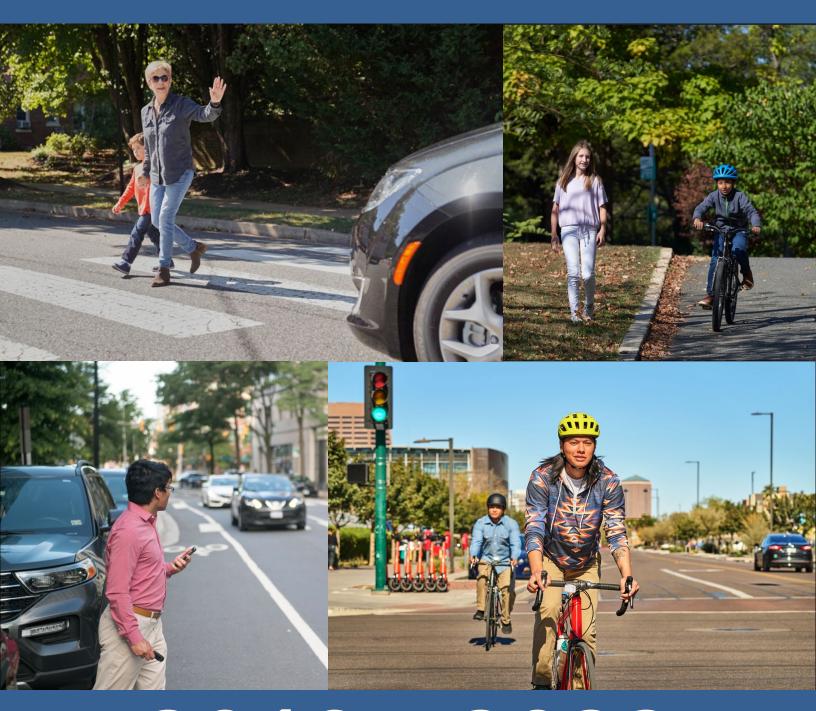
# WYOMING

VULNERABLE ROAD USERS CRITICAL CRASH REPORT



2018 - 2022

#### An annual publication provided by the



Wyoming Department of Transportation Highway Safety Program 5300 Bishop Blvd. Cheyenne, WY 82009-3340

### August 2023

The data contained within this report will be accurate and current at the time of publication. Data may be subject to change.



## WYOMING Department of Transportation

"Provide a safe and effective transportation system"

5300 Bishop Boulevard, Cheyenne, Wyoming 82009-3340



August 10, 2023

Dear Reader,

Wyoming's Vulnerable Road Users Critical Crash Report has been published for your information. This report provides information on traffic crashes occurring on public roadways in the state of Wyoming involving pedestrians and/or pedalcyclists. The publication contains basic crash information as well as information for popular areas of interest, such as the basic demographics of the people involved, data on when and where crashes are occurring, and potential contributing factors.

If you require further information, or if you have any questions, comments, or suggestions about the report, please contact the Highway Safety Program at the address below.

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Sincerely

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### **BACKGROUND INFORMATION**

#### **Purpose**

Pedestrians and pedalcyclists are vulnerable road users due to their high risk of injury if struck by a motor vehicle. They have little or no protection to absorb and diffuse the transfer of energy created at impact, which is why pedestrians and pedalcyclists experience a higher proportion of fatal and suspected serious injuries when a crash occurs. An increase in vulnerable road user crashes is a rising concern nationwide.

Wyoming vulnerable road user critical crash analysis is completed and published annually in order to provide useful information about critical crashes that have occurred over the previous five-year period on public roadways in Wyoming. The severity level of a crash is determined by the most severe injury resulting from the crash, with critical crashes including all crashes with a fatal or suspected serious injury.

This report provides concerned citizens and safety partners (including roadway engineers, law enforcement agencies, non-profit organizations, and other safety professionals) with more detailed crash and injury information on the vulnerable road user safety focus area (area of primary focus for critical crash prevention treatment). The crash data provided in this publication may help identify safety problem areas to target for improvement, including the locations and populations affected. It also enables readers to track the progress of identified safety problem areas. Understanding where safety needs are greatest will help the Wyoming Department of Transportation (WYDOT) and its safety partners focus available funds on the most effective crash reduction projects and injury prevention programs.

#### **Explanation of the Wyoming Vulnerable Road Users Critical Crash Report**

For ease of analysis, the crash information presented in this report is divided into five (5) sections.

*Basic Crash Information* provides an overview of statewide crash data and vulnerable road user crash data for comparative purposes. This includes total crash and involved counts, as well as a five-year average critical crash comparison chart.

*People Involved* provides counts and more detailed information for drivers, pedestrians, and pedalcyclists directly involved in a critical crash with groupings based on gender, age, and injury status.

When Crashes are Occurring provides counts and more detailed information by vulnerable road user person type on when critical crashes are occurring with groupings by month, day of the week, hour of the day, and lighting conditions.

Where Crashes are Occurring provides counts and more detailed information by vulnerable road user person type on where critical crashes are occurring with groupings by location and various roadway descriptions, features, and circumstances.

Potential Contributing Factors provides counts and more detailed information for drivers, pedestrians, and pedalcyclists on potential contributing factors leading up to the crash with groupings by various types of conditions or circumstances present at the location of the crash and risky behaviors identified as putting roadway users at risk of property damage and injury.

#### **Key Concepts**

**Fatality** – A person who dies as the result of a traffic crash; the individual must have died within 30 days of the crash due to injuries sustained in the crash.

**Injury –** Bodily harm to a person (even a hint of a complaint of pain, bruise, or nausea) as a result of a crash that does not result in death.

**Vulnerable Road User –** A person considered to be at high risk of injury if struck by a motor vehicle.

**Pedalcycle –** A non-motorized vehicle propelled by pedaling.

**Pedalcyclist** – Any person directly involved in a crash who is an occupant of a pedalcycle in-transport.

**Pedestrian** – Any person directly involved in a crash who is not an occupant of a motor vehicle or pedalcycle.

**CRASH SEVERITY** – Based on the most severe injury resulting from the crash.

**Fatal Crash** – A traffic crash involving one or more persons who sustained an injury resulting in death within 30 days of the crash and as a result of the crash.

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

**Property Damage Only (PDO) Crash –** A traffic crash involving property damage of \$1,000 or more with no apparent injuries or fatalities.

**INJURY STATUS** – The injury classification for each person directly involved in the crash.

**Fatal Injury** – Any injury that results in death within a 30 day period after the crash occurred.

**Suspected Serious Injury –** Any injury, other than a fatal injury, that prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. It is often defined as "needing help from the scene."

**Suspected Minor Injury** – Any injury, other than a fatal or serious injury, which is evident to observers at the scene of the crash in which the injury occurred. Examples: contusions (bruises), laceration, bloody nose.

**Possible Injury –** A complaint of pain without visible injury.

**No Apparent Injury –** No physical evidence of injury and person does not report any changes in normal function.

#### **CRASH CATEGORIES**

**Critical Crash –** Critical crashes include all fatal and serious injury crashes.

**Serious Crash –** Serious crashes include all suspected minor injury and possible injury crashes.

**Damage Crash** – Damage crashes include all no apparent injury and unknown injury crashes.

## BASIC CRASH INFORMATION



### PREVALENCE OF VULNERABLE ROAD USER INVOLVED CRITICAL CRASHES

#### ALL VULNERABLE ROAD USER INVOLVED CRITICAL CRASHES

| Year  | All Critical<br>Crashes | VRU Involved<br>Critical Crashes | % of VRU Involved<br>Critical Crashes | All CC<br>Injuries | VRU Involved<br>CC Injuries | % of VRU Involved CC Injuries |
|-------|-------------------------|----------------------------------|---------------------------------------|--------------------|-----------------------------|-------------------------------|
| 2018  | 359                     | 25                               | 6.96%                                 | 586                | 26                          | 4.44%                         |
| 2019  | 441                     | 32                               | 7.26%                                 | 752                | 40                          | 5.32%                         |
| 2020  | 440                     | 29                               | 6.59%                                 | 773                | 38                          | 4.92%                         |
| 2021  | 503                     | 36                               | 7.16%                                 | 762                | 41                          | 5.38%                         |
| 2022  | 496                     | 37                               | 7.46%                                 | 752                | 44                          | 5.85%                         |
| TOTAL | 2,239                   | 159                              | 7.10%                                 | 3,625              | 189                         | 5.21%                         |

Critical crash injuries include all fatal, suspected serious, suspected minor, and possible injuries.

#### **VULNERABLE ROAD USER INVOLVED FATAL CRASHES**

| Year  | All Fatal<br>Crashes | VRU Involved<br>Fatal Crashes | % of VRU Involved<br>Fatal Crashes | All<br>Fatalities | VRU Involved<br>Fatalities | % of VRU Involved Fatalities |
|-------|----------------------|-------------------------------|------------------------------------|-------------------|----------------------------|------------------------------|
| 2018  | 100                  | 6                             | 6.00%                              | 111               | 6                          | 5.41%                        |
| 2019  | 120                  | 10                            | 8.33%                              | 147               | 10                         | 6.80%                        |
| 2020  | 112                  | 8                             | 7.14%                              | 127               | 8                          | 6.30%                        |
| 2021  | 102                  | 11                            | 10.78%                             | 110               | 11                         | 10.00%                       |
| 2022  | 118                  | 8                             | 6.78%                              | 134               | 9                          | 6.72%                        |
| TOTAL | 552                  | 43                            | 7.79%                              | 629               | 44                         | 7.00%                        |

#### **VULNERABLE ROAD USER INVOLVED SUSPECTED SERIOUS INJURY CRASHES**

| Year  | All SI<br>Crashes | VRU Involved<br>SI Crashes | % of VRU Involved<br>SI Crashes | All Serious<br>Injuries | VRU Involved<br>Serious Injuries | % of VRU Involved<br>Serious Injuries |
|-------|-------------------|----------------------------|---------------------------------|-------------------------|----------------------------------|---------------------------------------|
| 2018  | 259               | 19                         | 7.34%                           | 291                     | 19                               | 6.53%                                 |
| 2019  | 321               | 22                         | 6.85%                           | 364                     | 22                               | 6.04%                                 |
| 2020  | 328               | 21                         | 6.40%                           | 390                     | 22                               | 5.64%                                 |
| 2021  | 401               | 25                         | 6.23%                           | 458                     | 25                               | 5.46%                                 |
| 2022  | 378               | 29                         | 7.67%                           | 437                     | 32                               | 7.32%                                 |
| TOTAL | 1,687             | 116                        | 6.88%                           | 1,940                   | 120                              | 6.19%                                 |

### VULNERABLE ROAD USER INVOLVED CRITICAL CRASH COUNTS

#### **VULNERABLE ROAD USER INVOLVED CRITICAL CRASHES**

| Year  | Fatal<br>Crashes | Serious Injury<br>Crashes | Total Critical<br>Crashes | All<br>Fatalities | All<br>Injuries | Total<br>Injured |
|-------|------------------|---------------------------|---------------------------|-------------------|-----------------|------------------|
| 2018  | 6                | 19                        | 25                        | 6                 | 20              | 26               |
| 2019  | 10               | 22                        | 32                        | 10                | 30              | 40               |
| 2020  | 8                | 21                        | 29                        | 8                 | 30              | 38               |
| 2021  | 11               | 25                        | 36                        | 11                | 30              | 41               |
| 2022  | 8                | 29                        | 37                        | 9                 | 35              | 44               |
| TOTAL | 43               | 116                       | 159                       | 44                | 145             | 189              |

#### PEDESTRIAN INVOLVED CRITICAL CRASHES

| Year  | Fatal<br>Crashes | Serious Injury<br>Crashes | Total Critical<br>Crashes | All<br>Fatalities | All<br>Injuries | Total<br>Injured |
|-------|------------------|---------------------------|---------------------------|-------------------|-----------------|------------------|
| 2018  | 6                | 14                        | 20                        | 6                 | 15              | 21               |
| 2019  | 10               | 17                        | 27                        | 10                | 25              | 35               |
| 2020  | 7                | 17                        | 24                        | 7                 | 24              | 31               |
| 2021  | 11               | 23                        | 34                        | 11                | 28              | 39               |
| 2022  | 7                | 21                        | 28                        | 8                 | 26              | 34               |
| TOTAL | 41               | 92                        | 133                       | 42                | 118             | 160              |

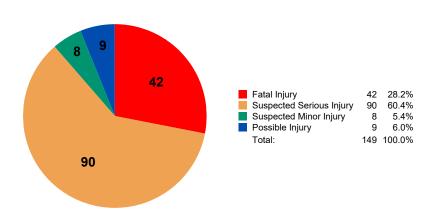
#### PEDALCYCLIST INVOLVED CRITICAL CRASHES

| Year  | Fatal<br>Crashes | Serious Injury<br>Crashes | Total Critical<br>Crashes | All<br>Fatalities | All<br>Injuries | Total<br>Injured |
|-------|------------------|---------------------------|---------------------------|-------------------|-----------------|------------------|
| 2018  | 0                | 5                         | 5                         | 0                 | 5               | 5                |
| 2019  | 0                | 5                         | 5                         | 0                 | 5               | 5                |
| 2020  | 1                | 4                         | 5                         | 1                 | 6               | 7                |
| 2021  | 0                | 2                         | 2                         | 0                 | 2               | 2                |
| 2022  | 1                | 8                         | 9                         | 1                 | 9               | 10               |
| TOTAL | 2                | 24                        | 26                        | 2                 | 27              | 29               |

### VULNERABLE ROAD USER INVOLVED CRITICAL CRASH INJURY COUNTS

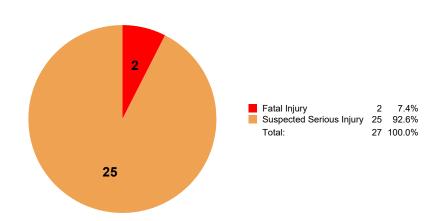
Injury Status of Pedestrians Involved in Critical Crashes





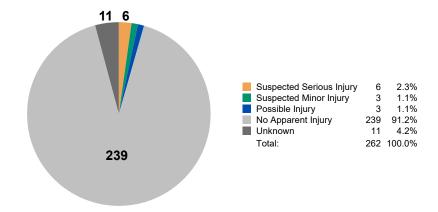
Injury Status of Pedalcyclists Involved in Critical Crashes





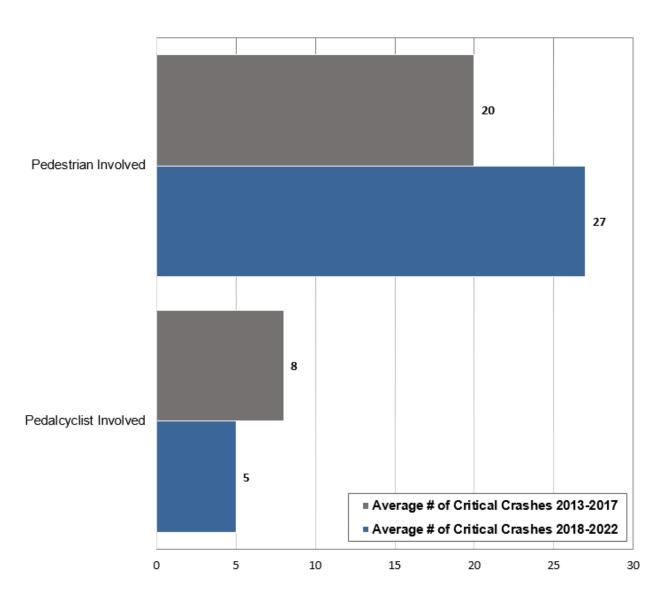
Injury Status of Motorists Involved in Vulnerable Road User Critical Crashes





## PROGRESS IN VULNERABLE ROAD USER INVOLVED CRITICAL CRASHES

### A Comparison of the 5-Year Average of Critical Crashes for Vulnerable Road Users

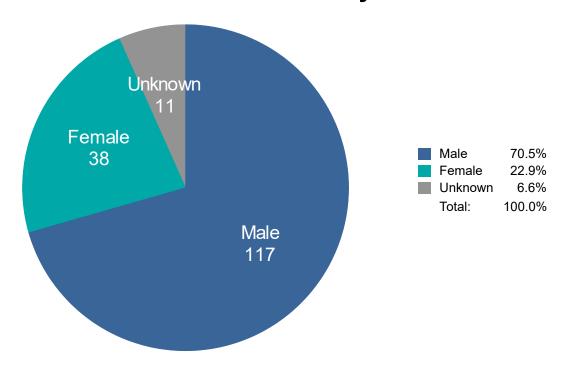


### PEOPLE INVOLVED

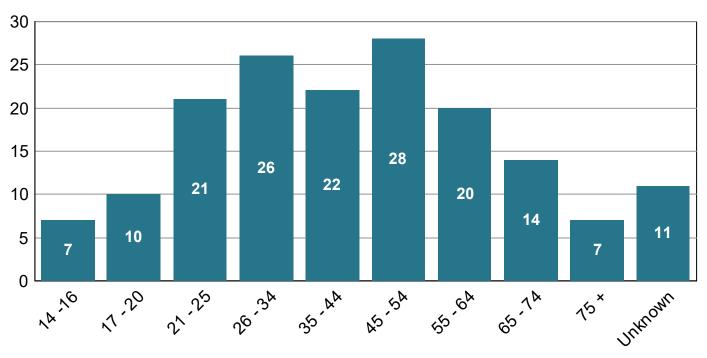


#### **DRIVER COUNTS**

## Drivers in Vulnerable Road User Involved Critical Crashes by Gender



## Drivers in Vulnerable Road User Involved Critical Crashes by Age Group



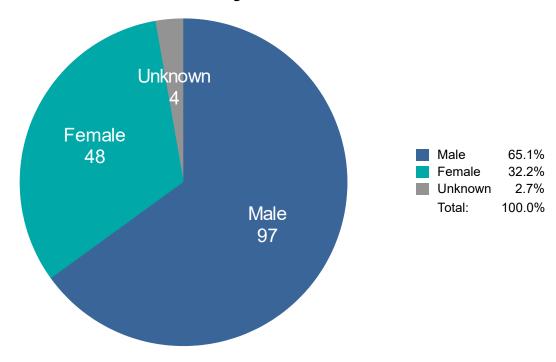
## Vulnerable Road User Involved Critical Crashes Driver Injury Status by Gender and Age Group

| Gender     | Age Group | Suspected<br>Serious<br>Injury | Suspected<br>Minor<br>Injury | Possible<br>Injury | No<br>Apparent<br>Injury | Unknown | Total |
|------------|-----------|--------------------------------|------------------------------|--------------------|--------------------------|---------|-------|
|            | 14 - 16   | 1                              | 0                            | 0                  | 3                        | 0       | 4     |
|            | 17 - 20   | 0                              | 0                            | 0                  | 5                        | 0       | 5     |
|            | 21 - 25   | 0                              | 0                            | 0                  | 16                       | 0       | 16    |
|            | 26 - 34   | 2                              | 2                            | 0                  | 18                       | 0       | 22    |
| Male       | 35 - 44   | 1                              | 0                            | 0                  | 15                       | 0       | 16    |
| iviale     | 45 - 54   | 0                              | 0                            | 0                  | 23                       | 0       | 23    |
|            | 55 - 64   | 0                              | 0                            | 0                  | 14                       | 0       | 14    |
|            | 65 - 74   | 0                              | 0                            | 0                  | 12                       | 0       | 12    |
|            | 75 +      | 0                              | 0                            | 0                  | 5                        | 0       | 5     |
|            | Total     | 4                              | 2                            | 0                  | 111                      | 0       | 117   |
|            | 14 - 16   | 0                              | 0                            | 0                  | 3                        | 0       | 3     |
|            | 17 - 20   | 0                              | 1                            | 1                  | 3                        | 0       | 5     |
|            | 21 - 25   | 0                              | 0                            | 0                  | 5                        | 0       | 5     |
|            | 26 - 34   | 0                              | 0                            | 0                  | 4                        | 0       | 4     |
| Female     | 35 - 44   | 0                              | 0                            | 0                  | 6                        | 0       | 6     |
| remale     | 45 - 54   | 0                              | 0                            | 0                  | 5                        | 0       | 5     |
|            | 55 - 64   | 0                              | 0                            | 0                  | 6                        | 0       | 6     |
|            | 65 - 74   | 1                              | 0                            | 0                  | 1                        | 0       | 2     |
|            | 75 +      | 0                              | 0                            | 0                  | 2                        | 0       | 2     |
|            | Total     | 1                              | 1                            | 1                  | 35                       | 0       | 38    |
| Unknown    | Unknown   | 0                              | 0                            | 0                  | 0                        | 11      | 11    |
| UTIKITOWIT | Total     | 0                              | 0                            | 0                  | 0                        | 11      | 11    |
| Total      |           | 5                              | 3                            | 1                  | 146                      | 11      | 166   |

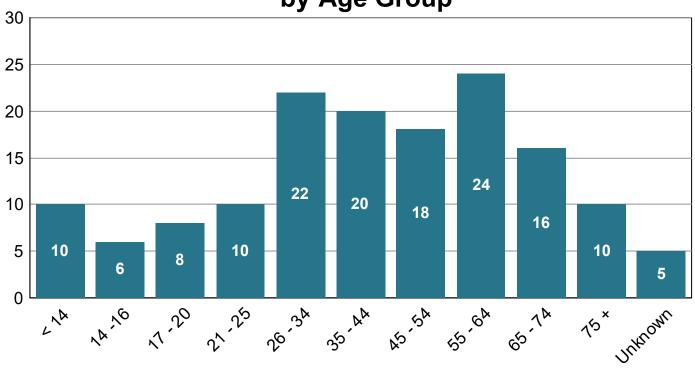
Unknown age and/or gender are a result of the driver leaving the crash scene before being identified.

#### **PEDESTRIAN COUNTS**

## Pedestrians Involved in Critical Crashes by Gender



## Pedestrians Involved in Critical Crashes by Age Group

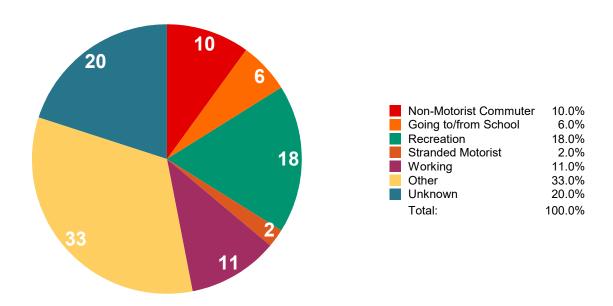


### Critical Crash Pedestrian Injury Status by Gender and Age Group

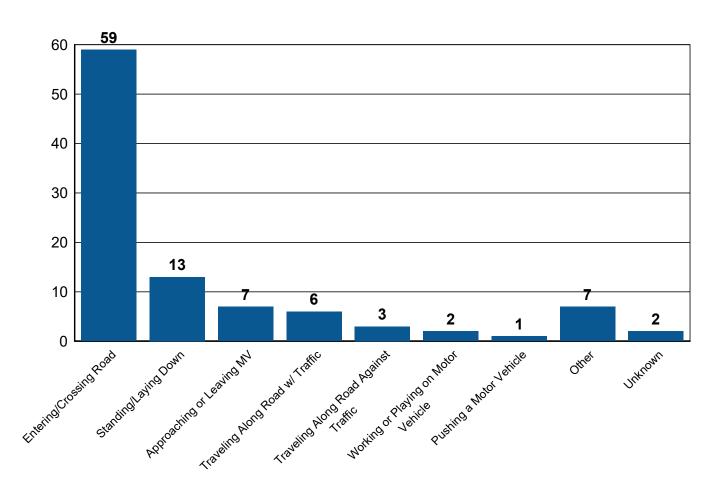
| Gender  | Age Group | Fatal Injury | Suspected<br>Serious Injury | Suspected<br>Minor Injury | Possible<br>Injury | Total |
|---------|-----------|--------------|-----------------------------|---------------------------|--------------------|-------|
|         | < 14      | 3            | 2                           | 0                         | 0                  | 5     |
|         | 14 - 16   | 0            | 2                           | 0                         | 0                  | 2     |
|         | 17 - 20   | 1            | 4                           | 0                         | 1                  | 6     |
|         | 21 - 25   | 1            | 4                           | 1                         | 2                  | 8     |
|         | 26 - 34   | 6            | 8                           | 1                         | 0                  | 15    |
| Mala    | 35 - 44   | 5            | 6                           | 0                         | 2                  | 13    |
| Male    | 45 - 54   | 2            | 10                          | 1                         | 0                  | 13    |
|         | 55 - 64   | 7            | 12                          | 0                         | 1                  | 20    |
|         | 65 - 74   | 1            | 8                           | 0                         | 0                  | 9     |
|         | 75 +      | 2            | 3                           | 0                         | 0                  | 5     |
|         | Unknown   | 0            | 0                           | 0                         | 1                  | 1     |
|         | Total     | 28           | 59                          | 3                         | 7                  | 97    |
|         | < 14      | 1            | 4                           | 0                         | 0                  | 5     |
|         | 14 - 16   | 0            | 4                           | 0                         | 0                  | 4     |
|         | 17 - 20   | 0            | 2                           | 0                         | 0                  | 2     |
|         | 21 - 25   | 0            | 2                           | 0                         | 0                  | 2     |
|         | 26 - 34   | 2            | 4                           | 1                         | 0                  | 7     |
| Female  | 35 - 44   | 4            | 3                           | 0                         | 0                  | 7     |
|         | 45 - 54   | 3            | 2                           | 0                         | 0                  | 5     |
|         | 55 - 64   | 1            | 3                           | 0                         | 0                  | 4     |
|         | 65 - 74   | 1            | 4                           | 2                         | 0                  | 7     |
|         | 75 +      | 2            | 3                           | 0                         | 0                  | 5     |
|         | Total     | 14           | 31                          | 3                         | 0                  | 48    |
| Unknowe | Unknown   | 0            | 0                           | 2                         | 2                  | 4     |
| Unknown | Total     | 0            | 0                           | 2                         | 2                  | 4     |
| Total   |           | 42           | 90                          | 8                         | 9                  | 149   |

Unknown age and/or gender are a result of the pedestrian leaving the crash scene before being identified.

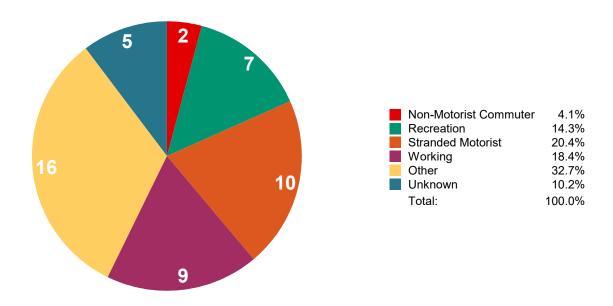
#### **Pedestrian Pursuit in Urban Critical Crashes**



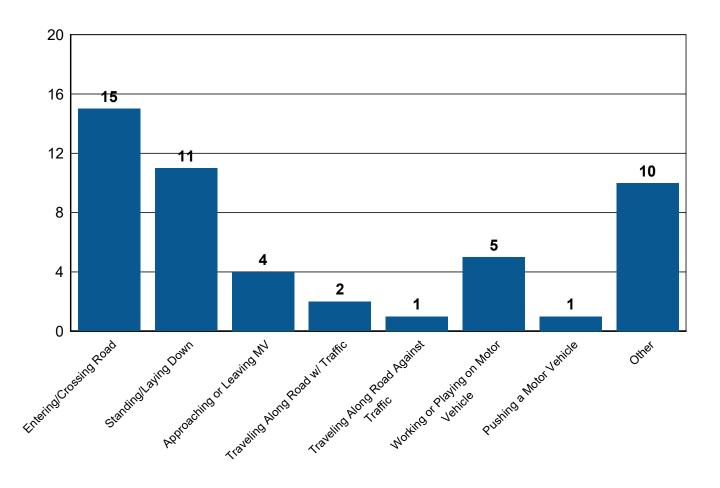
#### **Pedestrian Action Prior to Crash in Urban Critical Crashes**



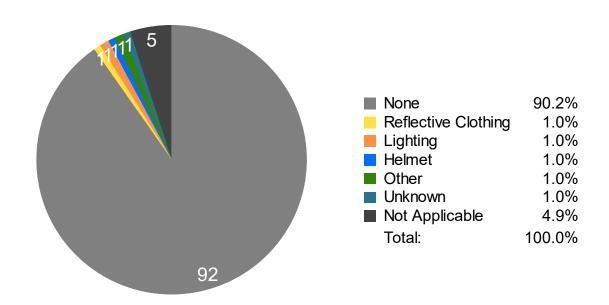
#### **Pedestrian Pursuit in Rural Critical Crashes**



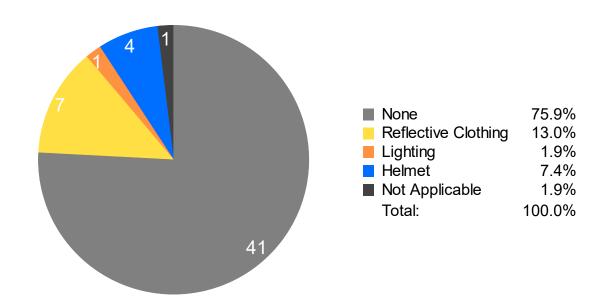
#### Pedestrian Action Prior to Crash in Rural Critical Crashes



### Safety Equipment Used by Urban Pedestrian Involved in Critical Crash

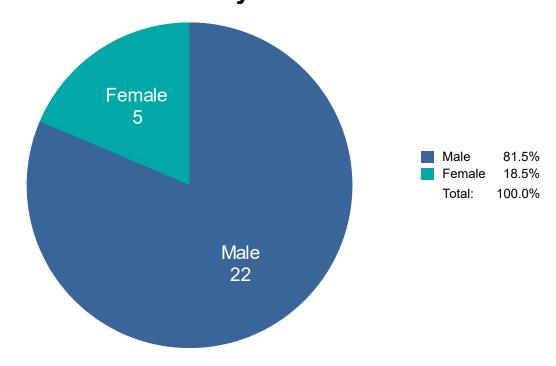


### Safety Equipment Used by Rural Pedestrian Involved in Critical Crash

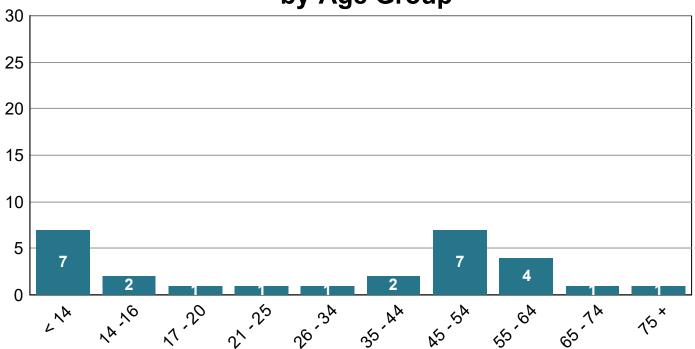


#### **PEDALCYCLIST COUNTS**

### Pedalcyclists Involved in Critical Crashes by Gender



## Pedalcyclists Involved in Critical Crashes by Age Group

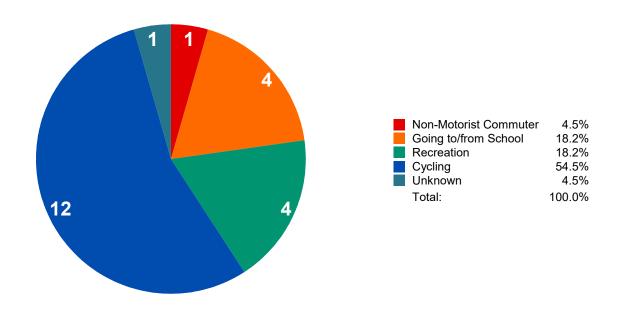


### Critical Crash Pedalcyclist Injury Status by Gender and Age Group

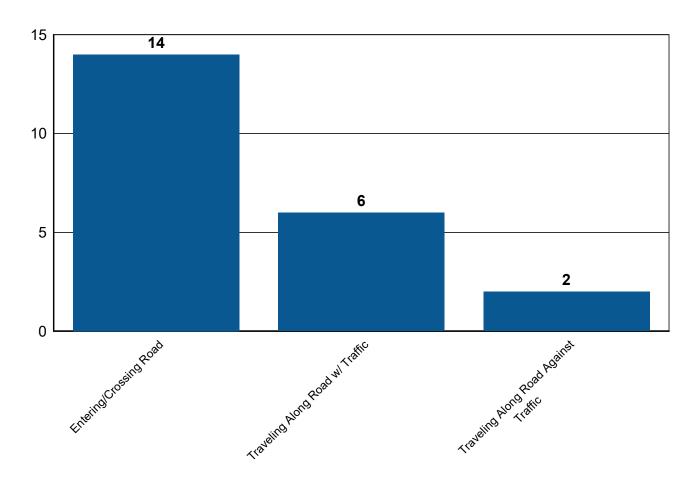
| Gender | Age Group | Fatal Injury | Suspected<br>Serious Injury | Total |
|--------|-----------|--------------|-----------------------------|-------|
| Male   | < 14      | 0            | 5                           | 5     |
|        | 14 - 16   | 0            | 2                           | 2     |
|        | 17 - 20   | 1            | 0                           | 1     |
|        | 26 - 34   | 0            | 1                           | 1     |
|        | 35 - 44   | 0            | 2                           | 2     |
|        | 45 - 54   | 0            | 6                           | 6     |
|        | 55 - 64   | 1            | 3                           | 4     |
|        | 65 - 74   | 0            | 1                           | 1     |
|        | Total     | 2            | 20                          | 22    |
| Female | < 14      | 0            | 2                           | 2     |
|        | 21 - 25   | 0            | 1                           | 1     |
|        | 45 - 54   | 0            | 1                           | 1     |
|        | 75 +      | 0            | 1                           | 1     |
|        | Total     | 0            | 5                           | 5     |
| Total  |           | 2            | 25                          | 27    |

Unknown age and/or gender are a result of the pedalcyclist leaving the crash scene before being identified.

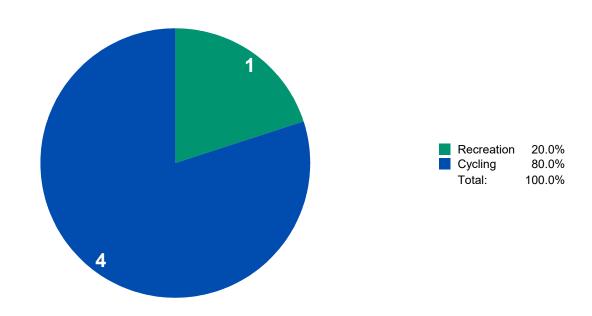
### **Pedalcyclist Pursuit in Urban Critical Crashes**



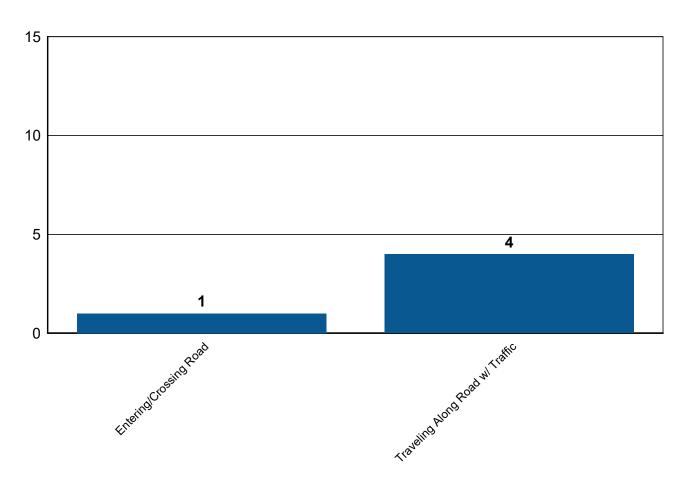
### Pedalcyclist Action Prior to Crash in Urban Critical Crashes



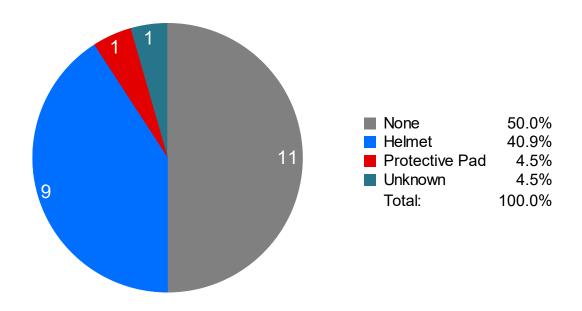
### **Pedalcyclist Pursuit in Rural Critical Crashes**



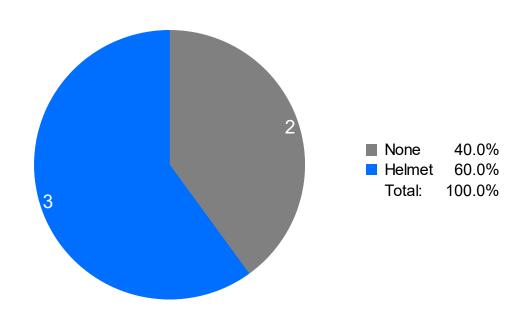
### Pedalcyclist Action Prior to Crash in Rural Critical Crashes



### Safety Equipment Used by Urban Pedalcyclist Involved in Critical Crash

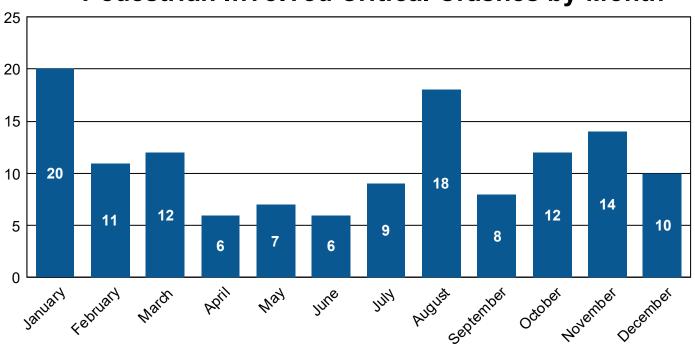


### Safety Equipment Used by Rural Pedestrian Involved in Critical Crash

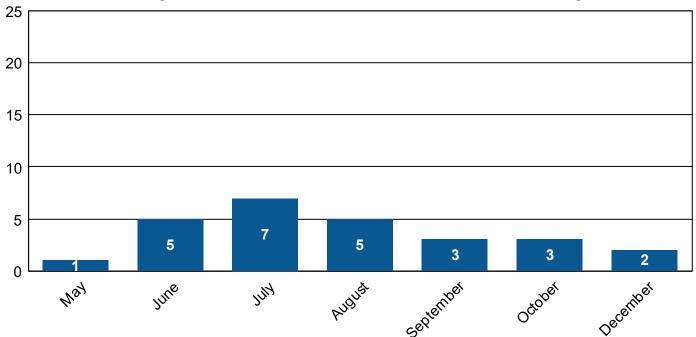


#### WHEN CRASHES ARE OCCURRING

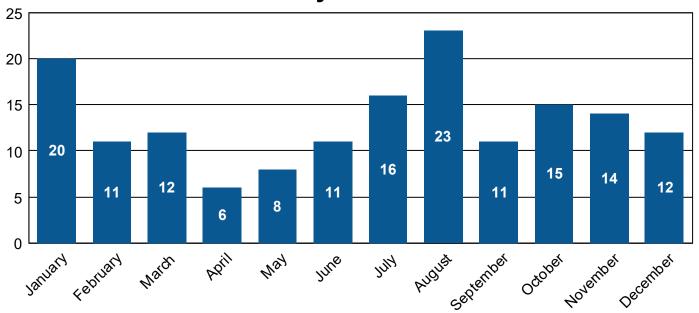
### **Pedestrian Involved Critical Crashes by Month**



### **Pedalcyclist Involved Critical Crashes by Month**



### Vulnerable Road User Involved Critical Crashes by Month



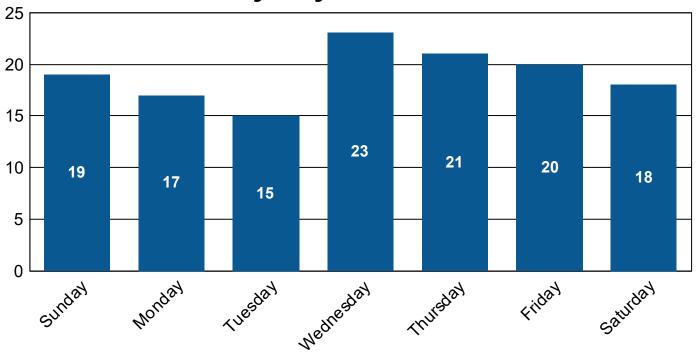
Pedestrian involved critical crashes are more dispersed throughout the year likely due to two factors:

- 1) "Walking" is considered more of a year round activity as compared to cycling;
- 2) "Pedestrian" goes beyond persons traveling from one location to another via non-motorized means. The pedestrian classification includes people who are not primarily engaged in a traveling pursuit, such as people in the process of entering or exiting a motor vehicle, stranded motorists outside of the motor vehicle, people working in or along the roadway, even people located in a building.

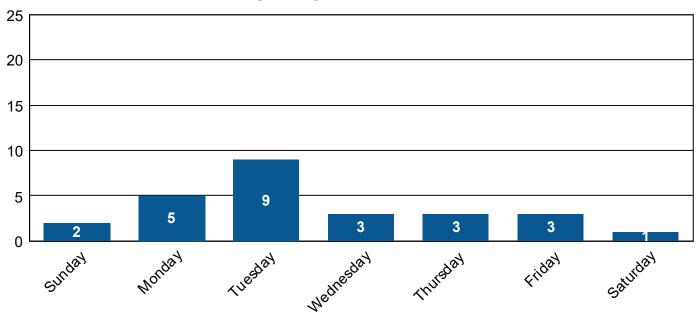
Traditionally, summer months tend to have more vulnerable road user involved crashes. During the most recent five-year period 31.4% of all vulnerable road user crashes occurred in the months of June through August. Summer months account for 24.8% of pedestrian involved crashes and 65.4% of pedalcyclist involved crashes.

Inclement weather months account for the majority of vulnerable road user involved crashes. During the most recent five-year period 52.8% of all vulnerable road user crashes occurred in the months of October through March, accounting for 59.4% of pedestrian involved crashes and 19.2% of pedalcyclist involved crashes. The high number of pedestrian involved crashes during this time period is likely linked to prior motorists involved in winter weather related crashes.

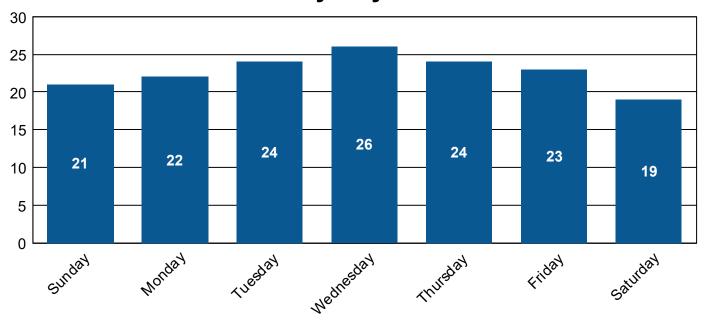
## Pedestrian Involved Critical Crashes by Day of the Week



## Pedalcyclist Involved Critical Crashes by Day of the Week



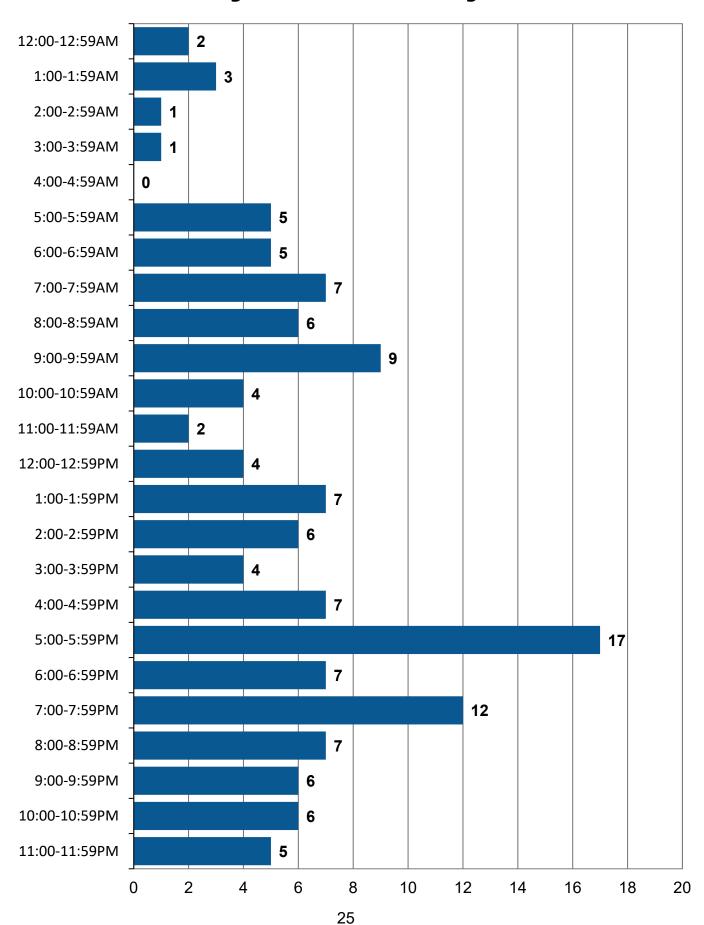
## Vulnerable Road User Involved Critical Crashes by Day of the Week



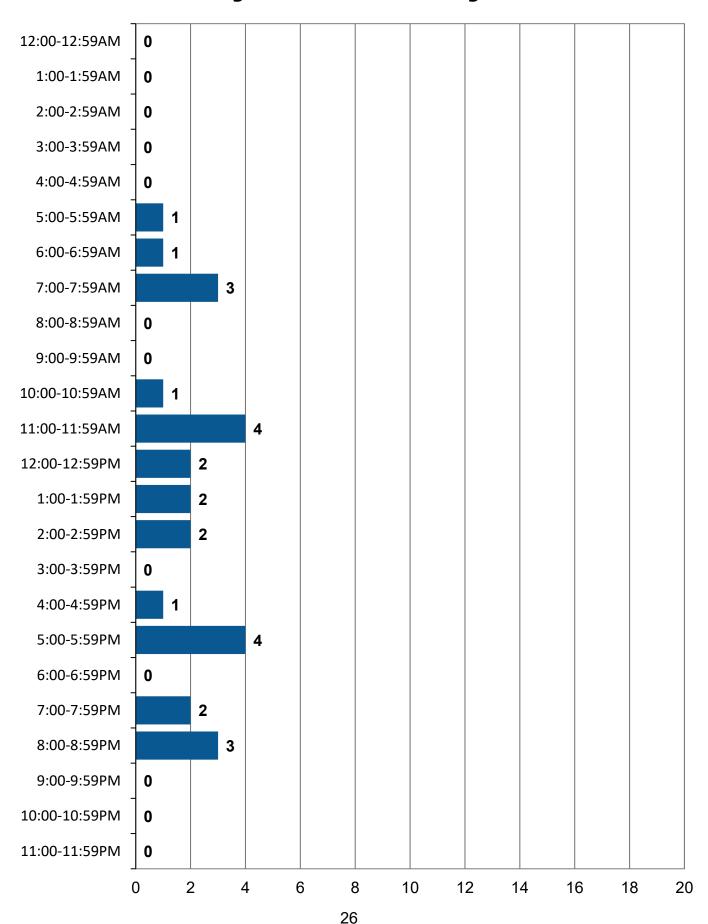
Vulnerable road user involved critical crashes are relatively evenly dispersed throughout the days of the week with no particular day having a significantly higher number of crashes.

During the most recent five-year period, pedestrian involved crashes were slightly less than average on Monday and Tuesday, whereas pedalcyclist involved crashes were above average on these days of the week.

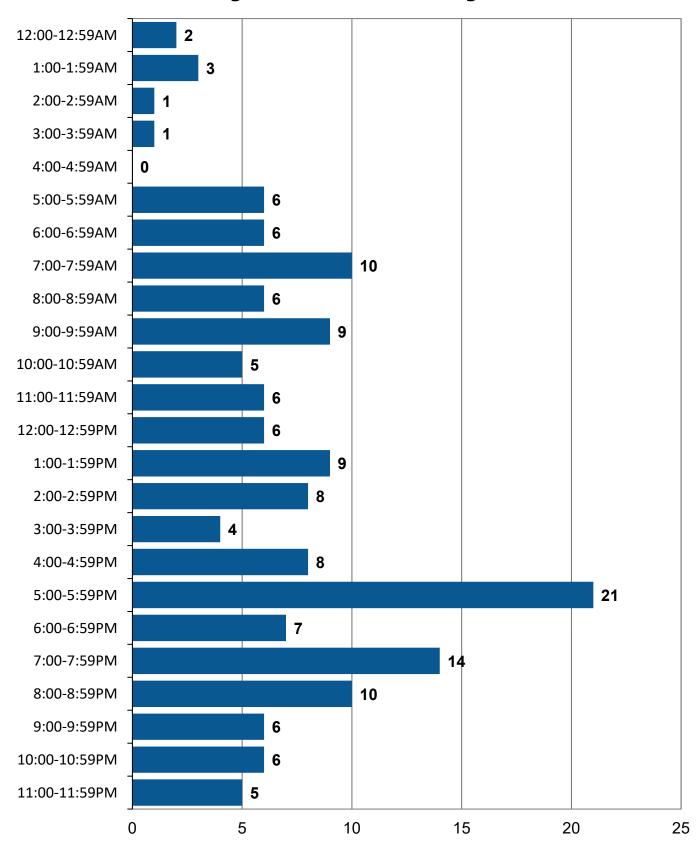
## Pedestrian Involved Critical Crashes By Hour of the Day



## Pedalcyclist Involved Critical Crashes By Hour of the Day

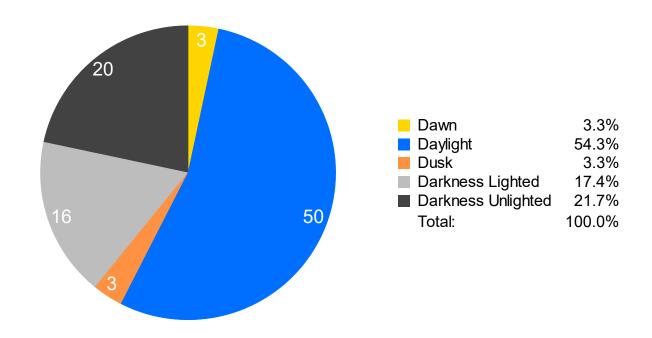


## Vulnerable Road User Involved Critical Crashes By Hour of the Day

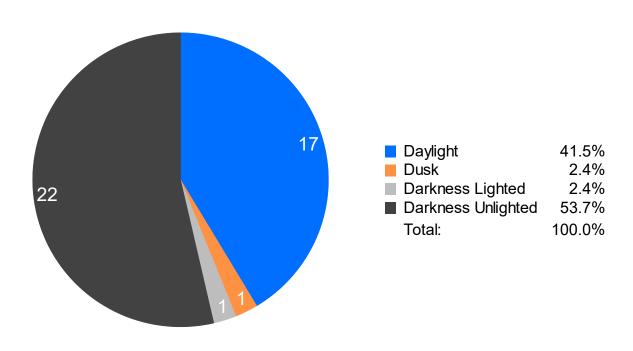


Crash data for the most recent five-year period shows there may be slight spikes in vulnerable road user involved crashes during the morning commute and midday, and a significant spike during the evening commute.

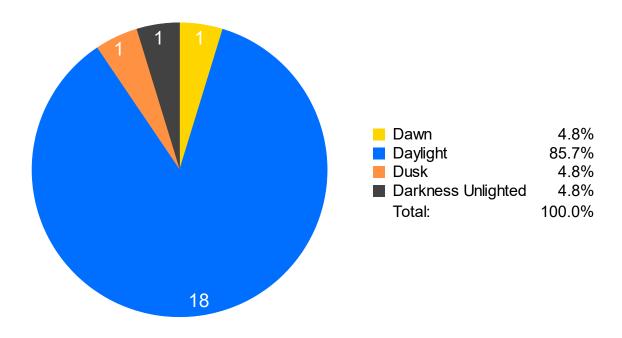
### **Urban Pedestrian Involved Critical Crashes by Lighting**



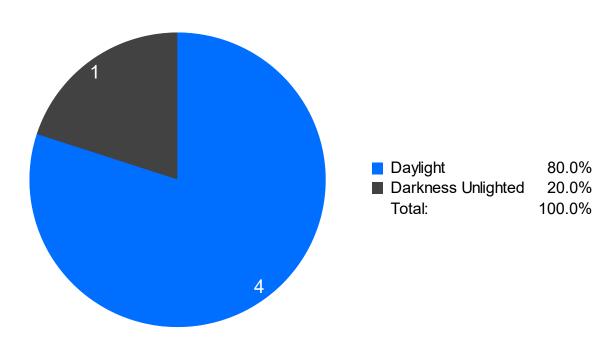
### **Rural Pedestrian Involved Critical Crashes by Lighting**



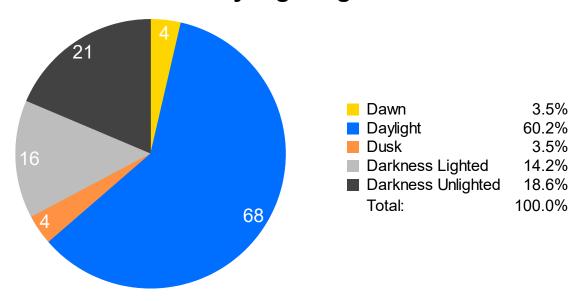
### **Urban Pedalcyclist Involved Critical Crashes by Lighting**



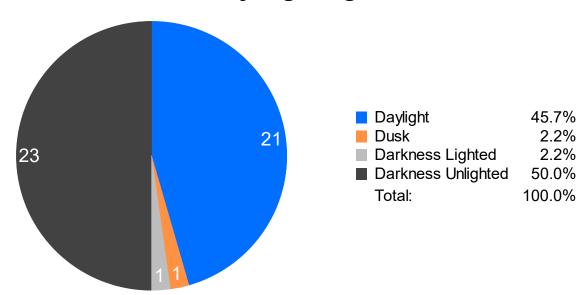
### **Rural Pedalcyclist Involved Critical Crashes by Lighting**



# Urban Vulnerable Road User Involved Critical Crashes by Lighting



# Rural Vulnerable Road User Involved Critical Crashes by Lighting

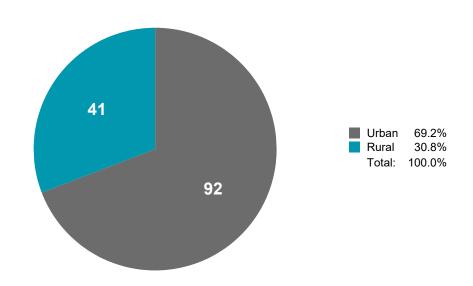


While the majority of vulnerable road user involved critical crashes occur during daylight conditions (56%), a significant number occur in darkness conditions (38.4%) with nearly 27.7% occurring in darkness unlighted conditions.

The vast majority of vulnerable road user involved critical crashes that occurred in darkness conditions were pedestrian involved (96.7%), with most occurring in darkness unlighted conditions (68.9%). Approximately 61% of the pedestrian involved critical crashes that occurred in darkness conditions were urban, with 55.6% of these being darkness unlighted conditions. The vast majority of rural pedestrian involved critical crashes occurring in darkness conditions were in darkness unlighted conditions (95.7%).

#### WHERE CRASHES ARE OCCURRING

#### **Urban vs Rural Pedestrian Involved Critical Crashes**



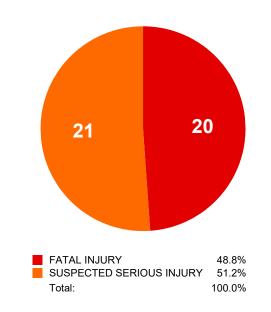
**Urban Pedestrian Involved Critical Crashes by Severity** 

71

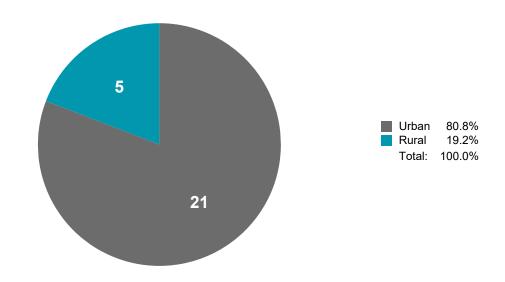
FATAL INJURY
SUSPECTED SERIOUS INJURY
Total:

22.8%
77.2%
100.0%

Rural Pedestrian Involved Critical Crashes by Severity



#### **Urban vs Rural Pedalcyclist Involved Critical Crashes**



Urban Pedalcyclist Involved Critical Crashes by Severity

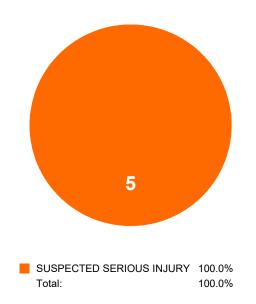
2

19

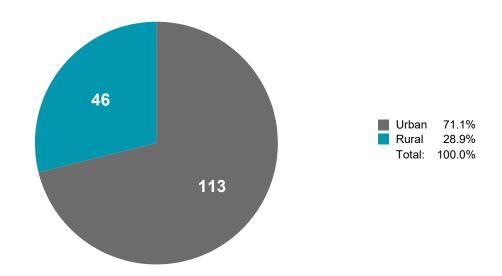
FATAL INJURY
SUSPECTED SERIOUS INJURY
Total:

9.5%
90.5%
100.0%

Rural Pedalcyclist Involved Critical Crashes by Severity

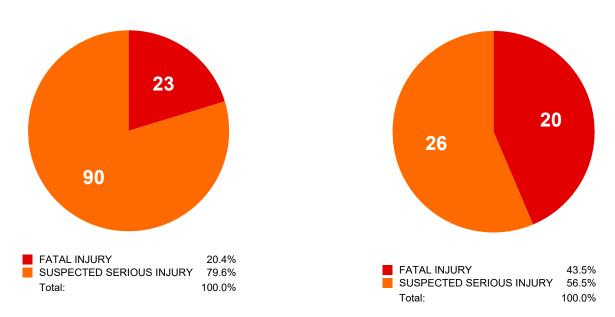


### Urban vs Rural Vulnerable Road User Involved Critical Crashes



Urban VRU Involved Critical Crashes by Severity

Rural VRU Involved Critical Crashes by Severity



The majority of vulnerable road user involved critical crashes occurred in an urban environment (71.1%), including 69.2% of pedestrian involved critical crashes and 80.8% of pedalcyclist involved critical crashes.

While the majority of vulnerable road user involved critical crashes occurred in an urban environment, rural vulnerable road user involved critical crashes had a significantly higher crash severity with 43.5% of rural critical crashes resulting in a fatal injury compared to 20.4% of urban vulnerable road user involved critical crashes. All rural vulnerable road user involved fatal injury crashes were pedestrian involved, which accounted for 48.8% of rural pedestrian involved critical crashes.

# Pedestrian Involved Critical Crash & Injury Counts by County

| COUNTY      | Fatal<br>Crashes | All<br>Fatalities | Serious Injury<br>Crashes | All<br>Injuries | Total<br>Crashes |
|-------------|------------------|-------------------|---------------------------|-----------------|------------------|
| ALBANY      | 1                | 1                 | 4                         | 5               | 5                |
| BIG HORN    | 0                | 0                 | 2                         | 2               | 2                |
| CAMPBELL    | 0                | 0                 | 4                         | 4               | 4                |
| CARBON      | 3                | 3                 | 4                         | 10              | 7                |
| CONVERSE    | 2                | 2                 | 1                         | 1               | 3                |
| CROOK       | 0                | 0                 | 1                         | 1               | 1                |
| FREMONT     | 6                | 6                 | 5                         | 6               | 11               |
| GOSHEN      | 0                | 0                 | 3                         | 3               | 3                |
| HOT SPRINGS | 0                | 0                 | 2                         | 2               | 2                |
| JOHNSON     | 1                | 1                 | 1                         | 1               | 2                |
| LARAMIE     | 10               | 10                | 12                        | 16              | 22               |
| LINCOLN     | 1                | 2                 | 3                         | 5               | 4                |
| NATRONA     | 5                | 5                 | 19                        | 19              | 24               |
| NIOBRARA    | 0                | 0                 | 1                         | 1               | 1                |
| PARK        | 1                | 1                 | 3                         | 4               | 4                |
| PLATTE      | 2                | 2                 | 2                         | 2               | 4                |
| SHERIDAN    | 2                | 2                 | 4                         | 5               | 6                |
| SUBLETTE    | 0                | 0                 | 1                         | 1               | 1                |
| SWEETWATER  | 3                | 3                 | 7                         | 12              | 10               |
| TETON       | 1                | 1                 | 4                         | 5               | 5                |
| UINTA       | 3                | 3                 | 6                         | 10              | 9                |
| WASHAKIE    | 0                | 0                 | 1                         | 1               | 1                |
| WESTON      | 0                | 0                 | 2                         | 2               | 2                |
| TOTAL       | 41               | 42                | 92                        | 118             | 133              |

# Pedalcyclist Involved Critical Crash & Injury Counts by County

| COUNTY     | Fatal<br>Crashes | All<br>Fatalities | Serious Injury<br>Crashes | All<br>Injuries | Total<br>Crashes |
|------------|------------------|-------------------|---------------------------|-----------------|------------------|
| ALBANY     | 0                | 0                 | 4                         | 4               | 4                |
| CAMPBELL   | 0                | 0                 | 3                         | 3               | 3                |
| CONVERSE   | 0                | 0                 | 1                         | 1               | 1                |
| FREMONT    | 0                | 0                 | 3                         | 3               | 3                |
| LARAMIE    | 1                | 1                 | 5                         | 7               | 6                |
| LINCOLN    | 0                | 0                 | 2                         | 3               | 2                |
| NATRONA    | 0                | 0                 | 1                         | 1               | 1                |
| PARK       | 0                | 0                 | 1                         | 1               | 1                |
| SHERIDAN   | 0                | 0                 | 1                         | 1               | 1                |
| SWEETWATER | 1                | 1                 | 0                         | 0               | 1                |
| TETON      | 0                | 0                 | 3                         | 3               | 3                |
| TOTAL      | 2                | 2                 | 24                        | 27              | 26               |

### Vulnerable Road User Involved Critical Crash & Injury Counts by County

| COUNTY      | Fatal<br>Crashes | All<br>Fatalities | Serious Injury<br>Crashes | All<br>Injuries | Total<br>Crashes |
|-------------|------------------|-------------------|---------------------------|-----------------|------------------|
| ALBANY      | 1                | 1                 | 8                         | 9               | 9                |
| BIG HORN    | 0                | 0                 | 2                         | 2               | 2                |
| CAMPBELL    | 0                | 0                 | 7                         | 7               | 7                |
| CARBON      | 3                | 3                 | 4                         | 10              | 7                |
| CONVERSE    | 2                | 2                 | 2                         | 2               | 4                |
| CROOK       | 0                | 0                 | 1                         | 1               | 1                |
| FREMONT     | 6                | 6                 | 8                         | 9               | 14               |
| GOSHEN      | 0                | 0                 | 3                         | 3               | 3                |
| HOT SPRINGS | 0                | 0                 | 2                         | 2               | 2                |
| JOHNSON     | 1                | 1                 | 1                         | 1               | 2                |
| LARAMIE     | 11               | 11                | 17                        | 23              | 28               |
| LINCOLN     | 1                | 2                 | 5                         | 8               | 6                |
| NATRONA     | 5                | 5                 | 20                        | 20              | 25               |
| NIOBRARA    | 0                | 0                 | 1                         | 1               | 1                |
| PARK        | 1                | 1                 | 4                         | 5               | 5                |
| PLATTE      | 2                | 2                 | 2                         | 2               | 4                |
| SHERIDAN    | 2                | 2                 | 5                         | 6               | 7                |
| SUBLETTE    | 0                | 0                 | 1                         | 1               | 1                |
| SWEETWATER  | 4                | 4                 | 7                         | 12              | 11               |
| TETON       | 1                | 1                 | 7                         | 8               | 8                |
| UINTA       | 3                | 3                 | 6                         | 10              | 9                |
| WASHAKIE    | 0                | 0                 | 1                         | 1               | 1                |
| WESTON      | 0                | 0                 | 2                         | 2               | 2                |
| TOTAL       | 43               | 44                | 116                       | 145             | 159              |

Wyoming counties by population from largest to smallest:

Tourism "hot spots" likely contribute to vulnerable road user involved critical crashes.

<sup>(1)</sup> Laramie, (2) Natrona, (3) Campbell, (4) Sweetwater, (5) Fremont, (6) Albany, (7) Sheridan, (8) Park, (9) Teton, (10) Uinta, (11) Lincoln, (12) Carbon, (13) Converse, (14) Goshen, (15) Big Horn, (16) Sublette, (17) Platte, (18) Johnson, (19) Washakie, (20) Crook, (21) Weston, (22) Hot Springs, (23) Niobrara.

# Pedestrian Involved Critical Crash & Injury Counts by City / Town

| CITY / TOWN  | Fatal<br>Crashes | All<br>Fatalities | Serious Injury<br>Crashes | All<br>Injuries | Total<br>Crashes |
|--------------|------------------|-------------------|---------------------------|-----------------|------------------|
| BAGGS        | 1                | 1                 | 0                         | 0               | 1                |
| BUFFALO      | 1                | 1                 | 1                         | 1               | 2                |
| CASPER       | 4                | 4                 | 19                        | 19              | 23               |
| CHEYENNE     | 8                | 8                 | 10                        | 14              | 18               |
| CODY         | 0                | 0                 | 2                         | 3               | 2                |
| DOUGLAS      | 0                | 0                 | 1                         | 1               | 1                |
| EVANSTON     | 1                | 1                 | 4                         | 6               | 5                |
| GILLETTE     | 0                | 0                 | 4                         | 4               | 4                |
| GREEN RIVER  | 0                | 0                 | 1                         | 1               | 1                |
| GREYBULL     | 0                | 0                 | 1                         | 1               | 1                |
| JACKSON      | 0                | 0                 | 2                         | 3               | 2                |
| KEMMERER     | 0                | 0                 | 3                         | 5               | 3                |
| LARAMIE      | 1                | 1                 | 3                         | 3               | 4                |
| LUSK         | 0                | 0                 | 1                         | 1               | 1                |
| NEWCASTLE    | 0                | 0                 | 1                         | 1               | 1                |
| POWELL       | 1                | 1                 | 1                         | 1               | 2                |
| RIVERTON     | 0                | 0                 | 4                         | 5               | 4                |
| ROCK SPRINGS | 0                | 0                 | 2                         | 2               | 2                |
| SARATOGA     | 0                | 0                 | 1                         | 3               | 1                |
| SHERIDAN     | 2                | 2                 | 4                         | 5               | 6                |
| SINCLAIR     | 1                | 1                 | 0                         | 0               | 1                |
| THAYNE       | 1                | 2                 | 0                         | 0               | 1                |
| THERMOPOLIS  | 0                | 0                 | 1                         | 1               | 1                |
| TORRINGTON   | 0                | 0                 | 2                         | 2               | 2                |
| UPTON        | 0                | 0                 | 1                         | 1               | 1                |
| WHEATLAND    | 0                | 0                 | 1                         | 1               | 1                |
| WORLAND      | 0                | 0                 | 1                         | 1               | 1                |
| TOTAL        | 21               | 22                | 71                        | 85              | 92               |

# Pedalcyclist Involved Critical Crash & Injury Counts by City / Town

| CITY / TOWN  | Fatal<br>Crashes | All<br>Fatalities | Serious Injury<br>Crashes | All<br>Injuries | Total<br>Crashes |
|--------------|------------------|-------------------|---------------------------|-----------------|------------------|
| AFTON        | 0                | 0                 | 2                         | 3               | 2                |
| CHEYENNE     | 1                | 1                 | 5                         | 7               | 6                |
| CODY         | 0                | 0                 | 1                         | 1               | 1                |
| DOUGLAS      | 0                | 0                 | 1                         | 1               | 1                |
| GILLETTE     | 0                | 0                 | 3                         | 3               | 3                |
| JACKSON      | 0                | 0                 | 1                         | 1               | 1                |
| LANDER       | 0                | 0                 | 1                         | 1               | 1                |
| LARAMIE      | 0                | 0                 | 4                         | 4               | 4                |
| ROCK SPRINGS | 1                | 1                 | 0                         | 0               | 1                |
| SHERIDAN     | 0                | 0                 | 1                         | 1               | 1                |
| TOTAL        | 2                | 2                 | 19                        | 22              | 21               |

# Vulnerable Road User Involved Critical Crash & Injury Counts by City / Town

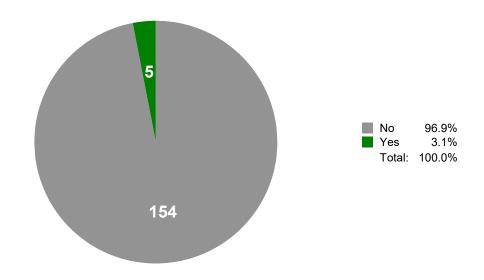
| CITY / TOWN  | Fatal<br>Crashes | All<br>Fatalities | Serious Injury<br>Crashes | All<br>Injuries | Total<br>Crashes |
|--------------|------------------|-------------------|---------------------------|-----------------|------------------|
| AFTON        | 0                | 0                 | 2                         | 3               | 2                |
| BAGGS        | 1                | 1                 | 0                         | 0               | 1                |
| BUFFALO      | 1                | 1                 | 1                         | 1               | 2                |
| CASPER       | 4                | 4                 | 19                        | 19              | 23               |
| CHEYENNE     | 9                | 9                 | 15                        | 21              | 24               |
| CODY         | 0                | 0                 | 3                         | 4               | 3                |
| DOUGLAS      | 0                | 0                 | 2                         | 2               | 2                |
| EVANSTON     | 1                | 1                 | 4                         | 6               | 5                |
| GILLETTE     | 0                | 0                 | 7                         | 7               | 7                |
| GREEN RIVER  | 0                | 0                 | 1                         | 1               | 1                |
| GREYBULL     | 0                | 0                 | 1                         | 1               | 1                |
| JACKSON      | 0                | 0                 | 3                         | 4               | 3                |
| KEMMERER     | 0                | 0                 | 3                         | 5               | 3                |
| LANDER       | 0                | 0                 | 1                         | 1               | 1                |
| LARAMIE      | 1                | 1                 | 7                         | 7               | 8                |
| LUSK         | 0                | 0                 | 1                         | 1               | 1                |
| NEWCASTLE    | 0                | 0                 | 1                         | 1               | 1                |
| POWELL       | 1                | 1                 | 1                         | 1               | 2                |
| RIVERTON     | 0                | 0                 | 4                         | 5               | 4                |
| ROCK SPRINGS | 1                | 1                 | 2                         | 2               | 3                |
| SARATOGA     | 0                | 0                 | 1                         | 3               | 1                |
| SHERIDAN     | 2                | 2                 | 5                         | 6               | 7                |
| SINCLAIR     | 1                | 1                 | 0                         | 0               | 1                |
| THAYNE       | 1                | 2                 | 0                         | 0               | 1                |
| THERMOPOLIS  | 0                | 0                 | 1                         | 1               | 1                |
| TORRINGTON   | 0                | 0                 | 2                         | 2               | 2                |
| UPTON        | 0                | 0                 | 1                         | 1               | 1                |
| WHEATLAND    | 0                | 0                 | 1                         | 1               | 1                |
| WORLAND      | 0                | 0                 | 1                         | 1               | 1                |
| TOTAL        | 23               | 24                | 90                        | 107             | 113              |

The top ten Wyoming cities / towns by population from largest to smallest:

(1) Cheyenne, (2) Casper, (3) Gillette, (4) Laramie, (5) Rock Springs, (6) Sheridan, (7) Green River, (8) Evanston, (9) Jackson, (10) Riverton.

Tourism "hot spots" likely contribute to vulnerable road user involved critical crashes.

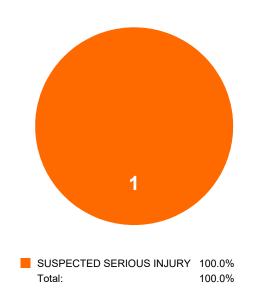
### Wind River Indian Reservation Vulnerable Road User Involved Critical Crashes



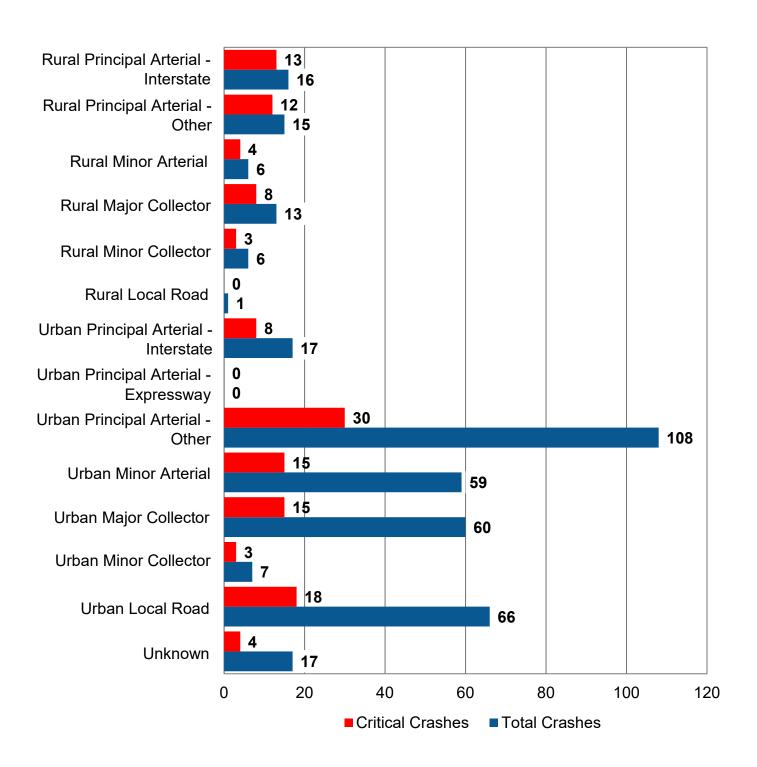
WRIR Pedestrian Involved Critical Crashes by Severity

FATAL INJURY 100.0%
Total: 100.0%

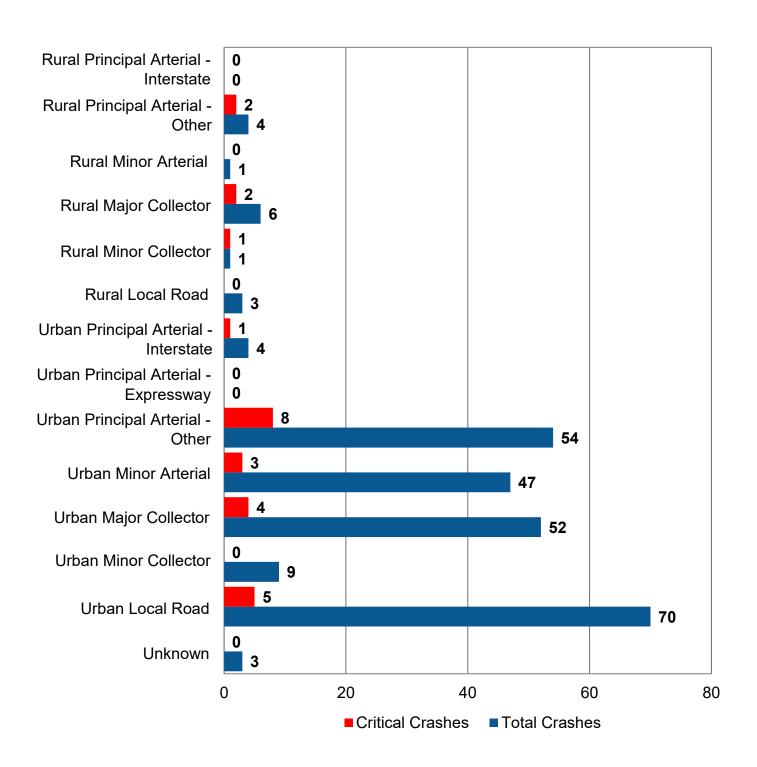
WRIR Pedalcyclist Involved Critical Crashes by Severity



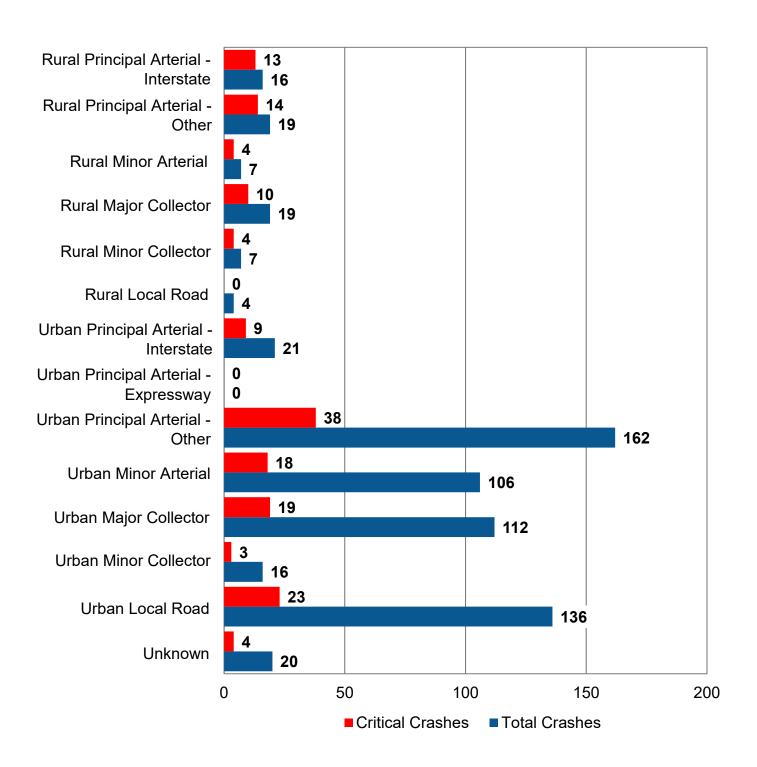
# Pedestrian Involved Crashes by Roadway Type 2018-2022



# Pedalcyclist Involved Crashes by Roadway Type 2018-2022



# Vulnerable Road User Involved Crashes by Roadway Type 2018-2022

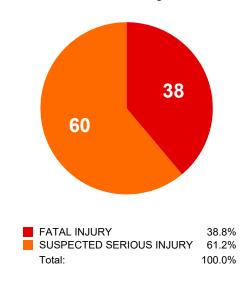


### Pedestrian Involved Critical Crashes by Intersection Type and Location

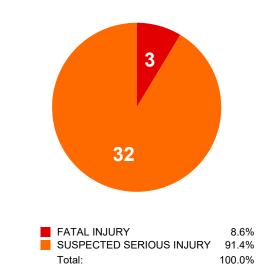
Location

|                           | Location |       |       |  |  |  |
|---------------------------|----------|-------|-------|--|--|--|
| Intersection Type         | Urban    | Rural | Total |  |  |  |
| T Intersection            | 7        | 0     | 7     |  |  |  |
| Four (4)-Way Intersection | 28       | 0     | 28    |  |  |  |
| Not an Intersection       | 57       | 41    | 98    |  |  |  |
| Total                     | 92       | 41    | 133   |  |  |  |

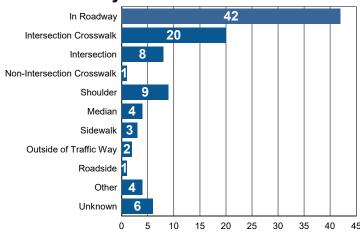
# Non-Intersection Pedestrian Involved Critical Crashes by Severity



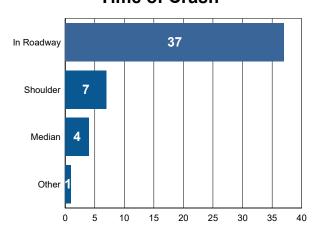
### Intersection Pedestrian Involved Critical Crashes by Severity



#### Pedestrians Involved in Urban Critical Crashes by Location at Time of Crash



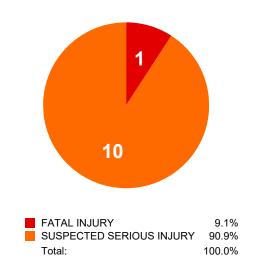
#### Pedestrians Involved in Rural Critical Crashes by Location at Time of Crash



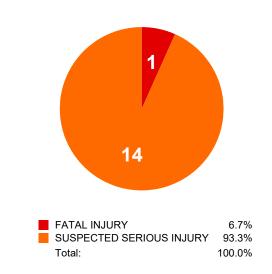
### Pedalcyclist Involved Critical Crashes by Intersection Type and Location

|                           | Location |       |       |  |  |  |
|---------------------------|----------|-------|-------|--|--|--|
| Intersection Type         | Urban    | Rural | Total |  |  |  |
| T Intersection            | 5        | 0     | 5     |  |  |  |
| Four (4)-Way Intersection | 10       | 0     | 10    |  |  |  |
| Not an Intersection       | 6        | 5     | 11    |  |  |  |
| Total                     | 21       | 5     | 26    |  |  |  |

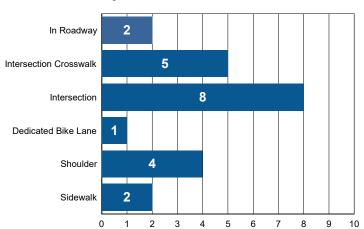
#### Non-Intersection Pedalcyclist Involved Critical Crashes by Severity



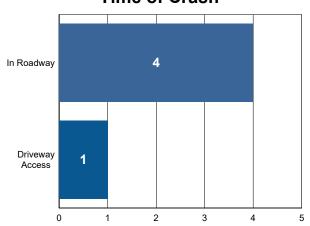
#### Intersection Pedalcyclist Involved Critical Crashes by Severity



### **Pedalcyclist Involved in Urban Critical Crashes by Location at Time of Crash**



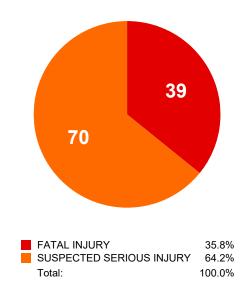
#### Pedalcyclist Involved in Rural Critical Crashes by Location at Time of Crash



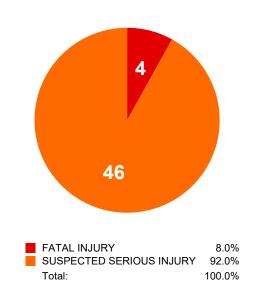
### Vulnerable Road User Involved Critical Crashes by Intersection Type and Location

|                           | Location |       |       |  |  |  |
|---------------------------|----------|-------|-------|--|--|--|
| Intersection Type         | Urban    | Rural | Total |  |  |  |
| T Intersection            | 12       | 0     | 12    |  |  |  |
| Four (4)-Way Intersection | 38       | 0     | 38    |  |  |  |
| Not an Intersection       | 63       | 46    | 109   |  |  |  |
| Total                     | 113      | 46    | 159   |  |  |  |

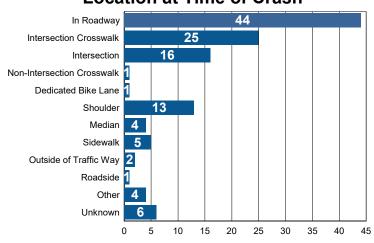
### Non-Intersection VRU Involved Critical Crashes by Severity



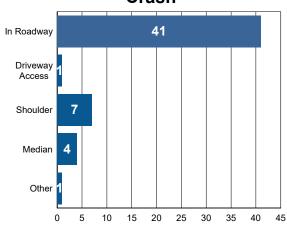
### **Intersection VRU Involved Critical Crashes by Severity**



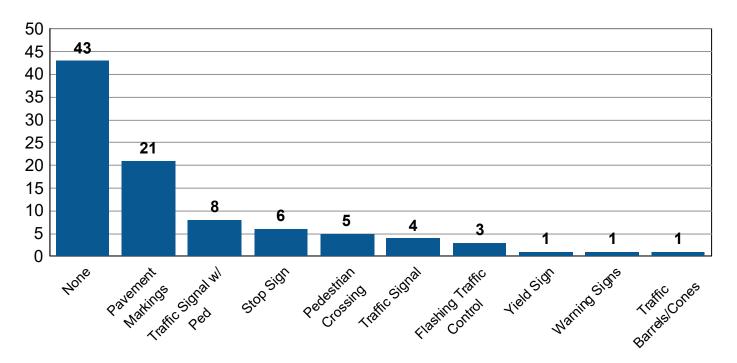
### VRU Involved in Urban Critical Crashes by Location at Time of Crash



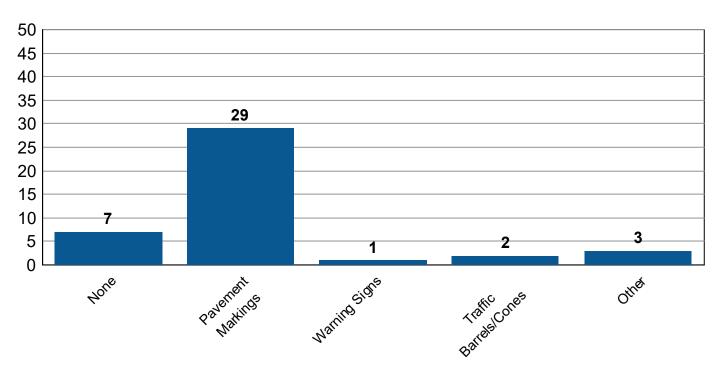
# VRU Involved in Rural Critical Crashes by Location at Time of Crash



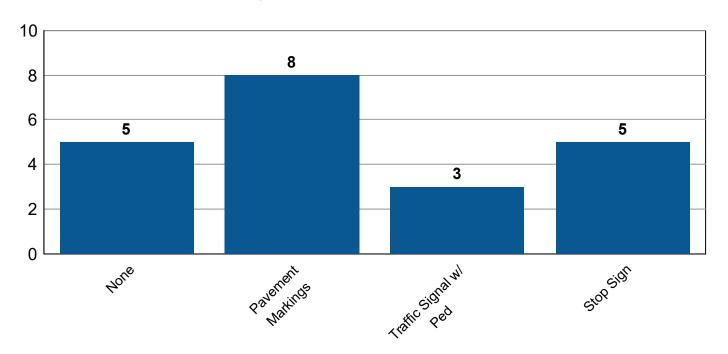
### Traffic Control Type for Vehicles Making Contact with Pedestrian in Urban Critical Crashes



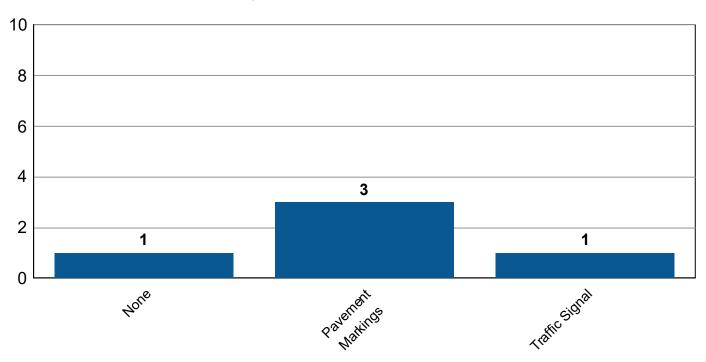
### Traffic Control Type for Vehicles Making Contact with Pedestrian in Rural Critical Crashes



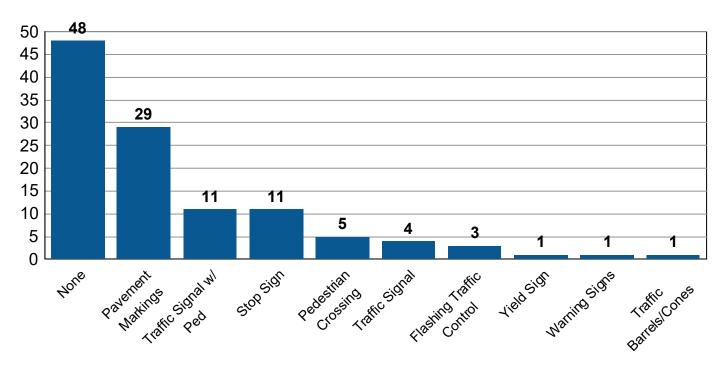
# Traffic Control Type for Vehicles Making Contact with Pedalcyclist in Urban Critical Crashes



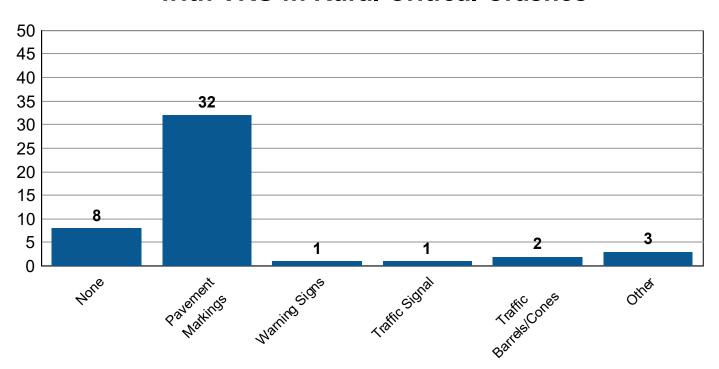
# Traffic Control Type for Vehicles Making Contact with Pedalcyclist in Rural Critical Crashes



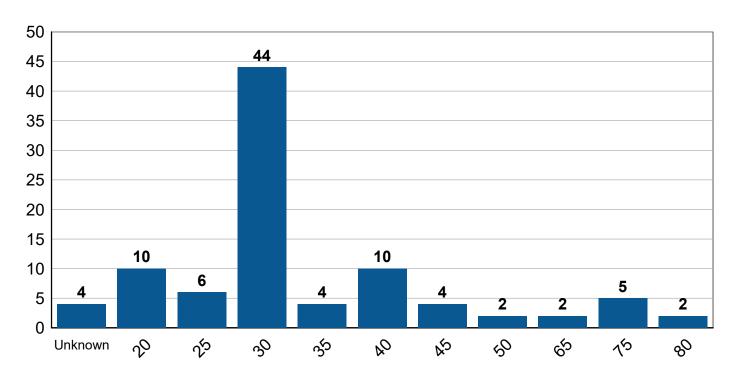
### Traffic Control Type for Vehicles Making Contact with VRU in Urban Critical Crashes



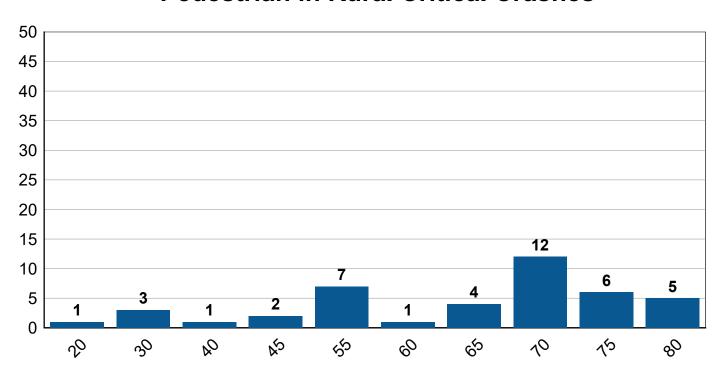
### Traffic Control Type for Vehicles Making Contact with VRU in Rural Critical Crashes



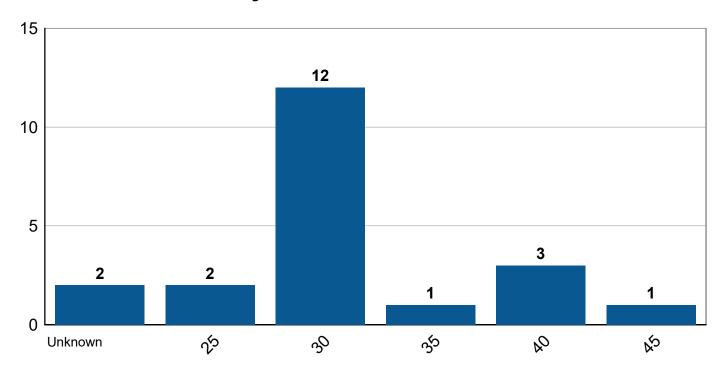
### Posted Speed Limit for Vehicles Making Contact with Pedestrian in Urban Critical Crashes



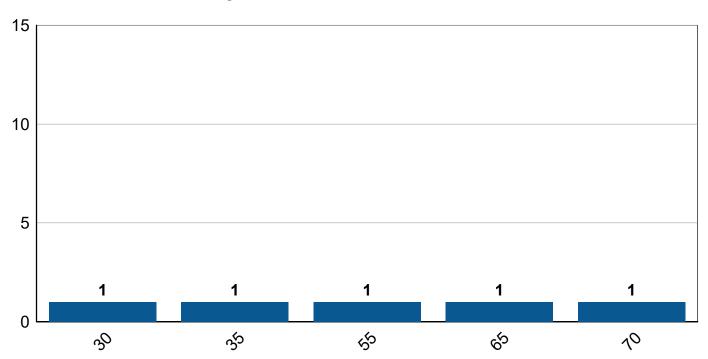
### Posted Speed Limit for Vehicles Making Contact with Pedestrian in Rural Critical Crashes



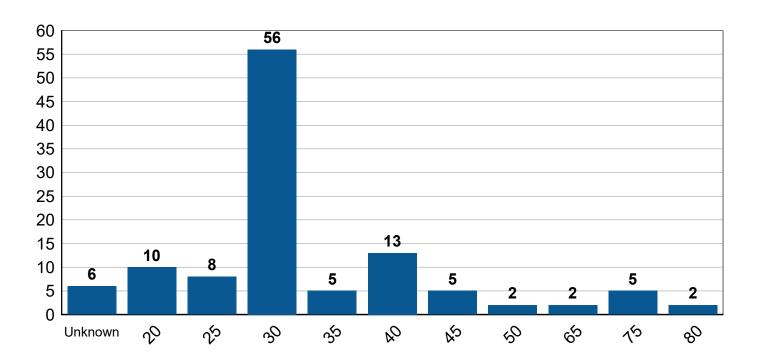
# Posted Speed Limit for Vehicles Making Contact with Pedalcyclist in Urban Critical Crashes



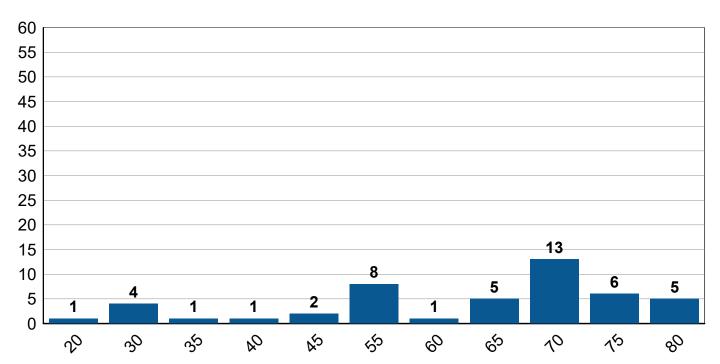
#### Posted Speed Limit for Vehicles Making Contact with Pedalcyclist in Rural Critical Crashes



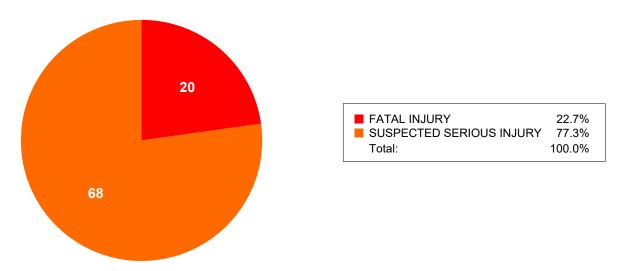
### Posted Speed Limit for Vehicles Making Contact with VRU in Urban Critical Crashes



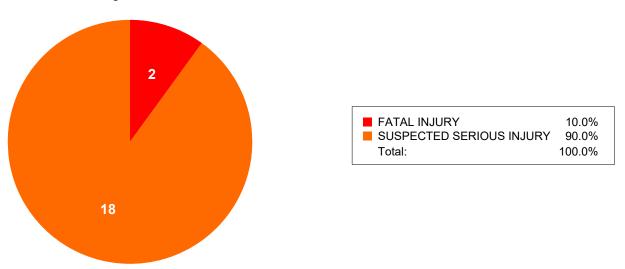
# Posted Speed Limit for Vehicles Making Contact with VRU in Rural Critical Crashes



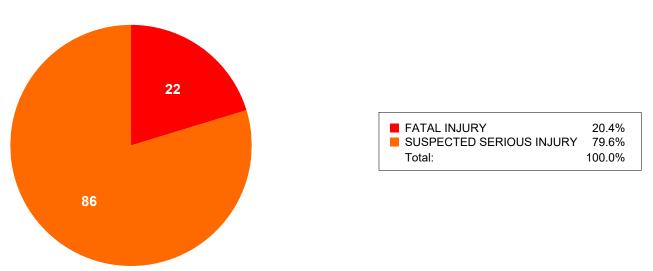
#### Pedestrian Critical Crashes Located Near a Public School



#### **Pedalcyclist Critical Crashes Located Near a Public School**



#### **Vulnerable Road User Critical Crashes Located Near a Public School**



Crashes located near a public school include crashes within a half mile of an elementary school and/or within two miles of a middle school or high school. In smaller urban areas, this may encompass the majority of the urban area.

# **POTENTIAL** CONTRIBUTING **FACTORS**











#### **ENVIRONMENT**

# Vulnerable Road User Critical Crashes by Weather Condition and Crash Severity

|                   | Fatal Crashes    |                  | Serious Injury<br>Crashes |                  | Total            |                  |
|-------------------|------------------|------------------|---------------------------|------------------|------------------|------------------|
| Weather Condition | 1st<br>Condition | 2nd<br>Condition | 1st<br>Condition          | 2nd<br>Condition | 1st<br>Condition | 2nd<br>Condition |
| Clear             | 38               | 0                | 102                       | 1                | 140              | 1                |
| Raining           | 0                | 0                | 2                         | 0                | 2                | 0                |
| Snowing           | 2                | 1                | 6                         | 0                | 8                | 1                |
| Blizzard          | 0                | 0                | 0                         | 1                | 0                | 1                |
| Blowing Snow      | 1                | 2                | 1                         | 1                | 2                | 3                |
| Cloudy, Overcast  | 2                | 0                | 4                         | 1                | 6                | 1                |
| Other             | 0                | 0                | 1                         | 0                | 1                | 0                |

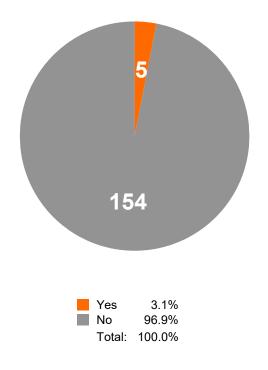
Each crash may have up to two weather conditions listed.

# Vulnerable Road User Critical Crashes by Road Condition and Crash Severity

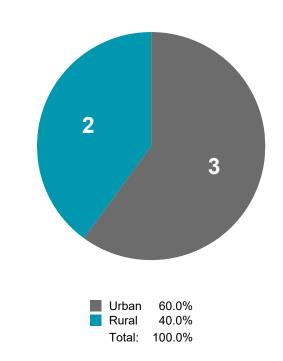
|                      | Fatal Crashes    |                  | Serious Injury<br>Crashes |                  | Total            |                  |
|----------------------|------------------|------------------|---------------------------|------------------|------------------|------------------|
| Road Conditions      | 1st<br>Condition | 2nd<br>Condition | 1st<br>Condition          | 2nd<br>Condition | 1st<br>Condition | 2nd<br>Condition |
| Dry                  | 36               | 0                | 100                       | 0                | 136              | 0                |
| Wet                  | 2                | 0                | 2                         | 0                | 4                | 0                |
| Ice/Frost            | 2                | 1                | 12                        | 2                | 14               | 3                |
| Snow                 | 2                | 3                | 2                         | 7                | 4                | 10               |
| Mud/Dirt/Gravel      | 0                | 0                | 0                         | 1                | 0                | 1                |
| Sand on Dry Pavement | 1                | 0                | 0                         | 1                | 1                | 1                |

Each crash may have up to two road conditions listed.

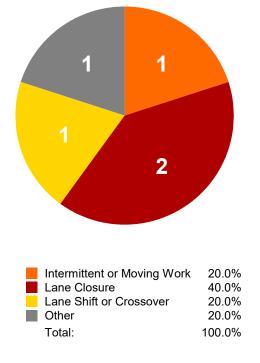
### VRU Involved Work Zone Related Critical Crashes



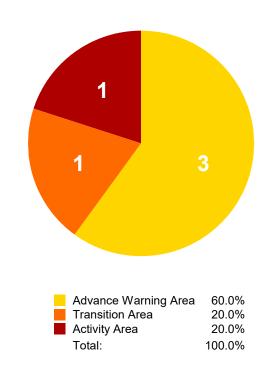
#### Urban vs Rural VRU Involved Work Zone Related Critical Crashes



#### VRU Involved Work Zone Related Critical Crashes by Work Zone Type

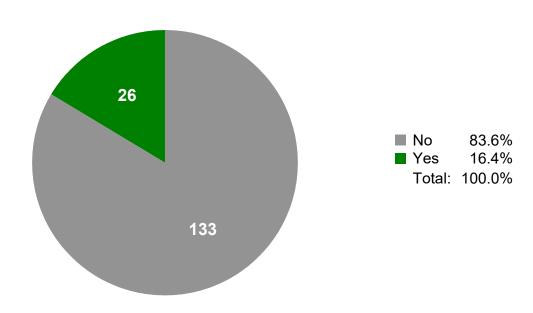


#### VRU Involved Work Zone Related Critical Crashes by Work Zone Location



#### **RISKY BEHAVIORS**

#### **Speed Related Vulnerable Road User Critical Crashes**

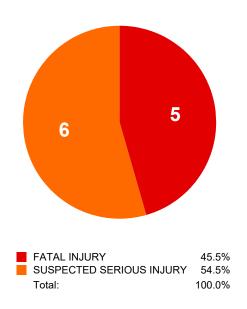


Urban Speed Related VRU Critical Crashes by Severity

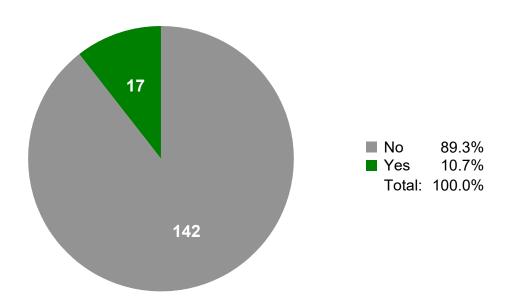
FATAL INJURY
SUSPECTED SERIOUS INJURY
Total:

26.7%
73.3%
100.0%

Rural Speed Related VRU Critical Crashes by Severity



#### **Distracted Driving Vulnerable Road User Critical Crashes**

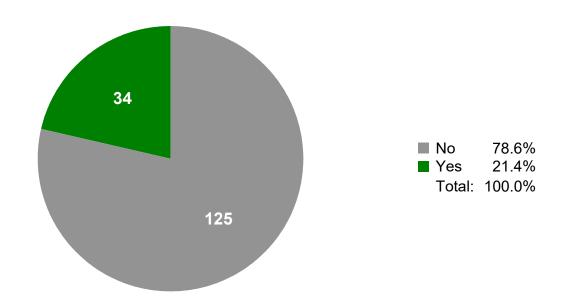


Urban Distracted Driving VRU Critical Rural Distracted Driving VRU Critical **Crashes by Severity** 

**Crashes by Severity** 



#### Alcohol Involved Vulnerable Road User Critical Crashes

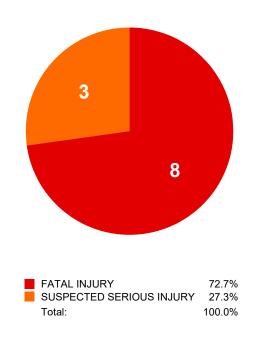


Urban Alcohol Involved VRU Critical Crashes by Severity

FATAL INJURY
SUSPECTED SERIOUS INJURY
Total:

30.4%
69.6%
100.0%

### Rural Alcohol Involved VRU Critical Crashes by Severity



# Drivers with Alcohol Use in VRU Critical Crashes by Age Group, BAC Results, and Crash Severity

| Age 21 - 25 | <b>BAC Results</b> | <b>Fatal Crashes</b> | Injury Crashes |
|-------------|--------------------|----------------------|----------------|
|             | .001079            | 1                    | 0              |
|             | .080159            | 0                    | 1              |
|             | .160259            | 0                    | 1              |
|             | Total              | 1                    | 2              |
| Age 26 - 34 | <b>BAC Results</b> | <b>Fatal Crashes</b> | Injury Crashes |
|             | .080159            | 0                    | 2              |
|             | .160259            | 0                    | 1              |
|             | Results Unknown    | 1                    | 0              |
|             | Total              | 1                    | 3              |
| Age 35 - 44 | BAC Results        | <b>Fatal Crashes</b> | Injury Crashes |
|             | .001079            | 1                    | 0              |
|             | Results Unknown    | 1                    | 1              |
|             | Total              | 2                    | 1              |
| Age 45 - 54 | BAC Results        | <b>Fatal Crashes</b> | Injury Crashes |
|             | .160259            | 0                    | 1              |
|             | Total              | 0                    | 1              |
| Age 65 - 74 | BAC Results        | <b>Fatal Crashes</b> | Injury Crashes |
|             | .160259            | 0                    | 1              |
|             | Total              | 0                    | 1              |
|             | TOTAL              | 4                    | 8              |
|             |                    |                      |                |

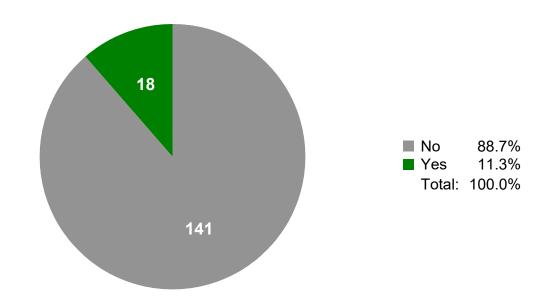
All age groups with pending or positive BAC test results are shown. If an age group is not shown in the chart, there are no persons in that age group that were suspected of alcohol use with a pending test result or that had a positive BAC test result.

# Vulnerable Road Users with Alcohol Use in Critical Crashes by Age Group, BAC Results, and Crash Severity

| <b>BAC Results</b> | <b>Fatal Crashes</b>                                                                                                                                                                                                                                                                              | Injury Crashes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Results Unknown    | 0                                                                                                                                                                                                                                                                                                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total              | 0                                                                                                                                                                                                                                                                                                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>BAC Results</b> | <b>Fatal Crashes</b>                                                                                                                                                                                                                                                                              | Injury Crashes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| .260359            | 2                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Results Unknown    | 0                                                                                                                                                                                                                                                                                                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total              | 2                                                                                                                                                                                                                                                                                                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>BAC Results</b> | <b>Fatal Crashes</b>                                                                                                                                                                                                                                                                              | Injury Crashes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| .001079            | 1                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| .160259            | 2                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Results Unknown    | 2                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total              | 5                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>BAC Results</b> | <b>Fatal Crashes</b>                                                                                                                                                                                                                                                                              | Injury Crashes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| .260359            | 1                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Results Unknown    | 2                                                                                                                                                                                                                                                                                                 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total              | 3                                                                                                                                                                                                                                                                                                 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>BAC Results</b> | <b>Fatal Crashes</b>                                                                                                                                                                                                                                                                              | Injury Crashes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| .001079            | 2                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| .080159            | 1                                                                                                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Results Unknown    | 1                                                                                                                                                                                                                                                                                                 | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total              | 4                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>BAC Results</b> | <b>Fatal Crashes</b>                                                                                                                                                                                                                                                                              | Injury Crashes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Results Unknown    | 0                                                                                                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total              | 0                                                                                                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| TOTAL              | 4.4                                                                                                                                                                                                                                                                                               | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                    | Results Unknown Total BAC Results .260359 Results Unknown Total BAC Results .001079 .160259 Results Unknown Total BAC Results .260359 Results Unknown Total BAC Results .001079 .080159 Results Unknown Total BAC Results .001079 .080159 Results Unknown Total BAC Results Results Unknown Total | Results Unknown         0           Total         0           BAC Results         Fatal Crashes           .260359         2           Results Unknown         0           Total         2           BAC Results         Fatal Crashes           .001079         1           .160259         2           Results Unknown         2           Total         5           BAC Results         Fatal Crashes           .260359         1           Results Unknown         2           Total         3           BAC Results         Fatal Crashes           .001079         2           .080159         1           Results Unknown         1           Total         4           BAC Results         Fatal Crashes           Results Unknown         0 |

All age groups with pending or positive BAC test results are shown. If an age group is not shown in the chart, there are no persons in that age group that were suspected of alcohol use with a pending test result or that had a positive BAC test result.

#### **Drug Involved Vulnerable Road User Critical Crashes**

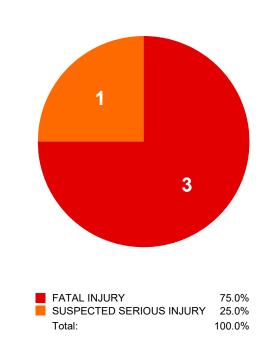


Urban Drug Involved VRU Critical Crashes by Severity

FATAL INJURY
SUSPECTED SERIOUS INJURY
Total:

42.9%
57.1%
100.0%

Rural Drug Involved VRU Critical Crashes by Severity



# Drivers with Drug Use in VRU Critical Crashes by Gender & Age Group and Crash Severity

| Gender  | Ago Group | Fatal Injury | Suspected<br>Serious Injury | Total |
|---------|-----------|--------------|-----------------------------|-------|
| Gender  | Age Group |              |                             |       |
|         | < 14      | 0            | 0                           | 0     |
|         | 14 - 16   | 0            | 1                           | 1     |
|         | 17 - 20   | 0            | 0                           | 0     |
|         | 21 - 25   | 1            | 1                           | 2     |
|         | 26 - 34   | 1            | 1                           | 2     |
| Male    | 35 - 44   | 0            | 1                           | 1     |
|         | 45 - 54   | 1            | 0                           | 1     |
|         | 55 - 64   | 0            | 0                           | 0     |
|         | 65 - 74   | 0            | 0                           | 0     |
|         | 75 +      | 0            | 0                           | 0     |
|         | Total     | 3            | 4                           | 7     |
| Female  | < 14      | 0            | 0                           | 0     |
|         | 14 - 16   | 0            | 0                           | 0     |
|         | 17 - 20   | 0            | 0                           | 0     |
|         | 21 - 25   | 0            | 0                           | 0     |
|         | 26 - 34   | 0            | 0                           | 0     |
|         | 35 - 44   | 0            | 0                           | 0     |
|         | 45 - 54   | 0            | 0                           | 0     |
|         | 55 - 64   | 1            | 0                           | 1     |
|         | 65 - 74   | 0            | 0                           | 0     |
|         | 75 +      | 0            | 0                           | 0     |
|         | Total     | 1            | 0                           | 1     |
|         | Unknown   | 0            | 0                           | 0     |
| Unknown | Total     | 0            | 0                           | 0     |
| To      | tal       | 4            | 4                           | 8     |

Unknown age and/or gender are a result of the driver leaving the crash scene before being identified.

# Vulnerable Road Users with Drug Use in Critical Crashes by Gender & Age Group and Crash Severity

| Gender  | Age Group | Fatal Injury | Suspected<br>Serious Injury | Total |
|---------|-----------|--------------|-----------------------------|-------|
|         | < 14      | 0            | 0                           | 0     |
|         | 14 - 16   | 0            | 0                           | 0     |
|         | 17 - 20   | 0            | 0                           | 0     |
|         | 21 - 25   | 0            | 0                           | 0     |
|         | 26 - 34   | 1            | 0                           | 1     |
| Male    | 35 - 44   | 1            | 1                           | 2     |
|         | 45 - 54   | 0            | 0                           | 0     |
|         | 55 - 64   | 3            | 0                           | 3     |
|         | 65 - 74   | 0            | 0                           | 0     |
|         | 75 +      | 0            | 0                           | 0     |
|         | Total     | 5            | 1                           | 6     |
|         | < 14      | 0            | 0                           | 0     |
|         | 14 - 16   | 0            | 0                           | 0     |
|         | 17 - 20   | 0            | 0                           | 0     |
|         | 21 - 25   | 0            | 0                           | 0     |
|         | 26 - 34   | 1            | 0                           | 1     |
| Female  | 35 - 44   | 0            | 0                           | 0     |
|         | 45 - 54   | 0            | 0                           | 0     |
|         | 55 - 64   | 0            | 0                           | 0     |
|         | 65 - 74   | 0            | 0                           | 0     |
|         | 75 +      | 0            | 0                           | 0     |
|         | Total     | 1            | 0                           | 1     |
| Unknown | Unknown   | 0            | 0                           | 0     |
| Unknown | Total     | 0            | 0                           | 0     |
| Total   |           | 6            | 1                           | 7     |

Unknown age and/or gender are a result of the non-motorist leaving the crash scene before being identified.

### **Drivers' Potential Contributing Actions in Vulnerable Road User Critical Crashes**

Investigating law enforcement officers suspected involved drivers of the following actions at the time of the crash. Up to four actions may be listed for each driver. These actions may or may not have contributed to the crash.

| Avoiding MV                          | 2  |
|--------------------------------------|----|
| Avoiding Non-Motorist                | 6  |
| Disregarded Other Road Marking       | 1  |
| Disregarded Traffic Signs            | 2  |
| Drove too Fast for Conditions        | 12 |
| Erratic/Reckless/Careless/Aggressive | 20 |
| Failed to Keep Proper Lane           | 9  |
| Failed to Yield ROW                  | 18 |
| Following too Close                  | 4  |
| Improper Backing                     | 3  |
| Improper Passing                     | 2  |
| Improper Turn or No Signal           | 5  |
| Other Improper Action                | 12 |
| Over Corrected/Over Steered          | 2  |
| Ran Off Road                         | 8  |
| Ran Red Light                        | 1  |
| Speeding                             | 9  |
| Swerve Due to Wind/Slippery Surface  | 2  |
| Wrong Side/Wrong Way                 | 1  |
| Total                                | 81 |

# **Drivers' Potential Contributing Conditions in Vulnerable Road User Critical Crashes**

Investigating law enforcement officers suspected involved drivers of the following conditions at the time of the crash. Up to two conditions may be listed for each driver. These conditions may or may not have contributed to the crash.

| Total                            | 24 |
|----------------------------------|----|
| Suspected Drug Use               | 3  |
| Suspected Alcohol Use            | 13 |
| Other                            | 1  |
| Fell Asleep, Fainted             | 3  |
| Emotional (ie. depressed, angry) | 5  |
| Driver Inattention               | 4  |

# Pedestrians' Potential Contributing Actions in Critical Crashes

Investigating law enforcement officers suspected the pedestrian of the following actions at the time of the crash. Up to two actions may be listed for each pedestrian. These actions may or may not have contributed to the crash.

| Total                                | 79 |
|--------------------------------------|----|
| Other Improper Action                | 9  |
| On Wrong Side of Road                | 1  |
| Not visible (Dark Clothing)          | 16 |
| Inattentive (talking, eating, etc.)  | 4  |
| In Roadway                           | 34 |
| Improper Crossing                    | 25 |
| Failure to yield ROW                 | 7  |
| Disobey Traffic Signs, Officer, etc. | 2  |
| Darting                              | 7  |

# Pedestrians' Potential Contributing Condition in Critical Crashes

Investigating law enforcement officers suspected the pedestrian of the following condition at the time of the crash. This condition may or may not have contributed to the crash.

| Emotional (ie. depressed, angry) | 4  |
|----------------------------------|----|
| Fatigued                         | 1  |
| Other                            | 5  |
| Physical Disability              | 2  |
| Suspected Alcohol Use            | 24 |
| Suspected Drug Use               | 2  |
| Total                            | 38 |

# Pedalcyclists' Potential Contributing Actions in Critical Crashes

Investigating law enforcement officers suspected the pedalcyclist of the following actions at the time of the crash. Up to two actions may be listed for each pedalcyclist. These actions may or may not have contributed to the crash.

| Total                                | 14 |
|--------------------------------------|----|
| Other Improper Action                | 2  |
| On Wrong Side of Road                | 1  |
| Inattentive (talking, eating, etc.)  | 1  |
| In Roadway                           | 2  |
| Improper Crossing                    | 4  |
| Failure to yield ROW                 | 5  |
| Disobey Traffic Signs, Officer, etc. | 1  |
| Darting                              | 1  |

# Pedalcyclists' Potential Contributing Condition in Critical Crashes

Investigating law enforcement officers suspected the pedalcyclist of the following condition at the time of the crash. This condition may or may not have contributed to the crash.

| Total                 | 2 |
|-----------------------|---|
| Suspected Alcohol Use | 1 |
| Other                 | 1 |

## **ACRONYMS**

BAC Blood Alcohol Concentration

**CC** Critical Crash

**DOT** Department of Transportation

**FHWA** Federal Highway Administration

MPH Miles per Hour

MV Motor Vehicle

NHTSA National Highway Traffic Safety Administration

**PDO** Property Damage Only

**ROW** Right of Way

SI Suspected Serious Injury

U.S. United States

**VRU** Vulnerable Road User

WRIR Wind River Indian Reservation

WYDOT Wyoming Department of Transportation

### **GLOSSARY OF TERMS**

**Alcohol-Involved** – Law enforcement documented at least one driver or non-motorist involved in the crash had used alcohol, or alcohol use was suspected and test results are pending/unknown. Any amount of alcohol indicated by testing qualifies as alcohol involved.

**Blood Alcohol Concentration (BAC)** – The percent of alcohol in a person's blood stream. In Wyoming, a person is legally intoxicated if they have a BAC of 0.08% or higher.

**Distracted Driving –** Driving while engaging in any activity that diverts attention away from the task of safe driving.

**Drug-Involved** – Law enforcement documented at least one driver or non-motorist involved in the crash had used drugs, or drug use was suspected and test results are pending/unknown.

**Intersection –** An area containing the crossing or connection of two or more traffic ways within the lateral curb/boundary lines of the traffic ways.

**Non-Motorist** – Any person involved in the crash who was not an occupant of a motor vehicle.

**Pedalcyclist** – A person using a non-motorized vehicle powered solely by pedaling. This includes riders of bicycles, tricycles, unicycles, and pedal cars.

**Pedestrian** – Any person who is not an occupant of a motor vehicle in transport who is directly involved in the crash and has an injury as a result of the crash.

**Risky Behavior** – Acts or decisions that increase the risk of injury to oneself and/or others and increase the likelihood of causing damage.

Rural - Located outside the corporate limits of any incorporated city or town.

**Speed-Related** – At least one driver/vehicle directly involved in the crash was exceeding the speed limit, racing, or their speed was too fast for the current conditions.

**Traffic Control Device –** Markers, signs, and signal devices used to inform, guide, and control traffic, including motor vehicles, pedestrians, and bicyclists.

**Urban –** Located within the corporate limits of a incorporated city or town.

**Vulnerable Road User –** Pedestrians and cyclists who are at high risk of injury if struck by a motor vehicle due to little or no protection to absorb and diffuse the transfer of energy created at impact.

**Work Zone** – A temporary roadway environment where construction, maintenance, or utility work activities are taking place. Work zones are usually clearly marked and extend from the first warning sign or flashing lights on a work vehicle to the "End of Work" sign or last traffic control device. The work zone can be long-term, short-term, or mobile.

# **APPENDIX**



## **ROAD FUNCTION CLASSIFICATIONS**

The U.S. DOT's Federal Highway Administration (FHWA) classifies our Nation's urban and rural roadways by road function. Each function class is based on the type of service the road provides to the motoring public, and the designation is used for data and planning purposes. Roadway design standards are tied to function class with each class having a range of allowable lane widths, shoulder widths, curve radii, etc. There are three major road function classifications and the amount of mobility and land access offered by these road types differs greatly.

Roads are first divided into rural or urban location, then one of the following classifications:

#### **ARTERIALS**

Arterials serve the longest distances with the fewest access points and facilitate the highest speed limits. Four functional classifications are included in the arterial category:

**Interstates** are the highest classification of roadways in the United States. These arterial roads provide the highest level of mobility and the highest speeds over the longest uninterrupted distance. Interstates have directional travel lanes that are usually separated by a physical barrier. Interstates nationwide usually have posted speeds between 55 and 75 MPH.

**Other Freeways and Expressways** are similar to interstates with directional travel lanes that are usually separated by a physical barrier. These arterial roads offer a high level of mobility with high speeds over long distances with limited access points that supplement the Interstate System. Freeways and Expressways usually have posted speeds between 55 and 70 MPH.

**Other Principal Arterials** include multilane highways and other important roadways that supplement the Interstate System. They connect, as directly as practicable, the Nation's principal urbanized areas, cities, and industrial centers. Posted speed limits on arterials usually range between 50 and 65 MPH.

**Minor Arterials**, the lowest arterial classification, provide service for trips of moderate length and offer connectivity to the higher arterial classifications.

#### **COLLECTORS**

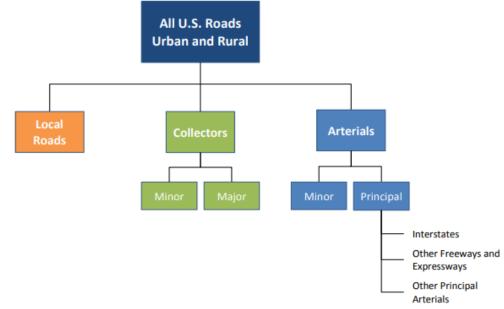
Collectors serve the critical roles of gathering traffic from local roads and funneling vehicles into the arterial network. Collectors provide less mobility than arterials at lower speeds and for shorter distances. They balance mobility with land access. The posted speed limit on collectors is usually between 35 and 55 MPH. Although subtly different, two classifications are included in the collector category:

**Major Collectors** are longer, have fewer points of access, have higher speed limits, and can have more travel lanes.

**Minor Collectors** are all remaining collectors not classified as major collectors, and are usually more focused on access than mobility.

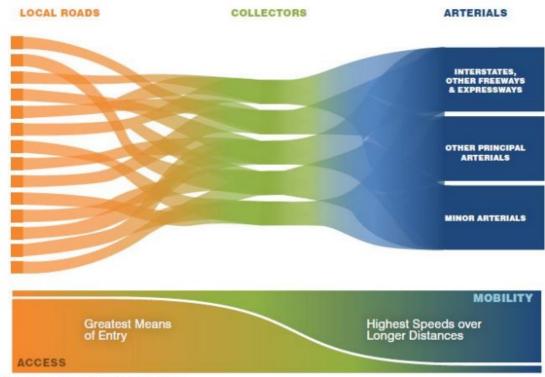
**Local Roads** provide limited mobility as they are not intended for use in long-distance travel, except at the origination or termination of a trip. They provide primary access to residential areas, businesses, farms, and other local areas and are often designed to discourage through traffic. Local roads, with posted speed limits usually between 20 and 45 MPH, are the majority of roads in the U.S.

### **Highway Functional Classification System Hierarchy**



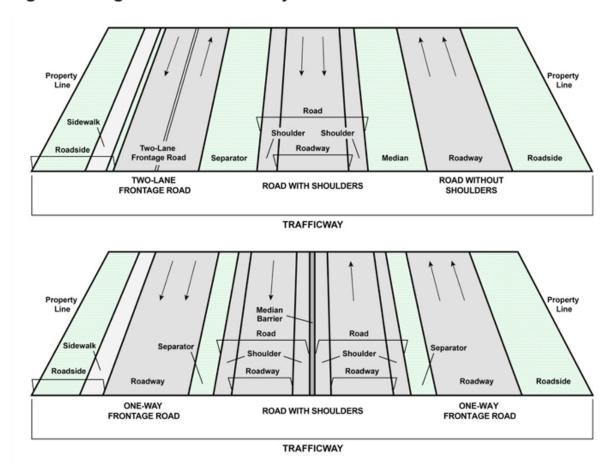
Source: FHWA Functional Classification Guidelines.

### **Functional Classifications**



Source: FHWA Functional Classification Guidelines.

Figure 1: Diagram of the Trafficway



Source: Model Minimum Uniform Crash Criteria, 5<sup>th</sup> Edition

Termination Area lets traffic resume normal operations Downstream Taper Buffer Space Traffic Space allows traffic Work Space is set aside for to pass through the activity area workers, equipment, and material storage Activity Area Buffer Space is where work (lateral) takes place provides **Buffer Space** protection for (longitudinal) traffic and provides protection for workers traffic and workers Transition Area moves traffic out of its normal path

Figure 6: Diagram of a Work Zone Area

Source: Model Minimum Uniform Crash Criteria, 5<sup>th</sup> Edition

Advance Warning Area tells traffic what to expect ahead

# BLOOD ALCOHOL CONCENTRATION (BAC) INFORMATION

The concentration of alcohol in the blood (blood alcohol concentration - BAC) and the effects the level of BAC may have on an individual varies based a variety of factors, including body type and tolerance. However, BAC can be used as a guide to predict how an individual may be effected. Based on the National Highway Traffic Safety Administration's "The Effects of Blood Alcohol Concentration" chart, the typical effects an individual may experience based on level of BAC are:

| Blood Alcohol<br>Concentration<br>(BAC) in G/DL | Typical Effects                                                                                                                                                                                         | Predictable Effects on Driving                                                                                                         |  |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| .02                                             | Some loss of judgement; relaxation, slight body warmth, altered mood.                                                                                                                                   | Decline in visual functions and in ability to perform two tasks at the same time.                                                      |  |
| .05                                             | Impaired judgement, lowered alertness, may have loss of small-muscle control (e.g. focusing your eyes). This is usually accompanied by a good feeling, release of inhibition, and exaggerated behavior. | Reduced coordination, reduced ability to track moving objects, difficultly steering, reduced response to emergency driving situations. |  |
| .08<br>(legal limit of<br>intoxication)         | Muscle coordination becomes poor (e.g. balance, speech, vision, reaction time, and hearing), harder to detect danger; judgement, self-control, reasoning, and memory are impaired.                      | Concentration and short-term memory loss, reduced information processing capability, impaired perception and speed control.            |  |
| .10                                             | Clear deterioration of reaction time and control, slurred speech, poor coordination, and slowed thinking.                                                                                               | Reduced ability to maintain lane position and brake appropriately.                                                                     |  |
| .15                                             | Far less muscle control than normal, vomiting may occur, major loss of balance.                                                                                                                         | Substantial impairment in vehicle control, attention to driving, and in visual and auditory information processing.                    |  |
| .2535                                           | Severe intoxication. Need assistance walking. Likely to experience mental confusion/distress, nausea and vomiting.                                                                                      |                                                                                                                                        |  |
| .36 and higher                                  | Loss of consciousness may occur. At a BAC of .40 a coma is likely. May lead to respiratory failure and death.                                                                                           |                                                                                                                                        |  |

In Wyoming, drivers with a blood alcohol concentration (BAC) of 0.08% or higher are considered alcohol-impaired by law. For commercial motor vehicle drivers, 0.04% is the legal limit of intoxication.

| CASE NO. |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|
|          |  |  |  |  |  |  |



### **INVESTIGATOR'S TRAFFIC CRASH REPORT**

Mail completed form within 10 days to: Wyoming Department of Transportation
Crash Records
5300 Bishop Boulevard

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | snop Boulevard<br>ine, WY 82009-3340 |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|---------------------------------------|
| 7 7 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Day of Week                  | Date: yyyy                           | //mm/dd Time (24 hr)                  |
| Date of Crash (yyyy/mm/dd) Time (24 hr)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mo O Tu O We O               | Police<br>Notified:                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Su O Th O Fr O Sa O          | Arrived:                             | /                                     |
| Combined Total Demons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | EMS                                  |                                       |
| Combined Total Damage<br>greater than or equal to Crash Resulting Inv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | estigated at Photo/Video     | Notified: /                          |                                       |
| \$1,000 Hit & Run from Prior Crash t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | he Scene Photo O Video       | O Arrived:                           |                                       |
| Yes No Yes No Yes No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No None Both                 | O EMS                                | Hospital Arrival Time                 |
| Private Public/Private Estimated Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | # Driver(s) # Person(s               | # non<br>Motorists # Injured # Killed |
| Property Property Damage Non-Vehicle Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | erty Damage # Verificie(s)   | # Dilver(s) # Ferson(s               |                                       |
| Yes No Yes No S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                      |                                       |
| County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | GPS Latitude                         |                                       |
| City.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | CDS Lampituda                        |                                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | GPS Longitude                        |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                      |                                       |
| Crash Ossurrad on Highway/Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | Milanaat Markar                      | Highway LRS #                         |
| Crash Occurred on: Highway/Street:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | Milepost Marker                      | CAT. ID# DIR                          |
| At Intersection with: Highway/Street:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | L↓↓↓↓                                |                                       |
| At Intersection with Fright and Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | Occurred on<br>Divided RDw           | ay if yes Incr / Decr                 |
| Related Intersection: Highway/Street:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | No O Yes O                           | Incr O Decr O                         |
| • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                      | Unknown 🔘                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INSTRUCTIONS                 |                                      |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO ENSURE ACCURACY           | Υ                                    |                                       |
| PRINT IN UPPER-CAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | E LETTERS USING A BLA        | CK OR DARK BLUE PEN!                 |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PRINT NEATLY                 |                                      |                                       |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B C D 4 5 6                  | 7 8                                  |                                       |
| If 'Other' is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | selected in any field, descr | ribe in narrative                    |                                       |
| If a vehicle is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | towed, describe towed ve     | hicle in narrative                   |                                       |
| mark if attached SUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PPLEMENTAL REP               | ORTS                                 |                                       |
| O If more than 2 vehicles are involved, com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | plete form 'Supplemen        | tal Additional Vehicle/D             |                                       |
| O If more than 5 persons in a crash, comple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                      |                                       |
| <ul> <li>Trucks or Commercial Motor Vehicles complete for a non-motorist is involved, complete for the c</li></ul> |                              |                                      | ation'                                |
| O If a bus is involved and carrying passeng                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                      | ation'                                |
| O If any drug tests are performed, complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 'Supplemental Drug Te        | est Results'                         |                                       |
| O Previous report submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                      |                                       |
| Investigating Agency  01 - City PD  02 - Sheriff  03 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BIA                          | Division                             |                                       |
| 01 - City PD 02 - Sheriff 03 - 04 - Forest Service 05 - Campus Police 06 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | Division<br>(WHP only)               |                                       |
| Badge # Officer Name & Rank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                      |                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                      |                                       |
| Signature<br>H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ighway Safety Use O          | nly                                  |                                       |
| Proximity to Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                      | hway District                         |
| 1-Same Town 2-25 miles or less 3-25 miles Plus 4-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ut of State                  | nigi                                 | ilway District                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | O N ≤ \$1,000                        | O I - Industrial Crash                |
| Report Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              | O P - Private                        | O D - Deliberate                      |

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

### **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

PR902

69 - Mail Box

71 - Cattle Guard

73 - Cable Barrier

99 - Unknown

70 - Tunnel

68 - Snow Embankment

72 - Fixed Object Other

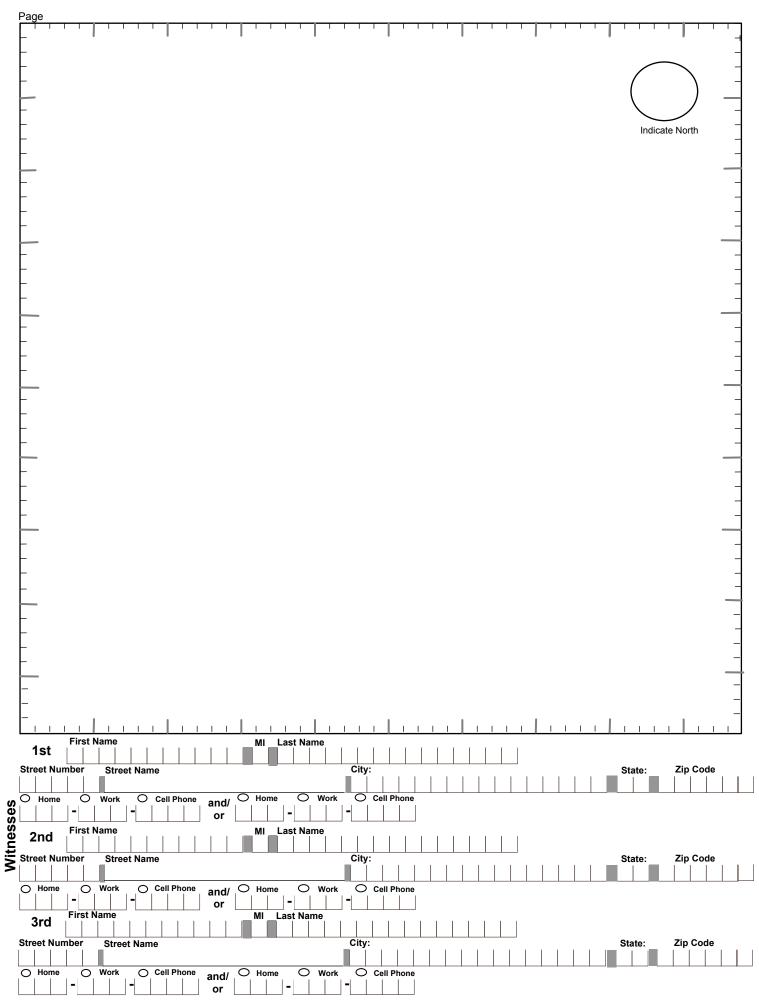
04 - Meeting (glancing collision from opposite

05 - Passing (glancing collision from same

direction)

direction)

99 - Unknown



22- Other

99-Unknown

19 - Truck Coupling/Trailer Hitch/Safety Chain

20 - Stalled Vehicle

21 - Cruise Control

06 - Both Centerline and Outside Shoulder

07 - Outside Shoulders Only

99 - Unknown

72 - Other Fixed Object

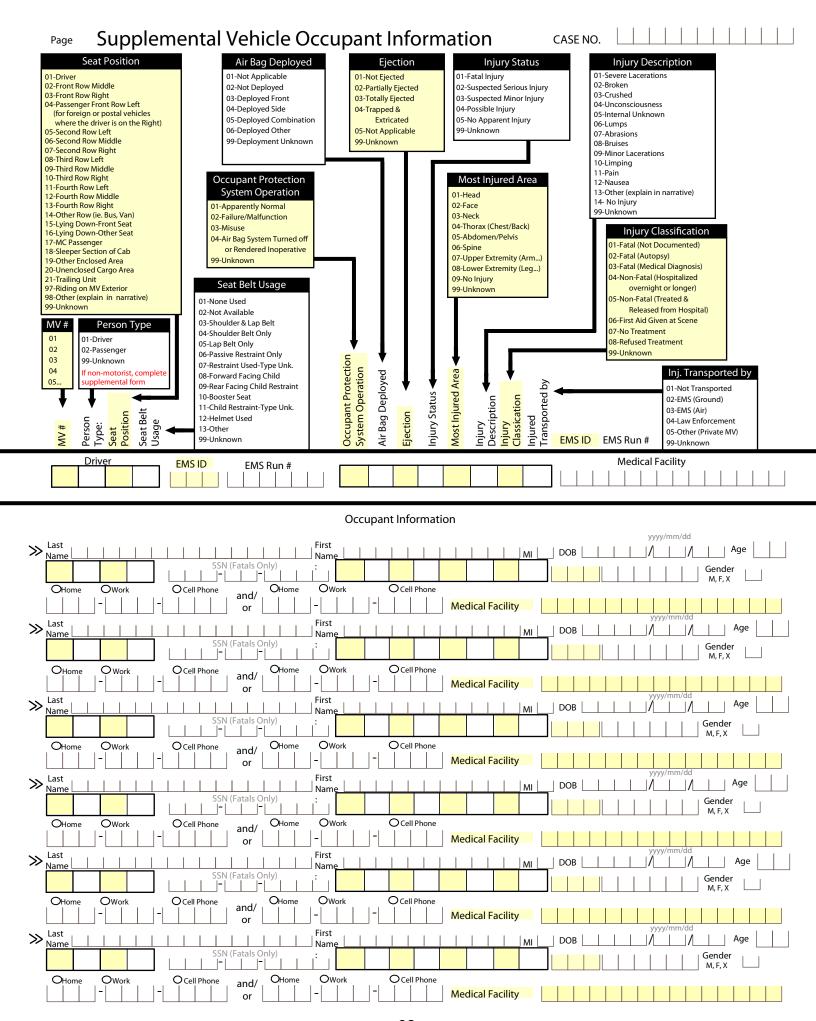
73 - Cable Barrier

99 - Unknown

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A 5 - Improper or 2 - B No Endorsement 3 - C 6 - Other 1 - Clear 2 - Expired 3 - Canceled or Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4 - Revoked (01 to 50) 5 - Suspended 99 - Unknown Posted Speed Estimated Speed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|               | 4 - I2 Permit-intermediate 8 - Restricted License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4 - 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| 0             | Vehicle N-No p.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01 - North<br>02 - Northeast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 05 - South 06 - Southwest 9 13 2 01-12 (Use 12 Point Clock Diagram) 3 13 Top (Roof)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| hicl          | Towed <sub>Y-Yes</sub> To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 03 - East<br>04 - Southeast<br>01-Yes 99 - Ur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 07 - West<br>08 - Northwest 8 4 14 Undercarriage<br>99 Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ž             | Extent of     01 - None 02 - Functional 03 - Mir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|               | Damage 04 - Disabling 99 - Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|               | Damage 04 - Disabling 99 - Unknown  Driver's Action 1st choice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ≥\$1,000 99-Unk.  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|               | Damage   04 - Disabling 99 - Unknown  Driver's Action (Officer Opinion Only)  01 - No Improper Driving 3rd choice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Driver's Condition (Officer Opinion Only)  01 - Apparently Normal  99-Unk.  1st choice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Citations Issued choose up to 5  O1 - None  Citations Issued 1st choice 2nd choice 2nd choice 3rd c |
|               | Driver's Action (Officer Opinion Only)  01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW  99 - Unknown  1st choice 2nd choice 3rd choice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Driver's Condition (Officer Opinion Only)  01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed) 03 - ill (Sick)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | Damage   04 - Disabling 99 - Unknown  Driver's Action (Officer Opinion Only)  01 - No Improper Driving 02 - Ran Off Road  1st choice   1st choice   2nd choice   1st choice    | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2nd choice 2nd choice 3 - ill (Sick) 4 - Fell Asleep, Fainted 5 - Fatigued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast  Citations Issued 2nd choice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|               | Driver's Action (Officer Opinion Only)  01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs (e.g. Stop Sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2nd choice 2nd choice 3 - ill (Sick) 3 - ill (Sick) 4 - Fell Asleep, Fainted 5 - Fatigued 6 - Under Influence of Medication 7 - Physical Disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd choice 2nd choice 2nd choice 3rd choice 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs (e.g. Stop Sign) 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2nd choice 2nd choice 3 - ill (Sick) 3 - ill (Sick) 4 - Fell Asleep, Fainted 5 - Fatigued 6 - Under Influence of Medication 7 - Physical Disability 8 - Suspected Drug Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|               | Damage   04 - Disabling 99 - Unknown    Driver's Action (Officer Opinion Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2nd choice 2nd choice 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Citations Issued choose up to 5  O1 - 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|               | Damage   04 - Disabling 99 - Unknown    Driver's Action (Officer Opinion Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2nd choice 2nd choice 03 - 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None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use 10 - Improper Turn 11 - Improper Passing 12 - Improper Starting Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd  | Driver's Condition (Officer Opinion Only)  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use 10 - Improper Turn 11 - Improper Passing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd choice 3rd choice 2nd  | Driver's Condition (Officer Opinion Only)  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 (Officer Opinion Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper Or No Signal O9 - Improper Lane Use 10 - Improper Passing 11 - Improper Passing 12 - Improper Starting Out 13 - Failed to Grant ROW to Ped 14 - Failed to Grant ROW to MV 15 - Disregard Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd choice 2nd choice 2nd choice 3rd choice 3rd choice 3rd choice 4th choice 3rd  | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2 | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use 10 - 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|               | Damage   04 - Disabling 99 - Unknown    Officer Opinion Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2 | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use 10 - 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd  | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2 | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use O1 - Improper Passing O1 - Improper Starting Out O1 - Failed to Grant ROW to Ped O1 - Failed to Grant ROW to MV O1 - Disregard Officer O1 - Disregard Stop Light O1 - Disregard Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd  | Driver's Condition (Officer Opinion Only)  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 (Officer Opinion Only)  01 - Not Distracted 02 - Electronic Communication Device (cell, pager) 03 - Other Electronic Device (palm, TV, computer) 04 - Other Distraction Outside MV (passenger, pet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use O1 - Improper Turn O1 - Improper Passing O1 - Improper Starting Out O1 - Failed to Grant ROW to Ped O1 - Disregard Officer O1 - Disregard Stop Light O1 - Disregard Stop Sign O1 - Improper Parking O2 - Reckless Driving O1 - Vehicular Homicide O1 - Disrey's License Violation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd  | Driver's Condition (Officer Opinion Only)  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 (Officer Opinion Only)  01 - Not Distracted 02 - Electronic Communication Device (cell, pager) 03 - Other Electronic Device (palm, TV, computer) 04 - Other Distraction Outside MV (passenger, pet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper Or No Signal O9 - Improper Lane Use O1 - Improper Turn O1 - Improper Passing O1 - Improper Starting Out O1 - Failed to Grant ROW to Ped O1 - Disregard Officer O1 - Disregard Stop Light O1 - Disregard Stop Light O1 - Disregard Officer O2 - Reckless Driving O3 - Reckless Driving O4 - Road Choice O5 - Std choice O5 - Sth choic |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd  | Driver's Condition (Officer Opinion Only)  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 (Officer Opinion Only)  01 - Not Distracted 02 - Electronic Communication Device (cell, pager) 03 - Other Distraction Inside MV (passenger, pet) 05 - Other Distraction Outside MV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Citations Issued choose up to 5  2nd choice 3nd choice 2nd choice 3nd choice 2nd choice 3nd choice 2nd choice 3nd choice  |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd  | Driver's Condition (Officer Opinion Only)  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 (Officer Opinion Only)  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use O1 - Improper Passing O1 - Improper Starting Out O1 - Failed to Grant ROW to Ped O1 - Folisregard Officer O2 - Disregard Stop Light O3 - Reckless Driving O2 - Reckless Driving O3 - Improper Backing O4 - No Insurance O5 - Hit & Run O6 - Registration Violation O7 - Failure to Use Seat Belt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|               | Driver's Action (Officer Opinion Only)  01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs (e.g. Stop Sign) 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 MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action 99 - Unknown  Suspect Alcohol 01 - Yes 02 - No  1st choice 2nd ch | Driver's Condition (Officer Opinion Only)  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 (Officer Opinion Only)  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 Drugs 01 - Yes 02 - No 03 - Tost Performed 03 - Tost Performed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Citations Issued choose up to 5  2nd choice 3nd choice 2nd choice 3nd choice 2nd choice 3nd choice 2nd choice 3nd choice  |
|               | Driver's Action (Officer Opinion Only)  1st choice 2nd  | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2 | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use O1 - Improper Turn O1 - Improper Passing O1 - Improper Starting Out O1 - Failed to Grant ROW to Ped O1 - Folisregard Officer O2 - Disregard Stop Light O3 - Reckless Driving O1 - Reckless Driving O1 - Vehicular Homicide O2 - Driver's License Violation O1 - Failure to Use Seat Belt O1 - None O1 - Vehicular Homicide O2 - Registration Violation O2 - Failure to Use Seat Belt O1 - None O1 - Vehicular Homicide O2 - Failure to Use Seat Belt O1 - None O1 - Vehicular Homicide O2 - Failure to Use Seat Belt O1 - None O1 - Vehicular Homicide O2 - Failure to Use Seat Belt O1 - Vehicular Homicide O2 - Failure to Use Seat Belt O3 - Vehicular Homicide O4 - Vehicular Homicide O5 - Failure to Use Seat Belt O5 - Vehicular Homicide O5 - Failure to Use Seat Belt O5 - Vehicular Homicide O6 - Registration Violation O7 - Failure to Use Seat Belt O6 - Vehicular Homicide O7 - Vehicular Homicide O7 - Failure to Use Seat Belt O7 - Vehicular Homicide O7 - Failure to Use Seat Belt O7 - Vehicular Homicide O7 - Failure to Use Seat Belt O7 - Vehicular Homicide O8 - Vehicular Homicide O8 - Vehicular Homicide O9 - Vehicular Homicid |
| f Alcol       | Driver's Action (Officer Opinion Only)  01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs (e.g. Stop Sign) 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  Suspect Alcohol Test Type  01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Breath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Driver's Condition (Officer Opinion Only)  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 (Officer Opinion Only)  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 Drugs 01 - Yes 02 - No 03 - Test Requested 99 - Unknown  If Drug Test performed then form 9002F will be proposed to the form 9002F will be p             | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use O1 - Improper Passing O1 - Improper Starting Out O1 - Failed to Grant ROW to Ped O1 - Disregard Officer O1 - Disregard Stop Light O1 - Disregard Stop Light O1 - Disregard Officer O2 - Reckless Driving O3 - Reckless Driving O4 - Reckless Driving O5 - Reckless Driving O6 - Following too Close O7 - Wrong Side of Road O8 - Improper Parking O9 - Improper Parking O1 - Parking O1 - Reckless Driving O2 - Reckless Driving O3 - Factor Wall of the Registration Violation O4 - Registration Violation O5 - Failure to Use Seat Belt O5 - Red R & R Driver O5 - Fed R & R Driver O5 - Fed R & R Vehicle O6 - Fed R & R Vehicle O6 - Fed Reckless                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| f Alcol       | Driver's Action (Officer Opinion Only)  01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs (e.g. Stop Sign) 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  Suspect Alcohol 01 - Yes 02 - No 03 - Test Requested 99 - Unknown nol Test performed other than  Ist choice Improper Action 90 - Unknown  Alcohol Test Type 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Driver's Condition (Officer Opinion Only)  1st choice 2nd choice 2 | Citations Issued choose up to 5  O1 - None O2 - DWUI O3 - Drinking - (i.e.,open container) O4 - Exceeding Speed Limit O5 - Speed too Fast O6 - Following too Close O7 - Wrong Side of Road O8 - Improper or No Signal O9 - Improper Lane Use O1 - Improper Passing O1 - Improper Starting Out O1 - Failed to Grant ROW to Ped O1 - Folisregard Officer O1 - Disregard Stop Light O1 - Disregard Stop Light O1 - Disregard Other O1 - Improper Parking O2 - Reckless Driving O2 - Reckless Driving O3 - Improper Backing O4 - No Insurance O5 - Hit & Run O6 - Registration Violation O7 - Failure to Use Seat Belt O1 - Roine |

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PR-902A Revised 01/12/2018





CASE NO.

| SI                                                                                                                                                                                                                                                                                                                                                                                         | upplemental Truck/Clv                                                                                                                                                                                                                                                                                                         | IV Intormation                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01 - Commercial Vehicle<br>02 - Non-Commercial Vehicle<br>Vehicle Number 01 02 03 04 05                                                                                                                                                                                                                                                                                                    | 0-00                                                                                                                                                                                                                                                                                                                          | GVW<br>Combination GVW<br>01 - 10,000 lbs or less<br>02 - 10,001 to 26,000 lbs<br>03 - More than 26,000 lbs                                                                                                                                                                                                                                                                                                                                                |
| Driver Last Name                                                                                                                                                                                                                                                                                                                                                                           | Driver First Name                                                                                                                                                                                                                                                                                                             | MI                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ICC/MC No.                                                                                                                                                                                                                                                                                                                                                                                 | US DOT No.                                                                                                                                                                                                                                                                                                                    | No. Axles<br>02-98 or 99 for unknown                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Carrier's Name                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Carrier's Street Number Carrier's S                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                               | ess or PO Box of Individual,<br>ership, or Corporation                                                                                                                                                                                                                                                                                                                                                                                                     |
| City                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| State Zip Code                                                                                                                                                                                                                                                                                                                                                                             | Carrier's Cou                                                                                                                                                                                                                                                                                                                 | intry                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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 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          |
| HM Placard  01 - Yes, (If yes continue on) 02 - No 99 - Unknown  HM Placard ID No. 1  HM Placard ID No. 2  HM Placard ID No. 3                                                                                                                                                                                                                                                             | HM Cargo Spill  01 - Yes 02 - No 99 - Unknown                                                                                                                                                                                                                                                                                 | HM 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 |





## Supplemental NON-Motorist

| -                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Non Motorist Segment No:                                                                                                                                                                                                                                                                                                                                                    | Vehicle No. 01 02 03                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Name                                                                                                                                                                                                                                                                                                                                                                  | MI<br>        Age                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Gender: M, F, X                                                                                                                                                                                                                                                                                                                                                                                                                                          | SSN (Fatals Only)                                                                                                                                                                                                                                                                                                                                                           | DOB (yyyy/mm/dd)///                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ○ Home         ○           □         □                                                                                                                                                                                                                                                                                                                                                                                                                   | Work OCell Phone and/ OHome OWork                                                                                                                                                                                                                                                                                                                                           | Cell Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| EMS 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 - Pedestrian 04 - Pedacyclist 05 - Occupant of MV NOT in transport (Parked) 06 - Pedestrian Conveyance 07 - Other Pedestrian (i.e. Wheelchair) 99 - Unknown type  Non Motorist Transport  10 - Motorized Skateboard/Scooter 11 - Pedestrian Vehicle 12 - Low Speed Vehicle 25 - Segway                                                                                   | Face         02 - Broken           Neck         03 - Crushed           Fhorax (Chest/Back)         04 - Unconsciousness           Abdomen/Pelvis         05 - Internal Unknown                                                                                                                                                                                                                                                                                     |
| 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 | 28 - Bicycle Trailer 99 - None  Non Motorist Condition at Time of Crash  01 - Apparently Normal 02 - Emotional (i.e. 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 | 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  Injured Transported by  01 - Not Transported by  01 - Not Transported 05 - Other (Private MV) 02 - EMS (Ground) 99 - Unknown 03 - EMS (Air) 04 - Law Enforcement |
| 12 - Dedicated Bike Lane 13 - Shared-Used Path or Trail 14 - Inside Building 15 - Other 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 within Wyoming 04 - Does not have residence in Wyoming 99 - Unknown  Suspect Alcohol on Non Motorist 01 - Yes 02 - No                                                                         | 01 - res                                                                                                                                                                                                                                                                                                                                                                    | est Performed 01 - Fatal Injury                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 02 - No 03 - Test Requested 99 - Unknown If Alcohol Test preformed other then Breath then form 902E will be required with results at a later date.  Alcohol Test Reguested 03 - 1est Reguested 04 - Serum 05 - Breath 06 - Urine 07 - Other 99 - Unknown                                                                                                                                                                                                 | 02 - No 03 - Test Requested 99 - Unknown  If Drug Test preformed then form 902E will be required with results at a later date.                                                                                                                                                                                                                                              | 03 - Suspected Minor Injury 04 - Possible Injury 05 - No Apparent Injury 99 - Unknown                                                                                                                                                                                                                                                                                                                                                                              |

PR-902C Revised 01/12/2018

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| Wyoming  |
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CASE NO.

| /            | WIGO SUPPLEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AL BUS INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|              | The state of the s | Actual No. of Bus Occupants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|              | Vehicle No. 01 02 03 Carrier's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (01 to 99)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | Carrier's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | Carrier's Street Street Number Carrier's City Street Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | eet Address or PO Box of Individual, Partnership, or Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ICC/MC No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| L            | Carrier's Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | US DOT No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | Occupant Data Required only for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fatal or Injured Occupants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Layout A     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15 14 13 12 11 10 9 8 7 6 5 4 3 2 Driver  Layout D  80 79 78 77 73 72 71 67 66 65 61 60 69 65 64 43 43 42 41 43 42 41 43 42 41 43 42 41 17 19 18 17 13 12 11 7 6 5 11 Curb Seb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ъ            | 63 62 58 57 53 52 43 42 43 42 23 32 24 12 113 12 13 12 143 42 15 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 50 51 5 | Injury Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|              | Commercial / Charter / School Bus Layouts  A B C O Other Bus  D (Bus/Van 9-15 passengers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Injury Status  01 - Fatal Injury 02 - Suspected Serious Injury 03 - Suspected Minor Injury 04 - Possible Injury 05 - No Apparent Injury 99 - Unknown  06 - Lumps 07 - Abrasions 08 - Bruises 09 - Minor Lacerations 10 - Limping 11 - Pain 12 - Nausea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 97 ·<br>98 · | Seat Position  Occupant Protection System Operation  Oliver (explain in narrative) Unknown  Occupant Protection System Operation  O1 - Apparently Normal O2 - Failure/Malfunction O3 - Misuse 99 - Unknown  Occupant Protection System Operation  O1 - Not Ejected O2 - Partially Ejected O3 - Totally Ejected O4 - Trapped &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Most Injured Area  01 - Head 02 - Face 03 - Neck 04 - Thorax (Chest/Back) 05 - Abdomen/Pelvis  13 - Other (explain in narrative) 14 - No Injury 99 - Unknown  Injury Classification 01 - Fatal (Not Documented) 02 - Fatal (Autopsy) 03 - Fatal (Medical Diagnosis)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 99 -<br>If n | Person Type  Passenger Unknown Unknown On-motorist, complete plemental form  Seat Belt Usage  01 - None Used 02 - Not Available 03 - Shoulder & Lap belt 04 - Shoulder Belt Only 05 - Lap Belt Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 06 - Spine 07 - Upper Extremity (Arm) 08 - Lower Extremity (Leg) 09 - No Injury 99 - Unknown  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 0°02<br>0°3  | 07 - Hestraint used-Type Unk. 08 - Forward Facing Child 09 - Bear Facing Child Restraint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Inj. Transported by  Inj. Tran |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 「こうごう」と EMS ID EMS Run #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| >> Las       | SSN (Fatals Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | Home OWork OCell Phone and/ OHome OWork OCell Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M, F, X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Las          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Medical Facility yyyy/mm/dd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| >> Las       | SSN (Fatals Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | O'Home OWork O'Cell Phone and/ O'Home OWork O'Cell Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | M, F, X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|              | or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Medical Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

### SUPPLEMENTAL BUS INFORMATION

|                 | SUPPLEIVI                                       | ENTAL BUS                                                           | INFORMA                                                                           | ION                                                                  |                                                                  |                             |
|-----------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------|
|                 | 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10    | 56 56 59 56 56 56 56 56 56 56 56 56 56 56 56 56                     | AISLE                                                                             | `I                                                                   | 15 14 13<br>12 11 10<br>9 8 7<br>6 5 4<br>3 2 Driver<br>Layout D |                             |
|                 |                                                 | AISLE 43 4 5 2 2 2 7 1 12 17 12 12 12 12 12 12 12 12 12 12 12 12 12 |                                                                                   | 76 75 74<br>70 69 68<br>64 63 62<br>58 57 56<br>52 51 50<br>46 45 44 |                                                                  |                             |
|                 |                                                 |                                                                     |                                                                                   |                                                                      |                                                                  |                             |
|                 | MV # Person Type: Seat Position Seat Belt Usage | Seat Belt Operation Ejection Injury Status                          | Injury Area Injury Description Injury Classication Injured Injured Transported by |                                                                      |                                                                  |                             |
|                 | MV# Person Type: Seat Position Seat Belt Usage  | Seat<br>Oper<br>Ejec<br>Injur                                       | Injury<br>Injury<br>Descr<br>Injury<br>Classi<br>Injure<br>Injure                 | EMD ID                                                               | EMS Run #                                                        |                             |
| <b>&gt;&gt;</b> | Last F<br>Name                                  | rirst<br>Name                                                       |                                                                                   | ] DOB                                                                | yyyy/mm/dd<br>                                                   | Age                         |
|                 | SSN (Fatals Only)                               |                                                                     |                                                                                   |                                                                      |                                                                  | Gender<br>M, F, X           |
|                 | O Home                                          | OWork O Cell Phone                                                  | Medical Facility                                                                  |                                                                      |                                                                  |                             |
| <b>&gt;&gt;</b> | Name Name N                                     | First<br>Name                                                       | MI                                                                                | DOB                                                                  | yyyy/mm/dd<br>///                                                | Age                         |
|                 | SSN (Fatals Only)                               |                                                                     |                                                                                   |                                                                      |                                                                  | Gender<br>M, F, X           |
|                 | O Home                                          | OWork OCell Phone                                                   | Medical Facility                                                                  |                                                                      |                                                                  |                             |
| <b>&gt;&gt;</b> | Name Name Name                                  | rirst<br>Name                                                       | мі                                                                                | DOB                                                                  | yyyy/mm/dd<br>//                                                 | Age                         |
|                 | SSN (Fatals Only)                               |                                                                     |                                                                                   |                                                                      |                                                                  | Gender<br>M, F, X           |
|                 | O Home                                          | OWork OCell Phone                                                   | Medical Facility                                                                  |                                                                      | yyyy/mm/dd                                                       |                             |
| <b>&gt;&gt;</b> |                                                 | First<br>Name                                                       | <u> </u>                                                                          | DOB L                                                                | //L/L                                                            | Age                         |
|                 |                                                 | OWork O Cell Phone                                                  |                                                                                   |                                                                      |                                                                  | Gender<br>M, F, X           |
|                 | or                                              |                                                                     | Medical Facility                                                                  |                                                                      | yyyy/mm/dd                                                       |                             |
| <b>&gt;&gt;</b> |                                                 | First<br>Name                                                       | MI L                                                                              | DOB L                                                                | //                                                               | Age LL                      |
|                 | O Home OWork O Cell Phone and/ O Home           | OWork O Cell Phone                                                  |                                                                                   |                                                                      |                                                                  | Gender<br>M, F, X           |
|                 | or                                              |                                                                     | Medical Facility                                                                  |                                                                      | yyyy/mm/dd                                                       |                             |
| <b>&gt;&gt;</b> | Last         F           Name                   | First<br>Name                                                       |                                                                                   | DOB                                                                  | //_                                                              | Age                         |
|                 | O Home O Work O Cell Phone and/ O Home          | OWork O Cell Phone                                                  |                                                                                   |                                                                      |                                                                  | Gender<br>M, F, X           |
|                 | or                                              |                                                                     | Medical Facility                                                                  |                                                                      | yyyy/mm/dd                                                       |                             |
| <b>&gt;&gt;</b> | Name SSN (Fatals Only)                          | Name                                                                | MI<br>                                                                            | DOB L                                                                | //                                                               | Age                         |
|                 | OHome OWork OCell Phone and/ OHome              | OWork OCell Phone                                                   |                                                                                   |                                                                      |                                                                  | Gender<br>M, F, X           |
|                 | Last F Name                                     |                                                                     | Medical Facility                                                                  | <u> </u>                                                             | yyyy/mm/dd                                                       |                             |
| //              | Name SSN (Fatals Only)                          | Name                                                                |                                                                                   | DOB L                                                                |                                                                  | Age<br>Gender               |
|                 | OHome OWork OCell Phone and/ OHome              | OWork O Cell Phone                                                  |                                                                                   |                                                                      |                                                                  | M, F, X                     |
| <b>&gt;&gt;</b> | Last F Name                                     |                                                                     | Medical Facility                                                                  |                                                                      | yyyy/mm/dd                                                       |                             |
| //              | Name                                            | vame L L L L L L                                                    | MI                                                                                | DOB L                                                                | //                                                               | Gender                      |
|                 | O Home O Work O Cell Phone and/ O Home          | OWork Ocell Phone                                                   | Medical Facility                                                                  |                                                                      |                                                                  | M, F, X                     |
|                 | or                                              | 86                                                                  | INIGUICAL LACILITY                                                                |                                                                      |                                                                  | PR-902D<br>Revised 04/14/15 |
|                 |                                                 | 00                                                                  |                                                                                   |                                                                      |                                                                  |                             |



### SUPPLEMENTAL ALCOHOL OR DRUG TEST RESULTS DRIVER

| Vehicle No. 01 02 03                                           | CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Last Name                                                      | First Name MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |
| Alcohol Test Results                                           | Drug Test Results                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |
| Alcohol<br>Test Result                                         | Drug Test Indication  P - Positive N - Negative 98 - Results Pending (Add Results Later) 99 - Unknown  Drug Test Results choose up to 4  2nd choice 2nd choice 3rd choice 3rd choice 4th choice 4th choice 4th choice 6th choose up to 4  2nd choice 6th choose up to 4  2nd choice 6th choice 6th choose up to 4  2nd choice 6th choice 6th choose up to 4  2nd choice 6th choice 6th choose up to 4  2nd choice 6th choose 1th choose |  |  |  |  |  |  |  |  |
| Wyoming SUPPLEMENTAL ALCOHOL OR DRUG TEST RESULTS NON-MOTORIST |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
| Vehicle No. 01 02 03                                           | Non Motorist Segment No: CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |
| Last Name                                                      | First Name MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |
| Alcohol Test Results                                           | Drug Test Results                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |
| Alcohol<br>Test Result ■                                       | Drug Test Indication  P - Positive N - Negative 98 - Results Pending (Add Results Later) 99 - Unknown  Drug Test Results choice 2nd choice 2nd choice 2nd choice 3rd choice 3rd choice 3rd choice 4th choice 4th choice 5 - PCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
|                                                                | 06 - Other Controlled Substance<br>07 - Other Drug (excludes post crash drugs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |

