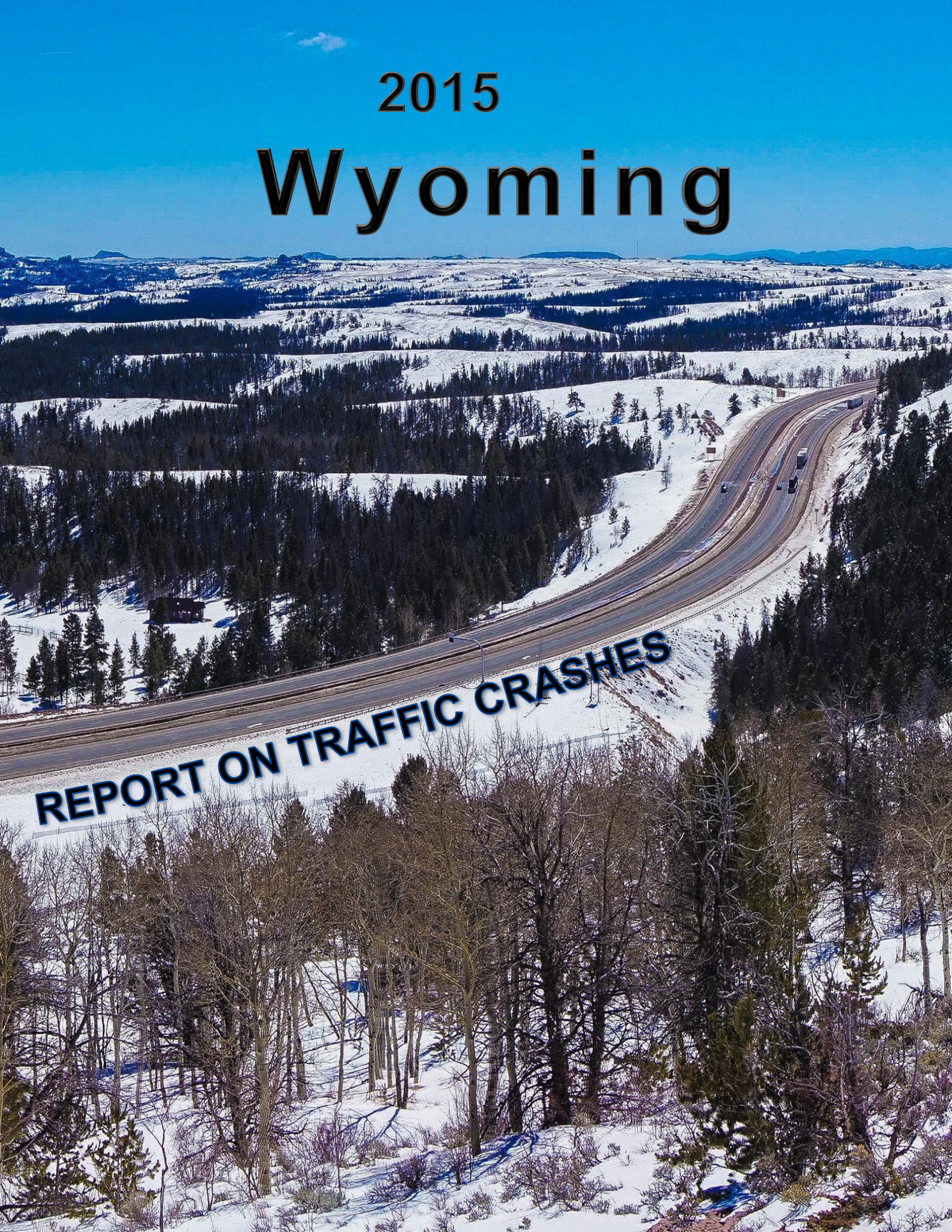


2015

Wyoming

REPORT ON TRAFFIC CRASHES





Matt Mead
Governor

Department of Transportation

State of Wyoming



Bill Panos
Director

March 28, 2016

Dear Reader,

Wyoming's Report on Traffic Crashes for 2015 has been published for your information. This year's report continues to provide you with information on traffic crashes. The publication is smaller and contains general information rather than all of the detailed information. The detailed information is still available in an individual report and can be printed to add to your 2015 Traffic Crash Report from the web site below.

Our publication is enclosed:

http://www.dot.state.wy.us/home/dot_safety/safety_statistics.html

If you require further information, or you have questions, comments or suggestions about the annual report, please contact our office at the address below. If you can't find the information you are looking for please contact Michael Janicek at (307) 777-3910 or Chris Kwilinski at (307) 777- 4274 or for additional crash information.

Wyoming Department of Transportation
Highway Safety Program
Michael Janicek
5300 Bishop Blvd
Cheyenne, Wyoming 82009-3340
(307) 777-3910

Sincerely,

Matthew D. Carlson, P.E.
State Highway Safety Engineer

Data Provided By:
Crash Data Management Section

TABLE OF CONTENTS

DEFINITIONS	1
QUICK LOOK	
General Information	2
Economic Loss /County	3
Holiday Crash Statistics	4
Fatal Crash Count by County - Map	5
GENERAL CRASH INFORMATION	
Crash Counts by County & Month	6
Collision Type Crashes 2011 to 2015	7
PEOPLE INVOLVED INFORMATION	
Drivers Involved in Fatal, Injury and PDO Crashes by Age & Gender	8
Occupants with Seat Belt Usage by County	9-10
Pedestrian Crashes	11
Pedacyclists (Bicyclists) Crashes	12
THE ENVIRONMENT	
Road Surface & Road Condition by Crash Severity	13
Weather Conditions & Lighting Conditions by Crash Severity	14
VEHICLES	
Vehicle Types by Crash Severity	15
Contributing Circumstances by Crash Severity	16
WYOMING COMMUNITIES	
City/Town Crashes by Crash Severity	17-18
Manner of Collision by Intersection Type Crashes	19
ALCOHOL INVOLVED CRASHES	
Alcohol Involved Crashes 2011 to 2015	20
2011 to 2015 Alcohol Involved Drivers Age Group by Crash Severity	21-22
Fatal Crashes	
Alcohol Involved Fatal Crashes by County / City	23
Alcohol Involved Fatal Crashes by Vehicle Type, Estimated Speed, Age & Gender	24
Injury Crashes	
Alcohol Involved Injury Crashes by County / City	25
Alcohol Involved Injury Crashes by Vehicle Type, Estimated Speed, Age & Gender	26
PDO Crashes	
Alcohol Involved PDO Crashes by County / City	27
Alcohol Involved PDO Crashes by BAC Results, Crash Severity & Age Group	28-29

DRIVERS AGE 14 -20

Young Driver Crashes with Fatal, Injury and PDO by Gender and Age 30

TRUCKS, SCHOOL BUSES & MOTORCYCLES

Trucks

2011 to 2015 Med. & Heavy Trucks by Crash Severity and Highway System Type 31

School Buses

2009 to 2015 Number of School Bus Crashes and Injured Charts 32

School Bus Crash Severity by County and Collision Type by Crash Severity 33

Motorcycles

2009 to 2015 Number of Motorcycle Crashes and Injured Charts 34

Motorcycle Crash Severity by County and Collision Type by Crash Severity 35

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

2015 Crash Counts

TOTAL CRASHES	14290
FATAL CRASHES	129
INJURY CRASHES	2795
PDO CRASHES	11366

2015 Involved Counts

NUMBER OF VEHICLES	22279
NUMBER OF DRIVERS	20644
NUMBER OF PERSONS	29768
NUMBER OF PEDESTRIANS	104
NUMBER OF PEDACYCLISTS	90

2015 Injury/Fatal Counts

INJURY CRASHES	2795
NUMBER INJURED	3824
FATAL CRASHES	129
NUMBER KILLED	145
PEDESTRIAN CRASHES	97
PEDESTRIANS INJURED	99
PEDESTRIANS KILLED	5
BICYCLIST CRASHES	89
BICYCLISTS INJURED	90
BICYCLISTS KILLED	

2015 Location Counts

URBAN CRASHES	8164
RURAL CRASHES	6126

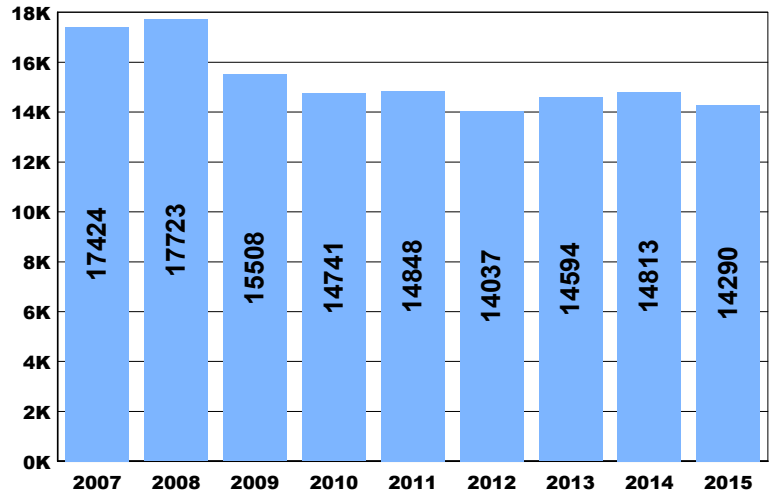
2015 Alcohol Statistics

ALCOHOL RELATED CRASHES	793
ALCOHOL FATAL CRASHES	48
ALCOHOL FATALITIES	51
ALCOHOL INJURY CRASHES	324
ALCOHOL INJURIES	447
ALCOHOL PDO CRASHES	421

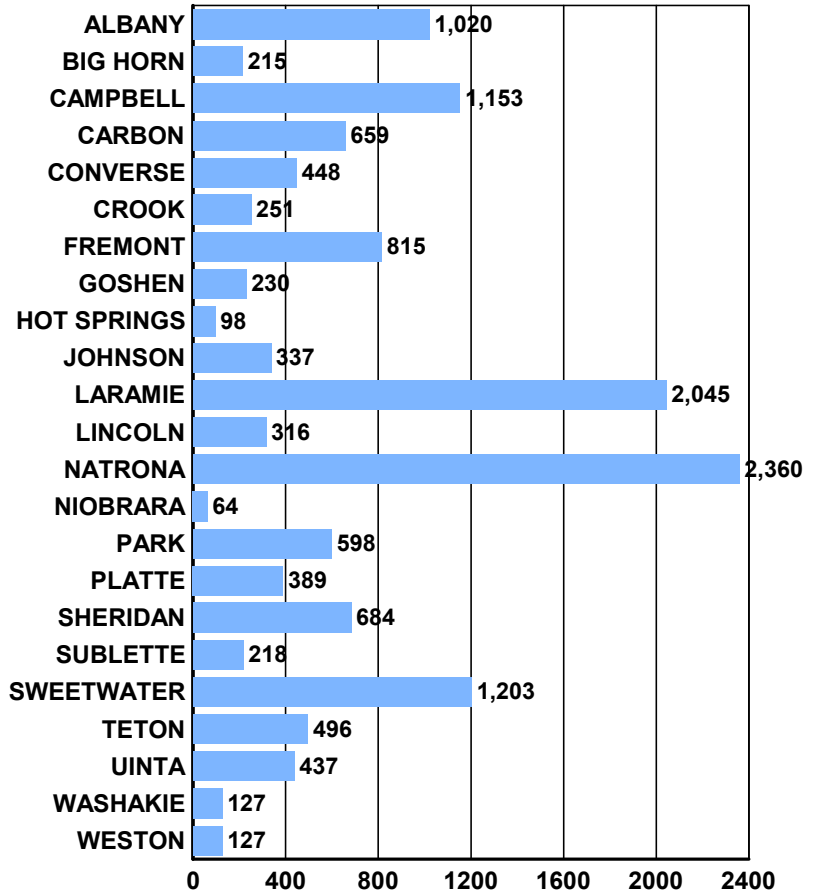
2015 Motorcycle Statistics

MOTORCYCLE CRASHES	351
MOTORCYCLE FATALITIES	24
MOTORCYCLE INJURIES	319

TOTAL CRASHES / YEAR



2015 CRASHES / COUNTY



2015 WYOMING ECONOMIC LOSS/COUNTY

COUNTY	POPULATION	ECONOMIC LOSS
ALBANY	37,811	\$1,570,970,630
BIG HORN	11,930	\$354,986,715
CAMPBELL	48,320	\$1,654,021,861
CARBON	15,854	\$911,592,462
CONVERSE	14,097	\$670,198,446
CROOK	7,248	\$385,652,637
FREMONT	40,703	\$1,287,857,792
GOSHEN	13,514	\$333,628,256
HOT SPRINGS	4,816	\$130,337,803
JOHNSON	8,573	\$466,457,468
LARAMIE	96,389	\$3,237,382,928
LINCOLN	18,567	\$530,154,958
NATRONA	81,624	\$3,338,927,700
NIOBRARA	2,463	\$108,978,766
PARK	28,989	\$866,789,753
PLATTE	8,799	\$504,793,345
SHERIDAN	30,032	\$995,896,660
SUBLETTE	10,057	\$237,015,910
SWEETWATER	45,010	\$1,678,214,547
TETON	22,930	\$754,028,775
UINTA	20,904	\$660,244,943
WASHAKIE	8,322	\$184,685,726
WESTON	7,201	\$191,152,674
TOTAL	584,153	\$21,053,970,755

Population Source: U.S. Census Bureau 2014 estimates no 2015 estimates available.

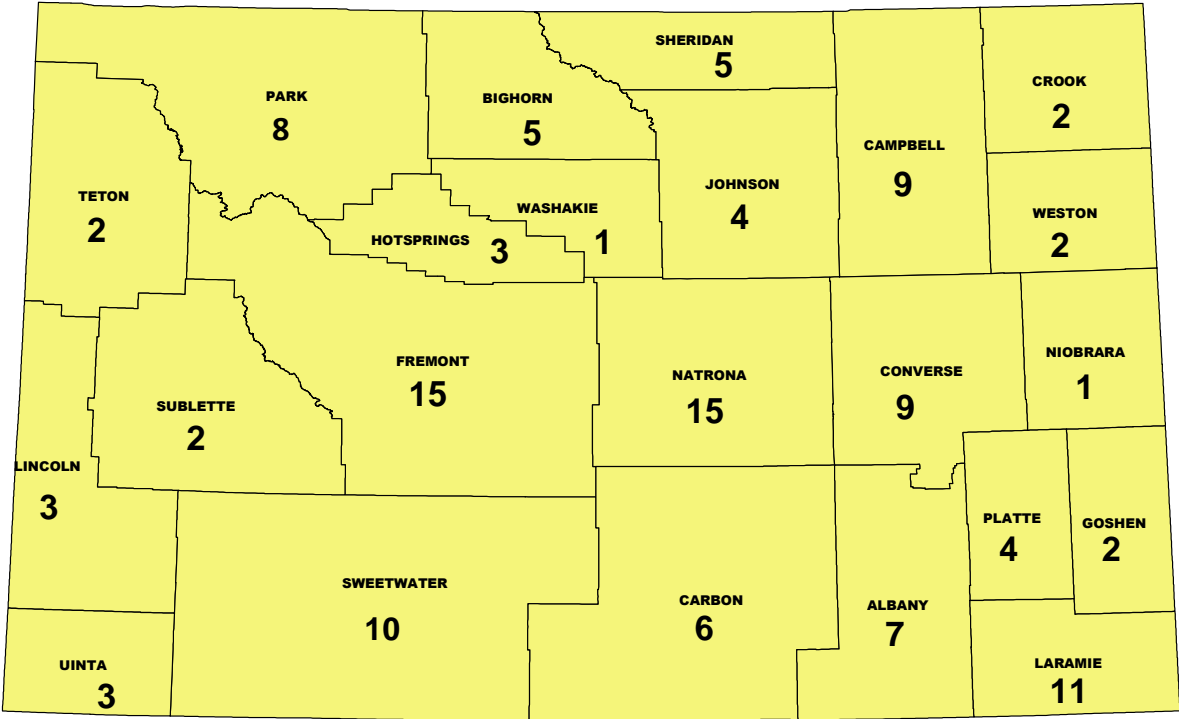
Figures used to determine Economic Loss came from the US Department of Transportation Memorandum; dated June 17, 2015 for the "Treatment of the Economic Value of a Statistical Life in Departmental Analyses." WYDOT has adopted a slightly modified version of the Relative Disutility Factors by Injury Status level (MAIS) found on page 5 of the attachment in this US DOT Memorandum.

2011 - 2015 HOLIDAY CRASH STATISTICS

Time Period		2015	2014	2013	2012	2011
New Years	Hours	108	36	108	84	84
	Crashes	237	100	148	170	189
	Fatal Injury	4	0	0	2	0
	PDO	28	14	17	34	26
	Fatalities	205	86	131	134	163
	Injuries	5	0	0	2	0
Memorial Day	Hours	49	18	17	49	39
	Crashes	84	84	84	84	84
	Fatal Injury	109	102	108	91	94
	PDO	0	0	2	2	0
	Fatalities	25	30	27	21	23
	Injuries	84	72	79	68	71
Independence Day	Hours	0	0	2	2	0
	Crashes	84	84	108	36	84
	Fatal Injury	144	111	147	48	128
	PDO	3	3	3	0	0
	Fatalities	27	32	40	14	47
	Injuries	114	76	104	34	81
Labor Day	Hours	3	3	3	0	0
	Crashes	84	84	84	84	84
	Fatal Injury	122	115	116	96	103
	PDO	3	1	0	2	1
	Fatalities	29	24	35	17	24
	Injuries	90	90	81	77	78
Thanksgiving	Hours	3	1	0	2	1
	Crashes	108	108	108	108	108
	Fatal Injury	222	164	122	155	148
	PDO	0	0	0	2	0
	Fatalities	32	27	19	28	30
	Injuries	190	137	103	125	118
Christmas	Hours	0	0	0	2	0
	Crashes	84	108	36	108	84
	Fatal Injury	86	263	21	164	81
	PDO	0	0	0	1	0
	Fatalities	9	36	5	21	16
	Injuries	77	227	16	142	65
		0	0	0	1	0
		11	48	8	26	25

2015 WYOMING FATAL CRASH MAP

by County

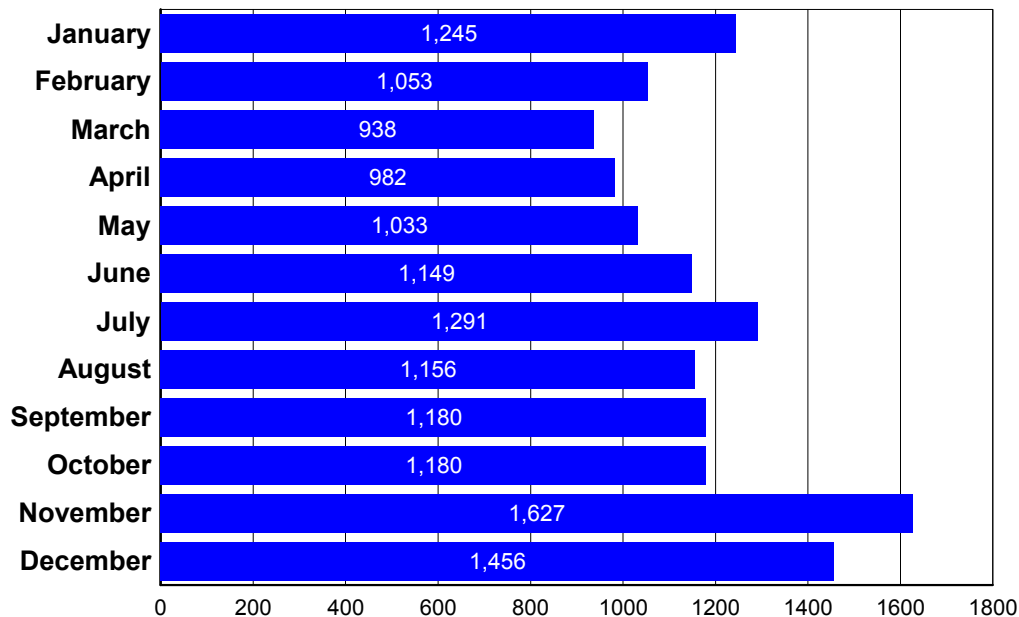


GENERAL CRASH INFORMATION

2015 Crash Counts by County

	Fatal Crashes	Fatalities	Injury Crashes	Injuries	PDO Crashes	Total Crashes
ALBANY	7	8	218	308	795	1020
BIG HORN	5	5	43	60	167	215
CAMPBELL	9	9	261	362	883	1153
CARBON	6	7	120	162	533	659
CONVERSE	9	10	77	113	362	448
CROOK	2	2	52	63	197	251
FREMONT	15	17	124	200	676	815
GOSHEN	2	2	52	65	176	230
HOT SPRINGS	3	3	11	17	84	98
JOHNSON	4	5	53	70	280	337
LARAMIE	11	13	488	654	1546	2045
LINCOLN	3	5	66	103	247	316
NATRONA	15	19	412	537	1933	2360
NIOBRARA	1	2	9	18	54	64
PARK	8	8	108	145	482	598
PLATTE	4	4	69	89	316	389
SHERIDAN	5	5	133	176	546	684
SUBLETTE	2	2	26	33	190	218
SWEETWATER	10	11	243	334	950	1203
TETON	2	2	93	118	401	496
UINTA	3	3	81	122	353	437
WASHAKIE	1	1	28	38	98	127
WESTON	2	2	28	37	97	127
Total	129	145	2795	3824	11366	14290

2015 Crash Count by Month



2011 TO 2015 COLLISION TYPE CRASHES

<i>Harmful Event Category</i>	2011	2012	2013	2014	2015	Total
Non-Collision Crashes	2091	1866	1902	1946	1725	9530
Moving Vehicle Crashes	7815	7177	7798	7930	7655	38375
Animal Crashes	2425	2701	2278	2341	2696	12441
Fixed Object Crashes	2516	2293	2614	2596	2214	12233
Others	1	0	2	0	0	3
Total	14848	14037	14594	14813	14290	72582



PEOPLE INVOLVED INFORMATION

2015 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	0	4	1	9	10	0	5	4	6	39
Male	1	8	14	19	21	24	35	22	7	151
Total	1	12	15	28	31	24	40	26	13	190

2015 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	62	261	170	174	271	194	216	152	111	1	1614
Male	2	88	256	298	295	466	383	433	309	158	1	2689
Unknown	0	0	0	0	0	0	0	0	0	0	64	64
Total	4	150	517	468	469	737	577	649	461	269	66	4367

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

2015 TOTAL DRIVERS INVOLVED IN PDO CRASHES

DRIVER'S AGE

DRIVER'S GENDER	1 - 13	14 - 16	17 - 20	21 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 +	UK	Total
Female	2	235	788	638	645	1102	752	835	612	334	5	5948
Male	0	275	969	938	1034	1748	1393	1465	1004	592	6	9424
Unknown	0	0	0	0	0	0	0	0	0	0	715	715
Total	2	510	1757	1576	1679	2850	2145	2300	1616	926	726	16087

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

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

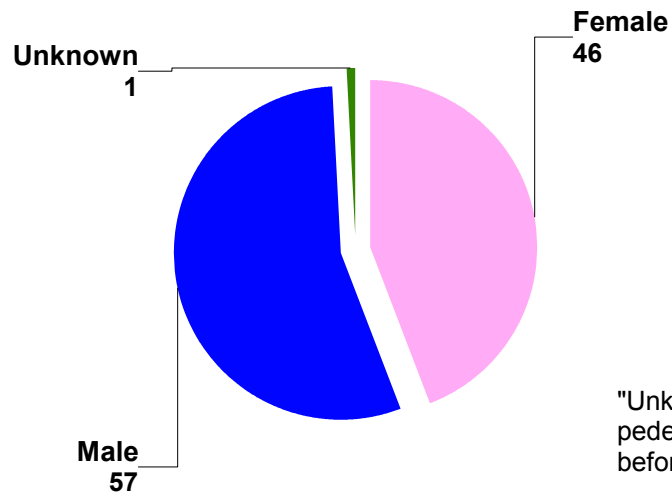
	2013				2014				2015						
	Proper Use	Misuse	Not Used	Not Avail	Proper Use	Misuse	Not Used	Not Avail	Proper Use	Misuse	Not Used	Not Avail			
ALBANY															
Driver's	1368	85%	2 0%	230 14%	2 0%	1264	85%	0 0%	224 15%	1 0%	1199	83%	3 0%	237 16%	1 0%
Passenger's	504	81%	20 3%	100 16%	0 0%	417	79%	27 5%	73 14%	14 3%	350	69%	14 3%	144 28%	2 0%
BIG HORN															
Driver's	96	59%	2 1%	58 36%	6 4%	143	67%	2 1%	66 31%	3 1%	88	63%	1 1%	51 36%	0 0%
Passenger's	23	19%	0 0%	97 81%	0 0%	43	67%	6 9%	14 22%	1 2%	30	68%	2 5%	12 27%	0 0%
CAMPBELL															
Driver's	1295	83%	0 0%	259 17%	3 0%	1504	86%	4 0%	246 14%	0 0%	1278	84%	3 0%	244 16%	0 0%
Passenger's	608	77%	33 4%	152 19%	0 0%	575	73%	29 4%	179 23%	1 0%	483	78%	27 4%	104 17%	3 0%
CARBON															
Driver's	588	75%	4 1%	192 24%	1 0%	607	81%	1 0%	144 19%	0 0%	549	78%	3 0%	153 22%	0 0%
Passenger's	245	77%	11 3%	61 19%	0 0%	217	67%	4 1%	94 29%	8 2%	194	71%	8 3%	58 21%	13 5%
CONVERSE															
Driver's	427	75%	0 0%	140 25%	0 0%	452	78%	1 0%	123 21%	0 0%	370	81%	1 0%	86 19%	1 0%
Passenger's	187	80%	5 2%	41 18%	0 0%	145	68%	5 2%	62 29%	2 1%	156	83%	8 4%	25 13%	0 0%
CROOK															
Driver's	142	75%	2 1%	44 23%	1 1%	150	80%	0 0%	38 20%	0 0%	115	80%	0 0%	28 19%	1 1%
Passenger's	65	76%	0 0%	21 24%	0 0%	80	51%	1 1%	76 48%	0 0%	79	70%	1 1%	32 28%	1 1%
FREMONT															
Driver's	645	73%	0 0%	231 26%	3 0%	737	70%	3 0%	316 30%	1 0%	633	76%	3 0%	193 23%	0 0%
Passenger's	276	66%	16 4%	125 30%	0 0%	311	62%	20 4%	166 33%	5 1%	252	61%	11 3%	114 28%	36 9%
GOSHEN															
Driver's	159	78%	1 0%	45 22%	0 0%	170	77%	0 0%	50 23%	1 0%	165	72%	1 0%	64 28%	0 0%
Passenger's	64	79%	5 6%	12 15%	0 0%	83	81%	4 4%	15 15%	1 1%	67	87%	3 4%	7 9%	0 0%
HOT SPRINGS															
Driver's	66	75%	0 0%	22 25%	0 0%	47	59%	1 1%	31 39%	0 0%	44	60%	1 1%	28 38%	0 0%
Passenger's	24	80%	0 0%	6 20%	0 0%	26	74%	0 0%	9 26%	0 0%	13	65%	3 15%	4 20%	0 0%
JOHNSON															
Driver's	206	74%	1 0%	70 25%	0 0%	170	68%	2 1%	77 31%	0 0%	159	76%	0 0%	49 24%	0 0%
Passenger's	74	65%	2 2%	37 33%	0 0%	71	63%	3 3%	38 34%	1 1%	76	84%	5 5%	10 11%	0 0%
LARAMIE															
Driver's	3044	90%	8 0%	341 10%	3 0%	2966	90%	5 0%	325 10%	1 0%	3005	90%	4 0%	344 10%	2 0%
Passenger's	1120	83%	51 4%	172 13%	0 0%	1031	77%	60 4%	240 18%	12 1%	1063	77%	42 3%	267 19%	9 1%
LINCOLN															
Driver's	205	81%	0 0%	49 19%	0 0%	190	80%	3 1%	44 19%	0 0%	184	77%	2 1%	51 21%	1 0%
Passenger's	137	84%	7 4%	19 12%	0 0%	103	82%	2 2%	17 14%	3 2%	117	82%	8 6%	18 13%	0 0%
NATRONA															
Driver's	3011	84%	3 0%	560 16%	1 0%	3086	85%	4 0%	552 15%	3 0%	3005	84%	2 0%	585 16%	2 0%
Passenger's	1317	86%	71 5%	148 10%	0 0%	1243	79%	68 4%	266 17%	4 0%	1226	84%	69 5%	155 11%	6 0%
NIOBRARA															
Driver's	53	76%	0 0%	14 20%	3 4%	36	58%	0 0%	26 42%	0 0%	25	53%	0 0%	22 47%	0 0%
Passenger's	25	78%	0 0%	7 22%	0 0%	19	61%	1 3%	11 35%	0 0%	7	64%	0 0%	4 36%	0 0%
PARK															
Driver's	429	72%	3 1%	163 27%	0 0%	439	74%	0 0%	158 26%	0 0%	420	72%	0 0%	160 27%	3 1%
Passenger's	147	55%	9 3%	109 41%	0 0%	163	62%	15 6%	86 32%	1 0%	162	78%	7 3%	40 19%	0 0%

	2013				2014				2015															
	Proper Use	Misuse	Not Used	Not Avail	Proper Use	Misuse	Not Used	Not Avail	Proper Use	Misuse	Not Used	Not Avail												
PLATTE																								
Driver's	241	82%	1	0%	50	17%	2	1%	322	81%	0	0%	73	18%	1	0%	266	82%	0	0%	57	18%	0	0%
Passenger's	104	90%	2	2%	10	9%	0	0%	167	61%	6	3%	99	36%	3	1%	116	85%	6	4%	14	10%	0	0%
SHERIDAN																								
Driver's	619	75%	2	0%	198	24%	2	0%	584	72%	0	0%	229	28%	0	0%	480	69%	0	0%	215	31%	0	0%
Passenger's	229	75%	8	3%	68	22%	0	0%	211	79%	9	3%	45	17%	3	1%	199	60%	8	2%	125	38%	0	0%
SUBLETTE																								
Driver's	115	74%	0	0%	41	26%	0	0%	120	75%	1	1%	36	23%	2	1%	103	76%	1	1%	31	23%	1	1%
Passenger's	34	72%	1	2%	12	26%	0	0%	67	83%	3	4%	10	12%	1	1%	36	75%	2	4%	10	21%	0	0%
SWEETWATER																								
Driver's	1480	83%	3	0%	291	16%	4	0%	1462	84%	2	0%	281	16%	1	0%	1317	83%	2	0%	265	17%	1	0%
Passenger's	578	74%	36	5%	172	22%	0	0%	492	61%	27	3%	270	34%	15	2%	482	72%	30	5%	111	17%	42	6%
TETON																								
Driver's	403	71%	2	0%	164	29%	0	0%	540	76%	3	0%	164	23%	0	0%	493	74%	4	1%	168	25%	0	0%
Passenger's	195	62%	9	3%	112	35%	0	0%	209	57%	18	5%	140	38%	1	0%	202	60%	18	5%	114	34%	0	0%
UINTA																								
Driver's	312	75%	1	0%	104	25%	1	0%	301	81%	0	0%	71	19%	1	0%	332	78%	1	0%	91	21%	0	0%
Passenger's	174	81%	6	3%	36	17%	0	0%	154	76%	6	3%	40	20%	3	1%	184	75%	11	4%	44	18%	6	2%
WASHAKIE																								
Driver's	64	45%	0	0%	78	55%	0	0%	59	45%	0	0%	71	55%	0	0%	78	68%	1	1%	35	31%	0	0%
Passenger's	41	75%	5	9%	9	16%	0	0%	21	60%	2	6%	11	31%	1	3%	43	75%	1	2%	13	23%	0	0%
WESTON																								
Driver's	55	64%	1	1%	28	33%	1	1%	64	58%	1	1%	46	41%	0	0%	57	66%	0	0%	29	33%	1	1%
Passenger's	11	42%	1	4%	14	54%	0	0%	14	44%	0	0%	18	56%	0	0%	12	57%	0	0%	9	43%	0	0%
TOTAL																								
Driver's	15064	81%	36	0%	3372	18%	33	0%	15413	82%	33	30%	3391	18%	15	14%	14365	82%	33	0%	3186	18%	14	0%
Passenger's	6182	77%	298	4%	1,540	19%	0	0%	5862	71%	316	4%	1979	24%	80	1%	5549	75%	284	4%	1434	19%	118	0%
COMBINED TOTAL																								
Driver's & Passenger's	21246	80%	334	1%	4912	19%	33	0%	21275	79%	349	1%	5370	20%	95	0%	19914	80%	317	1%	4620	18%	132	1%

2015 PEDESTRIANS IN ALL CRASHES AGE / INJURY STATUS

	Fatal	Incap	Non-Incap	Possible	Total
0 - 13	1	1	7	4	13
14 - 16	0	0	3	4	7
17 - 20	0	2	7	0	9
21 - 24	0	0	3	2	5
25 - 29	0	1	3	2	6
30 - 39	2	1	3	4	10
40 - 49	1	3	10	6	20
50 - 59	1	4	9	6	20
60 - 69	0	0	2	2	4
70 +	0	1	5	1	7
Unknown	0	0	2	1	3
Total	5	13	54	32	104

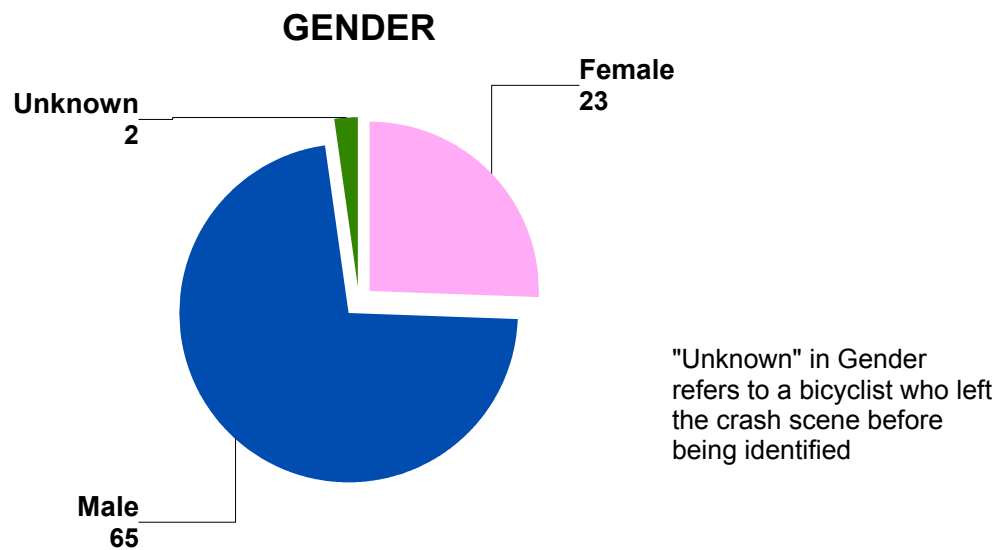
GENDER



"Unknown" in Gender refers to a pedestrian who left the scene before being identified.

2015 BICYCLIST IN ALL CRASHES AGE / INJURY STATUS

	Incap	Non-Incap	Possible	Total
0 - 13	2	17	4	23
14 - 16	0	12	1	13
17 - 20	0	3	2	5
21 - 24	1	7	3	11
25 - 29	0	6	2	8
30 - 39	0	4	4	8
40 - 49	0	3	1	4
50 - 59	3	3	3	9
60 - 69	0	2	3	5
70 +	1	0	1	2
Unknown	0	0	2	2
Total	7	57	26	90



ENVIRONMENTAL

2015 CRASHES WITH ROAD SURFACE TYPE

Road Surface	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Asphalt	116	2113	6729	8958
Brick/Stone	0	1	2	3
Concrete	7	569	1851	2427
Dirt	3	66	139	208
Gravel/Rock	3	93	218	314
Unknown	0	3	2611	2614
Total	129	2795	11366	14290

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

2015 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	106	1	2036	7	7798	22	9940	30
Wet	11	0	246	18	816	85	1073	103
Ice/Frost	8	0	320	79	1653	347	1981	426
Snow	0	5	106	166	794	742	900	913
Mud/Dirt/Gravel	2	2	45	12	59	29	106	43
Slush	0	0	22	21	70	112	92	133
Oil/Fuel	0	0	2	0	0	0	2	0
Sand on Dry Pavement	0	0	3	4	5	3	8	7
Sand on Icy Road	0	0	1	3	13	11	14	14
Water Standing/Running	0	0	2	3	11	14	13	17
Other	0	0	1	5	4	2	5	7
Unknown	2	0	11	2	143	4	156	6
Total	129	8	2795	320	11366	1371	14290	1699

NOTE: Every crash can have two road condition choices

2015 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	104	0	2143	6	8624	31	10871	37
Raining	5	2	140	12	416	18	561	32
Snowing	6	0	228	17	1137	52	1371	69
Fog	1	1	21	3	61	12	83	16
Blowing Dust/Sand/Dirt	0	0	3	3	8	6	11	9
Severe Wind Only	1	0	27	5	127	12	155	17
Blizzard	1	0	6	13	37	32	44	45
Sleet/Hail/Freezing Rain	0	0	6	12	34	38	40	50
Blowing Snow	1	1	33	34	136	140	170	175
Cloudy, Overcast	8	1	166	26	571	74	745	101
Smoke	0	0	1	0	7	0	8	0
Other	0	0	2	0	10	3	12	3
Unknown	2	0	19	0	198	3	219	3
Total	129	5	2795	131	11366	421	14290	557

NOTE: Every crash can have two weather condition choices

2015 CRASHES LIGHTING CONDITIONS

Lighting Conditions	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Darkness Lighted	6	246	923	1175
Darkness Unlighted	44	477	2908	3429
Dawn	2	53	345	400
Daylight	73	1933	6696	8702
Dusk	3	77	327	407
Other	0	2	1	3
Unknown	1	7	166	174
Total	129	2795	11366	14290

VEHICLES

2015 VEHICLE TYPES

Number of Vehicles involved in:

Vehicle Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Passenger	44	1533	5161	6738
Passenger Van	2	138	454	594
PU	51	1163	4323	5537
School Bus	0	7	46	53
Other Bus	0	2	14	16
Transit Bus	0	3	15	18
Charter Bus	0	2	8	10
MC > 150cc	25	277	50	352
Off Road MC	0	5	0	5
Other Vehicle	0	3	24	27
SUV	33	910	3212	4155
Cargo Van	0	26	87	113
Motor Home	0	8	43	51
Light Truck (< 10K)	0	3	16	19
Medium Truck (>10K - <26K)	0	28	117	145
Heavy Truck (>26K)	41	321	1024	1386
Farm Equipment	0	2	6	8
Construction Vehicle	0	9	30	39
MC <150 cc	0	10	4	14
Moped	0	2	0	2
Snowmobile	0	4	0	4
ATV	2	20	3	25
MPV	0	12	6	18
Unknown	0	6	2944	2950
Total	198	4494	17587	22279

2015 VEHICLE WITH CONTRIBUTING CIRCUMSTANCES

Number of Vehicles involved in:

Contributing Circumstances	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Brakes	2	31	109	142
Cruise Control	0	2	12	14
Defroster	0	1	1	2
Exhaust System	1	0	0	1
Lights (Head, Signal, or Tail)	0	4	10	14
Mirrors	0	0	4	4
None	0	0	0	0
Other	2	68	135	205
Oversized Load	0	0	7	7
Power Train	0	2	17	19
Rain/Snow/Ice on Windshield	0	4	28	32
Stalled Vehicle	0	0	10	10
Steering	0	13	42	55
Suspension	0	3	6	9
Tire	4	32	109	145
Trailer Brakes	3	3	13	19
Truck Coupling/Trailer Hitch/	0	2	26	28
Unknown	0	0	0	0
Vehicle Cargo Blocking View	0	0	6	6
Wheels	1	5	22	28
Windows/Windshield	0	4	6	10
Wipers	0	1	1	2
	0	0	0	0
Total	13	175	564	752

WYOMING COMMUNITIES

2015

CITY/TOWN CRASHES WITH INJURIES AND FATALITIES

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
AFTON	0	2	0	2	3	0
ALPINE	0	1	0	1	1	0
BAGGS	0	0	1	1	0	0
BASIN	0	0	3	3	0	0
BEAR RIVER	0	0	1	1	0	0
BIG PINEY	0	0	4	4	0	0
BUFFALO	0	11	35	46	11	0
BURNS	0	1	1	2	1	0
BYRON	0	1	0	1	1	0
CASPER	3	340	1603	1946	432	3
CHEYENNE	5	416	1305	1726	543	5
CHUGWATER	0	0	5	5	0	0
CODY	1	35	162	198	41	1
COWLEY	0	0	1	1	0	0
DAYTON	0	0	4	4	0	0
DIAMONDVILLE	0	0	4	4	0	0
DOUGLAS	2	28	105	135	37	3
DUBOIS	0	1	5	6	1	0
EAST THERMOPOLIS	0	0	2	2	0	0
EDGERTON	0	1	2	3	1	0
ELK MOUNTAIN	0	0	1	1	0	0
ENCAMPMENT	0	0	1	1	0	0
EVANSTON	0	20	77	97	30	0
EVANSVILLE	1	8	59	68	9	1
FRANNIE	0	0	1	1	0	0
FT LARAMIE	0	0	1	1	0	0
GILLETTE	4	198	621	823	276	4
GLENDO	0	0	2	2	0	0
GLENROCK	0	2	22	24	2	0
GREEN RIVER	1	30	119	150	40	1
GREYBULL	0	2	16	18	2	0
GUERNSEY	0	1	11	12	2	0
HANNA	0	1	6	7	3	0
HUDSON	0	0	2	2	0	0
HULETT	0	2	2	4	3	0
JACKSON	0	29	205	234	33	0
KAYCEE	0	0	1	1	0	0
KEMMERER	0	5	17	22	10	0
LABARGE	0	1	0	1	1	0
LANDER	0	11	81	92	12	0
LARAMIE	1	115	484	600	145	1
LINGLE	0	1	4	5	1	0
LOVELL	0	3	10	13	3	0
LUSK	0	1	13	14	1	0
LYMAN	0	1	1	2	2	0
MANDERSON	0	0	1	1	0	0
MARBLETON	0	0	1	1	0	0
MEDICINE BOW	0	0	2	2	0	0
MEETEETSE	0	0	1	1	0	0
MIDWEST	0	0	1	1	0	0
MILLS	0	15	71	86	25	0
MOORCROFT	0	1	8	9	1	0
MOUNTAIN VIEW	0	2	4	6	2	0
NEWCASTLE	1	5	17	23	6	1

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
PAVILLION	0	0	1	1	0	0
PINE BLUFFS	0	0	5	5	0	0
PINE HAVEN	0	0	2	2	0	0
PINEDALE	0	4	14	18	6	0
POWELL	0	15	48	63	20	0
RANCHESTER	0	0	2	2	0	0
RAWLINS	0	18	141	159	25	0
RIVERSIDE	0	0	1	1	0	0
RIVERTON	1	51	233	285	79	1
ROCK RIVER	0	3	0	3	3	0
ROCK SPRINGS	1	109	429	539	148	1
SARATOGA	0	0	13	13	0	0
SHERIDAN	0	65	321	386	78	0
SHOSHONI	0	0	1	1	0	0
SINCLAIR	0	4	14	18	5	0
SUNDANCE	0	4	24	28	5	0
SUPERIOR	0	0	2	2	0	0
TEN SLEEP	0	0	2	2	0	0
THAYNE	0	0	4	4	0	0
THERMOPOLIS	1	3	25	29	5	1
TORRINGTON	0	17	61	78	21	0
UPTON	0	1	3	4	2	0
WAMSUTTER	0	0	6	6	0	0
WHEATLAND	0	14	28	42	17	0
WORLAND	0	8	37	45	12	0
WRIGHT	0	1	11	12	1	0
Total	22	1608	6534	8164	2108	23

2015 CITY/TOWN CRASHES INTERSECTION TYPE AND MANNER OF COLLISION

Intersection Type

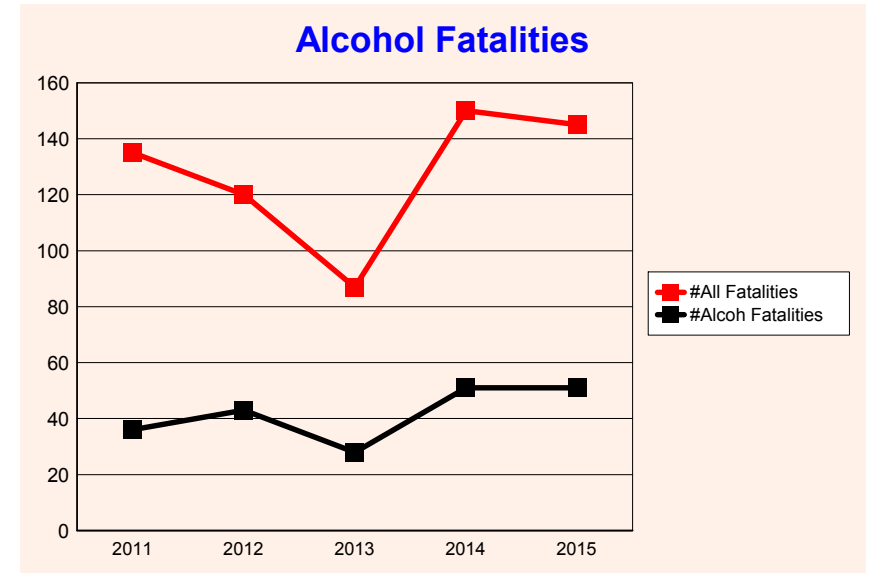
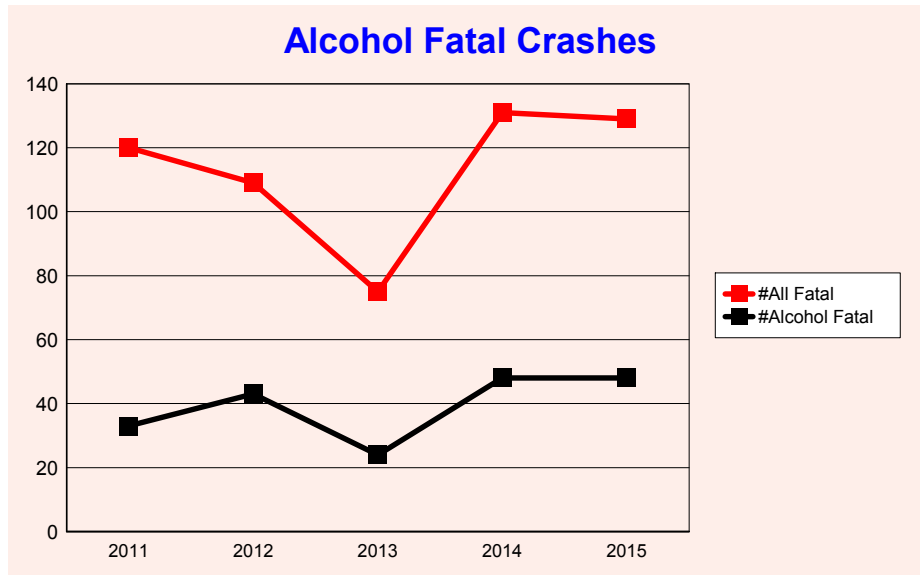
Manner of Collision	Five (5) Point or more	Four (4)-Way Intersection	Intersection as part of an Interchange	L Intersection	Not an Intersection	Roundabout	T Intersection	Y Intersection	Total
Angle (Front to Side), Opposing Direction	0	299	8	3	142	3	103	2	560
Angle Direction not Specified	1	16	1	0	18	0	2	0	38
Angle Right (Front to Side, includes Broadside)	5	875	25	4	258	24	164	7	1362
Angle Same Direction (Front to Side)	1	217	15	0	310	40	76	1	660
Head On (Front to Front)	0	122	1	5	102	0	34	2	266
Not a Collision w/2 Vehicles in Transport	1	218	40	10	1,074	7	152	6	1508
Other	0	0	1	0	2	0	1	0	4
Rear End (Front to Rear)	6	832	81	0	735	8	254	10	1926
Rear to Front (Normally Backing)	2	48	2	1	152	1	17	1	224
Rear to Rear (Normally Backing)	0	2	0	0	49	0	1	0	52
Rear to Side (Normally Backing)	0	12	1	1	288	0	7	2	311
Sideswipe Opposite Direction (Meeting)	0	19	1	2	67	0	15	1	105
Sideswipe Same Direction (Passing)	1	126	15	1	508	11	43	3	708
Unknown	0	3	0	1	112	0	1	0	117
Total	17	2789	191	28	3817	94	870	35	7841

ALCOHOL INVOLVED CRASHES

2015 ALCOHOL INVOLVED TRAFFIC CRASHES

Year	Fatal Crashes						Injury Crashes						PDO Crashes		
	All Crashes	Alcohol Crashes	% Alcohol Crashes	Total Fatalities	Alcohol Fatalities	% Alcohol Fatalities	All Crashes	Alcohol Crashes	% Alcohol Crashes	* Total Injuries	* Alcohol Injuries	% Alcohol Injuries	All Crashes	Alcohol Crashes	% Alcohol Crashes
2011	120	33	28%	135	36	27%	3023	415	14%	4165	596	14%	11705	548	5%
2012	109	43	39%	120	43	36%	2809	403	14%	3899	544	14%	11119	544	5%
2013	75	24	32%	87	28	32%	2794	356	13%	3768	484	13%	11725	502	4%
2014	131	48	37%	150	51	34%	2848	336	12%	3992	478	12%	11834	508	4%
2015	129	48	37%	145	51	35%	2795	324	12%	3824	447	12%	11366	421	4%

* Injuries include injuries from fatal crashes



ALCOHOL INVOLVED CRASHES WITH AGE OF DRINKING DRIVERS

2011

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	1	6	7
17 - 20	2	39	46	87
21 - 24	5	71	90	166
25 - 29	2	74	90	166
30 - 39	4	85	91	180
40 - 49	6	58	71	135
50 - 59	1	32	57	90
60 - 69	0	9	14	23
70 - 79	1	3	4	8
Unknown	0	0	7	7
Total	21	372	476	869

2012

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	4	2	6
17 - 20	2	30	66	98
21 - 24	6	81	84	171
25 - 29	5	56	77	138
30 - 39	11	85	100	196
40 - 49	6	50	65	121
50 - 59	3	51	58	112
60 - 69	2	7	17	26
70 - 79	1	0	6	7
80 +	0	0	1	1
Unknown	0	0	4	4
Total	36	364	480	880

2013

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	2	0	2
17 - 20	3	27	35	65
21 - 24	1	59	91	151
25 - 29	5	50	77	132
30 - 39	4	88	88	180
40 - 49	3	44	81	128
50 - 59	3	42	53	98
60 - 69	0	8	12	20
70 - 79	0	3	2	5
80 +	0	1	1	2
Unknown	0	0	2	2
Total	19	324	442	785

ALCOHOL INVOLVED CRASHES WITH AGE OF DRINKING DRIVERS

2014

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	1	5	4	10
17 - 20	3	34	41	78
21 - 24	7	59	98	164
25 - 29	6	53	82	141
30 - 39	11	77	132	220
40 - 49	7	56	67	130
50 - 59	7	42	70	119
60 - 69	2	18	26	46
70 - 79	1	4	4	9
80 +	0	1	3	4
Unknown	0	0	6	6
Total	45	349	533	927

2015

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	15	25	40
17 - 20	1	8	21	30
21 - 24	8	52	71	131
25 - 29	12	53	74	139
30 - 39	12	70	112	194
40 - 49	6	65	45	116
50 - 59	8	42	54	104
60 - 69	4	19	20	43
70 - 79	0	4	5	9
80 +	0	0	2	2
Unknown	0	1	6	7
Total	51	329	435	815

ALCOHOL INVOLVED FATAL CRASHES

2015 ALCOHOL INVOLVED FATAL CRASHES BY COUNTY

County	Number Crashes	Number Injured	Number Killed
Albany	3	1	3
Big Horn	3	1	3
Campbell	3	0	3
Carbon	2	1	2
Converse	1	0	1
Crook	1	0	1
Fremont	11	15	13
Goshen	1	1	1
Hot Springs	1	0	1
Laramie	3	1	3
Lincoln	1	2	1
Natrona	6	4	7
Park	1	0	1
Platte	2	0	2
Sheridan	2	2	2
Sweetwater	3	2	3
Teton	2	0	2
Uinta	1	1	1
Weston	1	1	1
Total	48	32	51

2015 ALCOHOL INVOLVED FATAL CRASHES BY CITY

City	Number Crashes	Number Injured	Number Killed
CHEYENNE	2	1	2
GILLETTE	1	0	1
ROCK SPRINGS	1	1	1
Total	4	2	4

2015 ALCOHOL INVOLVED FATAL CRASHES VEHICLE TYPE

Vehicle Type	Number of Vehicles
ATV	1
Heavy Truck > 26,000	3
MC > 150 cc	6
PU	18
Passenger	21
Passenger Van	1
SUV	5
Total	55

2015 ALCOHOL INVOLVED FATAL CRASHES ESTIMATED SPEED

Estimated Speed	Fatal Crashes
14 - 16	1
30 - 50	6
50 - 65	19
65 +	24
Others	5
Total	55

2015 ALCOHOL INVOLVED FATAL CRASHES WITH AGE AND GENDER OF DRIVERS

Age Groups	Male	Female	Total Drivers
17 - 20	1	0	1
21 - 24	8	0	8
25 - 29	9	3	12
30 - 39	7	5	12
40 - 49	6	0	6
50 - 59	6	2	8
60 - 69	3	1	4
Total	40	11	51

ALCOHOL INVOLVED INJURY CRASHES

2015 ALCOHOL INVOLVED INJURY CRASHES BY COUNTY

County	Injury Crashes	Number Injured
Albany	21	26
Big Horn	3	3
Campbell	32	43
Carbon	9	13
Converse	10	12
Crook	7	9
Fremont	25	33
Goshen	3	6
Hot Springs	1	1
Johnson	1	1
Laramie	50	70
Lincoln	16	23
Natrona	48	60
Park	11	14
Platte	7	8
Sheridan	16	20
Sublette	5	5
Sweetwater	36	39
Teton	10	10
Uinta	4	5
Washakie	3	5
Weston	6	9
Total	324	415

2015 ALCOHOL INVOLVED INJURY CRASHES BY CITY

City	Number of Crashes	Number Injured
AFTON	1	1
CASPER	42	54
CHEYENNE	40	55
CODY	3	3
DOUGLAS	5	7
EVANSTON	1	1
EVANSVILLE	1	1
GILLETTE	20	26
GLENROCK	1	1
GREEN RIVER	4	4
JACKSON	4	4
KEMMERER	2	3
LANDER	3	3
LARAMIE	7	9
LOVELL	1	1
MILLS	2	2
MOUNTAIN VIEW	1	1
POWELL	3	3
RAWLINS	2	5
RIVERTON	7	10
ROCK SPRINGS	16	16
SHERIDAN	6	8
TORRINGTON	1	2
WHEATLAND	1	1
WORLAND	1	2
WRIGHT	1	1
Total	176	224

2015 ALCOHOL INVOLVED INJURY CRASHES WITH VEHICLE TYPE

Vehicle Type	Number of Vehicles	% Vehicles
ATV	4	0.9%
Cargo Van	1	0.2%
Construction Vehicle	1	0.2%
Heavy Truck > 26,000	6	1.4%
MC < 150 cc	1	0.2%
MC > 150 cc	26	6.0%
MPV	2	0.5%
Motor Home	2	0.5%
Off Road MC	1	0.2%
Other Bus	1	0.2%
PU	154	35.5%
Passenger	135	31.1%
Passenger Van	11	2.5%
SUV	88	20.3%
Unknown	1	0.2%
Total	434	100%

2015 ALCOHOL INVOLVED INJURY CRASHES WITH ESTIMATED SPEED

Estimated Speed	Number of Vehicles
0 - 20	113
20 - 30	67
30 - 50	82
50 - 65	82
65 +	88
Others	2
Total	434

2015 ALCOHOL INVOLVED INJURY CRASHES WITH AGE AND GENDER OF DRIVERS

Age Groups	Male	Female	Unknown	Total Drivers
14 - 16	4	1	0	5
17 - 20	15	3	0	18
21 - 24	43	9	0	52
25 - 29	44	9	0	53
30 - 39	52	18	0	70
40 - 49	52	13	0	65
50 - 59	37	5	0	42
60 - 69	15	4	0	19
70 - 79	4	0	0	4
Unknown	1	0	0	1
Total	267	62	0	329

ALCOHOL INVOLVED PDO CRASHES

2015 BY COUNTY

County	PDO Crashes
Albany	35
Big Horn	4
Campbell	40
Carbon	13
Converse	8
Crook	3
Fremont	28
Goshen	6
Hot Springs	1
Johnson	4
Laramie	48
Lincoln	8
Natrona	88
Niobrara	2
Park	17
Platte	5
Sheridan	27
Sublette	6
Sweetwater	36
Teton	18
Uinta	15
Washakie	6
Weston	3
Total	421

2015 BY CITY

City	PDO Crashes
BUFFALO	2
CASPER	68
CHEYENNE	41
CODY	9
DAYTON	2
DOUGLAS	5
DUBOIS	1
EVANSTON	7
EVANSVILLE	5
GILLETTE	27
GLENROCK	1
GREEN RIVER	7
HANNA	1
HULETT	1
JACKSON	7
LANDER	7
LARAMIE	29
LOVELL	1
LUSK	1
LYMAN	1
MARBLETON	1
MILLS	7
NEWCASTLE	1
PAVILLION	1
PINE HAVEN	1
PINEDALE	2
POWELL	2
RAWLINS	10
RIVERTON	11
ROCK SPRINGS	19
SARATOGA	1
SHERIDAN	22
TORRINGTON	3
WHEATLAND	1
WORLAND	5
WRIGHT	2
Total	312

2015 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
0 - 13				
	Others	0	0	0
Total		0	0	0
14 - 16				
	.01 - .08	0	0	2
	Others	0	5	6
Total		0	5	8
17 - 20				
	.01 - .08	0	0	2
	.08 - .09	0	0	4
	.10 - .15	0	2	11
	.15 - .20	1	2	3
	.20 - .25	0	0	1
	.55 +	0	0	1
	Others	0	14	16
Total		1	18	38
21 - 24				
	.01 - .08	0	6	3
	.08 - .09	0	2	4
	.10 - .15	1	5	16
	.15 - .20	1	2	10
	.20 - .25	0	1	4
	.55 +	0	1	0
	Others	6	35	34
Total		8	52	71
25 - 29				
	.01 - .08	1	0	1
	.08 - .09	0	1	2
	.10 - .15	1	4	9
	.15 - .20	2	4	7
	.20 - .25	1	1	6
	.25 - .30	1	0	0
	.35 - .40	1	0	0
	.55 +	1	0	0
	Others	4	43	49
Total		12	53	74
30 - 39				
	.01 - .08	1	4	6
	.08 - .09	0	0	1
	.10 - .15	1	5	14
	.15 - .20	1	8	11
	.20 - .25	1	5	9
	.25 - .30	1	0	2
	.30 - .35	1	1	1
	.40 - .45	0	1	0
	Others	6	46	68
Total		12	70	112
40 - 49				
	.01 - .08	0	5	0
	.08 - .09	0	3	1
	.10 - .15	0	10	5
	.15 - .20	2	5	7
	.20 - .25	0	6	3

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
	.25 - .30	1	1	1
	.30 - .35	1	0	0
	.40 - .45	0	1	0
	Others	2	34	28
Total		6	65	45
50 - 59				
	.01 - .08	0	1	3
	.08 - .09	0	2	0
	.10 - .15	1	5	4
	.15 - .20	1	1	6
	.20 - .25	0	2	2
	.25 - .30	0	0	3
	.30 - .35	0	0	2
	Others	6	31	34
Total		8	42	54
60 - 69				
	.01 - .08	1	0	0
	.10 - .15	1	3	0
	.15 - .20	2	5	1
	.20 - .25	0	0	1
	Others	0	11	18
Total		4	19	20
70 - 79				
	.10 - .15	0	0	1
	Others	0	4	4
Total		0	4	5
80 +				
	.08 - .09	0	0	1
	.10 - .15	0	0	1
	Others	0	0	0
Total		0	0	2
UK				
	.10 - .15	0	0	0
	Others	0	1	6
Total		0	1	6
Others				
	Others	0	0	0
Total		0	0	0
		51	329	435

Others is a result of no reported BAC result

DRIVERS AGE 14 - 20

2015 FATAL CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
15	1	0	1
17	2	0	2
18	3	2	5
20	3	2	5
Total	9	4	13

2015 INJURY CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	4	0	4
15	11	11	22
16	73	51	124
17	61	74	135
18	77	74	151
19	56	65	121
20	62	48	110
Total	344	323	667

2015 PDO CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	4	4	8
15	32	21	53
16	239	210	449
17	231	227	458
18	286	226	512
19	246	172	418
20	206	163	369
Total	1244	1023	2267

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
2011	26	28	8	295	408	162	1051	1372
2012	26	27	7	258	376	137	972	1256
2013	20	24	5	258	345	127	1092	1370
2014	28	39	5	317	470	173	1250	1595
2015	22	28	7	263	376	140	996	1281
Total	122	146	32	1391	1975	776	5361	6874

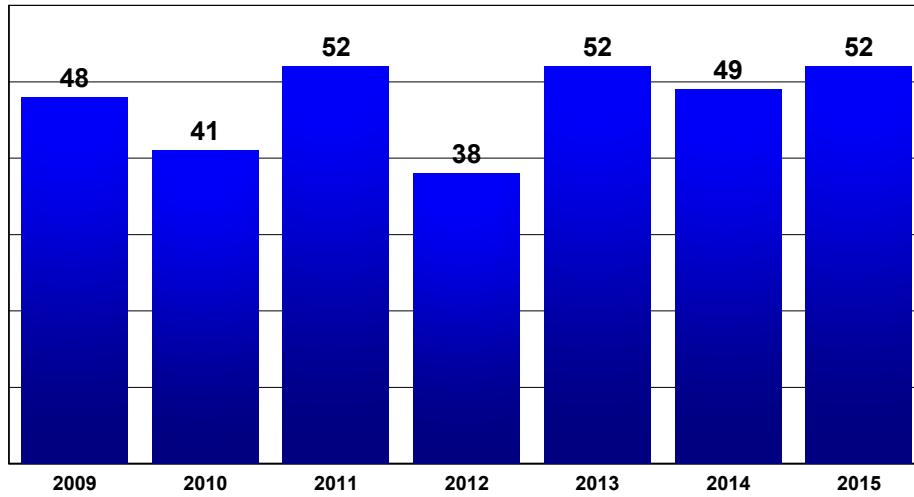
2015 TRUCK CRASHES

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

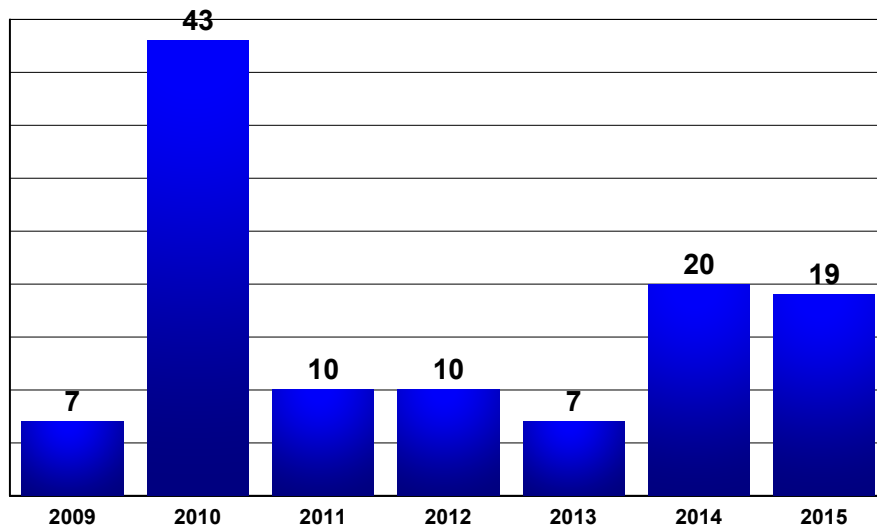
Roadway Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Interstate	9	142	585	736
Primary	12	59	200	271
Secondary	1	15	31	47
City Street	0	4	57	61
County Road Rural	0	17	30	47
State Highway	0	4	3	7
M Route	0	18	74	92
BLM	0	0	4	4
Park Road	0	1	0	1
Service Road	0	2	5	7
County Road Urban	0	1	9	10
Total	22	263	998	1283

SCHOOL BUS 2015

School Bus Crashes



Number Injured in School Bus Crashes



**2015 SCHOOL BUS INVOLVED CRASHES
COUNTY / CRASH SEVERITY**

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	0	0	2	2
CAMPBELL	0	0	7	7
CARBON	0	0	1	1
CONVERSE	0	0	1	1
CROOK	0	0	1	1
FREMONT	0	2	4	6
GOSHEN	0	0	1	1
LARAMIE	0	2	7	9
NATRONA	0	0	8	8
SHERIDAN	0	1	3	4
SWEETWATER	0	2	8	10
TETON	0	0	2	2
Total	0	7	45	52

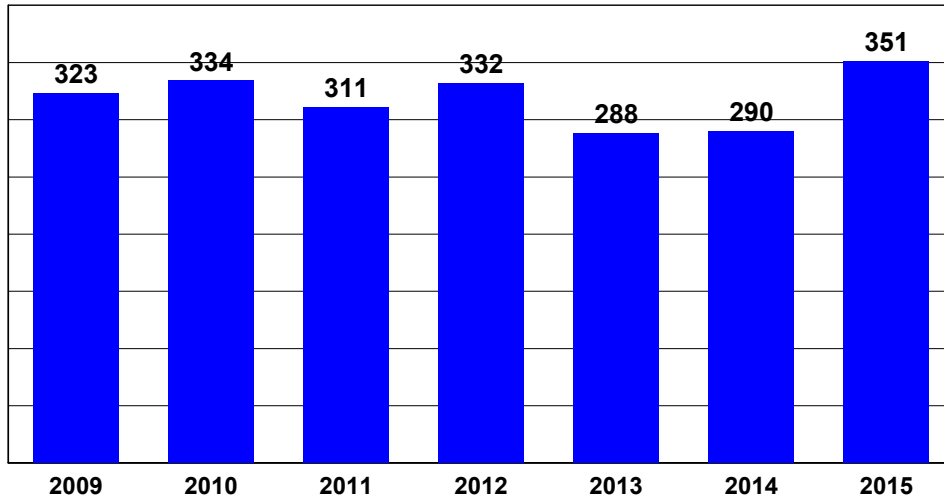
**2015 SCHOOL BUS INVOLVED CRASHES
COLLISION TYPE / CRASH SEVERITY**

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Cable Barrier	0	0	1	1
Motor Vehicle in Transport on Roadway	0	6	28	34
Other NON-Fixed Object	0	0	1	1
Overturn/Rollover	0	1	0	1
Parked Motor Vehicle	0	0	14	14
Sign Support Single Post	0	0	1	1
Total	0	7	45	52

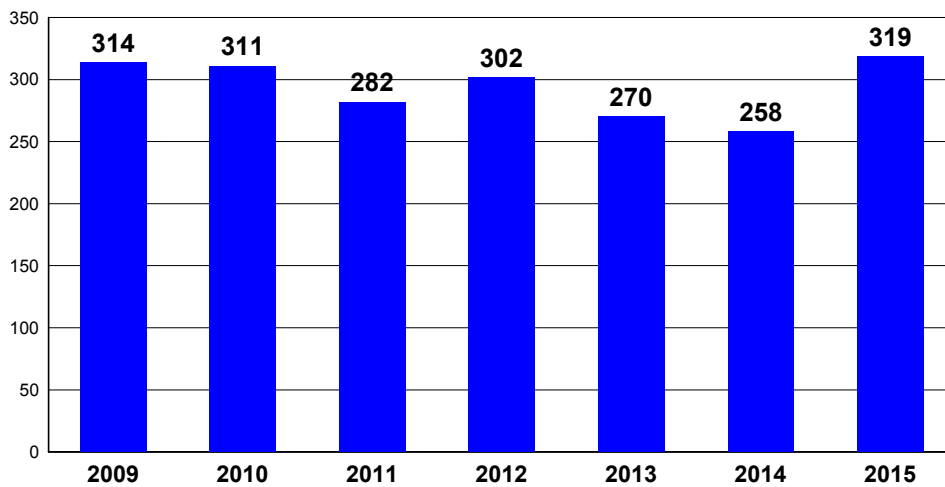
MOTORCYCLES

2015

Motorcycle Crashes



Number Injured in Motorcycle Crashes



2015 MOTORCYCLE INVOLVED CRASHES COUNTY/CRASH SEVERITY

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	1	13	3	17
BIG HORN	0	9	0	9
CAMPBELL	4	23	2	29
CARBON	0	8	1	9
CONVERSE	1	4	3	8
CROOK	2	18	2	22
FREMONT	1	10	1	12
GOSHEN	0	9	0	9
HOT SPRINGS	1	2	1	4
JOHNSON	0	14	1	15
LARAMIE	0	31	11	42
LINCOLN	0	4	0	4
NATRONA	1	47	21	69
NIOBRARA	1	2	0	3
PARK	3	21	1	25
PLATTE	2	6	0	8
SHERIDAN	0	15	2	17
SUBLETTE	1	2	0	3
SWEETWATER	4	14	1	19
TETON	0	11	2	13
UINTA	1	4	1	6
WASHAKIE	0	1	0	1
WESTON	0	7	0	7
	23	275	53	351

2015 MOTORCYCLE INVOLVED CRASHES COLLISION TYPE/CRASH SEVERITY

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Antelope	0	1	0	1
Building or Other Structure Wall	0	0	1	1
Cable Barrier	0	1	0	1
Cow	0	3	0	1
Deer	2	17	0	19
Delineator Post	1	3	0	4
Ditch	0	1	0	1
Earth Embankment/Berm	0	1	0	1
Equipment Failure	1	1	0	2
Fence (including Post)	0	3	0	3
Fire/Explosion	0	0	1	1
Guardrail Face	1	5	0	4
Motor Vehicle in Transport on Roadway	9	110	24	130
Other Domestic (Dog, Llama...)	0	1	0	1
Other Fixed Object	0	1	0	1
Other Non-Collision (MC Loss of Control)	8	133	16	155
Other Wild	0	1	0	1
Parked Motor Vehicle	0	2	11	13
Raised Median or Curb	1	5	0	6
Rock, Boulder, Rock Slide	0	1	0	1
Sheep	0	1	0	1
Sign Support Single Post	0	1	0	1
Trees/Shrubbery	0	2	0	2
	23	35	275	53
				351

APPENDIX

Driver/Vehicle Information

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

1 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	Posted Speed	Estimated Speed
4 - I2 Permit-intermediate	8 - Restricted License	4 - M					

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 _____

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

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

2 Last Name _____ First Name _____ MI _____ Gender _____ DOB (yyyy/mm/dd) _____

Street Number _____ Street Name _____

Mailing Address (PO Box Number) _____ City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Driver Phone Home Work Cell Phone _____ Emp Phone Home Work Cell Phone _____ SSN (fatals only) _____

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

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

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 _____

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

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

Vehicle Occupant Information CASE NO.

Seat Position 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)	Air Bag Deployed 01-Not Applicable 02-Not Deployed 03-Deployed Front 04-Deployed Side 05-Deployed Combination 06-Deployed Other 99-Deployment Unknown	Ejection 01-Not Ejected 02-Partially Ejected 03-Totally Ejected 04-Trapped & Extricated 05-Not Applicable 99-Unknown	Injury Status 01-Fatal Injury 02-Incapacitating Injury 03-Non-Incapacitating Injury 04-Possible Injury 05-No Injury 99-Unknown	Injury Description 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						
Person Type 01 - Driver 02 - Passenger 99 - Unknown If non-motorist, complete supplemental form	Occupant Protection System Operation 01-Apparently Normal 02-Failure/Malfunction 03-Misuse 04-Air Bag System Turned off or Rendered Inoperative 99-Unknown	Most Injured Area 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	Injury Classification 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	Inj. Transported by 01-Not Transported 02-EMS (Ground) 03-EMS (Air) 04-Law Enforcement 05-Other (Private MV) 99-Unknown						
Safety Equipment Usage 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	Seat Belt Operation	Air Bag Deployed	Ejection	Injury Status	Injury Area	Injury Description	Injury Classification	Injured Transported by	EMS ID	EMS Run #

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

Occupant Information

Last Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	SSN (Fatals Only)	First Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	MI	DOB	Age	Gender M, F, X	Medical Facility
Last Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	SSN (Fatals Only)	First Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	MI	DOB	Age	Gender M, F, X	Medical Facility
Last Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	SSN (Fatals Only)	First Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	MI	DOB	Age	Gender M, F, X	Medical Facility
Last Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	SSN (Fatals Only)	First Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	MI	DOB	Age	Gender M, F, X	Medical Facility
Last Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	SSN (Fatals Only)	First Name <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	MI	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	<input type="text"/>	Sequence	<input type="text"/>	
2nd event	<input type="text"/>	← choose up to 4:	<input type="text"/>	
3rd event	<input type="text"/>	Most Harmful Event	<input type="text"/>	
4th event	<input type="text"/>	choose 1	→	<input type="text"/>

Non-Collision

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

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

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

Animals

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

Collision w/ Fixed Object

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

Motor Vehicle Unit Type		<input type="text"/>	<input type="text"/>
01 - Motor Vehicle in Transport			
02 - Parked Motor Vehicle			
03 - Working Vehicle/Equipment			

HM Placard or Commercial Motor Vehicle		<input type="text"/>	<input type="text"/>
01 - Yes	02 - No	99 - Unknown	
→ if yes, complete CMV supplement			

Vehicle Owner		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
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	27 - MPV	
13 - Other Vehicle	26 - ATV	99 - Unknown	

Non-Commercial Trailer Style		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
01 - Yes	02 - No	99 - Unknown	

Emergency Equipment Activated		<input type="text"/>	<input type="text"/>
01 - Yes	02 - No	99 - Unknown	

Special Function of MV in Transport		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
01 - None		1st choice	<input type="text"/>
02 - Brakes		2nd choice	<input type="text"/>
03 - Trailer Brakes			
04 - Steering			
05 - Power Train			
06 - Suspension			
07 - Tires			
08 - Wheels			
09 - Lights (Head, Signal or Tail)			
10 - Windows/Windshield			
11 - Rain/Snow/Ice on Windshield			
12 - Tinted Windows			
13 - Vehicle Cargo Blocking View			
14 - Exhaust System			
15 - Oversized Load			
16 - Defroster			
17 - Mirrors			
18 - Wipers			
19 - Truck Coupling/Trailer Hitch/Safety Chain			
20 - Stalled Vehicle	22 - Other		
21 - Cruise Control	99 - Unknown		

Vehicle Maneuver/Action prior to crash		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
01 - Concrete	01 - Level		
02 - Asphalt	02 - Hillcrest		
03 - Gravel/Rock	03 - Uphill		
04 - Dirt	04 - Downhill		
05 - Brick/Stone	05 - Sag (Bottom)		
99 - Unknown	99 - Unknown		

Grade		<input type="text"/>	<input type="text"/>
01 - Straight	03 - Curve Left		
02 - Curve Right	99 - Unknown		

Horizontal Alignment		<input type="text"/>	<input type="text"/>
01 - Straight	03 - Curve Left		
02 - Curve Right	99 - Unknown		

Total No. Lanes		<input type="text"/>	<input type="text"/>
01 - 06, 99 = Unknown (exclude turn lanes)			

Traffic Control Working Properly		<input type="text"/>	<input type="text"/>
01 - Yes	02 - No	99 - Unknown	

Traffic Control		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
01 - Yes	02 - No	99 - Unknown	

Rumble Strips Applicable		<input type="text"/>	<input type="text"/>
01 - Yes	02 - No	99 - Unknown	

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

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

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

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

Animals

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

Collision w/ Fixed Object

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

Motor Vehicle Unit Type		<input type="text"/>
01 - Motor Vehicle in Transport		
02 - Parked Motor Vehicle		
03 - Working Vehicle/Equipment		
HM Placard or Commercial Motor Vehicle		<input type="text"/>
01 - Yes 02 - No 99 - Unknown		
↔ if yes, complete CMV supplement		

Vehicle Owner		<input type="text"/>
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		<input type="text"/>
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	27 - MPV
13 - Other Vehicle	26 - ATV	99 - Unknown

Non-Commercial Trailer Style		<input type="text"/>
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		<input type="text"/>
01 - No Underride or Override		
02 - Underride-Compartment Intrusion		
03 - Underride-No Compartment Intrusion		
04 - Underride-Compartment Intrusion Unknown		
05 - Override-Motor Vehicle in Transport		
06 - Override-Other Motor Vehicle		
99 - Unknown if Underride or Override		

Emergency Vehicle Use		<input type="text"/>
01 - Yes 02 - No 99 - Unknown		

Emergency Equipment Activated		<input type="text"/>
01 - Yes 02 - No 99 - Unknown		

Special Function of MV in Transport		<input type="text"/>
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		1st choice <input type="text"/>
		2nd choice <input type="text"/>
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	22 - Other	
21 - Cruise Control	99 - Unknown	

Vehicle Maneuver/Action prior to crash		<input type="text"/>
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		<input type="text"/>
		Grade <input type="text"/>
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		<input type="text"/>
01 - Straight	03 - Curve Left	
02 - Curve Right	99 - Unknown	

Total No. Lanes		<input type="text"/>
01 - 06, 99 = Unknown (exclude turn lanes)		

Traffic Control Working Properly		<input type="text"/>
01 - Yes 02 - No 99 - Unknown		

Traffic Control		<input type="text"/>
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		<input type="text"/>
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		<input type="text"/>
01 - Yes 02 - No 99 - Unknown		

Rumble Strips Applicable		<input type="text"/>
01 - Yes 02 - No 99 - Unknown		

Rumble Strips		<input type="text"/>
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		

Driver Information

1

Driver's Action (choose up to 4)	1st choice	2nd choice	3rd choice	4th choice
01 - No Improper Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 - Ran Off Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 - Failed to Yield ROW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 - Disregarded Traffic Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 - Ran Red Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 - Disregarded Other Road Marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 - Speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 - Drove too Fast for Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 - Improper Turn or No Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 - Improper Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 - Wrong Side/Wrong Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 - Following too Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 - Failed to Keep Proper Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 - Erratic/Reckless/Careless/Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 - Avoiding an Object on Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 - Avoiding Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 - Avoiding Non-Motorist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - Avoiding MV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 - Swerve Due to Wind/Slippery Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 - Over Corrected/Over Steered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 - Evading Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 - Other Improper Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver's Condition (choose up to 2)	1st choice	2nd choice
01 - Apparently Normal	<input type="checkbox"/>	<input type="checkbox"/>
02 - Emotional (depressed, angry, disturbed...)	<input type="checkbox"/>	<input type="checkbox"/>
03 - ill (Sick)	<input type="checkbox"/>	<input type="checkbox"/>
04 - Fell Asleep, Fainted	<input type="checkbox"/>	<input type="checkbox"/>
05 - Fatigued	<input type="checkbox"/>	<input type="checkbox"/>
06 - Under Influence of Medication	<input type="checkbox"/>	<input type="checkbox"/>
07 - Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>
08 - Suspected Drug Use	<input type="checkbox"/>	<input type="checkbox"/>
09 - Suspected Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>
10 - Other	<input type="checkbox"/>	<input type="checkbox"/>
11 - Driver Inattention	<input type="checkbox"/>	<input type="checkbox"/>
99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>

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"/>

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

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

DL Investigation	01 - Yes	02 - No	99 - Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Driver's Action (choose up to 4)	1st choice	2nd choice	3rd choice	4th choice
01 - No Improper Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 - Ran Off Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 - Failed to Yield ROW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 - Disregarded Traffic Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 - Ran Red Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 - Disregarded Other Road Marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 - Speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 - Drove too Fast for Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 - Improper Turn or No Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 - Improper Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 - Wrong Side/Wrong Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 - Following too Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 - Failed to Keep Proper Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 - Erratic/Reckless/Careless/Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 - Avoiding an Object on Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 - Avoiding Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 - Avoiding Non-Motorist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - Avoiding MV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 - Swerve Due to Wind/Slippery Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 - Over Corrected/Over Steered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 - Evading Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 - Other Improper Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 - Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver's Condition (choose up to 2)	1st choice	2nd choice
01 - Apparently Normal	<input type="checkbox"/>	<input type="checkbox"/>
02 - Emotional (depressed, angry, disturbed...)	<input type="checkbox"/>	<input type="checkbox"/>
03 - ill (Sick)	<input type="checkbox"/>	<input type="checkbox"/>
04 - Fell Asleep, Fainted	<input type="checkbox"/>	<input type="checkbox"/>
05 - Fatigued	<input type="checkbox"/>	<input type="checkbox"/>
06 - Under Influence of 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"/>

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"/>

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

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

DL Investigation	01 - Yes	02 - No	99 - Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

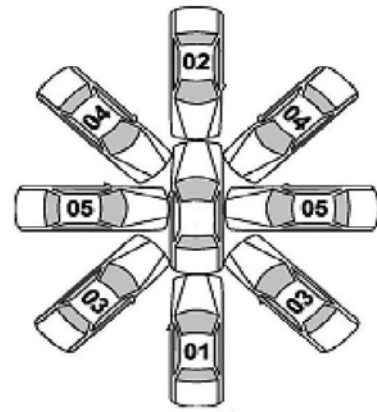
If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.

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

2

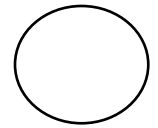
Base Information

<p>FIRST HARMFUL EVENT <input type="text"/></p> <p><u>Non - Collision:</u> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from a motor vehicle 13 - Thrown or Falling Object 16 - Carbon Monoxide (CO) Poisoning 17 - Injuries by being thrown against part of the vehicle 18 - Other Non-Collision (Motorcycle Loss of Control)</p> <p><u>Collision w/ Person, MV, or Non-Fixed Object:</u> 19 - Pedestrian 20 - Pedacycle 21 - Railway Vehicle 22 - Motor Vehicle in Transport on Roadway 23 - Motor Vehicle on OTHER Roadway 24 - Parked Motor Vehicle 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channeling Device 29 - Object Set in Motion by Another Vehicle</p> <p><u>Animals:</u> 30 - Horse 31 - Cow 32 - Pig 33 - Sheep 34 - Other Domestic (Dog, Llama, etc) 35 - Elk 36 - Deer 37 - Moose 38 - Antelope 39 - Buffalo 40 - Other Wild (Bear, Coyote, Eagle)</p> <p><u>Collision w/ Fixed Object</u> 41 - Guardrail End 42 - Guardrail Face 43 - Impact Attenuator/Crash Cushion 44 - Bridge Pier or Support 45 - Bridge Overhead Structure 46 - Bridge Rail 47 - Concrete Traffic Barrier/Jersey Barrier 48 - Other Traffic Barrier (Includes temporary) 49 - Utility Pole/Light Support 50 - Traffic Signal Support 51 - Traffic Sign Support 52 - Overhead Traffic Sign 53 - Sign Support Single Post 54 - Sign Support Multiple Post 55 - Other Traffic Sign Support 56 - Barricade 57 - Tree/Shrubbery 58 - Cut Slope 59 - Road Approach 60 - Rock, Boulder, Rock Slide 61 - End of Drainage Pipe/Structure/Culvert 62 - Building or Other Structure Wall 63 - Fence (Including Post) 64 - Raised Median or Curb 65 - Delineator Post 66 - Earth Embankment/Berm 67 - Ditch 68 - Snow Embankment 69 - Mail Box 70 - Tunnel 71 - Cattle Guard 72 - Fixed Object Other 73 - Cable Barrier 99 - Unknown</p>	<p>Location of FHE <input type="text"/></p> 01 - On Roadway 02 - Off Roadway 03 - Shoulder 04 - Median 05 - On OTHER Roadway 06 - Outside of ROW 07 - Gore 08 - Separator 09 - In Parking Lane/Zone 10 - Tunnel 11 - Bridge 12 - Port of Entry 13 - Rest Area 99 - Unknown <p>Road Circumstance <input type="text"/> choose up to 3 1st choice <input type="text"/> 2nd choice <input type="text"/> 3rd choice <input type="text"/></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>Work Zone Related <input type="text"/></p> 01 - Yes 02 - No 99 - Unknown <p>Work Zone Workers Present <input type="text"/></p> <p>Work Zone Location <input type="text"/></p> 01 - Before the First Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 99 - Unknown <p>Type of Work Zone <input type="text"/></p> 01 - Lane Closure 02 - Lane Shift or Crossover 03 - Work on Shoulder/Median 04 - Intermittent or Moving Work 05 - Other 99 - Unknown <p>Manner of Collision <input type="text"/> *see diagram right</p> 01 - Rear End (Front to Rear) 02 - Head On (Front to Front) 03 - Angle Same Direction (Front to Side) 04 - Angle (Front-to-Side), Opposing Direction 05 - Angle Right (Front to Side, includes Broadside) 06 - Angle Direction not Specified 07 - Sideswipe Same Direction (Passing) 08 - Sideswipe Opposite Direction (Meeting) 09 - Rear to Side (Normally Backing) 10 - Rear to Rear (Normally Backing) 11 - Rear to Front (Normally Backing) 12 - Not a Collision w/2 Vehicles in Transport 13 - Other 99 - Unknown <p>Direction of Force <input type="text"/></p> 01 - Opposing (Opposite Direction within 15 degrees) 02 - Angle (force exceeds 15 degrees) 03 - Same (same direction within 15 degrees) 04 - Meeting (glancing collision from opposite direction) 05 - Passing (glancing collision from same direction) 99 - Unknown	<p>Weather <input type="text"/> 1st choice <input type="text"/> 2nd choice <input type="text"/></p> 01 - Clear 02 - Raining 03 - Snowing 04 - Fog 05 - Blowing Dust/Sand/Dirt 06 - Severe Wind Only 07 - Blizzard 08 - Sleet/Hail/Freezing Rain 09 - Blowing Snow 10 - Cloudy,Overcast 11 - Smoke 12 - Other 99 - Unknown <p>Environmental Circumstance <input type="text"/> choose up to 3 1st choice <input type="text"/> 2nd choice <input type="text"/> 3rd choice <input type="text"/></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>Relation to Junction <input type="text"/></p> <p><u>Non-Interstate</u> 01 - Non-Junction 02 - Intersection 03 - Intersection Related 04 - Driveway Related 05 - Entrance/Exit Ramp 06 - Railway Grade Crossing 07 - Crossover Related 08 - Business Entrance 09 - Alley 10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing) 99 - Unknown (describe in narrative)</p> <p><u>Interstate</u> 12 - Thru Roadway 13 - Intersection 14 - Intersection Related 15 - Ramp 16 - Other Parts (Gore) 99 - Unknown Interchange</p> <p>Type of Intersection <input type="text"/></p> 01 - Not an Intersection 02 - Four (4) -Way Intersection 03 - T Intersection 04 - Y Intersection 05 - Five (5) Point or more 06 - Intersection as part of an Interchange 07 - Roundabout 99 - Unknown	<p>Road <input type="text"/> 1st choice <input type="text"/> 2nd choice <input type="text"/></p> 01 - Dry 02 - Wet 03 - Ice/Frost 04 - Snow 05 - Mud/Dirt/Gravel 06 - Slush 07 - Oil/Fuel 08 - Sand on Dry Pavement 09 - Sand on Icy Road 10 - Water standing/Running 11 - Other 99 - Unknown <p>Lighting <input type="text"/></p> 01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown <p>School Bus Related <input type="text"/></p> 01 - No 02 - Yes, Directly Involved 03 - Yes, Indirectly Involved
---	---	---	---



Manner of Collision CLARIFICATION

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



Indicate North

Large empty rectangular area for drawing or notes, bounded by a grid of tick marks.

Witnesses

1st First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone

2nd First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone

3rd First Name MI Last Name

Street Number Street Name City: State: Zip Code

Home Work Cell Phone and/or Home Work Cell Phone



WYOMING DEPARTMENT OF TRANSPORTATION
HIGHWAY SAFETY PROGRAM
5300 BISHOP BLVD
CHEYENNE, WY 82009-3340

HIGHWAY SAFETY



Program