

# State of Nebraska Investigator's Motor Vehicle Crash Report

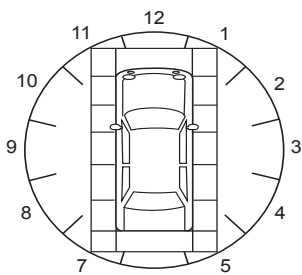
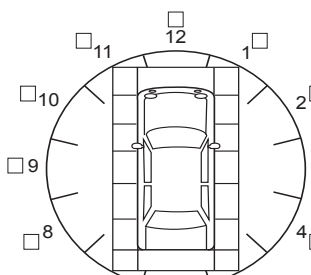
<b>TOTAL NO. OF VEHICLES</b> _____		LOCAL NO./DISTRICT _____		AGENCY CASE NO. _____		PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DATE OF CRASH</b>		M M / D D / Y Y Y Y		S M T W T H F S		TIME OF CRASH (Military Time) _____		STATE USE ONLY			
<b>PLACE OF CRASH</b>		COUNTY _____				CITY _____				LATITUDE _____	
<b>ROAD ON WHICH CRASH OCCURRED</b>		STREET/HIGHWAY NO. _____				PRIVATE PROPERTY? <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>DOES CRASH INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>SCHOOL BUS RELATED</b> 00 - No <input type="checkbox"/> 01 - School Bus Directly Involved 02 - School Bus Indirectly Involved 99 - Unknown			<b>CONTRIBUTING CIRCUMSTANCES-ROADWAY ENVIRONMENT (up to 4 choices)</b> 00 - None <input type="checkbox"/> 01 - Absence of Sidewalks <input type="checkbox"/> 02 - Animal(s) <input type="checkbox"/> 03 - Backup Due to Prior Crash 04 - Backup Due to Prior Non-Recurring Incident <input type="checkbox"/> 05 - Backup Due to Regular Congestion <input type="checkbox"/> 06 - Debris <input type="checkbox"/> 07 - Glare <input type="checkbox"/> 08 - Inaccessible or Obstructed Crosswalks 09 - Non-Highway Work 10 - Obstruction in Roadway 11 - Related to a Bus Stop 12 - Road Surface Condition (rut, holes, bumps) 13 - Roadway Width Restricted 14 - Shoulders (none, low, soft, high) 15 - Toll Booth/Plaza Related 16 - Traffic Control Device 17 - Traffic Incident 18 - Visual Obstruction(s) 19 - Weather Conditions 20 - Work Zone 21 - Worn, Travel-polished Surface 98 - Other 99 - Unknown			<b>WEATHER CONDITIONS (up to 2 choices)</b> 01 - Blowing Sand, Soil, Dirt <input type="checkbox"/> 02 - Blowing Snow <input type="checkbox"/> 03 - Clear <input type="checkbox"/> 04 - Cloudy <input type="checkbox"/> 05 - Fog, Smog, Smoke 06 - Freezing Rain/Drizzle 07 - Rain 08 - Severe Crosswinds 09 - Sleet or Hail 10 - Snow 98 - Other 99 - Unknown		
<b>RELATION TO JUNCTION Within Interchange Area</b> 01 - Yes <input type="checkbox"/> 02 - No <input type="checkbox"/> 99 - Unknown			<b>TYPE OF INTERSECTION</b> 01 - Not at Intersection 02 - Two (2) <input type="checkbox"/> 03 - Three (3) <input type="checkbox"/> 04 - Four (4) <input type="checkbox"/> 05 - Five or more (5+)								
<b>Specific Junction Location</b> 00 - Non-Junction 01 - Acceleration/Deceleration Lane 02 - Crossover Related 03 - Driveway Access or Related 04 - Entrance/Exit Ramp 05 - Entrance/Exit Ramp Related <input type="checkbox"/> 06 - Intersection 07 - Intersection Related 08 - Railway Grade Crossing 09 - Shared Use Path or Trail 98 - Other Location (median, shoulder or roadside) 99 - Unknown			<b>Overall Intersection Geometry</b> 01 - Angled/Skewed Y <input type="checkbox"/> 02 - Roundabout/Traffic Circle O 03 - Perpendicular + or T 97 - Not Applicable								
			<b>Overall Traffic Control Device</b> 01 - No Control <input type="checkbox"/> 02 - Signalized 03 - Stop - All Way 04 - Stop - Partial 05 - Yield 97 - Not Applicable								
<b>ROADWAY SURFACE CONDITION</b> 00 - Non-Roadway <input type="checkbox"/> 01 - Dry 02 - Ice/Frost 03 - Mud, Dirt, Gravel 04 - Oil 05 - Sand 06 - Slush 07 - Snow 08 - Water (standing, moving) 09 - Wet 98 - Other 99 - Unknown			<b>ROADWAY SURFACE</b> <input type="checkbox"/> 01 - Asphalt 02 - Brick 03 - Concrete 04 - Dirt 05 - Gravel 98 - Other 99 - Unknown								
			<b>LIGHT CONDITION</b> <input type="checkbox"/> 01 - Dark-Lighted 02 - Dark-Not Lighted 03 - Dark-Unk. Lighting 04 - Dawn 05 - Daylight 06 - Dusk 98 - Other 99 - Unknown			<b>MANNER OF CRASH / COLLISION IMPACT</b> 00 - Not with Motor Vehicle In-Transport <input type="checkbox"/> 01 - Angle 02 - Backing 03 - Front-to-Front 04 - Front-to-Rear 05 - Rear-to-Rear 06 - Rear-to-Side 07 - Sideswipe-Opposite Direction 08 - Sideswipe-Same Direction 09 - Turning-Opposite Direction 98 - Other 99 - Unknown					
									<b>WORK ZONE</b> <b>Was the crash in a construction, maintenance or utility work zone, or was it related to an activity within a work zone?</b> 01 - Yes <input type="checkbox"/> 02 - No <input type="checkbox"/> 99 - Unknown <b>Workers Present</b> 01 - Yes <input type="checkbox"/> 02 - No <input type="checkbox"/> 99 - Unknown <b>Type of Work Zone</b> 01 - Intermittent or Moving Work 02 - Lane Closure 03 - Lane Shift/Crossover 04 - Work on Shoulder or Median 98 - Other <input type="checkbox"/> 99 - Unknown <b>Location of the Crash</b> 01 - Before Work Zone Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 98 - Other <input type="checkbox"/> 99 - Unknown <b>Law Enforcement Present</b> 01 - Officer Present 02 - Not Present 03 - Only Law Enforcement Vehicle Present <input type="checkbox"/> 99 - Unknown		
<b>PROPERTY</b>		OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE \$ _____	
<b>PROPERTY</b>		OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE \$ _____	
<b>WITNESSES</b>		NAME		ADDRESS				PHONE			
<b>WITNESSES</b>		NAME		ADDRESS				PHONE			
OFFICER NO. _____			TROOP/TEAM/BEAT _____			DEPARTMENT _____					
INVESTIGATOR NAME (Print or Type) _____				INVESTIGATOR SIGNATURE _____				DATE OF REPORT / /20__			



# Investigator's Motor Vehicle Crash Report - Vehicle

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

# Investigator's Motor Vehicle Crash Report - Vehicle (cont'd.)

<b>VEHICLE NO.</b> <input style="width: 50px; height: 20px;" type="text"/> (cont'd.)	
<p><b>MOST HARMFUL EVENT FOR THIS MOTOR VEHICLE</b> <input style="width: 50px; height: 20px;" type="text"/></p> <p><b>Non-Collision</b></p> <ul style="list-style-type: none"> <li>01 - Cargo/Equipment Loss or Shift</li> <li>06 - Fell/Jumped from Motor Vehicle</li> <li>07 - Fire/Explosion</li> <li>08 - Immersion, Full or Partial</li> <li>09 - Jackknife</li> <li>10 - Other Non-Collision</li> <li>11 - Overturn/Rollover</li> <li>12 - 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>17 - Animal (live)</li> <li>18 - Motor Vehicle in Transport</li> <li>19 - Object Fell from MV in Transport</li> <li>20 - Other Non-Fixed Object</li> <li>21 - Other Non-Motorist</li> <li>22 - Parked Motor Vehicle</li> <li>23 - Pedalcycle</li> <li>24 - Pedestrian</li> <li>25 - Railway Vehicle (train, engine)</li> <li>26 - Struck by Falling, Shifting Cargo or Object Set in Motion by Motor Vehicle</li> <li>27 - Work Zone/Maintenance Equipment</li> </ul> <p><b>Collision With Fixed Object</b></p> <ul style="list-style-type: none"> <li>28 - Bridge Overhead Structure</li> <li>29 - Bridge Pier or Support</li> <li>30 - Bridge Rail</li> <li>31 - Cable Barrier</li> <li>32 - Concrete Traffic Barrier</li> <li>33 - Culvert</li> <li>34 - Curb</li> <li>35 - Ditch</li> <li>36 - Embankment</li> <li>37 - Fence</li> <li>38 - Guardrail End Terminal</li> <li>39 - Guardrail Face</li> <li>40 - Impact Attenuator/Crash Cushion</li> <li>41 - Mailbox</li> <li>42 - Other Fixed Object (wall, building, tunnel, etc.)</li> <li>43 - Other Post, Pole or Support</li> <li>44 - Other Traffic Barrier</li> <li>45 - Traffic Sign Support</li> <li>46 - Traffic Signal Support</li> <li>47 - Tree (standing)</li> <li>48 - Utility Pole/Light Support</li> <li>49 - Unk. Collision with Fixed Object</li> <li>98 - Other</li> <li>99 - Unknown</li> </ul>	<p><b>SEQUENCE OF EVENTS</b> <i>(up to 4 choices)</i></p> <p><b>Non-Collision</b></p> <ul style="list-style-type: none"> <li>01 - Cargo/Equipment Loss or Shift</li> <li>02 - Cross Centerline</li> <li>03 - Cross Median</li> <li>04 - Downhill Runaway</li> <li>05 - Equipment Failure (blown tire, brake failure, etc.)</li> <li>06 - Fell/Jumped from Motor Vehicle</li> <li>07 - Fire/Explosion</li> <li>08 - Immersion, Full or Partial</li> <li>09 - Jackknife</li> <li>10 - Other Non-Collision</li> <li>11 - Overturn/Rollover</li> <li>12 - Thrown or Falling Object</li> <li>13 - Ran Off Roadway Left</li> <li>14 - Ran Off Roadway Right</li> <li>15 - Reentering Roadway</li> <li>16 - Separation of Units</li> </ul> <p><b>Collision With Person, Motor Vehicle or Non-Fixed Object</b></p> <ul style="list-style-type: none"> <li>17 - Animal (live)</li> <li>18 - Motor Vehicle in Transport</li> <li>19 - Object Fell from MV in Transport</li> <li>20 - Other Non-Fixed Object</li> <li>21 - Other Non-Motorist</li> <li>22 - Parked Motor Vehicle</li> <li>23 - Pedalcycle</li> <li>24 - Pedestrian</li> <li>25 - Railway Vehicle (train, engine)</li> <li>26 - Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle</li> <li>27 - Work Zone/Maintenance Equipment</li> </ul> <p><b>Collision With Fixed Object</b></p> <ul style="list-style-type: none"> <li>28 - Bridge Overhead Structure</li> <li>29 - Bridge Pier or Support</li> <li>30 - Bridge Rail</li> <li>31 - Cable Barrier</li> <li>32 - Concrete Traffic Barrier</li> <li>33 - Culvert</li> <li>34 - Curb</li> <li>35 - Ditch</li> <li>36 - Embankment</li> <li>37 - Fence</li> <li>38 - Guardrail End Terminal</li> <li>39 - Guardrail Face</li> <li>40 - Impact Attenuator/Crash Cushion</li> <li>41 - Mailbox</li> <li>42 - Other Fixed Object (wall, building, tunnel, etc.)</li> <li>43 - Other Post, Pole or Support</li> <li>44 - Other Traffic Barrier</li> <li>45 - Traffic Sign Support</li> <li>46 - Traffic Signal Support</li> <li>47 - Tree (standing)</li> <li>48 - Utility Pole/Light Support</li> <li>49 - Unk. Collision with Fixed Object</li> <li>99 - Unknown</li> </ul>
<p><b>TRAFFIC CONTROL DEVICE TYPE</b> <i>(up to 4 choices)</i></p> <p><b>TCD Type</b></p> <ul style="list-style-type: none"> <li>00 - No Controls <input style="width: 30px; height: 20px;" type="text"/></li> <li>01 - Person (flagger, law enforcement, crossing guard, etc.) <input style="width: 30px; height: 20px;" type="text"/></li> </ul> <p><b>Signs</b></p> <ul style="list-style-type: none"> <li>02 - Railroad Crossing Sign <input style="width: 30px; height: 20px;" type="text"/></li> <li>03 - School Zone Sign <input style="width: 30px; height: 20px;" type="text"/></li> <li>04 - Stop Sign</li> <li>05 - Yield Sign</li> <li>06 - "Curve Ahead" Warning Sign</li> <li>07 - Pedestrian Cross 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</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 <input style="width: 30px; height: 20px;" type="text"/></li> <li>01 - Device Not Functioning</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: 30px; height: 20px;" 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: 30px; height: 20px;" 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: 30px; height: 20px;" type="text"/></li> <li>04 - Guardrail</li> <li>98 - Other</li> </ul> <p><b>DIRECTION OF TRAVEL</b> <input style="width: 30px; height: 20px;" 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: 30px; height: 20px;" type="text"/> mph</p> <ul style="list-style-type: none"> <li>97 - Not Applicable</li> <li>99 - Unknown</li> </ul>
<p><b>PAVEMENT MARKINGS</b></p> <p><b>Edgeline Presence/Type</b></p> <ul style="list-style-type: none"> <li>00 - No Marked Edgeline</li> <li>01 - Standard Width Edgeline <input style="width: 30px; height: 20px;" type="text"/></li> <li>02 - Wide Edgeline</li> <li>98 - Other</li> <li>99 - Unknown</li> </ul> <p><b>Centerline Presence/Type</b></p> <ul style="list-style-type: none"> <li>00 - No Marked Centerline</li> <li>01 - Centerline With Centerline Rumble Strip <input style="width: 30px; height: 20px;" type="text"/></li> <li>02 - Standard Centerline Markings</li> <li>99 - Unknown</li> </ul> <p><b>Lane Line Markings</b></p> <ul style="list-style-type: none"> <li>00 - No Lane Markings <input style="width: 30px; height: 20px;" type="text"/></li> <li>01 - Standard Lane Line</li> <li>02 - Wide Lane Line</li> <li>99 - Unknown</li> </ul> <p><b>TOTAL NUMBER OF THRU LANES</b></p> <ul style="list-style-type: none"> <li>00 - Non-Trafficway Area</li> <li>01 - One</li> <li>02 - Two</li> <li>03 - Three <input style="width: 30px; height: 20px;" type="text"/></li> <li>04 - Four</li> <li>05 - Five</li> <li>06 - Six</li> <li>07 - Seven or More</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>00 - Non-Trafficway Area</li> <li>01 - Curve Left <input style="width: 30px; height: 20px;" type="text"/></li> <li>02 - Curve Right</li> <li>03 - Straight</li> <li>99 - Unknown</li> </ul> <p><b>Grade:</b></p> <ul style="list-style-type: none"> <li>00 - Non-Trafficway Area</li> <li>01 - Downhill <input style="width: 30px; height: 20px;" type="text"/></li> <li>02 - Hillcrest</li> <li>03 - Level</li> <li>04 - Sag (Bottom)</li> <li>05 - Uphill</li> <li>99 - Unknown</li> </ul> <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 - Bicycle Lane - physically separated (cycle track, grade/parking separated)</li> <li>02 - Bicycle Lane - marked (shared use lane, paint separated)</li> <li>03 - Unmarked Paved Shoulder</li> <li>04 - Wide Curb Lane <input style="width: 30px; height: 20px;" type="text"/></li> <li>99 - Unknown</li> </ul> <p><b>Signed Bicycle Route?</b></p> <ul style="list-style-type: none"> <li>01 - Yes <input style="width: 30px; height: 20px;" type="text"/></li> <li>02 - No <input style="width: 30px; height: 20px;" type="text"/></li> <li>97 - Not Applicable</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> 01 - Male <input style="width: 30px;" type="text"/> 02 - Female 99 - Unk.						
<b>MAILING ADDRESS</b> _____			<b>CITY</b> _____		<b>STATE</b> _____ <b>ZIP</b> _____					
<b>DATE OF BIRTH (MMDDYYYY)</b> 		<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 1 _____ 2 _____		
<b>DRIVER LICENSE JURISDICTION</b> 00 - Not Licensed 01 - Canadian Province* <input type="checkbox"/> 02 - Indian Nation* 03 - International License* (other than Mexico, Canada) 04 - Mexican State* 05 - U.S. State 06 - U.S. Government 07 - Not Applicable 09 - Unknown <b>*Name of Jurisdiction</b> Include the specific State, Province or Nation indicated on the Driver's License _____			<b>DRIVER LICENSE STATUS</b> <b>Type Applicable for this Person</b> 01 - Commercial Driver License (CDL) <input type="checkbox"/> 02 - Non-CDL Driver License 03 - Non-CDL Restricted Driver License (learner's permit, temporary/limited, graduated driver license, etc.) 99 - Unknown <b>Status</b> 01 - Canceled or Denied 02 - Disqualified (CDL) <input type="checkbox"/> 03 - Expired 04 - Not Licensed 05 - Revoked 06 - Suspended 07 - Valid License 99 - Unknown			<b>DRIVER LICENSE RESTRICTIONS</b> (up to 3 choices) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 00 - None 01 - Alcohol Interlock Device 02 - Automatic Transmission 03 - CDL Intrastate Only 04 - Corrective Lenses 05 - Except Class A & Class B Bus 06 - Except Class A Bus 07 - Except Tractor-Trailer 08 - Farm Waiver 09 - Intermediate License Restrictions 10 - Learner's Permit Restrictions 11 - Limited to Daylight Only 12 - Limited to Employment 13 - Limited-Other 14 - Mechanical Devices (special brakes, hand controls, or other adaptive devices) 15 - Military Vehicles Only 16 - Motor Vehicles Without Air Brakes 17 - Outside Mirror 18 - Prosthetic Aid 98 - Other 99 - Unknown				
<b>DRIVER LICENSE TYPE</b> 00 - Not Licensed <input type="checkbox"/> 01 - Full Driver License 02 - Intermediate Driver License 03 - Learner's Permit 04 - School Permit 05 - Temporary License 99 - Unknown License Type		<b>CLASS</b> 00 - None <input type="checkbox"/> 01 - Class A 02 - Class B 03 - Class C 04 - Class M 05 - Regular Driver License 97 - Not Applicable 98 - Other 99 - Unknown		<b>ENDORSEMENTS</b> (up to 4 choices) 00 - None <input type="checkbox"/> 01 - H - Hazardous Materials <input type="checkbox"/> 02 - M - Motorcycle <input type="checkbox"/> 03 - N - Tank Vehicle <input type="checkbox"/> 04 - P - Passenger 05 - S - School <input type="checkbox"/> 06 - T - Double/Triple Trailers 07 - X - Combination Tank Vehicle & Hazardous Materials <input type="checkbox"/> 98 - Other Non-Commercial License Endorsements 99 - Unknown		<b>ALCOHOL INTERLOCK PRESENT?</b> 01 - Yes <input type="checkbox"/> 02 - No 99 - Unknown				
<b>COMMERCIAL DRIVER LICENSE (CDL)</b> 01 - Yes 02 - No <input type="checkbox"/> 99 - Unknown		<b>DRIVER ACTIONS AT TIME OF CRASH</b> (up to 4 choices) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 00 - No Contributing Action 01 - Disregarded Red Light <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 02 - Disregarded Stop Sign 03 - Disregarded Road Markings 04 - Disregarded Traffic Sign 05 - Failed to Keep in Proper Lane 06 - Failed to Yield Right-of-Way 07 - Followed too Closely 08 - Improper Backing 09 - Improper Passing 10 - Improper Turn 11 - Operated Motor Vehicle in Inattentive, Careless, Negligent or Erratic Manner 12 - Operated Motor Vehicle in Reckless or Aggressive Manner 13 - Over-Correcting/Over-Steering 14 - Ran Off Roadway 15 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 16 - Wrong Side or Wrong Way 98 - Other Contributing Action 99 - Unknown		<b>DRIVER DISTRACTED BY</b> <b>Action</b> 00 - Not Distracted <input type="checkbox"/> 01 - Talking/Listening 02 - Manually Operating (texting, dialing, playing game, etc.) 03 - Other Action (looking away from task, etc.) 99 - Unknown <b>Source</b> 01 - Hands-free Mobile Phone 02 - Hand-held Mobile Phone <input type="checkbox"/> 03 - Other Electronic Device 04 - Vehicle-Integrated Device 05 - Passenger/Other Non-Motorist 06 - External (to vehicle/non-motorist area) 07 - Other Distraction (animal, food, grooming, etc.) 97 - Not Applicable (not distracted) 99 - Unknown		<b>DRIVER CONDITION AT TIME OF CRASH</b> (up to 2 choices) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 01 - Apparently Normal 02 - Asleep or Fatigued 03 - Emotional (depressed, angry, disturbed, etc.) 04 - Ill (sick, fainted) 05 - Physically Impaired 06 - Under Influence of Alcohol, Drugs or Medication 98 - Other 99 - Unknown if Impaired				
<b>ALCOHOL</b>	<b>ALCOHOL SUSPECTED</b> 01 - Yes <input type="checkbox"/> 02 - No 99 - Unknown		<b>ALCOHOL TEST STATUS</b> 01 - Test Given <input type="checkbox"/> 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested		<b>ALCOHOL TEST TYPE</b> 01 - Blood "BAC" <input type="checkbox"/> 02 - Breathalyzer "BrAC" 03 - Urine 98 - Other 99 - Unknown		<b>ALCOHOL TEST RESULT</b> 01 - Negative 02 - Positive 03 - Pending 99 - Unknown BAC Level: (ex: 0.132) _____			
	<b>DRUGS</b>	<b>DRUGS SUSPECTED</b> 01 - Yes <input type="checkbox"/> 02 - No 99 - Unknown		<b>DRUG TYPE</b> 00 - None <input type="checkbox"/> 01 - Marijuana 02 - Prescription Drugs 03 - Other Illicit Drugs 99 - Unknown		<b>DRUG TEST STATUS</b> 01 - Test Given <input type="checkbox"/> 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested		<b>DRUG TEST TYPE</b> 01 - Blood <input type="checkbox"/> 02 - Urine 03 - Saliva 98 - Other 99 - Unknown		<b>DRUG TEST RESULT</b> 01 - Negative 02 - Positive 03 - Pending 99 - Unknown Drug Screening Level: ng/mL: _____

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

<p><b>PERSON TYPE</b></p> <p>Does the crash involve a Non-Motorist? 01 - Yes 02 - No</p> <p>If yes, complete a Non-Motorist Report for the following person types: Bicyclist Other Cyclist Pedestrian Other Pedestrian (<i>wheelchair, skater, person in a building, parked vehicle, or a personal conveyance, etc.</i>) Occupant of a Non-Motor Vehicle Transportation Device Unknown Type of Non-Motorist**</p> <p><b>P1. Occupant of MV</b> 01 - Driver 02 - Occupant 03 - Occupant of MV Not in Transport</p> <p><b>P2. Is this a secondary crash involving an Incident Responder?</b> 01 - Yes 02 - No</p> <p><b>P3. If yes, type of Incident Responder in Secondary Crash</b> 01 - EMS 02 - Fire 03 - Police 04 - Tow Vehicle 05 - Transportation (maintenance workers, safety service operators, etc.) 97 - Not Applicable 98 - Other 99 - Unknown</p>	<p><b>SEATING POSITION</b></p> <p><b>P4. Row</b> 01 - Front 02 - Second 03 - Third 04 - Fourth 05 - Other Row (bus, 15-passenger van, etc.) 99 - Unknown</p> <p><b>P5. Seat</b> 01 - Left 02 - Middle 03 - Right 98 - Other 99 - Unknown</p> <p><b>P6. Other Location</b> 01 - Enclosed Cargo Area 02 - Riding on Motor Vehicle Exterior (non-trailing unit) 03 - Sleeper Section of Cab (truck) 04 - Trailing Unit 05 - Unenclosed Cargo Area 97 - Not Applicable 98 - Other 99 - Unknown</p> <p><b>P7. Ejection</b> 01 - Not Ejected 02 - Ejected, Partially 03 - Ejected, Totally 97 - Not Applicable 99 - Unknown</p>	<p><b>RESTRAINT / HELMET USE</b></p> <p><b>P8. Restraint System</b> 01 - Booster Seat 02 - Child Restraint System - Forward Facing 03 - Child Restraint System - Rear Facing 04 - Child Restraint System - Type Unknown 05 - Lap Belt Only Used 06 - None Used - Motor Vehicle Occupant 07 - Restraint Used - Type Unknown 08 - Shoulder &amp; Lap Belt Used 09 - Shoulder Belt Only Used 10 - Stretcher 11 - Wheelchair</p> <p><b>Motorcycle Helmet Use</b> 12 - DOT-Compliant Motorcycle Helmet 13 - Non DOT-Compliant Motorcycle Helmet 14 - Unknown If DOT-Compliant Motorcycle Helmet 15 - No Helmet 97 - Not Applicable 98 - Other 99 - Unknown</p> <p><b>P9. Any Indication of Restraint Misuse/Failure?</b> 01 - Yes 02 - No 99 - Unknown</p> <p><b>P10. Air Bag Deployed</b> 00 - Not Deployed 01 - Combination 02 - Curtain 03 - Front 04 - Side 97 - Not Applicable 98 - Other (knee, air belt, etc.) 99 - Unknown</p> <p><b>P11. School Bus Occupant</b> 00 - No Restraint Available 01 - Lap Belt Available &amp; Not Used 02 - Shoulder &amp; Lap Available &amp; Not Used 97 - Not Applicable 99 - Unknown</p>	<p><b>INJURY</b></p> <p><b>P12. Source of Transport to First Medical Facility</b> 00 - Not Transported 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement 98 - Other 99 - Unknown</p> <p><b>P13. Injury Status</b> 00 - No Apparent Injury 01 - Fatal Injury [<i>must complete Fatal Crash Report</i>] 02 - Suspected Serious Injury* 03 - Suspected Minor Injury 04 - Possible Injury 99 - Unknown</p> <p>*Suspected Serious Injury: 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.</p> <p><b>P14. Injury Area</b> 00 - None 01 - Abdomen &amp; Pelvis 02 - Entire Body 03 - Face 04 - Head 05 - Lower Extremity (legs) 06 - Neck 07 - Spine 08 - Chest (thorax) 09 - Upper Extremity (arms) 10 - Unspecified 99 - Unknown</p>
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### All Drivers & Occupants

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



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

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

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

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

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

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

State of Nebraska

Investigator's Supplemental Heavy Truck/Bus Crash Report

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

NDOT KEY NO. \_\_\_\_\_

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

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

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 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"/>	
EMMS RUN NO.			

<b>NON-MOTORIST TYPE</b> (not occupant of MV) 03 - Bicyclist** <input style="width: 30px;" type="text"/> 04 - Other Cyclist** 05 - Pedestrian** 06 - Other Pedestrian (wheelchair, person in a building, parked vehicle, skater, personal conveyance, etc.)** 07 - Occupant of a Non-Motor Vehicle Transportation Device** 08 - Unknown Type of Non-Motorist** 99 - Unknown <b>**If attribute is selected, Non-Motorist Section must be completed.</b>	<b>NON-MOTORIST ACTION / CIRCUMSTANCE PRIOR TO CRASH</b> <b>Action / Circumstance</b> 00 - None <input style="width: 30px;" type="text"/> 01 - Adjacent to Roadway (e.g., shoulder, median) <input style="width: 30px;" type="text"/> 02 - Crossing Roadway 03 - In Roadway - Other 04 - Waiting to Cross Roadway 05 - Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 06 - Walking/Cycling along Roadway with Traffic (in or adjacent to travel lane) 07 - Walking/Cycling on Sidewalk 08 - Working in Trafficway (incident response) 98 - Other 99 - Unknown  <b>Origin / Destination</b> 01 - Going to or from School (K-12) 02 - Going to or from Transit 97 - Not Applicable <input style="width: 30px;" type="text"/> 99 - Unknown	<b>NON-MOTORIST LOCATION AT TIME OF CRASH</b> <b>Roadway Facility</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - Unmarked Crosswalk 03 - Intersection - Other 04 - Median/Crossing Island 05 - Midblock - Marked Crosswalk 06 - Shoulder/Roadside 07 - Travel Lane - Other Location  <b>Bicycle Facility</b> 08 - Signed Route (no pavement marking) 09 - Shared Roadway (sharrows/green lanes) 10 - Bicycle Lane 11 - Separated Bicycle Lane  <b>Other Facility</b> 12 - Driveway Access 13 - Non-Trafficway Area 14 - Shared-Use Path or Trail 15 - Sidewalk 98 - Other <input style="width: 30px;" type="text"/> 99 - Unknown	<b>INJURY</b> <b>Source of Transport to First Medical Facility</b> 00 - Not Transported <input style="width: 30px;" type="text"/> 01 - EMS Air 02 - EMS Ground 03 - Law Enforcement 98 - Other 99 - Unknown  <b>Injury Status</b> <input style="width: 30px;" type="text"/> 00 - No Apparent Injury 01 - Fatal Injury (killed) 02 - Suspected Serious Injury* 03 - Suspected Minor Injury 04 - Possible Injury 99 - Unknown  <i>*Suspected Serious Injury: 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>	
<b>NON-MOTORIST CONTRIBUTING ACTION(S)/CIRCUMSTANCE(S)</b> (up to 4 choices) 00 - None (No improper action) 01 - Dart/Dash 02 - Disabled Vehicle-Related (working on, pushing, leaving/approaching) 03 - Distracted Walking/Running/Cycling (texting/talking on, listening to mobile device) 04 - Entering/Exiting Parked/Standing Vehicle 05 - Failure to Obey Traffic Signs, Signals, or Officer 06 - Failure to Yield Right-of-Way 07 - Improper Passing 08 - Improper Turn/Merge 09 - Inattentive (talking, eating, etc.) 10 - Not Visible (dark clothing, no lighting, etc.) 11 - In Roadway Improperly (standing, lying, playing) 12 - Under the Influence of Drugs/Alcohol 13 - Wrong-Way Riding or Walking 98 - Other 99 - Unknown	<b>NON-MOTORIST DISTRACTED BY</b> <b>Action</b> <input style="width: 30px;" type="text"/> 00 - Not Distracted 01 - Talking/Listening 02 - Manually Operating (texting, dialing, playing game, etc.) 03 - Other Action (looking away from task, etc.) 99 - Unknown  <b>Source</b> <input style="width: 30px;" type="text"/> 01 - Hands-free Mobile Phone 02 - Hand-held Mobile Phone 03 - Other Electronic Device 04 - Vehicle-Integrated Device 05 - Passenger/Other Non-Motorist 06 - External (to vehicle/non-motorist area) 07 - Other Distraction (animal, food, grooming, etc.) 97 - Not Applicable (not distracted) 99 - Unknown	<b>NON-MOTORIST CONDITION AT TIME OF CRASH</b> (up to 2 choices) 01 - Apparently Normal <input style="width: 30px;" type="text"/> 02 - Asleep or Fatigued <input style="width: 30px;" type="text"/> 03 - Emotional (depressed, angry, disturbed, etc.) <input style="width: 30px;" type="text"/> 04 - Ill (sick, fainted) <input style="width: 30px;" type="text"/> 05 - Physically Impaired <input style="width: 30px;" type="text"/> 06 - Under Influence of Alcohol, Drugs or Medication <input style="width: 30px;" type="text"/> 98 - Other <input style="width: 30px;" type="text"/> 99 - Unknown	<b>NON-MOTORIST SAFETY EQUIPMENT</b> (up to 4 choices) 00 - None <input style="width: 30px;" type="text"/> 01 - Helmet <input style="width: 30px;" type="text"/> 02 - Lighting and/or reflectors <input style="width: 30px;" type="text"/> 03 - Protective Pads Used (elbows, knees, shins, etc.) <input style="width: 30px;" type="text"/> 04 - Reflective Wear (backpack, triangles, etc.) <input style="width: 30px;" type="text"/> 98 - Other <input style="width: 30px;" type="text"/> 99 - Unknown	<b>Injury Area</b> 00 - None <input style="width: 30px;" type="text"/> 01 - Abdomen & Pelvis 02 - Entire Body 03 - Face 04 - Head <input style="width: 30px;" type="text"/> 05 - Lower Extremity (legs) 06 - Neck 07 - Spine 08 - Chest (thorax) 09 - Upper Extremity (arms) 10 - Unspecified 99 - Unknown
<b>INITIAL POINT OF CONTACT ON NON-MOTORIST (except for pedestrians)</b> <input style="width: 30px;" type="text"/> 12 - Front 03 - Right 06 - Rear <input style="width: 30px;" type="text"/> 09 - Left 98 - Not Applicable - Pedestrian 99 - Unknown				

<b>ALCOHOL SUSPECTED</b> 01 - Yes <input style="width: 30px;" type="text"/> 02 - No 99 - Unknown	<b>ALCOHOL TEST STATUS</b> 01 - Test Given <input style="width: 30px;" type="text"/> 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested	<b>ALCOHOL TEST TYPE</b> 01 - Blood "BAC" <input style="width: 30px;" type="text"/> 02 - Breathalyzer "BrAC" <input style="width: 30px;" type="text"/> 03 - Urine 98 - Other 99 - Unknown	<b>ALCOHOL TEST RESULT</b> <input style="width: 30px;" type="text"/> 01 - Negative 02 - Positive 03 - Pending 99 - Unknown BAC Level: (ex: 0.132) _____
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<b>DRUGS SUSPECTED</b> 01 - Yes <input style="width: 30px;" type="text"/> 02 - No 99 - Unknown	<b>DRUG TYPE</b> <input style="width: 30px;" type="text"/> 00 - None 01 - Marijuana 02 - Prescription Drugs 03 - Other Illicit Drugs 99 - Unknown	<b>DRUG TEST STATUS</b> <input style="width: 30px;" type="text"/> 01 - Test Given 02 - Test Not Given 03 - Test Refused 99 - Unknown if Tested	<b>DRUG TEST TYPE</b> <input style="width: 30px;" type="text"/> 01 - Blood 02 - Urine 03 - Saliva 98 - Other 99 - Unknown	<b>DRUG TEST RESULT</b> <input style="width: 30px;" type="text"/> 01 - Negative 02 - Positive 03 - Pending 99 - Unknown Drug Screening Level: _____ ng/mL: _____
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## Investigator's Motor Vehicle Crash Report - Fatal Crash Report

### All Drivers Involved in Fatal Crashes

<p><b>DRIVER OF VEHICLE NO.</b> <input style="width: 40px;" type="text"/></p> <p><b>ATTEMPTED AVOIDANCE MANEUVER</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 40px;" type="text"/></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/Not Reported</p>	<p><b>DRIVER OF VEHICLE NO.</b> <input style="width: 40px;" type="text"/></p> <p><b>ATTEMPTED AVOIDANCE MANEUVER</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 40px;" type="text"/></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/Not Reported</p>	<p><b>DRIVER OF VEHICLE NO.</b> <input style="width: 40px;" type="text"/></p> <p><b>ATTEMPTED AVOIDANCE MANEUVER</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 40px;" type="text"/></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/Not Reported</p>
<p><b>PRE-IMPACT STABILITY</b></p> <p>00 - No Driver Present/Unk. if Driver Present <input style="width: 40px;" type="text"/></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: 40px;" type="text"/></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: 40px;" type="text"/></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

<p><b>Driver of Vehicle No.</b> <input style="width: 40px;" type="text"/> <b>or Non-Motorist No.</b> <input style="width: 40px;" type="text"/></p> <p><b>ALCOHOL TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Breath Test (AC) <input style="width: 40px;" type="text"/></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: 40px;" type="text"/></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>Driver of Vehicle No.</b> <input style="width: 40px;" type="text"/> <b>or Non-Motorist No.</b> <input style="width: 40px;" type="text"/></p> <p><b>ALCOHOL TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Breath Test (AC) <input style="width: 40px;" type="text"/></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: 40px;" type="text"/></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>Driver of Vehicle No.</b> <input style="width: 40px;" type="text"/> <b>or Non-Motorist No.</b> <input style="width: 40px;" type="text"/></p> <p><b>ALCOHOL TEST TYPE AND RESULTS</b></p> <p><b>Test Type</b></p> <p>00 - Breath Test (AC) <input style="width: 40px;" type="text"/></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: 40px;" type="text"/></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: 40px;" type="text"/></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: 40px;" type="text"/></p> <p>001 - Tested, No Drugs Found/Negative</p> <p>100-295 - Narcotic</p> <p>300-395 - Depressant</p> <p>400-495 - Stimulant</p> <p>500-595 - Hallucinogen</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: 40px;" type="text"/></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: 40px;" type="text"/></p> <p>001 - Tested, No Drugs Found/Negative</p> <p>100-295 - Narcotic</p> <p>300-395 - Depressant</p> <p>400-495 - Stimulant</p> <p>500-595 - Hallucinogen</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: 40px;" type="text"/></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: 40px;" type="text"/></p> <p>001 - Tested, No Drugs Found/Negative</p> <p>100-295 - Narcotic</p> <p>300-395 - Depressant</p> <p>400-495 - Stimulant</p> <p>500-595 - Hallucinogen</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>