



STATE OF NEW MEXICO
UNIFORM CRASH REPORT

REPORTING DEPARTMENT																																																		
<input type="checkbox"/> On Pvt Property		<input type="checkbox"/> FATAL		PROPERTY DAMAGE ONLY		<input type="checkbox"/> UNDER \$500		<input type="checkbox"/> Hit-and-Run		Case Number:		CAD Num:																																						
<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> INJURY		<input type="checkbox"/> \$500 OR MORE		<input type="checkbox"/> School Bus Directly Involved		<input type="checkbox"/> School Bus Indirectly Involved		Agency Code:																																								
<input type="checkbox"/> Commercial Vehicle Involved																																																		
CRASH DATE (MM/DD/YYYY)			MILITARY TIME			CITY OCCURRED IN			COUNTY																																									
Sun <input type="checkbox"/>			M <input type="checkbox"/>			Tu <input type="checkbox"/>			W <input type="checkbox"/>			Th <input type="checkbox"/>			F <input type="checkbox"/>			Sat <input type="checkbox"/>			OCCURRED ON: (Route No. or Name, Address)			AT INTERSECTION WITH:																										
OTHER LOCATION			<input type="checkbox"/> FEET <input type="checkbox"/> MILES			N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W			MILEPOST - PERMANENT LANDMARK - COUNTY LINE - INTERSECTION			LAT: LONG:																																						
CRASH OCCURRED			<input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway <input type="checkbox"/> Non-Trafficway			<input type="checkbox"/> Work Zone-Construction <input type="checkbox"/> Work Zone-Maintenance <input type="checkbox"/> Work Zone-Utility			TRIBAL LAND? <input type="checkbox"/> Yes <input type="checkbox"/> No			FIRST HARMFUL EVENT (FHE) <input type="checkbox"/> Collision w/Motor Vehicle <input type="checkbox"/> Collision w/Person <input type="checkbox"/> Collision w/Animal <input type="checkbox"/> Collision w/Fixed Object <input type="checkbox"/> Non-Collision <input type="checkbox"/> Collision w/Other Non-Fixed Object <input type="checkbox"/> Other (Specify in Narrative)			ANALYSIS CODE: LOCATION OF FHE:																																			
VEHICLE NO. HEADED			MV Unit Type			N <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> E <input type="checkbox"/> W			On:			Left Scene of Crash <input type="checkbox"/> Yes <input type="checkbox"/> No			Posted Speed			Safe Speed																																
Driver's Full Name (Last, First, Middle)			Address																																															
Driver's License Number			State			Type/CDL			Status			Restrictions			Endorsements			Expires			Interlock			City/State			ZIP Code			Phone																				
Date of Birth - MM/DD/YYYY			Occupation			Incident Responder			Seat Pos.			Age			Sex (M/F)			Race			Injury Code			OP Code			OP Used Properly			Airbag Deploy			Ejected			EMS #			Med Trans											
Seat Pos.			Occupant's Name (Last, First, Middle)			Occupant's Address (City, State, ZIP)																																												
Vehicle Yr.			Vehicle Make			Model			Color			Body Style			Cargo Body Type			Vehicle Use (1)			Vehicle Use (2)			Vehicle Use (3)			Towed?			Damage Severity			Extent			Diagram														
License Yr.			State			License Plate Number			VIN																																									
USDOT#			State #			Carrier Type Code			Towed By			Towed To																																						
Number of Axles			Vehicle Weight Rating/Gross Combination Weight Rating			HazMat Placard (cargo only)			HazMat Placard 4 digit #			OR			Hazmat Name			AND			1 digit #			Hazmat Released? (Cargo only)																										
Carrier's Name			Carrier's Address (Street/PO Box, City, State)			Carrier's ZIP																																												
Owner's Name			Owner's Company Name			Owner's Address (Street/PO Box, City, State)			Owner's ZIP			Owner's Telephone																																						
Insured By: (Name of Company)			Policy Number			Trailer or Towed Vehicles (1)			Type			Year			Make			License Yr.			License State			License Number																										
Trailer or Towed vehicles (2)			Type			Year			Make			License Yr.			License State			License Number			Trailer or Towed Vehicles (3)			Type			Year			Make			License Yr.			License State			License Number											
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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 Unstripped <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 <div>GRADE (Check 1 for each)</div> <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <div>Intersection Type (Check 1)</div> <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: <div>ROAD DESIGN (Check 1 for each per section)</div> <table><tr><td><input type="checkbox"/> 1 Lane</td><td><input type="checkbox"/> Alley</td></tr><tr><td><input type="checkbox"/> 2 Lanes</td><td><input type="checkbox"/> Full Access Control</td></tr><tr><td><input type="checkbox"/> 3 Lanes</td><td><input type="checkbox"/> One-Way</td></tr><tr><td><input type="checkbox"/> 4 + Lanes</td><td><input type="checkbox"/> Ramp</td></tr><tr><td><input type="checkbox"/> Undivided</td><td><input type="checkbox"/> Two-way, Divided</td></tr><tr><td><input type="checkbox"/> Physical Divider</td><td><input type="checkbox"/> Two-way, Not Divided</td></tr><tr><td><input type="checkbox"/> Painted Divider(>4ft)</td><td><input type="checkbox"/> Two-way, Not Divided Continuous Left Turn Lane</td></tr><tr><td><input type="checkbox"/> Physical Barrier</td><td><input type="checkbox"/> Undeveloped</td></tr><tr><td><input type="checkbox"/> No Shoulder</td><td><input type="checkbox"/> Other</td></tr></table>		<input type="checkbox"/> 1 Lane	<input type="checkbox"/> Alley	<input type="checkbox"/> 2 Lanes	<input type="checkbox"/> Full Access Control	<input type="checkbox"/> 3 Lanes	<input type="checkbox"/> One-Way	<input type="checkbox"/> 4 + Lanes	<input type="checkbox"/> Ramp	<input type="checkbox"/> Undivided	<input type="checkbox"/> Two-way, Divided	<input type="checkbox"/> Physical Divider	<input type="checkbox"/> Two-way, Not Divided	<input type="checkbox"/> Painted Divider(>4ft)	<input type="checkbox"/> Two-way, Not Divided Continuous Left Turn Lane	<input type="checkbox"/> Physical Barrier	<input type="checkbox"/> Undeveloped	<input type="checkbox"/> No Shoulder	<input type="checkbox"/> Other	
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EVENT	APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)					DRIVERS' ACTIONS (Check 1 or more for each)		SEQUENCE OF EVENTS (See event codes)																				
	<table><tr><td><input type="checkbox"/> 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</td><td><input type="checkbox"/> 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 <input type="checkbox"/> Animal(s) in roadway Low visibility due to glare Low visibility due to smoke Other visual obstruction(s) Weather conditions MOTOR VEHICLE <input type="checkbox"/> Coupling device (hitch, chains) Defective Steering</td><td><input type="checkbox"/> 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</td></tr></table>					<input type="checkbox"/> 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	<input type="checkbox"/> 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 <input type="checkbox"/> Animal(s) in roadway Low visibility due to glare Low visibility due to smoke Other visual obstruction(s) Weather conditions MOTOR VEHICLE <input type="checkbox"/> Coupling device (hitch, chains) Defective Steering	<input type="checkbox"/> 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	<table><tr><td><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)</td><td><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</td></tr></table>		<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	<table><tr><td>FIRST EVENT</td><td></td></tr><tr><td>SECOND EVENT</td><td></td></tr><tr><td>THIRD EVENT</td><td></td></tr><tr><td>FOURTH EVENT</td><td></td></tr><tr><td>MHE</td><td></td></tr></table>		FIRST EVENT		SECOND EVENT		THIRD EVENT		FOURTH EVENT		MHE					
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ADDITIONAL OCCUPANTS	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																			
WITNESSES	NAME		AGE	ADDRESS										TELEPHONE														
ENFORCEMENT ACTION	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																			
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Time Notified		Time Arrived		Time Roadway Cleared		Time Incident Cleared		Notified By			Supervisor at Scene			Checked By														
Officer's Signature				Printed Officer's Name				Rank		ID No.		District		Date of Report														
Crash Report Number				STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209										SHEET														
Case Number														OF SHEETS														

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

		CRASH REPORT NUMBER:	CASE NUMBER:	DIAGRAM DRAWING BY:	MEASUREMENTS TAKEN BY:
Crash Report Number	STATE OF NEW MEXICO UNIFORM CRASH REPORT NM Statute 66-7-209			SHEET	
Case Number				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	CS	Chiapas	NL	Newfoundlandland and Labrador	E	CDL (Non-Commercial)	F	Outside Mirrors
CO	COLORADO	NJ	NEW JERSEY	CH	Chihuahua	CL	Colima	I	ID Card	G	Limit to Daylight Only
CT	CONNECTICUT	NM	NEW MEXICO	CO	Coahuila	NT	Northwest Territories	M	Motorcycle Only	H	Limit to Employment
DC	DISTRICT OF COLUMBIA	NY	NEW YORK	DF	Quidat de Mexico (Distrito Federal)	NS	Nova Scotia	X	Not Licensed	I	Limit Local Area Only
DE	DELAWARE	NC	NORTH CAROLINA	DG	Durango	NU	Nunavit			J	Automatic Trans Only - Non-CMV
FL	FLORIDA	ND	NORTH DAKOTA	MX	Estado de Mexico	ON	Ontario			K	CDL - Intrastate Only
GA	GEORGIA	OH	OHIO	GT	Guanajuato	PE	Prince Edward Island			L	Vehicles Without Air Brakes
HI	HAWAII	OK	OKLAHOMA	GR	Guerrero	QC	Quebec	H	Hazardous Materials Transportation	M	Except Class A Bus
ID	IDAHO	OR	OREGON	HG	Hidalgo	SK	Saskatchewan	N	Hauling Liquids and Gases in Bulk 1001 gal. or >	N	Except Class A and B Bus
IL	ILLINOIS	PA	PENNSYLVANIA	JA	Jalisco	YT	Yukon	P	16 or More Passengers including Driver	O	Except Tractor Trailer
IN	INDIANA	RI	RHODE ISLAND	MI	Michoacan			S	School Bus	P	Ignition Interlock
IA	IOWA	SC	SOUTH CAROLINA	MO	Morelos			T	Combined Veh with Double or Triple trailers	S	Gov't Vehicle Only & as a Gov't Emp
KS	KANSAS	SD	SOUTH DAKOTA	NA	Nayarit			W	2 or 3 wheel Motorcycle 100cc or >	T	Bus Only (Class B or C)
KY	KENTUCKY	TN	TENNESSEE	NL	Nuevo Leon			X	Combo of "N" and "H" Endorsements	W	Instructional / Learner Permit
LA	LOUISIANA	TX	TEXAS	OA	Oaxaca			Y	2 or 3 wheel Motorcycle between 49cc - 99cc	X	Medical (6 Month Permit)
ME	MAINE	VT	VERMONT	PU	Puebla			Z	2 or 3 wheel Motorcycle with Auto Trans < 50cc	Y	Yearly Renewal
MD	MARYLAND	UT	UTAH	QT	Queretaro						
MA	MASSACHUSETTS	VA	VIRGINIA	QR	Quintana Roo						
MI	MICHIGAN	WV	WEST VIRGINIA	SL	San Luis Potosi						
MN	MINNESOTA	WA	WASHINGTON	SI	Sinaloa						
MS	MISSISSIPPI	WY	WYOMING	SO	Sonora						
				TB	Tabasco						
				TM	Tamaulipas						
				TL	Tlaxala						
				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	MIT	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	FRRT	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	LNDR	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	MCI	PORS	Porsche	WHGM	White GMC		
DEER	John Deere										

FIRST HARMFUL EVENT AND ANALYSIS			
COLLISION W/ANIMAL		COLLISION W/FIXED OBJECT	MANNER OF IMPACT
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	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
COLLISION W/OTHER NON-FIXED OBJECT			MANNER OF CRASH
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.)			50 From Same Direction 60 From Opposite Direction 70 Intersecting Path (T-bone)
COLLISION W/PERSON		NON-COLLISION	LOCATION OF FHE
8110 Pedalcycle 8115 Pedestrian 8190 Other Non-motorist (wheelchair, skateboard, scooter, Segway, 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	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
COLLISION W/MOTOR VEHICLE			
8310 Parked MV 8315 MV in Transport			
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	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 Non-motorist Safety Equipment NP No Protection PR Protective/Reflective Gear (Specify in narrative) OT Other (Specify in narrative)
DRIVER SEAT POSITION		INJURY	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	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	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
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		