



ROAD - WEATHER		LIGHTING (Check 1)	WEATHER (Check up to 2)	ROAD COND (Check 1 for each)	ROAD SURFACE (Check 1 for each)	TRAFFIC CONTROL (Check 1 for each)	ROAD CHARACTER (Check 1 for each)	RELATION TO JUNCTION	Work Zone Information										
		<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark -Lighted <input type="checkbox"/> Dark -Not Lighted <input type="checkbox"/> Dark -Unknown Lighting <input type="checkbox"/> Other <input type="checkbox"/> Unknown or Not Reported	<input type="checkbox"/> Clear <input type="checkbox"/> Blowing Sand, Soil, Dirt <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog, Smog, Smoke <input type="checkbox"/> Raining <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Sleet or Hail <input type="checkbox"/> Snowing <input type="checkbox"/> Freezing Rain or Freezing Drizzle <input type="checkbox"/> Wind <input type="checkbox"/> Other (Specify in narrative)	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Oil <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Other	<input type="checkbox"/> Lane Markers <input type="checkbox"/> Paved Unstriped <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	<input type="checkbox"/> No-Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Xing Device (sign, signal, gate, etc.) <input type="checkbox"/> All Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> School Zone Sign/Device <input type="checkbox"/> Other (Specify in narrative) <input type="checkbox"/> Inoperative/ Missing	<input type="checkbox"/> Straight <input type="checkbox"/> Curve Left <input type="checkbox"/> Curve Right  GRADE (Check 1 for each) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Dip  Intersection Type (Check 1) <input type="checkbox"/> Not an Intersection <input type="checkbox"/> Five-Point or More <input type="checkbox"/> Four-Way <input type="checkbox"/> T Int <input type="checkbox"/> Roundabout <input type="checkbox"/> Y Int <input type="checkbox"/> Traffic Circle <input type="checkbox"/> L Int	<input type="checkbox"/> Non-Junction <input type="checkbox"/> Acceleration/Deceleration Lane <input type="checkbox"/> Crossover <input type="checkbox"/> Crossover Related <input type="checkbox"/> Driveway <input type="checkbox"/> Driveway Access Related <input type="checkbox"/> Entrance/Exit Ramp <input type="checkbox"/> Entrance/Exit Ramp Related <input type="checkbox"/> Intersection <input type="checkbox"/> Intersection Related <input type="checkbox"/> Railway Grade Crossing <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Through Roadway	Location: Type of Work Zone: Workers Present: Law Enforcement Present:  ROAD DESIGN (Check 1 for each per section) <div> <input type="checkbox"/> 1 Lane  <input type="checkbox"/> 2 Lanes  <input type="checkbox"/> 3 Lanes  <input type="checkbox"/> 4 + Lanes  <input type="checkbox"/> Undivided  <input type="checkbox"/> Physical Divider  <input type="checkbox"/> Painted Divider(&gt;4ft)  <input type="checkbox"/> Physical Barrier  <input type="checkbox"/> No Shoulder             </div> <div> <input type="checkbox"/> Alley  <input type="checkbox"/> Full Access Control  <input type="checkbox"/> One-Way  <input type="checkbox"/> Ramp  <input type="checkbox"/> Two-way, Divided  <input type="checkbox"/> Two-way, Not Divided  <input type="checkbox"/> Two-way, Not Divided Continuous Left Turn Lane  <input type="checkbox"/> Undeveloped  <input type="checkbox"/> Other             </div>										
		APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)						DRIVERS' ACTIONS (Check 1 or more for each)		SEQUENCE OF EVENTS (See event codes)									
		DRIVER Avoid no contact - other Avoid no contact - vehicle Cell phone Disregarded traffic signal Driver distracted by texting Driver distracted by talking on cell phone Driver distracted by talking on hand free device Driver distracted by passenger Driver distracted by other activity Driver Inattention Drove left of center Excessive Speed Failed to yield - Emrgcy Veh(s) Failed to yield - Police Veh(s) Failed to yield right-of-way Following too closely High speed pursuit Improper backing				Improper lane change Improper overtaking Made improper turn No driver error Other improper driving Passed stop sign Pedestrian error Speed too fast for conditions Under influence of alcohol Under influence of drugs or medication ENVIRONMENT Animal(s) in roadway Low visibility due to glare Low visibility due to smoke Other visual obstruction(s) Weather conditions MOTOR VEHICLE Coupling device (hitch, chains) Defective Steering				Defective Tires Exhaust System Inadequate brakes Lights (head, signal, tail) Mirrors Other mech. Defect Suspension Wheels Windows/Windshield Wipers ROADWAY Backup - prior crash Backup - prior incident Debris Obstruction in road Road defect Road surface conditions Traffic Congestion Traffic control not functioning				<input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing <input type="checkbox"/> Negotiating a Curve <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Leaving Traffic Lane <input type="checkbox"/> Entering Traffic Lane <input type="checkbox"/> Parked <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Other (Specify in narrative)		<input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Operated MV in Reckless or Aggressive Manner <input type="checkbox"/> Over-correcting /Over-steering <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Wrong Way		FIRST EVENT  SECOND EVENT  THIRD EVENT  FOURTH EVENT  MHE	
		DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each)		DRIVER/PED/PEDALCYCLIST PHYSICAL COND. (Mark 1 or more for each)		PEDESTRIAN/PEDALCYCLIST ACTION													
		<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument for: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input type="checkbox"/> Breath Test Administered _____ gms/210 L _____ gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test <input type="checkbox"/> Test not Given <input type="checkbox"/> Suspected Drug Use		<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness, Fainted <input type="checkbox"/> *Other  *Specify in narrative		<input type="checkbox"/> Under the influence of Medication/Drugs/Alcohol <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> Unknown		PEDESTRIAN/PEDALCYCLIST <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection  ACTIONS PRIOR TO CRASH <input type="checkbox"/> Crossing Roadway <input type="checkbox"/> Moving Against Traffic <input type="checkbox"/> Moving With Traffic <input type="checkbox"/> Waiting to Cross Roadway <input type="checkbox"/> Walking/Cycling on Sidewalk <input type="checkbox"/> In Roadway - Other <input type="checkbox"/> Adjacent to Roadway (shoulder, median) <input type="checkbox"/> Working in Trafficway (Incident Response) ACTIONS AT TIME OF CRASH <input type="checkbox"/> No Improper Action <input type="checkbox"/> Dart/Dash <input type="checkbox"/> Failure to yield right-of-way <input type="checkbox"/> Failure to Obey Traffic Signs, Signals <input type="checkbox"/> From behind obstruction <input type="checkbox"/> In roadway improperly (standing, lying, working, playing) <input type="checkbox"/> Pushing or working on vehicle <input type="checkbox"/> Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> Not Visible (dark clothing, no lighting, etc.) <input type="checkbox"/> Improper Turn/Merge <input type="checkbox"/> Improper Passing <input type="checkbox"/> Wrong-way Riding or Walking						LOCATION AT TIME OF CRASH <input type="checkbox"/> Intersection - Marked Crosswalk <input type="checkbox"/> Intersection - Unmarked Crosswalk <input type="checkbox"/> Intersection - Other <input type="checkbox"/> Median/Crossing Island <input type="checkbox"/> Midblock - Marked Crosswalk <input type="checkbox"/> Travel Lane - Other Location <input type="checkbox"/> Bicycle Lane <input type="checkbox"/> Shoulder/Roadside <input type="checkbox"/> Sidewalk <input type="checkbox"/> Driveway Access <input type="checkbox"/> Shared-use Path or Trail <input type="checkbox"/> Non-trafficway Area <input type="checkbox"/> Other (specify in narrative)					
		DRIVER <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument for: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input type="checkbox"/> Breath Test Administered _____ gms/210 L _____ gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Standard Field Sobriety Test Administered <input type="checkbox"/> Refused Test <input type="checkbox"/> Test not Given <input type="checkbox"/> Suspected Drug Use		<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Illness, Fainted <input type="checkbox"/> *Other  *Specify in narrative		<input type="checkbox"/> Under the influence of Medication/Drugs/Alcohol <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment <input type="checkbox"/> Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> Unknown		PEDESTRIAN/PEDALCYCLIST <input type="checkbox"/> At Intersection <input type="checkbox"/> Not at Intersection  ACTIONS PRIOR TO CRASH <input type="checkbox"/> Crossing Roadway <input type="checkbox"/> Moving Against Traffic <input type="checkbox"/> Moving With Traffic <input type="checkbox"/> Waiting to Cross Roadway <input type="checkbox"/> Walking/Cycling on Sidewalk <input type="checkbox"/> In Roadway - Other <input type="checkbox"/> Adjacent to Roadway (shoulder, median) <input type="checkbox"/> Working in Trafficway (Incident Response) ACTIONS AT TIME OF CRASH <input type="checkbox"/> No Improper Action <input type="checkbox"/> Dart/Dash <input type="checkbox"/> Failure to yield right-of-way <input type="checkbox"/> Failure to Obey Traffic Signs, Signals <input type="checkbox"/> From behind obstruction <input type="checkbox"/> In roadway improperly (standing, lying, working, playing) <input type="checkbox"/> Pushing or working on vehicle <input type="checkbox"/> Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> Not Visible (dark clothing, no lighting, etc.) <input type="checkbox"/> Improper Turn/Merge <input type="checkbox"/> Improper Passing <input type="checkbox"/> Wrong-way Riding or Walking						LOCATION AT TIME OF CRASH <input type="checkbox"/> Intersection - Marked Crosswalk <input type="checkbox"/> Intersection - Unmarked Crosswalk <input type="checkbox"/> Intersection - Other <input type="checkbox"/> Median/Crossing Island <input type="checkbox"/> Midblock - Marked Crosswalk <input type="checkbox"/> Travel Lane - Other Location <input type="checkbox"/> Bicycle Lane <input type="checkbox"/> Shoulder/Roadside <input type="checkbox"/> Sidewalk <input type="checkbox"/> Driveway Access <input type="checkbox"/> Shared-use Path or Trail <input type="checkbox"/> Non-trafficway Area <input type="checkbox"/> Other (specify in narrative)					
		Occupant's Name (Last, First, Middle)		Occupant's Address (City, State, ZIP)		Seat Pos.	Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Property	Airbag Deploy	Ejected	EMS #	Med Trans			
		OTHER PROPERTY INVOLVED		Property Type: _____ Description of Property and Damage: _____ Owner's Name: _____ Owner's Address: _____ Owner's ZIP Code: _____ Owner's Telephone: _____															
		NAME		AGE		ADDRESS										TELEPHONE			
		VEH. NO.		NAME		VIOLATION (COMMON NAME)										ACTION (Check one)			
																<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning			
																<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning			
																<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Warning			
Time Notified		Time Arrived		Time Roadway Cleared		Time Incident Cleared		Notified By		Supervisor at Scene		Checked By							
Officer's Signature Firma del oficial				Printed Officer's Name Nombre impreso del oficial				Rank		ID No.		District		Date of Report Fecha del reporte					
Crash Report Number				STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209								SHEET							
Case Number												OF SHEETS							

OTRA PROPIEDAD IMPLICADA

**DIAGRAM/NARRATIVE**

Use Additional Sheets As Necessary

**DIAGRAMA/NARRACIÓN**

Utilice hojas adicionales según sea necesario

CRASH REPORT NUMBER:

CASE NUMBER:

DIAGRAM DRAWING BY:

MEASUREMENTS TAKEN BY:

Crash Report Number

Case Number

**STATE OF NEW MEXICO UNIFORM CRASH REPORT**  
**NM Statute 66-7-209**

SHEET

OF

SHEETS

US STATE CODES				FOREIGN STATE CODES		DRIVER INFORMATION			
				MEXICO (MX)	CANADA (CD)	LICENSE TYPE		RESTRICTIONS	
AL ALABAMA	MO MISSOURI	AG Aguascalientes	AB Alberta	A	CDL (Commercial Drivers License)	B	Corrective Lenses		
AK ALASKA	MT MONTANA	BC Baja California	BC British Columbia	B	CDL	C	Mechanical Aids		
AZ ARIZONA	NE NEBRASKA	BN Baja California Norte	MB Manitoba	C	CDL	D	Prosthetic Aids		
AR ARKANSAS	NV NEVADA	BS Baja California Sur	NB New Brunswick	D	Operators (old class 5)	E	Automatic Transmission - CMV		
CA CALIFORNIA	NH NEW HAMPSHIRE	CM Campeche	NL Newfoundlandland	E	CDL (Non-Commercial)	F	Outside Mirrors		
CO COLORADO	NJ NEW JERSEY	CS Chiapas	and Labrador	I	ID Card	G	Limit to Daylight Only		
CT CONNECTICUT	NM NEW MEXICO	CH Chihuahua	NT Northwest Territories	M	Motorcycle Only	H	Limit to Employment		
DC DISTRICT OF	NY NEW YORK	CO Coahuila	NS Nova Scotia	X	Not Licensed	I	Limit Local Area Only		
COLUMBIA	NC NORTH CAROLINA	CL Colima	NU Nunavit			J	Automatic Trans Only - Non-CMV		
DE DELAWARE	ND NORTH DAKOTA	DF Ciudad de Mexico (Distrito Federal)	ON Ontario			K	CDL - Intrastate Only		
FL FLORIDA	OH OHIO	DG Durango	PE Prince Edward Island			L	Vehicles Without Air Brakes		
GA GEORGIA	OK OKLAHOMA	MX Estado de Mexico	QC Quebec			M	Except Class A Bus		
HI HAWAII	OR OREGON	GT Guanajuato	SK Saskatchewan	H	Hazardous Materials Transportation	N	Except Class A and B Bus		
ID IDAHO	PA PENNSYLVANIA	GR Guerrero	YT Yukon	P	Hauling Liquids and Gases in Bulk 1001 gal. or > 16 or More Passengers including Driver	O	Except Tractor Trailer		
IL ILLINOIS	RI RHODE ISLAND	HG Hidalgo		S	School Bus	P	Ignition Interlock		
IN INDIANA	SC SOUTH CAROLINA	JA Jalisco		W	Combined Veh with Double or Triple trailers	S	Gov't Vehicle Only & as a Gov't Emp		
IA IOWA	SD SOUTH DAKOTA	MI Michoacan		X	2 or 3 wheel Motorcycle 100cc or >	T	Bus Only (Class B or C)		
KS KANSAS	TN TENNESSEE	MO Morelos		Y	Combo of "N" and "H" Endorsements	W	Instructional / Learner Permit		
KY KENTUCKY	TX TEXAS	NA Nayarit		Z	2 or 3 wheel Motorcycle between 49cc - 99cc	X	Medical (6 Month Permit)		
LA LOUISIANA	UT UTAH	NL Nuevo Leon			2 or 3 wheel Motorcycle with Auto Trans < 50cc	Y	Yearly Renewal		
ME MAINE	VT VERMONT	OA Oaxaca							
MD MARYLAND	VA VIRGINIA	PU Puebla							
MA MASSACHUSETTS	WA WASHINGTON	QT Queretaro							
MI MICHIGAN	WV WEST VIRGINIA	QR Quintana Roo							
MN MINNESOTA	WI WISCONSIN	SI Sinaloa							
MS MISSISSIPPI	WY WYOMING	SO Sonora							
		TL Tabasco							
		TM Tamaulipas							
		VE Veracruz							
		YU Yucatan							
		ZA Zacatecas							

  

VEHICLE INFORMATION							
VEHICLE MAKE							
ACUR Acura	DODG Dodge	IVEC Iveco Trucks	MERZ Mercedes-Benz	RENA Renault			
ALFA Alfa Romeo	EGIL Eagle	JAGU Jaguar	MG MG	ROL Rolls-Royce			
AMER AMC	FERR Ferrari	JEEP Jeep	MITM Mitsubishi	SAA Saab			
AUDI Audi	FIAT Fiat	JONW Jonway	MNNI Mini	SCAN Scania			
BENT Bentley	FORD Ford	KAWK Kawasaki	MOGU Moto Guzzi (Italy)	SMRT Smart			
BLUI Bluebird	FRHT Freightliner Corp.	KIA Kia Motors Corp.	NAVI Navistar	STLG Sterling			
BMW BMW	FWD FWD Corp.	KTM KTM	NEOP Neoplan USA Corp	STRN Saturn			
BSA BSA	GMC General Motors	KW Kenworth Motor Truck Co.	NFLY New Flyer	SUBA Subaru			
BUIC Buick	GRUM Grumman Olson	LAMO Lamborghini	NISS Nissan	SUZI Suzuki			
CADI Cadillac	HD Harley-Davidson	LEXS Lexus	NORT Norton (England)	THOM Thomas & Co.			
CAT Caterpillar	HINO Hino	LINC Lincoln	OLDS Oldsmobile	TOYT Toyota			
CHEC Checker	HMDE Home Made Trailer	LNCI Lancia	OPEL Opel	TRIU Triumph			
CHEV Chevrolet	HOND Honda	LNDL Land Rover	OSHK Oshkosh Motor Truck Co.	UN Other or Unknown			
CHRY Chrysler	HUMM Hummer	LOTU Lotus	PEUG Peugeot	VCTY Victory Motorcycle			
CITR Citroen	HYUN Hyundai	MACK Mack Trucks, Inc.	PLYM Plymouth	VESP Vespa			
CYCL Unknown Motorcycle	INDI Indian Motorcycle	MASE Maserati	POLS Polaris	VOLK Volkswagen			
DAEW Daewoo	INFI Infiniti	MAZD Mazda	PONT Pontiac	VOLV Volvo			
DATS Datsun	INTL International	MCIN Mazda	PORS Porsche	WHGM White GMC			
DEER John Deere	ISU Isuzu	MERC Mercury	PTRB Peterbilt Motors Co.	WSTR Western Star			
DIAR Diamond Reo	ITAS Itasca Motor Homes	MERK Merkur		YAMA Yamaha			

  

COLOR	BODY STYLE	VEHICLE USE 1	TRAILER/TOWED VEHICLE TYPE
AME Amethyst (purple)	Passenger Vehicles:	AM Ambulance	AC Auto Carrier
BGE Beige	AV All Terrain Vehicle	CB Church Bus	BT Boat
BLK Black	LT Light Truck w/Trailer (GCWR > 10,000 Lbs.)	CM Construction/ Maintenance	CL Cable Reel
BLU Blue	MC Motorcycle	CT Charter/Tour bus	CT Camping
BRO Brown	MP Moped/Scooter	FR Fire	DC Dolly Converter
BRZ Bronze	OT Other Passenger Vehicle	IR Incident Response	FR Fire truck
CAM Camouflage	PC Passenger Vehicle	IB Intercity Bus	FT Flat-bed or platform
COM Chrome	PK Pickup	FV Farm vehicle/equipment	GA Gondola
COM Stainless Steel	SV Sport Utility Vehicle	MI Military	GN Grain
CPR Copper	VN Van or mini-van	NS No Special Function	HE Horse
CRM Cream	Trucks and Buses:	NT Non-Transport Emergency Services Vehicle	HO Hopper
CRM Ivory	BU Bus	OB Other Bus	HS House trailer (mobile home)
DBL Blue, Dark	HE Heavy Equipment	OS Other Special Use	IW Single wheel
DGR Green, Dark	T2 Single Unit Truck (2-axle and GVWR more than 10,000 lbs)	PO Postal Vehicle	LB Lowbed or lowboy
GLD Gold	T3 Single Unit Truck (3 or more axles)	PV Police	LP Logging, pipe or pole
GRN Green	TU Truck/trailer	SB School Bus	LS Livestock
GRY Gray	TB Truck tractor (bobtail)	SH Shuttle Bus	RF Refrigerated van
LAV Lavender (purple)	TH Other heavy truck	TX Taxi	SE Semi
LBL Blue, Light	TS Tractor/semi-trailer	LM Limo	SR Service
LGR Green, Light	TD Tractor/double	TB Transit/Commuter Bus	ST Stack or rack
MAR Burgundy (purple)	TO Other Light Truck (10,000 lbs GVWR or less)	VA Van Not for Personal Use	TE Tent trailer
MAR Maroon	TX Tractor/triple		TM Truck mount camper
MUL/ COL Multicolored	MH Motor Home	VEHICLE USE 2	TN Tanker
MVE Mauve (purple)	MO Motorcoach	C Commercial or Business Use	TV Towed vehicle
ONG Orange	MT Medium/Heavy Truck (more than 10,000 lbs GVWR)	G Government Use	UT Utility
PLE Purple	UH Unknown heavy truck > 10,000 lbs. Cannot classify	P Personal Use	VN Van
PNK Pink	VC Cargo Van (10,000 lbs GVWR or less)	R Rental Truck > 10,000 lbs. Personal use only	OTHR Other
RED Red	Non-Motorist:	U Unknown	
SIL Aluminum	RR Train	VEHICLE USE 3	
SIL Silver	SM Snowmobile	EE Emergency Operations,	
TAN Tan		EX Emergency Operations,	
TEA Teal (green)		Emergency Warning Equipment in Use	
TPE Taupe (brown)		Emergency Warning Equipment Not in Use	
TRQ Turquoise (blue)		NN Non-Emergency, Non-Transport	
WHI White		NT Non-Emergency Transport	
YEL Yellow			

  

SEQUENCE OF EVENTS/MHE			
EVENTS INVOLVING COLLISION WITH		NON-COLLISION EVENTS	
ANIM Animal	CLS Cargo Loss or Shift		
BIKE Pedalcycle	CMC Cross Median/Centerline		
FO Fixed Object (Define in narrative)	DR Downhill Runaway		
MVT Motor Vehicle in Transport	EF Equipment Failure		
OM Other Moveable Object	EX Explosion or Fire		
ONM Other non-motorist	FJ Fell/Jumped from MV		
OTC Other (describe in narrative)	IM Immersion, full/partial		
PED Pedestrian	JK Jackknife		
PMV Parked Motor Vehicle	OCNC Other (describe in narrative)		
RR Train	OR Overturn/Rollover		
UN Unknown Movable Object	ROR Ran Off Road		
WZ Work Zone Const. or Maintenance Equipment	SU Separation of Units		
	TFO Thrown or Falling Object		

FIRST HARMFUL EVENT AND ANALYSIS			
COLLISION W/ANIMAL		COLLISION W/FIXED OBJECT	
8210 Antelope 8215 Bear 8220 Bird - Buzzard (turkey, vulture, etc.) 8225 Bird - Eagle, Hawk, Owl 8230 Bird - Other 8235 Cattle/Cow 8240 Cougar 8245 Deer 8250 Elk 8255 Horse 8260 Sheep/Goat 8265 Small Domestic Animal (cat, dog, etc.) 8270 Small Game Animal (badger, bobcat, coyote, fox, raccoon, skunk, etc.) 8290 Other Large Domestic Animal (pig, etc.) 8295 Other Large Game Animal (Barbary sheep, ibex, javelina, oryx, etc.) 8297 Other Animal (type unknown)		8604 Bridge Overhead Structure 8608 Bridge Pier or Support 8612 Bridge Rail 8616 Cattle Guard 8620 Culvert 8624 Curb 8628 Ditch 8632 Embankment 8636 Fence 8640 Fire Hydrant 8644 Guardrail End 8648 Guardrail Face 8652 Impact Attenuator/Crash Cushion 8656 Mailbox 8660 Median 8664 Traffic Barrier, Cable 8668 Traffic Barrier, Concrete 8672 Traffic Barrier, Other 8676 Traffic Sign Support 8680 Traffic Signal Support 8682 Tree (standing) 8684 Utility Box 8686 Utility Pole/Light Support 8688 Wall or Building 8690 Other Post, Pole or Support 8693 Other Vegetation 8695 Other Fixed Object 8699 Unknown	
COLLISION W/OTHER NON-FIXED OBJECT		NON-COLLISION	
8410 Railway Vehicle (train, engine) 8415 Struck by Falling, Shifting Cargo or Anything Set in Motion by MV 8420 Work Zone / Maintenance Equipment 8425 Other Non-fixed Object (rock, tire, trash, fallen tree, branch, etc.)		8510 Cargo/Equipment Loss or Shift 8515 Fell/Jumped from MV 8520 Fire/Explosion 8525 Immersion, Full or Partial 8530 Jackknife 8535 Overturn/Rollover 8540 Thrown or Falling Object 8590 Other Non-Collision	
COLLISION W/MOTOR VEHICLE			
8310 Parked MV 8315 MV in Transport			
MANNER OF IMPACT			
10 Front-to-Side (ex. T-bone, Angle) 15 Front-to-Front (ex. Head-on) 20 Front-to-Rear 25 Rear-to-Rear 30 Rear-to-Side 35 Sideswipe 40 Other 90 Unknown			
MANNER OF CRASH			
50 From Same Direction 60 From Opposite Direction 70 Intersecting Path (T-bone)			
LOCATION OF FHE			
1 On Roadway 2 On Shoulder 3 On Median 4 On Roadside-Right 5 On Roadside-Left 6 Outside Trafficway 7 Off Roadway-Location Unknown 8 In Parking Lane/Zone 9 Gore 10 Separator 11 Continuous Left-Turn Lane			
OCCUPANT INFORMATION			
OCCUPANT SEAT POSITION		RACE	OCCUPANT PROTECTION
LF Left Front CF Center Front RF Right Front LR Left Rear CR Center Rear RR Right Rear LT Left Third Seat CT Center Third Seat RT Right Third Seat FL Left Fourth Seat FC Center Fourth Seat FR Right Fourth Seat MP Motorcycle Passenger PP Pedalcyclist Passenger BA Baby in Arms BP Bus Passengers	CM Camper or Truck EX Riding on Motor Vehicle Exterior FV Fell from Vehicle JP Jumped from Vehicle LS Lap Sitter MH Motor Home SS Semi Sleeper TB Truck Bed TD On Towed Device TO Trailer Occupants VR Rear of Van UN Unknown Seat Position NA Not Applicable	A Asian B Black C Caucasian - Non-Hispanic H Hispanic I American Indian O Other INJURY K Killed A Suspected Serious Injury - Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood - Broken or distorted extremity (arm or leg) - Crush injuries - Suspected skull, chest or abdominal injury other than bruises or minor lacerations - Significant burns (second and third degree burns over 10% or more of the body) - Unconsciousness when taken from the crash scene - Paralysis B Minor Injury C Complaint of Injury -- but not visible O No Apparent Injury	0 Not Stated 1 Restraints - Not Installed 2 Restraints Installed but Not Used 3 Lap Belt - Used 5 Shoulder Harness - Used 6 Belt and Harness Used 10 Restraint Used, Type Unknown 8A Rear-facing Seat Used 8B Forward Facing Seat Used w/Harness 8C Booster Seat Used 8D Child Restraint Not Used 8E Child Restraint Used, Type Unknown 9 Helmet Used 9A Helmet Not Used NA Not Applicable <b>Non-motorist Safety Equipment</b> NP No Protection PR Protective/Reflective Gear (Specify in narrative) OT Other (Specify in narrative)
DRIVER SEAT POSITION			AIRBAG DEPLOYMENT
LF Left Front RF Right Front CF Center Front MD Motorcycle Driver	PD Pedestrian PC Pedalcyclist PO Pedestrian Other UN Unknown Seat Position NA Not Applicable		F Deployed - front of person S Deployed - side of person B Deployed - front and side or other combination C Deployed Curtain O Other Deployment N Not Deployed NA Not Applicable EJECTION N Not ejected P Partially ejected T Totally ejected O Not applicable (motor or bicycle, etc.)
OTHER CODES			
CARRIER TYPE	MEDICAL TRANSPORT		
0 Intrastate 1 Interstate 2 Not in Commerce -- Other 3 Not in Commerce -- Government	NT Not Transported EA EMS Air EG EMS Ground LE Law Enforcement OT Other UK Unknown		