

# WYOMING'S 2010 REPORT ON TRAFFIC CRASHES



**HIGHWAY SAFETY**



Program



## TABLE OF CONTENTS

<b>DEFINITIONS</b>	1
<b>QUICK LOOK</b>	
General Information	2
Economic Loss	3
Holiday Statistics	4
Fatal Crashes by County Map	5
<b>GENERAL CRASH INFORMATION</b>	
Crash Counts by County & Month	6
Collision Type Crashes	7
<b>PEOPLE INVOLVED INFORMATION</b>	
Drivers Involved in Fatal, Injury and PDO Crashes by Gender	8
Occupants with Safety Equipment Usage by County	9 – 10
Pedestrian Crashes	11
Bicyclist Crashes	12
<b>THE ENVIRONMENT</b>	
Road Surface & Road Condition with Crash Severity	13
Weather Conditions & Lighting Conditions with Crash Severity	14
<b>VEHICLES</b>	
Vehicle Types with Crash Severity	15
Contributing Circumstances with Crash Severity	16
<b>WYOMING COMMUNITIES</b>	
Crashes with Injury Status and Injuries by city/town	17 – 18
Manner of Collision with Intersection Type	19
<b>ALCOHOL INVOLVED CRASHES</b>	
Alcohol involved crashes 2006 – 2010	20
2006 – 2008 Drivers age with Injury Status	21
2009 – 2010 Drivers age with Injury Status	22
<b>Fatal Crash Section</b>	
Crashes by County and City	23
Vehicle Type, Estimated Speed & Drivers Age with Gender	24
<b>Injury Crash Section</b>	
Crashes by County and City	25
Vehicle Type, Estimated Speed & Drivers Age with Gender	26
<b>PDO Crash Section</b>	
Crashes by County and City	27
All Crash Types with Age of Drivers and BAC Results	28 – 29
<b>DRIVERS AGE 14 – 20</b>	
Fatal, Injury & PDO Crashes with Age and Gender	30

**TRUCKS, SCHOOL BUS, MOTORCYCLE**

**Trucks**

2006 – 2010 Truck Crashes & 2009 Roadway Type with Crash Severity 31

**School Bus**

Number of Crashes & Number Injured Charts 32

County and Collision Type with Crash Status 33

**Motorcycle**

Number of Crashes & Number Injured Charts 34

County and Collision Type with Crash Status 35

**APPENDIX**

**CRASH FORM**

1 - 8

## DEFINITIONS

### REPORTABLE TRAFFIC CRASH

A reportable traffic crash is one which results in bodily injury to or death of any person or total property damage of \$1000.00 or more.

### CRASH SEVERITY

Fatal Crash	A traffic crash involving one or more persons killed.
Injury Crash	A traffic crash involving one or more persons who were injured and no fatalities.
Property Damage Only (PDO)	A traffic crash involving property damage of \$1000.00 or more and no injuries or fatalities.

### INJURY STATUS

Fatal Injury	Any injury resulting in death within 30 days after the traffic crash.
Incapacitating Injury	Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing any activities the person was capable of performing before the injury occurred.
Non-Incapacitating Injury	Any injury, other than a fatal or incapacitating injury, which is evident to observers at the scene of the traffic crash.
Possible Injury	No evidence of an injury, but complaint of pain.



# QUICK LOOK

## 2010 Crash Counts

TOTAL CRASHES	14653
FATAL CRASHES	137
INJURY CRASHES	3159
PDO CRASHES	11357

## 2010 Involved Counts

NUMBER OF VEHICLES	22679
NUMBER OF DRIVERS	20974
NUMBER OF PERSONS	31176
NUMBER OF PEDESTRIANS	99
NUMBER OF PEDACYCLISTS	83

## 2010 Injury/Fatal Counts

INJURY CRASHES	3159
NUMBER INJURED	4462
FATAL CRASHES	137
NUMBER KILLED	153
PEDESTRIAN CRASHES	94
PEDESTRIANS INJURED	96
PEDESTRIANS KILLED	3
BICYCLIST CRASHES	83
BICYCLISTS INJURED	83
BICYCLISTS KILLED	0

## 2010 Location Counts

URBAN CRASHES	8441
RURAL CRASHES	6212

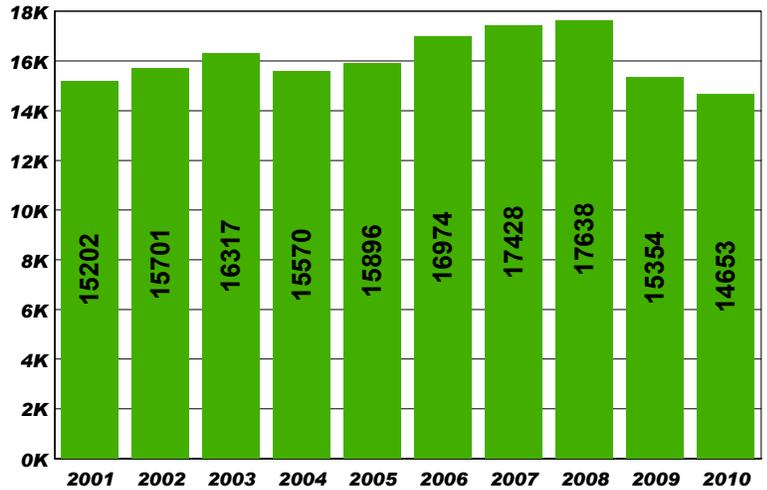
## 2010 Alcohol Statistics

ALCOHOL RELATED CRASHES	907
ALCOHOL FATAL CRASHES	45
ALCOHOL FATALITIES	48
ALCOHOL INJURY CRASHES	379
ALCOHOL INJURIES	538
ALCOHOL PDO CRASHES	483

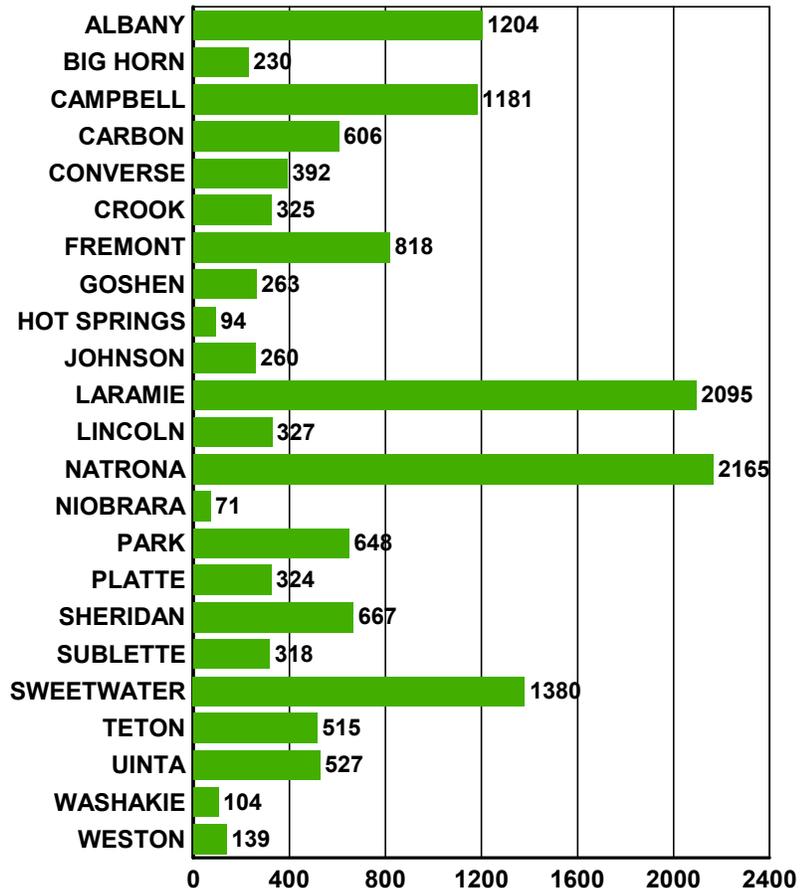
## 2010 Motorcycle Statistics

MOTORCYCLE CRASHES	322
MOTORCYCLE FATALITIES	31
MOTORCYCLE INJURIES	225

## TOTAL CRASHES / YEAR



## 2010 CRASHES / COUNTY



## 2010 WYOMING ECONOMIC LOSS/COUNTY

COUNTY	POPULATION	ECONOMIC LOSS
ALBANY	36299	\$240,650,700
BIG HORN	11668	\$36,548,700
CAMPBELL	46133	\$156,979,900
CARBON	15885	\$245,119,600
CONVERSE	13833	\$121,356,300
CROOK	7085	\$183,497,500
FREMONT	40123	\$249,028,800
GOSHEN	13249	\$64,829,500
HOT SPRINGS	4812	\$27,289,000
JOHNSON	8569	\$97,335,600
LARAMIE	91738	\$402,447,500
LINCOLN	18106	\$101,790,000
NATRONA	75450	\$330,333,200
NIOBRARA	2484	\$29,139,200
PARK	28205	\$188,401,400
PLATTE	8667	\$122,391,600
SHERIDAN	29116	\$140,502,100
SUBLETTE	10247	\$87,220,400
SWEETWATER	43806	\$347,101,000
TETON	21294	\$110,695,900
UINTA	21118	\$110,185,500
WASHAKIE	8533	\$36,563,200
WESTON	7208	\$54,580,900
<b>TOTAL COSTS</b>	<b>563628</b>	<b>\$3,483,987,500</b>

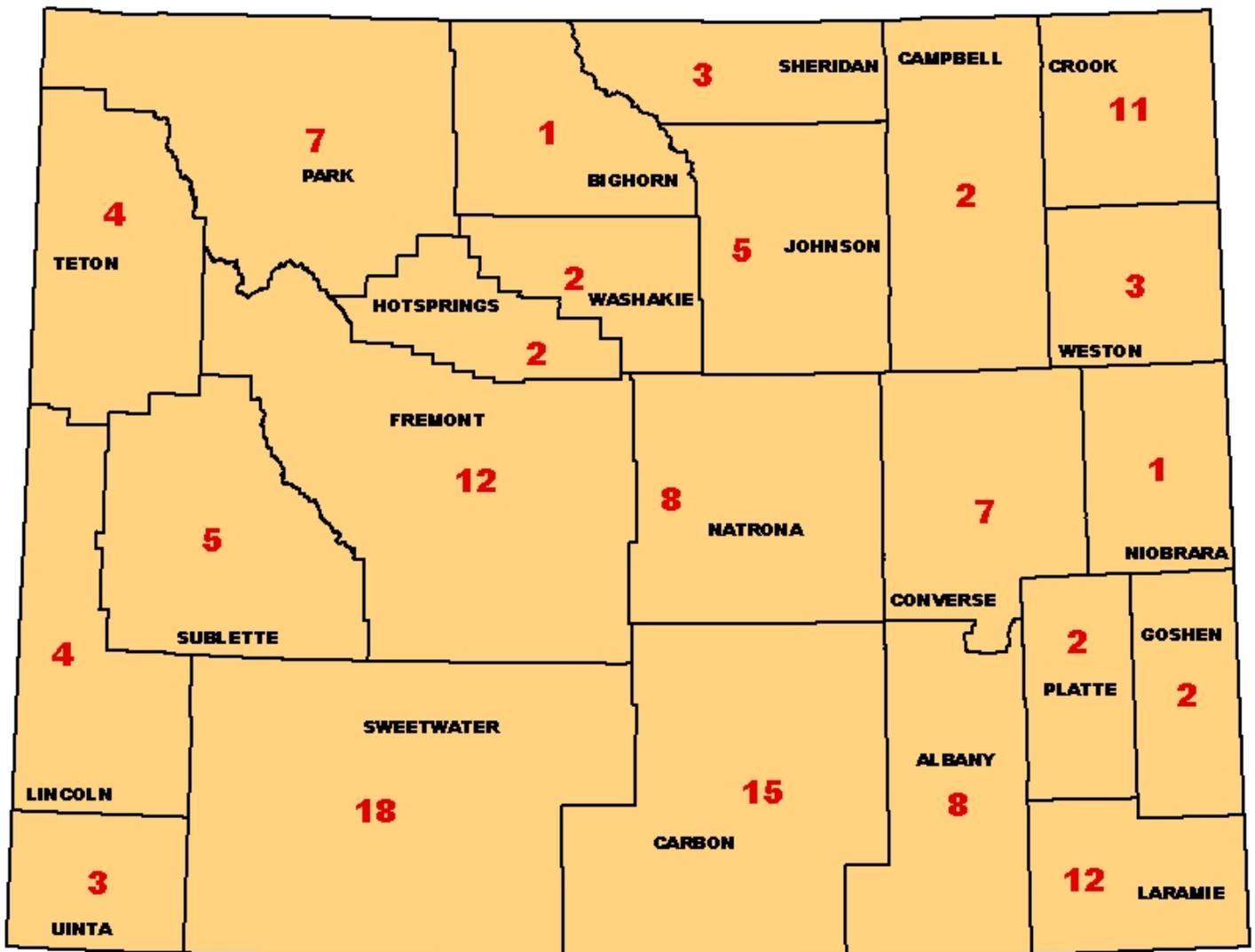
Population Source: U.S. Census Bureau Released December 2010

Figures used to determine Economic Loss came from the US Department of Transportation Memorandum; dated February 5, 2008 for the "Treatment of the Economic Value of a Statistical Life in Departmental Analyses." WYDOT has adopted a slightly modified version of the Relative Disutility Factors by Injury Severity level (MAIS) found on page 5 of the attachment in this US DOT Memorandum.

## 2010 - 2006 HOLIDAY CRASH STATISTICS

TIME PERIOD		2010	2009	2008	2007	2006
<b>NEW YEARS</b>	Hours	84	108	108	84	84
	Crashes	111	232	292	157	163
	Fatal	1	1	0	0	0
	Injury	18	48	68	29	32
	PDO	92	183	224	128	131
	Fatalities	1	1	0	0	0
	Injuries	29	60	129	47	59
<b>MEMORIAL DAY</b>	Hours	84	84	84	84	84
	Crashes	100	82	120	116	97
	Fatal	1	1	1	2	0
	Injury	30	13	34	48	25
	PDO	69	68	85	66	72
	Fatalities	1	1	1	2	0
	Injuries	48	35	44	74	39
<b>INDEPENDENCE DAY</b>	Hours	84	84	84	36	108
	Crashes	123	124	124	70	198
	Fatal	2	0	4	1	5
	Injury	34	25	29	22	56
	PDO	87	99	91	47	137
	Fatalities	2	0	4	1	6
	Injuries	50	39	45	28	98
<b>LABOR DAY</b>	Hours	84	84	84	84	84
	Crashes	109	98	116	120	151
	Fatal	1	3	5	2	3
	Injury	29	19	30	40	41
	PDO	79	76	81	78	107
	Fatalities	2	3	5	2	3
	Injuries	41	41	49	66	67
<b>THANKSGIVING</b>	Hours	108	108	108	108	108
	Crashes	197	121	220	190	140
	Fatal	5	1	3	2	2
	Injury	29	19	53	34	37
	PDO	163	101	164	154	101
	Fatalities	5	1	3	2	2
	Injuries	42	23	87	54	56
<b>CHRISTMAS</b>	Hours	84	84	108	108	84
	Crashes	80	113	190	314	319
	Fatal	1	0	1	4	3
	Injury	10	10	52	53	77
	PDO	69	103	137	257	239
	Fatalities	1	0	1	6	4
	Injuries	13	18	65	85	117

## 2010 FATAL CRASH COUNT / COUNTY

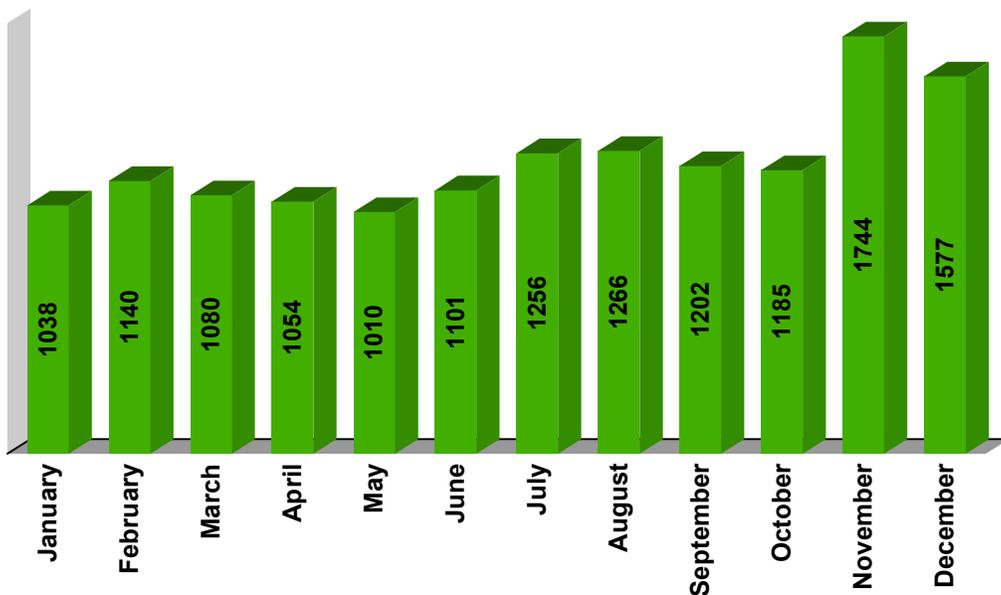


# GENERAL CRASH INFORMATION

## 2010 Crash Counts by County

	Fatal Crashes	Fatalities	Injury Crashes	Injuries	PDO Crashes	Total Crashes
ALBANY	8	8	231	306	965	1204
BIG HORN	1	1	34	50	195	230
CAMPBELL	2	2	247	333	932	1181
CARBON	15	20	118	180	473	606
CONVERSE	7	8	81	116	304	392
CROOK	11	11	74	106	240	325
FREMONT	12	14	184	269	622	818
GOSHEN	2	3	54	78	207	263
HOT SPRINGS	2	3	16	28	76	94
JOHNSON	5	6	47	67	208	260
LARAMIE	12	12	548	760	1535	2095
LINCOLN	4	4	66	97	257	327
NATRONA	8	8	518	726	1639	2165
NIOBRARA	1	2	12	15	58	71
PARK	7	7	123	179	518	648
PLATTE	2	2	78	111	244	324
SHERIDAN	3	3	123	166	541	667
SUBLETTE	5	5	49	68	264	318
SWEETWATER	18	19	312	455	1050	1380
TETON	4	5	88	124	423	515
UINTA	3	4	99	144	425	527
WASHAKIE	2	3	26	45	76	104
WESTON	3	3	30	38	106	139
<b>Total</b>	<b>137</b>	<b>153</b>	<b>3158</b>	<b>4461</b>	<b>11358</b>	<b>14653</b>

## Crash Count by Month



### 2006 TO 2010 COLLISION TYPE CRASHES

Harmful Event Category	2006	2007	2008	2009	2010	Total
Non-Collision Crashes	2697	2495	2844	2076	2005	12117
Moving Vehicle Crashes	9206	9673	9507	8374	7640	44400
Animal Crashes	2386	2387	2306	2214	2507	11800
Fixed Object Crashes	2685	2873	2981	2690	2501	13730
Total	16974	17428	17638	15354	14653	82047



# PEOPLE INVOLVED INFORMATION

## 2010 TOTAL DRIVERS INVOLVED IN FATAL CRASHES

### DRIVER'S AGE

DRIVER'S GENDER	14 - 16	17 - 20	21 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 +	Total
Female	1	3	1	4	5	10	10	3	5	42
Male	1	10	14	7	26	14	41	22	12	147
<b>Total</b>	<b>2</b>	<b>13</b>	<b>15</b>	<b>11</b>	<b>31</b>	<b>24</b>	<b>51</b>	<b>25</b>	<b>17</b>	<b>189</b>

## 2010 TOTAL DRIVERS INVOLVED IN INJURY CRASHES

### DRIVER'S AGE

DRIVER'S GENDER	1 - 13	14 - 16	17 - 20	21 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 +	UK	Total
Female	1	93	337	209	221	346	268	253	150	108	2	1988
Male	2	81	381	291	314	431	424	411	261	161	0	2757
Unknown	0	0	0	0	0	0	0	0	0	0	58	58
<b>Total</b>	<b>3</b>	<b>174</b>	<b>718</b>	<b>500</b>	<b>535</b>	<b>777</b>	<b>692</b>	<b>664</b>	<b>411</b>	<b>269</b>	<b>60</b>	<b>4803</b>

Unknown gender & age are a result of hit and run crashes

## 2010 TOTAL DRIVERS INVOLVED IN PDO CRASHES

### DRIVER'S AGE

DRIVER'S GENDER	1 - 13	14 - 16	17 - 20	21 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 +	UK	Total
Female	2	279	870	697	674	973	883	819	439	302	3	5941
Male	1	271	1101	945	1065	1603	1465	1477	848	536	11	9323
Unknown	0	0	0	0	0	0	0	0	0	0	718	718
<b>Total</b>	<b>3</b>	<b>550</b>	<b>1971</b>	<b>1642</b>	<b>1739</b>	<b>2576</b>	<b>2348</b>	<b>2296</b>	<b>1287</b>	<b>838</b>	<b>732</b>	<b>15982</b>

Unknown gender & age are a result of hit and run crashes

## OCCUPANTS WITH SAFETY EQUIPMENT / USAGE

### BY COUNTY

	2008					2009					2010				
	Used		Not Used		Not Avail	Used		Not Used		Not Avail	Used		Not Used		Not Avail
<b>ALBANY</b>															
Driver's	1616	85%	119	7%	0 0%	1466	85%	86	5%	0 0%	1527	87%	68	4%	15 1%
Passenger's	632	78%	115	15%	0 0%	635	84%	79	11%	8 2%	660	89%	51	7%	13 2%
<b>BIG HORN</b>															
Driver's	178	63%	47	17%	1 1%	210	69%	35	12%	0 0%	192	71%	20	8%	5 2%
Passenger's	101	75%	22	17%	0 0%	96	71%	7	6%	0 0%	88	75%	6	6%	2 2%
<b>CAMPBELL</b>															
Driver's	1861	81%	166	8%	2 1%	1585	80%	150	8%	0 0%	1515	81%	91	5%	12 1%
Passenger's	697	73%	81	9%	0 0%	647	80%	61	8%	1 1%	626	81%	40	6%	2 1%
<b>CARBON</b>															
Driver's	1174	81%	59	5%	1 1%	655	77%	51	6%	2 1%	652	85%	38	5%	6 1%
Passenger's	514	71%	127	18%	0 0%	332	79%	42	10%	16 4%	301	80%	52	14%	2 1%
<b>CONVERSE</b>															
Driver's	403	77%	46	9%	2 1%	384	79%	35	8%	0 0%	384	80%	36	8%	7 2%
Passenger's	217	80%	25	10%	0 0%	216	72%	44	15%	2 1%	192	85%	18	8%	3 2%
<b>CROOK</b>															
Driver's	317	78%	39	10%	0 0%	216	80%	39	15%	0 0%	261	72%	58	16%	5 2%
Passenger's	185	78%	32	14%	0 0%	102	74%	22	16%	1 1%	147	81%	22	13%	1 1%
<b>FREMONT</b>															
Driver's	971	76%	123	10%	1 1%	983	75%	156	12%	3 1%	862	76%	93	9%	20 2%
Passenger's	433	73%	62	11%	0 0%	350	72%	63	13%	1 1%	390	75%	65	13%	7 2%
<b>GOSHEN</b>															
Driver's	202	68%	30	11%	0 0%	212	72%	32	11%	1 1%	267	77%	36	11%	1 1%
Passenger's	131	83%	15	10%	0 0%	106	73%	22	16%	12 9%	142	90%	7	5%	2 2%
<b>HOT SPRINGS</b>															
Driver's	95	61%	25	16%	0 0%	78	65%	12	10%	0 0%	67	59%	11	10%	9 8%
Passenger's	49	47%	15	15%	0 0%	41	78%	3	6%	0 0%	32	77%	6	15%	2 5%
<b>JOHNSON</b>															
Driver's	328	78%	43	11%	1 1%	250	75%	31	10%	0 0%	235	79%	20	7%	2 1%
Passenger's	182	80%	17	8%	0 0%	171	84%	13	7%	0 0%	120	71%	7	5%	5 3%
<b>LARAMIE</b>															
Driver's	2784	84%	185	6%	3 1%	3157	89%	147	5%	0 0%	3037	89%	139	5%	18 1%
Passenger's	1212	83%	113	8%	0 0%	1359	86%	85	6%	3 1%	1373	85%	87	6%	21 2%
<b>LINCOLN</b>															
Driver's	381	73%	60	12%	4 1%	300	78%	22	6%	0 0%	290	77%	26	7%	9 3%
Passenger's	182	83%	19	9%	0 0%	160	77%	21	11%	2 1%	144	60%	21	9%	6 3%
<b>NATRONA</b>															
Driver's	3560	82%	242	6%	1 1%	3261	83%	228	6%	1 1%	2823	83%	155	5%	20 1%
Passenger's	1594	81%	128	7%	0 0%	1520	82%	119	7%	41 3%	1333	83%	72	5%	21 2%
<b>NIOBARA</b>															
Driver's	70	73%	13	14%	1 2%	78	73%	10	10%	0 0%	58	62%	11	12%	0 0%
Passenger's	42	100%	0	0%	0 0%	60	85%	6	9%	0 0%	27	63%	4	10%	0 0%
<b>PARK</b>															
Driver's	628	79%	72	9%	0 0%	614	74%	63	8%	1 1%	684	77%	61	7%	4 1%
Passenger's	274	71%	39	11%	0 0%	260	80%	28	9%	2 1%	312	83%	18	5%	1 1%

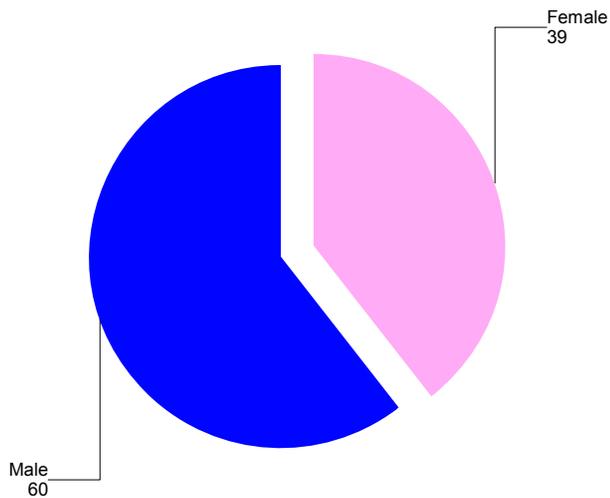
	2008					2009					2010				
	Used		Not Used		Not Avail	Used		Not Used		Not Avail	Used		Not Used		Not Avail
<b>PLATTE</b>															
Driver's	335	84%	28	7%	0 0%	315	84%	28	8%	1 1%	308	84%	25	7%	3 1%
Passenger's	203	89%	18	8%	0 0%	217	88%	15	7%	0 0%	152	86%	15	9%	3 2%
<b>SHERIDAN</b>															
Driver's	957	77%	115	10%	0 0%	824	77%	83	8%	0 0%	735	80%	54	6%	2 1%
Passenger's	411	76%	41	8%	0 0%	338	82%	37	9%	0 0%	298	79%	32	9%	0 0%
<b>SUBLETTE</b>															
Driver's	301	72%	38	9%	2 1%	231	74%	32	11%	2 1%	277	74%	25	7%	3 1%
Passenger's	115	76%	18	12%	0 0%	102	81%	11	9%	0 0%	111	83%	6	5%	0 0%
<b>SWEETWATER</b>															
Driver's	2350	82%	160	6%	2 1%	1660	78%	149	7%	2 1%	1530	81%	105	6%	11 1%
Passenger's	887	76%	166	15%	0 0%	758	70%	125	12%	74 7%	660	68%	141	15%	17 2%
<b>TETON</b>															
Driver's	794	77%	52	5%	0 0%	525	75%	34	5%	0 0%	606	82%	29	4%	2 1%
Passenger's	398	76%	33	7%	0 0%	247	79%	11	4%	0 0%	324	76%	17	4%	2 1%
<b>UINTA</b>															
Driver's	772	74%	73	7%	4 1%	558	75%	55	8%	0 0%	533	78%	22	4%	11 2%
Passenger's	523	81%	52	8%	0 0%	384	79%	47	10%	17 4%	355	80%	37	9%	3 1%
<b>WASHAKIE</b>															
Driver's	100	57%	28	16%	0 0%	110	60%	28	16%	0 0%	87	67%	20	16%	0 0%
Passenger's	53	68%	14	18%	0 0%	56	62%	20	22%	0 0%	58	74%	11	14%	0 0%
<b>WESTON</b>															
Driver's	152	70%	24	11%	3 2%	114	66%	25	15%	0 0%	100	63%	27	17%	1 1%
Passenger's	61	71%	18	21%	0 0%	54	59%	8	9%	17 19%	41	84%	3	7%	0 0%

**2010 PEDESTRIANS IN ALL CRASHES**

**AGE / INJURY STATUS**

	Fatal	Incap	Non-Incap	Possible	Total
0 - 13	0	3	7	9	19
14 - 16	0	1	5	3	9
17 - 20	0	1	2	2	5
21 - 24	0	2	2	2	6
25 - 29	1	1	6	3	11
30 - 39	0	4	4	4	12
40 - 49	1	3	4	2	10
50 - 59	0	2	5	3	10
60 - 69	0	3	2	1	6
70 +	1	0	3	0	4
Unknown	0	0	2	5	7
<b>Total</b>	<b>3</b>	<b>20</b>	<b>42</b>	<b>34</b>	<b>99</b>

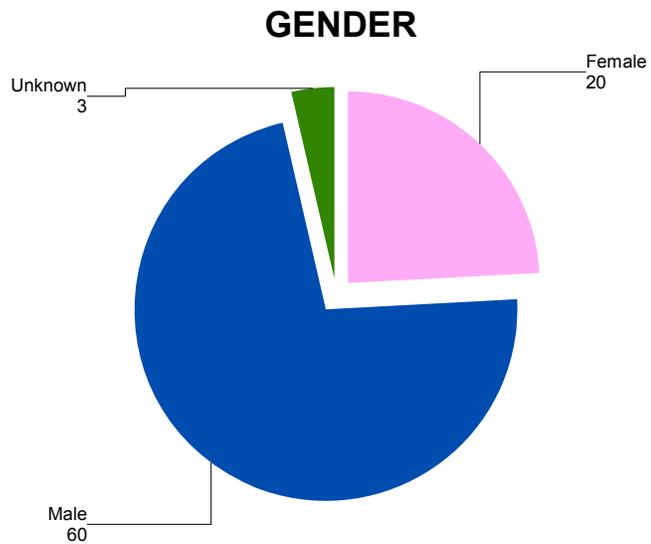
**GENDER**



**2010 PEDACYCLIST IN ALL CRASHES**

**AGE / INJURY STATUS**

	Incap	Non-Incap	Possible	Total
0 - 13	5	13	10	28
14 - 16	1	2	3	6
17 - 20	0	2	4	6
21 - 24	0	8	6	14
25 - 29	0	3	0	3
30 - 39	0	5	5	10
40 - 49	0	1	2	3
50 - 59	2	1	4	7
70 +	0	1	0	1
Unknown	0	1	4	5
<b>Total</b>	<b>8</b>	<b>37</b>	<b>38</b>	<b>83</b>



# ENVIRONMENTAL

## 2010 CRASHES WITH ROAD SURFACE TYPE

Road Surface	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Asphalt	115	2360	6732	9207
Concrete	11	657	2027	2695
Dirt	7	73	143	223
Gravel/Rock	5	98	253	356
Unknown	0	20	2449	2469
<b>Total</b>	<b>137</b>	<b>3158</b>	<b>11358</b>	<b>14653</b>

Unknown road surface crashes are from animal crash forms where element is not included

## 2010 CRASHES

### ROAD CONDITIONS

Road Conditions	Fatal Crashes		Injury Crashes		PDO Crashes		Total Crashes	
	1st Condition	2nd Condition	1st Condition	2nd Condition	1st Condition	2nd Condition	1st Condition	2nd Condition
Dry	109	0	2265	13	7390	29	9764	42
Wet	4	1	225	26	767	79	996	106
Ice/Frost	16	4	430	75	1887	337	2333	416
Snow	5	4	142	178	882	770	1029	952
Mud/Dirt/Gravel	1	1	36	20	76	36	113	57
Slush	0	0	31	39	116	137	147	176
Oil/Fuel	0	0	3	1	3	1	6	2
Sand on Dry Pavement	0	0	5	1	8	4	13	5
Sand on Icy Road	0	0	6	4	18	20	24	24
Water Standing/Running	0	0	2	3	14	13	16	16
Other	0	0	5	2	10	6	15	8
Unknown	2	0	8	4	187	5	197	9
<b>Total</b>	<b>137</b>	<b>10</b>	<b>3158</b>	<b>366</b>	<b>11358</b>	<b>1437</b>	<b>14653</b>	<b>1813</b>

NOTE: Every crash can have two road condition choices

**2010 CRASHES**  
**WEATHER CONDITIONS**

Weather Conditions	Fatal Crashes		Injury Crashes		PDO Crashes		Total Crashes	
	1st Condition	2nd Condition	1st Condition	2nd Condition	1st Condition	2nd Condition	1st Condition	2nd Condition
Clear	113	1	2444	20	8289	43	10846	64
Raining	2	0	89	8	300	18	391	26
Snowing	8	0	315	8	1533	38	1856	46
Fog	2	0	27	6	86	4	115	10
Blowing Dust/Sand/Dirt	0	0	3	2	10	7	13	9
Severe Wind Only	0	0	35	11	100	13	135	24
Blizzard	0	0	5	4	26	23	31	27
Sleet/Hail/Freezing Rain	1	1	29	8	66	31	96	40
Blowing Snow	0	2	38	54	182	197	220	253
Cloudy, Overcast	9	1	159	27	511	83	679	111
Smoke	0	0	2	0	2	0	4	0
Other	0	0	1	2	9	3	10	5
Unknown	2	0	11	1	244	1	257	2
<b>Total</b>	<b>137</b>	<b>5</b>	<b>3158</b>	<b>151</b>	<b>11358</b>	<b>461</b>	<b>14653</b>	<b>617</b>

NOTE: Every crash can have two weather condition choices

**2010 CRASHES**  
**LIGHTING CONDITIONS**

Lighting Conditions	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Darkness Lighted	6	270	966	1242
Darkness Unlighted	46	535	2755	3336
Dawn	3	74	348	425
Daylight	79	2192	6619	8890
Dusk	2	74	368	444
Other	0	0	7	7
Unknown	1	13	295	309
<b>Total</b>	<b>137</b>	<b>3158</b>	<b>11358</b>	<b>14653</b>

# VEHICLES

## 2010 VEHICLE TYPES

Number of Vehicles involved in:

Vehicle Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Passenger	47	2046	6167	8260
Passenger Van	3	165	505	673
PU	41	1149	4089	5279
School Bus	1	9	33	43
Other Bus	0	2	7	9
Transit Bus	0	2	7	9
Charter Bus	0	0	2	2
MC > 150cc	32	237	40	309
Off Road MC	2	5	0	7
Pedestrian Vehicle	0	3	8	11
Low Speed Vehicle	0	0	1	1
Other Vehicle	1	8	36	45
SUV	27	855	2397	3279
Cargo Van	0	29	91	120
Motor Home	2	13	36	51
Light Truck (< 10K)	3	69	225	297
Medium Truck (>10K - <26K)	2	24	77	103
Heavy Truck (>26K)	23	274	892	1189
Farm Equipment	0	3	10	13
Construction Vehicle	0	9	28	37
MC <150 cc	3	33	8	44
Moped	0	3	0	3
Snowmobile	0	2	2	4
ATV	5	27	4	36
MPV	0	5	2	7
Unknown	0	18	2830	2848
<b>Total</b>	<b>192</b>	<b>4990</b>	<b>17497</b>	<b>22679</b>

**2010 VEHICLE WITH  
CONTRIBUTING CIRCUMSTANCES**

Number of Vehicles involved in:

Contributing Circumstances	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Brakes	0	56	161	217
Cruise Control	0	12	17	29
Defroster	0	0	6	6
Exhaust System	0	0	1	1
Lights (Head, Signal, or Tail)	2	17	37	56
Mirrors	0	0	13	13
None	0	0	0	0
Other	4	117	449	570
Oversized Load	0	4	22	26
Power Train	0	4	31	35
Rain/Snow/Ice on Windshield	9	8	52	69
Stalled Vehicle	0	9	18	27
Steering	1	19	40	60
Suspension	1	7	10	18
Tinted Windows	0	0	2	2
Tire	5	55	136	196
Trailer Brakes	0	2	12	14
Truck Coupling/Trailer Hitch/Safe	0	4	41	45
Unknown	0	0	0	0
Vehicle Cargo Blocking View	0	0	13	13
Wheels	0	9	35	44
Windows/Windshield	0	8	23	31
Wipers	0	1	1	2
<b>Total</b>	<b>22</b>	<b>332</b>	<b>1120</b>	<b>1474</b>

# WYOMING COMMUNITIES

2010

## CITY/TOWN CRASHES WITH INJURIES AND FATALITIES

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
AFTON	0	0	5	5	0	0
ALPINE	0	0	1	1	0	0
BAGGS	0	1	1	2	1	0
BASIN	0	1	3	4	1	0
BEAR RIVER	0	0	3	3	0	0
BIG PINEY	0	0	5	5	0	0
BUFFALO	0	7	28	35	8	0
BURLINGTON	0	2	0	2	2	0
BURNS	0	0	1	1	0	0
BYRON	0	0	2	2	0	0
CASPER	5	465	1451	1921	643	5
CHEYENNE	6	456	1320	1782	623	6
CHUGWATER	0	2	4	6	2	0
CODY	0	37	182	219	46	0
COKEVILLE	0	1	2	3	1	0
COWLEY	0	0	3	3	0	0
DAYTON	0	0	2	2	0	0
DEAVER	0	0	1	1	0	0
DIAMONDVILLE	0	2	4	6	4	0
DOUGLAS	1	28	83	112	39	2
DUBOIS	0	1	6	7	1	0
EDGERTON	0	0	3	3	0	0
ENCAMPMENT	0	1	0	1	1	0
EVANSTON	1	35	109	145	49	1
EVANSVILLE	0	0	2	2	0	0
FRANNIE	0	1	1	2	5	0
GILLETTE	2	193	742	937	255	2
GLENDO	1	1	1	3	2	1
GLENROCK	0	5	22	27	5	0
GRANGER	0	0	1	1	0	0
GREEN RIVER	0	30	149	179	40	0
GREYBULL	0	5	20	25	6	0
GUERNSEY	0	3	8	11	4	0
HANNA	0	0	2	2	0	0
HUDSON	0	1	1	2	1	0
HULETT	0	0	3	3	0	0
JACKSON	0	29	177	206	34	0
KEMMERER	0	3	19	22	6	0
LANDER	0	23	115	138	29	0
LARAMIE	0	128	601	729	157	0
LINGLE	0	1	3	4	2	0
LOVELL	0	5	22	27	6	0
LUSK	0	2	14	16	2	0
LYMAN	0	1	4	5	1	0
MANVILLE	0	0	1	1	0	0
MARBLETON	0	0	7	7	0	0
MEDICINE BOW	0	0	2	2	0	0
MEETEETSE	0	0	1	1	0	0
MIDWEST	0	1	3	4	1	0
MILLS	0	0	1	1	0	0
MOORCROFT	0	5	8	13	8	0
MOUNTAIN VIEW	0	2	0	2	2	0
NEWCASTLE	1	3	26	30	4	1
OPAL	0	0	1	1	0	0

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
PAVILLION	0	0	2	2	0	0
PINE BLUFFS	1	1	14	16	1	1
PINE HAVEN	0	1	2	3	1	0
PINEDALE	0	4	36	40	4	0
POWELL	0	16	60	76	18	0
RANCHESTER	0	0	2	2	0	0
RAWLINS	0	26	116	142	38	0
RIVERSIDE	0	0	1	1	0	0
RIVERTON	2	82	171	255	118	2
ROCK RIVER	0	0	1	1	0	0
ROCK SPRINGS	1	111	403	515	147	1
SARATOGA	0	1	8	9	1	0
SHERIDAN	2	55	355	412	72	2
SHOSHONI	0	0	1	1	0	0
SINCLAIR	0	1	12	13	1	0
STAR VALLEY RANCH	0	0	3	3	0	0
SUNDANCE	0	3	17	20	6	0
SUPERIOR	0	0	1	1	0	0
THAYNE	0	2	3	5	5	0
THERMOPOLIS	0	6	22	28	9	0
TORRINGTON	0	20	83	103	30	0
UPTON	0	0	10	10	0	0
WAMSUTTER	0	7	12	19	7	0
WHEATLAND	0	7	33	40	10	0
WORLAND	0	15	20	35	25	0
WRIGHT	0	1	10	11	1	0
<b>Total</b>	<b>23</b>	<b>1840</b>	<b>6574</b>	<b>8437</b>	<b>2485</b>	<b>24</b>



**2010 CITY/TOWN CRASHES**  
**INTERSECTION TYPE AND MANNER OF COLLISION**

Manner of Collision	Intersection Type								Total
	Five (5) Point or more	Four (4) -Way Intersection	Intersection as part of an Interchange	Not an Intersection	T Intersection	Unknown	Y Intersection		
Angle (Front to Side), Opposing Direction	2	336	8	180	96	2	3	627	
Angle Direction not Specified	0	21	1	51	10	0	0	83	
Angle Right (Front to Side, includes Broadside)	3	850	14	279	162	3	10	1321	
Angle Same Direction (Front to Side)	6	278	7	378	82	3	5	759	
Head On (Front to Front)	0	93	1	116	29	1	3	243	
Not a Collision w/2 Vehicles in Transport	0	3	0	50	2	0	0	55	
Other	0	6	0	20	0	0	0	26	
Rear End (Front to Rear)	14	813	48	837	268	4	21	2005	
Rear to Front (Normally Backing)	1	35	0	145	16	0	1	198	
Rear to Rear (Normally Backing)	0	4	1	42	1	0	0	48	
Rear to Side (Normally Backing)	0	9	0	266	7	1	0	283	
Sideswipe Opposite Direction (Meeting)	0	19	0	69	9	1	2	100	
Sideswipe Same Direction (Passing)	3	101	12	409	34	1	3	563	
Unknown	0	5	0	160	9	4	1	179	
<b>Total</b>	<b>29</b>	<b>2573</b>	<b>92</b>	<b>3002</b>	<b>725</b>	<b>20</b>	<b>49</b>	<b>6490</b>	

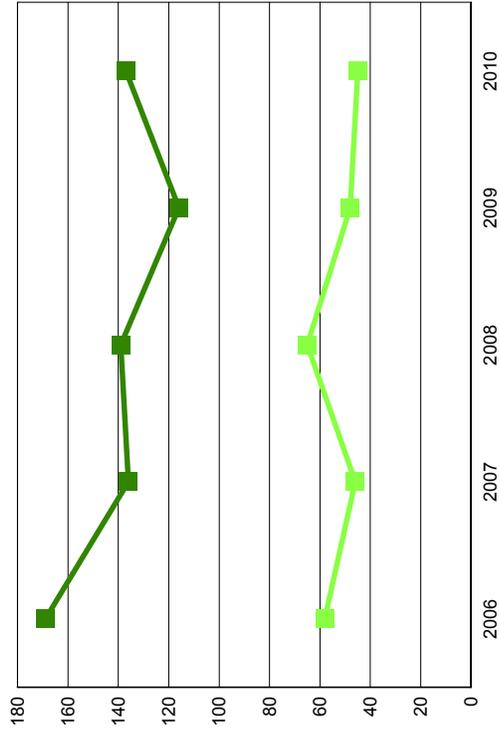
# ALCOHOL INVOLVED CRASHES

## 2010 ALCOHOL INVOLVED TRAFFIC CRASHES

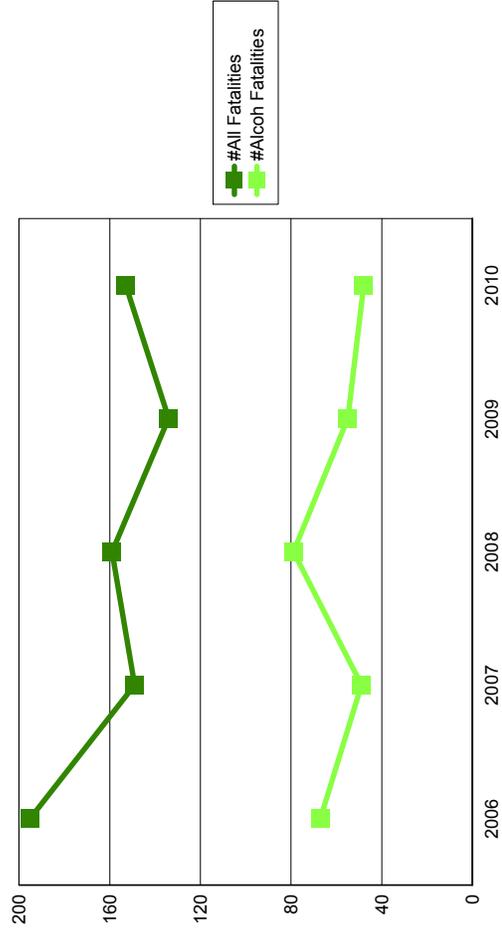
Year	Fatal Crashes				Injury Crashes				PDO Crashes						
	All Crashes	Alcohol Crashes	% Alcohol Crashes	Total Fatalities	Alcohol Fatalities	% Alcohol Fatalities	All Crashes	Alcohol Crashes	% Alcohol Crashes	All Crashes	Alcohol Crashes	% Alcohol Crashes			
2006	169	58	34%	195	67	34%	4333	495	11%	6650	789	12%	12472	539	4%
2007	136	46	34%	149	49	33%	4366	509	12%	6620	731	11%	12926	557	4%
2008	139	65	47%	159	79	50%	3843	525	14%	5501	747	14%	13656	627	5%
2009	116	48	41%	134	55	41%	3381	470	14%	4896	696	14%	11857	644	5%
2010	137	45	33%	153	48	31%	3158	379	12%	4461	538	12%	11358	483	4%

\* Injuries include injuries from fatal crashes

### Alcohol Fatal Crashes



### Alcohol Fatalities



**ALCOHOL INVOLVED CRASHES  
WITH AGE OF DRINKING DRIVERS**

2006

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
0 - 13	1	2	0	3
14 - 16	1	11	9	21
17 - 20	8	83	83	174
21 - 24	10	94	117	221
25 - 29	9	63	90	162
30 - 39	12	108	86	206
40 - 49	9	84	77	170
50 - 59	5	34	38	77
60 - 69	2	11	17	30
70 - 79	0	11	10	21
80 +	0	0	2	2
Unknown	0	5	26	31
<b>Total</b>	<b>57</b>	<b>506</b>	<b>555</b>	<b>1118</b>

2007

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	1	9	10	20
17 - 20	4	71	85	160
21 - 24	6	96	104	206
25 - 29	8	69	76	153
30 - 39	12	99	91	202
40 - 49	8	97	112	217
50 - 59	4	50	42	96
60 - 69	0	16	31	47
70 - 79	2	1	3	6
80 +	0	2	0	2
Unknown	0	8	24	32
<b>Total</b>	<b>45</b>	<b>518</b>	<b>578</b>	<b>1141</b>

2008

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
0 - 13	0	0	2	2
14 - 16	0	3	4	7
17 - 20	4	62	72	138
21 - 24	8	83	98	189
25 - 29	11	86	100	197
30 - 39	8	96	99	203
40 - 49	9	88	102	199
50 - 59	1	40	33	74
60 - 69	1	9	9	19
70 - 79	0	2	1	3
80 +	0	1	0	1
Unknown	0	3	13	16
<b>Total</b>	<b>42</b>	<b>473</b>	<b>533</b>	<b>1048</b>

**ALCOHOL INVOLVED CRASHES  
WITH AGE OF DRINKING DRIVERS**

2009

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
0 - 13	0	0	1	1
14 - 16	0	8	9	17
17 - 20	9	52	93	154
21 - 24	9	95	114	218
25 - 29	7	76	116	199
30 - 39	8	98	116	222
40 - 49	8	81	88	177
50 - 59	4	45	61	110
60 - 69	1	8	20	29
70 - 79	0	5	8	13
80 +	2	1	3	6
Unknown	0	4	18	22
<b>Total</b>	<b>48</b>	<b>473</b>	<b>647</b>	<b>1168</b>

2010

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	2	17	16	35
17 - 20	1	38	40	79
21 - 24	7	59	96	162
25 - 29	6	70	72	148
30 - 39	10	77	103	190
40 - 49	5	72	73	150
50 - 59	11	29	52	92
60 - 69	3	8	15	26
70 - 79	0	3	5	8
Unknown	0	2	13	15
<b>Total</b>	<b>45</b>	<b>375</b>	<b>485</b>	<b>905</b>

# **ALCOHOL INVOLVED FATAL CRASHES**

## **2010 ALCOHOL INVOLVED FATAL CRASHES BY COUNTY**

County	Number Crashes	Number Injured	Number Killed
Albany	2	0	2
Campbell	1	1	1
Carbon	5	2	5
Crook	4	6	4
Fremont	7	7	8
Goshen	1	0	1
Johnson	1	0	1
Laramie	5	4	5
Natrona	2	0	2
Park	1	1	1
Platte	1	0	1
Sheridan	1	0	1
Sublette	3	1	3
Sweetwater	7	1	8
Teton	1	1	2
Uinta	1	0	1
Washakie	1	0	1
Weston	1	0	1
<b>Total</b>	<b>45</b>	<b>24</b>	<b>48</b>

## **2010 ALCOHOL INVOLVED FATAL CRASHES BY CITY**

City	Number Crashes	Number Injured	Number Killed
CASPER	1	0	1
CHEYENNE	3	4	3
GILLETTE	1	1	1
GLENDON	1	0	1
RIVERTON	2	1	2
ROCK SPRINGS	1	1	1
SHERIDAN	1	0	1
<b>Total</b>	<b>10</b>	<b>7</b>	<b>10</b>

**2010 ALCOHOL INVOLVED FATAL CRASHES**

**VEHICLE TYPE**

Vehicle Type	Number of Vehicles
ATV	3
Heavy Truck > 26,000	2
Light Truck	1
MC < 150 cc	1
MC > 150 cc	12
Off Road MC	2
Other Vehicle	1
PU	13
Passenger	18
SUV	7
<b>Total</b>	<b>60</b>

**2010 ALCOHOL INVOLVED FATAL CRASHES**

**ESTIMATED SPEED**

Estimated Speed	Fatal Crashes
0 - 13	1
17 - 20	1
30 - 50	13
50 - 65	16
65 +	14
Others	15
<b>Total</b>	<b>60</b>

**2010 ALCOHOL INVOLVED FATAL CRASHES**

**WITH AGE AND GENDER OF DRIVERS**

Age Groups	Male	Female	Total Drivers
14 - 16	1	0	1
17 - 20	2	0	2
21 - 24	7	0	7
25 - 29	6	0	6
30 - 39	8	2	10
40 - 49	4	1	5
50 - 59	10	1	11
60 - 69	3	0	3
<b>Total</b>	<b>41</b>	<b>4</b>	<b>45</b>

# ALCOHOL INVOLVED INJURY CRASHES

## 2010 ALCOHOL INVOLVED INJURY CRASHES BY CITY

City	Number of Crashes	Number Injured
BURLINGTON	1	1
CASPER	70	102
CHEYENNE	48	69
CODY	5	7
DOUGLAS	3	3
DUBOIS	1	1
ENCAMPMENT	1	1
EVANSTON	3	6
GILLETTE	13	15
GLENDO	1	2
GLENROCK	2	2
GREEN RIVER	5	6
GUERNSEY	1	1
JACKSON	1	1
KEMMERER	2	5
LANDER	1	1
LARAMIE	15	16
LOVELL	2	3
MOUNTAIN VIEW	2	2
PINEDALE	1	1
POWELL	1	1
RAWLINS	3	3
RIVERTON	10	17
ROCK SPRINGS	14	17
SARATOGA	1	1
SHERIDAN	9	10
THERMOPOLIS	1	4
TORRINGTON	3	3
WHEATLAND	2	2
WORLAND	1	2
<b>Total</b>	<b>223</b>	<b>305</b>

## 2010 ALCOHOL INVOLVED INJURY CRASHES BY COUNTY

County	Injury Crashes	Number Injured
Albany	25	28
Big Horn	4	5
Campbell	20	28
Carbon	15	20
Converse	9	11
Crook	7	7
Fremont	25	35
Goshen	9	10
Hot Springs	2	5
Johnson	2	2
Laramie	54	76
Lincoln	13	22
Natrona	79	116
Park	17	21
Platte	11	16
Sheridan	28	38
Sublette	7	9
Sweetwater	33	40
Teton	6	7
Uinta	7	10
Washakie	2	4
Weston	4	4
<b>Total</b>	<b>379</b>	<b>514</b>

**2010 ALCOHOL INVOLVED INJURY CRASHES  
WITH VEHICLE TYPE**

Vehicle Type	Number of Vehicles	% Vehicles
ATV	4	0.8%
Cargo Van	3	0.6%
Construction Vehicle	4	0.8%
Heavy Truck > 26,000	11	2.1%
Light Truck	9	1.7%
MC < 150 cc	3	0.6%
MC > 150 cc	20	3.8%
Medium Truck	1	0.2%
Motor Home	1	0.2%
Off Road MC	1	0.2%
Other Vehicle	2	0.4%
PU	155	29.2%
Passenger	201	37.9%
Passenger Van	21	4.0%
SUV	92	17.4%
Unknown	2	0.4%
<b>Total</b>	<b>530</b>	<b>100%</b>

**2010 ALCOHOL INVOLVED INJURY CRASHES  
WITH ESTIMATED SPEED**

Estimated Speed	Number of Vehicles
0 - 20	124
20 - 30	64
30 - 50	94
50 - 65	94
65 +	50
Others	104
<b>Total</b>	<b>530</b>

**2010 ALCOHOL INVOLVED INJURY CRASHES  
WITH AGE AND GENDER OF DRIVERS**

Age Groups	Male	Female	Unknown	Total Drivers
14 - 16	2	2	0	4
17 - 20	41	10	0	51
21 - 24	45	14	0	59
25 - 29	51	19	0	70
30 - 39	56	21	0	77
40 - 49	52	20	0	72
50 - 59	21	8	0	29
60 - 69	6	2	0	8
70 - 79	2	1	0	3
Unknown	0	0	2	2
<b>Total</b>	<b>276</b>	<b>97</b>	<b>2</b>	<b>375</b>

# **ALCOHOL INVOLVED PDO CRASHES**

## **2010 BY COUNTY**

County	PDO Crashes
Albany	37
Big Horn	6
Campbell	50
Carbon	12
Converse	7
Crook	8
Fremont	29
Goshen	13
Hot Springs	3
Johnson	5
Laramie	59
Lincoln	8
Natrona	98
Niobrara	1
Park	15
Platte	4
Sheridan	23
Sublette	11
Sweetwater	52
Teton	19
Uinta	12
Washakie	4
Weston	7
<b>Total</b>	<b>483</b>

## **2010 BY CITY**

City	PDO Crashes
BEAR RIVER	1
BUFFALO	3
CASPER	95
CHEYENNE	53
CODY	7
COWLEY	1
DAYTON	1
DOUGLAS	2
EVANSTON	3
EVANSVILLE	1
GILLETTE	39
GLENROCK	2
GREEN RIVER	14
GREYBULL	3
HUDSON	1
JACKSON	9
LANDER	6
LARAMIE	32
MARBLETON	1
NEWCASTLE	1
PINEDALE	4
POWELL	5
RAWLINS	8
RIVERTON	12
ROCK SPRINGS	27
SARATOGA	1
SHERIDAN	16
THERMOPOLIS	3
TORRINGTON	6
UPTON	5
WAMSUTTER	1
WHEATLAND	1
WORLAND	3
WRIGHT	2
<b>Total</b>	<b>369</b>

**2010 ALCOHOL INVOLVED CRASHES  
WITH AGE AND BAC RESULTS OF DRIVERS**

Age Groups	BAC Results	Drivers in Fatal Crashes	Drivers in Injury Crashes	Drivers in PDO Crashes
<b>0 - 13</b>				
	Others	0	0	0
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>14 - 16</b>				
	.01 - .08	0	1	0
	.10 - .15	1	0	1
	.20 - .25	0	1	0
	Others	0	2	3
<b>Total</b>		<b>1</b>	<b>4</b>	<b>4</b>
<b>17 - 20</b>				
	.01 - .08	0	3	3
	.08 - .09	1	3	2
	.10 - .15	1	4	12
	.15 - .20	0	3	7
	.20 - .25	0	1	4
	.25 - .30	0	1	0
	.35 - .40	0	1	0
	.55 +	0	0	1
	Others	0	35	23
<b>Total</b>		<b>2</b>	<b>51</b>	<b>52</b>
<b>21 - 24</b>				
	.01 - .08	0	6	5
	.08 - .09	0	1	7
	.10 - .15	3	8	15
	.15 - .20	2	8	18
	.20 - .25	0	2	4
	.25 - .30	2	0	1
	.55 +	0	0	2
	Others	0	34	44
<b>Total</b>		<b>7</b>	<b>59</b>	<b>96</b>
<b>25 - 29</b>				
	.01 - .08	0	3	4
	.08 - .09	1	3	6
	.10 - .15	1	5	6
	.15 - .20	3	7	8
	.20 - .25	0	2	4
	.25 - .30	0	3	0
	.30 - .35	0	1	0
	.35 - .40	1	0	0
	Others	0	46	44
<b>Total</b>		<b>6</b>	<b>70</b>	<b>72</b>
<b>30 - 39</b>				
	.01 - .08	0	8	5
	.08 - .09	0	1	3
	.10 - .15	1	2	10
	.15 - .20	4	10	17
	.20 - .25	0	5	10
	.25 - .30	1	1	1
	.30 - .35	1	0	0
	.55 +	0	0	1
	Others	3	50	56
<b>Total</b>		<b>10</b>	<b>77</b>	<b>103</b>

Others is a result of no reported BAC result

Age Groups	BAC Results	Drivers in Fatal Crashes	Drivers in Injury Crashes	Drivers in PDO Crashes
<b>40 - 49</b>				
	.01 - .08	0	2	4
	.08 - .09	0	1	0
	.10 - .15	0	10	9
	.15 - .20	0	5	7
	.20 - .25	1	3	7
	.25 - .30	2	0	4
	.30 - .35	1	2	2
	.55 +	0	0	1
	Others	1	49	39
<b>Total</b>		<b>5</b>	<b>72</b>	<b>73</b>
<b>50 - 59</b>				
	.01 - .08	0	2	5
	.08 - .09	0	0	1
	.10 - .15	2	3	8
	.15 - .20	3	0	6
	.20 - .25	2	1	3
	.25 - .30	1	0	0
	.30 - .35	1	0	0
	.55 +	0	2	1
	Others	2	21	28
<b>Total</b>		<b>11</b>	<b>29</b>	<b>52</b>
<b>60 - 69</b>				
	.01 - .08	0	1	1
	.10 - .15	1	2	2
	.15 - .20	0	1	2
	.20 - .25	2	0	0
	.25 - .30	0	0	1
	.30 - .35	0	0	1
	.55 +	0	0	1
	Others	0	4	7
<b>Total</b>		<b>3</b>	<b>8</b>	<b>15</b>
<b>70 - 79</b>				
	.01 - .08	0	1	0
	.10 - .15	0	0	2
	.15 - .20	0	1	0
	Others	0	1	3
<b>Total</b>		<b>0</b>	<b>3</b>	<b>5</b>
<b>80 +</b>				
	Others	0	0	0
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>UK</b>				
	Others	0	2	13
<b>Total</b>		<b>0</b>	<b>2</b>	<b>13</b>
<b>Others</b>				
	Others	0	0	0
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>
		<b>45</b>	<b>375</b>	<b>485</b>

Others is a result of no reported BAC result

# DRIVERS AGE 14 - 20

## 2010 FATAL CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20

### GENDER

Age	Male	Female	Total
15	0	1	1
16	1	0	1
17	2	0	2
18	3	1	4
19	1	0	1
20	4	2	6
Total	11	4	15

## 2010 INJURY CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20

### GENDER

Age	Male	Female	Total
14	2	1	3
15	7	9	16
16	72	83	155
17	88	91	179
18	100	87	187
19	105	95	200
20	88	64	152
Total	462	430	892

## 2010 PDO CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20

### GENDER

Age	Male	Female	Total
14	2	3	5
15	26	28	54
16	243	248	491
17	290	222	512
18	295	238	533
19	263	205	468
20	253	205	458
Total	1372	1149	2521

# TRUCKS

## TRUCK CRASHES

### MEDIUM TRUCK (>10K - <26K) & HEAVY TRUCK (> 26K)

Year	Fatal Crashes	Total Fatalities	# Truck Driver's Killed	Injury Crashes	Total Injuries	# Truck Driver's Injured	PDO Crashes	Total Crashes
2006	31	43	12	469	719	360	1282	1782
2007	21	26	9	477	732	373	1411	1909
2008	28	31	8	430	651	245	1442	1900
2009	13	13	2	280	448	147	852	1145
2010	19	27	7	253	352	120	853	1125
<b>Total</b>	<b>112</b>	<b>140</b>	<b>34</b>	<b>1909</b>	<b>2902</b>	<b>1105</b>	<b>5840</b>	<b>7861</b>

## 2010 TRUCK CRASHES

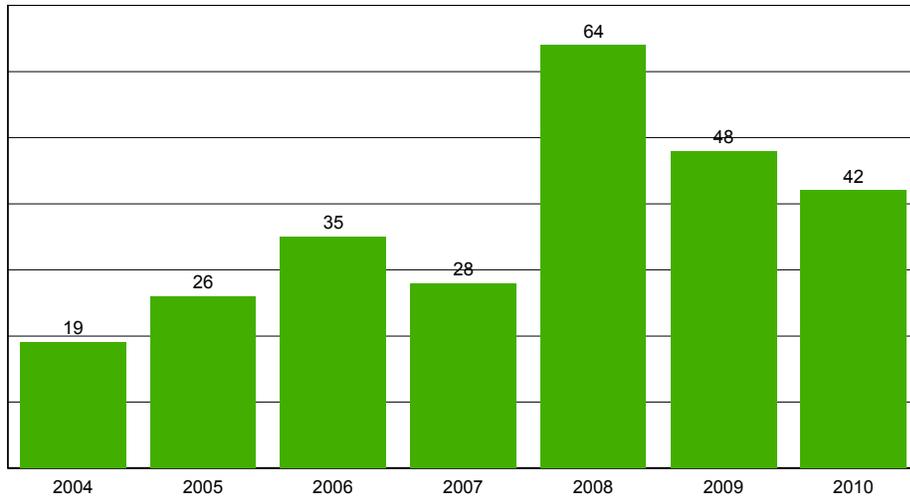
### MEDIUM TRUCK (>10K - <26K) & HEAVY TRUCK (> 26K)

#### BY ROADWAY

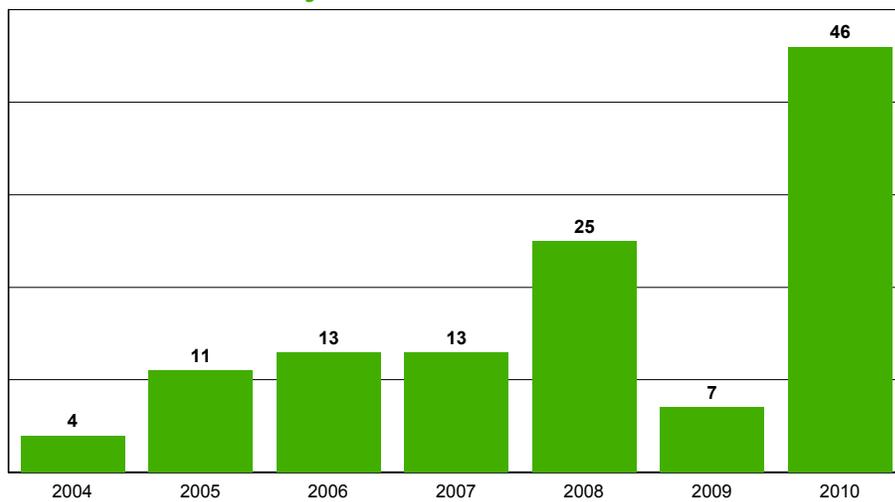
Roadway Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Interstate	11	155	534	700
Primary	4	50	153	207
Secondary	2	18	21	41
City Street	0	4	35	39
County Road Rural	0	12	25	37
State Highway	1	0	4	5
M Route	1	12	67	80
BLM	0	0	2	2
Service Road	0	1	2	3
County Road Urban	0	0	8	8
Others	0	1	3	4
<b>Total</b>	<b>19</b>	<b>253</b>	<b>854</b>	<b>1126</b>

# SCHOOL BUS

## School Bus Crashes



## Number Injured in School Bus Crashes



**2010 SCHOOL BUS INVOLVED CRASHES**

**COUNTY / CRASH SEVERITY**

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	0	0	3	3
CAMPBELL	0	1	7	8
CARBON	0	0	1	1
FREMONT	0	1	2	3
GOSHEN	0	0	1	1
JOHNSON	0	1	0	1
LARAMIE	0	1	5	6
LINCOLN	0	1	1	2
NATRONA	0	2	3	5
PLATTE	0	0	1	1
SHERIDAN	0	0	2	2
SWEETWATER	1	1	6	8
UINTA	0	0	1	1
Total	1	8	33	42

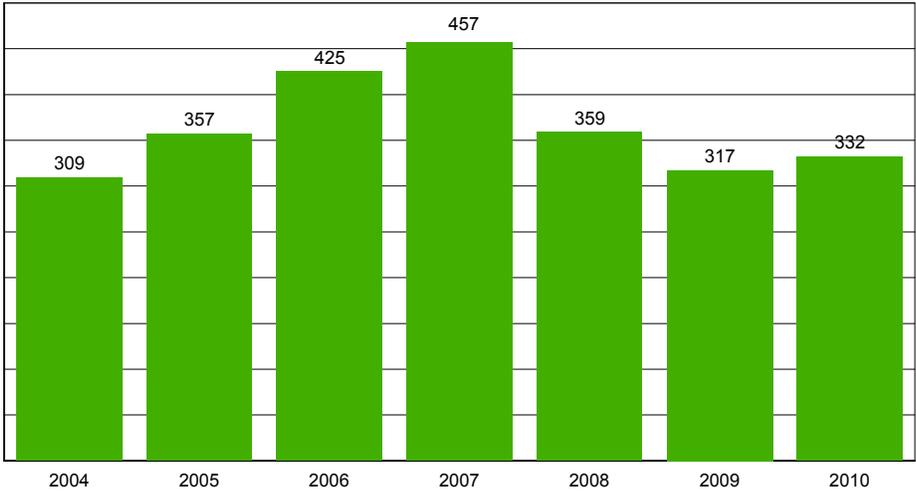
**2010 SCHOOL BUS INVOLVED CRASHES**

**COLLISION TYPE / CRASH SEVERITY**

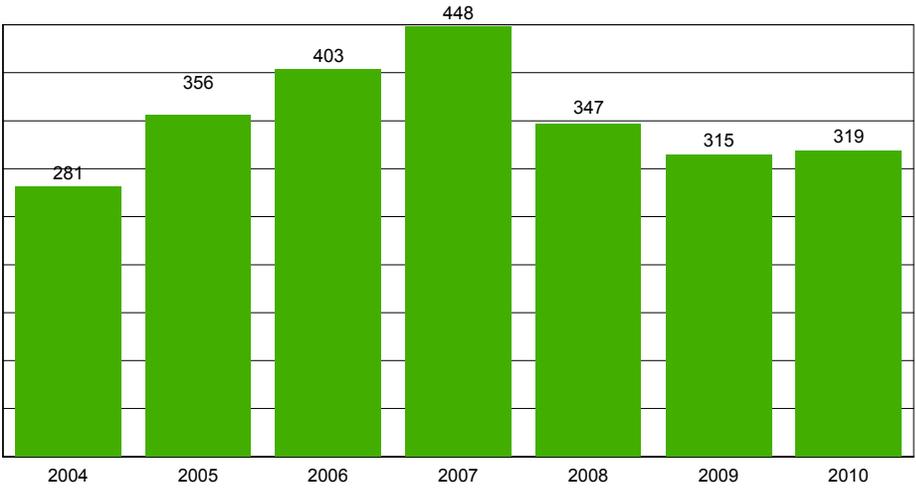
Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Motor Vehicle in Transport on Roadway	1	7	25	33
Other Fixed Object	0	1	0	1
Parked Motor Vehicle	0	0	8	8
Total	1	8	33	42

# MOTORCYCLES

## Motorcycle Crashes



## Number Injured in Motorcycle Crashes



**2010 MOTORCYCLE INVOLVED CRASHES**

**COUNTY/CRAASH SEVERITY**

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	0	13	0	13
BIG HORN	1	3	1	5
CAMPBELL	1	20	2	23
CARBON	3	3	5	11
CONVERSE	1	8	0	9
CROOK	5	25	2	32
FREMONT	0	9	0	9
GOSHEN	0	4	2	6
HOT SPRINGS	0	2	0	2
JOHNSON	0	7	0	7
LARAMIE	4	39	7	50
LINCOLN	0	4	0	4
NATRONA	0	36	8	44
NIOBRARA	1	2	2	5
PARK	5	20	3	28
PLATTE	0	4	0	4
SHERIDAN	1	9	2	12
SUBLETTE	1	4	2	7
SWEETWATER	3	22	3	28
TETON	0	10	3	13
UINTA	1	3	0	4
WASHAKIE	0	4	1	5
WESTON	3	7	1	11
	<b>30</b>	<b>258</b>	<b>44</b>	<b>332</b>

**2010 MOTORCYCLE INVOLVED CRASHES**

**COLLISION TYPE/CRAASH SEVERITY**

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Antelope	0	3	0	3
Building or Other Structure Wall	0	2	0	2
Cargo/Equipment Loss of Shift	0	1	0	1
Concrete Traffic Barrier/Jersey Barrier	0	1	0	1
Cut Slope	0	1	0	1
Deer	0	18	1	18
Delineator Post	1	3	0	4
Earth Embankment/Berm	1	0	0	1
Elk	1	0	0	1
Fence (including Post)	2	1	1	4
Guardrail End	0	1	0	1
Guardrail Face	0	4	0	4
Motor Vehicle in Transport on Roadway	10	93	22	109
Other Domestic (Dog, Llama...)	0	1	0	1
Other NON-Fixed Object	0	1	1	2
Other Non-Collision (MC Loss of Control)	13	139	10	159
Parked Motor Vehicle	0	1	9	10
Pedacycle	0	1	0	1
Pedestrian	0	1	0	1
Raised Median or Curb	1	5	0	6
Sign Support Single Post	0	1	0	1
Trees/Shrubbery	1	0	0	1
	<b>30</b>	<b>258</b>	<b>44</b>	<b>332</b>

# APPENDIX





# Driver/Vehicle Information

**1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_ DOB (yyyy/mm/dd) \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

Mailing Address (PO Box Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver Phone  Home  Work  Cell Phone \_\_\_\_\_ Emp Phone  Home  Work  Cell Phone \_\_\_\_\_ SSN (fatals only) \_\_\_\_\_ Age \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State (FIPS) \_\_\_\_\_ Restrictions \_\_\_\_\_ CDL Endorsement \_\_\_\_\_

DL Type		DL Class		DL Status		No. of Vehicle Occupants (01 to 50)	
1 - Not Licensed	5 - CDL	1 - A	5 - Improper or No Endorsement	1 - Clear	4 - Revoked		
2 - Driver License	6 - CDL Permit	2 - B	6 - Other	2 - Expired	5 - Suspended		
3 - Instruction Permit	7 - No License Required	3 - C		3 - Canceled or Denied	99 - Unknown	Posted Speed	Estimated Speed
4 - I2 Permit-intermediate	8 - Restricted License	4 - M					

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Make (ie, Chevrolet, Dodge, Toyota) \_\_\_\_\_ Model (ie, Silverado, Dakota, Solara) \_\_\_\_\_ Year \_\_\_\_\_ Expir. Date (mm/yy) \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_ License Plate No. \_\_\_\_\_ State (FIPS) \_\_\_\_\_ Color \_\_\_\_\_

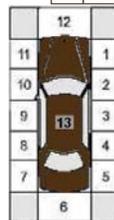
**Initial Impact Point** **Most Damaged Area**

**Insurance Verified**  Y-Yes  N-No **Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Vehicle Towed**  Y-Yes  N-No **By** \_\_\_\_\_ **To** \_\_\_\_\_

**Direction of Travel Prior to Crash**

01 - North	05 - South
02 - Northeast	06 - Southwest
03 - East	07 - West
04 - Southeast	08 - Northwest
99 - Unknown	



**Extent of Damage**  01 - None  02 - Functional  03 - Minor  04 - Disabling  99 - Unknown **MV Damage ≥\$1,000**  **01-Yes 02-No 99-Unk.**

00 Non-Collision (Overturn/Rollover)  
01-12 (Use 12 Point Clock Diagram)  
13 Top (Roof)  
14 Undercarriage  
99 Unknown (Can't determine)

**2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_ DOB (yyyy/mm/dd) \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

Mailing Address (PO Box Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Driver Phone  Home  Work  Cell Phone \_\_\_\_\_ Emp Phone  Home  Work  Cell Phone \_\_\_\_\_ SSN (fatals only) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State (FIPS) \_\_\_\_\_ Restrictions \_\_\_\_\_ CDL Endorsement \_\_\_\_\_

DL Type		DL Class		DL Status		No. of Vehicle Occupants (01 to 50)	
1 - Not Licensed	5 - CDL	1 - A	5 - Improper or No Endorsement	1 - Clear	4 - Revoked		
2 - Driver License	6 - CDL Permit	2 - B	6 - Other	2 - Expired	5 - Suspended		
3 - Instruction Permit	7 - No License Required	3 - C		3 - Canceled or Denied	99 - Unknown	Posted Speed	Estimated Speed
4 - I2 Permit-intermediate	8 - Restricted License	4 - M					

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Make (ie, Chevrolet, Dodge, Toyota) \_\_\_\_\_ Model (ie, Silverado, Dakota, Solara) \_\_\_\_\_ Year \_\_\_\_\_ Expir. Date (mm/yy) \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_ License Plate No. \_\_\_\_\_ State (FIPS) \_\_\_\_\_ Color \_\_\_\_\_

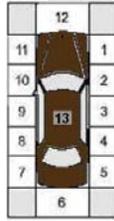
**Initial Impact Point** **Most Damaged Area**

**Insurance Verified**  Y-Yes  N-No **Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Vehicle Towed**  Y-Yes  N-No **By** \_\_\_\_\_ **To** \_\_\_\_\_

**Direction of Travel Prior to Crash**

01 - North	05 - South
02 - Northeast	06 - Southwest
03 - East	07 - West
04 - Southeast	08 - Northwest
99 - Unknown	



**Extent of Damage**  01 - None  02 - Functional  03 - Minor  04 - Disabling  99 - Unknown **MV Damage ≥\$1,000**  **01-Yes 02-No 99-Unk.**

00 Non-Collision (Overturn/Rollover)  
01-12 (Use 12 Point Clock Diagram)  
13 Top (Roof)  
14 Undercarriage  
99 Unknown (Can't determine)



# Vehicle (1) Information

1st event	<input type="text"/>	Sequence	<input type="text"/>	
2nd event	<input type="text"/>	← choose up to 4:	<input type="text"/>	
3rd event	<input type="text"/>	<b>Most Harmful Event</b>	<input type="text"/>	
4th event	<input type="text"/>	choose 1 →	<input type="text"/>	

### Non-Collision

- 01 - Overturn/Rollover
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 05 - Cargo/Equipment Loss or Shift
- 06 - Equipment Failure
- 07 - Separation of Units
- 08 - Ran Off the Road Right
- 09 - Ran Off the Road Left
- 10 - Cross Median or Centerline
- 11 - Downhill Runaway
- 12 - Fell/Jumped from a MV
- 13 - Thrown or Falling Object
- 14 - Avoiding an Object on Road
- 15 - Avoiding an Animal on Road
- 16 - Carbon Monoxide (CO) Poisoning
- 17 - Injuries by being thrown against part of vehicle
- 18 - Other Non-Collision (MC Loss of Control)

### Collision w/ Person, MV, or Non-Fixed Object

- 19 - Pedestrian
- 20 - Pedacycle
- 21 - Railway Vehicle
- 22 - Motor Vehicle in Transport on Roadway
- 23 - Motor Vehicle in Transport on OTHER Roadway
- 24 - Parked Motor Vehicle
- 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle
- 26 - Other NON-Fixed Object
- 27 - Work Zone/Maintenance Equipment
- 28 - Work Zone Channeling Device
- 29 - Object Set in Motion by Another Vehicle

### Animals

- 30 - Horse
- 31 - Cow
- 32 - Pig
- 33 - Sheep
- 34 - Other Domestic (Dog, Llama, ...)
- 35 - Elk
- 36 - Deer
- 37 - Moose
- 38 - Antelope
- 39 - Buffalo
- 40 - Other Wild

### Collision w/ Fixed Object

- 41 - Guardrail End
- 42 - Guardrail Face
- 43 - Impact Attenuator/Crash Cushion
- 44 - Bridge Pier or Support
- 45 - Bridge Overhead Structure
- 46 - Bridge Rail
- 47 - Concrete Traffic Barrier/Jersey Barrier
- 48 - Other Traffic Barrier (Includes temporary)
- 49 - Utility Pole/Light Support
- 50 - Traffic Signal Support
- 51 - Traffic Sign Support
- 52 - Overhead Traffic Sign
- 53 - Sign Support Single Post
- 54 - Sign Support Multiple Post
- 55 - Other Traffic Sign Support
- 56 - Barricade
- 57 - Tree/Shrubbery
- 58 - Cut Slope
- 59 - Road Approach
- 60 - Rock, Boulder, Rock Slide
- 61 - End of Drainage Pipe/Structure/Culvert
- 62 - Building or Other Structure Wall
- 63 - Fence (Including Post)
- 64 - Raised Median or Curb
- 65 - Delineator Post
- 66 - Earth Embankment/Berm
- 67 - Ditch
- 68 - Snow Embankment
- 69 - Mail Box
- 70 - Tunnel
- 71 - Cattle Guard
- 72 - Other Fixed Object
- 73 - Cable Barrier
- 99 - Unknown

### Motor Vehicle Unit Type

- 01 - Motor Vehicle in Transport
- 02 - Parked Motor Vehicle
- 03 - Working Vehicle/Equipment

### Commercial Motor Vehicle or HM Placard

- 01 - Yes 02 - No 99 - Unknown
- ⇒ if yes, complete CMV supplement

### Vehicle Owner

- |                              |                             |
|------------------------------|-----------------------------|
| 01 - Same as Driver          | 11 - County Law Enforcement |
| 02 - Other                   | 12 - County Fire Department |
| 03 - Passenger               | 13 - County Other           |
| 04 - Relative                | 14 - City Law Enforcement   |
| 05 - Rental Vehicle          | 15 - City Fire Department   |
| 06 - Commercial              | 16 - City Other             |
| 07 - Occupant                | 17 - Government Other       |
| 08 - Vehicle Parked          | 18 - Ambulance/EMS          |
| 09 - Federal Law Enforcement | 19 - WHP                    |
| 10 - Federal Other           | 20 - State Law Enforc Other |

### Vehicle Type

- |                                 |                                 |
|---------------------------------|---------------------------------|
| 01 - Passenger                  | 14 - SUV                        |
| 02 - Passenger Van              | 15 - Cargo Van                  |
| 03 - PU                         | 16 - Motor Home                 |
| 04 - School Bus                 | 17 - Light Truck (10K or less)  |
| 05 - Other Bus                  | 18 - Medium Truck (>10K - <26K) |
| 06 - Transit Bus                | 19 - Heavy Truck (>26K)         |
| 07 - Charter Bus                | 20 - Farm Equipment             |
| 08 - MC >150 cc                 | 21 - Construction Vehicle       |
| 09 - Off Road MC                | 22 - MC <150 cc                 |
| 10 - Motorized Skateboard/Scter | 23 - Moped                      |
| 11 - Pedestrian Vehicle         | 24 - Snowmobile                 |
| 12 - Low Speed Vehicle          | 25 - Segway                     |
| 13 - Other Vehicle              | 26 - ATV                        |
|                                 | 27 - MPV                        |
|                                 | 99 - Unknown                    |

### Non-Commercial Trailer Style

- |                           |                          |
|---------------------------|--------------------------|
| 01 - No Trailer           | 07 - Horse/Stock Trailer |
| 02 - Camping Trailer      | 08 - Motorcycle Trailer  |
| 03 - Mobile Home          | 09 - Multiple Trailers   |
| 04 - Utility Trailer      | 10 - Other (ie. Bicycle) |
| 05 - Boat/Jet Ski Trailer | 99 - Unknown             |
| 06 - Towed Vehicle        |                          |

### Underride/Override

- 01 - No Underride or Override
- 02 - Underride-Compartment Intrusion
- 03 - Underride-No Compartment Intrusion
- 04 - Underride-Compartment Intrusion Unknow
- 05 - Override-Motor Vehicle in Transport
- 06 - Override-Other Motor Vehicle
- 99 - Unknown if Underride or Override

### Emergency Vehicle Use

- 01 - Yes 02 - No 99 - Unknown

### Emergency Equipment Activated

- 01 - Yes 02 - No 99 - Unknown

### Special Function of MV in Transport

- |                    |                             |
|--------------------|-----------------------------|
| 01 - None          | 08 - MV used as School Bus  |
| 02 - Police        | 09 - MV used as Other Bus   |
| 03 - Ambulance/EMS | 10 - Construction Equipment |
| 04 - Fire Truck    | 11 - Farm Equipment         |
| 05 - Military      | 12 - Taxi                   |
| 06 - Snow Plow     | 13 - Train                  |
| 07 - Tow Truck     | 99 - Unknown                |

### Contributing Circumstance

- |             |            |                      |
|-------------|------------|----------------------|
| 01 - None   | 1st choice | <input type="text"/> |
| 02 - Brakes | 2nd choice | <input type="text"/> |

- 03 - Trailer Brakes
- 04 - Steering
- 05 - Power Train
- 06 - Suspension
- 07 - Tires
- 08 - Wheels
- 09 - Lights (Head, Signal or Tail)
- 10 - Windows/Windshield
- 11 - Rain/Snow/Ice on Windshield
- 12 - Tinted Windows
- 13 - Vehicle Cargo Blocking View
- 14 - Exhaust System
- 15 - Oversized Load
- 16 - Defroster
- 17 - Mirrors
- 18 - Wipers
- 19 - Truck Coupling/Trailer Hitch/Safety Chain
- 20 - Stalled Vehicle
- 21 - Cruise Control
- 22 - Other
- 99 - Unknown

### Vehicle Maneuver/Action prior to crash

- 01 - Straight Ahead
- 02 - Backing
- 03 - Changing Lanes
- 04 - Overtaking/Passing
- 05 - Turning Right
- 06 - Turning Left
- 07 - Make U-Turn
- 08 - Leaving a Traffic Lane/Parking
- 09 - Entering a Traffic Lane
- 10 - Slowing
- 11 - Negotiating a Curve
- 12 - Parked
- 13 - Stopped in Traffic
- 14 - Driverless Motor Vehicle
- 15 - Trafficway Maintenance
- 16 - Other
- 99 - Unknown

### Road Surface

- |                  |                   |
|------------------|-------------------|
| 01 - Concrete    | 01 - Level        |
| 02 - Asphalt     | 02 - Hillcrest    |
| 03 - Gravel/Rock | 03 - Uphill       |
| 04 - Dirt        | 04 - Downhill     |
| 05 - Brick/Stone | 05 - Sag (Bottom) |
| 99 - Unknown     | 99 - Unknown      |

### Grade

- 01 - Straight
- 02 - Curve Right
- 03 - Curve Left
- 99 - Unknown

### Horizontal Alignment

- 01 - 06, 99 = Unknown (exclude turn lanes)

### Total No. Lanes

- 01 - 06, 99 = Unknown (exclude turn lanes)

### Traffic Control Working Properly

- 01 - Yes 02 - No 99 - Unknown

### Traffic Control

- 01 - None
- 02 - Stop Sign
- 03 - Yield Sign
- 04 - Flashing Traffic Signal
- 05 - Do Not Enter Sign
- 06 - Traffic Signal
- 07 - Traffic Signal w/ Ped
- 08 - Traffic Signal w/ Ped & Audible Signals
- 09 - Person (Officer/Flagger, Xing Guard, etc)
- 10 - Pedestrian Crossing
- 11 - No Passing Zone
- 12 - Warning Signs
- 13 - Pavement Markings
- 14 - Traffic Barrels/Cones
- 15 - Temporary Jersey Barrier
- 16 - School Bus Flashing Stop Lamps
- 17 - School Zone Crossing
- 18 - RR Crossing Signal
- 19 - RR Crossing Signal & Gate
- 20 - RR Crossing Cross Buck Sign Only
- 21 - RR Crossing Cross Buck with Stop Sign
- 22 - RR Crossing Cross Buck with Yield Sign
- 23 - Other
- 99 - Unknown

### Trafficway Description

- 01 - Two-Way-Undivided
- 02 - Two-Way-Undivided w/ Continuous Left Turn Lane
- 03 - Two-Way-Divided, No Barrier
- 04 - Two-Way-Divided, With Barrier
- 05 - One Way
- 99 - Unknown

### Rumble Strips Present

- 01 - Yes 02 - No 99 - Unknown

### Rumble Strips Applicable

- 01 - Yes 02 - No 99 - Unknown

### Rumble Strips

- 01 - None
- 02 - Centerline Rumble Strips
- 03 - Median Shoulder Only
- 04 - Transverse Rumble Strips (Road Apprch)
- 05 - Both Shoulders
- 06 - Both Centerline and Outside Shoulder
- 07 - Outside Shoulders Only
- 99 - Unknown

# Vehicle (2) Information

2

<p>1st event <input type="text"/></p> <p>2nd event <input type="text"/></p> <p>3rd event <input type="text"/></p> <p>4th event <input type="text"/></p>	<p><b>Sequence</b> ← choose up to 4:</p> <p><b>Most Harmful Event</b> choose 1 →</p>	<p><b>Motor Vehicle Unit Type</b></p> <p>01 - Motor Vehicle in Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment</p> <p><b>Commercial Motor Vehicle or HM Placard</b></p> <p>01 - Yes 02 - No 99 - Unknown ⇒ if yes, complete CMV supplement</p> <p><b>Vehicle Owner</b></p> <p>01 - Same as Driver 02 - Other 03 - Passenger 04 - Relative 05 - Rental Vehicle 06 - Commercial 07 - Occupant 08 - Vehicle Parked 09 - Federal Law Enforcement 10 - Federal Other</p> <p>11 - County Law Enforcement 12 - County Fire Department 13 - County Other 14 - City Law Enforcement 15 - City Fire Department 16 - City Other 17 - Government Other 18 - Ambulance/EMS 19 - WHP 20 - State Law Enforc Other</p> <p><b>Vehicle Type</b></p> <p>01 - Passenger 02 - Passenger Van 03 - PU 04 - School Bus 05 - Other Bus 06 - Transit Bus 07 - Charter Bus 08 - MC &gt;150 cc 09 - Off Road MC 10 - Motorized Skateboard/Scter 11 - Pedestrian Vehicle 12 - Low Speed Vehicle 13 - Other Vehicle</p> <p>14 - SUV 15 - Cargo Van 16 - Motor Home 17 - Light Truck (10K or less) 18 - Medium Truck (&gt;10K - &lt;26K) 19 - Heavy Truck (&gt;26K) 20 - Farm Equipment 21 - Construction Vehicle 22 - MC &lt;150 cc 23 - Moped 24 - Snowmobile 25 - Segway 26 - ATV</p> <p>99 - Unknown</p> <p><b>Non -Commercial Trailer Style</b></p> <p>01 - No Trailer 02 - Camping Trailer 03 - Mobile Home 04 - Utility Trailer 05 - Boat/Jet Ski Trailer 06 - Towed Vehicle</p> <p>07 - Horse/Stock Trailer 08 - Motorcycle Trailer 09 - Multiple Trailers 10 - Other (ie. Bicycle) 99 - Unknown</p> <p><b>Underride/Override</b></p> <p>01 - No Underride or Override 02 - Underride-Compartment Intrusion 03 - Underride-No Compartment Intrusion 04 - Underride-Compartment Intrusion Unknown 05 - Override-Motor Vehicle in Transport 06 - Override-Other Motor Vehicle 99 - Unknown if Underride or Override</p> <p><b>Emergency Vehicle Use</b></p> <p>01 - Yes 02 - No 99 - Unknown</p> <p><b>Emergency Equipment Activated</b></p> <p>01 - Yes 02 - No 99 - Unknown</p> <p><b>Special Function of MV in Transport</b></p> <p>01 - None 02 - Police 03 - Ambulance/EMS 04 - Fire Truck 05 - Military 06 - Snow Plow 07 - Tow Truck</p> <p>08 - MV used as School Bus 09 - MV used as Other Bus 10 - Construction Equipment 11 - Farm Equipment 12 - Taxi 13 - Train 99 - Unknown</p> <p><b>Contributing Circumstance</b></p> <p>01 - None 02 - Brakes 03 - Trailer Brakes 04 - Steering 05 - Power Train 06 - Suspension 07 - Tires 08 - Wheels 09 - Lights (Head, Signal or Tail) 10 - Windows/Windshield 11 - Rain/Snow/Ice on Windshield 12 - Tinted Windows 13 - Vehicle Cargo Blocking View 14 - Exhaust System 15 - Oversized Load 16 - Defroster 17 - Mirrors 18 - Wipers 19 - Truck Coupling/Trailer Hitch/Safety Chain 20 - Stalled Vehicle 21 - Cruise Control</p> <p>22 - Other 99 - Unknown</p>	<p><b>Vehicle Maneuver/Action prior to crash</b></p> <p>01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Turning Right 06 - Turning Left 07 - Make U-Turn 08 - Leaving a Traffic Lane/Parking 09 - Entering a Traffic Lane 10 - Slowing 11 - Negotiating a Curve 12 - Parked 13 - Stopped in Traffic 14 - Driverless Motor Vehicle 15 - Trafficway Maintenance 16 - Other 99 - Unknown</p> <p><b>Road Surface</b> <input type="text"/> <b>Grade</b> <input type="text"/></p> <p>01 - Concrete 02 - Asphalt 03 - Gravel/Rock 04 - Dirt 05 - Brick/Stone 99 - Unknown</p> <p>01 - Level 02 - Hillcrest 03 - Uphill 04 - Downhill 05 - Sag (Bottom) 99 - Unknown</p> <p><b>Horizontal Alignment</b> <input type="text"/></p> <p>01 - Straight 02 - Curve Right 03 - Curve Left 99 - Unknown</p> <p><b>Total No. Lanes</b> <input type="text"/></p> <p>01 - 06, 99 = Unknown (exclude turn lanes)</p> <p><b>Traffic Control Working Properly</b> <input type="text"/></p> <p>01 - Yes 02 - No 99 - Unknown</p> <p><b>Traffic Control</b> <input type="text"/></p> <p>01 - None 02 - Stop Sign 03 - Yield Sign 04 - Flashing Traffic Signal 05 - Do Not Enter Sign 06 - Traffic Signal 07 - Traffic Signal w/ Ped 08 - Traffic Signal w/ Ped &amp; Audible Signals 09 - Person (Officer/Flagger, Xing Guard, etc) 10 - Pedestrian Crossing 11 - No Passing Zone 12 - Warning Signs 13 - Pavement Markings 14 - Traffic Barrels/Cones 15 - Temporary Jersey Barrier 16 - School Bus Flashing Stop Lamps 17 - School Zone Crossing 18 - RR Crossing Signal 19 - RR Crossing Signal &amp; Gate 20 - RR Crossing Cross Buck Sign Only 21 - RR Crossing Cross Buck with Stop Sign 22 - RR Crossing Cross Buck with Yield Sign 23 - Other 99 - Unknown</p> <p><b>Trafficway Description</b> <input type="text"/></p> <p>01 - Two-Way-Undivided 02 - Two-Way-Undivided w/ Continuous Left Turn Lane 03 - Two-Way-Divided, No Barrier 04 - Two-Way-Divided, With Barrier 05 - One Way 99 - Unknown</p> <p><b>Rumble Strips Present</b> <input type="text"/></p> <p>01 - Yes 02 - No 99 - Unknown</p> <p><b>Rumble Strips Applicable</b> <input type="text"/></p> <p>01 - Yes 02 - No 99 - Unknown</p> <p><b>Rumble Strips</b> <input type="text"/></p> <p>01 - None 02 - Centerline Rumble Strips 03 - Median Shoulder Only 04 - Transverse Rumble Strips (Road Apprch) 05 - Both Shoulders 06 - Both Centerline and Outside Shoulder 07 - Outside Shoulders Only 99 - Unknown</p>
<p><b>Non-Collision</b></p> <p>01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure 07 - Separation of Units 08 - Ran Off the Road Right 09 - Ran Off the Road Left 10 - Cross Median or Centerline 11 - Downhill Runaway 12 - Fell/Jumped from a MV 13 - Thrown or Falling Object 14 - Avoiding an Object on Road 15 - Avoiding an Animal on Road 16 - Carbon Monoxide (CO) Poisoning 17 - Injuries by being thrown against part of vehicle 18 - Other Non-Collision (MC Loss of Control)</p> <p><b>Collision w/ Person, MV, or Non-Fixed Object</b></p> <p>19 - Pedestrian 20 - Pedacycle 21 - Railway Vehicle 22 - Motor Vehicle in Transport on Roadway 23 - Motor Vehicle in Transport on OTHER Roadway 24 - Parked Motor Vehicle 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channeling Device 29 - Object Set in Motion by Another Vehicle</p> <p><b>Animals</b></p> <p>30 - Horse 31 - Cow 32 - Pig 33 - Sheep 34 - Other Domestic (Dog, Llama, ...) 35 - Elk 36 - Deer 37 - Moose 38 - Antelope 39 - Buffalo 40 - Other Wild</p> <p><b>Collision w/ Fixed Object</b></p> <p>41 - Guardrail End 42 - Guardrail Face 43 - Impact Attenuator/Crash Cushion 44 - Bridge Pier or Support 45 - Bridge Overhead Structure 46 - Bridge Rail 47 - Concrete Traffic Barrier/Jersey Barrier 48 - Other Traffic Barrier (Includes temporary) 49 - Utility Pole/Light Support 50 - Traffic Signal Support 51 - Traffic Sign Support 52 - Overhead Traffic Sign 53 - Sign Support Single Post 54 - Sign Support Multiple Post 55 - Other Traffic Sign Support 56 - Barricade 57 - Tree/Shrubbery 58 - Cut Slope 59 - Road Approach 60 - Rock, Boulder, Rock Slide 61 - End of Drainage Pipe/Structure/Culvert 62 - Building or Other Structure Wall 63 - Fence (Including Post) 64 - Raised Median or Curb 65 - Delineator Post 66 - Earth Embankment/Berm 67 - Ditch 68 - Snow Embankment 69 - Mail Box 70 - Tunnel 71 - Cattle Guard 72 - Other Fixed Object 73 - Cable Barrier 99 - Unknown</p>			

# Driver Information

1

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Following too Close</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>07 - Wrong Side of Road</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>08 - Improper or No Signal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>09 - Improper Lane Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>10 - Improper Turn</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>11 - Improper Passing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12 - Improper Starting Out</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13 - Failed to Grant ROW to Ped</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>14 - Failed to Grant ROW to MV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>15 - Disregard Officer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>16 - Disregard Stop Light</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>17 - Disregard Stop Sign</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>18 - Disregard Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>19 - Improper Parking</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>20 - Reckless Driving</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>21 - Vehicular Homicide</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>22 - Driver's License Violation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>23 - Improper Backing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>24 - No Insurance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>25 - Hit &amp; Run</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>26 - Registration Violation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>27 - Failure to Use Seat Belt</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>28 - Charges Pending</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>29 - Fed R &amp; R Driver</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>30 - Fed R &amp; R Vehicle</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31 - Racing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32 - Careless</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>33 - Other (explain in narrative)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Citations Issued (choose up to 5)	1st choice	2nd choice	3rd choice	4th choice	5th choice	01 - None	<input type="checkbox"/>	02 - DWUI	<input type="checkbox"/>	03 - Drinking - (i.e., open container)	<input type="checkbox"/>	04 - Exceeding Speed Limit	<input type="checkbox"/>	05 - Speed too Fast	<input type="checkbox"/>	06 - Following too Close	<input type="checkbox"/>	07 - Wrong Side of Road	<input type="checkbox"/>	08 - Improper or No Signal	<input type="checkbox"/>	09 - Improper Lane Use	<input type="checkbox"/>	10 - Improper Turn	<input type="checkbox"/>	11 - Improper Passing	<input type="checkbox"/>	12 - Improper Starting Out	<input type="checkbox"/>	13 - Failed to Grant ROW to Ped	<input type="checkbox"/>	14 - Failed to Grant ROW to MV	<input type="checkbox"/>	15 - Disregard Officer	<input type="checkbox"/>	16 - Disregard Stop Light	<input type="checkbox"/>	17 - Disregard Stop Sign	<input type="checkbox"/>	18 - Disregard Other	<input type="checkbox"/>	19 - Improper Parking	<input type="checkbox"/>	20 - Reckless Driving	<input type="checkbox"/>	21 - Vehicular Homicide	<input type="checkbox"/>	22 - Driver's License Violation	<input type="checkbox"/>	23 - Improper Backing	<input type="checkbox"/>	24 - No Insurance	<input type="checkbox"/>	25 - Hit & Run	<input type="checkbox"/>	26 - Registration Violation	<input type="checkbox"/>	27 - Failure to Use Seat Belt	<input type="checkbox"/>	28 - Charges Pending	<input type="checkbox"/>	29 - Fed R & R Driver	<input type="checkbox"/>	30 - Fed R & R Vehicle	<input type="checkbox"/>	31 - Racing	<input type="checkbox"/>	32 - Careless	<input type="checkbox"/>	33 - Other (explain in narrative)	<input type="checkbox"/>																																																																																																																																				
Driver's Action (choose up to 4)	1st choice	2nd choice	3rd choice	4th choice																																																																																																																																																																																																																																																																																																																																																																																																								
01 - No Improper Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
02 - Ran Off Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
03 - Failed to Yield ROW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
04 - Disregarded Traffic Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
05 - Ran Red Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
06 - Disregarded Other Road Marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
07 - Speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
08 - Drove too Fast for Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
09 - Improper Turn or No Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
10 - Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
11 - Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
12 - Improper Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
13 - Wrong Side/Wrong Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
14 - Following too Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
15 - Failed to Keep Proper Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
16 - Erratic/Reckless/Careless/Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
17 - Avoiding an Object on Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
18 - Avoiding Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
19 - Avoiding Non-Motorist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
20 - Avoiding MV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
21 - Swerve Due to Wind/Slippery Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
22 - Over Corrected/Over Steered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
23 - Evading Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
24 - Other Improper Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
Driver's Condition (choose up to 2)	1st choice	2nd choice																																																																																																																																																																																																																																																																																																																																																																																																										
01 - Apparently Normal	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
02 - Emotional (depressed, angry, disturbed...)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
03 - ill (Sick)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
04 - Fell Asleep, Fainted	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
05 - Fatigued	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
06 - Under Influence of Medication	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
07 - Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
08 - Suspected Drug Use	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
09 - Suspected Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
10 - Other	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
11 - Driver Inattention	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
Driver's Distraction (choose one)	1st choice	2nd choice																																																																																																																																																																																																																																																																																																																																																																																																										
01 - Not Distracted	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
02 - Electronic Communication Device (cell, pager...)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
03 - Other Electronic Device (palm, TV, computer...)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
04 - Other Distraction Inside MV (passenger, pet...)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
05 - Other Distraction Outside MV	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
Citations Issued (choose up to 5)	1st choice	2nd choice	3rd choice	4th choice	5th choice																																																																																																																																																																																																																																																																																																																																																																																																							
01 - None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
02 - DWUI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
03 - Drinking - (i.e., open container)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
04 - Exceeding Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
05 - Speed too Fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
06 - Following too Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
07 - Wrong Side of Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
08 - Improper or No Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
09 - Improper Lane Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
10 - Improper Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
11 - Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
12 - Improper Starting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
13 - Failed to Grant ROW to Ped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
14 - Failed to Grant ROW to MV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
15 - Disregard Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
16 - Disregard Stop Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
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18 - Disregard Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
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If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.

If Drug Test performed then form 902E will be required with results at a later date.

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Driver Inattention	<input type="checkbox"/>	<input type="checkbox"/>	99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>	Driver's Distraction (choose one)	1st choice	2nd choice	01 - Not Distracted	<input type="checkbox"/>	<input type="checkbox"/>	02 - Electronic Communication Device (cell, pager...)	<input type="checkbox"/>	<input type="checkbox"/>	03 - Other Electronic Device (palm, TV, computer...)	<input type="checkbox"/>	<input type="checkbox"/>	04 - Other Distraction Inside MV (passenger, pet...)	<input type="checkbox"/>	<input type="checkbox"/>	05 - Other Distraction Outside MV	<input type="checkbox"/>	<input type="checkbox"/>	99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">Citations Issued (choose up to 5)</th> <th style="background-color: #333; color: white;">1st choice</th> <th style="background-color: #333; color: white;">2nd choice</th> <th style="background-color: #333; color: white;">3rd choice</th> <th style="background-color: #333; color: white;">4th choice</th> <th style="background-color: #333; color: white;">5th choice</th> </tr> <tr> <td>01 - None</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>02 - DWUI</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>03 - Drinking - (i.e., open container)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>04 - Exceeding Speed Limit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>05 - Speed too Fast</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>06 - Following too Close</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>07 - Wrong Side of Road</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>08 - Improper or No Signal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>09 - Improper Lane Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>10 - Improper Turn</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>11 - Improper Passing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12 - Improper Starting Out</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13 - Failed to Grant ROW to Ped</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>14 - Failed to Grant ROW to MV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>15 - Disregard Officer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>16 - Disregard Stop Light</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>17 - Disregard Stop Sign</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>18 - Disregard Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>19 - Improper Parking</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>20 - Reckless Driving</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>21 - Vehicular Homicide</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>22 - Driver's License Violation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>23 - Improper Backing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>24 - No Insurance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>25 - Hit &amp; Run</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>26 - Registration Violation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>27 - Failure to Use Seat Belt</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>28 - Charges Pending</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>29 - Fed R &amp; R Driver</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>30 - Fed R &amp; R Vehicle</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31 - Racing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32 - Careless</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>33 - Other (explain in narrative)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Citations Issued (choose up to 5)	1st choice	2nd choice	3rd choice	4th choice	5th choice	01 - None	<input type="checkbox"/>	02 - DWUI	<input type="checkbox"/>	03 - Drinking - (i.e., open container)	<input type="checkbox"/>	04 - Exceeding Speed Limit	<input type="checkbox"/>	05 - Speed too Fast	<input type="checkbox"/>	06 - Following too Close	<input type="checkbox"/>	07 - Wrong Side of Road	<input type="checkbox"/>	08 - Improper or No Signal	<input type="checkbox"/>	09 - Improper Lane Use	<input type="checkbox"/>	10 - Improper Turn	<input type="checkbox"/>	11 - Improper Passing	<input type="checkbox"/>	12 - Improper Starting Out	<input type="checkbox"/>	13 - Failed to Grant ROW to Ped	<input type="checkbox"/>	14 - Failed to Grant ROW to MV	<input type="checkbox"/>	15 - Disregard Officer	<input type="checkbox"/>	16 - Disregard Stop Light	<input type="checkbox"/>	17 - Disregard Stop Sign	<input type="checkbox"/>	18 - Disregard Other	<input type="checkbox"/>	19 - Improper Parking	<input type="checkbox"/>	20 - Reckless Driving	<input type="checkbox"/>	21 - Vehicular Homicide	<input type="checkbox"/>	22 - Driver's License Violation	<input type="checkbox"/>	23 - Improper Backing	<input type="checkbox"/>	24 - No Insurance	<input type="checkbox"/>	25 - Hit & Run	<input type="checkbox"/>	26 - Registration Violation	<input type="checkbox"/>	27 - Failure to Use Seat Belt	<input type="checkbox"/>	28 - Charges Pending	<input type="checkbox"/>	29 - Fed R & R Driver	<input type="checkbox"/>	30 - Fed R & R Vehicle	<input type="checkbox"/>	31 - Racing	<input type="checkbox"/>	32 - Careless	<input type="checkbox"/>	33 - Other (explain in narrative)	<input type="checkbox"/>																																																																																																																																				
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01 - No Improper Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
02 - Ran Off Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
03 - Failed to Yield ROW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
04 - Disregarded Traffic Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
05 - Ran Red Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
06 - Disregarded Other Road Marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
07 - Speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
08 - Drove too Fast for Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
09 - Improper Turn or No Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
10 - Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
11 - Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
12 - Improper Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
13 - Wrong Side/Wrong Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
14 - Following too Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
15 - Failed to Keep Proper Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
16 - Erratic/Reckless/Careless/Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
17 - Avoiding an Object on Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
18 - Avoiding Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
19 - Avoiding Non-Motorist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
20 - Avoiding MV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
21 - Swerve Due to Wind/Slippery Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
22 - Over Corrected/Over Steered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
23 - Evading Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
24 - Other Improper Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
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01 - Apparently Normal	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
02 - Emotional (depressed, angry, disturbed...)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
03 - ill (Sick)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
04 - Fell Asleep, Fainted	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
05 - Fatigued	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
06 - Under Influence of Meds	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
07 - Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
08 - Suspected Drug Use	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
09 - Suspected Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
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11 - Driver Inattention	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
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01 - Not Distracted	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
02 - Electronic Communication Device (cell, pager...)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
03 - Other Electronic Device (palm, TV, computer...)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
04 - Other Distraction Inside MV (passenger, pet...)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
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03 - Drinking - (i.e., open container)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
04 - Exceeding Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
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10 - Improper Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
11 - Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
12 - Improper Starting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
13 - Failed to Grant ROW to Ped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
14 - Failed to Grant ROW to MV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
15 - Disregard Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
16 - Disregard Stop Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
17 - Disregard Stop Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
18 - Disregard Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
19 - Improper Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
20 - Reckless Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
21 - Vehicular Homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
22 - Driver's License Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
23 - Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
24 - No Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
25 - Hit & Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
26 - Registration Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
27 - Failure to Use Seat Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
28 - Charges Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
29 - Fed R & R Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
30 - Fed R & R Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
31 - Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
32 - Careless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
33 - Other (explain in narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																							
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If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.

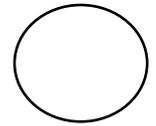
If Drug Test performed then form 902E will be required with results at a later date.

# Base Information

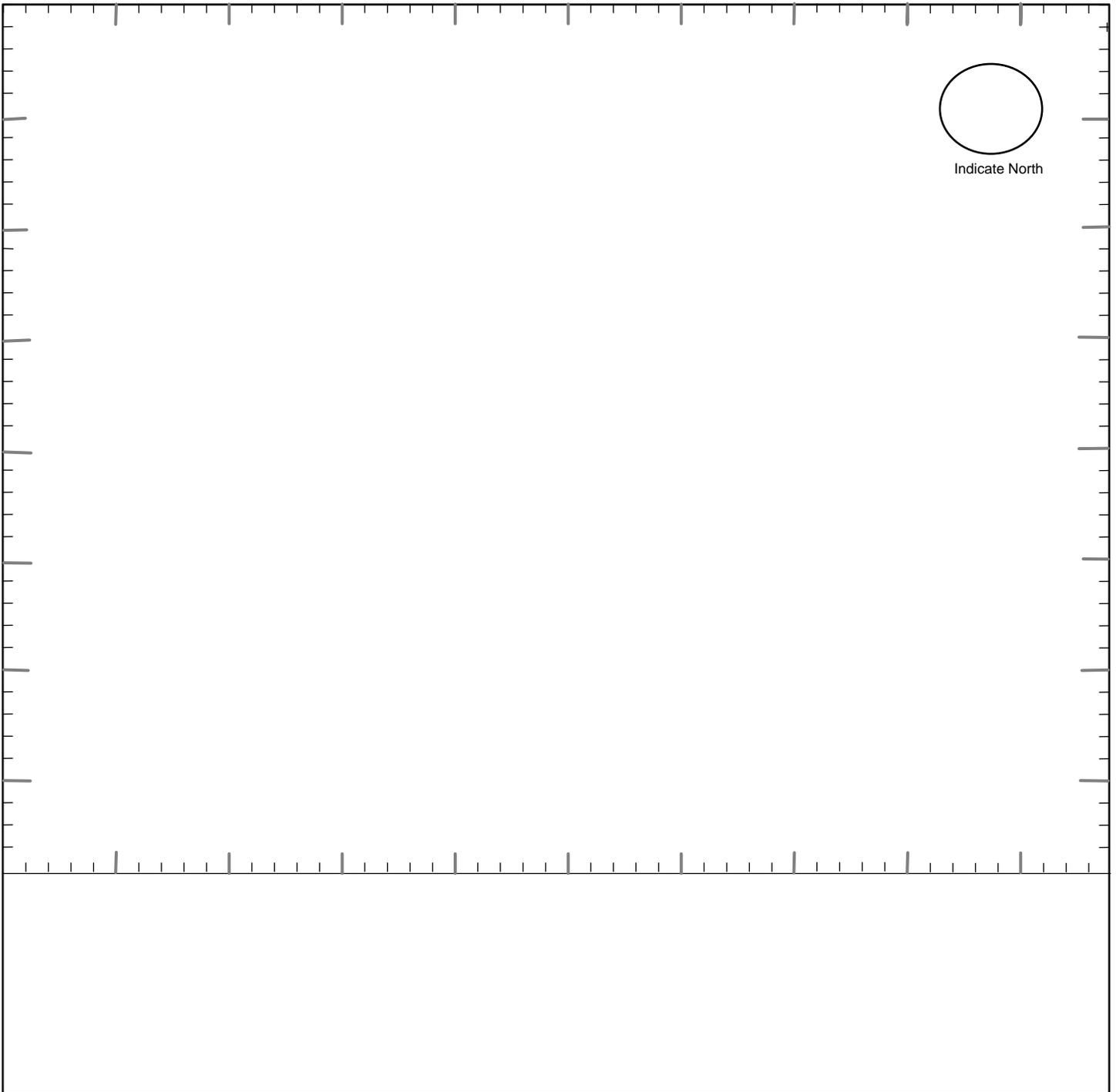
<p><b>FIRST HARMFUL EVENT</b> <input type="text"/></p> <p><u>Non - Collision:</u>          01 - Overturn/Rollover          02 - Fire/Explosion          03 - Immersion          04 - Jackknife          05 - Cargo/Equipment Loss or Shift          12 - Fell/Jumped from a motor vehicle          13 - Thrown or Falling Object          16 - Carbon Monoxide (CO) Poisoning          17 - Injuries by being thrown against part of the vehicle          18 - Other Non-Collision (Motorcycle Loss of Control)</p> <p><u>Collision w/ Person, MV, or Non-Fixed Object:</u>          19 - Pedestrian          20 - Pedacycle          21 - Railway Vehicle          22 - Motor Vehicle in Transport on Roadway          23 - Motor Vehicle on OTHER Roadway          24 - Parked Motor Vehicle          26 - Other NON-Fixed Object          27 - Work Zone/Maintenance Equipment          28 - Work Zone Channeling Device          29 - Object Set in Motion by Another Vehicle</p> <p><u>Animals:</u>          30 - Horse          31 - Cow          32 - Pig          33 - Sheep          34 - Other Domestic (Dog, Llama, etc)          35 - Elk          36 - Deer          37 - Moose          38 - Antelope          39 - Buffalo          40 - Other Wild (Bear, Coyote, Eagle)</p> <p><u>Collision w/ Fixed Object</u>          41 - Guardrail End          42 - Guardrail Face          43 - Impact Attenuator/Crash Cushion          44 - Bridge Pier or Support          45 - Bridge Overhead Structure          46 - Bridge Rail          47 - Concrete Traffic Barrier/Jersey Barrier          48 - Other Traffic Barrier (Includes temporary)          49 - Utility Pole/Light Support          50 - Traffic Signal Support          51 - Traffic Sign Support          52 - Overhead Traffic Sign          53 - Sign Support Single Post          54 - Sign Support Multiple Post          55 - Other Traffic Sign Support          56 - Barricade          57 - Tree/Shrubbery          58 - Cut Slope          59 - Road Approach          60 - Rock, Boulder, Rock Slide          61 - End of Drainage Pipe/Structure/Culvert          62 - Building or Other Structure Wall          63 - Fence (Including Post)          64 - Raised Median or Curb          65 - Delineator Post          66 - Earth Embankment/Berm          67 - Ditch          68 - Snow Embankment          69 - Mail Box          70 - Tunnel          71 - Cattle Guard          72 - Fixed Object Other          73 - Cable Barrier</p> <p>99 - Unknown</p>	<p><b>Location of FHE</b> <input type="text"/></p> 01 - On Roadway 02 - Off Roadway 03 - Shoulder 04 - Median 05 - On OTHER Roadway 06 - Outside of ROW 07 - Gore 08 - Separator 09 - In Parking Lane/Zone 10 - Tunnel 11 - Bridge 12 - Port of Entry 13 - Rest Area 99 - Unknown <p><b>Road Circumstance</b> <input type="text"/>          choose up to 3</p> 01 - None 02 - Road Surface Condition 03 - Debris, loose material on the surface 04 - Ruts, Holes, Bumps 05 - Work Zone/Construction Zone 06 - Worn or Polished Surface 07 - Obstruction in Roadway 08 - Traffic Control Device Missing 09 - Traffic Control Device Inoperative 10 - Traffic Control Device Obscured 11 - Shoulders (None, Low, Soft, High) 12 - Non- Highway Work 13 - Reduced Road Width 14 - Lane Markings Missing or Faded 15 - Obstructed by a Previous Crash 16 - Other 99 - Unknown <p><b>Work Zone Related</b> <input type="text"/></p> 01 - Yes 02 - No 99 - Unknown <p><b>Work Zone Workers Present</b> <input type="text"/></p> <p><b>Work Zone Location</b> <input type="text"/></p> 01 - Before the First Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 99 - Unknown <p><b>Type of Work Zone</b> <input type="text"/></p> 01 - Lane Closure 02 - Lane Shift or Crossover 03 - Work on Shoulder/Median 04 - Intermittent or Moving Work 05 - Other 99 - Unknown <p><b>Manner of Collision</b> <input type="text"/>          *see diagram right</p> 01 - Rear End (Front to Rear) 02 - Head On (Front to Front) 03 - Angle Same Direction (Front to Side) 04 - Angle (Front-to-Side), Opposing Direction 05 - Angle Right (Front to Side, includes Broadside) 06 - Angle Direction not Specified 07 - Sideswipe Same Direction (Passing) 08 - Sideswipe Opposite Direction (Meeting) 09 - Rear to Side (Normally Backing) 10 - Rear to Rear (Normally Backing) 11 - Rear to Front (Normally Backing) 12 - Not a Collision w/2 Vehicles in Transport 13 - Other 99 - Unknown <p><b>Direction of Force</b> <input type="text"/></p> 01 - Opposing (Opposite Direction within 15 degrees) 02 - Angle (force exceeds 15 degrees) 03 - Same (same direction within 15 degrees) 04 - Meeting (glancing collision from opposite direction) 05 - Passing (glancing collision from same direction) 99 - Unknown	<p><b>Weather</b> 1st choice <input type="text"/>          2nd choice <input type="text"/></p> 01 - Clear 02 - Raining 03 - Snowing 04 - Fog 05 - Blowing Dust/Sand/Dirt 06 - Severe Wind Only 07 - Blizzard 08 - Sleet/Hail/Freezing Rain 09 - Blowing Snow 10 - Cloudy,Overcast 11 - Smoke 12 - Other 99 - Unknown <p><b>Road</b> 1st choice <input type="text"/>          2nd choice <input type="text"/></p> 01 - Dry 02 - Wet 03 - Ice/Frost 04 - Snow 05 - Mud/Dirt/Gravel 06 - Slush 07 - Oil/Fuel 08 - Sand on Dry Pavement 09 - Sand on Icy Road 10 - Water standing/Running 11 - Other 99 - Unknown <p><b>Environmental Circumstance</b> <input type="text"/>          choose up to 3</p> 01 - Weather Conditions 02 - Visual Obstruction Buildings 03 - Visual Obstruction Other Vehicle 04 - Visual Obstruction Vegetation 05 - Visual Obstruction Hillcrest 06 - Visual Obstruction Embankment-Snow, Rock,etc 07 - Other Physical Obstruction 08 - Glare (Sun or Headlight) 09 - Animals in Roadway 10 - Other 11 - None 99 - Unknown <p><b>Relation to Junction</b> <input type="text"/></p> <table style="width: 100%;"> <tr> <td><u>Non-Interstate</u></td> <td><u>Interstate</u></td> </tr> <tr> <td>01 - Non-Junction</td> <td>12 - Thru Roadway</td> </tr> <tr> <td>02 - Intersection</td> <td>13 - Intersection</td> </tr> <tr> <td>03 - Intersection Related</td> <td>14 - Intersection Related</td> </tr> <tr> <td>04 - Driveway Related</td> <td>15 - Ramp</td> </tr> <tr> <td>05 - Entrance/Exit Ramp</td> <td>16 - Other Parts (Gore)</td> </tr> <tr> <td>06 - Railway Grade Crossing</td> <td>99 - Unknown Interchange</td> </tr> <tr> <td>07 - Crossover Related</td> <td></td> </tr> <tr> <td>08 - Business Entrance</td> <td></td> </tr> <tr> <td>09 - Alley</td> <td></td> </tr> <tr> <td>10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)</td> <td></td> </tr> <tr> <td>99 - Unknown (describe in narrative)</td> <td></td> </tr> </table> <p><b>Type of Intersection</b> <input type="text"/></p> 01 - Not an Intersection 02 - Four (4) -Way Intersection 03 - T Intersection 04 - Y Intersection 05 - Five (5) Point or more 06 - Intersection as part of an Interchange 07 - Roundabout 99 - Unknown	<u>Non-Interstate</u>	<u>Interstate</u>	01 - Non-Junction	12 - Thru Roadway	02 - Intersection	13 - Intersection	03 - Intersection Related	14 - Intersection Related	04 - Driveway Related	15 - Ramp	05 - Entrance/Exit Ramp	16 - Other Parts (Gore)	06 - Railway Grade Crossing	99 - Unknown Interchange	07 - Crossover Related		08 - Business Entrance		09 - Alley		10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)		99 - Unknown (describe in narrative)		<p><b>Lighting</b> <input type="text"/></p> 01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown <p><b>School Bus Related</b> <input type="text"/></p> 01 - No 02 - Yes, Directly Involved 03 - Yes, Indirectly Involved
<u>Non-Interstate</u>	<u>Interstate</u>																										
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**Manner of Collision CLARIFICATION**

 01 - Rear End (Front-to-Rear)  
 02 - Head-on (Front-to-Front)  
 03 - Angle (Front-to-Side), Same Direction  
 04 - Angle (Front-to-Side), Opposing Direction  
 05 - Angle (Front-to-Side), Right Angle/Broadside



Indicate North



Witnesses

1st

First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home  Work  Cell Phone and/or  Home  Work  Cell Phone

2nd

First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home  Work  Cell Phone and/or  Home  Work  Cell Phone

3rd

First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home  Work  Cell Phone and/or  Home  Work  Cell Phone



SATURN  
**SATURN**  
OF  
LOMA LINDA  
LOMA LINDA