

A photograph of a dilapidated wooden barn with a rusted vintage car in a field of tall grass. The barn has a steep, weathered roof and is surrounded by lush green trees. The car is a dark, rusted model, possibly a 1950s sedan, parked in a field of tall, dry grass. The scene is set in a rural, somewhat neglected area.

**WYOMING'S**

**2014**

**REPORT ON  
TRAFFIC  
CRASHES**

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## DEFINITIONS

### REPORTABLE TRAFFIC CRASH

A Reportable Traffic Crash is one which results in bodily injury or death of any person or a total property damage of \$1000 or more.

### CRASH SEVERITY

**Fatal Crash**

A traffic crash involving one or more persons who were killed.

**Injury Crash**

A traffic crash involving one or more persons who were injured but there were no fatalities.

**Property Damage Only (PDO)**

A traffic crash involving property damage of \$1000 or more with 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

## 2014 Crash Counts

TOTAL CRASHES	14699
FATAL CRASHES	131
INJURY CRASHES	2818
PDO CRASHES	11750

## 2014 Involved Counts

NUMBER OF VEHICLES	22966
NUMBER OF DRIVERS	21316
NUMBER OF PERSONS	30891
NUMBER OF PEDESTRIANS	111
NUMBER OF PEDACYCLISTS	74

## 2014 Injury/Fatal Counts

INJURY CRASHES	2818
NUMBER INJURED	3944
FATAL CRASHES	131
NUMBER KILLED	150
PEDESTRIAN CRASHES	100
PEDESTRIANS INJURED	106
PEDESTRIANS KILLED	5
BICYCLIST CRASHES	72
BICYCLISTS INJURED	69
BICYCLISTS KILLED	5

## 2014 Location Counts

URBAN CRASHES	8484
RURAL CRASHES	6215

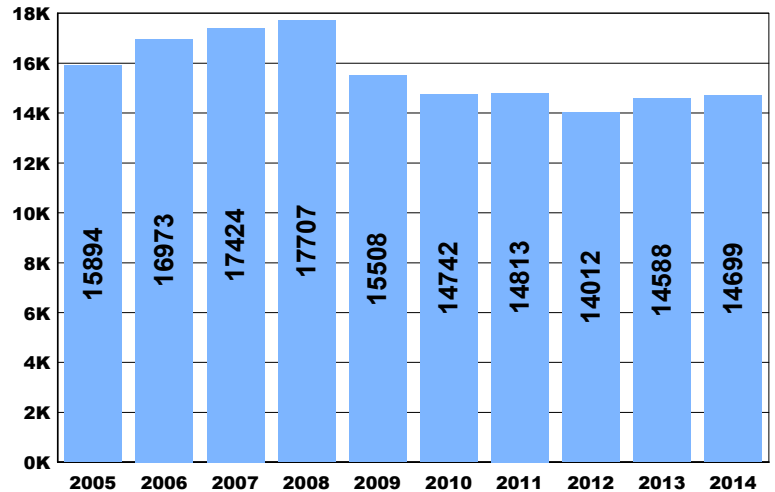
## 2014 Alcohol Statistics

ALCOHOL RELATED CRASHES	883
ALCOHOL FATAL CRASHES	48
ALCOHOL FATALITIES	51
ALCOHOL INJURY CRASHES	327
ALCOHOL INJURIES	456
ALCOHOL PDO CRASHES	508

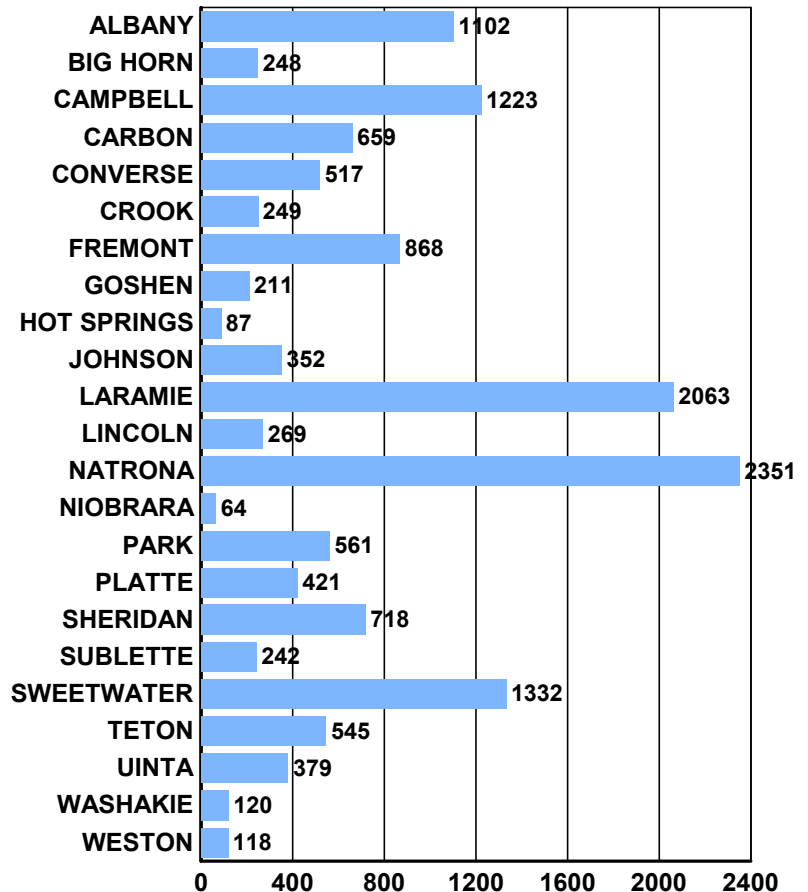
## 2014 Motorcycle Statistics

MOTORCYCLE CRASHES	290
MOTORCYCLE FATALITIES	16
MOTORCYCLE INJURIES	258

## TOTAL CRASHES / YEAR



## 2014 CRASHES / COUNTY



## **2014 WYOMING ECONOMIC LOSS/COUNTY**

<b>COUNTY</b>	<b>POPULATION</b>	<b>ECONOMIC LOSS</b>
<b>ALBANY</b>	37,422	\$1,520,190,732
<b>BIG HORN</b>	11,994	\$359,408,802
<b>CAMPBELL</b>	15,748	\$1,991,712,402
<b>CARBON</b>	48,176	\$1,041,991,041
<b>CONVERSE</b>	14,313	\$663,711,432
<b>CROOK</b>	7,184	\$368,292,815
<b>FREMONT</b>	40,998	\$1,338,265,706
<b>GOSHEN</b>	13,612	\$263,663,637
<b>HOT SPRINGS</b>	4,847	\$132,138,572
<b>JOHNSON</b>	8,628	\$432,262,453
<b>LARAMIE</b>	95,809	\$3,381,470,435
<b>LINCOLN</b>	18,364	\$399,326,089
<b>NATRONA</b>	80,973	\$3,326,537,633
<b>NIOBRARA</b>	2,541	\$158,482,020
<b>PARK</b>	29,227	\$778,844,466
<b>PLATTE</b>	8,765	\$726,138,139
<b>SHERIDAN</b>	29,824	\$873,564,167
<b>SUBLETTE</b>	10,041	\$295,335,158
<b>SWEETWATER</b>	45,237	\$1,940,904,427
<b>TETON</b>	22,268	\$870,405,185
<b>UINTA</b>	21,066	\$574,242,869
<b>WASHAKIE</b>	8,463	\$152,099,391
<b>WESTON</b>	7,158	\$178,991,688
<b>TOTAL</b>	<b>582,658</b>	<b>\$21,767,979,259</b>

Population Source: U.S. Census Bureau 2013 estimates - no 2014 estimates available.

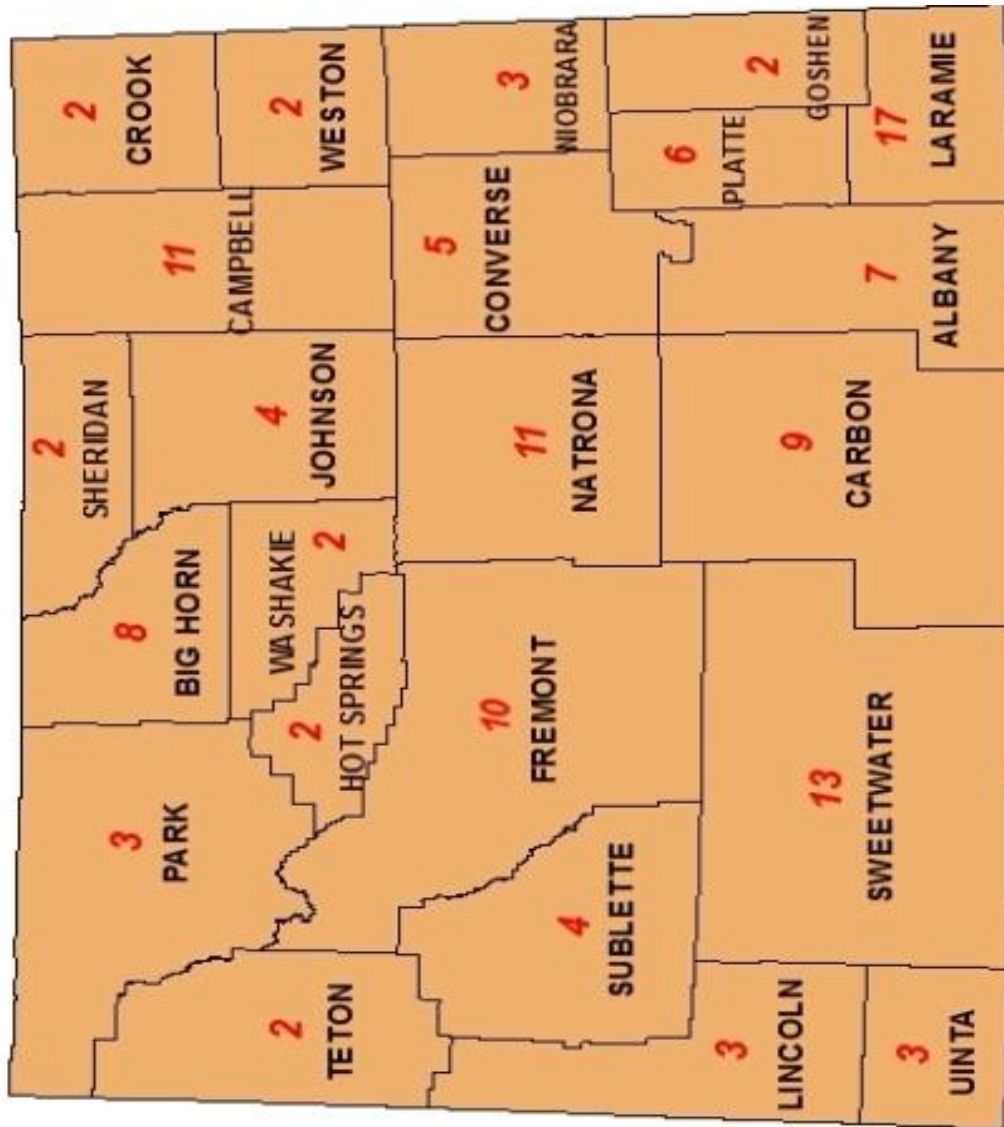
Figures used to determine Economic Loss came from the US Department of Transportation Memorandum; have been updated from 2008 to 2012 for the "Treatment of the Economic Value of a Statistical Life in Departmental Analyses." WYDOT has adopted a slightly modified version of the Relative Disutility Factors by Injury Status level (MAIS) found on page 5 of the attachment in this US DOT Memorandum.

# 2010 - 2014 HOLIDAY CRASH STATISTICS

Time Period		2014	2013	2012	2011	2010
<b>New Years</b>	Hours	36	108	84	84	84
	Crashes	98	148	168	189	112
	Fatal Injury	0	0	2	0	1
	PDO	13	17	33	26	18
	Fatalities	85	131	133	163	93
	Fatalities	0	0	2	0	1
	Injuries	17	17	48	39	29
<b>Memorial Day</b>	Hours	84	84	84	84	84
	Crashes	102	107	91	93	100
	Fatal Injury	0	2	2	0	1
	PDO	30	27	21	23	30
	Fatalities	72	78	68	70	69
	Fatalities	0	2	3	0	1
	Injuries	39	42	31	33	48
<b>Independence Day</b>	Hours	84	108	36	84	84
	Crashes	111	147	48	128	123
	Fatal Injury	3	3	0	0	2
	PDO	32	40	14	47	34
	Fatalities	76	104	34	81	87
	Fatalities	3	3	0	0	2
	Injuries	42	57	16	66	50
<b>Labor Day</b>	Hours	84	84	84	84	84
	Crashes	114	115	96	103	109
	Fatal Injury	1	0	2	1	1
	PDO	24	35	17	24	29
	Fatalities	89	80	77	78	79
	Fatalities	1	0	2	1	2
	Injuries	33	48	22	27	41
<b>Thanksgiving</b>	Hours	108	108	108	108	108
	Crashes	164	122	155	148	197
	Fatal Injury	0	0	2	0	5
	PDO	27	19	28	30	29
	Fatalities	137	103	125	118	163
	Fatalities	0	0	2	0	5
	Injuries	40	22	38	38	42
<b>Christmas</b>	Hours	108	36	108	84	84
	Crashes	253	21	164	81	80
	Fatal Injury	0	0	1	0	1
	PDO	35	5	21	16	10
	Fatalities	218	16	142	65	69
	Fatalities	0	0	1	0	1
	Injuries	46	8	26	25	13

# 2014 WYOMING FATAL CRASH MAP

## by County



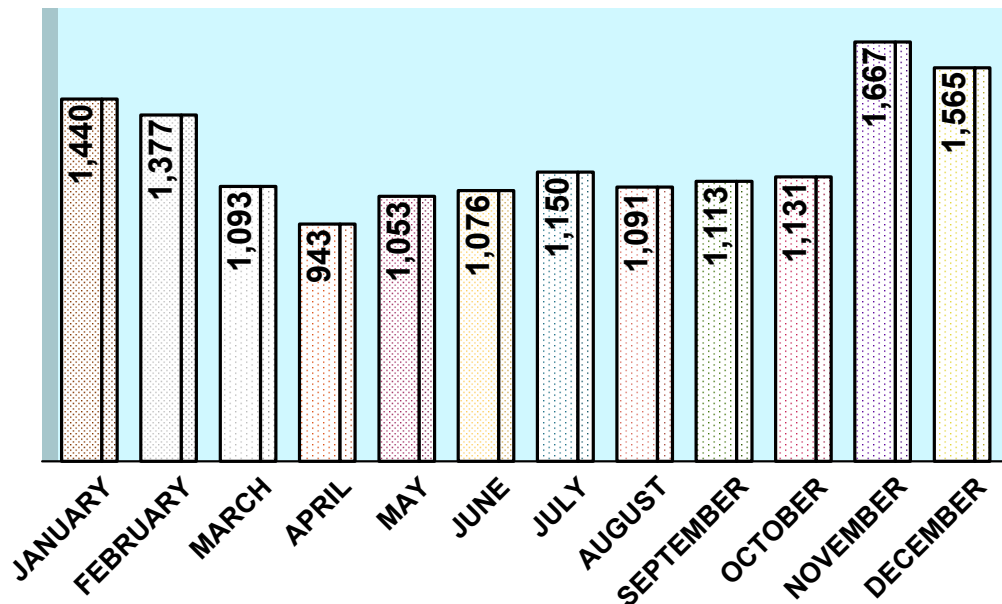


# GENERAL CRASH INFORMATION

## 2014 Crash Counts by County

	Fatal Crashes	Fatalities	Injury Crashes	Injuries	PDO Crashes	Total Crashes
ALBANY	7	7	199	269	896	1102
BIG HORN	8	8	41	56	199	248
CAMPBELL	11	16	275	398	937	1223
CARBON	9	10	144	229	506	659
CONVERSE	5	7	87	116	425	517
CROOK	2	2	47	63	200	249
FREMONT	10	12	152	221	706	868
GOSHEN	2	2	29	39	180	211
HOT SPRINGS	2	2	14	21	71	87
JOHNSON	4	4	38	54	310	352
LARAMIE	17	21	484	670	1562	2063
LINCOLN	3	3	53	78	213	269
NATRONA	11	13	427	565	1913	2351
NIOBRARA	3	5	15	24	46	64
PARK	3	3	101	144	457	561
PLATTE	6	7	83	122	332	421
SHERIDAN	2	2	121	155	595	718
SUBLETTE	4	4	29	38	209	242
SWEETWATER	13	13	285	385	1034	1332
TETON	2	2	73	121	470	545
UINTA	3	3	78	113	298	379
WASHAKIE	2	2	19	26	99	120
WESTON	2	2	24	37	92	118
<b>Total</b>	<b>131</b>	<b>150</b>	<b>2818</b>	<b>3944</b>	<b>11750</b>	<b>14699</b>

## Crash Count by Month



## 2010 TO 2014 COLLISION TYPE CRASHES

<i>Harmful Event Category</i>	2010	2011	2012	2013	2014	Total
<b>Non-Collision Crashes</b>	2190	2087	1860	1900	1928	9965
<b>Moving Vehicle Crashes</b>	7642	7795	7167	7795	7892	38291
<b>Animal Crashes</b>	2514	2422	2698	2277	2314	12225
<b>Fixed Object Crashes</b>	2396	2509	2287	2614	2565	12371
<b>Others</b>	0	0	0	2	0	2
<b>Total</b>	14742	14813	14012	14588	14699	72854



# PEOPLE INVOLVED INFORMATION

## 2014 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	3	4	5	3	12	5	10	4	3	49
Male	3	5	13	15	31	24	24	13	11	139
Total	6	9	18	18	43	29	34	17	14	188

## 2014 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	2	61	231	190	168	307	239	190	146	88	1	1623
Male	3	75	324	283	290	489	370	428	270	144	0	2676
Unknown	0	0	0	0	0	1	0	0	0	0	66	67
Total	5	136	555	473	458	797	609	618	416	232	67	4366

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

## 2014 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	1	217	766	672	721	1047	782	802	520	318	4	5850
Male	1	271	1048	989	1172	1844	1563	1615	1038	612	10	10163
Unknown	0	0	0	0	0	0	0	0	0	0	749	749
Total	2	488	1814	1661	1893	2891	2345	2417	1558	930	763	16762

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

## OCCUPANTS WITH SEAT BELT / USAGE BY COUNTY from STATE CRASH DATA

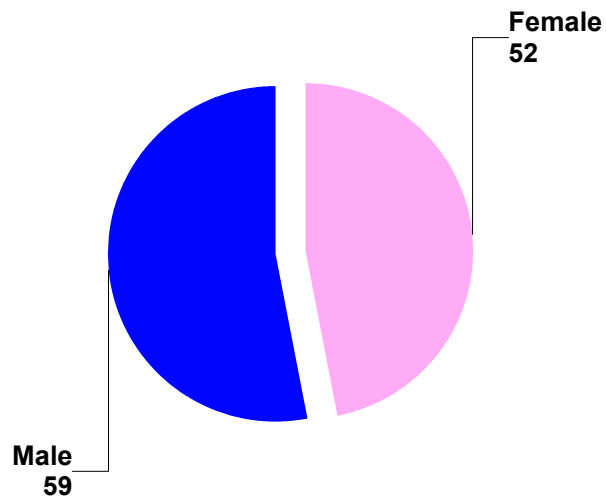
	2012				2013				2014													
	Proper Use	Misuse	Not Used	Not Avail	Proper Use	Misuse	Not Used	Not Avail	Proper Use	Misuse	Not Used	Not Avail										
<b>ALBANY</b>																						
Driver's	1154	84%	0	0%	217	4	0%	1368	85%	2	0%	230	14%	2	0%	1254	85%	0	0%	15%	1	
Passenger's	425	73%	10	2%	147	25%		482	80%	20	3%	100	17%	4	1%	413	79%	26	5%	72	14%	14
<b>BIG HORN</b>																						
Driver's	82	59%	0	0%	52	5	4%	96	59%	2	1%	58	36%	6	4%	142	67%	2	1%	66	31%	2
Passenger's	32	30%	1	1%	72	69%		23	19%	0	0%	97	81%	0	0%	44	70%	4	6%	14	22%	1
<b>CAMPBELL</b>																						
Driver's	1146	81%	1	0%	270	4	0%	1295	83%	0	0%	259	17%	3	0%	1500	86%	4	0%	14%	0	
Passenger's	530	74%	25	3%	160	22%		575	75%	33	4%	152	20%	2	0%	577	74%	27	3%	179	23%	1
<b>CARBON</b>																						
Driver's	548	77%	1	0%	156	3	0%	588	75%	4	1%	191	24%	1	0%	599	81%	1	0%	19%	0	
Passenger's	212	75%	9	3%	63	22%		233	74%	11	4%	61	19%	8	3%	217	68%	4	1%	91	28%	8
<b>CONVERSE</b>																						
Driver's	323	78%	0	0%	86	4	1%	427	75%	0	0%	140	25%	0	0%	449	78%	1	0%	21%	0	
Passenger's	134	69%	5	3%	54	28%		182	80%	5	2%	40	18%	0	0%	144	68%	4	2%	62	29%	2
<b>CROOK</b>																						
Driver's	118	76%	0	0%	36	2	1%	142	75%	2	1%	44	23%	1	1%	150	80%	0	0%	38	20%	0
Passenger's	51	88%	2	3%	5	9%		64	74%	0	0%	21	24%	1	1%	80	51%	1	1%	76	48%	0
<b>FREMONT</b>																						
Driver's	656	74%	1	0%	223	5	1%	644	74%	0	0%	228	26%	3	0%	728	73%	3	0%	26%	1	
Passenger's	299	63%	12	3%	166	35%		260	63%	16	4%	125	30%	9	2%	310	71%	15	3%	106	24%	5
<b>GOSHEN</b>																						
Driver's	141	64%	0	0%	79	1	0%	157	77%	1	0%	45	22%	0	0%	170	77%	0	0%	50	23%	1
Passenger's	57	77%	4	5%	13	18%		59	77%	5	6%	12	16%	1	1%	83	81%	4	4%	15	15%	1
<b>HOT SPRINGS</b>																						
Driver's	63	50%	0	0%	50	14		66	75%	0	0%	22	25%	0	0%	47	59%	1	1%	31	39%	0
Passenger's	28	49%	1	2%	28	49%		24	80%	0	0%	6	20%	0	0%	26	74%	0	0%	9	26%	0
<b>JOHNSON</b>																						
Driver's	142	70%	0	0%	58	3	1%	206	74%	1	0%	70	25%	0	0%	170	68%	2	1%	77	31%	0
Passenger's	91	81%	4	4%	18	16%		72	64%	2	2%	37	33%	1	1%	72	64%	2	2%	38	34%	1
<b>LARAMIE</b>																						
Driver's	2594	89%	2	0%	315	8	0%	3044	90%	8	0%	341	10%	3	0%	2961	90%	5	0%	10%	1	
Passenger's	1041	83%	62	5%	146	12%		1066	82%	51	4%	171	13%	8	1%	1035	77%	56	4%	240	18%	12
<b>LINCOLN</b>																						
Driver's	168	72%	0	0%	59	5	2%	205	81%	0	0%	49	19%	0	0%	190	80%	3	1%	44	19%	0
Passenger's	96	62%	6	4%	52	34%		129	83%	7	4%	19	12%	1	1%	103	82%	2	2%	17	14%	3
<b>NATRONA</b>																						
Driver's	2592	80%	3	0%	644	3	0%	3011	84%	3	0%	560	16%	1	0%	3079	85%	5	0%	15%	3	
Passenger's	1159	84%	43	3%	172	13%		1240	85%	71	5%	148	10%	5	0%	1246	79%	64	4%	266	17%	4
<b>NIOBRARA</b>																						
Driver's	36	68%	0	0%	17	0	0%	53	76%	0	0%	14	20%	3	4%	35	58%	0	0%	25	42%	0
Passenger's	25	71%	1	3%	9	26%		25	71%	0	0%	7	20%	3	9%	19	61%	1	3%	11	35%	0
<b>PARK</b>																						
Driver's	430	74%	0	0%	150	4	1%	429	72%	3	1%	163	27%	0	0%	434	74%	0	0%	26%	0	
Passenger's	139	58%	5	2%	96	40%		138	54%	9	4%	109	43%	0	0%	162	62%	14	5%	86	33%	1

	2012				2013				2014															
	Proper Use	Misuse	Not Used	Not Avail	Proper Use	Misuse	Not Used	Not Avail	Proper Use	Misuse	Not Used	Not Avail												
<b>PLATTE</b>																								
Driver's	191	80%	0	0%	46	1	0%	1	0%	241	82%	1	0%	50	17%	2	1%	320	81%	0	0%	73	19%	1
Passenger's	117	86%	8	6%	11	8%				102	89%	2	2%	10	9%	1	1%	164	61%	5	2%	99	37%	3
<b>SHERIDAN</b>																								
Driver's	475	71%	1	0%	189	0	0%			618	75%	2	0%	198	24%	2	0%	584	72%	0	0%		28%	0
Passenger's	198	64%	6	2%	106	34%				219	74%	8	3%	67	23%	2	1%	212	79%	8	3%	45	17%	3
<b>SUBLETTE</b>																								
Driver's	81	60%	0	0%	54	0	0%			115	74%	0	0%	41	26%	0	0%	119	75%	1	1%	36	23%	2
Passenger's	28	74%	1	3%	9	24%				33	72%	1	2%	12	26%	0	0%	67	83%	3	4%	10	12%	1
<b>SWEETWATER</b>																								
Driver's	1399	81%	5	0%	304	7	0%			1480	83%	3	0%	291	16%	4	0%	1459	84%	2	0%		16%	1
Passenger's	612	80%	15	2%	142	18%				538	71%	36	5%	172	23%	13	2%	494	62%	24	3%	270	34%	15
<b>TETON</b>																								
Driver's	567	80%	0	0%	140	3	0%			403	71%	2	0%	164	29%	0	0%	538	77%	3	0%		23%	0
Passenger's	302	58%	14	3%	204	39%				186	61%	9	3%	112	36%	0	0%	208	57%	17	5%	140	38%	1
<b>UINTA</b>																								
Driver's	313	70%	0	0%	128	4	1%			312	75%	1	0%	104	25%	1	0%	301	81%	0	0%	70	19%	1
Passenger's	129	65%	5	3%	63	32%				168	80%	6	3%	36	17%	0	0%	152	76%	6	3%	39	20%	3
<b>WASHAKIE</b>																								
Driver's	52	51%	0	0%	49	0	0%			64	45%	0	0%	78	55%	0	0%	58	45%	0	0%	70	55%	0
Passenger's	27	57%	3	6%	17	36%				36	71%	5		9	18%	1	2%	21	60%	2	6%	11	31%	1
<b>WESTON</b>																								
Driver's	65	58%	0	0%	46	1	1%			55	64%	1	1%	28	33%	1	1%	64	58%	1	1%	46	41%	0
Passenger's	16	50%	0	0%	16	50%				10	40%	1	4%	14	56%	0	0%	14	44%	0	0%	18	56%	0
<b>TOTAL</b>																								
Driver's	13374	79%	14	0%	3368	81	0%			15019	81%	36	42%	3368	39%	33	38%	15351	82%	34	0%	3323	18%	0%
Passenger's	5748	74%	242	3%	1,769	0	0%			5864	76%	298	4%	1537	20%	60	1%	5863	72%	289	4%	1914	23%	80
<b>COMBINED TOTAL</b>																								
Driver's & Passenger's	19122	78%	256	1%	5137	81	0%			20883	80%	334	1%	4905	19%	93	0%	21214	79%	323	1%	5237	19%	94

## 2014 PEDESTRIANS IN ALL CRASHES AGE / INJURY STATUS

	Fatal	Incap	Non-Incap	Possible	Total
0 - 13	0	2	8	10	20
14 - 16	0	0	6	5	11
17 - 20	0	1	4	3	8
21 - 24	0	0	3	6	9
25 - 29	1	3	5	7	16
30 - 39	1	2	6	3	12
40 - 49	0	2	2	2	6
50 - 59	2	7	6	4	19
60 - 69	0	1	1	4	6
70 +	1	0	3	0	4
<b>Total</b>	<b>5</b>	<b>18</b>	<b>44</b>	<b>44</b>	<b>111</b>

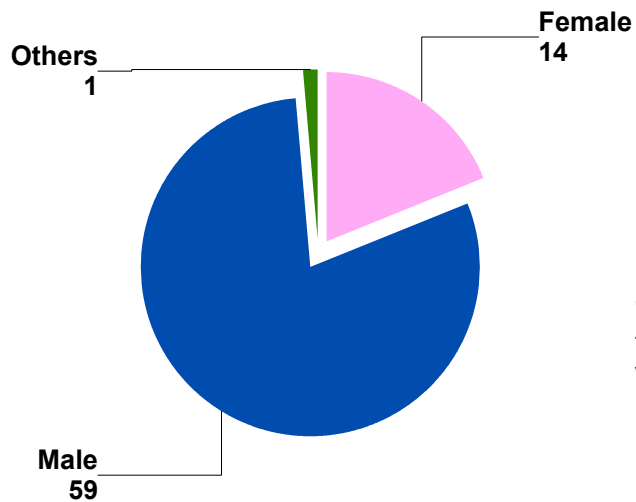
### GENDER



## 2014 BICYCLIST IN ALL CRASHES AGE / INJURY STATUS

	Fatal	Incap	Non-Incap	Possible	Total
0 - 13	0	4	10	3	17
14 - 16	0	0	7	1	8
17 - 20	0	0	5	4	9
21 - 24	1	0	3	0	4
25 - 29	0	0	3	0	3
30 - 39	0	1	4	2	7
40 - 49	1	1	2	2	6
50 - 59	1	2	5	4	12
60 - 69	1	1	2	1	5
70 +	1	1	0	0	2
Unknown	0	0	0	1	1
<b>Total</b>	<b>5</b>	<b>10</b>	<b>41</b>	<b>18</b>	<b>74</b>

### GENDER



"Others" in Gender refers to a hit and run bicyclist who left the crash scene before being identified

# ENVIRONMENTAL

## 2014 CRASHES WITH ROAD SURFACE TYPE

Road Surface	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Asphalt	116	2126	7308	9550
Brick/Stone	0	0	1	1
Concrete	9	563	2017	2589
Dirt	3	72	150	225
Gravel/Rock	5	102	214	321
Unknown	0	5	2264	2269
<b>Total</b>	<b>131</b>	<b>2818</b>	<b>11750</b>	<b>14699</b>

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

## 2014 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	103	2	1927	13	7156	29	9186	44
Wet	6	2	190	27	707	77	903	106
Ice/Frost	11	6	448	88	2339	474	2798	568
Snow	6	6	178	217	1194	1,098	1378	1321
Mud/Dirt/Gravel	1	0	28	11	49	32	78	43
Slush	2	0	24	24	101	143	127	167
Oil/Fuel	1	0	1	0	0	0	2	0
Sand on Dry Pavement	0	0	4	3	3	2	7	5
Sand on Icy Road	0	1	2	7	11	18	13	26
Water Standing/Running	1	0	4	5	8	12	13	17
Other	0	0	2	0	11	4	13	4
Unknown	0	0	10	2	171	6	181	8
<b>Total</b>	<b>131</b>	<b>17</b>	<b>2818</b>	<b>397</b>	<b>11750</b>	<b>1895</b>	<b>14699</b>	<b>2309</b>

NOTE: Every crash can have two road condition choices



## 2014 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	106	0	2167	8	8448	26	10721	34
Raining	1	0	82	7	293	19	376	26
Snowing	9	0	302	16	1677	42	1988	58
Fog	2	0	10	4	65	12	77	16
Blowing Dust/Sand/Dirt	0	1	2	2	5	5	7	8
Severe Wind Only	2	0	30	7	153	35	185	42
Blizzard	0	0	9	14	31	27	40	41
Sleet/Hail/Freezing Rain	0	0	7	8	40	23	47	31
Blowing Snow	2	3	41	58	270	289	313	350
Cloudy, Overcast	8	2	152	21	542	92	702	115
Smoke	0	0	0	0	3	0	3	0
Other	0	0	1	0	12	1	13	1
Unknown	1	0	15	1	210	3	226	4
<b>Total</b>	<b>131</b>	<b>6</b>	<b>2818</b>	<b>146</b>	<b>11749</b>	<b>574</b>	<b>14698</b>	<b>726</b>

NOTE: Every crash can have two weather condition choices

## 2014 CRASHES LIGHTING CONDITIONS

Lighting Conditions	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Darkness Lighted	2	254	1034	1290
Darkness Unlighted	56	498	2776	3330
Dawn	4	46	356	406
Daylight	64	1929	7090	9083
Dusk	4	85	310	399
Other	0	0	2	2
Unknown	1	6	182	189
<b>Total</b>	<b>131</b>	<b>2818</b>	<b>11750</b>	<b>14699</b>

# VEHICLES

## 2014 VEHICLE TYPES

Number of Vehicles involved in:

Vehicle Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Passenger	40	1624	5555	7219
Passenger Van	9	133	479	621
PU	58	1160	4678	5896
School Bus	0	9	39	48
Other Bus	0	2	14	16
Transit Bus	0	3	9	12
Charter Bus	1	2	3	6
MC > 150cc	16	226	56	298
Off Road MC	0	3	0	3
Low Speed Vehicle	0	0	1	1
Other Vehicle	0	6	20	26
SUV	36	913	3170	4119
Cargo Van	0	16	109	125
Motor Home	0	10	34	44
Light Truck (< 10K)	0	3	9	12
Medium Truck (>10K - <26K)	7	38	162	207
Heavy Truck (>26K)	22	349	1259	1630
Farm Equipment	0	1	4	5
Construction Vehicle	0	6	25	31
MC <150 cc	1	4	0	5
Moped	0	2	0	2
Snowmobile	0	1	0	1
ATV	1	16	8	25
MPV	0	7	4	11
Unknown	0	8	2595	2603
<b>Total</b>	<b>191</b>	<b>4542</b>	<b>18233</b>	<b>22966</b>

## **2014 VEHICLE WITH CONTRIBUTING CIRCUMSTANCES**

Number of Vehicles involved in:

Contributing Circumstances	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Brakes	0	35	100	135
Cruise Control	0	2	19	21
Defroster	0	1	2	3
Exhaust System	0	0	1	1
Lights (Head, Signal, or Tail)	0	1	8	9
Mirrors	0	0	1	1
None	0	0	0	0
Other	2	38	160	200
Oversized Load	0	3	9	12
Power Train	0	5	23	28
Rain/Snow/Ice on Windshield	0	3	28	31
Stalled Vehicle	0	2	9	11
Steering	0	14	39	53
Suspension	0	2	14	16
Tinted Windows	0	0	2	2
Tire	7	24	105	136
Trailer Brakes	0	2	18	20
Truck Coupling/Trailer Hitch/	0	2	25	27
Unknown	0	0	0	0
Vehicle Cargo Blocking View	0	0	5	5
Wheels	0	1	30	31
Windows/Windshield	0	4	3	7
Wipers	0	0	1	1
	0	0	0	0
<b>Total</b>	<b>9</b>	<b>139</b>	<b>602</b>	<b>750</b>

# WYOMING COMMUNITIES

2014

## CITY/TOWN CRASHES WITH INJURIES AND FATALITIES

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
AFTON	0	1	4	5	8	0
ALPINE	0	1	3	4	1	0
BAGGS	0	0	1	1	0	0
BASIN	0	0	10	10	0	0
BEAR RIVER	0	0	1	1	0	0
BIG PINEY	0	0	6	6	0	0
BUFFALO	0	10	51	61	11	0
BURLINGTON	0	0	2	2	0	0
BURNS	0	0	2	2	0	0
BYRON	0	0	3	3	0	0
CASPER	7	344	1594	1945	452	9
CHEYENNE	8	425	1309	1742	577	10
CHUGWATER	0	3	6	9	3	0
CODY	1	33	169	203	39	1
COKEVILLE	0	1	5	6	2	0
COWLEY	0	0	2	2	0	0
DAYTON	0	0	2	2	0	0
DIAMONDVILLE	0	1	5	6	3	0
DOUGLAS	1	31	141	173	39	1
DUBOIS	0	1	12	13	1	0
EAST THERMOPOLIS	0	0	2	2	0	0
EVANSTON	0	18	56	74	24	0
EVANSVILLE	0	14	51	65	16	0
FRANNIE	0	0	1	1	0	0
GILLETTE	2	200	682	884	286	2
GLENDO	0	0	2	2	0	0
GLENROCK	0	1	23	24	1	0
GRANGER	0	0	1	1	0	0
GREEN RIVER	0	25	126	151	28	0
GREYBULL	0	3	26	29	3	0
GUERNSEY	0	0	10	10	0	0
HANNA	0	1	0	1	1	0
HARTVILLE	0	0	1	1	0	0
HUDSON	0	1	2	3	1	0
HULETT	0	1	3	4	1	0
JACKSON	1	32	238	271	39	1
KAYCEE	0	0	1	1	0	0
KEMMERER	0	2	24	26	2	0
LAGRANGE	0	0	1	1	0	0
LANDER	0	15	98	113	17	0
LARAMIE	0	106	508	614	140	0
LINGLE	0	0	4	4	0	0
LOST SPRINGS	0	0	1	1	0	0
LOVELL	0	8	20	28	12	0
LUSK	0	4	8	12	4	0
LYMAN	0	4	2	6	6	0
MARBLETON	0	0	1	1	0	0
MEETEETSE	0	0	1	1	0	0
MIDWEST	0	0	1	1	0	0
MILLS	0	17	70	87	23	0
MOORCROFT	0	3	13	16	4	0
MOUNTAIN VIEW	0	0	1	1	0	0
NEWCASTLE	0	5	26	31	7	0
PINE BLUFFS	0	1	8	9	2	0

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
PINEDALE	0	3	20	23	4	0
POWELL	0	14	56	70	14	0
RANCHESTER	0	0	4	4	0	0
RAWLINS	0	27	119	146	51	0
RIVERTON	1	57	236	294	69	1
ROCK RIVER	0	0	1	1	0	0
ROCK SPRINGS	3	120	423	546	155	3
SARATOGA	0	3	12	15	4	0
SHERIDAN	1	59	361	421	77	1
SHOSHONI	0	0	3	3	0	0
SINCLAIR	0	2	10	12	2	0
STAR VALLEY RANCH	1	0	0	1	0	1
SUNDANCE	0	3	20	23	5	0
THAYNE	0	0	2	2	0	0
THERMOPOLIS	0	5	25	30	5	0
TORRINGTON	1	14	66	81	16	1
UPTON	0	1	3	4	1	0
WAMSUTTER	0	4	6	10	5	0
WHEATLAND	0	9	43	52	13	0
WORLAND	0	11	53	64	14	0
WRIGHT	0	1	9	10	1	0
<b>Total</b>	<b>27</b>	<b>1645</b>	<b>6812</b>	<b>8484</b>	<b>2189</b>	<b>31</b>

## 2014 CITY/TOWN CRASHES INTERSECTION TYPE AND MANNER OF COLLISION

### Intersection Type

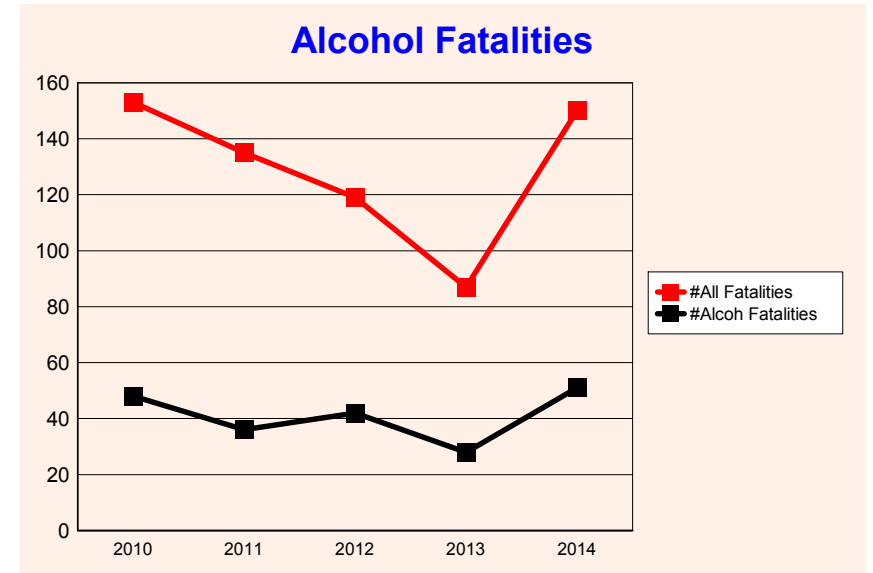
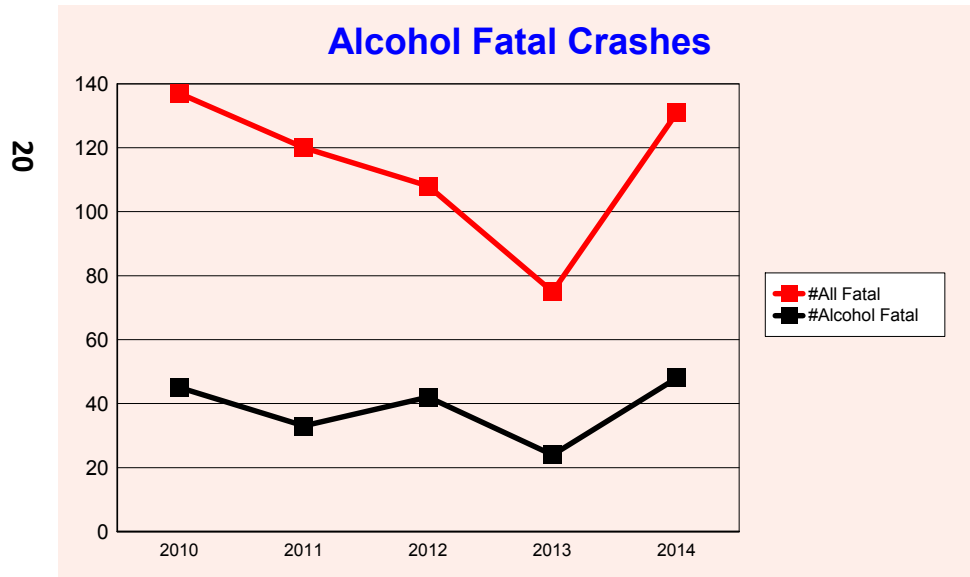
Manner of Collision	Five (5) Point or more	Four (4) -Way Intersection	Intersection as part of an Interchange	L Intersection	Not an Intersection	Roundabout	T Intersection	Y Intersection	Total
Angle (Front to Side), Opposing Direction	5	317	8	4	175	0	105	4	618
Angle Direction not Specified	0	6	2	0	10	0	4	0	22
Angle Right (Front to Side, includes Broadside)	1	910	33	4	282	17	170	3	1420
Angle Same Direction (Front to Side)	2	216	17	1	361	32	90	4	723
Head On (Front to Front)	1	83	2	1	109	0	31	1	228
Not a Collision w/2 Vehicles in Transport	0	0	1	0	27	0	2	1	31
Other	0	1	0	0	2	0	0	0	3
Rear End (Front to Rear)	8	783	94	0	819	4	282	12	2002
Rear to Front (Normally Backing)	1	49	4	0	137	0	43	0	234
Rear to Rear (Normally Backing)	0	4	1	0	55	0	0	0	60
Rear to Side (Normally Backing)	0	12	0	0	282	0	11	0	305
Sideswipe Opposite Direction (Meeting)	0	17	2	0	66	0	15	0	100
Sideswipe Same Direction (Passing)	4	106	19	1	455	14	48	1	648
Unknown	0	5	0	0	97	0	1	0	103
<b>Total</b>	<b>22</b>	<b>2509</b>	<b>183</b>	<b>11</b>	<b>2877</b>	<b>67</b>	<b>802</b>	<b>26</b>	<b>6497</b>

# ALCOHOL INVOLVED CRASHES

## 2014 ALCOHOL INVOLVED TRAFFIC CRASHES

Year	Fatal Crashes						Injury Crashes						PDO Crashes		
	All Crashes	Alcohol Crashes	% Alcoh Crashes	Total Fatalities	Alcohol Fatalities	% Alcoh Fatalities	All Crashes	Alcohol Crashes	% Alcoh Crashes	* Total Injuries	* Alcohol Injuries	% Alcoh Injuries	All Crashes	Alcohol Crashes	% Alcoh Crashes
2010	137	45	33%	153	48	31%	3183	397	12%	4492	562	13%	11422	517	5%
2011	120	33	28%	135	36	27%	3017	414	14%	4159	595	14%	11676	545	5%
2012	108	42	39%	119	42	35%	2803	395	14%	3891	532	14%	11100	540	5%
2013	75	24	32%	87	28	32%	2793	353	13%	3766	480	13%	11720	499	4%
2014	131	48	37%	150	51	34%	2818	327	12%	3944	456	12%	11750	508	4%

\* Injuries include injuries from fatal crashes



## ALCOHOL INVOLVED CRASHES WITH AGE OF DRINKING DRIVERS

**2010**

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	1	4	2	7
17 - 20	2	49	45	96
21 - 24	5	56	84	145
25 - 29	4	64	66	134
30 - 39	8	74	86	168
40 - 49	3	69	72	144
50 - 59	9	25	45	79
60 - 69	3	8	13	24
70 - 79	0	3	3	6
Unknown	0	2	5	7
<b>Total</b>	<b>35</b>	<b>354</b>	<b>421</b>	<b>810</b>

**2011**

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	1	6	7
17 - 20	2	39	45	86
21 - 24	5	70	89	164
25 - 29	2	74	90	166
30 - 39	4	85	91	180
40 - 49	6	58	71	135
50 - 59	1	32	56	89
60 - 69	0	9	14	23
70 - 79	1	3	4	8
Unknown	0	0	7	7
<b>Total</b>	<b>21</b>	<b>371</b>	<b>473</b>	<b>865</b>

**2012**

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	4	2	6
17 - 20	2	29	65	96
21 - 24	6	81	84	171
25 - 29	5	56	76	137
30 - 39	11	84	99	194
40 - 49	6	48	65	119
50 - 59	3	49	57	109
60 - 69	2	7	16	25
70 - 79	1	0	6	7
80 +	0	0	1	1
Unknown	0	0	4	4
<b>Total</b>	<b>36</b>	<b>358</b>	<b>475</b>	<b>869</b>



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

**2013**

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	2	1	3
17 - 20	2	31	40	73
21 - 24	1	62	102	165
25 - 29	6	55	84	145
30 - 39	6	92	106	204
40 - 49	4	45	91	140
50 - 59	5	48	58	111
60 - 69	0	10	13	23
70 - 79	1	3	4	8
80 +	0	1	1	2
Unknown	0	2	5	7
<b>Total</b>	<b>25</b>	<b>351</b>	<b>505</b>	<b>881</b>

**2014**

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	1	15	16	32
17 - 20	3	20	28	51
21 - 24	6	55	95	156
25 - 29	6	52	79	137
30 - 39	11	75	127	213
40 - 49	7	53	66	126
50 - 59	6	41	67	114
60 - 69	2	18	26	46
70 - 79	1	4	4	9
80 +	0	1	3	4
Unknown	0	0	5	5
<b>Total</b>	<b>43</b>	<b>334</b>	<b>516</b>	<b>893</b>

# ALCOHOL INVOLVED FATAL CRASHES

## 2014 ALCOHOL INVOLVED FATAL CRASHES BY COUNTY

County	Number Crashes	Number Injured	Number Killed
Albany	1	1	1
Big Horn	5	3	5
Campbell	6	2	7
Carbon	3	5	3
Converse	3	0	4
Crook	1	0	1
Fremont	3	1	3
Goshen	1	0	1
Hot Springs	1	2	1
Johnson	1	0	1
Laramie	3	0	4
Lincoln	1	0	1
Natrona	2	0	2
Niobrara	1	3	1
Park	3	3	3
Platte	1	0	1
Sheridan	1	0	1
Sublette	2	0	2
Sweetwater	9	0	9
<b>Total</b>	<b>48</b>	<b>20</b>	<b>51</b>

## 2014 ALCOHOL INVOLVED FATAL CRASHES BY CITY

City	Number Crashes	Number Injured	Number Killed
CASPER	2	0	2
CHEYENNE	1	0	1
CODY	1	0	1
DOUGLAS	1	0	1
GILLETTE	1	0	1
RIVERTON	1	1	1
ROCK SPRINGS	3	0	3
STAR VALLEY RANCH	1	0	1
TORRINGTON	1	0	1
<b>Total</b>	<b>12</b>	<b>1</b>	<b>12</b>

## 2014 ALCOHOL INVOLVED FATAL CRASHES VEHICLE TYPE

Vehicle Type	Number of Vehicles
ATV	1
Heavy Truck > 26,000	2
MC > 150 cc	3
Medium Truck	1
PU	24
Passenger	16
Passenger Van	1
SUV	13
<b>Total</b>	<b>61</b>

## 2014 ALCOHOL INVOLVED FATAL CRASHES ESTIMATED SPEED

Estimated Speed	Fatal Crashes
0 - 13	3
14 - 16	1
25 - 29	1
30 - 50	5
50 - 65	21
65 +	20
Others	10
<b>Total</b>	<b>61</b>

## 2014 ALCOHOL INVOLVED FATAL CRASHES WITH AGE AND GENDER OF DRIVERS

Age Groups	Male	Female	Total Drivers
14 - 16	0	1	1
17 - 20	2	1	3
21 - 24	5	1	6
25 - 29	6	0	6
30 - 39	8	3	11
40 - 49	6	1	7
50 - 59	4	2	6
60 - 69	2	0	2
70 - 79	1	0	1
<b>Total</b>	<b>34</b>	<b>9</b>	<b>43</b>

# ALCOHOL INVOLVED INJURY CRASHES

## 2014 ALCOHOL INVOLVED INJURY CRASHES BY COUNTY

County	Injury Crashes	Number Injured
Albany	20	26
Big Horn	1	1
Campbell	32	43
Carbon	12	23
Converse	10	12
Crook	7	7
Fremont	27	43
Goshen	4	4
Hot Springs	1	1
Johnson	3	3
Laramie	56	81
Lincoln	8	11
Natrona	52	68
Park	9	9
Platte	3	3
Sheridan	15	18
Sublette	7	8
Sweetwater	36	44
Teton	11	13
Uinta	7	10
Washakie	1	1
Weston	5	7
<b>Total</b>	<b>327</b>	<b>436</b>

## 2014 ALCOHOL INVOLVED INJURY CRASHES BY CITY

City	Number of Crashes	Number Injured
BUFFALO	1	1
CASPER	37	52
CHEYENNE	50	74
CODY	3	3
DOUGLAS	8	10
DUBOIS	1	1
EVANSTON	1	2
EVANSVILLE	5	5
GILLETTE	21	30
GREEN RIVER	2	2
GREYBULL	1	1
JACKSON	1	1
LANDER	1	1
LARAMIE	16	21
MILLS	5	5
NEWCASTLE	1	2
POWELL	2	2
RAWLINS	7	18
RIVERTON	5	7
ROCK SPRINGS	20	22
SARATOGA	1	1
SHERIDAN	4	5
SINCLAIR	1	1
THERMOPOLIS	1	1
TORRINGTON	3	3
UPTON	1	1
WHEATLAND	2	2
WORLAND	1	1
<b>Total</b>	<b>202</b>	<b>275</b>

## 2014 ALCOHOL INVOLVED INJURY CRASHES WITH VEHICLE TYPE

Vehicle Type	Number of Vehicles	% Vehicles
ATV	3	0.7%
Cargo Van	3	0.7%
Heavy Truck > 26,000	16	3.5%
Light Truck	1	0.2%
MC > 150 cc	25	5.4%
MPV	1	0.2%
Moped	1	0.2%
Other Vehicle	1	0.2%
PU	148	32.2%
Passenger	173	37.7%
Passenger Van	7	1.5%
SUV	78	17.0%
Snowmobile	1	0.2%
Unknown	1	0.2%
<b>Total</b>	<b>459</b>	<b>100%</b>

## 2014 ALCOHOL INVOLVED INJURY CRASHES WITH ESTIMATED SPEED

Estimated Speed	Number of Vehicles
0 - 20	117
20 - 30	70
30 - 50	104
50 - 65	67
65 +	48
Others	53
<b>Total</b>	<b>459</b>

## 2014 ALCOHOL INVOLVED INJURY CRASHES WITH AGE AND GENDER OF DRIVERS

Age Groups	Male	Female	Unknown	Total Drivers
14 - 16	3	1	0	4
17 - 20	22	9	0	31
21 - 24	43	12	0	55
25 - 29	38	14	0	52
30 - 39	58	17	0	75
40 - 49	42	11	0	53
50 - 59	31	10	0	41
60 - 69	15	3	0	18
70 - 79	3	1	0	4
80 +	1	0	0	1
<b>Total</b>	<b>256</b>	<b>78</b>	<b>0</b>	<b>334</b>

# ALCOHOL INVOLVED PDO CRASHES

## 2014 BY COUNTY

County	PDO Crashes
Albany	23
Big Horn	3
Campbell	43
Carbon	18
Converse	18
Crook	8
Fremont	47
Goshen	6
Hot Springs	4
Johnson	7
Laramie	61
Lincoln	4
Natrona	96
Niobrara	2
Park	17
Platte	8
Sheridan	40
Sublette	11
Sweetwater	57
Teton	17
Uinta	4
Washakie	9
Weston	5
<b>Total</b>	<b>508</b>

## 2014 BY CITY

City	PDO Crashes
BUFFALO	4
CASPER	80
CHEYENNE	55
CODY	8
DOUGLAS	12
DUBOIS	2
EVANSTON	1
EVANSVILLE	1
GILLETTE	35
GLENROCK	1
GREEN RIVER	11
GREYBULL	1
GUERNSEY	1
JACKSON	7
LANDER	11
LARAMIE	19
LINGLE	1
LOVELL	1
LUSK	1
MILLS	8
NEWCASTLE	3
POWELL	3
RANCHESTER	1
RAWLINS	13
RIVERTON	17
ROCK SPRINGS	35
SARATOGA	1
SHERIDAN	29
THERMOPOLIS	3
TORRINGTON	3
UPTON	1
WHEATLAND	3
WORLAND	7
WRIGHT	1
<b>Total</b>	<b>380</b>

## 2014 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>				
	.15 - .20	0	1	0
	Others	1	3	4
<b>Total</b>		<b>1</b>	<b>4</b>	<b>4</b>
<b>17 - 20</b>				
	.01 - .08	1	2	2
	.08 - .09	0	2	1
	.10 - .15	0	4	6
	.15 - .20	0	7	5
	.20 - .25	1	0	2
	.55 +	0	0	1
	Others	1	16	23
<b>Total</b>		<b>3</b>	<b>31</b>	<b>40</b>
<b>21 - 24</b>				
	.01 - .08	1	3	12
	.08 - .09	1	1	3
	.10 - .15	0	10	17
	.15 - .20	1	2	13
	.20 - .25	0	4	6
	.25 - .30	0	1	0
	.30 - .35	1	1	0
	Others	2	33	44
<b>Total</b>		<b>6</b>	<b>55</b>	<b>95</b>
<b>25 - 29</b>				
	.01 - .08	0	5	4
	.10 - .15	0	4	11
	.15 - .20	2	6	9
	.20 - .25	3	3	9
	.25 - .30	0	3	2
	Others	1	31	44
<b>Total</b>		<b>6</b>	<b>52</b>	<b>79</b>
<b>30 - 39</b>				
	.01 - .08	0	4	6
	.08 - .09	0	2	6
	.10 - .15	0	7	16
	.15 - .20	0	8	17
	.20 - .25	1	5	8
	.25 - .30	2	2	5
	.40 - .45	0	1	1
	.55 +	0	0	0
	Others	8	46	68
<b>Total</b>		<b>11</b>	<b>75</b>	<b>127</b>
<b>40 - 49</b>				
	.01 - .08	0	3	3
	.08 - .09	0	1	1
	.10 - .15	1	5	13
	.15 - .20	1	3	10
	.20 - .25	3	4	5
	.25 - .30	2	4	1
	.30 - .35	0	1	0

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
	.35 - .40	0	0	1
	.55 +	0	0	1
	Others	0	32	31
<b>Total</b>		<b>7</b>	<b>53</b>	<b>66</b>
<b>50 - 59</b>				
	.01 - .08	0	1	5
	.08 - .09	0	1	1
	.10 - .15	2	5	13
	.15 - .20	0	4	9
	.20 - .25	1	2	8
	.35 - .40	0	1	0
	Others	3	27	31
<b>Total</b>		<b>6</b>	<b>41</b>	<b>67</b>
<b>60 - 69</b>				
	.01 - .08	0	1	1
	.08 - .09	0	2	1
	.10 - .15	0	0	3
	.15 - .20	1	2	6
	.20 - .25	0	2	1
	.25 - .30	0	0	1
	.55 +	0	0	0
	Others	1	11	13
<b>Total</b>		<b>2</b>	<b>18</b>	<b>26</b>
<b>70 - 79</b>				
	.10 - .15	0	1	1
	.20 - .25	1	0	0
	.25 - .30	0	1	0
	Others	0	2	3
<b>Total</b>		<b>1</b>	<b>4</b>	<b>4</b>
<b>80 +</b>				
	.01 - .08	0	0	2
	.10 - .15	0	1	0
	Others	0	0	1
<b>Total</b>		<b>0</b>	<b>1</b>	<b>3</b>
<b>UK</b>				
	.55 +	0	0	0
	Others	0	0	5
<b>Total</b>		<b>0</b>	<b>0</b>	<b>5</b>
<b>Others</b>				
	Others	0	0	0
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>
		<b>43</b>	<b>334</b>	<b>516</b>

Others is a result of no reported BAC result



# DRIVERS AGE 14 - 20

## 2014 FATAL CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	1	0	1
15	0	2	2
16	2	1	3
17	1	1	2
18	1	0	1
19	2	2	4
20	1	1	2
<b>Total</b>	<b>8</b>	<b>7</b>	<b>15</b>

## 2014 INJURY CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	4	1	5
15	14	4	18
16	57	56	113
17	66	45	111
18	88	70	158
19	89	65	154
20	81	51	132
<b>Total</b>	<b>399</b>	<b>292</b>	<b>691</b>

## 2014 PDO CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	2	2	4
15	32	22	54
16	237	193	430
17	265	219	484
18	268	184	452
19	232	209	441
20	283	154	437
<b>Total</b>	<b>1319</b>	<b>983</b>	<b>2302</b>

# 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
2010	19	27	7	257	356	121	857	1133
2011	26	28	8	294	407	162	1045	1365
2012	25	26	7	258	375	137	971	1254
2013	20	24	5	258	345	127	1091	1369
2014	28	39	5	314	467	172	1244	1586
<b>Total</b>	<b>118</b>	<b>144</b>	<b>32</b>	<b>1381</b>	<b>1950</b>	<b>759</b>	<b>5208</b>	<b>6707</b>

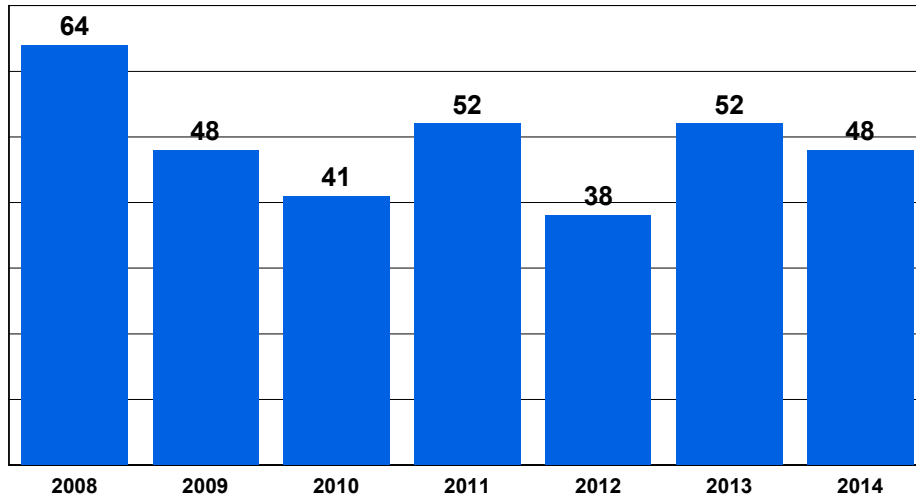
## 2014 TRUCK CRASHES

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

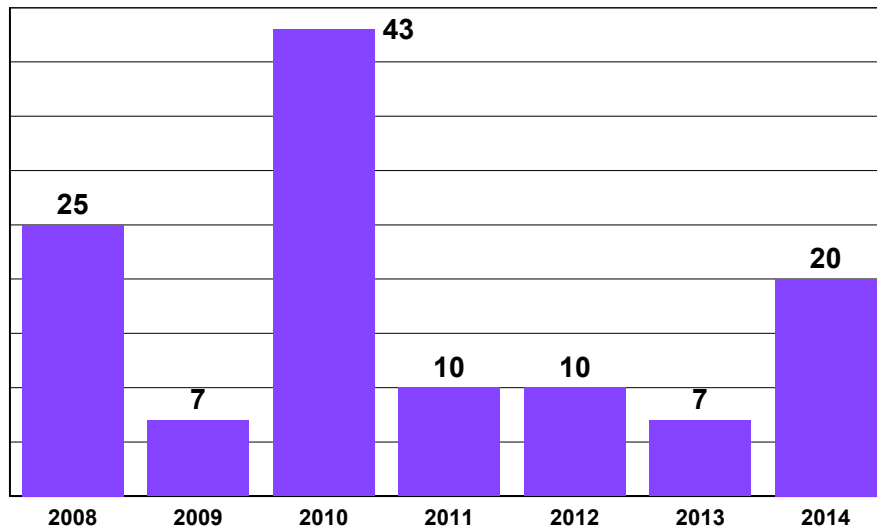
Roadway Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Interstate	14	169	732	915
Primary	12	79	247	338
Secondary	1	17	36	54
City Street	1	11	91	103
County Road Rural	0	14	35	49
State Highway	0	2	6	8
M Route	0	18	75	93
BLM	0	0	1	1
Forest Service	0	0	1	1
Service Road	0	2	12	14
County Road Urban	0	2	8	10
<b>Total</b>	<b>28</b>	<b>314</b>	<b>1244</b>	<b>1586</b>

# SCHOOL BUS 2014

## School Bus Crashes



## Number Injured in School Bus Crashes



## 2014 SCHOOL BUS INVOLVED CRASHES COUNTY / CRASH SEVERITY

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	0	0	2	2
CAMPBELL	0	3	4	7
CARBON	0	0	2	2
FREMONT	0	1	1	2
JOHNSON	0	1	0	1
LARAMIE	0	0	6	6
LINCOLN	0	0	1	1
NATRONA	0	1	10	11
PARK	0	0	4	4
PLATTE	0	1	2	3
SWEETWATER	0	2	5	7
TETON	0	0	2	2
<b>Total</b>	<b>0</b>	<b>9</b>	<b>39</b>	<b>48</b>

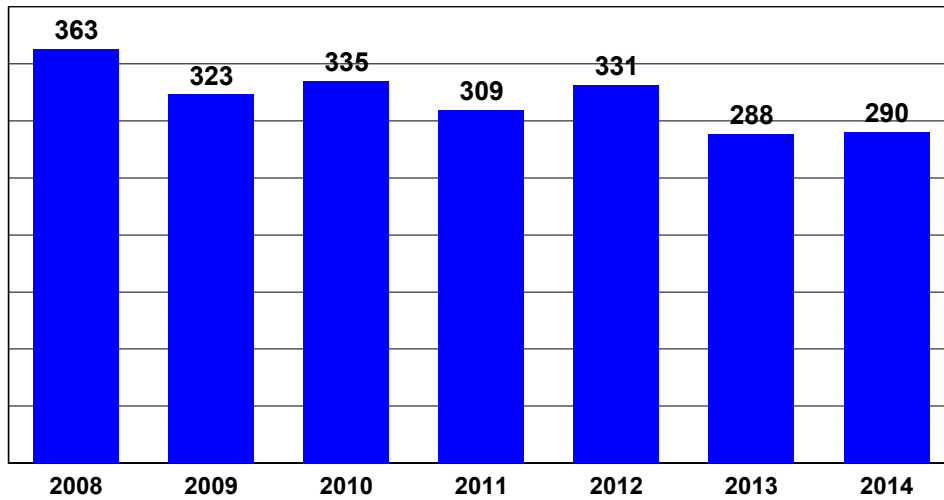
## 2014 SCHOOL BUS INVOLVED CRASHES COLLISION TYPE / CRASH SEVERITY

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Motor Vehicle in Transport on Roadway	0	7	28	35
Other NON-Fixed Object	0	1	1	2
Overturn/Rollover	0	1	0	1
Parked Motor Vehicle	0	0	9	9
Work Zone/Maintenance Equipment	0	0	1	1
<b>Total</b>	<b>0</b>	<b>9</b>	<b>39</b>	<b>48</b>

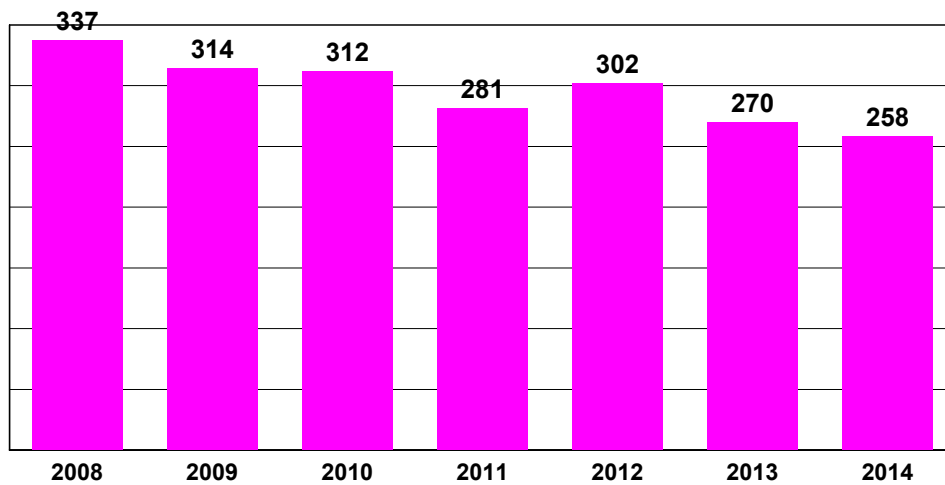
# MOTORCYCLES

## 2014

### Motorcycle Crashes



### Number Injured in Motorcycle Crashes



## 2014 MOTORCYCLE INVOLVED CRASHES COUNTY/CRASH SEVERITY

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	1	14	3	18
BIG HORN	1	2	0	3
CAMPBELL	0	24	4	28
CARBON	0	2	3	5
CONVERSE	0	6	0	6
CROOK	1	14	3	18
FREMONT	0	6	6	12
GOSHEN	0	0	1	1
HOT SPRINGS	1	0	1	2
JOHNSON	0	2	0	2
LARAMIE	5	34	5	44
LINCOLN	1	3	1	5
NATRONA	1	30	14	45
NIOBRARA	0	3	0	3
PARK	0	20	1	21
PLATTE	1	7	1	9
SHERIDAN	0	11	1	12
SUBLETTE	1	1	1	3
SWEETWATER	2	21	6	29
TETON	1	9	2	12
UINTA	0	3	0	3
WASHAKIE	0	3	0	3
WESTON	0	6	0	6
	<b>16</b>	<b>221</b>	<b>53</b>	<b>290</b>

## 2014 MOTORCYCLE INVOLVED CRASHES COLLISION TYPE/CRASH SEVERITY

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Antelope	0	2	0	2
Concrete Traffic Barrier/Jersey Barrier	0	1	0	1
Deer	0	12	0	11
Delineator Post	1	5	1	7
Ditch	0	3	0	3
Earth Embankment/Berm	1	1	1	3
End of Drainage Pipe/Structure/Culvert	0	1	0	1
Fell/Jumped from a MV	0	2	0	2
Fence (including Post)	1	5	0	6
Guardrail Face	0	5	1	6
Motor Vehicle in Transport on Roadway	6	74	29	99
Other Domestic (Dog, Llama...)	0	2	0	2
Other Fixed Object	1	1	0	2
Other NON-Fixed Object	0	1	0	1
Other Non-Collision (MC Loss of Control)	6	109	11	123
Parked Motor Vehicle	0	2	7	9
Pedacycle	0	1	0	1
Raised Median or Curb	0	5	2	7
Rock, Boulder, Rock Slide	0	2	0	2
Traffic Sign Support	0	0	1	1
Trees/Shrubbery	0	1	0	1
	<b>16</b>	<b>221</b>	<b>53</b>	<b>290</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		2 - Expired	5 - Suspended		
3 - Instruction Permit	7 - No License Required	3 - C	6 - Other	3 - Canceled or Denied	99 - Unknown		
4 - I2 Permit-intermediate	8 - Restricted License	4 - M				Posted Speed	Estimated Speed

Vehicle Owner same as driver

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 \_\_\_\_\_

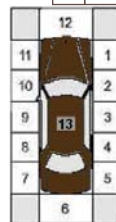
Initial Impact Point \_\_\_\_\_ Most Damaged Area \_\_\_\_\_

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



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

Extent of Damage  01 - None  02 - Functional  03 - Minor  04 - Disabling  99 - Unknown

MV Damage   $\geq \$1,000$   01-Yes  02-No  99-Unk.

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		2 - Expired	5 - Suspended		
3 - Instruction Permit	7 - No License Required	3 - C	6 - Other	3 - Canceled or Denied	99 - Unknown		
4 - I2 Permit-intermediate	8 - Restricted License	4 - M				Posted Speed	Estimated Speed

Vehicle Owner same as driver

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 \_\_\_\_\_

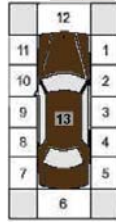
Initial Impact Point \_\_\_\_\_ Most Damaged Area \_\_\_\_\_

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



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

Extent of Damage  01 - None  02 - Functional  03 - Minor  04 - Disabling  99 - Unknown

MV Damage   $\geq \$1,000$   01-Yes  02-No  99-Unk.

# Vehicle Occupant Information CASE NO.

<b>Seat Position</b> 01-Driver 02-Front Row Middle 03-Front Row Right 04-Passenger Front Row Left (for foreign or postal vehicles where the driver is on the Right) 05-Second Row Left 06-Second Row Middle 07-Second Row Right 08-Third Row Left 09-Third Row Middle 10-Third Row Right 11-Fourth Row Left 12-Fourth Row Middle 13-Fourth Row Right 14-Other Row (ie. Bus, Van) 15-Lying Down-Front Seat 16-Lying Down-Other Seat 17-Motorcycle Passenger 18-Sleeper Section of Cab 19-Other Enclosed Area 20-Unenclosed Cargo Area 21-Trailing Unit 97-Riding on MV Exterior 98-Other (explain in narrative) 99-Unknown (explain in narrative)	<b>Air Bag Deployed</b> 01-Not Applicable 02-Not Deployed 03-Deployed Front 04-Deployed Side 05-Deployed Combination 06-Deployed Other 99-Deployment Unknown	<b>Ejection</b> 01-Not Ejected 02-Partially Ejected 03-Totally Ejected 04-Trapped & Extricated 05-Not Applicable 99-Unknown	<b>Injury Status</b> 01-Fatal Injury 02-Incapacitating Injury 03-Non-Incapacitating Injury 04-Possible Injury 05-No Injury 99-Unknown	<b>Injury Description</b> 01-Severe Lacerations 02-Broken 03-Crushed 04-Unconsciousness 05-Internal Unknown 06-Lumps 07-Abrasions 08-Bruises 09-Minor Lacerations 10-Limping 11-Pain 12-Nausea 13-Other (explain in narrative) 14- No Injury 99-Unknown							
<b>Person Type</b> 01 - Driver 02 - Passenger 99 - Unknown If non-motorist, complete supplemental form	<b>Occupant Protection System Operation</b> 01-Apparently Normal 02-Failure/Malfunction 03-Misuse 04-Air Bag System Turned off or Rendered Inoperative 99-Unknown	<b>Most Injured Area</b> 01-Head 02-Face 03-Neck 04-Thorax (Chest) 05-Abdomen/Pelvis 06-Spine 07-Upper Extremity (Arm...) 08-Lower Extremity (Leg...) 09-No Injury 99-Unknown	<b>Injury Classification</b> 01-Fatal (Not Documented) 02-Fatal (Autopsy) 03-Fatal (Medical Diagnosis) 04-Non-Fatal (Hospitalized overnight or longer) 05-Non-Fatal (Treated & Released from Hospital) 06-First Aid Given at Scene 07-No Treatment 08-Refused Treatment 99-Unknown	<b>Inj. Transported by</b> 01-Not Transported 02-EMS (Ground) 03-EMS (Air) 04-Law Enforcement 05-Other (Private MV) 99-Unknown							
<b>Safety Equipment Usage</b> 01-None Used 02-Not Available 03-Shoulder & Lap belt 04-Shoulder Belt Only 05-Lap Belt Only 06-Passive Restraint Only 07-Restraint used-Type Unk. 08-Forward Facing Child 09-Rear Facing Child Restraint 10-Booster Seat 11-Child Restraint-Type Unk. 12-Helmet Used 13-Other 99-Unknown	<b>Seat Belt Operation</b>	<b>Air Bag Deployed</b>	<b>Ejection</b>	<b>Injury Status</b>	<b>Injury Area</b>	<b>Injury Description</b>	<b>Injury Classification</b>	<b>Injured Transported by</b>	<b>EMS ID</b>	<b>EMS Run #</b>	<b>Medical Facility</b>

Driver # 1	EMS ID	EMS Run #	Medical Facility
Driver # 2	EMS ID	EMS Run #	Medical Facility

## Occupant Information

Last Name Home Work Cell Phone and/or	First Name MI SSN (Fatals Only) Home Work Cell Phone	DOB Age Gender M, F, X	Medical Facility
Last Name Home Work Cell Phone and/or	First Name MI SSN (Fatals Only) Home Work Cell Phone	DOB Age Gender M, F, X	Medical Facility
Last Name Home Work Cell Phone and/or	First Name MI SSN (Fatals Only) Home Work Cell Phone	DOB Age Gender M, F, X	Medical Facility
Last Name Home Work Cell Phone and/or	First Name MI SSN (Fatals Only) Home Work Cell Phone	DOB Age Gender M, F, X	Medical Facility
Last Name Home Work Cell Phone and/or	First Name MI SSN (Fatals Only) Home Work Cell Phone	DOB Age Gender M, F, X	Medical Facility

If more than 5 occupants add page three from Supplemental Additional Driver/Vehicle form

# Vehicle (1) Information

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

**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
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- 56 - Barricade
- 57 - Tree/Shrubbery
- 58 - Cut Slope
- 59 - Road Approach
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- 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

**HM Placard or Commercial Motor Vehicle**

- 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
- 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
- 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**   **Grade**

- |                  |                   |
|------------------|-------------------|
| 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      |

**Horizontal Alignment**

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

**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

1st event	<input type="text"/>	<b>Sequence</b>	<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, ...)
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  - 72 - Other Fixed Object
  - 73 - Cable Barrier
  - 99 - Unknown

**Motor Vehicle Unit Type**

01 - Motor Vehicle in Transport

02 - Parked Motor Vehicle

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**HM Placard or Commercial Motor Vehicle**

01 - Yes 02 - No 99 - Unknown

⇒ if yes, complete CMV supplement

**Vehicle Owner**

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03 - Passenger	13 - County Other
04 - Relative	14 - City Law Enforcement
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02 - Underride-Compartment Intrusion

03 - Underride-No Compartment Intrusion

04 - Underride-Compartment Intrusion Unknown

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**Special Function of MV in Transport**

01 - None	08 - MV used as School Bus
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04 - Fire Truck	11 - Farm Equipment
05 - Military	12 - Taxi
06 - Snow Plow	13 - Train
07 - Tow Truck	99 - Unknown

**Contributing Circumstance**

1st choice

2nd choice

- 01 - None
- 02 - Brakes
- 03 - Trailer Brakes
- 04 - Steering
- 05 - Power Train
- 06 - Suspension
- 07 - Tires
- 08 - Wheels
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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

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05 - Both Shoulders

06 - Both Centerline and Outside Shoulder

07 - Outside Shoulders Only

99 - Unknown

# Driver Information

1

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">Driver's Action (choose up to 4)</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> </tr> <tr> <td>01 - No Improper Driving</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 - Ran Off Road</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 - Failed to Yield ROW</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 - Disregarded Traffic Signs</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 - 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Driver Inattention</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>99 - Unknown</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="background-color: #333; color: white;">Driver's Distraction (choose one)</th> <th style="background-color: #333; color: white;">1st choice</th> <th style="background-color: #333; color: white;">2nd choice</th> </tr> <tr> <td>01 - Not Distracted</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>02 - Electronic Communication Device (cell, pager...)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>03 - Other Electronic Device (palm, TV, computer...)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>04 - Other Distraction Inside MV (passenger, pet...)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>05 - Other Distraction Outside MV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>99 - Unknown</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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"/>	<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 - 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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"/>	<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"/>	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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02 - Ran Off Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
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04 - Disregarded Traffic Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
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06 - Disregarded Other Road Marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
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13 - Wrong Side/Wrong Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																								
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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"/>																																																																																																																																																																																																																																																																																																																																																																																																								
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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"/>																																																																																																																																																																																																																																																																																																																																																																																																										
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11 - Driver Inattention	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
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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"/>																																																																																																																																																																																																																																																																																																																																																																																																										
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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"/>																																																																																																																																																																																																																																																																																																																																																																																																							
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"/>																																																																																																																																																																																																																																																																																																																																																																																																							
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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.

2

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">Driver's Action (choose up to 4)</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> </tr> <tr> <td>01 - No Improper Driving</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 - Ran Off Road</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 - Failed to Yield ROW</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 - Disregarded Traffic Signs</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 - Ran Red Light</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 - Disregarded Other Road Marking</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 - Speeding</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 - Drove too Fast for Conditions</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 Turn or No Signal</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 Backing</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 - 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Avoiding an Object on Road</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 - Avoiding Animal</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 - Avoiding Non-Motorist</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 - Avoiding MV</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 - Swerve Due to Wind/Slippery Surface</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 - Over Corrected/Over Steered</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 - 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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 - 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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"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">Driver's Condition (choose up to 2)</th> <th style="background-color: #333; color: white;">1st choice</th> <th style="background-color: #333; color: white;">2nd choice</th> </tr> <tr> <td>01 - Apparently Normal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>02 - Emotional (depressed, angry, disturbed...)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>03 - ill (Sick)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>04 - Fell Asleep, Fainted</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>05 - Fatigued</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>06 - Under Influence of Meds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>07 - Physical Disability</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>08 - Suspected Drug Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>09 - Suspected Alcohol Use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>10 - Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>11 - 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Other Distraction Outside MV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>99 - Unknown</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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 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"/>	10 - Other	<input type="checkbox"/>	<input type="checkbox"/>	11 - 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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"/>	<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 - 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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 - 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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 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"/>																																																																																																																																																																																																																																																																																																																																																																																																										
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"/>																																																																																																																																																																																																																																																																																																																																																																																																							
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"/>																																																																																																																																																																																																																																																																																																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">Suspect Alcohol</th> <th style="background-color: #333; color: white;">Alcohol Test Type</th> </tr> <tr> <td>01 - Yes</td> <td>01 - No Test Performed</td> </tr> <tr> <td>02 - No</td> <td>02 - Test Refused</td> </tr> <tr> <td>99 - Unknown</td> <td>03 - Blood</td> </tr> <tr> <td></td> <td>04 - Serum</td> </tr> <tr> <td></td> <td>05 - Breath</td> </tr> <tr> <td></td> <td>06 - Urine</td> </tr> <tr> <td></td> <td>07 - Other</td> </tr> <tr> <td></td> <td>99 - Unknown</td> </tr> </table>	Suspect Alcohol	Alcohol Test Type	01 - Yes	01 - No Test Performed	02 - No	02 - Test Refused	99 - Unknown	03 - Blood		04 - Serum		05 - Breath		06 - Urine		07 - Other		99 - Unknown	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">Suspect Drugs</th> <th style="background-color: #333; color: white;">Drug Test Type</th> </tr> <tr> <td>01 - Yes</td> <td>01 - No Test Performed</td> </tr> <tr> <td>02 - No</td> <td>02 - Test Refused</td> </tr> <tr> <td>99 - Unknown</td> <td>03 - Blood</td> </tr> <tr> <td></td> <td>04 - Serum</td> </tr> <tr> <td></td> <td>05 - Urine</td> </tr> <tr> <td></td> <td>06 - Other</td> </tr> <tr> <td></td> <td>99 - Unknown</td> </tr> </table>	Suspect Drugs	Drug Test Type	01 - Yes	01 - No Test Performed	02 - No	02 - Test Refused	99 - Unknown	03 - Blood		04 - Serum		05 - Urine		06 - Other		99 - Unknown	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #333; color: white;">DL Investigation</th> <th style="background-color: #333; color: white;">01 - Yes</th> <th style="background-color: #333; color: white;">02 - No</th> <th style="background-color: #333; color: white;">99 - Unknown</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	DL Investigation	01 - Yes	02 - No	99 - Unknown	<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 style="width: 20px; height: 20px;" 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                  99 - Unknown</p>	<p><b>Location of FHE</b> <input style="width: 20px; height: 20px;" type="text"/></p> <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> <p><b>Road Circumstance</b> <input style="width: 20px; height: 20px;" type="text"/>                  choose up to 3</p> <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> <p><b>Work Zone Related</b> <input style="width: 20px; height: 20px;" type="text"/></p> <p>01 - Yes 02 - No 99 - Unknown</p> <p><b>Work Zone Workers Present</b> <input style="width: 20px; height: 20px;" type="text"/></p> <p><b>Work Zone Location</b> <input style="width: 20px; height: 20px;" type="text"/></p> <p>01 - Before the First Warning Sign                  02 - Advance Warning Area                  03 - Transition Area                  04 - Activity Area                  05 - Termination Area                  99 - Unknown</p> <p><b>Type of Work Zone</b> <input style="width: 20px; height: 20px;" type="text"/></p> <p>01 - Lane Closure                  02 - Lane Shift or Crossover                  03 - Work on Shoulder/Median                  04 - Intermittent or Moving Work                  05 - Other                  99 - Unknown</p> <p><b>Manner of Collision</b> <input style="width: 20px; height: 20px;" type="text"/>                  *see diagram right</p> <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> <p><b>Direction of Force</b> <input style="width: 20px; height: 20px;" type="text"/></p> <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>	<p><b>Weather</b> <input style="width: 20px; height: 20px;" type="text"/>                  1st choice <input style="width: 20px; height: 20px;" type="text"/>                  2nd choice <input style="width: 20px; height: 20px;" type="text"/></p> <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> <p><b>Road</b> <input style="width: 20px; height: 20px;" type="text"/>                  1st choice <input style="width: 20px; height: 20px;" type="text"/>                  2nd choice <input style="width: 20px; height: 20px;" type="text"/></p> <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> <p><b>Environmental Circumstance</b> <input style="width: 20px; height: 20px;" type="text"/>                  choose up to 3</p> <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> <p><b>Relation to Junction</b> <input style="width: 20px; height: 20px;" type="text"/></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Non-Interstate</u></td> <td style="border: none;"><u>Interstate</u></td> </tr> <tr> <td style="border: none;">01 - Non-Junction</td> <td style="border: none;">12 - Thru Roadway</td> </tr> <tr> <td style="border: none;">02 - Intersection</td> <td style="border: none;">13 - Intersection</td> </tr> <tr> <td style="border: none;">03 - Intersection Related</td> <td style="border: none;">14 - Intersection Related</td> </tr> <tr> <td style="border: none;">04 - Driveway Related</td> <td style="border: none;">15 - Ramp</td> </tr> <tr> <td style="border: none;">05 - Entrance/Exit Ramp</td> <td style="border: none;">16 - Other Parts (Gore)</td> </tr> <tr> <td style="border: none;">06 - Railway Grade Crossing</td> <td style="border: none;">99 - Unknown Interchange</td> </tr> <tr> <td style="border: none;">07 - Crossover Related</td> <td></td> </tr> <tr> <td style="border: none;">08 - Business Entrance</td> <td></td> </tr> <tr> <td style="border: none;">09 - Alley</td> <td></td> </tr> <tr> <td style="border: none;">10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)</td> <td></td> </tr> <tr> <td style="border: none;">99 - Unknown (describe in narrative)</td> <td></td> </tr> </table> <p><b>Type of Intersection</b> <input style="width: 20px; height: 20px;" type="text"/></p> <p>01 - Not an Intersection                  02 - Four (4) -Way Intersection                  03 - T Intersection                  04 - Y Intersection                  05 - Five (5) Point or more</p> <p>06 - Intersection as part of an Interchange                  07 - Roundabout                  99 - Unknown</p>	<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 style="width: 20px; height: 20px;" type="text"/></p> <p>01 - Daylight                  02 - Darkness Unlighted                  03 - Darkness Lighted                  04 - Dawn                  05 - Dusk                  06 - Other                  99 - Unknown</p> <p><b>School Bus Related</b> <input style="width: 20px; height: 20px;" type="text"/></p> <p>01 - No                  02 - Yes, Directly Involved                  03 - Yes, Indirectly Involved</p>
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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





WYOMING DEPARTMENT OF TRANSPORTATION  
HIGHWAY SAFETY PROGRAM  
5300 BISHOP BLVD.  
CHEYENNE, WY 82009

**HIGHWAY SAFETY**



**Program**

