

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT OVERLAY

INSTRUCTIONS ON REVERSE SIDE
Please explain any selection marked with an asterisk (*) in the accident description.

ACCIDENT CLASSIFICATION

A. Weather Condition (Enter one)

- | | |
|----------------------------------|---------------|
| 1. No adverse conditions | 5. Fog |
| 2. Rain | 6. High winds |
| 3. Sleet, hail, or freezing rain | ★ 7. Other |
| 4. Snow | |

TEMPERATURE

B. Light Condition (Enter one)

- | | |
|----------------|--------------------------------|
| 1. Daylight | 3. Dark - With street lighting |
| 2. Dawn - Dusk | 4. Dark |

C. Traffic Control (Enter up to two)

- | | |
|------------------------------------|-------------------------------|
| 1. None | 10. Pedestrian signal |
| 2. Yield sign | 11. Pedestrian crosswalk |
| 3. Stop sign | 12. Railroad gates and lights |
| 4. All-Way stop | 13. Railroad flashing lights |
| 5. Flashing beacon | 14. Railroad crossing sign |
| 6. Traffic signal | 15. Officer/Flagperson |
| 7. Traffic signal in flashing mode | 16. No passing zone |
| 8. School speed zone | ★ 17. Other |
| 9. Roadwork signing | |

D. Road Character (Enter one)

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

E. Road Surface (Enter one)

- | | |
|-------------|------------|
| 1. Concrete | 4. Gravel |
| 2. Asphalt | 5. Dirt |
| 3. Brick | ★ 6. Other |

F. Road Surface Condition (Enter one)

- | | |
|--------|--------------|
| 1. Dry | 3. Snowy-icy |
| 2. Wet | ★ 4. Other |

G. Total Number of Through Lanes (Enter one)

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

H. Median Type (Enter one)

- | | |
|---------------------------|----------------------|
| 1. Median Barrier | 4. Painted (No curb) |
| 2. Raised median (Curbed) | 5. None |
| 3. Grass Median (No curb) | |

I. Work Zone (Enter one)

1. Road construction zone
2. Road maintenance zone (repair with traffic control)
3. Road maintenance activity (snowplowing, mowing, striping, etc.)
4. Utility activity
5. None

J. Major Contributing Human Factor

(Enter one code per accident and the associated Vehicle Number)

- | | |
|----------------------------------|---|
| 1. Speed too fast for conditions | 11. Wrong way in one-way traffic |
| 2. Exceeding speed limit | 12. Improper lane change |
| 3. Backing unsafely | 13. Drove left of center |
| 4. Ran stop sign | 14. Evasive action |
| 5. Disregarded traffic signal | 15. Improper overtaking |
| 6. Failure to yield | 16. Improper loading or securing of cargo |
| 7. Following too closely | 17. None |
| 8. Improper right turn on red | ★ 18. Other |
| 9. Other improper turn | |
| 10. Improper or no turn signal | |

K. Major Contributing Environmental Factor (Enter one)

- | | |
|------------------------------|-----------------------|
| 1. Animal on roadway | 6. Vision obstruction |
| 2. Debris on roadway | 7. Bad weather |
| 3. Water standing on roadway | 8. None |
| 4. Pavement defect | ★ 9. Other |

PEDESTRIAN CLASSIFICATION

Pedestrian Actions (Enter one)

- | | |
|--------------------------------|---------------------------|
| 1. Properly crossing roadway | 6. Working on vehicle |
| 2. Improperly crossing roadway | 7. Standing/sitting |
| 3. Playing | 8. Getting in/out vehicle |
| 4. Moving with traffic | 9. Lying down |
| 5. Moving against traffic | ★ 10. Other |

Pedestrian Location (Enter one)

- | | |
|------------------------|-------------------------------------|
| At Intersection | Not at Intersection |
| 1. With signal | 3. Crosswalk with pedestrian signal |
| 2. Without signal | 4. Crosswalk |
| | 5. On roadway |
| | 6. Off roadway |

Pedestrian Condition (Enter one)

- | | |
|-------------------|------------------|
| 1. Normal | 5. Illegal drugs |
| 2. Fatigue/asleep | 6. Medication |
| 3. Illness | 7. Unknown |
| 4. Drinking | ★ 8. Other |

COMPLETE THIS SECTION FOR ALL INJURED PERSONS

Transported to Medical Facility (Enter one)

Was the individual transported from the crash site to a medical facility for treatment of injuries received in the crash?

1. Yes 2. No 3. Unknown

Injury Severity (Enter one)

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)

- | | |
|-----------------------|-------------------------|
| 1. Head | 7. Elbow/lower arm/hand |
| 2. Face | 8. Abdomen/pelvis |
| 3. Neck | 9. Hip/upper leg |
| 4. Chest | 10. Knee/lower leg/foot |
| 5. Back/spine | 11. Entire body |
| 6. Shoulder/upper arm | 12. Unknown |

Ejected/Trapped (Enter one)

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)

	3	6	9	
	2	5	8	
	1	4	7	

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
20. Unknown