



Mississippi eCrash Client

USER'S GUIDE

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Welcome

ABOUT THIS MANUAL

The purpose of this manual is provide basic guidelines to using the Mississippi Electronic Crash (eCrash) Client System. This system replaces the paper Mississippi Uniform Crash Report (MUCR). It provides a much more accurate and faster method of reporting crashes. 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.

The organization of this manual follows the logical grouping of the MUCR as described below. 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 contains 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.

Department of Transportation Federal Highway Administration, Federal Motor Carrier, Safety Administration, National Highway Traffic Safety Administration, “MMUCC Guideline Model Minimum Uniform Crash Criteria, Fifth Edition, (2017), July 2017, Web <https://crashstats.nhtsa.dot.gov/Api/Public/Publication/812433>

What's new

List of changes to this manual.

Revision Notes

Revision Date	Revision
1/28/2020	<ul style="list-style-type: none"> • Removed "Unknown" option from Crash Severity
1/9/2020	<ul style="list-style-type: none"> • Updated MD100 Diagrams page to refer to Easy Street Draw instead of ScenePD
12/9/2019	<ul style="list-style-type: none"> • Improved the Import Person License/State ID and Import Vehicle Registration pages
11/25/2019	<ul style="list-style-type: none"> • Revised the Import Location from MapClick page
11/6/2019	<ul style="list-style-type: none"> • Corrected definition of Trafficway Division values
10/23/2019	<ul style="list-style-type: none"> • Major rewrite of the eCrash Report Forms Status and eCrash Validation Panel pages
10/10/2019	<ul style="list-style-type: none"> • Corrected definition of Incident Responder values
10/3/2019	<ul style="list-style-type: none"> • Added reference to MapClick Location Info Tool
9/26/2019	<ul style="list-style-type: none"> • Validation rule added for non-expiring license plates • Validation rules now reflect that latitude and longitude coordinates are required in eCrash 1.2.0 • Reference data codes & validation rules added for the following existing fields: <ul style="list-style-type: none"> ○ Driver Alcohol Suspected Usage ○ Driver Drug Suspected Usage ○ Non-Motorist Alcohol Suspected Usage ○ Non-Motorist Drug Suspected Usage ○ Hazardous Material Placard Status

Getting Started

What you need to get started:

System Requirements

Microsoft Windows 7 (or newer) Operating System

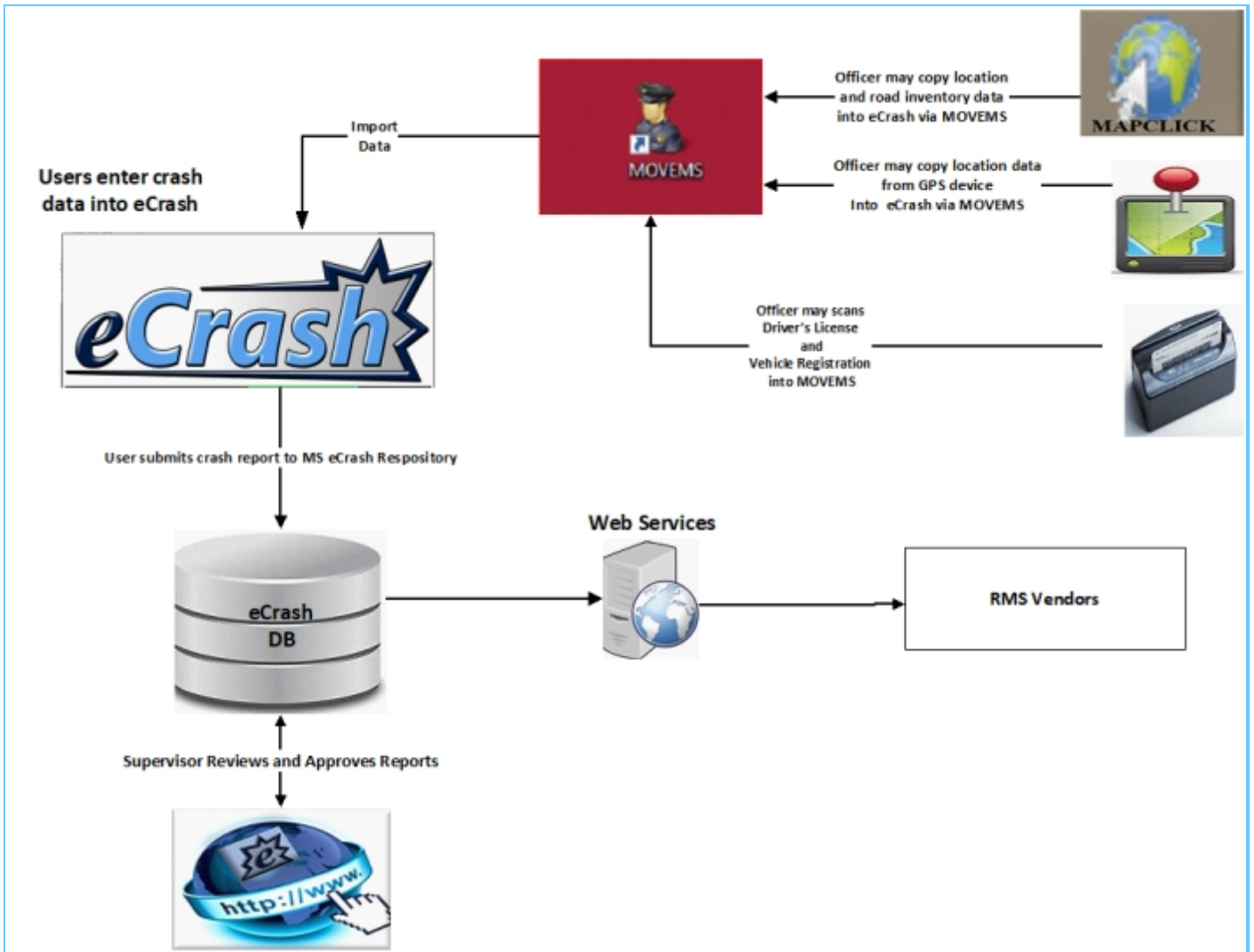
Help Desk Support

Phone: 662-368-2483

Email: mscapssupport@ua.edu

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 closely 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 the 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. 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.



eCrash Overall Functions

The eCrash system is designed to provide the most efficient and fastest means possible to recreate an accident scene and pass that information down to agencies. This allows those agencies to perform investigations and analysis in order to guide the implementation of corrective measures.

The eCrash system consists of the following processes:

- Data Collection
- Data Validation
- Data Submission and Transmission
- Data Correction
- Online Crash Report Approval
- Online Accessible Detailed List of Crash Reports
- Online Review of Crash Reports

eCrash Client System

The eCrash Client System provides the following capabilities:

- Create a New Crash Report
- Open an Existing Crash Report
- Save Updates to Crash Report
- Close Crash Report
- Import Crash Report
- Export Crash Report
- Upload Crash Report
- Authorized Data Entry Paper Crash Reports

eCrash Website

Once the user uploads the crash report to the eCrash repository, the eCrash Website provides the capability to maintain and distribute the crash report and its data.

- Authorized Users View Crash Reports
 - Privilege-based authentication safeguards against unauthorized access
 - User can query a listing of their individual reports
- Supervisor Approves or Rejects Crash Reports
 - All reports must be approved by system-designated supervisor prior to acceptance
 - Supervisor has view-authority for all crash reports
 - Supervisors can monitor the status and progress of all reports
- Authorized Users Reassigns Crash Reports
 - eCrash will allow a submitting officer or supervisor to reassign a crash report to another officer
- Authorized User Voids Crash Reports
 - Users can void, edit, or delete any crash report

Starting eCrash

eCrash Integrated Functions

The officer can access eCrash from the MOVE portal. First, log into MOVEMS portal to access all the software and functionality that will help to create a crash report faster and more efficiently.



Select the MOVEMS icon from your desktop.

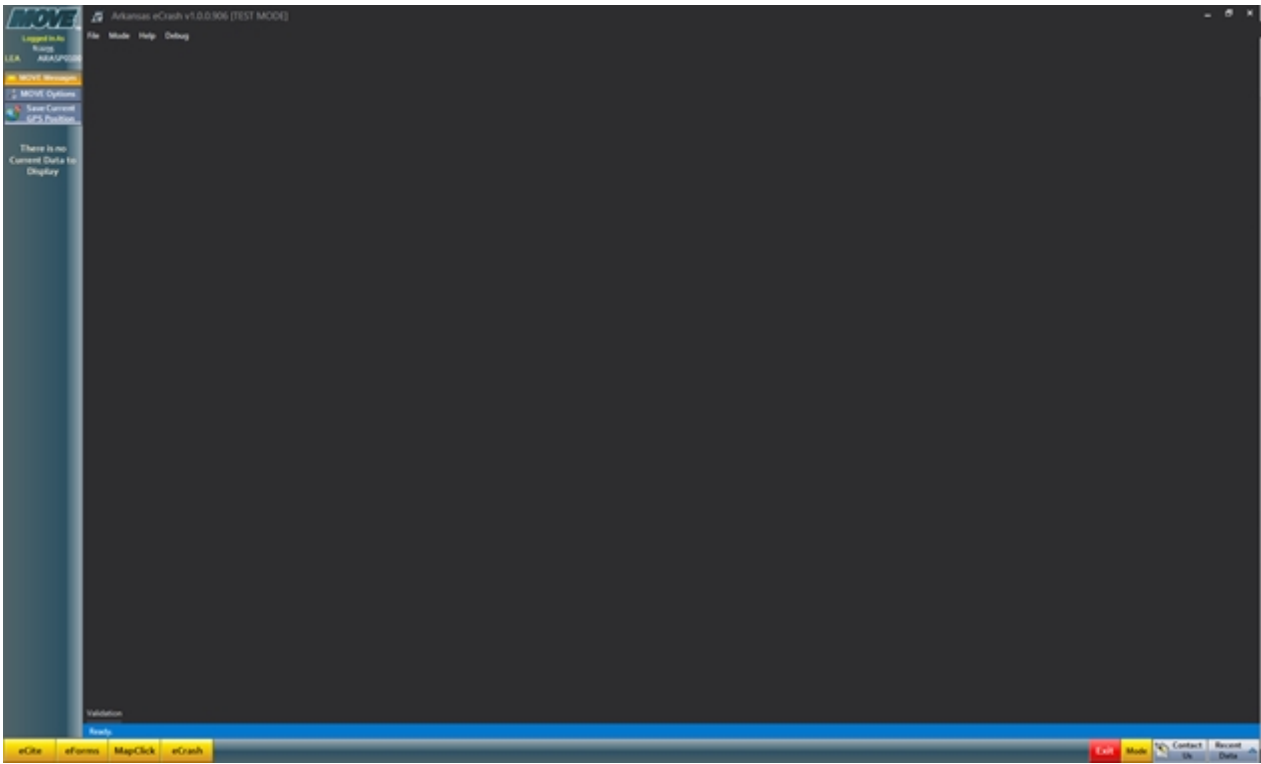


The system will display the MOVEMS log in screen. Enter your login name, password and agency

name.



The eCrash system will display a splash screen with a progress bar and message. The MOVEMS system will display the following portal upon successful authentication of your credentials. All the applications that you have access to appears at the bottom of screen.



eCrash Integrated Functions

Scan the driver's license for as many of the drivers and non-motorists in the crash as possible. The more licenses you can scan of the individuals involved in the crash, the more time you will save when completing the various sections of the crash report.

Once scanned, the system saves the information. This information will remain available to import into all Traffic Unit software until you clear the list by selecting the red 'X' located at the top of the 'Recent Data' menu.

If the license scanner is not available or functioning, use the ATLAS Person or Driver's License search to obtain and copy this information into MOVEMS. *Consult the ATLAS manual for details.*

Import Person License/State ID

eCrash offers a few easy ways to populate driver, passenger and non-motorist information onto the pages using MOVE MS. Scanning driver's licenses or state-issued IDs are stored in MOVE and can be viewed by clicking the Recent Data button in the lower right corner of the screen, then clicking the Person button.



Populate Person

Tip: You can quickly populate a person's page in eCrash with the most recently scanned data by clicking

the Populate Person button.

Importing Person License / State ID

1. Make sure your crash report is on page you want to import the data to.
2. Click the Recent Data button located on the lower right corner of the MOVE toolbar, then click the Person

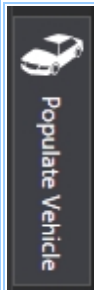


button to display the list of recent people.

3. Click the name of the person you want to import, and drag it over onto the eCrash report window. You're finished!

Import Vehicle Registration

eCrash offers a few easy ways to populate vehicle information onto the pages using MOVE MS. Scanning vehicle registrations are stored in MOVE and can be viewed by clicking the Recent Data button in the lower right corner of the screen, then clicking the Vehicle button.

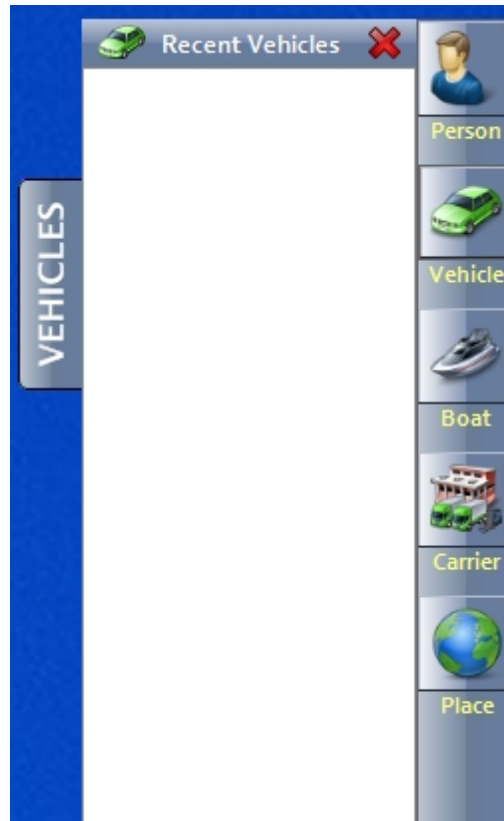


Tip: You can quickly populate a vehicle page in eCrash with the most recently scanned data by clicking

the Populate Vehicle button.

Importing Vehicle Registrations

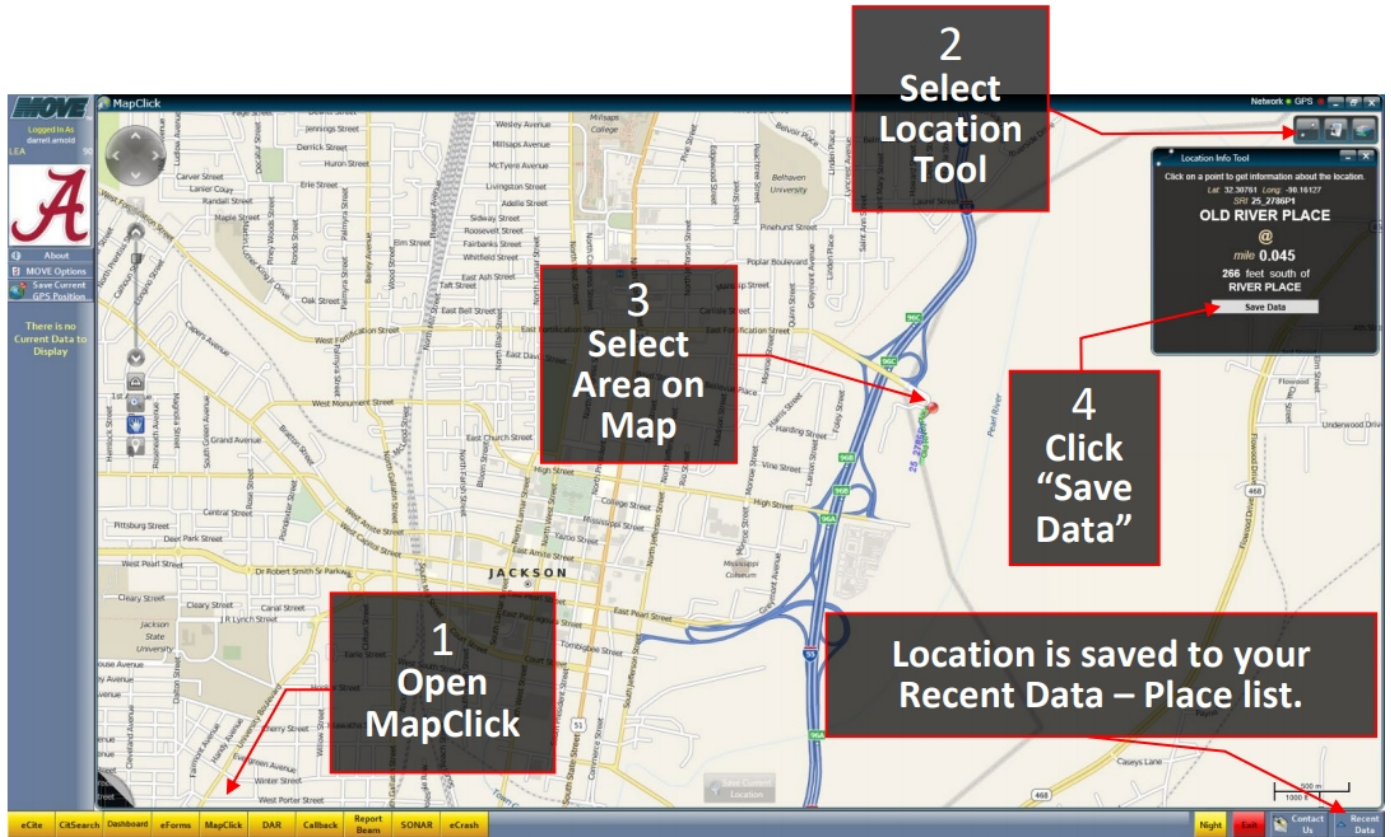
1. Make sure your crash report is on page you want to import the data to.
2. Click the Recent Data button located on the lower right corner of the MOVE toolbar, then click the Vehicle

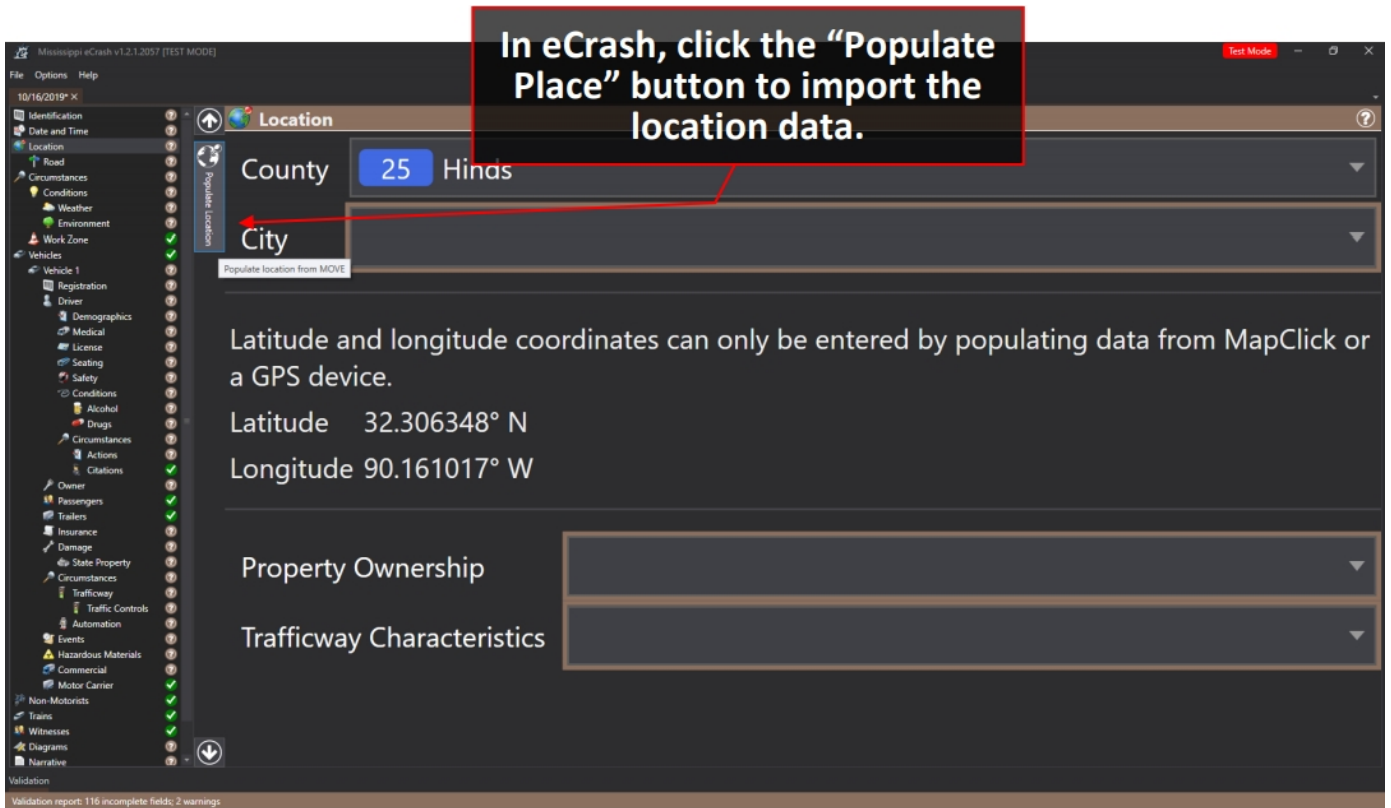


button to display the list of recent vehicles.

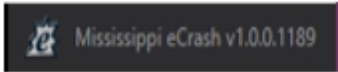
3. Click and drag the name of the vehicle you want onto the eCrash report window. You're finished!

Import Location from MapClick

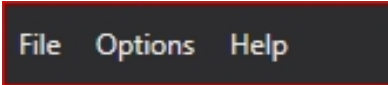




eCrash Main Menu



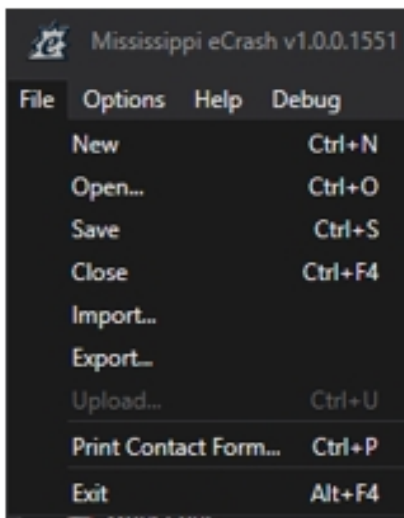
eCrash logo and software version number.



The File selection provides the options to create and manage the crash report.

The Options

eCrash File Menu

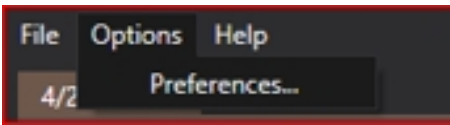


- **New** - This feature provides the ability to create a crash report template to input the crash report data. Select File and then New to create a new crash report or use **Ctrl+N**.
- **Open** - This feature provides the ability to open one or more previously saved crash reports. Select File and then Open or use **Ctrl+O** to open a saved report. The system allows multiple open reports simultaneously.
- **Save** - This feature provides the ability to save updates to a crash report, as you are entering data. Select File and then Save or **Ctrl+S** to save a report.
- **Close** - This feature provides the ability to close open crash reports. Select File and then Close or use **Ctrl+F4** to close a report.
- **Import** - This feature provides the ability to import a previously exported crash report from another computer. Select File and then Import a report.
- **Export** - This feature provides the ability to export a crash report. Use this feature to transfer a copy of the crash report to another computer. This feature is useful when an officer starts a crash report in his vehicle but wishes to complete it on his office computer at his desk. Select File and then Export to export a report.

- **Upload** - This feature provides the ability to upload a crash report to the eCrash database. The crash report must pass all validation before the system will allow the upload. Select the File and then Upload or **Ctrl+U** once the report passes all validations.
- **Print Contact Form** - This feature provides the ability to print the Contact form for the drivers to exchange information for insurance purposes. Select File and then Print Info Exchange or use **Ctrl+P** to print this form.
- **EDIT** -This feature provides the ability for an authorized supervisor to edit a crash report within their agencies without reassigning them. To do this, select Edit from the File menu and enter the state case number of the report you wish to edit. The system does not save these reports to the local database only to the central repository. Once the report uploads successfully, the system automatically closes the report. Select File and then Edit or **Alt+F4** to edit a previously submitted crash report.
- **Exit** – This feature closes the application. If any reports are open, the system will prompt you to save your changes, discard changes or cancel the exit.

Options

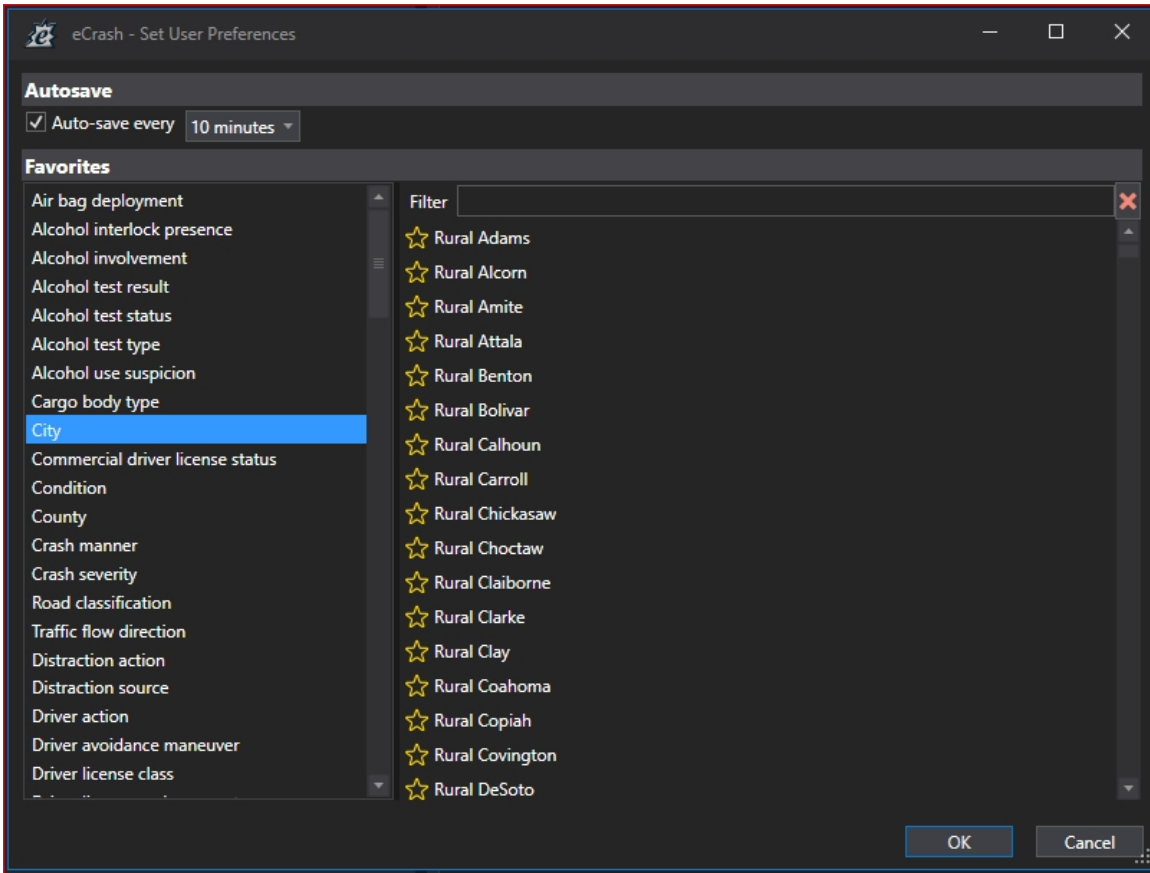
Set User Preferences



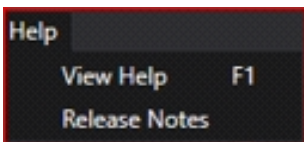
Auto-save Report

The Auto Save Report feature allows you to set the time for the system to save open reports at a specified increment.

Set Favorites



Help

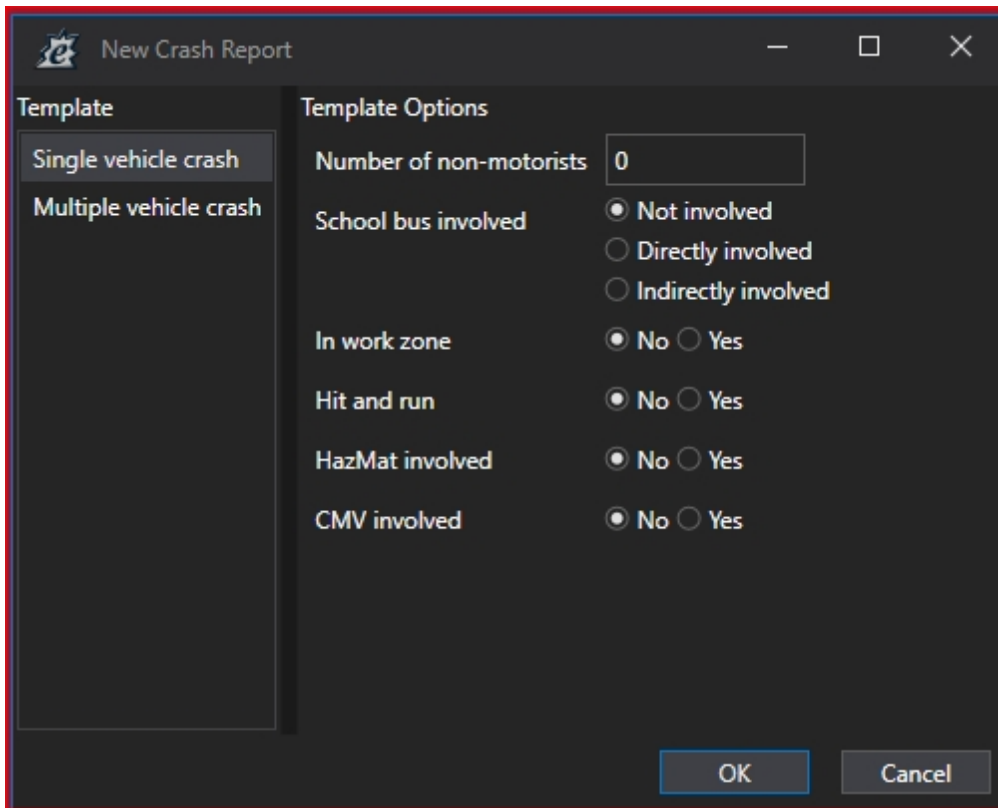


View Help F1 - This feature provides access to the MS eCrash User Guide.

Release Notes - This feature lists the software updates.

eCrash Report Templates

The report template is used to preset values within the crash report.



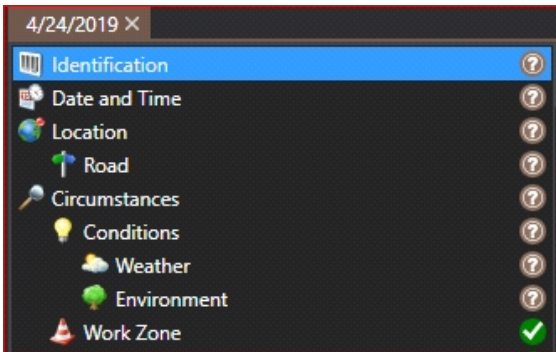
The screenshot shows a dialog box titled "New Crash Report" with a dark background. On the left, under the "Template" section, there are two options: "Single vehicle crash" (which is selected) and "Multiple vehicle crash". On the right, under the "Template Options" section, there are several settings:

- "Number of non-motorists" is set to "0" in a text input field.
- "School bus involved" has three radio button options: "Not involved" (selected), "Directly involved", and "Indirectly involved".
- "In work zone" has two radio button options: "No" (selected) and "Yes".
- "Hit and run" has two radio button options: "No" (selected) and "Yes".
- "HazMat involved" has two radio button options: "No" (selected) and "Yes".
- "CMV involved" has two radio button options: "No" (selected) and "Yes".

At the bottom right of the dialog box, there are two buttons: "OK" and "Cancel".

eCrash Report UI Layout

The explorer-directory pane divides the crash data into several logical categories; such as, case identification, vehicle (persons in the vehicle), non-motorist, and crash supplemental documentation.



IDENTIFICATION – The identification section contains the unique crash report number and the investigating agency details.

DATE AND TIME – The date and time section contain 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.

CIRCUMSTANCES – This section contains details about the overall circumstances that triggered and contributed to the crash. This category of circumstances also records the weather, environmental factors, roadway conditions and work zone that may have contributed to the crash.



VEHICLE IDENTIFICATION – The vehicle section contains general and unique identifications about the vehicle. This section also includes the following subsections that collect additional details about the vehicle, driver, vehicle owner, passengers, and circumstances contributing to the crash.

DRIVER OF THE VEHICLE – This section contains details about the identity the driver, their medical status, their driver s license information, their seating position and safety equipment at the time of the crash and conditions and circumstance regarding the driver that may have contributed to the crash. This section also has a place for you to attach the driver s statement.

PASSENGERS – The passenger section contains details about the passengers in the vehicle.

OWNER– The owner section contains details about the owner of the vehicle.

TRAILER – This section contains the detail about any trailer attached to the vehicle.

INSURANCE – This section contains the vehicle insurance details.

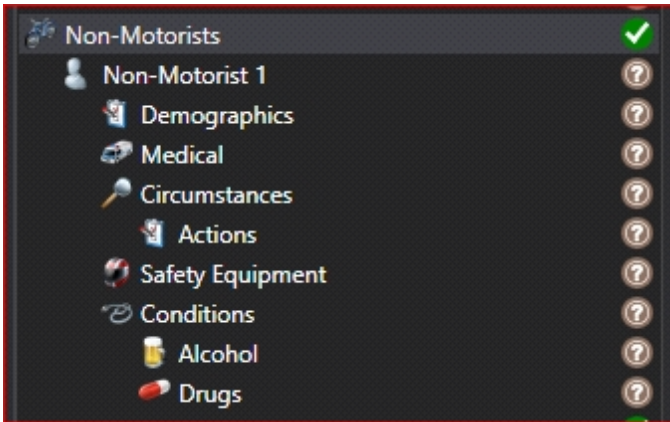
DAMAGE – This section contains the details regarding damages to the vehicle as a result of the crash.

TOW – This section contains the towing information if a vehicle was disabled and towed from the scene of the crash.

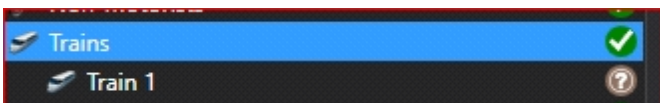
EVENTS – This section contains the events/actions by the vehicle that may have contributed to the crash.

HAZARDOUS MATERIALS – This section contains the Truck and Bus Supplemental hazardous materials detailed information.

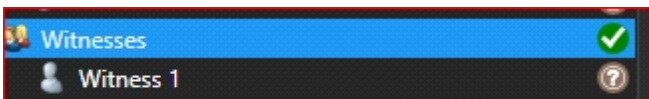
MOTOR CARRIER – This section contains the Truck and Bus Supplemental Motor Carrier information.



NON-MOTORIST – The non-motorist section contains details about the non-motorist involved in the crash. This section contains details about who is the non-motorist, their medical status, driver s license information, and safety equipment used at the time of the crash. It also captures the conditions and circumstance regarding the non-motorist that may have contributed to the crash. This section also provides the ability to attach the non-motorist statement.



Train - The train section contains details about one or more train and conductor involved in the crash.



WITNESS – The witness section contains details about the witness at the crash scene. This section also provides the ability to attach the witness statement.



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 provides the ability 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.

eCrash Report Navigation

Report Form Entry Panel

The report entry panel provides the interface to enter the details of the crash report. Most fields require a selection of an answer. If none of the selections applies, use the 'Unknown' or 'Other'. If you select 'Other', you must provide a description. If you select 'Unknown', no description is required.



Select the arrow to jump to previous or next section of the report. The tab button on the keyboard will move the cursor to the next field and then to the next page once it gets to the end of the page.

↑
📄

Identification

?

Local Case #

Investigating Agency

Name	ID #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="90"/>

Investigating Officer

Rank	First Name	Middle Name	Last Name	Suffix	Badge #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="Louise"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="Costley"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="42"/>

Check if photos were taken

Photographer

Copy from investigating officer

Rank	First Name	Middle Name	Last Name	Suffix	Badge #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

eCrash Validation Status

eCrash's validation system helps you find fields you may have missed or skipped, or that are in conflict with each other. At the bottom of the window you will find a validation tab that lists out all of the validation messages from the report you are looking at; [you can go to the Validation Panel page to learn more about it](#). At the top of the section you are viewing, the icon on the right side and the color of the background tell you the status of that section of the report.



You can find which fields are incomplete or causing errors/warnings by looking for a colored box around them, like the fields displayed below:

First Name	Middle Name	Last Name	Suffix	Unknown

The different colors represent different statuses. The most important are Incomplete, Warning, Okay, and Error.



Required fields that have not been filled are marked as Incomplete. Reports with Incomplete fields cannot be uploaded.



Sometimes eCrash needs to draw your attention to a non-required field, or an unusual answer; it does this using the Warning status. The Warning status does not prevent reports from being uploaded, but it is still recommended to review them.

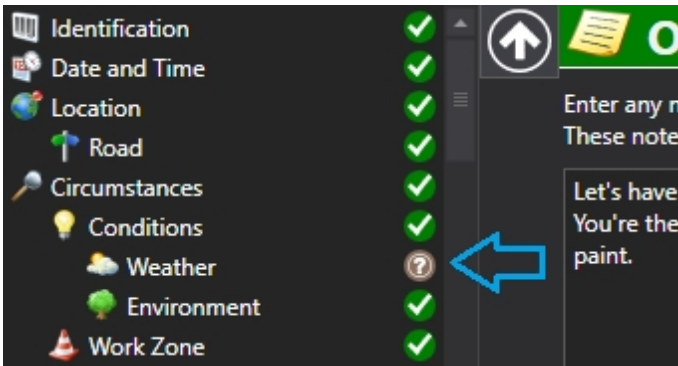


The Okay status on a page means that all of the data in the fields meet the validation requirements; you're good to go!



Invalid data gets marked with the Error status. Just like with the Incomplete status, reports with the Error status cannot be uploaded.

You can identify the overall status of your crash report by looking at the color of the status bar at the bottom of the window. You can also quickly find which sections of your report have warnings, incomplete fields or errors by looking at the icons next to each section in the section explorer:



eCrash Validation Panel

The Validation Panel is an important tool for making sure everything in your report is in order before upload. You can bring up the Validation Panel by clicking on the 'Validation' tab in the lower left-hand corner of the window, or by pressing **Alt+V**:

Local Case Number: 8/14/2019 X

Identification ✓
Date and Time ?
Location ?
Road ?
Circumstances ?
Conditions ?
Weather ?
Environment ?
Work Zone ✓
Vehicles ✓
Vehicle 1 ✓
Registration ?
Driver ✓
Demographics ?
Medical ?
License ?
Seating ?
Safety ?
Conditions ?
Alcohol ?
Drugs ?
Circumstances ?
Actions ?
Citations ✓
Owner ?

↑ Driver 1 ✓

Populate Person

First Name Middle Name Last Name Suffix
Jane [] Doe [] Unknown

Address Unknown

Street 100 Main Street

City Jackson

State MS Mississippi

Postal Code 39201

Phone Number Unknown

Validation

Validation report: 199 incomplete fields; 1 warning

The Validation Panel lists all of the validation messages from the entire crash report. Clicking on a row in this list will take you to the field the message is about; use this to quickly find the problem spots in large reports!

Clicking the push-pin button in the upper right-hand corner of the Validation Panel will pin the panel in place; clicking it again will unpin it. You can also use the dropdown arrow next to the push-pin button or right-click the Validation Panel's top bar to get more options for positioning it for your convenience.

Status	Description
Incomplete	You must enter the estimated time at which the crash occurred.
Incomplete	You must enter the time at which police were notified of the crash.
Incomplete	You must enter the time at which police arrived at the scene of the crash.
Incomplete	You must enter the time at which the roadway was cleared (all lanes available for traffic flow).
Incomplete	You must enter the time at which the on-scene investigation was completed (10-24).
Incomplete	You must select the county in which the crash occurred.
Incomplete	You must select the city in which the crash occurred, or select "Rural <county>" if it did not occur within a city.

Validation

Validation report: 199 incomplete fields; 1 warning

Copy Imported Data



Use the MOVE import data function to copy location data from a GPS device or MAPCLICK then select this icon to copy the last imported data to the report page.



Use the MOVE import data function to copy vehicle information from scanned vehicle registration then select this icon to copy the last imported data to the report page.



Use the MOVE import data function to copy person information from scanned driver s license and personal ID then select this icon to copy the last imported data to the report page.

FMCSA Reportable Crashes

Several fields are collected and validated based upon the Federal Motor Carrier Safety Administration requirements for reportable crashes. The following is the visor card guide from FMCSA listing the type of accidents and collisions that is reportable to FMCSA. The visor cards aid an officer in identifying the correct motor carrier, vehicle configuration and cargo body type, the presence of hazardous materials, and commercial driver license coding. However, the eCrash system will validate these scenarios as you enter in the data.

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>
---	----	---	----	--

Revised 06/05

<p>Federal Motor Carrier Safety Administration</p>	 <p>U.S. Department of Transportation www.fmcsa.dot.gov</p>
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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:

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.

Examples:

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.

EXCLUDED:

Here are some examples of non-commercial operations that, when involved in a crash, should not be included.

Examples:

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.

The Crash Report Elements


The crash report elements are split into logical sections to capture the reporting data of the crash.

- The Crash Identifiers [Crash Identifiers](#)
- The Crash Circumstances [Crash Circumstances](#)
- The Vehicle, Vehicle Driver, and Vehicle Passengers [Vehicles](#)
- The Vehicle Trailers, Vehicle Insurance, and Vehicle Circumstances [Trailers](#)
- The Commercial Vehicle [LV7 Motor Carrier](#)
- The Non-Motorist [P22 Non-Motorist](#)
- Crash Diagrams [Diagrams](#)
- Crash Narrative [Narrative](#)
- Attachments [Attachments](#)
- Officer Notes [Officer Notes](#)

C1 Crash Identifiers

Identification

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

 **Identification**
✓

Local Case #

Investigating Agency

Name	ID #	District
<input style="width: 90%;" type="text" value="Mississippi Highway Patrol"/>	<input style="width: 80%;" type="text" value="90"/>	<input style="width: 80%;" type="text" value="3"/>

Investigating Officer

Rank	First Name	Middle Name	Last Name	Suffix	Badge #
<input style="width: 80%;" type="text" value="Developer"/>	<input style="width: 80%;" type="text" value="Vaughn"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text" value="Poe"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text" value="1234"/>

Check if photos were taken

Photographer Copy from investigating officer

Rank	First Name	Middle Name	Last Name	Suffix	Badge #
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

C1 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.

	Validation
Local case #	You must enter a case number that is unique within your agency.
	Local case number must not be empty

MC100 Investigating Agency Identification

The agency's name and identification number associated with the investigating officer. The agency's name and number are both read-only, and their values are imported from MOVE. (If the agency name needs changing, please contact help desk support by phone or email.)

	Validation
Agency Name	You must enter the name of your agency
	Agency name must not be empty
Agency ID#	You must enter the ID number of your agency.
	Agency id must not be empty

MC102 Investigating Officer

The name of the officer investigating the crash.

	Validation
Rank	You should enter the Rank of the investigating officer.
	Investigating officer rank should not be empty
First Name	You should enter the first name or initial of the investigating officer.
	Officer first name should not be empty
Last Name	You must enter the Last Name of the investigating officer.
	Investigating officer last name must not be empty
Badge #	You must enter the badge # of the investigating officer.
	Investigating officer id must not be empty

MC103 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.

MC103 Photos Taken Indicator

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

	Validation
Photo Taken	If selected, you must provide the Photographer s Last Name.

MC103 Photographer

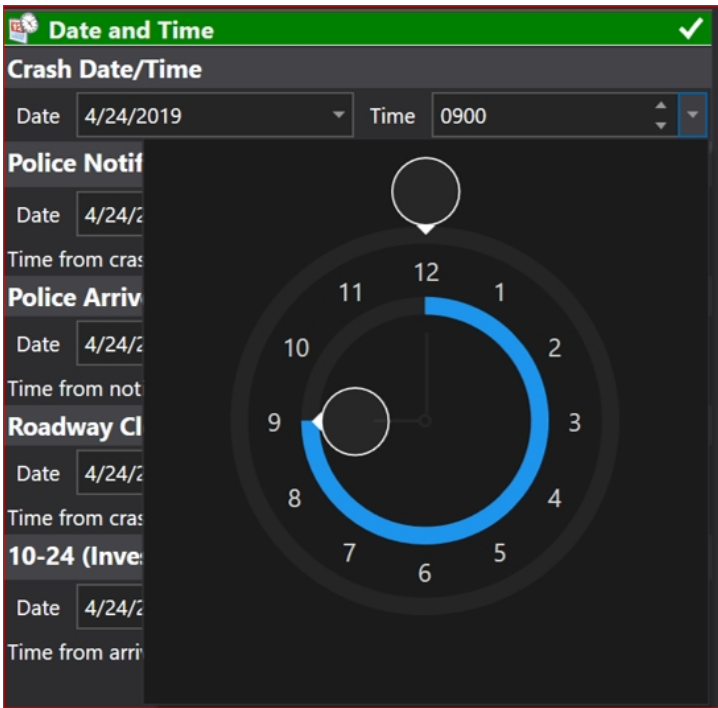
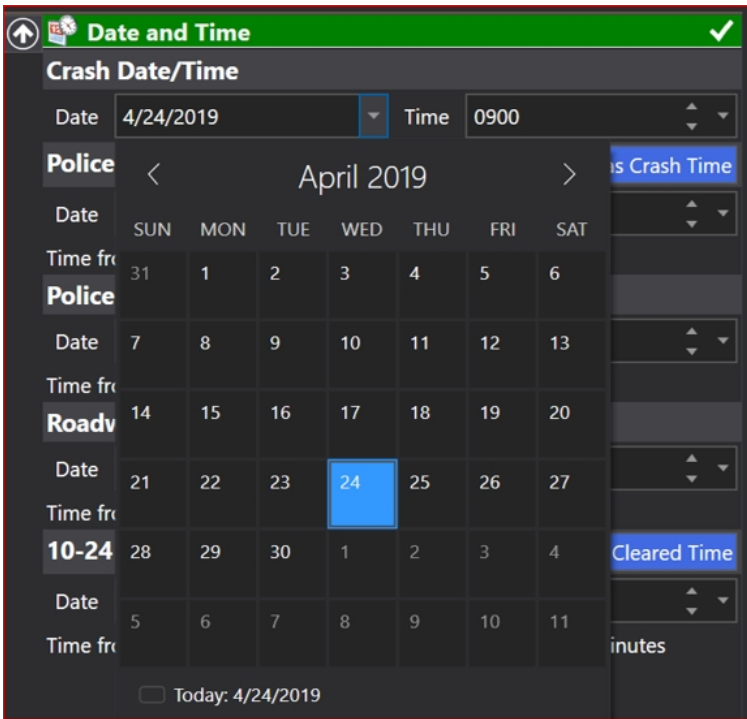
The identification of the photographer who took the crash photo.

	Validation
Rank	Photographer rank should not be empty if required.
	Photographer rank must be null if not required.
First Name	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.
Middle Name	Photographer middle name must be null if not required.
Last Name	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.
Suffix	Photographer name suffix must be null if not required.
Badge #	You must enter the badge # of the photographer.
	Photographer id must be null if not required.
	Photographer id must not be empty if required.

C3 Crash 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.

Date and Time	
Crash Date/Time	
Date	4/24/2019
Time	0900
Police Notified Same as Crash Time	
Date	4/24/2019
Time	0905
Time from crash to notification: 5 minutes	
Police Arrived	
Date	4/24/2019
Time	0910
Time from notification to arrival: 5 minutes	
Roadway Cleared	
Date	4/24/2019
Time	0915
Time from crash to roadway clearance: 15 minutes	
10-24 (Investigation Completed) Same as Roadway Cleared Time	
Date	4/24/2019
Time	0930
Time from arrival to on-scene investigation completion: 20 minutes	



Crash Date and Time

The date and time the crash occurred.

	Validation
Crash Date	You must enter the date the crash occurred. Crash date must not be empty.
Crash Time	You must enter the estimated time at which the crash occurred.

	Validation
	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.

	Validation
Police Notified Date	You must enter the date when the police received notification of the crash.
	Police notification date must not be empty.
Police Notified Time	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.

	Validation
Time From Crash to Notification	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.

	Validation
Crash Date	You must enter the date when the police arrived at the crash location.
	Police arrival date must not be empty.
Crash Time	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.
	The 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.

	Validation
Time From Police Notification to Police Arrival	You must enter the date when the police received notification of the crash.

Roadway Cleared Date and Time

Record the time when official cleared the crash scene roadway.

	Validation
Crash Date	You must enter the date when the police arrived at the crash location.
	Roadway clearance date must not be empty.
Crash Time	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.




10-24 (Investigation Completed)



Record the date and time when the officer completed the scene investigation.



	Validation
On Scene Investigation Completion Date	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	On scene investigation completion time must not be empty.
On Scene Investigation Completion Date/Time	On scene investigation completion date/time cannot be in the future.

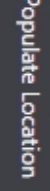
C4-C6 Crash Location

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

  **Location** 

 **County** Calhoun 


 **City** Calhoun City 


 **Populate Location**

Latitude and longitude coordinates can only be entered by populating data from MapClick or a GPS device.

Latitude

Longitude

Property Ownership Public property 

Trafficway Characteristics Non-trafficway 

C4 County

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

C5 City

	Validation
City	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.

G6 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.

	Validation
Latitude	Latitude must be within state.
	Latitude must not be empty.
Longitude	Longitude must be within state.
	Longitude must not be empty.

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.”

	Validation
Property Ownership	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 unstable situation does not originate on the roadway or shoulder and no 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 unstable 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 center line 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 unstable 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.

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

MC100 Crash Location Road

Describe the road where the crash occurred.

Road ✓

Classification State highway ▼

Named road Numbered road

Address Number

Street Name

Traffic Flow Direction North ▼

Crash was at an intersection

Named road Numbered road

Street Name

MC400 Road Classification

The road classification describes the type of road where the crash occurred.

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

	Validation
Road Classification	Road classification must not be empty.

MC401 Road Named Road

Provide the road name.

	Validation
Named Road	You must enter either the name or number of the road on which the crash occurred.
Street Name	Street name or road number must not be empty
Numbered Road	You must enter either the name or number of the road on which the crash occurred.

MC402 Road Numbered Road

Provide the road number.

	Validation
Named Road	You must enter either the name or number of the road on which the crash occurred.
Street Name	Street name or road number must not be empty
Numbered Road	You must enter either the name or number of the road on which the crash occurred.

MC403 Road Address Number

Provide the road address number.

	Validation
Named Road	You must enter either the name or number of the road on which the crash occurred.
Street Name	Street name or road number must not be empty
Numbered Road	You must enter either the name or number of the road on which the crash occurred.

MC404 Road Street Name

Provide the road street name.

	Validation
Street Name	Street name or road number must not be empty


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.

	Validation
Traffic Flow	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.

Did the crash occur at an intersection.

 **Road**

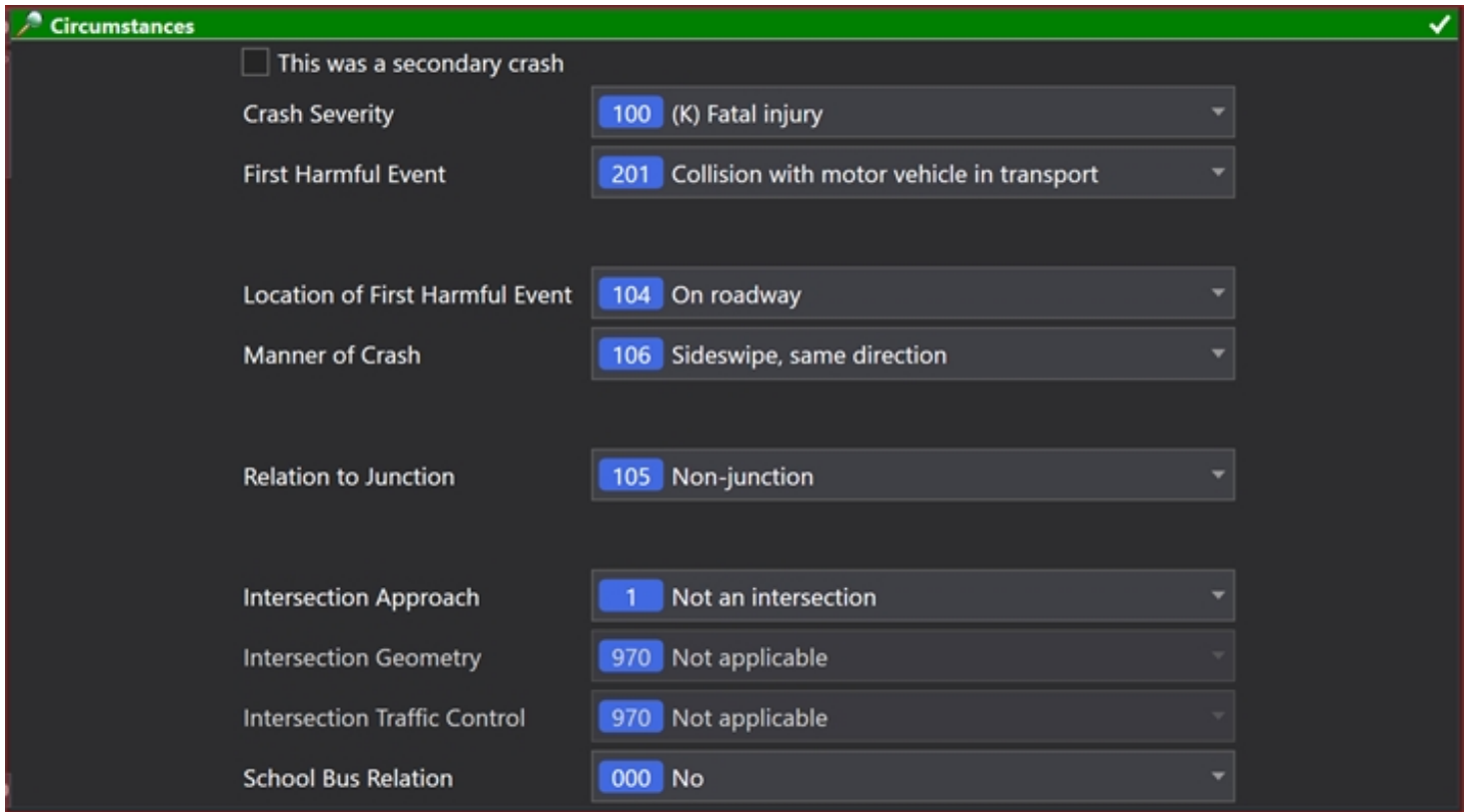
Crash was at an intersection

Named road Numbered road

Street Name

Crash Circumstances

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



Crash Circumstances ✓

This was a secondary crash

Crash Severity: 100 (K) Fatal injury

First Harmful Event: 201 Collision with motor vehicle in transport

Location of First Harmful Event: 104 On roadway

Manner of Crash: 106 Sideswipe, same direction

Relation to Junction: 105 Non-junction

Intersection Approach: 1 Not an intersection


Intersection Geometry: 970 Not applicable

Intersection Traffic Control: 970 Not applicable



School Bus Relation: 000 No

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.

 Circumstances
<input type="checkbox"/> This was a secondary crash

C19 Crash Severity

 **Circumstances** 

This was a secondary crash

Crash Severity

First Harmful Event

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. 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	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. 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

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 movable 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
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
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
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
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 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
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 vehicles.
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 vehicles.
	Collision with Parked Motor Vehicle, Motor Vehicle Maneuver/Action" must = 09 (Parked) for at least one motorized vehicle in the crash.
203 Collision with pedal cycle	Collision with Pedal cycle, you must add involved person Non-Motorist, Bicyclist, Motorist or Other Cyclist.
	Collision with Pedal cycle, 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.
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
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 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 Support	If “C7. First Harmful Event = Utility Pole/Light Support then Location of 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 (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
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 null if not required 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 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.

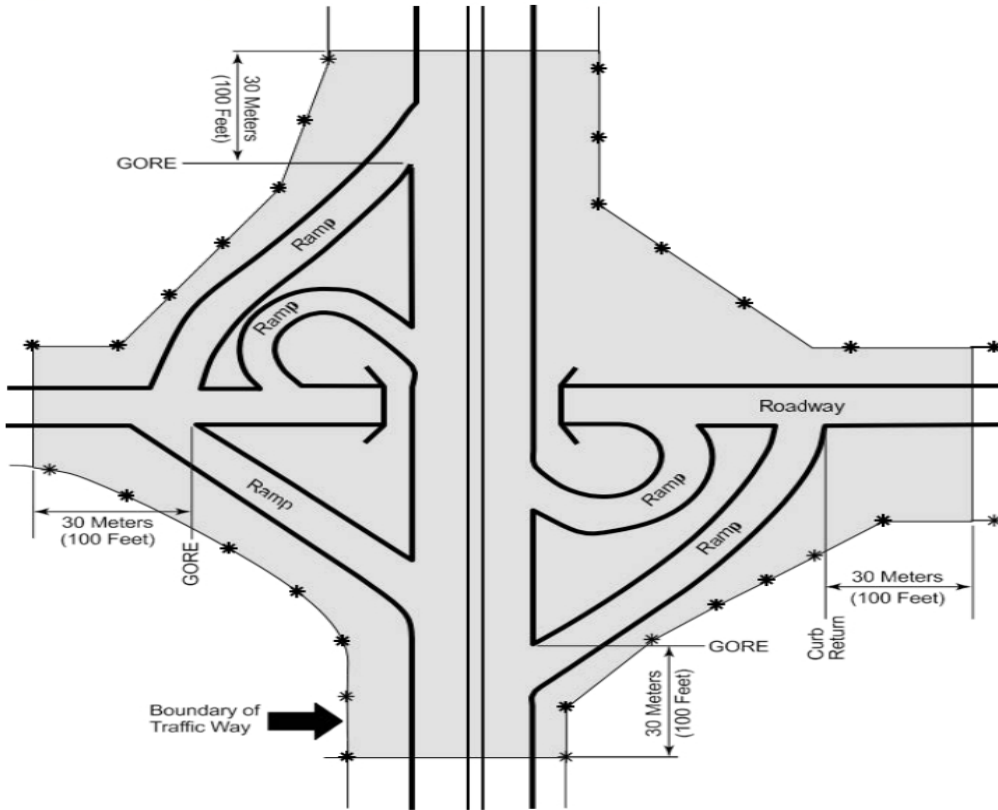
C15 Relation of Junction

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 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>

Code	Name	Description
		See diagram below
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>
980	Other location within an interchange area (median, shoulder, and roadside)	<p>Must provide description.</p> <p>See diagram below</p>
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*

	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 = 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 null if not required

C16 Intersection Approach

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 occur in an intersection or intersection-related.
2	Two	Two roadways cross or connect.
3	Three	
4	Four	
5	Five or more	Where more than two roadways cross or connect.

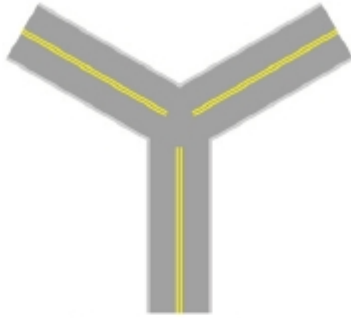
	Validation
Intersection Approach	You must indicate if the crash involved intersecting lanes and how many.
	Intersection approach should be intersection if non motorist is in intersection and first harmful event involves non motorist.
	Intersection approach must not be empty.

Code	Name	Description
100	Angled / skewed	See diagram below.
101	Roundabout / traffic circle	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. Intersections where vehicles must travel around a circle to continue on the same road or leave on any intersecting road See diagram below.
102	Perpendicular	See diagram below.
970	Not applicable	

	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.

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

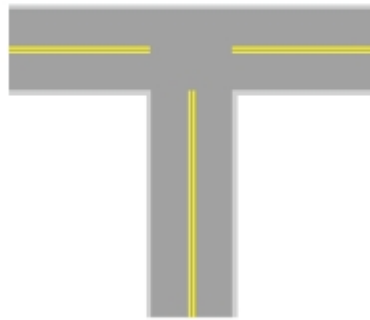


Other circular intersections (e.g., rotaries, neighborhood traffic circles)

Perpendicular Intersection Examples



Cross-Intersection (four legs)



T-Intersection

Source: Model Inventory of Roadway Elements, Version 1.0

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

	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 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.

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	<p>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).</p> <p>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.</p>

	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 related.


Crash Circumstances Conditions

The Crash Circumstances Conditions describes the overall conditions related to the environment such as the lighting, weather and the roads at the time of the crash.

- [C12 Light Conditions](#)
- [C11 Weather Conditions](#)
- [C14 Roadway Environmental](#)

C12 Light Conditions

Describe the lighting conditions at the time of the crash.

 **Conditions**
✓

Light Condition

101

Daylight
▼

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 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 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



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.

C11 Weather Conditions

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

 **Weather Conditions** 

Check up to 2 weather conditions that were present at the time of the crash.


- 000 Clear
- 100 Blowing sand, soil, dirt
- 101 Blowing snow
- 102 Cloudy
- 103 Fog, smog, smoke
- 104 Freezing rain or freezing drizzle
- 105 Rain
- 106 Severe crosswinds
- 107 Sleet or hail
- 108 Snow
- 980 Other
- 999 Unknown

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 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 Conditions	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 null if not required
	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 values can be selected.
	If Fog, smog, smoke and Freezing rain or Freezing Drizzle are selected, then no 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 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.	

C14 Roadway Environmental

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



Environmental Conditions

✓

Select up to 2 environmental conditions that were present at the time of the crash.

Available values:

- 000 None
- 101 Debris
- 102 Glare
- 103 Non-highway work
- 104 Obstructed crosswalks
- 105 Obstruction in roadway
- 107 Prior non-recurring incident
- 108 Regular congestion
- 109 Related to a bus stop
- 110 Road surface condition (wet, icy, snow, slush, etc.)
- 111 Ruts, holes, bumps
- 112 Shoulders (none, low, soft, high)
- 113 Toll booth/plaza related
- 114 Traffic control device

Move Up

Add

Remove

Move Down

Selected values:

- 100 Animal(s)
- 106 Prior 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	An accumulation of traffic caused by vehicles slowing or stopping the traffic flow. NOTE: Examples would include a funeral procession, a sporting event or other gathering, a parade, a traffic signal outage, etc.
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
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	Validation
Roadway Environmental Conditions	<p>You must select up to 2 environmental conditions that were present at the time of the crash.</p> <p>Roadway environmental contributing circumstances must not be empty</p> <p>Roadway environmental contributing circumstances must not violate mutual exclusion</p> <p>Roadway environmental contributing circumstances cannot include weather conditions if weather conditions are clear</p> <p>Roadway environmental contributing circumstances description must not be empty if required</p> <p>Roadway environmental contributing circumstances description must be null if not required</p>
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 Zones

A work zone is an area of a trafficway where construction, maintenance, or utility work activities occur. 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 ✓	
Work Zone Relation	000 No
Work Zone Location	970 Not applicable
Work Zone Type	970 Not applicable
Workers Present	970 Not applicable
Law Enforcement Present	970 Not applicable

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.

	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.
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.

	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

Code	Name
100	Lane closure
101	Lane shift / crossover
102	Work on shoulder or median
103	Intermittent or moving work
980	Other type of work zone
970	Not applicable
999	Unknown

	Validation
Work Zone Type	Work zone type must not be empty
	Work zone type description must not be empty if required
	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.

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

Law Enforcement Present

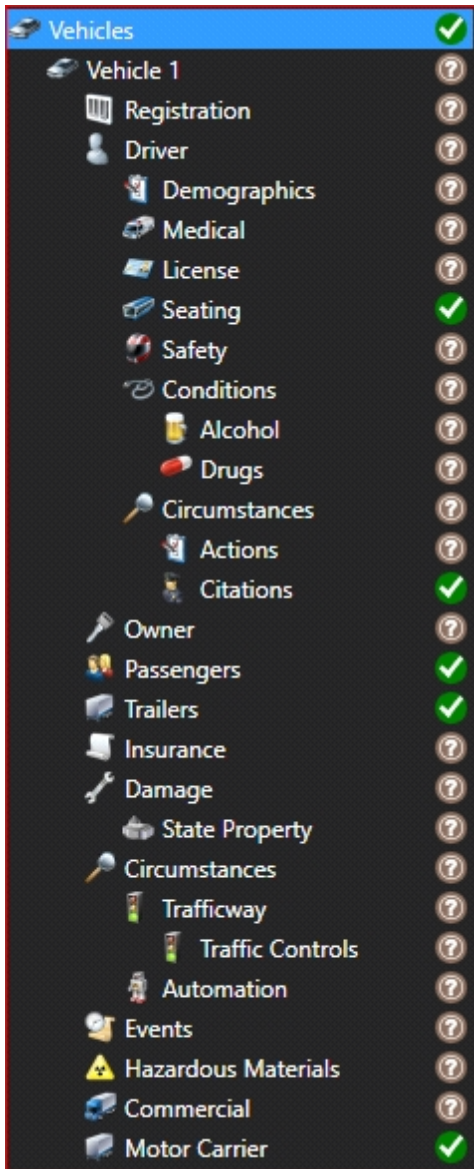
Indicate whether law enforcement was present in the work zone area at the time of the crash.

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.

	Validation
Law Enforcement Present	If Work Zone Relation = Yes, then you must provide Law Enforcement Present.
Work Zone + First Harmful Event	<p>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.</p> <p>If Work Zone-Related/Construction/Maintenance/Utility = No, all other work zone fields must = Not Applicable/Not Within or Related to a Work Zone.</p>

V1 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 provide the following **vehicle information**:

- Vehicle Identification - [Vehicle Identification](#)
- Owner of Vehicle - [Vehicle Owner](#)
- Trailers Attach to Vehicle - [Trailers](#)
- Damage to Vehicle At the Time of the Crash - [V24 Vehicle Damage](#)
- Vehicle Sequence of Events that Contributed to Crash - [Vehicle Event](#)

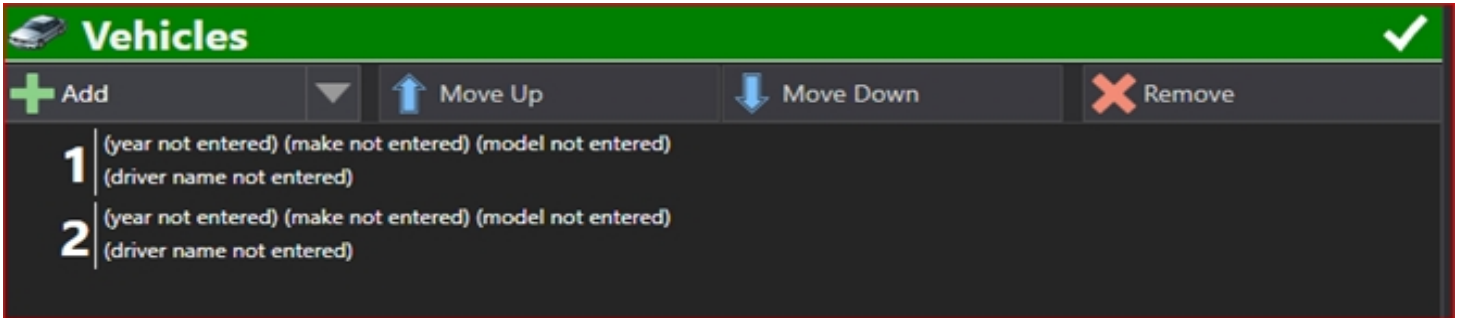
- Vehicle Traveled Trafficway Data that Contributed to the Crash - [V14 Trafficway](#)
- Vehicle Hazardous Materials (if applicable) - [Hazardous Materials](#)
- Vehicle Motor Carrier (if applicable) - [LV7 Motor Carrier](#)

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

- Driver - [P4 Driver](#)
- Passengers - [P4 Passenger](#)

C20 Number of Vehicles Involved

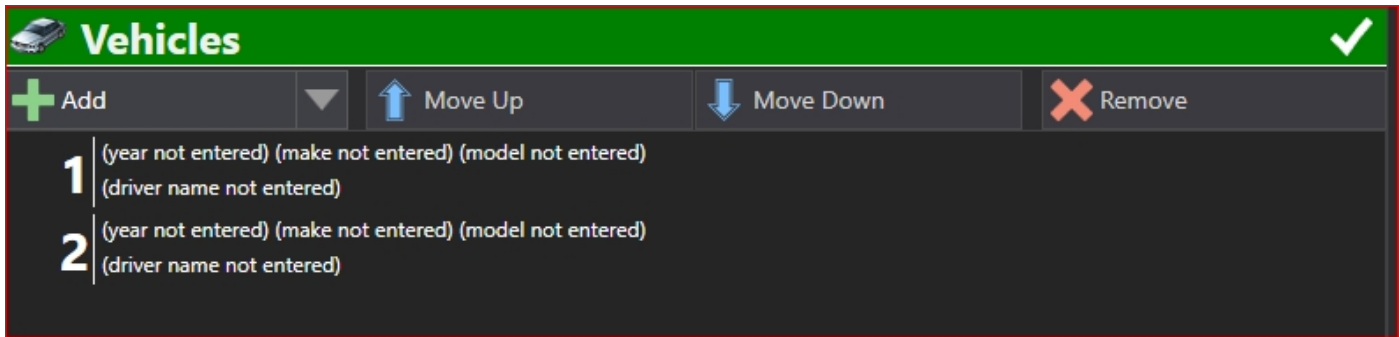
The sequential count number assigned to each motor vehicle involved in the crash. This number tracks which passengers occupied a vehicle. This number does not refer to non-motorists.



	Validation
Vehicle	<p>Vehicles must not be empty.</p> <p>Vehicles must include at least one other moving vehicle if sequence of events involves another moving vehicle.</p> <p>Vehicles must include at least one other parked vehicle if sequence of events involves parked vehicle.</p> <p>Vehicles should include at least one other vehicle if sequence of events involves object from another motor vehicle.</p>
# of Motor Vehicles Involved + Crash Manner	<p>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.</p> <p>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.</p>

V1 Vehicle Identification

Describe the vehicles involved in the crash.





The screenshot shows a mobile application interface for vehicle identification. At the top is a green header with a car icon, the title "Vehicles", and a white checkmark icon. Below the header is a dark grey toolbar with four buttons: a green plus sign labeled "Add", a grey downward arrow, a blue upward arrow labeled "Move Up", a blue downward arrow labeled "Move Down", and a red X labeled "Remove". Below the toolbar is a list of two vehicles. Each vehicle entry consists of a large number (1 and 2) in a white box on the left, followed by text in parentheses: "(year not entered) (make not entered) (model not entered)" and "(driver name not entered)".


Select the **Add** icon to input the vehicle information.


Select the **Edit** icon to update vehicle information.


Select the **Move Up** or **Move Down** icon to arrange the vehicle list.

Select the **Remove** icon to delete a vehicle from the report.


 **Vehicle 1** 


Hit and Run No, did not leave scene 


Vehicle Type Motor vehicle in transport 

Body Type Passenger car 

Vehicle Year Unknown

Vehicle Make 

Vehicle Model 

Color Black 

This vehicle had no driver

[C20 Number of Vehicles Involved](#)

[V22 Hit and Run](#)

[V2 Vehicle Usage Type](#)

[V8 Body Type](#)

[V6 Vehicle Model Year](#)

[V5 Vehicle Make](#)

[MV100 Vehicle Color](#)

[V3 Vehicle Had No Driver](#)

[Vehicle Registration](#)

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.

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

V2 Vehicle 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 being in motion or on a roadway. Inclusions: motor vehicle in traffic on a highway, driverless 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	


	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 + Motor 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.

V1 VIN

V1 VIN

Indicate the identification number found on the vehicle or registration card. You must provide the VIN or indicate unknown. Once the VIN number is entered, the vehicle information can be automatically imported by clicking the Import Vehicle button (blue in color).

	Validation
VIN	You must enter the VIN or select Unknown.

 **Vehicle 1**

Hit and Run 000 No, did not leave scene ▼

Vehicle Type ▼

VIN Unknown

Body Type ▼

Vehicle Year Unknown

Vehicle Make ▼

Vehicle Model ▼

Color ▼

This vehicle had no driver

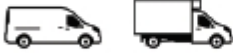






V8 Body Type

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

	Validation
Vehicle	Body type must not be empty.
	Body type description must not be empty if required.
	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 NonFataally 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 NonFataally 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

V6 Vehicle Model Year

The year assigned to a motor vehicle by the manufacturer. This value is often obtained from the driver's vehicle registration. You must provide the four-digit vehicle year or select unknown. The system 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.

	Validation
Vehicle Make	You must enter the Vehicle Make or select unknown.
Vehicle Make Description	Make description must not be empty if 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.

	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.

MV100 Vehicle Color

The exterior color of the vehicle.

	Validation
Vehicle Color	You must enter the Vehicle Color or select unknown.
	Color description must not be empty if required.

V3 Vehicle Had No Driver

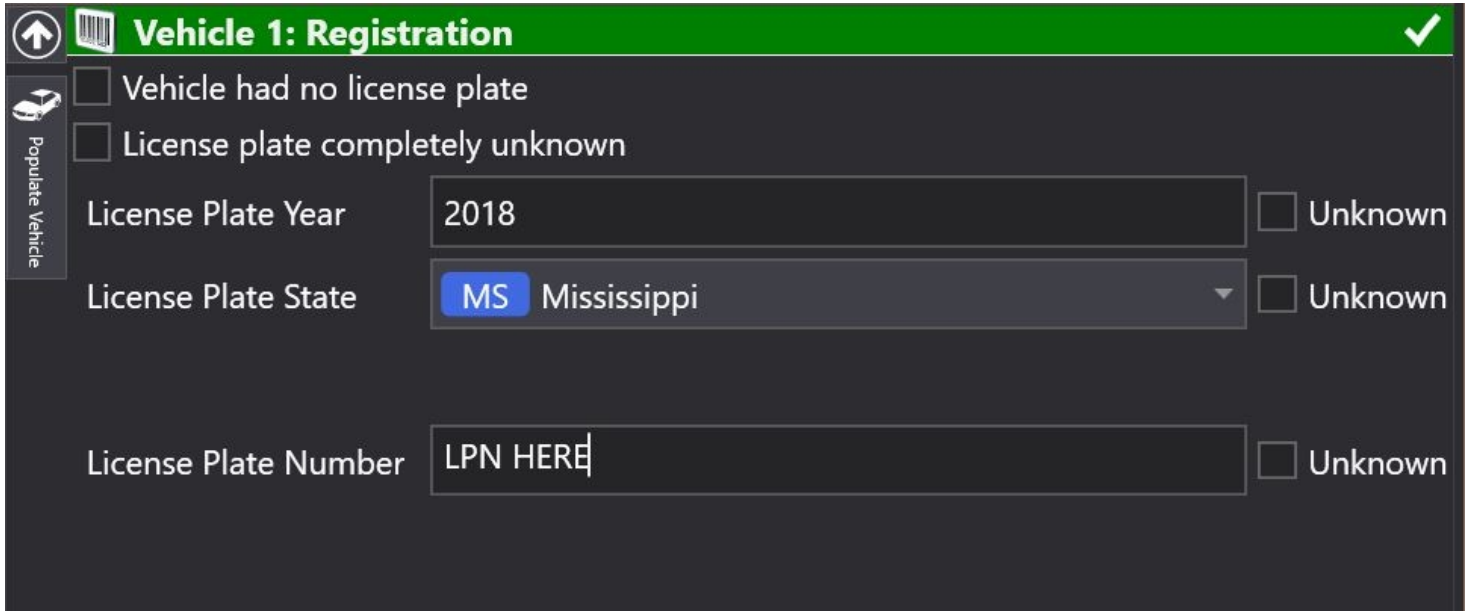
You must specify that there was no driver in the vehicle to disable the entry of the driver information.

	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.

Vehicle Registration

Vehicle Registration

Record the driver's vehicle registration information.



Vehicle 1: Registration ✓

Vehicle had no license plate

License plate completely unknown

Populate Vehicle

License Plate Year: 2018 Unknown

License Plate State: MS Mississippi Unknown

License Plate Number: LPN HERE Unknown

[V4 Vehicle License Plate](#)

V4 Vehicle License Plate

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.

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

V4 License Plate Completely Unknown

	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.

	Validation
Vehicle Plate Year	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 be null if non expiring
	Tag year must not be greater than crash year by more than allowed

V4 License Plate State

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

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

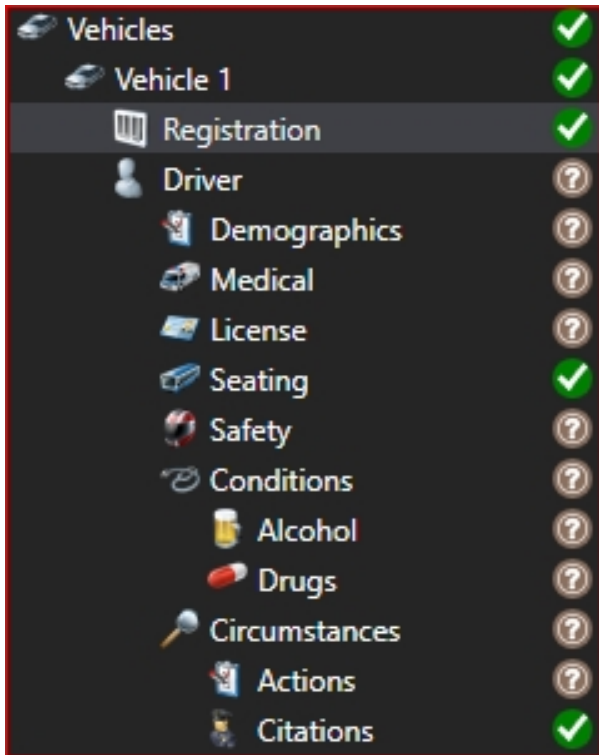
V4 License Plate Number

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

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

P4 Driver

Describe the driver of vehicle.



[Driver Identification](#)

[Driver Demographics](#)

[Driver Medical](#)



[P12 Driver License](#)


[Driver Safety](#)

[P19 Driver Condition at Time of Crash](#)

[Driver's Circumstances](#)

P4 Driver Identification

 **Driver 1** 

 **Populate Person**

First Name	Middle Name	Last Name	Suffix
<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="Suffix"/> <input type="checkbox"/> Unknown

Address Unknown

Street

City

State

Postal Code

Phone Number Unknown

P1 Name

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

	Validation
Last Name	You must enter the last name of the driver or select Unknown.
	Last name must be null if unknown.
First Name	You should enter the first name of the driver.
	First name must be null if unknown.
Middle Name	Middle name must be null if unknown.
Name Suffix	Name suffix must be null if unknown.

Address

The address of the driver.

	Validation
Address Street	You must enter the Street Address of the driver or select Unknown.
Address City	You must enter the City Address of the driver or select Unknown.
	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 null if not required
Address Postal Code	You must enter the Postal Code Address of the driver or select Unknown.
	Address postal code must not be empty if applicable.




Phone Number


The phone number of the driver.

	Validation
Phone Number	You must enter the Driver s Phone Number of the Driver or select Unknown.
	Phone number must be null if unknown.

P2-P3 Driver Demographics

Describe the identifying information about the driver.

  **Driver 1: Demographics** 

 **Populate Person**

Date of Birth Unknown

Age on Date of Crash 26

Sex Male

Race Other

Description

Ethnicity Other than Hispanic

Incident Responder Other

Description

P2 Driver Date of Birth

The date of birth of the driver.

	Validation
Date of Birth	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.

Driver Age on Date of Crash

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

	Validation
Date of Birth	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 Driver Sex

The gender of the person involved in the crash.

Code	Name
100	Female
101	Male
999	Unknown

	Validation
Sex	Sex must not be empty. You must enter the Driver s SEX or select Unknown.

MP101 Driver 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

	Validation
Race	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 null if not required.

MP102 Driver Ethnicity

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

Code	Name
100	Hispanic
101	Other than Hispanic
999	Unknown

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

P4 Is This Person An Incident Responder?

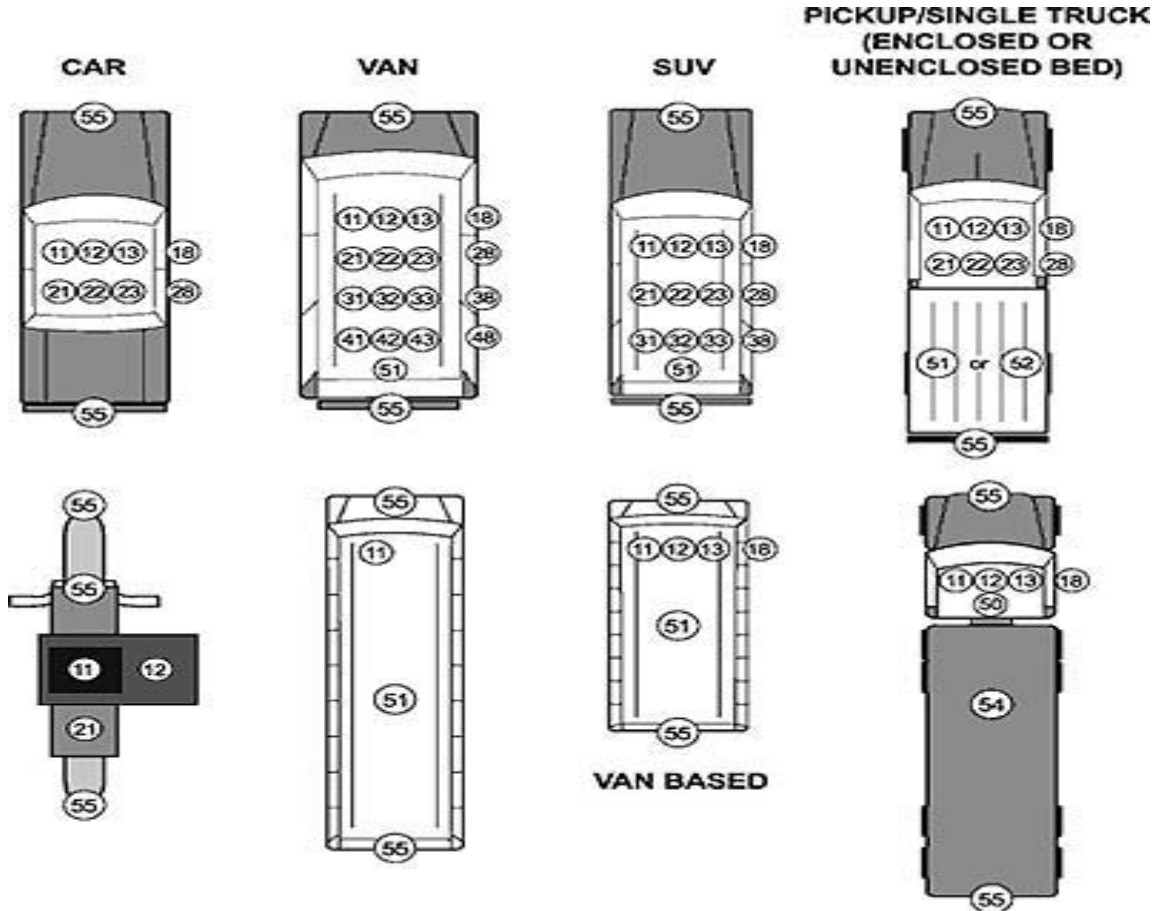
The type of incident responder official involved in the crash. The answer is No if this person is not on duty.

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

	Validation
Incident Responder	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 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
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)

Code	Name
898	Other enclosed cargo area
970	Not applicable
999	Unknown

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

Driver Medical

Describe the medical condition of the driver.

↑ **Driver 1: Medical**
✓

Injury Status 101 (A) Suspected Serious Injury ▼

Transportation to Medical Facility

Type 101 EMS ground ▼

EMS Response Agency Acadian Ambulance Service ▼

EMS Response Run # EMS Reponse Run # Unknown

Facility Receiving Patient Claiborne County Hospital ▼

[P5 Injury Status](#)

[P24 Transportation to Medical Facility](#)

[P24 EMS Response Agency](#)

[P24 Facility Receiving 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 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.

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

P24.1 Transportation to Medical Facility

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

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

	Validation
Transportation to Medical Facility	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 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

	Validation
EMS Response Agency	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 null if not required.

P24.3 EMS Response Run Number

Run number for agency that provides transport to the first medical facility receiving the patient.

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

	Validation
Facility Receiving Patient	If Transportation to Medical Facility is not = Not Transported or Unknown, you must select the Medical Facility 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 null if not required.
	Medical facility receiving patient should match injury status.

P12 Driver License

Collect the driver's license information from their driver license. Use the MOVE import feature to scan and copy information to save time.

↑ **Driver 1: Driver License**
✓

Populate Person

Status

002 Expired

▼

State

MS Mississippi

▼

Number

Driver's License #

Class

100 Class A

▼

CDL Yes No

CDL Status

100 Valid

▼

[P17 Driver License Status](#)

[P11 License State](#)

[P12 License Number](#)

[P12 License Class](#)

[LV1 License CDL Indicator](#)

[LV1 License CDL Status](#)

P17 Driver License Status

Indicate the status of the driver license.

	Validation
Driver License Status	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.

	Validation
Driver License State	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 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

	Validation
Driver License Number	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

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.

	Validation
Driver License Class	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.

	Validation
Driver License CDL	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.

	Validation
Driver License CDL Status	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 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.

  **Driver 1: Endorsements** 

Endorsements on License

- 000** None/not applicable
- 100** H - Hazardous materials
- 101** N - Tank vehicle
- 102** P - Passenger
- 103** S - School
- 104** T - Double/triple trailers
- 105** X - Combination of tank vehicle and hazardous materials
- 980** Other non-commercial license endorsements (e.g., motorcycle, etc.)
- 999** Unknown

Compliance **100** Endorsements required, complied with 

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	

	Validation
Driver License Endorsement	Driver license endorsements must not be empty; You must enter a Driver s License Endorsement or select Unknown.
	Driver license endorsements description must not be empty if required.
	Driver license endorsements description must be null if not required.

P12 License Endorsements 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

	Validation
Driver License Endorsement Compliance	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.

↑ **Driver 1: Restrictions**
✓

Restrictions on License

- 000 None
- 100 2 - Intermediate license restrictions
- 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 - Biotopic lenses (7)
- 125 Z - No full airbrake equipped CMV
- 126 Learner's permit restrictions
- 127 Military vehicles only
- 128 Limited - other
- 980 Other
- 999 Unknown

Alcohol Interlock Presence 970 Not applicable

Code	Name
000	None
100	2 - Intermediate license restrictions
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 - Biotopic lenses (7)
125	Z - No full airbrake equipped CMV
126	Learner s permit restrictions
127	Military vehicles only
128	Limited - other
980	Other
999	Unknown

	Validation
Driver License Restrictions	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.

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

	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

Driver 1: Safety Equipment
✓

Restraint System Used 101 Booster seat ▼

Used Improperly? 000 No ▼

Ejection 000 Not ejected ▼

Extrication 000 No ▼

Air Bag Deployed

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

Description air bag deployed other - please explain

- [P8 Restraint System Used](#)
- [P8 Used Improperly Indicator](#)
- [P10 Ejection](#)
- [Extrication](#)
- [P9 Air Bag Deployed](#)

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 null if not required.

P8 Used Improperly Indicator

Indicate if the driver's restraint use.

	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 of 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 null if not required.

P19 Driver 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.

↑ Driver 1: Condition
✓

Check up to 2 of the conditions that applied to the driver at the time of the crash.

- 000 Apparently normal
- 100 Asleep or fatigued
- 101 Emotional (depressed, angry, disturbed, etc.)
- 102 Ill (sick), fainted
- 103 Physically impaired
- 104 Under the influence of medications/drugs/alcohol
- 970 Not applicable
- 980 Other
- 999 Unknown

↓

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 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 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.

P20 Alcohol

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.

P20 Suspected 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 unknown if driver did not leave the scene.

P21 Alcohol 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 Alcohol 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.

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.

C25 Drugs

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 drug usage.

P22 Suspected Usage

Code	Name
000	No
100	Yes
999	Unknown

Drug Usage	Validation
	Drug use suspicion must not be empty.
	Drug use suspicion must be no if unborn child.
	Drug use suspicion must not be unknown if driver did not leave the scene.

P23 Drug 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 Drug 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

	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 null if unborn child.
	Drug test type description must be null if not required.

P23 Drug 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.

	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.

	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 null if not required.
	Drug test results description must be null if unborn child.

Driver's Circumstances

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

Driver 1: Circumstances	
Speeding Relation	100 Exceeded speed limit
Distraction Action	101 Manually operating a device (e.g., texting, dialing, playing game, etc.)
Distraction Source	101 Hand-held mobile phone
Avoidance Maneuver	110 Steering right

[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.
	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)
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."

↑ Driver 1: Actions at Time of Crash

Check up to 4 actions that the driver performed at the time of the crash.

- 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

↓

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.

Code	Name
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.

↑ **Driver 1: Citations**
✓

+ Add Citation
✗ Remove Citation

1 | ticket # goes here : [63-11-30] Driving Under the Influence

2 | Ticket #2 : [63-3-1201] Reckless Driving

Details of Selected Citation

Ticket Number: Ticket #2

Violation Code: reckless

Category	Code	Description
Speed/Traffic Violation	63-3-1201	Reckless Driving

↓ Violation Category: 500 Speed/Traffic Violation

	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

Record the owner of the vehicle information. Use the MOVE import feature to populate the vehicle data from their driver's license and vehicle registration.

Vehicle 1: Owner ✓

Name Same as driver Unknown

First Name Middle Name Last Name Suffix

Address Same as driver Unknown

Street Driver Street Address

City Driver City Address

State **MS** Mississippi

Postal Code postal code

Vehicle 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.

	Validation
Owner Name	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 null if not required
	Owner name must match driver if is owner name same as driver is true

Vehicle 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.

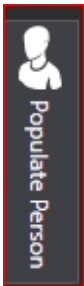
- House/Apt. No
- Street Name
- City
- State
- Postal Code/Zip Code

	Validation
Owner Address Street	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 match driver if is owner address same as driver is true.
Owner Address City	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 match driver if is owner address same as driver is true
Owner Address State	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.
	Owner address state must match driver if is owner address same as driver is true
Owner Address Postal Code	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.
	Owner address postal code must not be empty if applicable
	Owner address postal code must match driver if is owner address same as driver is true
Same as driver	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 null if not required
	Owner address state description must match driver if is owner address same as driver is true

P4 Passenger

Describe each passenger in the vehicle.

[P6 Occupants Motor Vehicle Unit Number](#)



Use the MOVE scan and import feature to quickly complete the passenger demographic section.

[Passenger Unborn Child](#)

[P1 Passenger Name](#)

[Passenger Address](#)



[Passenger Demographics](#)

P6 Occupants Motor Vehicle Unit Number

Add each passenger to the correct vehicle.

Vehicle 1: Passengers ✓	
+ Add	⬆ Move Down
1 (passenger name not entered) (no seating position entered)	⬆ Move Down
2 (passenger name not entered) (no seating position entered)	⬆ Move Down
3 (passenger name not entered) (no seating position entered)	⬆ Move Down

MP100 Passenger Unborn Child

 **Passenger 1.1**


Is unborn child of

	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

Record the Passenger Name. Use the MOVE scan and import feature to quickly complete this section.

	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

Record the passenger's address and phone number. This information is populated when you use the MOVE scan and copy feature.

↑ Passenger 1.1

Populate Person

Is unborn child of

First Name	Middle Name	Last Name	Suffix
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Unknown

Address

Copy Address from Driver

Unknown

Street

City

State

Postal Code

Phone Number

Unknown

↓

Validation

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

P4 Passenger Demographics

Describe the passenger's identifying information.

Passenger 1.1

Is unborn child of

First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown

Address Copy Address from Driver Unknown

Street

City

State

Postal Code

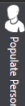
Phone Number Unknown

[Passenger Unborn Child](#)

[P1 Passenger Name](#)

[Passenger Address](#)

Passenger 1.1: Demographics

 Populate Person

Date of Birth Unknown


Age on Date of Crash 18

Sex Male

Race White

Ethnicity Hispanic

Incident Responder No



[Passenger Demographics](#)

[P2 Passenger Date of Birth](#)

[P3 Passenger Sex](#)

[Passenger Race](#)

[Passenger Ethnicity](#)

[Passenger Incident Responder](#)

P2 Passenger Date of Birth

Passenger 1.1: Demographics

Date of Birth (not entered) Unknown

Age on Date of Crash Unknown

P2 Date of Birth

The date of birth of the passenger.

	Validation
Date of Birth	You must enter the Passenger s DOB or select Unknown.
	The DOB you enter for the passenger 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 passenger s age based upon the date of birth.

	Validation
Date of Birth	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 Passenger Sex

Select the gender of the passenger.

The screenshot shows a dark-themed interface. On the left, the label 'Sex' is positioned above a dropdown menu. The dropdown menu is open, displaying three options: '100 Female', '101 Male', and '999 Unknown'. Each option is preceded by a small blue square containing the code number. Below the 'Sex' label, the label 'Race' is visible, but its dropdown menu is not shown.

P3 Sex

The gender of the person involved in the crash.

Code	Name
100	Female
101	Male
999	Unknown

	Validation
Sex	Sex must not be empty. You must enter the Driver s SEX or select Unknown.
	Sex must be null if unborn child

MP101 Passenger Race

Select the passenger's race.

Race

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

	Validation
Race	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 null if not required

MP102 Passenger Ethnicity

Select the passenger's ethnicity.

The screenshot shows a dark-themed dropdown menu. At the top, the word 'Ethnicity' is displayed. A tooltip above the dropdown reads 'NewItem149 (Picture) Source: Included file'. The dropdown is open, showing three options: '100 Hispanic', '101 Other than Hispanic', and '999 Unknown'. Each option is preceded by a blue square containing the code number.

Ethnicity

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

Code	Name
100	Hispanic
101	Other than Hispanic
999	Unknown

	Validation
Ethnicity	Ethnicity must not be empty. You must enter the Driver s Ethnicity or select Unknown.
	Ethnicity must be null if unborn child.

P4 Passenger Incident Responder

Incident Responder

- 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

Is This Person An 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

	Validation
Incident Responder	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 null if not required.

Incident responder must be no if unborn child.

Passenger Medical

Describes the passenger's medical condition as a result of the crash.

Passenger 1.1: Medical ✓

Injury Status **100** (K) Fatal Injury ▼

Transportation to Medical Facility

Type **100** EMS air ▼

EMS Response Agency AAA Ambulance Service ▼

EMS Response Run # Unknown

Facility Receiving Patient South Central Regional Medical Center ▼

⬇

P5 Passenger Injury Status

Describe the passenger injury as a result of the crash.

Passenger 1.1: Medical

Injury Status

- 100 (K) Fatal Injury
- 101 (A) Suspected Serious Injury
- 102 (B) Suspected Minor Injury
- 103 (C) Possible Injury
- 104 (O) No Apparent Injury

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. 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.

	Validation
Injury Status	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

Describe the type of transportation used to transport the passenger to a medical facility and the destination.

Transportation to Medical Facility

Type

▼

P24 Medical Transportation Type

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

	Validation
Transportation to Medical Facility	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 null if not required.
	Medical facility receiving patient must match the parent of an unborn child.

P24.2 Passenger EMS Response

Provide the name of the Emergency Medical Response Agency name and the EMS Response Run #.

EMS Response Agency	<input type="text"/>
EMS Response Run #	<input type="text"/> <input type="checkbox"/> Unknown
Facility Receiving Patient	<input type="text"/>

P24 EMS Response Agency

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

	Validation
Medical Facility Agency	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 null if not required.
	Is ems response run number unknown must match the parent of an unborn child.
	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 be null if not required.
	Medical facility receiving patient description must be null if not required.
	Medical facility receiving patient description must match the parent of an unborn child.

EMS Response Run #		<input type="checkbox"/> Unknown
--------------------	--	----------------------------------

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

	Validation
Facility Receiving Patient	If Transportation to Medical Facility is not = Not Transported or Unknown, you must select the Medical Facility 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 null if not required.
	Medical facility receiving patient should match injury status.

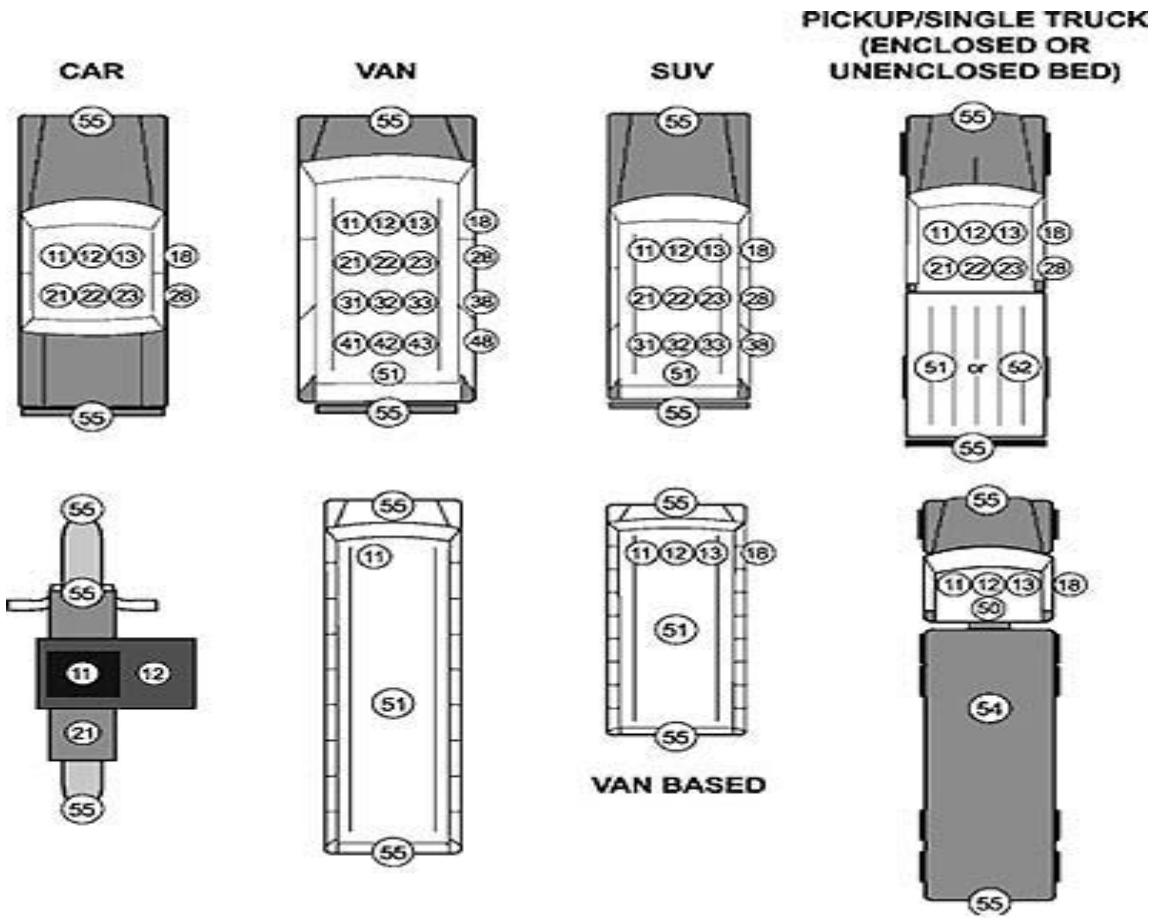
P7 Passenger Seating Position

Passenger 1.1: Seating Position
?

Front					
	L	M	R	Unk	
1	100	101	102	199	<input type="checkbox"/> 700 Unenclosed cargo area
2	200	201	202	299	<input type="checkbox"/> 701 Riding on motor vehicle exterior (non-trailing unit)
3	300	301	302	399	<input type="checkbox"/> 800 Trailing unit
4	400	401	402	499	<input type="checkbox"/> 801 Sleeper section of cab (truck)
Other	500	501	502	599	<input type="checkbox"/> 898 Other enclosed cargo area
					<input type="checkbox"/> 970 Not applicable
Unk	600	601	602	699	<input type="checkbox"/> 999 Unknown

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

Code	Name
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
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

	Validation
Seating Position	Seating position must not be empty.
	Seating position must match the parent of an unborn child.

P7 Passenger Safety Equipment

Passenger 1.1: Safety Equipment ✓

Restraint System Used **106** Shoulder and lap belt used ▾

Used Improperly? **000** No ▾

Ejection **000** Not ejected ▾

Extrication **000** No ▾

Air Bag Deployed

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

	Validation
Restraint System	Restraint system type must not be empty
	Restraint system type must match the parent of an unborn child
	Restraint system type description must not be empty if required
	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	Ejection must not be empty
	Ejection must match the parent of an unborn child
Extraction	Extrication must not be empty
	Extrication must match the parent of an unborn child
Air Bag Deployments	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 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 trailers (most states have up to two) . A trailer can be a boat, camper or low boy.

Vehicle 1: Trailers

+ Add ↑ Move Up ↓ Move Down ✖ Remove

1	State: Not entered	Number: Not entered
---	--------------------	---------------------

Vehicle Trailer Details

Record the detailed information about the vehicle trailer.

Vehicle 1: Trailer 1 Details

VIN Unknown

Trailer had no license plate

License plate completely unknown

License Plate State California Unknown

License Plate Number Unknown

Trailer Make Unknown

Trailer Model Unknown

Model Year Unknown

Number of Axles Unknown

[Trailer VIN](#)

[Trailer License Plate](#)


[Trailer Make](#)

[Trailer Model Year](#)

[Trailer Number of Axles](#)

LV3 Trailer VIN

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

 **Vehicle 1: Trailer 1 Details**
?

VIN

Unknown

	Validation
VIN	VIN must not be empty. You must enter the Trailer s VIN of Vehicle # or select Unknown.
	Make must be null if unknown.

LV2 Trailer License Plate

LV2 Trailer License Plate

Had No License Plate

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

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

License Plate Completely Unknown

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

	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.

License Plate State

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

	Validation
Plate State	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 null if not required.

License Plate Number

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

	Validation
Plate Number	Tag number must not be empty; You must enter the license plate number for Trailer # of Vehicle #.

LV4-5 Trailer Make/Model

Trailer Make		<input type="checkbox"/> Unknown
Trailer Model		<input type="checkbox"/> Unknown

LV4 Trailer Make

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

	Validation
Make	Make must not be empty if applicable; You must enter the Trailer Make of Vehicle # or select Unknown.

LV5 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.

	Validation
Model	Model must not be empty if applicable; You must enter the Trailer Model of Vehicle # or select Unknown.
	Model must be null if unknown

LV6 Trailer Model Year

Trailer Make	<input type="text"/>	<input type="checkbox"/> Unknown
Trailer Model	<input type="text"/>	<input type="checkbox"/> Unknown
Model Year	<input type="text"/>	<input type="checkbox"/> Unknown
Number of Axles	<input type="text"/>	<input type="checkbox"/> Unknown

LV6 Trailer Model Year

The year assigned to a trailer by the manufacturer.

	Validation
Model Year	Model year must not be empty if applicable. You must enter the Trailer Model Year of Vehicle # or select Unknown.
	Model must be null if unknown.
	Model year must not be empty if applicable.
	Model year must be null if unknown.

LV11 Trailer Number of Axles

Trailer Make	<input type="text"/>	<input type="checkbox"/> Unknown
Trailer Model	<input type="text"/>	<input type="checkbox"/> Unknown
Model Year	<input type="text"/>	<input type="checkbox"/> Unknown
Number of Axles	<input type="text"/>	<input type="checkbox"/> Unknown

LV11 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.

	Validation
Number of axles	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.

MV200 Vehicle Insurance

Vehicle insurance is a financial policy purchased 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. If the vehicle is uninsured at the time of the crash, select the indicator shown below. The system will not require any additional information.

Vehicle 1: Insurance
✓

This vehicle was uninsured at the time of the crash.

Company	<input type="checkbox"/> Unknown
NAIC #	<input type="checkbox"/> Unknown
Policy #	<input type="checkbox"/> Unknown

When the vehicle is insured, provide the company name, NAIC # and the policy number. If any of this information is not available, select unknown.

Vehicle 1: Insurance
✓

This vehicle was uninsured at the time of the crash.

Company	<input type="checkbox"/> Unknown
NAIC #	<input type="checkbox"/> Unknown
Policy #	<input type="checkbox"/> Unknown



When the insurance information is not available, select unknown.

Vehicle 1: Insurance
✓

This vehicle was uninsured at the time of the crash.

Company	<input checked="" type="checkbox"/> Unknown
NAIC #	<input checked="" type="checkbox"/> Unknown
Policy #	<input checked="" type="checkbox"/> Unknown

Vehicle Uninsured

 **Vehicle 1: Insurance**

This vehicle was uninsured at the time of the crash.

Select this option if the driver or vehicle is not covered by insurance.

Insurance Company Name

Company	<input type="text"/>	<input type="checkbox"/> Unknown
---------	----------------------	----------------------------------

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

	Validation
Insurance Company Name	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 null if not applicable.

NAIC

NAIC #	<input type="checkbox"/> Unknown
--------	----------------------------------

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.

NAIC	Validation
	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 insurance NAIC number must be null if not applicable.

Policy #

Policy #	<input type="text"/>	<input type="checkbox"/> Unknown
----------	----------------------	----------------------------------

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

	Validation
Insurance Policy #	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 was not insured.
	Liability insurance policy number must be null if not applicable.

V19 Vehicle Damage

The vehicle damage page describes the initial point of contact and any subsequent damage caused by the crash.

Vehicle 1: Damage
✓

Damage Extent 102 Disabling damage

Initial Point of Contact

	12	
11	▲	1
10		2
9		3
8		4
7		5
	6	

- 000 Non-collision
- 100 Top
- 113 Undercarriage
- 114 Cargo loss
- 999 Unknown

Damaged Areas

	12	
11	▲	1
10		2
9		3
8		4
7		5
	6	

- 100 Top
- 113 Undercarriage

[Damage Extent](#)

[V19 Initial Point of Contact/ Damage area](#)

[State Property](#)

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	

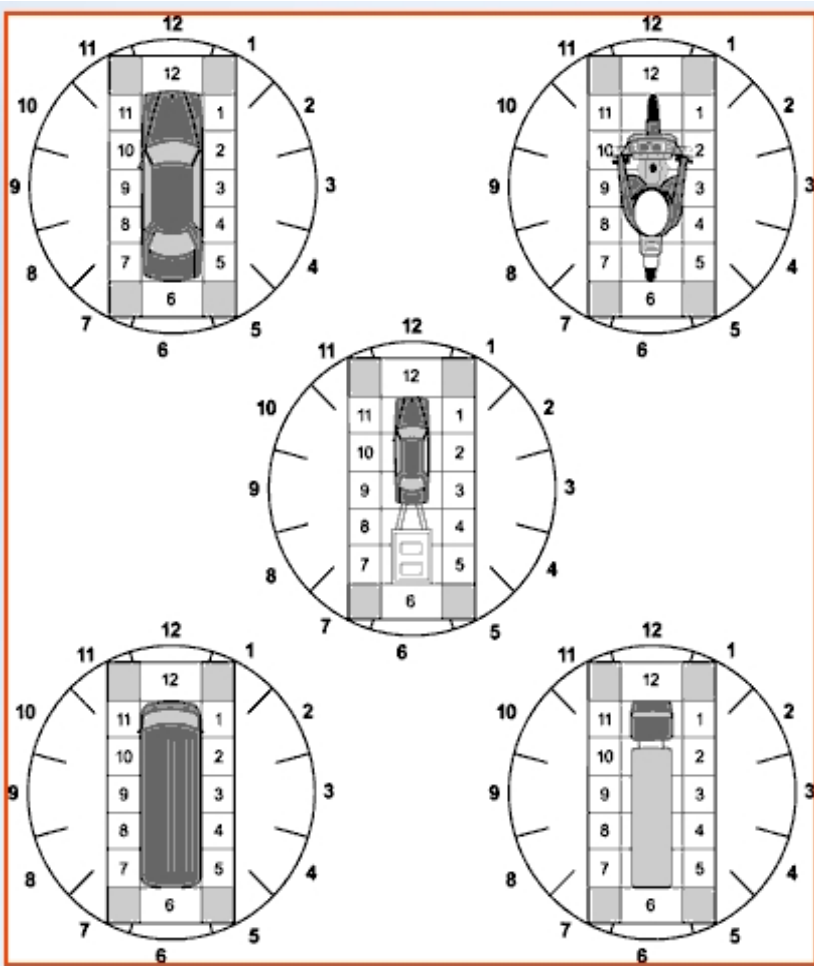
	Validation
Damage extent	Damage extent must not be empty. You must indicate the extent of the damage to Vehicle #.
Damage Extent + Tow Status	If Disabling Damage, then Tow Status - Vehicle # must be towed due to disabling damage if the damage extent is disabling.
	Vehicle damage fields must be vehicle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

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

Code	Name	Description
103	3 o'clock	Used by Initial POC and Damaged Area
104	4 o'clock	Used by Initial POC and Damaged Area
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

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 the damage to any state property caused by the crash. You can select one or more options. When 'Other' is select, you must provide an explanation.

 **Vehicle 1: State Property Damaged**
✓

Check any state property that was damaged by this vehicle during the crash.

- 000 None
- 100 Bridge overhead structure
- 101 Bridge pier or support
- 102 Bridge rail
- 200 Cable barrier
- 201 Concrete traffic barrier
- 202 Guardrail end terminal
- 203 Guardrail face
- 204 Impact attenuator/crash cushion
- 298 Other traffic barrier
- 300 Traffic sign support
- 301 Traffic signal support
- 302 Utility pole/light support
- 980 Other

Description Other requires additional explanation.

Code	Name
000	None
100	Bridge overhead structure
101	Bridge pier or support
102	Bridge rail
200	Cable barrier
201	Concrete traffic barrier
202	Guardrail end terminal
203	Guardrail face
204	Impact attenuator/crash cushion
298	Other traffic barrier
300	Traffic sign support

Code	Name
301	Traffic signal support
302	Utility pole/light support
980	Other

	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 null if not required.

V24 Vehicle Circumstances

Vehicle circumstances describes additional information that may have contributed to the crash.

Vehicle 1: Circumstances ✓

Vehicle Usage No special function ▼

Emergency Vehicle Usage Non-emergency, non-transport ▼

Vehicle Maneuver Movements essentially straight ahead ▼

Travel Direction North ▼

Contributing Defects? None ▼

Tow Status Towed due to disabling damage ▼

Authority Law enforcement ▼

Towed By Unknown

V10 Vehicle Usage

Record if the vehicle was operating on under a specific usage beyond daily everyday driving.

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)
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

V11 Emergency Vehicle Usage

You must indicate whether a government authority authorizes the motor vehicle 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

	Validation
Emergency vehicle usage	Emergency vehicle usage must not be empty.

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

	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 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

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
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

	Validation
Contributing Circumstances	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 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
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.

	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

	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 null if not required.

MV23 Towed By

Organization who towed the vehicle from the crash scene.

	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 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. Indicated 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.

Vehicle 1: Trafficway ✓	
Permitted Travel	200 Two-way ▼
Division	101 Divided, raised median (curbed) ▼
Barrier Type	102 Earth embankment ▼
# of Through Lanes	999999999
# of Auxiliary Lanes	999999999
HOV Lane Presence	100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median ▼
HOV Lane Relation	100 Yes ▼
Roadway Alignment	101 Curve Left ▼
Roadway Grade	103 Downhill ▼
Speed Limit	<input type="text" value="55"/> <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown

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

	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 center line.

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

	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

	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 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.

	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 auxiliary lanes.

	Validation
Total auxiliary lanes	Total auxiliary lanes must not be empty if required. You must indicate the # of Auxiliary Lanes, if not an 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

	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

	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

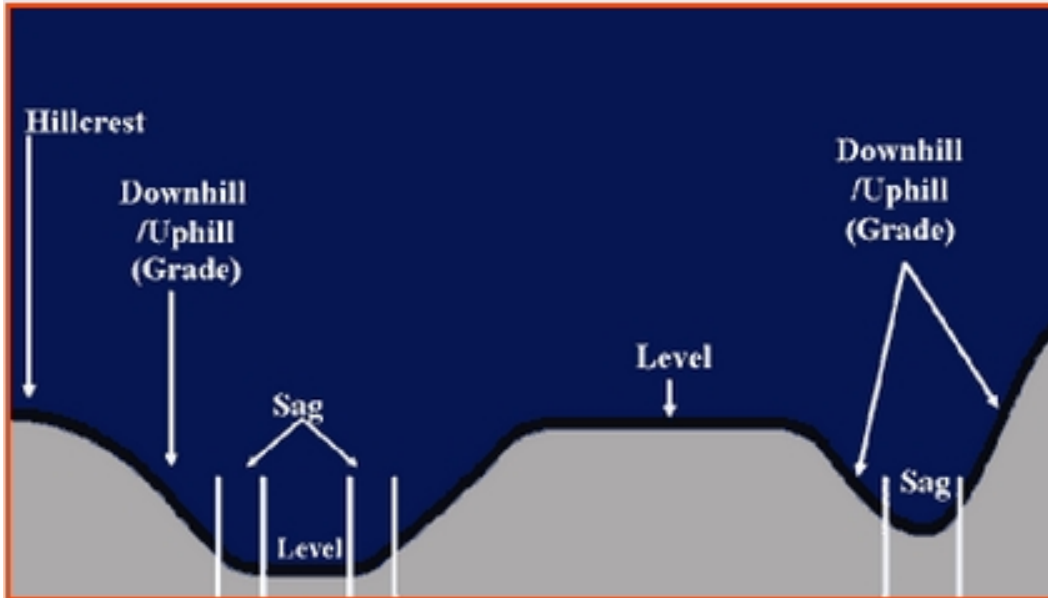
The geometric or layout and inclination characteristics of the roadway in the direction of travel for this vehicle. You must describe the roadway alignment that each vehicle travel on at the time of the crash.

Code	Name
100	Straight
101	Curve Left
102	Curve Right

	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 describe the grade of the roadway that each vehicle traveled 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.

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

V12 Speed Limit

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

	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)

Vehicle 1: Traffic Control Devices
✓

Record between 1 and 4 traffic control devices that are present at the crash location, and between 1 and 4 devices that are inoperative or missing:

000	None	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
100	Person (including flagger, law enforcement, crossing guard, etc)	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
200	Bicycle crossing sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
201	"Curve Ahead" warning sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
202	"Intersection Ahead" warning sign	<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Inoperative or Missing
203	Pedestrian crossing sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
204	Railroad crossing sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
205	"Reduce Speed Ahead" warning sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
206	School zone sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
207	Stop sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
208	Yield sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
298	Other warning sign	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
300	Flashing railroad crossing signal (may include gates)	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
301	Flashing school zone signal	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
302	Flashing traffic control signal	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
303	Lane use control signal	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
304	Ramp meter signal	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
305	Traffic control signal	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
398	Other signal	<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
400	Bicycle crossing	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
401	Pedestrian crossing	<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Inoperative or Missing
402	Railroad crossing	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
403	School zone	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
498	Other pavement marking (excluding edgelines, centerlines, or lane lines)	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
980	Other	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing
999	Unknown	<input type="checkbox"/> Present	<input type="checkbox"/> Inoperative or Missing

Present Devices Description

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
-----	---------

	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 null if not required.
	Traffic control devices inoperative or missing description must not be empty if required.
	Traffic control devices inoperative or missing description must be null if not

	Validation
	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)

Vehicle 1: Automation
✓

Automation System Level Present 104 Full automation ▼

Automation System Level Engaged 104 Full automation ▼

SAE Level	Name	Narrative Definition	Execution of Steering and Acceleration/Deceleration	Monitoring of Driving Environment	Fallback Performance of Dynamic Driving Task	System Capability (Driving Modes)
Human driver monitors the driving environment						
0	No Automation	the full-time performance by the <i>human driver</i> of all aspects of the <i>dynamic driving task</i> , even when enhanced by warning or intervention systems	Human driver	Human driver	Human driver	n/a
1	Driver Assistance	the <i>driving mode</i> -specific execution by a driver assistance system of either steering or acceleration/deceleration using information about the driving environment and with the expectation that the <i>human driver</i> perform all remaining aspects of the <i>dynamic driving task</i>	Human driver and system	Human driver	Human driver	Some driving modes
2	Partial Automation	the <i>driving mode</i> -specific execution by one or more driver assistance systems of both steering and acceleration/deceleration using information about the driving environment and with the expectation that the <i>human driver</i> perform all remaining aspects of the <i>dynamic driving task</i>	System	Human driver	Human driver	Some driving modes
Automated driving system ("system") monitors the driving environment						
3	Conditional Automation	the <i>driving mode</i> -specific performance by an <i>automated driving system</i> of all aspects of the <i>dynamic driving task</i> with the expectation that the <i>human driver</i> will respond appropriately to a <i>request to intervene</i>	System	System	Human driver	Some driving modes
4	High Automation	the <i>driving mode</i> -specific performance by an <i>automated driving system</i> of all aspects of the <i>dynamic driving task</i> , even if a <i>human driver</i> does not respond appropriately to a <i>request to intervene</i>	System	System	System	Some driving modes
5	Full Automation	the full-time performance by an <i>automated driving system</i> of all aspects of the <i>dynamic driving task</i> under all roadway and environmental conditions that can be managed by a <i>human driver</i>	System	System	System	All driving modes

From SAE International Standard J3016 (2014); Copyright © 2014 SAE International.

Automation System Level Present

Describes the type of automation system present at the time of the crash.

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

	Validation
Automation present	Automation system level present 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

Describes the automation system status at the time of the crash.

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

	Validation
Automation 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 match 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.

V **Vehicle 1: Events** ?

List up to 4 events involving this vehicle in the order they occurred. + Add

1 | 003 Downhill runaway

2 | [Empty]

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

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

i ✕

V **Vehicle 1: Events** ✓

List up to 4 events involving this vehicle in the order they occurred. + Add

1 | 201 Collision with motor vehicle in transport MHE

2 | 002 End departure (T-intersection, dead-end, etc.)

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

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
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

	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.

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.

Vehicle 1: Hazardous Materials

Did this vehicle carry hazardous materials and/or display a placard?

200 Carried hazardous materials without placard

Enter the details from the vehicle's placard below.

4-digit material ID number or name from middle of diamond or rectangular box

99999999999999 N/A Unknown

1-digit class number from bottom of diamond

999 Unknown

Were hazardous materials released from this vehicle's cargo compartment?

000 No, hazardous materials not released

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

	Validation
Hazardous materials placard status	Hazardous materials placard status must not be empty.
	Hazardous materials placard status must not be unknown if vehicle did not leave scene.
	Hazardous materials placard status must be consistent with the vehicle configuration.

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.

Nine Classes of Hazardous Materials

Class 1: Explosives
Divisions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6

Class 2: Gases
Divisions: 2.1, 2.2, 2.3

Class 3: Flammable Liquid and Combustible Liquid

Class 4: Flammable Solid, Spontaneously Combustible, and Dangerous When Wet
Divisions 4.1, 4.2, 4.3

Class 5: Oxidizer and Organic Peroxide
Divisions 5.1, 5.2

Class 6: Poison (Toxic) and Poison Inhalation Hazard

Class 7: Radioactive

Class 8: Corrosive

Class 9: Miscellaneous

Dangerous

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	Validation
Hazardous materials ID	Hazardous materials id must not be empty

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

	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.

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

	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.

 **Vehicle 1: CMV Information**
✓

Configuration	<input type="text" value="300"/> Single-unit truck (2-axle and GVWR > 10,000 lbs.)
Cargo Body Type	<input type="text" value="105"/> Flatbed
Commodity Hauled	<input type="text" value="what materials are on the truck?"/> <input type="checkbox"/> Unknown
GCWR/GVWR	<input type="text" value="101"/> Medium (10,001 - 26,000 lbs. GVWR/GCWR)
Special Sizings	<input type="checkbox"/> <input type="text" value="000"/> No special sizing <input type="checkbox"/> <input type="text" value="100"/> Over-height <input type="checkbox"/> <input type="text" value="101"/> Over-length <input type="checkbox"/> <input type="text" value="102"/> Over-weight <input checked="" type="checkbox"/> <input type="text" value="103"/> Over-width <input type="checkbox"/> <input type="text" value="999"/> Unknown
Load Permitted?	<input type="text" value="000"/> Non-permitted load
Number of Axles	<input type="text" value="2"/> <input type="checkbox"/> Unknown

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>
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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:

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.

Examples:

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.

EXCLUDED:

Here are some examples of non-commercial operations that, when involved in a crash, should not be included.

Examples:

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

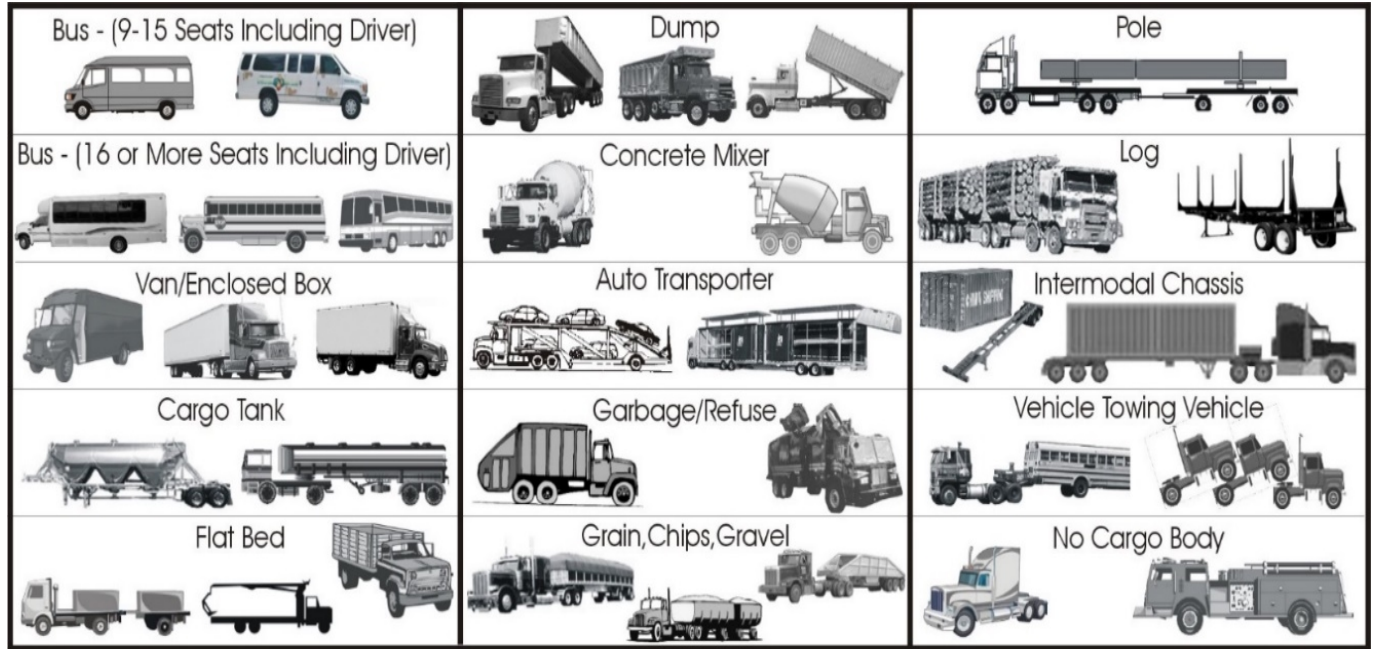
Describes the general configuration of the motor vehicle involved in the crash.

Code	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

	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

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 null if not required.

Commodity Hauled

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

	Validation
Commodity Hauled	Commodity hauled must not be empty if applicable.
	Commodity hauled must be null if not applicable.

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
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

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

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

Load Permitted

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

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

	Validation
Vehicle load permit	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.

	Validation
Number of Axles	Number of axles must not be empty if applicable. You must enter the Number of Axles.

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
970	Not applicable
999	Unknown / unable to determine

	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 null if not required.

Motor Carrier Identification Type

Describe the type of motor carrier.

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

How to Find the Responsible Carrier and Correct U.S. DOT Number

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 to Find the Responsible Carrier and Correct U.S. DOT Number

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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	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.

	Validation
Motor Carrier Identification	Vehicle: Motor carrier identification number must not be empty if required
	You must select the type of motor carrier identification number posted by Vehicle #.
	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.

	Validation
Motor Carrier Name	Motor carrier name must not be empty if required.
Motor Carrier Address Street	Motor carrier address street must not be empty if required.
Motor Carrier Address City	Motor carrier address city must not be empty if required.
Motor Carrier Address State	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 null if not required.
Motor Carrier Address Postal Code	Motor carrier address postal code must not be empty if required.

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.

Select the **Add** icon to input the non-Motorist information.

Select the **Edit** icon to update non-Motorist information.

Select the **Move Up** or **Move Down** icon to arrange the non-motorist list.

Select the **Remove** icon to delete a non-motorist from the report.

Non-Motorist Name/Address

Record the person's name and address. This information can be populated using the MOVE import feature.



Non-Motorist 1
✓

Is unborn child of

▼

First Name	Middle Name	Last Name	Suffix
MOTORIST FIRST NAME	MIDDLE NAME	NM LAST NAME	NM1 <input type="checkbox"/> Unknown

Address Unknown

Street STREET ADDRESS

City CITY NAME HERE

State MS Mississippi ▼

Postal Code 9999999999

Phone Number 9999999999999999 Unknown

Non-Motorist Demographics

The demographics for the Non-Motorist is the same as the Driver. Use the MOVE import feature to populate this data from the Non-Motorist's driver's license or state issued identification.

↑
Non-Motorist 1: Demographics
✓

Populate Person

Date of Birth

4/30/1995

 Unknown

Age on Date of Crash

23

Sex

100
Female

Race

101
Asian or Pacific Islander

Ethnicity

101
Other than Hispanic

Incident Responder

100
EMS

Is This Person An 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

	Validation
Incident Responder	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 null if not required

P2 Date of Birth

The date of birth of the driver.

	Validation
Date of Birth	You must enter the Non-Motorist' 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.

	Validation
Date of Birth	You must enter the Non-Motorist 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

	Validation
Sex	Sex must not be empty. You must enter the Non-Motorist's SEX 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

	Validation
Race	Race must not be empty. You must enter the Non-Motorist's Race or select Unknown.
	Race description must not be empty if required
	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

	Validation
Ethnicity	Ethnicity must not be empty. You must enter the Non-Motorist s Ethnicity or select Unknown.

Non-Motorist Medical

Describe the Non-Motorist injury as a result of the crash.

 **Non-Motorist 1: Medical** 

Injury Status **103** (C) Possible Injury 

Transportation to Medical Facility

Type **101** EMS ground 

EMS Response Agency Hospital Wing 

EMS Response Run # Unknown


Facility Receiving Patient USA Womans Children 

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. 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.

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

NM2 Non-Motorist Circumstances

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

 **Non-Motorist 1: Circumstances**
✓

Non-Motorist Type

200
Pedestrian
▼

Struck by Vehicle

2
(year not entered) (make not entered) (model not entered)
▼

Action Prior to Crash

101
Crossing roadway
▼

Origin/Destination

101
Going to or from transit
▼

Location

100
Intersection - marked crosswalk
▼

Initial Contact Point

101
Right (3 o'clock)
▼

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

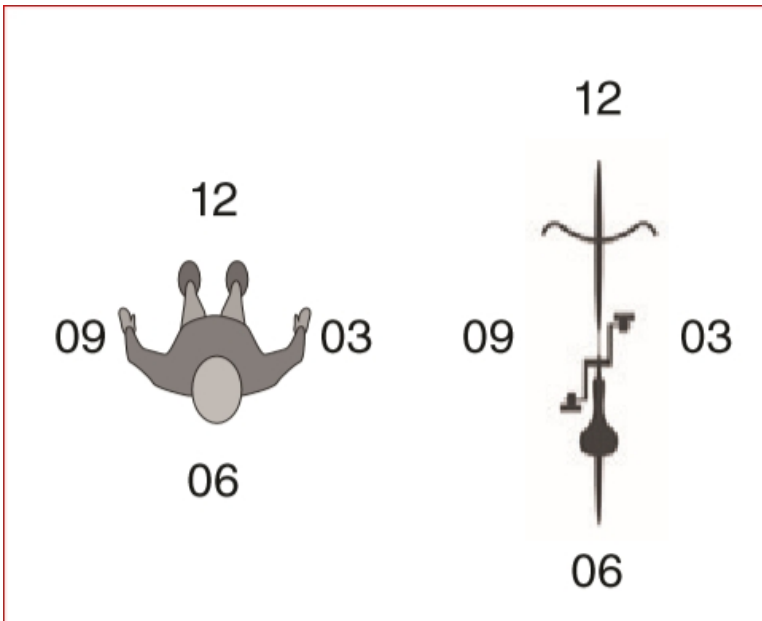
The non-motorist location relative to the roadway at the time of the crash.

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)

Code	Name
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.

Non-Motorist 1: Actions
✓

Check up to 2 of the actions or circumstances that applied to the non-motorist at the time of the crash.

- 000 None (no improper action)
- 100 Dart / dash
- 101 Disabled vehicle related (working on, pushing, leaving/approaching)
- 102 Entering/exiting parked/standing vehicle
- 103 Failure to obey traffic signs, signals, or officer
- 104 Failure to yield right-of-way
- 105 Improper passing
- 106 Improper turn/merge
- 107 Inattentive (talking, eating, etc.)
- 108 In roadway improperly (standing, lying working, playing)
- 109 Not visible (dark clothing, no lighting, etc.)
- 110 Wrong-way riding or walking
- 980 Other
- 999 Unknown

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	Non-Motorist: Contributing circumstances must not be empty

	Validation
circumstances	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 element collects the data associated with the non-motorist alcohol and drug usage during the time of the crash.

Non-Motorist 1: Condition
✓

Check up to 2 of the conditions that applied to this non-motorist at the time of the crash.

- 000 Apparently normal
- 100 Asleep or fatigued
- 101 Emotional (depressed, angry, disturbed, etc.)
- 102 Ill (sick), fainted
- 103 Physically impaired
- 104 Under the influence of medications/drugs/alcohol
- 970 Not applicable
- 980 Other
- 999 Unknown

Distraction Action 000 Not distracted

Distraction Source 970 Not applicable

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 physical ability.

Code	Name	Description
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.

 **Non-Motorist 1: Safety Equipment**
✓


Check up to 5 types of safety equipment used by the non-motorist.

- 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

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

 **Non-Motorist 1: Alcohol**
✓

Suspected Usage

000

No
▼

Test Status

000

Test not given
▼

Test Type

970

Not applicable
▼

Test Results

970

Not applicable
▼
BAC

P20 Suspected 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.

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 of drug usage, if any.

 **Non-Motorist 1: Drugs**
✓

Suspected Usage 000 No

Test Status 000 Test not given

Test Type 970 Not applicable

P22 Suspected Usage

Code	Name
000	No
100	Yes
999	Unknown

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

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.

Test Results (choose up to 4)

Available values:

- Negative Results Results negative
- Pending Results Results pending
- Narcotics Acetaminophen + Codeine
- Narcotics Acetorphine

Move Up

Add

Remove

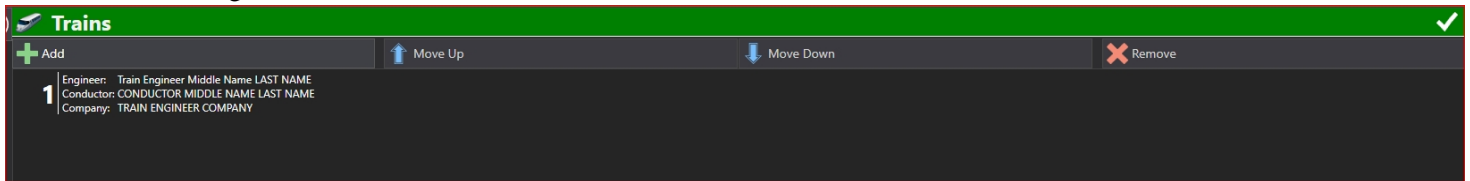
Move Down

Selected values:

- Not Applicable Not applicable

MVT100 Trains

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



Select the **Add** icon to input the train information.

Select the **Edit** icon to update train information.

Select the **Move Up** or **Move Down** icon to arrange the train list.

Select the **Remove** icon to delete a train from the report.

Train Information

Train 1 ✓

Engineer

First Name	Middle Name	Last Name	Suffix
<input type="text" value="Train Engineer"/>	<input type="text" value="Middle Name"/>	<input type="text" value="LAST NAME"/>	<input type="text" value=""/>
			<input type="checkbox"/> Unknown
ID Number	<input type="text" value="ENGINEER ID ##"/>		<input type="checkbox"/> Unknown

Conductor

First Name	Middle Name	Last Name	Suffix
<input type="text" value="CONDUCTOR"/>	<input type="text" value="MIDDLE NAME"/>	<input type="text" value="LAST NAME"/>	<input type="text" value=""/>
			<input type="checkbox"/> Unknown
ID Number	<input type="text" value="CONDUCTOR ID ##"/>		<input type="checkbox"/> Unknown

Company

Name	<input type="text" value="TRAIN ENGINEER COMPANY"/>	<input type="checkbox"/> Unknown
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Circumstances

DOT Crossing Number	<input type="text" value="DOT # "/>	<input type="checkbox"/> Unknown
---------------------	--------------------------------------	----------------------------------

Engineer Name

	Validation
Engineer Last Name	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 null if unknown.
Engineer First Name	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 null if unknown.
Engineer Middle Name	Train: Engineer middle name must be null if unknown.
Engineer Name Suffix	Train: Engineer name suffix must be null if unknown.

Engineer ID Number

Provide the Engineer s Identification Number.

	Validation
Engineer ID #	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 null if unknown.

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

	Validation
Conductor ID #	You must enter the railroad employee number of the conductor of Train # or select Unknown.

Company Name

	Validation
Company Name	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 null if unknown.

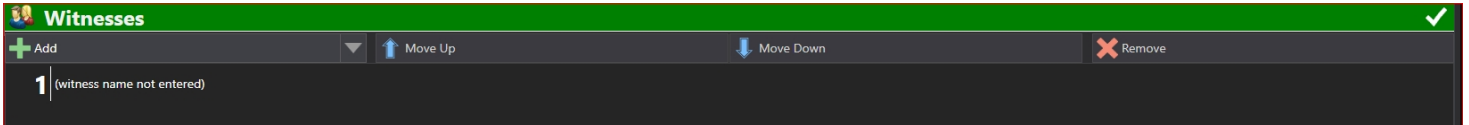
DOT Crossing Number

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

	Validation
DOT Crossing #	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 null if unknown.

MPW100 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:



Select the **Add** icon to input the witness information.

Select the **Edit** icon to update witness information.

Select the **Move Up** or **Move Down** icon to arrange the witness list.

Select the **Remove** icon to delete a witness from the report.

Witness Name

Witness Name

	Validation
Witness Last Name	Last name must not be empty.
Witness First Name	First name should not be empty.
Witness Name Suffix	

Phone Number

	Validation
Witness Phone #	Phone number must not be empty.

Sex

The gender of the witness.

	Validation
	Sex must not be empty.

Age

The age of the witness.

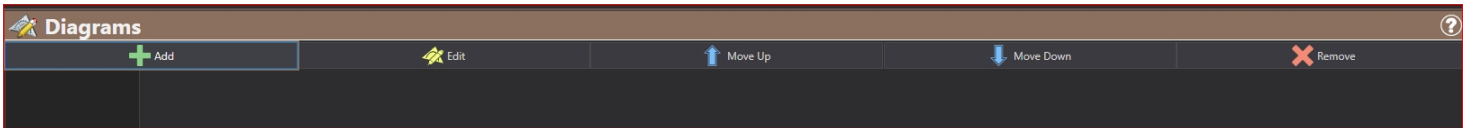
	Validation
	Witness: Age must not be empty if applicable.
	Witness: Age must be null if not applicable.
	Witness: Age must be between 0 and 200.

Address

	Validation
Witness Address Street	Witness: Address street must not be empty if applicable.
	Witness: Address street must be null if not applicable.
Witness Address City	Witness: Address city must not be empty if applicable.
	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 null if not required.
Witness Address Postal Code	Witness: Address postal code must not be empty if applicable.
	Witness: Address postal code must be null if not applicable.

MD100 Diagrams

The Diagram page is used to illustrate the crash scene. Easy Street Draw is the complete crime scene and crash diagramming tool developed to make life easier for officers in the field. Users can quickly and accurately diagram even the most complex crime and crash scenes! Once Easy Street Draw is installed on your computer, the eCrash system will automatically execute when you select the add button. You may provide one or more diagrams of the crash scene. The eCrash system integrates with the Easy Street Draw software that provides the capability to electronically illustrate the crash scene.



Select the **Add** icon to initiate the Easy Street Draw software to create a diagram.

Select the **Edit** icon to update a diagram.

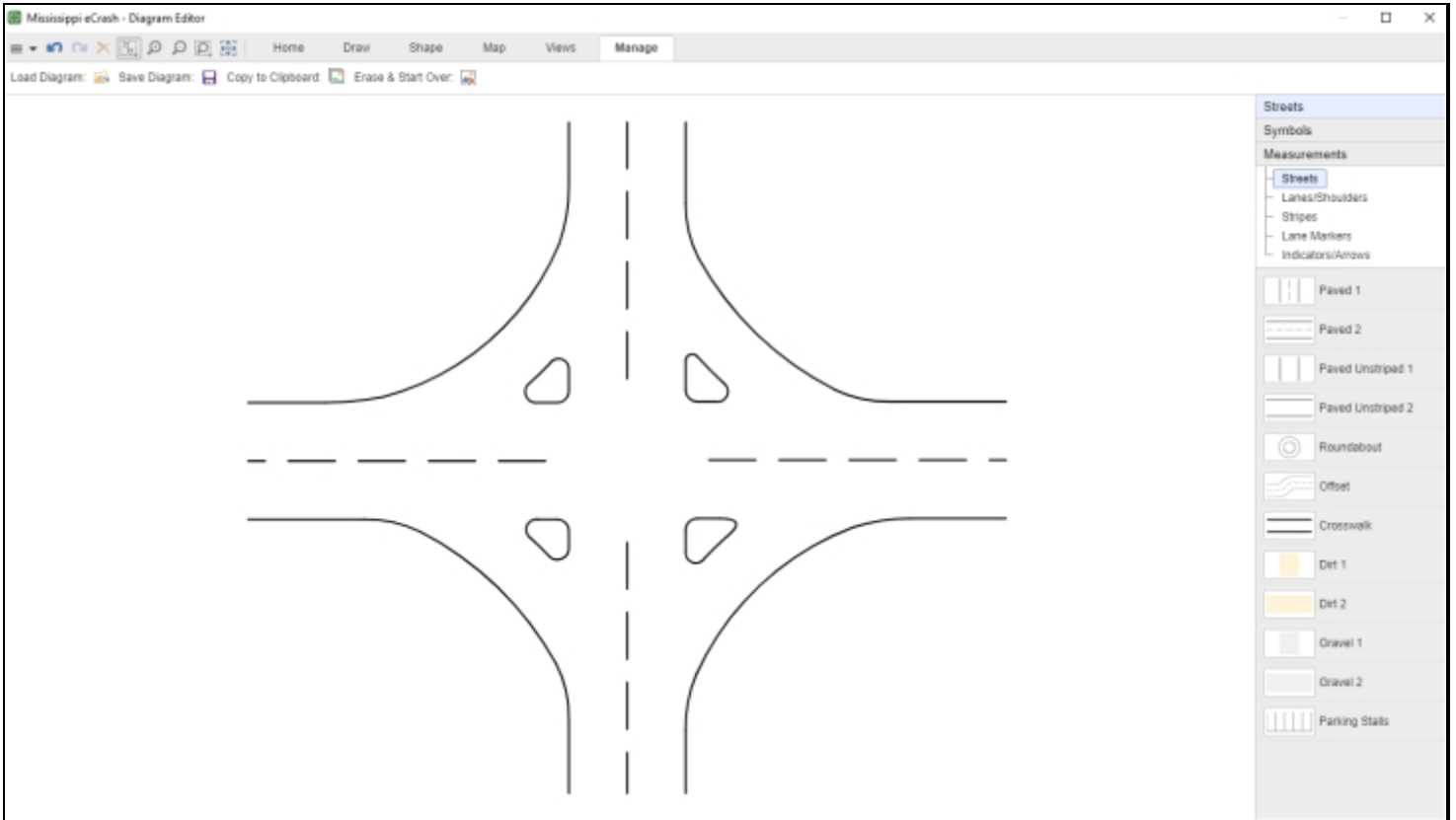
Select the **Move Up** or **Move Down** icon to arrange the diagrams.

Select the **Remove** icon to delete the diagram from the report.

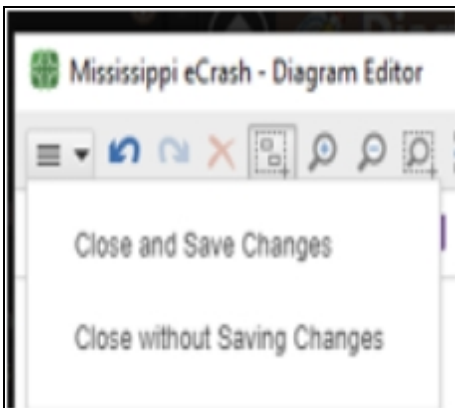
	Validation
Diagram	Diagram: Diagram must not be empty.

Easy Street Draw

Once you select the 'Add Diagram', the system will navigate to the Easy Street Draw application.





Once you have completed the diagram, select the Close and Save Changes option from the drop-down menu. The system saves the diagram to the eCrash Diagram page.



MN100 Narrative


You may provide a description of the crash events.

 **Narrative**


Describe what happened prior to, during, and after the crash below.

When in the Course of human events it becomes necessary for one people to dissolve the political bands which have connected them with another and to assume among the powers of the earth, the separate and equal station to which the Laws of Nature and of Nature's God entitle them, a decent respect to the opinions of mankind requires that they should declare the causes which impel them to the separation.

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. — That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed, — That whenever any Form of Government becomes destructive of these ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its foundation on such principles and organizing its powers in such form, as to them shall seem most likely to effect their Safety and Happiness. Prudence, indeed, will dictate that Governments long established should not be changed for light and transient causes; and accordingly all experience hath shewn that mankind are more disposed to suffer, while evils are sufferable than to right themselves by abolishing the forms to which they are accustomed. But when a long train of abuses and usurpations, pursuing invariably the same Object evinces a design to reduce them under absolute Despotism, it is their right, it is their duty, to throw off such Government, and to provide new Guards for their future security. — Such has been the patient sufferance of these Colonies; and such is now the necessity which constrains them to alter their former Systems of Government. The history of the present King of Great Britain is a history of repeated injuries and usurpations, all having in direct object the establishment of an absolute Tyranny over these States. To prove this, let Facts be submitted to a candid world.



	Validation
Narrative	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 character long. Consider adding more details to it.

MA100 Attachments

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

	Validation
Attachment Filename	
Attachment Type	Type must not be empty.
Attachment Description	Description must not be empty.

MO100 Officer Notes

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

📎 Attachments
✔

➕ Add Attachments
✖ Remove Attachment
🔍 View

test hh1A3B.pdf		245.44 KB
Type	THIS IS A TEST	
Description	THIS IS A TEST	

📄 Officer Notes
✔

Enter any notes about the crash or this report below. These notes will not appear as part of the printed form, but will be visible to your supervisor on the eCrash website.

Incident Number - Enter the incident number assigned to this particular crash in the space provided at the top right hand corner of Page 2. (In the web application, the Incident Number will automatically populate from page 1 information.)

Reporting Agency - Enter the name of the agency reporting the crash. (In the web application, the Reporting Agency will automatically populate from page 1 information.)

Crash Narrative - This space is provided for entry of an appropriate description of the crash occurrence. (In the web application, you may type the narrative directly into the web application narrative page, or you may copy the narrative from a word processing tool or the Spillman table and paste into the web application narrative page. If a law enforcement agency hand writes their narrative, you may scan the narrative and attach the narrative as an "image".)

Basic Crash Investigation: Investigation Report Outline

The following outline is consistent with the basic crash investigation course at the Vermont Police Academy (VJTC), incorporating existing material from published sources and professional experience. The outline is intended as a guide for Vermont law enforcement officers completing traffic collision reports. It is a basic outline not designed to be comprehensive in all cases, such as technical exams, speed calculations or commercial vehicles. Nothing here is intended to limit the inclusion of material pertinent to any investigation. The intent is to provide a uniform way of reporting traffic collisions and that users of the reports will be able to do so most efficiently.

Outline for Completing Traffic Collision Narratives

I. Introduction: "Setting the Stage"

The introduction normally contains initial information and observations from proceeding to the scene, arrival and control of the scene and the beginning of the investigation. It is normally not necessary to repeat extensive details of people and vehicles if the information is included on the report form. The more complex or severe the case, the more information may be needed in the introduction. Local practice may also dictate some of the information to be included.

- A.
 1. Indicate what you were dispatched to, or how you became aware of the crash and where you responded from.
 2. Identify any other emergency services (other police, fire, EMS) or citizens assisting at the scene.
- B.
 1. Describe the scene: type of road, type of intersection, type of traffic control (signs, lights, lane markings), road and weather conditions, number of vehicles at the scene or involved (LSA).
- C.
 1. Describe rest positions of all traffic units (vehicles, pedestrians, cyclists, etc.): direction facing, relationship to roadway, if overturned, engaged, etc.
 2. Indicate positions of injured, if any (e.g. vehicle occupants inside or outside vehicles, already transported from scene, at nearby location, etc.) or indicate no injuries involved/reported.
 3. Indicate if CONTROLLED or UNCONTROLLED positions of rest - if controlled, how moved and by whom should appear in Statements or Investigation sections.
- D.
 1. Identification of operators: by license, other ID, verbally, by other party, etc.
- E.
 1. Fatality: Notification of Medical Examiner and State's Attorney
 - a. Note time M.E. and S.A. called
 - b. Time deceased pronounced
 - c. Time permission for removal given
 - d. Where deceased taken

II. Statements: "The Human Element"

The report form should already have name, address, DOB and license number for the Operators, so it is not necessary to repeat that information, but it can, of course, be done. The same applies for witnesses. Telephone numbers are useful to have.

	Validation
Officer's Notes	