No. <input style="width: 40px;" type="text"/>  | Driver of Vehicle No. <input style="width: 40px;" type="text"/> or Non-Motorist No. <input style="width: 40px;" type="text"/>  | Driver of Vehicle No. <input style="width: 40px;" type="text"/> or Non-Motorist No. <input style="width: 40px;" type="text"/>  |
|--|--|--|
| <p><b>ALCOHOL TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Breath Test (AC) <input style="width: 30px;" type="checkbox"/></p> <p>01 - Blood</p> <p>02 - Blood Clot</p> <p>03 - Blood Plasma/Serum</p> <p>04 - Liver</p> <p>05 - Preliminary Breath Test (PBT)</p> <p>06 - Test Not Given</p> <p>07 - Unknown Test Type</p> <p>08 - Urine</p> <p>09 - Vitreous</p> <p>98 - Other Test Type</p> <p>99 - Unknown if Tested</p> <p><b>Test Result</b></p> <p>BAC Level _____ <input style="width: 30px;" type="checkbox"/></p> <p>940 - 0.94 or Greater</p> <p>996 - Test Not Given</p> <p>997 - AC Test Performed, Results Unknown</p> <p>998 - Positive Reading with No Actual Value</p> <p>999 - Unknown if Tested</p>   | <p><b>ALCOHOL TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Breath Test (AC) <input style="width: 30px;" type="checkbox"/></p> <p>01 - Blood</p> <p>02 - Blood Clot</p> <p>03 - Blood Plasma/Serum</p> <p>04 - Liver</p> <p>05 - Preliminary Breath Test (PBT)</p> <p>06 - Test Not Given</p> <p>07 - Unknown Test Type</p> <p>08 - Urine</p> <p>09 - Vitreous</p> <p>98 - Other Test Type</p> <p>99 - Unknown if Tested</p> <p><b>Test Result</b></p> <p>BAC Level _____ <input style="width: 30px;" type="checkbox"/></p> <p>940 - 0.94 or Greater</p> <p>996 - Test Not Given</p> <p>997 - AC Test Performed, Results Unknown</p> <p>998 - Positive Reading with No Actual Value</p> <p>999 - Unknown if Tested</p>   | <p><b>ALCOHOL TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Breath Test (AC) <input style="width: 30px;" type="checkbox"/></p> <p>01 - Blood</p> <p>02 - Blood Clot</p> <p>03 - Blood Plasma/Serum</p> <p>04 - Liver</p> <p>05 - Preliminary Breath Test (PBT)</p> <p>06 - Test Not Given</p> <p>07 - Unknown Test Type</p> <p>08 - Urine</p> <p>09 - Vitreous</p> <p>98 - Other Test Type</p> <p>99 - Unknown if Tested</p> <p><b>Test Result</b></p> <p>BAC Level _____ <input style="width: 30px;" type="checkbox"/></p> <p>940 - 0.94 or Greater</p> <p>996 - Test Not Given</p> <p>997 - AC Test Performed, Results Unknown</p> <p>998 - Positive Reading with No Actual Value</p> <p>999 - Unknown if Tested</p>   |
| <p><b>DRUG TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Blood <input style="width: 30px;" type="checkbox"/></p> <p>01 - Both Blood &amp; Urine</p> <p>02 - Test Not Given</p> <p>03 - Unknown Test Type</p> <p>04 - Urine</p> <p>98 - Other Test Type</p> <p>99 - Unknown if Tested</p> <p><b>Test Result</b></p> <p>000 - Test Not Given <input style="width: 30px;" type="checkbox"/></p> <p>001 - Tested, No Drugs Found/Negative <input style="width: 30px;" type="checkbox"/></p> <p>100-295 - Narcotic <input style="width: 30px;" type="checkbox"/></p> <p>300-395 - Depressant <input style="width: 30px;" type="checkbox"/></p> <p>400-495 - Stimulant <input style="width: 30px;" type="checkbox"/></p> <p>500-595 - Hallucinogen <input style="width: 30px;" type="checkbox"/></p> <p>600-695 - Cannabinoid</p> <p>700-795 - Phencyclidine (PCP)</p> <p>800-895 - Anabolic Steroid</p> <p>900-995 - Inhalant</p> <p>996 - Other Drug</p> <p>997 - Tested for Drugs, Results Unknown</p> <p>998 - Tested for Drugs, Drugs Found, Type Unknown/Positive</p> <p>999 - Unknown if Tested</p> | <p><b>DRUG TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Blood <input style="width: 30px;" type="checkbox"/></p> <p>01 - Both Blood &amp; Urine</p> <p>02 - Test Not Given</p> <p>03 - Unknown Test Type</p> <p>04 - Urine</p> <p>98 - Other Test Type</p> <p>99 - Unknown if Tested</p> <p><b>Test Result</b></p> <p>000 - Test Not Given <input style="width: 30px;" type="checkbox"/></p> <p>001 - Tested, No Drugs Found/Negative <input style="width: 30px;" type="checkbox"/></p> <p>100-295 - Narcotic <input style="width: 30px;" type="checkbox"/></p> <p>300-395 - Depressant <input style="width: 30px;" type="checkbox"/></p> <p>400-495 - Stimulant <input style="width: 30px;" type="checkbox"/></p> <p>500-595 - Hallucinogen <input style="width: 30px;" type="checkbox"/></p> <p>600-695 - Cannabinoid</p> <p>700-795 - Phencyclidine (PCP)</p> <p>800-895 - Anabolic Steroid</p> <p>900-995 - Inhalant</p> <p>996 - Other Drug</p> <p>997 - Tested for Drugs, Results Unknown</p> <p>998 - Tested for Drugs, Drugs Found, Type Unknown/Positive</p> <p>999 - Unknown if Tested</p> | <p><b>DRUG TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Blood <input style="width: 30px;" type="checkbox"/></p> <p>01 - Both Blood &amp; Urine</p> <p>02 - Test Not Given</p> <p>03 - Unknown Test Type</p> <p>04 - Urine</p> <p>98 - Other Test Type</p> <p>99 - Unknown if Tested</p> <p><b>Test Result</b></p> <p>000 - Test Not Given <input style="width: 30px;" type="checkbox"/></p> <p>001 - Tested, No Drugs Found/Negative <input style="width: 30px;" type="checkbox"/></p> <p>100-295 - Narcotic <input style="width: 30px;" type="checkbox"/></p> <p>300-395 - Depressant <input style="width: 30px;" type="checkbox"/></p> <p>400-495 - Stimulant <input style="width: 30px;" type="checkbox"/></p> <p>500-595 - Hallucinogen <input style="width: 30px;" type="checkbox"/></p> <p>600-695 - Cannabinoid</p> <p>700-795 - Phencyclidine (PCP)</p> <p>800-895 - Anabolic Steroid</p> <p>900-995 - Inhalant</p> <p>996 - Other Drug</p> <p>997 - Tested for Drugs, Results Unknown</p> <p>998 - Tested for Drugs, Drugs Found, Type Unknown/Positive</p> <p>999 - Unknown if Tested</p> |