



## MOTOR VEHICLE ACCIDENT CORE INFORMATION

Year \_\_\_\_ \_\_\_\_  
 Incident Number \_\_\_\_ \_\_\_\_ \_\_\_\_  
 Victim \_\_\_\_ \_\_\_\_ \_\_\_\_  
 \_\_\_\_ \_\_\_\_ MI \_\_\_\_ \_\_\_\_ \_\_\_\_

<b>Motor Vehicle Related (** MVA/Transportation from Incident Information Form)</b>			
70. Number of Units involved	01. 1 unit 02. 2 units 03. 3 units 04. 4 units 05. 5 units	06. 6 units 07. 7 units 08. 8 units 09. 9 units 99. Unknown	
71. Crash type	01. Single motor vehicle 02. Head on 03. Head on-left turn 04. Angle 05. Rear end 06. Rear End-Left turn	07. Rear end – Right turn 08. Sideswipe – Same 09. Sideswipe opposite 10. Other (specify) _____ 11. Train 99. Unknown	
72. Weather Conditions	01. Clear 02. Cloudy 03. Fog/Smoke	04. Rain 05. Snow/Blowing snow 06. Severe Wind	07. Sleet/Hail 08. Other (specify) _____ 99. Unknown
73. Surface Conditions	01. Dry 02. Wet 03. Icy 04. Snowy 05. Muddy	06. Slushy 07. Debris 08. Sand, Dirt, Oil 09. Other (specify) _____ 99. Unknown	
74. Light Conditions	01. Daylight 02. Dawn Dusk 03. Dark - Lighted		04. Dark -Unlighted 05. Other (specify) _____ 99. Unknown
75. Total Lanes	01. 0 lanes 02. 1 lane 03. 2 lanes 04. 3 lanes		07. 6 lanes 08. 7 lanes 09. 8 lanes 10. 9 lanes

	05. 4 lanes 06. 5 lanes	11. NA 99. Unknown
76. Speed limit	01. 00 mph 02. 05 mph 03. 10 mph 04. 15 mph 05. 20 mph 06. 25 mph 07. 30 mph 08. 35 mph 09. 40 mph	10. 45 mph 11. 50 mph 12. 55 mph 13. 60 mph 14. 65 mph 15. 70 mph 16. 75 mph 17. NA 99. Unknown
77. Was speed limit posted?	01. Yes 02. No 03. NA 99. Unknown	
78. Restraints	01. No restraint available 02. Shoulder belt only 03. Lap belt only 04. Shoulder and Lap belt	05. No belt (s) used 06. Restraint failure 07. Restraint use unknown 08. NA 99. Unknown
79. Was victim ejected?	01. Yes 02. No	03. NA 99. Unknown
80. Was victim trapped?	01. Yes 02. No	03. NA 99. Unknown
81. Did victim's airbag deploy?	01. Yes 02. No	03. Not Equipped 04. NA 99. Unknown
82. Did fatality occur in a construction zone?	01. Yes 02. No 03. NA 99. Unknown	
83. What type of construction zone?	01. Road construction/repair 02. Utility 03. Not a construction zone 04. NA 99. Unknown	
84. Was there a lane closure?	01. Yes 02. No 03. Not a construction zone 99. Unknown	
85. Was the construction activity	01. On the road 02. Off the road 03. No activity at the time of the crash 04. Not a construction zone 05. NA 99. Unknown	

86. Was victim the driver of the vehicle?	01. Yes 02. No 99. Unknown	
86a. Was the victim a passenger in the vehicle?	01. Yes 02. No 99. Unknown	
86b. Was victim a pedestrian?	01. Yes 02. No 99. Unknown	
87. Driver condition (Circle all that apply)	01. Appeared normal 02. Had been drinking 03. Illegal drug use 04. Sick 05. Fatigue 06. Asleep 07. Medication 08. Distracted 09. Using cellular phone 10. Other _____ 99. Unknown	
88. Vehicle moving in what direction	01. North 02. South 03. East	04. West 99. Unknown
89. Type of vehicle (Circle all that apply)	01. Police vehicle 02. Fire vehicle 03. Bus (commercial, private, school) 04. Ambulance 05. Farm Equipment 06. Construction Equipment 07. Passenger car 08. Van 09. Pickup truck 10. Small truck (< 10,000#) 11. Cycle 12. Snowmobile 13. Truck/Bus 14. Other (Specify) _____ 15. Train 99. Unknown	
89a.		
90. Was there a defect on the vehicle that may have contributed to the crash? (circle all that apply)	01. Brakes 02. Lights/reflectors 03. Steering 04. Tires/wheels 05. Windows	06. Other (specify) _____ 07. NA 08. No Defect 99. Unknown
90a.		
91.		

91a. Pedestrian Action	01. Crossing at intersection 02. Crossing not at intersection 03. Getting on/off vehicle 04. In roadway with traffic 05. In roadway against traffic 06. Standing/lying in roadway 07. Pushing/Working on vehicle 08. Other working in roadway 09. Playing in roadway 10. In roadway other reason 11. Not in roadway 12. Other _____ 13. Victim was driver or passenger 14. NA 99 Unknown
91. Did sequence of events include:	01. Non-collision 02. Collision with non-fixed object 03. Collision with fixed object 04. NA 99. Unknown
92. Did non-collision include	01. Loss of control 02. Cross centerline/median 03. Ran off road – left 04. Ran off road – right 05. Re-enter roadway 06. Overturn 07. Separation of units 08. Fire/explosion 09. Immersion 10. Jackknife 11. Downhill runaway 12. Cargo loss/shift 13. Individual fell from vehicle 14. Other non-collision _____ 15. NA 99. Unknown
93. Did collision with non-fixed object include	01. Pedestrian 02. Pedalcycle 03. Motor vehicle in transport 04. Parked motor vehicle 05. Railroad train/engineer 06. Animal 07. NA 99. Unknown

<p>94. Did collision with fixed object include</p>	<ul style="list-style-type: none"> <li>01. Bridge/pier/abutment</li> <li>02. Bridge parapet end</li> <li>03. Bridge rail</li> <li>04. Guardrail face</li> <li>05. Guardrail end</li> <li>06. Median barrier</li> <li>07. Traffic sign post (hwy)</li> <li>08. Signal post (hwy)</li> <li>09. Luminary/light support</li> <li>10. Utility pole</li> <li>11. Other pole (specify) _____</li> <li>12. Culvert</li> <li>13. Curb</li> <li>14. Ditch</li> <li>15. Embankment</li> <li>16. Fence</li> <li>17. Mailbox</li> <li>18. Tree</li> <li>19. Rail crossing signal</li> <li>20. Building</li> <li>21. Traffic island</li> <li>22. Fire hydrant</li> <li>23. Impact attenuator</li> <li>24. Other fixed object _____</li> <li>25. NA</li> <li>99. Unknown</li> </ul>
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## CRASH DATA SUPPLEMENT

Overview and Location Information	
<p>1. Traffic Control (What type of traffic control was at scene?)</p>	<ul style="list-style-type: none"> <li>01. None of these</li> <li>02. Signal</li> <li>03. Stop sign</li> <li>04. Yield sign</li> <li>88. Blank</li> </ul>
<p>2. Relation to Roadway (Location of the first impact of the crash in relationship to the roadway)</p>	<ul style="list-style-type: none"> <li>01. On road</li> <li>02. Median</li> <li>03. Shoulder</li> <li>04. Outside of Shoulder/curb</li> <li>05. Gore</li> <li>06. Other (unknown)</li> <li>88. Blank</li> </ul>

<p>3. Area (Nature of area where crash occurred)          Freeway Crash: 01-06          Non-Freeway Intersections:07-09          Other Non-Freeway Areas: 10-21</p>	<p>01. Entrance/exit ramp          02. Median crossing          03. Transition area          04. Rest area          05. Scale/weigh station          06. All other freeway areas          07. Within intersection          08. Driveway (w/in 150 feet of nearest intersection)          09. Intersection – other          10. Straight roadway          11. Curved roadway</p>	<p>12. Driveway (not w/in 150 feet of intersection)          13. Parking (legal roadside)          14. Transition area          15. Median crossing          16. Railroad grade crossing          17. Rest area          18. Scale/weigh station          19. Non-traffic area          20. Other          21. Unknown          88. Blank</p>
<p>4. Trafficway</p>	<p>01. Not physically divided (two way traffic)          02. Divided highway, median strip, w/o traffic barrier          03. Divided highway, median strip, w/traffic barrier          04. One way traffic          05. Non-Traffic          88. Blank</p>	
<p>5. Access Control</p>	<p>01. No access control (unlimited access)          02. Full access control (ramp entry &amp; exit only)          03. Other (partial access control, roundabouts, etc)          04. Non-traffic          88. Blank</p>	
<p><b>Decedent and Driver of Decedent Information Contained in Unit #</b></p>		
<p>6. State (Driver License - State/Country, Decedent was driver or passenger in this vehicle – if decedent was pedestrian, highlight 02)</p>	<p>01. _____ (fill in for vehicle’s driver)          02. NA – Decedent was Pedestrian          88. Blank</p>	
<p>7. License Type (Decedent was Driver, his/her license type, if Passenger in this vehicle, type of license of vehicle driver, if decedent was Pedestrian, highlight 07)</p>	<p>01. O – Operator          02. C – Chauffeurs          03. M – Moped          04. CY – Cycle</p>	<p>05. F – Farm          06. R – Recreational double          07. NA – Decedent was Pedestrian          88. Blank</p>
<p>8. Total Occupants (How many total occupants for the Unit # that refers to decedent? Check boxes if pedestrian or bicyclist)</p>	<p>01. _____ number of individuals except pedestrian or bicyclist  <input type="checkbox"/> 00 – pedestrian</p>	<p><input type="checkbox"/> 01 – bicyclist  <input type="checkbox"/> Blank</p>
<p>9. Hazardous Action (Decedent was Driver of Vehicle) (If Decedent was passenger, highlight 17, if decedent was pedestrian highlight 18)</p>	<p>00. None          01. Speed too fast          02. Speed too slow          03. Failed to yield          04. Disregard traffic control          05. Drove wrong way          06. Drove left of center          07. Improper passing          08. Improper lane use          09. Improper turn          10. Improper/no signal</p>	<p>11. Improper backing          12. Unable to stop in assured clear distance          13. Other          14. Unknown          15. Reckless driving          16. Careless/negligent driving          17. NA – Decedent was passenger (Go to Q10)          18. NA – Decedent was pedestrian (Go to Q11)          88. Blank</p>

10. Hazardous Action (Decedent was Passenger, hazardous action of driver of vehicle)	00. None 01. Speed too fast 02. Speed too slow 03. Failed to yield 04. Disregard traffic control 05. Drove wrong way 06. Drove left of center 07. Improper passing 08. Improper lane use	09. Improper turn 10. Improper/no signal 11. Improper backing 12. Unable to stop in assured clear distance 13. Other 14. Unknown 15. Reckless driving 16. Careless/negligent driving 88. Blank	
11. Unit Type	01. MV 02. P 03. B 04. E 88. Blank		
12. Position (Decedent's position)	01. Driver 02. Front-middle 03. Front-right 04. 2 <sup>nd</sup> row left 05. 2 <sup>nd</sup> row middle 06. 2 <sup>nd</sup> row right 07. 3 <sup>rd</sup> row left 08. 3 <sup>rd</sup> row middle 09. 3 <sup>rd</sup> row right 10. Sleeper section	11. Other enclosed passenger area or cargo area 12. Other unenclosed passenger or cargo area 13. Riding in/on training unit 14. Riding on vehicle exterior 15. Unknown 16. B – bicycle 17. P – Pedestrian 18. E – Engineer 88. Blank	
13. Driver Condition (If decedent was passenger) (If decedent was driver, highlight 88, If decedent was pedestrian, highlight 89)	01. Appeared normal 02. Had been drinking 03. Illegal Drugs 04. Sick 05. Fatigue 06. Asleep 07. Medication 08. Distracted 09. Using cellular phone 99. Unknown 88. Blank 89. NA – Dec was Pedestrian		
14. Ignition interlock	01. Yes 02. No 88. Blank		
15. Location of Greatest Damage	01. Front, Center 02. Front, Right 03. Side, Right 04. Rear, Right 05. Rear, Center	06. Rear, Left 07. Side, Left 08. Front, Left 09. Undercarriage 10. Multiple	11. Other/Unknown 12. None 13. 0 – Rollover 88. Blank

16. First Impact	01. 1-Front, Center 02. 2-Front, Right 03. 3-Side, Right 04. 4-Rear, Right 05. 5-Rear, Center	06. 6-Rear, Left 07. 7-Side, Left 08. 8-Front, Left 09. 9-Undercarriage 10. 10-Multiple	11. 11-Other/Unknown 12. 12-None 13. 0 – Top (Roof) 88. Blank
17. Vehicle Use	01. Private 02. Commercial (business) 03. In pursuit/on emergency 04. Farm 05. School/Education 06. Club/church	07. Military 08. Other government 09. Utility 10. Road construction/road maintenance 11. Other 88. Blank	
18. Action Prior (Decedent was Driver)	01. Going straight ahead 02. Turning left 03. Turning right 04. Stopped on roadway 05. Involved in prior crash at same location 06. Changing lanes 07. Backing 08. Slowing/stopping on roadway 09. Slowing/stopping other area 10. Starting up on roadway 11. Starting up other area 12. Entering parking 13. Leaving parking	14. Leaving roadway 15. Entering roadway 16. Making u-turn 17. Overtaking or passing 18. Avoiding object 19. Avoiding pedestrian 20. Avoiding vehicle (front/back) 21. Avoiding vehicle (angle) 22. Driverless moving 23. Parked 24. Other 25. Avoiding animal 88. Blank 89. NA – Decedent was passenger	
19. Action Prior (Decedent was Passenger – want to know prior action of driver of decedent’s vehicle)	01. Going straight ahead 02. Turning left 03. Turning right 04. Stopped on roadway 05. Involved in prior crash at same location 06. Changing lanes 07. Backing 08. Slowing/stopping on roadway 09. Slowing/stopping other area 10. Starting up on roadway 11. Starting up other area 12. Entering parking 13. Leaving parking	14. Leaving roadway 15. Entering roadway 16. Making u-turn 17. Overtaking or passing 18. Avoiding object 19. Avoiding pedestrian 20. Avoiding vehicle (front/back) 21. Avoiding vehicle (angle) 22. Driverless moving 23. Parked 24. Other 25. Avoiding animal 88. Blank	
20. Sequence of Events– First	01. ___ (number filled in)	88. Blank	
21. Sequence of Events – Second	01. ___ (number filled in)	88. Blank	
22. Sequence of Events - Third	01. ___ (number filled in)	88. Blank	
23. Sequence of Events – Fourth	01. ___ (number filled in)	88. Blank	



24. Most Harmful	01. First bubble 02. Second bubble	03. Third bubble 04. Fourth bubble	88. Blank	
25. Decedent a Truck/Bus Driver?	01. Yes (Complete Q26-Q40)		02. No (Go to Q40)	
<b>Decedent Truck/Bus Driver Information</b>				
26. Carrier Name of Truck/Bus	01. _____ (complete) 88. Blank			
27. Carrier Source	01. Papers 02. Vehicle 03. Log Book	04. Driver 88. Blank		
28. GVWR/GCWR	01. _____	88. Blank		
29. ICCMC number	01. _____	88. Blank		
30. USDOT number	01. _____	88. Blank		
31. MPSC number	01. _____	88. Blank		
32. CDL/Endorsements (Highlight all that apply, for example, Bubble A, Bubble H and Bubble T are filled in – would highlight 01, 04 and 08. Newer crash reports may type Group A, Group B, etc and bubbles completed for N-X. If bubble for None is completed, highlight 10.)	01. A 02. B 03. C 04. H	05. N 06. P 07. S	08. T 09. X 10. None 88. Blank	
33. CDL Restriction	01. 28 bubble completed 02. 29 bubble completed 03. 30 bubble completed 04. 35 bubble completed 05. 36 bubble completed 88. Blank			
34. CDL Exemption	01. Farm 02. Other	88. Blank		
35. Interstate or Intrastate Driver (Q95k)	01. Interstate 02. Intrastate	88. Blank		
36. Vehicle Type	01. AA 02. AH 03. AN 04. AP 05. AS	06. AT 07. AX 08. AY 09. AZ 10. AL	11. BB 12. BH 13. BN 14. BP	15. BS 16. BX 17. CH 18. CP
37. Type and Axles of unit	01. First ___ 02. Second ___	03. Third ___ 04. Fourth ___	88. Blank	
38. Cargo Body Type (corresponds to bubble completed)	01. 1 – Van 02. 2- Cargo tank 03. 3- Flatbed/platform 04. 4 – dump 05. 5 – concrete mixer 06. 6 – auto transporter 07. 7 – garbage/refuse 08. 8 – Other/unknown/bus (commercial or school) 88. Blank			
39. Medical card	01. Yes 02. No	88. Blank		
40. Was another vehicle directly involved or initiated a chain reaction-type accident that resulted in decedent’s death?	01. Yes (Complete Q41-Q54) 02. No (END)			

Driver of <u>Another</u> Vehicle Directly Involved or Initiated a Chain Reaction Killing Decedent		
41. State (Driver License - State/Country, for the driver of the <u>other</u> vehicle that was directly involved in/caused crash)	01. _____	88. Blank
42. Total Occupant (total occupants in <u>other</u> vehicle)	01. _____ number of individuals 88. Blank	
43. Hazardous Action (for the driver of <u>other</u> vehicle that was directly involved or caused crash to occur resulting in death of decedent)	00. None 01. Speed too fast 02. Speed too slow 03. Failed to yield 04. Disregard traffic control 05. Drove wrong way 06. Drove left of center 07. Improper passing 08. Improper lane use 09. Improper turn	10. Improper/no signal 11. Improper backing 12. Unable to stop in assured clear distance 13. Other 14. Unknown 15. Reckless driving 16. Careless/negligent driving 88. Blank
44. Driver Condition (Driver of <u>other</u> vehicle that was directly involved or caused crash to occur resulting in death of decedent)	01. Appeared normal 02. Had been drinking 03. Illegal Drugs 04. Sick 05. Fatigue 06. Asleep 07. Medication 08. Distracted 09. Using cellular phone 99. Unknown 88. Blank	
45. Location of Greatest Damage (Driver of <u>other</u> vehicle that was directly involved or caused crash to occur resulting in death of decedent)	01. 1-Front, Center 02. 2-Front, Right 03. 3-Side, Right 04. 4-Rear, Right 05. 5-Rear, Center 06. 6-Rear, Left 07. 7-Side, Left	08. 8-Front, left 09. 9-Undercarriage 10. 10-Multiple 11. 11-Other/Unknown 12. 12-None 13. 0 – Top (Roof) Rollover 88. Blank
46. First Impact (Driver of <u>other</u> vehicle that was directly involved or caused crash to occur resulting in death of decedent)	01. 1-Front, Center 02. 2-Front, Right 03. 3-Side, Right 04. 4-Rear, Right 05. 5-Rear, Center 06. 6-Rear, Left 07. 7-Side, Left	08. 8-Front, Left 09. 9-Undercarriage 10. 10-Multiple 11. 11-Other/Unknown 12. 12-None 13. 0 – Top (Roof) Rollover 89. Blank
47. Vehicle Use ( <u>other</u> vehicle that was directly involved or caused crash to occur resulting in death of decedent)	01. Private 02. Commercial (business) 03. In pursuit/on emergency 04. Farm 05. School/Education 06. Club/church 07. Military	08. Other government 09. Utility 10. Road construction/road maintenance 11. Other 88. Blank

48. Action Prior (Driver of <u>other</u> vehicle that was directly involved or caused crash to occur resulting in death of decedent)	01. Going straight ahead 02. Turning left 03. Turning right 04. Stopped on roadway 05. Involved in prior crash at same location 06. Changing lanes 07. Backing 08. Slowing/stopping on roadway 09. Slowing/stopping other area 10. Starting up on roadway 11. Starting up other area 12. Entering parking 13. Leaving parking	14. Leaving roadway 15. Entering roadway 16. Making u-turn 17. Overtaking or passing 18. Avoiding object 19. Avoiding pedestrian 20. Avoiding vehicle (front/back) 21. Avoiding vehicle (angle) 22. Driverless moving 23. Parked 24. Other 25. Avoiding animal 88. Blank	
49. Sequence of Events– First (driver of 2 <sup>nd</sup> vehicle)	01. ___ (number filled in)	88. Blank	
50. Sequence of Events – Second (driver of 2 <sup>nd</sup> vehicle)	01. ___ (number filled in)	88. Blank	
51. Sequence of Events - Third (driver of 2 <sup>nd</sup> vehicle)	01. ___ (number filled in)	88. Blank	
52. Sequence of Events – Fourth (driver of 2 <sup>nd</sup> vehicle)	01. ___ (number filled in)	88. Blank	
53. Most Harmful (driver of 2 <sup>nd</sup> vehicle filled in bubble)	01. First bubble 02. Second bubble 03. Third bubble 04. Fourth bubble 88. Blank		
54. Did <u>Other</u> driver drive a Truck/Bus?	01. Yes (Complete Q55-Q68) 02. No (END)		
<b>Other Driver of Truck/Bus Information</b>			
55. Carrier Name	01. _____ (complete) 88. Blank		
56. Carrier Source	01. Papers 02. Vehicle 03. Log Book	04. Driver 88. Blank	
57. GVWR/GCWR	01. _____	88. Blank	
58. ICCMC number	01. _____	88. Blank	
59. USDOT number	01. _____	88. Blank	
60. MPSC number	01. _____	88. Blank	
61. CDL type/Endorsements (Highlight all that apply, for example, Bubble A, Bubble H and Bubble T are filled in – would highlight 01, 04 and 08. Newer crash reports may type Group A, Group B, etc and bubbles completed for N-X; highlight 01 if indicated as Group A, 02 if indicated as Group B, etc. If bubble for None is completed, highlight 10.)	01. A 02. B 03. C 04. H	05. N 06. P 07. S	08. T 09. X 10. None 88. Blank
62. Interstate or Intrastate Driver	01. Interstate 02. Intrastate 88. Blank		
63. CDL Restriction	01. 28 bubble completed 02. 29 bubble completed	04. 35 bubble completed 05. 36 bubble completed	

	03. 30 bubble completed	88. Blank
64. CDL Exemption	01. Farm 02. Other	88. Blank
65. Vehicle Type	01. AA 02. AH 03. AN 04. AP 05. AS 06. AT 07. AX 08. AY	09. AZ 10. AL 11. BB 12. BH 13. BN 14. BP 15. BS 16. BX 17. CH 18. CP 19. CS 20. CX 21. Other 88. Blank
66. Cargo Body Type (corresponds to bubble completed)	01. 1 – Van 02. 2- Cargo tank 03. 3- Flatbed/platform 04. 4 – dump 05. 5 – concrete mixer 06. 6 – auto transporter 07. 7 – garbage/refuse 08. 8 – Other/unknown/bus 88. Blank	
67. Medical Card	01. Yes 02. No	88. Blank
68. Type and Axles of unit	01. First __ __ 02. Second __ __ 03. Third __ __ 04. Fourth __ __	88. Blank