



Matt Mead
Governor

Department of Transportation

State of Wyoming



Bill Panos
Director

April 28, 2017

Dear Reader,

Wyoming's Report on Traffic Crashes for 2016 has been published for your information. This year's report continues to provide you with information on traffic crashes. This publication contains general information rather than all of the detailed information. The detailed information is still available in an individual report and can be printed to add to your 2016 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 resulting in death within 30 days after the traffic crash.

Incapacitating Injury

Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing any activities the person was capable of performing before the injury occurred.

Non-Incapacitating Injury

Any injury, other than a fatal or incapacitating injury, which is evident to observers at the scene of the traffic crash

Possible Injury

No evidence of an injury, but complaint of pain.

QUICK LOOK

2016 Crash Counts

TOTAL CRASHES	13846
FATAL CRASHES	100
INJURY CRASHES	2457
PDO CRASHES	11289

2016 Involved Counts

NUMBER OF VEHICLES	20857
NUMBER OF DRIVERS	19425
NUMBER OF PERSONS	27815
NUMBER OF PEDESTRIANS	99
NUMBER OF PEDACYCLISTS	72

2016 Injury/Fatal Counts

INJURY CRASHES	2457
NUMBER INJURED	3314
FATAL CRASHES	100
NUMBER KILLED	112
PEDESTRIAN CRASHES	91
PEDESTRIANS INJURED	94
PEDESTRIANS KILLED	5
BICYCLIST CRASHES	72
BICYCLISTS INJURED	71
BICYCLISTS KILLED	1

2016 Location Counts

URBAN CRASHES	7348
RURAL CRASHES	6498

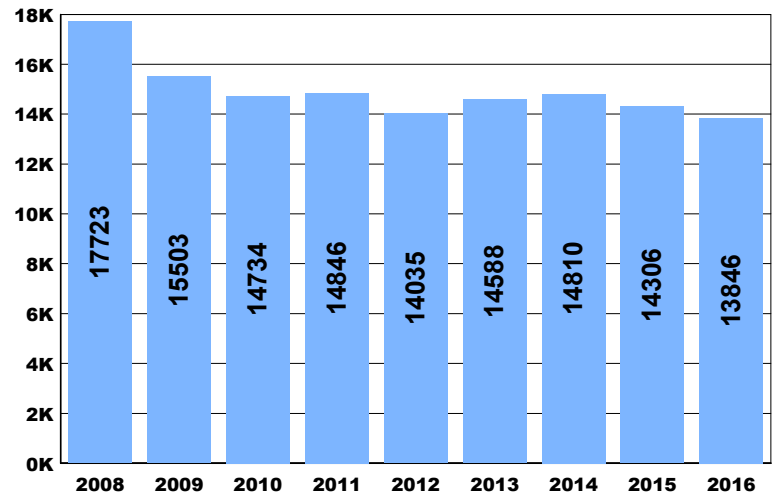
2016 Alcohol Statistics

ALCOHOL RELATED CRASHES	713
ALCOHOL FATAL CRASHES	28
ALCOHOL FATALITIES	32
ALCOHOL INJURY CRASHES	302
ALCOHOL INJURIES	385
ALCOHOL PDO CRASHES	383

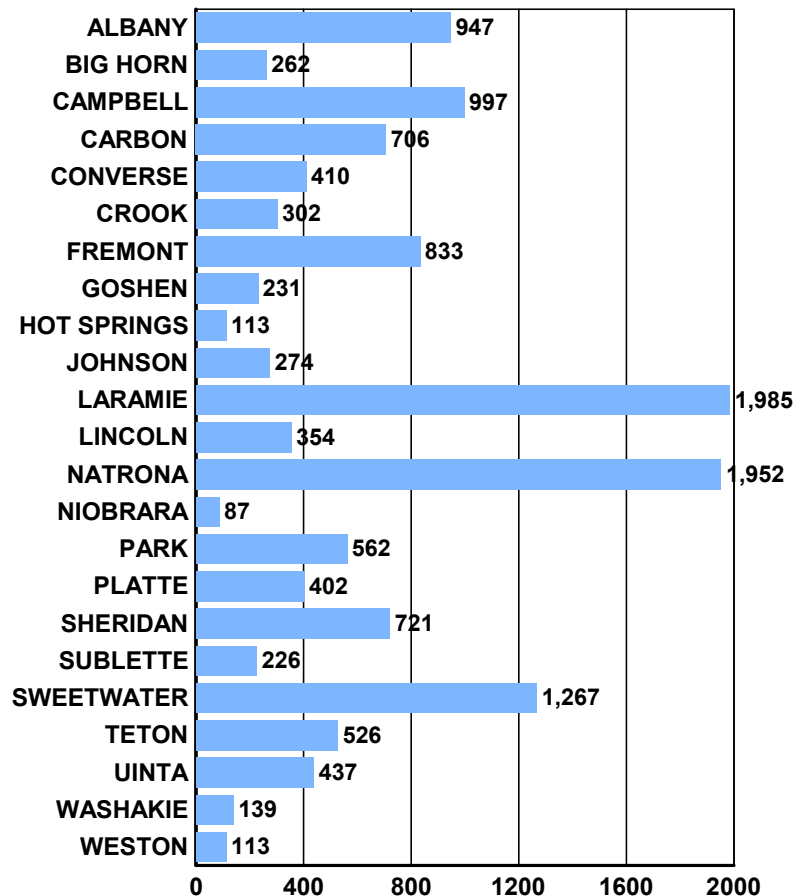
2016 Motorcycle Statistics

MOTORCYCLE CRASHES	229
MOTORCYCLE FATALITIES	24
MOTORCYCLE INJURIES	198

TOTAL CRASHES / YEAR



2016 CRASHES / COUNTY



2016 WYOMING ECONOMIC LOSS/COUNTY

COUNTY	POPULATION	ECONOMIC LOSS
ALBANY	38,256	\$351,483,145
BIG HORN	12,005	\$96,917,830
CAMPBELL	48,803	\$263,645,710
CARBON	15,618	\$333,626,890
CONVERSE	14,191	\$138,893,145
CROOK	7,464	\$104,693,250
FREMONT	40,242	\$366,636,175
GOSHEN	13,390	\$105,235,370
HOT SPRINGS	4,679	\$87,976,645
JOHNSON	8,486	\$124,486,200
LARAMIE	98,136	\$687,321,535
LINCOLN	19,110	\$186,593,180
NATRONA	81,039	\$464,609,755
NIOBRARA	2,480	\$65,629,355
PARK	29,353	\$216,628,980
PLATTE	8,680	\$201,296,855
SHERIDAN	30,200	\$243,025,680
SUBLETTE	9,769	\$62,089,755
SWEETWATER	44,165	\$457,159,515
TETON	23,191	\$144,682,750
UINTA	20,773	\$257,837,580
WASHAKIE	8,235	\$55,610,060
WESTON	7,236	\$73,526,055
TOTAL	585,501	\$5,091,800,425

Population Source: U.S. Census Bureau 2016 estimates.

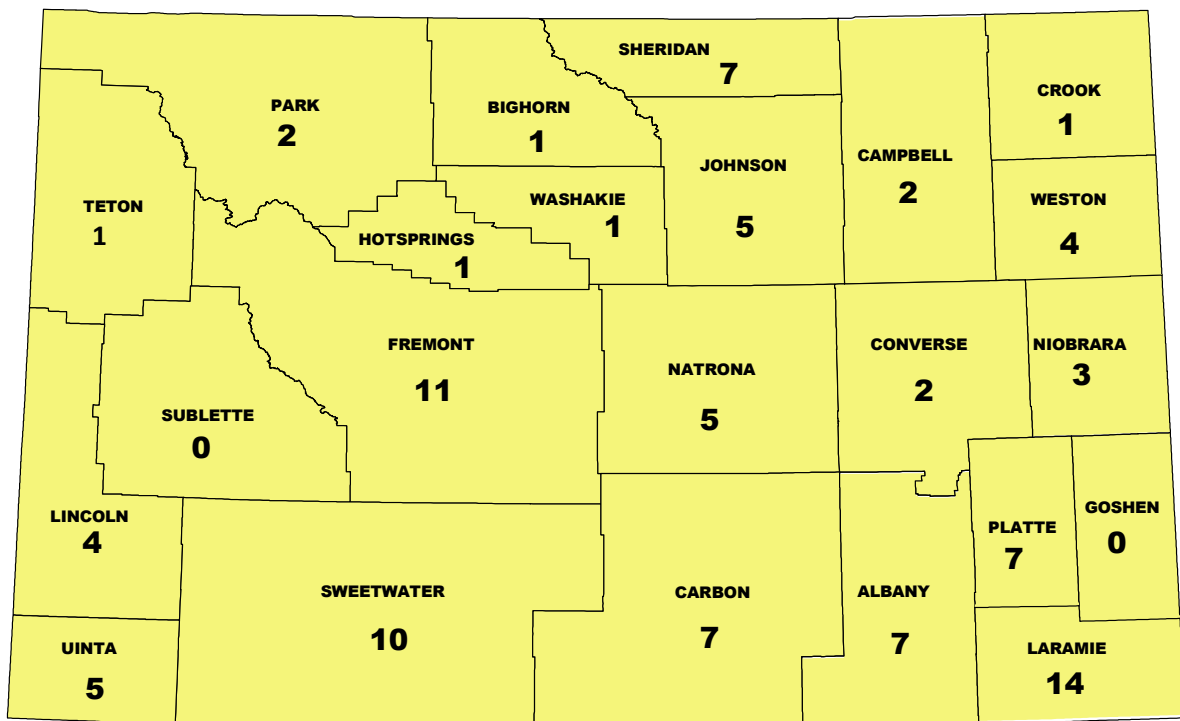
Figures used to determine Economic Loss came from the US Department of Transportation Memorandum; dated June 17, 2015 for the "Treatment of the Economic Value of a Statistical Life in Departmental Analyses." WYDOT has adopted a slightly modified version of the Relative Disutility Factors by Injury Status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

2012 - 2016 HOLIDAY CRASH STATISTICS

Time Period		2016	2015	2014	2013	2012
New Years	Hours	84	108	36	108	84
	Crashes	86	237	100	148	170
	Fatal	1	4	0	0	2
	Injury	14	28	14	17	34
	PDO	71	205	86	131	134
	Fatalities	1	5	0	0	2
Memorial Day	Injuries	18	49	18	17	49
	Hours	84	84	84	84	84
	Crashes	84	109	103	107	91
	Fatal	1	0	0	2	2
	Injury	16	25	31	26	21
	PDO	67	84	72	79	68
Independence Day	Fatalities	1	0	0	2	3
	Injuries	19	39	40	38	31
	Hours	84	84	84	108	36
	Crashes	125	144	111	147	48
	Fatal	1	3	3	3	0
	Injury	25	27	32	40	14
Labor Day	PDO	99	114	76	104	34
	Fatalities	1	3	3	3	0
	Injuries	35	39	42	57	16
	Hours	84	84	84	84	84
	Crashes	105	123	115	116	96
	Fatal	0	3	1	0	2
Thanksgiving	Injury	15	29	24	35	17
	PDO	90	91	90	81	77
	Fatalities	0	3	1	0	2
	Injuries	24	45	33	48	22
	Hours	108	108	108	108	108
	Crashes	126	224	164	122	155
Christmas	Fatal	3	0	0	0	2
	Injury	17	32	27	19	28
	PDO	106	192	137	103	125
	Fatalities	5	0	0	0	2
	Injuries	31	40	40	22	38
	Hours	84	84	108	36	108
Christmas	Crashes	119	87	263	21	164
	Fatal	0	0	0	0	1
	Injury	18	9	36	5	21
	PDO	101	78	227	16	142
	Fatalities	0	0	0	0	1
	Injuries	27	11	48	8	26

2016 WYOMING FATAL CRASH MAP

by County

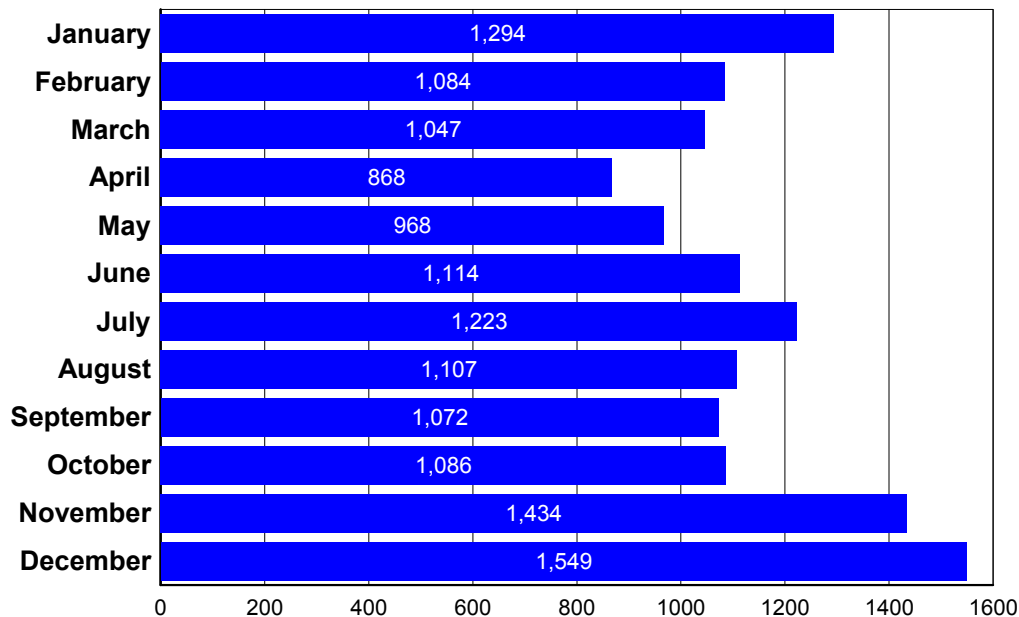


GENERAL CRASH INFORMATION

2016 Crash Counts by County

	Fatal Crashes	Fatalities	Injury Crashes	Injuries	PDO Crashes	Total Crashes
ALBANY	7	8	172	239	768	947
BIG HORN	1	1	38	48	223	262
CAMPBELL	2	2	218	262	777	997
CARBON	7	7	122	169	577	706
CONVERSE	2	2	59	87	349	410
CROOK	1	1	39	49	262	302
FREMONT	11	13	136	176	686	833
GOSHEN	0	0	41	60	190	231
HOT SPRINGS	1	1	28	39	84	113
JOHNSON	5	5	24	35	245	274
LARAMIE	14	15	465	603	1506	1985
LINCOLN	4	5	67	103	283	354
NATRONA	5	6	317	430	1630	1952
NIOBRARA	3	3	10	17	74	87
PARK	2	5	95	143	465	562
PLATTE	7	7	77	102	318	402
SHERIDAN	7	7	108	137	606	721
SUBLETTE	0	0	28	43	198	226
SWEETWATER	10	10	216	289	1041	1267
TETON	1	2	71	84	454	526
UINTA	5	7	71	119	361	437
WASHAKIE	1	1	26	36	112	139
WESTON	4	4	29	44	80	113
Total	100	112	2457	3314	11289	13846

2016 Crash Count by Month



2012 TO 2016 CRASHES BY HARMFUL EVENT CATEGORY

<i>Harmful Event Category</i>	2012	2013	2014	2015	2016
Non-Collision Crashes	1866	1898	1943	1727	1765
Moving Vehicle Crashes	7175	7797	7931	7663	6801
Animal Crashes	2701	2278	2341	2699	3046
Fixed Object Crashes	2293	2613	2595	2216	2234
Others	0	2	0	0	0
Total	14035	14588	14810	14305	13846



PEOPLE INVOLVED INFORMATION

2016 TOTAL DRIVERS INVOLVED IN FATAL CRASHES

DRIVER'S AGE

DRIVER'S GENDER	14 - 16	17 - 20	21 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 +	UK	Total
Female	3	6	1	6	4	9	3	3	2	0	37
Male	0	6	8	14	19	17	25	15	10	0	114
X	0	0	0	0	0	0	0	0	0	1	1
Total	3	12	9	20	23	26	28	18	12	1	152

X= Unknown. Unknown gender in this crash is due to investigating officers being unable to determine who was driving the vehicle.

2016 TOTAL DRIVERS INVOLVED IN INJURY CRASHES

DRIVER'S AGE

DRIVER'S GENDER	1 - 13	14 - 16	17 - 20	21 - 24	25 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 +	UK	Total
Female	1	62	227	152	160	268	193	209	124	79	0	1475
Male	4	79	258	226	217	427	313	334	217	120	0	2195
Unknown	0	0	0	0	0	0	0	0	0	0	41	41
Total	5	141	485	378	377	695	506	543	341	199	41	3711

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

2016 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	254	724	540	651	1047	759	783	594	324	2	5679
Male	3	260	905	805	1015	1707	1473	1384	1109	613	7	9281
Unknown	0	0	0	0	0	0	0	0	0	0	602	602
Total	4	514	1629	1345	1666	2754	2232	2167	1703	937	611	15562

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

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

	2014				2015				2016			
	Proper Use	Misuse	Not Used	UNK	Proper Use	Misuse	Not Used	UNK	Proper Use	Misuse	Not Used	UNK
	ALBANY											
Driver's	1266	79%	0	0%	62	4%	180	11%	1200	86%	3	0%
Passenger's	477	84%	27	5%	64	11%	0	0%	384	73%	8	2%
	BIG HORN											
Driver's	143	46%	2	1%	20	6%	64	21%	226	79%	1	0%
Passenger's	79	88%	6	7%	5	6%	0	0%	118	87%	3	2%
	CAMPBELL											
Driver's	1507	79%	4	0%	99	5%	174	9%	1262	86%	1	0%
Passenger's	641	88%	29	4%	61	8%	0	0%	496	87%	27	5%
	CARBON											
Driver's	608	70%	1	0%	37	4%	115	13%	735	83%	3	0%
Passenger's	269	77%	4	1%	76	22%	0	0%	255	64%	10	3%
	CONVERSE											
Driver's	453	68%	1	0%	36	5%	103	15%	412	84%	0	0%
Passenger's	182	88%	5	2%	20	10%	0	0%	180	89%	3	1%
	CROOK											
Driver's	150	51%	0	0%	33	11%	24	8%	287	88%	0	0%
Passenger's	121	88%	1	1%	15	11%	0	0%	159	93%	1	1%
	FREMONT											
Driver's	737	57%	3	0%	86	7%	267	20%	867	82%	4	0%
Passenger's	445	88%	20	4%	43	8%	0	0%	400	82%	9	2%
	GOSHEN											
Driver's	170	60%	0	0%	14	5%	39	14%	248	82%	0	0%
Passenger's	111	90%	4	3%	9	7%	0	0%	102	86%	1	1%
	HOT SPRINGS											
Driver's	47	42%	1	1%	7	6%	27	24%	109	81%	2	1%
Passenger's	37	90%	0	0%	4	10%	0	0%	46	92%	0	0%
	JOHNSON											
Driver's	171	41%	2	0%	18	4%	64	15%	248	80%	0	0%
Passenger's	144	81%	3	2%	30	17%	0	0%	130	89%	1	1%
	LARAMIE											
Driver's	2970	87%	5	0%	104	3%	253	7%	2883	88%	4	0%
Passenger's	1146	89%	60	5%	77	6%	0	0%	1056	81%	38	3%
	LINCOLN											
Driver's	192	57%	3	1%	19	6%	37	11%	358	86%	1	0%
Passenger's	156	90%	2	1%	16	9%	0	0%	204	80%	8	3%
	NATRONA											
Driver's	3090	81%	4	0%	147	4%	445	12%	2628	85%	4	0%
Passenger's	1370	90%	68	4%	82	5%	0	0%	964	85%	50	4%
	NIOBRARA											
Driver's	37	46%	0	0%	9	11%	21	26%	65	63%	1	1%
Passenger's	26	74%	1	3%	8	23%	0	0%	32	65%	0	0%
	PARK											
Driver's	440	56%	1	0%	39	5%	132	17%	622	83%	1	0%
Passenger's	259	89%	15	5%	16	6%	0	0%	232	86%	4	1%

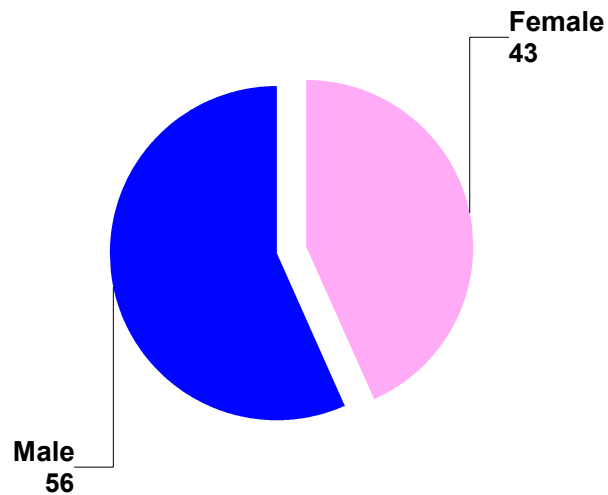
	2014				2015				2016			
	Proper Use	Misuse	Not Used	UNK	Proper Use	Misuse	Not Used	UNK	Proper Use	Misuse	Not Used	UNK
	PLATTE											
Driver's	322 65%	0 0%	39 8%	42 8%	267 59%	0 0%	25 6%	43 9%	394 86%	1 0%	19 4%	40 9%
Passenger's	242 84%	7 2%	40 14%	0 0%	116 83%	6 4%	9 6%	9 6%	226 87%	6 2%	12 5%	16 6%
	SHERIDAN											
Driver's	585 59%	0 0%	38 4%	200 20%	481 52%	0 0%	47 5%	190 21%	701 72%	0 0%	46 5%	209 22%
Passenger's	315 93%	9 3%	15 4%	0 0%	200 59%	8 2%	23 7%	109 32%	303 80%	9 2%	12 3%	56 15%
	SUBLETTE											
Driver's	123 43%	1 0%	22 8%	32 11%	104 41%	1 0%	18 7%	25 10%	235 89%	0 0%	5 2%	21 8%
Passenger's	110 91%	3 2%	8 7%	0 0%	37 70%	2 4%	8 15%	6 11%	124 83%	0 0%	16 11%	10 7%
	SWEETWATER											
Driver's	1465 79%	2 0%	99 5%	206 11%	1322 78%	2 0%	72 4%	216 13%	1441 82%	3 0%	62 4%	226 13%
Passenger's	546 82%	27 4%	90 14%	0 0%	485 72%	30 4%	106 16%	54 8%	566 77%	42 6%	89 12%	37 5%
	TETON											
Driver's	541 65%	3 0%	20 2%	166 20%	493 65%	4 1%	22 3%	159 21%	616 77%	2 0%	15 2%	156 19%
Passenger's	262 88%	19 6%	16 5%	0 0%	202 59%	18 5%	13 4%	109 32%	211 74%	7 2%	7 2%	60 21%
	UINTA											
Driver's	301 62%	0 0%	25 5%	55 11%	332 60%	1 0%	29 5%	80 15%	458 82%	1 0%	21 4%	73 13%
Passenger's	210 86%	6 2%	29 12%	0 0%	184 73%	11 4%	41 16%	16 6%	265 72%	4 1%	43 12%	56 15%
	WASHAKIE											
Driver's	60 37%	0 0%	15 9%	61 38%	79 49%	1 1%	11 7%	31 19%	105 63%	1 1%	12 7%	45 27%
Passenger's	38 88%	2 5%	3 7%	0 0%	45 74%	1 2%	5 8%	10 16%	47 72%	2 3%	5 8%	11 17%
	WESTON											
Driver's	64 43%	1 1%	21 14%	32 21%	57 38%	0 0%	11 7%	24 16%	95 70%	1 1%	10 7%	23 17%
Passenger's	22 71%	0 0%	9 29%	0 0%	13 59%	0 0%	4 18%	5 23%	34 81%	1 2%	4 10%	3 7%
	TOTAL											
Driver's	17716 83%	33 0%	817 4%	2,707 13%	16863 83%	33 0%	781 4%	2529 13%	16195 85%	34 0%	651 3%	2,226 12%
Passenger's	6867 74%	318 3%	707 8%	1,424 15%	6890 78%	284 3%	731 8%	889 10%	6534 81%	233 3%	597 7%	723 28%
	COMBINED TOTAL											
Driver's & Passenger's	24583 80%	351 1%	1524 5%	4131 14%	23753 82%	317 1%	1512 5%	3418 12%	22729 84%	267 1%	1248 5%	2949 11%

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

2016 PEDESTRIANS IN ALL CRASHES AGE / INJURY STATUS

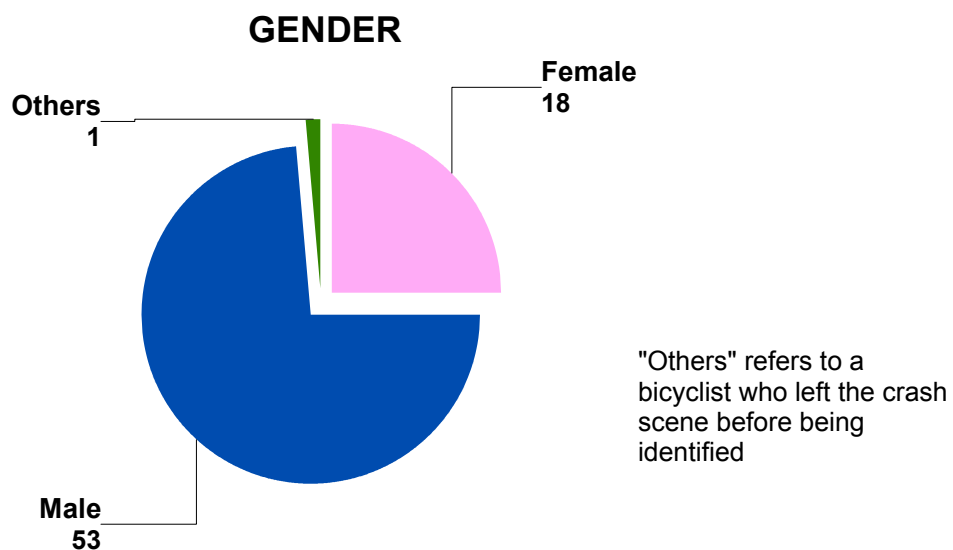
	Fatal	Incap	Non-Incap	Possible	Unknown	Total
0 - 13	0	2	6	3	0	11
14 - 16	0	0	4	2	0	6
17 - 20	0	2	4	3	0	9
21 - 24	0	0	5	3	0	8
25 - 29	0	5	1	1	0	7
30 - 39	1	5	7	3	0	16
40 - 49	0	2	6	3	1	12
50 - 59	1	3	5	3	0	12
60 - 69	2	3	5	2	0	12
70 +	1	2	0	3	0	6
Total	5	24	43	26	1	99

GENDER



2016 BICYCLIST IN ALL CRASHES AGE / INJURY STATUS

	Fatal	Incap	Non-Incap	Possible	Total
0 - 13	0	1	15	5	21
14 - 16	0	0	6	4	10
17 - 20	0	1	4	4	9
21 - 24	0	1	4	1	6
25 - 29	0	1	4	2	7
30 - 39	0	0	2	2	4
40 - 49	0	1	3	0	4
50 - 59	0	1	1	2	4
60 - 69	1	0	2	0	3
70 +	0	0	2	0	2
Unknown	0	0	0	2	2
Total	1	6	43	22	72



ENVIRONMENTAL

2016 CRASHES WITH ROAD SURFACE TYPE

Road Surface	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Asphalt	88	1869	6483	8440
Brick/Stone	0	0	1	1
Concrete	10	492	1724	2226
Dirt	1	44	123	168
Gravel/Rock	1	89	194	284
Unknown	0	2	2958	2960
Total	100	2457	11289	13846

Unknown road surface crashes include animal crash form (see appendix) where element is not included

2016 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	0	1844	8	7645	18	9575	26
Wet	4	2	159	11	746	91	909	104
Ice/Frost	7	1	288	63	1801	381	2096	445
Snow	2	3	107	129	790	853	899	985
Mud/Dirt/Gravel	0	0	35	26	51	22	86	48
Slush	1	0	15	28	116	136	132	164
Oil/Fuel	0	0	0	1	1	0	1	1
Sand on Dry Pavement	0	0	1	4	4	1	5	5
Sand on Icy Road	0	0	0	1	11	14	11	15
Water Standing/Running	0	0	2	4	5	11	7	15
Other	0	0	1	2	7	0	8	2
Unknown	0	0	5	3	112	5	117	8
Total	100	6	2457	280	11289	1532	13846	1818

NOTE: Every crash can have up to two road conditions selected

2016 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	87	0	1918	10	8599	35	10604	45
Raining	4	0	80	4	332	19	416	23
Snowing	6	2	200	13	1193	37	1399	52
Fog	0	0	7	1	30	11	37	12
Blowing Dust/Sand/Dirt	0	0	1	0	8	6	9	6
Severe Wind Only	0	0	50	3	174	19	224	22
Blizzard	1	0	7	7	43	34	51	41
Sleet/Hail/Freezing Rain	0	0	13	5	27	46	40	51
Blowing Snow	0	3	32	38	251	185	283	226
Cloudy, Overcast	2	0	133	15	465	70	600	85
Smoke	0	0	2	0	7	1	9	1
Other	0	0	0	1	7	0	7	1
Unknown	0	0	14	1	153	1	167	2
Total	100	5	2457	98	11289	464	13846	567

NOTE: Every crash can have up to two weather conditions selected

2016 CRASHES LIGHTING CONDITIONS

Lighting Conditions	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Darkness Lighted	3	218	808	1029
Darkness Unlighted	23	455	3077	3555
Dawn	5	51	381	437
Daylight	66	1660	6526	8252
Dusk	3	66	330	399
Other	0	1	4	5
Unknown	0	6	163	169
Total	100	2457	11289	13846

VEHICLES

2016 VEHICLE TYPES

Number of Vehicles involved in:

Vehicle Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Passenger	19	1071	3944	5034
Passenger Van	6	126	445	577
PU	38	877	3505	4420
School Bus	0	4	32	36
Other Bus	1	1	11	13
Transit Bus	0	1	12	13
Charter Bus	0	1	6	7
MC > 150cc	19	146	30	195
Off Road MC	0	5	0	5
Other Vehicle	0	5	21	26
SUV	30	800	2640	3470
Cargo Van	1	11	87	99
Motor Home	1	8	41	50
Light Truck (< 10K)	0	5	23	28
Medium Truck (>10K - <26K)	3	27	107	137
Heavy Truck (>26K)	17	238	1009	1264
Farm Equipment	0	0	5	5
Construction Vehicle	0	2	24	26
MC <150 cc	2	21	4	27
Moped	0	2	0	2
Snowmobile	0	2	1	3
ATV	3	20	6	29
MPV	0	18	3	21
Unknown	0	8	3241	3249
Total	100	2457	11289	20857

2016 VEHICLE WITH CONTRIBUTING CIRCUMSTANCES

Number of Vehicles involved in:

Contributing Circumstances	Fatal Crashes	Injury Crashes	PDO Crashes	Total Vehicles
Brakes	0	37	72	109
Cruise Control	1	10	7	18
Defroster	0	1	2	3
Exhaust System	0	0	3	3
Lights (Head, Signal, or Tail)	0	2	5	7
Mirrors	0	0	2	2
None	0	0	0	0
Other	1	63	174	238
Oversized Load	0	1	4	5
Power Train	1	4	14	19
Rain/Snow/Ice on Windshield	0	5	31	36
Stalled Vehicle	0	5	7	12
Steering	0	13	35	48
Suspension	0	3	5	8
Tinted Windows	0	1	2	3
Tire	3	32	120	155
Trailer Brakes	0	6	20	26
Truck Coupling/Trailer Hitch/	0	3	31	34
Unknown	0	0	0	0
Vehicle Cargo Blocking View	0	0	4	4
Wheels	0	6	27	33
Windows/Windshield	1	2	5	8
	0	0	0	0
Total	7	194	570	771

WYOMING COMMUNITIES

2016

CITY/TOWN CRASHES WITH INJURIES AND FATALITIES

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
AFTON	0	3	1	4	6	0
ALPINE	0	1	3	4	1	0
BASIN	0	0	5	5	0	0
BEAR RIVER	0	0	2	2	0	0
BIG PINEY	0	1	3	4	1	0
BUFFALO	0	2	30	32	6	0
BURLINGTON	0	1	0	1	1	0
BURNS	0	1	2	3	1	0
BYRON	0	0	2	2	0	0
CASPER	4	267	1334	1605	362	5
CHEYENNE	7	388	1227	1622	502	7
CHUGWATER	0	1	7	8	1	0
CODY	0	26	154	180	34	0
COKEVILLE	0	0	4	4	0	0
COWLEY	0	0	1	1	0	0
DAYTON	0	0	3	3	0	0
DIAMONDVILLE	0	0	2	2	0	0
DIXON	0	0	1	1	0	0
DOUGLAS	0	16	98	114	23	0
DUBOIS	0	1	9	10	1	0
EAST THERMOPOLIS	0	1	0	1	1	0
ENCAMPMENT	0	1	1	2	4	0
EVANSTON	0	16	77	93	19	0
EVANSVILLE	0	8	38	46	11	0
FT LARAMIE	0	0	3	3	0	0
GILLETTE	0	171	531	702	204	0
GLENDO	0	0	1	1	0	0
GLENROCK	0	6	18	24	7	0
GRANGER	0	0	1	1	0	0
GREEN RIVER	1	27	136	164	30	1
GREYBULL	0	2	13	15	2	0
GUERNSEY	0	1	6	7	1	0
HANNA	0	1	3	4	1	0
HUDSON	0	2	1	3	3	0
HULETT	0	0	3	3	0	0
JACKSON	0	31	216	247	33	0
KAYCEE	0	0	3	3	0	0
KEMMERER	0	1	19	20	1	0
LANDER	0	17	82	99	19	0
LARAMIE	1	101	413	515	135	1
LINGLE	0	0	4	4	0	0
LOVELL	0	2	15	17	3	0
LUSK	0	2	14	16	3	0
LYMAN	0	2	7	9	2	0
MARBLETON	0	0	2	2	0	0
MEDICINE BOW	0	0	2	2	0	0
MEETEETSE	0	0	2	2	0	0
MILLS	0	3	41	44	4	0
MOORCROFT	0	1	12	13	1	0
MOUNTAIN VIEW	0	0	1	1	0	0
NEWCASTLE	0	3	13	16	3	0
PINE BLUFFS	0	3	22	25	3	0
PINEDALE	0	4	16	20	5	0
POWELL	1	9	44	54	16	2

City/Town	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes	# Persons Injured	# Persons Killed
RANCHESTER	0	1	2	3	1	0
RAWLINS	0	14	124	138	20	0
RIVERTON	2	42	173	217	44	2
ROCK RIVER	0	0	1	1	0	0
ROCK SPRINGS	2	86	392	480	103	2
SARATOGA	0	1	8	9	2	0
SHERIDAN	0	62	365	427	79	0
SHOSHONI	0	0	3	3	0	0
SINCLAIR	0	5	15	20	5	0
STAR VALLEY RANCH	0	0	6	6	0	0
SUNDANCE	0	5	31	36	5	0
THAYNE	0	2	2	4	2	0
THERMOPOLIS	0	5	18	23	5	0
TORRINGTON	0	17	59	76	27	0
UPTON	0	1	2	3	1	0
WAMSUTTER	0	1	10	11	2	0
WHEATLAND	0	10	43	53	14	0
WORLAND	1	10	34	45	15	1
WRIGHT	0	2	6	8	2	0
Total	19	1387	5942	7348	1777	21



2016 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	2	236	9	1	158	0	82	0	1	489
Angle Direction not Specified	0	12	0	1	10	0	4	0	0	27
Angle Right (Front to Side, includes Broadside)	3	865	29	2	244	12	152	0	4	1311
Angle Same Direction (Front to Side)	1	157	19	0	308	35	57	0	3	580
Head On (Front to Front)	0	70	3	3	93	0	29	0	0	198
Not a Collision w/2 Vehicles in Transport	2	190	39	7	1,034	4	140	1	6	1423
Other	0	1	0	0	2	0	0	0	0	3
Rear End (Front to Rear)	5	656	72	1	716	3	246	0	5	1704
Rear to Front (Normally Backing)	1	43	5	0	121	0	17	0	1	188
Rear to Rear (Normally Backing)	0	2	0	0	38	0	1	0	0	41
Rear to Side (Normally Backing)	0	16	0	0	275	0	11	0	0	302
Sideswipe Opposite Direction (Meeting)	0	13	1	2	56	0	18	0	0	90
Sideswipe Same Direction (Passing)	2	68	14	1	383	4	27	1	0	500
Unknown	0	2	0	0	112	0	6	1	1	122
Total	16	2331	191	18	3550	58	790	3	21	6978

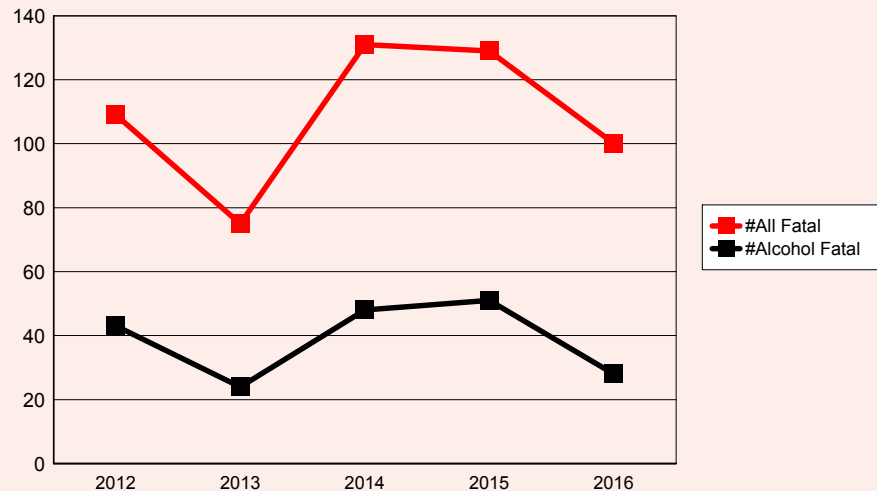
ALCOHOL INVOLVED CRASHES

2016 ALCOHOL INVOLVED TRAFFIC CRASHES

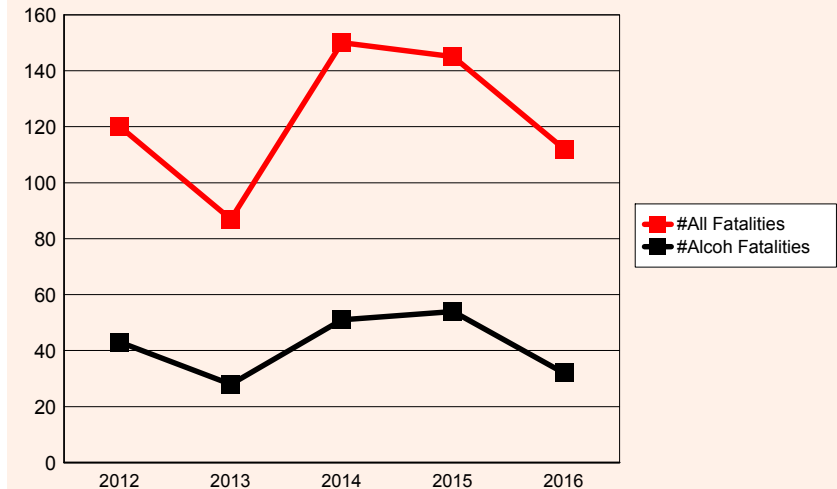
Year	Fatal Crashes						Injury Crashes						PDO Crashes		
	All Crashes	Alcohol Crashes	% Alcoh Crashes	Total Fatalities	Alcohol Fatalities	% Alcoh Fatalities	All Crashes	Alcohol Crashes	% Alcoh Crashes	* Total Injuries	* Alcohol Injuries	% Alcoh Injuries	All Crashes	Alcohol Crashes	% Alcoh Crashes
2012	109	43	39%	120	43	36%	2807	403	14%	3896	544	14%	11119	544	5%
2013	75	24	32%	87	28	32%	2790	355	13%	3759	483	13%	11723	502	4%
2014	131	48	37%	150	51	34%	2846	336	12%	3990	478	12%	11833	508	4%
2015	129	51	40%	145	54	37%	2792	319	11%	3819	439	11%	11385	422	4%
2016	100	28	28%	112	32	29%	2457	302	12%	3314	385	12%	11289	383	3%

* Injuries include injuries from fatal crashes

Alcohol Fatal Crashes



Alcohol Fatalities



ALCOHOL INVOLVED CRASHES WITH AGE OF DRINKING DRIVERS

2012

Drivers Involved in

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

2013

Drivers Involved in

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

ALCOHOL INVOLVED CRASHES WITH AGE OF DRINKING DRIVERS

2015

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	0	5	8	13
17 - 20	1	17	38	56
21 - 24	8	52	72	132
25 - 29	12	53	74	139
30 - 39	12	70	112	194
40 - 49	6	65	45	116
50 - 59	8	42	54	104
60 - 69	4	19	20	43
70 - 79	0	4	5	9
80 +	0	0	2	2
Unknown	0	1	7	8
Total	51	328	437	816

2016

Drivers Involved in

Age Groups	Fatal Crashes	Injury Crashes	PDO Crashes	Total Drivers
14 - 16	1	8	11	20
17 - 20	1	11	14	26
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	396	719

ALCOHOL INVOLVED FATAL CRASHES

2016 ALCOHOL INVOLVED FATAL CRASHES BY COUNTY

County	Number Crashes	Number Injured	Number Killed
Albany	1	0	1
Big Horn	1	0	1
Carbon	2	1	2
Fremont	7	5	9
Johnson	2	0	2
Laramie	2	1	2
Lincoln	1	0	1
Natrona	2	0	2
Platte	2	0	2
Sheridan	4	3	4
Sweetwater	2	0	2
Uinta	1	2	3
Weston	1	0	1
Total	28	12	32

2016 ALCOHOL INVOLVED FATAL CRASHES BY CITY

City	Number Crashes	Number Injured	Number Killed
CASPER	1	0	1
CHEYENNE	1	1	1
RIVERTON	1	0	1
Total	3	1	3

2016 ALCOHOL INVOLVED FATAL CRASHES BY VEHICLE TYPE

Vehicle Type	Number of Vehicles
ATV	2
Heavy Truck > 26,000	2
MC > 150 cc	6
PU	13
Passenger	5
Passenger Van	2
SUV	5
Total	35

2016 ALCOHOL INVOLVED FATAL CRASHES ESTIMATED SPEED

Estimated Speed	Number of Vehicles
0 - 13	2
17 - 20	1
25 - 30	1
31 - 50	3
51 - 64	3
65 +	19
Others	6
Total	35

2016 ALCOHOL INVOLVED FATAL CRASHES WITH AGE AND GENDER OF DRIVERS

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

ALCOHOL INVOLVED INJURY CRASHES

2016 ALCOHOL INVOLVED INJURY CRASHES BY CITY

City	Number of Crashes	Number Injured
ALPINE	1	1
BIG PINEY	1	1
BUFFALO	1	3
BURLINGTON	1	1
CASPER	36	50
CHEYENNE	43	56
CODY	6	9
DOUGLAS	2	2
DUBOIS	1	1
EAST THERMOPOLIS	1	1
EVANSTON	1	1
GILLETTE	24	27
GLENROCK	1	1
GREEN RIVER	3	3
HANNA	1	1
HUDSON	1	2
JACKSON	1	1
KEMMERER	1	1
LANDER	1	1
LARAMIE	8	11
LYMAN	1	1
PINE BLUFFS	1	1
RIVERTON	13	14
ROCK SPRINGS	13	14
SHERIDAN	6	7
TORRINGTON	2	2
WORLAND	3	3
Total	174	216

2016 ALCOHOL INVOLVED INJURY CRASHES BY COUNTY

County	Injury Crashes	Number Injured
Albany	11	14
Big Horn	5	7
Campbell	30	33
Carbon	8	10
Converse	8	9
Crook	1	2
Fremont	29	33
Goshen	6	7
Hot Springs	6	9
Johnson	3	5
Laramie	47	60
Lincoln	9	9
Natrona	44	60
Park	15	18
Platte	5	8
Sheridan	16	19
Sublette	3	3
Sweetwater	31	37
Teton	8	11
Uinta	5	5
Washakie	7	9
Weston	5	5
Total	302	373

2016 ALCOHOL INVOLVED INJURY CRASHES WITH VEHICLE TYPE

Vehicle Type	Number of Vehicles	% Vehicles
ATV	4	1.0%
Cargo Van	1	0.2%
Heavy Truck > 26,000	9	2.1%
MC < 150 cc	2	0.5%
MC > 150 cc	24	5.7%
MPV	5	1.2%
Motor Home	1	0.2%
Off Road MC	1	0.2%
PU	145	34.4%
Passenger	131	31.1%
Passenger Van	8	1.9%
SUV	88	20.9%
Unknown	2	0.5%
Total	421	100%

2016 ALCOHOL INVOLVED INJURY CRASHES WITH ESTIMATED SPEED

Estimated Speed	Number of Vehicles
0 - 20	103
20 - 30	69
30 - 50	90
50 - 65	62
65 +	68
Others	29
Total	421

2016 ALCOHOL INVOLVED INJURY CRASHES WITH AGE AND GENDER OF DRIVERS

Age Groups	Male	Female	Unknown	Total Drivers
17 - 20	13	6	0	19
21 - 24	30	7	0	37
25 - 29	37	11	0	48
30 - 39	64	21	0	85
40 - 49	39	14	0	53
50 - 59	31	5	0	36
60 - 69	15	1	0	16
70 - 79	2	0	0	2
80 +	1	0	0	1
Unknown	0	0	1	1
Total	232	65	1	298

ALCOHOL INVOLVED PDO CRASHES

2016 BY COUNTY

County	PDO Crashes
Albany	18
Big Horn	6
Campbell	28
Carbon	15
Converse	9
Crook	5
Fremont	23
Goshen	8
Hot Springs	1
Johnson	3
Laramie	59
Lincoln	9
Natrona	72
Niobrara	1
Park	8
Platte	6
Sheridan	32
Sublette	3
Sweetwater	43
Teton	19
Uinta	7
Washakie	7
Weston	1
Total	383

2016 BY CITY

City	PDO Crashes
ALPINE	1
BYRON	1
CASPER	58
CHEYENNE	52
CODY	3
DAYTON	1
DIAMONDVILLE	1
DOUGLAS	2
ENCAMPMENT	1
EVANSTON	2
EVANSVILLE	3
GILLETTE	22
GLENROCK	1
GREEN RIVER	6
JACKSON	9
KEMMERER	1
LANDER	3
LARAMIE	13
LOVELL	1
LUSK	1
MEDICINE BOW	1
MILLS	7
PINE BLUFFS	2
POWELL	3
RANCHESTER	1
RAWLINS	8
RIVERTON	14
ROCK SPRINGS	28
SARATOGA	2
SHERIDAN	24
SINCLAIR	1
SUNDANCE	1
TORRINGTON	1
WAMSUTTER	1
WHEATLAND	2
WORLAND	2
WRIGHT	1
Total	281

2016 ALCOHOL INVOLVED CRASHES WITH AGE AND BAC RESULTS OF DRIVERS

Age Groups	BAC Results	Drivers in Fatal Crashes	Drivers in Injury Crashes	Drivers in PDO Crashes
0 - 13				
	Others	0	0	0
Total		0	0	0
14 - 16				
	.01 - .07	0	0	1
	.10 - .15	0	0	1
	Others	0	0	0
Total		0	0	2
17 - 20				
	.01 - .07	0	2	2
	.08 - .09	0	0	1
	.10 - .15	0	3	4
	.16 - .20	1	3	3
	.21 - .25	0	2	0
	.26 - .30	0	1	1
	Others	1	8	12
Total		2	19	23
21 - 24				
	.01 - .07	0	1	5
	.08 - .09	0	1	2
	.10 - .15	0	6	12
	.16 - .20	1	3	15
	.21 - .25	1	3	6
	.31 - .35	0	1	0
	Others	1	22	31
Total		3	37	71
25 - 29				
	.01 - .07	0	2	1
	.08 - .09	0	1	2
	.10 - .15	0	9	10
	.16 - .20	1	2	16
	.21 - .25	1	5	6
	.26 - .30	1	1	2
	.31 - .35	0	1	1
	.36 - .40	1	0	0
	Others	1	27	29
Total		5	48	67
30 - 39				
	.01 - .07	0	5	7
	.08 - .09	0	1	1
	.10 - .15	2	7	12
	.16 - .20	1	8	16
	.21 - .25	0	5	3
	.26 - .30	0	5	3
	.31 - .35	0	1	0
	.36 - .40	0	1	0
	Others	0	52	48
Total		3	85	90
40 - 49				
	.01 - .07	0	1	5
	.08 - .09	0	1	4
	.10 - .15	1	9	7
	.16 - .20	1	5	7

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	0	4	6
	.26 - .30	1	1	4
	.31 - .35	0	3	1
	Others	1	29	30
Total		4	53	64
50 - 59				
	.01 - .07	0	2	1
	.08 - .09	2	0	3
	.10 - .15	0	5	9
	.16 - .20	1	5	7
	.21 - .25	1	3	9
	.26 - .30	0	2	2
	Others	1	19	20
Total		5	36	51
60 - 69				
	.01 - .07	0	2	2
	.10 - .15	1	2	4
	.16 - .20	0	1	3
	.21 - .25	0	2	1
	Others	1	9	3
Total		2	16	13
70 - 79				
	.01 - .07	0	1	0
	.10 - .15	0	1	0
	Others	0	0	1
Total		0	2	1
80 +				
	.10 - .15	0	0	1
	Others	0	1	0
Total		0	1	1
UK				
	.21 - .25	0	0	1
	Others	1	1	12
Total		1	1	13
Others				
	Others	0	0	0
Total		0	0	0
		25	298	396

DRIVERS AGE 14 - 20

2016 FATAL CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	0	1	1
15	0	1	1
16	0	1	1
17	0	3	3
18	2	2	4
19	3	1	4
20	1	0	1
Total	6	9	15

2016 INJURY CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	1	2	3
15	8	10	18
16	70	50	120
17	76	55	131
18	70	59	129
19	53	67	120
20	59	46	105
Total	337	289	626

2016 PDO CRASHES INVOLVING DRIVERS BETWEEN AGES 14 - 20 GENDER

Age	Male	Female	Total
14	2	9	11
15	30	26	56
16	228	219	447
17	227	179	406
18	256	192	448
19	219	194	413
20	203	159	362
Total	1165	978	2143

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
2012	26	27	7	258	376	137	972	1256
2013	20	24	5	258	345	127	1092	1370
2014	28	39	5	317	470	173	1250	1595
2015	22	28	7	263	376	140	1000	1285
2016	20	25	5	259	345	138	1109	1388
Total	116	143	29	1355	1912	748	5423	6894

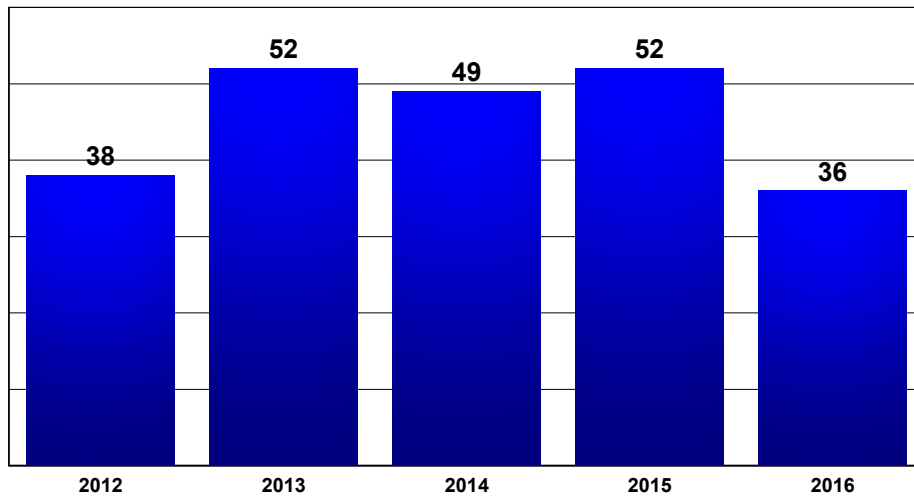
2016 TRUCK CRASHES

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

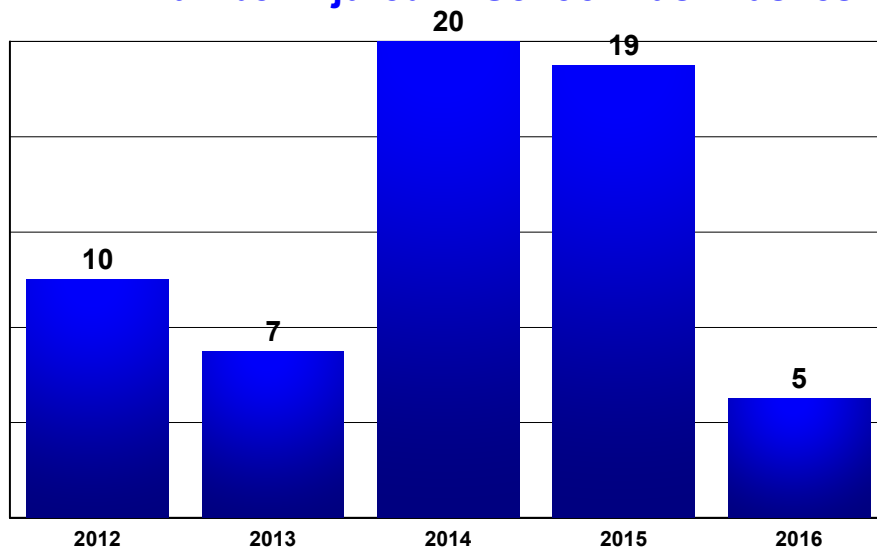
Roadway Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Interstate	13	152	744	909
Primary	5	68	176	249
Secondary	1	11	39	51
City Street	0	1	54	55
County Road Rural	0	9	23	32
State Highway	0	1	4	5
M Route	1	10	54	65
BLM	0	1	1	2
Forest Service	0	0	1	1
Service Road	0	3	8	11
County Road Urban	0	3	6	9
Total	20	259	1110	1389

SCHOOL BUS 2016

School Bus Crashes



Number Injured in School Bus Crashes



2016 SCHOOL BUS INVOLVED CRASHES COUNTY / CRASH SEVERITY

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	0	0	3	3
BIG HORN	0	0	1	1
CAMPBELL	0	1	4	5
FREMONT	0	0	3	3
LARAMIE	0	0	6	6
LINCOLN	0	1	1	2
NATRONA	0	0	7	7
PARK	0	0	1	1
SHERIDAN	0	0	1	1
SWEETWATER	0	2	4	6
TETON	0	0	1	1
Total	0	4	32	36

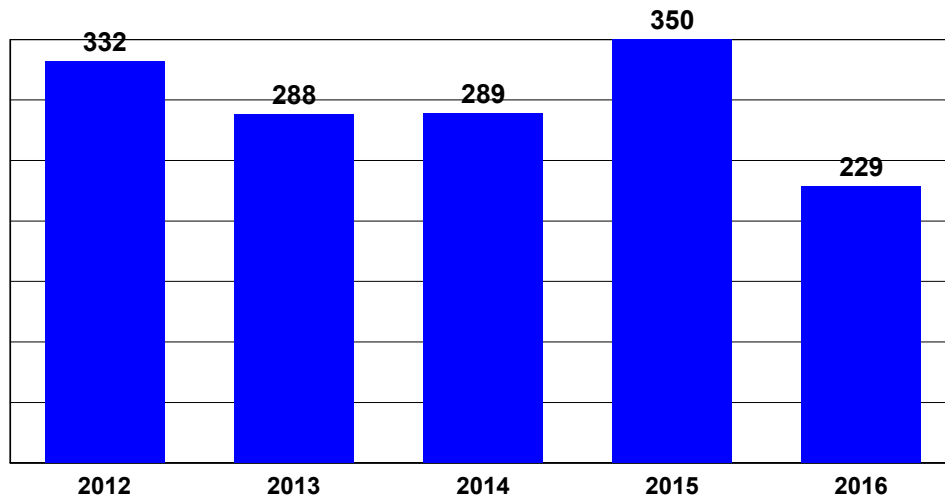
2016 SCHOOL BUS INVOLVED CRASHES COLLISION TYPE / CRASH SEVERITY

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Deer	0	0	1	1
Motor Vehicle in Transport on Roadway	0	4	26	30
Other Fixed Object	0	0	2	2
Parked Motor Vehicle	0	0	3	3
Total	0	4	32	36

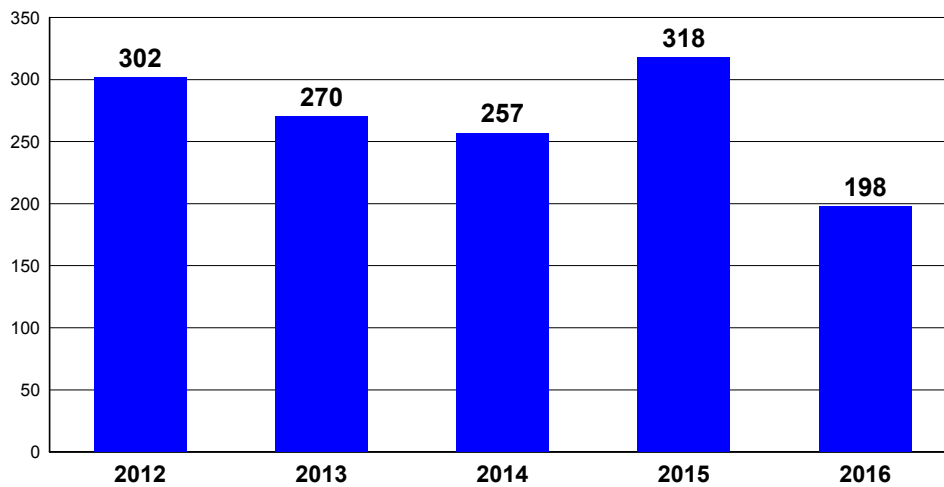
MOTORCYCLES

2016

Motorcycle Crashes



Number Injured in Motorcycle Crashes



2016 MOTORCYCLE INVOLVED CRASHES COUNTY/CRASH SEVERITY

County	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
ALBANY	2	5	3	10
BIG HORN	1	4	1	6
CAMPBELL	1	16	6	23
CARBON	1	4	2	7
CONVERSE	0	4	0	4
CROOK	1	12	2	15
FREMONT	4	9	0	13
GOSHEN	0	1	1	2
HOT SPRINGS	0	3	0	3
LARAMIE	1	23	8	32
LINCOLN	0	3	0	3
NATRONA	1	23	4	28
NIOBRARA	1	1	0	2
PARK	1	18	2	21
PLATTE	1	4	1	6
SHERIDAN	1	10	2	13
SUBLETTE	0	2	0	2
SWEETWATER	3	16	2	21
TETON	1	8	0	9
UINTA	1	2	0	3
WASHAKIE	0	2	0	2
WESTON	0	4	0	4
	21	174	34	229

2016 MOTORCYCLE INVOLVED CRASHES COLLISION TYPE/CRASH SEVERITY

Collision Type	Fatal Crashes	Injury Crashes	PDO Crashes	Total Crashes
Cattle Guard	1	0	0	1
Cow	0	1	0	1
Deer	1	15	0	16
Delineator Post	5	2	1	8
Ditch	0	1	0	1
Earth Embankment/Berm	0	1	0	1
End of Drainage Pipe/Structure/Culvert	0	1	0	1
Fell/Jumped from a MV	0	3	0	3
Guardrail End	0	1	0	1
Guardrail Face	0	4	0	4
Motor Vehicle in Transport on Roadway	8	55	19	79
Other Fixed Object	0	1	0	1
Other NON-Fixed Object	0	1	2	3
Other Non-Collision (MC Loss of Control)	3	80	10	91
Parked Motor Vehicle	0	3	2	5
Pedacycle	0	1	0	1
Pedestrian	0	1	0	1
Raised Median or Curb	0	3	0	3
Rock, Boulder, Rock Slide	0	3	0	3
Sign Support Single Post	1	0	0	1
Utility Pole/Light Support	0	2	0	2
Work Zone Channeling Device	2	0	0	2
	21	174	34	229

APPENDIX



Mail completed form within 10 days to: Wyoming Department of Transportation
Crash Records
5300 Bishop Boulevard
Cheyenne, WY 82099-3340

County

In City/Town ☐ Yes ☐ No

City

Crash occurred on: Highway/Street

At/Related intersection: Highway/Street

If NOT at Intersection ☐ Feet or Miles ☐ Direction

GPS Latitude

GPS Longitude

Milepost Marker

Highway Section #

Intersection LRS #

Occurred on Divided RDway ☐ No ☐ Yes

if yes **Incr / Decr** ☐ Incr ☐ Decr ☐ Unknown

nearest street, highway, ramp, bridge, city, railroad crossing, etc.

**TO ENSURE ACCURACY
PRINT IN UPPER-CASE LETTERS USING A BLACK OR DARK BLUE PEN!
PRINT NEATLY**

A	B	C	D	4	5	6	7	8
---	---	---	---	---	---	---	---	---

If 'Other' is selected in any field, describe in narrative
If a vehicle is towed, describe towed vehicle in narrative

mark if attached

- ☐ If more than 2 vehicles are involved, complete form 'Supplemental Additional Vehicle/Driver Form'
- ☐ If more than 5 persons in a crash, complete form 'Supplemental Additional Vehicle Occupant Information'
- ☐ Trucks or Commercial Motor Vehicles complete form 'Supplemental Truck/CMV Information'
- ☐ If a non-motorist is involved, complete form 'Supplemental Non-Motorist'
- ☐ If a bus is involved and carrying passengers, complete form 'Supplemental Bus Information'
- ☐ If any drug tests are performed, complete 'Supplemental Drug Test Results'
- ☐ Previous report submitted

Investigating Agency

01 - City PD	02 - Sheriff	03 - BIA	Division
04 - Forest Service	05 - Campus Police	06 - WHP	(WHP only)
	07 - Other		

Badge #

Officer Name & Rank

[illegible]

Report Date (yyyy/mm/dd)

Signature

Highway Safety Use Only

Proximity to Residence

☐ Rural ☐ PID ☐ NON-PID

Highway District

1-Same Town 2-25 miles or less 3-25 miles Plus 4-Out of State

Accurately Located

Date Received:

Crash Type: ☐ G > \$1,000 ☐ M - Missing Location

Report Number: _____

☐ N < \$1,000 ☐ I - Industrial Crash

Highway System		
----------------	--	--

☐ P - Private ☐ D - Deliberate

PR902
Revised 4/13/2012

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

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 _____

Insurance ☐ E-Verified ☐ Y-Yes ☐ N-No Company _____ Policy # _____

Vehicle Towed ☐ Y-Yes ☐ N-No By _____ To _____

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

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

Direction of Travel Prior to Crash

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

Initial Impact Point _____ Most Damaged Area _____

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

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 _____

Insurance ☐ E-Verified ☐ Y-Yes ☐ N-No Company _____ Policy # _____

Vehicle Towed ☐ Y-Yes ☐ N-No By _____ To _____

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

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

Direction of Travel Prior to Crash

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

Initial Impact Point _____ Most Damaged Area _____

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 #	Medical Facility	Medical Facility

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

Occupant Information

Last Name First Name MI DOB Age Gender M, F, X Home Work Cell Phone and/or Home Work Cell Phone Medical Facility	Last Name First Name MI DOB Age Gender M, F, X Home Work Cell Phone and/or Home Work Cell Phone Medical Facility	Last Name First Name MI DOB Age Gender M, F, X Home Work Cell Phone and/or Home Work Cell Phone Medical Facility	Last Name First Name MI DOB Age Gender M, F, X Home Work Cell Phone and/or Home Work Cell Phone Medical Facility	Last Name First Name MI DOB Age Gender M, F, X Home Work Cell Phone and/or Home Work Cell Phone 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"/>	Motor Vehicle Unit Type <input type="text"/>		Vehicle Maneuver/Action prior to crash <input type="text"/>	
2nd event <input type="text"/>	← choose up to 4: <input type="text"/>	01 - Motor Vehicle in Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment		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	
3rd event <input type="text"/>	Most Harmful Event <input type="text"/>	Commercial Motor Vehicle or HM Placard <input type="text"/>			
4th event <input type="text"/>	choose 1 → <input type="text"/>	01 - Yes 02 - No 99 - Unknown if yes, complete CMV supplement			
Non-Collision		Vehicle Owner <input type="text"/>		Road Surface <input type="text"/> Grade <input type="text"/>	
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 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)		01 - Same as Driver 02 - Other 03 - Passenger 04 - Relative 05 - Rental Vehicle 06 - Commercial 07 - Occupant 08 - Vehicle Parked 09 - Federal Law Enforcement 10 - Federal Other 11 - County Law Enforcement 12 - County Fire Department 13 - County Other 14 - City Law Enforcement 15 - City Fire Department 16 - City Other 17 - Government Other 18 - Ambulance/EMS 19 - WHP 20 - State Law Enforc Other		01 - Concrete 02 - Asphalt 03 - Gravel/Rock 04 - Dirt 05 - Brick/Stone 99 - Unknown 01 - Level 02 - Hillcrest 03 - Uphill 04 - Downhill 05 - Sag (Bottom) 99 - Unknown	
Collision w/ Person, MV, or Non-Fixed Object		Vehicle Type <input type="text"/>		Horizontal Alignment <input type="text"/>	
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 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channeling Device 29 - Object Set in Motion by Another Vehicle		01 - Passenger 02 - Passenger Van 03 - PU 04 - School Bus 05 - Other Bus 06 - Transit Bus 07 - Charter Bus 08 - MC >150 cc 09 - Off Road MC 12 - Low Speed Vehicle 13 - Other Vehicle 14 - SUV 15 - Cargo Van 16 - Motor Home 17 - Light Truck (10K or less) 18 - Medium Truck (>10K - <26K) 19 - Heavy Truck (>26K) 20 - Farm Equipment 21 - Construction Vehicle 22 - MC <150 cc 23 - Moped 24 - Snowmobile 26 - ATV 27 - MPV 99 - Unknown		01 - Straight 03 - Curve Left 02 - Curve Right 99 - Unknown	
Animals		Non -Commercial Trailer Style <input type="text"/>		Total No. Lanes <input type="text"/>	
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		01 - No Trailer 02 - Camping Trailer 03 - Mobile Home 04 - Utility Trailer 05 - Boat/Jet Ski Trailer 06 - Towed Vehicle 07 - Horse/Stock Trailer 08 - Motorcycle Trailer 09 - Multiple Trailers 10 - Other (ie. Bicycle) 99 - Unknown		01 - 06, 99 = Unknown (exclude turn lanes)	
Collision w/ Fixed Object		Underride/Override <input type="text"/>		Traffic Control Working Properly <input type="text"/>	
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		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		01 - Yes 02 - No 99 - Unknown	
99 - Unknown		Emergency Vehicle Use <input type="text"/>		Traffic Control <input type="text"/>	
		01 - Yes 02 - No 99 - Unknown		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	
		Emergency Equipment Activated <input type="text"/>		Trafficway Description <input type="text"/>	
		01 - Yes 02 - No 99 - Unknown		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	
		Special Function of MV in Transport <input type="text"/>		Rumble Strips Present <input type="text"/>	
		01 - None 02 - Police 03 - Ambulance/EMS 04 - Fire Truck 05 - Military 06 - Snow Plow 07 - Tow Truck 08 - MV used as School Bus 09 - MV used as Other Bus 10 - Construction Equipment 11 - Farm Equipment 12 - Taxi 13 - Train 99 - Unknown		01 - Yes 02 - No 99 - Unknown	
		Contributing Circumstance <input type="text"/>		Rumble Strips Applicable <input type="text"/>	
		01 - None 02 - Brakes 03 - Trailer Brakes 04 - Steering 05 - Power Train 06 - Suspension 07 - Tires 08 - Wheels 09 - Lights (Head, Signal or Tail) 10 - Windows/Windshield 11 - Rain/Snow/Ice on Windshield 12 - Tinted Windows 13 - Vehicle Cargo Blocking View 14 - Exhaust System 15 - Oversized Load 16 - Defroster 17 - Mirrors 18 - Wipers 19 - Truck Coupling/Trailer Hitch/Safety Chain 20 - Stalled Vehicle 21 - Cruise Control 22 - Other 99 - Unknown		01 - Yes 02 - No 99 - Unknown	
				Rumble Strips <input type="text"/>	
				01 - None 02 - Centerline Rumble Strips 03 - Median Shoulder Only 04 - Transverse Rumble Strips (Road Apprch) 05 - Both Shoulders 06 - Both Centerline and Outside Shoulder 07 - Outside Shoulders Only 99 - Unknown	

Vehicle (2) Information

2

1st event <input type="text"/>	Sequence <input type="text"/>	Motor Vehicle Unit Type <input type="text"/>	Vehicle Maneuver/Action prior to crash <input type="text"/>
2nd event <input type="text"/>	← choose up to 4: <input type="text"/>	01 - Motor Vehicle in Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment	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
3rd event <input type="text"/>	Most Harmful Event <input type="text"/>	Commercial Motor Vehicle or HM Placard <input type="text"/>	
4th event <input type="text"/>	choose 1 → <input type="text"/>	01 - Yes 02 - No 99 - Unknown if yes, complete CMV supplement	
Non-Collision		Vehicle Owner <input type="text"/>	
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 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)		01 - Same as Driver 02 - Other 03 - Passenger 04 - Relative 05 - Rental Vehicle 06 - Commercial 07 - Occupant 08 - Vehicle Parked 09 - Federal Law Enforcement 10 - Federal Other	11 - County Law Enforcement 12 - County Fire Department 13 - County Other 14 - City Law Enforcement 15 - City Fire Department 16 - City Other 17 - Government Other 18 - Ambulance/EMS 19 - WHP 20 - State Law Enforc Other
Collision w/ Person, MV, or Non-Fixed Object		Vehicle Type <input type="text"/>	Road Surface <input type="text"/> Grade <input type="text"/>
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		01 - Passenger 02 - Passenger Van 03 - PU 04 - School Bus 05 - Other Bus 06 - Transit Bus 07 - Charter Bus 08 - MC >150 cc 09 - Off Road MC 12 - Low Speed Vehicle 13 - Other Vehicle 14 - SUV 15 - Cargo Van	16 - Motor Home 17 - Light Truck (10K or less) 18 - Medium Truck (>10K - <26K) 19 - Heavy Truck (>26K) 20 - Farm Equipment 21 - Construction Vehicle 22 - MC <150 cc 23 - Moped 24 - Snowmobile 26 - ATV 27 - MPV 99 - Unknown
Animals		Non -Commercial Trailer Style <input type="text"/>	Horizontal Alignment <input type="text"/>
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		01 - No Trailer 02 - Camping Trailer 03 - Mobile Home 04 - Utility Trailer 05 - Boat/Jet Ski Trailer 06 - Towed Vehicle	01 - Concrete 02 - Asphalt 03 - Gravel/Rock 04 - Dirt 05 - Brick/Stone 99 - Unknown
Collision w/ Fixed Object		Underride/Override <input type="text"/>	Traffic Control Working Properly <input type="text"/>
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		01 - No Underride or Override 02 - Underride-Compartment Intrusion 03 - Underride-No Compartment Intrusion 04 - Underride-Compartment Intrusion Unkn 05 - Override-Motor Vehicle in Transport 06 - Override-Other Motor Vehicle 99 - Unknown if Underride or Override	01 - Yes 02 - No 99 - Unknown
99 - Unknown		Emergency Vehicle Use <input type="text"/>	Traffic Control <input type="text"/>
		01 - Yes 02 - No 99 - Unknown	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
		Emergency Equipment Activated <input type="text"/>	Trafficway Description <input type="text"/>
		01 - Yes 02 - No 99 - Unknown	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
		Special Function of MV in Transport <input type="text"/>	Rumble Strips Present <input type="text"/>
		01 - None 02 - Police 03 - Ambulance/EMS 04 - Fire Truck 05 - Military 06 - Snow Plow 07 - Tow Truck	01 - Yes 02 - No 99 - Unknown
		08 - MV used as School Bus 09 - MV used as Other Bus 10 - Construction Equipment 11 - Farm Equipment 12 - Taxi 13 - Train 99 - Unknown	Rumble Strips Applicable <input type="text"/>
		Contributing Circumstance <input type="text"/>	01 - Yes 02 - No 99 - Unknown
		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	Rumble Strips <input type="text"/>
		1st choice <input type="text"/>	01 - None 02 - Centerline Rumble Strips 03 - Median Shoulder Only 04 - Transverse Rumble Strips (Road Apprch) 05 - Both Shoulders 06 - Both Centerline and Outside Shoulder 07 - Outside Shoulders Only 99 - Unknown
		2nd choice <input type="text"/>	
		22 - Other 99 - Unknown	

Driver Information

1

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

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.

Alcohol Test Result

2

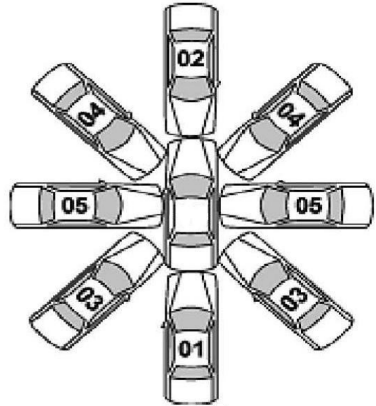
Driver's Action (choose up to 4)		1st choice <input type="text"/> 2nd choice <input type="text"/> 3rd choice <input type="text"/> 4th choice <input type="text"/>	Driver's Condition (choose up to 2)		1st choice <input type="text"/> 2nd choice <input type="text"/>	Citations Issued choose up to 5		1st choice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

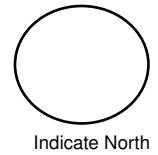
If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.

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

Alcohol Test Result

Base Information

FIRST HARMFUL EVENT	Location of FHE	Weather	Road	Lighting
Non - Collision: 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)	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	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	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	01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown
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 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	Road Circumstance choose up to 3 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	Environmental Circumstance choose up to 3 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	School Bus Related 01 - No 02 - Yes, Directly Involved 03 - Yes, Indirectly Involved	
Animals: 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)	Work Zone Related 01 - Yes 02 - No 99 - Unknown Work Zone Workers Present Work Zone Location 01 - Before the First Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 99 - Unknown Type of Work Zone 01 - Lane Closure 02 - Lane Shift or Crossover 03 - Work on Shoulder/Median 04 - Intermittent or Moving Work 05 - Other 99 - Unknown Manner of Collision *see diagram right	Relation to Junction Non-Interstate 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) Interstate 12 - Thru Roadway 13 - Intersection 14 - Intersection Related 15 - Ramp 16 - Other Parts (Gore) 99 - Unknown Interchange Type of Intersection 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 08 - L Intersection 99 - Unknown		
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 - Fixed Object Other 73 - Cable Barrier 99 - Unknown	Direction of Force 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			
		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		



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

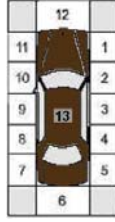
☐ Home ☐ Work ☐ Cell Phone and/or ☐ Home ☐ Work ☐ Cell Phone

Supplemental Additional Driver/Vehicle Form

CASE NO. Vehicle No. 03 04 05... 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 Age 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	<input type="text"/>
2 - Driver License	6 - CDL Permit	2 - B	6 - Other	2 - Expired	
3 - Instruction Permit	7 - No License Required	3 - C		3 - Canceled or Denied	
4 - I2 Permit-intermediate	8 - Restricted License	4 - M		4 - Revoked	
				5 - Suspended	Posted Speed <input type="text"/>
				99 - Unknown	Estimated Speed <input type="text"/>

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

Insurance E-Verified	Company	Policy #	Direction of Travel Prior to Crash	Initial Impact Point	Most Damaged Area
Y-Yes			01 - North		00 Non-Collision (Overturn/Rollover) 01-12 (Use 12 Point Clock Diagram) 13 Top (Roof) 14 Undercarriage 99 Unknown (Can't determine)
N-No			02 - Northeast		
Y-Yes			03 - East		
N-No			04 - Southeast		
			05 - South		
			06 - Southwest		
			07 - West		
			08 - Northwest		
			99 - Unknown		
Extent of Damage	01 - None	02 - Functional	03 - Minor	MV Damage $\geq \$1,000$	01-Yes
	04 - Disabling	99 - Unknown			02-No
					99-Unk.

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

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.

01 - Yes
02 - No
99 - Unknown
PR-902A
Revised 11/9/11

1st event <input type="text"/> <input type="text"/> Sequence 2nd event <input type="text"/> <input type="text"/> ← choose up to 4: 3rd event <input type="text"/> <input type="text"/> Most Harmful Event 4th event <input type="text"/> <input type="text"/> choose 1 → <input type="text"/> <input type="text"/>	Motor Vehicle Unit Type <input type="text"/> <input type="text"/> 01 - Motor Vehicle in Transport 02 - Parked Motor Vehicle 03 - Working Vehicle/Equipment HM Placard or Commercial Motor Vehicle <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown if yes, complete CMV supplement Vehicle Owner <input type="text"/> <input type="text"/> 01 - Same as Driver 11 - County Law Enforcement 02 - Other 12 - County Fire Department 03 - Passenger 13 - County Other 04 - Relative 14 - City Law Enforcement 05 - Rental Vehicle 15 - City Fire Department 06 - Commercial 16 - City Other 07 - Occupant 17 - Government Other 08 - Vehicle Parked 18 - Ambulance/EMS 09 - Federal Law Enforcement 19 - WHP 10 - Federal Other 20 - State Law Enforc Other	Vehicle Maneuver/Action prior to crash <input type="text"/> <input type="text"/> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Turning Right 06 - Turning Left 07 - Make U-Turn 08 - Leaving a Traffic Lane/Parking 09 - Entering a Traffic Lane 10 - Slowing 11 - Negotiating a Curve 12 - Parked 13 - Stopped in Traffic 14 - Driverless Motor Vehicle 15 - Trafficway Maintenance 16 - Other 99 - Unknown
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 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)	Vehicle Type <input type="text"/> <input type="text"/> 01 - Passenger 14 - SUV 02 - Passenger Van 15 - Cargo Van 03 - PU 16 - Motor Home 04 - School Bus 17 - Light Truck (10K or less) 05 - Other Bus 18 - Medium Truck (>10K-<26K) 06 - Transit Bus 19 - Heavy Truck (>26K) 07 - Charter Bus 20 - Farm Equipment 08 - MC >150 cc 21 - Construction Vehicle 09 - Off Road MC 22 - MC <150 cc 10 - Motorized Skateboard/Scter 23 - Moped 11 - Pedestrian Vehicle 24 - Snowmobile 12 - Low Speed Vehicle 25 - Segway 13 - Other Vehicle 26 - ATV 99 - Unknown	Road Surface <input type="text"/> <input type="text"/> Grade <input type="text"/> <input type="text"/> 01 - Concrete 01 - Level 02 - Asphalt 02 - Hillcrest 03 - Gravel/Rock 03 - Uphill 04 - Dirt 04 - Downhill 05 - Brick/Stone 05 - Sag (Bottom) 99 - Unknown 99 - Unknown
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	Non-Commercial Trailer Style <input type="text"/> <input type="text"/> 01 - No Trailer 07 - Horse/Stock Trailer 02 - Camping Trailer 08 - Motorcycle Trailer 03 - Mobile Home 09 - Multiple Trailers 04 - Utility Trailer 10 - Other (ie. Bicycle) 05 - Boat/Jet Ski Trailer 99 - Unknown 06 - Towed Vehicle	Horizontal Alignment <input type="text"/> <input type="text"/> 01 - Straight 03 - Curve Left 02 - Curve Right 99 - Unknown Total No. Lanes 01 - 06, 99 = Unknown (exclude turn lanes) <input type="text"/> <input type="text"/>
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	Underride/Override <input type="text"/> <input type="text"/> 01 - No Underride or Override 02 - Underride-Compartment Intrusion 03 - Underride-No Compartment Intrusion 04 - Underride-Compartment Intrusion Unknown 05 - Override-Motor Vehicle in Transport 06 - Override-Other Motor Vehicle 99 - Unknown if Underride or Override	Traffic Control Working Properly <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown Traffic Control <input type="text"/> <input type="text"/> 01 - None 02 - Stop Sign 03 - Yield Sign 04 - Flashing Traffic Signal 05 - Do Not Enter Sign 06 - Traffic Signal 07 - Traffic Signal w/ Ped 08 - Traffic Signal w/ Ped & Audible Signals 09 - Person (Officer/Flagger, Xing Guard, etc) 10 - Pedestrian Crossing 11 - No Passing Zone 12 - Warning Signs 13 - Pavement Markings 14 - Traffic Barrels/Cones 15 - Temporary Jersey Barrier 16 - School Bus Flashing Stop Lamps 17 - School Zone Crossing 18 - RR Crossing Signal 19 - RR Crossing Signal & Gate 20 - RR Crossing Cross Buck Sign Only 21 - RR Crossing Cross Buck with Stop Sign 22 - RR Crossing Cross Buck with Yield Sign 23 - Other 99 - Unknown
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	Emergency Vehicle Use <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown Emergency Equipment Activated <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown Special Function of MV in Transport <input type="text"/> <input type="text"/> 01 - None 08 - MV used as School Bus 02 - Police 09 - MV used as Other Bus 03 - Ambulance/EMS 10 - Construction Equipment 04 - Fire Truck 11 - Farm Equipment 05 - Military 12 - Taxi 06 - Snow Plow 13 - Train 07 - Tow Truck 99 - Unknown	Trafficway Description <input type="text"/> <input type="text"/> 01 - Two-Way-Undivided 02 - Two-Way-Undivided w/ Continuous Left Turn Lane 03 - Two-Way-Divided, No Barrier 04 - Two-Way-Divided, With Barrier 05 - One Way 99 - Unknown
	Contributing Circumstance 1st choice <input type="text"/> <input type="text"/> 2nd choice <input type="text"/> <input type="text"/> 01 - None 02 - Brakes 03 - Trailer Brakes 04 - Steering 05 - Power Train 06 - Suspension 07 - Tires 08 - Wheels 09 - Lights (Head, Signal or Tail) 10 - Windows/Windshield 11 - Rain/Snow/Ice on Windshield 12 - Tinted Windows 13 - Vehicle Cargo Blocking View 14 - Exhaust System 15 - Oversized Load 16 - Defroster 17 - Mirrors 18 - Wipers 19 - Truck Coupling/Trailer Hitch/Safety Chain 20 - Stalled Vehicle 22 - Other 21 - Cruise Contro 99-Unknown	Rumble Strips Present <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown Rumble Strips Applicable <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown Rumble Strips <input type="text"/> <input type="text"/> 01 - None 02 - Centerline Rumble Strips 03 - Median Shoulder Only 04 - Transverse Rumble Strips (Road Apprch) 05 - Both Shoulders 06 - Both Centerline and Outside Shoulder 07 - Outside Shoulders Only 99 - Unknown

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-MC 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	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		
Occupant Protection System Operation 01-Apparently Normal 02-Failure/Malfunction 03-Misuse 04-Air Bag System Turned off or Rendered Inoperative 99-Unknown	Seat Belt 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	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		
MV # 01 02 03 04 05...	Person Type 01-Driver 02-Passenger 99-Unknown <i>If non-motorist, complete supplemental form</i>	Seat Position	Seat Belt Usage	EMS ID	EMS Run #	Medical Facility
Driver	EMS ID	EMS Run #	Medical Facility			

Occupant Information

Last Name	First Name	MI	DOB	Age	Gender	Medical Facility
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone				
Last Name	First Name	MI	DOB	Age	Gender	Medical Facility
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone				
Last Name	First Name	MI	DOB	Age	Gender	Medical Facility
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone				
Last Name	First Name	MI	DOB	Age	Gender	Medical Facility
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone				
Last Name	First Name	MI	DOB	Age	Gender	Medical Facility
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone				

CASE NO.

Supplemental Truck/CMV Information

01 - Commercial Vehicle

02 - Non-Commercial Vehicle Vehicle Number 01 02 03 04 05.. GVW
Combination GVW 01 - 10,000 lbs or less
02 - 10,001 to 26,000 lbs
03 - More than 26,000 lbsDriver Last Name Driver First Name MI ICC/MC No. US DOT No. No. Axles
02-98 or 99 for unknown Carrier's Name Carrier's Street
Number Carrier's Street Name Street Address or PO Box of Individual,
Partnership, or Corporation City State Zip Code Carrier's Country Commercial Cargo Body Type

01 - No Cargo Body
02 - Bus
03 - Van/Enclosed Box
04 - Hopper (grain/chips/Benonite)
05 - Pole
06 - Cargo Tank
07 - Flatbed
08 - Dump (Belly, Side, or Tail Dump)
09 - Concrete Mixer
10 - Auto Transporter
11 - Tow Truck
12 - Garbage/Refuse
13 - Snowplow
14 - Livestock
15 - Drilling Equipment
16 - Other Truck
17 - Logging
18 - Intermodal
99 - Unknown

Commercial Cargo

01 - Not Applicable
(Light MV w/o HM Placard or Bobtail)
02 - General Freight
03 - Household Goods
04 - Heavy Machinery
05 - Motor Vehicles
06 - Gases in Bulk
07 - Livestock
08 - Solids in Bulk
09 - Liquids in Bulk
10 - Explosives
11 - Other Hazardous Materials
12 - Empty
13 - Refrigerated Foods
14 - Other
99 - Unknown

Commercial MV Configuration

01 - Passenger Vehicles Carrying Hazardous Materials
02 - Single-Unit Truck (2 axle and GVWR more than 10,000 lbs)
03 - Single-Unit Truck (3 or more axles)
04 - Truck Pulling Trailer(s)
05 - Truck Tractor Only (Bobtail)
06 - Truck Tractor/Semi-Trailer
07 - Truck Tractor/Double Trailer
08 - Truck Tractor/Triple Trailer (illegal in WY)
09 - Truck - Can't Classify (More than 10,000 lbs GVWR)
99 - Unknown

HZ Materials Placard

01 - Yes, (If yes continue on)
02 - No
99 - Unknown

HZ Materials Spill

01 - Yes
02 - No
99 - Unknown

HZ Material Placard ID No. 1 HZ Material Placard ID No. 2 HZ Material Placard ID No. 3 HZ Material Placard Class 1st

01 - Class 1 Explosives
02 - Class 2 Gases (Flammable, Non-Flammable, Poison and Toxic)
03 - Class 3 Flammable Liquids
04 - Class 4 Flammable Solids
05 - Class 5 Oxidizers & Organic Peroxides
06 - Class 6 Poisonous & Toxic
07 - Class 7 Radioactive Materials
08 - Class 8 Corrosives
09 - Class 9 Miscellaneous Hazardous Materials
10 - Other Placards (Dangerous Mixed Loads, Hot Markings)
11 - Not Applicable
99 - Unknown

2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th 101st 102nd 103rd 104th 105th 106th 107th 108th 109th 110th 111st 112nd 113rd 114th 115th 116th 117th 118th 119th 120th 121st 122nd 123rd 124th 125th 126th 127th 128th 129th 130th 131st 132nd 133rd 134th 135th 136th 137th 138th 139th 140th 141st 142nd 143rd 144th 145th 146th 147th 148th 149th 150th 151st 152nd 153rd 154th 155th 156th 157th 158th 159th 160th 161st 162nd 163rd 164th 165th 166th 167th 168th 169th 170th 171st 172nd 173rd 174th 175th 176th 177th 178th 179th 180th 181st 182nd 183rd 184th 185th 186th 187th 188th 189th 190th 191st 192nd 193rd 194th 195th 196th 197th 198th 199th 200th 201st 202nd 203rd 204th 205th 206th 207th 208th 209th 210th 211st 212nd 213rd 214th 215th 216th 217th 218th 219th 220th 221st 222nd 223rd 224th 225th 226th 227th 228th 229th 230th 231st 232nd 233rd 234th 235th 236th 237th 238th 239th 240th 241st 242nd 243rd 244th 245th 246th 247th 248th 249th 250th 251st 252nd 253rd 254th 255th 256th 257th 258th



Supplemental NON-Motorist

Non Motorist Segment No: Vehicle No. 01 02 03... Last Name First Name MI Age Gender: M, F, X SSN (Fatais Only) DOB (yyyy/mm/dd) ☐ Home☐ Work☐ Cell Phoneand/
or☐ Home☐ Work☐ Cell PhoneEMS ID EMS Run # Medical Facility

Non Motorist Action Prior to Crash

- 01 - Entering/Crossing Road
- 02 - Traveling along road w/ traffic
- 03 - Traveling along road against traffic
- 04 - Pushing a Motor Vehicle
- 05 - Approaching or Leaving MV
- 06 - Playing or Working On Motor Vehicle
- 07 - Standing/Laying Down
- 08 - In a parked MV (sitting, etc.)
- 09 - Other
- 99 - Unknown

Non Motorist Pursuit

- 01 - Recreation Pursuit
- 02 - Going to/from school
- 03 - Non motorist commuter
- 04 - Stranded Motorist
- 05 - Working
- 06 - Cycling
- 07 - Other
- 99 - Unknown

Non Motorist Location at time of Crash

- 01 - Marked Crosswalk at Intersection
- 02 - Intersection w/o Marked Crosswalk
- 03 - Non-intersection Crosswalk
- 04 - Driveway Access Crosswalk
- 05 - In Roadway (not in crosswalk or intersection)
- 06 - Median (Not Shoulder)
- 07 - Island
- 08 - Shoulder
- 09 - Sidewalk
- 10 - Roadside
- 11 - Outside of Traffic Way
- 12 - Dedicated Bike Lane
- 13 - Shared-Used Path or Trail
- 14 - Inside Building
- 15 - Other
- 99 - Unknown

Most Injured Area

- 01 - Head
- 02 - Face
- 03 - Neck
- 04 - Thorax (Chest)
- 05 - Abdomen/Pelvis
- 06 - Spine
- 07 - Upper Extremity (ie Arm)
- 08 - Lower Extremity (ie Leg)
- 09 - No Injury
- 99 - Unknown

Non Motorist Type

- 03 - Pedestrian
- 04 - Pedacyclist
- 05 - Occupant of MV NOT in transport (parked)
- 06 - Pedestrian Conveyance
- 07 - Other Pedestrian (ie.wheelchair)
- 99 - Unknown type

Non Motorist Condition at Time of Crash

- 01 - Apparently Normal
- 02 - Emotional (ie, depressed, angry)
- 03 - Ill (sick)
- 04 - Fell Asleep, Fainted
- 05 - Fatigued
- 06 - Under Influence of Medication
- 07 - Physical Disability
- 08 - Suspected Drug Use
- 09 - Suspected Alcohol Use
- 10 - Other
- 99 - Unknown

Non Motorist Action at Time of Crash (choose up to 2)

- 01 - No Improper Action
- 02 - Improper Crossing
- 03 - Darting
- 04 - In Roadway
- 05 - Failure to yield ROW
- 06 - Not Visible (Dark Clothing)
- 07 - Inattentive (talking, eating, etc)
- 08 - Disobey Traffic Signs, Officer, etc.
- 09 - On Wrong Side of Road
- 10 - Other Improper Action
- 99 - Unknown

1st
2nd

Injured Transported by

- 01-Not Transported
- 02-EMS (Ground)
- 03-EMS (Air)
- 04-Law Enforcement
- 05-Other (Private MV)
- 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
- 14 - 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 and Released from Hospital)
- 06 - First Aid Given at Scene
- 07 - No Treatment
- 08 - Refused Treatment
- 99 - Unknown

Non Motorist Proximity

- 01 - Same city as report made
- 02 - Lives 25 miles or less from crash scene
- 03 - Lives greater than 25 miles from crash scene by within Wyoming
- 04 - Does not have residence in Wyoming
- 99 - Unknown

Non Motorist Safety Equipment (choose up to 2)

- 01 - None
- 02 - Helmet
- 03 - Protective Pad (elbow, knee, etc.)
- 04 - Reflective Clothing
- 05 - Lighting
- 06 - Other
- 07 - Not Applicable
- 99 - Unknown

1st
2nd

Suspect Alcohol on Non Motorist

- 01-Yes
- 02-No
- 99-Unknown

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

Alcohol Test Type

- 01 - No Test Performed
- 02 - Test Refused
- 03 - Blood
- 04 - Serum
- 05 - Breath
- 06 - Urine
- 07 - Other
- 99 - Unknown

Suspect Drugs on Non Motorist

- 01-Yes
- 02-No
- 99-Unknown

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

Drug Test Type

- 01 - No Test Performed
- 02 - Test Refused
- 03 - Blood
- 04 - Serum
- 05 - Urine
- 06 - Other
- 99 - Unknown

Injury Status

- 01 - Fatal Injury
- 02 - Incapacitating Injury
- 03 - Non-Incapacitating Injury
- 04 - Possible Injury
- 05 - No Injury
- 99 - Unknown

CASE NO.

SUPPLEMENTAL BUS INFORMATION

Vehicle No. 1 2 3... Actual No. of
Bus
Occupants
(01 to 99) Carrier's Name Carrier's Street
Number Carrier's City Street Name Street Address or PO Box of Individual,
Partnership, or Corporation City State Zip Code ICC/MC No. Carrier's Country US DOT No.

Occupant Data Required only for Fatal or Injured Occupants

54	53	52	51	50
49	48	47	46	45
44	43	42	41	40
39	38	37	36	35
34	33	32	31	30
29	28	27	26	25
24	23	22	21	20
19	18	17	16	15
14	13	12	11	10
9	8	7	6	5
4	3	2	1	0

Layout A

67	66	65	64	63
62	61	60	59	58
57	56	55	54	53
52	51	50	49	48
47	46	45	44	43
42	41	40	39	38
37	36	35	34	33
32	31	30	29	28
27	26	25	24	23
22	21	20	19	18
17	16	15	14	13
12	11	10	9	8
7	6	5	4	3
2	1	0	0	0

Layout B

80	79	78	77	76	75	74
73	72	71	70	69	68	67
66	65	64	63	62	61	60
59	58	57	56	55	54	53
52	51	50	49	48	47	46
45	44	43	42	41	40	39
38	37	36	35	34	33	32
31	30	29	28	27	26	25
24	23	22	21	20	19	18
17	16	15	14	13	12	11
10	9	8	7	6	5	4
3	2	1	0	0	0	0

Layout C

15	14	13
12	11	10
9	8	7
6	5	4
3	2	1

Layout D

Commercial / Charter / School Bus Layouts

- ☐ A ☐ B ☐ C ☐ Other Bus
- ☐ D (Bus/Van 9-15 passengers)

Seat Position

02-60 (see bus layout for passenger position)
97-Riding on MV Exterior
98-Other (explain in narrative)
99-Unknown

Person Type

02-Passenger
99-Unknown

If non-motorist, complete supplemental form

MV

01
02
03...

MV #
Person Type:
Seat Position
Seat Belt Usage

Occupant Protection System Operation

01-Apparently Normal
02-Failure/Malfunction
03-Misuse
99-Unknown

Seat Belt 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

Ejection

01-Not Ejected
02-Partially Ejected
03-Totally Ejected
04-Trapped & Extricated
05-Not Applicable
99-Unknown

Seat Belt Operation
Ejection
Injury Status
Injury Area
Injury Description
Injury Classification
Injured Transported by

Injury Status

01-Fatal Injury
02-Incapacitating Injury
03-Non-Incapacitating Injury
04-Possible Injury
05-No Injury
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 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

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

EMS ID EMS Run #

Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone				
Medical Facility <input type="text"/>					

Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone				
Medical Facility <input type="text"/>					

SUPPLEMENTAL BUS INFORMATION

Layout A

54	53	52	51	50
49	48		47	46
45	44		43	42
41	40		39	38
37	36		35	34
33	32		31	30
29	28		27	26
25	24		23	22
21	20		19	18
17	16		15	14
13	12		11	10
9	8		7	6
5	4		3	2
1				

AISLE

Curbside

Driver

Layout B

67	66	65	64	63	62
61	60	59		58	57
56	55	54		53	52
51	50	49		48	47
46	45	44		43	42
41	40	39		38	37
36	35	34		33	32
31	30	29		28	27
26	25	24		23	22
21	20	19		18	17
16	15	14		13	12
11	10	9		8	7
6	5	4		3	2
1					

AISLE

Curbside

Driver

Layout C

80	79	78	77	76	75	74
73	72	71		70	69	68
67	66	65		64	63	62
61	60	59		58	57	56
55	54	53		52	51	50
49	48	47		46	45	44
43	42	41		40	39	38
37	36	35		34	33	32
31	30	29		28	27	26
25	24	23		22	21	20
19	18	17		16	15	14
13	12	11		10	9	8
7	6	5		4	3	2
1						

AISLE

Curbside

Driver

Layout D

15	14	13
12	11	10
9	8	7
6	5	4
3	2	Driver

MV # Person Type: Seat Position Seat Belt Usage

Seat Belt Operation Ejection Injury Status Injury Area Injury Description Injury Classification Injured Transported by

EMS ID EMS Run #

>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
Medical Facility			<input type="text"/>		

>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
Medical Facility			<input type="text"/>		

>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
Medical Facility			<input type="text"/>		

>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
Medical Facility			<input type="text"/>		

>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
Medical Facility			<input type="text"/>		

>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
Medical Facility			<input type="text"/>		

>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or		<input type="radio"/> Home
Medical Facility			<input type="text"/>		



**SUPPLEMENTAL ALCOHOL OR DRUG TEST
RESULTS DRIVER**

Vehicle No. 01 02 03...

CASE NO.

Last Name First Name MI

Alcohol Test Results

Alcohol
Test Result

Drug Test Results

Drug Test Indication	<input type="text"/>
P - Positive	
N - Negative	
99 - Unknown	

Drug Test Results choose up to 4	1st choice
01 - Marijuana	<input type="text"/>
02 - Cocaine	2nd choice <input type="text"/>
03 - Opiate	3rd choice <input type="text"/>
04 - Amphetamine	4th choice <input type="text"/>
05 - PCP	
06 - Other Controlled Substance	
07 - Other Drug (excludes post crash drugs)	



**SUPPLEMENTAL ALCOHOL OR DRUG TEST
RESULTS NON-MOTORIST**

Vehicle No. 01 02 03...

CASE NO.

Last Name First Name MI

Alcohol Test Results

Alcohol
Test Result

Drug Test Results

Drug Test Indication	<input type="text"/>
P - Positive	
N - Negative	
99 - Unknown	

Drug Test Results choose up to 4	1st choice
01 - Marijuana	<input type="text"/>
02 - Cocaine	2nd choice <input type="text"/>
03 - Opiate	3rd choice <input type="text"/>
04 - Amphetamine	4th choice <input type="text"/>
05 - PCP	
06 - Other Controlled Substance	
07 - Other Drug (excludes post crash drugs)	



INVESTIGATOR'S PDO/SINGLE VEHICLE ANIMAL CRASH ONLY

PR-903
Revised 4/13/2012

CASE NO. **BUSES EXCLUDED**

Highway Safety Office Use Only ☐ Rural ☐ PID ☐ NON-PID

Crash Type: ☐ G ≥ \$1,000 ☐ N < \$1000 ☐ P - Private

Investigating Agency
 01 - City PD 02 - Sheriff 03 - BIA 04 - Forest Service 05 - Campus Police 06 - WHP 07 - Other **Division (WHP only)**

Badge # **Officer's Last Name**

County **City**

Crash occurred on: Highway/Street **at intersection with: Highway/Street**

Date of Crash (yyyy/mm/dd) **Time (24 hr)**

Vehicles **# Drivers** **# Persons**

Investigated at Scene by Law Enforcement Yes ☐ No ☐

Insurance Verified Yes ☐ No ☐

Vehicle Towed Yes ☐ No ☐

Highway LRS # CAT. ID # DIR

Intersection LRS # CAT. ID # DIR

Milepost Marker

Highway Section #

If NOT at Intersection **Direction** **nearest street, highway, ramp, bridge, city, railroad crossing, etc.**

GPS Latitude **GPS Longitude**

DRIVER INFORMATION

Driver's Last Name **First Name** **MI** **Gender** **DOB (yyyy/mm/dd)**

Street Number **Street Name** **City** **State** **Zip Code**

Driver's License Number **State (FIPS)** **Age** ☐ HomePhone ☐ Work phone ☐ Cell Phone

VEHICLE INFORMATION

Vehicle owner same as driver ☐

Vehicle Owner's Last Name **First Name** **MI** **Posted Speed** **Est. Speed**

Street Number **Street Name** **City** **State** **Zip Code**

Make (example: Chevrolet, Dodge, Toyota) **Model (example: Silverado, Dakota, Solara)** **Year**

Vehicle Identification Number (VIN - 17 Digits) **License Plate No.** **State (FIPS)**

Was Commercial Vehicle Involved? ☐ YES ☐ NO

If yes, fill out supplement PR-902B

Insurance Company **Policy #**

Most Harmful Event (Animal)

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

Trailer Style

- 1 - No Trailer
- 2 - Camping Trailer
- 3 - Mobile Home
- 4 - Utility Trailer
- 5 - Boat/Jet Ski Trailer
- 6 - Towed Vehicle
- 7 - Horse/Stock Trailer
- 8 - Motorcycle Trailer
- 9 - Multiple Trailers
- 10 - Other (ie. Bicycle)
- 99 - Unknown

Vehicle Maneuver/Action

- 1 - Straight Ahead
- 2 - Backing
- 3 - Changing Lanes
- 4 - Overtaking/Passing
- 5 - Turning Right
- 6 - Turning Left
- 7 - Make U-Turn
- 8 - Leaving a Traffic Lane/Parking
- 9 - 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

Weather

- 1 - Clear
- 2 - Raining
- 3 - Snowing
- 4 - Fog
- 5 - Blowing Dust/Sand/Dirt
- 6 - Severe Wind Only
- 7 - Blizzard
- 8 - Sleet/Hail/Freezing Rain
- 9 - Blowing Snow
- 10 - Cloudy/Overcast
- 11 - Smoke
- 12 - Other
- 99 - Unknown

Road

- 1 - Dry
- 2 - Wet
- 3 - Icy/Frost
- 4 - Snow
- 5 - Mud/Dirt/Gravel
- 6 - Slush
- 7 - Oil/Fuel
- 8 - Sand on Dry Pavement
- 9 - Sand on Icy Road
- 10 - Water standing/Running
- 11 - Other
- 99 - Unknown



Vehicle #1
Damage Estimate

Shade number next to the area damaged on your vehicle

Lighting

- 1 - Daylight
- 2 - Darkness/Unlighted
- 3 - Darkness/Lighted
- 4 - Dawn
- 5 - Dusk
- 99 - Unknown

Seat Position	Safety Equipment Usage	Injury Status	Air Bag Deployed
1-Driver 2-Front Row Middle 3-Front Row Right 4-Passenger Front Row Left (for foreign or postal vehicles) 5-Second Row Left 6-Second Row Middle 7-Second Row Right 8-Third Row Left 9-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-MC 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	1-None Used 2-Not Available 3-Shoulder & Lap belt 4-Shoulder Belt Only 5-Lap Belt Only 6-Passive Restraint Only 7-Restraint used-Type Unk. 8-Forward Facing Child 9-Rear Facing Child Restraint 10-Booster Seat 11-Child Restraint-Type Unk. 12-Helmet Used 13-Other 99-Unknown	5-No Injury If any injuries form 902 must be used	1-Not Applicable 2-Not Deployed 3-Deployed Front 4-Deployed Side 5-Deployed Combination 6-Deployed Other 7-Deployment Unknown

VEHICLE # 1 Please Attach More Sheets If Needed
Driver # 1

PASSENGER INFORMATION FOR VEHICLE #1							
Last	Name	First	Name	MI	AGE	Gender	
						M, F, X	

Driver's Action (choose up to 4/ ie. 01, 10, 25) 01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions 09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking 13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action 99 - Unknown	1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 4th <input type="text"/>	Driver's Condition (choose up to 2) 01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed...) 03 - ill (Sick) 04 - Fell Asleep, Fainted 05 - Fatigued 06 - Under Influence of Medication 07 - Physical Disability 08 - Suspected Drug Use 09 - Suspected Alcohol Use 10 - Other 99 - Unknown	1st <input type="text"/> 2nd <input type="text"/>	Driver's Distraction (choose one) 01 - Not Distracted 02 - Electronic Communication Device (cell, pager...) 03 - Other Electronic Device (palm, TV, computer...) 04 - Other Distraction Inside MV (passenger, pet...) 05 - Other Distraction Outside MV 99 - Unknown	<input type="text"/>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Location of FHE</th> </tr> </thead> <tbody> <tr><td>01 - On Roadway</td></tr> <tr><td>02 - Off Roadway</td></tr> <tr><td>03 - Shoulder</td></tr> <tr><td>04 - Median</td></tr> <tr><td>05 - On OTHER Roadway</td></tr> <tr><td>06 - Outside of ROW</td></tr> <tr><td>07 - Gore</td></tr> <tr><td>08 - Separator</td></tr> <tr><td>09 - In Parking Lane/Zone</td></tr> <tr><td>10 - Tunnel</td></tr> <tr><td>11 - Bridge</td></tr> <tr><td>12 - Port of Entry</td></tr> <tr><td>13 - Rest Area</td></tr> <tr><td>99 - Unknown</td></tr> </tbody> </table>						Location of FHE	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
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Narrative (Briefly describe the events of the crash)

DIAGRAM
Please indicate direction of travel <div style="text-align: center; margin-top: 20px;"> </div>