

WYOMING

REPORT ON TRAFFIC CRASHES



2017



Matt Mead
Governor

Department of Transportation

State of Wyoming



Bill Panos
Director

May 08, 2018

Dear Reader,

Wyoming's 2017 Report on Traffic Crashes has been published for your information. This year's report continues to provide you with information on traffic crashes in the State of Wyoming. The publication contains general information. Additional reports are available and can be printed to add to your 2017 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.

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Sincerely,

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Data Provided By:
Crash Data Management Section

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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 that results in death within 30 days after the motor vehicle crash in which the injury occurred.
- Incapacitating Injury** Any injury other than fatal which results in one or more of the following: Severe lacerations resulting in exposure of underlying tissues/muscles/organs or resulting in significant loss of blood; broken or distorted extremity (arm or leg); crush injuries; suspected skull, chest, or abdominal injury other than bruises or minor lacerations; significant burns (second and third degree burns over 10% or more of the body); unconsciousness when taken from the scene, or paralysis.
- Non-Incapacitating Injury** Any injury that is evident at the scene of the crash, other than fatal or serious injuries, including lump on the head, abrasions, bruises, minor lacerations (cuts on the skin with minimal bleeding and no exposure of deeper tissue/muscles).
- Possible Injury** Any injury reported or claimed which is not fatal, suspected serious, or suspected minor injury. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily present, and includes: Momentary loss of consciousness or claim of injury, limping, or complaint of pain or nausea

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QUICK LOOK

2017 Crash Counts

TOTAL CRASHES	14128
FATAL CRASHES	105
INJURY CRASHES	2494
PDO CRASHES	11529

2017 Involved Counts

NUMBER OF VEHICLES	21312
NUMBER OF DRIVERS	19869
NUMBER OF PERSONS	28973
NUMBER OF PEDESTRIANS	78
NUMBER OF PEDACYCLISTS	62

2017 Injury/Fatal Counts

INJURY CRASHES	2494
NUMBER INJURED	3440
FATAL CRASHES	105
NUMBER KILLED	123
PEDESTRIAN CRASHES	68
PEDESTRIANS INJURED	71
PEDESTRIANS KILLED	6
BICYCLIST CRASHES	60
BICYCLISTS INJURED	62
BICYCLISTS KILLED	0

2017 Location Counts

URBAN CRASHES	7321
RURAL CRASHES	6807

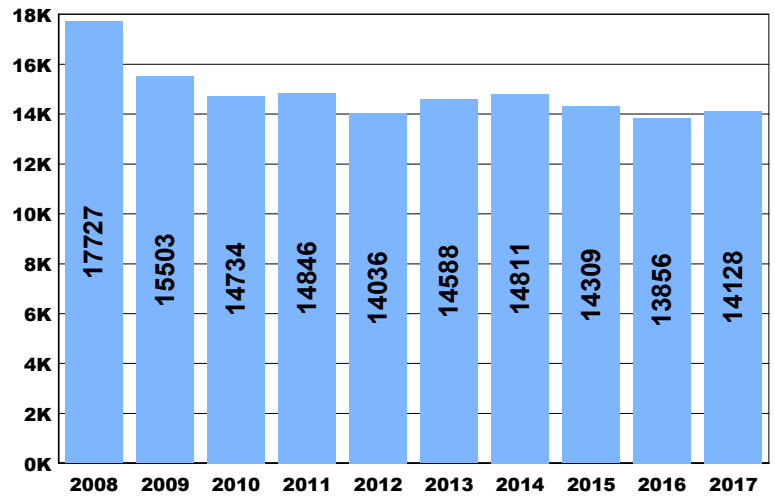
2017 Alcohol Statistics

ALCOHOL RELATED CRASHES	668
ALCOHOL FATAL CRASHES	34
ALCOHOL FATALITIES	40
ALCOHOL INJURY CRASHES	245
ALCOHOL INJURIES	343
ALCOHOL PDO CRASHES	389

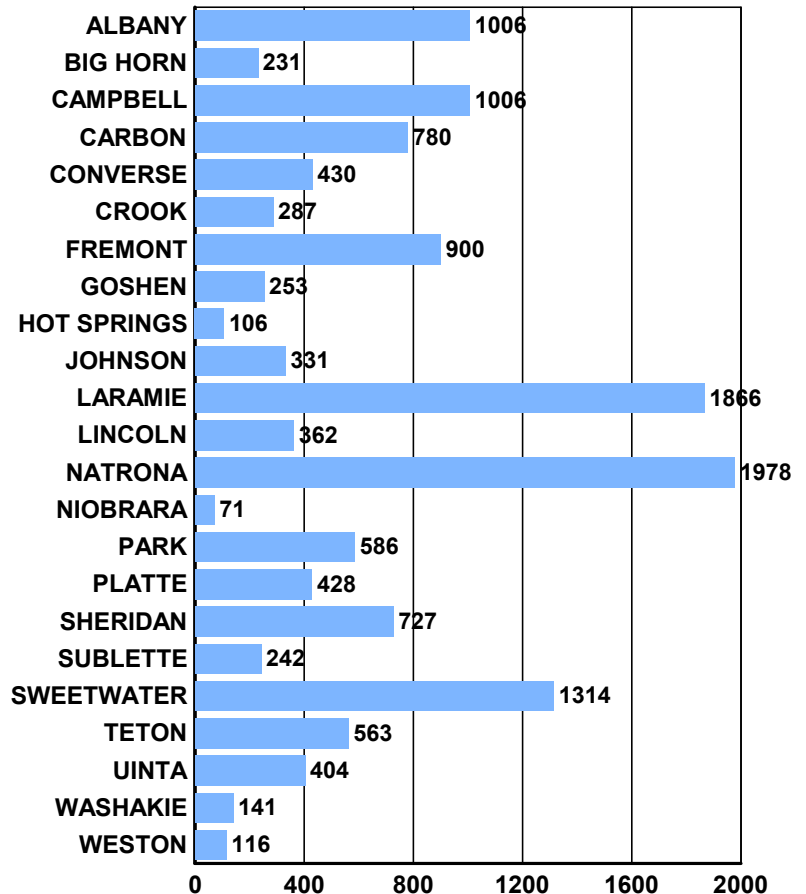
2017 Motorcycle Statistics

MOTORCYCLE CRASHES	235
MOTORCYCLE FATALITIES	17
MOTORCYCLE INJURIES	207

TOTAL CRASHES / YEAR



2017 CRASHES / COUNTY



2017 WYOMING ECONOMIC LOSS/COUNTY

COUNTY	POPULATION	ECONOMIC LOSS
ALBANY	38,332	\$307,530,285
BIG HORN	11,906	\$167,557,915
CAMPBELL	46,242	\$249,025,880
CARBON	15,303	\$372,962,860
CONVERSE	13,809	\$208,209,730
CROOK	7,410	\$179,711,350
FREMONT	39,803	\$398,369,815
GOSHEN	13,378	\$73,455,420
HOT SPRINGS	4,696	\$33,277,950
JOHNSON	8,476	\$146,334,590
LARAMIE	98,327	\$627,065,705
LINCOLN	19,265	\$125,547,635
NATRONA	79,547	\$577,169,095
NIOBRARA	2,397	\$13,275,455
PARK	29,568	\$236,346,015
PLATTE	8,562	\$178,140,445
SHERIDAN	30,210	\$217,178,560
SUBLETTE	9,799	\$151,271,860
SWEETWATER	43,534	\$414,124,080
TETON	23,265	\$148,168,940
UINTA	20,495	\$221,157,150
WASHAKIE	8,064	\$48,649,930
WESTON	6,927	\$61,904,545
TOTAL COSTS	579,315	\$5,158,707,350

Population Source: Wyoming Economic Analysis Division Population Estimates and Forecasts.

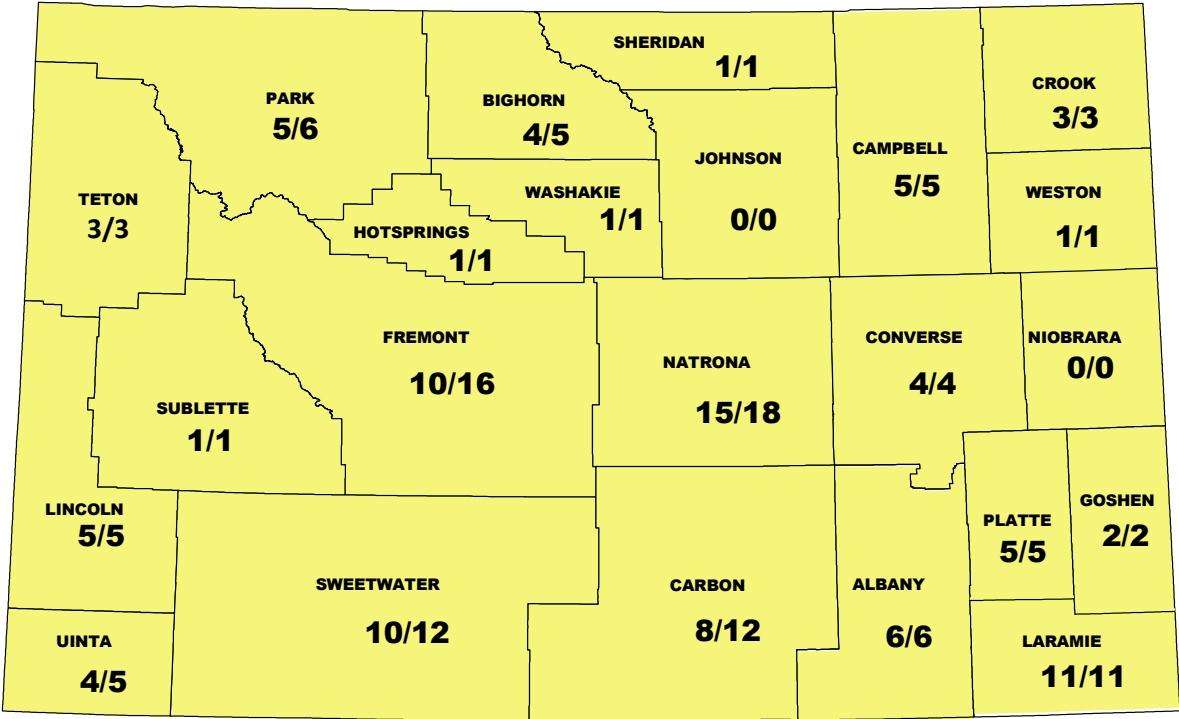
Figures used to determine Economic Loss came from the US Department of Transportation Memorandum; dated June 17, 2015 for the "Treatment of the Economic Value of a Statistical Life in Departmental Analyses." WYDOT has adopted a slightly modified version of the Relative Disutility Factors by Injury Status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

2013 - 2017 HOLIDAY CRASH STATISTICS

Time Period		2017	2016	2015	2014	2013
New Years	Hours	84	84	108	36	108
	Crashes	121	86	237	100	149
	Fatal	0	1	4	0	0
	Injury	19	14	28	14	17
	PDO	102	71	205	86	132
	Fatalities	0	1	5	0	0
Memorial Day	Hours	84	84	84	84	84
	Crashes	92	84	109	103	107
	Fatal	2	1	0	0	2
	Injury	16	16	25	31	26
	PDO	74	67	84	72	79
	Fatalities	2	1	0	0	2
Independence Day	Hours	108	84	60	84	108
	Crashes	184	126	101	111	147
	Fatal	2	1	1	3	3
	Injury	35	26	20	32	40
	PDO	147	99	80	76	104
	Fatalities	2	1	1	3	3
Labor Day	Hours	84	84	84	84	84
	Crashes	98	105	124	115	116
	Fatal	1	0	3	1	0
	Injury	20	15	29	24	35
	PDO	77	90	92	90	81
	Fatalities	1	0	3	1	0
Thanksgiving	Hours	108	108	108	108	108
	Crashes	161	126	224	164	122
	Fatal	0	3	0	0	0
	Injury	30	17	32	27	19
	PDO	131	106	192	137	103
	Fatalities	0	5	0	0	0
Christmas	Hours	84	84	84	108	36
	Crashes	206	119	87	263	21
	Fatal	0	0	0	0	0
	Injury	29	18	9	36	5
	PDO	177	101	78	227	16
	Fatalities	0	0	0	0	0
	Injuries	42	27	11	48	8

2017 WYOMING FATAL CRASH MAP

by County



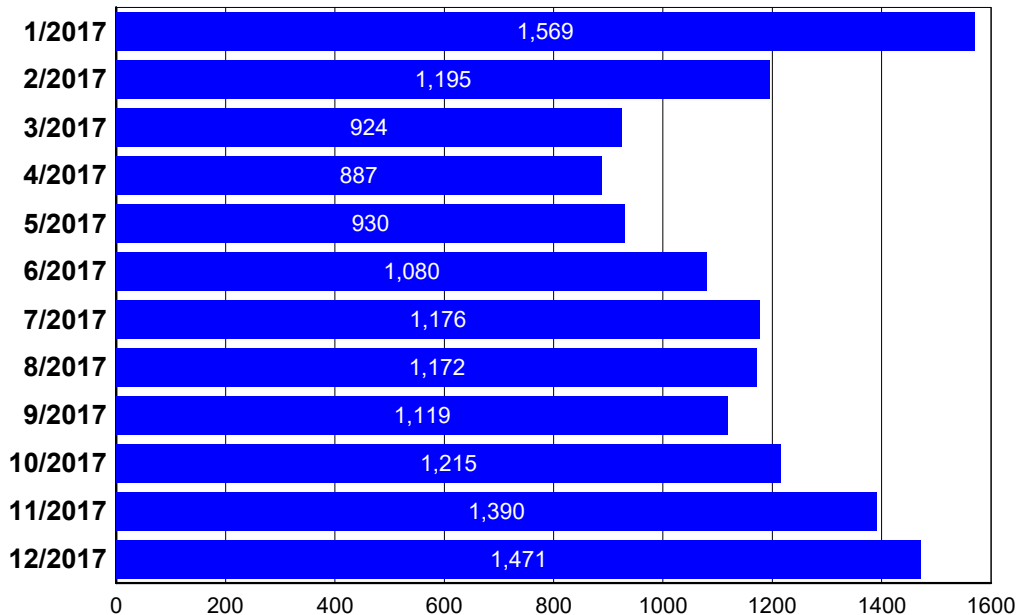
Number of Fatal Crashes/Number of Fatalities

GENERAL CRASH INFORMATION

2017 Crash Counts by County

	Fatal Crashes	Fatalities	Injury Crashes	Injuries	PDO Crashes	Total Crashes
ALBANY	6	6	176	220	824	1006
BIG HORN	4	5	44	71	183	231
CAMPBELL	5	5	151	215	850	1006
CARBON	8	12	135	185	637	780
CONVERSE	4	4	68	95	358	430
CROOK	3	3	59	73	225	287
FREMONT	10	16	159	229	731	900
GOSHEN	2	2	30	35	221	253
HOT SPRINGS	1	1	12	15	93	106
JOHNSON	0	0	44	60	287	331
LARAMIE	11	11	423	592	1432	1866
LINCOLN	5	5	66	82	291	362
NATRONA	15	18	372	488	1591	1978
NIOBRARA	0	0	7	9	64	71
PARK	5	6	120	156	461	586
PLATTE	5	5	63	90	360	428
SHERIDAN	1	1	113	149	613	727
SUBLETTE	1	1	46	86	195	242
SWEETWATER	10	12	198	283	1106	1314
TETON	3	3	81	113	479	563
UINTA	4	5	81	133	319	404
WASHAKIE	1	1	28	34	112	141
WESTON	1	1	18	27	97	116
Total	105	123	2494	3440	11529	14128

2017 Crash Count by Month



2013 TO 2017 CRASHES BY HARMFUL EVENT CATEGORY

<i>Harmful Event Category</i>	2013	2014	2015	2016	2017
Non-Collision Crashes	1898	1943	1727	1767	1915
Moving Vehicle Crashes	7797	7932	7663	6805	6859
Animal Crashes	2278	2341	2702	3046	3058
Fixed Object Crashes	2613	2595	2217	2238	2296
Others	2	0	0	0	0
Total	14588	14811	14309	13856	14128



PEOPLE INVOLVED INFORMATION

2017 TOTAL DRIVERS INVOLVED IN FATAL 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 +	Total
Female	0	2	0	2	3	4	6	7	5	0	29
Male	1	2	6	8	9	23	23	20	18	6	116
Total	1	4	6	10	12	27	29	27	23	6	145

2017 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	66	220	129	176	270	224	176	137	102	0	1502
Male	4	72	251	200	240	433	363	342	272	134	0	2311
Unknown	0	0	0	0	0	0	0	0	0	0	43	43
Total	6	138	471	329	416	703	587	518	409	236	43	3856

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

2017 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	183	758	606	640	1095	739	751	557	317	1	5648
Male	1	248	947	833	1143	1853	1485	1360	1120	572	4	9566
Unknown	0	0	0	0	0	0	0	0	0	0	654	654
Total	2	431	1705	1439	1783	2948	2224	2111	1677	889	659	15868

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

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

	2015				2016				2017															
	Proper Use	Misuse	Not Used	UNK	Proper Use	Misuse	Not Used	UNK	Proper Use	Misuse	Not Used	UNK												
ALBANY																								
Drivers	1203	78%	3	0%	63	4%	191	12%	1108	80%	3	0%	40	3%	140	10%	1251	87%	1	0%	33	2%	126	9%
Passengers	403	84%	14	3%	65	13%	0	0%	350	71%	8	2%	55	11%	79	16%	442	83%	14	3%	38	7%	39	7%
BIG HORN																								
Drivers	88	34%	1	0%	27	10%	37	14%	103	36%	1	0%	22	8%	32	11%	205	76%	0	0%	25	9%	32	12%
Passengers	82	89%	2	2%	8	9%	0	0%	48	69%	3	4%	10	14%	9	13%	115	76%	2	1%	18	12%	17	11%
CAMPBELL																								
Drivers	1281	73%	3	0%	87	5%	194	11%	1079	73%	1	0%	58	4%	141	10%	1256	86%	2	0%	61	4%	128	9%
Passengers	587	91%	27	4%	34	5%	0	0%	409	84%	27	6%	19	4%	31	6%	510	76%	16	2%	21	3%	120	18%
CARBON																								
Drivers	551	65%	3	0%	38	4%	127	15%	629	71%	3	0%	25	3%	113	13%	788	81%	3	0%	33	3%	135	14%
Passengers	274	83%	8	2%	48	15%	0	0%	190	57%	10	3%	64	19%	69	21%	276	74%	13	3%	46	12%	37	10%
CONVERSE																								
Drivers	374	65%	1	0%	23	4%	71	12%	302	61%	0	0%	30	6%	49	10%	470	90%	0	0%	14	3%	35	7%
Passengers	206	89%	8	3%	17	7%	0	0%	124	84%	3	2%	14	9%	7	5%	219	75%	13	4%	13	4%	48	16%
CROOK																								
Drivers	115	41%	0	0%	26	9%	18	6%	133	40%	0	0%	23	7%	9	3%	264	83%	0	0%	12	4%	21	7%
Passengers	134	89%	1	1%	15	10%	0	0%	62	84%	1	1%	8	11%	3	4%	136	90%	1	1%	10	7%	4	3%
FREMONT																								
Drivers	639	58%	3	0%	65	6%	148	13%	542	51%	4	0%	47	4%	134	13%	946	81%	1	0%	44	4%	164	14%
Passengers	393	79%	11	2%	93	19%	0	0%	248	73%	9	3%	30	9%	53	16%	463	78%	15	3%	71	12%	41	7%
GOSHEN																								
Drivers	166	54%	1	0%	33	11%	44	14%	164	54%	0	0%	17	6%	36	12%	245	75%	0	0%	15	5%	61	19%
Passengers	104	92%	3	3%	6	5%	0	0%	57	77%	1	1%	7	9%	9	12%	107	90%	1	1%	4	3%	7	6%
HOT SPRINGS																								
Drivers	44	38%	1	1%	8	7%	26	22%	70	52%	2	1%	10	7%	13	10%	98	75%	0	0%	6	5%	25	19%
Passengers	37	90%	3	7%	1	2%	0	0%	24	83%	0	0%	5	17%	0	0%	46	81%	0	0%	3	5%	8	14%
JOHNSON																								
Drivers	159	42%	0	0%	20	5%	38	10%	116	37%	0	0%	18	6%	44	14%	296	81%	2	1%	17	5%	39	11%
Passengers	155	94%	5	3%	5	3%	0	0%	51	76%	1	1%	3	4%	12	18%	196	92%	1	0%	8	4%	8	4%
LARAMIE																								
Drivers	3007	86%	4	0%	126	4%	260	7%	2819	86%	4	0%	125	4%	260	8%	2721	88%	6	0%	83	3%	225	7%
Passengers	1148	86%	42	3%	140	11%	0	0%	1025	81%	38	3%	113	9%	92	7%	912	81%	46	4%	63	6%	99	9%
LINCOLN																								
Drivers	184	50%	2	1%	33	9%	31	8%	229	55%	1	0%	19	5%	36	9%	380	82%	0	0%	30	6%	47	10%
Passengers	209	88%	8	3%	20	8%	0	0%	121	70%	8	5%	25	14%	19	11%	185	73%	3	1%	16	6%	50	20%
NATRONA																								
Drivers	3010	79%	2	0%	181	5%	462	12%	2464	80%	4	0%	103	3%	348	11%	2631	84%	10	0%	86	3%	370	12%
Passengers	1364	90%	69	5%	76	5%	0	0%	868	84%	50	5%	50	5%	71	7%	1141	82%	51	4%	37	3%	157	11%
NIOBRARA																								
Drivers	25	32%	0	0%	7	9%	20	26%	38	37%	1	1%	8	8%	28	27%	59	69%	0	0%	3	4%	20	24%
Passengers	26	87%	0	0%	4	13%	0	0%	20	54%	0	0%	4	11%	13	35%	41	79%	1	2%	2	4%	8	15%
PARK																								
Drivers	423	52%	0	0%	54	7%	129	16%	405	54%	1	0%	37	5%	78	10%	607	76%	1	0%	37	5%	123	15%
Passengers	285	90%	7	2%	23	7%	0	0%	101	73%	4	3%	17	12%	16	12%	295	88%	5	1%	12	4%	22	7%

	2015				2016				2017															
	Proper Use	Misuse	Not Used	UNK	Proper Use	Misuse	Not Used	UNK	Proper Use	Misuse	Not Used	UNK												
PLATTE																								
Drivers	267	59%	0	0%	25	6%	43	9%	271	59%	1	0%	21	5%	41	9%	421	87%	0	0%	19	4%	35	7%
Passengers	192	93%	6	3%	9	4%	0	0%	136	80%	6	4%	12	7%	16	9%	240	87%	9	3%	15	5%	12	4%
SHERIDAN																								
Drivers	481	52%	0	0%	47	5%	190	21%	494	51%	0	0%	52	5%	211	22%	745	76%	0	0%	28	3%	193	20%
Passengers	332	91%	8	2%	23	6%	0	0%	178	69%	9	3%	16	6%	56	22%	326	76%	11	3%	6	1%	86	20%
SUBLETTE																								
Drivers	104	41%	1	0%	18	7%	25	10%	125	47%	0	0%	7	3%	21	8%	242	82%	1	0%	19	6%	24	8%
Passengers	76	88%	2	2%	8	9%	0	0%	59	69%	0	0%	16	19%	10	12%	115	70%	4	2%	27	16%	19	12%
SWEETWATER																								
Drivers	1322	78%	2	0%	72	4%	216	13%	1357	77%	3	0%	80	5%	229	13%	1575	85%	0	0%	52	3%	213	11%
Passengers	541	80%	30	4%	106	16%	0	0%	524	75%	42	6%	95	14%	38	5%	641	79%	36	4%	106	13%	26	3%
TETON																								
Drivers	493	65%	4	1%	22	3%	159	21%	521	65%	2	0%	20	2%	157	20%	727	82%	2	0%	15	2%	130	15%
Passengers	274	90%	18	6%	13	4%	0	0%	163	68%	7	3%	9	4%	60	25%	277	70%	8	2%	48	12%	62	16%
UINTA																								
Drivers	332	60%	1	0%	29	5%	80	15%	349	63%	1	0%	21	4%	74	13%	439	82%	1	0%	19	4%	73	14%
Passengers	271	84%	11	3%	41	13%	0	0%	171	62%	4	1%	43	16%	56	20%	250	76%	7	2%	50	15%	23	7%
WASHAKIE																								
Drivers	79	49%	1	1%	11	7%	31	19%	58	34%	1	1%	15	9%	47	28%	136	75%	0	0%	10	5%	30	16%
Passengers	71	92%	1	1%	5	6%	0	0%	26	58%	2	4%	6	13%	11	24%	55	79%	2	3%	5	7%	8	11%
WESTON																								
Drivers	57	38%	0	0%	11	7%	24	16%	55	40%	1	1%	11	8%	23	17%	94	72%	0	0%	7	5%	25	19%
Passengers	38	90%	0	0%	4	10%	0	0%	25	76%	1	3%	4	12%	3	9%	57	89%	2	3%	1	2%	4	6%
TOTAL																								
Drivers	17080	84%	33	0%	783	4%	2,529	12%	16204	85%	34	0%	651	3%	2230	12%	16596	85%	30	0%	668	3%	2,274	12%
Passengers	6891	78%	284	3%	733	8%	889	10%	6542	81%	233	3%	597	7%	724	9%	7045	80%	261	3%	620	7%	905	26%
COMBINED TOTAL																								
Drivers & Passengers	23971	82%	317	1%	1516	5%	3418	12%	22746	84%	267	1%	1248	5%	2954	11%	23641	83%	291	1%	1288	5%	3179	11%

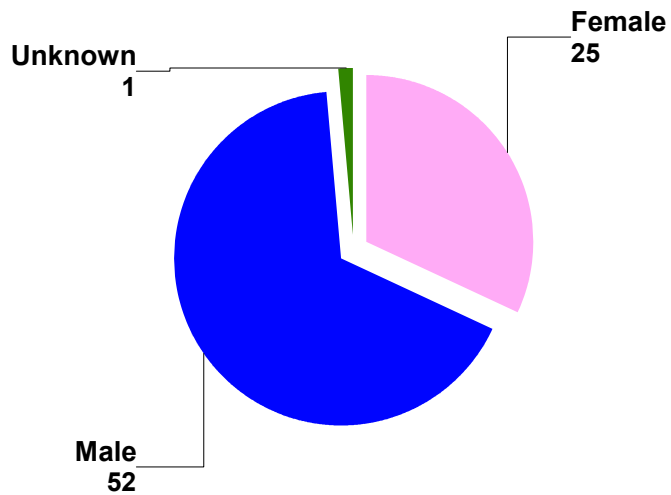
* The formulae used to determine seat belt use were revised in 2016 and are not applied to years prior.

2017 PEDESTRIANS IN ALL CRASHES

AGE / INJURY STATUS

	Fatal	Incap	Non-Incap	Possible	Unknown	Total
0 - 13	2	1	4	3	0	10
14 - 16	0	0	7	2	0	9
17 - 20	0	1	1	1	0	3
21 - 24	0	1	1	3	0	5
25 - 29	1	0	1	2	0	4
30 - 39	0	2	3	4	0	9
40 - 49	0	2	4	5	0	11
50 - 59	0	1	3	3	0	7
60 - 69	2	2	5	1	1	11
70 +	1	1	5	1	0	8
Unknown	0	0	0	1	0	1
Total	6	11	34	26	1	78

GENDER

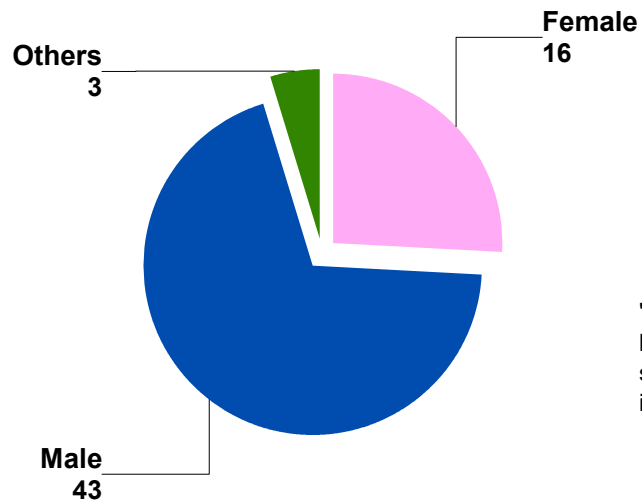


2017 BICYCLIST IN ALL CRASHES

AGE / INJURY STATUS

	Incap	Non-Incap	Possible	Total
0 - 13	1	12	3	16
14 - 16	0	3	0	3
17 - 20	0	2	3	5
21 - 24	0	2	0	2
25 - 29	0	5	1	6
30 - 39	0	3	1	4
40 - 49	2	4	1	7
50 - 59	1	4	4	9
60 - 69	3	2	1	6
70 +	1	0	0	1
Unknown	0	0	3	3
Total	8	37	17	62

GENDER



"Others" refers to a bicyclist who left the crash scene before being identified

ENVIRONMENTAL

2017 CRASHES WITH ROAD SURFACE TYPE

Road Surface	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Asphalt	87	1942	6749	8778
Brick/Stone	0	0	1	1
Concrete	11	459	1732	2202
Dirt	2	63	129	194
Gravel/Rock	5	69	157	231
Unknown	0	6	2951	2957
Total	105	2494	11529	14128

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

2017 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	86	1	1739	6	7465	22	9290	29
Wet	8	0	206	23	780	98	994	121
Ice/Frost	7	2	365	71	2123	405	2495	478
Snow	1	1	121	177	829	995	951	1173
Mud/Dirt/Gravel	2	2	24	17	58	15	84	34
Slush	1	0	28	32	106	134	135	166
Sand on Dry Pavement	0	0	3	1	0	2	3	3
Sand on Icy Road	0	1	2	1	10	14	12	16
Water Standing/Running	0	0	3	2	9	11	12	13
Other	0	0	1	1	11	2	12	3
Unknown	0	1	2	2	138	6	140	9
Total	105	8	2494	333	11529	1704	14128	2045

NOTE: Every crash can have two road condition choices

2017 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	84	0	1881	15	8562	45	10527	60
Raining	4	0	104	6	359	25	467	31
Snowing	2	0	225	17	1334	45	1561	62
Fog	1	0	24	5	80	18	105	23
Blowing Dust/Sand/Dirt	0	0	4	1	7	6	11	7
Severe Wind Only	1	1	46	2	203	12	250	15
Blizzard	0	0	7	10	34	34	41	44
Sleet/Hail/Freezing Rain	0	1	12	12	41	46	53	59
Blowing Snow	4	0	34	39	204	212	242	251
Cloudy, Overcast	7	2	150	23	509	89	666	114
Smoke	0	0	2	0	15	1	17	1
Other	0	0	1	1	5	1	6	2
Unknown	2	0	4	0	176	2	182	2
Total	105	4	2494	131	11529	536	14128	671

NOTE: Every crash can have two weather condition choices

2017 CRASHES
LIGHTING CONDITIONS

Lighting Conditions	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Darkness Lighted	3	200	832	1035
Darkness Unlighted	37	504	3159	3700
Dawn	0	49	410	459
Daylight	56	1671	6594	8321
Dusk	7	68	345	420
Other	0	1	8	9
Unknown	2	1	181	184
Total	105	2494	11529	14128

VEHICLES

2017 VEHICLE TYPES

Number of Vehicles involved in:

Vehicle Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Passenger	32	1082	3942	5056
Passenger Van	2	123	482	607
PU	35	915	3554	4504
School Bus	0	9	48	57
Other Bus	1	6	12	19
Transit Bus	0	5	20	25
Charter Bus	0	0	3	3
MC > 150cc	16	152	30	198
Off Road MC	0	2	1	3
Other Vehicle	0	2	22	24
SUV	27	802	2741	3570
Cargo Van	0	15	80	95
Motor Home	0	9	48	57
Light Truck (< 10K)	1	7	22	30
Medium Truck (>10K - <26K)	3	23	114	140
Heavy Truck (>26K)	15	244	1026	1285
Farm Equipment	0	3	2	5
Construction Vehicle	0	2	15	17
MC <150 cc	1	31	3	35
Moped	0	1	0	1
Snowmobile	1	3	0	4
ATV	2	13	5	20
MPV	1	9	3	13
Unknown	0	7	3256	3263
Total	105	2494	11529	21312

**2017 VEHICLE WITH
CONTRIBUTING CIRCUMSTANCES**

Number of Vehicles involved in:

Contributing Circumstances	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Brakes	1	34	89	124
Cruise Control	1	5	11	17
Defroster	0	2	2	4
Exhaust System	0	0	1	1
Lights (Head, Signal, or Tail)	1	4	9	14
Mirrors	0	0	4	4
None	0	0	0	0
Other	0	55	174	229
Oversized Load	0	1	8	9
Power Train	0	1	13	14
Rain/Snow/Ice on Windshield	2	8	39	49
Stalled Vehicle	0	0	6	6
Steering	1	12	47	60
Suspension	0	3	4	7
Tinted Windows	0	0	1	1
Tire	4	28	127	159
Trailer Brakes	0	3	12	15
Truck Coupling/Trailer Hitch/Safe	0	1	30	31
Unknown	0	0	0	0
Vehicle Cargo Blocking View	0	0	1	1
Wheels	0	3	26	29
Windows/Windshield	0	3	8	11
	0	0	0	0
Total	10	163	612	785

WYOMING COMMUNITIES

2017

CITY/TOWN CRASHES WITH INJURIES AND FATALITIES

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
AFTON	0	8	32	40	9	0
ALPINE	0	3	1	4	4	0
BAGGS	0	1	2	3	1	0
BASIN	0	1	8	9	1	0
BEAR RIVER	0	0	2	2	0	0
BIG PINEY	0	1	4	5	1	0
BUFFALO	0	2	24	26	3	0
CASPER	7	304	1275	1586	395	9
CHEYENNE	8	349	1165	1522	490	8
CHUGWATER	1	1	9	11	1	1
CODY	0	30	154	184	41	0
COKEVILLE	0	1	2	3	2	0
COWLEY	0	1	2	3	2	0
DAYTON	0	0	2	2	0	0
DIAMONDVILLE	0	0	2	2	0	0
DOUGLAS	0	17	90	107	23	0
DUBOIS	0	3	11	14	3	0
EDGERTON	0	0	1	1	0	0
ENCAMPMENT	0	0	1	1	0	0
EVANSTON	1	15	59	75	22	1
EVANSVILLE	0	9	41	50	9	0
FRANNIE	0	0	1	1	0	0
GILLETTE	1	110	535	646	154	1
GLENDO	0	0	2	2	0	0
GLENROCK	0	3	4	7	4	0
GRANGER	0	0	2	2	0	0
GREEN RIVER	1	22	145	168	33	2
GREYBULL	0	1	13	14	1	0
GUERNSEY	0	0	10	10	0	0
HANNA	0	1	1	2	2	0
HARTVILLE	0	0	2	2	0	0
HUDSON	0	0	3	3	0	0
HULETT	0	0	1	1	0	0
JACKSON	0	27	233	260	38	0
KEMMERER	0	2	18	20	2	0
LABARGE	0	0	2	2	0	0
LANDER	0	20	99	119	26	0
LARAMIE	2	102	462	566	123	2
LINGLE	0	0	3	3	0	0
LOVELL	0	5	13	18	7	0
LUSK	0	1	13	14	1	0
LYMAN	0	0	4	4	0	0
MANDERSON	0	0	1	1	0	0
MARBLETON	0	0	4	4	0	0
MEETEETSE	0	0	1	1	0	0
MIDWEST	0	0	1	1	0	0
MILLS	0	10	45	55	13	0
MOORCROFT	0	1	10	11	1	0
MOUNTAIN VIEW	0	2	1	3	2	0
NEWCASTLE	0	2	11	13	3	0
PINE BLUFFS	0	1	12	13	3	0
PINEDALE	0	5	14	19	7	0
POWELL	0	16	52	68	21	0
RANCHESTER	0	0	1	1	0	0

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
RAWLINS	1	28	158	187	31	1
RIVERSIDE	0	0	1	1	0	0
RIVERTON	1	46	169	216	54	1
ROCK RIVER	0	1	2	3	1	0
ROCK SPRINGS	2	71	396	469	98	2
SARATOGA	0	2	14	16	2	0
SHERIDAN	0	65	376	441	84	0
SHOSHONI	0	1	2	3	1	0
SINCLAIR	0	6	21	27	7	0
STAR VALLEY RANCH	0	0	2	2	0	0
SUNDANCE	0	3	20	23	3	0
TEN SLEEP	0	1	1	2	2	0
THAYNE	0	0	4	4	0	0
THERMOPOLIS	0	2	27	29	2	0
TORRINGTON	0	7	75	82	8	0
WAMSUTTER	0	2	5	7	2	0
WHEATLAND	0	7	40	47	11	0
WORLAND	0	15	35	50	20	0
WRIGHT	0	0	8	8	0	0
Total	25	1334	5962	7321	1774	28

2017 CITY/TOWN CRASHES

INTERSECTION TYPE AND MANNER OF COLLISION

Intersection Type

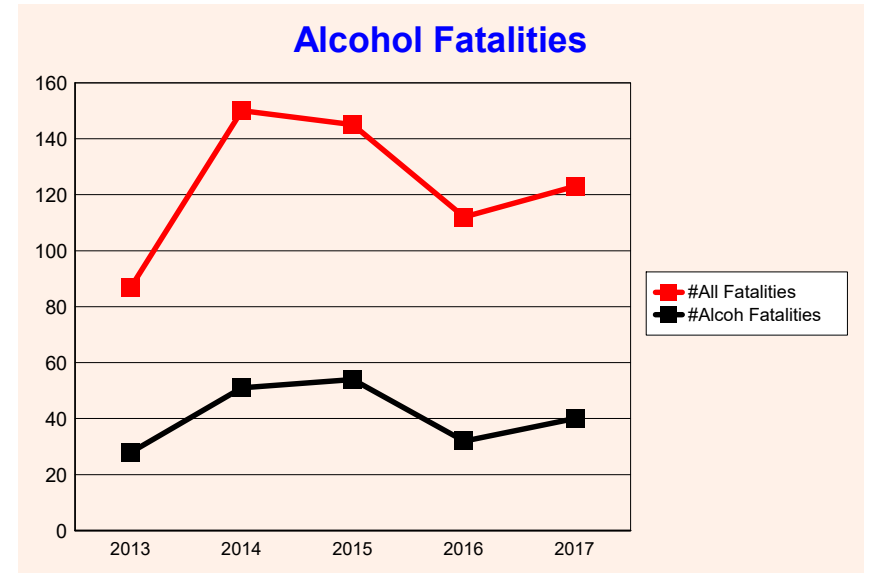
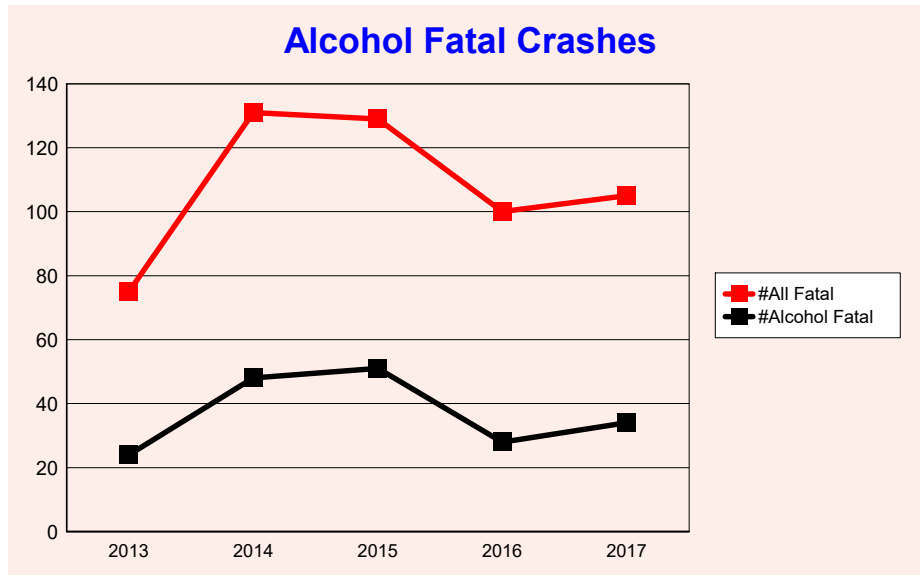
Manner of Collision	Five (5) Point or more	Four (4)-Way Intersection	Intersection as part of an Interchange	L Intersection	Not an Intersection	Roundabout	T Intersection	Unknown	Y Intersection	Total
Angle (Front to Side), Opposing Direction	3	325	8	3	189	3	100	0	4	635
Angle Direction not Specified	0	4	0	0	10	1	1	0	0	16
Angle Right (Front to Side, includes Broadside)	2	811	27	3	235	11	188	0	7	1284
Angle Same Direction (Front to Side)	0	159	17	4	336	32	51	0	1	600
Head On (Front to Front)	0	84	1	1	82	0	34	0	0	202
Not a Collision w/2 Vehicles in Transport	0	171	39	11	1,038	4	134	1	13	1411
Other	0	3	1	1	21	0	3	0	0	29
Rear End (Front to Rear)	8	614	73	2	697	6	208	0	7	1615
Rear to Front (Normally Backing)	1	27	2	0	125	0	16	0	1	172
Rear to Rear (Normally Backing)	0	2	0	0	32	0	1	0	0	35
Rear to Side (Normally Backing)	0	14	1	0	257	0	9	0	0	281
Sideswipe Opposite Direction (Meeting)	0	12	1	3	54	0	14	0	0	84
Sideswipe Same Direction (Passing)	1	74	22	1	361	4	30	0	0	493
Unknown	0	1	0	0	97	0	0	1	0	99
Total	15	2301	192	29	3534	61	789	2	33	6956

ALCOHOL INVOLVED CRASHES

2017 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
2013	75	24	32%	87	28	32%	2790	355	13%	3759	483	13%	11723	502	4%
2014	131	48	37%	150	51	34%	2847	336	12%	3991	478	12%	11833	508	4%
2015	129	51	40%	145	54	37%	2792	319	11%	3819	439	11%	11388	422	4%
2016	100	28	28%	112	32	29%	2461	302	12%	3319	385	12%	11295	382	3%
2017	105	34	32%	123	40	33%	2494	245	10%	3440	343	10%	11529	389	3%

* Injuries include injuries from fatal crashes



**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	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	7	12	19
70 - 79	0	3	2	5
80 +	0	1	1	2
Unknown	0	0	2	2
Total	19	323	442	784

2014

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	1	4	1	6
17 - 20	2	30	31	63
21 - 24	6	47	84	137
25 - 29	6	48	71	125
30 - 39	11	69	114	194
40 - 49	7	52	63	122
50 - 59	6	38	59	103
60 - 69	2	16	22	40
70 - 79	1	4	3	8
80 +	0	1	1	2
Unknown	0	0	3	3
Total	42	309	452	803

2015

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	2	6	8
17 - 20	0	13	30	43
21 - 24	7	45	60	112
25 - 29	10	47	70	127
30 - 39	10	64	94	168
40 - 49	3	62	43	108
50 - 59	4	37	49	90
60 - 69	2	19	15	36
70 - 79	0	3	4	7
80 +	0	0	2	2
Unknown	0	3	3	6
Total	36	295	376	707

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

2016

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	0	2	2
17 - 20	2	19	22	43
21 - 24	3	37	71	111
25 - 29	5	48	67	120
30 - 39	3	85	90	178
40 - 49	4	53	64	121
50 - 59	5	36	51	92
60 - 69	2	16	13	31
70 - 79	0	2	1	3
80 +	0	1	1	2
Unknown	1	1	13	15
Total	25	298	395	718

2017

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	17	19	36
17 - 20	1	14	15	30
21 - 24	5	40	61	106
25 - 29	3	33	72	108
30 - 39	5	62	87	154
40 - 49	9	42	58	109
50 - 59	8	21	44	73
60 - 69	1	16	28	45
70 - 79	0	2	3	5
Unknown	0	0	9	9
Total	32	247	396	675

ALCOHOL INVOLVED FATAL CRASHES

2017 ALCOHOL INVOLVED FATAL CRASHES BY COUNTY

County	Number Crashes	Number Injured	Number Killed
Albany	4	1	4
Big Horn	1	3	1
Campbell	1	0	1
Carbon	1	0	1
Converse	1	0	1
Crook	1	2	1
Fremont	8	7	12
Goshen	2	0	2
Hot Springs	1	2	1
Laramie	2	0	2
Lincoln	2	1	2
Natrona	3	2	5
Park	4	1	4
Sublette	1	0	1
Sweetwater	1	0	1
Teton	1	2	1
Total	34	21	40

2017 ALCOHOL INVOLVED FATAL CRASHES BY CITY

City	Number Crashes	Number Injured	Number Killed
CASPER	1	2	3
CHEYENNE	2	0	2
LARAMIE	1	1	1
RIVERTON	1	1	1
ROCK SPRINGS	1	0	1
Total	6	4	8

**2017 ALCOHOL INVOLVED FATAL
CRASHES BY VEHICLE TYPE**

Vehicle Type	Number of Vehicles
MC > 150 cc	6
PU	15
Passenger	14
SUV	7
Total	42

**2017 ALCOHOL INVOLVED FATAL
CRASHES
ESTIMATED SPEED**

Estimated Speed	Number of Vehicles
0 - 13	3
25 - 30	1
51 - 64	11
65 +	19
Others	8
Total	42

**2017 ALCOHOL INVOLVED FATAL
CRASHES WITH AGE AND GENDER OF
DRIVERS**

Age Groups	Male	Female	Total Drivers
17 - 20	1	0	1
21 - 24	5	0	5
25 - 29	2	1	3
30 - 39	5	0	5
40 - 49	6	3	9
50 - 59	8	0	8
60 - 69	1	0	1
Total	28	4	32

ALCOHOL INVOLVED INJURY CRASHES

2017 ALCOHOL INVOLVED INJURY CRASHES BY CITY

City	Number of Crashes	Number Injured
AFTON	1	1
BAGGS	1	1
CASPER	25	34
CHEYENNE	30	36
CODY	2	3
DOUGLAS	1	1
EVANSVILLE	4	4
GILLETTE	10	14
GLENROCK	2	3
GREEN RIVER	5	6
GREYBULL	1	1
JACKSON	2	2
LANDER	1	2
LARAMIE	8	9
MILLS	1	1
POWELL	1	1
RAWLINS	3	3
RIVERTON	10	11
ROCK SPRINGS	8	9
SHERIDAN	14	16
SINCLAIR	1	1
WHEATLAND	3	4
WORLAND	2	2
Total	136	165

2017 ALCOHOL INVOLVED INJURY CRASHES BY COUNTY

County	Injury Crashes	Number Injured
Albany	15	17
Big Horn	5	7
Campbell	14	21
Carbon	6	6
Converse	4	5
Crook	4	6
Fremont	26	46
Goshen	1	1
Johnson	3	4
Laramie	43	51
Lincoln	9	12
Natrona	35	48
Park	14	17
Platte	9	11
Sheridan	17	21
Sublette	3	3
Sweetwater	19	23
Teton	10	10
Uinta	2	7
Washakie	4	4
Weston	2	2
Total	245	322

2017 ALCOHOL INVOLVED INJURY CRASHES

WITH VEHICLE TYPE

Vehicle Type	Number of Vehicles	% Vehicles
ATV	2	0.6%
Cargo Van	1	0.3%
Heavy Truck > 26,000	4	1.2%
MC < 150 cc	2	0.6%
MC > 150 cc	16	4.7%
Medium Truck	1	0.3%
PU	124	36.2%
Passenger	113	32.9%
Passenger Van	8	2.3%
SUV	72	21.0%
Total	343	100%

2017 ALCOHOL INVOLVED INJURY CRASHES

WITH ESTIMATED SPEED

Estimated Speed	Number of Vehicles
0 - 20	76
20 - 30	54
30 - 50	65
50 - 65	59
65 +	47
Others	42
Total	343

2017 ALCOHOL INVOLVED INJURY CRASHES

WITH AGE AND GENDER OF DRIVERS

Age Groups	Male	Female	Unknown	Total Drivers
14 - 16	2	0	0	2
17 - 20	24	5	0	29
21 - 24	32	8	0	40
25 - 29	28	5	0	33
30 - 39	43	19	0	62
40 - 49	33	9	0	42
50 - 59	19	2	0	21
60 - 69	14	2	0	16
70 - 79	2	0	0	2
Total	197	50	0	247

ALCOHOL INVOLVED PDO CRASHES

2017 BY COUNTY

County	PDO Crashes
Albany	25
Big Horn	1
Campbell	39
Carbon	10
Converse	15
Crook	2
Fremont	32
Goshen	1
Hot Springs	2
Johnson	2
Laramie	56
Lincoln	6
Natrona	68
Niobrara	2
Park	15
Platte	5
Sheridan	23
Sublette	7
Sweetwater	48
Teton	18
Uinta	5
Washakie	5
Weston	2
Total	389

2017 BY CITY

City	PDO Crashes
BUFFALO	2
CASPER	57
CHEYENNE	51
CODY	10
DOUGLAS	5
DUBOIS	2
ENCAMPMENT	1
EVANSTON	3
EVANSVILLE	4
GILLETTE	33
GREEN RIVER	7
GUERNSEY	2
JACKSON	8
KEMMERER	1
LANDER	4
LARAMIE	17
LUSK	2
MILLS	2
PINE BLUFFS	1
PINEDALE	1
POWELL	1
RAWLINS	4
RIVERSIDE	1
RIVERTON	13
ROCK SPRINGS	33
SARATOGA	1
SHERIDAN	18
SHOSHONI	1
THERMOPOLIS	2
TORRINGTON	1
WHEATLAND	1
WORLAND	4
Total	293

**2017 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				
	.08 - .09	0	0	1
	Others	0	2	2
Total		0	2	3
17 - 20				
	.01 - .07	0	3	2
	.08 - .09	0	4	2
	.10 - .15	0	3	6
	.16 - .20	0	1	3
	.21 - .25	0	0	4
	Others	1	18	14
Total		1	29	31
21 - 24				
	.01 - .07	0	2	5
	.08 - .09	1	1	2
	.10 - .15	1	5	8
	.16 - .20	1	1	11
	.21 - .25	1	4	1
	.26 - .30	0	2	1
	.31 - .35	0	1	1
	.56 +	0	1	0
	Others	1	23	32
Total		5	40	61
25 - 29				
	.01 - .07	0	0	4
	.08 - .09	0	0	1
	.10 - .15	0	6	19
	.16 - .20	1	4	14
	.21 - .25	0	3	1
	.26 - .30	0	1	0
	.36 - .40	0	0	1
	.56 +	0	0	1
	Others	2	19	31
Total		3	33	72
30 - 39				
	.01 - .07	0	2	4
	.08 - .09	0	2	4
	.10 - .15	2	9	11
	.16 - .20	1	5	17
	.21 - .25	0	5	6
	.26 - .30	0	3	3
	.31 - .35	0	1	1
	.36 - .40	0	1	0
	Others	2	34	41
Total		5	62	87
40 - 49				
	.01 - .07	0	1	2
	.08 - .09	0	1	3
	.10 - .15	0	3	7
	.16 - .20	4	6	8

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
	.21 - .25	1	5	5
	.26 - .30	0	2	5
	.31 - .35	0	0	1
	Others	4	24	27
Total		9	42	58
50 - 59				
	.01 - .07	1	3	1
	.08 - .09	0	0	2
	.10 - .15	1	4	8
	.16 - .20	0	0	9
	.21 - .25	1	2	5
	.26 - .30	1	0	2
	.31 - .35	0	0	2
	.36 - .40	1	0	0
	Others	3	12	15
Total		8	21	44
60 - 69				
	.01 - .07	0	2	2
	.08 - .09	0	2	0
	.10 - .15	0	1	7
	.16 - .20	1	2	3
	.21 - .25	0	1	2
	.26 - .30	0	1	0
	.31 - .35	0	0	1
	.56 +	0	0	1
	Others	0	7	12
Total		1	16	28
70 - 79				
	.01 - .07	0	0	1
	Others	0	2	2
Total		0	2	3
80 +				
	Others	0	0	0
Total		0	0	0
UK				
	Others	0	0	9
Total		0	0	9
Others				
	Others	0	0	0
Total		0	0	0
		32	247	396

DRIVERS AGE 14 - 20

2017 FATAL CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
15	0	1	1
16	2	1	3
17	1	0	1
18	2	0	2
20	3	0	3
Total	8	2	10

2017 INJURY CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	3	2	5
15	7	4	11
16	62	60	122
17	58	64	122
18	59	59	118
19	70	53	123
20	64	44	108
Total	323	286	609

2017 PDO CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	5	3	8
15	33	26	59
16	210	154	364
17	239	194	433
18	250	194	444
19	250	169	419
20	208	201	409
Total	1195	941	2136

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
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	1000	1285
2016	20	25	5	260	346	138	1109	1389
2017	18	22	6	261	364	160	1129	1408
Total	108	138	28	1359	1901	773	5580	7047

2017 TRUCK CRASHES

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

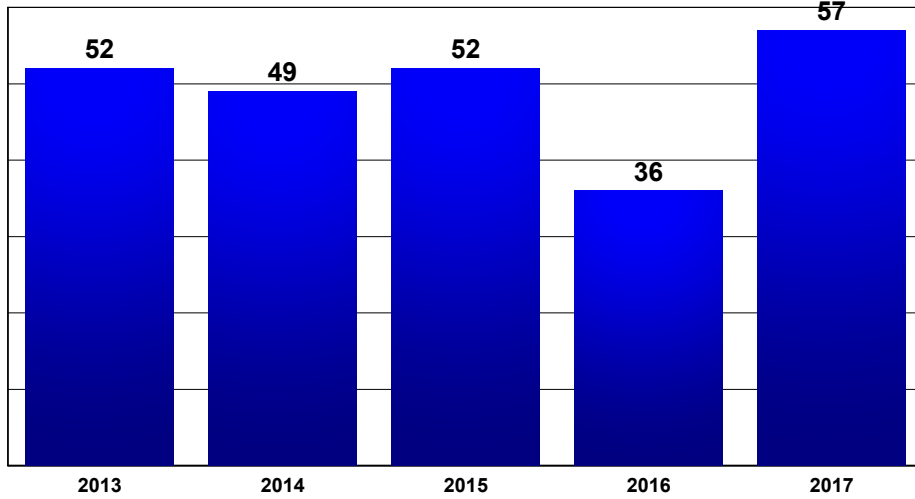
BY ROADWAY

Roadway Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Interstate	9	165	723	897
Primary	6	61	207	274
Secondary	1	10	37	48
City Street	1	3	54	58
County Road Rural	0	12	28	40
State Highway	1	1	3	5
M Route	0	4	57	61
BLM	0	1	2	3
Service Road	0	4	6	10
County Road Urban	0	0	13	13
Total	18	261	1130	1409

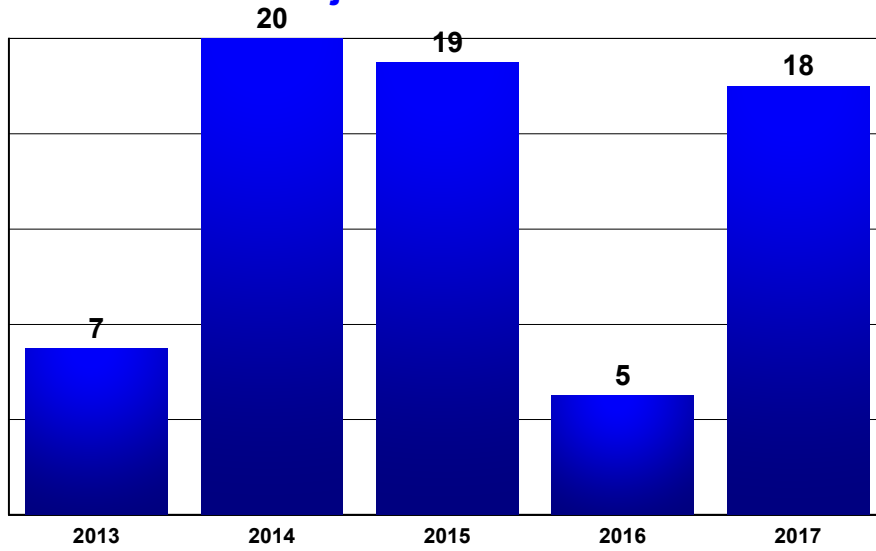
SCHOOL BUS

2017

School Bus Crashes



Number Injured in School Bus Crashes



**2017 SCHOOL BUS INVOLVED CRASHES
COUNTY / CRASH SEVERITY**

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	0	0	1	1
BIG HORN	0	1	0	1
CAMPBELL	0	2	7	9
CARBON	0	0	2	2
CONVERSE	0	1	1	2
FREMONT	0	0	2	2
LARAMIE	0	0	9	9
LINCOLN	0	0	2	2
NATRONA	0	4	12	16
SHERIDAN	0	0	1	1
SUBLETTE	0	0	1	1
SWEETWATER	0	1	8	9
TETON	0	0	2	2
Total	0	9	48	57

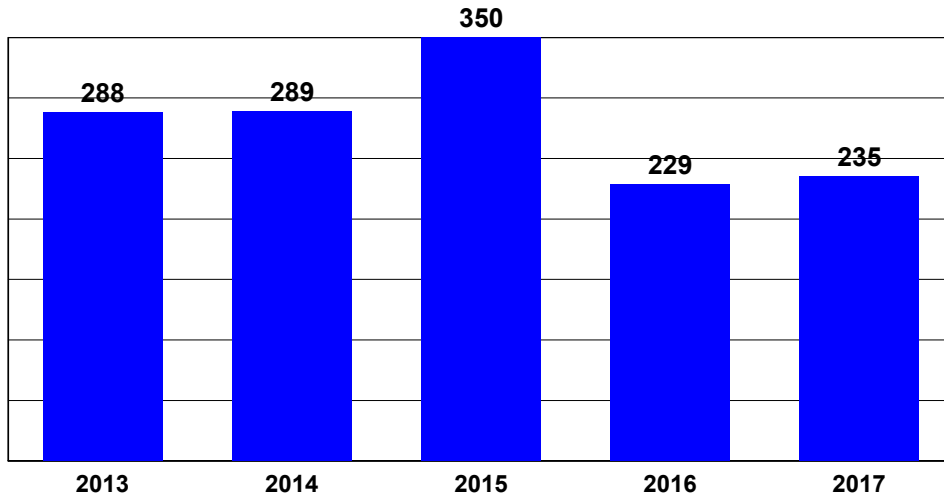
**2017 SCHOOL BUS INVOLVED CRASHES
COLLISION TYPE / CRASH SEVERITY**

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Antelope	0	0	1	1
Concrete Traffic Barrier/Jersey Barrier	0	0	1	1
Cow	0	1	1	2
Deer	0	0	1	1
Guardrail End	0	0	1	1
Motor Vehicle in Transport on Roadway	0	6	31	37
Other Fixed Object	0	0	1	1
Other NON-Fixed Object	0	0	1	1
Overturn/Rollover	0	1	0	1
Parked Motor Vehicle	0	0	9	9
Pedacycle	0	1	0	1
Sign Support Single Post	0	0	1	1
Total	0	9	48	57

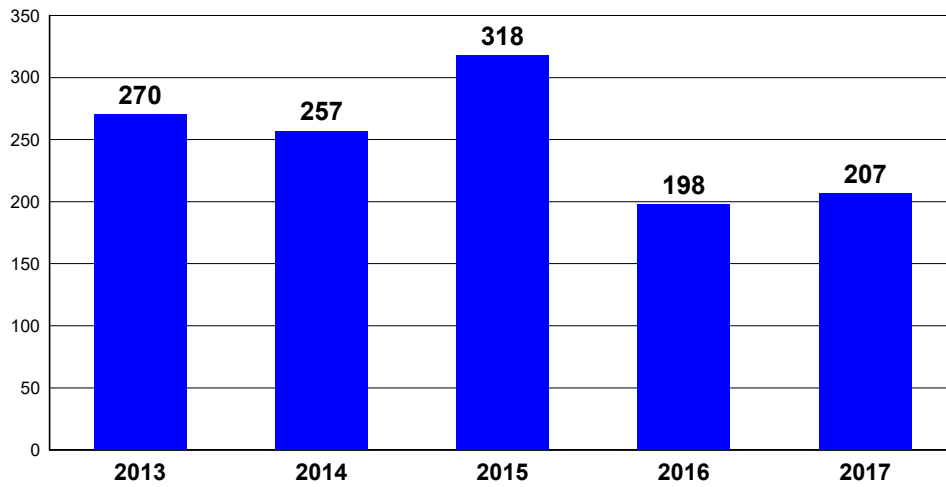
MOTORCYCLES

2017

Motorcycle Crashes



Number Injured in Motorcycle Crashes



**2017 MOTORCYCLE INVOLVED CRASHES
COUNTY/CRASH SEVERITY**

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	1	7	4	12
BIG HORN	2	2	2	6
CAMPBELL	0	11	4	15
CARBON	2	8	2	12
CONVERSE	0	2	0	2
CROOK	2	14	2	18
FREMONT	2	9	0	11
GOSHEN	0	1	0	1
HOT SPRINGS	0	2	0	2
JOHNSON	0	6	1	7
LARAMIE	3	23	8	34
LINCOLN	0	4	0	4
NATRONA	2	34	4	40
NIOBRARA	0	3	0	3
PARK	1	18	1	20
PLATTE	1	5	0	6
SHERIDAN	0	10	1	11
SUBLETTE	0	1	0	1
SWEETWATER	1	9	1	11
TETON	0	6	3	9
UINTA	0	2	1	3
WASHAKIE	0	4	0	4
WESTON	0	3	0	3
	17	184	34	235

**2017 MOTORCYCLE INVOLVED CRASHES
COLLISION TYPE/CRASH SEVERITY**

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Antelope	0	2	0	2
Cargo/Equipment Loss of Shift	0	5	0	1
Concrete Traffic Barrier/Jersey Barrier	0	1	0	1
Deer	1	11	0	12
Delineator Post	0	1	0	1
Earth Embankment/Berm	0	1	0	1
Equipment Failure	0	1	0	1
Fell/Jumped from a MV	0	4	0	4
Fence (including Post)	0	3	0	3
Guardrail Face	1	3	0	4
Moose	0	1	0	1
Motor Vehicle in Transport on Roadway	5	68	13	77
Object Set in Motion by Another Vehicle (Singl	0	1	0	1
Other NON-Fixed Object	0	0	1	1
Other Non-Collision (MC Loss of Control)	8	87	12	105
Other Wild	0	1	0	1
Parked Motor Vehicle	1	4	6	11
Raised Median or Curb	1	1	2	4
Rock, Boulder, Rock Slide	0	1	0	1
Traffic Sign Support	0	4	0	1
Trees/Shrubbery	0	1	0	1
Work Zone Channeling Device	0	1	0	1
	17	184	34	235

APPENDIX

Driver/Vehicle Information

1

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

Street Number _____ Street Name _____

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

Occupation _____ Employer _____

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

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

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

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

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"/>	Vehicle Maneuver/Action prior to crash		<input type="text"/>	<input type="text"/>
01 - Motor Vehicle in Transport				01 - Straight Ahead			
02 - Parked Motor Vehicle				02 - Backing			
03 - Working Vehicle/Equipment				03 - Changing Lanes			
HM Placard or Commercial Motor Vehicle				04 - Overtaking/Passing			
01 - Yes 02 - No 99 - Unknown				05 - Turning Right			
→ if yes, complete CMV supplement				06 - Turning Left			
Vehicle Owner				07 - Make U-Turn			
01 - Same as Driver		11 - County Law Enforcement		08 - Leaving a Traffic Lane/Parking			
02 - Other		12 - County Fire Department		09 - Entering a Traffic Lane			
03 - Passenger		13 - County Other		10 - Slowing			
04 - Relative		14 - City Law Enforcement		11 - Negotiating a Curve			
05 - Rental Vehicle		15 - City Fire Department		12 - Parked			
06 - Commercial		16 - City Other		13 - Stopped in Traffic			
07 - Occupant		17 - Government Other		14 - Driverless Motor Vehicle			
08 - Vehicle Parked		18 - Ambulance/EMS		15 - Trafficway Maintenance			
09 - Federal Law Enforcement		19 - WHP		16 - Other			
10 - Federal Other		20 - State Law Enforc Other		99 - Unknown			
Vehicle Type				Road Surface		Grade	
01 - Passenger		14 - SUV		01 - Concrete		01 - Level	
02 - Passenger Van		15 - Cargo Van		02 - Asphalt		02 - Hillcrest	
03 - PU		16 - Motor Home		03 - Gravel/Rock		03 - Uphill	
04 - School Bus		17 - Light Truck (10K or less)		04 - Dirt		04 - Downhill	
05 - Other Bus		18 - Medium Truck (>10K - <26K)		05 - Brick/Stone		05 - Sag (Bottom)	
06 - Transit Bus		19 - Heavy Truck (>26K)		99 - Unknown		99 - Unknown	
07 - Charter Bus		20 - Farm Equipment		Horizontal Alignment			
08 - MC >150 cc		21 - Construction Vehicle		01 - Straight		03 - Curve Left	
09 - Off Road MC		22 - MC <150 cc		02 - Curve Right		99 - Unknown	
10 - Motorized Skateboard/Scter		23 - Moped		Total No. Lanes			
11 - Pedestrian Vehicle		24 - Snowmobile		01 - 06, 99 = Unknown		(exclude turn lanes)	
12 - Low Speed Vehicle		25 - Segway					
13 - Other Vehicle		26 - ATV					
		27 - MPV					
		99 - Unknown					
Non-Commercial Trailer Style				Traffic Control Working Properly			
01 - No Trailer		07 - Horse/Stock Trailer		01 - Yes 02 - No 99 - Unknown			
02 - Camping Trailer		08 - Motorcycle Trailer		Traffic Control			
03 - Mobile Home		09 - Multiple Trailers		01 - None			
04 - Utility Trailer		10 - Other (ie. Bicycle)		02 - Stop Sign			
05 - Boat/Jet Ski Trailer		99 - Unknown		03 - Yield Sign			
06 - Towed Vehicle				04 - Flashing Traffic Signal			
Underride/Override				05 - Do Not Enter Sign			
01 - No Underride or Override				06 - Traffic Signal			
02 - Underride-Compartment Intrusion				07 - Traffic Signal w/ Ped			
03 - Underride-No Compartment Intrusion				08 - Traffic Signal w/ Ped & Audible Signals			
04 - Underride-Compartment Intrusion Unknow				09 - Person (Officer/Flagger, Xing Guard, etc)			
05 - Override-Motor Vehicle in Transport				10 - Pedestrian Crossing			
06 - Override-Other Motor Vehicle				11 - No Passing Zone			
99 - Unknown if Underride or Override				12 - Warning Signs			
Emergency Vehicle Use				13 - Pavement Markings			
01 - Yes 02 - No 99 - Unknown				14 - Traffic Barrels/Cones			
Emergency Equipment Activated				15 - Temporary Jersey Barrier			
01 - Yes 02 - No 99 - Unknown				16 - School Bus Flashing Stop Lamps			
Special Function of MV in Transport				17 - School Zone Crossing			
01 - None		08 - MV used as School Bus		18 - RR Crossing Signal			
02 - Police		09 - MV used as Other Bus		19 - RR Crossing Signal & Gate			
03 - Ambulance/EMS		10 - Construction Equipment		20 - RR Crossing Cross Buck Sign Only			
04 - Fire Truck		11 - Farm Equipment		21 - RR Crossing Cross Buck with Stop Sign			
05 - Military		12 - Taxi		22 - RR Crossing Cross Buck with Yield Sign			
06 - Snow Plow		13 - Train		23 - Other			
07 - Tow Truck		99 - Unknown		99 - Unknown			
Contributing Circumstance		1st choice <input type="text"/>		Trafficway Description			
01 - None		2nd choice <input type="text"/>		01 - Two-Way-Undivided			
02 - Brakes				02 - Two-Way-Undivided w/ Continuous Left Turn Lane			
03 - Trailer Brakes				03 - Two-Way-Divided, No Barrier			
04 - Steering				04 - Two-Way-Divided, With Barrier			
05 - Power Train				05 - One Way			
06 - Suspension				99 - Unknown			
07 - Tires				Rumble Strips Present			
08 - Wheels				01 - Yes 02 - No 99 - Unknown			
09 - Lights (Head, Signal or Tail)				Rumble Strips Applicable			
10 - Windows/Windshield				01 - Yes 02 - No 99 - Unknown			
11 - Rain/Snow/Ice on Windshield				Rumble Strips			
12 - Tinted Windows				01 - None			
13 - Vehicle Cargo Blocking View				02 - Centerline Rumble Strips			
14 - Exhaust System				03 - Median Shoulder Only			
15 - Oversized Load				04 - Transverse Rumble Strips (Road Apprch)			
16 - Defroster				05 - Both Shoulders			
17 - Mirrors				06 - Both Centerline and Outside Shoulder			
18 - Wipers				07 - Outside Shoulders Only			
19 - Truck Coupling/Trailer Hitch/Safety Chain				99 - Unknown			
20 - Stalled Vehicle		22 - Other					
21 - Cruise Control		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

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 Unknown

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

1st choice

2nd choice

- 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

Driver Information

1

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

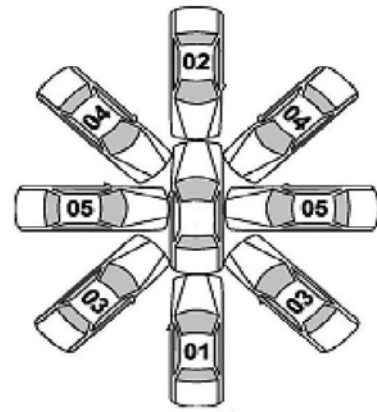
If Drug Test performed then form 902E will be required with results at a later date.

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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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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 & 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 & 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 - 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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"/>																																																																																																																																																																																																																																																																																																																																																																																																							

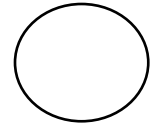
Base Information

<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</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 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</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 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
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Manner of Collision CLARIFICATION

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



Indicate North

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

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
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HIGHWAY SAFETY



Program

