



CASE NO. P 2 0 1 9 1 5 6 7 4 7

## INVESTIGATOR'S TRAFFIC CRASH REPORT

Mail completed form within 10 days to: Wyoming Department of Transportation  
Crash Records  
5300 Bishop Boulevard  
Cheyenne, WY 82009-3340

Date of Crash (yyyy/mm/dd) 2 0 1 9 / 1 0 / 2 3	Time (24 hr) 1 9 : 5 4	Day of Week Su <input type="radio"/> Mo <input type="radio"/> Tu <input type="radio"/> We <input checked="" type="radio"/> Th <input type="radio"/> Fr <input type="radio"/> Sa <input type="radio"/>	Police Notified: 2 0 1 9 / 1 0 / 2 3	Date: yyyy/mm/dd 2 0 1 9 / 1 0 / 2 3	Time (24 hr) 1 9 : 5 4
Combined Total Damage greater than or equal to \$1,000 Yes <input checked="" type="radio"/> No <input type="radio"/>	Hit & Run Yes <input type="radio"/> No <input checked="" type="radio"/>	Crash Resulting from Prior Crash Yes <input checked="" type="radio"/> No <input type="radio"/>	Investigated at the Scene Yes <input checked="" type="radio"/> No <input type="radio"/>	Photo/Video Photo <input type="radio"/> Video <input type="radio"/> Both <input checked="" type="radio"/>	EMS Notified: <input type="text"/> : <input type="text"/>
Occurred on Private Property Yes <input type="radio"/> No <input checked="" type="radio"/>	Public/Private Property Damage Yes <input type="radio"/> No <input checked="" type="radio"/>	Estimated Amount of Non-Vehicle Property Damage \$ <input type="text"/>	# Vehicle(s) 0 2	# Driver(s) 0 1	# Person(s) 0 5
			# non Motorists 0 4	# Injured 0 5	# Killed 0 0

County

GPS Latitude

SWEETWATER

4 1 6 6 5 3 2 3 9

City

GPS Longitude

- 1 0 8 0 3 3 7 7 8 2

Crash Occurred on: Highway/Street:

I 80 / US 30

Milepost Marker

1 7 0 5 6 9

Highway LRS #

CAT. ID # DIR  
M L 8 0 D

At Intersection with: Highway/Street:

Occurred on  
Divided RDway  
No ☐ Yes ☒

if yes

Incr / Decr

Incr ☐ Decr ☒  
Unknown ☐

Related Intersection: Highway/Street:

## INSTRUCTIONS

TO ENSURE ACCURACY

PRINT IN UPPER-CASE LETTERS USING A BLACK OR DARK BLUE PEN!

PRINT NEATLY

A B C D 4 5 6 7 8

If 'Other' is selected in any field, describe in narrative  
If a vehicle is towed, describe towed vehicle in narrative

mark if attached

## SUPPLEMENTAL REPORTS

- ☐ If more than 2 vehicles are involved, complete form 'Supplemental Additional Vehicle/Driver Form'
- ☐ If more than 5 persons in a crash, complete form 'Supplemental Additional Vehicle Occupant Information'
- ☐ Trucks or Commercial Motor Vehicles complete form 'Supplemental Truck/CMV Information'
- ☒ If a non-motorist is involved, complete form 'Supplemental Non-Motorist'
- ☐ If a bus is involved and carrying passengers, complete form 'Supplemental Bus Information'
- ☐ If any drug tests are performed, complete 'Supplemental Drug Test Results'
- ☐ Previous report submitted

Investigating Agency

0 6	01 - City PD	02 - Sheriff	03 - BIA
	04 - Forest Service	05 - Campus Police	06 - WHP 07 - Other

Division  
(WHP only)

Badge #

Officer Name &amp; Rank

8 3	A .	A	M A R T I N E Z
	First	MI	Last

T R O O P E R
Rank

Report Date (yyyy/mm/dd)

2 0 1 9 / 1 0 / 2 8

Signature

Highway Safety Use Only

Proximity to Residence

1-Same Town 2-25 miles or less 3-25 miles Plus 4-Out of State

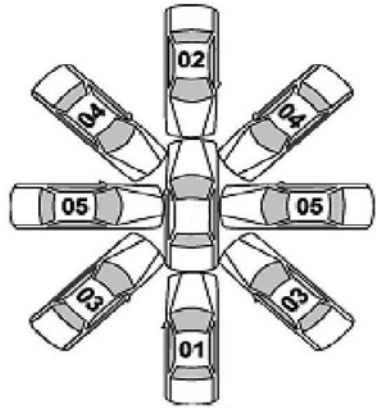
Date Received: / /

Report Number: \_\_\_\_\_

Highway District 3

Crash Type: ☐ G ≥ \$1,000 ☐ M - Missing Location  
☐ N ≤ \$1,000 ☐ I - Industrial Crash  
☐ P - Private ☐ D - Deliberate

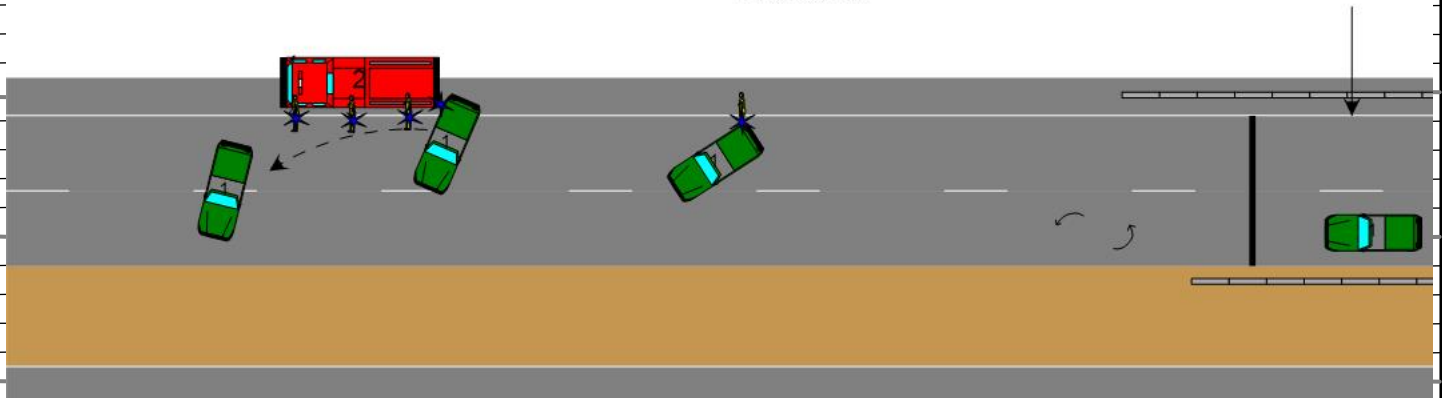
# Base Information

<b>FIRST HARMFUL EVENT</b> 2   6		<b>Location of FHE</b> 0   3		<b>Weather</b> 1st choice 0   1 2nd choice		<b>Road</b> 1st choice 0   3 2nd choice		<b>Lighting</b> 0   2	
<b>Non - Collision:</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure 12 - Fell/Jumped from a motor vehicle 13 - Thrown or Falling Object 16 - Carbon Monoxide (CO) Poisoning 17 - Injuries by being thrown against part of the vehicle 18 - Other Non-Collision (Motorcycle Loss of Control)		01 - On Roadway 02 - Off Roadway 03 - Shoulder 04 - Median 05 - On OTHER Roadway 06 - Outside of ROW 07 - Gore 08 - Separator 09 - In Parking Lane/Zone 10 - Tunnel 11 - Bridge 12 - Port of Entry 13 - Rest Area 99 - Unknown		01 - Clear 02 - Raining 03 - Snowing 04 - Fog 05 - Blowing Dust/Sand/Dirt 06 - Severe Wind Only 07 - Blizzard 08 - Sleet/Hail/Freezing Rain 09 - Blowing Snow 10 - Cloudy, Overcast 11 - Smoke 12 - Other 99 - Unknown		01 - Dry 02 - Wet 03 - Ice/Frost 04 - Snow 05 - Mud/Dirt/Gravel 06 - Slush 07 - Oil/Fuel 08 - Sand on Dry Pavement 09 - Sand on Icy Road 10 - Water standing/Running 11 - Other 99 - Unknown		01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown	
<b>Collision w/ Person, MV, or Non-Fixed Object:</b> 19 - Pedestrian 20 - Pedacycle 21 - Railway Vehicle 22 - Motor Vehicle in Transport on Roadway 23 - Motor Vehicle on OTHER Roadway 24 - Parked Motor Vehicle 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channeling Device 29 - Object Set in Motion by Another Vehicle (Single Vehicle Crash)		<b>Road Circumstance</b> choose up to 3 01 - None 02 - Road Surface Condition 03 - Debris, loose material on the surface 04 - Ruts, Holes, Bumps 05 - Work Zone/Construction Zone 06 - Worn or Polished Surface 07 - Obstruction in Roadway 08 - Traffic Control Device Missing 09 - Traffic Control Device Inoperative 10 - Traffic Control Device Obscured 11 - Shoulders (None, Low, Soft, High) 12 - Non- Highway Work 13 - Reduced Road Width 14 - Lane Markings Missing or Faded 15 - Obstructed by a Previous Crash 16 - Other 99 - Unknown		1st choice 0   2 2nd choice 3rd choice		<b>Environmental Circumstance</b> choose up to 3 11 - None 01 - Weather Conditions 02 - Visual Obstruction Buildings 03 - Visual Obstruction Other Vehicle 04 - Visual Obstruction Vegetation 05 - Visual Obstruction Hillcrest 06 - Visual Obstruction Embankment-Snow, Rock, etc 07 - Other Physical Obstruction 08 - Glare (Sun or Headlight) 09 - Animals in Roadway 10 - Other 99 - Unknown		1st choice 1   1 2nd choice 3rd choice	
<b>Animals:</b> 30 - Horse 31 - Cow 32 - Pig 33 - Sheep 34 - Other Domestic (Dog, Llama, etc) 35 - Elk 36 - Deer 37 - Moose 38 - Antelope 39 - Buffalo 40 - Other Wild (Bear, Coyote, Eagle)		<b>Work Zone Related</b> 0   2 01 - Yes 02 - No 99 - Unknown		<b>Work Zone Workers Present</b> <b>Work Zone Location</b>		<b>Relation to Junction</b> 1   2 <b>Non-Interstate</b> 01 - Non-Junction 02 - Intersection 03 - Intersection Related 04 - Driveway Related 05 - Entrance/Exit Ramp 06 - Railway Grade Crossing 07 - Crossover Related 08 - Business Entrance 09 - Alley 10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing) 11 - Private Road Junction 99 - Unknown (describe in narrative)		<b>Interstate</b> 12 - Thru Roadway 13 - Intersection 14 - Intersection Related 15 - Ramp 16 - Other Parts (Gore) 99 - Unknown Interchange 07 - Crossover Related	
<b>Collision w/ Fixed Object</b> 41 - Guardrail End 42 - Guardrail Face 43 - Impact Attenuator/Crash Cushion 44 - Bridge Pier or Support 45 - Bridge Overhead Structure 46 - Bridge Rail 47 - Concrete Traffic Barrier/Jersey Barrier 48 - Other Traffic Barrier (Includes temporary) 49 - Utility Pole/Light Support 50 - Traffic Signal Support 51 - Traffic Sign Support 52 - Overhead Traffic Sign 53 - Sign Support Single Post 54 - Sign Support Multiple Post 55 - Other Traffic Sign Support 56 - Barricade 57 - Tree/Shrubbery 58 - Cut Slope 59 - Road Approach 60 - Rock, Boulder, Rock Slide 61 - End of Drainage Pipe/Structure/Culvert 62 - Building or Other Structure Wall 63 - Fence (Including Post) 64 - Raised Median or Curb 65 - Delineator Post 66 - Earth Embankment/Berm 67 - Ditch 68 - Snow Embankment 69 - Mail Box 70 - Tunnel 71 - Cattle Guard 72 - Fixed Object Other 73 - Cable Barrier 99 - Unknown		<b>Type of Work Zone</b> 01 - Lane Closure 02 - Lane Shift or Crossover 03 - Work on Shoulder/Median 04 - Intermittent or Moving Work 05 - Other 99 - Unknown		<b>Manner of Collision</b> *see diagram right 0   5 01 - Rear End (Front to Rear) 02 - Head On (Front to Front) 03 - Angle Same Direction (Front to Side) 04 - Angle (Front-to-Side), Opposing Direction 05 - Angle Right (Front to Side, includes Broadside) 06 - Angle Direction not Specified 07 - Sideswipe Same Direction (Passing) 08 - Sideswipe Opposite Direction (Meeting) 09 - Rear to Side (Normally Backing) 10 - Rear to Rear (Normally Backing) 11 - Rear to Front (Normally Backing) 12 - Not a Collision w/2 Vehicles in Transport 13 - Other 99 - Unknown		<b>Type of Intersection</b> 0   1 01 - Not an Intersection 02 - Four (4) -Way Intersection 03 - T Intersection 04 - Y Intersection 05 - Five (5) Point or more 06 - Intersection as part of an Interchange 07 - Roundabout 08 - L Intersection 09 - Diverging Diamond 99 - Unknown			
		<b>Direction of Force</b> 0   2 01 - Opposing (Opposite Direction within 15 degrees) 02 - Angle (force exceeds 15 degrees) 03 - Same (same direction within 15 degrees) 04 - Meeting (glancing collision from opposite direction) 05 - Passing (glancing collision from same direction) 99 - Unknown		<b>Manner of Collision CLARIFICATION</b> 01 - Rear End (Front-to-Rear) 02 - Head-on (Front-to-Front) 03 - Angle (Front-to-Side), Same Direction 04 - Angle (Front-to-Side), Opposing Direction 05 - Angle (Front-to-Side), Right Angle/Broadside					



Not to Scale  
Milepost 170  
Interstate 80

Bridge Deck



Witnesses

1st

First Name MI Last Name

Street Number Street Name City: State: Zip Code

☐ Home ☐ Work ☐ Cell Phone and/ ☐ Home ☐ Work ☐ Cell Phone  
- - or - -

2nd

First Name MI Last Name

Street Number Street Name City: State: Zip Code

☐ Home ☐ Work ☐ Cell Phone and/ ☐ Home ☐ Work ☐ Cell Phone  
- - or - -

3rd

First Name MI Last Name

Street Number Street Name City: State: Zip Code

☐ Home ☐ Work ☐ Cell Phone and/ ☐ Home ☐ Work ☐ Cell Phone  
- - or - -

## NARRATIVE PAGE

On 10-23-19, a Wamsutter fire engine, vehicle 2, responded to a previous motor vehicle crash at approximately milepost 170 on Interstate 80. The firetruck was parked in the emergency lane with its emergency lights activated and flare sticks set in place to alert and move oncoming traffic. While on scene, firefighters were out near the firetruck getting needed equipment.

Driver 1 of vehicle 1 was traveling west at approximately milepost 170 on Interstate 80 when the vehicle hit an icy spot in the roadway. At this time Driver 1 lost control of the vehicle. The vehicle then started to run off of the roadway to the right, directly towards the parked firetruck. While the vehicle was sliding out of control, it struck fireman 1 (J. Tesillo D.O.B. 06-10-97) who was out in the roadway. After striking the fireman 1, the vehicle continued to slide towards the firetruck.

Vehicle 1 then violently crashed into the parked firetruck. Vehicle 1 pushed the firetruck forward and now started to slide back out into the interstate and came to a final rest in both westbound lanes of travel. While this happened, there were three firemen standing along the driver's side of the firetruck. After vehicle 1 crashed into the firetruck and was sliding back out into the interstate, it struck the three fireman standing outside of the firetruck. Fireman 2 (J. Garman D.O.B. 02-12-83) Fireman 3 (D. Davis D.O.B. 04-20-77) and Fireman 4 (M. McPherson D.O.B. 10-21-64) were the firefighters struck at this time.

Both vehicles involved sustained a great amount of damage. Driver 1 sustained serious injuries and was transported to Memorial Hospital of Carbon County. The four firefighters were transported to Memorial Hospital of Carbon County and were treated for non-life threatening injuries.

1st event	2	6	Sequence ← choose up to 4: →
2nd event	2	4	
3rd event	2	6	
4th event	2	6	
			Most Harmful Event choose 1 →
			2 4

**Non-Collision**

- 01 - Overturn/Rollover
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 05 - Cargo/Equipment Loss or Shift
- 06 - Equipment Failure
- 07 - Separation of Units
- 08 - Ran Off the Road Right
- 09 - Ran Off the Road Left
- 10 - Cross Median
- 74 - Cross Centerline
- 11 - Downhill Runaway
- 12 - Fell/Jumped from a MV
- 13 - Thrown or Falling Object
- 14 - Avoiding an Object on Road
- 15 - Avoiding an Animal on Road
- 16 - Carbon Monoxide (CO) Poisoning
- 17 - Injuries by being thrown against part of vehicle
- 18 - Other Non-Collision (MC Loss of Control)

**Collision w/ Person, MV, or Non-Fixed Object**

- 19 - Pedestrian
- 20 - Pedacycle
- 21 - Railway Vehicle
- 22 - Motor Vehicle in Transport on Roadway
- 23 - Motor Vehicle in Transport on OTHER Roadway
- 24 - Parked Motor Vehicle
- 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle (Multi Vehicle Crash)
- 26 - Other NON-Fixed Object
- 27 - Work Zone/Maintenance Equipment
- 28 - Work Zone Channeling Device
- 29 - Object Set in Motion by Another Vehicle (Single Vehicle Crash)

**Animals**

- 30 - Horse
- 31 - Cow
- 32 - Pig
- 33 - Sheep
- 34 - Other Domestic (Dog, Llama, ...)
- 35 - Elk
- 36 - Deer
- 37 - Moose
- 38 - Antelope
- 39 - Buffalo
- 40 - Other Wild

**Collision w/ Fixed Object**

- 41 - Guardrail End
- 42 - Guardrail Face
- 43 - Impact Attenuator/Crash Cushion
- 44 - Bridge Pier or Support
- 45 - Bridge Overhead Structure
- 46 - Bridge Rail
- 47 - Concrete Traffic Barrier/Jersey Barrier
- 48 - Other Traffic Barrier (Includes temporary)
- 49 - Utility Pole/Light Support
- 50 - Traffic Signal Support
- 51 - Traffic Sign Support
- 52 - Overhead Traffic Sign
- 53 - Sign Support Single Post
- 54 - Sign Support Multiple Post
- 55 - Other Traffic Sign Support
- 56 - Barricade
- 57 - Tree/Shrubbery
- 58 - Cut Slope
- 59 - Road Approach
- 60 - Rock, Boulder, Rock Slide
- 61 - End of Drainage Pipe/Structure/Culvert
- 62 - Building or Other Structure Wall
- 63 - Fence (Including Post)
- 64 - Raised Median or Curb
- 65 - Delineator Post
- 66 - Earth Embankment/Berm
- 67 - Ditch
- 68 - Snow Embankment
- 69 - Mail Box
- 70 - Tunnel
- 71 - Cattle Guard
- 72 - Other Fixed Object
- 73 - Cable Barrier
- 99 - Unknown

<b>Motor Vehicle Unit Type</b>		0 1
01 - Motor Vehicle in Transport		
02 - Parked Motor Vehicle		
03 - Working Vehicle/Equipment		
<b>Commercial Motor Vehicle or HM Placard</b>		0 2
01 - Yes 02 - No 99 - Unknown		
if yes, complete CMV supplement		

<b>Vehicle Owner</b>		0 2
01 - Same as Driver	11 - County Law Enforcement	
02 - Other	12 - County Fire Department	
03 - Passenger	13 - County Other	
04 - Relative	14 - City Law Enforcement	
05 - Rental Vehicle	15 - City Fire Department	
06 - Commercial	16 - City Other	
07 - Occupant	17 - Government Other	
08 - Vehicle Parked	18 - Ambulance/EMS	
09 - Federal Law Enforcement	19 - WHP	
10 - Federal Other	20 - State Law Enforc Other	

<b>Vehicle Type</b>		0 1
01 - Passenger (Not a SUV)	17 - Light Truck (≥ 10K)	
02 - Passenger Van	18 - Medium Truck (>10K - 26K)	
03 - PU	19 - Heavy Truck (>26K)	
04 - School Bus	20 - Farm Equipment	
05 - Other Bus	21 - Construction Vehicle	
06 - Transit Bus	22 - MC <150 cc	
07 - Charter Bus	23 - Moped	
08 - MC >150 cc	24 - Snowmobile	
09 - Off Road MC	26 - ATV	
13 - Other Vehicle	27 - MPV	
14 - SUV	99 - Unknown	
15 - Cargo Van		
16 - Motor Home		

<b>Non -Commercial Trailer Style</b>		0 1
01 - No Trailer	07 - Horse/Stock Trailer	
02 - Camping Trailer	08 - Motorcycle Trailer	
03 - Mobile Home	09 - Multiple Trailers	
04 - Utility Trailer	10 - Other (ie. Bicycle)	
05 - Boat/Jet Ski Trailer	99 - Unknown	
06 - Towed Vehicle		

<b>Underride/Override</b>		0 1
01 - No Underride or Override		
02 - Underride-Compartment Intrusion		
03 - Underride-No Compartment Intrusion		
04 - Underride-Compartment Intrusion Unknown		
05 - Override-Motor Vehicle in Transport		
06 - Override-Other Motor Vehicle		
99 - Unknown if Underride or Override		

<b>Emergency Vehicle Use</b>		
01 - Yes 02 - No 99 - Unknown		

<b>Emergency Equipment Activated</b>		
01 - Yes 02 - No 99 - Unknown		

<b>Special Function of MV in Transport</b>		0 1
01 - None	08 - MV used as School Bus	
02 - Police	09 - MV used as Other Bus	
03 - Ambulance/EMS	10 - Construction Equipment	
04 - Fire Truck	11 - Farm Equipment	
05 - Military	12 - Taxi	
06 - Snow Plow	99 - Unknown	
07 - Tow Truck		

<b>Contributing Circumstance</b>		1st choice 0 1
		2nd choice
01 - None		
02 - Brakes		
03 - Trailer Brakes		
04 - Steering		
05 - Power Train		
06 - Suspension		
07 - Tires		
08 - Wheels		
09 - Lights (Head, Signal or Tail)		
10 - Windows/Windshield		
11 - Rain/Snow/Ice on Windshield		
12 - Tinted Windows		
13 - Vehicle Cargo Blocking View		
14 - Exhaust System		
15 - Oversized Load		
16 - Defroster		
17 - Mirrors		
18 - Wipers		
19 - Truck Coupling/Trailer Hitch/Safety Chain		
20 - Stalled Vehicle	22 - Other	
21 - Cruise Control	99-Unknown	

<b>Vehicle Maneuver/Action prior to crash</b>		0 1
01 - Straight Ahead		
02 - Backing		
03 - Changing Lanes		
04 - Overtaking/Passing		
05 - Turning Right		
06 - Turning Left		
07 - Make U-Turn		
08 - Leaving a Traffic Lane/Parking		
09 - Entering a Traffic Lane		
10 - Slowing		
11 - Negotiating a Curve		
12 - Parked		
13 - Stopped in Traffic		
14 - Driverless Motor Vehicle		
15 - Trafficway Maintenance		
16 - Other		
99 - Unknown		

<b>Road Surface</b> 0 2	<b>Grade</b> 0 1
01 - Concrete	01 - Level
02 - Asphalt	02 - Hillcrest
03 - Gravel/Rock	03 - Uphill
04 - Dirt	04 - Downhill
05 - Brick/Stone	05 - Sag (Bottom)
99 - Unknown	99 - Unknown

<b>Horizontal Alignment</b>		0 1
01 - Straight	03 - Curve Left	
02 - Curve Right	99 - Unknown	

<b>Total No. Lanes</b>		0 2
01 - 06, 99 = Unknown (exclude turn lanes)		

<b>Traffic Control Working Properly</b>		0 1
01 - Yes 02 - No 99 - Unknown		

<b>Traffic Control</b>		1 3
01 - None		
02 - Stop Sign		
03 - Yield Sign		
04 - Flashing Traffic Signal		
05 - Do Not Enter Sign		
06 - Traffic Signal		
07 - Traffic Signal w/ Ped		
08 - Traffic Signal w/ Ped & Audible Signals		
09 - Person (Officer/Flagger, Xing Guard, etc)		
10 - Pedestrian Crossing		
11 - No Passing Zone		
12 - Warning Signs		
13 - Pavement Markings		
14 - Traffic Barrels/Cones		
15 - Temporary Jersey Barrier		
16 - School Bus Flashing Stop Lamps		
17 - School Zone Crossing		
18 - RR Crossing Signal		
19 - RR Crossing Signal & Gate		
20 - RR Crossing Cross Buck Sign Only		
21 - RR Crossing Cross Buck with Stop Sign		
22 - RR Crossing Cross Buck with Yield Sign		
23 - Other		
99 - Unknown		

<b>Trafficway Description</b>		0 3
01 - Two-Way, Not Divided		
02 - Two-Way, Not Divided w/ Continuous Left Turn Lane		
03 - Two-Way, Divided, Unprotected (Painted, >4 Ft) Median		
04 - Two-Way, Divided, Positive Median Barrier		
05 - One-Way Trafficway		
99 - Unknown		

<b>Rumble Strips Present</b>		0 1
01 - Yes 02 - No 99 - Unknown		

<b>Rumble Strips Applicable</b>		0 2
01 - Yes 02 - No 99 - Unknown		

<b>Rumble Strips</b>		0 5
01 - None		
02 - Centerline Rumble Strips		
03 - Median Shoulder Only		
04 - Transverse Rumble Strips (Road Apprch)		
05 - Both Shoulders		
06 - Both Centerline and Outside Shoulder		
07 - Outside Shoulders Only		
99 - Unknown		





Seat Position

01-Driver  
02-Front Row Middle  
03-Front Row Right  
04-Passenger Front Row Left  
(for foreign or postal vehicles  
where the driver is on the Right)  
05-Second Row Left  
06-Second Row Middle  
07-Second Row Right  
08-Third Row Left  
09-Third Row Middle  
10-Third Row Right  
11-Fourth Row Left  
12-Fourth Row Middle  
13-Fourth Row Right  
14-Other Row (ie. Bus, Van)  
15-Lying Down-Front Seat  
16-Lying Down-Other Seat  
17-MC Passenger  
18-Sleeper Section of Cab  
19-Other Enclosed Area  
20-Unenclosed Cargo Area  
21-Trailing Unit  
97-Riding on MV Exterior  
98-Other (explain in narrative)  
99-Unknown

Air Bag Deployed

01-Not Applicable  
02-Not Deployed  
03-Deployed Front  
04-Deployed Side  
05-Deployed Combination  
06-Deployed Other  
99-Deployment Unknown

Ejection

01-Not Ejected  
02-Partially Ejected  
03-Totally Ejected  
04-Trapped &  
Extricated  
05-Not Applicable  
99-Unknown

Injury Status

01-Fatal Injury  
02-Suspected Serious Injury  
03-Suspected Minor Injury  
04-Possible Injury  
05-No Apparent Injury  
99-Unknown

Injury Description

01-Severe Lacerations  
02-Broken  
03-Crushed  
04-Unconsciousness  
05-Internal Unknown  
06-Lumps  
07-Abrasions  
08-Bruises  
09-Minor Lacerations  
10-Limping  
11-Pain  
12-Nausea  
13-Other (explain in narrative)  
14-No Injury  
99-Unknown

Occupant Protection  
System Operation

01-Apparently Normal  
02-Failure/Malfunction  
03-Misuse  
04-Air Bag System Turned off  
or Rendered Inoperative  
99-Unknown

Most Injured Area

01-Head  
02-Face  
03-Neck  
04-Thorax (Chest/Back)  
05-Abdomen/Pelvis  
06-Spine  
07-Upper Extremity (Arm...)  
08-Lower Extremity (Leg...)  
09-No Injury  
99-Unknown

Injury Classification

01-Fatal (Not Documented)  
02-Fatal (Autopsy)  
03-Fatal (Medical Diagnosis)  
04-Non-Fatal (Hospitalized  
overnight or longer)  
05-Non-Fatal (Treated &  
Released from Hospital)  
06-First Aid Given at Scene  
07-No Treatment  
08-Refused Treatment  
99-Unknown

Inj. Transported by

01-Not Transported  
02-EMS (Ground)  
03-EMS (Air)  
04-Law Enforcement  
05-Other (Private MV)  
99-Unknown

Seat Belt Usage

01-None Used  
02-Not Available  
03-Shoulder & Lap Belt  
04-Shoulder Belt Only  
05-Lap Belt Only  
06-Passive Restraint Only  
07-Restraint Used-Type Unk.  
08-Forward Facing Child  
09-Rear Facing Child Restraint  
10-Booster Seat  
11-Child Restraint-Type Unk.  
12-Helmet Used  
13-Other  
99-Unknown

MV #

01  
02  
03  
04  
05...

Person Type

01-Driver  
02-Passenger  
99-Unknown  
If non-motorist, complete  
supplemental form

MV #

Person  
Type:

Seat  
Position

Seat Belt  
Usage

Occupant Protection  
System Operation

Air Bag Deployed

Ejection

Injury Status

Most Injured Area

Injury  
Description

Injury  
Classification

Injured  
Transported by

EMS ID

EMS Run #

Driver

01

01

01

01

EMS ID

EMS Run #

99

03

01

02

99

05

04

02

Medical Facility

M

H

C

C

Occupant Information

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fatals Only)

Home

Work

Cell Phone

and/or

Medical Facility

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fatals Only)

Home

Work

Cell Phone

and/or

Medical Facility

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fats Only)

Home

Work

Cell Phone

and/or

Medical Facility

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fats Only)

Home

Work

Cell Phone

and/or

Medical Facility

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fats Only)

Home

Work

Cell Phone

and/or

Medical Facility

1st event	2	2	Sequence ← choose up to 4:  Most Harmful Event choose 1 →	2	2
2nd event					
3rd event					
4th event					

**Non-Collision**

- 01 - Overturn/Rollover
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 05 - Cargo/Equipment Loss or Shift
- 06 - Equipment Failure
- 07 - Separation of Units
- 08 - Ran Off the Road Right
- 09 - Ran Off the Road Left
- 10 - Cross Median
- 74 - Cross Centerline
- 11 - Downhill Runaway
- 12 - Fell/Jumped from a MV
- 13 - Thrown or Falling Object
- 14 - Avoiding an Object on Road
- 15 - Avoiding an Animal on Road
- 16 - Carbon Monoxide (CO) Poisoning
- 17 - Injuries by being thrown against part of vehicle
- 18 - Other Non-Collision (MC Loss of Control)

**Collision w/ Person, MV, or Non-Fixed Object**

- 19 - Pedestrian
- 20 - Pedacycle
- 21 - Railway Vehicle
- 22 - Motor Vehicle in Transport on Roadway
- 23 - Motor Vehicle in Transport on OTHER Roadway
- 24 - Parked Motor Vehicle
- 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle (Multi Vehicle Crash)
- 26 - Other NON-Fixed Object
- 27 - Work Zone/Maintenance Equipment
- 28 - Work Zone Channeling Device
- 29 - Object Set in Motion by Another Vehicle (Single Vehicle Crash)

**Animals**

- 30 - Horse
- 31 - Cow
- 32 - Pig
- 33 - Sheep
- 34 - Other Domestic (Dog, Llama, ...)
- 35 - Elk
- 36 - Deer
- 37 - Moose
- 38 - Antelope
- 39 - Buffalo
- 40 - Other Wild

**Collision w/ Fixed Object**

- 41 - Guardrail End
- 42 - Guardrail Face
- 43 - Impact Attenuator/Crash Cushion
- 44 - Bridge Pier or Support
- 45 - Bridge Overhead Structure
- 46 - Bridge Rail
- 47 - Concrete Traffic Barrier/Jersey Barrier
- 48 - Other Traffic Barrier (Includes temporary)
- 49 - Utility Pole/Light Support
- 50 - Traffic Signal Support
- 51 - Traffic Sign Support
- 52 - Overhead Traffic Sign
- 53 - Sign Support Single Post
- 54 - Sign Support Multiple Post
- 55 - Other Traffic Sign Support
- 56 - Barricade
- 57 - Tree/Shrubbery
- 58 - Cut Slope
- 59 - Road Approach
- 60 - Rock, Boulder, Rock Slide
- 61 - End of Drainage Pipe/Structure/Culvert
- 62 - Building or Other Structure Wall
- 63 - Fence (Including Post)
- 64 - Raised Median or Curb
- 65 - Delineator Post
- 66 - Earth Embankment/Berm
- 67 - Ditch
- 68 - Snow Embankment
- 69 - Mail Box
- 70 - Tunnel
- 71 - Cattle Guard
- 72 - Other Fixed Object
- 73 - Cable Barrier
- 99 - Unknown

<b>Motor Vehicle Unit Type</b>		0	2
01 - Motor Vehicle in Transport			
02 - Parked Motor Vehicle			
03 - Working Vehicle/Equipment			
<b>Commercial Motor Vehicle or HM Placard</b>		0	2
01 - Yes 02 - No 99 - Unknown			
if yes, complete CMV supplement			

<b>Vehicle Owner</b>		1	2
01 - Same as Driver	11 - County Law Enforcement		
02 - Other	12 - County Fire Department		
03 - Passenger	13 - County Other		
04 - Relative	14 - City Law Enforcement		
05 - Rental Vehicle	15 - City Fire Department		
06 - Commercial	16 - City Other		
07 - Occupant	17 - Government Other		
08 - Vehicle Parked	18 - Ambulance/EMS		
09 - Federal Law Enforcement	19 - WHP		
10 - Federal Other	20 - State Law Enforc Other		

<b>Vehicle Type</b>		1	7
01 - Passenger (Not a SUV)	17 - Light Truck (≥ 10K)		
02 - Passenger Van	18 - Medium Truck (>10K - 26K)		
03 - PU	19 - Heavy Truck (>26K)		
04 - School Bus	20 - Farm Equipment		
05 - Other Bus	21 - Construction Vehicle		
06 - Transit Bus	22 - MC <150 cc		
07 - Charter Bus	23 - Moped		
08 - MC >150 cc	24 - Snowmobile		
09 - Off Road MC	26 - ATV		
13 - Other Vehicle	27 - MPV		
14 - SUV	99 - Unknown		
15 - Cargo Van			
16 - Motor Home			

<b>Non -Commercial Trailer Style</b>		0	1
01 - No Trailer	07 - Horse/Stock Trailer		
02 - Camping Trailer	08 - Motorcycle Trailer		
03 - Mobile Home	09 - Multiple Trailers		
04 - Utility Trailer	10 - Other (ie. Bicycle)		
05 - Boat/Jet Ski Trailer	99 - Unknown		
06 - Towed Vehicle			

<b>Underride/Override</b>		0	1
01 - No Underride or Override			
02 - Underride-Compartment Intrusion			
03 - Underride-No Compartment Intrusion			
04 - Underride-Compartment Intrusion Unknown			
05 - Override-Motor Vehicle in Transport			
06 - Override-Other Motor Vehicle			
99 - Unknown if Underride or Override			

<b>Emergency Vehicle Use</b>		0	1
01 - Yes 02 - No 99 - Unknown			

<b>Emergency Equipment Activated</b>		0	1
01 - Yes 02 - No 99 - Unknown			

<b>Special Function of MV in Transport</b>		0	4
01 - None	08 - MV used as School Bus		
02 - Police	09 - MV used as Other Bus		
03 - Ambulance/EMS	10 - Construction Equipment		
04 - Fire Truck	11 - Farm Equipment		
05 - Military	12 - Taxi		
06 - Snow Plow	99 - Unknown		
07 - Tow Truck			

<b>Contributing Circumstance</b>		1st choice	0	1
01 - None				
02 - Brakes				
03 - Trailer Brakes				
04 - Steering				
05 - Power Train				
06 - Suspension				
07 - Tires				
08 - Wheels				
09 - Lights (Head, Signal or Tail)				
10 - Windows/Windshield				
11 - Rain/Snow/Ice on Windshield				
12 - Tinted Windows				
13 - Vehicle Cargo Blocking View				
14 - Exhaust System				
15 - Oversized Load				
16 - Defroster				
17 - Mirrors				
18 - Wipers				
19 - Truck Coupling/Trailer Hitch/Safety Chain				
20 - Stalled Vehicle				
21 - Cruise Control				
		22 - Other		
		99 - Unknown		

<b>Vehicle Maneuver/Action prior to crash</b>		1	2
01 - Straight Ahead			
02 - Backing			
03 - Changing Lanes			
04 - Overtaking/Passing			
05 - Turning Right			
06 - Turning Left			
07 - Make U-Turn			
08 - Leaving a Traffic Lane/Parking			
09 - Entering a Traffic Lane			
10 - Slowing			
11 - Negotiating a Curve			
12 - Parked			
13 - Stopped in Traffic			
14 - Driverless Motor Vehicle			
15 - Trafficway Maintenance			
16 - Other			
99 - Unknown			

<b>Road Surface</b>	0	2	<b>Grade</b>	0	1
01 - Concrete			01 - Level		
02 - Asphalt			02 - Hillcrest		
03 - Gravel/Rock			03 - Uphill		
04 - Dirt			04 - Downhill		
05 - Brick/Stone			05 - Sag (Bottom)		
99 - Unknown			99 - Unknown		

<b>Horizontal Alignment</b>		0	1
01 - Straight			
02 - Curve Right			
03 - Curve Left			
99 - Unknown			

<b>Total No. Lanes</b>		0	2
01 - 06, 99 = Unknown (exclude turn lanes)			

<b>Traffic Control Working Properly</b>		0	1
01 - Yes 02 - No 99 - Unknown			

<b>Traffic Control</b>		2	3
01 - None			
02 - Stop Sign			
03 - Yield Sign			
04 - Flashing Traffic Signal			
05 - Do Not Enter Sign			
06 - Traffic Signal			
07 - Traffic Signal w/ Ped			
08 - Traffic Signal w/ Ped & Audible Signals			
09 - Person (Officer/Flagger, Xing Guard, etc)			
10 - Pedestrian Crossing			
11 - No Passing Zone			
12 - Warning Signs			
13 - Pavement Markings			
14 - Traffic Barrels/Cones			
15 - Temporary Jersey Barrier			
16 - School Bus Flashing Stop Lamps			
17 - School Zone Crossing			
18 - RR Crossing Signal			
19 - RR Crossing Signal & Gate			
20 - RR Crossing Cross Buck Sign Only			
21 - RR Crossing Cross Buck with Stop Sign			
22 - RR Crossing Cross Buck with Yield Sign			
23 - Other			
99 - Unknown			

<b>Trafficway Description</b>		0	3
01 - Two-Way, Not Divided			
02 - Two-Way, Not Divided w/ Continuous Left Turn Lane			
03 - Two-Way, Divided, Unprotected (Painted, >4 Ft) Median			
04 - Two-Way, Divided, Positive Median Barrier			
05 - One-Way Trafficway			
99 - Unknown			

<b>Rumble Strips Present</b>		0	1
01 - Yes 02 - No 99 - Unknown			

<b>Rumble Strips Applicable</b>		0	2
01 - Yes 02 - No 99 - Unknown			

<b>Rumble Strips</b>		0	5
01 - None			
02 - Centerline Rumble Strips			
03 - Median Shoulder Only			
04 - Transverse Rumble Strips (Road Apprch)			
05 - Both Shoulders			
06 - Both Centerline and Outside Shoulder			
07 - Outside Shoulders Only			
99 - Unknown			



# Driver/Vehicle Information CASE NO. P 2 0 1 9 1 5 6 7 4 7

Vehicle No. 01 02 03... 0 2

Last Name First Name MI Gender DOB (yyyy/mm/dd)

Street Number Street Name

Mailing Address (PO Box Number) City State Zip Code

Occupation Employer Age

Driver Phone Home Work Cell Phone Emp Phone Home Work Cell Phone SSN (fatals only)

Driver's License Number State (FIPS) Restrictions CDL Endorsement

DL Type	DL Class	DL Status	No. of Vehicle Occupants (01 to 50)
1 - Not Licensed 2 - Driver License 3 - Instruction Permit 4 - I2 Permit-intermediate 5 - CDL 6 - CDL Permit 7 - No License Required 8 - Restricted License	1 - A 2 - B 3 - C 4 - M 5 - Improper or No Endorsement 6 - Other 7 - None	1 - Clear 2 - Expired 3 - Canceled or Denied 4 - Revoked 5 - Suspended 99 - Unknown	0 0 Posted Speed 8 0 Estimated Speed 0 0

Last Name First Name MI

Street Number Street Name City State Zip Code

Make (ie, Chevrolet, Dodge, Toyota) Model (ie, Silverado, Dakota, Solara) Year Expir. Date (mm/yy)

F O R D F 5 5 0 K - 1 2 0 1 6 0 3 - 2 0

Vehicle Identification Number License Plate No. State (FIPS) Color

1 F D 0 W 5 H T 0 G E A 5 3 3 0 2 W Y 5 6 R E D 0 6 0 6

Insurance E-Verified N Company CONTINENTAL WESTERN INSURANCE Policy # WDK314555520

Vehicle Towed Y-Yes N-No By WAMSUTTER CONOCO

To WAMSUTTER

Extent of Damage 0 4 01 - None 02 - Functional 03 - Minor 04 - Disabling 99 - Unknown

MV Damage ≥\$1,000 0 1 01-Yes 02-No 99-Unk.

Direction of Travel Prior to Crash 0 7

01 - North 05 - South 02 - Northeast 06 - Southwest 03 - East 07 - West 04 - Southeast 08 - Northwest 99 - Unknown

Initial Impact Point Most Damaged Area

12 00 Non-Collision (Overturn/Rollover)

11 01-12 (Use 12 Point Clock Diagram)

10 13 Top (Roof)

9 14 Undercarriage

8 99 Unknown (Can't determine)

7 6

6

Driver's Action (Officer Opinion Only)

1st choice 2nd choice 3rd choice 4th choice

01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs (e.g. Stop Sign) 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions 09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking 13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action 99 - Unknown

Suspect Alcohol 01 - Yes 02 - No 03 - Test Requested 99 - Unknown

Alcohol Test Type 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Breath 06 - Urine 07 - Other 99 - Unknown

Suspect Drugs 01 - Yes 02 - No 03 - Test Requested 99 - Unknown

Drug Test Type 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Urine 06 - Other 99 - Unknown

Driver's Condition (Officer Opinion Only)

1st choice 2nd choice

01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed...) 03 - ill (Sick) 04 - Fell Asleep, Fainted 05 - Fatigued 06 - Under Influence of Medication 07 - Physical Disability 08 - Suspected Drug Use 09 - Suspected Alcohol Use 10 - Other 11 - Driver Inattention 99 - Unknown

Driver's Distraction (Officer Opinion Only)

01 - Not Distracted 02 - Electronic Communication Device (cell, pager...) 03 - Other Electronic Device (palm, TV, computer...) 04 - Other Distraction Inside MV (passenger, pet...) 05 - Other Distraction Outside MV 99 - Unknown

Citations Issued choose up to 5

1st choice 2nd choice 3rd choice 4th choice 5th choice

01 - None 02 - DWUI 03 - Drinking - (i.e., open container) 04 - Exceeding Speed Limit 05 - Speed too Fast 06 - Following too Close 07 - Wrong Side of Road 08 - Improper or No Signal 09 - Improper Lane Use 10 - Improper Turn 11 - Improper Passing 12 - Improper Starting Out 13 - Failed to Grant ROW to Ped 14 - Failed to Grant ROW to MV 15 - Disregard Officer 16 - Disregard Stop Light 17 - Disregard Stop Sign 18 - Disregard Other 19 - Improper Parking 20 - Reckless Driving 21 - Vehicular Homicide 22 - Driver's License Violation 23 - Improper Backing 24 - No Insurance 25 - Hit & Run 26 - Registration Violation 27 - Failure to Use Seat Belt 28 - Charges Pending 29 - Fed R & R Driver 30 - Fed R & R Vehicle 31 - Racing 32 - Careless 33 - Other (explain in narrative)

DL Investigation 01 - Yes 02 - No 99 - Unknown

PR-902A

Revised 01/12/2018

If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.

If Drug Test performed then form 902E will be required with results at a later date.

Seat Position

01-Driver  
02-Front Row Middle  
03-Front Row Right  
04-Passenger Front Row Left  
(for foreign or postal vehicles  
where the driver is on the Right)  
05-Second Row Left  
06-Second Row Middle  
07-Second Row Right  
08-Third Row Left  
09-Third Row Middle  
10-Third Row Right  
11-Fourth Row Left  
12-Fourth Row Middle  
13-Fourth Row Right  
14-Other Row (ie. Bus, Van)  
15-Lying Down-Front Seat  
16-Lying Down-Other Seat  
17-MC Passenger  
18-Sleeper Section of Cab  
19-Other Enclosed Area  
20-Unenclosed Cargo Area  
21-Trailing Unit  
97-Riding on MV Exterior  
98-Other (explain in narrative)  
99-Unknown

MV #

01  
02  
03  
04  
05...

Person Type

01-Driver  
02-Passenger  
99-Unknown  
If non-motorist, complete  
supplemental form

Seat Position

01-Driver  
02-Front Row Middle  
03-Front Row Right  
04-Passenger Front Row Left  
(for foreign or postal vehicles  
where the driver is on the Right)  
05-Second Row Left  
06-Second Row Middle  
07-Second Row Right  
08-Third Row Left  
09-Third Row Middle  
10-Third Row Right  
11-Fourth Row Left  
12-Fourth Row Middle  
13-Fourth Row Right  
14-Other Row (ie. Bus, Van)  
15-Lying Down-Front Seat  
16-Lying Down-Other Seat  
17-MC Passenger  
18-Sleeper Section of Cab  
19-Other Enclosed Area  
20-Unenclosed Cargo Area  
21-Trailing Unit  
97-Riding on MV Exterior  
98-Other (explain in narrative)  
99-Unknown

Seat Belt Usage

01-None Used  
02-Not Available  
03-Shoulder & Lap Belt  
04-Shoulder Belt Only  
05-Lap Belt Only  
06-Passive Restraint Only  
07-Restraint Used-Type Unk.  
08-Forward Facing Child  
09-Rear Facing Child Restraint  
10-Booster Seat  
11-Child Restraint-Type Unk.  
12-Helmet Used  
13-Other  
99-Unknown

Air Bag Deployed

01-Not Applicable  
02-Not Deployed  
03-Deployed Front  
04-Deployed Side  
05-Deployed Combination  
06-Deployed Other  
99-Deployment Unknown

Occupant Protection  
System Operation

01-Apparently Normal  
02-Failure/Malfunction  
03-Misuse  
04-Air Bag System Turned off  
or Rendered Inoperative  
99-Unknown

Ejection

01-Not Ejected  
02-Partially Ejected  
03-Totally Ejected  
04-Trapped &  
Extricated  
05-Not Applicable  
99-Unknown

Injury Status

01-Fatal Injury  
02-Suspected Serious Injury  
03-Suspected Minor Injury  
04-Possible Injury  
05-No Apparent Injury  
99-Unknown

Most Injured Area

01-Head  
02-Face  
03-Neck  
04-Thorax (Chest/Back)  
05-Abdomen/Pelvis  
06-Spine  
07-Upper Extremity (Arm...)  
08-Lower Extremity (Leg...)  
09-No Injury  
99-Unknown

Injury Description

01-Severe Lacerations  
02-Broken  
03-Crushed  
04-Unconsciousness  
05-Internal Unknown  
06-Lumps  
07-Abrasions  
08-Bruises  
09-Minor Lacerations  
10-Limping  
11-Pain  
12-Nausea  
13-Other (explain in narrative)  
14-No Injury  
99-Unknown

Injury Classification

01-Fatal (Not Documented)  
02-Fatal (Autopsy)  
03-Fatal (Medical Diagnosis)  
04-Non-Fatal (Hospitalized  
overnight or longer)  
05-Non-Fatal (Treated &  
Released from Hospital)  
06-First Aid Given at Scene  
07-No Treatment  
08-Refused Treatment  
99-Unknown

Inj. Transported by

01-Not Transported  
02-EMS (Ground)  
03-EMS (Air)  
04-Law Enforcement  
05-Other (Private MV)  
99-Unknown

EMS ID

EMS Run #

Medical Facility

Occupant Information

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fatals Only)

Home

Work

Cell Phone

Medical Facility

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fatals Only)

Home

Work

Cell Phone

Medical Facility

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fatals Only)

Home

Work

Cell Phone

Medical Facility

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fatals Only)

Home

Work

Cell Phone

Medical Facility

>>> Last Name

First Name

MI

DOB

Age

Gender

SSN (Fatals Only)

Home

Work

Cell Phone

Medical Facility

Supplemental NON-Motorist

Non Motorist Segment No: 0 1

Vehicle No. 01 02 03... 0 2

Last Name

T E S I L L O

First Name

J E S U S

MI

Age

Gender: M, F, X M

SSN (Fatais Only)

DOB (yyyy/mm/dd)

☐ Home☐ Work☒ Cell Phone

and/

☐ Home☐ Work☐ Cell Phone

EMS ID

EMS Run #

Medical Facility

M

H

C

C

Non Motorist Action  
Prior to Crash

0 9

- 01 - Entering/Crossing Road
- 02 - Traveling along road w/ traffic
- 03 - Traveling along road against traffic
- 04 - Pushing a Motor Vehicle
- 05 - Approaching or Leaving MV
- 06 - Playing or Working On Motor Vehicle
- 07 - Standing/Laying Down
- 08 - In a parked MV (Sitting, etc.)
- 09 - Other
- 99 - Unknown

## Non Motorist Pursuit

0 5

- 01 - Recreation Pursuit
- 02 - Going to/from school
- 03 - Non motorist commuter
- 04 - Stranded Motorist
- 05 - Working
- 06 - Cycling
- 07 - Other
- 99 - Unknown

Non Motorist Location  
at time of Crash

0 5

- 01 - Marked Crosswalk at Intersection
- 02 - Intersection w/o Marked Crosswalk
- 03 - Non-intersection Crosswalk
- 04 - Driveway Access Crosswalk
- 05 - In Roadway (Not in Crosswalk or Intersection)
- 06 - Median (Not Shoulder)
- 07 - Island
- 08 - Shoulder
- 09 - Sidewalk
- 10 - Roadside
- 11 - Outside of Traffic Way
- 12 - Dedicated Bike Lane
- 13 - Shared-Used Path or Trail
- 14 - Inside Building
- 15 - Other
- 99 - Unknown

## Non Motorist Proximity

0 2

- 01 - Same city as report made
- 02 - Lives 25 miles or less from crash scene
- 03 - Lives greater than 25 miles from crash scene within Wyoming
- 04 - Does not have residence in Wyoming
- 99 - Unknown

## Non Motorist Type

0 5

- 03 - Pedestrian
- 04 - Pedacyclist
- 05 - Occupant of MV NOT in transport (Parked)
- 06 - Pedestrian Conveyance
- 07 - Other Pedestrian (i.e. Wheelchair)
- 99 - Unknown type

## Non Motorist Transport

9 9

- 10 - Motorized Skateboard/Scooter
- 11 - Pedestrian Vehicle
- 12 - Low Speed Vehicle
- 25 - Segway
- 28 - Bicycle Trailer
- 99 - None

Non Motorist Condition at Time of  
Crash

0 1

- 01 - Apparently Normal
- 02 - Emotional (i.e. Depressed, Angry)
- 03 - Ill (Sick)
- 04 - Fell Asleep, Fainted
- 05 - Fatigued
- 06 - Under Influence of Medication
- 07 - Physical Disability
- 08 - Suspected Drug Use
- 09 - Suspected Alcohol Use
- 10 - Other
- 99 - Unknown

Non Motorist Action at  
Time of Crash  
(Officer Opinion Only)

1st 0 1

2nd

- 01 - No Improper Action
- 02 - Improper Crossing
- 03 - Darting
- 04 - In Roadway
- 05 - Failure to yield ROW
- 06 - Not Visible (Dark Clothing)
- 07 - Inattentive (Talking, Eating, etc.)
- 08 - Disobey Traffic Signs, Officer, etc.
- 09 - On Wrong Side of Road
- 10 - Other Improper Action
- 99 - Unknown

## Most Injured Area

0 5

- 01 - Head
- 02 - Face
- 03 - Neck
- 04 - Thorax (Chest/Back)
- 05 - Abdomen/Pelvis
- 06 - Spine
- 07 - Upper Extremity (i.e. Arm)
- 08 - Lower Extremity (i.e. Leg)
- 09 - No Injury
- 99 - Unknown

## Injury Description

1 1

- 01 - Severe Lacerations
- 02 - Broken
- 03 - Crushed
- 04 - Unconsciousness
- 05 - Internal Unknown
- 06 - Lumps
- 07 - Abrasions
- 08 - Bruises
- 09 - Minor Lacerations
- 10 - Limping
- 11 - Pain
- 12 - Nausea
- 13 - Other
- 14 - No Injury
- 99 - Unknown

## Injury Classification

0 5

- 01 - Fatal (Not Documented)
- 02 - Fatal (Autopsy)
- 03 - Fatal (Medical Diagnosis)
- 04 - Non-Fatal (Hospitalized Overnight or Longer)
- 05 - Non-Fatal (Treated and Released from Hospital)
- 06 - First Aid Given at Scene
- 07 - No Treatment
- 08 - Refused Treatment
- 99 - Unknown

## Injured Transported by

0 2

- 01 - Not Transported
- 02 - EMS (Ground)
- 03 - EMS (Air)
- 04 - Law Enforcement
- 05 - Other (Private MV)
- 99 - Unknown

Non Motorist Safety Equipment  
(choose up to 2)

1st 0 2

2nd 0 4

- 01 - None
- 02 - Helmet
- 03 - Protective Pad (Elbow, Knee, etc.)
- 04 - Reflective Clothing
- 05 - Lighting
- 06 - Other
- 07 - Not Applicable
- 99 - Unknown

Suspect Alcohol  
on Non Motorist

0 2

- 01 - Yes
- 02 - No
- 03 - Test Requested
- 99 - Unknown

If Alcohol Test preformed other then  
Breath then form 902E will be  
required with results at a later date.Alcohol  
Test Result

## Alcohol Test Type

0 1

- 01 - No Test Performed
- 02 - Test Refused
- 03 - Blood
- 04 - Serum
- 05 - Breath
- 06 - Urine
- 07 - Other
- 99 - Unknown

Suspect Drugs on Non  
Motorist

0 2

- 01 - Yes
- 02 - No
- 03 - Test Requested
- 99 - Unknown

If Drug Test preformed then  
form 902E will be required with  
results at a later date.

## Drug Test Type

0 1

- 01 - No Test Performed
- 02 - Test Refused
- 03 - Blood
- 04 - Serum
- 05 - Urine
- 06 - Other
- 99 - Unknown

## Injury Status

0 4

- 01 - Fatal Injury
- 02 - Suspected Serious Injury
- 03 - Suspected Minor Injury
- 04 - Possible Injury
- 05 - No Apparent Injury
- 99 - Unknown

Supplemental NON-Motorist

Non Motorist Segment No: 0 2

Vehicle No. 01 02 03... 0 2

Last Name

G | A | R | M | A | N |

First Name

J | A | M | E | S |

MI

Age

Gender: M, F, X M

SSN (Fatais Only)

DOB (yyyy/mm/dd)

☐ Home☐ Work☒ Cell Phone

and/

☐ Home☐ Work☐ Cell Phone

EMS ID

EMS Run #

Medical Facility

M

H

C

C

Non Motorist Action  
Prior to Crash

0 9

- 01 - Entering/Crossing Road
- 02 - Traveling along road w/ traffic
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- 07 - Other
- 99 - Unknown

Non Motorist Location  
at time of Crash

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- 07 - Island
- 08 - Shoulder
- 09 - Sidewalk
- 10 - Roadside
- 11 - Outside of Traffic Way
- 12 - Dedicated Bike Lane
- 13 - Shared-Used Path or Trail
- 14 - Inside Building
- 15 - Other
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- 99 - Unknown

## Non Motorist Type

0 5

- 03 - Pedestrian
- 04 - Pedacyclist
- 05 - Occupant of MV NOT in transport (Parked)
- 06 - Pedestrian Conveyance
- 07 - Other Pedestrian (i.e. Wheelchair)
- 99 - Unknown type

## Non Motorist Transport

9 9

- 10 - Motorized Skateboard/Scooter
- 11 - Pedestrian Vehicle
- 12 - Low Speed Vehicle
- 25 - Segway
- 28 - Bicycle Trailer
- 99 - None

Non Motorist Condition at Time of  
Crash

0 1

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- 03 - Ill (Sick)
- 04 - Fell Asleep, Fainted
- 05 - Fatigued
- 06 - Under Influence of Medication
- 07 - Physical Disability
- 08 - Suspected Drug Use
- 09 - Suspected Alcohol Use
- 10 - Other
- 99 - Unknown

Non Motorist Action at  
Time of Crash  
(Officer Opinion Only)

1st 0 1

2nd

- 01 - No Improper Action
- 02 - Improper Crossing
- 03 - Darting
- 04 - In Roadway
- 05 - Failure to yield ROW
- 06 - Not Visible (Dark Clothing)
- 07 - Inattentive (Talking, Eating, etc.)
- 08 - Disobey Traffic Signs, Officer, etc.
- 09 - On Wrong Side of Road
- 10 - Other Improper Action
- 99 - Unknown

## Most Injured Area

0 8

- 01 - Head
- 02 - Face
- 03 - Neck
- 04 - Thorax (Chest/Back)
- 05 - Abdomen/Pelvis
- 06 - Spine
- 07 - Upper Extremity (i.e. Arm)
- 08 - Lower Extremity (i.e. Leg)
- 09 - No Injury
- 99 - Unknown

## Injury Description

1 1

- 01 - Severe Lacerations
- 02 - Broken
- 03 - Crushed
- 04 - Unconsciousness
- 05 - Internal Unknown
- 06 - Lumps
- 07 - Abrasions
- 08 - Bruises
- 09 - Minor Lacerations
- 10 - Limping
- 11 - Pain
- 12 - Nausea
- 13 - Other
- 14 - No Injury
- 99 - Unknown

## Injury Classification

0 5

- 01 - Fatal (Not Documented)
- 02 - Fatal (Autopsy)
- 03 - Fatal (Medical Diagnosis)
- 04 - Non-Fatal (Hospitalized Overnight or Longer)
- 05 - Non-Fatal (Treated and Released from Hospital)
- 06 - First Aid Given at Scene
- 07 - No Treatment
- 08 - Refused Treatment
- 99 - Unknown

## Injured Transported by

0 2

- 01 - Not Transported
- 02 - EMS (Ground)
- 03 - EMS (Air)
- 04 - Law Enforcement
- 05 - Other (Private MV)
- 99 - Unknown

Non Motorist Safety Equipment  
(choose up to 2)

1st 0 2

2nd 0 4

- 01 - None
- 02 - Helmet
- 03 - Protective Pad (Elbow, Knee, etc.)
- 04 - Reflective Clothing
- 05 - Lighting
- 06 - Other
- 07 - Not Applicable
- 99 - Unknown

Suspect Alcohol  
on Non Motorist

0 2

- 01 - Yes
- 02 - No
- 03 - Test Requested
- 99 - Unknown

If Alcohol Test preformed other then  
Breath then form 902E will be  
required with results at a later date.Alcohol  
Test Result

## Alcohol Test Type

0 1

- 01 - No Test Performed
- 02 - Test Refused
- 03 - Blood
- 04 - Serum
- 05 - Breath
- 06 - Urine
- 07 - Other
- 99 - Unknown

Suspect Drugs on Non  
Motorist

0 2

- 01 - Yes
- 02 - No
- 03 - Test Requested
- 99 - Unknown

If Drug Test preformed then  
form 902E will be required with  
results at a later date.

## Drug Test Type

0 1

- 01 - No Test Performed
- 02 - Test Refused
- 03 - Blood
- 04 - Serum
- 05 - Urine
- 06 - Other
- 99 - Unknown

## Injury Status

0 4

- 01 - Fatal Injury
- 02 - Suspected Serious Injury
- 03 - Suspected Minor Injury
- 04 - Possible Injury
- 05 - No Apparent Injury
- 99 - Unknown

Supplemental NON-Motorist

Non Motorist Segment No: 0 3

Vehicle No. 01 02 03... 0 2

Last Name

D A V I S

First Name

D U S T I N

MI

Age

Gender: M, F, X M

SSN (Fatals Only)

DOB (yyyy/mm/dd)

☐ Home☐ Work☒ Cell Phone

and/

☐ Home☐ Work☐ Cell Phone

EMS ID

EMS Run #

Medical Facility

M

H

C

C

Non Motorist Action  
Prior to Crash

0 9

- 01 - Entering/Crossing Road
- 02 - Traveling along road w/ traffic
- 03 - Traveling along road against traffic
- 04 - Pushing a Motor Vehicle
- 05 - Approaching or Leaving MV
- 06 - Playing or Working On Motor Vehicle
- 07 - Standing/Laying Down
- 08 - In a parked MV (Sitting, etc.)
- 09 - Other
- 99 - Unknown

## Non Motorist Pursuit

0 5

- 01 - Recreation Pursuit
- 02 - Going to/from school
- 03 - Non motorist commuter
- 04 - Stranded Motorist
- 05 - Working
- 06 - Cycling
- 07 - Other
- 99 - Unknown

Non Motorist Location  
at time of Crash

0 5

- 01 - Marked Crosswalk at Intersection
- 02 - Intersection w/o Marked Crosswalk
- 03 - Non-intersection Crosswalk
- 04 - Driveway Access Crosswalk
- 05 - In Roadway (Not in Crosswalk or Intersection)
- 06 - Median (Not Shoulder)
- 07 - Island
- 08 - Shoulder
- 09 - Sidewalk
- 10 - Roadside
- 11 - Outside of Traffic Way
- 12 - Dedicated Bike Lane
- 13 - Shared-Used Path or Trail
- 14 - Inside Building
- 15 - Other
- 99 - Unknown

## Non Motorist Proximity

0 2

- 01 - Same city as report made
- 02 - Lives 25 miles or less from crash scene
- 03 - Lives greater than 25 miles from crash scene within Wyoming
- 04 - Does not have residence in Wyoming
- 99 - Unknown

## Non Motorist Type

0 5

- 03 - Pedestrian
- 04 - Pedacyclist
- 05 - Occupant of MV NOT in transport (Parked)
- 06 - Pedestrian Conveyance
- 07 - Other Pedestrian (i.e. Wheelchair)
- 99 - Unknown type

## Non Motorist Transport

9 9

- 10 - Motorized Skateboard/Scooter
- 11 - Pedestrian Vehicle
- 12 - Low Speed Vehicle
- 25 - Segway
- 28 - Bicycle Trailer
- 99 - None

Non Motorist Condition at Time of  
Crash

0 1

- 01 - Apparently Normal
- 02 - Emotional (i.e. Depressed, Angry)
- 03 - Ill (Sick)
- 04 - Fell Asleep, Fainted
- 05 - Fatigued
- 06 - Under Influence of Medication
- 07 - Physical Disability
- 08 - Suspected Drug Use
- 09 - Suspected Alcohol Use
- 10 - Other
- 99 - Unknown

Non Motorist Action at  
Time of Crash  
(Officer Opinion Only)

1st 0 1

2nd

- 01 - No Improper Action
- 02 - Improper Crossing
- 03 - Darting
- 04 - In Roadway
- 05 - Failure to yield ROW
- 06 - Not Visible (Dark Clothing)
- 07 - Inattentive (Talking, Eating, etc.)
- 08 - Disobey Traffic Signs, Officer, etc.
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- 99 - Unknown

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0 8

- 01 - Head
- 02 - Face
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Non Motorist Safety Equipment  
(choose up to 2)

1st 0 2

2nd 0 4

- 01 - None
- 02 - Helmet
- 03 - Protective Pad (Elbow, Knee, etc.)
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on Non Motorist

0 2

- 01 - Yes
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Supplemental NON-Motorist

Non Motorist Segment No: 0 4

Vehicle No. 01 02 03... 0 2

Last Name

M | C | P | H | E | R | S | O | N |

First Name

M | I | L | E | S |

MI

Age

Gender: M, F, X M

SSN (Fatais Only)

DOB (yyyy/mm/dd)

☐ Home☐ Work☒ Cell Phone

and/

☐ Home☐ Work☐ Cell Phone

EMS ID

EMS Run #

Medical Facility

M | H | C | C |

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(Officer Opinion Only)

1st 0 1

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