

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 1/14/04</small>	Accident Number:						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Vehicle #</td> <td style="width:15%;"># Occupants</td> <td><input type="checkbox"/> 1) At Fault</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> 2) Non Contact Vehicle</td> </tr> </table>	Vehicle #	# Occupants	<input type="checkbox"/> 1) At Fault			<input type="checkbox"/> 2) Non Contact Vehicle		Agency Name:
Vehicle #	# Occupants	<input type="checkbox"/> 1) At Fault						
		<input type="checkbox"/> 2) Non Contact Vehicle						

Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Highway / Street Name:	Travel Lane #:
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Vehicle Action: 1) Straight 2) Backing 3) Left Turn 4) Right Turn 5) U-Turn 6) Parked 7) Wrong Way 8) Stopped (Δ) 9) Passing 10) Racing 11) Leaving Parked 12) Entering Lane 13) Leaving Lane 14) Other Turning 15) Enter Parked (#) 16) Driverless Vehicle 17) Lane Change 18) Other 19) Unknown

Driver: (Last Name, First Name, Middle Name Suffix)	Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>
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Street Address:	Transported To:
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City:	State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type: 1	Seating Position: Code	Occupant Restraints: Code
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<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code	Code
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OLN:	State: <input type="checkbox"/> 1) NV	Class:	<input type="checkbox"/> 1) CDL <input type="checkbox"/> 2) DL	License Status: Code	Airbags: Code	Airbag Switch: Code	Ejected: Code	Trapped: Code
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Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse	Endorsements: Code Code Code	Restrictions: Code Code Code	Driver Factors <input type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted Code <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown			
Alcohol/Drug Involvement <input type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown			Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test			

Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Type:	Vehicle Factors <input type="checkbox"/> 1) Failed To Yield Right Of Way <input type="checkbox"/> 9) Failed To Maintain Lane <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 13) Over Correct/Steering <input type="checkbox"/> 20) Road Defect (Δ) <input type="checkbox"/> 6) Mechanical Defects Code <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 7) Drove Left Of Center <input type="checkbox"/> 15) Aggressive / Reckless / Careless <input type="checkbox"/> 8) Other _____ <input type="checkbox"/> 22) Unknown (#)			
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Plate / Permit No.:	State: <input type="checkbox"/> 1) NV	Expiration Date: / /	Vehicle Color:
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Vehicle Identification Number:

Registered Owner Name:
 1) Same As Driver

Registered Owner Address:

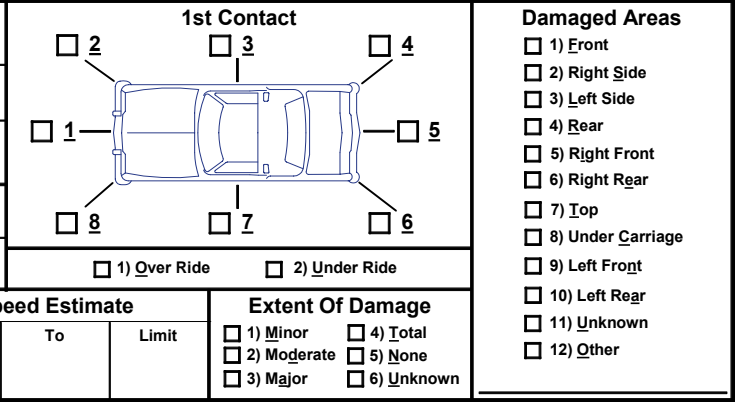
Insurance Company Name:
 1) Insured

Policy Number:	Effective: / /	To: / /
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Insurance Company Address or Phone Number:

<input type="checkbox"/> 1) Vehicle Towed	Towed By:
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Removed To:



Traffic Control Code 1) Speed Zone Code 11) Stop Sign Code 2) Signal Light Code 12) Yield Sign Code 3) Flashing Light Code 13) R. R. Sign Code 4) School Zone Code 14) R. R. Gates Code 5) Ped. Signal Code 15) R. R. Signal (#) Code 6) No Passing Code 16) Marked Lanes Code 7) No Controls Code 17) Tire Chains/Snow Req. Code 8) Warning Sign Code 18) Permissive Green Code 9) Turn Signal <input type="checkbox"/> 19) Unknown Code 10) Other _____	Distance Traveled After Impact	Speed Estimate From To Limit	Extent Of Damage <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown	Sequence Of Events <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Harmful Event</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2nd</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td>Code</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Code #	Description	Collision With Fixed Object	Most Harmful Event	1st	Code	<input type="checkbox"/>	<input type="checkbox"/>	2nd	Code	<input type="checkbox"/>	<input type="checkbox"/>	3rd	Code	<input type="checkbox"/>	<input type="checkbox"/>	4th	Code	<input type="checkbox"/>	<input type="checkbox"/>	5th	Code	<input type="checkbox"/>	<input type="checkbox"/>
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1st	Code	<input type="checkbox"/>	<input type="checkbox"/>																									
2nd	Code	<input type="checkbox"/>	<input type="checkbox"/>																									
3rd	Code	<input type="checkbox"/>	<input type="checkbox"/>																									
4th	Code	<input type="checkbox"/>	<input type="checkbox"/>																									
5th	Code	<input type="checkbox"/>	<input type="checkbox"/>																									

<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC / MC <input type="checkbox"/> 4) Pending (1)	Violation	NOC	Citation Number
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<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC / MC (2)	Violation	NOC	Citation Number
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Investigator(s)	ID Number	Date / /	Reviewed By	Date Reviewed / /	Page of
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Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 1/14/04</small>	Accident Number:
		Agency Name:

Name: <i>(Last Name, First Name, Middle Name Suffix)</i>		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
<input type="checkbox"/> 2) Female			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

Name: <i>(Last Name, First Name, Middle Name Suffix)</i>		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>			
Street Address:		Transported To:			
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<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
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Name: <i>(Last Name, First Name, Middle Name Suffix)</i>		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
<input type="checkbox"/> 2) Female			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

<input type="checkbox"/> 1) Trailing Unit 1 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 2 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 3 VIN:	Plate:	State: <input type="checkbox"/> 1) NV	Type:

Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle	<input type="checkbox"/> 2) School Bus
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants	<input type="checkbox"/> 6) Tractor Only	Source	
<input type="checkbox"/> 2) Bus, > 15 Occupants	<input type="checkbox"/> 7) Tractor / Trailer	<input type="checkbox"/> 1) Driver	<input type="checkbox"/> 4) State Reg.
<input type="checkbox"/> 3) Single 2 Axle and 6 Tire	<input type="checkbox"/> 8) Tractor / Doubles	<input type="checkbox"/> 2) Log Book	<input type="checkbox"/> 5) Side Of Vehicle
<input type="checkbox"/> 4) Single > 3 Axle	<input type="checkbox"/> 9) Tractor / Triples	<input type="checkbox"/> 3) Shipping Papers / Trip Manifest	<input type="checkbox"/> 6) Other
<input type="checkbox"/> 5) Any 4 Tire Vehicle	<input type="checkbox"/> 10) Truck with Trailer		
<input type="checkbox"/> 11) Tractor / Semi Trailer	<input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat)		
<input type="checkbox"/> 13) Light Truck, (Haz-Mat)	<input type="checkbox"/> 14) Other Heavy Vehicle		

Carrier Name:	Power Unit GVWR		<input type="checkbox"/> 1) Haz-Mat
	<input type="checkbox"/> 1) ≤ 10,000 Lbs	<input type="checkbox"/> 2) 10,000 - 26,000 Lbs	<input type="checkbox"/> 3) ≥ 26,000 Lbs
Carrier Street Address:	City:	State: <input type="checkbox"/> 1) NV	Zip:

Cargo Body Type		Haz-Mat ID #:	Type of Carrier	NAS Safety Report #:
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box		<input type="checkbox"/> 1) Single State	Carrier Number:
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer		<input type="checkbox"/> 2) USDOT	
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier	Hazard Classification #:	<input type="checkbox"/> 3) Canada	
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage/Refuse		<input type="checkbox"/> 4) Mexico	
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable		<input type="checkbox"/> 5) None	Page of
<input type="checkbox"/> 11) Grain, Gravel Chips	<input type="checkbox"/> 12) Bus, 9 - 15 Occupants			
<input type="checkbox"/> 13) Bus, > 15 Occupants	<input type="checkbox"/> 14) Other			

Vehicle Information

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 1/14/04</small>				Accident Number:				
Code Revision:						<input type="checkbox"/> 1) Property <input type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal				
<input type="checkbox"/> 1) Urban	<input type="checkbox"/> 1) Emergency Use	<input type="checkbox"/> 1) Preliminary Report	<input type="checkbox"/> 3) Resubmission	<input type="checkbox"/> 1) Hit and Run		Agency Name:				
<input type="checkbox"/> 2) Rural	<input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 2) Private Property						
Collision Date	Time	Day	Beat / Sector	<input type="checkbox"/> 1) County <input type="checkbox"/> 2) City		Surface	Intersection	Paddle Markers		
/ /						<input type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other	<input type="checkbox"/> 1) Four Way <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 3) T <input type="checkbox"/> 4) Y <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 6) Other	<input type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Both Sides <input type="checkbox"/> 5) Unknown		
Mile Marker	# Vehicles	# Non Motorists	# Occupants	# Fatalities	# Injured	# Restrained				
Occurred On: (Highway # or Street Name)							Access Control			
<input type="checkbox"/> 1) Parking Lot							<input type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 1) Partial			
<input type="checkbox"/> 1) At Intersection With: _____ Of (Cross Street)										
<input type="checkbox"/> 2) Or		<input type="checkbox"/> 3) Feet	<input type="checkbox"/> 4) Miles	<input type="checkbox"/> 5) Approximate						
Roadway Character		Roadway Conditions		Total Thru Lanes		Average Roadway Widths		Roadway Grade		
<input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		<input type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> 6) Other		Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5		Travel Lane _____ Ft Storage / Turn Lane _____ Ft Median _____ Ft Paved Shoulder Inside Outside		<input type="checkbox"/> 1) Not Determined <input type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-)		Relative To _____ Grade _____ %
Total All Lanes: _____										
Pavement Markings and Type				Highway Description		Weather Conditions				
<input type="checkbox"/> Code 1) Centerline, Broken Yellow <input type="checkbox"/> Code 6) No Passing, Either Direction <input type="checkbox"/> 12) None <input type="checkbox"/> Code 2) Centerline, Solid Yellow <input type="checkbox"/> Code 7) Turn Arrow Symbols <input type="checkbox"/> 13) Unknown <input type="checkbox"/> Code 3) Centerline, Double Yellow <input type="checkbox"/> Code 8) Center Turn Lane Line <input type="checkbox"/> Code 4) Lane Line, Broken White <input type="checkbox"/> Code 9) Edge Line, Left, Yellow <input type="checkbox"/> Code 5) Lane Line, Solid White <input type="checkbox"/> Code 10) Edge Line, Right, White <input type="checkbox"/> 11) Other				<input type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		<input type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> 6) Other				
Light Conditions		Vehicle Collision Type		Location of First Event						
<input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark - No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark - Spot Roadway Lighting <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark - Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark - Unknown Roadway Lighting <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Head On <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 3) Backing <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 4) Angle <input type="checkbox"/> 8) Non - Collision <input type="checkbox"/> 9) Unknown		<input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other						
Highway / Environment Factors			Property Damage To Other Than Vehicle							
<input type="checkbox"/> 1) None <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 2) Weather <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 12) Active Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 13) Inactive Work Zone <input type="checkbox"/> 4) Glare <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 14) Animal In Roadway <input type="checkbox"/> 5) Other Highway <input type="checkbox"/> 6) Other Environmental			Describe Property Damage Owner's Name: _____ <input type="checkbox"/> 1) Owner Notified Owner's Address: (Street Address City, State Zip)							
First Harmful Event										
Code #:	Code	Description:								
Description of Accident / Narrative										
<input type="checkbox"/> 1) Continued On Back of Scene Information Sheet										
Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time			
<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No #	/ /		/ /				
Investigator(s)		ID Number	Date	Reviewed By		Date Reviewed	Page			
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Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET <small>Revised 1/14/04</small>	Accident Number:
Non-Motorist # <input type="checkbox"/> 1) <u>At Fault</u> <input type="checkbox"/> 2) <u>Non-Contact (person)</u>		Agency Name:

Non-Motorist Type <input type="checkbox"/> 1) <u>Pedestrian</u> <input type="checkbox"/> 5) <u>Wheel Chair</u> <input type="checkbox"/> 2) <u>Pedal Cyclist</u> <input type="checkbox"/> 6) <u>Unknown</u> <input type="checkbox"/> 3) <u>Skater</u> <input type="checkbox"/> 4) <u>Other</u> _____	Direction of Travel <input type="checkbox"/> 1) <u>North</u> <input type="checkbox"/> 2) <u>South</u> <input type="checkbox"/> 3) <u>East</u> <input type="checkbox"/> 4) <u>West</u> <input type="checkbox"/> 5) <u>Unknown</u>
Highway / Street Name: _____	

Non-Motorist: <small>(Last Name, First Name, Middle Name Suffix)</small> _____	Transported By: <input type="checkbox"/> 1) <u>Not Transported</u> <input type="checkbox"/> 2) <u>EMS</u> <input type="checkbox"/> 3) <u>Police</u> <input type="checkbox"/> 4) <u>Unknown</u> <input type="checkbox"/> 5) <u>Other</u> _____ <small>Indicate Transporting Agency</small>
Street Address: _____	Transported To: _____
City: _____	State / Country <input type="checkbox"/> 1) <u>NV</u> Zip Code: _____
<input type="checkbox"/> 1) <u>Male</u> <input type="checkbox"/> 3) <u>Unknown</u> DOB: / /	Phone Number: _____
<input type="checkbox"/> 2) <u>Female</u>	Injury Severity: <input type="checkbox"/> _____ Code Injury Location: <input type="checkbox"/> _____ Code <input type="checkbox"/> _____ Code <input type="checkbox"/> _____ Code
OLN / ID Card: _____	State: <input type="checkbox"/> 1) <u>NV</u>
	Airbags: <input type="checkbox"/> _____ Code Airbag Switch: <input type="checkbox"/> _____ Code Ejected: <input type="checkbox"/> _____ Code Trapped: <input type="checkbox"/> _____ Code

Non-Motorist Condition			
<input type="checkbox"/> 1) <u>Apparently Normal</u>	<input type="checkbox"/> 3) <u>Under Influence: Medication / Drugs / Alcohol</u>	<input type="checkbox"/> 5) <u>Emotional</u>	<input type="checkbox"/> 7) <u>Unknown</u>
<input type="checkbox"/> 2) <u>Physical Impairment</u>	<input type="checkbox"/> 4) <u>Fatigued / Asleep / Fainted</u>	<input type="checkbox"/> 6) <u>Illness</u>	<input type="checkbox"/> 8) <u>Other</u> _____

Alcohol / Drug Involvement <input type="checkbox"/> 1) <u>Not Involved</u> <input type="checkbox"/> 3) <u>Alcohol</u> <input type="checkbox"/> 5) <u>Unknown</u> <input type="checkbox"/> 2) <u>Suspected Impairment</u> <input type="checkbox"/> 4) <u>Drugs</u>	Method of Determination (Check up to 2) <input type="checkbox"/> 1) <u>Field Sobriety Test</u> <input type="checkbox"/> 3) <u>Blood Test</u> <input type="checkbox"/> 5) <u>Urine Test</u> Test Results _____ <input type="checkbox"/> 2) <u>Preliminary Breath Test</u> <input type="checkbox"/> 4) <u>Evidenciary Breath Test</u>
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Non-Motorist Action <input type="checkbox"/> 1) <u>Entering or Crossing at Location</u> <input type="checkbox"/> 6) <u>Pushing Vehicle</u> <input type="checkbox"/> 2) <u>Walking, Running, Playing, Cycling</u> <input type="checkbox"/> 7) <u>Working in Roadway</u> <input type="checkbox"/> 3) <u>Approaching or Leaving Vehicle</u> <input type="checkbox"/> 8) <u>Standing</u> <input type="checkbox"/> 4) <u>Playing or Working on Vehicle</u> <input type="checkbox"/> 9) <u>Unknown</u> <input type="checkbox"/> 5) <u>Other</u> _____	Non-Motorist Factors <input type="checkbox"/> 1) <u>Improper Crossing</u> <input type="checkbox"/> 6) <u>Wrong Side of Road</u> <input type="checkbox"/> 2) <u>Lying / Illegally in Roadway</u> <input type="checkbox"/> 7) <u>Not Visible</u> <input type="checkbox"/> 3) <u>Fail to Yield Right of Way</u> <input type="checkbox"/> 8) <u>Darting Into Roadway</u> <input type="checkbox"/> 4) <u>Fail to Obey Traffic Signs, Signals, or Officer</u> <input type="checkbox"/> 9) <u>Inattentive</u> <input type="checkbox"/> 5) <u>Other</u> _____ <input type="checkbox"/> 10) <u>Unknown</u>
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Location Prior to Impact <input type="checkbox"/> 1) <u>Marked Crosswalk at Intersection</u> <input type="checkbox"/> 8) <u>Shared Use Path or Trail</u> <input type="checkbox"/> 2) <u>At Intersection, No Crosswalk</u> <input type="checkbox"/> 9) <u>On Highway, More than 10' from Travel Lanes</u> <input type="checkbox"/> 3) <u>Non-Intersection Crosswalk</u> <input type="checkbox"/> 10) <u>In Roadway</u> <input type="checkbox"/> 4) <u>Driveway Access Crosswalk</u> <input type="checkbox"/> 11) <u>Traffic Island</u> <input type="checkbox"/> 5) <u>Sidewalk</u> <input type="checkbox"/> 12) <u>Shoulder</u> <input type="checkbox"/> 6) <u>Median</u> <input type="checkbox"/> 13) <u>Unknown</u> <input type="checkbox"/> 7) <u>Outside Highway</u> <input type="checkbox"/> 14) <u>Other</u> _____	Safety Equipment <input type="checkbox"/> 1) <u>None</u> <input type="checkbox"/> 2) <u>Helmet</u> <input type="checkbox"/> 3) <u>Protective Pads</u> <input type="checkbox"/> 4) <u>Reflective Clothing</u> <input type="checkbox"/> 5) <u>Lighting</u> <input type="checkbox"/> 6) <u>Unknown</u> <input type="checkbox"/> 7) <u>Other</u> _____
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Bike Lane / Path <input type="checkbox"/> 1) <u>No Bike Lane Path</u> <input type="checkbox"/> 5) <u>Striped Bicycle Lane - Both Sides</u> <input type="checkbox"/> 2) <u>Bicycle Route (Signed)</u> <input type="checkbox"/> 6) <u>Separate Bicycle Path / Trail</u> <input type="checkbox"/> 3) <u>Striped Bicycle Lane - Right Side Only</u> <input type="checkbox"/> 7) <u>Unknown</u> <input type="checkbox"/> 4) <u>Striped Bicycle Lane - Left Side Only</u> <input type="checkbox"/> 8) <u>Other</u> _____	Vehicle Number(s) Striking Non-Motorist <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">#: _____</td> <td style="width:33%;">#: _____</td> <td style="width:33%;">#: _____</td> </tr> <tr> <td colspan="3" style="text-align:center;">Non-Motorist Speed Estimate</td> </tr> <tr> <td>From: _____</td> <td>To: _____</td> <td>Limit: _____</td> </tr> </table>	#: _____	#: _____	#: _____	Non-Motorist Speed Estimate			From: _____	To: _____	Limit: _____
#: _____	#: _____	#: _____								
Non-Motorist Speed Estimate										
From: _____	To: _____	Limit: _____								

<input type="checkbox"/> 1) <u>NRS</u> <input type="checkbox"/> 2) <u>CFR</u> <input type="checkbox"/> 3) <u>CC / MC</u> <input type="checkbox"/> 4) <u>Pending</u> (1)	Violation _____	NOC _____	Citation Number _____
<input type="checkbox"/> 1) <u>NRS</u> <input type="checkbox"/> 2) <u>CFR</u> <input type="checkbox"/> 3) <u>CC / MC</u> (2)	Violation _____	NOC _____	Citation Number _____

Investigator(s) _____	ID Number _____	Date / /	Reviewed By _____	Date Reviewed / /	Page _____ of _____
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Non-Motorist Information

Non-Motorist: <i>(Last Name, First Name, Middle Name Suffix)</i>			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>		
Street Address:			Transported To:		
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
<input type="checkbox"/> 2) Female					
OLN / ID Card:		State: <input type="checkbox"/> 1) NV	Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

Non-Motorist: <i>(Last Name, First Name, Middle Name Suffix)</i>			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____ <small>Indicate Transporting Agency</small>		
Street Address:			Transported To:		
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
<input type="checkbox"/> 2) Female					
OLN / ID Card:		State: <input type="checkbox"/> 1) NV	Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

Non-Motor Vehicle Description			
Make / Manufacturer:	Model:	Type:	Color:
Identification / Serial Number:		Non-Motor Vehicle Removed By:	
Owner Name: <input type="checkbox"/> 1) Same as Non-Motorist		Non-Motor Vehicle Removed To:	
Street Address:		City:	State: <input type="checkbox"/> 1) NV Zip Code:

1st Contact Area	Damage to Non-Motor Vehicle	Non-Motor Vehicle Damaged Area				
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; padding: 5px;">Pedal Cyclist / Non-Motor Vehicle</th> <th style="width:50%; padding: 5px;">Pedestrian</th> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 </td> <td style="padding: 5px;"> <input type="checkbox"/> 1) Right Side <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Head / Feet <input type="checkbox"/> 4) Front <input type="checkbox"/> 5) Back </td> </tr> </table>	Pedal Cyclist / Non-Motor Vehicle	Pedestrian	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6	<input type="checkbox"/> 1) Right Side <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Head / Feet <input type="checkbox"/> 4) Front <input type="checkbox"/> 5) Back	<input type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown	<input type="checkbox"/> 1) Front <input type="checkbox"/> 7) Left Front <input type="checkbox"/> 2) Rear <input type="checkbox"/> 8) Left Rear <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 9) Top <input type="checkbox"/> 4) Left Side <input type="checkbox"/> 10) Bottom <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 12) Other _____
Pedal Cyclist / Non-Motor Vehicle	Pedestrian					
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6	<input type="checkbox"/> 1) Right Side <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Head / Feet <input type="checkbox"/> 4) Front <input type="checkbox"/> 5) Back					

Sequence Of Events				Non-Motor Vehicle Action	
Code #	Description	Collision With Fixed Object	Most Harmful Event		
1st	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1) Straight	<input type="checkbox"/> 7) Passing
2nd	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2) Stopped	<input type="checkbox"/> 8) Entering Lane
3rd	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3) Left Turn	<input type="checkbox"/> 9) Leaving Lane
4th	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4) Right Turn	<input type="checkbox"/> 10) Lane Change
5th	Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5) U-Turn	<input type="checkbox"/> 11) Unknown
				<input type="checkbox"/> 6) Other _____	

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT Occupant / Witness Supplement <small>Revised 1/14/04</small>	Accident Number:
		Agency Name:

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported To:			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported To:			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported To:			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

V #	Name: (Last Name, First Name, Middle Name Suffix)	Transported To:			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
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<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
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Investigator(s)	ID Number	Date / /	Reviewed By	Date Reviewed / /	Page of
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V #	Name: <i>(Last Name, First Name, Middle Name Suffix)</i>	Transported To:			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
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<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
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Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
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<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

V #	Name: <i>(Last Name, First Name, Middle Name Suffix)</i>	Transported To:			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

V #	Name: <i>(Last Name, First Name, Middle Name Suffix)</i>	Transported To:			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
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<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
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V #	Name: <i>(Last Name, First Name, Middle Name Suffix)</i>	Transported To:			
Street Address:		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type: Code	Seating Position: Code	Occupant Restraints: Code
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity: Code	Injury Location: Code	Code Code
			Airbags: Code	Airbag Switch: Code	Ejected: Code Trapped: Code

State of Nevada Form 5 Code List (Revised 1-14-04)

Scene Page Codes

Person Type:

1 - Driver	3 - Witness	5 - Pedal Cyclist	7 - Wheelchair
2 - Passenger	4 - Pedestrian	6 - Skater	88 - Unknown

Pavement Marking Types:

1 - Paint	3 - Thermoplastic	5 - Permanent Inlay	77 - Other
2 - Material	4 - Raised Markings	6 - Tape	88 - Unknown

Use the following codes to complete the 'First Harmful Event' located on the scene page, the 'Sequence of Events and 'Most Harmful Event' located on the Vehicle and Non-Motorist pages

Non-Collision:

101 - Overturn / Rollover	104 - Jackknife	107 - Separation of Units	110 - Cross Median / Centerline
102 - Fire / Explosion	105 - Cargo / Equipment Loss or Shift	108 - Ran Off Roadway Right	111 - Other Non-Collision
103 - Immersion	106 - Equipment Failure (Blown Tire, Brake Failure, etc.)	109 - Ran Off Roadway Left	112 - Unknown Non-Collision

Collision with Person, Vehicle or Movable Object:

201 - Pedestrian	206 - Cattle	211 - Big Horn Sheep	216 - Work Zone Maintenance Equipment
202 - Pedal Cyclist	207 - Deer	212 - Elk	217 - Slow / Stopped Vehicle
203 - Railway Vehicle (e.g. Locomotive Rail Car)	208 - Horse	213 - Other Animal	218 - Other Movable Object
204 - Dog / Coyote	209 - Bear	214 - Motor Vehicle in Transport (Moving Vehicle)	219 - Unknown Movable Object
205 - Burro	210 - Antelope	215 - Parked Motor Vehicle	

Collision with Fixed Object:

301 - Impact Attenuator / Crash Cushion	307 - Guardrail End	313 - Other Post, Pole or Support	319 - Fence / Wall
302 - Bridge Overhead Structure	308 - Median Barrier	314 - Culvert	320 - Other Fixed Object (Building Tunnel etc.)
303 - Bridge Pier or Abutment	309 - Highway Traffic Sign Post	315 - Ditch	321 - Work Zone
304 - Bridge Parapet End	310 - Overhead Sign Support	316 - Embankment	322 - Unknown Fixed Object
305 - Bridge Rail	311 - Light / Luminary Support	317 - Tree / Shrub	
306 - Guardrail Face	312 - Utility Pole	318 - Mailbox	

Use the following codes to complete the areas on the Vehicle and/or Non-Motorist pages

Driver License Status:

0 - Valid
 1 - Normal with Restrictions
 2 - Violation beyond Restriction
 3 - Suspended
 4 - Revoked
 5 - Endorsements Violation
 6 - No Valid Drivers License
 7 - Expired License
 8 - No License Required
 88 - Unknown

Driver License Endorsements:

M - Motorcycle, Moped or Tri-mobile
 R - Recreational (single vehicle > 26001 lbs GVWR towing a combination of vehicles weighing > 10,000 lbs not to exceed 70 feet)
 J - Exceeds 10,000 lbs GVWR
 F - Fire, Farm, Military exemption from commercial license requirements
 T - Doubles and Triples
 P - Passengers
 X - Hazardous Materials and Tanker
 N - Tankers
 H - Hazardous Materials

Day Codes:

1 - Sunday	5 - Thursday
2 - Monday	6 - Friday
3 - Tuesday	7 - Saturday
4 - Wednesday	88 - Unknown

Traffic Control Key:

F = Functioning
 NF = Not Functioning
 O = Obscured

Driver License Restrictions:

00 - None	05 - Outside Mirrors	10 - Vehicle without Air-Brakes	77 - Other
01 - Corrective Lenses	06 - Limit to Daylight Only	11 - Except Class A Bus	
02 - Mechanical Devices (special brakes, hand controls, or other adaptive devices)	07 - Limit to Employment	12 - Except Class A and Class B Bus	
03 - Prosthetic Aids	08 - Limited (other)	13 - Except Tractor-Trailer	
04 - Automatic Transmission	09 - CDL Intrastate Only	14 - Farm Waiver	

Seating Position:

01 - Front Seat - Left Side (Motorcycle Driver)	09 - Third Seat - Right
02 - Front Seat - Middle	10 - Sleeper Section of Cab (Truck)
03 - Front Seat - Right Side	11 - Passenger in Other Enclosed Passenger or Cargo Area (non-trailing unit such as a bus, etc.)
04 - Second Seat - Left Side (Motorcycle Passenger)	12 - Passenger in Unenclosed Passenger or Cargo Area (non-trailing units such as a pickup, etc.)
05 - Second Seat - Middle	13 - Trailing Units
06 - Second Seat - Right Side	14 - Riding on Vehicle Exterior (non-trailing unit)
07 - Third Seat - Left Side (Motorcycle Passenger)	15 - Unknown
08 - Third Seat - Middle	

Occupant Restraints:

01 - Not Installed	09 - Child Safety Seat Used
02 - Not Used	10 - Improper Use of Child Safety Seat
03 - Used Shoulder Belt Only	11 - Helmet Used
04 - Improper Use of Shoulder Belt	12 - Improper Use of Helmet
05 - Used Lap Belt Only	13 - Restraint Used Unknown
06 - Improper Use of Lap Belt	
07 - Used Shoulder and Lap Belt	
08 - Improper Use of Shoulder and Lap Belt	

Injury Location:

0 - No Injury	5 - Abdomen and Pelvis
1 - Head	6 - Spine
2 - Face	7 - Upper Extremity
3 - Neck	8 - Lower Extremity
4 - Thorax (chest)	9 - Unspecified

Injury Severity:

K - Fatal Injury	C - Claimed
<u>Nonfatal Injury</u>	O - No Injury
A - Incapacitating	N - Not Reported
B - Non-Incapacitating	U - Unknown

Ejected:

0 - Not Ejected
 1 - Totally Ejected
 2 - Partially Ejected
 3 - Not Applicable
 88 - Unknown

Trapped:

0 - Not Trapped
 1 - Extracted by Mechanical Means
 2 - Freed by Non-Mechanical Means
 88 - Unknown

Airbags:

1 - Not Installed
 2 - Not Deployed
 3 - Deployed, Front
 4 - Deployed, Side
 5 - Deployed, Front and Side
 6 - Deployment Unknown

Airbag Switch:

1 - ON-OFF Switch not Present
 2 - Switch in ON Position
 3 - Switch In Off Position
 4 - Unknown if ON-OFF Switch Present
 5 - Unknown Switch Position

Inattention / Distraction:

1 - Cell Phone
 2 - Electronic Equipment
 3 - Radio / CD Player
 4 - Smoking
 5 - Eating
 6 - Children
 7 - Animals
 8 - Personal Hygiene
 9 - Reading
 77 - Other
 88 - Unknown

Mechanical Defects:

1 - Tires	5 - Mechanical
2 - Brakes	6 - Hitch
3 - Steering	7 - Head Lights
4 - Stuck Accelerator	88 - Unknown