



Mississippi eCrash

Data Element Manual

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Revision Notes

Revision Date	Revision	Reference
02/15/2019	Updated reference tables removing internal use data.	https://youtrack.caps.ua.edu/issue/eCrashMS3-15
02/15/2019	Added TOC and added missed information	
03/05/2019	Added BR to C11 Weather Condition = Max of 2 allowed. Click here for the revision > C11 Weather Conditions	https://youtrack.caps.ua.edu/issue/eCrashMS3-219
03/05/2019	Remove 103 Cable Barrier Click Here for the Revision > Barrier Type	https://youtrack.caps.ua.edu/issue/eCrashMS3-217
03/20/2019	Updated Validation Rules throughout document.	https://youtrack.caps.ua.edu/issue/eCrashMS3-231
8/15/2019	Updated Identification to include Divisions	https://youtrack.caps.ua.edu/issue/eCrashMS3-325
09/27/2019	Updated Alcohol Use Suspicion and Drug Use Suspicion with Unknown value for Hit & Run drivers Updated Hazardous Materials Placard Status Updated Latitude and Longitude to be required in v1.2.0	
10/10/2019	Corrected definition for Incident Responder values	
11/6/2019	Corrected definition for Trafficway Division values	
1/28/2020	Removed "Unknown" from Crash Severity	
9/1/2020	<ul style="list-style-type: none"> • Added "209 Collision with farm equipment (tractor, combine harvester, etc.)" to C7 First Harmful Event • Added "209 Collision with farm equipment (tractor, combine harvester, etc.)" to V20 Vehicle Event • Added "108 Through Roadway" to C15 Relation to Junction 	

6/29/2021	Corrected typos in Vehicle Automation validation rules.	
10/25/2021	Added Power Unit Damaged and Trailer Damaged fields	

OVERVIEW OF ECRASH

The purpose of the Mississippi Uniform Traffic Electronic Crash Reporting System (eCrash) is to report all the facts and circumstances of the motor vehicle crash accurately, consistently and thoroughly. The eCrash system is a paperless, electronic field-based data entry, data validation, and submission crash reporting system. The eCrash system enables the entry and validation of essential crash data at the crash scene to replicate the actual crash scene as close as possible. This ability ensures completeness, consistency, and fewer interpretation errors. It also saves money and resources in reducing duplicated efforts (i.e., officers entering data on hard copy forms only to have these data re-entered into the computer). The electronic submission process eliminates the need to mail in paper crash forms. The data is then available virtually instantaneously and is ready for processing and distribution. There is a new paper crash report that matches the eCrash system. The vast majority of data elements used by the system are consistent with the Model Minimum Uniform Crash Criteria (MMUCC) version 5. The eCrash system works within the Mobile Officer Virtual Environment (MOVE) software framework. MOVE consists of a set of integrated peripherals and software applications that work to minimize common data entry tasks. The law enforcement officers can utilize scanners to scan driver s licenses and vehicle registrations. They can also use Global Positioning Systems (GPS) devices and the MapClick software to record the exact location of the incident. These features make it much easier and faster to organize, collect, validate, and submit the pertinent crash data.

Purpose of this Manual

The purpose of this manual is provide definitions of each data element used throughout the crash report life cycle. This is a living document; expect periodic updates for additional or corrected data elements. This manual does not deal with the mechanics of using eCrash. For instructions on how to use eCrash, consult the *eCrash User Guide*. This manual will present the data elements generally in the same data entry order as the input into eCrash. All of the data-element specific information in this manual is available using the “Help” features of eCrash. The vast majority of data elements used by the system are consistent with the Model Minimum Uniform Crash Criteria (MMUCC) version 5, endorsed by Governors Highway Safety Association (GHSA). The MMUCC is minimum standardized data set for describing motor vehicle crashes and the vehicles, persons and environment involved.

Organization of this Manual

All data elements used within the eCrash system are mandatory unless specified. The system provides

several ways to provide an answer if the answer is not clear. This manual is a guide to the data elements used on the Mississippi Uniform Traffic Crash Report. The organization follows the same layout as the eCrash client-server user interface. The sections are:

- **Identification** – The identification section contains the unique crash report number and the Investigating Agency details.
- **Date and Time** – The date and time section contains the date and timeline of the crash, police notification and arrival time and the emergency management service notification and arrival time.
- **Location** – The location section contain details about the crash location.
- **Vehicle** – The vehicle section contains details about the vehicle, owner of vehicle and occupants in the vehicle at the time of the crash. This section also includes details about the driver and passengers.
 - **Driver of the Vehicle** – The driver subsection contains details about the driver.
 - **Passengers in the Vehicle** – The passenger subsection contains details about the passengers.
 - **Owner of the Vehicle** – The owner subsection contains details about the owner of the vehicle.
- **Non-Motorist** – The non-motorist section contains details about the non-motorist involved in the crash.
- **Trains** - The Trains section contains the details about the train and train conductor involved in the crash.
- **Witness** – The witness section contains details about the witness at the crash scene.
- **Diagram** – The diagram contains the graphic representation of the crash scene.
- **Narrative** – The narrative contains a detailed recording of the crash.
- **Attachments** – The attachment section is used to attach supplemental information such as photos, test results, and or coroner reports

- **Notes** – The notes section contains the officer's notes regarding the crash.

C1 Crash Identifiers Identification

The Identification level describes the overall crash case information; such as, crash timeline and who is investigating the case.

Local Case # / State Case

The State's unique identifier number used for tracking a crash report. The State Case # is the number assigned to the report when it is processed and stored on the state's repository.

	Format	Validation
Local case #	50 nvarchar	You must enter a case number that is unique within your agency.
		Local case number must not be empty
		Local case number must be within maximum length
State Case #		State case number must be within maximum length

Investigating Agency Identification

The agency's name and identification number associated with the investigating officer.

	Format	Validation
Agency Name	50 nvarchar	You must enter the name of your agency
		Agency name must not be empty
		Agency name must be within maximum length
Agency ID#	04 nvarchar	You must enter the ID number of your agency.
		Agency id must not be empty
		Agency id must be within maximum length
Division#	01 nvarchar	You must enter the division number of your agency.

Investigating Officer

The name of the officer investigating the crash.

	Format	Validation
Rank	25 nvarchar	You should enter the Rank of the investigating officer.
		Investigating officer rank should not be empty
		Investigating officer rank must be within maximum length

First Name	50 nvarchar	You should enter the first name or initial of the investigating officer.
		Officer first name should not be empty
		Investigating officer first name must be within maximum length
Middle Name	50 nvarchar	Officer middle name must be within maximum length
Last Name	50 nvarchar	You must enter the Last Name of the investigating officer.
		Investigating officer last name must not be empty
		Investigating officer last name must be within maximum length
Suffix	10 nvarchar	Investigating officer name suffix must be within maximum length
Badge #	12 nvarchar	You must enter the badge # of the investigating officer.
		Investigating officer id must not be empty
		Investigating officer id must be within maximum length

Crash Photos

Often times, photographs are taken and used as an investigation tool. This section collects the data to catalog and associate the photographs associated with the crash.

Taken Indicator

Indicator used to flag that there are photos associated with the case.

	Format	Validation
Photo Taken	Indicator	If selected, You must provide the Photographer s Last Name.

Photographer

The identification of the photographer who took the crash photo.

	Format	Validation
Rank	25 nvarchar	Photographer rank should not be empty if required
		Photographer rank must be null if not required
		Photographer rank must be within maximum length
First Name	50 nvarchar	You should enter the first name or initial of the photographer.
		Photographer first name must be null if not required
		Photographer first name should not be empty if required

	Format	Validation
		Photographer first name must be within maximum length
Middle Name	50 nvarchar	Photographer middle name must be null if not required
		Photographer middle name must be within maximum length
Last Name	50 nvarchar	When Check if Photos were Taken = Yes then You must enter the Last Name of the photographer.
		Photographer last name must be null if not required
		Photographer last name must not be empty if required
		Photographer last name must be within maximum length
Suffix	10 nvarchar	Photographer name suffix must be null if not required
		Photographer name suffix must be within maximum length
Badge #	12 nvarchar	You must enter the badge # of the photographer.
		Photographer id must be null if not required
		Photographer id must not be empty if required
		Photographer id must be within maximum length

C3 Date and Time

The crash report collects a variety of dates and times associated with the crash. These dates and time help to establish the crash timeline and the subsequent activities. The date format is mm/dd/yyyy. The time format is hh.mm.ss

Crash Date and Time

The date and time the crash occurred.

	Format	Validation
Crash Date	MM/DD/YYYY	You must enter the date the crash occurred.
		Crash date must not be empty
Crash Time	HH:MM:SS	You must enter the estimated time at which the crash occurred.
		The crash date cannot be a future date/time.
		Crash time must not be empty

Police Notified

The date and time when the police received notification.

	Format	Validation
Police Notified Date	MM/DD/YYYY	You must enter the date when the police received notification of the crash.
		Police notification date must not be empty
Police Notified Time	HH:MM:SS	You must enter the time at which police was notified of the crash.
		Police notification time must not be empty
		The police notification date/time cannot be before the crash date/time.
		Police notification date/time cannot be in the future.

Time from Crash to Notification

The calculated time between when the crash occurred and the time when the police received notification.

Field Name	Format	Validation
Time From Crash to Notification	HH:MM:SS	You must enter the date when the police received notification of the crash.
		You must provide the crash date/time and police notification date/time.

Police Arrived

The date and time, the police arrived on the crash scene.

Field Name	Format	Validation
Crash Date	MM/DD/YYYY	You must enter the date when the police arrived at the crash location.
		Police arrival date must not be empty
Crash Time	HH:MM:SS	You must enter the time when the police arrived at the crash location.
		Police arrival time must not be empty
Crash Date/Time		The police arrival date/time cannot be before the police notification date/time.
		The police arrival date/time cannot be before the crash date/time.
		Police arrival date/time cannot be in the future.

Time from Notification to Arrival

The calculated time from between the police notification time and the police arrival time.

Field Name	Format	Validation
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Time From Police Notification to Police Arrival	HH:MM:SS	You must enter the date when the police received notification of the crash.
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Roadway Cleared Date and Time

Record the time when official cleared the crash scene roadway.

Field Name	Format	Validation
Crash Date	MM/DD/YYYY	You must enter the date when the police arrived at the crash location.
		Roadway clearance date must not be empty
Crash Time	HH:MM:SS	Roadway clearance time must not be empty
		You must enter the time when the police arrived at the crash location.
		The roadway clearance date/time cannot be before the crash date/time.
		The roadway clearance date/time cannot be before the police notification date/time
		The roadway clearance date/time cannot be before the police arrived date/time.
		The roadway clearance date/time cannot be in the future.

Time from Crash to Roadway Clearance

The calculated time between crash occurrence and roadway clearance.

	Format	Validation
Time From Crash to Roadway Clearance	HH:MM:SS	You must provide the Crash Time and Roadway Cleared Time.
		You must enter the time at which the roadway was cleared (all lanes available for traffic flow).
		The On-scene Investigation Completion date/time cannot be before the police arrival date/time.

Time from Arrival to On-Scene Investigation Completion

The calculated time from between the police arrival time and the roadway clearance time.

	Format	Validation
Investigation Time From Start to Finish at the scene	HH:MM:SS	You must provide Police Arrival and Roadway Clearance Time.
		On scene investigation completion date must not be empty
		On scene investigation completion date time must not be before police arrival date time
		On scene investigation completion time must not be empty
		You must enter the time at which the on-scene investigation was completed (10-24).

C4-C6 Crash Location

The Crash Location level describes the geographical location where the crash occurred.

C4 County

The county where the crash occurred.

	Format	Validation
County	ref	You must select the county in which the crash occurred.

C5 City

The city where the crash occurred.

	Format	Validation
City	ref	You must select the city in which the crash occurred.
		You must select the city in which the crash occurred, or select Rural (County) if it did not occur within a city.

C6 GPS Coordinates

GPS coordinates are a unique identifier of a precise geographic location on the earth, usually expressed in alphanumeric characters. Coordinates, in this context, are points of intersection in a grid system. The eCrash system collects these coordinates as the combination of latitude and longitude. eCrash provide the ability to import these values from a GPS device and MAPCLICK software.

	Format	Validation
Latitude	Decimal 9,6	Latitude must not be empty
		Latitude must be within state

	Format	Validation
Longitude	Decimal 9,6	Longitude must not be empty
		Longitude must be within state

C2 Property Ownership

Property Ownership describes if the crash location ownership is public or private.

Code	Name	Description
100	Public property	Used for any crash that occurs and is entirely contained within a location that is owned by the public. Also, use this attribute for crashes that originate on a location that is owned by the public where a harmful event occurs on private property. For example, a vehicle that departs the roadway and impacts a tree in a citizen s front yard should be classified as “public property.”
200	Private property	Used for a crash that occurs and is entirely contained within a location that is not owned by the public. Do not use this selection for crashes that originate on private property where a harmful event occurs on public property. That circumstance should be classified as “public property.” For example, a crash where a driver loses control of their vehicle backing from their private driveway and impacts a vehicle on the roadway should be classified as “public property.”

Data Element	Format	Validation
Property Ownership	ref	Property ownership must not be empty You must indicate whether the crash occurred on public or private property.

C2 Trafficway Characteristics

Trafficway is any land way open to the public as a matter of right or custom for moving persons or property from one place to another. **Trafficway Characteristics** describes the crash location as it relates to the trafficway.

Code	Name	Description
100	Trafficway, on road	Used for motor vehicle traffic crashes where the unstabilized situation does not originate on the roadway or shoulder and no

Code	Name	Description
		harmful events occur on the roadway or shoulder. Example 1: A motor vehicle is purposely driving entirely on the roadside (within the trafficway), runs off the roadside and crashes into a tree. Example 2: A motor vehicle is purposely driving entirely in the median and crashes into a traffic sign.
101	Trafficway, not on road	used for motor vehicle traffic crashes where the unstabilized situation originates on the roadway or shoulder or at least one harmful event occurs on the roadway or shoulder. Example 1: A motor vehicle driving on a roadway runs off the road and crashes into a tree. Example 2: A motor vehicle driving on a roadway crosses the centerline and crashes into another motor vehicle. Example 3: A motor vehicle backs out of a private driveway, into the trafficway, and crashes into another motor vehicle on the roadway.
200	Non-trafficway	Used for motor vehicle crashes where both of these conditions apply: (1) the unstabilized situation originates outside the boundaries of the trafficway and (2) no harmful event occurs within the boundaries of the trafficway. Example 1: A motor vehicle is driving in a parking aisle (outside the trafficway) and crashes into a parked motor vehicle. Example 2: A motor vehicle is driving on a dirt trail (not a recognized trafficway), and overturns.

Data Element	For mat	Validation
Trafficway Characteristics	ref	Trafficway characteristics must not be empty You must indicate whether the crash occurred on public or private property.

R5 Road Classification

Road Classification (Roadway Functional Class)

Code	Name
100	Interstate
101	US highway
102	State highway
103	County road
104	City street
200	Parking lot/private drive
201	State park
202	Off road

Data Element	Format	Validation
Road Classification		Road classification must not be empty

Location Address

The road or street identification.

	Format	Validation
Named Road		You must enter either the name or number of the road on which the crash occurred.
Address Number	10 nvarchar	Address number must be within maximum length
Street Name	150 nvarchar	Street name or road number must not be empty
		Street name must be within maximum length
Numbered Road	10 nvarchar	You must enter either the name or number of the road on which the crash occurred.
		Road number must be within maximum length
		Street name and road number must be mutually exclusive
Milepost	Decimal 9,6	

V13 Traffic Flow Direction

The direction of a motor vehicle's travel on the roadway before the crash.

Code	Name	
X	Not applicable	Vehicle not on divided highway prior to crash.
N	North	The Northbound traffic flow direction the vehicle travel before the crash.
S	South	The Southbound traffic flow direction the vehicle travel before the crash.
W	West	The Westbound traffic flow direction the vehicle travel before the crash.
E	East	The Eastbound traffic flow direction the vehicle travel before the crash.

	Format	Validation
Traffic Flow	ref	Traffic flow direction must not be empty. You must select the traffic flow direction at the location of the crash.
		Traffic flow direction must not be not applicable for a divided road

C16 Crash at an Intersection

Indicate if the crash occurred at an intersection. An intersection consists of two or more roadways that intersect at the same level. If crash was at an intersection, you must also apply the road named or number and the street name.

Field Name	Format	Validation
Named Road	150 nvarchar	You must enter either the name or number of the road on which the crash occurred.
Street Name	150 nvarchar	Intersecting street name must be null if not applicable
		You must enter either the name or number of the road on which the crash occurred.
		Intersecting street name must be within maximum length
Numbered Road	10 nvarchar	You must enter either the name or number of the road on which the crash occurred.
		Intersecting road number must be null if not applicable
		Intersecting road number must be within maximum length

Street Numbered		You must enter either the name or number of the road on which the crash occurred.
		Intersecting street name or intersecting road number must not be empty if is applicable
		Intersecting street name and intersecting road number must be mutually exclusive

Circumstances

The Crash Circumstances section describes the environmental conditions at the time of the crash.

C2 Secondary Crash

Indicate if crash includes a motor vehicle traffic crash within a traffic incident scene or within a traffic queue in either direction resulting from a prior traffic incident.

C19 Crash Severity

The severity of a crash based on the most severe injury to any person involved in the crash.

Code	Name	
100	(K) Fatal injury	A fatal injury is any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned to the attribute "Fatal Injury."
101	(A) Suspected serious injury	A suspected serious injury is any injury other than fatal which results in one or more of the following: <ul style="list-style-type: none"> • 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 • Paralysis
102	(B) Suspected minor injury	A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the

Code	Name	
		head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).
103	(C) Possible injury	A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.
104	(O) Property damage only	<p>Property Damage Only (PDO) – A crash that results in damage to the motor vehicle or other property, but without injury to any occupants or non-motorists.</p> <p>No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function</p>

Data Element	Validation
Crash Severity	Crash severity must not be empty. You must indicate the overall severity of the crash.

C7 First Harmful Event

The first harmful event refers to the crash event relating to the first injury- or damage-produce during the crash event.

Collision Event - Harmful events that involve the collision of a motor vehicle in transport with another motor vehicle, other property, animal or pedestrian.

Collision With Fixed Object – A motor vehicle in transport strikes an impact attenuator/crash cushion, bridge overhead structure, bridge pier or support, bridge rail, culvert, curb, ditch, embankment, guardrail face or end, concrete traffic barrier, standing tree, utility pole/light support, traffic sign or signal support,

fence, mailbox, or other fixed object.

Collision With Person, Motor Vehicle, or Non-Fixed Object – A motor vehicle in transport strikes a pedestrian, pedal cycle, railway vehicle, animal, motor vehicle in transport, parked motor vehicle, struck by falling, shifting cargo or anything set in motion by motor vehicle, work zone/maintenance equipment, or other moveable object.

Code	Name
000	Cross centerline
001	Cross median
002	End departure (T-intersection, dead-end, etc.)
003	Downhill runaway
004	Equipment failure (blown tire, brake failure, etc.)
005	Ran off roadway left
006	Ran off roadway right
007	Reentering roadway
008	Separation of units
098	Other non-harmful event
100	Cargo/equipment loss or shift
101	Fell/jumped from motor vehicle
102	Fire/explosion
103	Immersion, full or partial
104	Jackknife
105	Overturn/rollover
106	Thrown or falling object
198	Other non-collision harmful event
200	Collision with animal (live)
201	Collision with motor vehicle in transport
202	Collision with parked motor vehicle

Code	Name
203	Collision with pedalcycle
204	Collision with pedestrian
205	Collision with railway vehicle (train, engine)
206	Collision with object at rest from MV in transport
207	Collision with falling, shifting cargo, or anything set in motion by MV
208	Collision with work zone/maintenance equipment
209	Collision with farm equipment (tractor, combine harvester, etc.)
297	Collision with other non-motorist
298	Collision with other non-fixed object
300	Collision with bridge overhead structure
301	Collision with bridge pier or support
302	Collision with bridge rail
303	Collision with cable barrier
304	Collision with concrete traffic barrier
305	Collision with culvert
306	Collision with curb
307	Collision with ditch
308	Collision with embankment
309	Collision with fence
310	Collision with guardrail end terminal
311	Collision with guardrail face
312	Collision with impact attenuator/crash cushion
313	Collision with mailbox
314	Collision with traffic sign support
315	Collision with traffic signal support

Code	Name
316	Collision with tree (standing)
317	Collision with utility pole/light support
396	Collision with other post, pole, or support
397	Collision with other traffic barrier
398	Collision with other fixed object (wall, building, tunnel, etc.)
399	Collision with unknown fixed object

VALIDATION CROSS REF	VALIDATION
First Harmful Event	First harmful event must not be empty. You must select the first harmful event that occurred during the crash.
	First harmful event must appear in sequence of events for a vehicle
	First harmful event description must not be empty if required
	First harmful event description must be within maximum length
	First harmful event description must be null if not required
	First harmful event location must not be empty
	First harmful event location should be roadside if first harmful event involves roadside elements
200 Collision with animal (live)	
201 Collision with motor vehicle in transport	Collision with Motor Vehicle in Transport, you must also provide Manner of Crash.
	Collision with Motor Vehicle in Transport, report must contain at least 2 vehicle.

VALIDATION CROSS REF	VALIDATION
202 Collision with parked motor vehicle	Collision with Parked Motor Vehicle, you must also provide Manner of Crash.
	Collision with Parked Motor Vehicle, report must contain at least 2 vehicle.
	Collision with Parked Motor Vehicle, Motor Vehicle Maneuver/Action" must = 09 (Parked) for at least one motorized vehicle in the crash.
203 Collision with pedalcycle	Collision with Pedalcycle, you must add involved person Non-Motorist, Bicyclist, Motorist or Other Cyclist.
	Collision with Pedalcycle, you must provide a Non-Motorist Location at Time of Crash.
204 Collision with pedestrian	Collision with Pedestrian, you must add at least one involved person Non-Motorist =Pedestrian.
	Collision Pedestrian, you must provide a Non-Motorist Location at Time of Crash.
207 Collision with falling, shifting cargo, or anything set in motion by MV	Collision with falling, shifting cargo, or anything set in motion by MV, you must provide at least 2 vehicles.
297 Collision with other non-motorist	Collision with Other Non-Motorist, you must provide at least 1 Non-Motorist.
	Collision with Other Non-Motorist, you must provide a Non-Motorist Location at Time of Crash.

C8 Location of First Harmful Event

The location of the first harmful event as it relates to its position within or outside the trafficway.

Code	Name	Description
100	Gore	An area of land where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The area includes shoulders or marked pavement, if any, between the roadways.

Code	Name	Description
101	In parking lane or zone	Crash location outside the roadway in a space designated for parking motor vehicles.
102	Median	An area of trafficway between parallel roads separating travel in opposite directions. A median should be four or more feet wide.
103	Off roadway, location unknown	The first harmful event is off the roadway, but the location of the property line is unknown.
104	On roadway	The portion of the trafficway normally designed for vehicular traffic.
105	On shoulder, left side	That part of a trafficway contiguous with the roadway for emergency use, for accommodation of stopped motor vehicles, and for lateral support of the roadway structure.
106	On shoulder, right side	That part of a trafficway contiguous with the roadway for emergency use, for accommodation of stopped motor vehicles, and for lateral support of the roadway structure.
107	Outside road/right-of-way	Not physically located on any land way open to the public as a matter of right or custom for moving persons or property from one place to another.
108	Roadside	The outermost part of the trafficway from the property line to other boundary in to the edge of the first road.
109	Separator/traffic island	
999	Unknown	You must provide an explanation when unknown is used.

Validation Cross Ref	Validation
Location of First Harmful Event	You must select the Location of the First Harmful Event for the crash.
Concrete Traffic Barrier	If First Harmful Event" = Concrete Traffic Barrier then Location of First Harmful Event Relative to the Trafficway" should = Gore, Median, Roadside or 10 Separator/Traffic Island.
Cable Barrier	If First Harmful Event = Cable Barrier then Location of First Harmful Event

Validation Cross Ref	Validation
	Relative to the Trafficway” should =Gore, Median, Roadside or Separator/Traffic Island.
Curb	If First Harmful Event = Curb then Location of First Harmful Event Relative to the Trafficway” should = Gore, Median, Roadside or Separator/Traffic Island.
Ditch	If First Harmful Event = Ditch then Location of First Harmful Event Relative to the Trafficway” should = Gore, Median, Roadside or Separator/Traffic Island.
Embankment	If “C7. First Harmful Event = Embankment then Location of First Harmful Event Relative to the Trafficway” should = Gore, Median, Roadside or Separator/Traffic Island.
Guardrail End	If “C7. First Harmful Event = Guardrail End then Location of First Harmful Event Relative to the Trafficway” should = Gore, Median, Roadside or Separator/Traffic Island.
Guardrail Face	If “C7. First Harmful Event = Guardrail Face then Location of First Harmful Event Relative to the Trafficway” should = Gore, Median, Roadside or Separator/Traffic Island.
Traffic Sign Support	If “C7. First Harmful Event = Traffic Sign Support then Location of First Harmful Event Relative to the Trafficway” should = Gore, Median, Roadside or Separator/Traffic Island.
Traffic Signal Support	If “C7. First Harmful Event = Traffic Signal Support then Location of First Harmful Event Relative to the Trafficway” should = Gore, Median, Roadside or Separator/Traffic Island.
Utility Pole/Light	If “C7. First Harmful Event = Utility Pole/Light Support then Location of

Validation Cross Ref	Validation
Support	First Harmful Event Relative to the Trafficway” should = Gore, Median, Roadside or Separator/Traffic Island.

C9 Manner of Crash

The identification of the manner in which two motor vehicles in transport initially came together without regard to the direction of force. This data element refers only to crashes where the first harmful event involves a collision between two motor vehicles in transport.

Code	Name	Description
000	Not a collision between two motor vehicles	
100	Angle	A crash where two motor vehicles impact at an angle. For example, the front of one motor vehicle impacts the side of another motor vehicle.
101	Front to front	The front end of one vehicle collides with the front end of another vehicle, while the two vehicles are traveling in opposite directions.
102	Front to rear	The front end of one vehicle collides with the back of another vehicle, while the two vehicles are traveling in the same direction.
103	Rear to rear	The “rear” of a vehicle makes contact with the “rear” of another. This can happen when two vehicles are backing up.
104	Rear to side	The “rear” of a vehicle, and not the front, makes contact with the side of another. This can happen when a vehicle backs up into the side of another vehicle.
105	Sideswipe, opposite direction	Two vehicles traveling in the opposite direction impact one another where the initial engagement does not overlap the corner of either vehicle so that there is no significant involvement of the front or rear surface areas. The impact then swipes along the surface of the vehicle parallel to the direction of travel.
106	Sideswipe, same direction	
980	Other	
999	Unknown	

VALIDATION CROSS REF	VALIDATION
Manner of Crash	Crash manner must not be empty. You must select the manner in which the crash occurred.
	Crash manner must be not a collision if first harmful event does not involve motor vehicle
	Crash manner description must not be empty if required
	Crash manner description must be within maximum length
	Crash manner description must be null if not required
Manner of Crash	Manner of Crash cannot be a collision between two motor vehicles if the crash only involves one motor vehicle. Either change the crash manner or add another vehicle.
Manner of Crash + First Harmful Event=Collision	Manner of Crash must be “Not a collision between two motor vehicles”, if the First Harmful Event does not involve a collision with a motor vehicle.
# of Crash Vehicle + Crash Manner	Crash manner cannot be a collision between two motor vehicles if the crash only involves one motor vehicle. Either change the crash manner or add another vehicle.
Manner of Crash/Collision	If First Harmful Event does not = Motor Vehicle in Transport then Manner of Crash/Collision Impact must = 00 (Not a Collision Between Two Motor Vehicles).
Motor Vehicle Operation	If First Harmful Event does not = Motor Vehicle in Operation then Manner of Crash/Collision Impact” must be blank. If First Harmful Event = Motor Vehicle in Operation must contain values and must not = 00 (Not a Collision Between Two Motor Vehicles).
Parked Motor Vehicle	If First Harmful Event does not = Parked Motor Vehicle then Manner of Crash/Collision Impact” must be blank. If First Harmful Event does not = Parked Motor Vehicle then Manner of Crash/Collision Impact must = Not a Collision Between Two Motor Vehicles. If First Harmful Event = Parked Motor Vehicle then Manner of Impact must

VALIDATION CROSS REF	VALIDATION
	contain values and must not = Not a Collision Between Two Motor Vehicles.
First Harmful Event = Unknown	If First Harmful Event = Unknown then Manner of Crash/Collision Impact must = Unknown.
	If Number of Motor Vehicles Involved = 01 then Manner of Crash/Collision Impact must be blank.
Direction of Travel Before Crash	If Direction of Travel Before Crash contains values showing vehicles traveling the same direction, Manner of Crash/Collision Impact cannot be any of the following: Front to Front, Sideswipe, Opposite Direction, Rear to Side, or Rear to Rear.
	If Direction of Travel Before Crash contains values showing vehicles traveling in opposing directions, Manner of Crash/Collision Impact cannot = Front to Rear, Sideswipe, Same Direction, or Rear to Side.
	If Direction of Travel Before Crash contains values showing vehicles traveling in perpendicular directions, Manner of Crash/Collision Impact must = Front to Front, Angle, Rear to Side, Other or Unknown.

C15 Relation to Junction

It identifies the crash s location with respect to presence in a junction or proximity to components typically in junction or interchange areas.

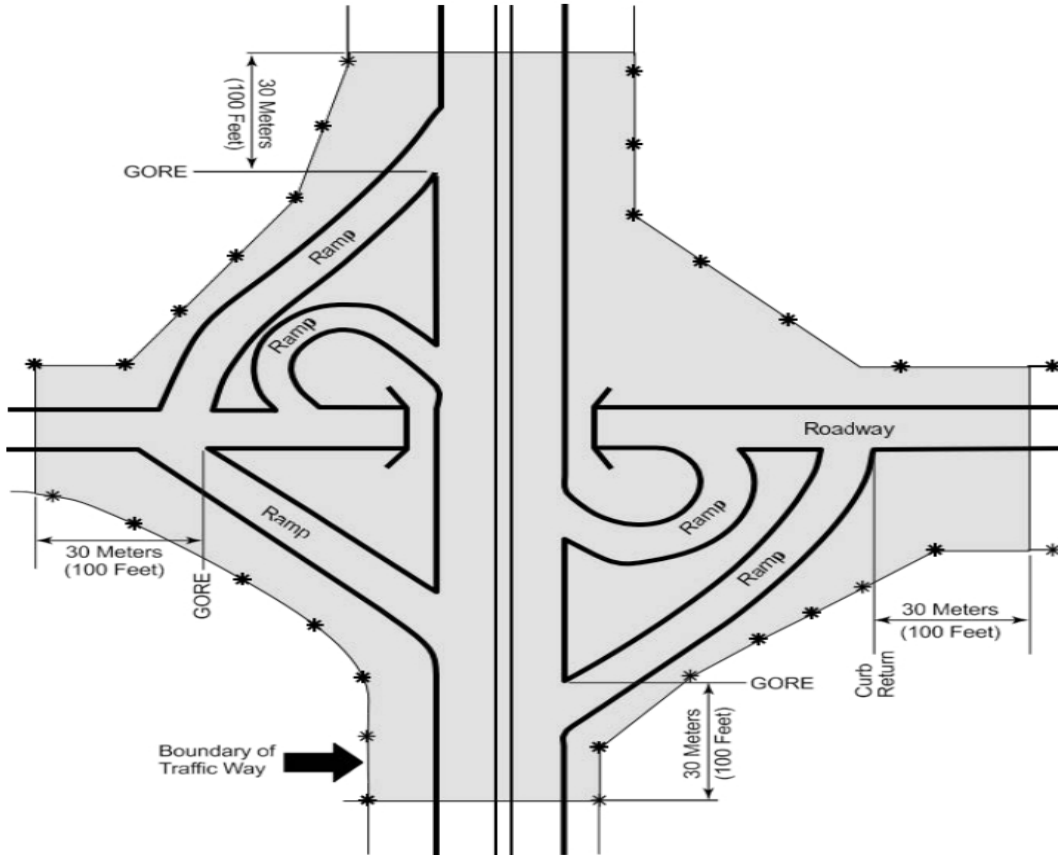
Code	Name	Description
000	Not an interchange area	<p>A roadway that is not an intersection or a connection between a driveway access and a roadway other than a driveway access.</p> <p>NOTE: This attribute use for crashes where the first harmful event occurs outside an interchange area and does not occur in or related to a junction, ramp, rail grade crossing, crossover, or shared-use path or trail. The attributes "Through Roadway" and "Other Location Within an</p>

Code	Name	Description
		<p>Interchange Area" use for non-junction crashes in an Interchange Area. "Non-junction" is also use for crashes that occur on a parking lot way (access road) at the connection of a parking aisle.</p> <p>See diagram below</p>
100	Acceleration/deceleration lane	<p>A lane in the roadway designated for vehicles to either increase vehicle speed to reach traffic speed, or to reduce speed.</p> <p>See diagram below</p>
101	Crossover-related	<p>Crash located in the area of the median of a divided trafficway where motor vehicles may cross the opposing lanes of traffic or do a U-turn.</p> <p>See diagram below</p>
102	Driveway access or related	<p>A driveway is a private path, which provides vehicular access to the public from a trafficway to property, parking, or loading areas outside the boundaries of the trafficway, but is not open to the public for transportation purposes as a trafficway. A driveway outside the trafficway and usually does not have an official identification name or number.</p> <p>See diagram below</p>
103	Entrance/exit ramp or related	<p>Crash occurs off the entrance/exit ramp of the roadway.</p> <p>See diagram below</p>
104	Intersection or related	<p>A traffic accident in which the first harmful event (1) occurs on an approach to or exit from an intersection and (2) results from an activity, behavior or control related to the movement of traffic units through the intersection.</p> <p>See diagram below</p>

Code	Name	Description
105	Non-junction	<p>A roadway that is not an intersection or a connection between a driveway access and a roadway other than a driveway access.</p> <p>NOTE: This attribute use for crashes where the first harmful event occurs outside an interchange area and does not occur in or related to a junction, ramp, rail grade crossing, crossover, or shared-use path or trail. The attributes "Through Roadway" and "Other Location Within an Interchange Area" use for non-junction crashes in an Interchange Area. "Non-junction" is also use for crashes that occur on a parking lot way (access road) at the connection of a parking aisle.</p> <p>See diagram below</p>
106	Railway grade crossing	<p>An intersection between a roadway and train tracks which cross each other at the same level (Grade).</p> <p>See diagram below</p>
107	Shared-use path or trail	<p>A bikeway physically separated from motorized vehicular traffic by an open space or barrier and either within the highway right of way or an independent right of way. Paths shared by pedestrians, skaters, wheelchairs, joggers and other non-motorized users.</p> <p>See diagram below</p>
108	Through Roadway	<p>A crash would have this code when it is in an Interchange area and it does NOT occur: 1) On an Entrance/Exit ramp, 2) In an Intersection or related to an intersection or other junction.</p> <p>See diagram below</p>
980	Other location within an interchange area (median, shoulder,	<p>Must provide description.</p> <p>See diagram below</p>

Code	Name	Description
	and roadside)	
999	Unknown	Must provide explanation

Figure 3. Diagram of an Interchange



Source: ANSI D16.2-2007 Manual on Classification of Motor Vehicle Traffic Accidents, Seventh Edition

Cross Ref Validation	Validation
Relation to Junction	Junction location must not be empty. You must select the specific location of the crash with respect to a junction or interchange.
Location of First Harmful Event Relative to the Trafficway	If Location of First Harmful Event Relative to the Trafficway = In Parking Lane or Zone then Within Interchange Area cannot = Yes.
Type of Intersection	If Type of Intersection = Not an Intersection) then Relation to Junction must not

Cross Ref Validation	Validation
	= Intersection or Related.
	If Type of Intersection does not = 00 then Relation to Junction must Intersection or Related
Relation to Junction	If Relation to Junction Within Interchange Area = Yes, Specific Location cannot = Non-Junction.
	If Relation to Junction = Within Interchange Area = No, Specific Location cannot = Through Roadway or Other Location Not Listed Above Within an Interchange Area.
	Junction location should be intersection if non motorist is in intersection and first harmful event involves non motorist
	Crash report: Junction location must be no or unknown if first harmful event is in parking lane
	Junction location cannot be an intersection if intersection approach is not an intersection
	Junction location description must not be empty if required
	Junction location description must be within maximum length
	Junction location description must be null if not required

Type of Intersection

An intersection consists of two or more roadways that intersect at the same level.

C16 Intersection Approach

R14 (Mainline Number of Lanes at Intersection)

Number of through lanes on the mainline approaches of an intersection, including all lanes with through movement (through and left-turn, or through and right-turn) but not exclusive turn lanes.

Code	Name	Description
1	Not an intersection	A crash that did occurred in an intersection or intersection-related.
2	Two	
3	Three	

4	Four	Two roadways cross or connect.
5	Five or more	Where more than two roadways cross or connect.

	Validation
Intersection Approach	You must indicate if the crash involved intersecting lanes and how many.
	Intersection approach should be intersection if non motorist is in the intersection and first harmful event involves non motorist
	Intersection approach must not be empty

C16 Intersection Geometry

Code	Name	Description
100	Angled / skewed	See diagram below.
101	Roundabout / traffic circle	<p>Circular traffic patterns in which yield control uses all entries, circulating vehicles have right of way, pedestrian access only allow across the legs of the roundabout behind the yield line and circulation is counter-clockwise and passes to the right of the central island.</p> <p>Intersections where vehicles must travel around a circle to continue on the same road or leave on any intersecting road</p> <p>See diagram below.</p>
102	Perpendicular	See diagram below.
970	Not applicable	

Data Element	Validation
Intersection Geometry	You must indicate the overall geometry of the intersection in which the crash

	occurred, if any.
Relation to Junction	If Relation to Junction Specific Location = Intersection or Related then no Type of Intersection Geometry can = Not Applicable/Not an Intersection. If any Type of Intersection/Intersection Geometry = Not Applicable/Not an Intersection then all must = Not Applicable/Not an Intersection.
	Intersection geometry must not be empty
	Intersection geometry must be not applicable if intersection approach is no
	Intersection geometry must not be not applicable if intersection approach is not no

C16 Intersection Traffic Control

The type of traffic control device (TCD) applicable to this motor vehicle at the crash location

Code	Name
000	No controls
100	Signalized
101	Stop - all way
102	Stop - partial
103	Yield
970	Not applicable

Data Element	Validation
Intersection Traffic Control	You must indicate how traffic was controlled for the intersection in which the crash occurred, if any.
	Intersection traffic control must not be empty
	Intersection traffic control must be not applicable if intersection approach is = NO
	Intersection traffic control must not be not applicable if intersection approach is not = NO
	Intersection traffic control should not be no if roadway environmental

Data Element	Validation
	contributing circumstances indicates traffic control device
First Harmful Event Traffic Signal Support	If First Harmful Event Traffic Signal Support then Type of Intersection/Overall Traffic Control Device must not = No Control
Contributing Circumstances Roadway	If Contributing Circumstances, Roadway = Traffic Control Device then Type of Intersection/Overall Traffic Control Device must not = No Control.

Figure 5: Overall Intersection **Geometry** Examples

Angled/Skewed Intersection Examples



Y-Intersection



Five or more legs and not circular

Roundabout/Traffic Circle Intersection Examples



Roundabout



Other circular intersections (e.g., rotaries, neighborhood traffic circles)

Perpendicular Intersection Examples



Cross-Intersection (four legs)



T-Intersection

Source: Model Inventory of Roadway Elements, Version 1.0

C17 School Bus Relation

Indicate whether a school bus or motor vehicle functioning as a school bus for a school-related purpose is involved in the crash. The “school bus,” with or without a passenger on board, must be directly involved as a contact motor vehicle or indirectly involved as a non-contact motor vehicle (children struck when boarding or alighting from the school bus, two vehicles colliding as the result of the stopped school bus, etc.).

Code	Name	Description
000	No	There is no indication of a school bus, or motor vehicle functioning as a school bus, being involved in the crash.
100	Yes, school bus directly involved	A school bus, or vehicle functioning as a school bus, is involved in any component of the crash as a contact vehicle (i.e. the bus has a harmful event).
101	Yes, school bus indirectly involved	A school bus, or vehicle functioning as a school bus, is involved in any component of the crash as a non-contact vehicle (i.e. the bus did not initiate a harmful event but the crash is somehow related to it). Examples include (1) a school bus stops on the roadway. Subsequently an approaching motor vehicle swerves to avoid the stopped bus and contacts another motor vehicle head-on. (2) A motor vehicle struck a child as he/she exit a school bus and cross in front of the stopped bus when a vehicle passed the bus on the left side. (3) A line of cars that stop for a school bus that is discharging passengers. A motor vehicle approaches and is unable to stop in time and strikes the last stopped motor vehicle in the line.

	Validation
School Bus Relation	School bus relation must not be empty. You must indicate if school bus was involved in the crash.
	Vehicles must have at least one school bus if crash is directly school bus

	Validation
	related

C12 Light Conditions

Code	Name	Description
101	Daylight	Whenever the sun is above the horizon at a given location. The am period of the day where there is natural lighting. Whenever the sun is above the horizon at a given location.
201	Dawn/dusk	The time that marks the beginning of the twilight before sunrise. The transition period going from a daylight condition to the "dark of night". This is typically the 30-minute period after the sunsets.
301	Dark - lighted	A condition where no "natural" light exists but there is overhead "man-made" lighting on the roadway where the crash occurs. Lighted areas will generally include streets within cities or towns and some interchange areas. This does not include lighting from storefronts, houses, parking lots, etc. The scene of the crash is illuminated at night, or another period of darkness, by street lamps or other man-made light sources.
302	Dark - not lighted	A condition where no "natural" light exists and no overhead "man-made" lighting is present on the roadway where the crash occurs. The scene of the crash is not illuminated at night, or another period of darkness, by street lamps or other man-made light sources.
399	Dark - unknown lighting	The crash occurred at night or during another period of darkness, but it is unknown if the crash scene was illuminated by a fabricated light source. It is known that the crash occurred at night or during another period of darkness, but it is not known if the crash scene

Code	Name	Description
		was illuminated by a man-made light source.
980	Other	Please provide a description with this selection.
999	Unknown	

	Validation
Light Conditions	Light condition must not be empty. You must select the lighting conditions present at the time of the crash.
	Light condition description must not be empty if required
	Light condition description must be within maximum length
	Light condition description must be null if not required
Crash Time	If the crash occurred between 1800 and 0700 (States should adjust the time period to fit their situations) and months x to y, Light Condition should not = Daylight
	If the crash occurred between 0700 and 1500, (States should adjust the time period to fit their situations) and months x to y, Light Condition should not = any of the following: Dawn, Dusk, Dark – Lighted, Dark – Not Lighted, Dark – Unknown Lighting

C13 Roadway Surface Conditions

The roadway surface condition at the time and place of the crash.

Code	Name	Description
000	Dry	A clear roadway surface.
100	Ice/frost	A roadway surface covered with ice from freezing rain.
101	Mud, dirt, gravel	A substances presence on the surface of the roadway at the crash location, not the surface type of the roadway by design.
102	Oil	Fuel spilled on the roadway.
103	Sand	A sand on the roadway because of sand blown by wind or sand discharged on the roadway by highway trucks.

104	Slush	A roadway surface covered with melting snow.
105	Snow	A roadway surface covered with snow.
106	Water (standing, moving)	A roadway surface covered with an excessive amount of water usually attributed to flooding and typically localized.
107	Wet	The roadway surface covered with water from rain or melted snow.
980	Other	Spilled substances such as grain, wet leaves, and liquids other than those listed above.
999	Unknown	Must provide an explanation.

	Validation
Roadway Surface + Weather Conditions	If the value of Weather Condition Freezing Rain or Freezing Drizzle, Rain, Sleet or Hail, or Snow then Roadway Surface Condition cannot Dry.
	If the crash occurred during May to September, the value of Roadway Surface Condition should not = any of the following (States should adjust the months to fit their situations): 02 (Ice/Frost), 06 (Slush), or 07 (Snow).
Roadway Surface	Roadway surface condition must not be empty
	Roadway surface condition description must be within maximum length
	Roadway surface condition description must be null if not required
	Roadway surface condition should not be dry if weather condition is wet
	Roadway surface condition description must not be empty if required

C11 Weather Conditions

The prevailing atmospheric conditions that existed at the time of the crash. A maximum of 2 weather conditions are allowed.

Code	Name	Description
000	Clear	Clear sky or partial cloudiness if sunlight has not diminished.
100	Blowing sand, soil, dirt	Matter set aloft by winds creating a condition that reduces visibility, which constitutes a hazard for vehicles operating

Code	Name	Description
		in the area. Use this code for "dust storms". Do not use this code in conjunction with Severe Crosswinds unless the winds are affecting vehicle stability in addition to reducing visibility.
101	Blowing snow	Snow that is falling and/or fallen to the ground and is set aloft by wind.
102	Cloudy	Overcast sky but may include partial cloudiness if light has diminished.
103	Fog, smog, smoke	Natural or fabricated condition that causes reduced visibility.
104	Freezing rain or freezing drizzle	Precipitation falling in the form of ice (sleet/hail) then freezing on the roadway.
105	Rain	Precipitation other than snow, hail or sleet, or freezing rain. Code precipitation falling as "mist" as "rain".
106	Severe crosswinds	Winds traveling at an angle with respect to the travel lanes at velocities significant enough to cause the vehicle to divert from its path or cause high profile vehicles to blow over. Winds strong enough to affect vehicle stability.
107	Sleet or hail	Precipitation in the form of rain and snow mixture; creating balls or lumps of ice.
108	Snow	Precipitation is falling as snow at the time of the crash.
980	Other	Must provide a description.
999	Unknown	Must Provide an explanation.

	Validation
Weather Condition	Weather conditions must not be empty
	Weather conditions must not violate mutual exclusion
	Weather conditions description must not be empty if required
	Weather conditions description must be within maximum length
	Weather conditions description must be null if not required

	Validation
	You must indicate one or more (Max of 2) weather condition at the time of the crash. If you do not know, select unknown.
	If Unknown is selected, no other values can be selected.
	If Clear is selected, no other values can be selected.
	If Blowing sand, soil dirt and Blowing Snow are selected then no other values can be selected.
	If Blowing sand, soil dirt and Cloudy are selected then no other values can be selected.
	If Blowing sand, soil dirt and Fog, Smog, Smoke are selected then no other values can be selected
	If Blowing sand, soil dirt and Freezing Rain or Freezing Drizzle are selected then no other values can be selected
	If Blowing sand, soil dirt and Rain are selected then no other values can be selected
	If Blowing sand, soil dirt and Severe Crosswinds are selected then no other values can be selected
	If Blowing sand, soil dirt and Sleet or Hail are selected then no other values can be selected
	If Blowing sand, soil dirt and Snow are selected then no other values can be selected
	If Blowing sand, soil dirt and Other are selected, then no other values can be selected and you must provide a description.
	If Cloudy and Fog, smog, smoke are selected, then no other other values can be selected.
	If Fog, smog, smoke and Freezing rain or Freezing Drizzle are selected, then no other other values can be selected.
	If Freezing rain or Freezing Drizzle and Rain are selected, then no other values can be selected.
	If Rain and Severe Crosswinds are selected, then no other values can be selected.
	If Severe Crosswinds and Sleet or Hail are selected, then no other values

	Validation
	can be selected.
	If Sleet or Hail and Blowing sand, soil dirt are selected, and then no other values can be selected.
	If Sleet or Hail and Snow are selected, then no other values can be selected.
	If Snow and Other are selected, then no other values can be selected and Other description must be provided.

C13 Roadway Surface Condition

Describe the roadway surface condition at the time and place of the crash.

Code	Name	Description
000	Dry	The roadway surface is dry and without water or debris.
100	Ice/frost	The roadway surface is predominately covered by frost or ice residue.
101	Mud, dirt, gravel	The roadway pavement surface has an accumulation of mud, dirt, or gravel.
102	Oil	The roadway surface is predominately covered by oil or a oil-based substance.
103	Sand	The roadway surface is predominately covered by sand or sand-like debris.
104	Slush	The roadway surface is predominately covered by a mix of water, ice, and snow.
105	Snow	The roadway surface is predominately covered by snow.
106	Water (standing, moving)	The roadway surface is predominately covered by water that is either standing or moving.
107	Wet	The roadway pavement surface is predominately covered by a wet substance.
980	Other	Please provide a description with this selection.
999	Unknown	

	Validation
Roadway Surface Condition	Roadway surface condition must not be empty.
	Roadway surface condition should not be dry if weather condition is wet.
	Roadway surface condition description must not be empty if required.
	Roadway surface condition description must be within maximum length
	Roadway surface condition must be null if not required.

C14 Roadway Environmental

Apparent environmental or roadway conditions which may have contributed to the crash.

Code	Name	Description
000	None	The road/roadway did not contribute to the crash.
100	Animal(s)	
101	Debris	Objects in the roadway that are not large enough to block travel but could cause damage or a loss of control. Such as dislodged cargo, parts from a vehicle, tire tread, broken glass, or animal carcasses.
102	Glare	
103	Non-highway work	Maintenance or other types of work occurring near or in the trafficway but not related to the trafficway.
104	Obstructed crosswalks	
105	Obstruction in roadway	A blockage in the roadway. A large object that completely or partially blocks a travel lane. Items such as a fallen tree, boulder, or a trailer separated from its power unit or a vehicle(s) from a previous accident.
106	Prior crash	An accumulation of traffic caused by vehicles slowing or stopping the traffic flow because of a previous crash.
107	Prior non-recurring incident	<p>An accumulation of traffic caused by vehicles slowing or stopping the traffic flow.</p> <p>NOTE: Examples would include a funeral procession, a sporting event or other gathering, a parade, a traffic signal outage, etc.</p>

Code	Name	Description
108	Regular congestion	
109	Related to a bus stop	
110	Road surface condition (wet, icy, snow, slush, etc.)	Hazardous road surface condition due to weather condition that contributed to the crash.
111	Ruts, holes, bumps	Irregular roadway surface, either concave in the case of ruts and holes, or convex in the case of bumps.
112	Shoulders (none, low, soft, high)	Inadequate width, raised or not level shoulders.
113	Toll booth/plaza related	A crash that occurred at or near a tollbooth (manned or unmanned) or a toll plaza. Includes crashes that occur in the upstream approach to the toll booth/plaza area, continues as the approach area (where the toll road begins to widen) leading up to the toll booths, and in the departure area where the road begins to narrow leading back to the normal number of lanes comprising the toll road downstream departure area.
114	Traffic control device	Traffic control devices that is disabled or not functioning properly, lane markings faded or missing, signs that are down or covered by foliage, etc.
115	Traffic incident	
116	Visual obstruction(s)	
117	Weather conditions	
118	Work zone (construction/maintenance/utility)	An area of a highway with construction, maintenance, or utility work activities.
119	Worn, travel-polished surface	A road surface that is well used, often very smooth or shiny in appearance.
980	Other	Must provide a description.
999	Unknown	Must provide an explanation

Cross Ref Validation	Validation
Roadway Environmental Conditions	You must select up to 2 environmental conditions that were present at the time of the crash.
	Roadway environmental contributing circumstances must not be empty
	Roadway environmental contributing circumstances must not violate mutual exclusion
	Roadway environmental contributing circumstances cannot include weather conditions if weather conditions are clear
	Roadway environmental contributing circumstances description must not be empty if required
	Roadway environmental contributing circumstances description must be within maximum length
	Roadway environmental contributing circumstances description must be null if not required
Weather Conditions	If Contributing Circumstances/Roadway Environment = Weather Conditions then the value of Weather Condition cannot = Clear.
None	If Contributing Circumstances/Roadway Environment = None, no other attributes can be selected.
Traffic Control Device	If Contributing Circumstances/Roadway Environment = Traffic Control Device, then "V17. Type of Traffic Control" must not = 00 (No Controls).
	Traffic control device type must not be none if roadway environmental contributing circumstances includes traffic control device
Work Zone	If "C14. Contributing Circumstances, Roadway Environment" = 19 (Work Zone (construction/maintenance/utility)), then "C18. Work Zone Related" Subfield 1 must = 02 (Yes); and Subfields 2, 3, 4, and 5 must not be blank

C18 Circumstances Work Zone

A work zone is an area of a trafficway where construction, maintenance, or utility work activities. These areas are identified by warning signs/ signals/indicators, including those on transport devices (e.g., signs,

flashing lights, channelizing devices, barriers, pavement markings, flagmen, warning signs and arrow boards mounted on the vehicles in a mobile maintenance activity) that mark the beginning and end of a construction, maintenance or utility work activity. It extends from the first warning sign, signal or flashing lights to the END ROAD WORK sign or the last traffic control device pertinent for that work activity. Work zones also include roadway sections where there is ongoing, moving (mobile) work activity such as lane line painting or roadside mowing only if the beginning of the ongoing, moving (mobile) work activity is designated by warning signs or signals.

Work Zone Relation

Crash occurred in a construction, maintenance, or utility work zone or activity within a work zone area.

Code	Name	Description
000	No	Indicate no, if the crash does not comply with the definition of work zone crash.
100	Yes	Indicate yes, if the crash complies with the definition of work zone crash.
999	Unknown	Indicate unknown, if you cannot determine if the crash occurred in the work zone area and was the first harmful event.

Cross Ref Validation	Validation
Work Zone Relation	You must indicate if crash was associated with a work zone.
	Work zone relation must not be empty
	Work zone relation must be yes if roadway environmental contributing circumstances includes work zone
	Work zone relation must be yes if sequence of events involves work zone equipment

Work Zone Location

Describe the work zone location pertaining to the crash.

Code	Name	Description
100	Before the first work zone warning sign	A display of signs, lights or cones advising drivers of a work zone area.

Code	Name	Description
101	Advance warning area	The work zone area that displays of signs, lights or cones advising drivers of a work zone area and directions.
102	Transition area	The work zone area that displays road signs redirecting drivers out of their normal path.
103	Activity area	The work zone area comprising of the workspace, the traffic space, and the buffer space.
104	Termination area	The area of the work zone that returns drivers back to the normal flow of traffic.
970	Not applicable	
999	Unknown	Provide an explanation.

Cross Ref Validation	Validation
Work Zone Location	If Work Zone Relation = Yes, then you must provide a Work Zone Location.
	Work zone location must not be empty

Work Zone Type

Cross Ref Validation	Validation
	Work zone type must not be empty
	Work zone type description must not be empty if required
	Work zone type description must be within maximum length
	Work zone type description must be null if not required

Workers Present

Indicate whether workers were present in the work zone area at the time of the crash.

Code	Name	Description
000	No	No workers were present in the work zone.
100	Yes	One or more workers were present in the work zone.
970	Not applicable	
999	Unknown	Unable to determine if worker were in the work zone.

Cross Ref Validation	Validation
Workers Present	If Work Zone Relation = Yes, then you must provide a Work Zone Worker s Present.

Law Enforcement Present

Indicate whether law enforcement were present in the work zone area at the time of the crash.

Code	Name	Description
000	No	No law enforcement was present in the work zone.
100	Yes	One or more workers were present in the work zone.
970	Not applicable	
999	Unknown	Unable to determine if worker were in the work zone.

Cross Ref Validation	Validation
Law Enforcement Present	If Work Zone Relation = Yes, then you must provide Law Enforcement Present.
Work Zone + First Harmful Event	If First Harmful Event =Work Zone/Maintenance Equipment then Work Zone Relate must = Yes and Location of the Crash, Type of Work Zone, Workers Present, and Law Enforcement Present cannot = Not Applicable/Not Within or Related to a Work Zone.
	If Work Zone-Related/Construction/Maintenance/Utility = No, all other work zone fields must = Not Applicable/Not Within or Related to a Work Zone.

Vehicles

The vehicle information collected consist of a set of data elements for each vehicle, the following set and subset of information is collected:

For each Vehicle, you must provide the following **vehicle information**:

- Identification
- Owner of Vehicle
- Trailers Attach to Vehicle
- Damage to Vehicle Prior to Crash
- Damage to Vehicle At the Time of the Crash
- Vehicle Sequence of Events that Contributed to Crash
- Vehicle Traveled Trafficway Data that Contributed to the Crash
- Vehicle Hazardous Materials (if applicable)
- Vehicle Motor Carrier (if applicable)

For each Vehicle, you must provide the related **person information** as it relates to the crash:

- Driver
- Passengers

C20 Number of Motor Vehicles Involved

The sequential count number assigned to each motor vehicle involved in the crash. This number tracks which passengers occupied a vehicle. This number does not refer to non-motorists.

Cross Ref Validation	Validation
	Vehicles must not be empty
	Vehicles must include at least one other moving vehicle if sequence of events involves another moving vehicle
	Vehicles must include at least one other parked vehicle if sequence of events

	involves parked vehicle
	Vehicles should include at least one other vehicle if sequence of events involves object from another motor vehicle
# of Motor Vehicles Involved + Crash Manner	Crash manner cannot be a collision between two motor vehicles if the crash only involves one motor vehicle. Either change the crash manner or add another vehicle.
	Manner of Crash must be “Not a collision between two motor vehicles” if the First Harmful Event does not involve a collision with a motor vehicle.

V22 Hit and Run

A hit and run crash occurs when a vehicle or driver of the vehicle in transport strikes another vehicle or person and departs the scene without stopping to render aid, and leaves the scene to evade responsibility or report the crash. You must indicate if the vehicle and/or driver left the scene of the crash.

Code	Name	Description
000	No, did not leave scene	Driver and Vehicle remain on the scene of the crash.
100	Yes, driver and vehicle left scene	Driver and Vehicle left the scene of the crash.
101	Yes, only driver left scene	Driver left the scene of the crash.

Cross Ref Validation	Validation
Hit and Run	Hit and run must not be empty, You must indicate if the driver or vehicle left the scene.

V2 Vehicle Usage Type

Describes how the vehicle was being used at the time of the crash.

Code	Name	Description
100	Motor vehicle in transport	A motor vehicle is any motorized (mechanically or electrically powered) road vehicle not operated on rails. When applied to motor vehicles, “in-transport” refers to

Code	Name	Description
		being in motion or on a roadway. Inclusions: motor vehicle in traffic on a highway, non-driver motor vehicle in motion, motionless motor vehicle abandoned on a roadway, disabled motor vehicle on a roadway, etc.
101	Parked motor vehicle	
102	Working vehicle/equipment	

Cross Ref Validation	Validation
First Harmful Event + Vehicle Usage Type	If First Harmful Event= Motor Vehicle in Transport then at least one involved vehicle must = Motor Vehicle Unit Type and Number=Motor Vehicle in Transport.
	If First Harmful Event = Parked Motor Vehicle then at least one involved vehicle must = Motor Vehicle Unit Type and Number = Parked Motor Vehicle and another vehicle in the crash must = Motor Vehicle Unit Type and Number =Motor Vehicle in Transport.
	If First Harmful Event = Work Zone/Maintenance Equipment then at least one involved vehicle must have =Motor Vehicle Unit Type and Number = Working Vehicle/Equipment and another vehicle in the crash must have Motor Vehicle Unit Type and Number Motor Vehicle in Transport.
First Harmful Event + Vehicle Usage Type + Moto Vehicle Maneuver/Action	If Motor Vehicle Unit Type and Number = Motor Vehicle in Transport then Motor Vehicle Maneuver/Action” must not = Parked for the same vehicle.

V8 Body Type

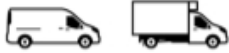






The distinguished body characteristics, configuration, and shape of a motor vehicle. You must indicate the body style of the vehicle. The selections of codes 200-398 will alert the system to flag the crash as a truck and bus crash. If any of these codes are selected the system will prompt the user for additional information and analyze the collection of data to determine if the FMCSA Truck and Bus Supplemental reporting is required.

Passenger Vehicle	
100	Passenger car
101	Passenger van (less than 9 seats)
102	(Sport) utility vehicle
103	Pickup
104	Cargo van
Construction / Farm Equipment	
200	Construction equipment (backhoe, bulldozer, etc.)
201	Farm equipment (tractor, combine harvester, etc.)
Cycle / Low Speed	
300	2-wheeled motorcycle
301	3-wheeled motorcycle
302	Moped or motorized bicycle
303	All-terrain vehicle / all-terrain cycle (ATV/ATC)
304	Golf Cart
305	Snowmobile
306	Low Speed Vehicle
307	Recreational off-highway vehicles (ROV)
308	Autocycle
Trucks	
400	Single-unit truck
401	Truck tractor
498	Other truck
Large Passenger Vehicle	
500	Motor home
501	9- or 12-passenger van

502	15-passenger van
503	Large limo
504	Mini-bus
505	School bus
506	Transit bus
507	Motorcoach
598	Other bus / large passenger vehicle
Other	
980	Other

Cross Ref Validation	Validation
Vehicle	Body type must not be empty
	Body type description must not be empty if required
	Body type description must be within maximum length
	Body type description must be null if not required
	Vehicles with bus body type must have bus usage
Motor Vehicle Body Type + Towed Due to Disabling Damage + # of NonFatally Injured Person	If any value in Motor Vehicle Body Type Category= Category from Trucks or Category Large Passenger Vehicle or Cargo Van and Towed Due to Disabling Damage = Towed Due to Disabling Damage) and/or (the sum of Number of NonFatally Injured Persons and Number of Fatalities” is greater than 0)], then the Large Vehicle/Hazardous Materials Section must be completed.
Motor Vehicle Body Type + Vehicle Trailing Unit	If Motor Vehicle Body Type Category is not = NA, and the LV section is required then trailing unit information is required and must have the same number of Subfields completed (maximum of 4) as the number shown in Vehicle Trailer Units.

Figure 7. FMCSA Body Types Requiring Large Vehicle and Hazardous Materials Section Completion

<p>Cargo Van</p> 	<p>9- or 12-Passenger Van or 15-Passenger Van</p> 
<p>Single-Unit Truck</p> 	
<p>Single-Unit Truck Pulling Trailer</p> 	<p>Truck Tractor</p> 
<p>Truck Tractor Pulling Trailer(s)</p> 	
<p>Mini-bus, School Bus, Transit Bus, Motorcoach, or Other Bus Type</p> 	

MMUCC 5th Edition

V1 VIN

Indicate the identification number found on the vehicle or registration card. You must provide the VIN or indicate unknown.

	Format	Validation
VIN	20 nvarchar	You must enter the VIN or select Unknown.
		Vin must be within maximum length

V6 Vehicle Model Year

The year assigned to a motor vehicle by the manufacturer. This value is often obtain from the driver s vehicle registration. You must provide the four-digit vehicle year or select unknown. The systems compares the license plate years with the crash date instead of the crash report creation date.

	Validation
Vehicle Model Year	You must enter the Vehicle Model Year or select unknown.
	Model year must be null if unknown

V5 Vehicle Make

The distinctive (coded) name applied to a group of motor vehicles by a manufacturer. You must select the vehicle make. If 'Other' is selected you must provide a description of the vehicle or the name of the make if it is not listed.

Code	Name
001	Other domestic automobile
002	Other import automobile
003	Other
004	Unknown
005	Acura
006	Alfa Romeo
007	AM General
008	American Motors
009	Aston Martin
010	Audi
011	Austin/Austin Healey
012	Auto-Union-DKW
013	Bertone
014	Bluebird
015	BMW
016	Bricklin
017	Brockway
018	BSA
019	Bugatti
020	Buick
021	Cadillac
022	Carpenter
023	Caterham

Code	Name
024	Checker
025	Chevrolet
026	Chrysler/Daimler Chrysler
027	Citroen
028	Coda
029	Collins Bus
030	Daewoo
031	Daihatsu
032	DeLorean
033	Desta
034	Diamond Reo or Reo
035	DINA
036	Divco
037	Dodge
038	Ducati
039	Eagle
040	Eagle Coach
041	Ferrari
042	Fiat
043	Ford
044	Freightliner
045	FWD
046	Gillig
047	GMC
048	Grumman/Grumman-Olson
049	Harley-Davidson
050	Hillman
051	Hino
052	Honda
053	Hyundai
054	Imperial
055	Infiniti
056	International Harvester/Navistar
057	Isuzu
058	Iveco/Magirus
059	Jaguar

Code	Name
060	Jeep/Kaiser-Jeep/Willys-Jeep
061	Jensen
062	Kawasaki
063	Kenworth
064	Kia
065	Koenigsegg
066	Lada
067	Lamborghini
068	Lancia
069	Land Rover
070	Lexus
071	Lincoln
072	Lotus
073	Mack
074	Mahindra
075	Maserati
076	Maybach
077	Mazda
078	MCI
079	McLaren
080	Mercedes Benz
081	Mercury
082	Merkur
083	Meyers Motor
084	MG
085	Mid Bus
086	Mini-Cooper
087	Mitsubishi
088	Morgan
089	Morris
090	Moto-Guzzi
091	Neoplan
092	Nissan/Datsun
093	Norton
094	Oldsmobile
095	Orion

Code	Name
096	Oshkosh
097	Panoz
098	Peterbilt
099	Peugeot
100	Plymouth
101	Pontiac
102	Porsche
103	Reliant
104	Renault
105	Rolls Royce/Bentley
106	Saab
107	Saleen
108	Saturn
109	Scania
110	Scion
111	Simca
112	Smart
113	Spyker
114	Sterling
116	Studabaker/Avanti
117	Subaru
118	Sunbeam
119	Suzuki
120	Tesla
121	Think
122	Thomas Built
123	Toyota
124	Triumph
125	TVR
126	UD
127	Van Hool
128	Victory
129	Volkswagen
130	Volvo
131	Western Star
132	White/Autocar-White/GMC

Code	Name
133	Yamaha
134	Yugo

	Validation
Vehicle Make	You must enter the Vehicle Make or select unknown.
Vehicle Make Description	Make description must not be empty if required
	Make description must be within maximum length
	Make description must be null if not required

V7 Vehicle Model

The manufacturer-assigned code denoting a family of motor vehicles (within a make) that have a degree of similarity in construction, such as body, chassis, etc.

Cross Ref Validation	Validation
Vehicle Model	You must select the vehicle model.
	You must provide a description when you select 'Other .
	Also, some model listed will require a description. Review the FARS Vehicle Model listing to determine which model required a description.
	Model description must be within maximum length
	Model description must be null if not required

Vehicle Color

The exterior color of the vehicle.

Code	Name
100	Aluminum
101	Amethyst (purple)
102	Beige
103	Black
104	Blue
105	Blue, dark

Code	Name
106	Blue, light
107	Bronze
108	Brown
109	Burgundy (purple)
110	Camouflage
111	Chrome
112	Copper
113	Cream
114	Gold
115	Gray
116	Green
117	Green, dark
118	Green, light
119	Ivory
120	Lavender (purple)
121	Maroon
122	Mauve (purple)
123	Multicolored
124	Orange
125	Pink
126	Purple
127	Red
128	Silver
129	Stainless steel
130	Tan
131	Taupe (brown)
132	Teal (green)
133	Turquoise (blue)
134	White
135	Yellow
980	Other
999	Unknown

	Validation
Vehicle Color	You must enter the Vehicle Color or select unknown.

	Validation
	Color description must not be empty if required
	Color description must be within maximum length

V3 Vehicle Had No Driver

You must specify that there was no driver in the vehicle to disable the entry of the driver information.

	Format	Validation
Vehicle Had No Driver		If selected, Driver information is disabled.
Vehicle Owner		If Vehicle Had No Driver is true then Same as Driver cannot be selected as Owner Name.
Vehicle Owner Address		If Vehicle Had No Driver is true then Same as Driver cannot be selected as Owner Address.

V4 Vehicle Had No License Plate

The vehicle license plate data consist of the plate number, state, and year. In the event, the plate is missing specify 'no license plate . If you are unable to determine if a license plate exist, selects license plate completely unknown.

	Format	Validation
Vehicle Had No License Plate		If selected, License Plate information is disabled.

V4 License Plate Completely Unknown

	Format	Validation
Vehicle License Plate Completely Unknown		If selected, License Plate information is disabled.

V4 License Plate Year

Specify the four-digit year as it appears on the vehicle license plate or unknown.

	Format	Validation
Vehicle Plate Year	20 nvarchar	Motor Vehicle Registration year must not be more than 1 year after the crash/current year.
		Vehicle: Tag year must not be empty if applicable
		Tag year must be null if unknown
		Tag year must not be greater than crash year by more than allowed
		Tag year must be null if non-expiring

V4 License Plate State

Record the state abbreviation as it appears on the vehicle license plate or unknown.

	Format	Validation
Plate State	ref	You must enter a plate state or select unknown.
		Tag state must not be empty
		Tag state description must not be empty if required
		Tag state description must be within maximum length

V4 License Plate Number

Record the number as it appears on the vehicle license plate or unknown.

	Format	Validation
Plate Number	10 nvarchar	You must enter a plate number or select unknown.

P4 Driver

P4 Driver Identification

P1 Name

The name of the driver driving the vehicle at the time of the crash.

	Format	Validation
Last Name	50 nvarchar	You must enter the last name of the driver or select Unknown.
		Last name must be within maximum length
		Last name must be null if unknown
First Name	50 nvarchar	You should enter the first name of the driver.
		First name must be within maximum length
		First name must be null if unknown
Middle Name	50 nvarchar	Middle name must be null if unknown
		Middle name must be within maximum length
Suffix	10 nvarchar	Name suffix must be within maximum length
		Name suffix must be null if unknown

Address

The address of the driver.

	Format	Validation
Address Street	150 nvarchar	You must enter the Street Address of the driver or select Unknown.
		Address street must be within maximum length
Address City	50 nvarchar	You must enter the City Address of the driver or select Unknown.
		Address city must be within maximum length
		Address city must be null if unknown
Address State		You must enter the State Address of the driver or select Unknown.
		Address state must be null if unknown
		Address state description must not be empty if required
		Address state description must be within maximum length
		Address state description must be null if unknown

		Address state description must be null if not required
Address	20	You must enter the Postal Code Address of the driver or select Unknown.
Postal Code	nvarchar	Address postal code must not be empty if applicable
		Address postal code must be within maximum length

Phone Number

The phone number of the driver.

	Format	Validation
Phone Number	20 nvarchar	You must enter the Driver s Phone Number of the Driver or select Unknown.
		Phone number must be within maximum length
		Phone number must be null if unknown

P2-P3 Driver Demographics

P2 Date of Birth

The date of birth of the driver.

	Format	Validation
Date of Birth	MM/DD/YYYY	You must enter the Driver s DOB or select Unknown.
		The DOB you enter for the driver of Vehicle is after the date of crash.
		Date of birth must not be empty if applicable
		Date of birth must be null if unknown
		Date of birth must not be before 1800
		Date of birth must not be after the crash date

Age on Date of Crash

The system will calculate the driver s age based upon the date of birth.

	Format	Validation
Date of Birth	MM/DD/YYYY	You must enter the Driver s DOB for the system to calculate the Driver s age.

		Age must not be empty if applicable
		Age must be null if unknown
		Age must be between 0 and 200

P3 Sex

The gender of the person involved in the crash.

Code	Name
100	Female
101	Male
999	Unknown

	Format	Validation
Sex	ref	Sex must not be empty. You must enter the driver s sex (gender) or select Unknown.

Race

The societal grouping of human beings based upon physical characteristics.

Code	Name
100	American Indian or Alaska Native
101	Asian or Pacific Islander
102	Black
103	White
980	Other
999	Unknown

	Format	Validation
Race	ref	Race must not be empty. You must enter the Driver s Race or select Unknown.

		Race description must not be empty if required
		Race description must be within maximum length
		Race description must be null if not required

Ethnicity

The societal grouping of human beings based upon cultural, nationality, culture and language.

ID	Code	Name
1	100	Hispanic
2	101	Other than Hispanic
3	999	Unknown

	Format	Validation
Ethnicity	ref	Ethnicity must not be empty. You must enter the Driver s Ethnicity or select Unknown.

Incident Responder

The type of incident responder official involved in the crash. The answer is No if this person is not on duty.

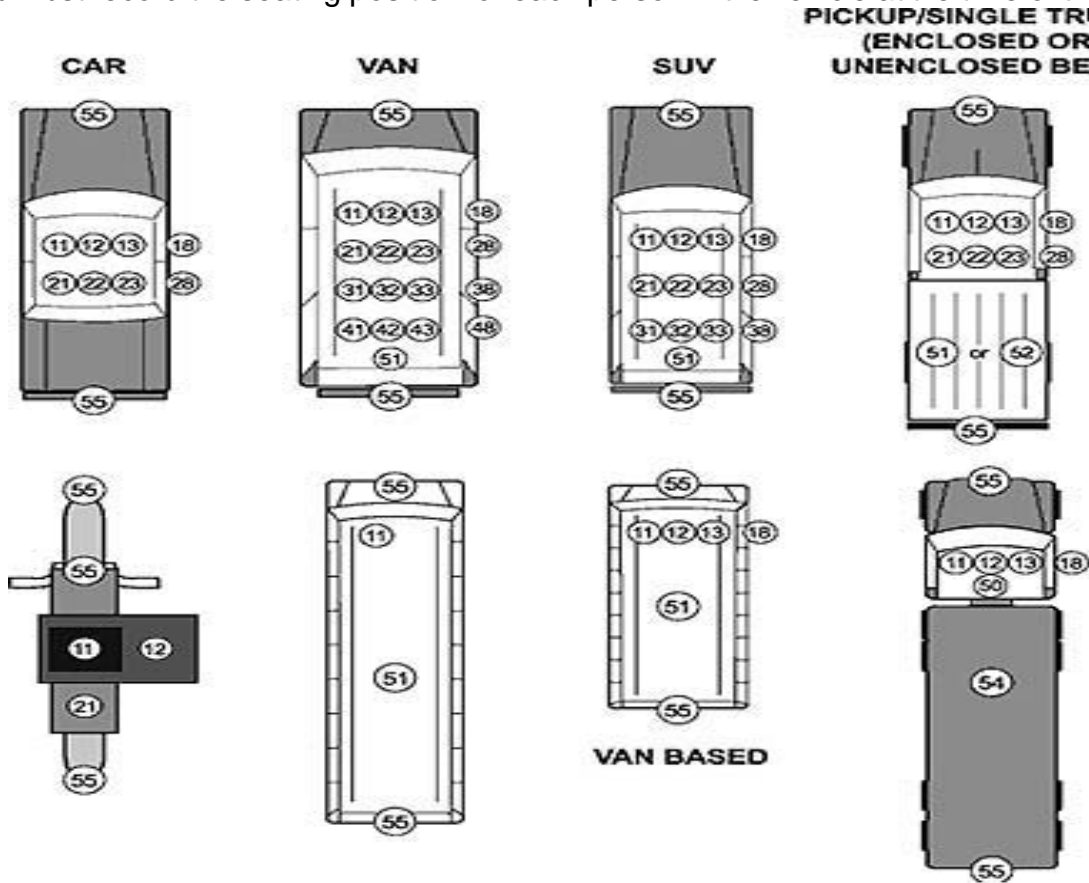
Code	Name
000	No
100	EMS
101	Fire
102	Police
103	Tow operator
104	Transportation (i.e. maintenance workers, safety service patrol operators, etc.)
980	Other

Code	Name
999	Unknown

	Format	Validation
Incident Responder	ref	Incident responder must not be empty. You must indicate if Person is an Incident Responder.
		Incident responder description must not be empty if required
		Incident responder description must be within maximum length
		Incident responder description must be null if not required

P7 Seating Position

Record the location of the occupant in, on or outside of the motor vehicle in relation to the first sequence of events. You must record the seating position for each person in the vehicle at the time of the crash.





Front				
	L	M	R	Unk
1	100	101	102	199
2	200	201	202	299
3	300	301	302	399
4	400	401	402	499
Other	500	501	502	599
Unk	600	601	602	699

Code	Name
100	Front row, left seat
101	Front row, middle seat
102	Front row, right seat
199	Front row, unknown seat
200	Second row, left seat
201	Second row, middle seat
202	Second row, right seat
299	Second row, unknown seat
300	Third row, left seat
301	Third row, middle seat
302	Third row, right seat
399	Third row, unknown seat
400	Fourth row, left seat
401	Fourth row, middle seat
402	Fourth row, right seat
499	Fourth row, unknown seat
500	Other row, left seat
501	Other row, middle seat
502	Other row, right seat
599	Other row, unknown seat
600	Unknown row, left seat

Code	Name
601	Unknown row, middle seat
602	Unknown row, right seat
699	Unknown row, unknown seat
700	Unenclosed cargo area
701	Riding on motor vehicle exterior (non-trailing unit)
800	Trailing unit
801	Sleeper section of cab (truck)
898	Other enclosed cargo area
970	Not applicable
999	Unknown

	Format	Validation
Driver s Seating Position	ref	Seating position must not be empty; You must select the Driver s Seating Position or select Unknown.

Driver Medical

Type and identity of unit providing transport to the first medical facility receiving the patient.

P5 Injury Status

The severity of a crash based on the most severe injury to any person involved in the crash.

Code	Name	Description
100	(K) Fatal Injury	A fatal injury is any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned to the attribute "Fatal Injury."
101	(A) Suspected Serious Injury	A suspected serious injury is any injury other than fatal which results in one or more of the following: <ul style="list-style-type: none"> • 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

Code	Name	Description
		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 • Paralysis
102	(B) Suspected Minor Injury	A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).
103	(C) Possible Injury	A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.
104	(O) No Apparent Injury	No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

	Format	Validation
Injury Status	ref	Injury status must not be empty .You must enter the Driver s Injury Status as it relates to the crash.

P24.1 Medical Transportation Type

Code	Name
000	Not transported
100	EMS air
101	EMS ground
200	Law enforcement
980	Other
999	Unknown

	Format	Validation
Transportation to Medical Facility	ref	Medical transportation type must not be empty.You must enter Transportation to Medical Facility or select Unknown.
		Medical transportation type description must not be empty if required
		Medical transportation type description must be within maximum length
		Medical transportation type description must be null if not required

P24.2 EMS Response Agency

Agency that provides transport to the first medical facility receiving the patient.

Code	Name
970	Not applicable
980	Other
999	Unknown
002	AAA Ambulance Service
826	Abundant Care Ambulance Service
381	Acadian Ambulance Service
764	Air Evac 106 Demopolis AL
753	Air Evac EMS,DBA Air Evac Lifeteam - Rayville
198	Air Evac Lifeteam - Arkansas
358	Air Evac Lifeteam - Batesville
278	Air Evac Lifeteam - Corinth
768	Air Evac Lifeteam - Fayette AL
1250	Air Evac Lifeteam - Greenville
752	Air Evac Lifeteam - Natchez

Code	Name
864	Air Evac Lifeteam - Opelousas, LA
820	Air Evac Lifeteam - Poplar Bluff MO
1392	Air Evac Lifeteam - Savannah TN
005	Air Evac Lifeteam - Tennessee
1269	Air Evac Lifeteam - Waynesboro, TN
868	Air Evac Lifeteam 132 San Marcos, TX
004	Air Med Service Acadian
047	Anderson Regional Medical Center
126	Angel One Transport
001	ASAP EMS Corporation
738	Baptist LifeFlight 4
011	Baptist Memorial Hospital - Golden Triangle
904	CareSource Transportation, LLC
017	Carthage EMS
740	Children's Transport UMMC
018	Choctaw Health Center
895	Covenant Medical Transport LLC
019	Covington County Hospital
020	Critical Care Transport
023	DeSoto County EMS
025	Emergency Mobile Health Care
031	EMServ Ambulance Service
926	Fleetwood Transport Services dba FTS Ambulance Service
958	Forrest General Neonatal Transport
042	Hernando Fire EMS SB
043	Horn Lake Fire and EMS
044	Hospital Wing
048	King's Daughters Medical Center
498	Le Bonheur Patient Transportation
458	Life Flight 2- Mobile
893	Lifeguard Ambulance Service, LLC.
051	Magnolia EMS
852	Med Center Air Service
858	Med Trans Corp d/b/a AirMed Regional (Harris TX)
775	Medic One Medical Response
792	MedStat EMS
898	Med-Trans Corp dba FlightCare Ocean Springs
902	Med-Trans Corp dba Flightcare Rescue 5
875	Med-Trans Corp dba FlightCare Rescue 9
854	Med-Trans Corp. dba FlightCare Rescue 7
855	Med-Trans Corporation dba FlightCare -Ochsner

Code	Name
058	Metro Ambulance Service - Meridian
008	Metro Ambulance Service Rural - AMR
118	Miss-Lou Ambulance Service - Metro Ambulance
006	Mobile Medic Ambulance Service - American Medical Response - Central
007	Mobile Medic Ambulance Service - AMR - South
063	Neonatal Transport
766	Neshoba Co. Ambulance Enterprise
276	North Mississippi Emergency Services, Inc CareFlight
101	North MS.Ground Ambulance, LLC dba North MS. Medical Center Ambulance Service
070	OCH Regional Medical Center
071	Olive Branch Fire Department Ambulance Service
1004	Pafford Air One Alpha
765	Pafford Air One Delta
298	Pafford EMS of Mississippi
853	Pafford EMS, Inc
072	Paratech EMS
075	Quitman County Ambulance Service
963	Reliant Medical Transportation, LLC
887	Rocky Mountain Holdings, dba Air One Bravo
891	Rocky Mountain Holdings, LLC dba NorthFlight
880	Rocky Mountian Holdings, LLC dba N. MS Med Center Careflight
744	Rural Rapid Response Inc
083	Sharkey-Issaquena Community Hospital
956	Shoals Ambulance dba Baptist Children's Hospital Ambulance
933	Shoals Ambulance Service dba Baptist
084	Southaven Fire Department Ambulance Service
638	Stone County Ambulance Service
088	Tippah County Hospital
804	UMMC Grenada Ambulance Service
247	University Medical Center- Aircare
091	Vicksburg Fire Department Ambulance Service
092	Wayne General Hospital

	Format	Validation
Medical Facility Agency	ref	If Transportation to Medical Facility is not = Not Transported or Unknown, you must select the Medical Facility Agency.
		EMS response agency must not be empty
		EMS response agency description must not be empty if required
		EMS response agency description must be within maximum length
		EMS response agency description must be null if not required

P24.3 EMS Response Run

The tracking number assigned by EMS dispatcher.

	Format	Validation
EMS response run number		EMS response run number must not be empty if applicable
		EMS response run number must be within maximum length
		Ems response run number must be null if not applicable

P24.4 Facility Receiving Patient

The name of the medical facility that treated the person(s) from the crash scene.

Code	Name
970	Not applicable
980	Other
999	Unknown

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
Fed003	81st Medical Group Keesler AFB	MS	301 Fisher Street		39534
22-346	Allegiance Specialty Hospital of Greenville	MS	300 South Washington Ave		38701
12-308	Alliance Health Center	MS	5000 Highway 39 North		39301
16-252	Alliance HealthCare System	MS	1430 Highway 4 East	Holly Springs	38635
13-237	Anderson Regional Medical Center	MS	2124 14th Street		39301
13-237S	Anderson Regional Medical Center South	MS	1102 Constitution Avenue		39301
11-008	Baptist Medical Center - Attala	MS	220 Highway 12 West	Kosciusko	39090

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
13-187	Baptist Medical Center Leake	MS	310 Ellis Street	Carthage	39051
16-203	Baptist Medical Center Yazoo	MS	823 Grand Avenue	Yazoo City	39194
16-161	Baptist Memorial Hospital - Booneville	MS	100 Hospital Street	Booneville	38829
13-318	Baptist Memorial Hospital - DeSoto	MS	7601 Southcrest Parkway	Southaven	38671
13-253	Baptist Memorial Hospital - Golden Triangle	MS	2520 5th Street N	Columbus	39705
13-228	Baptist Memorial Hospital - North MS	MS	2301 South Lamar	Oxford	38655
16-239	Baptist Memorial Hospital - Union County	MS	200 Hwy 30 West	New Albany	38652
16-275	Beacham Memorial Hospital	MS	205 North Cherry Street	Magnolia	39652
MS135	Bienville Orthopedic Specialist: Drake John K MD	MS	1720 Medical Park Drive	Biloxi	39532
Fed001	Biloxi VA Hospital	MS	400 Veterans Ave	Biloxi	39531
16-224	Bolivar Medical Center	MS	901 East Sunflower Road	Cleveland	38732
32-330	Brentwood Behavioral Healthcare of Mississippi	MS	3531 E. Lakeland Drive	Flowood	39232
11-259	Calhoun Health Services	MS	140 Burke Road	Calhoun	38916
MS146	Cedar Lake Medical Center	MS	1759 Medical Park Drive		39532
Fed002	Choctaw Health Center	MS	210 Hospital Circle	Choctaw	39350
13-191	Choctaw Regional Medical Center	MS	8613 Highway 12	Ackerman	39735
21-276	Claiborne County Hospital	MS	123 McComb Avenue	Port Gibson	39150
13-312	Clay County Medical	MS	835 Medical Drive	West Point	39773

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
	Corporation NMMC-				
MS152	Connecting Hearts Gulfport	MS	16116 VICK RD		39503
MS154	Crossgates River Oaks Hospital: Psychiatry	MS	350 Crossgates Boulevard	Brandon	39042
11-189	Delta Regional Medical Center	MS	1400 East Union Street	Greenville	38701
11-189S	Delta Regional Medical Center West Campus	MS	300 South Washington Avenue		38701
32-325	Diamond Grove Center	MS	2311 Highway 15 South	Louisville	39339
31-136	East Mississippi State Hospital	MS	1818 College Drive	Meridian	39307
11-121	Field Memorial Community Hospital	MS	178 Highway 24 East	Centreville	39631
MS162	Field Memorial Community Hospital in Centreville	MS	270 West Main St.		39631
11-141	Forrest General Hospital	MS	6051 US Hwy 49 South	Hattiesburg	39401
11-175	Franklin County Memorial Hospital	MS	40 Union Church Rd.	Meadville	39653
MS164	Gabriel Manor Retirement Apartments	MS	2321 Atkinson Road		39531
12-272	Garden Park Medical Center	MS	15200 Community Road	Gulfport	39503
11-166	George Regional Hospital	MS	859 Winter Street	Lucedale	39452
11-343	Greene County Hospital	MS	1017 Jackson Avenue	Leakesville	39451
22-335	Greenwood - AMG Specialty Hospital	MS	1401 River Road	Greenwood	38930
11-065	Greenwood Leflore Hospital	MS	1401 River Road		38930
MS175	Gulf Coast VA Veterans Health Care System	MS	400 Veterans Avenue		39531

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
MS173	Gulfport - Select Specialty Hospital	MS	1520 Broad Avenue	Gulfport	39501
13-282	H.C. Watkins Memorial Hospital	MS	605 South Archusa Avenue	Quitman	39355
11-214	Hancock Medical Center	MS	149 Drinkwater Blvd	Bay Saint Louis	39520
11-164	Hardy Wilson Memorial Hospital	MS	233 Magnolia Street	Hazlehurst	39083
11-086	Highland Community College	MS	130 Highland Parkway	Picayune	39466
MS177	Highland Community Hospital ER	MS	801 Goodyear Blvd	Picayune	39466
11-199S-2	Holmes County Hospital and Clinics	MS	239 Bowling Green Road	Lexington	39095
11-226	Jasper General Hospital	MS	15 South 6th Street	Bay Springs	39422
21-238	Jefferson County Hospital	MS	870 Main Street	Fayette	39069
11-179	Jefferson Davis General Hospital	MS	1102 Rose Street	Prentiss	39474
MS186	Keesler Medical Center	MS	500 Fisher Street		39534
16-235	King's Daughters Medical Center	MS	427 Hwy 51 North	Brookhaven	39601
13-310	Laird Hospital	MS	25117 Hwy 15	Union	39365
11-222	Lawrence County Hospital	MS	1065 E. Broad Street	Monticello	39654
13-274	Magee General Hospital	MS	300 3rd Ave SE	Magee	39111
22-248	Magnolia Regional Medical Center	MS	611 Alcorn Drive	Corinth	38834
11-167	Marion General Hospital	MS	1560 Sumrall Road	Columbia	39429
MS195	Medical Arts East	MS			39202
MS198	Memorial Hospital at Gulfport	MS	4500 13th Street		39501
11-028	Memorial Hospital of Gulfport	MS	11150 Hwy 49		39503
12-287	Merit Health Batesville	MS	303 Medical		38606

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
			Center Dr		
12-299	Merit Health Biloxi	MS	150 Reynoir Street		39530
16-240	Merit Health Central	MS	1850 Chadwick Drive		39204
12-074	Merit Health Gilmore Memorial	MS	1105 Earl Frye Blvd	Amory	38821
12-243	Merit Health Madison	MS	161 River Oaks Drive	Canton	39046
11-220	Merit Health Natchez	MS	54 Seargent Prentiss Drive	Natchez	39120
13-035	Merit Health Northwest Mississippi	MS	1970 Hospital Drive	Clarksdale	38614
16-250	Merit Health Rankin	MS	350 Crossgates Blvd.	Brandon	39042
12-297	Merit Health River Oaks	MS	1030 River Oaks Drive		39232
12-327	Merit Health River Region	MS	2100 Highway 61 North	Vicksburg	39183
12-023	Merit Health Wesley	MS	5001 Hardy Street		39402
12-300	Merit Health Woman's Hospital	MS	1026 North Flowood Drive		39232
13-349	Methodist Health Care - Olive Branch Hospital	MS	4250 Bethel Road	Olive Branch	38654
14-281	Mississippi Baptist Medical Center	MS	1225 North State Street		39202
23-319	Mississippi Hospital for Restorative Care	MS	1225 North State Street		39202
43-278	Mississippi Methodist Rehabilitation Center	MS	1350 E Woodrow Wilson Ave		
31-139	Mississippi State Hospital	MS	3550 Highway 468 West	Whitfield	39193-0157
MS211	Natchez Community Hospital	MS	129 Jeff Davis Boulevard		39120
11-227	Neshoba County General Hospital	MS	1001 Holland Ave	Philadelphia	39350
13-063	North Mississippi Medical Center	MS	830 S Gloster	Tupelo	38801

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
13-063	North Mississippi Medical Center - Iuka	MS		Iuka	
MS212	North Mississippi Medical Center Women's hospital	MS	4566 S. Eason Rd		38801
31-328	North Mississippi State Hospital	MS	1937 Briar Ridge Rd		38804
16-286	North Oak Regional Medical Center	MS	401 Getwell Dr.	Senatobia	38668
11-168	North Sunflower Medical Center	MS	840 N. Oak	Ruleville	38771
11-081	Noxubee General - CAH	MS	606 North Jefferson Street	Macon	39341
31-320	Oak Circle Center	MS	3550 Highway 468 West		39193
11-039	Oceans Springs Hospital	MS	3109 Bienville Blvd	Ocean Springs	39564
11-269	OCH Regional Medical Center	MS	400 Hospital Road	Starkville	39759
MS190	Our Lady of the Lake Physician Group Louisiana Cardiology Associates - Natchez	MS	46 Sgt Prentiss Drive	Natchez	39120
32-316	Parkwood Behavioral Health System	MS	8135 Goodman Road		38654
16-255	Patient's Choice Medical Center of Smith County	MS	347 Magnolia Drive	Raleigh	39153
21-087	Pearl River County Hospital	MS	305 West Moody Street	Poplarville	39470
12-234	Perry County General Hospital	MS	206 Bay Avenue	Richton	39476
16-230	Pioneer Community Hospital of Aberdeen	MS	400 South Chestnut Street	Aberdeen	39730
12-321	Pioneer Community Hospital of Newton	MS	9421 Eastside Drive Extension	Newton	39345
16-091	Pontotoc Health Services NMMC-	MS	176 S Main	Pontotoc	38863

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
22-334	Promise Hospital of Vicksburg	MS	1111 North Frontage Road		39180
16-291	Quitman County Hospital	MS	340 Getwell	Marks	38646
22-333	Regency Hospital of Hattiesburg	MS	2500 Adeline		39401
22-344	Regency Hospital of Jackson	MS	969 Lakeland Drive		39216
22-332	Regency Hospital of Meridian	MS	1102 Constitution Avenue		39301
13-059	Rush Foundation Hospital	MS	1314 19th Avenue		39301
13-033	S.E. Lackey CAH	MS	330 North Broad Street	Forest	39074
13-306	Scott Regional Hospital	MS	317 Highway 13 North	Morton	39117
22-326	Select Specialty Hospital Gulf Coast	MS	1520 Broad Ave Ste 300		39532
22-331	Select Specialty Hospital Jackson	MS	5903 Ridgewood Road		39211
21-172	Sharkey-Issaquena Community Hospital	MS	47 S Fourth St	Rolling Fork	39159
13-216	Simpson General Hospital	MS	1842 Simpson Hwy 149	Mendenhall	39119
11-039	Singing River Hospital	MS	2809 Denny Ave	Pascagoula	39567
11-153	South Central Regional Medical Center	MS	1220 Jefferson Street	Laurel	39440
31-329	South Mississippi State Hospital	MS	823 Highway 589	Purvis	39475
MS234	South MS Regional Medical Center	MS	1170 West Railroad Street	Long Beach	39560
11-102	South Sunflower County Hospital	MS	121 East Baker Street	Indianola	38751
11-251	Southwest Mississippi Regional Medical Center	MS	215 Marion Ave.	McComb	39648
14-031	St Dominic - Jackson Memorial Hospital	MS	969 Lakeland Drive		39216

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
MS122	St. Dominic Hospital North Campus	MS	969 Lakeland Drive	Jackson	39216
12-280	Stone County Hospital	MS	1434 E. Central Ave	Wiggins	39577
11-211	Tallahatchie General Hospital	MS	201 South Market St.	Charleston	38921
23-324	The Specialty Hospital of Meridian	MS	1314 19th Avenue		39301
11-159	Tippah County Hospital	MS	1005 City Ave. North	Ripley	38663
13-221	Tishomingo Health Services Inc	MS	1777 Curtis Drive	Houston	38851
12-296	Trace Regional Hospital	MS	1002 East Madison Street		38851
11-209	Tyler Holmes Memorial Hospital	MS	409 Tyler Holmes Drive	Winona	38967
11-199	University Of Mississippi Medical Center	MS	2500 North State Street		39216
11-245	University Of Mississippi Medical Center - Grenada	MS	960 Avent Drive	Grenada	38901
VA	VA Hospital, G.V. Montgomery VA Medical Center (Jackson)	MS	1500 E Woodrow Wilson Ave	Jackson	39216
11-257	Walthall General Hospital	MS	100 Hospital Drive	Tylertown	39667
11-288	Wayne General Hospital	MS	950 Matthew Drive	Waynesboro	39367
13-225	Webster Health Services Inc NMMC-	MS	70 Medical Plaza	Eupora	39744
11-298	Whitfield Medical Surgical Hospital	MS	Oak Circle Building 60		39193
16-208	Winston Medical Center	MS	923 South Church Street		39339
11-223	Yalobusha General Hospital	MS	630 South Main St	Water Valley	38965
13-347	John C Stennis Memorial	MS	14365 Highway	DeKalb	39328

Mississippi					
Code	Name	Address State	Address Street	Address City	Address Postal Code
	Hospital		16 West		

Tennessee					
Code	Name	Address State	Address Street	Address City	Address Postal Code
MS206	Methodist University	TN	1265 N Union Ave	Memphis	38104
MS131	Baptist Memorial Hospital for Women	TN	6225 Humphreys Boulevard	Memphis	38120
MS132	Baptist Memorial Hospital Memphis	TN	6019 Walnut Grove Road		38120
MS130	Baptist Memorial Hospital-Collierville	TN	1500 West Poplar Avenue	Town of Collierville	38017
MS156	Delta Med Center	TN	3000 Getwell Road		38118
MS227	Memphis Regional Med Center	TN	877 Jefferson Avenue		38103
MS202	Methodist East Hospital	TN	301 West Telimitry	Memphis	38104
MS203	Methodist Germantown Women's & Children's Pavilion	TN	7691 Poplar Avenue	Germantown	38138
MS204	Methodist North Hospital	TN	3960 New Covington Pike		38128
MS205	Methodist South Hospital	TN	1300 Wesley Drive		38116
MS243	St Francis Hospital	TN	5959 Park Avenue		38119
MS245	St. Jude Children's Research Hospital	TN	332 N. Lauderdale		38105

Alabama					
Code	Name	Address State	Address Street	Address City	Address Postal Code
MS262	USA Womans Children	AL	1700 CENTER ST	Mobile	36604

Alabama					
Code	Name	Address State	Address Street	Address City	Address Postal Code
MS136	Birmingham Children's Hospital	AL	1600 7th Avenue South	Birmingham	35233
MS137	Birmingham VA Medical Center	AL	700 19th Street South	Birmingham	35233
MS159	EastPointe Hospital	AL	7400 Roper Lane	Daphne	36526
MS225	Providence Hospital	AL	6801 Airport Boulevard		36608
MS242	Springhill Medical Center	AL	3719 Dauphin Street		36608
MS258	University of Alabama Hospital	AL	619 19th Street South		35249

Louisiana					
Code	Name	Address State	Address Street	Address City	Address Postal Code
MS149	Children's Hospital-Cardiology	LA	200 Henry Clay Avenue	New Orleans	70118
MS158	East Jefferson Hospital Ambulance	LA	4200 Houma Boulevard	Metairie	70006
MS187	LaSalle General Hospital: Emergency Room	LA	187 9th Street	Town of Jena	71342
MS216	Ochsner Medical Center	LA	1516 Jefferson Highway	Jefferson	70121
MS217	Our Lady Of The Lake Emergency Room	LA	5000 Hennessy Blvd	Baton Rouge	70808
MS224	Promise Specialty Hospital of	LA	209 Front Street	Town of Vidalia	71373

Louisiana						
Code	Name	Address State	Address Street	Address City	Address Postal Code	
	Miss Lou					
MS226	Rapides Regional Medical Center	LA	211 4th Street	Alexandria	71301	
MS232	Riverland Medical Center	LA	1700 EE Wallace Boulevard	Town of Ferriday	71334	
MS231	Riverpark Medical Center	LA	107 Front St.		71373	
MS246	St. Tammany Parish Hospital	LA	1202 South Tyler Street	Covington	70433	
MS253	Tulane Lakeside Hospital for Women and Children	LA	4700 South I-10 Service Road West		70001	
MS254	Tulane Medical Center	LA	1415 Tulane Avenue		70112	
MS263	VA Hospital Pineville	LA	2495 Shreveport Highway	Pineville	71360	
MS264	VA Hospital Shreveport	LA	RIVERFRONT RD		71101	
Texas						
Code	Name	Address State	Address Street	Address City	Address Postal Code	
MS182	Michael E. DeBakey VA Medical Center	TX	2002 Holcombe Boulevard	Houston	77030	

	Format	Validation
Medical Facility	ref	If Transportation to Medical Facility is not = Not Transported or Unknown, you must select the Medical Facility Agency.

Agency	Medical facility receiving patient must not be empty
	Medical facility receiving patient description must not be empty if required
	Medical facility receiving patient description must be within maximum length
	Medical facility receiving patient description must be null if not required
	Medical facility receiving patient should match injury status

P12 Driver License

P17 Driver License Status

Indicate the status of the driver license.

	Format	Validation
Driver License Status	ref	Driver license status must not be empty. You must select the Driver License Status or select Unknown.
		Driver license state must not be empty if required

P11 License State

The state that issued the driver s license. You must provide the driver license status when there is a driver involved in the crash. You must provide the state that issued the driver license.

	Format	Validation
Driver License State	ref	Driver license state must not be empty if required. You must select the Driver License State or select Unknown.
		Driver license state description must not be empty if required
		Driver license state description must be within maximum length
		Driver license state description must be null if not required

P12 License Number

A unique set of alphanumeric characters assigned by the authorizing agent issuing a driver license to the individual. See “Figure 10: FMCSA CDL Endorsements, Visor Card (Front)” (p. 71) and “Figure 11:

FMCSA CDL Commercial Motor Vehicle Groups, Visor Card (Back)” (p. 72) for reference

	Format	Validation
Driver License Number	25 nvarchar	Driver license number must not be empty if required; You must enter a Driver s License Number or select Unknown.
		Driver license number must not be empty if required
		Driver license number must be within maximum length

P12 License Class

Class indicates the type of driver license issued by the State and the type of motor vehicle the driver is qualified to drive.

Class A: Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.

Class B: Any single vehicle with a GVWR of 26,001 or more pounds, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.

Class C: Any single vehicle, or combination of vehicles, that does not meet the definition of Class A or Class B, but is either designed to transport 16 or more passengers, including the driver, or is used in the transportation of materials found to be hazardous, which require the motor vehicle to be placarded.

Class M: Motorcycles, Mopeds, Motor-Driven Cycles.

Regular Driver License Class: Any regular or standard driver license issued for the operation of automobiles and light trucks by States that separate these vehicles from Class C. Other class designation codes such as “D,” “R” and others may be used by States to indicate a regular driver license class.

Commercial Driver License (CDL): This indicates whether the driver license is a commercial driver license (CDL). In addition, this information is important to separate the non-commercial licenses included by some States in Class C with the commercial licenses.

	Format	Validation
Driver License Class	ref	Driver license class must not be empty if required, You must enter a Driver s License Class or select Unknown.
		Driver license class must not be empty if required
		Driver license class must be valid for state

LV1 License CDL Indicator

This indicates 'Yes' or 'No' if the driver's license is a commercial driver license (CDL). Also, this information is important to separate the non-commercial licenses included by some States in Class C with the commercial licenses.

	Format	Validation
Driver License CDL	ref	You must enter a Driver's License CDL or select Unknown.
		Is commercial driver license must be false if driver license class is not commercial
		Is commercial driver license must be true if driver license class is always commercial

LV1 License CDL Status

CDL Status indicates the status for a driver's Commercial Driver's License (CDL) if applicable.

Compliance with CDL Endorsements indicates whether the vehicle driven at the time of the crash requires endorsement(s) on a CDL and whether this driver is complying with the CDL endorsements.

	Format	Validation
Driver License CDL Status	ref	Commercial driver license status must not be empty , You must enter a Driver's License CDL Status or select Unknown.
		Commercial driver license status must be not applicable when is commercial driver license is false
		Commercial driver license status must not be not applicable when is commercial driver license is true
		Commercial driver license status description must not be empty if required
		Commercial driver license status description must be within maximum length
		Commercial driver license status description must be null if not required

P12 License Endorsements

The license endorsement is the type of authorization given to the driver to operate a particular type of vehicle. Indicate the driver's endorsements as they appear on the driver's license. Also, record whether the driver was in violation of the assigned endorsement. You must indicate one or more license endorsements on the driver's license, if the driver's license status equals 100-204.

Code	Name	Description
000	None/not applicable	
100	H - Hazardous materials	Authorization to transport hazardous material that requires a placard.
101	N - Tank vehicle	Authorization to transport liquid or gaseous material with a tank attached to the vehicle.
102	P - Passenger	Authorization to transport a passenger vehicle of 16 or more people
103	S - School Bus	Authorization to transport a school bus designed to transport 16 or more persons.
104	T - Double/triple trailers	Authorization to haul a double or triple trailer.
105	X - Combination of tank vehicle and hazardous materials	Authorization to transport an attached tank with hazardous material that require a placard.
980	Other non-commercial license endorsements (e.g., motorcycle, etc.)	Requires Description
999	Unknown	

	Form at	Validation
Driver License Endorsement	ref	Driver license endorsements must not be empty; You must enter a Driver's License Endorsement or select Unknown.
		Driver license endorsements must not violate mutual exclusion
		Driver license endorsements description must not be empty if required

	Driver license endorsements description must be within maximum length
	Driver license endorsements description must be null if not required

P12 License Endorsement Compliance

Indicate if driver involved in crash is compliant with the stated endorsement on their driver s license.

Code	Name
000	No endorsements required for the vehicle
100	Endorsements required, complied with
101	Endorsements required, not complied with
199	Endorsements required, compliance unknown
999	Unknown if endorsements required

	Form at	Validation
Driver License Endorsement Compliance	ref	Endorsement compliance must not be empty, You must enter a Driver s License Endorsement Compliance or select Unknown.

P16.1 License Restrictions

The license restrictions are specific requirements or limitations that a driver must use or adhere to while operating a motor vehicle. You must provide one or more driver license restrictions, if the driver s license status equals 100-204.

Code	Name
000	None
100	2 - Intermediate license restrictions

Code	Name
101	5 - Automatic transmission, non-commercial
102	7 - Hearing impaired
103	A - 45 MPH (C)
104	B - Corrective lenses (1)
105	C - Mechanical devices (special brakes, hand controls, or other adaptive devices) (B)
106	D - Prosthetic aid (G)
107	E - No manual transmission equipped CMV (5)
108	F - Outside mirror (3)
109	G - Limited to daylight only (A)
110	H - Limited to employment
111	K - CDL intrastate only (F)
112	L - Motor vehicles without air brakes (K)
113	M - Except Class A bus (4)
114	N - Except Class A and Class B bus (6)
115	O - Except tractor-trailer
116	P - No passengers in CMV bus
117	Q - Intrastate insulin dependent (I)
118	R - Rehab only
119	S - Insulin dependent - pills (N)
120	T - Alcohol interlock device
121	U - Insulin dependent - shots (M)
122	V - Medical variance
123	X - No cargo in CMV tank vehicle
124	Y - Bioptic lenses (7)

Code	Name
125	Z - No full airbrake equipped CMV
126	Learner's permit restrictions
127	Military vehicles only
128	Limited - other
980	Other
999	Unknown

	Format	Validation
Driver License Restrictions	ref	Driver license restrictions must not be empty
		Driver license restrictions must not violate mutual exclusion
		Driver license restrictions description must not be empty if required
		Driver license restrictions description must be null if not required
		Driver license restrictions description must be within maximum length

P16.2 Alcohol Interlock Presence

An ignition interlock device or breath alcohol ignition interlock device is a breathalyzer for an individual's vehicle. Indicate if vehicle requires the driver to blow into a mouthpiece on the device before starting the vehicle. If the resultant breath-alcohol concentration analyzed result is greater than the programmed blood alcohol concentration, the device prevents the engine from being started.

Code	Name
000	No
100	Yes
970	Not applicable

999	Unknown
-----	---------

	Form at	Validation
Alcohol Interlock Presence		If Person Type=Driver, Driver License Restrictions= Alcohol Interlock Device and No, then Violation Codes should not = No Violation or Unknown.
		Alcohol interlock presence must not be empty
		Alcohol interlock presence must be not applicable when no interlock restriction is present
		Alcohol interlock presence must not be not applicable when an interlock restriction is present

Driver Safety

P8 Restraint System Used

The type of restraints used by the person(s) involved in the crash. You must provide the restraint system used at the time of the crash for each person in the vehicle.

Code	Name
Restraint Systems	
100	None used – motor vehicle occupant
101	Booster seat
102	Child restraint system – forward facing
103	Child restraint system – rear facing
104	Child restraint system – type unknown
105	Lap belt only used
106	Shoulder and lap belt used
107	Shoulder belt only used
108	Stretcher
109	Wheelchair
199	Restraint used – type unknown
Motorcycle Helmets	
200	No helmet
201	DOT-compliant motorcycle helmet
202	Not DOT-compliant motorcycle helmet
299	Unknown if DOT-compliant motorcycle helmet

	Validation
Restraint System Used	Restraint system type must not be empty; You must select Restraint System Used or select Unknown.

	Restraint system type description must not be empty if required
	Restraint system type description must be within maximum length
	Restraint system type description must be null if not required

P8 Used Improperly Indicator

	Validation
Restraint Used Improperly	Restraint system use must not be empty, You must select Yes or No for Restraint Used Improperly.

P10 Ejection

The description of how a person(s) ejected from the interior of the vehicle. You must indicate for each person whether the person ejected from the vehicle.

Code	Name
000	Not ejected
100	Ejected, partially
101	Ejected, totally
970	Not applicable
999	Unknown

	Validation
Ejection	Ejection must not be empty, You must indicate if Driver was Ejected from Vehicle or select Unknown.

Ejection Path

The ejection path describes where the person ejected from the vehicle. If ejection status (P10) is equal to 100 or 101, you must select an answer for the ejection path.

Code	Description
000	Not ejected
100	Side door opening
101	Side window
102	Windshield
103	Back window
104	Back door/tailgate opening
105	Roof opening (sun roof, convertible top down)
106	Roof (convertible top up)
107	Back of pick-up truck
197	Not applicable
198	Other
199	Unknown

	Validation
Ejection Path	If Driver Ejected = YES then, you must indicate the path of the ejection or select Unknown.

MP100 Extrication

Indicate if the person in the vehicle has to be extricated from the vehicle because of the crash.

Code	Name
000	No
100	Yes

	Validation
Extrication	Extrication must not be empty, You must select NO or YES to Driver Extraction.

P9 Air Bag Deployed

The deployment status of the air bags relative to the position of the individual in the vehicle. You can provide up to four answers.

Code	Name
000	Not deployed
100	Front
101	Side
102	Curtain
103	Other (knee, air belt, etc.)
970	Not applicable
999	Deployment unknown

	Validation
Air bag deployments	Air bag deployments must not be empty
	Air bag deployments must not violate mutual exclusion
	Air bag deployments description must not be empty if required
	Air bag deployments description must be within maximum length
	Air bag deployments description must be null if not required

P19 driver's Condition at time of crash

The description of the condition of the driver or non-motorist at the time of the crash and that is relevant to the crash. You provide the condition of the driver or non-motorist.

Code	Name	Description
000	Apparently normal	Normal
100	Asleep or fatigued	Asleep at the wheel not due to other factors such as drugs, alcohol, or being ill.
101	Emotional (depressed, angry, disturbed, etc.)	Depressed, angry, disturbed. Includes; fighting, disagreements, emotionally upset, road rage, etc.

Code	Name	Description
102	Ill (sick), fainted	Diabetic reactions, allergic reactions to medications/drugs, failure to take required medication, seizures, heart attack, high/low blood pressure.
103	Physically impaired	A condition that results in some decrease in a physical ability.
104	Under the influence of medications/drugs/alcohol	Suspected of being under the influence of alcohol or drugs. This includes any legal prescription drug or over-the-counter medication such as cough syrup as well as illegal drugs of any type.
970	Not applicable	
980	Other	Provide a description.
999	Unknown	Provide an explanation

	Validation
Driver s Condtions	Conditions must not be empty
	Conditions must not violate mutual exclusion
	Conditions must be not applicable if unborn child
	Conditions description must not be empty if required
	Conditions description must be within maximum length
	Conditions description must be null if not required
	Conditions description must be null if unborn child

P20 Suspected Usage

Describe if there is a suspicion of any alcohol or drug usage by the driver and/or non-motorist at the time of or relevant to the crash. You must indicate whether there is a suspicion of alcohol usage.

Code	Name
000	No
100	Yes
999	Unknown

	Validation
Alcohol Usage	Alcohol use suspicion must not be empty
	Alcohol use suspicion must be no if unborn child
	Alcohol use suspicion must not be no if driver did not leave scene

P21 Test Status

Indicate if an alcohol test was not given, given, person refused.

Code	Name
000	Test not given
001	Test refused
100	Test given
999	Unknown if tested

	Validation
Alcohol test result	Alcohol test result must not be empty
	Alcohol test result must be not applicable if unborn child

P21 Test Type

Describes the type alcohol test given to the driver and/or motorist as it relates to the crash. If you suspect alcohol usage, you must indicate if you administered a test, what type, and the test results.

Code	Name
100	Blood
101	Blood clot
102	Blood plasma/serum
200	Breath
201	Preliminary breath test (PBT)
300	Urine
301	Vitreous
970	Not applicable
980	Other

	Validation
Alcohol test type	Alcohol test type must not be empty
	Alcohol test type must be not applicable if unborn child
	Alcohol test type description must not be empty if required
	Alcohol test type description must be within maximum length
	Alcohol test type description must be null if not required
	Alcohol test type description must be null if unborn child

P21 Test Results

Describes the test results of the test taken. If the Alcohol Test Type equals to codes 100-198, you must provide the Alcohol Test Results.

Code	Name
000	Results pending
100	Results received
101	Positive results with no actual value

Code	Name
970	Not applicable
999	Unknown
Validation	
Alcohol test result	Alcohol test result must not be empty
	Alcohol test result must be not applicable if unborn child

P21 BAC

The Blood and Alcohol Concentration results from the alcohol/drug test administer.

Field Name	Format	Validation
BAC	Decimal 4,3	Blood alcohol content must not be empty if applicable , You must enter the BAC results for the driver of Vehicle #.
		Blood alcohol content must be empty if not applicable
		Blood alcohol content must be null if unborn child

P22 Suspected Usage

Describe if there is a suspicion of drug usage by the driver and/or non-motorist at the time of or relevant to the crash. You must indicate whether there is a suspicion of alcohol usage.

Code	Name
000	No
100	Yes
999	Unknown

Field Name	Format	Validation
Drug Usage	ref	Drug use suspicion must not be empty
		Drug use suspicion must be no if unborn child
		Drug use suspicion must not be no if driver did not leave scene

P23 Test Status

Describes the type of drug test given to the driver and/or motorist as it relates to the crash. If you suspect drug usage, you must indicate if you administered a test, what type, and the test results.

Code	Name
000	Test not given
001	Test refused
100	Test given
999	Unknown if tested

Field Name	Format	Validation
Drug test status		Drug test status must not be empty
		Drug test status must be no if unborn child

P23 Test Type

Describes the type of drug test given to the driver and/or motorist as it relates to the crash. If you suspect drug usage, you must indicate if you administered a test, what type, and the test results.

Code	Name
100	Blood
101	Urine
102	Both blood and urine
103	Saliva
198	Other
970	Not applicable
999	Unknown

Field Name	Validation
Drug test type	Drug test type must not be empty.
	Drug test type must be not applicable if unborn child
	Drug test type description must not be empty if required
	Drug test type description must be within maximum length
	Drug test type description must be null if unborn child
	Drug test type description must be null if not required

P23 Test Results

Describes the results of the drug test taken by the driver or non-motorist. If the Drug Test Type equals to codes 100-198, you must provide the Drug Test Results. You may select one or more options.

Code	Name
Negative Results	
0000	Results negative
Pending Results	
0100	Results pending
Not Applicable	
9700	Not applicable
Unknown	
9999	Unknown
Positive Results	
1000	Amphetamine
1001	Cocaine
1002	Marijuana
1003	Opiate
1004	PCP
1090	Other controlled substance
1091	Other drug
Narcotics	
Code	Name
1100	Acetaminophen + Codeine
1101	Acetorphine
1102	Acetyl-alpha-methylfentanyl

Code	Name
1103	Acetyldihydrocodeine
1104	Acetylmethadol
1105	Alfentanil
1106	Allylprodine
1107	Alpha-Methylfentanyl
1108	Alphamethylthiofentanyl
1109	Alpha-meprodine
1110	Alphamethadol
1111	Alphaprodine
1112	Anileridine
1113	APC + Codeine
1114	Aspirin + Codeine
1117	Benzylmorphine
1118	Beta-hydroxyfentanyl
1119	Betacetylmethadol
1120	Beta-meprodine
1121	Betamethadol
1122	Betaprodine
1123	Bezitramide
1124	Buprenorphine
1125	Carfentanil
1126	Clonitazene
1127	Codeine methylbromide
1128	Codeine
1129	Cyprenorphine
1130	Desomorphine
1131	Dextromoramide
1133	Diampromide
1134	Diethylthiambutene
1135	Difenoxin
1136	Dihydrocodeine
1137	Dihydromorphine
1138	Dimenoxadol
1139	Dimepheptanol (Racemethadol)
1140	Dimethylthiambutene
1141	Dioxaphetyl Butyrate

Code	Name
1142	Diphenoxylate
1143	Dipipanone
1144	Diprenorphine Hydrochloride
1145	Drotebanol
1146	Ethylmethylthiambutene
1147	Ethylmorphine
1148	Etonitazene
1149	Etorphine
1150	Etoxidine
1151	Fentanyl
1152	Fiorinal + Codeine
1153	Furethidine
1154	Heroin (Diacetylmorphine)
1155	Hydrocodone
1156	Hydromorphanol
1157	Hydromorphone
1158	Hydroxypethidine
1159	Isomethadone
1160	Ketobemidone
1161	Levomoramide
1162	Levophenacymorphan
1163	Levomethorphan
1164	Levorphanol Tartrate
1165	Meperidine (Pethidine)
1166	Metazocine
1167	Methadone
1168	Methyl-desorphine
1169	Methyldihydromorphine
1170	Methylfentanyl
1171	Methyl-phenyl-propionoxypiperidine (MPPP)
1172	Metopon
1173	Moramide - intermediate
1174	Morpheridine
1175	Morphine methylsulfonate
1176	Morphine methylbromide
1177	Morphine

Code	Name
1178	Myrophine
1179	Nalorphine
1180	Nicocodeine
1181	Nicomorphine
1182	Noracymethadol
1183	Norlevorphanol
1184	Normethadone
1185	Normorphine
1186	Norpipanone
1187	Opium
1188	Oxymorphone
1189	Oxycodone
1190	Para-fluorofentanyl
1191	Paregoric
1192	Parepectolin
1193	Pentazocine
1195	Phenadoxone
1196	Phenampramide
1197	Phenanthrine
1198	Phenazocine
1199	Phenomorphane
1200	Phenoperidine
1202	Pholcodine
1203	Piminodine
1204	Piritramide
1205	Proheptazine
1206	Properidine
1207	Propiram
1208	Propoxyphene (Dextropropoxyphene, bulk (non-dosage forms))
1209	Racemethorphan
1210	Racemoramide
1211	Racemorphan
1212	Sufentanil
1213	Thebacon
1214	Thebaine
1215	Thiofentanyl

Code	Name
1216	Tilidine
1217	Trimeperidine
1218	Butorphanol
1220	Alphacetylmethadol
1221	Beta-Hydroxy-3-methylfentanyl
1222	Codeine & Isoquinoline
1223	Codeine-N-oxide
1224	Dextropropoxyphene (dosage forms)
1226	Dihydroetorphine
1227	Diprenorphine
1228	Levo-alphacetylmethadol
1229	Levorphanol
1230	Methylthiofentanyl
1231	Morphine-N-oxide
1232	Opium extract
1233	Opium Fluid Extract
1234	Opium Poppy
1235	Opium Tincture
1236	Phenylethyl-phenylacetoxypiperidine (PEPAP)
1237	Poppy Straw
1238	Poppy Straw Concentrate
1239	Remifentanil
1240	Codeine combination product 90 mg/du
1241	Codeine preparations - 200 mg/100 ml or 100 gm
1242	Difenoxin 1 mg/25ug AtSO4/du
1243	Difenoxin preparations - 0.5 mg/25 ug AtSO4/du
1244	Dihydrocodeine combination product 90 mg/du
1245	Dihydrocodeine preparations 10 mg/100 ml or 100 gm
1246	Diphenoxylate preparations 2.5 mg/25 ug AtSO4
1247	Ethylmorphine combination product 15 mg/du
1248	Ethylmorphine preparations 100 mg/100 ml or 100 gm
1249	Hydrocodone & isoquinoline alkaloid< 15 mg/du
1250	Hydrocodone combination product< 15 mg/du
1251	Meperidine intermediate-A
1252	Meperidine intermediate-B
1253	Meperidine intermediate-C

Code	Name
1254	Methadone intermediate
1255	Morphine combination product/50 mg/100 ml or gm
1256	Opium combination product 25 mg/du
1257	Opium preparations - 100 mg/100 ml or/100 gm
1258	Opium, granulated
1259	Opium, powdered
1260	Oripavine
1295	Narcotics, Type Unknown
1300	Alprazolam
1301	Amobarbital
1302	Barbital
1303	Barbiturates
1304	Benzodiazepines
1305	Benzylfentanyl
1306	Bromazepam
1307	Butabarbital (secbutabarbital)
1308	Butalbital
1309	Camazepam
1310	Carbamate
1311	Chloral betaine
1312	Chloral Hydrate
1313	Chlordiazepoxide
1314	Chlorhexadol
1315	Clobazam
1316	Clonazepam
1317	Clorazepate Dipotassium
1318	Clotiazepam
1319	Cloxazolam
1320	Delorazepam
1321	Diazepam
1322	Estazolam
1323	Ethchlorvynol
1324	Ethinamate
1325	Ethyl loflazepate
1326	Fiorinal
1327	Fludiazepam

Code	Name
1328	Flunitrazepam
1330	Glutethimide
1331	Halazepam
1332	Haloxazolam
1333	Hexobarbital
1334	Hydroxyzine
1335	Ketazolam
1336	Loprazolam
1337	Lorazepam
1338	Lormetazepam
1339	Mebutamate
1340	Mecloqualone
1341	Medazepam
1342	Mephobarbital (Methylphenobarbital)
1343	Meproamate
1344	Methaqualone
1345	Metharbital
1346	Methohexital
1347	Methypylon
1348	Midazolam
1349	Nimetazepam
1350	Nitrazepam
1351	Nordiazepam
1352	Oxazepam
1353	Oxazolam
1354	Paraldehyde
1355	Pentobarbital
1356	Petrichloral
1357	Phencyclohexylamine
1358	Phenobarbital
1359	Pinazepam
1360	Prazepam
1361	Quazepam
1362	Secobarbital
1363	Sulfondiethylmethane
1364	Sulfonethylmethane

Code	Name
1365	Sulfonmethane
1366	Talbutal
1367	Temazepam
1368	Tetrazepam
1369	Thenylfentanyl
1370	Thiamylal
1371	Thiopental (Pentothal)
1372	Tiletamine/ Zolazepam (Telazol)
1373	Traizolam
1374	Tybamate
1376	Carisoprodol
1377	Gamma-Hydroxybutyric Acid (GHB)
1378	Amobarbital & non-controlled active ingred.
1379	Aprobarbital
1380	Barbituric Acid Derivative
1383	Dexfenfluramine
1384	Flurazepam
1385	Sibutramin
1386	Zaleplon
1387	Zolpidem
1388	Amobarbital suppository dosage form
1389	Butobarbital (butethal)
1390	Embutramide
1391	Gamma Hydroxybutyric Acid preparations
1393	Pentobarbital & noncontrolled active ingred.
1394	Pentobarbital suppository dosage form
1395	Depressants, Type Unknown
1396	Pregabalin
1397	Secobarbital & noncontrolled active ingred.
1398	Secobarbital suppository dosage form
1399	Zopiclone
1400	Amphetamine Sulfate
1401	Amphetamine
1402	Benzoyllecgonine
1403	Benzphetamine
1404	Cathine (Norpseudoephedrine)

Code	Name
1405	Chlorphentermine
1406	Clortermine
1407	Cocaine
1408	Dextroamphetamine
1409	Diethylpropion
1410	Ecgonine
1411	Fencamfamin
1412	Fenethylline
1413	Fenfluramine
1414	Fenproporex
1415	Mazindol
1416	Mefenorex
1417	Methamphetamine
1418	Methylphenidate
1419	N-Ethylamphetamine
1420	Pemoline
1421	Phendimetrazine
1422	Phenmetrazine
1423	Phentermine
1424	Pipradrol
1425	Propylhexedrine
1426	Pyrovalerone
1427	SPA
1428	Aminorex
1429	Cathinone
1430	Coca Leaves
1431	Dichloralphenazone
1432	Methcathinone
1433	Modafinil
1434	Vinbarbital
1435	Methylone
1436	Lisdexamfetamine
1437	Methoxy-Methylenedioxyamphetamine
1438	N, N-Dimethylamphetamine (Dimethylamphetamine)
1439	N-Benzylpiperazine
1440	Stimulant compounds previously excepted

Code	Name
1495	Stimulants, Type Unknown
1500	Amphetamine Variants
1501	Bufotenine
1503	Diethyltryptamine (DET)
1504	Dimethoxyamphetamine (DMA)
1505	Dimethyltryptamine (DMT)
1506	DMA
1507	Dronabinol
1508	N-Ethyl-3piperdyl benzilate
1509	Ibogaine
1511	Lysergic Acid
1512	Mescaline
1513	Methylenedioxyamphetamine (MDMA)
1514	Methoxyamphetamine (PMA)
1515	Methylenedioxyamphetamine (MDA)
1516	Nabilone
1517	Peyote
1518	Phenylacetone (P2P)
1519	Psilocybin
1520	Psilocyn
1521	Trimethoxy amphetamine
1522	Ketamine
1523	Alpha-Ethyltryptamine
1524	Bromo-dimethoxyamphetamine
1525	Bromo-dimethoxyphenethylamine
1527	Lysergic Acid Amide
1528	Lysergic Acid Diethylamide (LSD)
1529	Methylaminorex
1530	Meth-dimethoxyamphetamine
1531	Methylenedioxy-Nethylamphetamine
1533	N-Ethyl-1-phenylcyclohexylamine
1534	Alpha-methyltryptamine
1535	Dimethoxyethylamphetamine
1536	Dimethoxy-(n)-propylthiophenethylamine
1537	Methoxy-NN-diisopropyltryptamine
1538	N-Hydroxymethylenedioxy-amphetamine

Code	Name
1539	N-Methylpiperidyl benzilate
1595	Hallucinogens, Type Unknown
Cannabinoid	
1600	Delta 9
1601	Hashish Oil
1602	Hashish
1603	Marijuana/Marihuana
1604	Marinol
1605	Tetrahydrocannabinols (THC)
1695	Cannabinoid, Type Unknown
PCP	
1700	Ethylamine
1701	Parahexyl (Synhexyl)
1702	Phencyclidine
1703	Phencyclidine Analogs
1704	Phenylcyclohexylamine
1705	Piperidinocyclohexane-carbonitrile (PCC)
1706	Pyrrolidine (PCPy, PHP, TCPy)
1707	Thiophene
1708	Thienyl Cyclohexyl/piperidine
1709	Phenylcyclohexyl-Pyrrolidine
1710	Thienyl Cyclohexyl Pyrrolidine
1795	PCP, Type Unknown
Anabolic Steroids	
1800	Boldenone
1801	Chlorotestosterone
1803	Dehydrochloromethyltestosterone
1804	Dihydrotestosterone
1805	Drostanolone
1806	Ethylestrenol
1807	Fluoxymesterone
1808	Formebolone (Formebolone)
1809	Mesterolone
1810	Methandienone
1811	Methandranone
1812	Methandriol

Code	Name
1813	Methandrostenolone
1814	Methenolone
1815	Methyltestosterone
1816	Mibolerone
1817	Nandrolone
1818	Norethandrolone
1819	Oxandrolone
1820	Oxymesterone
1821	Oxymetholone
1822	Stanolone
1823	Stanozolol
1824	Testolactone
1825	Testosterone
1826	Trenbolone
1827	Clostebol
1828	Alpha, Beta-dihydroxy-alphaandrostane
1829	Alpha-methyl-alpha-betadihydroxy- alpha-androstane
1830	Alpha-methyl-beta-betadihydroxy- alpha-androstane
1831	Alpha-methyl-beta-betadihydroxy-androstene
1832	Alpha-methyl-delta 1-dihydrotestosterone
1833	Alpha-methyl-hydroxynandrolone
1834	Androstenedione
1835	Androstenediol
1836	Androstenedione
1837	Beta, beta-dihydroxy-alphaandrostane
1838	Bolasterone
1839	Calusterone
1840	Delta 1-dihydrotestosterone
1841	Furazabol
1842	Hydroxy-Nortestosterone
1843	Hydroxytestosterone
1844	Mestanolone
1845	Methyldienolone
1846	Methyltrienolone
1847	Norandrostenediol
1848	Norandrostenedione

Code	Name
1849	Norbolethone
1850	Norclostebol
1851	Normethandrolone
1852	Stenbolone
1853	Tetrahydrogestrinone
1854	Boldione
1855	Desoxymethyltestosterone
1856	Dienedione
1895	Anabolic Steroid, Type Unknown
Inhalant	
1900	Volatile Solvents (toluene)
1901	Plastic Cement (airplane glue)
1902	Paint and Paint Removers
1903	Petroleum Products (gasoline, kerosene)
1904	Lacquer Thinners
1920	Anesthetic Gases
1921	Amyl Nitrite
1923	Butly Nitrite
1924	Nitrous Oxide
1925	Ether
1926	Chloroform
1940	Aerosols (hydrocarbon gases)
1941	Hair spray
1942	Insecticides
1943	Glass Chillers
1944	Frying Pan Lubricants
1945	Cyclohexl Nitrite
1946	Enflurane
1947	Halothane
1995	Inhalants, Type Unknown

Field Name	Format	Validation
Drug test results		Drug test results must not be empty
		Drug test results must not violate mutual exclusion
		Drug test results must be valid for crash severity

Field Name	Format	Validation
		Drug test results must be not applicable if unborn child
		Drug test results description must not be empty if required
		Drug test results description must be within maximum length
		Drug test results description must be null if not required
		Drug test results description must be null if unborn child

P13 Speeding Relation

Indicate and describe if the person involved in the crash was speeding. You must indicate if the driver s speed contributed to the crash.

Code	Name	Description
000	No	
100	Exceeded speed limit	
101	Racing	
102	Too fast for conditions	
999	Unknown	

	Format	Validation
Speeding relation		Speeding relation must not be empty
Speeding Relation= Exceed Speed Limit		<p>If Speeding-Related=Exceeded Speed Limit) then Motor Vehicle Posted/Statutory Speed Limit” must not = Not Applicable or Unknown.</p> <p>Speeding Relation= Exceed Speed Limit, You must enter the speed limit for the road on which Vehicle # was traveling, select Unknown if the speed limit not known, or select Not Applicable if there was no posted speed limit.</p>

P18 Distraction Action

Indicate and describe if the person involved in the crash was distracted.

Code	Name	Description
000	Not distracted	
100	Talking / listening	
101	Manually operating a device (e.g., texting, dialing, playing game, etc.)	
980	Other	
999	Unknown	

	Format	Validation
Distraction action		Distraction action must not be empty; You select a driver s distracted action or select Unknown.
		Distraction action must be no if unborn child
		Distraction action description must not be empty if required
		Distraction action description must be within maximum length
		Distraction action description must be null if not required
		Distraction action description must be null if unborn child

P18 Distraction Source

Distractions that may have influenced driver/non-motorist performance, involving both an action taken by the driver/non-motorist and the source of the distraction.

Code	Name	Description
100	Hands-free mobile phone	
101	Hand-held mobile phone	
102	Vehicle-integrated device	
198	Other electronic device	
200	Passenger or other non-motorist	
201	External to vehicle/non-motorist area	

Code	Name	Description
298	Other	
999	Unknown	

	Format	Validation
Distraction source		Distraction source must not be empty
		Distraction source must be not applicable if unborn child
		Distraction source description must not be empty if required
		Distraction source description must be within maximum length
		Distraction source description must be null if not required
		Distraction source description must be null if unborn child

F1 Avoidance Maneuver

The movements/actions taken by the driver after the driver realizes there is an impending danger. This element assesses what the driver action was in response to his/her realization.

Code	Name
000	No avoidance maneuver
100	Accelerating
101	Accelerating and steering left
102	Accelerating and steering right
103	Braking and steering left
104	Braking and steering right
105	Braking (lockup)
106	Braking (no lockup)
107	Braking (lockup unknown)
108	Releasing brakes
109	Steering left

Code	Name
110	Steering right
980	Other
999	Unknown

	Format	Validation
Avoidance maneuver		Avoidance maneuver must not be empty
		Avoidance maneuver description must not be empty if required
		Avoidance maneuver description must be within maximum length
		Avoidance maneuver description must be null if not required

P14 Driver's Action At time of Crash

The actions by the driver that may have contributed to the crash. The Investigating Officer may use his own judgment when collecting this information and need not match "P15. Violation Codes."

Code	Name
000	No contributing action
100	Disregarded other road markings
101	Disregarded other traffic sign
102	Failed to keep in proper lane
103	Failed to yield right-of-way
104	Followed too closely
105	Improper backing
106	Improper passing
107	Improper turn
108	Operated motor vehicle in inattentive, careless, negligent, or erratic manner
109	Operated motor vehicle in reckless or aggressive manner

Code	Name
110	Over-correcting or over-steering
111	Ran off roadway
112	Ran red light
113	Ran stop sign
114	Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc.
115	Wrong side or wrong way
980	Other contributing action
999	Unknown

Field Name	Format	Validation
Driver actions		Driver actions must not be empty
		Driver actions must not violate mutual exclusion
		Driver actions description must not be empty if required
		Driver actions description must be within maximum length
		Driver actions description must be null if not required

P15 Citations/Violation Codes

Indicate if the driver received a citation because of the crash. If you issued one or more citation, you must provide the citation number and all motor vehicle related charges from the citation for each citation.

Field Name	Format	Element Usage	Validation
Ticket Number	20 nvarchar	Optional	Ticket number must not be empty
			Ticket number must be within maximum length
Violation Code		Optional	Violation code must not be empty

Violation Code Description	200 nvarchar	Optional	Violation code description must not be empty if required
			Violation code description must not be empty if required
Violation Category		Optional	Violation category must not be empty
			Violation category must match violation code if specified

Driver's Circumstances

Describe the driver's circumstances that contributes to the crash.

P13 Speeding Relation
P18 Distraction Action
P18 Distraction Source
F1 Avoidance Maneuver

P13 Speeding Relation

Indicate and describe if the person involved in the crash was speeding. You must indicate if the driver's speed contributed to the crash.

Code	Name
000	No
100	Exceeded speed limit
101	Racing
102	Too fast for conditions
999	Unknown

	Validation
Speeding relation	Speeding relation must not be empty.
Speeding Relation= Exceed Speed Limit	<p>If Speeding-Related=Exceeded Speed Limit) then Motor Vehicle Posted/Statutory Speed Limit" must not = Not Applicable or Unknown.</p> <p>Speeding Relation= Exceed Speed Limit. You must enter the speed limit for the road on which Vehicle # was traveling, select Unknown if the speed limit not known, or select Not Applicable if there was no posted speed limit.</p>

P18 Distraction Action

Indicate and describe if the person involved in the crash was distracted.

Code	Name
000	Not distracted
100	Talking / listening
101	Manually operating a device (e.g., texting, dialing, playing game, etc.)
980	Other
999	Unknown

	Validation
Distraction action	Distraction action must not be empty; You select a driver's distracted action or select Unknown.

	Validation
	Distraction action must be no if unborn child.
	Distraction action description must not be empty if required.
	Distraction action description must be null if not required.
	Distraction action description must be null if unborn child.

P18 Distraction Source

Distractions that may have influenced driver/non-motorist performance, involving both an action taken by the driver/non-motorist and the source of the distraction.

Code	Name
100	Hands-free mobile phone
101	Hand-held mobile phone
102	Vehicle-integrated device
198	Other electronic device
200	Passenger or other non-motorist
201	External to vehicle/non-motorist area
298	Other
999	Unknown

	Validation
Distraction source	Distraction source must not be empty.
	Distraction source must be not applicable if unborn child.
	Distraction source description must not be empty if required.
	Distraction source description must be null if not required.
	Distraction source description must be null if unborn child.

F1 Avoidance Maneuver

The movements/action taken by the driver after the driver realize an impending danger. This element assesses what the driver action was in response to his/her realization.

Code	Name
000	No avoidance maneuver
100	Accelerating
101	Accelerating and steering left
102	Accelerating and steering right
103	Braking and steering left
104	Braking and steering right
105	Braking (lockup)

Code	Name
106	Braking (no lockup)
107	Braking (lockup unknown)
108	Releasing brakes
109	Steering left
110	Steering right
980	Other
999	Unknown

	Validation
Avoidance maneuver	Avoidance maneuver must not be empty.
	Avoidance maneuver description must not be empty if required.
	Avoidance maneuver description must be null if not required.

P14 Driver's Action At time of Crash

The actions by the driver that may have contributed to the crash. The Investigating Officer may use his own judgment when collecting this information and need not match "P15. Violation Codes."

Code	Name
000	No contributing action
100	Disregarded other road markings
101	Disregarded other traffic sign
102	Failed to keep in proper lane
103	Failed to yield right-of-way
104	Followed too closely
105	Improper backing
106	Improper passing
107	Improper turn
108	Operated motor vehicle in inattentive, careless, negligent, or erratic manner
109	Operated motor vehicle in reckless or aggressive manner
110	Over-correcting or over-steering
111	Ran off roadway
112	Ran red light
113	Ran stop sign
114	Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc.
115	Wrong side or wrong way
980	Other contributing action
999	Unknown

	Validation
Driver actions	Driver actions must not be empty

	Driver actions must not violate mutual exclusion
	Driver actions description must not be empty if required
	Driver actions description must be null if not required

P15 Citations/Violation Codes

Indicate if the driver received a citation because of the crash. If you issued one or more citation, you must provide the citation number and all motor vehicle related charges from the citation for each citation.

	Validation
Ticket Number	Ticket number must not be empty
Violation Code	Violation code must not be empty
Violation Code Description	Violation code description must not be empty if required
	Violation category must match violation code if specified
	Violation category must not be empty

MPV100 Vehicle Owner

Owner Name

The name of the person who owns the vehicle. Record the name as it appears on the official identification. You must provide the owner s name or enter unknown.

Field Name	Format	Validation
Owner Name	200 nvarchar	You must enter the Owner s Name for Vehicle # or select Same as Driver or Unknown.
		If Owner Name = Same as Driver, you must input the Driver s Name for Vehicle #.
		Is owner name same as driver must be false if vehicle has no driver
		Is owner name same as driver must be false if driver name is unknown
		Owner name must not be empty if required
		Owner name must be within maximum length
		Owner name must be null if not required
		Owner name must match driver if is owner name same as driver is true

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Owner Address

The vehicle owner address should match the vehicle registration. Provide the most current address if it is different from the registration address. Specify unknown, in the event that there is no registration or the address is unknown. You may also indicate that the owner is the same as the driver if the address on the driver s license is the same as the address on the vehicle registration.

- House/Apt. No
- Street Name
- City
- State
- Postal Code/Zip Code

Field Name	Format	Validation
Owner Address Street	150 nvarchar	You must enter the Street for the address of the owner of Vehicle # or select Unknown.
		Owner address street must not be empty if applicable
		Owner address street must be within maximum length
		Owner address street must match driver if is owner address same as driver is true
Owner Address City	50 nvarchar	You must enter the city for the address of the owner of Vehicle # or select Unknown.
		Owner address city must not be empty if applicable
		Owner address city must be within maximum length
		Owner address city must match driver if is owner address same as driver is true
Owner Address	ref	Owner address state must not be empty if applicable , You must enter the State for the address of the owner of Vehicle # or select Unknown.

Field Name	Format	Validation
State		Owner address state must match driver if is owner address same as driver is true
Owner Address Postal Code	20 nvarchar	You must enter the Postal Code for the address of the owner of Vehicle # or select Unknown.
		If Owner Address = Same as Driver, you must enter the Driver s Address.
		If Driver s Address= Unknown, You have indicated that the address of Vehicle # is unknown, so you cannot select 'Same as Driver' for the owner s address.
		Is owner address same as driver must be false if vehicle has no driver
		Is owner address same as driver must be false if driver address is unknown
		Owner address state description must not be empty if required
		Owner address state description must be within maximum length
		Owner address state description must be null if not required
		Owner address state description must match driver if is owner address same as driver is true
		Owner address postal code must not be empty if applicable
		Owner address postal code must be within maximum length
		Owner address postal code must match driver if is owner address same as driver is true

P2 Passenger

Field Name	Format	Validation
Passenger Unborn Child		Unborn child parent index must be null if not unborn child
		Unborn child parent index must not be empty if unborn child
		Unborn child parent index must be valid if unborn child

Passenger Identificaiton

Passenger First Name	First name should not be empty if applicable
	First name must be within maximum length
	First name must be null if unknown
	First name must be null if unborn child
Passenger Middle Name	Middle name must be within maximum length
	Middle name must be null if unknown
	Middle name must be null if unborn child
Passenger Last Name	Last name must not be empty if applicable
	Last name must be within maximum length
	Last name must be null if unknown
	Last name must be null if unborn child
Passenger Name	Name suffix must be null if unknown
	Name suffix must be within maximum length
	Name suffix must be null if unborn child
	Is name unknown must be false if unborn child
Passenger Address Street	Address street must not be empty if applicable
	Address street must be within maximum length
	Address street must be null if unknown
	Address street must match the parent of an unborn child
Passenger Address City	Address city must not be empty if applicable
	Address city must be within maximum length
	Address city must be null if unknown
	Address city must match the parent of an unborn child
Passenger Address State	Address state must not be empty if applicable
	Address state must be null if unknown
	Address state must match the parent of an unborn child
	Address state description must not be empty if required
	Address state description must be within maximum length
	Address state description must be null if unknown
	Address state description must be null if not required
Address state description must match the parent of an unborn child	
Passenger Address Postal Code	Address postal code must not be empty if applicable

	Address postal code must be within maximum length
	Address postal code must be null if unknown
	Address postal code must match the parent of an unborn child
Passenger Phone Number	Phone number must not be empty if applicable
	Phone number must be within maximum length
	Phone number must be null if unknown
	Phone number must match the parent of an unborn child
	Is phone number unknown must match the parent of an unborn child

MP100 Passenger Unborn Child

	Validation
Unborn Child	Unborn child parent index must be null if not unborn child.
	Unborn child parent index must not be empty if unborn child.
	Unborn child parent index must be valid if unborn child.
	Is name unknown must be false if unborn child.

P1 Passenger Name

	Validation
First Name	First name should not be empty if applicable.
	First name must be null if unknown.
	First name must be null if unborn child.
Middle Name	Middle name must be null if unknown.
	Middle name must be null if unborn child.
Last Name	Last name must not be empty if applicable.
	Last name must be null if unknown.
	Last name must be null if unborn child.
Name Suffix	Name suffix must be null if unknown.
	Name suffix must be null if unborn child.

P1 Passenger Address

Address Street	Address street must not be empty if applicable
	Address street must be null if unknown
	Address street must match the parent of an unborn child
Address City	Address city must not be empty if applicable
	Address city must be null if unknown
	Address city must match the parent of an unborn child
Address State	Address state must not be empty if applicable
	Address state must be null if unknown
	Address state must match the parent of an unborn child
	Address state description must not be empty if required
	Address state description must be null if unknown
	Address state description must be null if not required
	Address state description must match the parent of an unborn child
Address Postal Code	Address postal code must not be empty if applicable
	Address postal code must be null if unknown
	Address postal code must match the parent of an unborn child
Phone Number	Phone number must not be empty if applicable
	Phone number must be null if unknown
	Phone number must match the parent of an unborn child
	Is phone number unknown must match the parent of an unborn child

P2 Passenger Date of Birth

The date of birth of the passenger.

	Format	Validation
Date of Birth	MM/DD/YYYY	You must enter the Driver s DOB or select Unknown.
		The DOB you enter for the driver of Vehicle is after the date of crash.
		Date of birth must not be empty if applicable
		Date of birth must be null if unknown
		Date of birth must not be before 1800
		Date of birth must not be after the crash date

P3 Passenger Sex

The gender of the person involved in the crash.

Code	Name
100	Female
101	Male
999	Unknown

	Format	Validation
Sex	ref	Sex must not be empty. You must enter the driver s sex (gender) or select Unknown.

MP101 Passenger Race

The societal grouping of human beings based upon physical characteristics.

Code	Name
100	American Indian or Alaska Native
101	Asian or Pacific Islander
102	Black
103	White
980	Other
999	Unknown

	Format	Validation
Race	ref	Race must not be empty. You must enter the Driver s Race or select Unknown.
		Race description must not be empty if required
		Race description must be within maximum length
		Race description must be null if not required

MP102 Passenger Ethnicity

The societal grouping of human beings based upon culture, nationality, and language.

ID	Code	Name
1	100	Hispanic
2	101	Other than Hispanic
3	999	Unknown

	Format	Validation
Ethnicity	ref	Ethnicity must not be empty. You must enter the Driver s Ethnicity or select Unknown.

P4 Passenger Incident Responder

The type of incident responder official involved in the crash. The answer is No if this person is not on duty.

Code	Name
000	No
100	EMS
101	Fire
102	Police
103	Tow operator
104	Transportation (i.e. maintenance workers, safety service patrol operators, etc.)
980	Other
999	Unknown

	Format	Validation
Incident Responder	ref	Incident responder must not be empty. You must indicate if Person is an Incident Responder.
		Incident responder description must not be empty if required
		Incident responder description must be within maximum length

		Incident responder description must be null if not required
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Passenger Medical

P5 Passenger Injury Status

The severity of a crash based on the most severe injury to any person involved in the crash.

Code	Name	Description
100	(K) Fatal Injury	A fatal injury is any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned to the attribute "Fatal Injury."
101	(A) Suspected Serious Injury	A suspected serious injury is any injury other than fatal which results in one or more of the following: <ul style="list-style-type: none"> • 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 • Paralysis
102	(B) Suspected Minor Injury	A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).
103	(C) Possible Injury	A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea.

Code	Name	Description
		Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.
104	(O) No Apparent Injury	No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

	Format	Validation
Injury Status	ref	Injury status must not be empty .You must enter the Driver s Injury Status as it relates to the crash.

P24.1 Passenger Medical Transportation Type

Code	Name
000	Not transported
100	EMS air
101	EMS ground
200	Law enforcement
980	Other
999	Unknown

	Format	Validation
Transportation to Medical Facility	ref	Medical transportation type must not be empty.You must enter Transportation to Medical Facility or select Unknown.
		Medical transportation type description must not be empty if required
		Medical transportation type description must be within maximum length

		Medical transportation type description must be null if not required
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P24.2 Passenger EMS Response Agency

Agency that provides transport to the first medical facility receiving the patient.

Code	Name
970	Not applicable
980	Other
999	Unknown
002	AAA Ambulance Service
826	Abundant Care Ambulance Service
381	Acadian Ambulance Service
764	Air Evac 106 Demopolis AL
753	Air Evac EMS,DBA Air Evac Lifeteam - Rayville
198	Air Evac Lifeteam - Arkansas
358	Air Evac Lifeteam - Batesville
278	Air Evac Lifeteam - Corinth
768	Air Evac Lifeteam - Fayette AL
1250	Air Evac Lifeteam - Greenville
752	Air Evac Lifeteam - Natchez
864	Air Evac Lifeteam - Opelousas, LA
820	Air Evac Lifeteam - Poplar Bluff MO
1392	Air Evac Lifeteam - Savannah TN
005	Air Evac Lifeteam - Tennessee
1269	Air Evac Lifeteam - Waynesboro, TN
868	Air Evac Lifeteam 132 San Marcos, TX
004	Air Med Service Acadian
047	Anderson Regional Medical Center
126	Angel One Transport
001	ASAP EMS Corporation
738	Baptist LifeFlight 4
011	Baptist Memorial Hospital - Golden Triangle
904	CareSource Transportation, LLC
017	Carthage EMS
740	Children's Transport UMMC
018	Choctaw Health Center

Code	Name
895	Covenant Medical Transport LLC
019	Covington County Hospital
020	Critical Care Transport
023	DeSoto County EMS
025	Emergency Mobile Health Care
031	EMServ Ambulance Service
926	Fleetwood Transport Services dba FTS Ambulance Service
958	Forrest General Neonatal Transport
042	Hernando Fire EMS SB
043	Horn Lake Fire and EMS
044	Hospital Wing
048	King's Daughters Medical Center
498	Le Bonheur Patient Transportation
458	Life Flight 2- Mobile
893	Lifeguard Ambulance Service, LLC.
051	Magnolia EMS
852	Med Center Air Service
858	Med Trans Corp d/b/a AirMed Regional (Harris TX)
775	Medic One Medical Response
792	MedStat EMS
898	Med-Trans Corp dba FlightCare Ocean Springs
902	Med-Trans Corp dba Flightcare Rescue 5
875	Med-Trans Corp dba FlightCare Rescue 9
854	Med-Trans Corp. dba FlightCare Rescue 7
855	Med-Trans Corporation dba FlightCare -Ochsner
058	Metro Ambulance Service - Meridian
008	Metro Ambulance Service Rural - AMR
118	Miss-Lou Ambulance Service - Metro Ambulance
006	Mobile Medic Ambulance Service - American Medical Response - Central
007	Mobile Medic Ambulance Service - AMR - South
063	Neonatal Transport
766	Neshoba Co. Ambulance Enterprise
276	North Mississippi Emergency Services, Inc CareFlight
101	North MS.Ground Ambulance, LLC dba North MS. Medical Center Ambulance Service
070	OCH Regional Medical Center
071	Olive Branch Fire Department Ambulance Service

Code	Name
1004	Pafford Air One Alpha
765	Pafford Air One Delta
298	Pafford EMS of Mississippi
853	Pafford EMS, Inc
072	Paratech EMS
075	Quitman County Ambulance Service
963	Reliant Medical Transportation, LLC
887	Rocky Mountain Holdings, dba Air One Bravo
891	Rocky Mountain Holdings, LLC dba NorthFlight
880	Rocky Mountian Holdings, LLC dba N. MS Med Center Careflight
744	Rural Rapid Response Inc
083	Sharkey-Issaquena Community Hospital
956	Shoals Ambulance dba Baptist Children's Hospital Ambulance
933	Shoals Ambulance Service dba Baptist
084	Southaven Fire Department Ambulance Service
638	Stone County Ambulance Service
088	Tippah County Hospital
804	UMMC Grenada Ambulance Service
247	University Medical Center- Aircare
091	Vicksburg Fire Department Ambulance Service
092	Wayne General Hospital

	Format	Validation
Medical Facility Agency	ref	If Transportation to Medical Facility is not = Not Transported or Unknown, you must select the Medical Facility Agency.
		EMS response agency must not be empty
		EMS response agency description must not be empty if required
		EMS response agency description must be within maximum length
		EMS response agency description must be null if not required

P24.3 Passenger EMS Response Run#

The tracking number assigned by EMS dispatcher.

	Format	Validation
EMS response run number		EMS response run number must not be empty if applicable

		EMS response run number must be within maximum length
		Ems response run number must be null if not applicable

P24.4 Passenger Facility Receiving Patient

The name of the medical facility that treated the person(s) from the crash scene.

Code	Name
970	Not applicable
980	Other
999	Unknown

Click here to view for list of medical facility [P24 Facility Receiving Patient](#)

P7 Passenger Seating Position

Click here to view [P7 Seating Position](#)

P4 Passenger Validations

Field Name	Format	Validation
Passenger Unborn Child		Unborn child parent index must be null if not unborn child
		Unborn child parent index must not be empty if unborn child
		Unborn child parent index must be valid if unborn child
Passenger First Name		First name should not be empty if applicable
		First name must be within maximum length
		First name must be null if unknown
		First name must be null if unborn child
Passenger Middle Name		Middle name must be within maximum length
		Middle name must be null if unknown
		Middle name must be null if unborn child
Passenger Last Name		Last name must not be empty if applicable
		Last name must be within maximum length
		Last name must be null if unknown
		Last name must be null if unborn child
Passenger Name		Name suffix must be null if unknown
		Name suffix must be within maximum length
		Name suffix must be null if unborn child
		Is name unknown must be false if unborn child
Passenger Address Street		Address street must not be empty if applicable

Field Name	Format	Validation
		Address street must be within maximum length
		Address street must be null if unknown
		Address street must match the parent of an unborn child
Passenger Address City		Address city must not be empty if applicable
		Address city must be within maximum length
		Address city must be null if unknown
		Address city must match the parent of an unborn child
Passenger Address State		Address state must not be empty if applicable
		Address state must be null if unknown
		Address state must match the parent of an unborn child
		Address state description must not be empty if required
		Address state description must be within maximum length
		Address state description must be null if unknown
		Address state description must be null if not required
		Address state description must match the parent of an unborn child
Passenger Address Postal Code		Address postal code must not be empty if applicable
		Address postal code must be within maximum length
		Address postal code must be null if unknown
		Address postal code must match the parent of an unborn child
Passenger Phone Number		Phone number must not be empty if applicable
		Phone number must be within maximum length
		Phone number must be null if unknown
		Phone number must match the parent of an unborn child
		Is phone number unknown must match the parent of an unborn child
Passenger Date of Birth		Date of birth must not be empty if applicable
		Date of birth must be null if unknown
		Date of birth must not be before 1800
		Date of birth must not be after the crash date
		Date of birth must be null if unborn child
Passenger Age		Age must not be empty if applicable
		Age must be null if unknown
		Age must be between 0 and 200
		Age must be null if unborn child
Passenger Sex		Sex must not be empty if applicable
		Sex must be null if unborn child
Passenger Race		Race must not be empty if applicable
		Race must be null if unborn child
		Race description must not be empty if required
		Race description must be within maximum length
		Race description must be null if not required
Passenger Ethnicity		Ethnicity must not be empty if applicable

Field Name	Format	Validation
		Ethnicity must be null if unborn child
Passenger Incident Responder		Incident responder must not be empty
		Incident responder must be no if unborn child
		Incident responder description must not be empty if required
		Incident responder description must be within maximum length
		Incident responder description must be null if not required
Passenger Injury Status		Injury status must not be empty
Passenger Medical Transportation Type		Medical transportation type must not be empty
		Medical transportation type must match the parent of an unborn child
		Medical transportation type description must not be empty if required
		Medical transportation type description must be within maximum length
		Medical transportation type description must be null if not required
		Medical transportation type description must match the parent of an unborn child
Passenger EMS Response Agency		Ems response agency must not be empty
		Ems response agency must match the parent of an unborn child
		Ems response agency description must not be empty if required
		Ems response agency description must be within maximum length
		Ems response agency description must be null if not required
		Ems response agency description must match the parent of an unborn child
Passenger EMS Response Run Number		Ems response run number must not be empty if applicable
		Ems response run number must be within maximum length
		Ems response run number must be null if not applicable
		Ems response run number must match the parent of an unborn child
		Is ems response run number unknown must match the parent of an unborn child
Passenger Medical Facility Receiving Patient		Medical facility receiving patient must not be empty
		Medical facility receiving patient must match the parent of an unborn child
		Medical facility receiving patient description must not be empty if required
		Medical facility receiving patient description must be within maximum length
		Medical facility receiving patient description must be null if not required
		Medical facility receiving patient description must match the parent of an unborn child
		Seating position must not be empty
		Seating position must match the parent of an unborn child
		Restraint system type must not be empty
		Restraint system type must match the parent of an unborn child

Field Name	Format	Validation
		Restraint system type description must not be empty if required
		Restraint system type description must be within maximum length
		Restraint system type description must be null if not required
		Restraint system type description must match the parent of an unborn child
		Restraint system use must not be empty
		Restraint system use must match the parent of an unborn child
		Ejection must not be empty
		Ejection must match the parent of an unborn child
		Extrication must not be empty
		Extrication must match the parent of an unborn child
		Air bag deployments must not be empty
		Air bag deployments must not violate mutual exclusion
		Air bag deployments must match the parent of an unborn child
		Air bag deployments description must not be empty if required
		Air bag deployments description must be within maximum length
		Air bag deployments description must be null if not required
		Air bag deployments description must match the parent of an unborn child

LV2-LV11 Trailers

A vehicle may have one or more (most state up to two) trailers. A trailer can be a boat, camper or lowboy.

Trailer VIN

A unique combination of alphanumeric characters assigned to each trailer by its manufacturer.

Field Name	Format	Validation
VIN	20 nvarchar	VIN must not be empty , You must enter the Trailer s VIN of Vehicle # or select Unknown.
		VIN must be within maximum length
		Make must be null if unknown

Trailer Make

The distinctive (coded) name applied to a group of trailers by a manufacturer

Field Name	Format	Validation
Make	50 nvarchar	Make must not be empty if applicable, You must enter the Trailer Make of Vehicle # or select Unknown.
		Make must be within maximum length

Trailer Model

The manufacturer-assigned code denoting a family of trailers within a make that have a degree of similarity in construction, such as body, chassis, etc.

Field Name	Format	Validation
Model	50 nvarchar	Model must not be empty if applicable; You must enter the Trailer Model of Vehicle # or select Unknown.
		Model must be within maximum length
		Model must be null if unknown

Trailer Model Year

The year assigned to a trailer by the manufacturer.

Field Name	Format	Validation
Model Year	50 nvarchar	Model year must not be empty if applicable; You must enter the Trailer Model Year of Vehicle # or select Unknown.
		Model must be within maximum length
		Model must be null if unknown
		Model year must not be empty if applicable
		Model year must be null if unknown

Trailer Number of Axles

The number of axles in use at the time of the crash on each unit of a large truck or combination-unit vehicle. "Lift" or "tag" axles that are down should be included in this total.

Field Name	Format	Validation
Number of axles	50 nvarchar	Number of axles must not be empty if applicable , You must enter the Number of Axles for Trailer # or select Unknown.
		Number of axles must be null if unknown

License Plate Number

Record the trailing unit plate number as it appears on the unit.

Field Name	Format	Element Usage	Validation
Plate Number	10 nvarchar		Tag number must not be empty; You must enter the license plate number for Trailer # of Vehicle #.
			Tag number must be within maximum length

License Plate State

Record the state that issued the trailing unit plate as it appears on the attached plate.

Field Name	Format	Validation
Plate State	50 nvarchar	Tag state must not be empty; You must enter the license plate State for Trailer # of Vehicle #.
		Tag state description must not be empty if required

		Tag state description must be within maximum length
		Tag state description must be null if not required

License Plate Completely Unknown

Select this field when there is no indication that there is a license plate.

Field Name	Format	Validation
License Plate Completely Unknown		If Trailer License Plate = License Plate Completely Unknown, then License Plate State and License Plate Number is set to null.

Had No License Plate

Select this field when the trailing unit does not have a plate.

Field Name	Format	Validation
Trailer License Plate		If Trailer License Plate = Had No License Plate, then License Plate State and License Plate Number is set to null.

Trailer Damaged

Indicate if the trailer was damaged because of the crash.

Code	Name	Description
000	No	No damage occurred to the trailer because of the crash.
100	Yes	Damage occurred to the trailer because of the crash.
999	Unknown	Unknown

Field Name	Format	Validation
Trailer damaged		Damage status must not be empty.
		Damage status must be no when damage extent is none.

MV200 Vehicle Insurance

Vehicle insurance is a financial policy purchase by the vehicle s owner to insure their vehicle and/or any vehicle that they may cause damage to in an accident, loss or stolen. Note: Vehicle Insurance is not a MMUCC field.

Uninsured

Uninsured - Driver or vehicle not covered by insurance.

Insurance Company Name

Record the name of the insurance company that has insured the vehicle and driver.

Field Name	Format	Validation
Insurance Company Name	50 nvarchar	Liability insurance company must not be empty if applicable.
		You must enter the name of the company that insured Vehicle #, or select Unknown if the company is not known, or select Uninsured if it was not insured.
		Liability insurance company must be within maximum length
		Liability insurance company must be null if not applicable

NAIC # - National Association of Insurance Commissioner Number - NAIC#

Record the NAIC # as it appears on the driver s insurance card. The NAIC # is a number assigned by the NAIC to authorized insurance companies.

Field Name	Format	Element Usage	Validation
NAIC	5 nvarchar		You must enter the NAIC number of the company that insured Vehicle #, select Unknown if the number is not known, or select Uninsured if it was not insured.
			Liability insurance NAIC number must not be empty if applicable
			Liability insuranceNAICnumber must be within maximum length

			Liability insurance NAIC number must be null if not applicable
--	--	--	--

Policy

Record the policy as it appears on the driver s insurance card.

Field Name	Format	Validation
Insurance Policy #	20 nvarchar	Liability insurance policy number must not be empty if applicable. You must enter the policy number to Vehicle #, select Unknown if the number is not known, or select Uninsured if the driver was not insured.
		Liability insurance policy number must be within maximum length
		Liability insurance policy number must be null if not applicable

V19 Vehicle Damage

Damage Extent

Indicate the level of damage to the vehicle because of the crash. Also, provide a monetary estimation of the total damage to the vehicle resulting from the crash.

Code	Name	Description
000	None	No damage occurred because of the crash.
100	Minor damage	Damage which does not affect the operation of or disable the motor vehicle in transport.
101	Functional damage	<p>Damage that is not disabling, but affects the operation of the motor vehicle or its parts.</p> <ul style="list-style-type: none"> •Doors, windows, hood, and trunk lids which will not operate properly •Broken glass which obscures vision •Any damage which would prevent the motor vehicle from passing an official motor vehicle inspection •Tire damage even though the tire may be changed at the scene <p>Bumpers which are loose</p>
102	Disabling damage	Damage that precludes departure of the motor vehicle from the scene of the crash in its usual daylight-operating manner after simple repairs. As a result, the motor vehicle was towed or carried from the crash scene, or assisted by an emergency motor vehicle.
990	Vehicle not at scene	

Field Name	Format	Validation
Damage		Damage extent must not be empty. You must indicate the extent of the

extent		damage to Vehicle #.
Damage Extent + Tow Status		If Disabling Damage, then Tow Status - Vehicle # must be towed due to disabling damage if the damage extent is disabling.
		Vehicle damage fields must be vehicle not at scene if damage extent is vehicle not at scene

Power Unit Damaged

Indicate if the power unit of the vehicle was damaged because of the crash.

Code	Name	Description
000	No	No damage occurred to the power unit because of the crash.
100	Yes	Damage occurred to the power unit of the vehicle (car, truck, tractor, etc) because of the crash.
999	Unknown	Unknown

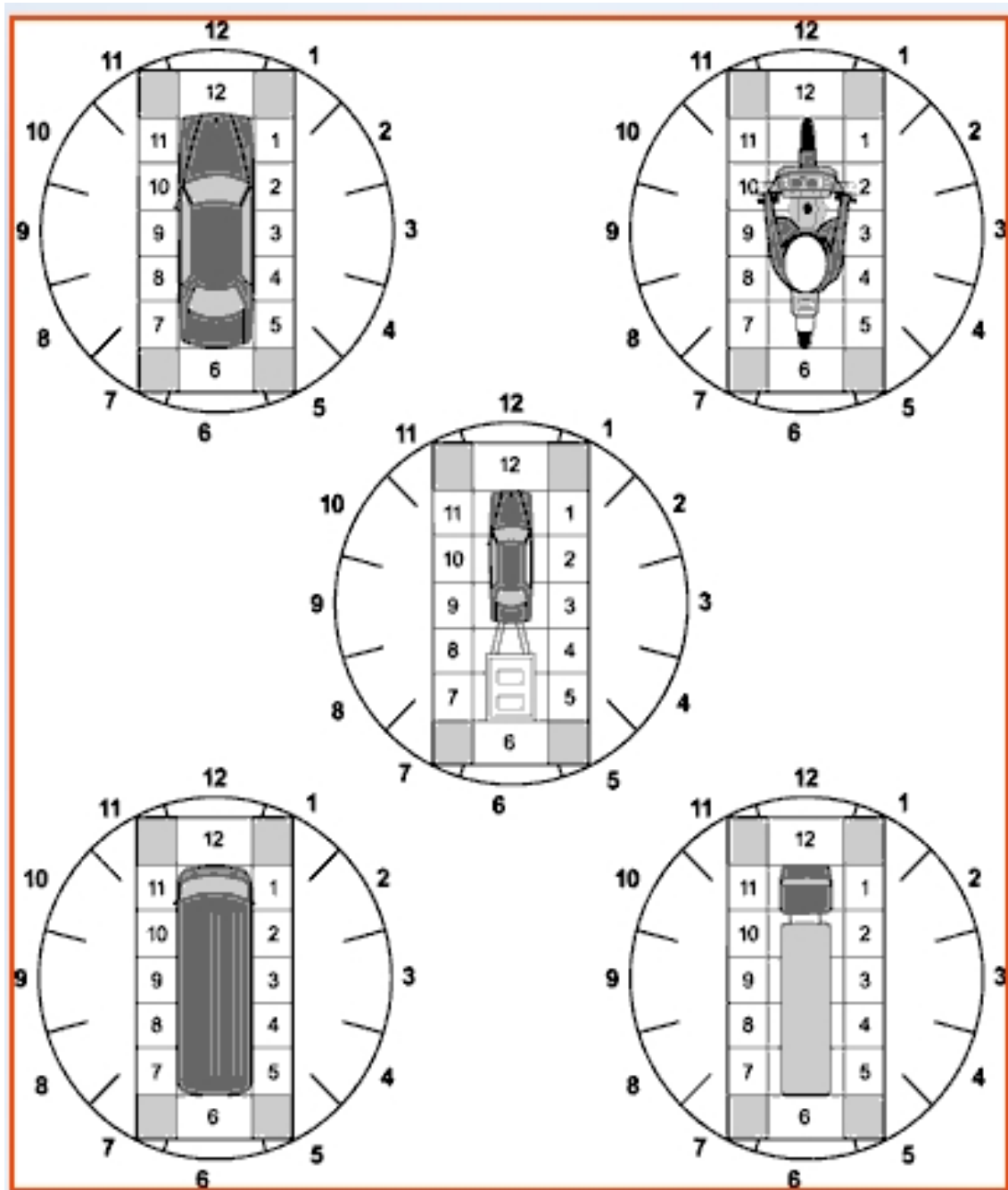
Field	Format	Validation
Power unit damaged		Power unit damage status must not be empty.
		Power unit damage status must be no when damage extent is none.

V19 Initial Point of Contact/ Damage area

The area of the motor vehicle that received the initial impact and the area that was most damaged in a crash.

Non-Collision - Any motor vehicle crash not involving a collision. Includes overturn/rollover, fire/explosion, immersion, jackknife, cargo/equipment loss or shift, equipment failure, separation of units, ran off road right or left, cross median/centerline, downhill runaway, fell/jumped from motor vehicle, thrown or falling object.

- Top or Roof of the Vehicle
- Body of the Vehicle
- Undercarriage of the Vehicle



Code	Name	Description
000	Non-collision	Used by Initial POC
001	Vehicle not at scene	
002	No damage	Used by Initial POC
100	Top	Used by Initial POC and Damaged Area
101	1 o'clock	Used by Initial POC and Damaged Area
102	2 o'clock	Used by Initial POC and Damaged Area
103	3 o'clock	Used by Initial POC and Damaged Area
104	4 o'clock	Used by Initial POC and Damaged Area

Code	Name	Description
105	5 o'clock	Used by Initial POC and Damaged Area
106	6 o'clock	Used by Initial POC and Damaged Area
107	7 o'clock	Used by Initial POC and Damaged Area
108	8 o'clock	Used by Initial POC and Damaged Area
109	9 o'clock	Used by Initial POC and Damaged Area
110	10 o'clock	Used by Initial POC and Damaged Area
111	11 o'clock	Used by Initial POC and Damaged Area
112	12 o'clock	Used by Initial POC and Damaged Area
113	Undercarriage	Used by Initial POC and Damaged Area
114	Cargo loss	Used by Initial POC
999	Unknown	Used by Initial POC

Field Name	Format	Validation
Initial point of contact		Initial point of contact must not be empty. You must select the initial point of contact for Vehicle #.
Damaged areas		Damaged areas must not be empty.
		Damaged areas must not violate mutual exclusion
		Damaged areas must have no damage if damage extent is no damage

State Property

Describes any state property that was damaged by vehicle involved in the crash.

Code	Name	Fields
000	None	
100	Bridge overhead structure	VehicleEventCode 300
101	Bridge pier or support	VehicleEventCode 301
102	Bridge rail	VehicleEventCode 302
200	Cable barrier	VehicleEventCode 303
201	Concrete traffic barrier	VehicleEventCode 304
202	Guardrail end terminal	VehicleEventCode 310
203	Guardrail face	VehicleEventCode 311
204	Impact attenuator/crash cushion	VehicleEventCode 312
298	Other traffic barrier	VehicleEventCode 397
300	Traffic sign support	VehicleEventCode 314
301	Traffic signal support	VehicleEventCode 315

Code	Name	Fields
302	Utility pole/light support	VehicleEventCode 317
980	Other	VehicleEventCode 398

Field Name	Format	Validation
State property damaged		State property damaged must not be empty. You must indicate what types of state property were damaged by Vehicle #, if any.
		State property damaged must not violate mutual exclusion
		State property damaged description must not be empty if required
		State property damaged description must be within maximum length
		State property damaged description must be null if not required

V24 Vehicle Circumstances

V10 Vehicle Usage

Vehicle usage is the type of special services rendered by this vehicle regardless of whether the function is marked on the vehicle. You must provide the vehicle usage.

Code	Name
000	No special function
100	Bus - school (public or private)
101	Bus - childcare / daycare
102	Bus - transit / commuter
103	Bus - charter / tour
104	Bus - intercity
105	Bus - shuttle
198	Bus - other
200	Farm vehicle
201	Fire truck
202	Highway / maintenance
203	Mail carrier
204	Military
205	Ambulance
206	Police
207	Public utility
208	Non-transport emergency services vehicle
209	Safety service patrols - incident response
210	Other incident response
211	Rental truck (over 10,000 lbs)

Code	Name
212	Towing - incident response
213	Truck acting as crash attenuator
214	Taxi
215	Vehicle used for electronic ride-hailing (transportation network company)
980	Other
999	Unknown

Field Name	Format	Validation
Vehicle usage		Vehicle usage must not be empty
		Vehicle usage description must not be empty if required
		Vehicle usage description must be within maximum length
		Vehicle usage description must be null if not required

V11 Emergency Vehicle Usage

You must indicate whether the motor vehicle is authorized by a government authority to respond to emergencies with or without the use of emergency warning equipment, such as a police vehicle, fire truck, or ambulance while actually engaged in such response.

Code	Name
000	Non-emergency, non-transport
100	Non-emergency transport
200	Emergency operation, emergency warning equipment not in use
201	Emergency operation, emergency warning equipment in use
970	Not applicable
999	Unknown

Field Name	Format	Validation
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Emergency vehicle usage	Emergency vehicle usage must not be empty
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V18 Vehicle Maneuver

Describes the vehicle maneuver that contributed to or prior to the crash.

Code	Name
100	Backing
101	Changing lanes
102	Entering traffic lane
103	Leaving traffic lane
104	Making U-turn
105	Movements essentially straight ahead
106	Negotiating a curve
107	Overtaking / passing
108	Parked
109	Slowing
110	Stopped in traffic
111	Turning left
112	Turning right
980	Other
999	Unknown

Field Name	Format	Validation
Maneuver		Maneuver must not be empty. You must select the maneuver performed by Vehicle # prior to the crash.
		Maneuver must not be empty. You must select the direction of travel of Vehicle #.

	Maneuver must be parked if vehicle type is parked
	Maneuver must not be parked if vehicle type is in transport
	Maneuver description must not be empty if required
	Maneuver description must be within maximum length
	Maneuver description must be null if not required

V13 Travel Direction

You must indicate the direction the vehicle was traveling before the crash occurred

Code	Name
000	Not on roadway
100	North
200	Northeast
300	East
400	Southeast
500	South
600	Southwest
700	West
800	Northwest
999	Unknown

Field Name	Format	Validation
		Travel direction must not be empty. You must select the direction of travel of Vehicle #.

V24 Contributing Defects

Describes vehicle malfunctions that may have contributed to the crash.

Code	Name
000	None

Code	Name
100	Brakes
101	Exhaust system
102	Body, doors
103	Steering
104	Power train
105	Suspension
106	Tires
107	Wheels
108	Lights (head, signal, tail)
109	Window / windshield
110	Mirrors
111	Wipers
112	Truck coupling / trailer hitch / safety chains
980	Other
999	Unknown

Field Name	Format	Validation
		Contributing circumstance must not be empty. You must provide a contributing defect or select none.
		Contributing circumstance description must not be empty if required
		Contributing circumstance description must be within maximum length
		Contributing circumstance description must be null if not required

V23 Tow Status

You must indicate for each vehicle whether the vehicle was towed from the scene of the accident.

Code	Name	Description
000	Not towed	
100	Towed, but not due to disabling damage	
101	Towed due to disabling damage	

If a code 100 -101 is selected, you must provide the following information:

- Towed By
- Towed To (Name, Address)

The eCrash system will flag crash report as a Truck and Bus Supplemental Report if the following criteria are true:

- Motor Vehicle Gross Vehicle Weight Rating is more than 10,000 pounds OR
- Motor Vehicle seats 9 or more people (including the driver's seat), OR
- Motor Vehicle displays hazardous material placard regardless of weight.

AND

- Any motor vehicle (truck, or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

Field Name	Format	Validation
Tow status		Tow status must not be empty
		You must indicate whether Vehicle # was towed, and if so, the reason for which it was towed.
		Tow status must be consistent with damage extent for disabling damage

MV23 Tow Authority

Describes who provided permission to tow the vehicle from crash scene.

Code	Name
------	------

100	Owner
101	Law enforcement
970	Not applicable
980	Other

Field Name	Format	Validation
Tow authority		Tow authority must not be empty
		If Tow Status = Towed, but not due to disabling damage or towed due to disabling damage, you must provide Tow Authority.
		Tow authority must be not applicable if not towed
		Tow authority must not be not applicable if towed
		Tow authority description must not be empty if required
		Tow authority description must be within maximum length
		Tow authority description must be null if not required

MV23 Towed By

Organization who towed the vehicle from the crash scene.

Field Name	Format	Validation
Towed By		Tow service must not be empty if applicable
		If Tow Status = Towed, but not due to disabling damage or towed due to disabling damage, you must provide Towed By.
		Tow service must be within maximum length
		Tow service must be null if not applicable
		Is tow service unknown must be false if not applicable

V14 Trafficway

Describes the trafficway for each vehicle involved in the crash. Indicate whether the trafficway divides into two or more lanes or whether it serves one-way or two-way traffic. A divided trafficway is a roadway with two more lanes that has a physically median that separates the lanes and allows traffic to travel in opposite directions. You must provide the trafficway description.

Permitted Travel

Describes the flow of traffic.

Code	Name	Description
100	One-way	A highway on which vehicles travel only in one direction.
200	Two-way	This is used whenever there is no median. Generally, medians are not designed to legally carry traffic. NOTE: Although gores separate roadways, and traffic islands (associated with channels) separate travel lanes, neither is involved in the determination of trafficway division. https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812216

Field Name	Format	Validation
Trafficway travel direction		Trafficway travel direction must not be empty
		Trafficway travel direction should be two way if sequence of events involves cross median
		Trafficway travel direction should be two way if sequence of events involves cross centerline

Trafficway Division

Describes if and how the road was divided.

Code	Name
000	Not divided
001	Not divided, with a continuous left-turn lane
100	Divided, flush median (greater than 4 ft wide)

101	Divided, raised median (curbed)
102	Divided, depressed median
999	Unknown

Field Name	Format	Validation
Trafficway division		Trafficway division must not be empty. You must indicate how the road on which Vehicle # was traveling was divided.
		Trafficway division must be not divided if trafficway travel direction is one way
		Trafficway division should be divided if sequence of events involves cross median

Barrier Type

Describes the type of barrier on the road at the time of the crash.

Code	Name
000	None
100	Cable barrier
101	Concrete barrier (e.g. Jersey barrier)
102	Earth embankment
104	Guardrail
980	Other

Field Name	Format	Validation
Trafficway barrier type		Trafficway barrier type must not be empty
		You must indicate what type of barriers were present on the road on which Vehicle # was traveling.
		Trafficway barrier type must be no barrier if trafficway division is not

		divided
		Trafficway barrier type description must not be empty if required
		Trafficway barrier type description must be within maximum length
		Trafficway barrier type description must be null if not required

Total Lanes in Roadway

Total number of lanes in the roadway on which this MV was traveling. Through lanes also includes shared through/turn lanes but excludes turn-only lanes auxiliary lanes, such as collector-distributor lanes, weaving lanes, frontage road lanes, parking lanes, acceleration/deceleration lanes, toll collection lanes, and truck climbing lanes. The system collects Total Lanes in two parts as total through lanes and total auxiliary lanes.

V15 # of Through Lanes

This entry field describes the number of through lanes on the mainline approaches of an intersection, including all lanes with through movement (through and left-turn, or through and right-turn), but not exclusive turn lanes.

Field Name	Format	Validation
Total through lanes		Total through lanes must not be empty if required. You must indicate the # of Through Lanes, If not a Through Lane enter 0.

V15 # of Auxiliary Lanes

This entry field describes the number of

Field Name	Format	Validation
Total auxiliary lanes		Total auxiliary lanes must not be empty if required. You must indicate the # of Auxiliary Lanes, if not a Auxiliary Lane enter 0.

HOV Lane Presence

Indicate if crash occurred on a high occupancy lane.

Code	Name
000	None present

100	Separated barrier, flush (greater than 4 ft wide), raised or depressed median
101	Not separated, painted pavement markings, post-mounted delineators

Field Name	Format	Validation
Trafficway hov lane presence		Trafficway hov lane presence must not be empty. You must indicate whether HOV lanes were present on the road on which Vehicle # was traveling.

HOV Lane Relation

Indicate if the crash was associated with HOV lane.

Code	Name
000	No
100	Yes

Field Name	Format	Validation
Trafficway HOV lane relation		Trafficway hov lane relation must not be empty You must indicate whether or not the crash was related to an HOV lane on the road on which Vehicle # was traveling. Trafficway hov lane relation must not be yes if trafficway hov lane presence is no

V16 Roadway Alignment

The geometric or layout and inclination characteristics of the roadway in the direction of travel for this vehicle. You must describe the roadway alignment that each vehicle travel on at the time of the crash.

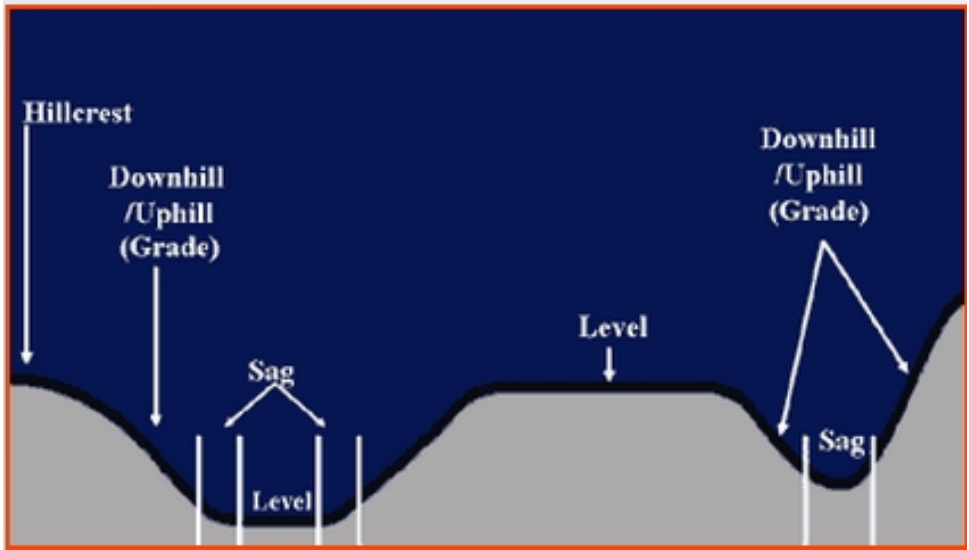
Code	Name
100	Straight
101	Curve Left

102	Curve Right
-----	-------------

Field Name	Format	Validation
Roadway alignment		Roadway alignment must not be empty. You must select the roadway alignment on which Vehicle # was traveling.

V16 Roadway Grade

Roadway grade refers to the inclination of a roadway, expressed in the rate of rise or fall in feet (meters) per 100 feet (meters) of horizontal distance. Includes level, hillcrest, uphill, downhill, sag (bottom). You must provide the roadway grade that each vehicle travel on at the time of the crash.



Code	Name	Description
100	Level	Roadway does not exhibit a change in its inclination
101	Uphill	Top of a hill. This is the top section of a hill or bridge when the grade transitions from an upgrade to a downgrade. It may be a flat section of roadway on top of a hill or bridge.
102	Hillcrest	Roadway exhibits an inclination going up in elevation.
103	Downhill	Roadway exhibits an inclination going down in elevation.

104	Sag (bottom)	The bottom of a hill. A sag is a designed transition feature between grade changes at the bottom of a hill. It is not a dip. A dip is a flaw in the roadway.
-----	-----------------	--

Field Name	Format	Validation
Roadway grade		Roadway grade must not be empty. You must select the grade of the roadway on which Vehicle # was traveling.

Speed Limit

Record the posted speed limit at the location of the crash.

Field Name	Format	Validation
Speed limit		Speed limit must not be empty if applicable. You must enter the speed limit for the road, which Vehicle # was traveling, select Unknown if the speed limit was not known, or select Not Applicable if there was no posted speed limit.
		Speed limit must be greater than zero
		Speed limit should be a multiple of five
		Speed limit must be null when not applicable
		Speed limit must be null when unknown

Traffic Control Device Type

A traffic control device is a sign, signal, marking or other device placed on or adjacent to a street or highway by an authorized official to regulate, warn or guide traffic. (Manual on Uniform Traffic Control Devices – MUTCD)

None

000	None
-----	------

Person

100	Person (including flagger, law enforcement, crossing guard, etc)
-----	--

Sign

200	Bicycle crossing sign
201	"Curve Ahead" warning sign
202	"Intersection Ahead" warning sign
203	Pedestrian crossing sign
204	Railroad crossing sign

205	"Reduce Speed Ahead" warning sign
206	School zone sign
207	Stop sign
208	Yield sign
298	Other warning sign

Signal

300	Flashing railroad crossing signal (may include gates)
301	Flashing school zone signal
302	Flashing traffic control signal
303	Lane use control signal
304	Ramp meter signal
305	Traffic control signal
398	Other signal

Pavement Marking

400	Bicycle crossing
401	Pedestrian crossing
402	Railroad crossing
403	School zone
498	Other pavement marking (excluding edgelines, centerlines, or lane lines)

Other

980	Other
-----	-------

Unknown

999	Unknown
-----	---------

Traffic Control Devices Validation

Field Name	Format	Validation
Traffic control devices		Traffic control devices present must not be empty. You must indicate if traffic control devices were present at the crash location and indicate if the device was present, and/or inoperative or missing.
		Traffic control devices present must not violate mutual exclusion
		Traffic control devices present must not be no if sequence of events involves traffic control support
		Traffic control devices inoperative or missing must not be empty
		Traffic control devices inoperative or missing must not violate mutual exclusion
		Traffic control devices present description must not be empty if required
		Traffic control devices present description must be within maximum length
		Traffic control devices present description must be null if not required
		Traffic control devices inoperative or missing description must not be

Field Name	Format	Validation
		empty if required
		Traffic control devices inoperative or missing description must be within maximum length
		Traffic control devices inoperative or missing description must be null if not required

DV1 Automation

“The hardware and software that are collectively capable of performing part or all of the dynamic driving task on a sustained basis; this term is used generically to describe any system capable of level 1-5 driving automation”. (SAE2016)

Automation System Level Present

Describes the type of automation system

Code	Name	Fields
000	No automation	CanBeEngagedIfPresent •000 •100 •101 •102 •103 •104 •199
100	Driver assistance	CanBeEngagedIfPresent •100 •101 •102 •103 •104
101	Partial automation	CanBeEngagedIfPresent •101 •102 •103 •104
102	Conditional automation	CanBeEngagedIfPresent •102 •103 •104
103	High automation	CanBeEngagedIfPresent •103 •104
104	Full automation	CanBeEngagedIfPresent •104
199	Automation level unknown	CanBeEngagedIfPresent •100 •101

Code	Name	Fields
		<ul style="list-style-type: none"> •102 •103 •104 •199
999	Unknown	CanBeEngagedIfPresent <ul style="list-style-type: none"> •999

Field Name	Format	Validation
Automation System Level Present		Automation system level present must not be empty. You must select the level of automation system present at the time of the crash for Vehicle #.

Automation System Level Engaged

Describes the usage of the automation system.

Field Name	Format	Validation
Automation System Level Engaged		Automation system level engaged must not be empty. You must select the level of automation system engaged at the time of the crash for Vehicle #.
		Automation system level engaged must not be higher than automation system level present.

V20 Vehicle Event

You must indicate the events in sequence related to this motor vehicle, including both non-collision as well as collision events that contributed to the crash.

	Validation
Sequence Event	Event must not be empty. You must enter at least one event in the sequence of events for Vehicle #.
Most Harmful Event	You must mark one of the events in the sequence events for Vehicle # as the most harmful event.
Event	Event description must not be empty if required.
Sequence Event	Sequence of events item: Event description must be null if not required.
	Sequence of events must not be empty.
	Sequence of events must contain at least one harmful event.
	Sequence of events must contain one most harmful event.
	Sequence of events must not contain more than one most harmful event.

Non-Collision Harmful Events

100	Cargo/equipment loss or shift
101	Fell/jumped from motor vehicle
102	Fire/explosion
103	Immersion, full or partial
104	Jackknife
105	Overturn/rollover
106	Thrown or falling object
198	Other non-collision harmful event

Collision With Person, Motor Vehicle, or Non-Fixed Object

200	Collision with animal (live)
201	Collision with motor vehicle in transport

202	Collision with parked motor vehicle
203	Collision with pedalcycle
204	Collision with pedestrian
205	Collision with railway vehicle (train, engine)
206	Collision with object at rest from MV in transport
207	Collision with falling, shifting cargo, or anything set in motion by MV
208	Collision with work zone/maintenance equipment
209	Collision with farm equipment (tractor, combine harvester, etc.)
297	Collision with other non-motorist
298	Collision with other non-fixed object

Collision With Fixed Object

300	Collision with bridge overhead structure
301	Collision with bridge pier or support
302	Collision with bridge rail
303	Collision with cable barrier
304	Collision with concrete traffic barrier
305	Collision with culvert
306	Collision with curb
307	Collision with ditch
308	Collision with embankment
309	Collision with fence
310	Collision with guardrail end terminal
311	Collision with guardrail face
312	Collision with impact attenuator/crash cushion
313	Collision with mailbox

314	Collision with traffic sign support
315	Collision with traffic signal support
316	Collision with tree (standing)
317	Collision with utility pole/light support
396	Collision with other post, pole, or support
397	Collision with other traffic barrier
398	Collision with other fixed object (wall, building, tunnel, etc.)
399	Collision with unknown fixed object

Field Name	Format	Validation
		Event must not be empty. You must enter at least one event in the sequence of events for Vehicle #.
		You must mark one of the events in the sequence events for Vehicle # as the most harmful event.
		Event description must not be empty if required
		Event description must be within maximum length
		Sequence of events item: Event description must be null if not required
		Sequence of events must not be empty
		Sequence of events must contain at least one harmful event
		Sequence of events must contain one most harmful event
		Sequence of events must not contain more than one most harmful event

Non-Harmful Events

000	Cross centerline
001	Cross median
002	End departure (T-intersection, dead-end, etc.)

003	Downhill runaway
004	Equipment failure (blown tire, brake failure, etc.)
005	Ran off roadway left
006	Ran off roadway right
007	Reentering roadway
008	Separation of units
098	Other non-harmful event

LV10 Hazardous Materials

FMCSA requires notification of released hazardous material within 90 days. Indicate if the vehicle transports hazardous material as cargo, if vehicle has federal or state authorization to transport such material and if the material was released at the time of the crash. The fuel or oil carried by the vehicle for its own use it is NOT considered cargo and should not be reported in this section.

Display of Hazardous Material Placard

The Federal Motor Carrier Safety Regulations required the display of hazardous identification card when transporting hazardous material. The vehicle should have placards displayed on all four sides of the vehicle. For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and each end.



1) 4-digit Hazardous Materials ID number or name taken from the middle of the diamond or from the rectangular box; and

The four-digit number may be on an orange panel or a white "square-on-point" panel. If no four-digit number appears on the placard, enter the Placard Name. Note, the ID Number is required to be on the shipping papers. This number identifies the specific material being transported.

Code	Name
000	Did not carry hazardous materials
100	Carried hazardous materials with placard
200	Carried hazardous materials without placard
999	Unknown

Field Name	Format	Validation
------------	--------	------------

Hazardous Materials Placard Status	ref	Hazardous materials placard status must not be empty
		Hazardous materials placard status must be consistent with vehicle configuration
		Hazardous materials placard status must not be unknown if vehicle did not leave scene

Vehicle Placard 4-Digit Material ID # or Name

The hazardous material classification code found on the placard identifies the hazardous material that authorized the motor carrier to transport. You must provide this code if you have indicated that a placard is visible.



Field Name	Format	Validation
Hazardous materials id		Hazardous materials id must not be empty
		Hazardous materials id must be within maximum length

Placard Class Number

The class number is the 1-digit number at the bottom of the diamond. It represents the type of material the driver is permitted to haul.

Code	Name
1	Explosives
2	Gas
3	Flammable liquids
4	Other flammable substances
5	Oxidizing substances and organic peroxides
6	Toxic (poisonous) and infectious substances
7	Radioactive material
8	Corrosives
9	Miscellaneous dangerous goods
999	Unknown

Field Name	Format	Validation
Hazardous material class		Hazardous material class must not be empty

Hazardous Materials Released from Vehicle Cargo

You must indicate whether the vehicle released hazardous materials at the time of the crash if a placard was displayed or placard was required but not displayed.

Code	Name	Description
000	No, hazardous materials not released	
100	Yes, hazardous materials released	

Field Name	Format	Validation
Hazardous material release		Hazardous material release must not be empty. You must indicate whether Vehicle # displayed a hazardous materials placard.

LV Commercial

The Federal Motor Carrier Safety Administration (FMCSA) analyzes crashes involving large vehicles, including trucks with a gross vehicle weight rating greater than 10,000 pounds and any motor vehicle designed primarily to transport nine (9) or more persons, as well as vehicles carrying hazardous materials, in order to identify safety risks and develop and evaluate safety countermeasures.

FMCSA Reporting Requirements:

The eCrash system will flag crash report as a Truck and Bus Supplemental Report if the following criteria are true:

- Motor Vehicle Gross Vehicle Weight Rating is more than 10,000 pounds **OR**
- Motor Vehicle seats 9 or more people (including the driver's seat), **OR**
- Motor Vehicle displays hazardous material placard regardless of weight,

AND

- Crash resulted in a fatality, **OR**
- Crash resulted in an injury and person(s) received medical treatment away from the crash scene, **OR**
- Any motor vehicle (truck, or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

Figure 12: FMCSA Reportable Crashes, Visor Card (Front)


Truck and Bus Crashes Reportable to FMCSA		
REPORT A TRAFFIC CRASH IF IT INVOLVES...		
<p>Any truck that has a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of more than 10,000 pounds used on public highways</p>	OR	<p>Any motor vehicle with seating to transport nine (9) or more people, including the driver's seat</p>
	OR	<p>Any motor vehicle displaying a hazardous materials placard (regardless of weight)</p>
...AND RESULTS IN		
<p>A fatality: <u>any</u> person(s) killed in or outside of <u>any</u> vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash</p>	OR	<p>An injury: <u>any</u> person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene</p>
	OR	<p>A tow-away: <u>any</u> motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle</p>
<small>Revised 06/05</small>		
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Figure 13: FMCSA Reportable Crashes, Visor Card (Back)

Crashes involving commercial motor vehicles and some non-commercial motor vehicles must be reported on a State's crash report and to the FMCSA. A commercial motor vehicle is any motor vehicle that is used on a trafficway for the transportation of goods, property, or people in interstate or intrastate commerce.	
INCLUDED:	EXCLUDED:
<p>Here are some examples of commercial and non-commercial operations that, when involved in a crash, should be included if they meet the criteria on the front of this card.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. A trucking company or individual owner/operator hauling the goods of a business for a fee. 2. A manufacturing company hauling its own products to retail stores, or a retail store delivering products to its buyers. 3. A farm hauling its produce to market. 4. A motorcoach, airport shuttle, or hotel-owned shuttle bus or limousine service transporting passengers. 5. A government-owned truck or bus. 6. A school bus transporting students to/from school or school-related activities. 7. A rented or leased truck used to transport either commercial or personal goods. 8. A truck or truck tractor owned and operated for commerce being used for a personal trip or to transport personal goods. 	<p>Here are some examples of non-commercial operations that, when involved in a crash, should <u>not</u> be included.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. A non-commercial horse owner transporting hay bales from his pasture on one side of the road to his stables on the other side of the road in a truck with a GVWR greater than 10,000 pounds. 2. A homeowner carrying recyclables to a drop-off point in a personally owned pickup truck with a GVWR greater than 10,000 pounds. 3. A family of 10 persons taking a trip in the family's 12-person van. 4. A personally owned pickup truck hauling a boat, horse or utility trailer with a GCWR greater than 10,000 pounds not operating in commerce or as part of a business. 5. A family operating a personally owned and registered recreational vehicle or motor home.

LV8 CMV Configuration

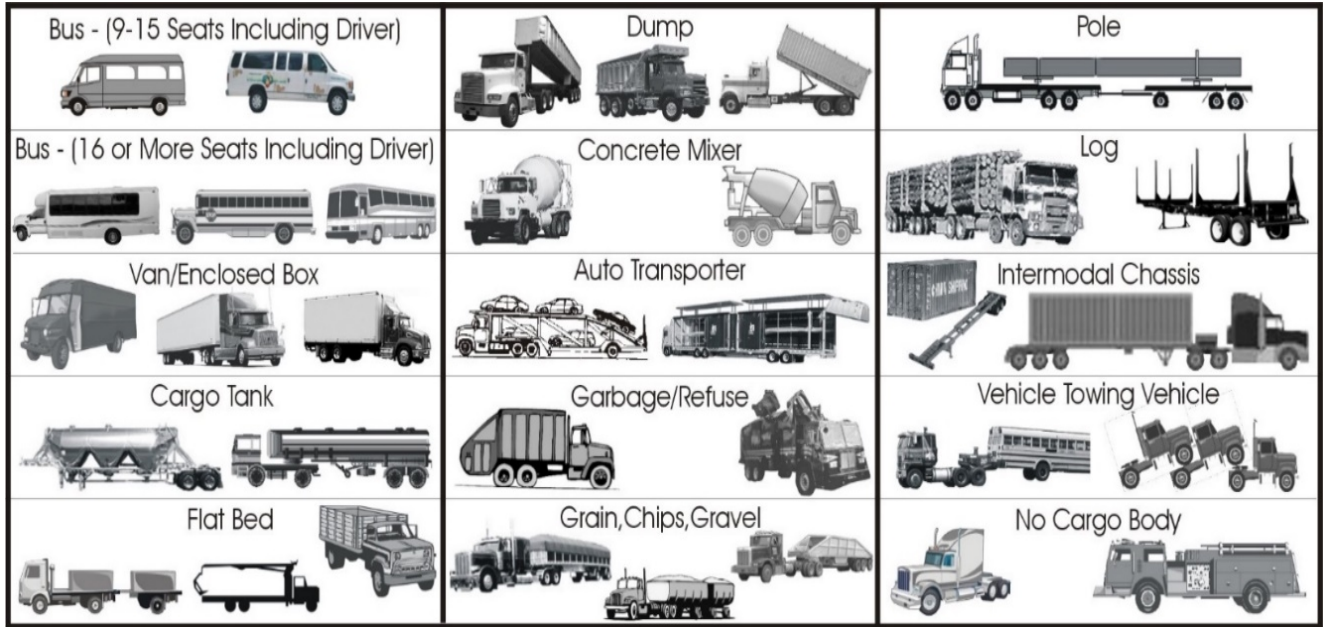
Describes the general configuration of the motor vehicle involved in the crash.

Cod e	Name
Hazardous Materials	
100	Vehicle 10,000 lbs. or less placarded for hazardous materials
Bus	
200	Bus/large van (seats for 9-15 occupants, including driver)
201	Bus (seats more than 15 occupants, including driver)
Truck	
300	Single-unit truck (2-axle and GVWR > 10,000 lbs.)
301	Single-unit truck (3 or more axles)
302	Truck pulling trailer(s)
303	Truck tractor (bobtail)
304	Truck tractor/semi-trailer
305	Truck tractor/double
306	Truck tractor/triple
307	Truck more than 10,000 lbs., cannot classify
Unknown	
999	Unknown
Non-Qualifying	
000	Not a qualifying vehicle

Field Name	Format	Validation
Vehicle configuration		Vehicle configuration must not be empty. You must select the configuration of Vehicle #.

LV9 Cargo Body Type

The cargo body type indicates the general configuration of body for buses and trucks whose gross combination weight rating (GCWR) is more than 10,000 lbs. You must provide the cargo body type. This data element is used to analyze whether a Truck and Bus Supplement is automatically generated.



Code	Name
000	No cargo body
100	Bus
101	Auto transporter
102	Cargo tank
103	Concrete mixer
104	Dump
105	Flatbed
106	Garbage / refuse
107	Grain / chips / gravel
108	Intermodal container chassis
109	Log
110	Pole trailer
111	Van / enclosed box
112	Vehicle towing another vehicle
970	Not applicable

980	Other
999	Unknown

Field Name	Format	Validation
Cargo body type		You must select the cargo body type for Vehicle #.
		Cargo body type must not be empty
		Cargo body type description must not be empty if required
		Cargo body type description must be within maximum length
		Cargo body type description must be null if not required

Commodity Hauled

Describe the materials carried by the vehicle at the time the crash.

Field Name	Format	Validation
Commodity Hauled	60 nvarchar	Commodity hauled must not be empty if applicable
		Commodity hauled must be null if not applicable
		Commodity hauled must be within maximum length

Weight Rating - GCWR/GVWR

Gross Combination Weight Rating (GCWR) – The value specified by the manufacturer(s) as the recommended maximum loaded weight of a combination (articulated) motor vehicle. This is for truck tractors and single-unit trucks pulling a trailer(s). GCWR is the sum of the gross vehicle weight ratings (GVWR) of all units, power unit and its trailer(s). Thus, for single-unit trucks there is no difference between the GVWR and the GCWR.

Gross Vehicle Weight Rating (GVWR) – The value specified by the manufacturer as the recommended maximum loaded weight of a single motor vehicle. This rating includes the maximum rated capacity of a vehicle, including the base vehicle, mounted equipment and any cargo and passengers. Most of the time, the GVWR is the sum of the maximum rated capacity of the axles of the vehicle.

Code	Name	Description
100	Light (less than 10,000 lbs. GVWR/GCWR)	
101	Medium (10,001 - 26,000 lbs. GVWR/GCWR)	

102	Heavy (greater than 26,000 lbs. GVWR/GCWR)	
970	Not applicable (not a qualifying vehicle)	
999	Unknown	

Field Name	Format	Validation
Weight rating		Weight rating must not be empty. You must select the weight rating of Vehicle #.

Special Sizings

Indicate if the commercial vehicle had authorization to carry materials over a specified dimension.

Code	Name	Description
000	No special sizing	
100	Over-height	
101	Over-length	
102	Over-weight	
103	Over-width	
999	Unknown	

Field Name	Format	Validation
Vehicle special sizings		Vehicle special sizings must not be empty. You must indicate if and how Vehicle # had special sizing.
		Vehicle special sizings must not violate mutual exclusion

Load Permitted

Indicate if the vehicle had or had not the authorization to carry materials.

Code	Name	Description
000	Non-permitted load	
100	Permitted load	
970	Not applicable (not a qualifying vehicle)	
999	Unknown	

Field Name	Format	Validation
Vehicle load permit	ref	Vehicle load permit must not be empty. You must indicate whether the load carried by Vehicle # was permitted

LV11 Number of Axles

The number of axles in use at the time of the crash on each unit of a large truck or combination-unit vehicle. "Lift" or "tag" axles that are down should be included in this total.

Field Name	Format	Validation
Number of Axles	60 nvarchar	Number of axles must not be empty if applicable. You must enter the Number of Axles.
		Number of axles must be null if not applicable.

LV7 Motor Carrier

Motor Carrier Type

A Motor Carrier is the legal business entity, individual, partnership, corporation, or organization that directs, controls, and is responsible for the transportation of goods, property or people. You must provide the type of motor carrier involved in the crash. If a motor carrier was not involved in crash, select (000) not a motor carrier.

Code	Name
100	Interstate carrier
101	Intrastate carrier
102	Not in commerce / government
980	Not in commerce / other truck or bus
970	Not applicable

If a motor carrier was involved in the crash, you must provide the following information:

- Motor Carrier Name
- Motor Carrier Address
- Motor Carrier Identification Numbers:
 - USDOT
 - MC/MX
 - State ID

Note: If any of this information is unknown, you will have the option to select unknown.

Code	Name
100	US DOT number
101	State number

Cod e	Name
970	Not applicable
999	Unknown / unable to determine

Field Name	Format	Validation
Motor carrier type		Motor carrier type must not be empty. You must select the type of motor carrier (if any) responsible for Vehicle #.
		Motor carrier type description must not be empty if required
		Motor carrier type description must be within maximum length
		Motor carrier type description must be null if not required

Motor Carrier Identification Type

Describe the type of motor carrier.

Figure 14: Determining Responsible Carrier, FMCSA Visor Card (Front)

How Do I Find This?

SIDE OF THE VEHICLE
In most cases, this is good for name and number. Look for a number preceded by the letters: USDOT.

DON'T STOP
...keep on looking...
The information on the side of the truck may not be the U.S. DOT number, name, or address of the responsible motor carrier.

DRIVER INTERVIEW
1. Is the vehicle leased or rented?
2. Who is the motor carrier responsible for this load?
3. Who is directing and controlling the movement of this vehicle?
4. Where is the motor carrier's principal place of business?

LEASE AGREEMENT
identifies the name of the lessee and their U.S. DOT number.

DRIVER'S LOG
contains the name of the motor carrier and the city and State for the carrier's principal place of business.

SHIPPING PAPERS
provide the name of the motor carrier responsible for the load, but not the carrier's U.S. DOT number.

NOTE: VEHICLE REGISTRATION
Generally good for identifying owner or registrant. **CAREFUL:** This may not be the responsible carrier!

FMCSA WEB SITE: <http://safer.fmcsa.dot.gov/CompanySnapshot.aspx> is an excellent source for verifying a motor carrier's U.S. DOT number, legal name, "doing business as" name, physical address, and phone number.

Revised 06/06

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Figure 15: Determining Responsible Carrier, FMCSA Visor Card (Back)

How Do I Find This?

EXAMPLE 1: John Smith owns his own truck tractor, operating under John Smith Trucking. He contracts with White Manufacturing to take one of its trailers loaded with its goods from New York to Los Angeles.
Who is the Motor Carrier:
A. John Smith?
B. White Manufacturing?
John Smith is the motor carrier, because he is the entity that has agreed to carry this particular load.

EXAMPLE 2: John Smith, driving his truck tractor, utilizes a cargo broker, K&S Trucking, to obtain goods from Intermodal Inc. shipping company for his return trip back to New York.
Who is the Motor Carrier:
A. John Smith?
B. K&S Trucking?
C. Intermodal Inc.?
John Smith is the motor carrier, because K&S transferred the responsibility of the load to John Smith.

EXAMPLE 3: John Smith, driving his truck tractor, leases his services to Polyester Chemical Company. Polyester directs Smith to deliver a semi-trailer from New York to St. Louis.
Who is the Motor Carrier:
A. John Smith?
B. Polyester?
The lease agreement between Polyester and Mr. Smith makes Polyester the motor carrier responsible for the load.

EXAMPLE 4: John Smith is driving a tractor/semi-trailer owned and operated by ABC Trucking.
Who is the Motor Carrier:
A. John Smith?
B. ABC Trucking?
ABC Trucking is the motor carrier. John Smith is just a driver for ABC Trucking.

EXAMPLE 5: John Smith is driving a tractor owned by ABC Trucking, which has been leased to XYZ Trucking. XYZ uses the tractor to pull XYZ trailers in its regular shipping service.
Who is the Motor Carrier:
A. John Smith?
B. ABC Trucking?
C. XYZ Trucking?
In this case XYZ is the motor carrier, because XYZ is directing the carrying of the load.

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Field Name	Format	Validation
Motor carrier identification type		Motor carrier identification type must not be empty

Motor Carrier Identification

The identification number, name and address of an individual, partnership or corporation responsible for the transportation of persons or property as indicated on the shipping manifest.

Field Name	Format	Validation
Motor Carrier Identification	25 nvarchar	Vehicle: Motor carrier identification number must not be empty if required
		You must select the type of motor carrier identification number assigned to Vehicle #.
		Motor carrier identification number must be within maximum length
		Motor carrier identification number must be null if not required

Motor Carrier Name and Address

The name and address of the legal business entity, individual, partnership, corporation, or organization that directs, controls, and is responsible for the transportation of goods, property or people.

Field Name	Format	Validation
Motor Carrier Name	100 nvarchar	Motor carrier name must not be empty if required
		Motor carrier name must be within maximum length
Motor Carrier Address Street	150 nvarchar	Motor carrier address street must not be empty if required
		Motor carrier address street must be within maximum length
Motor Carrier Address City	50 nvarchar	Motor carrier address city must not be empty if required
		Motor carrier address city must be within maximum length
Motor Carrier Address State	ref	Motor carrier identification state must not be empty if required
		Motor carrier identification state must be null if not required
		Motor carrier identification state description must not be empty if required
		Motor carrier address state description must not be empty if required
		Motor carrier address state description must be within maximum length
		Motor carrier address state description must be null if not required

Motor Carrier Address Postal Code	20 nvarchar	Motor carrier address postal code must not be empty if required
		Motor carrier address postal code must be within maximum length

NM1 Non-Motorist

A non-motorist is any person other than an occupant of a motor vehicle in transport that was involved in the crash. This includes pedestrians, bicyclists, other cyclists, occupants of other motor vehicles not in transport, and occupants of transport vehicles other than motor vehicles.

Non-Motorist Demographics

The demographics for the Non-Motorist is the same as the Driver. Follow the hyperlinks below to learn more about the data elements associated with the Non-Motorist.

Incident Responder > Incident Responder

Age on Date of Crash > [Age on Date of Crash](#)

Sex > [P3 Sex](#)

Race > [Race](#)

Ethnicity > [Ethnicity](#)

Incident Responder > [Incident Responder](#)

Incident Responder > Incident Responder

Sex > [P3 Sex](#)

Race > [Race](#)

Ethnicity > [Ethnicity](#)

Incident Responder > [Incident Responder](#)

Incident Responder > Incident Responder

Race > [Race](#)

Ethnicity > [Ethnicity](#)

Incident Responder > [Incident Responder](#)

Incident Responder > Incident Responder

Ethnicity > [Ethnicity](#)

Incident Responder > [Incident Responder](#)

Incident Responder > Incident Responder

Incident Responder > [Incident Responder](#)

Incident Responder > Incident Responder

Field Name	Format	Validation
Non-Motorist Unborn Child		Unborn child parent index must be null if not unborn child
		Unborn child parent index must not be empty if unborn child
		Unborn child parent index must be valid if unborn child
		Is name unknown must be false if unborn child
Non-Motorist First Name		First name should not be empty if applicable. You should enter the first name of Non-Motorist #.
		First name must be within maximum length
		First name must be null if unknown
		First name must be null if unborn child
Non-Motorist Middle Name		Middle name must be within maximum length
		Middle name must be null if unknown
		Middle name must be null if unborn child
Non-Motorist Last Name		Last name must not be empty if applicable. You must enter the last name of Non-Motorist # or select Unknown.
		Last name must be within maximum length
		Last name must be null if unknown
		Last name must be null if unborn child
Non-Motorist Suffix Name		Name suffix must be within maximum length
		Name suffix must be null if unknown
		Name suffix must be null if unborn child
Non-Motorist Sex		You must select the sex of Non-Motorist #.
Sequence Event Cyclist		Non motorists must include cyclist if sequence of events involves cyclist
Sequence Event Non-Motorist		Non motorists must include other non motorist if sequence of events involves other non motorist
Sequence Event Pedestrian		Non motorists must include pedestrian if sequence of events involves pedestrian
Non motorist: Address		Non motorist: Address street must not be empty if applicable
		Non motorist: Address street must be within maximum length
		Non motorist: Address street must be null if unknown
		Non motorist: Address street must match the parent of an unborn child
		Non motorist: Address city must not be empty if applicable
		Non motorist: Address city must be within maximum length
		Non motorist: Address city must be null if unknown
		Non motorist: Address city must match the parent of an unborn child
		Non motorist: Address state must not be empty if applicable
		Non motorist: Address state must be null if unknown
		Non motorist: Address state must match the parent of an unborn child
		Non motorist: Address state description must not be empty if required
Non motorist: Address state description must be within maximum		

		length
		Non motorist: Address state description must be null if unknown
		Non motorist: Address state description must be null if not required
		Non motorist: Address state description must match the parent of an unborn child
		Non motorist: Address postal code must not be empty if applicable
		Non motorist: Address postal code must be within maximum length
		Non motorist: Address postal code must be null if unknown
		Non motorist: Address postal code must match the parent of an unborn child
Non motorist: Phone Number		Non motorist: Phone number must not be empty if applicable
		Non motorist: Phone number must be within maximum length
		Non motorist: Phone number must be null if unknown
		Non motorist: Phone number must match the parent of an unborn child
		Non motorist: Is phone number unknown must match the parent of an unborn child
Non motorist: Date of Birth		Non motorist: Date of birth must not be empty if applicable
		Non motorist: Date of birth must be null if unknown
		Non motorist: Date of birth must not be before 1800
		Non motorist: Date of birth must not be after the crash date if applicable
		Non motorist: Date of birth must be null if unborn child
Non motorist: Age		Non motorist: Age must not be empty if applicable
		Non motorist: Age must be null if unknown
		Non motorist: Age must be between 0 and 200
		Non motorist: Age must be null if unborn child
Non motorist: Sex		Non motorist: Sex must not be empty if applicable
		Non motorist: Sex must be null if unborn child
Non motorist: Race		Non motorist: Race must not be empty if applicable
		Non motorist: Race must be null if unborn child
		Non motorist: Race description must not be empty if required
		Non motorist: Race description must be within maximum length
		Non motorist: Race description must be null if not required
Non motorist: Ethnicity		Non motorist: Ethnicity must not be empty if applicable
		Non motorist: Ethnicity must be null if unborn child

[Facility Receiving Patient > P24 Facility Receiving Patient](#)

Transportation Type > [P24.1 Medical transportation Type](#)
EMS Response Agency > [P24.2 EMS Response Agency](#)
EMS Response Run# > [P24.3 EMS Response Run #](#)
Facility Receiving Patient > [P24.4 Facility Receiving Patient](#)

Facility Receiving Patient > P24 Facility Receiving Patient

EMS Response Agency > [P24.2 EMS Response Agency](#)
EMS Response Run# > [P24.3 EMS Response Run #](#)
Facility Receiving Patient > [P24.4 Facility Receiving Patient](#)

Facility Receiving Patient > P24 Facility Receiving Patient

EMS Response Run# > [P24.3 EMS Response Run #](#)
Facility Receiving Patient > [P24.4 Facility Receiving Patient](#)

Facility Receiving Patient > P24 Facility Receiving Patient

Facility Receiving Patient > [P24.4 Facility Receiving Patient](#)

Facility Receiving Patient > P24 Facility Receiving Patient

Field Name	Format	Validation
Non-Motorist EMS Agency		Ems response agency must not be empty. You must select the EMS Agency that transported Non-Motorist #, if any.
		Non motorist: Ems response agency must match the parent of an unborn child
		Non motorist: Ems response agency description must not be empty if required
		Non motorist: Ems response agency description must be within maximum length
		Non motorist: Ems response agency description must be null if not required
		Non motorist: Ems response agency description must match the parent of an unborn child
		Non motorist: Ems response run number must not be empty if applicable
		Non motorist: Ems response run number must be within maximum length
		Non motorist: Ems response run number must be null if not applicable

Field Name	Format	Validation
		Non motorist: Ems response run number must match the parent of an unborn child
		Non motorist: Is ems response run number unknown must match the parent of an unborn child
Non-Motorist Incident Responder		Incident responder must not be empty. You must select what type of incident responder Non-Motorist # was, if any.
		Incident responder must be no if unborn child
		Incident responder description must not be empty if required
		Incident responder description must be within maximum length
		Incident responder description must be null if not required
Non-Motorist Injury		Injury status must not be empty. You must select the severity of the injury to Non-Motorist #, if any.
Non-Motorist Medical Facility		You must select the medical facility to which Non-Motorist # was transported, if any.
		Non motorist: Medical facility receiving patient must not be empty
		Non motorist: Medical facility receiving patient must match the parent of an unborn child
		Non motorist: Medical facility receiving patient description must not be empty if required
		Non motorist: Medical facility receiving patient description must be within maximum length
		Non motorist: Medical facility receiving patient description must be null if not required
		Non motorist: Medical facility receiving patient description must match the parent of an unborn child
Non-Motorist Transport		You must select the method by which Non-Motorist # was transported to a medical facility, if any.

P22 Non-MotoristType

Record the type of non-motorist(s) involved in the crash. If a non-motorist was involved in the crash, you must provide the same medical and person condition information collected for the driver and passenger.

Code	Name
100	Bicyclist
198	Other cyclist
200	Pedestrian

Cod e	Name
298	Other Pedestrian
300	Occupant of a non-motor vehicle transportation device
999	Unknown

P23 Action Prior to Crash

Describes the non-motorist action **prior to the crash** that may have contributed to the crash.

Cod e	Name
000	None
100	Adjacent to roadway (e.g., shoulder, median)
101	Crossing roadway
102	Waiting to cross roadway
103	Walking/cycling along roadway against traffic (in or adjacent to travel lane)
104	Walking/cycling along roadway with traffic (in or adjacent to travel lane)
105	Walking/cycling on sidewalk
106	Working in trafficway (incident response)
198	In roadway - other
980	Other
999	Unknown

P23 Actions

The non-motorist actions **at the time** of the crash.

Cod e	Name
000	None
100	Adjacent to roadway (e.g., shoulder, median)
101	Crossing roadway
102	Waiting to cross roadway
103	Walking/cycling along roadway against traffic (in or adjacent to travel lane)
104	Walking/cycling along roadway with traffic (in or adjacent to travel lane)
105	Walking/cycling on sidewalk
106	Working in trafficway (incident response)
198	In roadway - other
980	Other
999	Unknown

Origin/Destination

Code	Name
100	Going to or from school (K-12)
101	Going to or from transit
970	Not applicable
999	Unknown

P25 Location

The non-motorist location relative to the roadway at the time of the crash.

Name	
Roadway Facility	
100	Intersection - marked crosswalk
101	Intersection - unmarked crosswalk
102	Intersection - other
103	Median/crossing island
104	Midblock - marked crosswalk
105	Shoulder/roadside
106	Travel lane - other location
Bicycle Facility	
200	Signed route (no pavement marking)
201	Shared lane markings
202	On-street bike lanes
203	On-street buffered bike lanes
204	Separated bike lanes
205	Off-street trails/sidepaths
Other Facility	
300	Driveway access
301	Non-trafficway area
302	Shared-use path or trail
303	Sidewalk
980	Other
999	Unknown

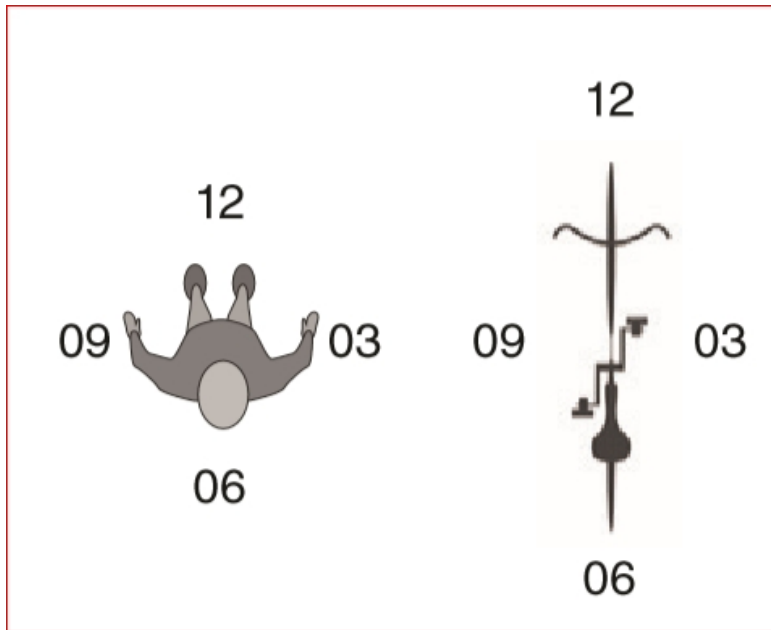
	Validation
Non-Motorist Location + First Harmful Event + Type of Intersection	If Non-Motorist Location at Time of Crash = Intersection – Marked Crosswalk, Intersection – Unmarked Crosswalk, or Intersection – Other) and First Harmful Event = Other Non-Motorist, Pedalcycle, Pedestrian, then Type of Intersection should not = Not an Intersection and Relation to Junction should not =Not an Interchange Area.
Non-Motorist Location + Presence Type	If Non-Motorist Location at Time of Crash = Presence Type of Bicycle Facility must not = 00.
	You must indicate the Non-Motorist Location for Non-Motorist #.
Non-Motorist Location + # of Lanes + Cross-Street # at Intersection	If Non-Motorist Location at Time of Crash = Intersection – Marked Crosswalk, Intersection – Unmarked Crosswalk, or Intersection – Other, then Mainline Number of Lanes at Intersection and Cross-Street Number of Lanes at Intersection must not be blank
Non motorist: Type	Non motorist: Type must not be empty
	Non motorist: Type must match the parent of an unborn child
	Non motorist: Type description must not be empty if required
	Non motorist: Type description must be within maximum length
	Non motorist: Type description must be null if not required
	Non motorist: Type description must match the parent of an unborn child
Striking vehicle	Non motorist: Striking vehicle index must not be empty
	Non motorist: Striking vehicle index must be valid
Action prior	Non motorist: Action prior to crash must not be empty
	Non motorist: Action prior to crash must match the parent of an unborn child
	Non motorist: Action prior to crash description must not be empty if required
	Non motorist: Action prior to crash description must be within maximum length
	Non motorist: Action prior to crash description must be null if not required
	Non motorist: Action prior to crash description must match the parent of an unborn child
Origin or destination	Non motorist: Origin or destination must not be empty
	Non motorist: Origin or destination must match the parent of an unborn child
Location	Non motorist: Location must not be empty
	Non motorist: Location must match the parent of an unborn child
Location description	Non motorist: Location description must not be empty if required
	Non motorist: Location description must be within maximum length
	Non motorist: Location description must be null if not required
	Non motorist: Location description must match the parent of an unborn child
Contributing circumstances	Non motorist: Contributing circumstances must not be empty
	Non motorist: Contributing circumstances must not violate mutual exclusion
	Non motorist: Contributing circumstances must match the parent of an unborn child
	Non motorist: Contributing circumstances description must not be empty if required

	Validation
	Non motorist: Contributing circumstances description must be within maximum length
	Non motorist: Contributing circumstances description must be null if not required
	Non motorist: Contributing circumstances description must match the parent of an unborn child

Initial Contact Point

Describe the location on the person or cycle where the initial contact point occurred.

Code	Name
100	Front (12 o'clock)
101	Right (3 o'clock)
102	Rear (6 o'clock)
103	Left (9 o'clock)
999	Unknown



Field Name	Format	Validation
Initial contact point		Initial contact point must not be empty. You must indicate the initial contact point for Non-Motorist #.
		Initial contact point must match the parent of an unborn child

P26 Safety Equipment

The non-motorist safety equipment worn at the time of the crash.

Code	Name	Description
000	None	

100	Helmet	
101	Protective pads used (elbows, knees, shins, etc.)	
102	Reflective wear (backpack, triangles, etc.)	
103	Lighting	
104	Reflectors	
980	Other	
999	Unknown	

	Validation
Non-Motorist Safety Equipment	If any Non-Motorist Safety Equipment =None or Unknown then only that one value may be selected and the other 4 fields must be blank.
Safety equipment	Non motorist: Safety equipment must not be empty
	Non motorist: Safety equipment must not violate mutual exclusion
	Non motorist: Safety equipment must match the parent of an unborn child
	Non motorist: Safety equipment description must not be empty if required
	Non motorist: Safety equipment description must be within maximum length
	Non motorist: Safety equipment description must be null if not required
	Non motorist: Safety equipment description must match the parent of an unborn child

P27 Struck by Vehicle

Indicate which vehicle (the vehicle #) involved in the crash struck the non-motorist first.

NM2 Non-Motorist Circumstances

Non-Motorist Circumstances describes the non-motorist's conditions that relates to the crash.

P22 Non-Motorist Type

Record the type of non-motorist(s) involved in the crash. If a non-motorist was involved in the crash, you must provide the same medical and person condition information collected for the driver and passenger.

Code	Name
100	Bicyclist
198	Other cyclist
200	Pedestrian
298	Other Pedestrian
300	Occupant of a non-motor vehicle transportation device
999	Unknown

	Validation
Non-Motorist: Type	Non-Motorist: Type must not be empty.
	Non-Motorist: Type must match the parent of an unborn child.
	Non-Motorist: Type description must not be empty if required.

Non-Motorist: Type description must be null if not required.

Non-Motorist: Type description must match the parent of an unborn child.

P27 Struck By Vehicle

The vehicles recorded in the report will appear here. Select the vehicle that struck the vehicle.

P23 Action Prior to Crash

Describes the non-motorist action **prior to the crash** that may have contributed to the crash.

Code	Name
000	None
100	Adjacent to roadway (e.g., shoulder, median)
101	Crossing roadway
102	Waiting to cross roadway
103	Walking/cycling along roadway against traffic (in or adjacent to travel lane)
104	Walking/cycling along roadway with traffic (in or adjacent to travel lane)
105	Walking/cycling on sidewalk
106	Working in trafficway (incident response)
198	In roadway - other
980	Other
999	Unknown

	Validation
Action prior	Non-Motorist: Action prior to crash must not be empty.
	Non-Motorist: Action prior to crash must match the parent of an unborn child.
	Non-Motorist: Action prior to crash description must not be empty if required.
	Non-Motorist: Action prior to crash description must be null if not required.
	Non-Motorist: Action prior to crash description must match the parent of an unborn child.

Origin/Destination

Code	Name
100	Going to or from school (K-12)
101	Going to or from transit
970	Not applicable
999	Unknown

	Validation
Origin of destination	Non-Motorist: Origin or destination must not be empty.
	Non-Motorist: Origin or destination must match the parent of an unborn child.

P25 Location

The non-motorist location relative to the roadway at the time of the crash.

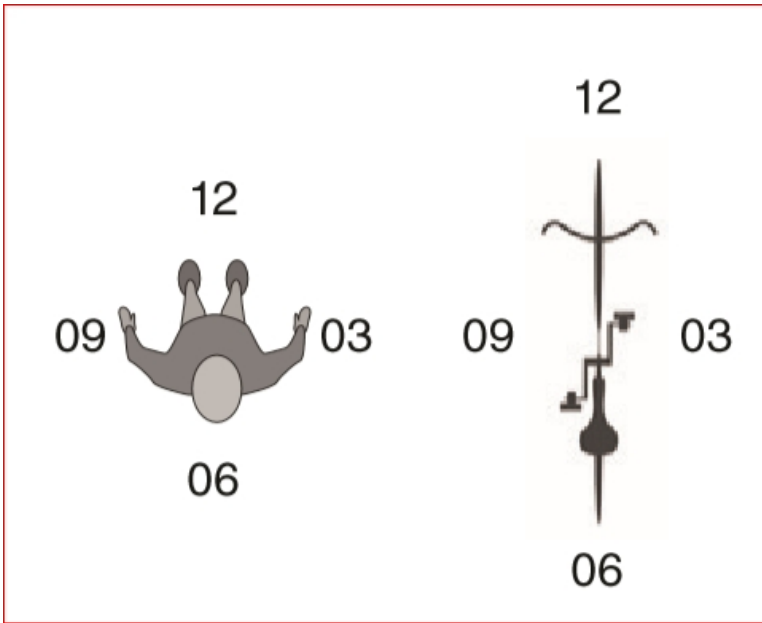
Name	
Roadway Facility	
100	Intersection - marked crosswalk
101	Intersection - unmarked crosswalk
102	Intersection - other
103	Median/crossing island
104	Midblock - marked crosswalk
105	Shoulder/roadside
106	Travel lane - other location
Bicycle Facility	
200	Signed route (no pavement marking)
201	Shared lane markings
202	On-street bike lanes
203	On-street buffered bike lanes
204	Separated bike lanes
205	Off-street trails/sidepaths
Other Facility	
300	Driveway access
301	Non-trafficway area
302	Shared-use path or trail
303	Sidewalk
980	Other
999	Unknown

	Validation
Non-Motorist Location + First Harmful Event + Type of Intersection	If Non-Motorist Location at Time of Crash = Intersection – Marked Crosswalk, Intersection – Unmarked Crosswalk, or Intersection – Other) and First Harmful Event = Other Non-Motorist, Pedalcycle, Pedestrian, then Type of Intersection should not = Not an Intersection and Relation to Junction should not =Not an Interchange Area.
Non-Motorist Location + Presence Type	If Non-Motorist Location at Time of Crash = Presence Type of Bicycle Facility must not = 00.
	You must indicate the Non-Motorist Location for Non-Motorist #.
Non-Motorist Location + # of Lanes + Cross-Street # at Intersection	If Non-Motorist Location at Time of Crash = Intersection – Marked Crosswalk, Intersection – Unmarked Crosswalk, or Intersection – Other, then Mainline Number of Lanes at Intersection and Cross-Street Number of Lanes at Intersection must not be blank

Location	Non motorist: Location must not be empty
	Non motorist: Location must match the parent of an unborn child
Location description	Non motorist: Location description must not be empty if required
	Non motorist: Location description must be null if not required
	Non motorist: Location description must match the parent of an unborn child

Initial Contact Point

Describe the location on the person or cycle where the initial contact point occurred.



Code	Name
100	Front (12 o'clock)
101	Right (3 o'clock)
102	Rear (6 o'clock)
103	Left (9 o'clock)
999	Unknown

	Validation
Initial contact point	Initial contact point must not be empty. You must indicate the initial contact point for Non-Motorist #.
	Initial contact point must match the parent of an unborn child.

NM3 Non-Motorist Action

Select up to two actions that describes the non-motorist actions **at the time** of the crash.

Code	Name
000	None
100	Adjacent to roadway (e.g., shoulder, median)
101	Crossing roadway
102	Waiting to cross roadway
103	Walking/cycling along roadway against traffic (in or adjacent to travel lane)
104	Walking/cycling along roadway with traffic (in or adjacent to travel lane)
105	Walking/cycling on sidewalk
106	Working in trafficway (incident response)
198	In roadway - other
980	Other
999	Unknown

	Validation
Contributing circumstances	Non-Motorist: Contributing circumstances must not be empty
	Non-Motorist: Contributing circumstances must not violate mutual exclusion
	Non-Motorist: Contributing circumstances must match the parent of an unborn child
	Non-Motorist: Contributing circumstances description must not be empty if required
	Non-Motorist: Contributing circumstances description must be null if not required
	Non-Motorist: Contributing circumstances description must match the parent of an unborn child

Non-Motorist Conditions

The Non-Motorist Safety Conditions data elements collect the data associated with the non-motorist alcohol and drug usage during the time of the crash.

Code	Name	Description
000	Apparently normal	Normal
100	Asleep or fatigued	Asleep at the wheel not due to other factors such as drugs, alcohol, or being ill.
101	Emotional (depressed, angry, disturbed, etc.)	Depressed, angry, disturbed. Includes; fighting, disagreements, emotionally upset, road rage, etc.
102	Ill (sick), fainted	Diabetic reactions, allergic reactions to medications/drugs, failure to take required medication, seizures, heart attack, high/low blood pressure.
103	Physically impaired	A condition that results in some decrease in a

Code	Name	Description
		physical ability.
104	Under the influence of medications/drugs/alcohol	Suspected of being under the influence of alcohol or drugs. This includes any legal prescription drug or over-the-counter medication such as cough syrup as well as illegal drugs of any type.
970	Not applicable	
980	Other	Provide a description.
999	Unknown	Provide an explanation

	Validation
Non-Motorist Conditions	Conditions must not be empty.
	Conditions must not violate mutual exclusion.
	Conditions must be not applicable if unborn child.
	Conditions description must not be empty if required.
	Conditions description must be null if not required.
	Conditions description must be null if unborn child.

P18 Distractions

Indicate and describe if the person involved in the crash was distracted.

Code	Name
000	Not distracted
100	Talking / listening
101	Manually operating a device (e.g., texting, dialing, playing game, etc.)
980	Other
999	Unknown

	Validation
Distraction action	Distraction action must not be empty; You select a driver s distracted action or select Unknown.
	Distraction action must be no if unborn child.
	Distraction action description must not be empty if required.
	Distraction action description must be null if not required.
	Distraction action description must be null if unborn child.

P26 Safety Equipment

The Non-Motorist safety equipment worn at the time of the crash.

Code	Name
000	None
100	Helmet
101	Protective pads used (elbows, knees, shins, etc.)
102	Reflective wear (backpack, triangles, etc.)
103	Lighting
104	Reflectors
980	Other
999	Unknown

	Validation
Non-Motorist Safety Equipment	If any Non-Motorist Safety Equipment =None or Unknown then only that one value may be selected and the other 4 fields must be blank.
Safety equipment	Non-Motorist: Safety equipment must not be empty.
	Non-Motorist: Safety equipment must not violate mutual exclusion.
	Non-Motorist: Safety equipment must match the parent of an unborn child.
	Non-Motorist: Safety equipment description must not be empty if required.
	Non-Motorist: Safety equipment description must be null if not required.
	Non-Motorist: Safety equipment description must match the parent of an unborn child.

P20 Non-Motorist Alcohol

P20 Suspected Usage

	Validation
Alcohol Usage	Alcohol use suspicion must not be empty.
	Alcohol use suspicion must be no if unborn child.

P21 Test Status

Indicate if an alcohol test was not given, given, person refused.

Code	Name
000	Test not given
001	Test refused
100	Test given
999	Unknown if tested

	Validation
Alcohol test result	Alcohol test result must not be empty

Alcohol test result must be not applicable if unborn child
--

P21 Test Type

Describes the type alcohol test given to the driver and/or motorist as it relates to the crash. If you suspect alcohol usage, you must indicate if you administered a test, what type, and the test results.

Code	Name
100	Blood
101	Blood clot
102	Blood plasma/serum
200	Breath
201	Preliminary breath test (PBT)
300	Urine
301	Vitreous
970	Not applicable
980	Other

	Validation
Alcohol test type	Alcohol test type must not be empty.
	Alcohol test type must be not applicable if unborn child.
	Alcohol test type description must not be empty if required.
	Alcohol test type description must be null if not required.
	Alcohol test type description must be null if unborn child.

P21 Test Results

Describes the test results of the test taken. If the Alcohol Test Type equals to codes 100-198, you must provide the Alcohol Test Results.

Code	Name
000	Results pending
100	Results received
101	Positive results with no actual value
970	Not applicable
999	Unknown

	Validation
Alcohol test result	Alcohol test result must not be empty.
	Alcohol test result must be not applicable if unborn child.

BAC

P21 BAC

The Blood and Alcohol Concentration results from the alcohol/drug test administer.

Validation

BAC	Blood alcohol content must not be empty if applicable. You must enter the BAC results for the driver of Vehicle #.
	Blood alcohol content must be empty if not applicable.
	Blood alcohol content must be null if unborn child.

P23 Non-Motorist Drugs

Record if you suspect the Non-Motorist is suspicion of drug usage, if any.

P23 Test Status

Describes the type of drug test given to the driver and/or motorist as it relates to the crash. If you suspect drug usage, you must indicate if you administered a test, what type, and the test results.

Code	Name
000	Test not given
001	Test refused
100	Test given
999	Unknown if tested

	Validation
Drug test status	Drug test status must not be empty.
	Drug test status must be no if unborn child.

P23 Test Results

Describes the results of the drug test taken by the driver or non-motorist. If the Drug Test Type equals to codes 100-198, you must provide the Drug Test Results. You may select one or more options.

MVT100 Trains

Collect the following information if a train was involved in the crash

Engineer Name

	Format	Validation
Engineer Last Name	50 nvarchar	You must enter the last name of the conductor of Train # or select Unknown.
		Train: Engineer last name must not be empty if applicable
		Train: Engineer last name must be within maximum length
		Train: Engineer last name must be null if unknown
Engineer First Name	50 nvarchar	You should enter the first name of the conductor of Train #.
		Train: Engineer first name should not be empty if applicable
		Train: Engineer first name must be within maximum length
		Train: Engineer first name must be null if unknown
Engineer Middle Name	50 nvarchar	Train: Engineer middle name must be within maximum length
		Train: Engineer middle name must be null if unknown
Engineer Suffix Name	10 nvarchar	Train: Engineer name suffix must be within maximum length
		Train: Engineer name suffix must be null if unknown

Engineer ID Number

Provide the Engineer s Identification Number.

Field Name	Format	Validatio	

		n	
Engineer ID #	20 nvarchar	Optional	Engineer number must not be empty if applicable. You must enter the railroad employee number of the conductor of Train # or select Unknown.
			Train: Engineer number must be within maximum length
			Train: Engineer number must be null if unknown

Conductor Name

Provide the name of the train conductor.

Conductor Name

	Validation
Conductor Last Name	You must enter the last name of the conductor of Train # or select Unknown.
Conductor First Name	Train: Conductor first name should not be empty if applicable. Train: Conductor first name must be null if unknown.
	Train: Conductor middle name must be null if unknown.
Conductor Last Name	Train: Conductor last name must not be empty if applicable. Train: Conductor last name must be null if unknown.
	Train: Conductor name suffix must be null if unknown.

Conductor ID Number

Field Name	Format	Validation
Conductor ID #	20 nvarchar	You must enter the railroad employee number of the conductor of Train # or select Unknown.

Train Company Name

Field Name	Format	Validation
Company Name	50 nvarchar	You must enter the name of the railroad company for Train # or select Unknown.
		Train: Company name must not be empty if applicable
		Train: Company name must be within maximum length
		Train: Company name must be null if unknown

DOT Crossing Number

Each Crossing is assigned a DOT Inventory Number which is posted at the Crossing Private Company Rail Yards.

Field Name	Format	Validation
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DOT Crossing #	10 nvarchar	Dot crossing number must not be empty if applicable. You must enter the DOT crossing number at which Train # was located or select Unknown.
		Train: Dot crossing number must be within maximum length
		Train: Dot crossing number must be null if unknown

Conductor Name Validation

Field Name	Format	Validation
Conductor Last Name	50 nvarchar	You must enter the last name of the conductor of Train # or select Unknown.
Conductor First Name	50 nvarchar	
Conductor Middle Name	50 nvarchar	
Conductor Suffix Name	10 nvarchar	
		Train: Conductor first name should not be empty if applicable
		Train: Conductor first name must be within maximum length
		Train: Conductor first name must be null if unknown
		Train: Conductor middle name must be within maximum length
		Train: Conductor middle name must be null if unknown
		Train: Conductor last name must not be empty if applicable
		Train: Conductor last name must be within maximum length
		Train: Conductor last name must be null if unknown
		Train: Conductor name suffix must be within maximum length
		Train: Conductor name suffix must be null if unknown
		Train: Conductor number must not be empty if applicable
		Train: Conductor number must be within maximum length
		Train: Conductor number must be null if unknown

Witnesses

A witness is one who can provide an eyewitness account of the crash events. If a witness was involved in the crash, please provide the following information:

Witness Name

Field Name	Format	Validation
Witness Last Name	20 nvarchar	Last name must not be empty
		Last name must be within maximum length
Witness First Name	50 nvarchar	First name should not be empty
		First name must be within maximum length
Witness Middle Name	50 nvarchar	Middle name must be within maximum length
Witness Suffix Name	10 nvarchar	Name suffix must be within maximum length

Witness Phone Number

Field Name	Format	Validation
Witness Phone #	20 nvarchar	Phone number must not be empty
		Phone number must be within maximum length

Witness Sex

The gender of the witness.

Field Name	Format	Validation
		Sex must not be empty

Witness Age

The age of the witness.

Field Name	Format	Validation
		Witness: Age must not be empty if applicable
		Witness: Age must be null if not applicable

		Witness: Age must be between 0 and 200
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Witness Address

Field Name	Format	Validation
Witness Address Street	150 nvarchar	Witness: Address street must not be empty if applicable
		Witness: Address street must be within maximum length
		Witness: Address street must be null if not applicable
Witness Address City	50 nvarchar	Witness: Address city must not be empty if applicable
		Witness: Address city must be within maximum length
		Witness: Address city must be null if not applicable
Witness Address State		Witness: Address state must not be empty if applicable
		Witness: Address state must be null if not applicable
		Witness: Address state description must not be empty if required
		Witness: Address state description must be within maximum length
		Witness: Address state description must be null if not required
Witness Address Postal Code	20 nvarchar	Witness: Address postal code must not be empty if applicable
		Witness: Address postal code must be within maximum length
		Witness: Address postal code must be null if not applicable

Diagrams

You may provide one or more diagrams of the crash scene. The eCrash system integrates with the ScenePD software that provides the capability to electronically illustrate the crash scene.

Field Name	Format	Validation
		Diagram: Diagram must not be empty

Narrative

You may provide a description of the crash events.

Field Name	Format	Validation
Narrative	MAX nvarchar	Narrative must not be empty. You must enter a narrative of the crash.
		Narrative should meet the minimum length. The narrative is less than 100 characters long. Consider adding more details to it.

Attachments

You may attach one or more supplement documentation related to the crash report; such as, crash scene photos, test results, witness forms, etc.

Field Name	Format	Validation
Attachment Filename	260 nvarchar	
Attachment Type	50 nvarchar	Type must not be empty
		Type must be within maximum length
Attachment Description	MAX nvarchar	Description must not be empty

Officer Notes

The officer's personal notes regarding the crash. The notes will not appear on the printed form but is visible to the officer's supervisor.

Field Name	Format	Validation
Officer's Notes	MAX nvarchar	

Field Name	Format	Validation
		Modifier signature must be within maximum length