ACCIDENT CLASSIFICATION

A. Weather Condition *(Enter up to two)*

A/1 A/2

01. Clear
02. Cloudy
03. Fog, smog, smoke
04. Rain
05. Sleet, hail, freezing rain/drizzle
06. Snow
07. Severe crosswinds
08. Blowing sand, soil, dirt, snow
09. Other*
10. Unknown

B. Temperature

B

C. Light Condition *(Enter one)*

C

1. Daylight
2. Dawn
3. Dusk
4. Dark - lighted roadway
5. Dark - roadway not lighted
6. Dark - unknown roadway lighting
7. Other*
8. Unknown

D. Road Character *(Enter one)*

D V1/M

1. Straight and level
2. Straight and on slope
3. Straight and on hilltop
4. Curved and level
5. Curved and on slope
6. Curved and on hilltop

E. Road Surface *(Enter one)*

V2/M E

1. Concrete
2. Asphalt
3. Brick
4. Gravel
5. Dirt
6. Other*

F. Road Surface Condition *(Enter one)*

F V1/N

1. Dry
2. Wet
3. Snow
4. Ice
5. Sand, mud, dirt, oil, gravel
6. Water (standing, moving)
7. Slush
8. Other*
9. Unknown

G. Total Number of Through Lanes *(Enter one)*

V2/N G

1. One lane
2. Two lanes
3. Three lanes
4. Four lanes
5. Five lanes
6. Six or more lanes

H. Median Type *(Enter one)*

H V1/O

1. Median barrier
2. Raised median *(curbed)*
3. Grass median *(no curb)*
4. Painted *(no curb)*
5. None

I. Contributing Circumstances, Environment *(Enter one)*

V2/O I

1. None
2. Weather conditions
3. Vision obstruction
4. Glare
5. Animal in roadway
6. Other*
7. Unknown

J. Contributing Circumstances, Road *(Enter one)*

V1/P V2/P J

01. None
02. Road surface condition (wet, icy, snow, slush, etc.)
03. Debris
04. Rut, holes, bumps
05. Work zone (construction/ maintenance/utility)
06. Worn, travel-polished surface
07. Obstruction in roadway
08. Traffic control device inoperative, missing or obscured
09. Shoulders (none, low, soft, high)
10. Non-highway work
11. Other*
12. Unknown

K. Type of Roadway Junction *(Enter one)*

V1/Q V2/Q K

01. Not at junction
02. Four-way intersection
03. T-intersection
04. Y-intersection
05. Traffic circle/roundabout
06. Five-point, or more
07. On-ramp
08. Off-ramp
09. Crossover
10. Driveway
11. Railroad grade crossing
12. Shared-use paths or trails
13. Unknown

L. School Bus Related *(Enter one)*

L

1. No
2. Yes, school bus directly involved
3. Yes, school bus indirectly involved
4. Unknown

Complete this section for all injured persons

Transported to Medical Facility *(Enter one)* — 5

If the individual was transported from the crash site to a medical facility for treatment of injuries received in the crash:

Source of Transport:

1. Not transported
2. EMS
3. Police
4. Other*
5. Unknown

Injury Severity *(Enter one)* — 4

1. **Killed**
2. **Disabling** - cannot leave scene without assistance *(broken bones, severe cuts, prolonged unconsciousness, etc.)*
3. **Visible** but not disabling *(minor cuts, swelling, etc.)*
4. **Possible** but not visible *(complaint of pain, etc.)*

Body Region with Most Severe Injury *(Enter one)* — 3

01. Head
02. Face
03. Neck
04. Chest
05. Back/spine
06. Shoulder/upper arm
07. Elbow/lower arm/hand
08. Abdomen/pelvis
09. Hip/upper leg
10. Knee/lower leg/foot
11. Entire body
12. Unknown

Ejected/Trapped *(Enter one)* — 2

1. Not ejected or trapped
2. Partially ejected
3. Totally ejected
4. Trapped - Occupant removed without use of equipment
5. Trapped - Equipment used in extrication
6. Unknown

Seating Position *(Enter one)* — 1

	03	06	09
-	02	05	08
	01	04	07

10. Other enclosed passenger/cargo area
11. Other unenclosed passenger/cargo area
12. Riding on vehicle exterior
13. Sleeper section of truck cab
14. Trailing unit
15. Moped
16. Motorcycle operator
17. Motorcycle passenger
18. Pedestrian
19. Bicycle (pedalcycle)
20. Unknown

V1/1 V1/2 V1/3 V1/4 V1/5 V1/6 V2/1 V2/2 V2/3 V2/4 V2/5 V2/6

Complete this section for all injured persons

(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
			/ /						