



## CRASH DIAGRAM



**NORTH**

Use this diagram to aid in relating interviewee crash trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

**CRASH DATA INFORMATION**

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other <b>Note: Lane 1 is the right curb lane.</b>
ROAD CONDITION?	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify) _____
WEATHER CONDITIONS? (Check all that apply)	<input type="checkbox"/> No adverse conditions <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Wind gusts <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Other (specify) _____

**DRIVER RELATED DATA**

DRIVER LICENSE NUMBER:	_____
21. STATE OF LICENSE	_____
22. YEARS DRIVING A TRUCK?	_____
23. YEARS DRIVING THIS CLASS OF VEHICLE?	_____
24. PRIMARY SOURCE OF CMV DRIVER TRAINING?	(0) None (1) Driving school (2) Company (3) Military (4) Community college, etc. (5) Training, source unknown (8) Other (specify): _____ (9) Unknown
25. TIME PERIOD ELAPSED SINCE COMPLETION OF CMV TRAINING?	Yrs. _____ Months _____ 97/97 Not applicable 99/99 Unknown
26. NON-CDL LICENSE STATUS:	No valid license (0) Not licensed (1) Suspended (2) Revoked (3) Expired (4) Canceled or denied Valid license (5) Valid (6) License permit (8) Temporary (9) Unknown
27. CDL CLASS OF LICENSE:	(1) A (2) B (3) C (7) Not applicable (9) Unknown
28. CDL ENDORSEMENTS:	Code all that apply (1) H (2) N (3) P (4) T (5) X (6) F (7) Not applicable (9) Unknown

**DRIVER RELATED DATA**

29. CDL LICENSE STATUS?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(0) No CDL</td> <td style="width: 50%;">(5) Disqualified</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(1) Suspended</td> <td>(6) Valid</td> <td></td> </tr> <tr> <td>(2) Revoked</td> <td>(7) License permit</td> <td></td> </tr> <tr> <td>(3) Expired</td> <td>(8) Other - not valid</td> <td></td> </tr> <tr> <td>(4) Canceled or denied</td> <td>(9) Unknown</td> <td></td> </tr> </table>	(0) No CDL	(5) Disqualified	_____	(1) Suspended	(6) Valid		(2) Revoked	(7) License permit		(3) Expired	(8) Other - not valid		(4) Canceled or denied	(9) Unknown						
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30. COMPLIANCE WITH LICENSE ENDORSEMENTS:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(0) No endorsements</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(1) Endorsement(s) complied with</td> <td></td> </tr> <tr> <td>(2) Endorsement(s) not complied with</td> <td></td> </tr> <tr> <td>(3) Endorsement(s), compliance unknown</td> <td></td> </tr> <tr> <td>(9) Unknown</td> <td></td> </tr> </table>	(0) No endorsements	_____	(1) Endorsement(s) complied with		(2) Endorsement(s) not complied with		(3) Endorsement(s), compliance unknown		(9) Unknown											
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31. COMPLIANCE WITH LICENSE RESTRICTIONS:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(0) No restrictions or not applicable</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(1) Restriction(s) complied with</td> <td></td> </tr> <tr> <td>(2) Restriction(s) not complied with</td> <td></td> </tr> <tr> <td>(3) Restriction(s), compliance unknown</td> <td></td> </tr> <tr> <td>(9) Unknown</td> <td></td> </tr> </table>	(0) No restrictions or not applicable	_____	(1) Restriction(s) complied with		(2) Restriction(s) not complied with		(3) Restriction(s), compliance unknown		(9) Unknown											
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32. LICENSE COMPLIANCE (for this class vehicle):	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(0) Not licensed</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(1) No license required for this class vehicle</td> <td></td> </tr> <tr> <td>(2) No valid license for this class vehicle</td> <td></td> </tr> <tr> <td>(3) Valid license for this class vehicle</td> <td></td> </tr> <tr> <td>(4) Unknown if CDL and/or CDL endorsement is required for this vehicle</td> <td></td> </tr> <tr> <td>(9) Unknown</td> <td></td> </tr> </table>	(0) Not licensed	_____	(1) No license required for this class vehicle		(2) No valid license for this class vehicle		(3) Valid license for this class vehicle		(4) Unknown if CDL and/or CDL endorsement is required for this vehicle		(9) Unknown									
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33. COMMERCIAL MOTOR VEHICLE CITATIONS DURING THE PAST FIVE YEARS?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(1) Yes</td> <td style="width: 50%;">(9) Unknown</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(2) No</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">number of citations</td> <td></td> </tr> </table>	(1) Yes	(9) Unknown	_____	(2) No	_____			number of citations												
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(2) No	_____																				
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34. MOVING TRAFFIC CITATIONS DURING THE PAST FIVE YEARS?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(1) Yes</td> <td style="width: 50%;">(9) Unknown</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(2) No</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">number of citations</td> <td></td> </tr> </table>	(1) Yes	(9) Unknown	_____	(2) No	_____			number of citations												
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36. OTHER CRASHES WHILE DRIVING A COMMERCIAL MOTOR VEHICLE IN THE PAST FIVE YEARS?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(1) Yes</td> <td style="width: 50%;">(9) Unknown</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(2) No</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>(3) Unknown</td> <td style="text-align: center;">number of crashes</td> <td></td> </tr> </table>	(1) Yes	(9) Unknown	_____	(2) No	_____		(3) Unknown	number of crashes												
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(2) No	_____																				
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37. OTHER CRASHES WHILE DRIVING A NON-COMMERCIAL MOTOR VEHICLE IN THE PAST FIVE YEARS?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(1) Yes</td> <td style="width: 50%;">(9) Unknown</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(2) No</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">number of crashes</td> <td></td> </tr> </table>	(1) Yes	(9) Unknown	_____	(2) No	_____			number of crashes												
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38. HOW WAS THE DRIVER PAID FOR THIS TRIP ?: DRIVING TIME	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(1) By the hour</td> <td style="width: 50%;">(7) Not applicable</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(2) By the mile</td> <td>(8) Other (specify): _____</td> <td></td> </tr> <tr> <td>(3) By the hour and mile</td> <td>(9) Unknown</td> <td></td> </tr> <tr> <td>(4) Percent of gross trip revenue</td> <td></td> <td></td> </tr> </table>	(1) By the hour	(7) Not applicable	_____	(2) By the mile	(8) Other (specify): _____		(3) By the hour and mile	(9) Unknown		(4) Percent of gross trip revenue										
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39. DID THE DRIVER RECEIVE SPECIAL PAYMENTS SUCH AS: On-time performance Safety bonus Other special payments	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">(1) Yes</td> <td style="width: 33%;">(2) No</td> <td style="width: 33%;">(9) Unknown</td> <td style="width: 10%; text-align: right;">_____</td> </tr> <tr> <td>(1) Yes</td> <td>(2) No</td> <td>(9) Unknown</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>(1) Yes</td> <td>(2) No</td> <td>(9) Unknown</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="4">If yes, specify type of payment: _____</td> </tr> <tr> <td colspan="4">_____</td> </tr> </table>	(1) Yes	(2) No	(9) Unknown	_____	(1) Yes	(2) No	(9) Unknown	_____	(1) Yes	(2) No	(9) Unknown	_____	If yes, specify type of payment: _____				_____			
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**DRIVER RELATED DATA**

40. DOES THE DRIVER WORK A SECOND JOB?	<p>(1) Yes (7) Not applicable _____  (2) No (9) Unknown</p> <p>If yes, number of hours worked during the seven day interval preceding crash:</p> <p>Hrs. _____  (75) 75+ hours  (97) Not applicable</p> <p>Number of hours typically worked on second job during a normal seven Day period:</p> <p>Hrs. _____  (75) 75+ hours  (97) Not applicable  (99) Unknown</p>
41. DOES THE DRIVER YOU REPORT SECOND JOB HOURS TO PRIMARY EMPLOYER?	<p>(1) Yes (7) Not applicable _____  (2) No (9) Unknown</p>
<b>DRIVER PHYSICAL CONDITION</b>	
42. GENERAL STATE OF HEALTH?	<p>(1) Good (7) Not applicable _____  (2) Fair (9) Unknown  (3) Poor  (9) Unknown</p>
43. DOES THE DRIVER WEAR CORRECTIVE LENSES?	<p>(1) Yes (7) Not applicable _____  (2) No (9) Unknown</p> <p>If yes, lenses intended to correct: _____</p> <p>(1) Myopic (near-sighted) condition  (2) Hyperopic (far-sighted condition)  (7) Not applicable  (9) Unknown</p> <p>Corrected vision level: _____ / _____  (e.g., 20/20, 20/40, etc.)  97/97 Not applicable  99/99 Unknown</p>
44. DOES THE DRIVER HAVE A HEARING DEFICIENCY?	<p>(1) Yes (specify): _____  (2) No _____  (7) Not applicable  (9) Unknown</p>
45. HAS THE DRIVER EVER BEEN DIAGNOSED WITH OBSTRUCTIVE SLEEP APNEA? If yes, is the driver currently being treated for this disorder?  Does the driver use a C-PAP machine?	<p>(1) Yes (7) Not applicable _____  (2) No (9) Unknown</p> <p>(1) Yes (7) Not applicable _____  (2) No (9) Unknown</p> <p>(1) Yes (7) Not applicable _____  (2) No (9) Unknown</p>
46. WAS THE DRIVER TAKING ANY PRESCRIBED MEDICATIONS?	<p>(1) Yes, (specify): _____  (2) No _____  (3) Unknown</p>

**DRIVER PHYSICAL CONDITION**

47. WAS THE DRIVER TAKING OVER-THE-COUNTER MEDICATIONS (e.g., cold medicines, no-doze, etc.)	(1) Yes, (specify): _____ (2) No _____ (9) Unknown	_____
48. WAS THE DRIVER'S DOCTOR AWARE OF ALL THE MEDICATIONS YOU ARE TAKING?	(1) Yes (2) No (specify): _____ (9) Unknown	_____

**FATIGUE ISSUES**

49. DID THE DRIVER KEEP A LOG BOOK?	(1) Yes (2) No (3) Exempt	(7) Not applicable (9) Unknown _____
50. WAS THE DRIVER OVER HOURS?	(1) Yes (2) No (3) Exempt	(7) Not applicable (9) Unknown _____
51. DOES THE DRIVER'S COMPANY OVER-DISPATCH OR RUN TOO TIGHT A SCHEDULE? If yes, was this circumstance relevant to this trip?	(1) Yes (2) No (1) Yes (specify): _____ _____ (2) No (7) Not applicable (9) Unknown	_____ _____
52. HAS THE COMPANY EVER THREATENED TO FIRE DRIVER FOR REFUSING A LOAD BECAUSE THE DRIVER WAS OVER HOURS OR FATIGUED?	(1) Yes (2) No	(7) Not applicable (9) Unknown _____
53. HAS THE DRIVER EVER BEEN DISCIPLINED BECAUSE THE DRIVER WAS LATE DUE TO FATIGUE?	(1) Yes (2) No	(7) Not applicable (9) Unknown _____
54. DOES THE DRIVER WORK ON-CALL STATUS?  If yes, was the driver called in for this trip?  Extent of advance notice? (e.g., How long before that start of the trip was the driver called?)  Did this call interrupt a sleep/rest period?	(1) Yes (2) No (1) Yes (2) No ____ hrs. 97 Not applicable 99 Unknown (1) Yes (specify): _____ _____	_____ _____ _____ _____ _____ _____ _____

**FATIGUE ISSUES**

<p>55. DID THE DRIVER LOAD/UNLOAD THE TRUCK?</p> <p>If yes, type of cargo load?</p> <p>Type of loading/unloading effort?</p> <p>Was the driver compensated for this activity?</p>	<table> <tr> <td>(1) Yes</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(2) No</td> <td>(9) Unknown</td> <td></td> </tr> <tr> <td>(1) Floor load</td> <td>(8) Other (specify): _____</td> <td>_____</td> </tr> <tr> <td>(2) Palletized load</td> <td></td> <td></td> </tr> <tr> <td>(7) Not applicable</td> <td>(9) Unknown</td> <td></td> </tr> <tr> <td>(1) Manual</td> <td>(4) Used fork lift</td> <td>_____</td> </tr> <tr> <td>(2) Used dolly</td> <td>(7) Not applicable</td> <td></td> </tr> <tr> <td>(3) Used pallet jack</td> <td>(8) Other (specify): _____</td> <td></td> </tr> <tr> <td></td> <td>(9) Unknown</td> <td></td> </tr> <tr> <td>(1) Yes</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(2) No</td> <td>(9) Unknown</td> <td></td> </tr> </table>	(1) Yes	(7) Not applicable	_____	(2) No	(9) Unknown		(1) Floor load	(8) Other (specify): _____	_____	(2) Palletized load			(7) Not applicable	(9) Unknown		(1) Manual	(4) Used fork lift	_____	(2) Used dolly	(7) Not applicable		(3) Used pallet jack	(8) Other (specify): _____			(9) Unknown		(1) Yes	(7) Not applicable	_____	(2) No	(9) Unknown	
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<p>56. DID THE DRIVER WAIT TO PICK UP LOAD?</p> <p>Was the driver compensated for this activity?</p>	<table> <tr> <td>(1) Yes</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(2) No</td> <td>(9) Unknown</td> <td></td> </tr> <tr> <td>(1) Yes</td> <td>(7) Not applicable</td> <td>_____</td> </tr> <tr> <td>(2) No</td> <td>(9) Unknown</td> <td></td> </tr> </table>	(1) Yes	(7) Not applicable	_____	(2) No	(9) Unknown		(1) Yes	(7) Not applicable	_____	(2) No	(9) Unknown																						
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<p>57. HOW LONG DID THE DRIVER WAIT FOR THE LOAD?</p>	<p>_____ : _____ (hours:minutes)</p> <p>97:97 Not applicable</p> <p>99:99 Unknown</p>																																	
<p>58. SLEEP CONDITION:</p>	<p>Location of last sleep interval _____</p> <p>(1) Residence</p> <p>(2) Sleeper berth (vehicle stationary)</p> <p>(3) Sleeper berth (vehicle moving)</p> <p>(4) Motel</p> <p>(5) Truck stop (sleeping room)</p> <p>(7) Not applicable</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p> <p>Hours of last sleep _____ : _____ (hours:minutes)</p> <p>Start time of sleep interval (military time) _____ : _____ (hours:minutes)</p> <p>End of sleep interval (military time) _____ : _____ (hours:minutes)</p> <p>Hours since last sleep _____ : _____ (hours:minutes)</p> <p>If hours of last sleep were less than four hours, record location of last Main sleep interval (i.e., &gt; four hours)</p> <p>(1) Residence</p> <p>(2) Sleeper berth (vehicle stationary)</p> <p>(3) Sleeper berth (vehicle moving)</p> <p>(4) Motel</p> <p>(5) Truck stop (sleeping room)</p> <p>(7) Not applicable</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>																																	

**FATIGUE ISSUES**

<p>58. SLEEP CONDITION: (cont.)</p>	<p>If hours of last sleep were less than four hours, record hours of last main sleep (i.e., &gt; four hours)                  _____ : _____ (hours:minutes)</p> <p>Start of main sleep interval (military time)                  _____ : _____ (hours:minutes)</p> <p>End of main sleep interval (military time)                  _____ : _____ (hours:minutes)</p> <p>Total hours of sleep in last 24 hours?                  _____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p>
<p>59. PRECEDING SLEEP PATTERN                  (Describe sleep pattern during the seven day period preceding the crash.)</p> <p>Sleep intervals during seven day period occurred?</p> <p>Did the time at which the driver began to sleep rotate/shift during the seven day interval?                  (e.g., rotating shift schedule)</p>	<p>Longest length of daily sleep during period                  _____ : _____ (hours:minutes)</p> <p>Shortest length of daily sleep during period                  _____ : _____ (hours:minutes)</p> <p>Average length of daily sleep during period                  _____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p> <p>(1) Primarily at night _____                  (2) Primarily during day _____                  (3) Mixture of night and day intervals _____                  (7) Not applicable _____                  (8) Other (specify): _____                  _____                  (9) Unknown _____</p> <p>(1) Yes (specify): _____                  _____                  (2) No _____                  (7) Not applicable _____                  (9) Unknown _____</p>
<p>60. TYPICALLY AWOKE FEELING?</p>	<p>(1) Rested _____                  (2) Fatigued _____                  (3) Drowsy _____                  (4) Irritated/Upset _____                  (8) Other (specify): _____                  _____                  (9) Unknown _____</p>
<p>61. WAS SLEEP PATTERN RELATED TO?</p>	<p>(1) Work schedule _____                  (2) Social schedule _____                  (3) Personal problems _____                  (4) Family problems _____                  (5) Illness _____                  (8) Other (specify): _____                  _____                  (9) Unknown _____</p>



**FATIGUE ISSUES**

<p>62. WHAT IS THE DRIVER'S NORMAL AVERAGE DAILY SLEEP INTERVAL?</p> <p>While at home?</p> <p>While on road?</p>	<p>_____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p> <p>_____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p>
<p>63. NORMALLY AWOKE FEELING?</p>	<p>(1) Rested (4) Irritated/Upset _____                  (2) Fatigued (8) Other (specify): _____                  (3) Drowsy (9) Unknown _____</p>
<p>64. AT THE START OF THE LAST DRIVING PORTION OF THIS TRIP, HOW DID THE DRIVER FEEL?</p>	<p>(1) Rested (4) Irritated/Upset _____                  (2) Fatigued (8) Other (specify): _____                  (3) Drowsy (9) Unknown _____</p>
<p>65. WORK SCHEDULE:</p>	<p>Hours on duty during last 24-hours prior to crash                  _____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p>
<p>66. PRECEDING WORK SCHEDULE:</p> <p>Number of hours worked during the seven-day interval preceding crash.</p>	<p>Longest Day:                  _____ : _____ (hours:minutes)</p> <p>Shortest Day:                  _____ : _____ (hours:minutes)</p> <p>Average Work Day:                  _____ : _____ (hours:minutes)                  97:97 Not applicable                  99:99 Unknown</p> <p>Total Hours Worked In Seven Days:                  _____ : _____ (hours:minutes)                  997:997 Not applicable                  999:999 Unknown</p> <p>Number of days on duty since last day off? _____                  _____ (01-95) no. of days                  (96) 96+ days                  (97) Not applicable                  (99) Unknown</p>

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**INATTENTION/DISTRACTION ISSUES**

<p>74. DRIVER'S OBJECT OF ATTENTION PRIOR TO START OF COLLISION COURSE: (cont.)</p>	<p>(4) Other vehicles (specify): _____                  _____                  (5) Intended turn destination (specify): _____                  _____                  (6) No specific focus                  (8) Other (specify): _____                  (9) Unknown</p>
<p>75. DRIVER'S DIRECTION OF ATTENTION AFTER START OF COLLISION COURSE:</p>	<p>(0) No driver present (8) Other (specify): _____                  (1) Looking right _____                  (2) Looking left _____                  (3) Looking straight ahead _____                  (4) Looking rearward (9) Unknown</p>
<p>76. DRIVER'S OBJECT OF ATTENTION AFTER START OF COLLISION COURSE:</p>	<p>(0) No driver present _____                  (1) Driver sleepy or fell asleep                  (2) Driver inattentive                  (3) Driver distracted                  (4) Other vehicles (specify): _____                  _____                  (5) Intended turn destination (specify): _____                  _____                  (6) No specific focus                  (8) Other (specify): _____                  (9) Unknown</p>

**PERCEPTION ISSUES**

The data in this section apply to the circumstance where **one of the involved drivers** checked for approaching traffic (crossing traffic or directly opposing traffic), prior to initiating a turn or attempting to cross an intersection, but **did not see the other involved vehicle**.

**Perception issues involved?**      **Yes --- Ask the following questions**  
 **No ---**     **Unknown --- Skip this section**

<p>77. WAS YOUR SIGHT LINE TO THE OTHER VEHICLE CLEAR (I.E., NOT OBSTRUCTED)?</p>	<p>(1) Yes _____                  (2) No, view obstructed by roadway curvature                  (3) No, view obstructed by roadway grade                  (4) No, view obstructed by roadside appurtenance (specify): _____                  _____                  (5) No, other (specify): _____                  _____                  (7) Not applicable                  (9) Unknown</p>
<p>78. WAS YOUR VIEW OF THE OTHER VEHICLE OBSCURED?</p> <p>If A Nighttime Crash, Was The Visibility Of The Other Vehicle An Issue?</p>	<p>(1) Yes, obscured by sunglare _____                  (2) Yes, obscured by headlight glare                  (3) Yes, obscured by other glare (specify): _____                  _____                  (4) Yes, obscured by dark (nighttime) viewing condition                  (5) Yes, obscured by other condition (specify): _____                  _____                  (6) No                  (7) Not applicable                  (9) Unknown</p> <p>(1) Yes (specify): _____                  _____                  (2) No                  (7) Not applicable                  (9) Unknown</p>

**PERCEPTION ISSUES**

<p>79. PERIOD OF TIME STOPPED PRIOR TO ENTERING THE INTERSECTION AND/OR INITIATING TURN?</p>	<p>(01) Traveling at constant velocity _____</p> <p>(02) Decelerated, did not stop _____</p> <p>(03) Rolling stop prior to proceeding</p> <p>(04) Stopped &lt;1 seconds prior to proceeding</p> <p>(05) Stopped 1-2 seconds prior to proceeding</p> <p>(06) Stopped 3-4 seconds prior to proceeding</p> <p>(07) Stopped 5-10 seconds prior to proceeding</p> <p>(08) Stopped more than 10 seconds prior to proceeding</p> <p>(97) Not applicable</p> <p>(99) Unknown</p>
<p>80. PERIOD OF TIME OTHER VEHICLE STOPPED PRIOR TO ENTERING THE INTERSECTION AND/OR INITIATING TURN?</p>	<p>(01) Traveling at constant velocity _____</p> <p>(02) Decelerated, did not stop _____</p> <p>(03) Rolling stop prior to proceeding</p> <p>(04) Stopped &lt;1 seconds prior to proceeding</p> <p>(05) Stopped 1-2 seconds prior to proceeding</p> <p>(06) Stopped 3-4 seconds prior to proceeding</p> <p>(07) Stopped 5-10 seconds prior to proceeding</p> <p>(08) Stopped more than 10 seconds prior to proceeding</p> <p>(97) Not applicable</p> <p>(99) Unknown</p>
<p>81. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?</p>	<p>(1) Yes (specify): _____ (7) Not applicable _____</p> <p>_____</p> <p>(2) No (9) Unknown</p>
<p>82. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO CRASH OCCURRENCE?</p>	<p>(1) Yes (specify): _____ (7) Not applicable _____</p> <p>_____</p> <p>(7) No (9) Unknown</p>
<p>83. AFTER CHECKING FOR TRAFFIC, DID YOU FOCUS ON YOUR INTENDED TURN DESTINATION?</p>	<p>(1) Yes (specify): _____ (7) Not applicable _____</p> <p>_____</p> <p>(2) No (9) Unknown</p>

**DECISION ERROR ISSUES**

The data in this section apply to the circumstances where **one of the involved drivers** attempted to cross or turn at an intersection with an obstructed view of approaching traffic or attempted to cross or turn at an intersection and **misjudged either the approach velocity of an approaching vehicle or the gap distance to that vehicle.**

**Decision error issues involved?** [ ] Yes --- Ask the following questions.  
**(Intersection related)** [ ] No --- [ ] Unknown --- Skip this section.

<p>84. NATURE OF VIEW OBSTRUCTION?</p>	<p>(1) No View Obstruction _____</p> <p>(2) View Obstruction (Specify): _____</p> <p>(7) Not applicable</p> <p>(9) Unknown</p>
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**DECISION ERROR ISSUES**

85. PERIOD OF TIME STOPPED PRIOR TO ENTERING THE INTERSECTION AND/OR INITIATING TURN?	(01) Traveling at constant velocity _____ (02) Decelerated, did not stop _____ (03) Rolling stop prior to proceeding _____ (04) Stopped <1 seconds prior to proceeding _____ (05) Stopped 1-2 seconds prior to proceeding _____ (06) Stopped 3-4 seconds prior to proceeding _____ (07) Stopped 5-10 seconds prior to proceeding _____ (08) Stopped more than 10 seconds prior to proceeding _____ (97) Not applicable _____ (99) Unknown _____
86. DIRECTION OF APPROACH OF OTHER VEHICLE?	(1) From Driver's Left _____ (2) From Driver's Right _____ (3) 180 Degrees Opposed _____ (8) Other (Specify): _____ (9) Unknown _____
87. PERIOD OF TIME OTHER VEHICLE STOPPED PRIOR TO ENTERING THE INTERSECTION AND/OR INITIATING TURN?	(01) Traveling at constant velocity _____ (02) Decelerated, did not stop _____ (03) Rolling stop prior to proceeding _____ (04) Stopped <1 seconds prior to proceeding _____ (05) Stopped 1-2 seconds prior to proceeding _____ (06) Stopped 3-4 seconds prior to proceeding _____ (07) Stopped 5-10 seconds prior to proceeding _____ (08) Stopped more than 10 seconds prior to proceeding _____ (97) Not applicable _____ (99) Unknown _____
88. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown _____
89. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown _____
90. AFTER CHECKING FOR TRAFFIC, DID YOU FOCUS ON YOUR INTENDED TURN DESTINATION?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown _____
91. AFTER CHECKING FOR TRAFFIC, DID THE OTHER DRIVER APPEAR TO FOCUS ON THE INTENDED TURN DESTINATION?	(1) Yes (specify): _____ (7) Not applicable _____ _____ (2) No (9) Unknown _____

**DECISION ERROR ISSUES**

The data in this section apply to non-intersection crashes where one of the involved drivers was either following too closely or was traveling too fast for conditions.

**Decision error issues involved?**  **Yes** --- Ask the following questions.  
**(Non-intersection related)**  **No** ---  **Unknown** --- Skip this section.

92. GAP DISTANCE TO FORWARD VEHICLE	Estimate to the nearest ten feet _____ 009 < 10 ft. 900 900 or more 997 Not applicable 999 Unknown
93. WERE YOU IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____
94. DID THE OTHER DRIVER APPEAR TO BE IN A HURRY PRIOR TO CRASH OCCURRENCE?	(1) Yes (specify): _____ (7) Not applicable _____ _____
95. WAS EITHER GAP DISTANCE OR VEHICLE SPEED RELATED TO BEING IN A HURRY?	(1) Yes (specify): _____ (7) Not applicable _____ _____
	(2) No (9) Unknown

**COMBINATION ERROR TYPE ISSUES**

The data in this section apply to non-intersection crashes where **one of the involved drivers was attempting to complete an intended lane change maneuver** (i.e., crash avoidance maneuvers excluded).

**Combination error type issues involved?**  **Yes** --- Ask the following questions.  
 **No** ---  **Unknown** --- Skip this section.

96. LOCATION OF OTHER VEHICLE PRIOR TO THE MANEUVER? (Location with respect to your vehicle)	(1) Left front (5) Right side _____ (2) Left side (6) Right rear _____ (3) Left rear (7) Not applicable _____ (4) Right front (9) Unknown _____
97. WAS YOUR SIGHT LINE TO THE OTHER VEHICLE CLEAR (i.e., NOT OBSTRUCTED)?	(1) Yes _____ (2) No, view obstructed by roadway curvature _____ (3) No, other vehicle in mirror blind spot (i.e., in "no zone") _____ (4) No, other (specify): _____ _____
98. RELATIVE VEHICLE VELOCITIES?	(1) Overtaking other vehicle _____ (2) Being overtaken by other vehicle _____ (3) Both vehicles traveling at constant and approximately equal velocities _____ (8) Other (specify): _____ _____
	(9) Unknown





**AGGRESSIVE DRIVING ISSUES**

104. IN YOUR JUDGEMENT, DID (INSERT SPECIFIC DRIVING BEHAVIOR) INCREASE THE RISK OF CRASH OCCURRENCE?

- (1) Yes (7) Not applicable \_\_\_\_\_  
 (2) No (9) Unknown

## FOR YES RESPONSE

Were you aware of the risk prior to the crash: (specify):

\_\_\_\_\_  
 \_\_\_\_\_

## FOR NO RESPONSE

Why did the crash occur? (specify):

\_\_\_\_\_  
 \_\_\_\_\_

**TRIP RELATED DATA**

105. TRIP START TIME:

\_\_\_\_\_ : \_\_\_\_\_ (Military)  
 99:99 Unknown  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Mo. Day Yr.  
 99/99/9999 Unknown

106. WERE YOU WORKING TO A SCHEDULE?

- (1) Yes (7) Not applicable \_\_\_\_\_  
 (2) No (9) Unknown

107. WERE YOU ON SCHEDULE?

- (1) Yes (7) Not applicable \_\_\_\_\_  
 (2) No (9) Unknown

108. WHAT WAS THE PURPOSE OF THIS TRIP?

- (1) Farming (8) Other (specify): \_\_\_\_\_  
 (2) Pickup  
 (3) Delivery  
 (4) Peddle run (9) Unknown

109. WHAT WAS THE INTENDED ONE-WAY TRIP DISTANCE?

This day \_\_\_\_\_  
 Total \_\_\_\_\_  
 Estimate to the nearest ten miles  
 0009. < 10 mi.  
 9000 9000 or more  
 9997 Not applicable  
 9999 Unknown

110. HOW OFTEN DO YOU DRIVE THIS ROUTE?

- (1) First time (5) Weekly \_\_\_\_\_  
 (2) Rarely (6) Daily  
 (3) Monthly (9) Unknown  
 (4) Regularly (specify): \_\_\_\_\_

111. DID UNUSUAL EVENTS OCCUR DURING THIS TRIP?

- (1) Yes (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 (2) No  
 (9) Unknown

**VEHICLE RELATED DATA**

<p>112. HOW COMFORTABLE WERE YOU WITH THE VEHICLE/LOADING? (Scale of 1 to 5)</p> <p>VEHICLE FAMILIARTY (No of times unit driven during preceding three month interval)</p>	<p>Very Comfortable _____ Very Uncomfortable _____ (Check one for vehicle, load, and both)</p> <p>Vehicle _____</p> <p>Load _____</p> <p>Both _____ (9) Unknown</p> <p>1 2 3 4 5</p> <p>(01) First time driving this vehicle _____ Code number of times vehicle driven</p> <p>(30) 30+ times</p> <p>(97) Not applicable</p> <p>(99) Unknown</p>
<p>113. RATE THE CONDITION OF : (Scale of 1 to 5)</p>	<p>Good Repair _____ Non-Functional _____ (Check one for each vehicle component)</p> <p>Brakes _____</p> <p>Steering _____</p> <p>Suspension _____</p> <p>Tires _____</p> <p>Lights _____ (9) Unknown</p> <p>1 2 3 4 5</p>
<p>114. WAS THE WINDSHIELD CLEAR OF DIRT AND OTHER OBSTRUCTIONS?</p>	<p>(1) Yes _____ (9) Unknown _____</p> <p>(2) No (specify): _____</p>
<p>115. WAS THIS VEHICLE EQUIPPED WITH AN ENGINE RETARDER?</p>	<p>(1) Yes _____ (7) Not applicable _____</p> <p>(2) No _____ (9) Unknown _____</p>
<p>116. WAS THE ENGINE RETARDER ENGAGED PRIOR TO THE INITIATION OF CRASH EVENTS?</p>	<p>(1) Yes _____ (7) Not applicable _____</p> <p>(2) No _____ (9) Unknown _____</p>
<p>117. WHO IS RESPONSIBLE FOR MAINTENANCE OF THIS VEHICLE?</p>	<p>(1) Driver _____ (7) Not applicable _____</p> <p>(2) Company _____ (9) Unknown _____</p> <p>(3) Leasor _____</p> <p>(4) Other (specify): _____</p>
<p>118. U.S. DOT NUMBER:</p>	<p>_____</p>
<p>119. U.S. ICC NUMBER: 120. STATE NUMBER: 121. STATE ISSUING:</p>	<p>_____ _____ _____</p> <p>(999997) Not applicable (999999) Unknown</p>

**VEHICLE RELATED DATA**

122. CARRIER TYPE:	(1) Private - Intrastate (2) Private - Interstate (3) For-hire - Intrastate (4) For-hire - Interstate	(5) Government (7) Not applicable (9) Unknown	_____
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**OCCUPANT DATA QUESTIONS**

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
SEATING POSITION? Front Left (FL)      Second Left (2L) Front Middle (FM)    Second Middle (2M) Front Right (FR)      Second Right (2R)  Third Left (3L)      Other (Specify) in block Third Middle (3M) Third Right (3R)	FRONT LEFT		
SEX, HEIGHT, WEIGHT, AND AGE?  CIRCLE DRIVER'S RACE:  White (non-Hispanic)      Black (non-Hispanic) White (Hispanic)          Black (Hispanic) American Indian, Eskimo or Aleut Asian or Pacific Islander Other (Specify): Unknown	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. If pregnant  HEIGHT: _____ WEIGHT: _____ AGE: _____  DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. If pregnant  HEIGHT: _____ WEIGHT: _____ AGE: _____  XXXXXX XXXXXX XXXXXX	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. If pregnant  HEIGHT: _____ WEIGHT: _____ AGE: _____  XXXXXX XXXXXX XXXXXX
OCCUPANT POSTURE  A) Kneeling or standing on seat B) Lying on or across seat/sleeper mattress C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Sitting in sleeper berth H) Kneeling in sleeper berth I) Lying down in sleeper berth J) Other (specify): K) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above.	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above.	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above.

**OCCUPANT DATA QUESTIONS**

<p>FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT</p> <p style="text-align: center;"><u>FEET</u></p> <p>A) On floor or foot controls  B) One or both on dash  C) One or both on seat  D) Other (Specify):  E) Unknown</p> <p style="text-align: center;"><u>HANDS/ARMS</u></p> <p>F) Both hands on steering wheel  G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved)  H) Dialing a cellular phone (specify location and type of phone)  I) Holding a cellular phone (specify location and type of phone)  J) Bracing with one or both hands  K) On lap  L) One or both out of window (specify)  I) Other (Specify):  J) Unknown</p>	<p>Indicate all letters that apply and further describe as needed.</p>	<p>Indicate all letters that apply and further describe as needed.</p>	<p>Indicate all letters that apply and further describe as needed.</p>
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**RESTRAINT INFORMATION**

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
<p>TYPE OF SEAT BELT AVAILABLE</p> <p>NOTE: If a belt is not available for a seat position - - describe reason. (i.e., 2 - point automatic belt)</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> Lap belt  <input type="checkbox"/> Shoulder belt  <input type="checkbox"/> Lap &amp; Shoulder  <input type="checkbox"/> Not available*  * Describe:</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> Lap belt  <input type="checkbox"/> Shoulder belt  <input type="checkbox"/> Lap &amp; Shoulder  <input type="checkbox"/> Not available*  * Describe:</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> Lap belt  <input type="checkbox"/> Shoulder belt  <input type="checkbox"/> Lap &amp; Shoulder  <input type="checkbox"/> Not available*  * Describe:</p>
<p>DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT?</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> No  <input type="checkbox"/> Yes *</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> No  <input type="checkbox"/> Yes *</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> No  <input type="checkbox"/> Yes *</p>
<p>* IN "YES", WERE THEY WORKING PROPERLY?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No (describe)</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No (describe)</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No (describe)</p>
<p>ARE ANY BELTS ATTACHED TO THE DOOR?  (i.e., 3 - point automatic belt)</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> No  <input type="checkbox"/> Yes *</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> No  <input type="checkbox"/> Yes *</p>	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> No  <input type="checkbox"/> Yes *</p>
<p>* IF "YES", DOES IT CROSS:</p>	<p>_____ Chest  _____ Lap  _____ Both</p>	<p>_____ Chest  _____ Lap  _____ Both</p>	<p>_____ Chest  _____ Lap  _____ Both</p>

**RESTRAINT INFORMATION**

OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
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***SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN***

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back: <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back: <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back: <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

**EJECTION, ENTRAPMENT, MOBILITY INFORMATION**

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was Involved?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was Involved?

**EJECTION, ENTRAPMENT, MOBILITY INFORMATION**

ANYONE PINNED IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Yes * _____physically pinned _____Jammed doors _____fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes * _____physically pinned _____Jammed doors _____fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes * _____physically pinned _____Jammed doors _____fire, etc. <input type="checkbox"/> Unknown  Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before Removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

**INJURY INFORMATION**

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
WERE YOU INJURED?  <input type="radio"/> If "YES" go to manikin page and record injuries in detail  <input type="radio"/> If "NO" ask next questions	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING?  (If injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM CRASH SCENE FOR TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

**INJURY INFORMATION**

RECEIVE ANY MEDICAL TREATMENT? (Check all that apply.)	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown _____
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown _____
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____